ILLINOIS MEDICAID NCPDP VERSION D.Ø PAYOR SHEET

REQUEST CLAIM BILLING/CLAIM REBILL

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

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprise	Date: April Ø6, 2Ø23	
Plan Name/Group Name: Illinois Medicaid	BIN: Ø178Ø4	PCN: ILPOP
Processor: Change Healthcare (CHC)		
Effective as of: April Ø6, 2Ø23	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: July 2ØØ7	NCPDP External Code List Version Date: July 2Ø13	
Contact/Information Source: 1-877-782-5565		
Certification Testing Window:		
Certification Contact Information: 1-877-782-5565		
Provider Relations Help Desk Info: 1-877-782-5565		
Other versions supported:		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal

FIELD LEGEND FOR COLUMNS

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

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

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

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

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

1Ø1-A1	BIN NUMBER	Ø178Ø4	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	B1 – Claim billing B3 – Claim rebill
1Ø4-A4	PROCESSOR CONTROL NUMBER	ILPOP	M	
1Ø9-A9	TRANSACTION COUNT	1 –4	M	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1=National Provider Identifier (NPI)	M	Only the National Provider ID (NPI) is supported
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values required

Insurance Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
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		M	Member ID as issued to the Medicaid beneficiary *9 byte numeric HFS recipient number for all transactions.*

Patient Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
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		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		RW	*Imp Guide:* Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	

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

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ=Compound Ø1=UPC Ø2=HRI Ø3=NDC	M	Use ØØ only when submitting claims for compounded prescription claims, in all other instances use the qualifier appropriate for the product ID in field 4Ø7-D7.
4Ø7-D7	PRODUCT/SERVICE ID		M	Use 'Ø' or 'ØØØØØØØØØØØØ' only when submitting claims for compounded prescription claims, in all other instances use the ID of the product being dispensed.
456-EN	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE NUMBER		RW	*Imp Guide:* Required if needed to associate multiple prescriptions/ services from the same sender to allow billing of the current prescription/service.

457-EP	ASSOCIATED PRESCRIPTION/ SERVICE DATE		RW	*Imp Guide:* Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if needed to associate multiple prescriptions/ services from the same sender to allow billing of the current prescription/service.
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER	Ø=Original Dispensing 1 to 99=Refill Number	R	Must be Ø for original dispensing of Schedule II drugs; patients of nursing homes are exempt.
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1=Not a Compound 2=Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
414-DE	DATE PRESCRIPTION WRITTEN		R	Date written must be within 6 months of Date of Service for controlled drugs. Per the Pharmacy Practice Act: a prescription for medication other than controlled substances shall be valid for up to 15 months from the date issued for the purpose of refills, unless the prescription states otherwise.
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø=No Refills Authorized 1 through 99, with 99 being as needed, refills unlimited	RW	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Required when available on first fill.
419-DJ	PRESCRIPTION ORIGIN CODE		R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Required when known.
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

	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	Ø2= Other Override: First dose of a two-dose vaccine Ø5=Therapy Change Ø6=Starter Dose Ø7=Medically Necessary Ø8=Process Compound for Approved Ingredients 1Ø=Meets Plan Limitations 13=Payer-Recognized Emergency/Disaster Assistance Request 2Ø= 34ØB 42= Prescriber ID Submitted is valid and prescribing requirements have been validated. 47= Shortened Days Supply	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). Ø2= Used when authorized by the payer in business cases not currently addressed by other SCC values. Ø6= The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment. Ø7= The pharmacist is indicating that this medication has been determined by the physician to be medically necessary. 1Ø= The pharmacy certified that the transaction is in compliance with the program's policies and rules that are specific to the particular product being billed. 13= The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer 42= Must be submitted when using Pharmacist NPI to overrride Prescriber NPI requirement. 47= Used to request an override to plan limitations when a shortened days supply is being dispensed. *Payer Requirement:* Required when provider will accept payment on one or more, but not necessarily all, ingredients of a multi-ingredient compound and consider payment received as payment in full for the prescribed products. Use indicator (2Ø=34ØB) for 34ØB claims.

46Ø-ET	QUANTITY PRESCRIBED		RW	*Imp Guide:* Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308 and per CMS0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document). *Payer Requirement:* • *Effective 09/21/2020, field is required for Schedule II drugs*

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø8-C8	OTHER COVERAGE CODE	Ø=Not specified 1=No Other Coverage 2=Other Coverage Existspayment collected 3=Other coverage billed – claim not covered 4= Other Coverage Exists payment not collected	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: Accepting 'Ø' when Other Coverage is not specified. Claims should be defaulted to this value if no other value is provided. Accepting 1 to override prior claim rejection caused by other insurance being applicable as primary insurer in State Medicaid eligibility data, but other insurance is not in effect. This value should not be the default value. Accepting 2 for reporting TPL payment information. Accepting 3 for Part D excluded drugs If a '3' is submitted, there should be a minimum of 1 Other Payer Reject Code (472-6E) submitted and no Other PayerPatient Responsibility Qualifier field (351NP) submitted. Accepting 4 for coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment has not been received. Other Coverage Code of 8 is not allowed with Coordination of Benefits option 3.

461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø=Not Specified 1=Prior Auth 2=Med Cert	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement:'1'=Prior Auth requires a valid PA Number; '2' =Med Cert requires a clarifying State defined value in PA Number Submitted (462-EV)
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Submit PA Number for the Payer Defined situation identified in ("1") in field 461EU Submit the value "72" = 72 hour emergency supply for 461-EU value = "2"	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Submit the appropriate value for the value entered in 461-EU above.
343-HD	DISPENSING STATUS		RW	Used only in situations where inventory shortages do not allow the full quantity to be dispensed.
	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill of a prescription or for a completion fill when 345-HG field is completed.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill of a prescription or for a completion fill when 344-HF field is completed.
357-NV	DELAY REASON CODE		RW	DO NOT USE
995-E2	ROUTE OF ADMINISTRATION		RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Same as Imp Guide

Pricing Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
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		R	34ØB pharmacies – submit 34ØB cost here with the Basis of Cost Determination (423-DN) indicator of 'Ø8'.
43Ø-DU	GROSS AMOUNT DUE		R	
412-DC	DISPENSING FEE SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43ØDU) calculation. *Payer Requirement:* Same as Imp Guide.

433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as Imp Guide.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43ØDU) calculation. *Payer Requirement:* Same as Imp Guide.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. *Payer Requirement:* Same as Imp Guide.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	*Imp Guide:* Required if Other Amount Claimed Submitted (48Ø-H9) is used. *Payer Requirement:* Same as Imp Guide.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43ØDU) calculation. *Payer Requirement:* Same as Imp Guide.
	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
426-DQ	USUAL AND CUSTOMARY CHARGE		RW	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* **State** Medicaid agreements require submission of Usual and Customary Charge. Not used in 34ØB claims.
423-DN	BASIS OF COST DETERMINATION	Ø8=340B 15= Free product or no associated cost 16 = Nominal Price 17 = Federal Supply Schedule	RW	*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* Use indicator (Ø8=34ØB) for 34ØB claims, with the amount being submitted in the Ingredient Cost Submitted (4Ø9-D9) field.

Prescriber Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
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 Provider Identifier (NPI)	R	*Imp Guide:* Required if Prescriber ID (411DB) is used. *Payer Requirement:* Field should always be sent
411-DB	PRESCRIBER ID	National Provider ID	R	*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:* NPI of prescriber is required.
427-DR	PRESCRIBER LAST NAME		R	*Imp Guide:* Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411DB) validation/clarification. *Payer Requirement:* Same as Imp Guide
498-PM	PRESCRIBER PHONE NUMBER		RW	*Imp Guide:* Required if needed to assist in identifying the prescriber. Required if needed for Prior Authorization process. *Payer Requirement:* Same as Imp Guide.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01-NPI	RW	*Imp Guide:* Required if Primary Care Provider ID (421-DL) is used.
	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
421-DL	PRIMARY CARE PROVIDER ID	National Provider Identifier	RW	*Imp Guide:* Required if needed for receiver service billing determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs.
470-4E	PRIMARY CARE PROVIDER LAST NAME		RW	*Imp Guide:* Required if this field is used as an alternative for Primary Care Provider ID (421-DL) when ID is not known. Required if needed for Primary Care Provider ID (421-DL) validation/clarification.
364-2J	PRESCRIBER FIRST NAME		R	*Imp Guide:* Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.

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

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Submit qualifier appropriate to the value submitted in Other Payer ID (34Ø-7C).

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Submit National Payer ID (also referenced as "HPID") of the primary payer when available, otherwise the BIN used for claim submission to the other payer is required.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Payment or denial date of the claim submitted to the other payer.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Required when Other Payer Amount Paid Qualifier (342-HC) is used.

342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Only Ø7= Drug Benefit	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Required when Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID		RW	*Payer Requirement:* Required if other payer has returned a paid response. If OCC=2 (308-C8), value > Ø .
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Same as Imp Guide.
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* Submit as many reject codes as were returned by the other payer, up to the maximum identified in Other Payer Reject Count (471-5E).
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Other PayerPatient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Same as Imp Guide.
	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø6=Patient Pay Amount	RW	*Imp Guide:* Required if Other PayerPatient Responsibility Amount (352-NQ) is used. *Payer Requirement:* **State** Medicaid only accepts the Ø6=Patient Pay Amount. Components of Patient Pay (Ø1-Ø5, Ø713) submitted will result in claim rejection
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		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:* Required to identify components of patient responsibility amount assigned by other payer as indicated in the other payer's claim response.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required if DUR information needs to be sent

	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.	RW	*Imp Guide:* Required if DUR/PPS Segment is used. *Payer Requirement:* Same as Imp. Guide
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, 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
	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
44Ø-E5	PROFESSIONAL SERVICE CODE	MA= Vaccine	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		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

474-8E	DUR/PPS LEVEL OF EFFORT		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

Compound Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required when the pharmacy is dispensing a compound of multiple ingredients and requesting payment for the prescribed compound from **State** Medicaid.

	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		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	Ø1=UPC Ø2=HRI Ø3=NDC	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
449-EE	COMPOUND INGREDIENT DRUG COST		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Required when the pharmacy is seeking compensation for the individual ingredient.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Ø8= 34ØB 16 = Nominal Price 17 = Federal Supply Schedule	RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Required when a value is submitted in Compound Ingredient Drug Cost (449-EE).

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

RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET CLAIM BILLING/CLAIM REBILL ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

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

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprise	Date: April Ø6, 2Ø23	
Plan Name/Group Name: Illinois Medicaid	BIN: Ø178Ø4	PCN: ILPOP

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*.

Response Transaction Header Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation*
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)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	*Returned when needed 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:* Will be returned when text information needs to be sent.

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

	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Same as Imp Guide
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Same as Imp Guide

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

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/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		R	*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	Free Text 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

549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
	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*
55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Will be returned

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

	Response Claim Segment Segment Identification (111-AM) = "22"			**Claim Billing/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 = 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	

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

	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø5-F5	PATIENT PAY AMOUNT		R	Reflects the Medicaid Copay amount
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		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		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
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as Imp. Guide

	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*
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as Imp. Guide
565-J4	OTHER AMOUNT PAID		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). *Payer Requirement:* Same as Imp Guide, but will never be greater than Ø.
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. *Payer Requirement:* Same as Imp Guide
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		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:* Return 14 = Other Payer-Patient Responsibility Amount to Indicate reimbursement was based on the Other Payer-Patient Responsibility Amount (352-NQ)

523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-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. *Payer Requirement:* Same as Imp Guide
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	*Imp Guide: Provided for informational purposes only.* *Payer Requirement:* Same as Imp. Guide
514-FE	REMAINING BENEFIT AMOUNT		RW	*Imp Guide: Provided for informational purposes only.* *Payer Requirement:* Same as Imp. Guide

	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*
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes deductible *Payer Requirement:* Same as Imp Guide
518-FI	AMOUNT OF COPAY		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		RW	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.* *Payer Requirement:* Same as Imp Guide
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	*Imp Guide:* Required if the customer is responsible for 1ØØ% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. *Payer Requirement:* Same as Imp Guide
572-4U	AMOUNT OF COINSURANCE		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility. *Payer Requirement:* Same as Imp. Guide

129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	*Imp Guide:* Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero. *Payer Requirement:* Same as Imp Guide
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another *Payer Requirement:* Same as Imp Guide
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug. *Payer Requirement:* Same as Imp Guide
	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*
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NONPREFERRED FORMULARY SELECTION		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. *Payer Requirement:* Same as Imp Guide
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-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
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	*Imp Guide:* Required when the patient's financial responsibility is due to the coverage gap. *Payer Requirement:* Same as Imp Guide
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	Required when a Basis of Reimbursement Determination (522FM) is "14" (Patient Responsibility Amount" or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency

149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	Required when a Basis of Reimbursement Determination (522-FM) is “14” (Patient Responsibility Amount” or “15” (Patient Pay Amount) unless prohibited by state/federal/regulatory agency
346-HH	BASIS OF CALCULATION DISPENSING FEE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is “P” (Partial Fill) or “C” (Completion of Partial Fill).
347-HJ	BASIS OF CALCULATION COPAY		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is “P” (Partial Fill) or “C” (Completion of Partial Fill).

Response DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required if DUR information needs to be sent

	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		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.
53Ø-FU	PREVIOUS DATE OF FILL		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531FV) is used. *Payer Requirement:* Same as Imp Guide.

531-FV	QUANTITY OF PREVIOUS FILL		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53ØFU) is used. *Payer Requirement:* Same as Imp Guide.
532-FW	DATABASE INDICATOR		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		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		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as Imp Guide.

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

This Segment is situational	X	Returned when needed 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 Insurance Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Will be returned
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Will be returned
	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		RW	*Imp Guide:* Required if the identification to be used in future transactions is different than what was submitted on the request. *Payer Requirement:* Same as Imp. Guide

Response Status Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation*
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		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as Imp. Guide
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
	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill 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
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as Imp Guide
987-MA	URL	www.HFS.illinois.gov/pharmacy	R	*Imp Guide:* Required for informational purposes only to relay health care communications via the Internet.

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
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 "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, *Payer Situation*
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 If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Returned when needed 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:* Will be returned when text information needs to be sent

Response Status Segment Questions	**Check**	**Claim Billing/Claim Rebill Rejected/Rejected** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as Imp. Guide
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
	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned

55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Will be returned
987-MA	URL	www.HFS.illinois.gov/pharmacy	R	*Imp Guide:* Required for informational purposes only to relay health care communications via the Internet.

Response Claim Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation*
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 "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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

ILLINOIS MEDICAID NCPDP VERSION D.Ø CLAIM REVERSAL

REQUEST CLAIM REVERSAL PAYER SHEET

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

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprise	Date: April Ø6, 2Ø23	
Plan Name/Group Name: Illinois Medicaid	BIN: Ø178Ø4	PCN: ILPOP

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?)	**State** Medicaid will accept reversal within a 2 year time period from date of service on the claim

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** If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

	Transaction Header Segment			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	Ø178Ø4	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	Claim Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	1 – 4	M	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1=National Provider Identifier (NPI)	M	Only the National Provider ID (NPI) is supported
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values required

Insurance Segment Questions	**Check**	**Claim Reversal** If Situational, *Payer Situation*
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		M	Member ID as issued to the Medicaid beneficiary *9 byte numeric HFS recipient number for all transactions.*

Claim Segment Questions	**Check**	**Claim Reversal** If Situational, *Payer Situation*
This Segment is always sent	X	

This Segment is situational		

	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	Ø1 = Rx Billing	M	*Imp Guide:* 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		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ = For compound submissions Ø1 = Universal Product Code (UPC) Ø2 = HRI Ø3 = National Drug Code (NDC)	M	Use ØØ only when submitting claims for compounded prescription claims, in all other instances use the qualifier appropriate for the product ID in field 4Ø7-D7
4Ø7-D7	PRODUCT/SERVICE ID		M	Use 'Ø' only when submitting claims for compounded prescriptions, in all other instances use the ID of the product being dispensed

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

RESPONSE CLAIM REVERSAL PAYER SHEET CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprises	Date: April Ø6, 2Ø23	
Plan Name/Group Name: Illinois Medicaid	BIN: Ø178Ø4	PCN: ILPOP

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 Transaction Header Segment Questions	**Check**	**Claim Reversal – Accepted/Approved** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Claim Reversal – Accepted/Approved**

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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/Approved** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Returned when needed 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** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	*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
	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Will be returned

Response Claim Segment Questions	**Check**	**Claim Reversal – Accepted/Approved** If Situational, *Payer Situation*
This Segment is always sent	X	

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

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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 If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Returned when needed 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:* Will be returned when text information needs to be sent.

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as Imp. Guide

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
	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as Imp Guide
55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as Imp Guide

Response Claim Segment Questions	**Check**	**Claim Reversal - Accepted/Rejected** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			**Claim Reversal – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	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		M	

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			**Claim Reversal – Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Returned when needed 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:* Will be returned when text information needs to be sent.

Response Status Segment Questions	**Check**	**Claim Reversal - Rejected/Rejected** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Rejected/Rejected**

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		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
	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	1-877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Will be returned

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