NCPDP D.0
SERVICE BILLING REVERSAL
NEW CONTENT REPORT

emdeon

NCPDP D.0 Service Reversal Gap Analysis
New Content

Items in Red are flagged as Transitions Issues

Segment	Field	Description	D.0 Change Comment
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.
Response Status	130-UF	Additional Message Information Count	Maximum number of occurrences is 25. 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.
Response Status	132-UH	Additional Message Information Qualifier	Required if Additional Message Information (526-FQ) is used.
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	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”.