



## NWPS NCPDP vD.0 Payer Sheet Claim Billing / Claim Re-bill

### GENERAL INFORMATION

Payer Name: NWPS	Date: 10/17/2011
Plan Name/Group Name: NWPS	BIN: 600426 PCN: JP
Processor: <b>Emdeon</b>	
Effective as of: 11/17/2011	NCPDP Telecommunication Standard Version/Release #: <b>D.0</b>
NCPDP Data Dictionary Version Date: <b>9/2010</b>	NCPDP External Code List Version Date: <b>9/2010</b>
Contact/Information Source: <b>800-998-2611</b>	
Provider Relations Help Desk Info: <b>800-998-2611</b>	
Other versions supported: 5.1 Telecommunication Standard Supported until 12/31/2011. Refer to the 5.1 payer sheet.	

### OTHER TRANSACTIONS SUPPORTED

**Payer:** Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing Transaction
B2	Reversal Transaction
B3	Re-Bill Transaction

### FIELD LEGEND FOR COLUMNS

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

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

### CLAIM BILLING/CLAIM RE-BILL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, <i>Payer Situation</i>
This Segment is always sent	<b>X</b>	

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Re-bill <i>Payer Situation</i>
101-A1	BIN NUMBER	600426	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1 OR B3	M	
104-A4	PROCESSOR CONTROL NUMBER	JP	M	
109-A9	TRANSACTION COUNT	1 - 4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 – NPI	M	
201-B1	SERVICE PROVIDER ID	NPI	M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	ALL SPACES	M	



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

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID	Use plan specific group # for Les Schwab and FHS	RW	<i>Imp Guide: Required if necessary for state/federal/regulatory agency programs.  Required if needed for pharmacy claim processing and payment.</i>
303-C3	PERSON CODE		R	<i>Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID.  Payer Requirement : Same as Imp Guide</i>

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

	Patient Segment Segment Identification (111-AM) = "01"			Claim Billing/Claim Re-bill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		R	<i>Imp Guide: Required when the patient has a first name.</i>
311-CB	PATIENT LAST NAME		R	

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

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide: For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).</i>
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 - NDC	M	00 if Compound Code (406-D6) = 2
407-D7	PRODUCT/SERVICE ID	11 digit NDC	M	0 if Compound Code (406-D6) = 2
442-E7	QUANTITY DISPENSED	Format 9(7)V999	R	

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	<b>Claim Segment Segment Identification (111-AM) = "07"</b>			<b>Claim Billing/Claim Re-bill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
403-D3	FILL NUMBER	New = 00 (zeros must be sent)	R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	Refer to Compound Segment when Compound Code (406-D6) = 2
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	<i>Imp Guide: Required if necessary for plan benefit administration.</i>
419-DJ	PRESCRIPTION ORIGIN CODE		R	<i>Imp Guide: Required if necessary for plan benefit administration.</i>
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	<i>Imp Guide: Required if Submission Clarification Code (420-DK) is used.</i>  <i>Payer Requirement: Same as Imp Guide</i>
420-DK	SUBMISSION CLARIFICATION CODE		RW	<i>Imp Guide: Required if clarification is needed and value submitted is greater than zero (0).</i>  <i>If the Date of Service (401-D1) contains the subsequent payer coverage date, the Submission Clarification Code (420-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications.</i>  <i>Payer Requirement: Same as Imp Guide</i>
308-C8	OTHER COVERAGE CODE	0 = Not specified by patient 1 = No other coverage 2 = Other coverage exist – payment collected* 3 = Other coverage exist – claim not covered* 4 = Other coverage exist – payment not collected*	RW	<i>Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.</i>  <i>Required for Coordination of Benefits.</i>  <i>Payer Requirement: Same as Imp Guide. *requires COB segment to be sent.</i>
461-EU	PRIOR AUTHORIZATION TYPE CODE	1 = Prior Authorization, if applicable	RW	<i>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</i>  <i>Payer Requirement: Same as Imp Guide</i>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	If applicable to Rx	RW	<i>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</i>  <i>Payer Requirement: Same As Imp Guide</i>
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Imp Guide: Required if specified in trading partner agreement.</i>  <i>Payer Requirement: When compound code (406-D6) = 2</i>



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

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	<i>Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</i>
433-DX	PATIENT PAID AMOUNT SUBMITTED		R	<i>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</i>
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	<i>Imp Guide: Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.</i>  <i>Payer Requirement: Same as Imp Guide</i>
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	<i>Imp Guide: Required if Other Amount Claimed Submitted (480-H9) is used.</i>  <i>Payer Requirement: Same as Imp Guide</i>
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	<i>Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</i>  <i>Payer Requirement: Same as Imp Guide</i>
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	<i>Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</i>  <i>Payer Requirement: Same as Imp Guide</i>
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	<i>Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</i>  <i>Payer Requirement: Same as Imp Guide</i>
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<i>Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.</i>  <i>Required if this field could result in different pricing.</i>  <i>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).</i>  <i>Payer Requirement: Same as Imp Guide</i>

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	<p><i>Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.</i></p> <p><i>Required if this field could result in different pricing.</i></p> <p><i>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).</i></p> <p><i>Payer Requirement: Same as Imp. Guide</i></p>
426-DQ	USUAL AND CUSTOMARY CHARGE		R	<i>Imp Guide: Required if needed per trading partner agreement.</i>
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	<i>Imp Guide: Required if needed for receiver claim/encounter adjudication.</i>

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

Prescriber Segment Segment Identification (111-AM) = "03"				Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01 – NPI 12 - DEA	R	<i>Imp Guide: Required if Prescriber ID (411-DB) is used.</i>
411-DB	PRESCRIBER ID		R	<p><i>Imp Guide: Required if this field could result in different coverage or patient financial responsibility.</i></p> <p><i>Required if necessary for state/federal/regulatory agency programs.</i></p>
427-DR	PRESCRIBER LAST NAME		RW	<p><i>Imp Guide: Required when the Prescriber ID (411-DB) is not known.</i></p> <p><i>Required if needed for Prescriber ID (411-DB) validation/clarification.</i></p> <p><i>Payer Requirement: Required when submitting DEA</i></p>
364-2J	PRESCRIBER FIRST NAME		RW	<p><i>Imp Guide: Required if needed to assist in identifying the prescriber.</i></p> <p><i>Required if necessary for state/federal/regulatory agency programs.</i></p> <p><i>Payer Requirement: Required when submitting DEA</i></p>

Prescriber Segment Segment Identification (111-AM) = "03"				Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
365-2K	PRESCRIBER STREET ADDRESS		RW	<i>Imp Guide: Required if needed to assist in identifying the prescriber.</i>  <i>Required if necessary for state/federal/regulatory agency programs.</i>  <i>Payer Requirement: Required when submitting DEA</i>
366-2M	PRESCRIBER CITY ADDRESS		RW	<i>Imp Guide: Required if needed to assist in identifying the prescriber.</i>  <i>Required if necessary for state/federal/regulatory agency programs.</i>  <i>Payer Requirement: Required when submitting DEA</i>
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	<i>Imp Guide: Required if needed to assist in identifying the prescriber.</i>  <i>Required if necessary for state/federal/regulatory agency programs.</i>  <i>Payer Requirement: Required when submitting DEA</i>
368-2P	PRESCRIBER ZIP/POSTAL ZONE		RW	<i>Imp Guide: Required if needed to assist in identifying the prescriber.</i>  <i>Required if necessary for state/federal/regulatory agency programs.</i>  <i>Payer Requirement: Required when submitting DEA</i>

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims. OCC = 2,3,4, or 8
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	Required only for secondary, tertiary, etc claims. Other Coverage Code (308-C8) = 2, 3 or 4.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"				Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	Scenario 1 - Other Payer Amount Paid Repetitions Only
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER	03 - BIN	RW	<i>Imp Guide: Required if Other Payer ID (340-7C) is used.</i>  <i>Payer Requirement: (any unique payer requirement(s))</i>

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"				Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Scenario 1 - Other Payer Amount Paid Repetitions Only Payer Situation
340-7C	OTHER PAYER ID	BIN	RW	<i>Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication.</i>  <i>Payer Requirement: (any unique payer requirement(s))</i>
443-E8	OTHER PAYER DATE		RW	<i>Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.</i>  <i>Payer Requirement: (any unique payer requirement(s))</i>
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	<i>Imp Guide: Required if Other Payer Amount Paid Qualifier (342-HC) is used.</i>  <i>Payer Requirement: (any unique payer requirement(s))</i>
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	<i>Imp Guide: Required if Other Payer Amount Paid (431-DV) is used.</i>  <i>Payer Requirement: (any unique payer requirement(s))</i>
431-DV	OTHER PAYER AMOUNT PAID		RW	<i>Imp Guide: Required if other payer has approved payment for some/all of the billing.</i>  <i>Not used for patient financial responsibility only billing.</i>  <i>Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.</i>  <i>Payer Requirement: (any unique payer requirement(s))</i>
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	<i>Imp Guide: Required if Other Payer Reject Code (472-6E) is used.</i>  <i>Payer Requirement: (any unique payer requirement(s))</i>
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered).</i>  <i>Payer Requirement: (any unique payer requirement(s))</i>



DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	for use to define professional services or override clinical edits

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Re-bill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	R	<i>Imp Guide: Required if DUR/PPS Segment is used.</i>
439-E4	REASON FOR SERVICE CODE		R	<i>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</i>  <i>Required if this field affects payment for or documentation of professional pharmacy service.</i>
44Ø-E5	PROFESSIONAL SERVICE CODE		R	<i>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</i>  <i>Required if this field affects payment for or documentation of professional pharmacy service.</i>
441-E6	RESULT OF SERVICE CODE		R	<i>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</i>  <i>Required if this field affects payment for or documentation of professional pharmacy service.</i>
474-8E	DUR/PPS LEVEL OF EFFORT		R	<i>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</i>  <i>Required if this field affects payment for or documentation of professional pharmacy service.</i>
475-J9	DUR CO-AGENT ID QUALIFIER		R	<i>Imp Guide: Required if DUR Co-Agent ID (476-H6) is used.</i>
476-H6	DUR CO-AGENT ID		R	<i>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</i>  <i>Required if this field affects payment for or documentation of professional pharmacy service.</i>



Compound Segment Questions		Check	Claim Billing/Claim Re-bill If Situational, <i>Payer Situation</i>	
This Segment is always sent				
This Segment is situational		X	when Compound Code (406-D6) = 2	
Compound Segment Segment Identification (111-AM) = "10"				Claim Billing/Claim Re-bill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 - NDC	M	
489-TE	COMPOUND PRODUCT ID	11 digit NDC	M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	<i>Imp Guide: Required if needed for receiver claim determination when multiple products are billed.</i>
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	<i>Imp Guide: Required if needed for receiver claim determination when multiple products are billed.</i>

**\*\* End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template\*\***



# NWPS

## NCPDP vD.0 Payer Sheet

### Claim Billing / Claim Re-bill Response

#### GENERAL INFORMATION

Payer Name: NWPS	Date: 10/17/2011
Plan Name/Group Name: NWPS	BIN: 600426      PCN: JP

#### CLAIM BILLING/CLAIM RE-BILL PAID (OR DUPLICATE OF PAID) RESPONSE

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

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	<b>X</b>	

	Response Transaction Header Segment			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	1 - 4	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	<b>X</b>	Provide general information when used for transmission level messaging.

	Response Message Segment Segment Identification (111-AM) = “2Ø”			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.  <i>Payer Requirement: Same as Imp Guide</i>



Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provide Network ID when available

Field #	Response Insurance Segment Identification (111-AM) = "25"	Value	Payer Usage	Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
545-2F	NETWORK REIMBURSEMENT ID		RW	<p><i>Imp Guide:</i> Required if needed to identify the network for the covered member.</p> <p>Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.</p> <p>Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.</p>

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Status Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
Ø3-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<p><i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<p><i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<p><i>Imp Guide:</i> Required when additional text is needed for clarification or detail.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<p><i>Imp Guide:</i> 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.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<p><i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>



	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i>  <i>Payer Requirement: Same as Imp Guide</i>

Response Claim Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	<b>X</b>	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide: For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).</i>
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	<b>X</b>	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		R	<i>Imp Guide: Required if this value is used to arrive at the final reimbursement.</i>
557-AV	TAX EXEMPT INDICATOR		RW	<i>Imp Guide: Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.</i>  <i>Payer Requirement: Same as Imp Guide</i>
558-AW	FLAT SALES TAX AMOUNT PAID		RW	<i>Imp Guide: Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.</i>  <i>Payer Requirement: Same as Imp Guide</i>

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	<p><i>Imp Guide: Required if this value is used to arrive at the final reimbursement.</i></p> <p><i>Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).</i></p> <p><i>Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.</i></p> <p><i>Payer Requirement: Same as Imp Guide</i></p>
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	<p><i>Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</i></p> <p><i>Payer Requirement: Same as Imp. Guide</i></p>
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	<p><i>Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</i></p> <p><i>Payer Requirement: Same as Imp Guide</i></p>
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	<p><i>Imp Guide: Required if Other Amount Paid (565-J4) is used.</i></p> <p><i>Payer Requirement: Same as Imp Guide</i></p>
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	<p><i>Imp Guide: Required if Other Amount Paid (565-J4) is used.</i></p> <p><i>Payer Requirement: Same as Imp Guide</i></p>
565-J4	OTHER AMOUNT PAID		RW	<p><i>Imp Guide: Required if this value is used to arrive at the final reimbursement.</i></p> <p><i>Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).</i></p> <p><i>Payer Requirement: Same as Imp Guide</i></p>
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<p><i>Imp Guide: Required if this value is used to arrive at the final reimbursement.</i></p> <p><i>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.</i></p> <p><i>Payer Requirement: Same as Imp Guide</i></p>
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	<p><i>Imp Guide: Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).</i></p> <p><i>Required if Basis of Cost Determination (432-DN) is submitted on billing.</i></p>

Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	<i>Imp Guide: Required if Patient Pay Amount (505-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount.</i>  <i>Payer Requirement: Same as Imp Guide</i>
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	<i>Imp Guide: Required if Patient Pay Amount (505-F5) includes deductible</i>  <i>Payer Requirement: Same as Imp Guide</i>
518-FI	AMOUNT OF COPAY		R	<i>Imp Guide: Required if Patient Pay Amount (505-F5) includes co-pay as patient financial responsibility.</i>
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	<i>Imp Guide: Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.</i>  <i>Payer Requirement: Same as Imp Guide</i>
575-EQ	PATIENT SALES TAX AMOUNT		RW	<i>Imp Guide: Used when necessary to identify the Patient's portion of the Sales Tax. Provided for informational purposes only.</i>  <i>Payer Requirement: Same As Imp Guide</i>
574-2Y	PLAN SALES TAX AMOUNT		RW	<i>Imp Guide: Used when necessary to identify the Plan's portion of the Sales Tax. Provided for informational purposes only.</i>  <i>Payer Requirement: Same As Imp Guide</i>
572-4U	AMOUNT OF COINSURANCE		RW	<i>Imp Guide: Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.</i>  <i>Payer Requirement: Same As Imp Guide</i>
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	<i>Imp Guide: Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another</i>  <i>Payer Requirement: Same As Imp Guide</i>
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	<i>Imp Guide: Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.</i>  <i>Payer Requirement: Same As Imp Guide</i>
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	<i>Imp Guide: Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.</i>  <i>Payer Requirement: Same As Imp Guide</i>

Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.  Payer Requirement: Same As Imp Guide
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		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
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		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 Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Re-bill – 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		RW	Imp Guide: Required if utilization conflict is detected.  Payer Requirement: Same As Imp Guide
528-FS	CLINICAL SIGNIFICANCE CODE		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		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.  Payer Requirement: Same As Imp Guide

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
530-FU	PREVIOUS DATE OF FILL		RW	<i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Required if Quantity of Previous Fill (531-FV) is used.</i>  <i>Payer Requirement: Same As Imp Guide</i>
531-FV	QUANTITY OF PREVIOUS FILL		RW	<i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Required if Previous Date Of Fill (530-FU) is used.</i>  <i>Payer Requirement: Same As Imp Guide</i>
532-FW	DATABASE INDICATOR		RW	<i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Payer Requirement : Same As Imp Guide</i>
533-FX	OTHER PRESCRIBER INDICATOR		RW	<i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Payer Requirement: Same As Imp Guide</i>
544-FY	DUR FREE TEXT MESSAGE		RW	<i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Payer Requirement: Same As Imp Guide</i>



**CLAIM BILLING/CLAIM RE-BILL ACCEPTED/REJECTED RESPONSE**

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

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Re-bill Accepted/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission level messaging.

Field #	Response Message Segment Segment Identification (111-AM) = "2Ø"	Value	Payer Usage	Claim Billing/Claim Re-bill Accepted/Rejected <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provide Network ID when available

545-2F	NETWORK REIMBURSEMENT ID		RW	<i>Imp Guide:</i> Required if needed to identify the network for the covered member.  Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.  Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.
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Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing/Claim Re-bill Accepted/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction.
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement :</i> Same As <i>Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> 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.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>
987-MA	URL		RW	<i>Imp Guide:</i> Provided for informational purposes only to relay health care communications via the Internet.  <i>Payer Requirement:</i> Same As <i>Imp Guide</i>



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

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

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	<b>X</b>	

Field #	Response DUR/PPS Segment Segment Identification (111-AM) = "24"	Value	Payer Usage	Claim Billing/Claim Re-bill Accepted/Rejected <i>Payer Situation</i>
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	<i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.  <i>Payer Requirement: Same As Imp Guide</i>
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> Required if utilization conflict is detected.  <i>Payer Requirement: Same As Imp Guide</i>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same As Imp Guide</i>
529-FT	OTHER PHARMACY INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same As Imp Guide</i>
530-FU	PREVIOUS DATE OF FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Required if Quantity of Previous Fill (531- FV) is used.</i>  <i>Payer Requirement: Same As Imp Guide</i>
531-FV	QUANTITY OF PREVIOUS FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Required if Previous Date Of Fill (530-FU) is used.</i>  <i>Payer Requirement: Same As Imp Guide</i>

	<b>Response DUR/PPS Segment Segment Identification (111-AM) = "24"</b>		<b>Claim Billing/Claim Re-bill Accepted/Rejected</b>
532-FW	DATABASE INDICATOR		RW <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Payer Requirement: Same As Imp Guide</i>
533-FX	OTHER PRESCRIBER INDICATOR		RW <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Payer Requirement: Same As Imp Guide</i>
544-FY	DUR FREE TEXT MESSAGE		RW <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Payer Requirement: Same As Imp Guide</i>
57Ø-NS	DUR ADDITIONAL TEXT		RW <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i>  <i>Payer Requirement: Same As Imp Guide</i>



**CLAIM BILLING/CLAIM RE-BILL REJECTED/REJECTED RESPONSE**

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

Field #	Response Transaction Header Segment	Value	Payer Usage	Claim Billing/Claim Re-bill Rejected/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	<b>X</b>	Provide general information when used for transmission level messaging.

Field #	Response Message Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Billing/Claim Re-bill Rejected/Rejected <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.  <i>Payer Requirement :</i> Same As <i>Imp Guide</i>

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

Field #	Response Status Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing/Claim Re-bill Rejected/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction.
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.  <i>Payer Requirement :</i> Same As <i>Imp Guide</i>

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Re-bill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement: Same As Imp Guide</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement: Same As Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement: Same As Imp Guide</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> 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.  <i>Payer Requirement: Same As Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used.  <i>Payer Requirement: Same As Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement: Same As Imp Guide</i>

**\*\* End of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template\*\***