

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

GENERAL INFORMATION

Payer Name: US SCRIPT		Date: 1/01/2012	
Plan Name/Group Name: Non Medicare D Plans		BIN: 008019	PCN:
Plan Name/Group Name: Superior Health Plan		BIN: 008019	PCN: SHP

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 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 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 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

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)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

	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	
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 CLAIM BILLING MEDICARE D PAYER SHEET ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

GENERAL INFORMATION

Payer Name: US SCRIPT	Date: 1/1/2012
Plan Name/Group Name: Medicare D Plans	BIN: 008019 PCN: PARTD

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing – Accepted/Paid (or Duplicate of Paid) 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)
This Segment is situational	X	Will not be supplied when message is blank.

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing – Accepted/Paid (or Duplicate of Paid) 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)
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing – Accepted/Paid (or Duplicate of Paid) Payer Situation
301-C1	GROUP ID		R	

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing – Accepted/Paid (or Duplicate of Paid) 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.

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing– 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>
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)
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing– 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	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)
This Segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing– 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		RW	
507-F7	DISPENSING FEE PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.
557-AV	TAX EXEMPT INDICATOR		RW	<i>Imp Guide:</i> Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.
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).
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.

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing– 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>
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.
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER		RW	<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT		RW	<i>Imp Guide:</i> Required when a Medicare Part D payer applies financial amounts to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs.
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)
This Segment is situational	X	When DUR information is provided

Response DUR/PPS Segment Segment Identification (111-AM) = "24"				Claim Billing– Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 3	R	
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.

Claim Billing Accepted Transmission/Rejected Response

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

Response Transaction Header Segment				Claim Billing Accepted/Rejected
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/Rejected
This Segment is situational	X	Will not be supplied when message is blank.

Response Message Segment Segment Identification (111-AM) = "20"				Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	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.

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

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

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
51Ø-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.
13Ø-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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Same value as in request billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Same value as in request billing	M	

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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	Same value as in request billing	M	
1Ø3-A3	TRANSACTION CODE	Same value as in request billing	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request billing	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request billing	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request billing	M	
4Ø1-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) = "2Ø"				Claim Billing Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	

	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>
51Ø-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