Magellan Medicaid Administration

Louisiana Medicaid Managed Care Program
NCPDP Version D.0 Claim Billing/Claim Re-bill

October 26, 2023

****Start of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet****

General Information

Payer Name: Magellan Medicaid Administration		
Client Name: Louisiana Medicaid Managed Care Program	**BIN:** 025986	**PCN:** 1214172240
Processor: Magellan Medicaid Administration, LLC. (MMA)		
Effective as of: October 28, 2023	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: 10/2022	**NCPDP External Code List Version Date:** 10/2022	
Pharmacy Help Desk Information: 1-800-424-1664		
Other versions supported: No other versions supported		

Other Transactions Supported

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

Transaction Code	Transaction Name
B1	NCPDP Version D.0 Claim Billing
B2	NCPDP Version D.0 Claim Reversal
B3	NCPDP Version D.0 Claim Re-Bill
E1	Eligibility Verification

Field Legend for Columns

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

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

Claim Billing/Claim Re-bill Transaction

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued	X	Required when vendor certification is required by Magellan Medicaid Administration – otherwise submit all zeroes

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
101-A1	BIN Number	025986	M	NEW!
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B1, B3	M	
104-A4	Processor Control Number	1214172240	M	NEW! Required for all claims
109-A9	Transaction Count	Up to 4	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	NPI of submitting pharmacy provider
401-D1	Date Of Service		M	Format = CCYYMMDD CC = Century YY = Year MM = Month DD = Day

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
110-AK	Software Vendor/Certification ID		M	Required Submit ID or all zeroes

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

Insurance Segment Segment Identification (111-AM) = "04"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
302-C2	Cardholder ID		M	
312-CC	Cardholder First Name		R	
313-CD	Cardholder Last Name		R	
301-C1	Group ID	LAMCOPBM	R	NEW!

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

Patient Segment Segment Identification (111-AM) = "01"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
304-C4	Date Of Birth		R	
305-C5	Patient Gender Code	0 = Not Specified 1 = Male 2 = Female	R	
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	

Patient Segment Segment Identification (111-AM) = "01"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
335-2C	Pregnancy Indicator	Blank = Not Specified 1 = Not Pregnant 2 = Pregnant	RW	NEW! Used to identify Pregnancy if pregnancy could result in different coverage, pricing or patient financial responsibility. **Note:** Alternately, Field ID: 461-EU (Prior Authorization Type Code) may be used to identify pregnancy.
384-4X	Patient Residence	03 = LTC 11 = Hospice	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	For Transaction Code of "B1," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	00 = Not Specified 03 = National Drug Code (NDC)	M	Use 00 – Not Specified for compound claims.
407-D7	Product/Service ID		M	

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
456-EN	Associated Prescription/Service Reference Number		RW	**NEW!** Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
457-EP	Associated Prescription/Service Date		RW	**NEW!** Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
442-E7	Quantity Dispensed		R	
460-ET	Quantity Prescribed		RW	Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the *Version D.0 Editorial Document*).
403-D3	Fill Number		R	
405-D5	Days' Supply		R	
406-D6	Compound Code	1 = Not a Compound 2 = Compound	R	

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
408-D8	Dispense As Written (DAW)/Product Selection Code		R	
414-DE	Date Prescription Written		R	
415-DF	Number Of Refills Authorized	0 = No Refills authorized 1-99 = Authorized Refill number	R	
419-DJ	Prescription Origin Code	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	**NEW!**
354-NX	Submission Clarification Code Count	Maximum count of 3.	RW	Required if Submission Clarification Code (420-DK) is used.
420-DK	Submission Clarification Code	8 = Process Compound for Approved Ingredient 20 = 340B 42 = Prescriber ID Submitted 47 = Shortened Days Supply 57 = Discharge Medication	RW	Required if clarification is needed and value submitted is not equal to zero (0). **Note:** • SCC '8 – Process Compound for Approved Ingredient' allows a compound claim to continue process if at least one ingredient is covered. • SCC '20 – 340B' and Basis of Cost Determination (NCPDP Field ID: 423-DN) '08 – 340B' must be entered to identify a claim as a 340B claim. • SCC '42 – Prescriber ID Submitted' may be used for Vaccine claims, where the prescription has been initiated by the pharmacy and the pharmacist's NPI is not

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				registered as a Prescriber ID/NPI. – **Note**: This SCC will not override the NPI validation or prescriber enrollment requirements. • SCC '47 – Shortened Days' Supply Fill' may be submitted when the pharmacy consults with the prescriber to verify the necessity of a short fill (quantity less than 30 days' supply for maintenance medication). • SCC '57 – Discharge' may be submitted to identify a beneficiary who has been discharged from a hospital.
308-C8	Other Coverage Code	0 = Not Specified by Patient 1 = No Other Coverage 2 = Other Coverage Exists – Payment Indicated 3 = Other Coverage Billed – Claim Rejected 4 = Other Coverage Exists – No Payment Indicated	RW	Required when submitting a claim for recipient who has other coverage
600-28	Unit Of Measure	EA = Each GM = Grams ML = Milliliters	R	

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
418-DI	Level Of Service	3 = Emergency	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required to identify emergency
461-EU	Prior Authorization Type Code	8 - Payer Defined Exemption	RW	Prior Authorization Type Code Value 8 may be used to determine pregnancy. Note: Please use field 335-2C to identify Pregnancy.
462-EV	Prior Authorization Number Submitted		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
343-HD	Dispensing Status	P = Partial Fills C = Completion of Partial Fill	RW	**NEW!** Required for the partial fill or the completion fill of a prescription.
344-HF	Quantity Intended To Be Dispensed		RW	**NEW!** Required for the partial fill or the completion fill of a prescription.
345-HG	Days Supply Intended To Be Dispensed		RS	**NEW!** Required for the partial fill or the completion fill of a prescription.
357-NV	Delay Reason Code		RW	Required when needed to specify the reason that submission of the transaction has been delayed.
995-E2	Route Of Administration	SNOMED	RW	Required when submitting compound claims
996-G1	Compound Type		RW	**NEW!** Required when needed to clarify the type of compound.

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

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
433-DX	Patient Paid Amount Submitted		RW	NOT REQUIRED; DO NOT SEND
438-E3	Incentive Amount Submitted		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation. **Note:** When submitting a claim for a vaccine, this field will represent the sum of costs for the vaccine administration, and if applicable counseling professional services. Claims submitted for vaccine administration, and/or counseling must be submitted with a value > $0.00.
481-HA	Flat Sales Tax Amount Submitted	$0.10	RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
426-DQ	Usual And Customary Charge		R	Required if needed per trading partner agreement.
430-DU	Gross Amount Due		R	
423-DN	Basis Of Cost Determination	01 = AWP 08 = 340B 15 = Free product or no associated cost	R	When submitting a claim for a COVID-19 vaccine and a Basis of Cost Determination '01' is used, the ingredient cost must be $0.01. **Note:** Submission Clarification Code (NCPDP

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Field ID: 420-DK) '20 – 340B' and Basis of Cost Determination '08 – 340B' must be entered to identify a claim as a 340B claim.

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Required only if law or regulation required.

Pharmacy Provider Segment Segment Identification (111-AM) = "02"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
465-EY	Provider ID Qualifier	05 = NPI	RW	Required if Provider ID (444-E9) is used. **Note:** Required by payer to properly adjudicate a claim for administration of the vaccine by an authorized pharmacist.
444-E9	Provider ID		RW	Required if necessary for state/federal/regulatory agency programs. **Note:** Required if necessary to identify the vaccinating pharmacist responsible for dispensing of the prescription.

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

Prescriber Segment Segment Identification (111-AM) = "03"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	Prescriber ID Qualifier	01 = NPI	R	
411-DB	Prescriber ID	Prescriber's individual NPI	R	

Prescriber Segment Segment Identification (111-AM) = "03"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
427-DR	Prescriber Last Name		RW	Required if needed for Prescriber ID (411-DB) validation/clarification.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 – Other Payer Amount Paid Repetitions Only	X	OCC codes 0, 1, 2, 3, and 4 Supported (no co-pay only billing allowed).

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Billing/Claim Re-bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
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	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	Other Payer Date		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	Other Payer Amount Paid Count	Maximum count of 9.	RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Billing/Claim Re-bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
342-HC	Other Payer Amount Paid Qualifier	07 – Drug Benefit 10 – Percentage Tax	RW	Required if Other Payer Amount Paid (431-DV) is used. Note: • Submit total amount paid by the primary payer with a value of 07 (Drug Benefit) • Submit sales tax paid by primary with a value of 10 (Percentage Tax)
431-DV	Other Payer Amount Paid		RW	Required if other payer has approved payment for some/all the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.
471-5E	Other Payer Reject Count	Maximum count of 5.	RW	Required if Other Payer Reject Code (472-6E) is used.
472-6E	Other Payer Reject Code		RW	Required when the other payer has denied the payment for the billing. Required when the other payer has denied the payment for billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered).

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Submitted if required to affect outcome of claim related to DUR intervention.

DUR/PPS Segment Segment Identification (111-AM) = "08"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS Code Counter	Maximum of 9 occurrences.	RW***	Required if DUR/PPS Segment is used.
439-E4	Reason For Service Code		RW***	Required when there is a conflict to resolve or reason for service to be explained
440-E5	Professional Service Code		RW***	Required when this field affects payment for, or documentation of a professional pharmacy service.
441-E6	Result Of Service Code		RW***	Required when there is a result of service to be submitted
474-8E	DUR/PPS Level Of Effort		RW	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.

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, *Payer Situation*
This Segment is situational	X	Submitted if the claim dispensed is a compound.

Compound Segment Segment Identification (111-AM) = "10"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
450-EF	Compound Dosage Form Description Code		M	

Compound Segment Segment Identification (111-AM) = "10"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
451-EG	Compound Dispensing Unit Form Indicator	1 = Each 2 = Grams 3 = Milliliters	M	
447-EC	Compound Ingredient Component Count	2 to 25	M	At least 2 ingredients, up to a maximum of 25 ingredients
488-RE	Compound Product ID Qualifier		M	
489-TE	Compound Product ID		M	
448-ED	Compound Ingredient Quantity		M	
449-EE	Compound Ingredient Drug Cost		R	Required if needed for receiver claim determination when multiple products are billed.
490-UE	Compound Ingredient Basis Of Cost Determination		R	Required if needed for receiver claim determination when multiple products are billed.

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Submitted if the clinical detail will affect the outcome of claims processing.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
491-VE	Diagnosis Code Count	Maximum count of 5.	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	Diagnosis Code Qualifier		RW***	Required if Diagnosis Code (424-DO) is used.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
424-DO	Diagnosis Code	02 – ICD-10	RW***	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs.
****End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet****				

Response Claim Billing/Claim Re-bill Payer Sheet

Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) Response

** Start of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet**

General Information

Payer Name: Magellan Medicaid Administration	**Date:** 10/28/2023	
Plan Name/Group Name: LAMCOPBM	**BIN:** 025986	**PCN:** 1214172240

Claim Billing/Claim Re-bill PAID (or Duplicate of PAID) Response

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

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

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request	M	
201-B1	Service Provider ID	Same value as in request	M	
401-D1	Date Of Service	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent if additional information is available from the payer/processor.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
524-FO	Plan ID		RW	
301-C1	Group ID		RW	
302-C2	Cardholder ID		RW	

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
310-CA	Patient First Name		RW	
311-CB	Patient Last Name		RW	
304-C4	Date Of Birth		RW	

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill 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 Re-bill 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	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
547-5F	Approved Message Code Count	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	Approved Message Code		RW	Required if Approved Message Code Count (547-5F) is used.
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.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

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

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/Service Reference Number Qualifier	1 = RxBilling	M	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
402-D2	Prescription/Service Reference Number		M	

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

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
505-F5	Patient Pay Amount		R	
506-F6	Ingredient Cost Paid		R	
507-F7	Dispensing Fee Paid		RW	Required if this value is used to arrive at the final reimbursement.
558-AW	Flat Sales Tax Amount Paid		RW	Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (0) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
521-FL	Incentive Amount Paid		RW	Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (0).
563-J2	Other Amount Paid Count	Maximum count of 3.	RW	Required if Other Amount Paid (565-J4) is used.
564-J3	Other Amount Paid Qualifier		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	Other Amount Paid		RW	Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
566-J5	Other Payer Amount Recognized		RW	Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (0) 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 (0). Required if Basis of Cost Determination (432-DN) is submitted on billing.
346-HH	Basis of Calculation – Dispensing Fee		RW	NEW! 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	NEW! Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).
573-4V	Basis of Calculation – Coinsurance		RW	NEW! 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 Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent when DUR intervention is encountered during claim processing.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
567-J6	DUR/PPS Response Code Counter	Maximum 9 occurrences supported.	RW	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.
530-FU	Previous Date Of Fill		RW	Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity Of Previous Fill		RW	Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used.
532-FW	Database Indicator	1 = First Data Bank (FDB) 2 = Medi-Span	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.
570-NS	DUR Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claims processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
355-NT	Other Payer ID Count	Maximum count of 3.	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	Required if other insurance information is available for coordination of benefits.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for coordination of benefits.
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.
127-UB	Other Payer Help Desk Phone Number		RW	Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	Other Payer Patient Relationship Code		RW	Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
144-UX	Other Payer Benefit Effective Date		RW	Required when other coverage is known which is after the Date of Service submitted.
145-UY	Other Payer Benefit Termination Date		RW	Required when other coverage is known which is after the Date of Service submitted.

Claim Billing/Claim Re-bill Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request	M	
201-B1	Service Provider ID	Same value as in request	M	
401-D1	Date Of Service	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

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

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	Group ID		R	
524-FO	Plan ID		RW	Required if known
302-C2	Cardholder ID		RW	Required if known

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when known by plan

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
310-CA	Patient First Name		RW	Required if known
311-CB	Patient Last Name		RW	Required if known
304-C4	Date Of Birth		RW	Required if known

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	P = Paid A = Approved R = Reject	M	
503-F3	Authorization Number			Required if needed to identify the transaction.
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	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.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

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

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/Service Reference Number Qualifier	1 = RxBilling	M	
402-D2	Prescription/Service Reference Number		M	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when DUR intervention is encountered during claim adjudication.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill 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.
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.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
529-FT	Other Pharmacy Indicator		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	Previous Date Of Fill		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity Of Previous Fill		RW	Required if Previous Date Of Fill (530-FU) is used.
532-FW	Database Indicator		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.
570-NS	DUR Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when claim adjudication outcome requires subsequent PA number for payment

Response Prior Authorization Segment Segment Identification (111-AM) = "26"			Claim Billing/Claim Re-bill Accepted/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
498-PY	Prior Authorization Number–Assigned		RW	Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claim processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	Other Payer ID Count	Maximum count of 3.	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	Required if other insurance information is available for coordination of benefits.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for coordination of benefits.
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.
127-UB	Other Payer Help Desk Phone Number		RW	Required if needed to provide a support telephone number of the other payer to the receiver.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
143-UW	Other Payer Patient Relationship Code		RW	Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.
144-UX	Other Payer Benefit Effective Date		RW	Required when other coverage is known which is after the Date of Service submitted.
145-UY	Other Payer Benefit Termination Date		RW	Required when other coverage is known which is after the Date of Service submitted.

Claim Billing/Claim Re-bill Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Same value as in request	M	
201-B1	Service Provider ID	Same value as in request	M	
401-D1	Date Of Service	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Rejected/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
504-F4	Message		RW	Required if text is needed for clarification or detail.

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	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.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

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

NCPDP Version D.0 Claim Reversal

Request Claim Reversal Payer Sheet

Start of Request Claim Reversal (B2) Payer Sheet

General Information

Payer Name: Magellan Medicaid Administration	**Date:** 10/28/2023	
Client Name: Louisiana Medicaid Managed Care Program	**BIN:** 025986	**PCN:** 1214172240

Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0.*

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 (110-AK) is Payer Issued	X	

Transaction Header Segment		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
101-A1	BIN Number	025986	M	NEW!
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B2	M	
104-A4	Processor Control Number	1214172240	M	NEW!
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID	NPI	M	
401-D1	Date Of Service		M	
110-AK	Software Vendor/Certification ID		M	Required when vendor is certified with Magellan – otherwise submit all zeroes.

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

Insurance Segment Segment Identification (111-AM) = "04"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
302-C2	Cardholder ID		M	
301-C1	Group ID		RW	Required if needed to match the reversal to the original billing transaction.

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

Claim Segment Segment Identification (111-AM) = "07"		Claim Reversal		
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		M	Same value as in request billing
436-E1	Product/Service ID Qualifier		M	Same value as in request billing
407-D7	Product/Service ID		M	Same value as in request billing
403-D3	Fill Number	0 = Original Dispensing 1–99 = Number of refills	R	Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (402-D2) occur on the same day.
308-C8	Other Coverage Code		RW	Required if needed by receiver to match the claim that is being reversed. Same value as in request billing.

Pricing Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is situational	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
438-E3	Incentive Amount Submitted		RW	Required if this field could result in contractually agreed upon payment.
430-DU	Gross Amount Due		RW	Required if this field could result in contractually agreed upon payment.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Reversal		
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	
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: Magellan Medicaid Administration	**Date:** 10/28/2023	
Client Name: Louisiana Medicaid Managed Care Program	**BIN:** 025986	**PCN:** 1214172240

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.0.*

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**
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B2	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 Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
504-F4	Message		RW	Required if text is needed for clarification or detail.

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	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
547-5F	Approved Message Code Count	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	Approved Message Code		RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
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.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

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 = RxBilling	M	For Transaction Code of "B2", 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 Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is situational	X	Sent if reversal results in generation of pricing detail.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal – Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
521-FL	Incentive Amount Paid		RW	Required if this field is reporting a contractually agreed upon payment.
509-F9	Total Amount Paid		RW	Required if any other payment fields sent by the sender.

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**
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B2	M	
109-A9	Transaction Count	Same value as in request	M	

Response Transaction Header Segment		Claim Reversal – Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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 Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
504-F4	Message		RW	Required if text is needed for clarification or detail.

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	
503-F3	Authorization Number		R	
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
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.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

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 = RxBilling	M	
402-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**
102-A2	Version/Release Number	D0	M	

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
103-A3	Transaction Code	B2	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	01 = NPI	M	
201-B1	Service Provider Id	NPI Number	M	
401-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 situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
504-F4	Message		RW	Required if text is needed for clarification or detail.

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	
503-F3	Authorization Number		R	
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
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.

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	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.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

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

Eligibility Verification

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

Request Eligibility Verification Payer Sheet

General Information

Payer Name: Magellan Medicaid Administration	**Date:** 10/28/2023	
Client Name: Louisiana Medicaid Managed Care Program	**BIN:** 025986	**PCN:** 1214172240

Other Transactions Supported

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

Field Legend for Columns

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

Eligibility Verification Transaction

The following lists the segments and fields in Eligibility Verification Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Eligibility Verification
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued	X	

Transaction Header Segment			Eligibility Verification	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
101-A1	BIN Number	025986	M	NEW!

Transaction Header Segment			Eligibility Verification	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	E1	M	
104-A4	Processor Control Number	1214172240	M	NEW!
109-A9	Transaction Count	1 – One Occurrence	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	NPI of submitting pharmacy provider
401-D1	Date Of Service		M	Format = CCYYMMDD CC = Century YY = Year MM = Month DD = Day
110-AK	Software Vendor/Certification ID		M	Required when vendor is certified with Magellan – otherwise submit all zeroes.

Insurance Segment Questions	Check	Eligibility Verification
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "04"			Eligibility Verification	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	Cardholder Id		M	

Patient Segment Questions	Check	Eligibility Verification
This Segment is always sent	X	

Patient Segment Segment Identification (111-AM) = "01"			Eligibility Verification	
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	Date Of Birth		RW	Required if needed for receiver inquiry validation and/or determination. Required if necessary for state/federal/regulatory agency programs..
311-CB	Patient Last Name		R	

End of Request Eligibility Verification (E1) Payer Sheet

Eligibility Verification Response

Eligibility Verification Accepted/Approved Response

Start of Eligibility Verification Response (E1) Payer Sheet

General Information

Payer Name: Magellan Medicaid Administration	**Date:** 10/28/2023	
Client Name: Louisiana Medicaid Managed Care Program	**BIN:** 025986	**PCN:** 1214172240

Eligibility Verification Accepted/Approved Response

The following lists the segments and fields in an Eligibility Verification response (Approved) Transaction for the *NCPDP Telecommunication Standard Implementation Guide Version D.0*.

Response Status Segment Questions	Check	Eligibility Verification – Accepted/Approved
This Segment is always sent	X	

Response Transaction Header Segment		Eligibility Verification – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	E1	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 Header Segment Questions	Check	Eligibility Verification – Accepted/Approved
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"			Eligibility Verification – Accepted/Approved	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Questions	Check	Eligibility Verification – Accepted/Approved
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification – Accepted/Approved	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	A = Approved	M	
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.

Eligibility Verification Accepted/Rejected Response

Response Transaction Header Segment Questions	Check	Eligibility Verification – Accepted/Rejected
This Segment is always sent	X	

Response Transaction Header Segment			Eligibility Verification – Accepted/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
102-A2	Version/Release Number	D.0	M	
Response Transaction Header Segment			**Eligibility Verification – Accepted/Rejected**	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
103-A3	Transaction Code	E1	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	Eligibility Verification – Accepted/Rejected
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"			Eligibility Verification – Accepted/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Questions	Check	Eligibility Verification – Accepted/Rejected
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification – Accepted/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**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	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

Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification – Accepted/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.

Response Transaction Header Segment Questions	Check	Eligibility Verification – Rejected/Rejected
This Segment is always sent	X	

Response Transaction Header Segment			Eligibility Verification – Rejected/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	E1	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	Eligibility Verification – Rejected/Rejected
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"			Eligibility Verification – Rejected/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
504-F4	Message		RW	Required if text is needed for clarification or detail.

Response Status Segment Questions	Check	Eligibility Verification – Rejected/Rejected
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification – Rejected/Rejected	
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	R = Rejected	M	
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
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 Eligibility Verification Response (E1) Payer Sheet****