

# 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: 03/13/2023
Plan Name/Group Name: Ohio BWC	BIN: 012592	PCN: OHBWC
Processor: Change Healthcare (CH)		
Effective as of: 03/13/2023	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: 07/2007	NCPDP External Code List Version Date: 07/2013	
Contact/Information Source: General website <a href="https://www.bwc.ohio.gov">https://www.bwc.ohio.gov</a> Provider Manuals available at <a href="https://www.bwc.ohio.gov/providers/resources">https://www.bwc.ohio.gov/providers/resources</a>		
Certification Testing Window:		
Certification Contact Information: 1-800-644-6292 Provider Relations Department		
Provider Relations Help Desk Info: 1-888-292-5229		
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 <i>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	

Transaction Header Segment	Workers' Comp Claim Billing/Claim Rebill			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	012592	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	OHBWC	M	

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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	

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

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Workers' Comp Claim Billing/Claim Rebill Payer Situation
3Ø2-C2	CARDHOLDER ID	Nine-digit SSN (Nine zeros is accepted)	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. Nine zeros (000000000) is an acceptable value (DOI and BWC claim number must be submitted)

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

Field	Patient Segment Segment Identification (111-AM) = "Ø1"	Value	Payer Usage	Workers' Comp Claim Billing/Claim Rebill 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 <i>Situational, Payer Situation</i>
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Workers' Comp Claim Billing/Claim Rebill Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	

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4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ=Compound 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.
	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Workers' Comp Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
42Ø-DK	SUBMISSION CLARIFICATION CODE	Ø8 = Process Compound for Approved Ingredients 1Ø = Sterile Compound	RW	Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø).  'Ø8' used when provider will accept payment on one or more, but not necessarily all, ingredients of a multi-ingredient compound and consider payment received as payment in full for the prescribed products.  '1Ø' Required with submission of Sterile Compound bill.  Required when claim explanation is needed for overrides.
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	

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

	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Workers' Comp Claim Billing/Claim Rebill</b>
<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	

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426-DQ	USUAL AND CUSTOMARY CHARGE		R	
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Prescriber Segment Questions	Check	Workers' Comp Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

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

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

	Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"			Workers' Comp Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill 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) = "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	Required for Drug – Drug interaction, Dosage/Duration Screening or Duplicate Therapy Screening.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	ALL NCPDP values accepted, except 'ZZ'
441-E6	RESULT OF SERVICE CODE		RW	Required to override a DUR conflict. All NCPDP values accepted, except 'ØØ'. Corresponding 439-E4 and 44Ø-E5 required if 441-E6 sent.

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

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	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\*\***

## 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: Ø3/13/2Ø23	
Plan Name/Group Name: Ohio BWC	BIN: Ø12592	PCN: OHBWC

### CLAIM BILLING ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPON

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

	Response Transaction Header Segment			Workers' Comp Claim Billing – Paid (Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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, Payer Situation

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This Segment is always sent		
This Segment is situational	X	Segment sent if required for clarification

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

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

	<b>Response Insurance Segment Segment Identification (111-AM) = "25"</b>			<b>Workers' Comp Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID	Nine-digit SSN (Nine zeros is accepted)	RW	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. Nine zeros (00000000) is an acceptable value (DOI and BWC claim number must be submitted)

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

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

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

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Workers' Comp Claim Billing – Paid (Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	

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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	1-888-292-5229	RW	

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

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

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

Response Pricing Segment Segment Identification (111-AM) = "23"	Check	Workers' Comp Claim Billing – Paid (Duplicate of Paid) <i>Situational, Payer Situation</i>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
5Ø5-F5	PATIENT PAY AMOUNT	R
5Ø6-F6	INGREDIENT COST PAID	R
5Ø7-F7	DISPENSING FEE PAID	RW
5Ø9-F9	TOTAL AMOUNT PAID	R
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	RW
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	RW

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

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	<b>DUR/PPS Segment Segment Identification (111-AM) = "24"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	

## **WORKERS' COMPENSATION CLAIM BILLING ACCEPTED/REJECTED RESPONSE**

### CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

	<b>Response Transaction Header Segment</b>			<b>Workers' Comp Claim Billing – Accepted/Rejected</b>
<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	

<b>Response Message Segment Questions</b>	<b>Check</b>	<b>Workers' Comp Claim Billing – Accepted/Rejected If Situational, Payer Situation</b>
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>

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

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

5Ø4-F4	MESSAGE		RW	
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Response Insurance Segment Questions	Check	Workers' Comp Claim Billing If <i>Situational, Payer Situation</i>
This Segment is always sent	X	

Response Insurance Segment Segment Identification (111-AM) = "25"			Workers' Comp Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	Nine-digit SSN (Nine zeros is accepted)	RW	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. Nine zeros (000000000) is an acceptable value (DOI and BWC claim number must be submitted)

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

Response Status Segment Segment Identification (111-AM) = "21"			Workers' Comp Claim Billing – Accepted/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	
Response Status Segment Segment Identification (111-AM) = "21"			Workers' Comp Claim Billing – Accepted/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
55Ø-8F	HELP DESK PHONE NUMBER	1-888-292-5229	RW	

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

Response Claim Segment Segment Identification (111-AM) = "22"			Workers' Comp Claim Billing – Accepted/Rejected	

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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, Payer Situation
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>

Field #	Response DUR/PPS Segment Identification (111-AM) = "24"	Value	Payer Usage	Workers' Comp Claim Billing – Accepted/Rejected 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	

## **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	

Field #	Response Transaction Header Segment	Value	Payer Usage	Workers' Comp Claim Billing – Rejected/Rejected Payer Situation
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	

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

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	<i>Will be returned on rejected claims when the error is at transmission-level.</i>

	Response Message Segment Identification (111-AM) = "2Ø"			Workers' Comp Claim Billing – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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 Identification (111-AM) = "21"			Workers' Comp Claim Billing – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	1-888-292-5229	RW	

\*\* End of Response Claim Billing (B1,B3) 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: Ø3/13/2Ø23	
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

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QUALIFIED REQUIREMENT	<b>RW</b>	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
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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" <i>NCPDP Field Name</i>	Value	Payer Usage	Workers' Comp Claim Reversal <i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID	Nine-digit SSN (Nine zeros is accepted)	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. Nine zeros (000000000) is an acceptable value (DOI and BWC claim number must be submitted)

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

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	<b>Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"</b>			<b>Workers' Comp Claim Reversal</b>
<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		RW	<i>BWC processes bills according to the inclusion of two of the following three data elements: SSN, DOI, BWC claim number.</i>

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

	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Workers' Comp Claim Reversal</b>
<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	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	

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

	<b>DUR/PPS Segment Segment Identification (111-AM) = "Ø8"</b>			<b>Claim Reversal</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</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 \*\***

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**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: 03/13/2023
Plan Name/Group Name Ohio BWC	BIN: 012592 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 #	NCPDP Field Name	Value	Payer Usage	Workers' Comp Claim Reversal – Accepted/Approved <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-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 Identification (111-AM) = "21" NCPDP Field Name	Value	Payer Usage	Workers' Comp Claim Reversal – Accepted/Approved <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		RW	
130-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	
550-8F	HELP DESK PHONE NUMBER	1-888-292-5229	RW	

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

Response Claim Segment Identification (111-AM) = "22"	Workers' Comp Claim Reversal – Accepted/Approved

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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	

## 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	

Field #	NCPDP Field Name	Value	Payer Usage	Workers' Comp Claim Reversal – Accepted/Rejected <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 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>

Field #	NCPDP Field Name	Value	Payer Usage	Workers' Comp Claim Reversal – Accepted/Rejected <i>Payer Situation</i>
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	

Field #	NCPDP Field Name	Value	Payer Usage	Workers' Comp Claim Billing/Claim Rebill <i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID	Nine-digit SSN (Nine zeros is accepted)	RW	Cardholders ID = Social Security Number (SSN) <i>BWC processes bills according to the inclusion of two of the following three data</i>

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

				<i>elements: SSN, DOI, BWC claim number. Nine zeros (000000000) is an acceptable value (DOI and BWC claim number must be submitted)</i>
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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>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 QUALIFIER		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	
55Ø-8F	HELP DESK PHONE NUMBER	1-888-292-5229	RW	

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Workers' Comp Claim Reversal – Accepted/Rejected
<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	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 If <i>Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Workers' Comp Claim Reversal – Rejected/Rejected
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 Questions	Check	Workers' Comp Claim Reversal – Rejected/Rejected If <i>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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	

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

	Response Status Segment Segment Identification (111-AM) = "21"			Workers' Comp Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	

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55Ø-8F	HELP DESK PHONE NUMBER	1-888-292-5229	RW	
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**\*\* End of Claim Reversal (B2) Response Payer Sheet \*\***