Minnesota Health Care Program (MHCP)
Pharmacy Modernization Module (PMM)
NCPDP D.0 Payer Specifications Claim Billing

September 6, 2024

Claim Billing Payer Sheet

**** Start of Request Claim Billing (B1) Payer Sheet ****

General Information

Payer Name: Prime Therapeutics State Government Solutions LLC		
Plan Names/Group Name: Minnesota Medicaid, Minnesota ADAP, MinnesotaCare	**BIN**: 026787	**PCN:** 5309662024
Effective as of: November 4, 2024	**NCPDP Telecommunication Standard Version/Release #**: D.0	
NCPDP Data Dictionary Version Date: 10/2023	**NCPDP External Code List Version Date**: 10/2023	
Pharmacy Help Desk Information: 1-844-575-7887		

Transactions Supported

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
E1	Eligibility Transaction

Field Legend for Columns

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

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 "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

Claim Billing

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

Transaction Header Segment Questions	Check	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	Required when vendor certification is required by Prime – otherwise submit all zeroes.

Transaction Header Segment		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
101-A1	BIN Number	026787	M	**NEW!**
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B1	M	
104-A4	Processor Control Number	5309662024	M	**NEW!**
109-A9	Transaction Count	Up to 4	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	NPI of submitting pharmacy provider

Transaction Header Segment		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
401-D1	Date of Service		M	Format = CCYYMMDD CC = Century; YY = Year; MM = Month; DD = Day
110-AK	Software Vendor/Certification ID	This will be provided by the provider's software vendor.	M	Submit ID or all zeroes.

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

Insurance Segment Segment Identification (111-AM) = "04"		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
302-C2	Cardholder ID		M	See value as printed on the ID Card
301-C1	Group ID	MNMEDICAID	R	**NEW!** This group is to be used for all Fee-For-Service populations (Medical Assistance, ADAP, Family Planning, MinnesotaCare, etc.)
312-CC	Cardholder First Name		R	
313-CD	Cardholder Last Name		R	

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

Patient Segment Segment Identification (111-AM) = "01"		Claim Billing		
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	

Claim Segment Questions	Check	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"		Claim Billing		
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).
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	00 = Not specified 03 = National Drug Code (NDC)	M	Use 00 – Not Specified for compound claims
407-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
460-ET	Quantity Prescribed		RW	*Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to *Version D.0 Editorial Document*).

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
403-D3	Fill 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		R	
414-DE	Date Prescription Written		R	
415-DF	Number of Refills Authorized	0 = No refills Authorized 1–99 = Authorized refill number	R	*Imp Guide:* Required if necessary for plan benefit administration.
419-DJ	Prescription Origin Code	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	*Imp Guide:* Required if necessary for plan benefit administration.
354-NX	Submission Clarification Code Count	Maximum count of 3.	RW	Required if Submission Clarification Code (420-DK) is used.
420-DK	Submission Clarification Code	8 – Process Compound for Approved Ingredients 20 – 340B	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (0). *Payer Requirement:* **8 is used for compound claims to allow payment for approved ingredients** **20 is used to indicate the product billed has been purchased under Section 340B of the Public Health Act of 1992**
308-C8	Other Coverage Code	0 – Not Specified 2 – Other Coverage Exists – Payment Indicated	RW	Required when submitting a claim for recipient who has other coverage. *Payer Requirement:*

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		3 – Other Coverage Billed – Claim Rejected 4 – Other Coverage Exists – No Payment Indicated		**Note:** OCC 2 should be utilized for ADAP members with MNCare, and/or Medicare Part D for coverage of copays.
600-28	Unit of Measure	Values: • EA = Each • GM = Grams • ML = Milliliters	R	
418-DI	Level of Service	3 = Emergency	RW	**NEW!** *Payer Requirement*: Required to identify emergencies.
461-EU	Prior Authorization Type Code	4 – Exemption form Copay and/or Coinsurance	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as *Imp Guide* *Payer Requirement*: A value of 4 is used to indicate exemption of a copay to American Indian Medicaid enrollees under the American Recovery and Reinvestment Act (ARRA)
462-EV	Prior Authorization Number Submitted		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
995-E2	Route of Administration	SNO-MED	RW	*Payer Requirement*: Required when Compound Code (406-D6) = 2 (Compound)
996-G1	Compound Type		RW	**NEW!** Required when needed to clarify the type of compound needed.

Pricing Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing		
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 affects the Gross Amount Due (430-DU) calculation.
433-DX	Patient Paid Amount Submitted		RW	NOT REQUIRED; DO NOT SEND
426-DQ	Usual and Customary Charge		R	*Imp Guide:* Required if needed per trading partner agreement.
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination		RW	*Imp Guide:* Required if needed for receiver claim/encounter adjudication.

Prescriber Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent.	X	
This Segment is situational.		

Prescriber Segment Segment Identification (111-AM) = "03"		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	Prescriber ID Qualifier	01 = NPI	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Required to identify the

				prescriber of the product dispensed.
411-DB	Prescriber ID	Prescriber's individual NPI	R	Must submit valid NPI

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc. claims.
Scenario 3 – Other Payer Amount Paid, Other Payer – Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Billing Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	Coordination of Benefits/Other Payments Count	Maximum count of 9.	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	*Imp Guide:* Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	Other Payer Date		RW	*Imp Guide:* 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.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Billing Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
342-HC	Other Payer Amount Paid Qualifier	01 – Delivery 02 – Shipping 03 – Postage 04 – Administrative 05 – Incentive 06 – Cognitive Service 07 – Drug Benefit 09 – Compound Preparation Cost Submitted 10 – Sales Tax	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used.
431-DV	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.
471-5E	Other Payer Reject Count	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	Other Payer Reject Code		RW	*Imp Guide*: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered).

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Billing Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
353-NR	Other Payer – Patient Responsibility Amount Count	Maximum count of 25	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	Other Payer- Patient Responsibility Amount Qualifier	01 – Amount Applied to Periodic Deductible 04 – Amount Exceeding Periodic Benefit Maximum 05 – Amount of Copay 06 – Patient Pay Amount 07 – Amount of Coinsurance	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	Other Payer- Patient Responsibility Amount		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing.

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

DUR/PPS Segment Segment Identification (111-AM) = "08"		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS Code Counter	Maximum of 9 occurrences.	RW***	Required if DUR/PPS Segment is used.
439-E4	Reason for Service Code		RW***	Required when there is a conflict to resolve or reason for service to be explained

DUR/PPS Segment Segment Identification (111-AM) = "08"		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
440-E5	Professional Service Code		RW***	Required when there is a professional service to be identified
441-E6	Result of Service Code		RW***	Required when there is a result of service to be submitted
474-8E	DUR/PPS Level of Effort		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

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

Compound Segment Segment Identification (111-AM) = "10"		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
450-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
447-EC	Compound Ingredient Component Count	2 to 25	M	At least 2 ingredients, up to a maximum of 25 ingredients.
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	Required if needed for receiver claim determination

Compound Segment Segment Identification (111-AM) = "10"		Claim Billing		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				when multiple products are billed.
490-UE	Compound Ingredient Basis of Cost Determination		R	Required if needed for receiver claim determination when multiple products are billed.

Clinical Segment Questions	Check	Claim Billing 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		
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 – ICD10	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 drug utilization review outcome. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs.

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

Response Claim Billing Payer Sheet

Claim Billing Accepted/Paid (or Duplicate of Paid) Response

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

General Information

Payer Name: Prime Therapeutics State Government Solutions LLC		
Plan Names/Group Name: Minnesota Medicaid, Minnesota ADAP, MinnesotaCare	**BIN:** 026787	**PCN :** 5309662024

Claim Billing PAID (or Duplicate of PAID) Response

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*.

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

Response Transaction Header Segment		Claim Billing Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
102-A2	Version/Release Number	D.0	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	
401-D1	Date of Service	Same value as in request	M	

Response Message Segment Questions	Check	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"		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	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"		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	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"		Claim Billing Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
310-CA	Patient First Name		RW	
311-CB	Patient Last Name		RW	
304-C4	Date of Birth		RW	

Response Status Segment Questions	Check	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"		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.
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 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 Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/Service Reference Number Qualifier	1 = RxBilling	M	
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment Questions	Check	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"		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 (0).
559-AX	Percentage Sales Tax Amount Paid		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Percentage Sale Tax Amount Submitted (482-GE) is greater than zero (0). Required if Percentage Sales Tax Rate Paid (560-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Payer Requirement: A Provider Tax of 1.8% will be applied to the maximum payment for claims submitted on or after July 1, 2019. The provider tax applied will be returned in this field.
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 (48Ø-H9) is greater than zero (0).
566-J5	Other Payer Amount Recognized			Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (0) and Coordination of Benefits/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 (0). Required if Basis of Cost Determination (432-DN) is submitted on billing.

Response DUR/PPS Segment Questions	Check	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"		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 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 Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claims processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		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	
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for coordination of benefits.
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 coordination of benefits.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Cardholder 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 cardholder 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 Date of Service submitted.

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

Claim Billing Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Billing Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
102-A2	Version/Release Number	D.0	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	
401-D1	Date of Service	Same value as in request	M	

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

Response Message Segment Segment Identification (111-AM) = “20”		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	Claim Billing Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
301-C1	Group ID		R	Required if needed to identify the actual cardholder, to identify appropriate group number, when available.

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
524-FO	Plan ID		RW	Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available.
568-J7	Payer ID Qualifier		RW	Required if Payer ID (569-J8) is used.
569-J8	Payer ID		RW	Required to identify the ID of the payer responding.
302-C2	Cardholder ID		RW	Required if the identification to be used in future transactions is different than what was submitted on the request.

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

Response Patient Segment Segment Identification (111-AM) = "29"		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	Claim Billing Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

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

Response Status Segment Segment Identification (111-AM) = "21"		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 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 Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

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

Response DUR/PPS Segment Questions	Check	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"		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.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing Accepted/Rejected		
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 Prior Authorization Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when claim adjudication outcome requires subsequent PA number for payment

Response Prior Authorization Segment Segment Identification (111-AM) = "26"			Claim Billing Accepted/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
498-PY	Prior Authorization Number–Assigned		RW	Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, Payer Situation
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 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 coordination of benefits.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for coordination of benefits.
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for coordination of benefits.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Cardholder 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 cardholder 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 Date of Service submitted.
145-UY	Other Payer Benefit Termination Date		RW	Required when other coverage is known which is after the Date of Service submitted.

Claim Billing Rejected/Rejected Response

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

Response Transaction Header Segment		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	Claim Billing Rejected/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		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	Claim Billing Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		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 5.	R	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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 (526FQ) 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 (B1/B3) Payer Sheet****

NCPDP Version D.0 Claim Reversal

Request Claim Reversal Payer Sheet

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

General Information

Payer Name: Prime Therapeutics State Government Solutions LLC	**Date:** 11/04/2024	
Plan Names/Group Name: Minnesota Medicaid, Minnesota ADAP, MinnesotaCare	**BIN:** 026787	**PCN:** 5309662024

Claim Reversal Transaction

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	Required when vendor certification is required by MMA – otherwise submit all zeroes.

Transaction Header Segment		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
101-A1	BIN NUMBER	026787	M	**NEW!**
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
104-A4	Processor Control Number	5309662024	M	**NEW!**
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID	NPI Number	M	
401-D1	Date of Service		M	
110-AK	Software Vendor/ Certification ID	This will be provided by the provider's software vendor	M	Submit ID or 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	
301-C1	Group ID	MNMEDICAID	RW	Required if needed to match the reversal to the original billing transaction. **Note:** This group is to be used for all Fee-For-Service populations (Medical Assistance, ADAP, Family Planning, MinnesotaCare, etc.)

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	1 – Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03 – NDC	M	
407-D7	Product/Service ID		M	
403-D3	Fill Number	0 = Original Dispensing 1–99 = Number of refills	R	Required if needed for reversals when multiple fills of the same Prescription/ Service Reference Number (402-D2) occur on the same day.

Claim Segment Segment Identification (111-AM) = "07"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
308-C8	Other Coverage Code		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 situational	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
438-E3	Incentive Amount Submitted		RW	Required if this field could result in contractually agreed upon payment.
430-DU	Gross Amount Due		RW	Required if this field could result in contractually agreed upon payment.

Coordination of Benefits/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	
339-6C	Other Payer ID Qualifier		RW	Required if Other Payer ID (Field # 340-7C) is used
340-7C	Other Payer ID		RW	Required if COB segment is used

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
443-E8	Other Payer Date		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
**** End of Request Claim Reversal (B2) Payer Sheet****				

Response Claim Reversal Payer Sheet Claim Reversal Accepted/Approved Response

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

General Information

Payer Name: Prime Therapeutics State Government Solutions LLC	**Date:** 11/04/2024	
Plan Names/Group Name: Minnesota Medicaid, Minnesota ADAP, MinnesotaCare	**BIN:** 026787	**PCN:** 5309662024

Claim Reversal Accepted/Approved Response

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	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 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.
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.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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 = RxBilling	M	For Transaction Code of "B2," 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 Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
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.
509-F9	Total Amount Paid		RW	Required if any other payment fields sent by the sender.

Claim Reversal Accepted/Rejected Response

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	D.0	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	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 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	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.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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/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 = RxBilling	M	
402-D2	Prescription/Service Reference Number		M	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is situational	X	

Coordination of Benefits/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	Maximum count of 9	M	
338-5C	Other Payer Coverage Type		M	

Claim Reversal Rejected/Rejected Response

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	D.0	M	
103-A3	Transaction Code	B2	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	01 - NPI	M	
201-B1	Service Provider ID	NPI	M	
401-D1	Date of Service	Same value as in request	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	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, 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****

Eligibility Verification

**** Start of Request Eligibility Verification (E1) Payer Sheet ****

Request Eligibility Verification Payer Sheet

General Information

Payer Name: Prime Therapeutics State Government Solutions LLC	**Date:** 11/04/2024	
Plan Names/Group Name: Minnesota Medicaid, Minnesota ADAP, MinnesotaCare	**BIN:** 026787	**PCN:** 5309662024

Other Transactions Supported

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal

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

Eligibility Verification Transaction

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

Transaction Header Segment Questions	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	Required when vendor certification is required by Prime – otherwise submit all zeroes.

Transaction Header Segment			Eligibility Verification	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
101-A1	BIN Number	026787	M	NEW!
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	E1	M	
104-A4	Processor Control Number	5309662024	M	NEW!
109-A9	Transaction Count	1 - One Occurrence	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	NPI of submitting pharmacy provider
401-D1	Date Of Service		M	Format = CCYYMMDD CC = Century YY = Year MM = Month DD = Day
110-AK	Software Vendor/Certification ID		M	Submit ID or all zeroes.

Insurance Segment Questions	Check	Eligibility Verification
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = “04”			Eligibility Verification	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
302-C2	Cardholder Id		M	

Patient Segment Questions	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		RW	Required if needed for receiver inquiry validation and/or determination. Required if necessary for state/federal/regulatory agency programs.
311-CB	Patient Last Name		R	

**** End of Request Eligibility Verification (E1) Payer Sheet ****

Eligibility Verification Response

Eligibility Verification Accepted/Approved Response

****Start of Eligibility Verification Response (E1) Payer Sheet****

General Information

Payer Name: Prime Therapeutics State Government Solutions LLC	**Date:** 11/04/2024	
Plan Names/Group Name: Minnesota Medicaid, Minnesota ADAP, MinnesotaCare	**BIN:** 026787	**PCN:** 5309662024

Eligibility Verification Accepted/Approved Response

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

Response Status Segment Questions	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	D.0	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 Header Segment Questions	Check	Eligibility Verification – Accepted/Approved
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/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	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**	**Value**	**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.
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.

Eligibility Verification Accepted/Rejected Response

Response Transaction Header Segment Questions	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	D.0	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 Questions	Check	Eligibility Verification – Accepted/Rejected
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	Required if text is needed for clarification or detail.

Response Status Segment Questions	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 = Reject	M	
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, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.

Response Transaction Header Segment Questions	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	D.0	M	
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 Questions	Check	Eligibility Verification – Rejected/Rejected
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	Required if text is needed for clarification or detail.

Response Status Segment Questions	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	Maximum count of 5.	R	

Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification – Rejected/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.

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