NCPDP D.0
BILLING REVERSAL
OVERALL CHANGE REPORT

emdeon

NCPDP D.0 Billing Reversal Gap Analysis

Items in Red are flagged as Transitions Challenges

Segment	Field	Description	Change Comment	New	Del	Qualifier	NCPDP Use	Code	NCPDP Siz
Header	102-A2	Version/Release Number	Version release changed from 5.1 to D.0						
Header	103-A3	Transaction Code	Value B2 with field 455-EM qualifed with a 1 for Rx Billing.						
Header	202-B2	Service Provider ID Qualifier	Value 00 removed, 15 and 16 added						
Insurance	359-2A	Medigap ID	Required, if known, when patient has Medigap coverage.						
Claim	455-EM	Prescription/Service Reference Number Qualifier	Value blank removed. For a reversal of a B2 transaction this field should be filled with a '1' for Rx Billing.						
Claim	**402-D2**	**Prescription/Service Reference Number**	**Field lengthened from 7 to 12 bytes**						
Claim	436-E1	Product/Service ID Qualifier	Value blank, 05, and 13 removed, values 15, 27 - 34 added. Must contain the product/Service ID Qualifier (436-E1) value from the original Billing.						
Claim	308-C8	Other Coverage Code	Values: Modify definition: 8 = Claim is billing for patient financial responsibility only; 3=Other Coverage Billed – claim not covered; 0= Not specified by patient. Values 05, 06, 07 removed. This field is required if needed by the receiver to match the claim that is being reversed.						
Claim	147-U7	Pharmacy Service Type	Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer see Appendix 28.1.9 of the version D.0 Telecommunication Standard Implementation guide for details.						
COB/other payments	337-4C	Coordination of Benefits/Other Payments Count	Maximum 9 occurrences recommended restriction of 3 or less was removed in D.0						
COB/other payme	338-5C	Other Payer Coverage Type	Values 98 and 99 removed, 04 - 09 added						
DUR/PPS	473-7E	DUR/PPS Code Counter	Maximum 9 occurrences supported and recommended verbiage has been removed in D.0. This field is required if the DUR/PPS Segment is used.						

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DUR/PPS	439-E4	Reason for Service Code	Values DR added, PC,SF,SR,SX,TD,TN and TP removed. Required if this field is needed to report drug utilization review outcome.						
DUR/PPS	440-E5	Professional Service Code	Values DP,MB,MP,PA,ZZ,AD,AN,AR,AT,CD,CH,CS,DA,DC,DD,DF, DI,DL,DM,DR,DS,ED,ER,EX,HD,IC,ID,LD,LK,LR,MC,MN,MS, MX,NA,NC,ND,NF,NN,NP,NR,NS,OH,PA,PC,PG,PN,PP,PR, PS,RE,RF,SC,SD,SE,SF,SR,SX added. Required if this field is needed to report drug utilization review outcome.						
DUR/PPS	441-E6	Result of Service Code	Value 4A added. Required if this field is needed to report drug utilization review outcome.						
Response Header	103-A3	Transaction Code	Value is B2 with field 455-Em=1 for Rx Billing.						
Response Header	202-B2	Service Provider ID Qualifier	Value 00 removed, 15 and 16 added						
Response Status	112-AN	Transaction Response Status	Value B added						
Response Status	510-FA	Reject Count	Maximum 5 occurrences in D.0 version 5.1 allowed a maximum of 99 with 5 or less recommended.						

Segment	Field	Description	Change Comment	New	Del	Qualifier	NCPDP Use	Code	NCPDP Siz
Response Status	511-FB	Reject Code	Values 1E,38,H5,RE,TE,and,UE were removed. Valued added were as follows: 201,2Ø2,2Ø3,2Ø4,2Ø5,2Ø6,2Ø7,2Ø8,2Ø9,21Ø,211,212,213,214,215,216,217,218,219,22Ø,221,222,223,224,225,226,227,228,229,23Ø,231,232,233,234,235,236,237,238,239,24Ø,241,242,243,244,245,246,247,248,249,251,252,253,254,255,256,257,258,259,26Ø,261,262,263,264,265,266,267,268,269,27Ø,271,272,273,274,275,276,277,278,279,28Ø,281,282,283,284,285,286,287,288,289,29Ø,291,292,293,294,295,296,297,298,299,3ØØ,3Ø1,3Ø2,3Ø3,3Ø4,3Ø5,3Ø6,3Ø7,3Ø8,3Ø9,31Ø,311,312,313,314,315,316,317,318,319,32Ø,321,322,323,324,325,326,327,328,329,33Ø,331,332,333,334,335,336,337,338,339,34Ø,341,342,343,344,345,346,347,348,349,35Ø,351,352,353,354,355,356,357,358,359,36Ø,361,363,364,365,366,367,368,369,37Ø,371,372,373,374,375,376,377,378,379,38Ø,381,382,383,384,385,386,387,388,389,39Ø,391,392,393,394,395,396,397,398,399,4ØØ,4Ø1,4Ø2,4Ø3,4Ø4,4Ø5,4Ø6,4Ø7,4Ø9,41Ø,411,412,413,414,415,416,417,418,419,42Ø,421,422,423,424,425,426,427,428,429,43Ø,431,432,433,434,435,436,437,438,439,44Ø,441,442,443,445,446,447,448,449,45Ø,451,452,453,454,455,456,457,458,459,46Ø,461,462,463,1R,1S,1T,1U,1V,1W,1X,1Y,1Z,2A,2B,2D,2G,2H,2J,2K,2M,2N,2P,2Q,2R,2S,2T,2U,2V,2W,2X,2Z,2G,2H,2J,2K,2M,2N,2P,2Q,2R,2S,2T,2U,2V,2W,2X,2Z,3Q,3U,3V,4B,4D,4G,4J,4K,4M,4N,4P,4Q,4R,4S,4T,4W,4X,4Y,4Z,5J,6D,6G,6H,6J,6N,6P,6Q,6R,6S,6T,6U,6V,6W,6X,6Z,7B,7D,7F,7G,7J,7K,7M,7N,7P,7Q,7R,7S,7T,7U,7V,7W,7X,7Y,7Z,8A,8B,8D,8G,8H,8J,8K,8M,8N,8P,8Q,8R,8S,8T,8U,8V,8W,8X,8Y,8Z,9B,9C,9D,9E,9G,9H,9J,9K,9M,9N,9P,9Q,9R,9S,9T,9U,9V,9W,9X,9Y,9Z,A1,A2,A5,A6,A7,AQ,BA,BB,BC,BD,BF,BG,BH,BJ,BK,BM,E2,EH,G1,G2,G4,G5,G6,G7,G8,G9,HN,K5,MG,MH,MJ,MK,MM,MN,MP,MR,MT,MU,MV,MW,MX,MY,NA,NB,NC,NF,NG,NH,NJ,NK,NP,NQ,NR,NU,NV,NW,NX,NY,N1,N3,N4,N5,N6,N7,N8,N9,PQ,PU,PØ,RL,RQ,RR,RV,RW,RX,RY,RZ,RØ,SØ,S1,S2,S3,S4,S5,S6,S7,S8,S9,SA,SB,SC,SD,SF,SG,SH,SJ,SK,SM,SN,SP,SQ,TD,TF,TG,TH,TJ,TK,TM,TN,TQ,TR,TS,TT,TU,TV,TX,TY,TZ,TØ,T1,T2,T3,T4,UA,UU,WØ,W5,W6,W7,W8,W9,XZ,X1,X2,X3,X4,X6,X7,X8,X9,YA,YB,YC,YD,YE,YF,YG,YH,YJ,YK,YM,YN,YP,YQ,YR,YS,YT,YU,YW,YX,YY,YZ,YØ,Y1,Y2,Y3,Y4,Y5,Y6,Y7,Y8,Y9,ZØ,Z1,Z2,Z3,Z4,Z5,Z6,Z7,Z8,Z9,ZA,ZB,ZC,ZD,ZK,ZM,ZN,ZP,ZQ,ZX,ZY,ZZ,UZ,UØ,U7,VA,VB,VC,VD,VE,VØ. Used only when the response is either accepted/rejected (501-f1= 'A' & 112-AN= 'R' or when the response is						

Segment	Field	Description	Change Comment	New	Del	Qualifier	NCPDP Use	Code	NCPDP Siz
Response Status	511-FB		rejected/rejected (501-F1= 'R' & 112-AN= 'R'). Please also note that in the D.0 Telecommunication Guide section 26.1.2 it states the following, "Note: For syntax errors, the Reject Code (511-FB) of “R8 “ must be used whenever a specific reject code is not designated. Specific reject codes must be returned whenever possible to assist in understanding the rejection."						
Response Status	130-UF	Additional Message Information Count	Required if Additional Message Information (526-FQ) is used. Used to qualify the number of occurrences of the Additional Message Information (526-FQ) that is included in the Response Status Segment. Maximum number of occurences is 25.						
Response Status	132-UH	Additional Message Information Qualifier	Required if Additional Message Information (526-FQ) is used.						
Response Status	**526-FQ**	**Additional Message Information**	**Field length reduced from 200 to 40 bytes and added repeat functionality. This field may contain continuing data from field 504-F4 when there is a single transaction other wise it will contain transaction level text.**						
Response Status	131-UG	Additional Message Information Continuity	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 Status	549-7F	Help Desk Phone Number Qualifier	Value blank removed. Required if Help Desk Phone Number in field 550-8f is used.						
Response Status	993-A7	Internal Control Number	Required when used for payer-to-payer coordination of benefits to track the claim without regard to the “Service provider id, Prescription Number, & Date of Service”.						
Response Claim	**402-D2**	**Prescription/Service Reference Number**	**Field lengthened from 7 to 12 bytes. If there were significant digits submited on the submission they must also be returned on the response.**						
Response Pricing Segment	23		Segment requirement changed from optional or situational. The segment is only sent when transmission is accepted/transaction approved otherwise do not send.						