

## NCPDP VERSION D.0 Request Claim Billing Payer Sheet Template

Start of Request Claim Billing (B1) Payer Sheet

### General Information

<b>Payer Name:</b> Capital Rx		<b>Updated:</b> August 21, 2021	
<b>Commercial</b>	<b>BIN:</b> 610852	<b>PCN:</b> CHM Varies by plan, refer to member ID card.	
	610770	CAPLRX	
	610852	CAPLRX	
	024730	GBHRX	
<b>Processor:</b> Capital Rx			
<b>Effective as of:</b> 09/15/2020		<b>NCPDP Telecommunication Standard Version/Release #:</b> D.0	
<b>NCPDP Data Dictionary Version Date:</b> In accordance with NCPDP Version Standards		<b>NCPDP External Code List Version Date:</b> In accordance with NCPDP Version Standards	
<b>Contact/Information Source:</b> <a href="http://www.cap-rx.com">www.cap-rx.com</a>			
<b>Certification Testing Window:</b> Certification Not Required			
<b>Certification Contact Information:</b> Certification Not Required			
<b>Provider Relations Help Desk Info:</b> (888) 832-2779			
<b>Other versions supported:</b> No other versions supported			

## Field Legend for Columns

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

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

## Request Claim Billing/Claim Re-bill Transaction

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

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

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

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

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

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

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

Patient Segment		Claim Billing/Claim Re-bill	
Segment Identification (111-AM) = "01"			
Field	NCPDP Field Name	Value	Payer Situation

			Payer Usage	
331-CX	PATIENT ID QUALIFIER		RW	Imp Guide: Required if Patient ID (332-CY) is used. Payer Requirement: Same as Imp Guide
332-CY	PATIENT ID		RW	Imp Guide: Required if necessary for state/federal/regulatory agency programs to validate dual eligibility. Payer Requirement: Same as Imp Guide
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	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
333-CZ	EMPLOYER ID		RW	Imp Guide: Required if “required by law” as defined in the HIPAA final Privacy regulations section 164.501 definitions (45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule -
				Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.) Required if needed for Workers’ Compensation billing. Payer Requirement: Same as Imp

				Guide
335-2C	PREGNANCY INDICATOR		RW	<p>Imp Guide: Required if pregnancy could result in different coverage, pricing, or patient financial responsibility.</p> <p>Required if “required by law” as defined in the HIPAA final Privacy regulations section 164.501 definitions (45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule- Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.)</p> <p>Payer Requirement: Same as Imp Guide</p>
384-4X	PATIENT RESIDENCE		RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: Same as Imp Guide</p>

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

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

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



<b>4Ø8-D8</b>	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
<b>414-DE</b>	DATE PRESCRIPTION WRITTEN		R	
<b>415-DF</b>	NUMBER OF REFILLS AUTHORIZED		R	
<b>419-DJ</b>	PRESCRIPTION ORIGIN CODE		R	
<b>354-NX</b>	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used. Payer Requirement: Same as Imp Guide
<b>42Ø-DK</b>	SUBMISSION CLARIFICATION CODE		RW	Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø). Payer Requirement: Same as Imp Guide
<b>3Ø8-C8</b>	OTHER COVERAGE CODE		RW	Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. Payer Requirement: Values accepted 00, 01, 02, 03, 04. See ECL for value definition Payer Requirement: Same as Imp Guide

429-DT	SPECIAL PACKAGING INDICATOR		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Follow State regulatory guidance for products that require a scheduled prescription ID number.
600-28	UNIT OF MEASURE		R	
418-DI	LEVEL OF SERVICE		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
343-HD	DISPENSING STATUS		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. Payer Requirement: Same as Imp Guide

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

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

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

Pricing Segment		Claim Billing/Claim Re-bill		
Segment Identification (111-AM) = "11"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation. Payer Requirement: Same as Imp Guide
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation. Payer Requirement: Same as Imp Guide
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	Imp Guide: Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. Payer Requirement: Same as Imp

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

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

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

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

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

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

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

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 – Other Payer Amount Paid Repetitions Only	X	OCC code(s) 02, 04 Supported.
Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		OCC code(s) 08 Supported.



<b>Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)</b>		
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<b>Coordination of Benefits/Other Payments Segment</b> <b>Segment Identification (111-AM) = “Ø5”</b>		<b>Claim Billing/Claim Re-bill</b> <b>Scenario 1 – Other Payer Amount Paid Repetitions Only</b>		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Imp Guide: Required if Other Payer ID (34Ø-7C) is used. Payer Requirement: Same as Imp Guide
34Ø-7C	OTHER PAYER ID		RW	Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication. Payer Requirement: Same as Imp Guide
443-E8	OTHER PAYER DATE		RW	Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. Payer

				Requirement: Same as Imp Guide
<b>341-HB</b>	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Imp Guide: Required if Other Payer Amount Paid Qualifier (342-HC) is used. Payer Requirement: Same as Imp Guide
<b>342-HC</b>	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Imp Guide: Required if Other Payer Amount Paid (431-DV) is used. Payer Requirement: Same as Imp Guide. See program/provider requirements.
<b>431-DV</b>	OTHER PAYER AMOUNT PAID		RW	Imp Guide: Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer- Patient Responsibility Amount (352-NQ) is submitted. Payer Requirement: Same as Imp Guide

471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Imp Guide: Required if Other Payer Reject Code (472-6E) is used. Payer Requirement: Same as Imp Guide
472-6E	OTHER PAYER REJECT CODE		RW	Imp Guide: Required when the other payer has denied the payment for the billing. Payer Requirement: Same as Imp Guide

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

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

				<p>and/or drug utilization review outcome.</p> <p>Required if this field affects payment for or documentation of professional pharmacy service.</p> <p>Payer Requirement: Same as Imp</p> <p>Guide</p>
<b>440-E5</b>	PROFESSIONAL SERVICE CODE		RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp</p> <p>Guide</p>
<b>441-E6</b>	RESULT OF SERVICE CODE		RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp</p> <p>Guide</p>
<b>474-8E</b>	DUR/PPS LEVEL OF EFFORT		RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p>

				<p>Required if this field affects payment for or documentation of professional pharmacy service.</p> <p>Payer Requirement: Same as Imp Guide</p>
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Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if the claim dispensed is a compound.

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

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

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

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

<p><b>424-DO</b></p>	<p>DIAGNOSIS CODE</p>		<p>RW</p> <p>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for professional pharmacy service.</p> <p>Required if this information can be used in place of prior authorization.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p> <p>Payer Requirement: Same as Imp Guide</p>
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\*\* End of Request Claim Billing (B1) Payer Sheet Template\*\*

## NCPDP VERSION D.0 Response Claim Billing Payer Sheet Template

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

### General Information

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

### Claim Billing/Claim Re-bill Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	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	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	



<b>401-D1</b>	DATE OF SERVICE	Same value as in request	M	
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<b>Response Message Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation</b>
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-bill 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. Payer Requirement: Same as Imp Guide

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

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

302-C2	CARDHOLDER ID		RW	Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request. Payer Requirement: Same as Imp Guide
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Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when known by plan

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

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

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

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

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

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

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

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

439-E4	REASON FOR SERVICE CODE		RW	<p>Imp Guide: Required if utilization conflict is detected.</p> <p>Payer Requirement: Same as Imp Guide</p>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<p>Imp Guide: Required if needed to supply additional information for the utilization conflict.</p> <p>Payer Requirement: Same as Imp Guide</p>
529-FT	OTHER PHARMACY INDICATOR		RW	<p>Imp Guide: Required if needed to supply additional information for the utilization conflict.</p> <p>Payer Requirement: Same as Imp Guide</p>
530-FU	PREVIOUS DATE OF FILL		RW	<p>Imp Guide: Required if needed to supply additional information for the utilization conflict.</p> <p>Required if Quantity of Previous Fill (531-FV) is used.</p> <p>Payer Requirement: Same as Imp Guide</p>
531-FV	QUANTITY OF PREVIOUS FILL		RW	<p>Imp Guide: Required if needed to supply additional information for the utilization conflict.</p> <p>Required if Previous Date Of Fill (530-FU) is used.</p> <p>Payer Requirement: Same as Imp Guide</p>
532-FW	DATABASE INDICATOR		RW	<p>Imp Guide: Required if needed to supply additional information for the utilization conflict.</p> <p>Payer Requirement: Same as Imp Guide</p>
533-FX	OTHER PRESCRIBER INDICATOR		RW	<p>Imp Guide: Required if needed to supply additional information for the utilization conflict.</p> <p>Payer Requirement: Same as Imp Guide</p>

				Guide
544-FY	DUR FREE TEXT MESSAGE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp
570-NS	DUR ADDITIONAL TEXT		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp Guide

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

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



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

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

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

## Claim Billing/Claim Re-bill Rejected/Rejected Response

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

### Response Transaction Header Segment- Mandatory

Response Transaction Header Segment		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	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	Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	✗	

### Response Message Segment- Situational

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-bill 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. Payer Requirement: Same as Imp Guide

<del>Response Status Segment Questions</del>	<del>Check</del>	<del>Claim Billing/Claim Re-bill Rejected/Rejected</del> If Situational, Payer Situation
<del>This Segment is always sent</del>	<del>*</del>	

### Response Status Segment- Mandatory

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

<b>511-FB</b>	REJECT CODE		R	
<b>546-4F</b>	REJECT FIELD OCCURRENCE INDICATOR		RW	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Imp Guide
<b>130-UF</b>	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
<b>132-UH</b>	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
<b>526-FQ</b>	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Imp Guide
<b>131-UG</b>	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. Payer Requirement: Same as Imp Guide
<b>549-7F</b>	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (550-8F) is used. Payer Requirement: Same as Imp Guide

55Ø- 8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Same as Imp Guide
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\*\* End of Response Claim Billing (B1) Payer Sheet Template\*\*