Medi-Cal Rx NCPDP Payer Specification Sheet

Version 4.0
May 19, 2025

Instructions Related to Transactions Based on NCPDP Version D.0

- (B1) Claim Billing
- (B2) Claim Reversal
- (B3) Claim Rebill
- (P2) Prior Authorization Reversal
- (P3) Prior Authorization Inquiry
- (P4) Prior Authorization Request
- (B1) SB393 Drug Price Inquiry
- (E1) Eligibility Verification

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Revision History

Document Version	Date	Comments
1.0	10/22/2020	Initial Version
1.1	09/23/2021	Added detailed sections for: • B1 – Drug Price Inquiry (Section 6.0) • E1 – Eligibility Verification (Section 7.0) Updated the following fields: • 307-C7 (Section 1.1, Section 5.1, Section 7.1) • 420-DK (Section 1.1) • 461-EU (Section 1.1) • 423-DN (Section 1.1) • 436-E1 (Section 1.1, Section 2.1, Section 5.1, Section 6.1)
2.0	10/01/2021	Finalized upon DHCS Approval.
2.1	03/25/2022	Updated the following fields: • 408-D8 (Section 1.1, Section 5.1, Section 6.1) • 420-DK (Section 1.1) • 461-EU (Section 1.1) • 488-RE (Section 1.1, Section 5.1) • 449-EE (Section 1.1)
3.0	04/01/2022	Finalized upon DHCS Approval.
3.1	04/25/2025	Updated for current standards and branding. Updated the following fields: • 302-C2 (Section 1.1) • 384-4X (Section 1.1, Section 5.1, Section 7.1) • 403-D3 (Section 1.1) • 405-D5 (Section 1.1) • 406-D6 (Section 1.1, Section 6.1) • 408-D8 (Section 1.1, Section 5.1, Section 6.1) • 415-DF (Section 1.1) • 420-DK (Section 1.1) • 308-C8 (Section 1.1, Section 2.1) • 461-EU (Section 1.1) • 996-G1 (Section 1.1)

Document Version	Date	Comments
		• 438-E3 (Section 1.1) • 423-DN (Section 1.1) • 439-E4 (Section 1.1, Section 1.2.1) • 440-E5 (Section 1.1) • 441-E6 Section 1.1 • 451-EG (Section 1.1, Section 5.1) • 490-UE Section 1.1 • 436-E1 (Section 6.1)
4.0	05/19/2025	Finalized upon DHCS Approval.

Refer to *Appendix A* for a detailed history of changes to the *Medi-Cal Rx NCPDP Standard Payer Specification Sheet*.

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General Information

Refer to the information in the following chart for successful transmission of transactions as well as contact and support numbers that have changed with the transition.

Payer Name: Prime Therapeutics State Government Solutions LLC (Prime)	**Date:** 01/01/2022	
Plan Name/Group Name: Medi-Cal Rx	**BIN *:** 022659	**PCN *:** 6334225
SB393 Drug Price Inquiry	**BIN *:** 022667	**PCN *:** 393
Processor: Prime		
Effective as of: 01/01/2022	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: October 2019	**NCPDP External Code List Version Date:** October 2019	
Contact/Information Sources: • Medi-Cal Rx Web Portal • *Medi-Cal Rx Provider Manual*		
Pharmacy Help Desk Information: 1-800-977-2273		
Testing Contact Information: PharmacyTesting@primetherapeutics.com		
Other versions supported?: No		

* Refer to the following table for the full list of transactions and associated information regarding BINs/Processor Control Numbers (PCNs).

Transactions Supported

Payer: List each transaction supported with the segments, fields, and pertinent information about each transaction.

Note: B3 – Claim Rebill is a valid Transaction for submission.

Transaction Code	Transaction Type
B1	Claim Billing
B2	Claim Reversal
B3	Claim Rebill
E1	Eligibility Verification
P2	Prior Authorization Reversal
P3	Prior Authorization Inquiry
P4	Prior Authorization Request

Field Legend for Columns

Fields that are not used in the transactions and those that do not have qualified requirements (that is, not used) for this payer are excluded from the templates as specified in each respective section in this document.

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

BIN/PCN Information

Transaction Type	Transaction Code 103-A3	BIN 101-A1	PCN 104-A4
Claim Billing	B1	022659	6334225
Claim Reversal	B2		
Claim Rebill	B3		
Eligibility Verification	E1		
Prior Authorization Reversal	P2		
Prior Authorization Inquiry	P3		
Prior Authorization Request	P4		
SB393 Drug Price Inquiry	B1	022667	393

1.0 NCPDP Version D.0 Claim Billing/Claim Rebill Template

1.1 B1/B3 – Claim Billing/Claim Rebill

****Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template****

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This segment is always sent.	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is payer issued.	X	

Transaction75 Header Segment		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	022659	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1, B3	M	
104-A4	Processor Control Number	6334225	M	
109-A9	Transaction Count		M	One transaction for compound claim; Four allowed for B1 or B3.
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI)	M	

Transaction75 Header Segment		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	
110-AK	Software Vendor/ Certification ID	This will be provided by the provider's software vendor.	M	Required when vendor is certified with Prime; otherwise submit all zeroes.

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This segment is always sent.	X	

Insurance Segment Segment Identification (111-AM) = "04"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	Cardholder ID		M	Submit Client Index Number (CIN), Health Access Program (HAP) ID, or Benefits Identification Card (BIC) ID.
301-C1	Group ID	**MediCalRx**	R	
306-C6	Patient Relationship Code	1 = Cardholder 3 = Child 4 = Other	RW	Required to submit "3" when submitting newborn claims using the mother's Medi-Cal ID. Required to submit "4" when submitting claims for a transplant donor, when using transplant recipient's Medi-Cal ID.

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This segment is always sent.	X	

Patient Segment Segment Identification (111-AM) = "01"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	Date of Birth		R	
305-C5	Patient Gender Code		R	
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
307-C7	Place of Service		RW	Required if this field could result in different coverage, or pricing, or patient financial responsibility. Submit NCPDP Field 384-4X Patient Residence to identify Long Term Care (LTC).
335-2C	Pregnancy Indicator	Blank = Not Specified 1 = Not Pregnant 2 = Pregnant	RW	Required if the patient is known to be pregnant.

Patient Segment Segment Identification (111-AM) = "01"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
384-4X	Patient Residence	0 = Not Specified 1 = Home 3 = Nursing Facility 4 = Assisted Living Facility 5 = Custodial Care Facility Part B Only 6 = Group Home 9 = Intermediate Care Facility/ Individuals with Intellectual Disabilities 14 = Homeless Shelter	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. Required to submit 1, 4, 5, 6, or 14 when administering the COVID-19 vaccine to Medi-Cal members who have difficulty leaving their homes or are hard to reach in order to be reimbursed for the Supplemental At-Home Incentive Fee(s). Required to submit 3 or 9 when member resides in LTC.

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This segment is always sent.	X	
This plan does not support partial fills.	X	

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1= Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	00 = Not specified 03 = National Drug Code (NDC)	M	00 = Compound 03 = Non-compound NDC, Medical Supplies, or Enteral Nutrition
407-D7	Product/Service ID		M	NDC for non-compound claims, "0" for compound claims.
442-E7	Quantity Dispensed		R	
460-ET	Quantity Prescribed		RW	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).
403-D3	Fill Number	0 = Original/New Fill 1–99 = Refill number	R	Required to identify whether prescription dispensed was a new (original) prescription or a refill.
405-D5	Days' Supply		R	Required to identify the number of days the prescription will last.

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Rebill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
406-D6	Compound Code	1 = Not a Compound 2 = Compound	R	
408-D8	Dispense as Written (DAW)/Product Selection Code	0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 9 = Substitution Allowed by Prescriber – Plan Requests Brand	R	Enter '1' when the brand drug/product is prescribed by the prescriber to receive brand rate reimbursement with an approved PA. **Note:** Any DAW code may be submitted on a claim, but the use of a DAW code will **not** override any claim edits (such as PA request requirements).
414-DE	Date Prescription Written		R	
415-DF	Number of Refills Authorized	0 = No refills authorized 1–99 = Authorized Refill number	R	Required to identify the number of refills authorized by the prescriber on the prescription.
419-DJ	Prescription Origin Code	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	
354-NX	Submission Clarification Code Count	Maximum count of 3.	RW	

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Rebill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
420-DK	Submission Clarification Code	2 = Other Override 6 = Continuation Dose/After Starter Dose 7 = Medically Necessary 8 = Process Compound for Approved Ingredients 10 = Meets Plan Limitations 13 = Emergency/ Disaster Situation 20 = 340B 57 = Discharge Med from LTPAC, Hosp, or Other 65 = Individual Patient Emergency Rx Fill	RW	• Required to submit "2" when a transmission is for an initial dose of COVID-19 or mpox vaccine. • Required to submit "6" when a transmission is for second dose of COVID-19 or mpox vaccine. • Required to submit "7" when a transmission identifies the Code I diagnosis restriction is met when an *International Classification of Diseases – 10th Revision, Clinical Modification* (ICD-10-CM) code is not available or when a transmission is for the third dose of COVID-19 vaccine. • Required to submit "8" to allow compound claims, containing both covered and non-covered ingredients, to continue processing for reimbursement of covered ingredients only. • Required to submit "10" when a transmission is for booster dose of COVID-19 vaccine. • Required to submit "13" when a transmission is for a claim during a payer-recognized emergency/disaster.

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Providers will be notified when activated for use. • Required to submit "20" when a 340B pharmacy has determined the product being billed is purchased pursuant to rights available under Section 340B of the Public Health Act of 1992. • Required to submit "57" when a transmission is for a 10-day supply of intravenous (I.V.) or inter-arterial solution dispensed within 10 days following inpatient discharge from an acute care hospital when therapy with the same product was started before discharge. • Required to submit "65" when a transmission is for an emergency fill for an unbreakable package covering more than a 14-day supply.

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
308-C8	Other Coverage Code	0 = Not Specified 1 = No Other Coverage Identified 2 = Other Coverage, Payment Collected 3 = Other Coverage, Claim Not Covered 4 = Other Coverage, Payment Not Collected	RW	Required for Coordination of Benefits (COB).
600-28	Unit of Measure	EA = Each GM = Grams ML = Milliliters	R	
418-DI	Level of Service	3 = Emergency	RW	Required when self-certifying the Emergency Statement is met for a 14-day emergency supply on point-of-sale (POS) claims.
461-EU	Prior Authorization Type Code	8 = Newborn Claims	RW	Required to submit "8" when transmission is for newborn claims. **Note:** Prior Authorization Type Code (PATC) "1" is no longer used for Pricing PA requests for claims with date of service (DOS) on or after March 4, 2022.

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
462-EV	Prior Authorization Number Submitted		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. Not required to submit historical PA numbers.
995-E2	Route of Administration	SNOMED	RW	Required when submitting compound claims.
996-G1	Compound Type	01 = Anti-infective 02 = Ionotropic 03 = Chemotherapy 04 = Pain Management 05 = TPN/PPN (Hepatic, Renal, Pediatric) 06 = Hydration 07 = Ophthalmic 99 = Other	RW	Required when needed to clarify the type of compound.

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This segment is always sent.	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		RW	Required if the value has an effect on the Gross Amount Due (GAD) (430-DU) calculation.
433-DX	Patient Paid Amount Submitted		RW	**NOT REQUIRED; DO NOT SEND**
438-E3	Incentive Amount Submitted		RW	Required if the value has an effect on the GAD (430-DU) calculation. Used to indicate compound sterilization fee and vaccine administration fee.
478-H7	Other Amount Claimed Submitted Count	Maximum count of 3.	RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	Other Amount Claimed Submitted Qualifier	09 = Compound Prep Cost	RW	Required if Other Amount Claimed Submitted (480-H9) is used. Used to indicate Compounding Fee.
480-H9	Other Amount Claimed Submitted		RW	Required if the value has an effect on the GAD (430-DU) calculation. Used to indicate Compounding Fee.
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		R	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
423-DN	Basis of Cost Determination	08 = 340B/ Disproportionate Share Pricing/ Public Health Service 15 = Free product or no associated cost	RW	Required if needed for receiver claim/encounter adjudication.

Provider Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This segment is not sent.	X	
This segment is always sent.	X	

Prescriber Segment Segment Identification (111-AM) = "03"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	Prescriber ID Qualifier	01 = NPI	R	
411-DB	Prescriber ID		R	Must submit valid individual NPI.
427-DR	Prescriber Last Name		RW	Required if known.
364-2J	Prescriber First Name		RW	Required if known.

COB/ Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This segment is situational.	X	Required only for secondary, tertiary, etc. claims.
Scenario 1 – Other Payer Amount Paid Repetitions Only.	X	

COB/Other Payments Segment Segment Identification (111-AM) = "05"		Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	Coordination of Benefits/Other Payments Count	Maximum count of 9.	M	Up to maximum of 9 allowed for submission.
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	Other Payer Date		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	Other Payer Amount Paid Count	Maximum count of 9.		Required if Other Payer Amount Paid Qualifier (342-HC) is used. Required on all COB claims with Other Coverage Code (OCC) equals 2 or 4.

COB/Other Payments Segment Segment Identification (111-AM) = "05"		Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
342-HC	Other Payer Amount Paid Qualifier			Required if Other Payer Amount Paid (431-DV) is used.
431-DV	Other Payer Amount Paid			Required if other payer has approved payment for some/all of the billing. Required on all COB claims with OCC = 2 or OCC = 4.
471-5E	Other Payer Reject Count	Maximum count of 5.	RW	Required if Other Payer Reject Code (472-6E) is used.
472-6E	Other Payer Reject Code		RW	Required when the other payer has denied the payment for the billing, designated with OCC = 3 – Other Coverage Billed – claim not covered (308-C8).

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This segment is situational.	X	Submitted if required to affect outcome of claim related to Drug Use Review (DUR) intervention.

DUR/PPS Segment Segment Identification (111-AM) = "08"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS Code Counter	Maximum of 9 occurrences supported.	RW	Required if DUR/Professional Pharmacy Service (PPS) Segment is used.
439-E4	Reason for Service Code	DA = Drug-Allergy Conflict PG = Drug-Pregnancy Conflict MC = Drug-Disease Conflict DD = Drug-Drug Interaction TD = Therapeutic Duplication ER = Overutilization (Early Refill) LR = Underutilization (Late Refill) AT = Additive Toxicity ID = Ingredient Duplication PA = Drug-Age Conflict HD = High Dose LD = Low Dose TP = Payer/Processor Question PH = Preventative Health Care	RW	Required when needed to communicate DUR information.
440-E5	Professional Service Code	M0 = Prescriber consulted P0 = Patient Consulted R0 = Pharmacist consulted other source MA = Medication Administration	RW	Required when needed to communicate DUR information.

DUR/PPS Segment Segment Identification (111-AM) = "08"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
441-E6	Result of Service Code	1A = Filled as is; false positive. 1B = Filled prescription as is. 1C = Filled with different dose. 1D = Filled with different directions. 1E = Filled with different drug. 1F = Filled with different quantity. 1G = Filled with prescriber approval. 2A = Prescription not filled. 2B = Prescription not filled; direction clarified 3N = Medication Administration	RW	Required when needed to communicate DUR information.
474-8E	DUR/PPS Level of Effort		RW	Required when needed to communicate DUR information.

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This segment is situational.	X	It is used for multi-ingredient prescriptions when each ingredient is reported.

Compound Segment Segment Identification (111-AM) = "10"		Claim Billing/Claim Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator	1 = Each 2 = Grams 3 = Milliliter	M	
447-EC	Compound Ingredient Component Count	Maximum count of 25 ingredients.	M	Medi-Cal Rx supports up to 24 compound product IDs and 1 for the container count (25 Product IDs if a container count is included).
488-RE	Compound Product ID Qualifier	03 = NDC	M	
489-TE	Compound Product ID		M	When specifying the number of containers as an ingredient the NDC should be equal to 99999999997.
448-ED	Compound Ingredient Quantity		M	
449-EE	Compound Ingredient Drug Cost		M	Enter the ingredient drug cost (must be greater than $0.00).
490-UE	Compound Ingredient Basis of Cost Determination	08 = 340B/Disproportionate Share Pricing/Public Health Service	R	Required if needed for receiver claim/encounter adjudication. Submit "08" = 340B/Disproportionate Share Pricing/Public Health Service.

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
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 Rebill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	Diagnosis Code Count	Maximum count of 5.	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	Diagnosis Code Qualifier	02= International Classification of Diseases (ICD-10-CM)	RW	Required if Diagnosis Code (424-DO) is used.
424-DO	Diagnosis Code		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or DUR outcome. Required if this information can be used in place of a PA request. Required if necessary for state/federal/regulatory agency programs.

****End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template ****

1.2 B1/B3 – Claim Billing/Claim Rebill Response

1.2.1 Accepted/PAID or Duplicate of PAID

Start of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Paid or Duplicate of Paid) Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	Sent if additional information is available from the payer/processor.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		R	Required if text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
524-FO	Plan ID		RW	
301-C1	Group ID		RW	
302-C2	Cardholder ID		RW	

Response Patient Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	Patient First Name		RW	Required if known.
311-CB	Patient Last Name		RW	Required if known.
304-C4	Date of Birth		RW	Required if known.

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	P = Paid D = Duplicate of Paid	M	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
547-5F	Approved Message Code Count	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	Approved Message Code		RW	Required if Approved Message Code Count (547-5F) is used.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is always sent.	X	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	Patient Pay Amount		R	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
506-F6	Ingredient Cost Paid		R	
507-F7	Dispensing Fee Paid		RW	Required if this value is used to arrive at the final reimbursement.
521-FL	Incentive Amount Paid		RW	Required if Incentive Amount Submitted (438-E3) is greater than zero.
563-J2	Other Amount Paid Count	Maximum count of 3.	RW	Required if Other Amount Paid (565-J4) is used.
564-J3	Other Amount Paid Qualifier		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	Other Amount Paid		RW	Required if Other Amount Claimed Submitted (480-H9) is greater than zero.
566-J5	Other Payer Amount Recognized		RW	Required if Other Payer Amount Paid (431-DV) is greater than zero and COB/Other Payments Segment is supported.
509-F9	Total Amount Paid		R	
522-FM	Basis of Reimbursement Determination		RW	Required if Ingredient Cost Paid (506-F6) is greater than zero. Required if Basis of Cost Determination (432-DN) is submitted on billing.
346-HH	Basis of Calculation-Dispensing Fee		RW	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
347-HJ	Basis of Calculation-Copay		RW	
572-4U	Amount of Coinsurance		RW	
573-4V	Basis of Calculation-Coinsurance		RW	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	Sent when DUR intervention is encountered during claim processing.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS Response Code Counter	Maximum of 9 occurrences supported.	RW	Required if Reason for Service Code (439-E4) is used.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
439-E4	Reason for Service Code	DA = Drug-Allergy Conflict PG = Drug-Pregnancy Conflict MC = Drug-Disease Conflict DD = Drug-Drug Interaction TD = Therapeutic Duplication ER = Overutilization (Early Refill) LR = Underutilization (Late Refill) AT = Additive Toxicity ID = Ingredient Duplication PA = Drug-Age Conflict HD = High Dose LD = Low Dose TP = Payer/ Processor Question PH = Preventative Health Care	RW	Required if utilization conflict is detected.
528-FS	Clinical Significance Code		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	Other Pharmacy Indicator		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	Previous Date of Fill		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity of Previous Fill		RW	Required if Previous Date of Fill (530-FU) is used.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
532-FW	Database Indicator		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	Other Prescriber Indicator		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR Free Text Message		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Response COB/Other Payers Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	Sent when Other Health Coverage (OHC) is encountered during claims processing.

Response COB/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	Other Payer ID Count	Maximum count of 3.	M	

Response COB/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	Required if other insurance information is available for COB.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for COB.
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for COB.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for COB.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Medi-Cal ID, as assigned by the other payer.
127-UB	Other Payer Help Desk Phone Number		RW	Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	Other Payer Patient Relationship Code		RW	Required if needed to uniquely identify the relationship of the patient to the Medi-Cal ID, as assigned by the other payer.

Response COB/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
144-UX	Other Payer Benefit Effective Date		RW	Required when other coverage is known which is after the DOS submitted.
145-UY	Other Payer Benefit Termination Date		RW	Required when other coverage is known which is after the DOS submitted.

1.2.2 Accepted/Rejected

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	

Response Transaction Header Segment		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This segment is situational.	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	Group ID		R	
524-FO	Plan ID		RW	
302-C2	Cardholder ID		RW	

Response Patient Segment Questions	Check	Claim Billing/Claim Rebill 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 Rebill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	Patient First Name		RW	Required if known.
311-CB	Patient Last Name		RW	Required if known.
304-C4	Date of Birth		RW	Required if known.

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.
987-MA	URL		RW	Provided for informational purposes only to relay health care communications via the Internet.

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/ Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/ Service Reference Number		M	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
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 Rebill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS Response Code Counter	Maximum of 9 occurrences supported.	RW	Required if Reason for Service Code (439-E4) is used.
439-E4	Reason for Service Code		RW	Required if utilization conflict is detected.
528-FS	Clinical Significance Code		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	Other Pharmacy Indicator		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	Previous Date of Fill		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity of Previous Fill		RW	Required if Previous Date of Fill (530-FU) is used.
532-FW	Database Indicator		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	Other Prescriber Indicator		RW	Required if needed to supply additional information for the utilization conflict.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
544-FY	DUR Free Text Message		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Response COB/Other Payers Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This Segment is situational.	X	Sent when OHC is encountered during claim processing.

Response COB/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Rebill 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	Required if Other Payer ID (340-7C) is used.

Response COB/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Rebill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
340-7C	Other Payer ID		RW	Required if other insurance information is available for COB.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for COB.
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for COB.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for COB.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Medi-Cal ID, as assigned by the other payer.
127-UB	Other Payer Help Desk Phone Number		RW	Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	Other Payer Patient Relationship Code		RW	Required if needed to uniquely identify the relationship of the patient to the Medi-Cal ID, as assigned by the other payer.
144-UX	Other Payer Benefit Effective Date		RW	Required when other coverage is known which is after the DOS submitted.
145-UY	Other Payer Benefit Termination Date		RW	Required when other coverage is known which is after the DOS submitted.

1.2.3 Rejected/Rejected

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Claim Billing/Claim Rebill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-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 situational.	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Rebill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Rebill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Rebill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

****End of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template ****

2.0 NCPDP Version D.0 Claim Reversal Template

2.1 B2 – Claim Reversal

****Start of Request Claim Reversal (B2) Payer Sheet Template****

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Claim Reversal Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This segment is always sent.	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is payer issued.	X	

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	022659	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
104-A4	Processor Control Number	6334225	M	
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
401-D1	Date of Service		M	
110-AK	Software Vendor/ Certification ID	This will be provided by the provider's software vendor.	M	Required when vendor is certified with Prime; otherwise submit all zeroes.

Insurance Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This segment is always sent.	X	

Insurance Segment Segment Identification (111-AM) = "04"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	Cardholder ID		M	Submit CIN, HAP, or BIC.

Claim Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This segment is always sent.	X	

Claim Segment Segment Identification (111-AM) = "07"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier		M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	00 = Not specified 03 = National Drug Code (NDC)	M	00 = Compound 03 = Non-compound NDC, Medical Supplies, or Enteral Nutrition
407-D7	Product/Service ID		M	
403-D3	Fill Number	0 = Original/New Fill 1–99 = Refill number	RW	Required if needed for reversals when multiple fills of the same Prescription/ Service Reference Number (402-D2) occur on the same day.
308-C8	Other Coverage Code	0 = Not Specified 1 = No Other Coverage Identified 2 = Other Coverage, Payment Collected 3 = Other Coverage, Claim Not Covered 4 = Other Coverage, Payment Not Collected	RW	Required if needed by receiver to match the claim that is being reversed.

Pricing Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This segment is not sent.	X	

COB/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Reversal		
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	

End of Request Claim Reversal (B2) Payer Sheet Template

2.2 B2 – Claim Reversal Response

**** Start of Claim Reversal Response (B2) Payer Sheet Template****

Refer to the General Information tables at the beginning of this document for contact and processing information.

2.2.1 Accepted/Approved

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	01= NPI	M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	A = Approved	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
547-5F	Approved Message Code Count	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	Approved Message Code		RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	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.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This segment is always sent.		
This segment is situational.	X	Sent if reversal results in generation of pricing detail.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
521-FL	Incentive Amount Paid		RW	Required if this field is reporting a contractually agreed upon payment. Represents compound sterilization fee.
509-F9	Total Amount Paid		RW	Required if any other payment fields sent by the sender.

2.2.2 Accepted/Rejected

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	

Response Transaction Header Segment		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This segment is situational.	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		R	
510-FA	Reject Count		R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	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.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal – Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	

COB/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This segment is situational.	X	

COB/Other Payments Segment Segment Identification (111-AM) = "05"		Claims Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	Coordination of Benefits/ Other Payments Count		M	
338-5C	Other Payer Coverage Type		M	

2.2.3 Rejected/Rejected

Response Transaction Header Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
109-A9	Transaction Count	1 = One Occurrence	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
401-D1	Date of Service		M	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This segment is situational.	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		R	
510-FA	Reject Count		R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	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.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

****End of Claim Reversal (B2) Response Payer Sheet Template****

3.0 NCPDP Version D.0 Prior Authorization Reversal Template

3.1 P2 – Prior Authorization Reversal

Start of Request Prior Authorization Reversal (P2) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a PA Reversal Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Question	Check	Prior Authorization Reversal
This segment is always sent.	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is payer issued.	X	

Transaction Header Segment		Prior Authorization Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	022659	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P2	M	
104-A4	Processor Control Number	6334225	M	
109-A9	Transaction Count	1	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	

Transaction Header Segment		Prior Authorization Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
110-AK	Software Vendor/ Certification ID	This will be provided by the provider's software vendor.	M	Required when vendor is certified with Prime; otherwise submit all zeroes.

Prior Authorization Segment Segment Identification (111-AM) = "12"		Prior Authorization Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PA	Request Type		M	
498-PB	Request Period Date Begin		M	
498-PC	Request Period Date End		M	
498-PD	Basis of Request		M	
498-PY	Prior Authorization Number Assigned		RW	Required if known to sender; otherwise send Authorization Number (503-F3). *Payer Requirement*: Not Used.
503-F3	Authorization Number		RW	Required if PA Number-Assigned (498-PY) is not known.

End of Request Prior Authorization Reversal (P2) Payer Sheet Template

3.2 P2 – Prior Authorization Reversal Response

3.2.1 Accepted/Approved or Captured

Start of Response Prior Authorization Reversal (P2) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

Response Transaction Header Question	Check	Prior Authorization Reversal Accepted/Captured
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Reversal Accepted/Captured		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P2	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Reversal Accepted/Captured
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Reversal Accepted/Captured		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Reversal Accepted/Captured
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Reversal Accepted/Captured		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	A = Accepted C = Captured	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Reversal Accepted/Captured		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

3.2.2 Accepted/Rejected

Response Transaction Header Question	Check	Prior Authorization Reversal Accepted/Rejected
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Reversal Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P2	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Reversal Accepted/Rejected
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Reversal Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Reversal Accepted/Rejected
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Reversal Accepted/Rejected		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count		R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Reversal Accepted/Rejected		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

3.2.3 Rejected/Rejected

Response Transaction Header Question	Check	Prior Authorization Reversal Rejected/Rejected
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Reversal Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P2	M	

Response Transaction Header Segment		Prior Authorization Reversal Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Reversal Rejected/Rejected
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Reversal Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Reversal Rejected/Rejected
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Reversal Rejected/Rejected		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count		R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Reversal Rejected/Rejected		
Field #	**NCPDP Field Name**	**Values**	**Payer Usage**	**Payer Situation**
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

*****End of Response Prior Authorization Reversal (P2) Payer Sheet Template*****

4.0 NCPDP Version D.0 Prior Authorization Inquiry Template

4.1 P3 – Prior Authorization Inquiry

Start of Request Prior Authorization Inquiry (P3) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Prior Authorization Inquiry Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Question	Check	Prior Authorization Inquiry
This segment is always sent.	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is payer issued.	X	

Transaction Header Segment		Prior Authorization Inquiry		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	022659	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P3	M	
104-A4	Processor Control Number	6334225	M	
109-A9	Transaction Count	1	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	

Transaction Header Segment		Prior Authorization Inquiry		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
110-AK	Software Vendor/ Certification ID	This will be provided by the provider's software vendor.	M	Required when vendor is certified with Prime; otherwise submit all zeroes.

Insurance Segment Question	Check	Prior Authorization Inquiry
This segment is always sent.	X	

Insurance Segment Segment Identification (111-AM) = "004"		Prior Authorization Inquiry		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	Cardholder ID		M	Submit CIN, HAP, or BIC.

Prior Authorization Segment Question	Check	Prior Authorization Inquiry
This segment is always sent.	X	

Prior Authorization Segment Segment Identification (111-AM) = "12"		Prior Authorization Inquiry		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PA	Request Type		M	

Prior Authorization Segment Segment Identification (111-AM) = "12"		Prior Authorization Inquiry		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PB	Request Period Date Begin		M	
498-PC	Request Period Date End		M	
498-PD	Basis of Request		M	
498-PY	Prior Authorization Number Assigned		RW	Required if known to sender; otherwise send Authorization Number (503-F3).
503-F3	Authorization Number		RW	Required if PA Number-Assigned (498-PY) is not known. *Payer Requirement:* This field is required to process the transaction.

4.2 P3 – Prior Authorization Inquiry Response

4.2.1 Accepted/Captured

Start of Response Prior Authorization Inquiry (P3) Payer Sheet Template		

Refer to the General Information tables at the beginning of this document for contact and processing information.

Response Transaction Header Question	Check	Prior Authorization Inquiry Accepted/Captured
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Inquiry Accepted/Captured		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P3	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Inquiry Accepted/Captured
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Inquiry Accepted/Captured		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Inquiry Accepted/Captured
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Inquiry Accepted/Captured		
Field #	**NCPDP Field Name**	**Values**	**Payer Usage**	**Payer situation**
112-AN	Transaction Response Status	C = Captured	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

4.2.2 Accepted/Approved

Response Transaction Header Question	Check	Prior Authorization Inquiry Accepted/Approved
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Inquiry Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P3	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Inquiry Accepted/Approved
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Inquiry Accepted/ Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Inquiry Accepted/Approved
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Inquiry Accepted/Approved		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	A = Approved	M	
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Inquiry Accepted/Approved		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.

Response Claim Segment Question	Check	Prior Authorization Inquiry Accepted/Approved
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Prior Authorization Inquiry Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/ Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/ Service Reference Number		M	

Response Prior Authorization Segment Question	Check	Prior Authorization Inquiry Accepted/Approved
This segment is always sent.	X	

Response Prior Authorization Segment Segment Identification (111-AM) = "26"		Prior Authorization Inquiry Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PR	Prior Authorization Processed Date		R	
498-PS	Prior Authorization Effective Date		RW	Required if the PA has an effective date.
498-PT	Prior Authorization Expiration Date		RW	Required if the PA has an expiration date.
498-RA	Prior Authorization Quantity		RW	Required if the total quantity authorized is greater than zero.
498-RB	Prior Authorization Dollars Authorized		RW	Required if the total dollars authorized is greater than zero.
498-PW	Prior Authorization Number of Refills Authorized		RW	Required if a specific number of refills is authorized.
498-PY	Prior Authorization Number Assigned		RW	Required if the receiver's system assigns this number.

4.2.3 Accepted/Deferred

Response Transaction Header Question	Check	Prior Authorization Inquiry Accepted/Deferred
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Inquiry Accepted/Deferred		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P3	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Inquiry Accepted/Deferred
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Inquiry Accepted/Deferred		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Inquiry Accepted/Deferred
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Inquiry Accepted/Deferred		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	F = Deferred	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Inquiry Accepted/Deferred		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Question	Check	Prior Authorization Inquiry Accepted/Deferred
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Prior Authorization Inquiry Accepted/Deferred		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/ Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/ Service Reference Number		M	

Response Prior Authorization Segment Question	Check	Prior Authorization Inquiry Accepted/Deferred
This segment is situational.	X	

Response Prior Authorization Segment Segment Identification (111-AM) = "26"		Prior Authorization Inquiry Accepted/Deferred		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PR	Prior Authorization Processed Date		R	

4.2.4 Accepted/Rejected

Response Transaction Header Question	Check	Prior Authorization Inquiry Accepted/Rejected
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Inquiry Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P3	M	
109-A9	Transaction Count	Same value as in request.	M	
51-F1	Header Response Status	A = Accepted	M	

Response Transaction Header Segment		Prior Authorization Inquiry Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Inquiry Accepted/Rejected
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Inquiry Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Inquiry Accepted/Rejected
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Inquiry Accepted/Rejected		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count		R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		R	
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Question	Check	Prior Authorization Inquiry Accepted/Rejected
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Prior Authorization Inquiry Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/ Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/ Service Reference Number		M	

4.2.5 Rejected/Rejected

Response Transaction Header Question	Check	Prior Authorization Inquiry Rejected/Rejected
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Inquiry Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P3	M	
109-A9	Transaction Count	Same value as in request.	M	

Response Transaction Header Segment		Prior Authorization Inquiry Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Inquiry Rejected/Rejected
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Inquiry Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Inquiry Rejected/Rejected
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Inquiry Rejected/Rejected		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count		R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		R	
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Inquiry Rejected/Rejected		
Field #	**NCPDP Field Name**	**Values**	**Payer Usage**	**Payer Situation**
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

*****End of Response Prior Authorization Inquiry (P3) Payer Sheet Template*****

5.0 NCPDP Version D.0 Prior Authorization Request Template

5.1 P4 – Prior Authorization Request

Start of Request Prior Authorization Request (P4) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Prior Authorization Request Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Question	Check	Prior Authorization Request
This segment is always sent.	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is payer issued.	X	

Transaction Header Segment		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	022659	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P4	M	
104-A4	Processor Control Number	6334225	M	
109-A9	Transaction Count	1	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	

Transaction Header Segment		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
110-AK	Software Vendor/ Certification ID	This will be provided by the provider's software vendor.	M	Required when vendor is certified with Prime; otherwise submit all zeroes.

Insurance Segment Question	Check	Prior Authorization Request
This segment is always sent.	X	

Insurance Segment Segment Identification (111-AM) = "04"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	Cardholder ID		M	Submit CIN, HAP, or BIC.
306-C6	Patient Relationship Code	1 = Cardholder 3 = Child 4 = Other	RW	Required to submit "3" when submitting newborn claims using the mother's Medi-Cal ID. Required to submit "4" when submitting claims for a transplant donor when using transplant recipient's Medi-Cal ID.

Patient Segment Question	Check	Prior Authorization Request
This segment is always sent.	X	
This segment is situational.		

Patient Segment Segment Identification (111-AM) = "01"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	Date of Birth		R	
305-C5	Patient Gender Code		RW	Required if additional verification of the submitted eligibility information is needed.
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
307-C7	Place of Service		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. Submit NCPDP Field 384-4X Patient Residence to identify LTC.
384-4X	Patient Residence	0 = Not Specified 1 = Home 3 = Nursing Facility 4 = Assisted Living Facility 5 = Custodial Care Facility Part B Only 6 = Group Home 9 = Intermediate Care Facility/ Individuals with Intellectual Disabilities 14 = Homeless Shelter	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. Required to submit 1, 4, 5, 6, or 14 when administering the COVID-19 vaccine to Medi-Cal members who have difficulty leaving their homes or are hard to reach in order to be reimbursed for the Supplemental At-Home Incentive Fee(s). Required to submit 3 or 9 when member resides in LTC.

Claim Segment Question	Check	Prior Authorization Request
This segment is always sent.	X	

Claim Segment Segment Identification (111-AM) = "07"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/ Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/ Service Reference Number		M	
436-E1	Product/Service ID Qualifier	00 = Not specified 03 = NDC	M	00 = Compound 03 = Non-compound NDC, Medical Supplies, or Enteral Nutrition
407-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
460-ET	Quantity Prescribed		RW	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).
405-D5	Days' Supply		R	
406-D6	Compound Code	1 = Not Compound 2 = Compound	RW	Required if requesting a PA for a compound (Compound Code (406-D6) = 2).

Claim Segment Segment Identification (111-AM) = "07"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
408-D8	Dispense as Written (DAW)/Product Selection Code	0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 9 = Substitution Allowed by Prescriber – Plan Requests Brand	RW	Enter '1' when the brand drug/product is prescribed by the prescriber to receive brand rate reimbursement with an approved PA. **Note:** Any DAW code may be submitted on a claim, but the use of a DAW code will **not** override any claim edits (such as PA request requirements).
415-DF	Number of Refills Authorized		R	
995-E2	Route of Administration		RW	Required for multi-ingredient compounds.

Prior Authorization Segment Question	Check	Prior Authorization Request
This segment is always sent.	X	

Prior Authorization Segment Segment Identification (111-AM) = "12"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PA	Request Type		M	
498-PB	Request Period Date Begin		M	

Prior Authorization Segment Segment Identification (111-AM) = "12"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PC	Request Period Date End		M	
498-PD	Basis of Request		M	
498-PE	Authorized Representative First Name		RW	Required if needed for PA determination.
498-PF	Authorized Representative Last Name		RW	Required if needed for PA determination.
498-PG	Authorized Representative Street Address		RW	Required if needed for PA determination.
498-PH	Authorized Representative City Address		RW	Required if needed for PA determination.
498-PJ	Authorized Representative State/Province Address		RW	Required if needed for PA determination.
498-PK	Authorized Representative Zip/Postal Zone		RW	Required if needed for PA determination.
498-PY	Prior Authorization Number Assigned		RW	Required if known to sender. *Payer Requirement*: Required on a reauthorization.

Prior Authorization Segment Segment Identification (111-AM) = "12"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PP	Prior Authorization Supporting Documentation		RW	Required if additional information is needed for PA determination.

Prescriber Segment Question	Check	Prior Authorization Request
This segment is situational.	X	

Prescriber Segment Segment Identification (111-AM) = "03"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	Prescriber ID Qualifier	01= NPI	RW	Required if Prescriber ID (411-DB) is used.
411-DB	Prescriber ID		RW	Required if this field could result in different coverage or patient financial responsibility.
427-DR	Prescriber Last Name		RW	Required if known.
498-PM	Prescriber Phone Number		RW	Required if known.

Compound Segment Question	Check	Prior Authorization Request
This segment is always sent.		
This segment is situational.	X	Required for submitting compound drug.

Compound Segment Segment Identification (111-AM) = "10"		Prior Authorization Request		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
450-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator	1 = Each 2 = Grams 3 = Milliliter	M	
447-EC	Compound Ingredient Component Count	Maximum count of 25 ingredients.	M	Medi-Cal supports up to 24 compound product IDs and 1 for the container count (25 Product IDs if a container count is included).
488-RE	Compound Product ID Qualifier	03 = NDC	M	
489-TE	Compound Product ID		M	When specifying the number of containers as an ingredient, the NDC should be equal to 99999999997.
448-ED	Compound Ingredient Quantity		M	

Clinical Segment Question	Check	Prior Authorization Request
This segment is always sent.		
This segment is situational.	X	Refer to the *Medi-Cal Rx Provider Manual* for diagnosis code submission requirements.

Clinical Segment Segment Identification (111-AM) = "13"		Prior Authorization Request		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
491-VE	Diagnosis Code Count	Maximum count of 5.	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	Diagnosis Code Qualifier	02= International Classification of Diseases (ICD-10-CM)	RW	Required if Diagnosis Code (424-DO) is used.
424-DO	Diagnosis Code		R	Required to be submitted.
493-XE	Clinical Information Counter		RW	Maximum of 5 occurrences supported.
496-H2	Measurement Dimension	14 = Height 16 = Weight	RW	Required if Measurement Unit (497-H3) and Measurement Value (499-H4) is used. Required, if necessary, when this field could result in different coverage and/or DUR outcome and is a requirement for authorization. *Payer Requirement*: Must be present with counter value found in field 493-XE.

Clinical Segment Segment Identification (111-AM) = "13"		Prior Authorization Request		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
497-H3	Measurement Unit	01 = Inches 03 = Pounds	RW	Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) are used. Required, if necessary, when this field could result in different coverage and/or DUR outcome and is a requirement for authorization. *Payer Requirement*: Must be present with counter value found in field 493-XE.
499-H4	Measurement Value		RW	Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used. Required, if necessary, when this field could result in different coverage and/or DUR outcome and is a requirement for authorization.

*****End of Request Prior Authorization Request (P4) Payer Sheet Template*****

5.2 P4 – Prior Authorization Request Response

5.2.1 Accepted/Captured

Start of Response Prior Authorization Request (P4) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

Response Transaction Header Question	Check	Prior Authorization Request Accepted/Captured
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Request Accepted/Captured		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P4	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Request Accepted/Captured
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Request Accepted/Captured		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Request Accepted/Captured
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Request Accepted/Captured		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	C = Captured	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Request Accepted/Captured		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Question	Check	Prior Authorization Request Accepted/Captured
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Prior Authorization Request Accepted/Captured		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/ Service Reference Number		M	

5.2.2 Accepted/Rejected

Response Transaction Header Question	Check	Prior Authorization Request Accepted/Rejected
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Request Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P4	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	

Response Transaction Header Segment		Prior Authorization Request Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Request Accepted/Rejected
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Request Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Request Accepted/Rejected
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Request Accepted/Rejected		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count		R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		R	
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Question	Check	Prior Authorization Request Accepted/Rejected
This segment is always sent.	X	

Response Claim Segment Identification (111-AM) = "22"		Prior Authorization Request Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	

5.2.3 Rejected/Rejected

Response Transaction Header Question	Check	Prior Authorization Request Rejected/Rejected
This segment is always sent.	X	

Response Transaction Header Segment		Prior Authorization Request Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	P4	M	
109-A9	Transaction Count	Same value as in request.	M	

Response Transaction Header Segment		Prior Authorization Request Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Prior Authorization Request Rejected/Rejected
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Prior Authorization Request Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Prior Authorization Request Rejected/Rejected
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Request Rejected/Rejected		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count		R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		R	
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required only if current repetition of Additional Message Information (526-FQ) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Prior Authorization Request Rejected/Rejected		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

End of Response Prior Authorization Request (P4) Payer Sheet Template

6.0 NCPDP Version D.0 Drug Price Inquiry

6.1 B1 – Drug Price Inquiry Request

****Start of Request Drug Price Inquiry Using Claim Billing (B1) Template****

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

The drug price inquiry in Medi-Cal Rx is intended to facilitate cash pricing when filling a prescription for a Medicare patient. Under California law (SB 393), pharmacies may charge a Medicare patient no more than Medi-Cal Rx's payment, plus a small (15-cent) processing fee when the patient must pay cash. In the drug price inquiry, Medi-Cal Rx will return the allowable payment (ingredient cost + dispensing fee), plus the 15-cent processing fee.

NOTE: NCPDP Standard Request segments will be required and NCPDP Standard Response segments will be returned to follow NCPDP guidance for B1 transactions.

Transaction Header Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is always sent.	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued.	X	

Transaction Header Segment		Drug Price Inquiry (Using Claim Billing)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	022667	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1	M	

Transaction Header Segment		Drug Price Inquiry (Using Claim Billing)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
104-A4	Processor Control Number	393	M	
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	
110-AK	Software Vendor/ Certification ID		M	Required when vendor is certified with Prime; otherwise submit all zeroes.

Insurance Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "04"		Drug Price Inquiry (Using Claim Billing)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	Cardholder ID	'999999999'	M	Only 999999999 accepted.
301-C1	Group ID	**MediCalRx**	R	

Patient Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
Not sent for drug price inquiry.	X	

Claim Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is always sent.	X	
This plan does not support partial fills.	X	

Claim Segment Segment Identification (111-AM) = "07"		Drug Price Inquiry (Using Claim Billing)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1= Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	00 = Not specified 03 = National Drug Code (NDC)	M	00 = Compound 03 = Non-compound NDC, Medical Supplies, or Enteral Nutrition
407-D7	Product/Service ID		M	NDC for non-compound claims "0" for compound claims.
442-E7	Quantity Dispensed		R	

Claim Segment Segment Identification (111-AM) = "07"		Drug Price Inquiry (Using Claim Billing)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
460-ET	Quantity Prescribed		RW	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).
403-D3	Fill Number	0 = Original/New Fill 1–99 = Refill number	R	
405-D5	Days' Supply		R	
406-D6	Compound Code	1 = Not a Compound 2 = Compound	R	
408-D8	Dispense as Written (DAW)/Product Selection Code	0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 9 = Substitution Allowed by Prescriber – Plan Requests Brand	R	Enter '1' when the brand drug/product is prescribed by the prescriber to receive brand rate reimbursement with an approved PA. **Note:** Any DAW code may be submitted on a claim, but the use of a DAW code will **not** override any claim edits (such as PA request requirements).
414-DE	Date Prescription Written		R	

Pricing Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is always sent.	X	

Pricing Segment Segment Identification (111-AM) = "11"		Drug Price Inquiry (Using Claim Billing)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		RW	Required if its value has an impact on the GAD (430-DU) calculation.
433-DX	Patient Paid Amount Submitted		RW	NOT REQUIRED; DO NOT SEND.
430-DU	Gross Amount Due		R	

Provider Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is not sent.	X	

Prescriber Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is always sent.		
Not sent for drug price inquiry (using claim billing).	X	

COB/Other Payments Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is situational.	X	Required only for secondary, tertiary, etc. claims.
Not sent for drug price inquiry (using claim billing).	X	

DUR/PPS Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is situational.	X	Submitted if required to affect outcome of claim related to DUR intervention.
Not sent for drug price inquiry (using claim billing).	X	

Compound Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is situational.	X	It is used for multi-ingredient prescriptions when each ingredient is reported.
Not sent for drug price inquiry (using claim billing).	X	

Clinical Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) If Situational, Payer Situation
This segment is situational.	X	Submitted if the clinical detail will affect the outcome of claims processing.
Not sent for drug price inquiry (using claim billing).	X	

****End of Request Drug Price Inquiry (Using Claim Billing) Template****

6.2 B1 – Drug Price Inquiry Response

6.2.1 Accepted/PAID or Duplicate of PAID

Start of Response Drug Price Inquiry (Using Claim Billing) Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Claim Billing response (Paid or Duplicate of Paid) Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

The drug price inquiry in Medi-Cal Rx was intended to facilitate cash pricing when filling a prescription for a Medicare patient. Under California law (SB 393), pharmacies may charge a Medicare patient no more than Medi-Cal Rx's payment, plus a small (15-cent) processing fee when the patient must pay cash. In the drug price inquiry, Medi-Cal Rx will return the allowable payment (ingredient cost + dispensing fee), plus the 15-cent processing fee.

NOTE: NCPDP Standard Request segments will be required and NCPDP Standard Response segments will be returned to follow NCPDP guidance for B1 transactions.

Response Transaction Header Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	

Response Transaction Header Segment		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	Sent if additional information is available from the payer/processor.

Response Message Segment Segment Identification (111-AM) = "20"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		R	Required if text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
524-FO	Plan ID		RW	
301-C1	Group ID		RW	
302-C2	Cardholder ID		RW	

Response Patient Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	

Response Patient Segment Segment Identification (111-AM) = "29"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	Patient First Name		RW	Required if known.
311-CB	Patient Last Name		RW	Required if known.
304-C4	Date of Birth		RW	Required if known.

Response Status Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	P = Paid D = Duplicate of Paid	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
547-5F	Approved Message Code Count	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	Approved Message Code		RW	Required if Approved Message Code Count (547-5F) is used.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is always sent.	X	

Response Pricing Segment Segment Identification (111-AM) = "23"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	Patient Pay Amount		R	
506-F6	Ingredient Cost Paid		R	
507-F7	Dispensing Fee Paid		RW	Required if this value is used to arrive at the final reimbursement.
521-FL	Incentive Amount Paid		RW	Required if Incentive Amount Submitted (438-E3) is greater than zero.
563-J2	Other Amount Paid Count	Maximum count of 3.	RW	Required if Other Amount Paid (565-J4) is used.
564-J3	Other Amount Paid Qualifier		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	Other Amount Paid		RW	Required if Other Amount Claimed Submitted (480-H9) is greater than zero.
566-J5	Other Payer Amount Recognized		RW	Required if Other Payer Amount Paid (431-DV) is greater than zero and COB/Other Payments Segment is supported.
509-F9	Total Amount Paid		R	

Response Pricing Segment Segment Identification (111-AM) = "23"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
522-FM	Basis of Reimbursement Determination		RW	Required if Ingredient Cost Paid (506-F6) is greater than zero. Required if Basis of Cost Determination (432-DN) is submitted on billing.
346-HH	Basis of Calculation-Dispensing Fee		RW	
347-HJ	Basis of Calculation-Copay		RW	
572-4U	Amount of Coinsurance		RW	
573-4V	Basis of Calculation-Coinsurance		RW	

Response DUR/PPS Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	Sent when DUR intervention is encountered during claim processing.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS Response Code Counter	Maximum of 9 occurrences supported.	RW	Required if Reason for Service Code (439-E4) is used.
439-E4	Reason for Service Code		RW	Required if utilization conflict is detected.
528-FS	Clinical Significance Code		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	Other Pharmacy Indicator		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	Previous Date of Fill		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity of Previous Fill		RW	Required if Previous Date of Fill (530-FU) is used.
532-FW	Database Indicator		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	Other Prescriber Indicator		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR Free Text Message		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Response COB/Other Payers Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This segment is situational.	X	Sent when OHC is encountered during claims processing.

Response COB/Other Payers Segment Identification (111-AM) = "28"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
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	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	Required if other insurance information is available for COB.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for COB.
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for COB.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for COB.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Medi-Cal ID, as assigned by the other payer.

Response COB/Other Payers Segment Identification (111-AM) = "28"		Drug Price Inquiry (Using Claim Billing) Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
127-UB	Other Payer Help Desk Phone Number		RW	Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	Other Payer Patient Relationship Code		RW	Required if needed to uniquely identify the relationship of the patient to the Medi-Cal ID, as assigned by the other payer.
144-UX	Other Payer Benefit Effective Date		RW	Required when other coverage is known which is after the DOS submitted.
145-UY	Other Payer Benefit Termination Date		RW	Required when other coverage is known which is after the DOS submitted.

6.2.2 Accepted/Rejected

Response Transaction Header Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	

Response Transaction Header Segment		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
103-A3	Transaction Code	B1	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Rejected If Situational, Payer Situation
This segment is situational.	X	

Response Message Segment Segment Identification (111-AM) = "20"		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	
This segment is situational.		

Response Insurance Segment Segment Identification (111-AM) = "25"		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	Group ID		R	
524-FO	Plan ID		RW	
302-C2	Cardholder ID		RW	

Response Patient Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) 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"		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	Patient First Name		RW	Required if known.
311-CB	Patient Last Name		RW	Required if known.
304-C4	Date of Birth		RW	Required if known.

Response Status Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	

Response Status Segment Segment Identification (111-AM) = "21"		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.
987-MA	URL		RW	Provided for informational purposes only to relay health care communications via the Internet.

Response Claim Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/ Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/ Service Reference Number		M	

Response DUR/PPS Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Rejected If Situational, Payer Situation
This segment is situational.	X	Sent when DUR intervention is encountered during claim adjudication.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Drug Price Inquiry (Using Claim Billing) Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS Response Code Counter	Maximum 9 occurrences supported.	RW	Required if Reason for Service Code (439-E4) is used.
439-E4	Reason for Service Code		RW	Required if utilization conflict is detected.
528-FS	Clinical Significance Code		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	Other Pharmacy Indicator		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	Previous Date of Fill		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity of Previous Fill		RW	Required if Previous Date of Fill (530-FU) is used.
532-FW	Database Indicator		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	Other Prescriber Indicator		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR Free Text Message		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Response COB/Other Payers Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Accepted/Rejected If Situational, Payer Situation
This segment is situational.	X	Sent when OHC is encountered during claim processing.

Response COB/ Other Payers Segment Segment Identification (111-AM) = "28"		Drug Price Inquiry (Using Claim Billing) 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	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	Required if other insurance information is available for COB.

6.2.3 Rejected/Rejected

Response Transaction Header Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Rejected/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Transaction Header Segment		Drug Price Inquiry (Using Claim Billing) Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Rejected/Rejected If Situational, Payer Situation
This segment is situational.	X	

Response Message Segment Segment Identification (111-AM) = "20"		Drug Price Inquiry (Using Claim Billing) Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Questions	Check	Drug Price Inquiry (Using Claim Billing) Rejected/Rejected If Situational, Payer Situation
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Drug Price Inquiry (Using Claim Billing) Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Drug Price Inquiry (Using Claim Billing) Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

****End of Response Drug Price Inquiry (Using Claim Billing) Template****

7.0 NCPDP Version D.0 Eligibility Verification Template

7.1 E1 – Eligibility Verification

Start of Eligibility Verification (E1) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in an Eligibility Verification Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Question	Check	Eligibility Verification
This segment is always sent.	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is payer issued.	X	

Transaction Header Segment		Eligibility Verification		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	022659	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	E1	M	
104-A4	Processor Control Number	6334225	M	
109-A9	Transaction Count	1	M	
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	

Transaction Header Segment		Eligibility Verification		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
110-AK	Software Vendor/ Certification ID		M	Required when vendor is certified with Prime; otherwise submit all zeroes.

Insurance Question	Check	Eligibility Verification
This segment is always sent.	X	

Insurance Segment Segment Identification (111-AM) = "04"		Eligibility Verification		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
302-C2	Cardholder ID		M	Submit CIN, HAP, or BIC.

Patient Question	Check	Eligibility Verification
This segment is always sent.	X	

Patient Segment Segment Identification (111-AM) = "01"		Eligibility Verification		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	Date of Birth		R	
305-C5	Patient Gender Code		R	

Patient Segment Segment Identification (111-AM) = "01"		Eligibility Verification		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
311-CB	Patient Last Name		R	
307-C7	Place of Service		RW	Required if this field could result in different coverage, or pricing, or patient financial responsibility. Please submit NCPDP Field 384-4X Patient Residence to identify LTC.
384-4X	Patient Residence	0 = Not Specified 1 = Home 3 = Nursing Facility 4 = Assisted Living Facility 5 = Custodial Care Facility Part B Only 6 = Group Home 9 = Intermediate Care Facility/ Individuals with Intellectual Disabilities 14 = Homeless Shelter	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. Required to submit 1, 4, 5, 6, or 14 when administering the COVID-19 vaccine to Medi-Cal members who have difficulty leaving their homes or are hard to reach in order to be reimbursed for the Supplemental At-Home Incentive Fee(s). Required to submit 3 or 9 when member resides in LTC.

End of Eligibility Verification (E1) Payer Sheet Template

7.2 E1 – Eligibility Verification Response

7.2.1 Accepted/Approved

Start of Response Eligibility Verification (E1) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Eligibility Verification response (Accepted/Approved) Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Question	Check	Eligibility Verification Accepted/Approved
This segment is always sent.	X	

Response Transaction Header Segment		Eligibility Verification Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	E1	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Eligibility Verification Accepted/Approved
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Identification (111-AM) = "20"		Eligibility Verification Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Eligibility Verification Accepted/Approved
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Eligibility Verification Accepted/Approved		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
112-AN	Transaction Response Status	A = Approved	M	
130-UF	Additional Message Information Count		RW	Required if Additional Message Information (526-FQ) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Eligibility Verification Accepted/Approved		
Field #	NCPDP Field Name	Values	Payer Usage	Payer Situation
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail. *Payer Requirement*: This field will contain response specific text.
131-UG	Additional Message Information Continuity		RW	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.

7.2.2 Accepted/Rejected

Response Transaction Header Question	Check	Eligibility Verification Accepted/Rejected
This segment is always sent.	X	

Response Transaction Header Segment		Eligibility Verification Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	

Response Transaction Header Segment		Eligibility Verification Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
103-A3	Transaction Code	E1	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Eligibility Verification Accepted/Rejected
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Eligibility Verification Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	*Imp Guide*: Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Eligibility Verification Accepted/Rejected
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Eligibility Verification Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	R = Rejected	M	
510-FA	Reject Count		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.
130-UF	Additional Message Information Count		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information (Repeat)		RW	*Imp Guide:* Required when additional text is needed for clarification or detail.

Response Status Segment Segment Identification (111-AM) = "21"		Eligibility Verification Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
131-UG	Additional Message Information Continuity		RW	*Imp Guide:* Required 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.
549-7F	Help Desk Phone Number Qualifier		RW	*Imp Guide*: Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver.

7.2.3 Rejected/Rejected

Response Transaction Header Question	Check	Eligibility Verification Rejected/Rejected
This segment is always sent.	X	

Response Transaction Header Segment		Eligibility Verification Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
102-A2	Version/Release Number	D0	M	

Response Transaction Header Segment		Eligibility Verification Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
103-A3	Transaction Code	E1	M	
109-A9	Transaction Count	Same value as in request.	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Same value as in request.	M	
201-B1	Service Provider ID	Same value as in request.	M	
401-D1	Date of Service	Same value as in request.	M	

Response Message Segment Question	Check	Eligibility Verification Rejected/Rejected
This segment is always sent.		
This segment is situational.	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Eligibility Verification Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	*Imp Guide:* Required if text is needed for clarification or detail.

Response Status Segment Question	Check	Eligibility Verification Rejected/Rejected
This segment is always sent.	X	

Response Status Segment Segment Identification (111-AM) = "21"		Eligibility Verification Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	R = Rejected	M	
510-FA	Reject Count		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.
130-UF	Additional Message Information Count		RW	*Imp Guide*: Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	*Imp Guide*: Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information (Repeat)		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* This field will contain response specific text.

Response Status Segment Segment Identification (111-AM) = "21"		Eligibility Verification Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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.
549-7F	Help Desk Phone Number Qualifier		RW	*Imp Guide:* Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	*Imp Guide*: Required if needed to provide a support telephone number to the receiver.

*****End of Response Eligibility Verification (E1) Payer Sheet Template*****

Appendix A – Detailed History of Changes

Field/ Section	Update Description	Update Location	Version/ Date
302-C2	Added the following language: Submit Client Index Number (CIN), Health Access Program (HAP) ID, or Benefits Identification Card (BIC) ID.	Section 1.1	3.1 04/25/2025
307-C7	Removed the following language: "The use of "31", "32", or "54" in this field as an identifier for beneficiaries residing in Long Term Care will sunset on 2/28/2021." Added the following language: "Please submit NCPDP Field 384-4X Patient Residence to identify Long Term Care."	Section 1.1 Section 5.1 Section 7.1	1.1 09/23/2021
308-C8	Added the following values: 0 = Not Specified 1 = No Other Coverage Identified 2 = Other Coverage, Payment Collected 3 = Other Coverage, Claim Not Covered 4 = Other Coverage, Payment Not Collected	Section 1.1 Section 2.1	3.1 04/25/2025
384-4X	Added the following values: 0 = Not Specified 1 = Home 4 = Assisted Living Facility 5 = Custodial Care Facility Part B Only 6 = Group Home 14 = Homeless Shelter Added the following language: Required to submit 1, 4, 5, 6, or 14 when administering the COVID-19 vaccine to Medi-Cal members who have difficulty leaving their homes or are hard to reach in order to be reimbursed for the Supplemental At-Home Incentive Fee(s). Required to submit 3 or 9 when member resides in LTC.	Section 1.1 Section 5.1 Section 7.1	3.1 04/25/2025

Field/ Section	Update Description	Update Location	Version/ Date
403-D3	Added the following values: 0 = Original/New Fill 1–99 = Refill number Added the following language: Required to identify whether prescription dispensed was a new (original) prescription or a refill.	Section 1.1	3.1 04/25/2025
405-D5	Added the following language: Required to identify the number of days the prescription will last.	Section 1.1	3.1 04/25/2025
406-D6	Added the following values: 1 = Not a Compound 2 = Compound	Section 1.1 Section 6.1	3.1 04/25/2025
408-D8	Added the following language: "0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 9 = Substitution Allowed by Prescriber – Plan Requests Brand" "Enter '1' to identify when the brand drug/product is medically necessary as indicated by the prescriber.	Section 1.1 Section 5.1 Section 6.1	2.1 03/25/2022
	Removed the following language: Enter '1' to identify when the brand drug/product is medically necessary as indicated by the prescriber. Added the following language: Enter '1' when the brand drug/product is prescribed by the prescriber to receive brand rate reimbursement with an approved PA. Note: Any DAW code may be submitted on a claim, but the use of a DAW code will not override any claim edits (such as PA request requirements).		3.1 04/25/2025
415-DF	Added the following language: Required to identify the number of refills authorized by the prescriber on the prescription.	Section 1.1	3.1 04/25/2025

Field/ Section	Update Description	Update Location	Version/ Date
420-DK	Added the following language: "2 = Other Override – Submit for Initial Dose of COVID vaccine." "6 = Starter Dose – Submit for final dose of COVID vaccine."	Section 1.1	1.1 09/23/2021
	Updated comment from: "6 = Starter Dose – Submit for final dose of COVID vaccine. 7 = Medically Necessary (indicates that Code 1 Restrictions have been met)" To: "6 = Starter Dose – Submit for second dose of COVID vaccine. 7 = Medically Necessary (indicates that Code 1 Restrictions have been met) – Submit for third dose of COVID vaccine." Added the following language: "10 = Meets Plan Limitations – Submit for booster dose of COVID vaccine."		2.1 03/25/2022
	Added the following values: 2 = Other Override 6 = Continuation Dose/After Starter Dose 7 = Medically Necessary 8 = Process Compound for Approved Ingredients 10 = Meets Plan Limitations 13 = Emergency/ Disaster Situation 20 = 340B 57 = Discharge Med from LTPAC, Hosp, or Other 65 = Individual Patient Emergency Rx Fill Update comment from: 7 = Medically Necessary (indicates that Code 1 Restrictions have been met); this code is also required when a claim is submitted for the third dose of COVID vaccine. 8 = Process Compound for Approved Ingredients		3.1 04/25/2025

Field/ Section	Update Description	Update Location	Version/ Date
	To: Required to submit "7" when a transmission identifies the Code I diagnosis restriction is met when an International Classification of Diseases – 10th Revision, Clinical Modification (ICD-10-CM) code is not available or when a transmission is for the third dose of COVID-19 vaccine. Required to submit "8" to allow compound claims, containing both covered and non-covered ingredients, to continue processing for reimbursement of covered ingredients only. Added the following language: Required to submit "57" when a transmission is for a 10-day supply of intravenous (I.V.) or inter-arterial solution dispensed within 10 days following inpatient discharge from an acute care hospital when therapy with the same product was started before discharge. Required to submit "65" when a transmission is for an emergency fill for an unbreakable package covering more than a 14-day supply.		
423-DN	Added the following language: "Submit "15" – Free product or no associated cost."	Section 1.1	1.1 09/23/2021
	Added the following values: 08 = 340B/ Disproportionate Share Pricing/ Public Health Service 15 = Free product or no associated cost		3.1 04/25/2025
436-E1	Corrected text from "436-EI" to "436-E1" Added language in Payer Situation field to be consistent with field in other sections: "00 = Compound 03 = NDC, Medical Supplies and Enteral Nutrition"	Section 1.1 Section 2.1 Section 5.1 Section 6.1	1.1 09/23/2021
	Added the following language: 00 = Compound	Section 6.1	3.1 04/25/2025

Field/ Section	Update Description	Update Location	Version/ Date
	03 = Non-compound NDC, Medical Supplies, or Enteral Nutrition		
438-E3	Updated comment from: Required if its value has an effect on the Gross Amount Due (430-DU) calculation. Used to indicate Compound Sterilization Fee. To: Required if the value has an effect on the GAD (430-DU) calculation. Used to indicate compound sterilization fee and vaccine administration fee.	Section 1.1	3.1 04/25/2025
439-E4	Added the following values DA = Drug-Allergy Conflict PG = Drug-Pregnancy Conflict MC = Drug-Disease Conflict DD = Drug-Drug Interaction TD = Therapeutic Duplication ER = Overutilization (Early Refill) LR = Underutilization (Late Refill) AT = Additive Toxicity ID = Ingredient Duplication PA = Drug-Age Conflict HD = High Dose LD = Low Dose TP = Payer/Processor Question PH = Preventative Health Care	Section 1.1 Section 1.2.1	3.1 04/25/2025
440-E	Added the following values M0 = Prescriber consulted P0 = Patient Consulted R0 = Pharmacist consulted other source MA = Medication Administration	Section 1.1	3.1 04/25/2025

Field/ Section	Update Description	Update Location	Version/ Date
441-E6	Added the following values: 1A = Filled as is; false positive. 1B = Filled prescription as is. 1C = Filled with different dose. 1D = Filled with different directions. 1E = Filled with different drug. 1F = Filled with different quantity. 1G = Filled with prescriber approval. 2A = Prescription not filled. 2B = Prescription not filled; direction clarified 3N = Medication Administration	Section 1.1	3.1 04/25/2025
449-EE	Added the following language: "Enter the ingredient drug cost (must be greater than $0.00.)"	Section 1.1	2.1 03/25/2022
451-EG	Added the following values: 1 = Each 2 = Grams 3 = Milliliter	Section 1.1 Section 5.1	3.1 04/25/2025
461-EU	Removed the following language: "1 – Prior Authorization (PA) (used for Medi-Cal pricing)" "Required if this field could result in different coverage, pricing, or patient financial responsibility. Submit "1" only when PA is approved to override Medi-Cal pricing." "Submit "1" only when PA is approved to override Medi-Cal pricing. Do not submit "1" for PAs that are not for pricing."	Section 1.1	1.1 09/23/2021

Field/ Section	Update Description	Update Location	Version/ Date
	Removed the following language: "1 – Prior Authorization (PA) (used for Medi-Cal pricing)" "Required if this field could result in different coverage, pricing, or patient financial responsibility. Submit "1" only when PA is approved to override Medi-Cal pricing." "Submit "1" only when PA is approved to override Medi-Cal pricing. Do not submit "1" for PAs that are not for pricing."		2.1 03/25/2022
	Added the following language: Required to submit "8" when transmission is for newborn claims. Note: Prior Authorization Type Code (PATC) "1" is no longer used for Pricing PA requests for claims with date of service (DOS) on or after March 4, 2022.		3.1 04/25/2025
488-RE	Removed the following value: "99 = Other (Container Count)" Removed the following language: "99 – Other (Container Count) Must be accompanied with 99999999997 in field 489-TE."	Section 1.1 Section 5.1	2.1 03/25/2022
490-UE	Added the following value: 08 = 340B/Disproportionate Share Pricing/Public Health Service	Section 1.1	3.1 04/25/2025
996-G1	Added the following values: 01 = Anti-infective 02 = Ionotropic 03 = Chemotherapy 04 = Pain Management 05 = TPN/PPN (Hepatic, Renal, Pediatric) 06 = Hydration 07 = Ophthalmic 99 = Other	Section 1.1	3.1 04/25/2025

Field/ Section	Update Description	Update Location	Version/ Date
Section 6.0	Added new section detailing B1 – Drug Price Inquiry	Section 6.0	1.1 09/23/2021
Section 7.0	Added new section detailing E1 – Eligibility Verification	Section 7.0	1.1 09/23/2021