

Untied States Department of Labor – Division of Coal Mine Worker’s Compensation (Federal Black Lung Program)

Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet

GENERAL INFORMATION

| | | |
|---|---|--|
| Payer Name: Department of Labor | | Date: September 23, 2011 |
| Plan Name/Group Name: United States Department of Labor – Division of Coal Mine Worker’s Compensation (Federal Black Lung Program) | BIN: 61ØØ84 | PCN: DRWDPROD = Production |
| Plan Name/Group Name: Untied States Department of Labor – Division of Coal Mine Worker’s Compensation (Federal Black Lung Program) (test) | BIN: 61ØØ84 | PCN: DRWDACCP = Test (after 1/1/2012) PCN: DRWDDV5S (thru 12/31/2011 for D.Ø testing) |
| Processor: Conduent | | |
| Effective as of: 01/01/2012 | NCPDP Telecommunication Standard Version/Release #: D.Ø | |
| NCPDP Data Dictionary Version Date: July, 2007 | NCPDP External Code List Version Date: March, 2010 | |
| Contact/Information Source: Other references such as Provider Manuals, Payer phone number, web site, etc. | | |
| Certification Testing Window: Certification Testing Dates | | |
| Certification Contact Information: Certification phone number and information | | |
| Provider Relations Help Desk Info: 866-664-5581 | | |
| Other versions supported: 5.1 supported through 12/31/2011 | | |

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 |
| B3 | Rebilling |

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 <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | X | |

| Transaction Header Segment | Value | Payer Usage | Claim Billing/Claim Rebill <i>Payer Situation</i> |
|----------------------------|---------------------------------------|--|--|
| <i>Field #</i> 1Ø1-A1 | <i>NCPDP Field Name</i> BIN NUMBER | <i>Value</i> 61ØØ84 | <i>Payer Usage</i> M |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M |
| 1Ø3-A3 | TRANSACTION CODE | B1 = Billing B3 = Rebill | M Claim Billing, Claim Rebill |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | DRWDPROD = Production DRWDDV5S = DØ Test DRWDACCP = Test | M Use DRWDDV5S for D.Ø testing through 12/31/2011 |

| Transaction Header Segment | | | | Claim Billing/Claim Rebill |
|----------------------------|----------------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 109-A9 | TRANSACTION COUNT | 1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1 = National Provider Identifier (NPI) | M | |
| 201-B1 | SERVICE PROVIDER ID | NPI Number | M | |
| 401-D1 | DATE OF SERVICE | CCYYMMDD | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | This will be provided by the provider's software vender | M | If no number is supplied, populate with zeros |

| 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 |
| 302-C2 | CARDHOLDER ID | SSN | M | |
| 301-C1 | GROUP ID | OWCP1111 | R | |
| 306-C6 | Patient Relationship Code | 1 = Cardholder | R | |

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

| Patient Segment Segment Identification (111-AM) = "Ø1" | | | | Claim Billing/Claim Rebill |
|---|---------------------|---|-------------|-----------------------------------|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 304-C4 | DATE OF BIRTH | CCYYMMDD | R | |
| 305-C5 | PATIENT GENDER CODE | Ø = Not Specified 1 = Male 2 = Female | R | Required with this segment in D.0 |
| 310-CA | PATIENT FIRST NAME | | R | Up to 12 characters |
| 311-CB | PATIENT LAST NAME | | R | Up to 15 characters |

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

| Claim Segment Segment Identification (111-AM) = "Ø7" | | | | Claim Billing/Claim Rebill |
|---|--|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | Rx Number assigned by the pharmacy | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | Ø3 = National Drug Code | M | |
| 407-D7 | PRODUCT/SERVICE ID | National Drug Code (NDC) | M | |
| 442-E7 | QUANTITY DISPENSED | Metric Decimal Quantity | R | |
| 403-D3 | FILL NUMBER | Ø = Original Dispensing 1-99 = Refill number | R | |
| 405-D5 | DAYS SUPPLY | | R | |
| 406-D6 | COMPOUND CODE | 1 = Not a compound 2 = Compound | R | Required in D.0 and value 'Ø' not allowed |
| 408-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | Ø = No Product Selection Indicated | R | Only valid values accepted are 'Ø', '1', or '8' |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | | | Claim Billing/Claim Rebill |
|---|---------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | 1 = Substitution Not Allowed by Prescriber 8 = Substitution allowed – Generic drug not available in marketplace | | |
| 414-DE | DATE PRESCRIPTION WRITTEN | CCYYMMDD | R | Required field in D.0 |
| 995-E2 | ROUTE OF ADMINISTRATION | SNOMED CT Values Required | RW | Required when the Rx is a compound New Field - replaces 452-EH in 5.1 Compound Segment |

| 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 | Format=s\$\$\$\$\$cc |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | Required when submitting a claim for member reimbursement. |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | | RW | Required when submitting a claim for member reimbursement. |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | | RW | Required when there is sales tax applicable at the dispensing site |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | | RW | Required when there is sales tax applicable at the dispensing site |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | Blank = Not Specified Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee | RW | Required when there is sales tax applicable at the dispensing site Value Ø1=Gross Amount Due no longer valid |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | |
| 43Ø-DU | GROSS AMOUNT DUE | | R | |

| DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is situational | X | |

| 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. | R | Required if DUR/PPS Segment is used. |
| 439-E4 | REASON FOR SERVICE CODE | See Attached list of valid Values | RW | Required when there is a conflict to resolve or reason for service to be explained (Max 9) Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | See Attached list of valid Values | RW | Required when there is a professional service to be identified (Max 9) Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered. |
| 441-E6 | RESULT OF SERVICE CODE | See Attached list of valid Values | RW | Required when There is a result of service to be Submitted (Max = 9). Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service. |

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 Template**

GENERAL INFORMATION

| | | |
|---|-----------------------|--|
| Payer Name: Department of Labor | Date: January 1, 2012 | |
| Plan Name/Group Name: Division of Coal Mine Worker's Compensation (Federal Black Lung Program) | BIN: 610084 | PCN: DRWDPROD = Production |
| Plan Name/Group Name: Division of Coal Mine Worker's Compensation (Federal Black Lung Program) (test) | BIN: 610084 | PCN: DRWDACCP = Test (after 1/1/2012) PCN: DRWDDV5S (thru 12/31/2011 for D.Ø testing) |

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) <i>If Situational, Payer Situation</i> |
|---|-------|---|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <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 Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|---|
| This Segment is situational | X | Segment sent if required for clarification |

| Field # | Response Message Segment Segment Identification (111-AM) = "2Ø" | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i> |
|---------|---|--------------|-------------|---|
| 504-F4 | MESSAGE | Text Message | RW | Required if text is needed for clarification or detail. |

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

| Field # | Response Insurance Segment Segment Identification (111-AM) = "25" | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i> |
|---------|---|-------|-------------|---|
| 301-C1 | GROUP ID | | R | Used to identify the group number used in claim adjudication. |
| 524-FO | PLAN ID | | R | Used to identify the actual plan ID that was used in claim adjudication. |

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

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill – 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> |
| 112-AN | TRANSACTION RESPONSE STATUS | P=Paid D=Duplicate of Paid | M | |
| 503-F3 | AUTHORIZATION NUMBER | 17-digit TCN | R | |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |

| Response 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) |
|----------------|--|----------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | |
| 402-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) |
|----------------|--|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 505-F5 | PATIENT PAY AMOUNT | | R | |
| 506-F6 | INGREDIENT COST PAID | | R | |
| 507-F7 | DISPENSING FEE PAID | | R | |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | | R | Populated with zeros |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. |
| 509-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | | RW | Required if Ingredient Cost Paid (506-F6) is greater than zero (Ø). |
| 514-FE | REMAINING BENEFIT AMOUNT | | R | Populated with zeros. |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | R | Populated with zeros. |
| 518-FI | AMOUNT OF COPAY | | R | Patient Copay |
| 520-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | R | Populated with zeros. |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|---|
| This Segment is situational | X | Sent to provide information about DUR conflicts |

| | Response DUR/PPS 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 | Required if Reason For Service Code (439-E4) is used. |
| 439-E4 | REASON FOR SERVICE CODE | | RW | Required if utilization conflict is detected. |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | Required if needed to supply additional information for the utilization conflict. |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | Required if needed to supply additional information for the utilization conflict. |
| 53Ø-FU | PREVIOUS DATE OF FILL | CCYYMMDD | RW | Required if needed to supply additional information for the utilization conflict. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | Required if needed to supply additional information for the utilization conflict. |
| 532-FW | DATABASE INDICATOR | 1 = First DataBank – a drug database company | RW | Required if needed to supply additional information for the utilization conflict. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | Required if needed to supply additional information for the utilization conflict. |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | Required if needed to supply additional information for the utilization conflict. |

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|---|-------|--|
| 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, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is situational | X | Segment sent if required for reject clarification |

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

| Response Insurance Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|--------------------------------------|-------|--|
| This Segment is always sent | | |
| 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 |
| 301-C1 | GROUP ID | | R | Used to identify the actual group ID used during adjudication. |
| 524-FO | PLAN ID | | R | Used to identify the actual plan ID used during adjudication. |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|--|
| 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 | |
| 503-F3 | AUTHORIZATION NUMBER | 17-digit TCN | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|----------------------------------|-------|--|
| 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 = RxBilling | M | 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 Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is situational | X | |

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---------|--|----------------------------------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | Required if Reason For Service Code (439-E4) is used. |

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|--------|--|--|----|---|
| 439-E4 | REASON FOR SERVICE CODE | | RW | Required if utilization conflict is detected. |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | Required if needed to supply additional information for the utilization conflict. |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | Required if needed to supply additional information for the utilization conflict. |
| 530-FU | PREVIOUS DATE OF FILL | CCYYMMDD | RW | Required if needed to supply additional information for the utilization conflict. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | Required if needed to supply additional information for the utilization conflict. |
| 532-FW | DATABASE INDICATOR | 1 = First DataBank – a drug database company | RW | Required if needed to supply additional information for the utilization conflict. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | Required if needed to supply additional information for the utilization conflict. |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | Required if needed to supply additional information for the utilization conflict. |

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill 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 Rebill Rejected/Rejected <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is situational | X | Segment sent if required for reject clarification |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill Rejected/Rejected <i>Payer Situation</i> |
|---------|------------------|--------------|-------------|--|
| 504-F4 | MESSAGE | Text Message | RW | Required if text is needed for clarification or detail. |

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

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill Rejected/Rejected <i>Payer Situation</i> |
|---------|-----------------------------|---------------------|-------------|--|
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | 17-digit TCN | RW | Required if needed to identify the transaction. |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Rejected/Rejected |
|----------------|---|----------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |

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

Additional Claim Information

DUR Codes

Reason for Service Codes (439-E4): DUR Conflict Codes

| Code | Meaning | Code | Meaning |
|------|----------------------------------|------|-----------------------------|
| AT | Additive Toxicity | LD | Low Dose Alert |
| CH | Call Help Desk | LR | Under Use Precaution |
| DA | Drug Allergy Alert | MC | Drug Disease Precaution |
| DC | Inferred Drug Disease Precaution | MN | Insufficient Duration Alert |
| DD | Drug-Drug Interaction | MX | Excessive Duration Alert |
| DF | Drug Food Interaction | OH | Alcohol Precaution |
| DI | Drug Incombatability | PA | Drug Age Precaution |
| DL | Drug Lab Conflict | PG | Drug Pregnancy Alert |
| DS | Tobacco Use Precaution | PR | Prior Adverse Drug Reaction |
| ER | Over Use Conflict | SE | Side Effect Alert |
| HD | High Dose Alert | SX | Drug Gender Alert |
| IC | Iatrogenic Condition Alert | TD | Therapeutic Duplication |
| ID | Ingredient Duplication | | |

Professional Service Codes (440-E5): Intervention Codes

| Code | Meaning | Code | Meaning |
|------|---|------|---|
| MØ | Prescriber Consulted - MD Interface | RØ | Pharmacist Consulted Other Source - Pharmacist reviewed |
| PØ | Patient Consulted - patient interaction | | |

Result of Service Codes (441-E6): Intervention Codes

| Code | Meaning | Code | Meaning |
|------|----------------------------------|------|-----------------------------------|
| 1A | Filled As Is – False Positive | 1F | Filled – Different Quantity |
| 1B | Filled Prescription As Is | 1G | Filled after prescriber approval |
| 1C | Filled With Different Dose | 2A | Not Filled |
| 1D | Filled With Different Directions | 2B | Not Filled – Directions Clarified |

**** ADDITIONAL INFORMATION FOR CLAIM BILLING SUBMISSIONS ****

- ❑ A Mandatory (M) field is one that is required per the NCPDP Version 5.1 Claim Format.
- ❑ A Required (R) field is one that is required per the client (U.S. Department of Labor/Black Lung)
- ❑ A Required When (RW) field is one that is dependent on other fields to determine if it is required. Look in the comments column for directions on when the field is required
- ❑ AWP- 5% + \$4.00 dispensing fee

Technical questions on point of sale claims processing and questions on point-of-sale denials may be directed to:

Conduent Pharmacy Call Center (866) 664-5581

Questions on claimant's eligibility and the status of submitted paper bills should be directed via phone to the appropriate **Conduent Bill Processing Center**:

EEOICP claimant's inquiries should be directed to 800-638-7072

Paper Claims should be directed to:

US DOL/OWCP/FBLP
Fiscal Agent Services
PO BOX 8302
London, KY 40742
1- 800-638-7072

Enrolled Providers can view Bill History and perform Claimant Eligibility verifications on-line at: <https://owcpmed.dol.gov>