NCPDP Version D.0 Payer Sheet

Commercial and Medicaid

Start of Request Claim Billing (B1) Payer Sheet

General Information

Payer Name: Capital Rx	**Revision Date:** January 19, 2024	
Commercial	**BIN:** 610852 610852	**PCN:** 2001 CPY
Medicaid	610744	CRXMC
Processor: Capital Rx		
Effective as of: 11/1/2023	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: In accordance with NCPDP Version Standards	**NCPDP External Code List Version Date:** In accordance with NCPDP Version Standards	
Contact/Information Source: www.cap-rx.com		
Certification Testing Window: Certification Not Required		
Certification Contact Information: Certification Not Required		
Provider Relations Help Desk Info: (888) 832-2779		
Other versions supported: No other versions supported		

Field Legend for Columns

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Re-bill transactions and those that do not have qualified requirements (i.e., not used) for this payer are excluded from the template.

Request Claim Billing/Claim Re-bill Transaction

The following lists the segments and fields in a Claim Billing or Claim Re-bill Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued	X	Required when vendor certification is required by Capital Rx– otherwise submit all zeroes
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Capital Rx

Transaction Header Segment			Claim Billing/Claim Re-bill	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	See above	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See above	M	Required for all claims
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of submitting pharmacy provider
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Required when vendor certification is required by Capital Rx – otherwise submit all zeroes

Insurance Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Re-bill	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID		M	

312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	Imp Guide: Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. Payer Requirement: Same as Imp Guide
3Ø1-C1	GROUP ID		R	See ID card.
3Ø3-C3	PERSON CODE		RW	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID. Payer Requirement: Same as Imp Guide
3Ø6-C6	PATIENT RELATIONSHIP CODE		RW	Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder. Payer Requirement: Same as Imp Guide

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill	
Field	NCPDP Field Name	Value	Payer Situation

			Payer Usage	
331-CX	PATIENT ID QUALIFIER		RW	Imp Guide: Required if Patient ID (332-CY) is used. Payer Requirement: Same as Imp Guide
332-CY	PATIENT ID		RW	Imp Guide: Required if necessary for state/federal/regulatory agency programs to validate dual eligibility. Payer Requirement: Same as Imp Guide
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
3Ø7-C7	PLACE OF SERVICE		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
333-CZ	EMPLOYER ID		RW	Imp Guide: Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.5Ø1 definitions (45 CFR Parts 16Ø and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule -
				Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.) Required if needed for Workers' Compensation billing. Payer Requirement: Same as Imp

			Guide
335-2C	PREGNANCY INDICATOR	RW	Imp Guide: Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.5Ø1 definitions (45 CFR Parts 16Ø and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule- Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.) Payer Requirement: Same as Imp Guide
384-4X	PATIENT RESIDENCE	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	
This payer does not support partial fills		

Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Re-bill	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	Imp Guide: For Transaction Code of "B1," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Imp Guide: Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. Payer Requirement: Same as Imp Guide
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Imp Guide: Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for

				this prescription. Payer Requirement: Same as Imp Guide
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Imp Guide: Required if Procedure Modifier Code (459-ER) is used. Payer Requirement: Same as Imp Guide
459-ER	PROCEDURE MODIFIER CODE		RW	Imp Guide: Required to define a further level of specificity if the Product/Service ID (4Ø7-D7) indicated a Procedure Code was submitted. Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
442-E7	QUANTITY DISPENSED		R	
460-ET	QUANTITY PRESCRIBED		RW	Imp Guide: Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the Version D.0 Editorial Document).
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	

4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used. Payer Requirement: Same as Imp Guide
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø). Payer Requirement: Same as Imp Guide
3Ø8-C8	OTHER COVERAGE CODE		RW	Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. Payer Requirement: Values accepted 03, 08. See ECL for value definition Payer Requirement: Same as Imp Guide

429-DT	SPECIAL PACKAGING INDICATOR		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Follow State regulatory guidance for products that require a scheduled prescription ID number.
6ØØ-28	UNIT OF MEASURE		R	
418-DI	LEVEL OF SERVICE		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
343-HD	DISPENSING STATUS		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. Payer Requirement: Same as Imp Guide

344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. Payer Requirement: Same as Imp Guide
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. Payer Requirement: Same as Imp Guide
357-NV	DELAY REASON CODE		RW	Imp Guide: Required when needed to specify the reason that submission of the transaction has been delayed. Payer Requirement: Same as Imp Guide
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)		RW	Imp Guide: Required when the claims adjudicator does not assume the patient assigned his/her benefits to the provider or when the claims adjudicator supports a patient determination of whether he/she wants to assign or retain his/her benefits. Payer Requirement: Same as Imp Guide
995-E2	ROUTE OF ADMINISTRATION		RW	Imp Guide: Required if specified in trading partner agreement. Payer Requirement: REQUIRED WHEN SUBMITTING COMPOUND CLAIMS
996-G1	COMPOUND TYPE		RW	Imp Guide: Required if specified in trading partner agreement. Payer Requirement: REQUIRED WHEN KNOWN FOR COMPOUND PREPARATION

147-U7	PHARMACY SERVICE TYPE		RW	Imp Guide: Required when the submitter must clarify the type of services being performed as a
				condition for proper reimbursement by the payer. Payer Requirement: Same as Imp Guide

Pricing Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Payer Requirement: Same as Imp Guide
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Payer Requirement: Same as Imp Guide
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	Imp Guide: Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. Payer Requirement: Same as Imp

				Guide
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	Imp Guide: Required if Other Amount Claimed Submitted (48Ø- H9) is used. Payer Requirement: Same as Imp Guide
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Payer Requirement: Same as Imp Guide
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Payer Requirement: Same as Imp Guide
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Payer Requirement: Same as Imp Guide
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). Payer Requirement: Same as Imp Guide

484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Imp Guide: Required if Percentage Sales Tax Amount Submitted (482- GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559- AX). Payer Requirement: Same as Imp Guide
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Imp Guide: Required if needed per trading partner agreement.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only if law or regulation required.

Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"			Claim Billing/Claim Re-bill	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
465-EY	PROVIDER ID QUALIFIER		RW	Imp Guide: Required if Provider ID (444-E9) is used.
444-E9	PROVIDER ID		RW	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. Payer Requirement: REQUIRED ONLY IF LAW OR REGULATION REQUIRED

Prescriber Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Re-bill	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**

466-EZ	PRESCRIBER ID QUALIFIER		RW	Imp Guide: Required if Prescriber ID (411-DB) is used. PayerRequirement:(any unique payer requirement(s))
411-DB	PRESCRIBER ID		RW	Imp Guide: Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. PayerRequirement:(any unique payer requirement(s))
427-DR	PRESCRIBER LAST NAME		RW	Imp Guide: Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		OCC code(s) 03,08 Supported.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 2 – Other Payer Patient Responsibility Repetitions Only		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			Imp Guide: Required if Other Payer ID (34Ø-7C) is used. Payer Requirement: Same as Imp Guide
34Ø-7C	OTHER PAYER ID			Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication. Payer Requirement: Same as Imp Guide
443- E8	OTHER PAYER DATE			Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. Payer
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	R	Imp Guide: Required if Other Payer Reject Code (472-6E) is used. Payer Requirement: Same as Imp Guide

472-6E	OTHER PAYER REJECT CODE		R	Imp Guide: Required when the other payer has denied the payment for the billing. Payer Requirement: Same as Imp
351-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT		R	Imp Guide: Required if Other Payer *Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* (any unique payer requirement(s))
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	01, 05, 06,07	R	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* (any unique payer requirement(s)) *Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.

352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		R	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* (any unique payer requirement(s))
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* (any unique payer requirement(s))
393-MV	BENEFIT STAGE QUALIFIER		RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* (any unique payer requirement(s))
394-MW	BENEFIT STAGE AMOUNT		RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory

				agency programs.
				Payer Requirement: (any unique payer requirement(s))

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if required to affect outcome of claim related to DUR intervention.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used. Payer Requirement: Same as Imp Guide
439-E4	REASON FOR SERVICE CODE		RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility,

				and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide
441-E6	RESULT OF SERVICE CODE		RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

				Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Submitted if the claim dispensed is a compound.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	

449-EE	COMPOUND INGREDIENT DRUG COST		R	Imp Guide: Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	Imp Guide: Required if needed for receiver claim determination when multiple products are billed.

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if the clinical detail will affect the outcome of claims processing.

Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Re-bill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. Payer Requirement: Same as Imp Guide
492-WE	DIAGNOSIS CODE QUALIFIER		RW	Imp Guide: Required if Diagnosis Code (424-DO) is used. Payer Requirement: Same as Imp Guide

424-DO	DIAGNOSIS CODE		RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.
				Required if this field affects payment for professional pharmacy service.
				Required if this information can be used in place of prior authorization.
				Required if necessary for state/federal/regulatory agency programs.
				Payer Requirement: Same as Imp Guide

** End of Request Claim Billing (B1) Payer Sheet Template**

NCPDP VERSION D.0 Response Claim Billing Payer Sheet Template

** Start of Response Claim Billing (B1) Payer Sheet Template**

General Information

Payer Name: Capital Rx		Updated: December 1, 2020	
Commercial		**BIN:**	**PCN:**
		610852	CAPLRX; CHM
			Varies by plan, refer to member ID card.
		610770	CAPLRX

Claim Billing/Claim Re-bill Accepted/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	

4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: Same as Imp Guide

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø1-C1	GROUP ID		R	Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist. Payer Requirement: Same as Imp Guide

3Ø2-C2	CARDHOLDER ID		RW	Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request. Payer Requirement: Same as Imp Guide

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when known by plan

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
31Ø-CA	PATIENT FIRST NAME		RW	Imp Guide: Required if known. Payer Requirement: Same as Imp Guide
311-CB	PATIENT LAST NAME		RW	Imp Guide: Required if known. Payer Requirement: Same as Imp Guide
3Ø4-C4	DATE OF BIRTH		RW	Imp Guide: Required if known. Payer Requirement: Same as Imp Guide

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER			Imp Guide: Required if needed to identify the transaction. PayerRequirement:(any unique payer requirement(s))
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Imp Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp

				Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Imp Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. Payer Requirement: Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used. Payer Requirement: Same as Imp Guide
55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Same as Imp Guide

Response Claim Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	Imp Guide: For Transaction Code of "B1," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455- EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when DUR intervention is encountered during claim adjudication.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Imp Guide: Required if Reason For Service Code (439-E4) is used. Payer Requirement: Same as Imp Guide

439-E4	REASON FOR SERVICE CODE		RW	Imp Guide: Required if utilization conflict is detected. Payer Requirement: Same as Imp Guide
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp Guide
529-FT	OTHER PHARMACY INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp Guide
53Ø-FU	PREVIOUS DATE OF FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. Payer Requirement: Same as Imp Guide
531-FV	QUANTITY OF PREVIOUS FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. Payer Requirement: Same as Imp Guide
532-FW	DATABASE INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp Guide
533-FX	OTHER PRESCRIBER INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Guide
544-FY	DUR FREE TEXT MESSAGE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp
57Ø-NS	DUR ADDITIONAL TEXT		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp Guide

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when claim adjudication outcome requires subsequent PA number for payment

Response Prior Authorization Segment Segment Identification (111-AM) = "26"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PY	PRIOR AUTHORIZATION NUMBER–ASSIGNED		RW	Imp Guide: Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim. Payer Requirement: Same as Imp Guide

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claim processing.

Response Coordination of Benefits/ Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Imp Guide: Required if Other Payer ID (34Ø-7C) is used. Payer Requirement: Same as Imp Guide
34Ø-7C	OTHER PAYER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Same as Imp Guide

356-NU	OTHER PAYER CARDHOLDER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Same as Imp Guide
992-MJ	OTHER PAYER GROUP ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Same as Imp Guide
142-UV	OTHER PAYER PERSON CODE		RW	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. Payer Requirement: Same as Imp Guide
127-UB	Other Payer Help Desk Phone Number		RW	Imp Guide: Required if needed to provide a support telephone number of the other payer to the receiver. Payer Requirement: Same as Imp Guide
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	Imp Guide: Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. Payer Requirement: Same as Imp Guide

Claim Billing/Claim Re-bill Rejected/Rejected Response

Questions		If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment- Mandatory

Response Transaction Header Segment		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R= Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment- Situational

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: Same as Imp Guide

~~Response Status Segment Questions~~	~~Check~~	~~Claim Billing/Claim Re-bill Rejected/Rejected~~ ~~If Situational, Payer Situation~~
~~This Segment is always sent~~	~~X~~	

Response Status Segment- Mandatory

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	Imp Guide: Required if needed to identify the transaction. Payer Requirement: Same as Imp Guide
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	

511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Imp Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Imp Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. Payer Requirement: Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used. Payer Requirement: Same as Imp Guide

55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Same as Imp Guide

** End of Response Claim Billing (B1) Payer Sheet Template**