

OHIO BUREAU OF WORKERS' COMPENSATION NCPDP VERSION D.Ø PAYER SHEET

WORKERS' COMPENSATION CLAIM BILLING/CLAIM REBILL REQUEST

GENERAL INFORMATION

Payer Name: Ohio Bureau of Workers' Compensation	Date: Ø8/24/2Ø18
Plan Name/Group Name: Ohio BWC	BIN: Ø12592 PCN: OHBWC
Processor: Change Healthcare (CH)	
Effective as of: 1Ø/28/2Ø18	NCPDP Telecommunication Standard Version/Release #: D.Ø
NCPDP Data Dictionary Version Date: Ø7/2ØØ7	NCPDP External Code List Version Date : Ø7/2Ø13
Contact/Information Source: General website https://www.bwc.ohio.gov Provider Manuals available at https://www.bwc.ohio.gov/providers/resources	
Certification Testing Window:	
Certification Contact Information: 1-800-644-6292 Provider Relations Department	
Provider Relations Help Desk Info: 1-800-644-6292	
Other versions supported:	

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal

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 transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING TRANSACTION

Transaction Header Segment Questions	Check	Workers' Comp Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Workers' Comp Claim Billing/Claim Rebill Payer Situation
1Ø1-A1	BIN NUMBER	Ø12592	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	OHBWC	M	
1Ø9-A9	TRANSACTION COUNT	Ø1 - Ø4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider ID	M	Only the National Provider ID (NPI) is supported.
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

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Insurance Segment Questions	Check	Workers' Comp Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Workers' Comp Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	Cardholders ID = Social Security Number (SSN) BWC processes bills according to the inclusion of two of the following three data elements: SSN, DOI, BWC claim number.

Patient Segment Questions	Check	Workers' Comp Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "Ø1"			Workers' Comp Claim Billing/Claim Rebill
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	

Claim Segment Questions	Check	Workers' Comp Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Workers' Comp Claim Billing/Claim Rebill
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	Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	Ø1 = Not a Compound Ø2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW/PRODUCT SELECTION CODE)		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	Date Written must be within 365 days of Date of Service
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Required when claim explanation is needed for overrides.
418-DI	LEVEL OF SERVICE	3 = Emergency	RW	Required for emergency antibiotic fills.
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø2 = Medical Certification	RW	PA type code must contain "Ø2"
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	444000000 = First Fill Ø3 = Emergency	RW	444000000 - Required for submission of First Fill bill when a BWC claim number has not been assigned. Ø3 - Required for emergency 30 day antibiotic fills
995-E2	ROUTE OF ADMINISTRATION		RW	

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Pricing Segment Questions	Check	Workers' Comp Claim Billing <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Workers' Comp Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation
43Ø-DU	GROSS AMOUNT DUE		R	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	

Prescriber Segment Questions	Check	Workers' Comp Claim Billing <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Workers' Comp Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider ID	RW	
411-DB	PRESCRIBER ID		RW	

Workers' Compensation Segment Questions	Check	Workers' Comp Claim Billing <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"			Workers' Comp Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
434-DY	DATE OF INJURY		M	
435-DZ	CLAIM/REFERENCE ID	Claim/Reference ID = BWC claim number	RW	BWC processes bills according to the inclusion of two of the following three data elements: SSN, DOI, BWC claim number.

OHIO BUREAU OF WORKERS' COMPENSATION NCPDP VERSION D.Ø PAYER SHEET

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Required if DUR information needs to be sent</i>

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	
439-E4	REASON FOR SERVICE CODE	DD = Drug-Drug Interaction DR = Dose Range Conflict TD = Therapeutic	RW	<i>Required for Drug – Drug interaction, Dosage/Duration Screening or Duplicate Therapy Screening.</i>
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	<i>ALL NCPDP values accepted, except 'ZZ'</i>
441-E6	RESULT OF SERVICE CODE		RW	<i>Required to override a DUR conflict. All NCPDP values accepted, except 'ØØ'. Corresponding 439-E4 and 44Ø-E5 required if 441-E6 sent.</i>

Compound Segment Questions	Check	Workers' Comp Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Required when Compound Code (4Ø6-D6) = Ø2 (compound).</i>

Compound Segment Segment Identification (111-AM) = "1Ø"			Workers' Comp Claim Billing/Claim Rebill	
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 of 25 ingredients.	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code (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	

** End of Request Claim Billing (B1, B3) Payer Sheet**

**OHIO BUREAU OF WORKERS' COMPENSATION
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**RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET
CLAIM BILLING/CLAIM REBILL ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE**

** Start of Response Claim Billing (B1, B3) Payer Sheet **

GENERAL INFORMATION

Payer Name: Ohio Bureau of Workers' Compensation	Date: Ø8/24/2Ø18
Plan Name/Group Name: Ohio BWC	BIN: Ø12592 PCN: OHBWC

CLAIM BILLING ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

Response Transaction Header Segment Questions	Check	Workers' Comp Claim Billing/Claim Rebill–Paid (Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Workers' Comp Claim Billing – Paid (Duplicate of Paid) <i>Payer Situation</i>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	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 Questions	Check	Workers' Comp Claim Billing – Paid (Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Segment sent if required for clarification

Field #	Response Message Segment Segment Identification (111-AM) = "2Ø"	Value	Payer Usage	Workers' Comp Claim Billing – Paid (Duplicate of Paid) <i>Payer Situation</i>
5Ø4-F4	MESSAGE		RW	

Response Insurance Segment Questions	Check	Workers' Comp Claim Billing – Paid (Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Insurance Segment Segment Identification (111-AM) = "25"	Value	Payer Usage	Workers' Comp Claim Billing/Claim Rebill <i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID	Cardholders ID = Social Security Number	RW	If the injured worker does not have a Social Security number, then this field must either be BLANK or zero-filled, i.e., "00000000".

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Response Patient Segment Questions	Check	Workers' Comp Claim Billing – Paid (Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Segment sent if required for clarification

	Response Patient Segment Segment Identification (111-AM) = "29"			Workers' Comp Claim Billing – Paid (Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
31Ø-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
3Ø4-C4	DATE OF BIRTH		RW	

Response Status Segment Questions	Check	Workers' Comp Claim Billing – Paid (Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Workers' Comp Claim Billing – Paid (Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	
55Ø-8F	HELP DESK PHONE NUMBER	1-877-615-633Ø	RW	

Response Claim Segment Questions	Check	Workers' Comp Claim Billing – Paid (Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Workers' Comp Claim Billing – Paid (Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Workers' Comp Claim Billing – Paid (Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Workers' Comp Claim Billing – Paid (Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		RW	Returned if this value is used to arrive at the final reimbursement.
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	Returned if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).

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Response Pricing Segment Segment Identification (111-AM) = "23"			Workers' Comp Claim Billing – Paid (Duplicate of Paid)	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to patient's selection of a Brand drug.

Response DUR/PPS Segment Questions	Check	Workers' Comp Claim Billing – Paid (Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required if DUR information needs to be sent

DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	
439-E4	REASON FOR SERVICE CODE	DD = Drug-Drug Interaction DR = Dose Range Conflict TD = Therapeutic	RW	
528-FS	CLINICAL SIGNIFICANCE CODE		RW	
529-FT	OTHER PHARMACY INDICATOR		RW	
53Ø-FU	PREVIOUS DATE OF FILL		RW	
531-FV	QUANTITY OF PREVIOUS FILL		RW	
532-FW	DATABASE INDICATOR		R	
533-FX	OTHER PRESCRIBER INDICATOR		RW	
544-FY	DUR FREE TEXT MESSAGE		RW	
57Ø-NS	DUR ADDITIONAL TEXT		RW	

**OHIO BUREAU OF WORKERS' COMPENSATION
NCPDP VERSION D.Ø PAYER SHEET**

WORKERS' COMPENSATION CLAIM BILLING ACCEPTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Workers' Comp Claim Billing – Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Workers' Comp Claim Billing – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	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 Questions	Check	Workers' Comp Claim Billing – Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Will be returned on rejected claims when the error is at transmission-level.</i>

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Workers' Comp Claim Billing – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
5Ø4-F4	MESSAGE		RW	

Response Insurance Segment Questions	Check	Workers' Comp Claim Billing <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Insurance Segment Segment Identification (111-AM) = "25"			Workers' Comp Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID		RW	<i>Used to identify the actual SSN# ID used during adjudication.</i>

Response Status Segment Questions	Check	Workers' Comp Claim Billing – Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Workers' Comp Claim Billing – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	
55Ø-8F	HELP DESK PHONE NUMBER	1-877-615-633Ø	RW	

OHIO BUREAU OF WORKERS' COMPENSATION NCPDP VERSION D.Ø PAYER SHEET

Response Claim Segment Questions	Check	Workers' Comp Claim Billing – Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"			Workers' Comp Claim Billing – Accepted/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response DUR/PPS Segment Questions	Check	Workers' Comp Claim Billing – Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>This segment will be transmitted on a reject when a possible conflict is detected.</i>

Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Workers' Comp Claim Billing – Accepted/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	
439-E4	REASON FOR SERVICE CODE	DD = Drug-Drug Interaction DR = Dose Range Conflict TD = Therapeutic	RW	
528-FS	CLINICAL SIGNIFICANCE CODE		RW	
529-FT	OTHER PHARMACY INDICATOR		RW	
53Ø-FU	PREVIOUS DATE OF FILL		RW	
531-FV	QUANTITY OF PREVIOUS FILL		RW	
532-FW	DATABASE INDICATOR		R	
533-FX	OTHER PRESCRIBER INDICATOR		RW	
544-FY	DUR FREE TEXT MESSAGE		RW	
57Ø-NS	DUR ADDITIONAL TEXT		RW	

**OHIO BUREAU OF WORKERS' COMPENSATION
NCPDP VERSION D.Ø PAYER SHEET**

WORKERS' COMPENSATION CLAIM BILLING REJECTED/REJECTED RESPONSE

CLAIM BILLING REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Workers' Comp Claim Billing – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment	Value	Payer Usage	Workers' Comp Claim Billing – Rejected/Rejected Payer Situation
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M
1Ø3-A3	TRANSACTION CODE	B1, B3	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 Questions	Check	Workers' Comp Claim Billing – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Will be returned on rejected claims when the error is at transmission-level.

Response Message Segment Segment Identification (111-AM) = "2Ø"	Value	Payer Usage	Workers' Comp Claim Billing – Rejected/Rejected Payer Situation
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>
5Ø4-F4	MESSAGE		RW

Response Status Segment Questions	Check	Workers' Comp Claim Billing – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Workers' Comp Claim Billing – Rejected/Rejected Payer Situation
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M
51Ø-FA	REJECT COUNT	Maximum count of 5.	R
511-FB	REJECT CODE		R
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW
55Ø-8F	HELP DESK PHONE NUMBER	1-877-615-633Ø	RW

** End of Response Claim Billing (B1,B3) Payer Sheet **

OHIO BUREAU OF WORKERS' COMPENSATION NCPDP VERSION D.Ø PAYER SHEET

WORKERS' COMPENSATION CLAIM REVERSAL REQUEST

** Start of Request Claim Reversal (B2) Payer Sheet**

GENERAL INFORMATION

Payer Name: Ohio Bureau of Workers' Compensation	Date: Ø8/24/2Ø18	
Plan Name/Group Name Ohio BWC	BIN: Ø12592	PCN: OHBWC

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	365 Days

CLAIM REVERSAL TRANSACTION

Transaction Header Segment Questions	Check	Workers' Comp Claim Reversal <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Workers' Comp Claim Reversal <i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	Ø12592	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	OHBWC	M	
1Ø9-A9	TRANSACTION COUNT	Ø1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

Insurance Segment Questions	Check	Workers' Comp Claim Reversal <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Required to designate cardholder and specific group.</i>

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Workers' Comp Claim Reversal <i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID		M	<i>BWC processes bills according to the inclusion of two of the following three data elements: SSN, DOI, BWC claim number.</i>

OHIO BUREAU OF WORKERS' COMPENSATION NCPDP VERSION D.Ø PAYER SHEET

Workers' Compensation Segment Questions	Check	Workers' Comp Claim Billing If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"		Value	Payer Usage	Workers' Comp Claim Reversal Payer Situation
<i>Field #</i>	<i>NCPDP Field Name</i>			
434-DY	DATE OF INJURY		M	
435-DZ	CLAIM/REFERENCE ID		RW	<i>BWC processes bills according to the inclusion of two of the following three data elements: SSN, DOI, BWC claim number.</i>

Claim Segment Questions	Check	Workers' Comp Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Claim Segment Segment Identification (111-AM) = "Ø7"		Value	Payer Usage	Workers' Comp Claim Reversal Payer Situation
<i>Field #</i>	<i>NCPDP Field Name</i>			
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		RW	

DUR/PPS Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Required if DUR information needs to be sent</i>

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Value	Payer Usage	Claim Reversal Payer Situation
<i>Field #</i>	<i>NCPDP Field Name</i>			
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	
439-E4	REASON FOR SERVICE CODE	DD = Drug-Drug Interaction DR = Dose Range Conflict TD = Therapeutic	RW	
44Ø-E5			RW	
441-E6	RESULT OF SERVICE CODE		RW	
474-8E	DUR/PPS LEVEL OF EFFORT		RW	
475-J9	DUR CO-AGENT ID QUALIFIER	Ø3 = National Drug Code (NDC)	RW	
476-H6	DUR CO-AGENT ID		RW	

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

OHIO BUREAU OF WORKERS' COMPENSATION NCPDP VERSION D.Ø PAYER SHEET

WORKERS' COMPENSATION CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

**** Start of Claim Reversal Response (B2) Payer Sheet Template****

GENERAL INFORMATION

Payer Name: Ohio Bureau of Workers' Compensation	Date: Ø8/24/2Ø18
Plan Name/Group Name Ohio BWC	BIN: Ø12592 PCN: OHBWC

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

Response Transaction Header Segment Questions	Check	Workers' Comp Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Workers' Comp Claim Reversal – Accepted/Approved <i>Payer Situation</i>
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 Status Segment Questions	Check	Workers' Comp Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Workers' Comp Claim Reversal – Accepted/Approved <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	
55Ø-8F	HELP DESK PHONE NUMBER	1-877-615-633Ø	RW	

Response Claim Segment Questions	Check	Workers' Comp Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Field #	Response Claim Segment Segment Identification (111-AM) = "22"	Value	Payer Usage	Workers' Comp Claim Reversal – Accepted/Approved <i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

OHIO BUREAU OF WORKERS' COMPENSATION
NCPDP VERSION D.Ø PAYER SHEET

WORKERS' COMPENSATION CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

CLAIM BILLING ACCEPTED/REJECTED RESPONSE

Transaction Header Segment Questions	Check	Workers' Comp Claim Reversal – Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Transaction Header Segment				Workers' Comp Claim Reversal – Accepted/Rejected <i>Payer Situation</i>
Field #	NCPDP Field Name	Value	Payer Usage	
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 Questions	Check	Workers' Comp Claim Reversal – Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Will be returned on rejected claims when the error is at transmission-level.</i>

Response Message Segment Segment Identification (111-AM) = "2Ø"				Workers' Comp Claim Reversal – Accepted/Rejected <i>Payer Situation</i>
Field #	NCPDP Field Name	Value	Payer Usage	
5Ø4-F4	MESSAGE		RW	

Response Insurance Segment Questions	Check	Workers' Comp Claim Reversal – Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Response Insurance Segment Segment Identification (111-AM) = "25"				Workers' Comp Claim Billing/Claim Rebill <i>Payer Situation</i>
Field #	NCPDP Field Name	Value	Payer Usage	
3Ø2-C2	CARDHOLDER ID		RW	<i>Used to identify the actual SSN# ID used during adjudication. Same as transaction</i>

Response Status Segment Questions	Check	Workers' Comp Claim Reversal – Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"				Workers' Comp Claim Reversal – Accepted/Rejected <i>Payer Situation</i>
Field #	NCPDP Field Name	Value	Payer Usage	
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	
55Ø-8F	HELP DESK PHONE NUMBER	1-877-615-633Ø	RW	

OHIO BUREAU OF WORKERS' COMPENSATION NCPDP VERSION D.Ø PAYER SHEET

Response Claim Segment Questions	Check	Workers' Comp Claim Reversal – Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Field #	Response Claim Segment Segment Identification (111-AM) = "22"	Value	Payer Usage	Workers' Comp Claim Reversal – Accepted/Rejected Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

**OHIO BUREAU OF WORKERS' COMPENSATION
NCPDP VERSION D.Ø PAYER SHEET**

WORKERS' COMPENSATION CLAIM REVERSAL REJECTED/REJECTED RESPONSE

CLAIM BILLING REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Workers' Comp Claim Reversal – Rejected/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Workers' Comp Claim Reversal – Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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 Questions	Check	Workers' Comp Claim Reversal – Rejected/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Will be returned on rejected claims when the error is at transmission-level.</i>

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Workers' Comp Claim Reversal – Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
5Ø4-F4	MESSAGE		RW	

Response Status Segment Questions	Check	Workers' Comp Claim Reversal – Rejected/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Workers' Comp Claim Reversal – Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	
55Ø-8F	HELP DESK PHONE NUMBER	1-877-615-633Ø	RW	

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