



MedImpact Colorado Medicaid Payer Sheet

NCPDP Version D.Ø

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General Information

Payer Name	MedImpact Healthcare Systems, Inc. Colorado Medicaid
Publication Date	January 30, 2026
BIN(s)	018902
PCN(s)	P303018902
Processor	MedImpact Healthcare Systems, Inc.
Effective as of	April 1, 2026
NCPDP Telecommunication Standard Version	D.Ø
NCPDP Data Dictionary Version Date	August of 2007
NCPDP External Code List Version Date	October 15, 2024
Contact/Information Source	www.medimpact.com
Provider Relations Help Desk Info	888-672-7203 starting 4/1 Prior to 4/1 for questions please contact MedImpact at COFFSTeam@medimpact.com
Other Versions Supported	Only D.Ø



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Claim Billing Request Transaction

Transaction Header Segment – Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	018902	M	
1Ø2-A2	VERSION / RELEASE NUMBER	D.Ø	M	
1Ø3-A3	TRANSACTION CODE	B1	M	B3 (Rebill) is not supported
1Ø4-A4	PROCESSOR CONTROL NUMBER	P303018902	M	
1Ø9-A9	TRANSACTION COUNT		M	Per D.Ø standard, up to 4 transactions supported, except for compounds, which allow only 1.
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01=NPI	M	NPI Only
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR / CERTIFICATION ID		M	Leave blank if unknown

Insurance Segment (111-AM = “Ø4”) Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	CO Medicaid identification number
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	Required when needed to clarify member eligibility.
312-CC	CARDHOLDER FIRST NAME			
313-CD	CARDHOLDER LAST NAME			
3Ø1-C1	GROUP ID	COMEDICAID	R	
3Ø3-C3	PERSON CODE		RW	Use value printed on card to identify specific person when cardholder ID is for family.
3Ø6-C6	PATIENT RELATIONSHIP CODE			
36Ø-2B	MEDICAID INDICATOR		RW	



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Patient Segment (111-AM = “Ø1”) Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	
323-CN	PATIENT CITY ADDRESS		RW	
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	
325-CP	PATIENT ZIP / POSTAL ZONE		RW	When submitted the value should only contain numeric characters. A dash is not allowed.
3Ø7-C7	PLACE OF SERVICE		RW	
384-4X	PATIENT RESIDENCE		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. Required when LTC processing edits and payment are desired.
335-2C	PREGNANCY INDICATOR		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.



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Claim Segment (111-AM = "Ø7") Mandatory				
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	
436-E1	PRODUCT / SERVICE ID QUALIFIER	03 = NDC	M	For multi-ingredient compounds this should be 00 (two zeros).
407-D7	PRODUCT / SERVICE ID		M	For multi-ingredient compounds this should be 0 (one zero).
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE		R	
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE		R	Values other than 0, 1, 8 and 9 will deny.
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	Required for all transactions. CII Claim will deny when value is greater than zero.
419-DJ	PRESCRIPTION ORIGIN CODE		R	Required for all prescriptions regardless of whether NEW or REFILL.
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		RW	Required to indicate the need for special handling to override normal processing. 08 - Process Compound For Approved Ingredients 20 - must be submitted when 340B drugs are dispensed to Managed Medicaid and Fee-For-Service Medicaid members.



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Claim Segment (111-AM = “Ø7”) Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
46Ø-ET	QUANTITY PRESCRIBED		RW	<p><i>Imp Guide:</i> Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.Ø Editorial Document).</p> <p><i>Payer Requirement:</i> Effective 9/21/2020, field is required for Schedule II drugs</p>
3Ø8-C8	OTHER COVERAGE CODE		RW	<p>Required for Coordination of Benefits or non-primary claim submissions.</p> <p>8 is not accepted and will result in a denial.</p>
429-DT	SPECIAL PACKAGING INDICATOR		RW	Required for LTC claims for brand oral solid drugs.
6ØØ-28	UNIT OF MEASURE		R	
418-DI	LEVEL OF SERVICE		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Required to indicate the need for special handling.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required to indicate the need for special handling to override a normal processing rejection.
995-E2	ROUTE OF ADMINISTRATION	SNOMED Code	RW	Required when needed by plan for proper adjudication. See Plan Profile Sheets.
996-G1	COMPOUND TYPE		RW	Required when billing for a compound.
147-U7	PHARMACY SERVICE TYPE		RW	Required for Mail Order, LTC, and Specialty pharmacies for proper reimbursement.



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Pricing Segment (111-AM = "11") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if necessary as a component of Gross Amount Due
433-DX	PATIENT PAID AMOUNT SUBMITTED		Not Used	This field is not used for COB billing. Claim will deny if value is other than \$0.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required when pharmacy is entitled to a Vaccine Administration Fee.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT		RW	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Flat Sales Tax Amount should be submitted when a governing jurisdiction requires the collection of a fixed amount for all applicable prescriptions. Pharmacy is responsible for submission of accurate flat tax values for use in payment calculation. Required when flat sales tax is applicable to product dispensed.



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Pricing Segment (111-AM = "11") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	<p>Required when percentage sales tax is applicable to product dispensed.</p> <p>Pharmacy is responsible for submission of accurate percentage tax values for use in payment calculation.</p> <p>NOTE: For payment of Percentage Tax, all 3 Percentage Tax fields must be submitted:</p> <ul style="list-style-type: none">- PERCENTAGE SALES TAX AMOUNT SUBMITTED- PERCENTAGE SALES TAX RATE SUBMITTED- PERCENTAGE SALES TAX BASIS SUBMITTED
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when sales tax is applicable to product dispensed to provide the rate for use in payment calculation.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when sales tax is applicable to product dispensed to provide the basis for use in payment calculation.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	<p>Required on <u>all</u> claim submissions.</p> <p>In the case of a Vaccine where the product is also administered to the patient, U&C value should include the Administration Fee so any comparison to Usual and Customary calculates correctly.</p>



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Pricing Segment (111-AM = "11") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
43Ø-DU	GROSS AMOUNT DUE		R	Must summarize according to NCPDP criteria. Ingredient Cost Submitted (4Ø9-D9) + Dispensing Fee Submitted (412-DC) + Flat Sales Tax Amt Submitted (481-HA) + Percentage Sales Tax Amt Submitted (482-GE) + Incentive Amount Submitted (438-E3) + Other Amount Claimed (48Ø-H9)
423-DN	BASIS OF COST DETERMINATION		RW	<i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication. 05 (Acquisition) 08 (340B/Disproportionate Share Pricing/Public Health Service required when billing 340B transactions.)



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Prescriber Segment (111-AM = "Ø3") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01 = National Provider Identifier (NPI)	R	Required to identify the prescriber of the product dispensed.
411-DB	PRESCRIBER ID		R	Required to identify the prescriber of the product dispensed.
427-DR	PRESCRIBER LAST NAME		RW	Required to identify the prescriber of the product dispensed.
498-PM	PRESCRIBER PHONE NUMBER			
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER			
421-DL	PRIMARY CARE PROVIDER ID			
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME			
364-2J	PRESCRIBER FIRST NAME			
365-2K	PRESCRIBER STREET ADDRESS			
366-2M	PRESCRIBER CITY ADDRESS			
367-2N	PRESCRIBER STATE / PROVINCE ADDRESS			
368-2P	PRESCRIBER ZIP / POSTAL ZONE			When submitted the value should only contain numeric characters. A dash is not allowed.



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Coordination of Benefits/Other Payments Segment (OPAP) (111-AM = “Ø5”) Situational

Required only for secondary, tertiary, etc. claims. Will reject if the Segment is sent on primary claim

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	03 = BIN Number	R	
34Ø-7C	OTHER PAYER ID		R	If no BIN exists due to billing of a non-online payer, please use value 999999 as the BIN of the Other Payer.
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used. Required with Other Coverage Code 2 or 4.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used. Required with Other Coverage Code 2 or 4.
431-DV	OTHER PAYER AMOUNT PAID	Required even if the value is zero.	RW	Required with Other Coverage Code 2 or 4. OCC=2: Submit amount > \$0.00 OCC=4: Submit amount = \$0.00 OCC=4: Negative value is accepted and treated as zero.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. Required with Other Coverage Code 2 or 4.



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Coordination of Benefits/Other Payments Segment (OPAP) (111-AM = “Ø5”) Situational

Required only for secondary, tertiary, etc. claims. Will reject if the Segment is sent on primary claim

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. Required with Other Coverage Code 2 or 4.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Required with Other Coverage Code 2 or 4.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	Required with Other Coverage Code 3.
472-6E	OTHER PAYER REJECT CODE	NCPDP Reject Codes	RW	Required with Other Coverage Code 3.

DUR/PPS Segment (111-AM = “Ø8”) Situational

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS CODE COUNTER	Maximum count of 9	R	
439-E4	REASON FOR SERVICE CODE		RW	<i>Payer Requirement:</i> Required when needed by plan for proper adjudication.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	<i>Payer Requirement:</i> Required when needed by plan for proper adjudication.
441-E6	RESULT OF SERVICE CODE		RW	<i>Payer Requirement:</i> Required when needed by plan for proper adjudication.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	<i>Payer Requirement:</i> Required when needed by plan for proper adjudication.
475-J9	DUR CO-AGENT ID QUALIFIER		S	
476-H6	DUR CO-AGENT ID		S	



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Compound Segment (111-AM = "10") Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = NDC	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

Clinical Segment (111-AM = "13") Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	
492-WE	DIAGNOSIS CODE QUALIFIER	02 = ICD-10	RW	
424-DO	DIAGNOSIS CODE		RW	Decimal point should not be included in the ICD-10 value.

Emergency Preparedness

In the event of a 'declared emergency', the following guidelines will be followed:



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Patient Segment (111-AM = “Ø1”)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
322-CM	PATIENT STREET ADDRESS		RW	
323-CN	PATIENT CITY ADDRESS		RW	
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	
325-CP	PATIENT ZIP / POSTAL ZONE		RW	When submitted the value should only contain numeric characters. A dash is not allowed.

NOTE: Patient Segment is for the demographic information from which the patient has been displaced. This may/may not be where the patient is residing during the emergency.

Claim Segment (111-AM = “Ø7”)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
42Ø-DK	SUBMISSION CLARIFICATION CODE	13 = Payer-Recognized Emergency / Disaster Assistance Request	RW	The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer.

Prescriber Segment (111-AM = “Ø3”)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
411-DB	PREScriber ID		RW	In a ‘declared emergency situation’ when the pharmacist prescribes, the organizational (type 2) NPI of the pharmacy may be submitted.

Vaccine Billing

If a pharmacy is contracted for vaccine billing, the following guidelines will be followed:



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Claim Segment (111-AM = “Ø7”)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	R	
402-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		R	
436-E1	PRODUCT / SERVICE QUALIFIER	03 = NDC	R	
407-D7	PRODUCT / SERVICE ID		R	

NOTE: Other claim segment fields are required per normal claim billing.

Pricing Segment (111-AM = “11”)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	This should be the contracted Administration Fee.
430-DU	GROSS AMOUNT DUE		R	This must be the sum of Ingredient Cost Submitted (409-D9) + Dispensing Fee Submitted (412-DC) + Flat Sales Tax Amt Submitted (481-HA) + Percentage Sales Tax Amt Submitted (482-GE) + Incentive Amount Submitted (438-E3) + Other Amount Claimed (480-H9)
426-DQ	USUAL AND CUSTOMARY CHARGE		R	U&C must include the Vaccine Administration Fee so lesser than logic works properly.

DUR/PPS Segment (111-AM = “Ø8”)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS CODE COUNTER	1	RW	
440-E5	PROFESSIONAL SERVICE CODE	MA – Medication Administered	RW	If this is not submitted the Administrative Fee will be ignored.



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Claim Response Transaction (Accepted/Paid or Dup. of Paid)

Transaction Header Segment – Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION / RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request.	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request.	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request.	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request.	M	

Response Message Segment (111-AM = “2Ø”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When claim(s) are PAID, transmission related messaging may be sent for pharmacy review.

Response Insurance Segment (111-AM = “25”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø1-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORK REIMBURSEMENT ID		RW	
568-J7	PAYER ID QUALIFIER		RW	
569-J8	PAYER ID		RW	



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Response Patient Segment (111-AM = "29") Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
31Ø-CA	PATIENT FIRST NAME		RW	Returned when enrollment file match occurs to indicate the First Name on the file for the Member ID.
311-CB	PATIENT LAST NAME		RW	Returned when enrollment file match occurs to indicate the Last Name on the file for the Member ID.
3Ø4-C4	DATE OF BIRTH		RW	



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Response Status Segment (111-AM = "21") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P = Paid D = Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		RW	When calling the Help Desk, this ID is the fastest means to identify the claim.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5	RW	
548-6F	APPROVED MESSAGE CODE		RW	Used for Transition of Care messaging when applicable.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
987-MA	URL		RW	Future Use

Response Claim Segment (111-AM = "22") Mandatory				
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	



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Response Pricing Segment (111-AM = "23") Mandatory				
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	
557-AV	TAX EXEMPT INDICATOR		RW	
558-AW	FLAT SALES TAX AMOUNT PAID		RW	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	
560-AY	PERCENTAGE SALES TAX RATE PAID		RW	
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	
521-FL	INCENTIVE AMOUNT PAID		RW	
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3	RW	Returned when values related to the following reimbursements are returned.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	Values provided per trading partner agreements.
565-J4	OTHER AMOUNT PAID		RW	
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	Returned on COB payment response when OPAP dollars used to reduce primary claim payment.
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	



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Response Pricing Segment (111-AM = "23") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
COMPONENTS OF PATIENT PAY AMOUNT				
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	
518-FI	AMOUNT OF COPAY		RW	
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	
572-4U	AMOUNT OF COINSURANCE		RW	
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / BRAND DRUG		RW	
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / NON-PREFERRED FORMULARY SELECTION		RW	
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION / BRAND NON-PREFERRED FORMULARY SELECTION		RW	
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	
INFORMATIONAL FIELDS				
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	When applicable, the amount that has accumulated toward the deductible.
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	When applicable, the amount of deductible that remains to be met.
514-FE	REMAINING BENEFIT AMOUNT		RW	When applicable, the amount of benefit that has not yet been met.
575-EQ	PATIENT SALES TAX AMOUNT		RW	
574-2Y	PLAN SALES TAX AMOUNT		RW	



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Response Pricing Segment (111-AM = "23") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
148-U8	INGREDIENT COST CONTRACTED / REIMBURSABLE AMOUNT		RW	Returned when payment is based on Patient Responsibility COB or Patient Pay Amount.
149-U9	DISPENSING FEE CONTRACTED / REIMBUSHABLE AMOUNT		RW	Returned when payment is based on Patient Responsibility COB or Patient Pay Amount.
577-G3	ESTIMATED GENERIC SAVINGS		RW	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	

Response DUR/PPS Segment (111-AM = "24") Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR / PPS RESPONSE CODE COUNTER	Maximum of 9 occurrences	RW	
439-E4	REASON FOR SERVICE CODE		RW	
528-FS	CLINICAL SIGNIFICANCE CODE		RW	
529-FT	OTHER PHARMACY INDICATOR		RW	
530-FU	PREVIOUS DATE OF FILL		RW	
531-FV	QUANTITY OF PREVIOUS FILL		RW	
532-FW	DATABASE INDICATOR		RW	
533-FX	OTHER PRESCRIBER INDICATOR		RW	
544-FY	DUR FREE TEXT MESSAGE		RW	
570-NS	DUR ADDITIONAL TEXT		RW	



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Response Coordination of Benefits/Other Payers Segment (111-AM = "28") Situational				
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	03 = BIN	RW	
340-7C	OTHER PAYER ID		RW	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	
356-NU	OTHER PAYER CARDHOLDER ID		RW	
992-MJ	OTHER PAYER GROUP ID		RW	
142-UV	OTHER PAYER PERSON CODE		RW	
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	



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Claim Response Transaction (Accepted/Rejected)

Transaction Header Segment – Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION / RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request.	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request.	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request.	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request.	M	

Response Message Segment (111-AM = “2Ø”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When claim(s) are REJECTED, transmission related messaging may be sent for pharmacy review.

Response Insurance Segment (111-AM = “25”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø1-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORK REIMBURSEMENT ID		RW	



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Response Patient Segment (111-AM = "29") Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
31Ø-CA	PATIENT FIRST NAME		RW	Returned when enrollment file match occurs to indicate the First Name on the file for the Member ID.
311-CB	PATIENT LAST NAME		RW	Returned when enrollment file match occurs to indicate the Last Name on the file for the Member ID.
3Ø4-C4	DATE OF BIRTH		RW	

Response Status Segment (111-AM = "21") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	When calling the Help Desk, this ID is the fastest means to identify the claim.
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<p>MedImpact will be using the Reject Occurrence Indicator to indicate repeating field rejections.</p> <ul style="list-style-type: none">- In the case of COMPOUNDS this will be used to indicate an ingredient level rejection. Example: Reject Code 70 with the Occurrence Indicator of 3 will indicate that the Product submitted as the third ingredient is Not Covered / Plan Benefit Exclusion.- In the case of COB, this will direct the provider to the PAYER LOOP in error.



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Response Status Segment (111-AM = "21") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	
987-MA	URL		RW	Future Use

Response Claim Segment (111-AM = "22") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		M	



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Response DUR/PPS Segment (111-AM = "24") Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR / PPS RESPONSE CODE COUNTER	Maximum of 9 occurrences	RW	
439-E4	REASON FOR SERVICE CODE		RW	
528-FS	CLINICAL SIGNIFICANCE CODE		RW	
529-FT	OTHER PHARMACY INDICATOR		RW	
530-FU	PREVIOUS DATE OF FILL		RW	
531-FV	QUANTITY OF PREVIOUS FILL		RW	
532-FW	DATABASE INDICATOR		RW	
533-FX	OTHER PRESCRIBER INDICATOR		RW	
544-FY	DUR FREE TEXT MESSAGE		RW	
570-NS	DUR ADDITIONAL TEXT		RW	

Response Coordination of Benefits/Other Payer Segment (111-AM = "28") Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
335-NT	OTHER PAYER ID COUNT	Maximum count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER	03 = BIN Number	RW	
340-7C	OTHER PAYER ID		RW	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	
356-NU	OTHER PAYER CARDHOLDER ID		RW	
992-MJ	OTHER PAYER GROUP ID		RW	
142-UV	OTHER PAYER PERSON CODE		RW	
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	



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Claim Response Transaction (Rejected/Rejected)

Transaction Header Segment – Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION / RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request.	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request.	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request.	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request.	M	

Response Message Segment (111-AM = “2Ø”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When claim(s) are REJECTED, transmission related messaging may be sent for pharmacy review.



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Response Status Segment (111-AM = "21") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	When calling Help Desk, this ID is the fastest means to identify the claim.
510-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	When supplied, count will equal the number of sets associated with UH, FQ and UG fields.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	



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Claim Reversal Request Transaction

Reversals must be submitted with the same Rx number as was submitted on the original paid claim.

Reversals of COB claims should be performed in the correct “back out order”, meaning LAST claim billed must be reversed first until getting to the primary claim or a claim to be re-submitted.

- If a claim has been billed as Primary, Secondary, or Tertiary and the pharmacy wishes to reprocess the secondary claim, the tertiary claim must be reversed first, then the secondary reversal. At this point the pharmacy may reprocess the secondary claim as required (the tertiary claim as well).
- The reversal of a COB claim must contain the COB segment with Other Payer Coverage Type so in the case where MedImpact is the payer of more than one claim for the Pharmacy, Rx, Date of Service and Fill Number, the claim for reversal can be correctly identified.

Transaction Header Segment – Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	018902	M	
1Ø2-A2	VERSION / RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	P303018902	M	Should be same value as submitted on B1 claim.
1Ø9-A9	TRANSACTION COUNT	1 through 4 supported	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 = NPI	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR / CERTIFICATION ID	Blanks	M	

Insurance Segment (111-AM = “Ø4”) Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	Value submitted on claim should be included on reversal.
3Ø1-C1	GROUP ID	COMEDICAID	R	Value submitted on claim should be included on reversal.
3Ø6-C6	PATIENT RELATIONSHIP CODE			



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Claim Segment (111-AM = “Ø7”) Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT / SERVICE ID QUALIFIER	03 = NDC	M	
4Ø7-D7	PRODUCT / SERVICE ID		M	
4Ø3-D3	FILL NUMBER		R	Used as a ‘tie break’ if multiple fills of the same Rx/DOS allowed.
3Ø8-C8	OTHER COVERAGE CODE		RW	Required when reversing a COB claim. Used as a ‘tie break’ if multiple fills of same Rx/DOS allowed.
147-U7	PHARMACY SERVICE TYPE		RW	

Pricing Segment (111-AM = “11”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED			
412-DC	DISPENSING FEE SUBMITTED			
438-E3	INCENTIVE AMOUNT SUBMITTED			
426-DQ	USUAL AND CUSTOMARY CHARGE			
43Ø-DU	GROSS AMOUNT DUE			
423-DN	BASIS OF COST DETERMINATION			



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Coordination of Benefit/Other Payment Segment (111-AM = “Ø5”) Situational Required for reversal of a COB claim				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT	Maximum count of 9	RW	Required when original claim was COB.
338-5C	OTHER PAYER COVERAGE TYPE		RW	Required when original claim was COB..
339-6C	OTHER PAYER ID QUALIFIER			
34Ø-7C	OTHER PAYER ID			
443-E8	OTHER PAYER DATE			
341-HB	OTHER PAYER AMOUNT PAID COUNT			
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER			
431-DV	OTHER PAYER AMOUNT PAID			
471-5E	OTHER PAYER REJECT COUNT			
472-6E	OTHER PAYER REJECT CODE			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT			
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER			
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT			



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Claim Reversal Response Transaction (Accepted/Approved)

Transaction Header Segment – Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION / RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request.	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request.	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request.	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request.	M	

Response Message Segment (111-AM = “2Ø”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When reversals are successful, transmission related messaging may be sent for pharmacy review.



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Response Status Segment (111-AM = "21") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		RW	When calling Help Desk, this ID is the fastest means to identify the claim.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	

Response Claim Segment (111-AM = "22") Mandatory				
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	



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Claim Reversal Response Transaction (Accepted/Rejected)

Transaction Header Segment – Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION / RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request.	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request.	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request.	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request.	M	

Response Message Segment (111-AM = “2Ø”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When reversals are REJECTED, transmission related messaging may be sent for pharmacy review.



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Response Status Segment (111-AM = "21") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	When calling Help Desk, this ID is the fastest means to identify the claim.
510-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	

Response Claim Segment (111-AM = "22") Mandatory				
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	



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Claim Reversal Response Transaction (Rejected/Rejected)

Transaction Header Segment – Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION / RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request.	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request.	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request.	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request.	M	

Response Message Segment (111-AM = “2Ø”) Situational				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	When claim transmission is REJECTED, contains information to further explain the reason for the rejection.



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Response Status Segment (111-AM = "21") Mandatory				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	When calling Help Desk, this ID is the fastest means to identify the claim.
510-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	01 – 09 for the number of lines of messaging 10 – Next Refill Date (format CCYYMMDD) 19 – Remaining Quantity; Remaining amount of a maximum quantity limit based on quantity amounts accumulated.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	



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Revision History

Revision Date	Version	Summary of Changes
May 19, 2025	1.0	Created