

NCPDP VERSION 5 PAYER SHEET

****GENERAL INFORMATION****

Payer Name: Utah Medicaid	Date: 01/01/07
Plan Name/Group Name: NA	
Processor:	Switch: WebMD, NDC,
Effective as of: 11/01/06	Version/Release #: 5.X
Contact/Information Source: Nanette Waters	
Certification Testing Window: None	
Provider Relations Help Desk Info: 1-800-662-9651	
Other versions supported: None	

****SEGMENTS****

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. Additional mandatory or optional fields should be indicated by the payer.

M=Mandatory
O=Optional

TRANSACTION TYPE B1 - BILL

The transaction segments and fields to be used in the POS System for the Bill transaction are as follows:

REQUEST TRANSACTION

(NCPDP Mandatory)

Transaction Header Segment			
Field	Field Name	Value	Mandatory or Optional
101-A1	BIN NUMBER	Reject if not Medicaid	M
102-A2	VERSION/RELEASE NUMBER	Must be 5.1 to 5.5	M
103-A3	TRANSACTION CODE	Must be B1	M
104-A4	PROCESSOR CONTROL NUMBER	Not Used	O
109-A9	TRANSACTION COUNT	Number of claims billed. Must be 1 if compound billed Valid values 1-4	M
202-B2	SERVICE PROVIDER QUALIFIER	Future Use Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA), 13=State Issued, 14=Plan Specific, 99=Other	O
201-B1	SERVICE PROVIDER ID	Must be valid Medicaid Provider	M
401-D1	DATE OF SERVICE	Must be calendar date and not in the future (If after 10PM then tomorrows date is okay)	M
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not Used	O

(NCPDP Optional)

Patient Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 01	M

331-CX	PATIENT ID QUALIFIER	Future Use Blank=Not Specified, 01=Social Security Number, 02=Driver's License Number, 03=U.S. Military ID, 99=Other	O
332-CY	PATIENT ID	Must be PACMIS or SSN	O
304-C4	DATE OF BIRTH	Must Match DOB in Recipient File	M
305-C5	PATIENT GENDER CODE	Overridden from Recipient file 0=Not Specified, 1=Male, 2=Female	O
310-CA	PATIENT FIRST NAME	First 5 characters must match to Recipient Master	O
311-CB	PATIENT LAST NAME	First 5 characters must match to Recipient Master	O
322-CM	PATIENT STREET ADDRESS	Not Used	O
323-CN	PATIENT CITY ADDRESS	Not Used	O
324-CO	PATIENT STATE / PROVINCE ADDRESS	Not Used	O
325-CP	PATIENT ZIP / POSTAL ZONE	Not Used	O
326-CQ	PATIENT PHONE NUMBER	Not Used	O
307-C7	PATIENT LOCATION (PLACE OF SERVICE)	Used for Medicare Dual Eligible clients on Medicare Part B Services 0=Not Specified, 1=Home, 2=Inter-Care, 3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home, 6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 10=Outpatient, 11=Hospice	O
333-CZ	EMPLOYER ID	Not Used	O
334-1C	SMOKER / NON-SMOKER CODE	Future use Blank=Not Specified, 1=Non-Smoker, 2=Smoker	O
335-2C	PREGNANCY INDICATOR	Edit for valid values (therapeutic class specific).	O
NCPDP VERSION 5.2			
350-HN	PATIENT E-MAIL ADDRESS	Not Used	O

(NCPDP Mandatory)

Insurance Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 04	M
302-C2	CARDHOLDER ID	If no patient data sent then must be PACMIS ID or SSN	O
312-CC	CARDHOLDER FIRST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
313-CD	CARDHOLDER LAST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
314-CE	HOME PLAN	Not Used	O
524-FO	PLAN ID	Not Used	O
309-C9	ELIGIBILITY CLARIFICATION CODE	Not Used 0=Not Specified, 1=No Override, 2=Override, 3=Full Time Student, 4=Disabled Dependent, 5=Dependent Parent, 6=Significant Other	O
336-8C	FACILITY ID	Not Used	O
301-C1	GROUP ID	Not Used	O
303-C3	PERSON CODE	Not Used	O
306-C6	PATIENT RELATIONSHIP CODE	Not Used 0=Not Specified, 1=Cardholder, 2=Spouse, 3=Child, 4=Other	O

REPEAT THE FOLLOWING SEGMENTS ONCE FOR EACH CLAIM, NOTE: THE COMPOUND SEGMENT CAN ONLY BE SUBMITTED WITH ONE CLAIM IN THE REQUEST.

Does payer/processor support partial fills? YES
(NCPDP Mandatory)

Claim Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 07	M
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	Blank=Not Specified, or 1=Rx Billing Blank=Not Specified, 1=Rx Billing, 2=Service Billing	M
402-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER	Must be other than zeros	M
436-E1	PRODUCT / SERVICE ID QUALIFIER	Future use all codes Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
407-D7	PRODUCT / SERVICE ID	Must be valid NDC or UPC unless Compound billing then NOT USED	M
456-EN	ASSOCIATED PRESCRIPTION / SERVICE REFERENCE #	Future Use	O
457-EP	ASSOCIATED PRESCRIPTION / SERVICE DATE	Future Use	O
458-SE	PROCEDURE MODIFIER CODE COUNT	Future Use Valid values 0-9	O
459-ER	PROCEDURE MODIFIER CODE	Future Use Refer to CPT4 & HCPCS for valid values	O
442-E7	QUANTITY DISPENSED	Must be greater than zeros and within Minimum/Maximum on pricing file	M
403-D3	FILL NUMBER	Future Use	O
405-D5	DAYS SUPPLY	Must be greater than zeros and within Minimum/Maximum on pricing file	O
406-D6	COMPOUND CODE	Zero=Not Specified, 1=Not a Compound, 2=Compound	O
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE	If 1 then pay EAC - only Traditional Medicaid Blank or zeros=No product selection indicated, 1=Substitution not allowed by prescriber, 2=Substitution allowed - Patient requested Product dispensed, 3=Substitution allowed-Pharmacist selected product dispensed, 4=Substitution allowed-generic drug not in stock, 5=Substitution allowed-Brand drug dispensed as a generic, 6=Override, 7=Substitution not allowed-Brand drug mandated by law, 8=Substitution allowed-generic drug not available in marketplace, 9=Other	O
414-DE	DATE PRESCRIPTION WRITTEN	Future Use Valid Date if Sent	O
415-DF	NUMBER OF REFILLS AUTHORIZED	Not Used	O
419-DJ	PRESCRIPTION ORIGIN CODE	Must be valid value if sent Zero=Not specified, 1=written, 2=telephone, 3=electronic, 4=facsimile	O
420-DK	SUBMISSION CLARIFICATION CODE	If code =8 then OVERRIDE and pay compound claims that would have been denied for containing non-covered drugs Zero=Not specified, 1=No override, 2=Other override, 3=Vacation supply, 4=Lost prescription, 5=Therapy change, 6=Starter dose, 7=Medically necessary, 8=Process compound for approved ingredients, 9=Encounters, 99=Other	O
460-ET	QUANTITY PRESCRIBED	Future Use	O
308-C8	OTHER COVERAGE CODE	Must be valid value if sent Zeros=Not specified, 01=No other coverage, 02=Other coverage exists-payment collected, 03=Other coverage exists-claim not covered, 04=Other coverage exists-payment not collected, 05=Managed care plan denial, 06=Other coverage denied-not participating provider, 07=Other coverage exists-not in effect on DOS, 08=Claim is billing for copay	O

429-DT	UNIT DOSE INDICATOR	Continue Current use of this field Zero=Not specified, 1=Not unit dose, 2=Manufacturer unit dose, 3=Pharmacy unit dose, 4=Custom packaging	O
453-EJ	ORIG PRESCRIBED PRODUCT / SERVICE ID QUALIFIER	Future Use Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
445-EA	ORIGINALLY PRESCRIBED PRODUCT / SERVICE CODE	Future Use	O
446-EB	ORIGINALLY PRESCRIBED QUANTITY	Future Use	O
330-CW	ALTERNATE ID	Use for Medicare Dual Eligible clients to show Medicare's reference number Medicare ICN number if for Medicare Crossover claim	O
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	Not Used	O
600-28	UNIT OF MEASURE	Must be valid value if sent EA=Each, GM=Grams, ML=Milliliters	O
418-DI	LEVEL OF SERVICE	Future Use Zero=Not specified, 1=Patient consultation, 2=Home delivery, 3=Emergency, 4=24 hour service, 5=Patient consultation regarding generic product selection, 6=In-home service	O
461-EU	PRIOR AUTHORIZATION TYPE CODE	Future Use Zero=Not specified, 1=Prior authorization, 2=Medical certification, 3=EPSDT, 4=Exemption from copay, 5=Exemption from RX, 6=Family Plan Indic, 7=AFDC, 8=Payer defined exemption	O
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Prior Authorization Number issued by Medicaid/Foster Care Match current process	O
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	Future Use Ø=Not Specified, 1=Intermediary Authorization, 99=Other Override	O
464-EX	INTERMEDIARY AUTHORIZATION ID	Future Use	O
343-HD	DISPENSING STATUS	If 'C' Completion of partial fill, then no dispensing fee is paid. Allow only one partial fill per dispensing. Bypass ER only for Completion Blank=Not specified, P=Partial fill, C=Completion of partial fill	O
344-HF	QUANTITY INTENDED TO BE DISPENSED	Must be greater than zero if dispensing status is P	O
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Must be greater than zero if dispensing status is P	O

(NCPDP Optional)

Pharmacy Provider Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 02	M
465-EY	PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
444-E9	PROVIDER ID	Not Used	O

(NCPDP Optional)

Prescriber Segment			
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Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 03	M
466-EZ	PRESCRIBER ID QUALIFIER	Must be valid value Blank=Not specified, 01=National provider identifier , 02=Blue cross, 03=Blue shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP provider id, 08=State license, 09=Champus, 10=Health industry number, 11=Federal tax id, 12=Drug enforcement administration number , 13=State issued , 14=Plan specific, 99=Other (HCI #)	M
411-DB	PRESCRIBER ID	Must be valid value HCIId – NCPDP issued prescriber identifier, 5-digit Medicaid License number, NPI or DEA	M
467-1E	PRESCRIBER LOCATION CODE	Must be valid value	O
427-DR	PRESCRIBER LAST NAME	Used	O
498-PM	PRESCRIBER PHONE NUMBER	Future Use	O
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
421-DL	PRIMARY CARE PROVIDER ID	Not Used	O
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	Not Used	O
470-4E	PRIMARY CARE PROVIDER LAST NAME	Not Used	O

Does payer/processor support COB? YES
(NCPDP Optional)

COB/Other Payments Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 05	M
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT	Values 0-9	M
338-5C	OTHER PAYER COVERAGE TYPE	Must be valid value Blank=Not Specified, 01=Primary , 02=Secondary, 03=Tertiary, 98=Coupon, 99=Composite	O
339-6C	OTHER PAYER ID QUALIFIER	Must be valid value Blank=Not Specified, 01=National Payer ID, 02=Health Industry Number (HIN), 03=Bank Information Number (BIN), 04=National Association of Insurance Commissioners (NAIC), 09=Coupon, 99=Other	O
340-7C	OTHER PAYER ID	Must be valid value, no editing	O
443-E8	OTHER PAYER DATE	Must be valid date, not future date Date other payer paid	O
341-HB	OTHER PAYER AMOUNT PAID COUNT	Valid Values 0-9	O
341-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Must send 07 (Medicare allowable), 08 (Medicare payment), 99 (contractual disregard), and 99 (patient responsibility) AMOUNTS MUST BE IN THIS SPECIFIC ORDER FOR CLAIM TO PROCESS CORRECTLY Blank=Not specified, 01=Delivery, 02=Shipping, 03=Postage, 04=Administrative, 05=Incentive, 06=Cognitive Service, 07=Drug benefit, 08=Sum of all reimbursement, 98=Coupon, 99=Other	M Mandatory if this segment is sent
431-DV	OTHER PAYER AMOUNT PAID	Greater than zero. Treat as TPL amount.	O
471-5E	OTHER PAYER REJECT COUNT	Valid values 00-99	O
472-6E	OTHER PAYER REJECT CODE	Must be valid NCPDP reject codes 0-5 NCPDP reject code	O

NCPDP VERSION 5.5			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Valid Values 0-9	0
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Must be valid value 0-3	0
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Must be valid value 0-3	0

(NCPDP Optional)

Workers' Compensation Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 06	M
434-DY	DATE OF INJURY	Not Used	0
315-CF	EMPLOYER NAME	Not Used	0
316-CG	EMPLOYER STREET ADDRESS	Not Used	0
317-CH	EMPLOYER CITY ADDRESS	Not Used	0
318-CI	EMPLOYER STATE / PROVINCE ADDRESS	Not Used	0
319-CJ	EMPLOYER ZIP / POSTAL ZONE	Not Used	0
320-CK	EMPLOYER PHONE NUMBER	Not Used	0
321-CL	EMPLOYER CONTACT NAME	Not Used	0
327-CR	CARRIER ID	Future Use	0
435-DZ	CLAIM / REFERENCE ID	Future Use	0

(NCPDP Optional)

DUR/PPS Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 08	M
473-7E	DUR/PPS CODE COUNTER	Valid Values 1-9	M
439-E4	REASON FOR SERVICE CODE	Must be valid value Additional Drug Needed, AN=Prescription Authentication, AR=Adverse Drug Reaction, AT=Additive Toxicity, CD=Chronic Disease Management, CH=Call Help Desk, CS=Patient Complaint/Symptom, DA=Drug-Allergy, DC=Drug-Disease (Inferred), DD=Drug-Drug Interaction, DF=Drug-Food interaction, DI=Drug Incompatibility, DL=Drug-Lab Conflict, DM=Apparent Drug Misuse, DS=Tobacco Use, ED=Patient Education/Instruction, ER=Overuse, EX=Excessive Quantity, HD=High Dose, IC=Idrogenic Condition, ID=Ingredient Duplication, LD=Low Dose, LK=Lock In Recipient, LR=Underuse, MC=Drug-Disease (Reported), MN=Insuffeicent Duration, MS=Missing Information/Clarification, MX=Excessive Duration, NA=Drug Not Available, NC=Non-covered Drug Purchase, ND=New Disease/Diagnosis, NF=Non-Formulary Drug, NN=Unnecessary Drug, NP=New Patient Processing, NR=Lactation/Nursing Interaction, NS=Insufficient Quantity, OH=Alcohol Conflict, PA=Drug-Age, PC=Patient Question/Concern, PG=Drug-Pregnancy, PH=Preventive Health Care, PN=Prescriber Consultation, PP=Plan Protocol, SC=Suboptimal Compliance, SD=Suboptimal Drug/Indication, SE=Side Effect, SF=Suboptimal Dosage Form, SR=Suboptimal Regimen, SX=Drug-Gender, TD=Therapeutic, TN=Laboratory Test Needed, TP=Payer/Processor Question, PR=Prior Adverse Reaction, PS=Product Selection Opportunity, RE=Suspected Environmental Risk, RF=Health Provider Referral	0

440-E5	PROFESSIONAL SERVICE CODE	Must be valid value ØØ=No intervention, AS=Patient assessment, CC=Coordination of care, DE=Dosing evaluation/determination, FE=Formulary enforcement, GP=Generic product selection, MA=Medication administration, MØ=Prescriber consulted, MR=Medication review, PE=Patient education/instruction, PH=Patient medication history, PM=Patient monitoring, PØ=Patient consulted, PT=Perform laboratory test, RØ=Pharmacist consulted other source, RT=Recommend laboratory test, SC=Self-care consultation, SW=Literature search/review, TC=Payer/processor consulted, TH=Therapeutic product interchange	O
441-E6	RESULT OF SERVICE CODE	Must be valid value ØØ=Not Specified, 1A=Filled As Is, False Positive, 1B=Filled Prescription As Is, 1C=Filled, With Different Dose, 1D=Filled, With Different Directions, 1E=Filled, With Different Drug, 1F=Filled, With Different Quantity, 1G=Filled, With Prescriber Approval, 1H=Brand-to- Generic Change, 1J=Rx-to-OTC Change, 1K=Filled with Different Dosage Form, 2A=Prescription Not Filled, 2B=Not Filled, Directions Clarified, 3A=Recommendation Accepted, 3B=Recommendation Not Accepted, 3C=Discontinued Drug, 3D=Regimen Changed, 3E=Therapy Changed, 3F=Therapy Changed-cost increased acknowledged, 3G=Drug Therapy Unchanged, 3H=Follow-Up/Report, 3J=Patient Referral, 3K=Instructions Understood, 3M=Compliance Aid Provided, 3N=Medication Administered	O
474-8E	DUR/PPS LEVEL OF EFFORT	Must be valid value <i>Ø=Not Specified, 11=Level 1 (Lowest), 12=Level 2, 13=Level 3, 14=Level 4, 15=Level 5 (Highest)</i>	O
475-J9	DUR CO-AGENT ID QUALIFIER	Future Use	O
476-H6	DUR CO-AGENT ID	Future Use	O

(NCPDP Mandatory)

Pricing Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 11	M
409-D9	INGREDIENT COST SUBMITTED	Future Use	O
412-DC	DISPENSING FEE SUBMITTED	Future Use	O
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	Future Use	O
433-DX	PATIENT PAID AMOUNT SUBMITTED	Future Use	O
438-E3	INCENTIVE AMOUNT SUBMITTED	Future Use	O
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Valid values 0-9	O
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Future Use Blank=Not Specified, Ø1=Delivery Cost, Ø2=Shipping Cost, Ø3=Postage Cost, Ø4=Administrative Cost, 99=Other	O
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	Future Use	O
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	Not Used	O
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	Not Used	O
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	Not Used	O
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	Not Used Blank=Not Specified, Ø1=Gross Amount Due, Ø2=Ingredient Cost, Ø3=Ingredient Cost + Dispensing Fee	O
426-DQ	USUAL AND CUSTOMARY CHARGE	If not submitted than Gross Amount Due	M
430-DU	GROSS AMOUNT DUE	Use when Usual and Customary charge = 0	O
423-DN	BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, ØØ=Not Specified, Ø1=AWP (Average Wholesale Price), Ø2=Local Wholesaler, Ø3=Direct, Ø4=EAC (Estimated Acquisition Cost), Ø5=Acquisition, Ø6=MAC (Maximum Allowable Cost), Ø7=Usual & Customary, Ø8=Disproportionate Share Pricing/Public Health Service, Ø9=Other	O

(NCPDP Optional)

Coupon Segment			
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Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 09	M
485-KE	COUPON TYPE	Future Use Blank=Not specified, 01=Price discount, 02=Free product, 99=Other	O
486-ME	COUPON NUMBER	Not Used	O
487-NE	COUPON VALUE AMOUNT	Future Use	O

(Max # 25 recommended)

Does payer/processor support compounds online? Yes

Does payer/processor use the Compound Segment? Yes

If yes, please include the following information:

Which method of billing for compounds do you support?

- Using the Claim and Compound Segments (recommended)

(NCPDP Optional)

Compound Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 10	M
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Must be valid value 01 - 18 Blank=Not specified, 01=Capsule, 02=Ointment, 03=Cream, 04=Suppository, 05=Powder, 06=Emulsion, 07=Liquid, 10=Tablet, 11=Solution, 12=Suspension, 13=Lotion, 14=Shampoo, 15=Elixer, 16=Syrup, 17=Lozenge, 18=Enema	M
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	Must be valid value 1=Each, 2=Grams, 3=Milliliters	M
452-EH	COMPOUND ROUTE OF ADMINISTRATION	Must be valid value 1 - 22 Zero=Not specified, 1=Buccal, 2=Dental, 3=Inhalation, 4=Injection, 5=Intraperitoneal, 6=Irrigation, 7=Mouth/Throat, 8=Mucous Membrane, 9=Nasal, 10=Ophthalmic, 11=Oral, 12=Other/miscellaneous, 13=Otic, 14=Perfusion, 15=Rectal, 16=Sublingual, 17=Topical, 18=Transdermal, 19=Translingual, 20=Urethral, 21=Vaginal, 22=Enteral	O
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Valid Values 01-99	M
488-RE	COMPOUND PRODUCT ID QUALIFIER	Must be valid value Blank=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
489-TE	COMPOUND PRODUCT ID	Must be valid NDC or UPC Pay for covered items only and must be one covered Drug Pay dispensing fee for each covered drug not to exceed 3 FEES	M
448-ED	COMPOUND INGREDIENT QUANTITY	Greater than zero	M
449-EE	COMPOUND INGREDIENT DRUG COST	Future Use	O
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, 01=AWP (Average Wholesale Price), 02=Local Wholesaler, 03=Direct, 04=EAC (Estimated Acquisition Cost), 05=Acquisition, 06=MAC (Maximum Allowable Cost), 07=Usual & Customary, 09=Other	O

(NCPDP Optional)

Prior Authorization Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 12	M
498-PA	REQUEST TYPE	Not Used 1=Initial, 2=Reauthorization, 3=Deferred	O
498-PB	REQUEST PERIOD DATE-BEGIN	Not Used	O
498-PC	REQUEST PERIOD DATE-END	Not Used	O
498-PD	BASIS OF REQUEST	Not used ME=Medical Exception, PR=Plan Requirement, PL=Increase Plan Limitation	O
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	Not Used	O
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	Not Used	O
487-OG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	Not Used	O
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	Not Used	O
498-PJ	AUTHORIZED REPRESENTATIVE STATE / PROVINCE ADDRESS	Not Used	O
498-PK	AUTHORIZED REPRESENTATIVE ZIP / POSTAL ZONE	Not Used	O
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	Prior Authorization Number issued by Medicaid/Foster Care	O
503-F3	AUTHORIZATION NUMBER	Not Used	O
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	Not Used	O

(NCPDP Optional)

Clinical Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 13	M
491-VE	DIAGNOSIS CODE COUNT	Valid Values 0-9	O
492-WE	DIAGNOSIS CODE QUALIFIER	Must be valid value Blank=Not Specified, ØØ=Not Specified, Ø1=International Classification of Diseases (ICD9), Ø2=International Classification of Diseases (ICD1Ø), Ø3=National Criteria Care Institute (NCCI), Ø4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED), Ø5=Common Dental Terminology (CDT), Ø6=Medi-Span Diagnosis Code, Ø7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV), 99=Other	O
424-DO	DIAGNOSIS CODE	Not edited as valid, but match for certain ICD-9-CM for certain NDC's, UPC's	O
493-XE	CLINICAL INFORMATION COUNTER	Future Use Valid vales 1-9	O
494-ZE	MEASUREMENT DATE	Future Use	O
495-H1	MEASUREMENT TIME	Future Use	O

496-H2	MEASUREMENT DIMENSION	Future use Blank=Not Specified, Ø1=Blood Pressure (BP), Ø2=Blood Glucose, Ø3=Temperature, Ø4=Serum Creatinine (SCr), Ø5=Glycosylated Hemoglobin (HbA1c), Ø6=Sodium (Na+), Ø7=Potassium (K+), Ø8=Calcium (Ca++), Ø9=Serum Glutamic-Oxaloacetic Transaminase (SGOT), 1Ø=Serum Glutamic-Pyruvic Transaminase (SGPT), 11=Alkaline Phosphatase, 12=Theophylline, 13=Digoxin, 14=Weight, 15=Body Surface Area (BSA), 16=Height, 17=Creatinine Clearance (CrCl), 18=Cholesterol, 19=Low Density Lipoprotein (LDL), 2Ø=High Density Lipoprotein (HDL), 21=Triglycerides (TG), 22=Bone Mineral Density (BMD T-Score), 23=Prothrombin Time (PT), 24=Hemoglobin (Hb; Hgb), 25=Hematocrit (Hct), 26=White Blood Cell Count (WBC), 27=Red Blood Cell Count (RBC), 28=Heart Rate, 29=Absolute Neutrophil Count (ANC), 3Ø=Activated Partial Thromboplastin Time (APTT), 31=CD4 Count, 32=Partial Thromboplastin Time (PTT), 33=T-Cell Count, 34=INR-International Normalized Ratio, 99=Other	O
497-H3	MEASUREMENT UNIT	Future Use Blank=Not Specified, Ø1=Inches (In), Ø2=Centimeters (cm), Ø3=Pounds (lb), Ø4=Kilograms (kg), Ø5=Celsius (C), Ø6=Fahrenheit (F), Ø7=Meters squared (m2), Ø8=Milligrams per deciliter (mg/dl), Ø9=Units per milliliter (U/ml), 1Ø=Millimeters of mercury (mmHg), 11=Centimeters squared (cm2), 12=Milliliters per minute (ml/min), 13=Percent (%), 14=Milliequivalents per milliliter (mEq/ml), 15=International units per liter (IU/L), 16=Micrograms per milliliter (mcg/ml), 17=Nanograms per milliliter (ng/ml), 18=Milligrams per milliliter (mg/ml), 19=Ratio, 2Ø=S1 Units, 21=Millimoles (mmol/l), 22=Seconds, 23=Grams per deciliter (g/dl), 24=Cells per cubic millimeter (cells/cu mm), 25=1,ØØØ,ØØØ cells per cubic millimeter (million cells/cu mm), 26=Standard deviation, 27=Beats per minute	O
499-H4	MEASUREMENT VALUE	Future Use	O

***** **ADDITIONAL INFORMATION** *****

Other Information:

Sales Tax

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Coupons

Include receiving information on processing coupons.

Reduce Billed Charge when using coupon segment.	
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Pricing

Does payer/processor follow the pricing formula from the NCPDP 5.1 Implementation Guide, Sections 4.4.4 Response Pricing Segment and 4.2.9 Pricing Segment? Yes

Reversals

Please list a reversal response sample in your provider manual.

Maximum Number of Transactions Supported per transmission	4
B2	Reversal

TRANSACTION TYPE B2 - REVERSAL

The transaction segments and fields to be used in the POS System for the Reversal transaction are as follows:

REQUEST TRANSACTION

(NCPDP Mandatory)

Transaction Header Segment			
Field	Field Name	Value	Mandatory or Optional
101-A1	BIN NUMBER	Reject if not Valid	M
102-A2	VERSION/RELEASE NUMBER	Must be 5.1 to 5.5	M
103-A3	TRANSACTION CODE	Must be B1	M

104-A4	PROCESSOR CONTROL NUMBER	Not Used	O
109-A9	TRANSACTION COUNT	Number of claims billed. Must be 1 if compound billed Valid values 1-4	M
202-B2	SERVICE PROVIDER QUALIFIER	Future Use Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA), 13=State Issued, 14=Plan Specific, 99=Other	O
201-B1	SERVICE PROVIDER ID	Must be valid Medicaid Provider	M
401-D1	DATE OF SERVICE	Must be calendar date and not in the future	M
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not Used	O

REPEAT THE FOLLOWING SEGMENTS ONCE FOR EACH CLAIM Be REVERESED

(NCPDP Mandatory)

Claim Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 07	M
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	Not Used Blank=Not Specified, 1=Rx Billing, 2=Service Billing	O
402-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER	Must match the Prescription/Service Reference Number of claim being reversed	M
436-E1	PRODUCT / SERVICE ID QUALIFIER	Not Used Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
407-D7	PRODUCT / SERVICE ID	Not Used	O
456-EN	ASSOCIATED PRESCRIPTION / SERVICE REFERENCE #	Not Used	O
457-EP	ASSOCIATED PRESCRIPTION / SERVICE DATE	Not Used	O
458-SE	PROCEDURE MODIFIER CODE COUNT	Not Used Valid values 0-9	O
459-ER	PROCEDURE MODIFIER CODE	Not Used Refer to CPT4 & HCPCS for valid values	O
442-E7	QUANTITY DISPENSED	Not Used	O
403-D3	FILL NUMBER	Not Used	O
405-D5	DAYS SUPPLY	Not Used	O
406-D6	COMPOUND CODE	Not Used Zero=Not Specified, 1=Not a Compound, 2=Compound	O
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE	Not Used Blank or zeros=No product selection indicated, 1=Substitution not allowed by prescriber, 2=Substitution allowed - Patient requested Product dispensed, 3=Substitution allowed- Pharmacist selected product dispensed, 4=Substitution allowed-generic drug not in stock, 5=Substitution allowed-Brand drug dispensed as a generic, 6=Override, 7=Substitution not allowed-Brand drug mandated by law, 8=Substitution allowed-generic drug not available in marketplace, 9=Other	O
414-DE	DATE PRESCRIPTION WRITTEN	Not Used	O
415-DF	NUMBER OF REFILLS AUTHORIZED	Not Used	O
419-DJ	PRESCRIPTION ORIGIN CODE	Not Used Zero=Not specified, 1=written, 2=telephone, 3=electronic, 4=facsimile	O
420-DK	SUBMISSION CLARIFICATION CODE	Not Used Zero=Not specified, 1=No override, 2=Other override, 3=Vacation supply, 4=Lost prescription, 5=Therapy change, 6=Starter dose, 7=Medically necessary, 8=Process compound for approved ingredients, 9=Encounters, 99=Other	O
460-ET	QUANTITY PRESCRIBED	Not Used	O
308-C8	OTHER COVERAGE CODE	Not Used Zeros=Not specified, 01=No other coverage, 02=Other coverage exists-payment collected, 03=Other coverage exists-claim not covered, 04=Other coverage exists-payment not collected, 05=Managed care plan denial, 06=Other coverage denied-not participating provider, 07=Other coverage exists-not in effect on DOS, 08=Claim is billing for copay	O
429-DT	UNIT DOSE INDICATOR	Not Used Zero=Not specified, 1=Not unit dose, 2=Manufacturer unit dose, 3=Pharmacy unit dose, 4=Custom packaging	O

453-EJ	ORIG PRESCRIBED PRODUCT / SERVICE ID QUALIFIER	Not Used Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
445-EA	ORIGINALLY PRESCRIBED PRODUCT / SERVICE CODE	Not Used	O
446-EB	ORIGINALLY PRESCRIBED QUANTITY	Not Used	O
330-CW	ALTERNATE ID	Not Used	O
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	Not Used	O
600-28	UNIT OF MEASURE	Not Used EA=Each, GM=Grams, ML=Milliliters	O
418-DI	LEVEL OF SERVICE	Not Used Zero=Not specified, 1=Patient consultation, 2=Home delivery, 3=Emergency, 4=24 hour service, 5=Patient consultation regarding generic product selection, 6=In-home service	O
461-EU	PRIOR AUTHORIZATION TYPE CODE	Not Used Zero=Not specified, 1=Prior authorization, 2=Medical certification, 3=EPSDT, 4=Exemption from copay, 5=Exemption from RX, 6=Family Plan Indic, 7=AFDC, 8=Payer defined exemption	O
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Not Used	O
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	Not Used Ø=Not Specified, 1=Intermediary Authorization, 99=Other Override	O
464-EX	INTERMEDIARY AUTHORIZATION ID	Not Used	O
343-HD	DISPENSING STATUS	Not Used Blank=Not specified, P=Partial fill, C=Completion of partial fill	O
344-HF	QUANTITY INTENDED TO BE DISPENSED	Not Used	O
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Not Used	O

(NCPDP Optional)

DUR/PPS Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 08	M
473-7E	DUR/PPS CODE COUNTER	Valid Values 1-9	M
439-E4	REASON FOR SERVICE CODE	Future Use Additional Drug Needed, AN=Prescription Authentication, AR=Adverse Drug Reaction, AT=Additive Toxicity, CD=Chronic Disease Management, CH=Call Help Desk, CS=Patient Complaint/Symptom, DA=Drug-Allergy, DC=Drug-Disease (Inferred), DD=Drug-Drug Interaction, DF=Drug-Food interaction, DI=Drug Incompatibility, DL=Drug-Lab Conflict, DM=Apparent Drug Misuse, DS=Tobacco Use, ED=Patient Education/Instruction, ER=Overuse, EX=Excessive Quantity, HD=High Dose, IC=Idrogenic Condition, ID=Ingredient Duplication, LD=Low Dose, LK=Lock In Recipient, LR=Underuse, MC=Drug-Disease (Reported), MN=Insufficeint Duration, MS=Missing Information/Clarification, MX=Excessive Duration, NA=Drug Not Available, NC=Non-covered Drug Purchase, ND=New Disease/Diagnosis, NF=Non-Formulary Drug, NN=Unnecessary Drug, NP=New Patient Processing, NR=Lactation/Nursing Interaction, NS=Insufficient Quantity, OH=Alcohol Conflict, PA=Drug-Age, PC=Patient Question/Concern, PG=Drug-Pregnancy, PH=Preventive Health Care, PN=Prescriber Consultation, PP=Plan Protocol, SC=Suboptimal Compliance, SD=Suboptimal Drug/Indication, SE=Side Effect, SF=Suboptimal Dosage Form, SR=Suboptimal Regimen, SX=Drug-Gender, TD=Therapeutic, TN=Laboratory Test Needed, TP=Payer/Processor Question, PR=Prior Adverse Reaction, PS=Product Selection Opportunity, RE=Suspected Environmental Risk, RF=Health Provider Referral	O

440-E5	PROFESSIONAL SERVICE CODE	Future Use ØØ=No intervention, AS=Patient assessment, CC=Coordination of care, DE=Dosing evaluation/determination, FE=Formulary enforcement, GP=Generic product selection, MA=Medication administration, MØ=Prescriber consulted, MR=Medication review, PE=Patient education/instruction, PH=Patient medication history, PM=Patient monitoring, PØ=Patient consulted, PT=Perform laboratory test, RØ=Pharmacist consulted other source, RT=Recommend laboratory test, SC=Self-care consultation, SW=Literature search/review, TC=Payer/processor consulted, TH=Therapeutic product interchange	O
441-E6	RESULT OF SERVICE CODE	Future Use ØØ=Not Specified, 1A=Filled As Is, False Positive, 1B=Filled Prescription As Is, 1C=Filled, With Different Dose, 1D=Filled, With Different Directions, 1E=Filled, With Different Drug, 1F=Filled, With Different Quantity, 1G=Filled, With Prescriber Approval, 1H=Brand-to- Generic Change, 1J=Rx-to-OTC Change, 1K=Filled with Different Dosage Form, 2A=Prescription Not Filled, 2B=Not Filled, Directions Clarified, 3A=Recommendation Accepted, 3B=Recommendation Not Accepted, 3C=Discontinued Drug, 3D=Regimen Changed, 3E=Therapy Changed, 3F=Therapy Changed-cost increased acknowledged, 3G=Drug Therapy Unchanged, 3H=Follow-Up/Report, 3J=Patient Referral, 3K=Instructions Understood, 3M=Compliance Aid Provided, 3N=Medication Administered	O
474-8E	DUR/PPS LEVEL OF EFFORT	Future Use <i>Ø=Not Specified, 11=Level 1 (Lowest), 12=Level 2, 13=Level 3, 14=Level 4, 15=Level 5 (Highest)</i>	O
475-J9	DUR CO-AGENT ID QUALIFIER	Future Use	O
476-H6	DUR CO-AGENT ID	Future Use	O

TRANSACTION TYPE B3- REBILL

The transaction segments and fields to be used in the POS System for the ReBill transaction are as follows:

REQUEST TRANSACTION

(NCPDP Mandatory)

Transaction Header Segment			
Field	Field Name	Value	Mandatory or Optional
101-A1	BIN NUMBER	Reject if not Medicaid	M
102-A2	VERSION/RELEASE NUMBER	Must be 5.1 to 5.5	M
103-A3	TRANSACTION CODE	Must be B3	M
104-A4	PROCESSOR CONTROL NUMBER	Not Used	O
109-A9	TRANSACTION COUNT	Number of claims billed. Must be 1 if compound billed Valid values 1-4	M
202-B2	SERVICE PROVIDER QUALIFIER	Future Use Blank=Not Specified, Ø1=National Provider Identifier (NPI), Ø2=Blue Cross, Ø3=Blue Shield, Ø4=Medicare, Ø5=Medicaid, Ø6=UPIN, Ø7=NCPDP Provider ID, Ø8=State License, Ø9=Champus, 1Ø=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA), 13=State Issued, 14=Plan Specific, 99=Other	O
201-B1	SERVICE PROVIDER ID	Must be valid Medicaid Provider and Same SERVICE PROVIDER ID as on claim being reversed	M
401-D1	DATE OF SERVICE	Must be calendar date and not in the future (If after 10PM then tomorrows date is okay) Must be same date as DATE OF SERVICE on claim being reversed	M
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not Used	O

(NCPDP Optional)

Patient Segment			
Field	Field Name	Value	Mandatory or Optional

111-AM	SEGMENT IDENTIFICATION	Must be 01	M
331-CX	PATIENT ID QUALIFIER	Future Use Blank=Not Specified, 01=Social Security Number, 02=Driver's License Number, 03=U.S. Military ID, 99=Other	O
332-CY	PATIENT ID	Must be PACMIS or SSN	O
304-C4	DATE OF BIRTH	Must Match DOB in Recipient File	M
305-C5	PATIENT GENDER CODE	Overridden from Recipient file 0=Not Specified, 1=Male, 2=Female	O
310-CA	PATIENT FIRST NAME	First 5 characters must match to Recipient Master	O
311-CB	PATIENT LAST NAME	First 5 characters must match to Recipient Master	O
322-CM	PATIENT STREET ADDRESS	Not Used	O
323-CN	PATIENT CITY ADDRESS	Not Used	O
324-CO	PATIENT STATE / PROVINCE ADDRESS	Not Used	O
325-CP	PATIENT ZIP / POSTAL ZONE	Not Used	O
326-CQ	PATIENT PHONE NUMBER	Not Used	O
307-C7	PATIENT LOCATION	Not Used 0=Not Specified, 1=Home, 2=Inter-Care, 3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home, 6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 10=Outpatient, 11=Hospice	O
333-CZ	EMPLOYER ID	Not Used	O
334-1C	SMOKER / NON-SMOKER CODE	Future use Blank=Not Specified, 1=Non-Smoker, 2=Smoker	O
335-2C	PREGNANCY INDICATOR	Edit for valid values (therapeutic class specific).	O
NCPDP VERSION 5.2			
350-HN	PATIENT E-MAIL ADDRESS	Not Used	O

(NCPDP Mandatory)

Insurance Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 04	M
302-C2	CARDHOLDER ID	If no patient data sent then must be PACMIS ID or SSN	O
312-CC	CARDHOLDER FIRST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
313-CD	CARDHOLDER LAST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
314-CE	HOME PLAN	Not Used	O
524-FO	PLAN ID	Not Used	O
309-C9	ELIGIBILITY CLARIFICATION CODE	Not Used 0=Not Specified, 1=No Override, 2=Override, 3=Full Time Student, 4=Disabled Dependent, 5=Dependent Parent, 6=Significant Other	O
336-8C	FACILITY ID	Not Used	O
301-C1	GROUP ID	Not Used	O
303-C3	PERSON CODE	Not Used	O
306-C6	PATIENT RELATIONSHIP CODE	Not Used 0=Not Specified, 1=Cardholder, 2=Spouse, 3=Child, 4=Other	O

REPEAT THE FOLLOWING SEGMENTS ONCE FOR EACH CLAIM, NOTE: THE COMPOUND SEGMENT CAN ONLY BE SUBMITTED WITH ONE CLAIM IN THE REQUEST.

Does payer/processor support partial fills? YES
(NCPDP Mandatory)

Claim Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 07	M
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	Blank=Not Specified, or 1=Rx Billing Blank=Not Specified, 1=Rx Billing, 2=Service Billing	M
402-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER	Must match the PRESCRIPTION/SERVICE REFERENCE NUMBER of claim being reversed. Must be other than zeros	M
436-E1	PRODUCT / SERVICE ID QUALIFIER	Future use all codes Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
407-D7	PRODUCT / SERVICE ID	Must be valid NDC or UPC unless Compound billing then NOT USED	M
456-EN	ASSOCIATED PRESCRIPTION / SERVICE REFERENCE #	Future Use	O
457-EP	ASSOCIATED PRESCRIPTION / SERVICE DATE	Future Use	O
458-SE	PROCEDURE MODIFIER CODE COUNT	Future Use Valid values 0-9	O
459-ER	PROCEDURE MODIFIER CODE	Future Use Refer to CPT4 & HCPCS for valid values	O
442-E7	QUANTITY DISPENSED	Must be greater than zeros and within Minimum/Maximum on pricing file	M
403-D3	FILL NUMBER	Future Use	O
405-D5	DAYS SUPPLY	Must be greater than zeros and within Minimum/Maximum on pricing file	O
406-D6	COMPOUND CODE	Zero=Not Specified, 1=Not a Compound, 2=Compound	O
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE	If 1 then pay EAC - only traditional Blank or zeros=No product selection indicated, 1=Substitution not allowed by prescriber, 2=Substitution allowed - Patient requested Product dispensed, 3=Substitution allowed-Pharmacist selected product dispensed, 4=Substitution allowed-generic drug not in stock, 5=Substitution allowed-Brand drug dispensed as a generic, 6=Override, 7=Substitution not allowed-Brand drug mandated by law, 8=Substitution allowed-generic drug not available in marketplace, 9=Other	O
414-DE	DATE PRESCRIPTION WRITTEN	Future Use Valid Date if Sent	O
415-DF	NUMBER OF REFILLS AUTHORIZED	Not Used	O
419-DJ	PRESCRIPTION ORIGIN CODE	Future Use Zero=Not specified, 1=written, 2=telephone, 3=electronic, 4=facsimile	O
420-DK	SUBMISSION CLARIFICATION CODE	If code =8 then OVERRIDE and pay compound claims that would have been denied for containing non-covered drugs Zero=Not specified, 1=No override, 2=Other override, 3=Vacation supply, 4=Lost prescription, 5=Therapy change, 6=Starter dose, 7=Medically necessary, 8=Process compound for approved ingredients, 9=Encounters, 99=Other	O
460-ET	QUANTITY PRESCRIBED	Future Use	O
308-C8	OTHER COVERAGE CODE	Future Use Zeros=Not specified, 01=No other coverage, 02=Other coverage exists-payment collected, 03=Other coverage exists-claim not covered, 04=Other coverage exists-payment not collected, 05=Managed care plan denial, 06=Other coverage denied-not participating provider, 07=Other coverage exists-not in effect on DOS, 08=Claim is billing for copay	O

429-DT	UNIT DOSE INDICATOR	Continue Current use of this field Zero=Not specified, 1=Not unit dose, 2=Manufacturer unit dose, 3=Pharmacy unit dose, 4=Custom packaging	O
453-EJ	ORIG PRESCRIBED PRODUCT / SERVICE ID QUALIFIER	Future Use Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
445-EA	ORIGINALLY PRESCRIBED PRODUCT / SERVICE CODE	Future Use	O
446-EB	ORIGINALLY PRESCRIBED QUANTITY	Future Use	O
330-CW	ALTERNATE ID	Not Used	O
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	Not Used	O
600-28	UNIT OF MEASURE	Future Use EA=Each, GM=Grams, ML=Milliliters	O
418-DI	LEVEL OF SERVICE	Future Use Zero=Not specified, 1=Patient consultation, 2=Home delivery, 3=Emergency, 4=24 hour service, 5=Patient consultation regarding generic product selection, 6=In-home service	O
461-EU	PRIOR AUTHORIZATION TYPE CODE	Future Use Zero=Not specified, 1=Prior authorization, 2=Medical certification, 3=EPSDT, 4=Exemption from copay, 5=Exemption from RX, 6=Family Plan Indic, 7=AFDC, 8=Payer defined exemption	O
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Prior Authorization Number issued by Medicaid/Foster Care Match current process	O
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	Not Used Ø=Not Specified, 1=Intermediary Authorization, 99=Other Override	O
464-EX	INTERMEDIARY AUTHORIZATION ID	Not Used	O
343-HD	DISPENSING STATUS	If 'C' Completion of partial fill, then no dispensing fee is paid. Allow only one partial fill per dispensing. Bypass ER only for Completion Blank=Not specified, P=Partial fill, C=Completion of partial fill	O
344-HF	QUANTITY INTENDED TO BE DISPENSED	Must be greater than zero if dispensing status is P	O
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Must be greater than zero if dispensing status is P	O

(NCPDP Optional)

Pharmacy Provider Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 02	M
465-EY	PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
444-E9	PROVIDER ID	Not Used	O

(NCPDP Optional)

Prescriber Segment			
Field	Field Name	Value	Mandatory or Optional

111-AM	SEGMENT IDENTIFICATION	Must be 03	M
466-EZ	PRESCRIBER ID QUALIFIER	Future Use Blank=Not specified, 01=National provider identifier, 02=Blue cross, 03=Blue shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP provider id, 08=State license, 09=Champus, 10=Health industry number, 11=Federal tax id, 12=Drug enforcement administration number, 13=State issued, 14=Plan specific, 99=Other	O
411-DB	PRESCRIBER ID	Any Value but zero	M
467-1E	PRESCRIBER LOCATION CODE	Not Used	O
427-DR	PRESCRIBER LAST NAME	Not Used	O
498-PM	PRESCRIBER PHONE NUMBER	Future Use	O
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
421-DL	PRIMARY CARE PROVIDER ID	Not Used	O
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	Not Used	O
470-4E	PRIMARY CARE PROVIDER LAST NAME	Not Used	O

Does payer/processor support COB? YES
(NCPDP Optional)

COB/Other Payments Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 05	M
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT	Values 0-9	M
338-5C	OTHER PAYER COVERAGE TYPE	Future use Blank=Not Specified, 01=Primary, 02=Secondary, 03=Tertiary, 98=Coupon, 99=Composite	O
339-6C	OTHER PAYER ID QUALIFIER	Future use Blank=Not Specified, 01=National Payer ID, 02=Health Industry Number (HIN), 03=Bank Information Number (BIN), 04=National Association of Insurance Commissioners (NAIC), 09=Coupon, 99=Other	O
340-7C	OTHER PAYER ID	Future use	O
443-E8	OTHER PAYER DATE	Future use	O
341-HB	OTHER PAYER AMOUNT PAID COUNT	Valid Values 0-9	O
341-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Future Use Blank=Not specified, 01=Delivery, 02=Shipping, 03=Postage, 04=Administrative, 05=Incentive, 06=Cognitive Service, 07=Drug benefit, 08=Sum of all reimbursement, 98=Coupon, 99=Other	O
431-DV	OTHER PAYER AMOUNT PAID	Greater than zero. Treat as TPL amount.	O
471-5E	OTHER PAYER REJECT COUNT	Valid values 00-99	O
472-6E	OTHER PAYER REJECT CODE	Future use NCPDP reject code	O
NCPDP VERSION 5.5			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Valid Values 0-9	O
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Future use	O
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Future Use	O

(NCPDP Optional)

Workers' Compensation Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 06	M
434-DY	DATE OF INJURY	Not Used	O
315-CF	EMPLOYER NAME	Not Used	O
316-CG	EMPLOYER STREET ADDRESS	Not Used	O
317-CH	EMPLOYER CITY ADDRESS	Not Used	O
318-CI	EMPLOYER STATE / PROVINCE ADDRESS	Not Used	O
319-CJ	EMPLOYER ZIP / POSTAL ZONE	Not Used	O
320-CK	EMPLOYER PHONE NUMBER	Not Used	O
321-CL	EMPLOYER CONTACT NAME	Not Used	O
327-CR	CARRIER ID	Future Use	O
435-DZ	CLAIM / REFERENCE ID	Future Use	O

(NCPDP Optional)

DUR/PPS Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 08	M
473-7E	DUR/PPS CODE COUNTER	Valid Values 1-9	M
439-E4	REASON FOR SERVICE CODE	Future Use Additional Drug Needed, AN=Prescription Authentication, AR=Adverse Drug Reaction, AT=Additive Toxicity, CD=Chronic Disease Management, CH=Call Help Desk, CS=Patient Complaint/Symptom, DA=Drug-Allergy, DC=Drug-Disease (Inferred), DD=Drug-Drug Interaction, DF=Drug-Food interaction, DI=Drug Incompatibility, DL=Drug-Lab Conflict, DM=Apparent Drug Misuse, DS=Tobacco Use, ED=Patient Education/Instruction, ER=Overuse, EX=Excessive Quantity, HD=High Dose, IC=Iatrogenic Condition, ID=Ingredient Duplication, LD=Low Dose, LK=Lock In Recipient, LR=Underuse, MC=Drug-Disease (Reported), MN=Insufficeint Duration, MS=Missing Information/Clarification, MX=Excessive Duration, NA=Drug Not Available, NC=Non-covered Drug Purchase, ND=New Disease/Diagnosis, NF=Non-Formulary Drug, NN=Unnecessary Drug, NP=New Patient Processing, NR=Lactation/Nursing Interaction, NS=Insufficient Quantity, OH=Alcohol Conflict, PA=Drug-Age, PC=Patient Question/Concern, PG=Drug-Pregnancy, PH=Preventive Health Care, PN=Prescriber Consultation, PP=Plan Protocol, SC=Suboptimal Compliance, SD=Suboptimal Drug/Indication, SE=Side Effect, SF=Suboptimal Dosage Form, SR=Suboptimal Regimen, SX=Drug-Gender, TD=Therapeutic, TN=Laboratory Test Needed, TP=Payer/Processor Question, PR=Prior Adverse Reaction, PS=Product Selection Opportunity, RE=Suspected Environmental Risk, RF=Health Provider Referral	O
440-E5	PROFESSIONAL SERVICE CODE	Future Use ØØ=No intervention, AS=Patient assessment, CC=Coordination of care, DE=Dosing evaluation/determination, FE=Formulary enforcement, GP=Generic product selection, MA=Medication administration, MØ=Prescriber consulted, MR=Medication review, PE=Patient education/instruction, PH=Patient medication history, PM=Patient monitoring, PØ=Patient consulted, PT=Perform laboratory test, RØ=Pharmacist consulted other source, RT=Recommend laboratory test, SC=Self-care consultation, SW=Literature search/review, TC=Payer/processor consulted, TH=Therapeutic product interchange	O

441-E6	RESULT OF SERVICE CODE	Future Use ØØ=Not Specified, 1A=Filled As Is, False Positive, 1B=Filled Prescription As Is, 1C=Filled, With Different Dose, 1D=Filled, With Different Directions, 1E=Filled, With Different Drug, 1F=Filled, With Different Quantity, 1G=Filled, With Prescriber Approval, 1H=Brand-to- Generic Change, 1J=Rx-to-OTC Change, 1K=Filled with Different Dosage Form, 2A=Prescription Not Filled, 2B=Not Filled, Directions Clarified, 3A=Recommendation Accepted, 3B=Recommendation Not Accepted, 3C=Discontinued Drug, 3D=Regimen Changed, 3E=Therapy Changed, 3F=Therapy Changed-cost increased acknowledged, 3G=Drug Therapy Unchanged, 3H=Follow-Up/Report, 3J=Patient Referral, 3K=Instructions Understood, 3M=Compliance Aid Provided, 3N=Medication Administered	O
474-8E	DUR/PPS LEVEL OF EFFORT	Future Use Ø=Not Specified, 11=Level 1 (Lowest), 12=Level 2, 13=Level 3, 14=Level 4, 15=Level 5 (Highest)	O
475-J9	DUR CO-AGENT ID QUALIFIER	Future Use	O
476-H6	DUR CO-AGENT ID	Future Use	O

(NCPDP Mandatory)

Pricing Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 11	M
409-D9	INGREDIENT COST SUBMITTED	Future Use	O
412-DC	DISPENSING FEE SUBMITTED	Future Use	O
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	Future Use	O
433-DX	PATIENT PAID AMOUNT SUBMITTED	Future Use	O
438-E3	INCENTIVE AMOUNT SUBMITTED	Future Use	O
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Valid values 0-9	O
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Future Use Blank=Not Specified, Ø1=Delivery Cost, Ø2=Shipping Cost, Ø3=Postage Cost, Ø4=Administrative Cost, 99=Other	O
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	Future Use	O
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	Not Used	O
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	Not Used	O
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	Not Used	O
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	Not Used Blank=Not Specified, Ø1=Gross Amount Due, Ø2=Ingredient Cost, Ø3=Ingredient Cost + Dispensing Fee	O
426-DQ	USUAL AND CUSTOMARY CHARGE	If not submitted thane Gross Amount Due	M
430-DU	GROSS AMOUNT DUE	Use when USUAL AND CUSTOMARY CHARGE = 0	O
423-DN	BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, ØØ=Not Specified, Ø1=AWP (Average Wholesale Price), Ø2=Local Wholesaler, Ø3=Direct, Ø4=EAC (Estimated Acquisition Cost), Ø5=Acquisition, Ø6=MAC (Maximum Allowable Cost), Ø7=Usual & Customary, Ø8=Disproportionate Share Pricing/Public Health Service, Ø9=Other	O

(NCPDP Optional)

Coupon Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 09	M
485-KE	COUPON TYPE	Future Use Blank=Not specified, 01=Price discount, 02=Free product, 99=Other	O

486-ME	COUPON NUMBER	Not Used	O
487-NE	COUPON VALUE AMOUNT	Future Use	O

(Max # 25 recommended)

Does payer/processor support compounds online? Yes

Does payer/processor use the Compound Segment? Yes

If yes, please include the following information:

Which method of billing for compounds do you support?

- 2) Using the Claim and Compound Segments (recommended)

(NCPDP Optional)

Compound Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 10	M
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Must be valid value 01 - 18 Blank=Not specified, 01=Capsule, 02=Ointment, 03=Cream, 04=Suppository, 05=Powder, 06=Emulsion, 07=Liquid, 10=Tablet, 11=Solution, 12=Suspension, 13=Lotion, 14=Shampoo, 15=Elixer, 16=Syrup, 17=Lozenge, 18=Enema	M
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	Must be valid value 1=Each, 2=Grams, 3=Milliliters	M
452-EH	COMPOUND ROUTE OF ADMINISTRATION	Must be valid value 1 - 22 Zero=Not specified, 1=Buccal, 2=Dental, 3=Inhalation, 4=Injection, 5=Intraperitoneal, 6=Irrigation, 7=Mouth/Throat, 8=Mucous Membrane, 9=Nasal, 10=Ophthalmic, 11=Oral, 12=Other/miscellaneous, 13=Otic, 14=Perfusion, 15=Rectal, 16=Sublingual, 17=Topical, 18=Transdermal, 19=Translingual, 20=Urethral, 21=Vaginal, 22=Enteral	O
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Valid Values 01-99	M
488-RE	COMPOUND PRODUCT ID QUALIFIER	Future Use Blank=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
489-TE	COMPOUND PRODUCT ID	Must be valid NDC or UPC Pay for covered items only and must be one covered Drug Pay dispensing fee for each covered drug not to exceed 3 FEES	M
448-ED	COMPOUND INGREDIENT QUANTITY	Greater than zero	M
449-EE	COMPOUND INGREDIENT DRUG COST	Future Use	O
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, 01=AWP (Average Wholesale Price), 02=Local Wholesaler, 03=Direct, 04=EAC (Estimated Acquisition Cost), 05=Acquisition, 06=MAC (Maximum Allowable Cost), 07=Usual & Customary, 09=Other	O

(NCPDP Optional)

Prior Authorization Segment			
Field	Field Name	Value	Mandatory or Optional

111-AM	SEGMENT IDENTIFICATION	Must be 12	M
498-PA	REQUEST TYPE	Not Used 1=Initial, 2=Reauthorization, 3=Deferred	O
498-PB	REQUEST PERIOD DATE-BEGIN	Not Used	O
498-PC	REQUEST PERIOD DATE-END	Not Used	O
498-PD	BASIS OF REQUEST	Not used ME=Medical Exception, PR=Plan Requirement, PL=Increase Plan Limitation	O
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	Not Used	O
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	Not Used	O
487-OG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	Not Used	O
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	Not Used	O
498-PJ	AUTHORIZED REPRESENTATIVE STATE / PROVINCE ADDRESS	Not Used	O
498-PK	AUTHORIZED REPRESENTATIVE ZIP / POSTAL ZONE	Not Used	O
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	Prior Authorization Number issued by Medicaid/Foster Care	O
503-F3	AUTHORIZATION NUMBER	Not Used	O
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	Not Used	O

(NCPDP Optional)

Clinical Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 13	M
491-VE	DIAGNOSIS CODE COUNT	Valid Values 0-9	O
492-WE	DIAGNOSIS CODE QUALIFIER	Future Use Blank=Not Specified, ØØ=Not Specified, Ø1=International Classification of Diseases (ICD9), Ø2=International Classification of Diseases (ICD10), Ø3=National Criteria Care Institute (NCCI), Ø4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED), Ø5=Common Dental Terminology (CDT), Ø6=Medi-Span Diagnosis Code, Ø7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV), 99=Other	O
424-DO	DIAGNOSIS CODE	Not edited as valid, but match for certain ICD-9-CM for certain NDC's, UPC's	O
493-XE	CLINICAL INFORMATION COUNTER	Future Use Valid vales 1-9	O
494-ZE	MEASUREMENT DATE	Future Use	O
495-H1	MEASUREMENT TIME	Future Use	O
496-H2	MEASUREMENT DIMENSION	Future use Blank=Not Specified, Ø1=Blood Pressure (BP), Ø2=Blood Glucose, Ø3=Temperature, Ø4=Serum Creatinine (SCr), Ø5=Glycosylated Hemoglobin (HbA1c), Ø6=Sodium (Na+), Ø7=Potassium (K+), Ø8=Calcium (Ca++), Ø9=Serum Glutamic-Oxaloacetic Transaminase (SGOT), 10=Serum Glutamic-Pyruvic Transaminase (SGPT), 11=Alkaline Phosphatase, 12=Theophylline, 13=Digoxin, 14=Weight, 15=Body Surface Area (BSA), 16=Height, 17=Creatinine Clearance (CrCl), 18=Cholesterol, 19=Low Density Lipoprotein (LDL), 20=High Density Lipoprotein (HDL), 21=Triglycerides (TG), 22=Bone Mineral Density (BMD T-Score), 23=Prothrombin Time (PT), 24=Hemoglobin (Hb; Hgb), 25=Hematocrit (Hct), 26=White Blood Cell Count (WBC), 27=Red Blood Cell Count (RBC), 28=Heart Rate, 29=Absolute Neutrophil Count (ANC), 30=Activated Partial Thromboplastin Time (APTT), 31=CD4 Count, 32=Partial Thromboplastin Time (PTT), 33=T-Cell Count, 34=INR-International Normalized Ratio, 99=Other	O

497-H3	MEASUREMENT UNIT	Future Use Blank=Not Specified, Ø1=Inches (In), Ø2=Centimeters (cm), Ø3=Pounds (lb), Ø4=Kilograms (kg), Ø5=Celsius (C), Ø6=Fahrenheit (F), Ø7=Meters squared (m2), Ø8=Milligrams per deciliter (mg/dl), Ø9=Units per milliliter (U/ml), 1Ø=Millimeters of mercury (mmHg), 11=Centimeters squared (cm2), 12=Milliliters per minute (ml/min), 13=Percent (%), 14=Milliequivalents per milliliter (mEq/ml), 15=International units per liter (IU/L), 16=Micrograms per milliliter (mcg/ml), 17=Nanograms per milliliter (ng/ml), 18=Milligrams per milliliter (mg/ml), 19=Ratio, 2Ø=SI Units, 21=Millimoles (mmol/l), 22=Seconds, 23=Grams per deciliter (g/dl), 24=Cells per cubic millimeter (cells/cu mm), 25=1,ØØØ,ØØØ cells per cubic millimeter (million cells/cu mm), 26=Standard deviation, 27=Beats per minute	O
499-H4	MEASUREMENT VALUE	Future Use	O

***** ADDITIONAL INFORMATION *****

Other Information:

Sales Tax

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Coupons

Include receiving information on processing coupons.

Reduce Billed Charge when using coupon segment.	
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Pricing

Does payer/processor follow the pricing formula from the NCPDP 5.1 Implementation Guide, Sections 4.4.4 Response Pricing Segment and 4.2.9 Pricing Segment? Yes

Other Transactions supported:

Payer: Please list each transaction supported and attach a separate sheet with the segments, fields, and pertinent information on each transaction..

Transaction Code	Transaction Name
P1	Prior Authorization Request and Billing
P3	Prior Authorization Inquiry
P4	Prior Authorization RequestOnly
E1	Eligibility Inquiry

TRANSACTION TYPE P1 – PRIOR AUTHORIZATION REQUEST AND BILL

The transaction segments and fields to be used in the POS System for the Prior Authorization Request and Bill transaction are as follows:

REQUEST TRANSACTION

(NCPDP Mandatory)

Transaction Header Segment			
Field	Field Name	Value	Mandatory or Optional
101-A1	BIN NUMBER	Reject if not Valid Medicaid	M
102-A2	VERSION/RELEASE NUMBER	Must be 5.1 to 5.5	M
103-A3	TRANSACTION CODE	Must be P1	M
104-A4	PROCESSOR CONTROL NUMBER	Not Used	O

109-A9	TRANSACTION COUNT	Must be 1 Valid values 1-4	M
202-B2	SERVICE PROVIDER QUALIFIER	Future Use Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA), 13=State Issued, 14=Plan Specific, 99=Other	O
201-B1	SERVICE PROVIDER ID	Must be valid Medicaid Provider	M
401-D1	DATE OF SERVICE	Must be calendar date and not in the future (If after 10PM then tomorrows date is okay)	M
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not Used	O

(NCPDP Optional)

Patient Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 01	M
331-CX	PATIENT ID QUALIFIER	Future Use Blank=Not Specified, 01=Social Security Number, 02=Driver's License Number, 03=U.S. Military ID, 99=Other	O
332-CY	PATIENT ID	Must be Valid PACMIS or SSN	O
304-C4	DATE OF BIRTH	Must match DOB on recipient file	M
305-C5	PATIENT GENDER CODE	Overridden from Recipient file 0=Not Specified, 1=Male, 2=Female	O
310-CA	PATIENT FIRST NAME	First 5 characters must match to Recipient Master	O
311-CB	PATIENT LAST NAME	First 5 characters must match to Recipient Master	O
322-CM	PATIENT STREET ADDRESS	Not Used	O
323-CN	PATIENT CITY ADDRESS	Not Used	O
324-CO	PATIENT STATE / PROVINCE ADDRESS	Not Used	O
325-CP	PATIENT ZIP / POSTAL ZONE	Not Used	O
326-CQ	PATIENT PHONE NUMBER	Not Used	O
307-C7	PATIENT LOCATION	Future Use 0=Not Specified, 1=Home, 2=Inter-Care, 3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home, 6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 10=Outpatient, 11=Hospice	O
333-CZ	EMPLOYER ID	Not Used	O
334-1C	SMOKER / NON-SMOKER CODE	Future use Blank=Not Specified, 1=Non-Smoker, 2=Smoker	O
335-2C	PREGNANCY INDICATOR	Edit for valid values (therapeutic class specific) Blank=Not Specified, 1=Not Pregnant, 2=Pregnant	O
NCPDP VERSION 5.2			
350-HN	PATIENT E-MAIL ADDRESS	Not Used	O

(NCPDP Mandatory)

Insurance Segment			
Field	Field Name	Value	Mandatory or Optional

111-AM	SEGMENT IDENTIFICATION	Must be 04	M
302-C2	CARDHOLDER ID	If no patient data sent then must be Valid PACMIS Id or SSN	O
312-CC	CARDHOLDER FIRST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
313-CD	CARDHOLDER LAST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
314-CE	HOME PLAN	Not Used	O
524-FO	PLAN ID	Not Used	O
309-C9	ELIGIBILITY CLARIFICATION CODE	Not Used Ø=Not Specified, 1=No Override, 2=Override, 3=Full Time Student, 4=Disabled Dependent, 5=Dependent Parent, 6=Significant Other	O
336-8C	FACILITY ID	Not Used	O
301-C1	GROUP ID	Not Used	O
303-C3	PERSON CODE	Not Used	O
306-C6	PATIENT RELATIONSHIP CODE	Not Used Ø=Not Specified, 1=Cardholder, 2=Spouse, 3=Child, 4=Other	O

(NCPDP Mandatory)

Claim Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 07	M
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	Must be Blank=Not Specified, or 1=Rx Billing Blank=Not Specified, 1=Rx Billing, 2=Service Billing	M
402-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER	Must be other than zeros	M
436-E1	PRODUCT / SERVICE ID QUALIFIER	Future use Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPP1), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
407-D7	PRODUCT / SERVICE ID	Must be valid NDC, or UPC, unless Compound billing then NOT USED	M
456-EN	ASSOCIATED PRESCRIPTION / SERVICE REFERENCE #	Future Use	O
457-EP	ASSOCIATED PRESCRIPTION / SERVICE DATE	Future Use	O
458-SE	PROCEDURE MODIFIER CODE COUNT	Future Use Valid values 0-9	O
459-ER	PROCEDURE MODIFIER CODE	Future Use Refer to CPT4 & HCPCS for valid values	O
442-E7	QUANTITY DISPENSED	Must be greater than zeros and within Minimum/Maximum on pricing file	M
403-D3	FILL NUMBER	Future Use	O
405-D5	DAYS SUPPLY	Must be greater than zeros and within Minimum/Maximum on pricing file	O

406-D6	COMPOUND CODE	Zero=Not Specified, 1=Not a Compound, 2=Compound (Program POS system to allow Compound Drugs to be billed after a future date)	O
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE	If 1 then pay EAC – only traditional Blank or zeros=No product selection indicated, 1=Substitution not allowed by prescriber, 2=Substitution allowed – Patient requested Product dispensed, 3=Substitution allowed-Pharmacist selected product dispensed, 4=Substitution allowed-generic drug not in stock, 5=Substitution allowed-Brand drug dispensed as a generic, 6=Override, 7=Substitution not allowed-Brand drug mandated by law, 8=Substitution allowed-generic drug not available in marketplace, 9=Other	O
414-DE	DATE PRESCRIPTION WRITTEN	Future Use	O
415-DF	NUMBER OF REFILLS AUTHORIZED	Valid values zero thru 99	O
419-DJ	PRESCRIPTION ORIGIN CODE	Future Use Zero=Not specified, 1=written, 2=telephone, 3=electronic, 4=facsimile	O
420-DK	SUBMISSION CLARIFICATION CODE	If code = 8 then OVERRIDE and pay compound claims that would have been denied for containing non-covered drugs Zero=Not specified, 1=No override, 2=Other override, 3=Vacation supply, 4=Lost prescription, 5=Therapy change, 6=Starter dose, 7=Medically necessary, 8=Process compound for approved ingredients, 9=Encounters, 99=Other	O
460-ET	QUANTITY PRESCRIBED	Must be greater than zeros, QUANTITY PRESCRIBED times number of refills + 1 authorized equals the Quantity Requested from Provider	M
308-C8	OTHER COVERAGE CODE	Future Use Zeros=Not specified, 01=No other coverage, 02=Other coverage exists-payment collected, 03=Other coverage exists-claim not covered, 04=Other coverage exists-payment not collected, 05=Managed care plan denial, 06=Other coverage denied-not participating provider, 07=Other coverage exists-not in effect on DOS, 08=Claim is billing for copay	O
429-DT	UNIT DOSE INDICATOR	Continue Current use of this field Zero=Not specified, 1=Not unit dose, 2=Manufacturer unit dose, 3=Pharmacy unit dose, 4=Custom packaging	O
453-EJ	ORIG PRESCRIBED PRODUCT / SERVICE ID QUALIFIER	Future Use Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
445-EA	ORIGINALLY PRESCRIBED PRODUCT / SERVICE CODE	Future Use	O
446-EB	ORIGINALLY PRESCRIBED QUANTITY	Future Use	O
330-CW	ALTERNATE ID	Not Used	O
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	Not Used	O
600-28	UNIT OF MEASURE	Future Use EA=Each, GM=Grams, ML=Milliliters	O
418-DI	LEVEL OF SERVICE	Future Use Zero=Not specified, 1=Patient consultation, 2=Home delivery, 3=Emergency, 4=24 hour service, 5=Patient consultation regarding generic product selection, 6=In-home service	O
461-EU	PRIOR AUTHORIZATION TYPE CODE	Future Use Zero=Not specified, 1=Prior authorization, 2=Medical certification, 3=EPSDT, 4=Exemption from copay, 5=Exemption from RX, 6=Family Plan Indic, 7=AFDC, 8=Payer defined exemption	O
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Prior Authorization Number issued by Medicaid/Foster Care Match current process	O
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	Not Used Ø=Not Specified, 1=Intermediary Authorization, 99=Other Override	O
464-EX	INTERMEDIARY AUTHORIZATION ID	Not Used	O

343-HD	DISPENSING STATUS	If C "Completion of partial fill" then no dispensing fee is paid, Allow only one partial fill per dispensing, Bypass ER only for completion Blank=Not specified, P=Partial fill, C=Completion of partial fill	O
344-HF	QUANTITY INTENDED TO BE DISPENSED	Must be greater than zero if dispensing status is P	O
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Must be greater than zero if dispensing status is P	O

(NCPDP Optional)

Pharmacy Provider Segment

Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 02	M
465-EY	PROVIDER ID QUALIFIER	Future Use Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
444-E9	PROVIDER ID	Not Used	O

(NCPDP Optional)

Prescriber Segment

Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 03	M
466-EZ	PRESCRIBER ID QUALIFIER	Future Use Blank=Not specified, 01=National provider identifier, 02=Blue cross, 03=Blue shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP provider id, 08=State license, 09=Champus, 10=Health industry number, 11=Federal tax id, 12=Drug enforcement administration number, 13=State issued, 14=Plan specific, 99=Other	O
411-DB	PRESCRIBER ID	Any value except zero	M
467-1E	PRESCRIBER LOCATION CODE	Not Used	O
427-DR	PRESCRIBER LAST NAME	Not Used	O
498-PM	PRESCRIBER PHONE NUMBER	Not Used	O
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
421-DL	PRIMARY CARE PROVIDER ID	Not Used	O
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	Not Used	O
470-4E	PRIMARY CARE PROVIDER LAST NAME	Not Used	O

(NCPDP Optional)

COB/Other Payments Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 05	M
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT	Values 0-9	M
338-5C	OTHER PAYER COVERAGE TYPE	Future use Blank=Not Specified, 01=Primary, 02=Secondary, 03=Tertiary, 98=Coupon, 99=Composite	O
339-6C	OTHER PAYER ID QUALIFIER	Future use Blank=Not Specified, 01=National Payer ID, 02=Health Industry Number (HIN), 03=Bank Information Number (BIN), 04=National Association of Insurance Commissioners (NAIC), 09=Coupon, 99=Other	O
340-7C	OTHER PAYER ID	Future use	O
443-E8	OTHER PAYER DATE	Future use	O
341-HB	OTHER PAYER AMOUNT PAID COUNT	Valid Values 0-9	O
341-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Future Use Blank=Not specified, 01=Delivery, 02=Shipping, 03=Postage, 04=Administrative, 05=Incentive, 06=Cognitive Service, 07=Drug benefit, 08=Sum of all reimbursement, 98=Coupon, 99=Other	O
431-DV	OTHER PAYER AMOUNT PAID	Greater than zero. Treat as TPL amount.	O
471-5E	OTHER PAYER REJECT COUNT	Valid values 00-99	O
472-6E	OTHER PAYER REJECT CODE	Future use NCPDP reject code	O
NCPDP VERSION 5.5			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Valid Values 0-9	O
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Future use	O
352-NO	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Future Use	O

(NCPDP Optional)

Workers' Compensation Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 06	M
434-DY	DATE OF INJURY	Not Used	O
315-CF	EMPLOYER NAME	Not Used	O
316-CG	EMPLOYER STREET ADDRESS	Not Used	O
317-CH	EMPLOYER CITY ADDRESS	Not Used	O
318-CI	EMPLOYER STATE / PROVINCE ADDRESS	Not Used	O
319-CJ	EMPLOYER ZIP / POSTAL ZONE	Not Used	O
320-CK	EMPLOYER PHONE NUMBER	Not Used	O
321-CL	EMPLOYER CONTACT NAME	Not Used	O
327-CR	CARRIER ID	Future Use	O
435-DZ	CLAIM / REFERENCE ID	Future Use	O

(NCPDP Optional)

DUR/PPS Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 08	M
473-7E	DUR/PPS CODE COUNTER	Valid Values 1-9	M
439-E4	REASON FOR SERVICE CODE	Future Use AD=Additional Drug Needed, AN=Prescription Authentication, AR=Adverse Drug Reaction, AT=Additive Toxicity, CD=Chronic Disease Management, CH=Call Help Desk, CS=Patient Complaint/Symptom, DA=Drug-Allergy, DC=Drug-Disease (Inferred), DD=Drug-Drug Interaction, DF=Drug-Food interaction, DI=Drug Incompatibility, DL=Drug-Lab Conflict, DM=Apparent Drug Misuse, DS=Tobacco Use, ED=Patient Education/Instruction, ER=Overuse, EX=Excessive Quantity, HD=High Dose, IC=Iatrogenic Condition, ID=Ingredient Duplication, LD=Low Dose, LK=Lock In Recipient, LR=Underuse, MC=Drug-Disease (Reported), MN=Insufficeint Duration, MS=Missing Information/Clarification, MX=Excessive Duration, NA=Drug Not Available, NC=Non-covered Drug Purchase, ND=New Disease/Diagnosis, NF=Non-Formulary Drug, NN=Unnecessary Drug, NP=New Patient Processing, NR=Lactation/Nursing Interaction, NS=Insufficient Quantity, OH=Alcohol Conflict, PA=Drug-Age, PC=Patient Question/Concern, PG=Drug-Pregnancy, PH=Preventive Health Care, PN=Prescriber Consultation, PP=Plan Protocol, SC=Suboptimal Compliance, SD=Suboptimal Drug/Indication, SE=Side Effect, SF=Suboptimal Dosage Form, SR=Suboptimal Regimen, SX=Drug-Gender, TD=Therapeutic, TN=Laboratory Test Needed, TP=Payer/Processor Question, PR=Prior Adverse Reaction, PS=Product Selection Opportunity, RE=Suspected Environmental Risk, RF=Health Provider Referral	O
440-E5	PROFESSIONAL SERVICE CODE	Future Use ØØ=No intervention, AS=Patient assessment, CC=Coordination of care, DE=Dosing evaluation/determination, FE=Formulary enforcement, GP=Generic product selection, MA=Medication administration, MØ=Prescriber consulted, MR=Medication review, PE=Patient education/instruction, PH=Patient medication history, PM=Patient monitoring, PØ=Patient consulted, PT=Perform laboratory test, RØ=Pharmacist consulted other source, RT=Recommend laboratory test, SC=Self-care consultation, SW=Literature search/review, TC=Payer/processor consulted, TH=Therapeutic product interchange	O
441-E6	RESULT OF SERVICE CODE	Future Use ØØ=Not Specified, 1A=Filled As Is, False Positive, 1B=Filled Prescription As Is, 1C=Filled, With Different Dose, 1D=Filled, With Different Directions, 1E=Filled, With Different Drug, 1F=Filled, With Different Quantity, 1G=Filled, With Prescriber Approval, 1H=Brand-to- Generic Change, 1J=Rx-to-OTC Change, 1K=Filled with Different Dosage Form, 2A=Prescription Not Filled, 2B=Not Filled, Directions Clarified, 3A=Recommendation Accepted, 3B=Recommendation Not Accepted, 3C=Discontinued Drug, 3D=Regimen Changed, 3E=Therapy Changed, 3F=Therapy Changed-cost increased acknowledged, 3G=Drug Therapy Unchanged, 3H=Follow-Up/Report, 3J=Patient Referral, 3K=Instructions Understood, 3M=Compliance Aid Provided, 3N=Medication Administered	O
474-8E	DUR/PPS LEVEL OF EFFORT	Future Use Ø=Not Specified, 11=Level 1 (Lowest), 12=Level 2, 13=Level 3, 14=Level 4, 15=Level 5 (Highest)	O
475-J9	DUR CO-AGENT ID QUALIFIER	Future Use	O
476-H6	DUR CO-AGENT ID	Future Use	O

(NCPDP Mandatory)

Pricing Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 11	M
409-D9	INGREDIENT COST SUBMITTED	Future Use	O
412-DC	DISPENSING FEE SUBMITTED	Future Use	O
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	Future Use	O
433-DX	PATIENT PAID AMOUNT SUBMITTED	Future Use	O
438-E3	INCENTIVE AMOUNT SUBMITTED	Future Use	O
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Valid values 0-9	O

479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Future Use Blank=Not Specified, 01=Delivery Cost, 02=Shipping Cost, 03=Postage Cost, 04=Administrative Cost, 99=Other	O
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	Future Use	O
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	Not Used	O
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	Not Used	O
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	Not Used	O
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	Not Used Blank=Not Specified, 01=Gross Amount Due, 02=Ingredient Cost, 03=Ingredient Cost + Dispensing Fee	O
426-DQ	USUAL AND CUSTOMARY CHARGE	If not submitted then Gross Amount Due	M
430-DU	GROSS AMOUNT DUE	Use when USUAL and Customary Charge = 0	O
423-DN	BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, 00=Not Specified, 01=AWP (Average Wholesale Price), 02=Local Wholesaler, 03=Direct, 04=EAC (Estimated Acquisition Cost), 05=Acquisition, 06=MAC (Maximum Allowable Cost), 07=Usual & Customary, 08=Disproportionate Share Pricing/Public Health Service, 09=Other	O

(NCPDP Optional)

Coupon Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 09	M
485-KE	COUPON TYPE	Future Use Blank=Not specified, 01=Price discount, 02=Free product, 99=Other	O
486-ME	COUPON NUMBER	Not Used	O
487-NE	COUPON VALUE AMOUNT	Future Use	O

(NCPDP Optional)

Compound Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 10	M
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Must be valid value 01 - 18 Blank=Not specified, 01=Capsule, 02=Ointment, 03=Cream, 04=Suppository, 05=Powder, 06=Emulsion, 07=Liquid, 10=Tablet, 11=Solution, 12=Suspension, 13=Lotion, 14=Shampoo, 15=Elixer, 16=Syrup, 17=Lozenge, 18=Enema	M
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	Must be valid value 1=Each, 2=Grams, 3=Milliliters	M
452-EH	COMPOUND ROUTE OF ADMINISTRATION	Must be valid value 1 - 22 Zero=Not specified, 1=Buccal, 2=Dental, 3=Inhalation, 4=Injection, 5=Intraperitoneal, 6=Irrigation, 7=Mouth/Throat, 8=Mucous Membrane, 9=Nasal, 10=Ophthalmic, 11=Oral, 12=Other/miscellaneous, 13=Otic, 14=Perfusion, 15=Rectal, 16=Sublingual, 17=Topical, 18=Transdermal, 19=Translingual, 20=Urethral, 21=Vaginal, 22=Enteral	M
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Valid Values 01-99	M

488-RE	COMPOUND PRODUCT ID QUALIFIER	Future Use Blank=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
489-TE	COMPOUND PRODUCT ID	Only those NDC's or UPC's that require prior authorization will be retained in the prior authorization record. Must be valid NDC or UPC Pay for covered items only and must be one covered Drug Pay dispensing fee for each covered drug not to exceed 3 FEES	M
448-ED	COMPOUND INGREDIENT QUANTITY	Quantity times number of refills + 1 = total requested	M
449-EE	COMPOUND INGREDIENT DRUG COST	Future Use	O
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, 01=AWP (Average Wholesale Price), 02=Local Wholesaler, 03=Direct, 04=EAC (Estimated Acquisition Cost), 05=Acquisition, 06=MAC (Maximum Allowable Cost), 07=Usual & Customary, 09=Other	O

(NCPDP Mandatory)

Prior Authorization Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 12	M
498-PA	REQUEST TYPE	Not Used 1=Initial, 2=Reauthorization, 3=Deferred	O
498-PB	REQUEST PERIOD DATE-BEGIN	Must be valid date	M
498-PC	REQUEST PERIOD DATE-END	Must be valid date and can not be before REQUEST PERIOD DATE-BEGIN	O
498-PD	BASIS OF REQUEST	Future Use ME=Medical Exception, PR=Plan Requirement, PL=Increase Plan Limitation	O
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	Not Used	O
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	Not Used	O
487-OG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	Not Used	O
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	Not Used	O
498-PJ	AUTHORIZED REPRESENTATIVE STATE / PROVINCE ADDRESS	Not Used	O
498-PK	AUTHORIZED REPRESENTATIVE ZIP / POSTAL ZONE	Not Used	O
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	Prior Authorization Number Previously Issued by Medicaid/Foster Care (If basis of request = PL, then provider is requesting an increase in quantity approved on existing Prior Authorization record)	O
503-F3	AUTHORIZATION NUMBER	Nor Used	O
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	Future Use	O

(NCPDP Optional)

Clinical Segment			
Field	Field Name	Value	Mandatory or Optional

111-AM	SEGMENT IDENTIFICATION	Must be 13	M
491-VE	DIAGNOSIS CODE COUNT	Valid Values 0-9	O
492-WE	DIAGNOSIS CODE QUALIFIER	Future Use Blank=Not Specified, ØØ=Not Specified, Ø1=International Classification of Diseases (ICD9), Ø2=International Classification of Diseases (ICD1Ø), Ø3=National Criteria Care Institute (NCCI), Ø4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED), Ø5=Common Dental Terminology (CDT), Ø6=Medi-Span Diagnosis Code, Ø7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV), 99=Other	O
424-DO	DIAGNOSIS CODE	Not Edited as valid, but match for certain ICD-9-CM for certain NDC's or UPC's	O
493-XE	CLINICAL INFORMATION COUNTER	Future Use Valid vales 1-9	O
494-ZE	MEASUREMENT DATE	Future Use	O
495-H1	MEASUREMENT TIME	Future Use	O
496-H2	MEASUREMENT DIMENSION	Future use Blank=Not Specified, Ø1=Blood Pressure (BP), Ø2=Blood Glucose, Ø3=Temperature, Ø4=Serum Creatinine (SCr), Ø5=Glycosylated Hemoglobin (HbA1c), Ø6=Sodium (Na+), Ø7=Potassium (K+), Ø8=Calcium (Ca++), Ø9=Serum Glutamic-Oxaloacetic Transaminase (SGOT), 1Ø=Serum Glutamic-Pyruvic Transaminase (SGPT), 11=Alkaline Phosphatase, 12=Theophylline, 13=Digoxin, 14=Weight, 15=Body Surface Area (BSA), 16=Height, 17=Creatinine Clearance (CrCl), 18=Cholesterol, 19=Low Density Lipoprotein (LDL), 2Ø=High Density Lipoprotein (HDL), 21=Triglycerides (TG), 22=Bone Mineral Density (BMD T-Score), 23=Prothrombin Time (PT), 24=Hemoglobin (Hb; Hgb), 25=Hematocrit (Hct), 26=White Blood Cell Count (WBC), 27=Red Blood Cell Count (RBC), 28=Heart Rate, 29=Absolute Neutrophil Count (ANC), 3Ø=Activated Partial Thromboplastin Time (APTT), 31=CD4 Count, 32=Partial Thromboplastin Time (PTT), 33=T-Cell Count, 34=INR-International Normalized Ratio, 99=Other	O
497-H3	MEASUREMENT UNIT	Future Use Blank=Not Specified, Ø1=Inches (In), Ø2=Centimeters (cm), Ø3=Pounds (lb), Ø4=Kilograms (kg), Ø5=Celsius (C), Ø6=Fahrenheit (F), Ø7=Meters squared (m2), Ø8=Milligrams per deciliter (mg/dl), Ø9=Units per milliliter (U/ml), 1Ø=Millimeters of mercury (mmHg), 11=Centimeters squared (cm2), 12=Milliliters per minute (ml/min), 13=Percent (%), 14=Milliequivalents per milliliter (mEq/ml), 15=International units per liter (IU/L), 16=Micrograms per milliliter (mcg/ml), 17=Nanograms per milliliter (ng/ml), 18=Milligrams per milliliter (mg/ml), 19=Ratio, 2Ø=SI Units, 21=Millimoles (mmol/l), 22=Seconds, 23=Grams per deciliter (g/dl), 24=Cells per cubic millimeter (cells/cu mm), 25=1,ØØØ,ØØØ cells per cubic millimeter (million cells/cu mm), 26=Standard deviation, 27=Beats per minute	O
499-H4	MEASUREMENT VALUE	Future Use	O

TRANSACTION TYPE P3 – PRIOR AUTHORIZATION INQUIRY

The transaction segments and fields to be used in the POS System for the Prior Authorization Inquiry transaction are as follows:

REQUEST TRANSACTION

(NCPDP Mandatory)

Transaction Header Segment			
Field	Field Name	Value	Mandatory or Optional
101-A1	BIN NUMBER	Reject if not Medicaid	M

102-A2	VERSION/RELEASE NUMBER	Must be 5.1 to 5.5	M
103-A3	TRANSACTION CODE	Must be P3	M
104-A4	PROCESSOR CONTROL NUMBER	Not Used	O
109-A9	TRANSACTION COUNT	Must be 1 Valid values 1-4	M
202-B2	SERVICE PROVIDER QUALIFIER	Future Use Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA), 13=State Issued, 14=Plan Specific, 99=Other	O
201-B1	SERVICE PROVIDER ID	Must be valid Medicaid Provider and match provider ID on PA	M
401-D1	DATE OF SERVICE	Not Used	O
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not Used	O

(NCPDP Optional)

Patient Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 01	M
331-CX	PATIENT ID QUALIFIER	Not Used Blank=Not Specified, 01=Social Security Number, 02=Driver's License Number, 03=U.S. Military ID, 99=Other	O
332-CY	PATIENT ID	Must match Recipient ID on Prior Authorization Record	O
304-C4	DATE OF BIRTH	Not Used	O
305-C5	PATIENT GENDER CODE	Not Used 0=Not Specified, 1=Male, 2=Female	O
310-CA	PATIENT FIRST NAME	Not Used	O
311-CB	PATIENT LAST NAME	Not Used	O
322-CM	PATIENT STREET ADDRESS	Not Used	O
323-CN	PATIENT CITY ADDRESS	Not Used	O
324-CO	PATIENT STATE / PROVINCE ADDRESS	Not Used	O
325-CP	PATIENT ZIP / POSTAL ZONE	Not Used	O
326-CQ	PATIENT PHONE NUMBER	Not Used	O
307-C7	PATIENT LOCATION	Not Used 0=Not Specified, 1=Home, 2=Inter-Care, 3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home, 6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 10=Outpatient, 11=Hospice	O
333-CZ	EMPLOYER ID	Not Used	O
334-1C	SMOKER / NON-SMOKER CODE	Not Used Blank=Not Specified, 1=Non-Smoker, 2=Smoker	O
335-2C	PREGNANCY INDICATOR	Not Used Blank=Not Specified, 1=Not Pregnant, 2=Pregnant	O
NCPDP VERSION 5.2			
350-HN	PATIENT E-MAIL ADDRESS	Not Used	O

(NCPDP Mandatory)

Insurance Segment

Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 04	M
302-C2	CARDHOLDER ID	If no patient data sent then must match Recipient ID on Prior Authorization Record	O
312-CC	CARDHOLDER FIRST NAME	Not Used	O
313-CD	CARDHOLDER LAST NAME	Not Used	O
314-CE	HOME PLAN	Not Used	O
524-FO	PLAN ID	Not Used	O
309-C9	ELIGIBILITY CLARIFICATION CODE	Not Used Ø=Not Specified, 1=No Override, 2=Override, 3=Full Time Student, 4=Disabled Dependent, 5=Dependent Parent, 6=Significant Other	O
336-8C	FACILITY ID	Not Used	O
301-C1	GROUP ID	Not Used	O
303-C3	PERSON CODE	Not Used	O
306-C6	PATIENT RELATIONSHIP CODE	Not Used Ø=Not Specified, 1=Cardholder, 2=Spouse, 3=Child, 4=Other	O

(NCPDP Mandatory)

Claim Segment

Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 07	M
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	Not Used Blank=Not Specified, 1=Rx Billing, 2=Service Billing	O
402-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER	Not Used	O
436-E1	PRODUCT / SERVICE ID QUALIFIER	Must Match Product/Service ID on Prior Authorization Record Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
407-D7	PRODUCT / SERVICE ID	Not Used	O
456-EN	ASSOCIATED PRESCRIPTION / SERVICE REFERENCE #	Not Used	O
457-EP	ASSOCIATED PRESCRIPTION / SERVICE DATE	Not Used	O
458-SE	PROCEDURE MODIFIER CODE COUNT	Not Used Valid values 0-9	O
459-ER	PROCEDURE MODIFIER CODE	Not Used Refer to CPT4 & HCPCS for valid values	O
442-E7	QUANTITY DISPENSED	Not Used	O
403-D3	FILL NUMBER	Not Used	O
405-D5	DAYS SUPPLY	Not Used	O
406-D6	COMPOUND CODE	Not Used	O

408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE	Not Used Blank or zeros=No product selection indicated, 1=Substitution not allowed by prescriber, 2=Substitution allowed – Patient requested Product dispensed, 3=Substitution allowed- Pharmacist selected product dispensed, 4=Substitution allowed-generic drug not in stock, 5=Substitution allowed-Brand drug dispensed as a generic, 6=Override, 7=Substitution not allowed-Brand drug mandated by law, 8=Substitution allowed-generic drug not available in marketplace, 9=Other	0
414-DE	DATE PRESCRIPTION WRITTEN	Not Used	0
415-DF	NUMBER OF REFILLS AUTHORIZED	Not Used	0
419-DJ	PRESCRIPTION ORIGIN CODE	Not Used Zero=Not specified, 1=written, 2=telephone, 3=electronic, 4=facsimile	0
420-DK	SUBMISSION CLARIFICATION CODE	Not Used Zero=Not specified, 1=No override, 2=Other override, 3=Vacation supply, 4=Lost prescription, 5=Therapy change, 6=Starter dose, 7=Medically necessary, 8=Process compound for approved ingredients, 9=Encounters, 99=Other	0
460-ET	QUANTITY PRESCRIBED	Not Used	0
308-C8	OTHER COVERAGE CODE	Not Used Zeros=Not specified, 01=No other coverage, 02=Other coverage exists-payment collected, 03=Other coverage exists-claim not covered, 04=Other coverage exists-payment not collected, 05=Managed care plan denial, 06=Other coverage denied-not participating provider, 07=Other coverage exists-not in effect on DOS, 08=Claim is billing for copay	0
429-DT	UNIT DOSE INDICATOR	Not Used Zero=Not specified, 1=Not unit dose, 2=Manufacturer unit dose, 3=Pharmacy unit dose, 4=Custom packaging	0
453-EJ	ORIG PRESCRIBED PRODUCT / SERVICE ID QUALIFIER	Not Used Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	0
445-EA	ORIGINALLY PRESCRIBED PRODUCT / SERVICE CODE	Not Used	0
446-EB	ORIGINALLY PRESCRIBED QUANTITY	Not Used	0
330-CW	ALTERNATE ID	Not Used	0
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	Not Used	0
600-28	UNIT OF MEASURE	Not Used EA=Each, GM=Grams, ML=Milliliters	0
418-DI	LEVEL OF SERVICE	Not Used Zero=Not specified, 1=Patient consultation, 2=Home delivery, 3=Emergency, 4=24 hour service, 5=Patient consultation regarding generic product selection, 6=In-home service	0
461-EU	PRIOR AUTHORIZATION TYPE CODE	Not Used Zero=Not specified, 1=Prior authorization, 2=Medical certification, 3=EPSDT, 4=Exemption from copay, 5=Exemption from RX, 6=Family Plan Indic, 7=AFDC, 8=Payer defined exemption	0
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	If no Prior Authorization Segment submitted, then this prior authorization number must match PRIOR AUTHORIZATION NUMBER of prior authorization being inquired.	0
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	Not Used 0=Not Specified, 1=Intermediary Authorization, 99=Other Override	0
464-EX	INTERMEDIARY AUTHORIZATION ID	Not Used	0
343-HD	DISPENSING STATUS	Not Used Blank=Not specified, P=Partial fill, C=Completion of partial fill	0
344-HF	QUANTITY INTENDED TO BE DISPENSED	Not Used	0
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Not Used	0

(NCPDP Optional) (State NOT USED)

Pharmacy Provider Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 02	M
465-EY	PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
444-E9	PROVIDER ID	Not Used	O

(NCPDP Optional) (State NOT USED)

Prescriber Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 03	M
466-EZ	PRESCRIBER ID QUALIFIER	Not Used Blank=Not specified, 01=National provider identifier, 02=Blue cross, 03=Blue shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP provider id, 08=State license, 09=Champus, 10=Health industry number, 11=Federal tax id, 12=Drug enforcement administration number, 13=State issued, 14=Plan specific, 99=Other	O
411-DB	PRESCRIBER ID	Not Used	O
467-1E	PRESCRIBER LOCATION CODE	Not Used	O
427-DR	PRESCRIBER LAST NAME	Not Used	O
498-PM	PRESCRIBER PHONE NUMBER	Not Used	O
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
421-DL	PRIMARY CARE PROVIDER ID	Not Used	O
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	Not Used	O
470-4E	PRIMARY CARE PROVIDER LAST NAME	Not Used	O

(NCPDP Optional) (State NOT USED)

COB/Other Payments Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 05	M
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT	Not Used Values 0-9	M
338-5C	OTHER PAYER COVERAGE TYPE	Not Used Blank=Not Specified, 01=Primary, 02=Secondary, 03=Tertiary, 98=Coupon, 99=Composite	O
339-6C	OTHER PAYER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Payer ID, 02=Health Industry Number (HIN), 03=Bank Information Number (BIN), 04=National Association of Insurance Commissioners (NAIC), 09=Coupon, 99=Other	O

340-7C	OTHER PAYER ID	Not Used	0
443-E8	OTHER PAYER DATE	Not Used	0
341-HB	OTHER PAYER AMOUNT PAID COUNT	Not Used Valid Values 0-9	0
341-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Not Used Blank=Not specified, 01=Delivery, 02=Shipping, 03=Postage, 04=Administrative, 05=Incentive, 06=Cognitive Service, 07=Drug benefit, 08=Sum of all reimbursement, 98=Coupon, 99=Other	0
431-DV	OTHER PAYER AMOUNT PAID	Not Used	0
471-5E	OTHER PAYER REJECT COUNT	Not Used Valid values 00-99	0
472-6E	OTHER PAYER REJECT CODE	Not Used NCPDP reject code	0
NCPDP VERSION 5.5			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Not Used Valid Values 0-9	0
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Not Used	0
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Not Used	0

(NCPDP Optional) (State NOT USED)

Workers' Compensation Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 06	M
434-DY	DATE OF INJURY	Not Used	0
315-CF	EMPLOYER NAME	Not Used	0
316-CG	EMPLOYER STREET ADDRESS	Not Used	0
317-CH	EMPLOYER CITY ADDRESS	Not Used	0
318-CI	EMPLOYER STATE / PROVINCE ADDRESS	Not Used	0
319-CJ	EMPLOYER ZIP / POSTAL ZONE	Not Used	0
320-CK	EMPLOYER PHONE NUMBER	Not Used	0
321-CL	EMPLOYER CONTACT NAME	Not Used	0
327-CR	CARRIER ID	Not Used	0
435-DZ	CLAIM / REFERENCE ID	Not Used	0

(NCPDP Optional) (State NOT USED)

DUR/PPS Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 08	M

473-7E	DUR/PPS CODE COUNTER	Not Used Valid Values 1-9	0
439-E4	REASON FOR SERVICE CODE	Not Used AD=Additional Drug Needed, AN=Prescription Authentication, AR=Adverse Drug Reaction, AT=Additive Toxicity, CD=Chronic Disease Management , CH=Call Help Desk, CS=Patient Complaint/Symptom, DA=Drug-Allergy, DC=Drug-Disease (Inferred), DD=Drug-Drug Interaction, DF=Drug-Food interaction, DI=Drug Incompatibility, DL=Drug-Lab Conflict, DM=Apparent Drug Misuse, DS=Tobacco Use, ED=Patient Education/Instruction, ER=Overuse, EX=Excessive Quantity, HD=High Dose, IC=iatrogenic Condition, ID=Ingredient Duplication, LD=Low Dose, LK=Lock In Recipient , LR=Underuse, MC=Drug-Disease (Reported), MN=Insufficeint Duration, MS=Missing Information/Clarification, MX=Excessive Duration, NA=Drug Not Available, NC=Non-covered Drug Purchase, ND=New Disease/Diagnosis, NF=Non-Formulary Drug, NN=Unnecessary Drug, NP=New Patient Processing, NR=Lactation/Nursing Interaction, NS=Insufficient Quantity, OH=Alcohol Conflict, PA=Drug-Age, PC=Patient Question/Concern, PG=Drug-Pregnancy, PH=Preventive Health Care , PN=Prescriber Consultation, PP=Plan Protocol, SC=Suboptimal Compliance , SD=Suboptimal Drug/Indication, SE=Side Effect, SF=Suboptimal Dosage Form, SR=Suboptimal Regimen, SX=Drug-Gender, TD=Therapeutic, TN=Laboratory Test Needed, TP=Payer/Processor Question, PR=Prior Adverse Reaction, PS=Product Selection Opportunity, RE=Suspected Environmental Risk , RF=Health Provider Referral	0
440-E5	PROFESSIONAL SERVICE CODE	Not Used ØØ=No intervention, AS=Patient assessment, CC=Coordination of care, DE=Dosing evaluation/determination, FE=Formulary enforcement, GP=Generic product selection, MA=Medication administration, MØ=Prescriber consulted, MR=Medication review, PE=Patient education/instruction, PH=Patient medication history, PM=Patient monitoring, PØ=Patient consulted, PT=Perform laboratory test, RØ=Pharmacist consulted other source, RT=Recommend laboratory test, SC=Self-care consultation, SW=Literature search/review, TC=Payer/processor consulted, TH=Therapeutic product interchange	0
441-E6	RESULT OF SERVICE CODE	Not Used ØØ=Not Specified, 1A=Filled As Is, False Positive, 1B=Filled Prescription As Is, 1C=Filled, With Different Dose, 1D=Filled, With Different Directions, 1E=Filled, With Different Drug, 1F=Filled, With Different Quantity, 1G=Filled, With Prescriber Approval, 1H=Brand-to-Generic Change, 1J=Rx-to-OTC Change, 1K=Filled with Different Dosage Form, 2A=Prescription Not Filled, 2B=Not Filled, Directions Clarified, 3A=Recommendation Accepted, 3B=Recommendation Not Accepted, 3C=Discontinued Drug, 3D=Regimen Changed, 3E=Therapy Changed, 3F=Therapy Changed-cost increased acknowledged, 3G=Drug Therapy Unchanged, 3H=Follow-Up/Report, 3J=Patient Referral, 3K=Instructions Understood, 3M=Compliance Aid Provided, 3N=Medication Administered	0
474-8E	DUR/PPS LEVEL OF EFFORT	Not Used Ø=Not Specified, 11=Level 1 (Lowest), 12=Level 2, 13=Level 3, 14=Level 4, 15=Level 5 (Highest)	0
475-J9	DUR CO-AGENT ID QUALIFIER	Not Used	0
476-H6	DUR CO-AGENT ID	Not Used	0

(NCPDP Mandatory) (State NOT USED)

Pricing Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 11	M
409-D9	INGREDIENT COST SUBMITTED	Not Used	0
412-DC	DISPENSING FEE SUBMITTED	Not Used	0
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	Not Used	0
433-DX	PATIENT PAID AMOUNT SUBMITTED	Not Used	0
438-E3	INCENTIVE AMOUNT SUBMITTED	Not Used	0
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Not Used Valid values 0-9	0
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Not Used Blank=Not Specified, Ø1=Delivery Cost, Ø2=Shipping Cost, Ø3=Postage Cost, Ø4=Administrative Cost, 99=Other	0
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	Not Used	0

481-HA	FLAT SALES TAX AMOUNT SUBMITTED	Not Used	O
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	Not Used	O
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	Not Used	O
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	Not Used Blank=Not Specified, Ø1=Gross Amount Due, Ø2=Ingredient Cost, Ø3=Ingredient Cost + Dispensing Fee	O
426-DQ	USUAL AND CUSTOMARY CHARGE	Not Used	O
430-DU	GROSS AMOUNT DUE	Not Used	O
423-DN	BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, ØØ=Not Specified, Ø1=AWP (Average Wholesale Price), Ø2=Local Wholesaler, Ø3=Direct, Ø4=EAC (Estimated Acquisition Cost), Ø5=Acquisition, Ø6=MAC (Maximum Allowable Cost), Ø7=Usual & Customary, Ø8=Disproportionate Share Pricing/Public Health Service, Ø9=Other	O

(NCPDP Optional) (State NOT USED)

Coupon Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 09	M
485-KE	COUPON TYPE	Not Used Blank=Not specified, 01=Price discount, 02=Free product, 99=Other	O
486-ME	COUPON NUMBER	Not Used	O
487-NE	COUPON VALUE AMOUNT	Not Used	O

(NCPDP Optional)

Compound Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 10	M
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Not Used Blank=Not specified, 01=Capsule, 02=Ointment, 03=Cream, 04=Suppository, 05=Powder, 06=Emulsion, 07=Liquid, 10=Tablet, 11=Solution, 12=Suspension, 13=Lotion, 14=Shampoo, 15=Elixer, 16=Syrup, 17=Lozenge, 18=Enema	O
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	Not Used 1=Each, 2=Grams, 3=Milliliters	O
452-EH	COMPOUND ROUTE OF ADMINISTRATION	Not Used Zero=Not specified, 1=Buccal, 2=Dental, 3=Inhalation, 4=Injection, 5=Intraperitoneal, 6=Irrigation, 7=Mouth/Throat, 8=Mucous Membrane, 9=Nasal, 10=Ophthalmic, 11=Oral, 12=Other/miscellaneous, 13=Otic, 14=Perfusion, 15=Rectal, 16=Sublingual, 17=Topical, 18=Transdermal, 19=Translingual, 20=Urethral, 21=Vaginal, 22=Enteral	O
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Valid Values 01-99	M
488-RE	COMPOUND PRODUCT ID QUALIFIER	Not Used Blank=Not Specified, 03=National Drug Code (NDC) Blank=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
489-TE	COMPOUND PRODUCT ID	Must match compound Product Id on PA Record	O

448-ED	COMPOUND INGREDIENT QUANTITY	Not Used	O
449-EE	COMPOUND INGREDIENT DRUG COST	Not Used	O
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, Ø1=AWP (Average Wholesale Price), Ø2=Local Wholesaler, Ø3=Direct, Ø4=EAC (Estimated Acquisition Cost), Ø5=Acquisition, Ø6=MAC (Maximum Allowable Cost), Ø7=Usual & Customary, Ø9=Other	O

(NCPDP Optional)

Prior Authorization Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 12	M
498-PA	REQUEST TYPE	Not Used 1=Initial, 2=Reauthorization, 3=Deferred	O
498-PB	REQUEST PERIOD DATE-BEGIN	Must match Requested Period Date-Begin on PA Record	O
498-PC	REQUEST PERIOD DATE-END	Must match Requested Period Date-End on PA Record	O
498-PD	BASIS OF REQUEST	Not Used ME=Medical Exception, PR=Plan Requirement, PL=Increase Plan Limitation	O
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	Not Used	O
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	Not Used	O
487-OG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	Not Used	O
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	Not Used	O
498-PJ	AUTHORIZED REPRESENTATIVE STATE / PROVINCE ADDRESS	Not Used	O
498-PK	AUTHORIZED REPRESENTATIVE ZIP / POSTAL ZONE	Not Used	O
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	This prior authorization number must match PRIOR AUTHORIZATION NUMBER of prior authorization being inquired.	O
503-F3	AUTHORIZATION NUMBER	If not prior authorization number – assigned submitted, then this number must match the TCN of the prior authorization record.	O
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	Not Used	O

TRANSACTION TYPE P4 – PRIOR AUTHORIZATION REQUEST ONLY

The transaction segments and fields to be used in the POS System for the Prior Authorization Request Only transaction are as follows:

REQUEST TRANSACTION

(NCPDP Mandatory)

Transaction Header Segment			
Field	Field Name	Value	Mandatory or Optional
101-A1	BIN NUMBER	Reject if not Medicaid	M
102-A2	VERSION/RELEASE NUMBER	Must be 5.1 to 5.5	M
103-A3	TRANSACTION CODE	Must be P4	M

104-A4	PROCESSOR CONTROL NUMBER	Not Used	O
109-A9	TRANSACTION COUNT	Must be 1 Valid values 1-4	M
202-B2	SERVICE PROVIDER QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA), 13=State Issued, 14=Plan Specific, 99=Other	O
201-B1	SERVICE PROVIDER ID	Must be valid Medicaid Provider and must be enrolled and eligible for COS 30 on date of service requested and active on the current processing date	M
401-D1	DATE OF SERVICE	Not Used	O
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not Used	O

(NCPDP Optional)

Patient Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 01	M
331-CX	PATIENT ID QUALIFIER	Not Used Blank=Not Specified, 01=Social Security Number, 02=Driver's License Number, 03=U.S. Military ID, 99=Other	O
332-CY	PATIENT ID	Must be Pacmis ID or SSN	O
304-C4	DATE OF BIRTH	Overridden from Recipient file	O
305-C5	PATIENT GENDER CODE	Not Used 0=Not Specified, 1=Male, 2=Female	O
310-CA	PATIENT FIRST NAME	First 5 characters must match to Recipient Master	O
311-CB	PATIENT LAST NAME	First 5 characters must match to Recipient Master	O
322-CM	PATIENT STREET ADDRESS	Not Used	O
323-CN	PATIENT CITY ADDRESS	Not Used	O
324-CO	PATIENT STATE / PROVINCE ADDRESS	Not Used	O
325-CP	PATIENT ZIP / POSTAL ZONE	Not Used	O
326-CQ	PATIENT PHONE NUMBER	Not Used	O
307-C7	PATIENT LOCATION	Not Used 0=Not Specified, 1=Home, 2=Inter-Care, 3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home, 6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 10=Outpatient, 11=Hospice	O
333-CZ	EMPLOYER ID	Not Used	O
334-1C	SMOKER / NON-SMOKER CODE	Future Use Blank=Not Specified, 1=Non-Smoker, 2=Smoker	O
335-2C	PREGNANCY INDICATOR	Future Use Blank=Not Specified, 1=Not Pregnant, 2=Pregnant	O
NCPDP VERSION 5.2			
350-HN	PATIENT E-MAIL ADDRESS	Not Used	O

(NCPDP Mandatory)

Insurance Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 04	M
302-C2	CARDHOLDER ID	If no patient data sent then must be Pacmis ID or SSN	O
312-CC	CARDHOLDER FIRST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
313-CD	CARDHOLDER LAST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
314-CE	HOME PLAN	Not Used	O
524-FO	PLAN ID	Not Used	O
309-C9	ELIGIBILITY CLARIFICATION CODE	Not Used Ø=Not Specified, 1=No Override, 2=Override, 3=Full Time Student, 4=Disabled Dependent, 5=Dependent Parent, 6=Significant Other	O
336-8C	FACILITY ID	Not Used	O
301-C1	GROUP ID	Not Used	O
303-C3	PERSON CODE	Not Used	O
306-C6	PATIENT RELATIONSHIP CODE	Not Used Ø=Not Specified, 1=Cardholder, 2=Spouse, 3=Child, 4=Other	O

(NCPDP Mandatory)

Claim Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 07	M
455-EM	PRESCRIPTION / SERVICE REFERENCE NUMBER QUALIFIER	Future Use Blank=Not Specified, 1=Rx Billing, 2=Service Billing	O
402-D2	PRESCRIPTION / SERVICE REFERENCE NUMBER	Must be Other Than Zeros	O
436-E1	PRODUCT / SERVICE ID QUALIFIER	Not Used Future use all codes Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
407-D7	PRODUCT / SERVICE ID	Must be valid NDC or UPC, unless Compound billing then NOT USED	M
456-EN	ASSOCIATED PRESCRIPTION / SERVICE REFERENCE #	Not Used	O
457-EP	ASSOCIATED PRESCRIPTION / SERVICE DATE	Not Used	O
458-SE	PROCEDURE MODIFIER CODE COUNT	Future Use Valid values 0-9	O
459-ER	PROCEDURE MODIFIER CODE	Future Use Refer to CPT4 & HCPCS for valid values	O
442-E7	QUANTITY DISPENSED	Not Used	O
403-D3	FILL NUMBER	Not Used	O
405-D5	DAYS SUPPLY	Not Used	O

406-D6	COMPOUND CODE	Not Used Zero=Not Specified, 1=Not a Compound, 2=Compound	O
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE	Future Use Blank or zeros=No product selection indicated, 1=Substitution not allowed by prescriber, 2=Substitution allowed – Patient requested Product dispensed, 3=Substitution allowed- Pharmacist selected product dispensed, 4=Substitution allowed-generic drug not in stock, 5=Substitution allowed-Brand drug dispensed as a generic, 6=Override, 7=Substitution not allowed-Brand drug mandated by law, 8=Substitution allowed-generic drug not available in marketplace, 9=Other	O
414-DE	DATE PRESCRIPTION WRITTEN	Not Used	O
415-DF	NUMBER OF REFILLS AUTHORIZED	Valid values zero thru 99	O
419-DJ	PRESCRIPTION ORIGIN CODE	Not Used Zero=Not specified, 1=written, 2=telephone, 3=electronic, 4=facsimile	O
420-DK	SUBMISSION CLARIFICATION CODE	Not Used Zero=Not specified, 1=No override, 2=Other override, 3=Vacation supply, 4=Lost prescription, 5=Therapy change, 6=Starter dose, 7=Medically necessary, 8=Process compound for approved ingredients, 9=Encounters, 99=Other	O
460-ET	QUANTITY PRESCRIBED	Must be greater than zeros, (QUANTITY PRESCRIBED + 1 authorized equals the Quantity Requested from Provider)	M
308-C8	OTHER COVERAGE CODE	Not Used Zeros=Not specified, 01=No other coverage, 02=Other coverage exists-payment collected, 03=Other coverage exists-claim not covered, 04=Other coverage exists-payment not collected, 05=Managed care plan denial, 06=Other coverage denied-not participating provider, 07=Other coverage exists-not in effect on DOS, 08=Claim is billing for copay	O
429-DT	UNIT DOSE INDICATOR	Not Used Zero=Not specified, 1=Not unit dose, 2=Manufacturer unit dose, 3=Pharmacy unit dose, 4=Custom packaging	O
453-EJ	ORIG PRESCRIBED PRODUCT / SERVICE ID QUALIFIER	Not Used Blank or zeros=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 06=Drug Use Review/Professional Pharmacy Service (DUR/PPS), 07=Common Procedure Terminology (CPT4), 08=Common Procedure Terminology (CPT5), 09=Health Care Financing Administration Common Procedural Coding System (HCPCS), 10=Pharmacy Practice Activity Classification (PPAC), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	O
445-EA	ORIGINALLY PRESCRIBED PRODUCT / SERVICE CODE	Not Used	O
446-EB	ORIGINALLY PRESCRIBED QUANTITY	Not Used	O
330-CW	ALTERNATE ID	Not Used	O
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	Not Used	O
600-28	UNIT OF MEASURE	Future Use EA=Each, GM=Grams, ML=Milliliters	O
418-DI	LEVEL OF SERVICE	Not Used Zero=Not specified, 1=Patient consultation, 2=Home delivery, 3=Emergency, 4=24 hour service, 5=Patient consultation regarding generic product selection, 6=In-home service	O
461-EU	PRIOR AUTHORIZATION TYPE CODE	Not Used Zero=Not specified, 1=Prior authorization, 2=Medical certification, 3=EPSDT, 4=Exemption from copay, 5=Exemption from RX, 6=Family Plan Indic, 7=AFDC, 8=Payer defined exemption	O
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Not Used	O
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	Not Used Ø=Not Specified, 1=Intermediary Authorization, 99=Other Override	O
464-EX	INTERMEDIARY AUTHORIZATION ID	Not Used	O
343-HD	DISPENSING STATUS	Not Used Blank=Not specified, P=Partial fill, C=Completion of partial fill	O
344-HF	QUANTITY INTENDED TO BE DISPENSED	Not Used	O

345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Not Used	O
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(NCPDP Optional) (State NOT USED)

Pharmacy Provider Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 02	M
465-EY	PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
444-E9	PROVIDER ID	Not Used	O

(NCPDP Optional)

Prescriber Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 03	M
466-EZ	PRESCRIBER ID QUALIFIER	Future Use Blank=Not specified, 01=National provider identifier, 02=Blue cross, 03=Blue shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP provider id, 08=State license, 09=Champus, 10=Health industry number, 11=Federal tax id, 12=Drug enforcement administration number, 13=State issued, 14=Plan specific, 99=Other	O
411-DB	PRESCRIBER ID	Any Value	M
467-1E	PRESCRIBER LOCATION CODE	Not Used	O
427-DR	PRESCRIBER LAST NAME	Not Used	O
498-PM	PRESCRIBER PHONE NUMBER	Not Used	O
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA) Number, 13=State Issued, 14=Plan Specific, 99=Other	O
421-DL	PRIMARY CARE PROVIDER ID	Not Used	O
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	Not Used	O
470-4E	PRIMARY CARE PROVIDER LAST NAME	Not Used	O

(NCPDP Optional) (State NOT USED)

COB/Other Payments Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 05	M
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT	Not Used Values 0-9	M
338-5C	OTHER PAYER COVERAGE TYPE	Not Used Blank=Not Specified, 01=Primary, 02=Secondary, 03=Tertiary, 98=Coupon, 99=Composite	O

339-6C	OTHER PAYER ID QUALIFIER	Not Used Blank=Not Specified, 01=National Payer ID, 02=Health Industry Number (HIN), 03=Bank Information Number (BIN), 04=National Association of Insurance Commissioners (NAIC), 09=Coupon, 99=Other	0
340-7C	OTHER PAYER ID	Not Used	0
443-E8	OTHER PAYER DATE	Not Used	0
341-HB	OTHER PAYER AMOUNT PAID COUNT	Not Used Valid Values 0-9	0
341-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Not Used Blank=Not specified, 01=Delivery, 02=Shipping, 03=Postage, 04=Administrative, 05=Incentive, 06=Cognitive Service, 07=Drug benefit, 08=Sum of all reimbursement, 98=Coupon, 99=Other	0
431-DV	OTHER PAYER AMOUNT PAID	Not Used	0
471-5E	OTHER PAYER REJECT COUNT	Not Used Valid values 00-99	0
472-6E	OTHER PAYER REJECT CODE	Not Used NCPDP reject code	0
NCPDP VERSION 5.5			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Not Used Valid Values 0-9	0
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Not Used	0
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Not Used	0

(NCPDP Optional) (State NOT USED)

Workers' Compensation Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 06	M
434-DY	DATE OF INJURY	Not Used	0
315-CF	EMPLOYER NAME	Not Used	0
316-CG	EMPLOYER STREET ADDRESS	Not Used	0
317-CH	EMPLOYER CITY ADDRESS	Not Used	0
318-CI	EMPLOYER STATE / PROVINCE ADDRESS	Not Used	0
319-CJ	EMPLOYER ZIP / POSTAL ZONE	Not Used	0
320-CK	EMPLOYER PHONE NUMBER	Not Used	0
321-CL	EMPLOYER CONTACT NAME	Not Used	0
327-CR	CARRIER ID	Not Used	0
435-DZ	CLAIM / REFERENCE ID	Not Used	0

(NCPDP Optional) (State NOT USED)

DUR/PPS Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 08	M
473-7E	DUR/PPS CODE COUNTER	Valid Values 1-9	M
439-E4	REASON FOR SERVICE CODE	Not Used AD=Additional Drug Needed, AN=Prescription Authentication, AR=Adverse Drug Reaction, AT=Additive Toxicity, CD=Chronic Disease Management, CH=Call Help Desk, CS=Patient Complaint/Symptom, DA=Drug-Allergy, DC=Drug-Disease (Inferred), DD=Drug-Drug Interaction, DF=Drug-Food interaction, DI=Drug Incompatibility, DL=Drug-Lab Conflict, DM=Apparent Drug Misuse, DS=Tobacco Use, ED=Patient Education/Instruction, ER=Overuse, EX=Excessive Quantity, HD=High Dose, IC=Idrogenic Condition, ID=Ingredient Duplication, LD=Low Dose, LK=Lock In Recipient, LR=Underuse, MC=Drug-Disease (Reported), MN=Insufficient Duration, MS=Missing Information/Clarification, MX=Excessive Duration, NA=Drug Not Available, NC=Non-covered Drug Purchase, ND=New Disease/Diagnosis, NF=Non-Formulary Drug, NN=Unnecessary Drug, NP=New Patient Processing, NR=Lactation/Nursing Interaction, NS=Insufficient Quantity, OH=Alcohol Conflict, PA=Drug-Age, PC=Patient Question/Concern, PG=Drug-Pregnancy, PH=Preventive Health Care, PN=Prescriber Consultation, PP=Plan Protocol, SC =Suboptimal Compliance, SD=Suboptimal Drug/Indication, SE=Side Effect, SF=Suboptimal Dosage Form, SR=Suboptimal Regimen, SX=Drug-Gender, TD=Therapeutic, TN=Laboratory Test Needed, TP=Payer/Processor Question, PR=Prior Adverse Reaction, PS=Product Selection Opportunity, RE=Suspected Environmental Risk, RF=Health Provider Referral	O
440-E5	PROFESSIONAL SERVICE CODE	Future Use ØØ=No intervention, AS=Patient assessment, CC=Coordination of care, DE=Dosing evaluation/determination, FE=Formulary enforcement, GP=Generic product selection, MA=Medication administration, MØ=Prescriber consulted, MR=Medication review, PE=Patient education/instruction, PH=Patient medication history, PM=Patient monitoring, PØ=Patient consulted, PT=Perform laboratory test, RØ=Pharmacist consulted other source, RT=Recommend laboratory test, SC=Self-care consultation, SW=Literature search/review, TC=Payer/processor consulted, TH=Therapeutic product interchange	O
441-E6	RESULT OF SERVICE CODE	Future Use ØØ=Not Specified, 1A=Filled As Is, False Positive, 1B=Filled Prescription As Is, 1C=Filled, With Different Dose, 1D=Filled, With Different Directions, 1E=Filled, With Different Drug, 1F=Filled, With Different Quantity, 1G=Filled, With Prescriber Approval, 1H=Brand-to-Generic Change, 1J=Rx-to-OTC Change, 1K=Filled with Different Dosage Form, 2A=Prescription Not Filled, 2B=Not Filled, Directions Clarified, 3A=Recommendation Accepted, 3B=Recommendation Not Accepted, 3C=Discontinued Drug, 3D=Regimen Changed, 3E=Therapy Changed, 3F=Therapy Changed-cost increased acknowledged, 3G=Drug Therapy Unchanged, 3H=Follow-Up/Report, 3J=Patient Referral, 3K=Instructions Understood, 3M=Compliance Aid Provided, 3N=Medication Administered	O
474-8E	DUR/PPS LEVEL OF EFFORT	Future Use Ø=Not Specified, 11=Level 1 (Lowest), 12=Level 2, 13=Level 3, 14=Level 4, 15=Level 5 (Highest)	O
475-J9	DUR CO-AGENT ID QUALIFIER	Future Use	O
476-H6	DUR CO-AGENT ID	Future Use	O

(NCPDP Mandatory) (State NOT USED)

Pricing Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 11	M
409-D9	INGREDIENT COST SUBMITTED	Not Used	O
412-DC	DISPENSING FEE SUBMITTED	Not Used	O
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	Not Used	O
433-DX	PATIENT PAID AMOUNT SUBMITTED	Not Used	O
438-E3	INCENTIVE AMOUNT SUBMITTED	Not Used	O
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Not Used Valid values 0-9	O

479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Not Used Blank=Not Specified, 01=Delivery Cost, 02=Shipping Cost, 03=Postage Cost, 04=Administrative Cost, 99=Other	O***R***
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	Not Used	O***R***
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	Not Used	O
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	Not Used	O
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	Not Used	O
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	Not Used Blank=Not Specified, 01=Gross Amount Due, 02=Ingredient Cost, 03=Ingredient Cost + Dispensing Fee	O
426-DQ	USUAL AND CUSTOMARY CHARGE	Not Used	O
430-DU	GROSS AMOUNT DUE	Not Used	O
423-DN	BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, 00=Not Specified, 01=AWP (Average Wholesale Price), 02=Local Wholesaler, 03=Direct, 04=EAC (Estimated Acquisition Cost), 05=Acquisition, 06=MAC (Maximum Allowable Cost), 07=Usual & Customary, 08=Disproportionate Share Pricing/Public Health Service, 09=Other	O

(NCPDP Optional) (State NOT USED)

Coupon Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 09	M
485-KE	COUPON TYPE	Not Used Blank=Not specified, 01=Price discount, 02=Free product, 99=Other	O
486-ME	COUPON NUMBER	Not Used	O
487-NE	COUPON VALUE AMOUNT	Not Used	O

(NCPDP Optional)

Compound Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 10	M
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Not Used Blank=Not specified, 01=Capsule, 02=Ointment, 03=Cream, 04=Suppository, 05=Powder, 06=Emulsion, 07=Liquid, 10=Tablet, 11=Solution, 12=Suspension, 13=Lotion, 14=Shampoo, 15=Elixer, 16=Syrup, 17=Lozenge, 18=Enema	O
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	Not Used 1=Each, 2=Grams, 3=Milliliters	O
452-EH	COMPOUND ROUTE OF ADMINISTRATION	Not Used Zero=Not specified, 1=Buccal, 2=Dental, 3=Inhalation, 4=Injection, 5=Intraperitoneal, 6=Irrigation, 7=Mouth/Throat, 8=Mucous Membrane, 9=Nasal, 10=Ophthalmic, 11=Oral, 12=Other/miscellaneous, 13=Otic, 14=Perfusion, 15=Rectal, 16=Sublingual, 17=Topical, 18=Transdermal, 19=Translingual, 20=Urethral, 21=Vaginal, 22=Enteral	O
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Valid Values 01-99	M

488-RE	COMPOUND PRODUCT ID QUALIFIER	Future Use Blank=Not Specified, 01=Universal Product Code (UPC), 02=Health Related Item (HRI), 03=National Drug Code (NDC), 04=Universal Product Number (UPN), 05=Department of Defense (DOD), 11=National Pharmaceutical Product Interface Code (NAPPI), 12=International Article Numbering System (EAN), 13=Drug Identification Number (DIN), 99=Other	M
489-TE	COMPOUND PRODUCT ID	Only NDC's or UPC's that require prior authorization will be retained in the PA record	M
448-ED	COMPOUND INGREDIENT QUANTITY	QUANTITY times number of refills +1 = total requested	M
449-EE	COMPOUND INGREDIENT DRUG COST	Not Used	O
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Not Used Blank=Not Specified, 01=AWP (Average Wholesale Price), 02=Local Wholesaler, 03=Direct, 04=EAC (Estimated Acquisition Cost), 05=Acquisition, 06=MAC (Maximum Allowable Cost), 07=Usual & Customary, 09=Other	O

(NCPDP Mandatory)

Prior Authorization Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 12	M
498-PA	REQUEST TYPE	Not Used 1=Initial, 2=Reauthorization, 3=Deferred	O
498-PB	REQUEST PERIOD DATE-BEGIN	Must be valid date	M
498-PC	REQUEST PERIOD DATE-END	Must be valid date and after REQUEST PERIOD DATE-BEGIN	O
498-PD	BASIS OF REQUEST	Future Use ME=Medical Exception, PR=Plan Requirement, PL=Increase Plan Limitation	O
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	Not Used	O
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	Not Used	O
487-OG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	Not Used	O
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	Not Used	O
498-PJ	AUTHORIZED REPRESENTATIVE STATE / PROVINCE ADDRESS	Not Used	O
498-PK	AUTHORIZED REPRESENTATIVE ZIP / POSTAL ZONE	Not Used	O
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	Prior Authorization Number Previously Issued by Medicaid/Foster Care (If basis of request = PL, then provider is requesting an increase in quantity approved on existing Prior authorization record)	O
503-F3	AUTHORIZATION NUMBER	Not Used	O
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	Future Use	O

(NCPDP Optional)

Clinical Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 13	M
491-VE	DIAGNOSIS CODE COUNT	Valid Values 0-9	O

492-WE	DIAGNOSIS CODE QUALIFIER	Future Use Blank=Not Specified, 00=Not Specified, 01=International Classification of Diseases (ICD9), 02=International Classification of Diseases (ICD10), 03=National Criteria Care Institute (NCCI), 04=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED), 05=Common Dental Terminology (CDT), 06=Medi-Span Diagnosis Code, 07=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV), 99=Other	O
424-DO	DIAGNOSIS CODE	Not edited as valid, but match for certain ICD 9-CM for certain NDC's or UPC's	O
493-XE	CLINICAL INFORMATION COUNTER	Not Used Valid vales 1-9	O
494-ZE	MEASUREMENT DATE	Not Used	O
495-H1	MEASUREMENT TIME	Not Used	O
496-H2	MEASUREMENT DIMENSION	Not Used Blank=Not Specified, 01=Blood Pressure (BP), 02=Blood Glucose, 03=Temperature, 04=Serum Creatinine (SCr), 05=Glycosylated Hemoglobin (HbA1c), 06=Sodium (Na+), 07=Potassium (K+), 08=Calcium (Ca++), 09=Serum Glutamic-Oxaloacetic Transaminase (SGOT), 10=Serum Glutamic-Pyruvic Transaminase (SGPT), 11=Alkaline Phosphatase, 12=Theophylline, 13=Digoxin, 14=Weight, 15=Body Surface Area (BSA), 16=Height, 17=Creatinine Clearance (CrCl), 18=Cholesterol, 19=Low Density Lipoprotein (LDL), 20=High Density Lipoprotein (HDL), 21=Triglycerides (TG), 22=Bone Mineral Density (BMD T-Score), 23=Prothrombin Time (PT), 24=Hemoglobin (Hb; Hgb), 25=Hematocrit (Hct), 26=White Blood Cell Count (WBC), 27=Red Blood Cell Count (RBC), 28=Heart Rate, 29=Absolute Neutrophil Count (ANC), 30=Activated Partial Thromboplastin Time (APTT), 31=CD4 Count, 32=Partial Thromboplastin Time (PTT), 33=T-Cell Count, 34=INR-International Normalized Ratio, 99=Other	O
497-H3	MEASUREMENT UNIT	Not Used Blank=Not Specified, 01=Inches (In), 02=Centimeters (cm), 03=Pounds (lb), 04=Kilograms (kg), 05=Celsius (C), 06=Fahrenheit (F), 07=Meters squared (m2), 08=Milligrams per deciliter (mg/dl), 09=Units per milliliter (U/ml), 10=Millimeters of mercury (mmHg), 11=Centimeters squared (cm2), 12=Milliliters per minute (ml/min), 13=Percent (%), 14=Milliequivalents per milliliter (mEq/ml), 15=International units per liter (IU/L), 16=Micrograms per milliliter (mcg/ml), 17=Nanograms per milliliter (ng/ml), 18=Milligrams per milliliter (mg/ml), 19=Ratio, 20=SI Units, 21=Millimoles (mmol/l), 22=Seconds, 23=Grams per deciliter (g/dl), 24=Cells per cubic millimeter (cells/cu mm), 25=1,000,000 cells per cubic millimeter (million cells/cu mm), 26=Standard deviation, 27=Beats per minute	O
499-H4	MEASUREMENT VALUE	Not Used	O

TRANSACTION TYPE E1 - ELIGIBILITY VERIFICATION

The transaction segments and fields to be used in the POS System for the Eligibility Verification transaction are as follows:

REQUEST TRANSACTION

(NCPDP Mandatory)

Transaction Header Segment			
Field	Field Name	Value	Mandatory or Optional
101-A1	BIN NUMBER	Reject if not Medicaid	M
102-A2	VERSION/RELEASE NUMBER	Must be 5.1. through 5.5	M
103-A3	TRANSACTION CODE	Must be E1	M
104-A4	PROCESSOR CONTROL NUMBER	Not Used	O
109-A9	TRANSACTION COUNT	Must be 1	M
202-B2	SERVICE PROVIDER QUALIFIER	Future Use Blank=Not Specified, 01=National Provider Identifier (NPI), 02=Blue Cross, 03=Blue Shield, 04=Medicare, 05=Medicaid, 06=UPIN, 07=NCPDP Provider ID, 08=State License, 09=Champus, 10=Health Industry Number (HIN), 11=Federal Tax ID, 12=Drug Enforcement Administration (DEA), 13=State Issued, 14=Plan Specific, 99=Other	M
201-B1	SERVICE PROVIDER ID	Must be valid Medicaid Provider and must be enrolled and eligible for COS 30 on date of service requested and active on the current processing date	M
401-D1	DATE OF SERVICE	Must be calendar date and not in the future (If after 10PM then tomorrows date is okay)	M
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not Used	O

(NCPDP Optional)

Patient Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 01	M
331-CX	PATIENT ID QUALIFIER	Future Use Blank=Not Specified, 01=Social Security Number, 02=Driver's License Number, 03=U.S. Military ID, 99=Other	O
332-CY	PATIENT ID	Must be valid PACMIS or SSN	O
304-C4	DATE OF BIRTH	Not Used	O
305-C5	PATIENT GENDER CODE	Not Used 0=Not Specified, 1=Male, 2=Female	O
310-CA	PATIENT FIRST NAME	First 5 characters must match to Recipient Master	O
311-CB	PATIENT LAST NAME	First 5 characters must match to Recipient Master	O
322-CM	PATIENT STREET ADDRESS	Not Used	O
323-CN	PATIENT CITY ADDRESS	Not Used	O
324-CO	PATIENT STATE / PROVINCE ADDRESS	Not Used	O
325-CP	PATIENT ZIP / POSTAL ZONE	Not Used	O
326-CQ	PATIENT PHONE NUMBER	Not Used	O
307-C7	PATIENT LOCATION	Not Used 0=Not Specified, 1=Home, 2=Inter-Care, 3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home, 6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 10=Outpatient, 11=Hospice	O
333-CZ	EMPLOYER ID	Not Used	O
334-1C	SMOKER / NON-SMOKER CODE	Not Used Blank=Not Specified, 1=Non-Smoker, 2=Smoker	O
335-2C	PREGNANCY INDICATOR	Not Used Blank=Not Specified, 1=Not Pregnant, 2=Pregnant	O
NCPDP VERSION 5.2			
350-HN	PATIENT E-MAIL ADDRESS	Not Used	O

(NCPDP Mandatory)

Insurance Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 04	M
302-C2	CARDHOLDER ID	If no patient data sent then must be PACMIS ID or SSN	O
312-CC	CARDHOLDER FIRST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
313-CD	CARDHOLDER LAST NAME	If no patient data sent then first 5 characters must match to Recipient Master	O
314-CE	HOME PLAN	Not Used	O
524-FO	PLAN ID	Not Used	O
309-C9	ELIGIBILITY CLARIFICATION CODE	Not Used 0=Not Specified, 1=No Override, 2=Override, 3=Full Time Student, 4=Disabled Dependent, 5=Dependent Parent, 6=Significant Other	O
336-8C	FACILITY ID	Not Used	O

301-C1	GROUP ID	Not Used	O
303-C3	PERSON CODE	Not Used	O
306-C6	PATIENT RELATIONSHIP CODE	Not Used Ø=Not Specified, 1=Cardholder, 2=Spouse, 3=Child, 4=Other	O

(NCPDP Optional) (State NOT USED)

Pharmacy Provider Segment			
Field	Field Name	Value	Mandatory or Optional
111-AM	SEGMENT IDENTIFICATION	Must be 02	M
465-EY	PROVIDER ID QUALIFIER	Not Used Blank=Not Specified, Ø1=Drug Enforcement Administration (DEA), Ø2=State License, Ø3=Social Security Number (SSN), Ø4=Name, Ø5=National Provider Identifier (NPI), Ø6=Health Industry Number (HIN), Ø7=State Issued, 99=Other	O
444-E9	PROVIDER ID	Not Used	O

Certification Requirements:

Does payer/processor require certification? No

Test Data

Field #	NCPDP Field Name	Value	M/O
101-A1	BIN Number	601438	M
102-A2	Versions/Release Number	5.1	M
103-A3	Transaction Code	E1, B1,B2, B3, P1, P3 & P4	M
104-A4	Processor Control Number	Not Used	M
109-A9	Transaction Count	4 for each transaction	M
202-B2	Service Provider ID Qualifier	05 for all transactions	M
201-B1	Service Provider ID	700000000009	M
401-D1	Date of Service	Any	M
110-AK	Software/Vendor Certification ID	Not Used	M

Note: Use Recipient ID 5023100004

or

Recipient Name: LAST: Utah FIRST: Test2

DOB: 26Mar1950

Use NDC #: 00056016970

Use Recipient ID: 5020900000

or

Recipient Name: LAST: Utah FIRST: Test2

DOB: 11NOV

Use NDC #: 00056016970