MedImpact Medicaid Payer Sheet

NCPDP Version D.Ø

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General Information

Payer Name	MedImpact Healthcare Systems, Inc. Medicaid
Publication Date	June 15, 2022
BIN(s)	023880
PCN(s)	KYPROD1
Processor	MedImpact Healthcare Systems, Inc.
Effective as of	July 1, 2021
NCPDP Telecommunication Standard Version	D.Ø
NCPDP Data Dictionary Version Date	August of 2007
NCPDP External Code List Version Date	October 15, 2021
Contact/Information Source	www.medimpact.com
Provider Relations Help Desk Info	800-788-2949
Other Versions Supported	Only D.Ø

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Claim Billing Request Transaction

Transaction Header Segment

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	023880	M	
1Ø2-A2	VERSION / RELEASE NUMBER	D.Ø	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	KYPROD1	M	
1Ø9-A9	TRANSACTION COUNT		M	Per D.Ø standard, up to 4 transaction supported, except for compounds, which allow only 1. For Medicare Part D, please refer to the Medicare Part D Payer Sheet.
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01=NPI	M	NPI Only
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR / CERTIFICATION ID		M	

Insurance Segment (111-AM = "Ø4")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	Required when needed in order to clarify member eligibility.
3Ø1-C1	GROUP ID	KYM01	RW	Required if needed for pharmacy claim processing and payment.
3Ø3-C3	PERSON CODE		RW	Use value printed on card to identify specific person when cardholder ID is for family.
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	Required to identify the relationship of the patient to cardholder.

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Patient Segment (111-AM = "Ø1")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		RW	Required to determine specific family members when twins, triplets, etc. apply.
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	
323-CN	PATIENT CITY ADDRESS		RW	
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	Required on Mail Order claims for determination of Sales Tax requirements.
325-CP	PATIENT ZIP / POSTAL ZONE		RW	When submitted value should only contain numeric characters. A dash is not allowed.
384-4X	PATIENT RESIDENCE		RW	Required when LTC processing edits and payment are desired.
335-2C	PREGNANCY INDICATOR		RW	

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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	Claim Segment (111-AM = "Ø7")			
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT / SERVICE ID QUALIFIER	03 = NDC	M	For multi-ingredient compounds this should be 00 (two zeros).
4Ø7-D7	PRODUCT / SERVICE ID		M	For multi-ingredient compounds this should be 0 (one zero).
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	Required for all CII prescriptions. Claim will deny when value is greater than zero.
419-DJ	PRESCRIPTION ORIGIN CODE		RW	Required for all prescriptions regardless whether NEW or REFILL.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Required to indicate the need for special handling to override normal processing.
46Ø-ET	QUANTITY PRESCRIBED		RW	*Imp Guide:* [1] Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.Ø Editorial Document). *Payer Requirement:* Effective 9/21/2020, field is required for Schedule II drugs

	Claim Segment (111-AM = "Ø7")			
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø8-C8	OTHER COVERAGE CODE		RW	Required for Coordination of Benefits or non-primary claim submissions. In the case of multiple prior payers, Other Coverage Code represents the final 'result' of all payers billed: - If at least one prior payer returned a PAID response use 2 or 4 - If ALL prior payers REJECTED use 3
429-DT	SPECIAL PACKAGING INDICATOR		RW	Required for LTC claims for brand oral solid drugs.
6ØØ-28	UNIT OF MEASURE		RW	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Required as of September 2012 for NYS (New York State) Medicaid Rx billing.
418-DI	LEVEL OF SERVICE		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Required to indicate the need for special handling.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required to indicate the need for special handling to override a normal processing rejection.
995-E2	ROUTE OF ADMINISTRATION	SNOMED Code	RW	Required when needed by plan for proper adjudication. See Plan Profile Sheets.
996-G1	COMPOUND TYPE		RW	Request pharmacies submit when billing for a compound.
147-U7	PHARMACY SERVICE TYPE		RW	Required for Mail Order, LTC, and Specialty pharmacies for proper reimbursement.

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[1] Clarifications that affect the Telecommunication Standard Implementation Guide Version D.0 are cited in the *Telecommunication Version D and Above Questions, Answers and Editorial Updates*.

Pricing Segment (111-AM = "11")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	
433-DX	PATIENT PAID AMOUNT SUBMITTED		Not Used	This field is not used for COB billing.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required when pharmacy is entitled to a Vaccine Administration Fee.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT		RW	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Flat Sales Tax Amount should be submitted when a governing jurisdiction requires the collection of a fixed amount for all applicable prescriptions. Pharmacy is responsible for submission of accurate flat tax values for use in payment calculation. Required when flat sales tax is applicable to product dispensed.

Pricing Segment (111-AM = "11")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when percentage sales tax is applicable to product dispensed. Pharmacy is responsible for submission of accurate percentage tax values for use in payment calculation. NOTE: For payment of Percentage Tax, all 3 Percentage Tax fields must be submitted: - PERCENTAGE SALES TAX AMOUNT SUBMITTED - PERCENTAGE SALES TAX RATE SUBMITTED - PERCENTAGE SALES TAX BASIS SUBMITTED
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when sales tax is applicable to product dispensed to provide the rate for use in payment calculation.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when sales tax is applicable to product dispensed to provide the basis for use in payment calculation.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Required on all claim submissions. In the case of a Vaccine where the product is also administered to the patient, U&C value should include the Administration Fee so any comparison to Usual and Customary calculates correctly.

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Pricing Segment (111-AM = "11")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
43Ø-DU	GROSS AMOUNT DUE		R	Must summarize according to NCPDP criteria. Ingredient Cost Submitted (4Ø9-D9) + Dispensing Fee Submitted (412-DC) + Flat Sales Tax Amt Submitted (481-HA) + Percentage Sales Tax Amt Submitted (482-GE) + Incentive Amount Submitted (438-E3) + Other Amount Claimed (48Ø-H9)
423-DN	BASIS OF COST DETERMINATION		RW	

Prescriber Segment (111-AM = "Ø3")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	PRESCRIBER ID QUALIFIER	01 = National Provider Identifier (NPI)	R	Required to identify the prescriber of the product dispensed.
411-DB	PRESCRIBER ID		R	Required to identify the prescriber of the product dispensed.
427-DR	PRESCRIBER LAST NAME		RW	Required to identify the prescriber of the product dispensed.
498-PM	PRESCRIBER PHONE NUMBER			
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER			
421-DL	PRIMARY CARE PROVIDER ID			
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME			
364-2J	PRESCRIBER FIRST NAME			
365-2K	PRESCRIBER STREET ADDRESS			
366-2M	PRESCRIBER CITY ADDRESS			
367-2N	PRESCRIBER STATE / PROVINCE ADDRESS			
368-2P	PRESCRIBER ZIP / POSTAL ZONE			

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Coordination of Benefits/Other Payments Segment (OPAP) (111-AM = "Ø5")

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	03 = BIN Number	R	
34Ø-7C	OTHER PAYER ID		R	If no BIN exists due to billing of a non-online payer, please use value 999999 as the BIN of the Other Payer.
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	Required when OCC = 2 or 4.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required when OCC = 2 or 4.
431-DV	OTHER PAYER AMOUNT PAID	Required even if the value is zero.	RW	Required when OCC = 2 or 4. Negative values ARE accepted with OCC 4 and treated as zero.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	Required when OCC = 3.
472-6E	OTHER PAYER REJECT CODE	NCPDP Reject Codes	RW	Required when OCC = 3.

DUR/PPS Segment (111-AM = "Ø8")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS CODE COUNTER	Maximum count of 9	RW	
439-E4	REASON FOR SERVICE CODE		RW	
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	
441-E6	RESULT OF SERVICE CODE		RW	
474-8E	DUR/PPS LEVEL OF EFFORT		RW	
475-J9	DUR CO-AGENT ID QUALIFIER		S	
476-H6	DUR CO-AGENT ID		S	

Compound Segment (111-AM = "1Ø")				
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	03 = NDC	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	

Clinical Segment (111-AM = "13")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	
492-WE	DIAGNOSIS CODE QUALIFIER	02 = ICD-10	RW	
424-DO	DIAGNOSIS CODE		RW	Decimal point should not be included in the ICD-10 value.

Emergency Preparedness

In the event of a 'declared emergency', the following guidelines will be followed:

Patient Segment (111-AM = "Ø1")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
322-CM	PATIENT STREET ADDRESS		RW	
323-CN	PATIENT CITY ADDRESS		RW	
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	
325-CP	PATIENT ZIP / POSTAL ZONE		RW	

NOTE: *Patient Segment is for the demographic information from which the patient has been displaced. This may/may not be where the patient is residing during the emergency.*

Claim Segment (111-AM = "Ø7")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
42Ø-DK	SUBMISSION CLARIFICATON CODE	13 = Payer-Recognized Emergency / Disaster Assistance Request	RW	The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer.

Prescriber Segment (111-AM = "Ø3")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
411-DB	PRESCRIBER ID		RW	In a 'declared emergency situation' when the pharmacist prescribes, the organizational (type 2) NPI of the pharmacy may be submitted.

Vaccine Billing

If a pharmacy is contracted for vaccine billing, the following guidelines will be followed:

Claim Segment (111-AM = "Ø7")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	R	
4Ø2-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		R	
436-E1	PRODUCT / SERVICE QUALIFIER	03 = NDC	R	
4Ø7-D7	PRODUCT / SERVICE ID		R	

NOTE: *Other claim segment fields are required per normal claim billing.*

Pricing Segment (111-AM = "11")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Must be greater than zero or claim will deny. This should be the contracted Administration Fee. If not contracted for Vaccine payment this will be ignored.
43Ø-DU	GROSS AMOUNT DUE		R	This must be the sum of Ingredient Cost Submitted (4Ø9-D9) + Dispensing Fee Submitted (412-DC) + Flat Sales Tax Amt Submitted (481-HA) + Percentage Sales Tax Amt Submitted (482-GE) + Incentive Amount Submitted (438-E3) + Other Amount Claimed (48Ø-H9)
426-DQ	USUAL AND CUSTOMARY CHARGE		R	U&C must include the Vaccine Administration Fee so lesser than logic works properly.

DUR/PPS Segment (111-AM = "Ø8")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS CODE COUNTER	1	RW	
44Ø-E5	PROFESSIONAL SERVICE CODE	MA – Medication Administered	RW	If this is not submitted the Administrative Fee will be ignored.

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Claim Response Transaction (Accepted/Paid or Dup. of Paid)

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

Response Message Segment (111-AM = "2Ø")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When claim(s) are PAID, transmission related messaging may be sent for pharmacy review.

Response Insurance Segment (111-AM = "25")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø1-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	

Response Patient Segment (111-AM = "29")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	PATIENT FIRST NAME		RW	Returned when enrollment file match occurs to indicate the First Name on the file for the Member ID.
311-CB	PATIENT LAST NAME		RW	Returned when enrollment file match occurs to indicate the Last Name on the file for the Member ID.

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Response Status Segment (111-AM = "21")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P = Paid D = Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	When calling the Help Desk, this ID is the fastest means to identify the claim.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5	RW	
548-6F	APPROVED MESSAGE CODE		RW	Used for Transition of Care messaging when applicable.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
987-MA	URL		RW	Future Use

Response Claim Segment (111-AM = "22")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		M	

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	Response Pricing Segment (111-AM = "23")			
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		RW	
557-AV	TAX EXEMPT INDICATOR		RW	
558-AW	FLAT SALES TAX AMOUNT PAID		RW	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	
521-FL	INCENTIVE AMOUNT PAID		RW	
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3	RW	Returned when values related to the following reimbursements are returned.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	Values provided per trading partner agreements.
565-J4	OTHER AMOUNT PAID		RW	
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	Returned on COB payment response when OPAP dollars used to reduce primary claim payment.
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	

Response Pricing Segment (111-AM = "23")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
COMPONENTS OF PATIENT PAY AMOUNT				
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	
518-FI	AMOUNT OF COPAY		RW	
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	
572-4U	AMOUNT OF COINSURANCE		RW	
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / BRAND DRUG		RW	
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / NON-PREFERRED FORMULARY SELECTION		RW	
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / BRAND NON-PREFERRED FORMULARY SELECTION		RW	
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	
INFORMATIONAL FIELDS				
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	When applicable, the amount that has accumulated toward the deductible.
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	When applicable, the amount of deductible that remains to be met.
514-FE	REMAINING BENEFIT AMOUNT		RW	When applicable, the amount of benefit that has not yet been met.
575-EQ	PATIENT SALES TAX AMOUNT		RW	
574-2Y	PLAN SALES TAX AMOUNT		RW	

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Response Pricing Segment (111-AM = "23")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
148-U8	INGREDIENT COST CONTRACTED / REIMBURSABLE AMOUNT		RW	Returned when payment is based on Patient Responsibility COB or Patient Pay Amount.
149-U9	DISPENSING FEE CONTRACTED / REIMBUSABLE AMOUNT		RW	Returned when payment is based on Patient Responsibility COB or Patient Pay Amount.
577-G3	ESTIMATED GENERIC SAVINGS		RW	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	

Response DUR/PPS Segment (111-AM = "24")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR / PPS RESPONSE CODE COUNTER	Maximum of 9 occurrences	RW	
439-E4	REASON FOR SERVICE CODE		RW	
528-FS	CLINICAL SIGNIFICANCE CODE		RW	
529-FT	OTHER PHARMACY INDICATOR		RW	
53Ø-FU	PREVIOUS DATE OF FILL		RW	
531-FV	QUANTITY OF PREVIOUS FILL		RW	
532-FW	DATABASE INDICATOR		RW	
533-FX	OTHER PRESCRIBER INDICATOR		RW	
544-FY	DUR FREE TEXT MESSAGE		RW	
57Ø-NS	DUR ADDITIONAL TEXT		RW	

Response Coordination of Benefits/Other Payers Segment (111-AM = "28")				
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	03 = BIN	RW	
34Ø-7C	OTHER PAYER ID		RW	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	
356-NU	OTHER PAYER CARDHOLDER ID		RW	
992-MJ	OTHER PAYER GROUP ID		RW	
142-UV	OTHER PAYER PERSON CODE		RW	
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	

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Claim Response Transaction (Accepted/Rejected)

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

Response Message Segment (111-AM = "2Ø")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When claim(s) are REJECTED, transmission related messaging may be sent for pharmacy review.

Response Insurance Segment (111-AM = "25")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø1-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	

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Response Patient Segment (111-AM = "29")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
31Ø-CA	PATIENT FIRST NAME		RW	Returned when enrollment file match occurs to indicate the First Name on the file for the Member ID.
311-CB	PATIENT LAST NAME		RW	Returned when enrollment file match occurs to indicate the Last Name on the file for the Member ID.

Response Status Segment (111-AM = "21")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	When calling the Help Desk, this ID is the fastest means to identify the claim.
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	MedImpact will be using the Reject Occurrence Indicator to indicate repeating field rejections. - In the case of COMPOUNDS this will be used to indicate an ingredient level rejection. Example: Reject Code 70 with the Occurrence Indicator of 3 will indicate that the Product submitted as the third ingredient is Not Covered / Plan Benefit Exclusion. - In the case of COB, this will direct the provider to the PAYER LOOP in error.

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Response Status Segment (111-AM = "21")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	
987-MA	URL		RW	Future Use

Response Claim Segment (111-AM = "22")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		M	

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Response DUR/PPS Segment (111-AM = "24")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR / PPS RESPONSE CODE COUNTER	Maximum of 9 occurrences	RW	
439-E4	REASON FOR SERVICE CODE		RW	
528-FS	CLINICAL SIGNIFICANCE CODE		RW	
529-FT	OTHER PHARMACY INDICATOR		RW	
53Ø-FU	PREVIOUS DATE OF FILL		RW	
531-FV	QUANTITY OF PREVIOUS FILL		RW	
532-FW	DATABASE INDICATOR		RW	
533-FX	OTHER PRESCRIBER INDICATOR		RW	
544-FY	DUR FREE TEXT MESSAGE		RW	
57Ø-NS	DUR ADDITIONAL TEXT		RW	

Response Coordination of Benefits/Other Payer Segment (111-AM = "28")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
335-NT	OTHER PAYER ID COUNT	Maximum count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER	03 = BIN Number	RW	
34Ø-7C	OTHER PAYER ID		RW	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	
356-NU	OTHER PAYER CARDHOLDER ID		RW	
992-MJ	OTHER PAYER GROUP ID		RW	
142-UV	OTHER PAYER PERSON CODE		RW	
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	

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Claim Response Transaction (Rejected/Rejected)

Transaction Header Segment

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

Response Message Segment (111-AM = "2Ø")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When claim(s) are REJECTED, transmission related messaging may be sent for pharmacy review.

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Response Status Segment (111-AM = "21")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	When calling Help Desk, this ID is the fastest means to identify the claim.
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	When supplied, count will equal the number of sets associated with UH, FQ and UG fields.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	

Claim Reversal Request Transaction

Reversals must be submitted with the same Rx number as was submitted on the original paid claim.

Reversals of COB claims should be performed in the correct "back out order", meaning LAST claim billed must be reversed first until getting to the primary claim or a claim to be re-submitted.

- If a claim has been billed as Primary, Secondary, or Tertiary and the pharmacy wishes to reprocess the secondary claim, the tertiary claim must be reversed first, then the secondary reversal. At this point the pharmacy may reprocess the secondary claim as required (the tertiary claim as well).

- The reversal of a COB claim must contain the COB segment with Other Payer Coverage Type so in the case where MedImpact is the payer of more than one claim for the Pharmacy, Rx, Date of Service and Fill Number, the claim for reversal can be correctly identified.

Transaction Header Segment				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	023880	M	
1Ø2-A2	VERSION / RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	KYPROD1	M	Should be same value as submitted on B1 claim.
1Ø9-A9	TRANSACTION COUNT	1 through 4 supported	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 = NPI	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR / CERTIFICATION ID	Blanks	M	

Insurance Segment (111-AM = "Ø4")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	Value submitted on claim should be included on reversal.
3Ø1-C1	GROUP ID	KYM01	RW	Value submitted on claim should be included on reversal.

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Claim Segment (111-AM = "Ø7")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTON / SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT / SERVICE ID QUALIFIER	03 = NDC	M	
4Ø7-D7	PRODUCT / SERVICE ID		M	
4Ø3-D3	FILL NUMBER		R	Used as a 'tie break' if multiple fills of the same Rx/DOS allowed.
3Ø8-C8	OTHER COVERAGE CODE		RW	Required when reversing a COB claim. Used as a 'tie break' if multiple fills of same Rx/DOS allowed.
147-U7	PHARMACY SERVICE TYPE		RW	

Coordination of Benefit/Other Payment Segment (111-AM = "Ø5")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT	Maximum count of 9	RW	Required when original claim was COB.
338-5C	OTHER PAYER COVERAGE TYPE		RW	Used to identify the specific claim when we have processed multiple iterations of the claims.

Claim Reversal Response Transaction (Accepted/Approved)

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

Response Message Segment (111-AM = "2Ø")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	When reversals are successful, transmission related messaging may be sent for pharmacy review.

Response Status Segment (111-AM = "21")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	When calling Help Desk, this ID is the fastest means to identify the claim.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	

Response Claim Segment (111-AM = "22")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2			M	

Claim Reversal Response Transaction (Accepted/Rejected)

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

Response Message Segment (111-AM = "2Ø")				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When reversals are REJECTED, transmission related messaging may be sent for pharmacy review.

Response Status Segment (111-AM = "21")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	When calling Help Desk, this ID is the fastest means to identify the claim.
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	

Response Claim Segment (111-AM = "22")

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2			M	

Claim Reversal Response Transaction (Rejected/Rejected)

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

Response Message Segment (111-AM = "2Ø")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	When claim transmission is REJECTED, contains information to further explain the reason for the rejection.

Response Status Segment (111-AM = "21")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	When calling Help Desk, this ID is the fastest means to identify the claim.
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	

Revision History

Revision Date	Version	Summary of Changes
4/01/2021	1.0	Created
6/15/2022	1.1	Removed requirement for submitting value 20 in field 42Ø-DK for 340b claims.