

RESPONSE CLAIM BILLING NON-MEDICARE D PAYER SHEET ACCEPTED/PAID (OR DUPLICATE OF PAID) AND CAPTURED (OR DUPLICATE OF CAPTURED)

GENERAL INFORMATION

Payer Name: Envolve Pharmacy Solutions	Date: 11/1/2019
Plan Name/Group Name: Commercial/Non Medicare D Plans	BIN: 008019 PCN:

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

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

Response Message Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
This Segment is situational	X	Will not be supplied when message is blank.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing – Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Will not be supplied when message is blank.

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

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing– Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		R	

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

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing– Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid C=Capture Q=Duplicate of Capture	M	
503-F3	AUTHORIZATION NUMBER		R	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Only when Additional Message Information is not blank.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Only when Additional Message Information is not blank.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Only when not blank.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Only when not blank.

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

Response Claim Segment Segment Identification (111-AM) = "22"				Claim Billing– Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Same value as in request billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Same value as in request billing	M	

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

Response Pricing Segment Segment Identification (111-AM) = "23"				Claim Billing– Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		RW	
507-F7	DISPENSING FEE PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.
558-AW	FLAT SALES TAX AMOUNT PAID		RW	<i>Imp Guide:</i> Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (560-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.
560-AY	PERCENTAGE SALES TAX RATE PAID		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing– Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	<i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.
565-J4	OTHER AMOUNT PAID		RW	<i>Imp Guide:</i> 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)
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<i>Imp Guide:</i> 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.
521-FL	INCENTIVE AMOUNT PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		R	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		R	
513-FD	REMAINING DEDUCTIBLE AMOUNT		R	
514-FE	REMAINING BENEFIT AMOUNT		R	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		R	
518-FI	AMOUNT OF COPAY		R	
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		R	
572-4U	AMOUNT OF COINSURANCE		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	<i>Imp Guide:</i> Required when the patient's financial responsibility is due to the coverage gap.

Response DUR/PPS Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
This Segment is situational	X	

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing– Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	R	

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing– Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
439-E4	REASON FOR SERVICE CODE		R	
528-FS	CLINICAL SIGNIFICANCE CODE		R	
529-FT	OTHER PHARMACY INDICATOR		R	
530-FU	PREVIOUS DATE OF FILL		R	
531-FV	QUANTITY OF PREVIOUS FILL		R	
532-FW	DATABASE INDICATOR		R	
533-FX	OTHER PRESCRIBER INDICATOR		R	
544-FY	DUR FREE TEXT MESSAGE		R	
570-NS	DUR ADDITIONAL TEXT		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured) Maximum of 3
This Segment is situational	X	

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) ="28"			Claim Billing– Accepted/Paid (or Duplicate of Paid) and Captured (or Duplicate of Captured)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
355-NT	OTHER PAYER ID COUNT	Maximum 3 occurrences supported.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M***R***	
339-6C	OTHER PAYER ID QUALIFIER		Q***R***	
340-7C	OTHER PAYER ID		Q***R***	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		Q***R***	
356-NU	OTHER PAYER CARDHOLDER ID		Q***R***	
992-MJ	OTHER PAYER GROUP ID		Q***R***	
142-UV	OTHER PAYER PERSON CODE		Q***R***	
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		Q***R***	
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		Q***R***	
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		Q***R***	

Claim Billing Accepted Transmission/Rejected Response

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

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

Response Message Segment Questions	Check	Claim Billing Accepted/Rejected
This Segment is situational	X	Will not be supplied when message is blank.

Field #	Response Message Segment Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
504-F4	MESSAGE		R	Will not be supplied when message is blank.

Response Insurance Segment Questions	Check	Claim Billing Accepted/Rejected
This Segment is situational	X	Will be supplied when payer <u>has</u> matched the patient to an eligible member.

Field #	Response Insurance Segment Segment Identification (111-AM) = "25"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
301-C1	GROUP ID		R	

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Only when Additional Message Information is not blank.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Only when Additional Message Information is not blank.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Only when not blank
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Only when not blank.

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing Accepted/Rejected
<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	Same value as in request billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Same value as in request billing	M	

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Rejected Maximum Count of 3
This Segment is situational	X	

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing– Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
355-NT	OTHER PAYER ID COUNT	Maximum 3 occurrences supported.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M***R***	
339-6C	OTHER PAYER ID QUALIFIER		Q***R***	
340-7C	OTHER PAYER ID		Q***R***	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		Q***R***	
356-NU	OTHER PAYER CARDHOLDER ID		Q***R***	
992-MJ	OTHER PAYER GROUP ID		Q***R***	
142-UV	OTHER PAYER PERSON CODE		Q***R***	
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		Q***R***	
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		Q***R***	
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		Q***R***	

CLAIM BILLING REJECTED TRANSMISSION/REJECTED RESPONSE

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

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

Response Message Segment Questions	Check	Claim Billing Rejected/Rejected
This Segment is situational	X	Will not be supplied when message is blank

	Response Message Segment Segment Identification (111-AM) = "20"			Claim Billing Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		R	

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Will be supplied only when applicable

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Rejected/Rejected Maximum Count of 3
This Segment is situational	X	

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing– Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
355-NT	OTHER PAYER ID COUNT	Maximum 3 occurrences supported.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M***R***	
339-6C	OTHER PAYER ID QUALIFIER		Q***R***	
340-7C	OTHER PAYER ID		Q***R***	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		Q***R***	
356-NU	OTHER PAYER CARDHOLDER ID		Q***R***	
992-MJ	OTHER PAYER GROUP ID		Q***R***	
142-UV	OTHER PAYER PERSON CODE		Q***R***	
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		Q***R***	
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		Q***R***	
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		Q***R***	