Connecticut interChange MMIS

Connecticut Medical Assistance Program

NCPDP vD.0 PAYER SHEET

February 1, 2021

Connecticut Department of Social Services (DSS)
55 Farmington Avenue
Hartford, CT 06105

Gainwell Technologies
55 Hartland Street
East Hartford, CT 06108

Amendment History

The following log provides a history of changes that have been made to the Companion Guide.

Version	Version	Reason for Revision	Section	Date
1.0	08/26/2011	Initial Release	All	All
1.1	05/05/2014	Added Diagnosis Qualifier (Field 492-WE) value for ICD10; Expanded the Diagnosis Code (Field 424-DO) length for ICD10; Added Other Payer Reject Code (Field 472-6E) values for Medicare D COB claims; Updated the Benefit Stage Qualifier (Field 393-MV) values/ descriptions; Updated program phone numbers and benefit plan names;		
1.2	11/1/2015	Termination of ConnPACE/ Charter Oak Health Plan Updated HP to Hewlett Packard Enterprise		
1.3	4/12/2017	Updated Hewlett Packard Enterprise to DXC Technology		
1.4	11/1/2018	Update to reflect CADAP Transition to DPH/ MagellanRx		
1.5	9/21/2020	Updated to add the requirement for CII claims to include, Quantity prescribed (Field 46Ø-ET), effective 9/21/2020		
1.6	10/1/2020	Updated DXC Technology to Gainwell Technologies		
1.7	11/1/2020	Removed program references		
1.8	2/1/2021	Added Submission Clarification (field 420-DK) vales for COVIV-19 vaccine administration Added Preferred Product Count (Field 551-9F)/ Preferred Product Description (Field 556-AU) to the Response Claim Segment.		

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

TABLE OF CONTENTS

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

1. NCPDP VD.0 TRANSACTION SET INFORMATION

General Transaction Formatting Information

The first segment of every transmission (request or response) is the Header Segment. This is the only segment that does not have a Segment Identification since it is a fixed field and length segment. After the Header Segment, other segments are included, according to the particular transaction type. Every other segment has an identifier to denote the particular segment for parsing. Segments may appear in any order after the Header Segment, according to whether the segment occurs at the transmission or transaction level. Segments are not allowed to repeat within a transaction. Segments may occur more than once only in a multi-transaction transmission.
In the Header Segment, all fields are required positionally and filled to their maximum designation. This is a fixed segment. If a required field is not used, it must be filled with spaces or zeroes, as appropriate. The fields within the Header Segment do not use field separators.
Other segments may have both required and optional fields. Optional fields in a segment are submitted after the required fields. Both types of fields must be preceded by a field separator and the field's identifier. Optional fields may appear in any order except for those designated with a qualifier or in a repeating group. The required and optional fields may be truncated to the actual size used.
Parsing is accomplished with the use of separators. Version D.0 uses three separators.

Segment separator Hex 1E (Dec 30)

Group separator Hex 1D (Dec 29)

Field separator Hex 1C (Dec 28)

A transmission consists of one or more transactions separated by group separators. All transmissions, whether for one, two, three, or four transactions, use group separators to denote the start of a transaction with the following exception: the Eligibility Verification transmission, which does not use a group separator.

Within a transaction, appropriate segments are included. Segments are delineated with the usage of Segment separators. Segments are also identified with the usage of a Segment Identification in the first position of each segment. One too many segments may be included in each transaction. Field separators are used to delineate fields in the segments.

The general syntax of a transmission request and response will appear as follows:

Header Segment	
	Header Segment fields
Segment Separator	
	Required fields within Segment as appropriate, with field separators
	Optional Segment fields with field separators
Segment Separator	
	Required fields within Segment as appropriate, with field separators
	Optional Segment fields with field separators
Group Separator	
Segment Separator	
	Required fields within Segment as appropriate, with field separators
	Optional Segment fields with field separators
Segment Separator	
	Required fields within Segment as appropriate, with field separators
	Optional Segment fields with field separators

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Variable Usage Guidelines

Leading zeroes and trailing blanks may be omitted from some data fields.

Alphanumeric fields default to spaces when empty, not null characters.

Numeric fields default to zeroes.

Dollar fields default to zeroes; however, dollar fields are always signed. The least significant digit of a dollar field must always be an Overpunch sign, not a digit.

Overpunch Sign

The purpose of using Overpunch signs in dollar fields is to allow the representation of positive and negative dollar amounts without expanding the size of the field (that is, to hold the plus or minus character).
The Overpunch sign replaces the right most character in a dollar field. The signed value designates the positive or negative status of the numeric value. The dollar field of $99.95 would be represented as 999E with truncation. A negative dollar amount of $2.50 would be represented as 25} with truncation.

UNIT	SIGNED POSITIVE				SIGNED NEGATIVE			
	GRAPHIC	OCT	DEC	HEX	GRAPHIC	OCT	DEC	HEX
0	{	173	123	7B	}	175	125	7D
1	A	101	65	41	J	112	74	4A
2	B	102	66	42	K	113	75	4B
3	C	103	67	43	L	114	76	4C
4	D	104	68	44	M	115	77	4D
5	E	105	69	45	N	116	78	4E
6	F	106	70	46	O	117	79	4F
7	G	107	71	47	P	120	80	50
8	H	110	72	48	Q	121	81	51
9	I	111	73	49	R	122	82	52

Note: This table shows ASCII values.

Implied Decimal Points

In the D.0 standard, only patient clinical value fields will contain decimal points. All other decimal points are implied. For example, patient diagnosis codes should be formatted with explicit decimal points. ***Note:*** Decimal points in dollar fields are implied.

Truncation

To truncate a field using the D.0 format:
Numeric (N or D): Remove leading zeroes

Alphanumeric (A): Remove trailing spaces

Note: Do not truncate or eliminate any fields in the required header segments.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

2. NCPDP VD.0 TRANSACTION SET SPECIFICATIONS

Following is a list of the data elements, field names, and field positions for the Connecticut Rx–POS system claims using the NCPDP version D.0 format.
Standard COBOL documentation is used for transaction descriptions. The following definitions are given to ensure consistency of interpretation:
Field – The NCPDP D.0 data element identifier for a given transaction.

Field Name – The short definition, name, or literal constant of the data located within the transaction at the positions indicated.

A = Alphanumeric – Always left–justified and space filled; A–Z, 0–9, and printable characters.

D = Signed Numeric – Always right–justified, zero always positive, zero filled dollar – cents amount with two positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and have default values of zeroes when used for dollar fields (sign is internal and trailing).
Example: A D field with a length of 8 is represented as $$$$$$cc.

N = Unsigned Numeric – Always right–justified and zero filled.
Format: 9(7) V999 *Example:* 9999999.999

Value – If a particular value is expected for Rx–POS, that value is given.

Payer Situation – NCPDP vD.0 is a variable length format standard. Therefore, with the exception of the header fields (which are always required), a transaction will contain only those elements that are necessary. The "Comments" portion indicates whether a field is required and any new rules on how to bill. Required fields may be mandatory by the NCPDP D.0 standard and/or required by the processor (Gainwell Technologies).

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

3. NCPDP VD.0 REQUEST DATA ELEMENT DESCRIPTIONS

NCPDP Version D.0 defines the data structure and content of single POS transmissions only.

These specifications cover the minimum required fields per the NCPDP D.0 standards as well as the required fields needed for Connecticut Medical Assistance Program claims processing. Even though a segment or field may not be covered in this document, it does not mean the segment or field cannot be sent. All records, segments, and fields that are allowed for NCPDP D.0 will be accepted, but only those segments and fields pertinent to claims processing will be utilized in the Connecticut Medical Assistance Program claims system.

3.1 Request Claim Billing/Claim Rebill Payer Sheet

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

GENERAL INFORMATION

Payer Name: Connecticut Medical Assistance Program	Date: Ø1/25/2Ø11	
Plan Name/Group Name: All Programs with no coverage primary to the Connecticut Medical Assistance Program	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: All Programs with primary coverage other than Medicare Part D	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: ConnPACE*/CADAP** when Medicare Part D is primary *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	BIN: 61Ø48Ø	PCN: CTPCNPTD
Plan Name/Group Name: All Other Programs when Medicare Part D is primary	BIN: 61Ø48Ø	PCN: CTPCNFMD
Processor: Gainwell Technologies		
Effective as of: 02/01/2Ø11	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: Ø7/2ØØ7	NCPDP External Code List Version Date:10/2Ø12	
Contact/Information Source: available at Web site www.ctdssmap.com		
Certification Contact Information: EDI Help Desk Toll free 1-800-688-0503		
Pharmacy Prior Auth. Assistance Center: 1-866-409-8386 Provider Relations Help Desk Info: Toll free 1-800-842-8440 *Program terminated 12/31/2013		
Other versions supported: NCPDP Telecommunication version 5.1 until 4/15/2012		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal
E1	Eligibility Verification

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

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

CLAIM BILLING/CLAIM REBILL TRANSACTION

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	61Ø48Ø – CT Medical Assistance Program	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1 (billing) B3 (claim rebill)	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Vendor-specific: All programs no coverage primary to CT Medical Assistance Program; and, All programs with primary coverage other than Medicare Part D CTPCNPTD: For ConnPACE* and CADAP** with Medicare Part D Primary CTPCNFMD: All Other Programs with Medicare Part D primary *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	M	
1Ø9-A9	TRANSACTION COUNT	1 - One Occurrence 2 - Two Occurrences 3 - Three Occurrences 4 - Four Occurrences Maximum of one allowed for compound transactions.	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	1Ø digit National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD CC – Century YY – Year MM – Month DD – Day	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	ID assigned by the switch or processor to identify the software source.	M	

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Insurance Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID	Cardholder ID 9-digit Connecticut Medical Assistance Program ID number	M	
312-CC	CARDHOLDER FIRST NAME	12 character alphanumeric Special characters such as hyphens (-) or apostrophes (') cannot be used in First, Middle, or Last Name Fields.	RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name. *Payer Requirement:* This field will be used in lieu of field 310-CA (Patient First Name).
313-CD	CARDHOLDER LAST NAME	15 character alphanumeric Special characters such as hyphens (-) or apostrophes (') cannot be used in First, Middle, or Last Name Fields.	RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* This field will be used in lieu of field 311-CB (Patient Last Name).
3Ø1-C1	GROUP ID	15 character alphanumeric	RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. *Payer Requirement:* This field is required for TrOOP.
36Ø-2B	MEDICAID INDICATOR	Two-character State Postal Code indicating the state where Medicaid coverage exists CT=Connecticut	RW	*Imp Guide:* Required, if known, when patient has Medicaid coverage. *Payer Requirement:* Same as Imp Guide.
115-N5	MEDICAID ID NUMBER	9 digit numeric Connecticut Medical Assistance Program ID number	RW	*Imp Guide:* Required, if known, when patient has Medicaid coverage and Medicaid ID has not been provided in Cardholder ID (302-C2). *Payer Requirement:* Same as Imp Guide.

Patient Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø4-C4	DATE OF BIRTH	8 digit date of birth Format = CCYYMMDD	R	
3Ø5-C5	PATIENT GENDER CODE	Ø = Not specified/Unknown 1 = Male 2 = Female	R	
311-CB	PATIENT LAST NAME	15 character alphanumeric *Field 313-CD (Cardholder Last Name) will be used in lieu of this field.*	R	

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Patient Segment **Segment Identification (111-AM) = "Ø1"**			**Claim Billing/Claim Rebill**
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø7-C7	PLACE OF SERVICE	1-Pharmacy 3–School 4–Homeless Shelter 5–Indian Health Services – Free Standing Facility 6- Indian Health Services – Provider-Based Facility 7- Tribal 638 Free-Standing Facility 8-Tribal 638 Provider-Based Facility 9-Prison-Correctional Facility 11-Office 12-Home 13-Assisted Living Facility 14-Group Home 15-Mobile Unit 16-Temporary Lodging 2Ø-Urgent Care Facility 21-Inpatient Hospital 22-Outpatient Hospital 23-Emergency Room 24-Ambulatory Surgical Center 25-Birthing Center 26-Military Treatment Center 31-Skilled Nursing Center 32-Nursing Facility 33-Custodial Care Facility 34-Hospice 41-Ambulance-Land 42-Ambulance Air or Water 49-Independent Clinic 5Ø-Federally Qualified Health Care Center 51-Impatient Psychiatric Facility 52-Psychiatric Facility Partial Hospitalization 53-Community Mental Health Center 54-Intermediate Care Facility Mentally Retarded 55-Residential Substance Abuse Treatment Center 56-Psychiatric Residential Treatment Center 57-Non-residential Substance Abuse Treatment Center 6Ø-Mass Immunization Center 61-Comprehensive Inpatient Rehabilitation Facility 62-Comprehensive Outpatient Rehabilitation Facility 65-End Stage Renal Disease Treatment Facility 71-State or Local Public Health Clinic 72-Rural Health Clinic 81-Independent Laboratory 99-Other Unlisted Facility	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* CMS Facility Type Codes will be utilized for Place of Service. Currently, this field will only be stored for informational purposes.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Patient Segment **Segment Identification (111-AM) = "Ø1"**			**Claim Billing/Claim Rebill**
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
335-2C	PREGNANCY INDICATOR	Blank = Not Specified 1 = Not Pregnant 2 = Pregnant	RW	*Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.5Ø1 definitions (45 CFR Parts 16Ø and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule-Thursday, December 28, 2ØØØ, page 828Ø3 and following, and Wednesday, August 14, 2ØØ2, page 53267 and following.) *Payer Requirement:* Required when known
384-4X	PATIENT RESIDENCE	0 = Not Specified 1 = Home 2 = Skilled Nursing Facility. 3 = Nursing Facility 4 = Assisted Living Facility 5 = Custodial Care Facility 6 = Group Home 7 = Inpatient Psychiatric Facility 8 = Psychiatric Facility 9 = Intermediate Care Facility/Mentally Retarded 10 = Residential Substance Abuse Treatment Facility 11 = Hospice 12 = Psychiatric Residential Treatment Facility 13 = Comprehensive Inpatient Rehabilitation Facility 14 = Homeless Shelter 15 = Correctional Institution	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Use to indicate if a patient's residence is a long term care facility, as defined by Centers for Medicare/Medicaid Services (CMS). A value of '0' will only be accepted on claims submitted by DMR providers.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Claim Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
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	Up to 12 digit numeric Prescription Number	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ *= Not Specified Ø3 = National Drug Code (NDC) * ØØ would be the expected value on compound claims	M	
4Ø7-D7	PRODUCT/SERVICE ID	11 digit NDC (Drug Code)	M	
442-E7	QUANTITY DISPENSED	Quantity dispensed expressed in metric decimal units Format=9999999.999	R	
46Ø-ET	QUANTIY PRESCRIBED	Amount expressed in metric decimal units. Format=9999999.999	RW	Imp Guide: Required if necessary, for plan benefit administration. Payer Requirement: Field should be sent on claims when NDC is a DEA Schedule II drug for dispense date 9/21/2020 forward.
4Ø3-D3	FILL NUMBER	ØØ = Original dispensing Ø1–99 = Refill number	R	
4Ø5-D5	DAYS SUPPLY	Estimated number of days the prescription will last. 3 digit numeric	R	
4Ø6-D6	COMPOUND CODE	1 – Not a Compound 2 – Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Ø = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 9 = Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed For a branded generic, submitting a DAW of 5 will allow the claim to process for generic reimbursement.	R	
414-DE	DATE PRESCRIPTION WRITTEN	Format=CCYYMMDD	R	
419-DJ	PRESCRIPTION ORIGIN CODE	Ø-Not Known 1- Written 2- Telephone 3- Electronic 4- Facsimile 5- Pharmacy	RW	*Imp Guide:* Required if necessary, for plan benefit administration. *Payer Requirement: Field should always be sent.*
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used. *Payer Requirement:* Same as Imp Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Claim Segment Segment Identification (111-AM) = "Ø7"			*Claim Billing/Claim Rebill*
Field #	NCPDP Field Name	Value	Payer Usage	*Payer Situation*
42Ø-DK	SUBMISSION CLARIFICATION CODE	Ø8 = Process compound for approved ingredients For administration of the COVID-19 vaccine that require two doses Ø2 = Other Override- to indicate the first dose is being administered Ø6 = Starter Dose- to indicate the second dose is being administered	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). Payer Requirement: Required to indicate provider's agreement of reimbursement for approved products only within a compound Payer Requirement: Required when a COVID-19 vaccine is administered by the pharmacy for a vaccine requiring two doses to distinguish between the initial and subsequent dose.
3Ø8-C8	OTHER COVERAGE CODE (OCC)	Ø = Not Specified by patient 1 = No other coverage - Code used in coordination of benefits transactions to convey that no other coverage is available. 2 = Other coverage exists-payment collected - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment received. 3 = Other Coverage Billed – claim not covered - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment denied because the service is not covered. 4 = Other coverage exists-payment not collected - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment has not been received. 8 = Claim is a billing for patient financial responsibility only	RW	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* Required for Coordination of Benefits if member has other insurance. Medicaid is always the payer of last resort. For OCC value of 8, use 111AM-05 Scenario 2 or 3 depending on the individuals benefit plan coverage
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Enter numeric value assigned to authorize claim processing.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as Imp Guide.
995-E2	ROUTE OF ADMINISTRATION	11 digit numeric Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT) SNOMED CT® terminology which is available from the International Health Terminology Standards Development Organization (IHTSDO) http://www.ihtsdo.org/snomed-ct/	RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Required when billing is for a compound claim.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Pricing Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED	Format=s$$$$$$cc	R	
412-DC	DISPENSING FEE SUBMITTED	Format=s$$$$$$cc	RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as Imp Guide.
438-E3	INCENTIVE AMOUNT SUBMITTED	Format=s$$$$$$cc	RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as Imp Guide.
426-DQ	USUAL AND CUSTOMARY CHARGE	Format=s$$$$$$cc	RW	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* Required when the prescription/service number qualifier is a '1' in the claim segment
43Ø-DU	GROSS AMOUNT DUE	Total price claimed for prescription claim request, field represents a sum of Ingredient Cost Submitted (4Ø9-D9) Dispensing Fee Submitted (412-DC), Incentive Amount Submitted" (438-E3). Format=s$$$$$$cc	R	
423-DN	BASIS OF COST DETERMINATION	00- Default 01- AWP (Average Wholesale Price) 02- Local Wholesaler 03-Direct 04-EAC (Estimated Acquisition Cost) 05-Acquisition 06-MAC (Maximum Allowable Cost) 07-Usual & Customary 08-340B/Disproportionate Share Pricing/Public Health Service 09-Other 10-ASP (Average Sales Price) 11-AMP (Average Manufacturer Price) 12-WAC (Wholesale Acquisition Cost) 13-Special Patient Pricing 14–Cost basis on un-reportable quantities	RW	*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* Same as Imp Guide.

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 - National Prescriber Identifier (NPI)	RW	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Same as Imp Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

411-DB	PRESCRIBER ID	1Ø digit NPI	RW	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary, for state/ federal/regulatory agency programs. *Payer Requirement:* Same as Imp Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Coordination of Benefit/Other Payment Segment NCPDP required fields differ depending upon the primary payer. Three different scenarios are displayed identifying the field requirements and Processor Control Number contingent to the individual's primary payer and individual's Connecticut Medical Assistance Program benefit plan when Medicare Part D is the primary payer.

Coordination of Benefits/Other Payment Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	**Required only for secondary, tertiary, etc claims.**
Scenario 1 - Other Payer Amount Paid Repetitions Only		Third Party Liability (TPL) Other Payer Payment or Denial Repetitions Only - **Other Than Medicare Part D** submitted with **Vendor specific PCN.**

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**Claim Billing/Claim Rebill** Third Party Liability (TPL) Other Payer Payment or Denial Repetitions Only - **Other Than Medicare Part D** submitted with **Vendor specific PCN**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9. CT supports 3 occurrences per claim.	M	
338-5C	OTHER PAYER COVERAGE TYPE	Ø1 - Primary Ø2 - Secondary Ø3 – Tertiary	M	
339-6C	OTHER PAYER ID QUALIFIER	99 - Other	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as Imp Guide
34Ø-7C	OTHER PAYER ID	3 digit Carrier Code of the other payer Enter the three digit Connecticut Medical Assistance Program Carrier Code	RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Same as Imp Guide
443-E8	OTHER PAYER DATE	Format=CCYYMMDD Payment or denial date of the claim submitted to the other payer.	RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Same as Imp Guide
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9. Count of the payer amount paid occurrences	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Same as Imp Guide
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø1 – Delivery Ø2 – Shipping Ø3 – Postage Ø4 – Administrative Ø5 – Incentive Ø6 – Cognitive Service Ø7 – Drug Benefit Ø9 – Compound Preparation Cost	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Same as Imp Guide
431-DV	OTHER PAYER AMOUNT PAID	Enter the total amount paid by all other insurers Format=s$$$$$$cc	RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Same as Imp Guide
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		*Imp Guide: Required if Other Payer Reject Code (472-6E) is used.* *Payer Requirement: (any unique payer requirement(s))*
472-6E	OTHER PAYER REJECT CODE	NCPDP Reject Codes		*Imp Guide: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Third Party Liability (TPL) Other Payer Payment or Denial Repetitions Only - **Other Than Medicare Part D** submitted with **Vendor specific PCN**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Same as Imp Guide.

Coordination of Benefits/Other Payment Segment Questions	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent		
This Segment is situational	**X**	**Required only for secondary, tertiary, etc claims.**
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary**,** submitted with PCN **CTPCNPTD** for ConnPACE*/CADAP *Program terminated 12/31/2013

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary, submitted with PCN **CTPCNPTD** **ConnPACE*/**CADAP** *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9. CT supports 3 occurrences per claim.	M	
338-5C	OTHER PAYER COVERAGE TYPE	Ø1 - Primary Ø2 - Secondary Ø3 - Tertiary	M	
339-6C	OTHER PAYER ID QUALIFIER	99- Other	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as Imp Guide
34Ø-7C	OTHER PAYER ID	3 digit Carrier Code MDD - Medicare Part D	RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/ encounter adjudication. *Payer Requirement:* Same as Imp Guide
443-E8	OTHER PAYER DATE	Format=CCYYMMDD Payment or denial date of the claim submitted to the other payer.	RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Same as Imp Guide
993-A7	INTERNAL CONTROL NUMBER		RW	*Imp Guide:* Required when used for payer-to-payer coordination of benefits to track the claim without regard to the "Service provider id, Prescription Number, & Date of Service". Payer Requirement: Same as Imp Guide
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Same as Imp Guide

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary, submitted with PCN **CTPCNPTD ConnPACE*/**CADAP** *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
472-6E	OTHER PAYER REJECT CODE	Enter Other Payer Reject Code: 29 - M/I Number Of Refills Authorized 40 - Pharmacy Not Contracted With Plan On Date Of Service 60 - Product/Service Not Covered For Patient Age 61 - Product/Service Not Covered For Patient Gender 63 - Institutionalized Patient Product/Service ID Not Covered 66 - Patient Age Exceeds Maximum Age 70 - Product/Service not covered 71 - Prescriber Is Not Covered 73 - Refills Are Not Covered 75 - Prior Authorization required 80 - Drug-Diagnosis Mismatch 3W - Prior Authorization In Process 3Y - Prior Authorization in process 4W - Must Fill Through Specialty Pharmacy 4Y - Patient Residence Value Not Supported 4Z - Place of Service Not Supported By Plan 7W - Refills Exceed allowable Refills 7X - Day Supply Exceeds Plan Limitation 7Y - Compounds Not Covered 8A - Compound Requires At Least One Covered Ingredient 9M - Minimum Of Two Ingredients Required 9Q - Route Of Administration Submitted Not Covered AC - Product Not Covered Non-Participating Manufacturer AJ - Generic Drug Required G6 - Pharmacy Not Contracted in Specialty Network G7 - Pharmacy Not Contracted in Home Infusion Network G8 - Pharmacy Not Contracted in Long Term Care Network G9 - Pharmacy Not Contracted in 9Ø Day Retail Network (this message would be used when	RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* Same as Imp Guide

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary, submitted with PCN **CTPCNPTD ConnPACE*/**CADAP** *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		the pharmacy is not contracted to provide a 9Ø day supply of drugs) M5 - Requires Manual Claim MR* - Product not on formulary PA - PA Exhausted/Not Renewable R6 - Product/Service Not Appropriate For This Location RK - Partial Fill Transaction Not Supported 560 - Pharmacy Not Contracted in Retail Network 561 - Pharmacy Not Contracted in Mail Order Network 562 - Pharmacy Not Contracted in Hospice Network 563 - Pharmacy Not Contracted in Veterans Administration Network 564 - Pharmacy Not Contracted in Military Network *MR is allowed for reporting a MED D denial of barbiturates only.		
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25. 1- Maximum of one allowed	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Same as Imp Guide
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø6 - Patient Pay Amount Only value accepted	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Same as Imp Guide
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Represents the individuals cost share Format=s$$$$$$$$cc	RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Same as Imp Guide
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as Imp Guide

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary, submitted with PCN **CTPCNPTD ConnPACE*/**CADAP** *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
393-MV	BENEFIT STAGE QUALIFIER	Ø1 – Deductible Ø2 – Initial Benefit Ø3 – Coverage Gap (donut hole) Ø4 – Catastrophic Coverage 5Ø - Not paid under Part D, paid under Part C benefit (for MA-PD plan) 6Ø* - Not paid under Part D, paid as or under a supplemental benefit only 61 - Part D drug not paid by Part D plan benefit, paid under co-administered benefit only 62 - Non-Part D drug not paid by Part D plan benefit, paid under co-administered benefit only 7Ø - Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing 8Ø - Non-Part D/non-qualified drug not paid by Part D plan benefit, hospice benefit, or any other component of Medicare; paid by the beneficiary under plan-sponsored negotiated pricing 9Ø - Enhance or OTC drug not applicable to Part D drug spend, but covered by the Part D plan **Effective end date 12/31/2012*	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as Imp Guide
394-MW	BENEFIT STAGE AMOUNT	The amount of the claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier (393-MV) Format=s$$$$$$cc	RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as Imp Guide

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Coordination of Benefits/Other Payment Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational		**Required only for secondary, tertiary, etc claims.**
Scenario 3 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary, submitted with PCN: **CTPCNFMD** for the following benefit plans: , HUSKY A, HUSKY B, HUSKY C, HUSKY D, Hospice, Tuberculosis (TB), Family Planning, and Charter Oak* *Program terminated 12/31/2013
This Segment is situational	X	Required when the individual has other coverage primary to the Connecticut Medical Assistance Program.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**Claim Billing/Claim Rebill** Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary, submitted with PCN: **CTPCNFMD** for the following benefit plans: HUSKY A, HUSKY B, HUSKY C, HUSKY D, Hospice, TB, Family Planning, and Charter Oak* *Program terminated 12/31/2013
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9. CT supports 3 occurrences per claim.	M	
338-5C	OTHER PAYER COVERAGE TYPE	Ø1 - Primary Ø2 – Secondary Ø3 - Tertiary	M	
339-6C	OTHER PAYER ID QUALIFIER	99 - Other	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as Imp Guide.
34Ø-7C	OTHER PAYER ID	3 digit Carrier Code MDD - Medicare Part D	RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Same as Imp Guide
443-E8	OTHER PAYER DATE	Format=CCYYMMDD Payment or denial date of the claim submitted to the other payer.	RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Same as Imp Guide
993-A7	INTERNAL CONTROL NUMBER		RW	*Imp Guide:* Required when used for payer-to-payer coordination of benefits to track the claim without regard to the "Service provider id, Prescription Number, & Date of Service". Payer Requirement: Same as Imp Guide
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Same as Imp Guide
472-6E	OTHER PAYER REJECT CODE	Enter Other Payer Reject Code: 29 - M/I Number Of Refills Authorized 40 - Pharmacy Not Contracted With Plan On Date Of Service 60 - Product/Service Not Covered For Patient Age 61 - Product/Service Not Covered For Patient Gender	RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* Same as Imp Guide

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary, submitted with PCN: **CTPCNFMD** for the following benefit plans: HUSKY A, HUSKY B, HUSKY C, HUSKY D, Hospice, TB, Family Planning, and Charter Oak* *Program terminated 12/31/2013
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		63 - Institutionalized Patient Product/Service ID Not Covered 66 - Patient Age Exceeds Maximum Age 70 - Product/Service not covered 75 - Prior Authorization required 80 – Drug-Diagnosis Mismatch 3W - Prior Authorization In Process 3Y - Prior Authorization in process 4W – Must Fill Through Specialty Pharmacy 4Y - Patient Residence Value Not Supported 4Z - Place of Service Not Supported By Plan 7W - Refills Exceed allowable Refills 7X - Day Supply Exceeds Plan Limitation 7Y - Compounds Not Covered 8A - Compound Requires At Least One Covered Ingredient 9M - Minimum Of Two Ingredients Required 9Q - Route Of Administration Submitted Not Covered AC - Product Not Covered Non-Participating Manufacturer AJ - Generic Drug Required G6 - Pharmacy Not Contracted in Specialty Network G7 - Pharmacy Not Contracted in Home Infusion Network G8 - Pharmacy Not Contracted in Long Term Care Network G9 – Pharmacy Not Contracted in 9Ø Day Retail Network (this message would be used when the pharmacy is not contracted to provide a 9Ø day supply of drugs) M5 - Requires Manual Claim MR* - Product not on formulary PA - PA Exhausted/Not Renewable R6 – Product/Service Not Appropriate For This Location RK – Partial Fill Transaction Not Supported 560 – Pharmacy Not Contracted in Retail Network 561 – Pharmacy Not Contracted in Mail Order Network		

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Payment or Denial for COB claims where **Medicare Part D** is primary, submitted with PCN: **CTPCNFMD** for the following benefit plans: HUSKY A, HUSKY B, HUSKY C, HUSKY D, Hospice, TB, Family Planning, and Charter Oak* *Program terminated 12/31/2013
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		562 – Pharmacy Not Contracted in Hospice Network 563 – Pharmacy Not Contracted in Veterans Administration Network 564 – Pharmacy Not Contracted in Military Network *MR is allowed for reporting a MED D denial of barbiturates only.		
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25. 1- Maximum of one allowed	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Same as Imp Guide.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø6 - Patient Pay Amount Only value accepted	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Same as Imp Guide
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Represents the individuals cost share Format=s$$$$$$$$cc	RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/ federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Same as Imp Guide
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as Imp Guide
393-MV	BENEFIT STAGE QUALIFIER	Ø1 – Deductible Ø2 – Initial Benefit Ø3 – Coverage Gap (donut hole) Ø4 – Catastrophic Coverage	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as Imp Guide
394-MW	BENEFIT STAGE AMOUNT	The amount of the claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier (393-MV) Format=s$$$$$$cc	RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as Imp Guide

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Required when conflict resolution codes are required to address a DUR denial

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	M	*Imp Guide:* Required if DUR/PPS Segment is used. *Payer Requirement:* Same as Imp Guide
439-E4	REASON FOR SERVICE CODE	DD - Drug-Drug Interaction ER - Overuse (Early Refill) HD - High Dose ID - Ingredient Duplication LD - Low Dose LR - Underuse MC - Drug Disease (Reported) MN - Insufficient Duration MX - Excessive Duration PA - Drug Age PG - Drug/Pregnancy TD - Therapeutic Duplication	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* The Reason for Service code submitted must match the Reason for Service code returned on the previous claim's denial response in order to override the DUR edit when override is indicated.
44Ø-E5	PROFESSIONAL SERVICE CODE	M0 - Prescriber consulted P0 - Patient consulted R0 - Pharmacist consulted other source	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Same as Imp Guide
441-E6	RESULT OF SERVICE CODE	00 – Not Specified 1A - Filled as is, false positive 1B - Filled prescription as is 1C - Filled with different dose 1D - Filled with different directions 1E - Filled with different drug 1F - Filled with different quantity 1G - Filled with prescriber approval 1H – Brand-to-Generic Change 1J – Rx-to-OTC Change 2A - Prescription not filled 2B - Not filled, directions clarified 3A – Recommendation Accepted 3B – Recommendation not Accepted 3C – Discontinued Drug 3D – Regimen Changed 3E – Therapy Changed 3F – Therapy Changed – cost increased acknowledged 3G – Drug Therapy Unchanged 3H – Follow-Up/Report 3J – Patient Referral 3K Instructions Understood 3M – Compliance Aid Provided 3N – Medication Administered 4A – Prescribed with Acknowledgements	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Same as Imp Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Compound Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Required when processing a compound claim.

	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Dosage form of the complete compound mixture NCI values of Diagnostic, Therapeutic, and Research Equipment – Pharmaceutical Dosage Form	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1 - Each 2 - Grams 3 - Milliliters	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Count of compound product IDs (both active and inactive) in the compound mixture submitted. Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3-National Drug Code (NDC)	M	
489-TE	COMPOUND PRODUCT ID	Enter the 11 digit National Drug Code (NDC)	M	
448-ED	COMPOUND INGREDIENT QUANTITY	Enter the metric decimal quantity of the drug dispensed Format=9999999.999	M	
449-EE	COMPOUND INGREDIENT DRUG COST	The amount of the cost associated to the NDC. Format=s$$$$$$cc	RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Same as Imp Guide.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	00- Default 01- AWP (Average Wholesale Price) 02- Local Wholesaler 03-Direct 04- EAC (Estimated Acquisition Cost) 05- Acquisition 06- MAC (Maximum Allowable Cost) 07- Usual & Customary 08-340B/Disproportionate Share Pricing/Public Health Service 09-Other 10-ASP (Average Sales Price) 11-AMP (Average Manufacturer Price) 12- WAC (Wholesale Acquisition Cost) 13- Special Patient Pricing 14 -Cost basis on un-reportable quantities	RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Same as Imp Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Clinical Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Required when a diagnosis is included on the claim submission

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) is used. *Payer Requirement: Same as Imp Guide.*
492-WE	DIAGNOSIS CODE QUALIFIER	Ø1 - International Classification of Diseases (ICD9) Ø2 - International Classification of Diseases (ICD1Ø)	RW	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement: Same as Imp Guide.*
424-DO	DIAGNOSIS CODE	Enter a four to seven alpha/numeric diagnosis code	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/ federal/regulatory agency programs. *Payer Requirement:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

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

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

4. NCPDP VD.0 RESPONSE DATA ELEMENT DESCRIPTIONS

Response Claim Billing/Claim Rebill Payer Sheet

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

4.1 CLAIM BILLING/CLAIM REBILL PAID (OR DUPLICATE OF PAID) RESPONSE

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

GENERAL INFORMATION

Payer Name: Name Connecticut Medical Assistance Program	Date: Ø1/25/2Ø11	
Plan Name/Group: All Programs with no coverage primary to the Connecticut Medical Assistance Program	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: Plan All Programs with primary coverage other than Medicare Part D	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: ConnPACE*/CADAP** when Medicare Part D is primary *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	BIN: 61Ø48Ø	PCN: CTPCNPTD
Plan Name/Group Name: All Other Programs when Medicare Part D is primary	BIN: 61Ø48Ø	PCN: CTPCNFMD

Response Transaction Header Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)**
This Segment is always sent	X	

	Response Transaction Header Segment			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	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 Header Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)**
This Segment is always sent		
This Segment is situational	X	*Provide general information when used for transmission-level messaging.*

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

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER	13 digit Internal Control Number (ICN)	RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement: Same as Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide.*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement: Same as Imp Guide.*

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Reference number assigned by the provider for the dispensed drug/product and/or service provided. 12 digit numeric	M	

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Response Pricing Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)
This Segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø5-F5	PATIENT PAY AMOUNT	Amount applied to Copay (518-FI)	R	
5Ø6-F6	INGREDIENT COST PAID	Drug ingredient cost paid included in the 'Total Amount Paid' (509-F9) Format=s$$$$$$cc	RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. *Payer Requirement: Same as Imp Guide.*
5Ø7-F7	DISPENSING FEE PAID	Dispensing fee paid included in the 'Total Amount Paid' (509-F9) Format=s$$$$$$cc	RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. *Payer Requirement: Same as Imp Guide.*
521-FL	INCENTIVE AMOUNT PAID	Format=s$$$$$$cc	RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). *Payer Requirement: Same as Imp Guide.*
5Ø9-F9	TOTAL AMOUNT PAID	Format=s$$$$$$cc	R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	2- Ingredient cost reduced to Average Wholesale Price (AWP) 3- Ingredient cost reduced to Average Wholesale Price (AWP) less X% pricing 4- Usual and customary paid as submitted 6- Maximum Allowable Cost (MAC) pricing-Ingredient cost paid 7- MAC Pricing-Ingredient cost reduced to MAC 9- Acquisition Pricing 12- 340B/Disproportionate Share/Public Health Service Pricing 14- Other Payer-Patient Responsibility Amount	RW	*Imp Guide:* Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. *Payer Requirement:* Same as Imp Guide.
518-FI	AMOUNT OF COPAY	Format=s$$$$$$cc	RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility. *Payer Requirement: Same as Imp Guide.*
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	Format=s$$$$$$cc	RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum. *Payer Requirement: Same as Imp Guide.*
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT	Format=s$$$$$$cc	RW	*Imp Guide:* Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency. *Payer Requirement: Same as Imp Guide.*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT	Format=s$$$$$$cc	RW	*Imp Guide:* Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency. *Payer Requirement: Same as Imp Guide.*

Response DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)**
This Segment is always sent		
This Segment is situational	X	Required when a Drug Utilization Review message is returned

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement: Same as Imp Guide.*
439-E4	REASON FOR SERVICE CODE	DD - Drug-Drug Interaction ER - Overuse (Early Refill) GR - Drug Age - Geriatric HD - High Dose ID - Ingredient Duplication LR - Underuse LD - Low Dose MC - Drug Disease MN - Minimum Duration of Therapy MX - Maximum Duration of Therapy PA - Drug Age - Pediatric PG - Drug/Pregnancy TD - Therapeutic Duplication	RW	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement: Same as Imp Guide.*
528-FS	CLINICAL SIGNIFICANCE CODE	1- Major 2-Moderate 3-Minor	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp:*
529-FT	OTHER PHARMACY INDICATOR	Ø-Not specified 1-Your pharmacy 2- Other pharmacy in same chain 3- Other pharmacy	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp Guide.*
53Ø-FU	PREVIOUS DATE OF FILL	Date the prescription was previously filled Format=CCYYMMDD	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement: Same as Imp Guide.*
531-FV	QUANTITY OF PREVIOUS FILL	Amount expressed in metric decimal units of the conflicting agent that was previously filled. Format=9999999.999	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. *Payer Requirement: Same as Imp Guide.*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
532-FW	DATABASE INDICATOR	1- First Data Bank (FDB)	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp Guide.*
533-FX	OTHER PRESCRIBER INDICATOR	Ø-Not specified 1- Same Prescriber 2- Different Prescriber	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp Guide.*
544-FY	DUR FREE TEXT MESSAGE	Text that provides additional detail regarding a DUR conflict.	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp Guide.*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

4.2 CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected
This Segment is always sent		
This Segment is situational	X	*Provide general information when used for transmission-level messaging.*

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

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER	13 digit Internal Control Number (ICN)	RW	Required to identify the transaction.
51Ø-FA	REJECT COUNT	Count of Reject Codes (511-FB) Maximum count of 5.	R	
511-FB	REJECT CODE	See National Council on Prescription Drug Programs (NCPDP) External Code List, Appendix A-Reject Codes	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement: Same as Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp* Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp* Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp* Guide.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement: Same as Imp* Guide.

Response Claim Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected**
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6	RW	Imp Guide: Used if needed to identify preferred product.
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	Imp Guide: Used if needed to identify preferred product.

Response DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected**
This Segment is always sent		
This Segment is situational	X	Required when a Drug Utilization Review message is returned

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement: Same as Imp* Guide.
439-E4	REASON FOR SERVICE CODE	DD - Drug-Drug Interaction ER - Overuse (Early Refill) GR - Drug Age - Geriatric HD - High Dose ID - Ingredient Duplication LR - Underuse LD - Low Dose MC - Drug Disease MN - Minimum Duration of Therapy MX - Maximum Duration of Therapy PA - Drug Age - Pediatric PG - Drug/Pregnancy TD - Therapeutic Duplication	RW	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement: Same as Imp* Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
528-FS	CLINICAL SIGNIFICANCE CODE	1- Major 2-Moderate 3-Minor	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp* Guide.
529-FT	OTHER PHARMACY INDICATOR	Ø-Not specified 1-Your pharmacy 2- Other pharmacy in same chain 3- Other pharmacy	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp* Guide.
53Ø-FU	PREVIOUS DATE OF FILL	Date the prescription was previously filled Format=CCYYMMDD	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement: Same as Imp* Guide.
531-FV	QUANTITY OF PREVIOUS FILL	Amount expressed in metric decimal units of the conflicting agent that was previously filled. Format=9999999.999	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. *Payer Requirement: Same as Imp* Guide.
532-FW	DATABASE INDICATOR	1- First Data Bank (FDB)	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp* Guide.
533-FX	OTHER PRESCRIBER INDICATOR	Ø-Not specified 1- Same Prescriber 2- Different Prescriber	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp* Guide.
544-FY	DUR FREE TEXT MESSAGE	Text that provides additional detail regarding a DUR conflict.	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement: Same as Imp* Guide.

Response Coordination of Benefits/Other Payers Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected**
This Segment is always sent		
This Segment is situational	X	

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE	01 – Primary - First	M	
339-6C	OTHER PAYER ID QUALIFIER	99-Other	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement: Same as Imp* Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
34Ø-7C	OTHER PAYER ID	Connecticut Medical Assistance Program 3 digit Carrier Code	RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement: Same as Imp* Guide.
992-MJ	OTHER PAYER GROUP ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement: Same as Imp Guide.*
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number of the other payer to the receiver. *Payer Requirement: Same as Imp* Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

4.3 CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected
This Segment is always sent		
This Segment is situational	X	*Provide general information when used for transmission-level messaging.*

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

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER	13 digit Internal Control Number (ICN)	RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement: Same as Imp Guide.*
51Ø-FA	REJECT COUNT	Count of Reject Codes (511-FB) Maximum count of 5.	R	
511-FB	REJECT CODE	See National Council on Prescription Drug Programs (NCPDP) External Code List, Appendix A-Reject Codes	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement: Same as Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide.*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement: Same as Imp Guide.*

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

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

5. NCPDP VD.0 CLAIM REVERSAL

Request Claim Reversal Payer Sheet Template

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

5.1 REQUEST CLAIM REVERSAL PAYER SHEET TEMPLATE

GENERAL INFORMATION

Payer Name: Connecticut Medical Assistance Program	Date: Ø1/25/2Ø11	
Plan Name/Group Name: All Programs with no coverage primary to the Connecticut Medical Assistance Program	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: All Programs with primary coverage other than Medicare Part D	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: ConnPACE/CADAP** when Medicare Part D is primary **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	BIN: 61Ø48Ø	PCN: CTPCNPTD
Plan Name/Group Name: All Other Programs when Medicare Part D is primary	BIN: 61Ø48Ø	PCN: CTPCNFMD
Processor: Gainwell Technologies		
Effective as of: 02/01/2Ø11	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: Ø7/2ØØ7	NCPDP External Code List Version Date:10/2012	
Contact/Information Source: available at Web site www.ctdssmap.com		
Certification Testing Window: Monday-Friday 8 am ET – 5 pm ET, excluding holidays		
Certification Contact Information: EDI Help Desk Toll free 1-800-688-0503		
Pharmacy Prior Auth. Assistance Center: 1-866-409-8386 Provider Relations Help Desk Info: Toll free 1-800-842-8440 *Program terminated 12/31/2013		
Other versions supported: NCPDP Telecommunication version 5.1 until 4/15/2012		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B1	Claim Billing
B3	Claim Rebill
E1	Eligibility Verification

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	POS Reversal can process at any time.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

CLAIM REVERSAL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Reversal
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	61Ø48Ø	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Vendor-specific - All programs – no coverage primary to CT Medical Assistance Program Vendor specific PCN - All programs with primary coverage other than Medicare Part D CTPCNPTD – ConnPACE/CADAP** with Medicare Part D Primary CTPCNFMD - All Other Programs with Medicare Part D primary **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	M	
1Ø9-A9	TRANSACTION COUNT	1 - One Occurrence 2 - Two Occurrences 3 - Three Occurrences 4 - Four Occurrences Maximum of one allowed for compound transactions.	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	1Ø digit National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD CC – Century YY – Year MM – Month DD – Day	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	ID assigned by the switch or processor to identify the software source.	M	

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Claim Segment Questions	Check	Claim Reversal
This Segment is always sent	X	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1- RX Billing	M	For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Reference number assigned by the provider for the dispensed drug/product and/or service provided. Up to 12 digit numeric	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 – National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID	National Drug Code (NDC) 11 digits	M	

Pricing Segment Questions	Check	Claim Reversal
This Segment is always sent		
This Segment is situational	X	Required when Nursing Home Drug Return incentive fee is requested.

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
438-E3	INCENTIVE AMOUNT SUBMITTED	Enter 5.00 Nursing Home Drug Return Incentive fee for qualifying returned medications.	RW	*Imp Guide:* Required if this field could result in contractually agreed upon payment. *Payer Requirement: Same as Imp* Guide.

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

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

6. NCPDP VD.0 CLAIM REVERSAL RESPONSE

6.1 CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

Payer Name: Connecticut Medical Assistance Program	Date: Ø2/Ø1/2Ø11	
Plan Name/Group Name: Connecticut Medical Assistance Program All Benefit Plan Programs with no coverage primary to the Connecticut Medical Assistance Program	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: All Programs with primary coverage other than Medicare Part D	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: ConnPACE/CADAP** when Medicare Part D is primary **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	BIN: 61Ø48Ø	PCN: CTPCNPTD
Plan Name/Group Name: All Other Programs when Medicare Part D is primary	BIN: 61Ø48Ø	PCN: CTPCNFMD

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.Ø*.

Response Status Segment Questions	**Check**	**Claim Reversal – Accepted/Approved**
This Segment is always sent	X	

	Response Transaction Header Segment			**Claim Reversal – Accepted/Approved**
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 Header Segment Questions	**Check**	**Claim Reversal – Accepted/Approved**
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

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

Response Status Segment Questions	**Check**	**Claim Reversal – Accepted/Approved**
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	
5Ø3-F3	AUTHORIZATION NUMBER	13 digit Internal Control Number (ICN)	RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement: Same as Imp* Guide.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. . *Payer Requirement: Same as Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide.*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement: Same as Imp Guide.*

Response Claim Segment Questions	**Check**	**Claim Reversal – Accepted/Approved**
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	*Imp Guide:* For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Reference number assigned by the provider for the dispensed drug/product and/or service provided. Up to12 digit numeric	M	

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

6.2 CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
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 Questions	Check	Claim Reversal - Accepted/Rejected
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

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

Response Status Segment Questions	Check	Claim Reversal - Accepted/Rejected
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	
5Ø3-F3	AUTHORIZATION NUMBER	13 digit Internal Control Number (ICN)	R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement: Same as Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide.*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	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	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement: Same as Imp Guide.*

Response Claim Segment Questions	**Check**	**Claim Reversal - Accepted/Rejected**
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			**Claim Reversal – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Reference number assigned by the provider for the dispensed drug/product and/or service provided. 12 digit numeric	M	

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

6.3 CLAIM REVERSAL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Rejected/Rejected
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Reversal – Rejected/Rejected
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 Questions	Check	Claim Reversal – Rejected/Rejected
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

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

Response Status Segment Questions	Check	Claim Reversal - Rejected/Rejected
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	
5Ø3-F3	AUTHORIZATION NUMBER	13 digit Internal Control Number (ICN)	R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement: Same as Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide.*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement Same as Imp Guide.*

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

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

7. NCPDP VD.0 ELIGIBILITY VERIFICATION

Request Eligibility Verification Payer Sheet Template

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

7.1 REQUEST ELIGIBILITY VERIFICATION PAYER SHEET TEMPLATE

GENERAL INFORMATION

Payer Name: Connecticut Medical Assistance Program	Date: Ø1/25/2Ø11	
Plan Name/Group Name: All Programs with no coverage primary to the Connecticut Medical Assistance Program	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: All Programs with primary coverage other than Medicare Part D	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: ConnPACE*/CADAP** when Medicare Part D is primary *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	BIN: 61Ø48Ø	PCN: CTPCNPTD
Plan Name/Group Name: All Other Programs when Medicare Part D is primary	BIN: 61Ø48Ø	PCN: CTPCNFMD
Processor: Gainwell Technologies		
Effective as of: 02/01/2Ø11	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: Ø7/2ØØ7	NCPDP External Code List Version Date:10/2012	
Contact/Information Source: available at Web site www.ctdssmap.com		
Certification Testing Window: Monday-Friday 8 am ET – 5 pm ET, excluding holidays		
Certification Contact Information: EDI Help Desk Toll free 1-800-688-0503		
Pharmacy Prior Auth. Assistance Center: 1-866-409-8386 Provider Relations Help Desk Info: Toll free 1-800-842-8440 *Program terminated 12/31/2013		
Other versions supported: NCPDP Telecommunication version 5.1 until 4/15/2012		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Rebill

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.Ø*.

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Transaction Header Segment Questions	Check	Claim Reversal
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	61Ø48Ø	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	E1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Vendor-specific - All programs – no coverage primary to CT Medical Assistance Program; and, - All programs with primary coverage other than Medicare Part D CTPCNPTD – ConnPACE*/CADAP** with Medicare Part D Primary CTPCNFMD - All Other Programs with Medicare Part D primary *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	M	
1Ø9-A9	TRANSACTION COUNT	1 - One Occurrence	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	1Ø digit National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD CC – Century YY – Year MM – Month DD – Day	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	ID assigned by the switch or processor to identify the software source.	M	

Insurance Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID	Cardholder ID 9-digit Connecticut Medical Assistance Program ID number	M	

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

Patient Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This Segment is situational		

	Patient Segment **Segment Identification (111-AM) = "Ø1"**			**Claim Billing/Claim Rebill**
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø4-C4	DATE OF BIRTH	8 digit date of birth Format = CCYYMMDD	RW	*Imp Guide:* Required if needed for receiver inquiry validation and/or determination. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as Imp Guide.

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

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

8. NCPDP VD.0 ELIGIBILITY VERIFICATION RESPONSE

8.1 ELIGIBILITY VERIFICATION ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

Payer Name: Connecticut Medical Assistance Program	Date: Ø2/Ø1/2Ø11	
Plan Name/Group Name: Connecticut Medical Assistance Program All Benefit Plan Programs with no coverage primary to the Connecticut Medical Assistance Program	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: All Programs with primary coverage other than Medicare Part D	BIN: 61Ø48Ø	PCN: vendor-specific PCN
Plan Name/Group Name: ConnPACE*/CADAP** when Medicare Part D is primary *Program terminated 12/31/2013 **Effective for dates of service November 1, 2018 and forward the CADAP plan has transitioned to Magellan Rx Management.	BIN: 61Ø48Ø	PCN: CTPCNPTD
Plan Name/Group Name: All Other Programs when Medicare Part D is primary	BIN: 61Ø48Ø	PCN: CTPCNFMD

ELIGIBILITY VERIFICATION ACCEPTED/APPROVED RESPONSE

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

Response Status Segment Questions	**Check**	**Claim Reversal – Accepted/Approved**
This Segment is always sent	X	

	Response Transaction Header Segment			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	E1	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 Header Segment Questions	**Check**	**Claim Reversal – Accepted/Approved**
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

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

Response Status Segment Questions	**Check**	**Claim Reversal – Accepted/Approved**
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	

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. . *Payer Requirement: Same as Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide.*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement: Same as Imp Guide.*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

8.2 ELIGIBILITY VERIFICATION ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	E1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

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

Response Status Segment Questions	Check	Claim Reversal - Accepted/Rejected
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	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement: Same as Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide.*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement: Same as Imp Guide.*

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.

8.3 ELIGIBILITY VERIFICATION REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Rejected/Rejected
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	E1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

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

Response Status Segment Questions	Check	Claim Reversal - Rejected/Rejected
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	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement: Same as Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement: Same as Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide.*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement Same as Imp Guide.*

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

The preparation of this document was financed under an agreement with the Connecticut Department of Social Services.