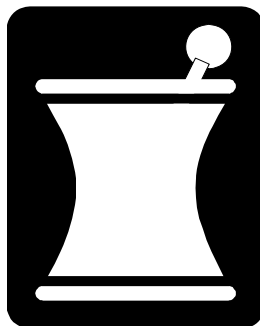




Nevada Medicaid and Nevada Check Up Specifications for NCPDP version 5.1

(Appendix B of the Pharmacy Billing Manual)



Last Updated: July 29, 2010

Revision History

May 4, 2007: NPI updates were made to the Transaction Header Segment on page 5 and to the Prescriber Segment on page 10.

July 18, 2006: Modified supported values for Field 104-A4, Processor Control Number. The supported values are now as follows:

- P031009646 = Part D duals
- P09009646 = Medicaid only

General Billing Information

Program History

On February 1, 2003, Magellan Medicaid Administration, on behalf of Nevada Medicaid and Nevada Check Up began an incremental rollout of NCPDP version 5.1.

Current NCPDP Functionality for Nevada Medicaid and Nevada Check Up

As of December 17, 2004, Nevada Medicaid and Nevada Check Up will support Partial Fills and the Multi-Ingredient Compound Segment. Required claim segment fields for Partial Fill billing are highlighted in bold text in this document.

Required Fields

Required field values for each segment are listed in the “**SUPPORTED VALUES**” column in each table. There may be additional information regarding a field value in the Pharmacy Billing Manual.

Repeating Fields

When a repeating field is “Required” or “Required When,” the maximum number of iterations is indicated in the following documentation.

Coordination of Benefits

Coordination of Benefits will be supported via the COB segment only.

Software and Vendor Requirements

Please check with your software vendor to ensure that you are able to support NCPDP v.5.1 as required by Nevada Medicaid and Nevada Check Up. Provider software should support all data elements on the required segments.

Each software vendor certify with Magellan Medicaid Administration. Upon certification, the software vendor will receive an identification number from Magellan Medicaid Administration. The identification number must be included on each claim’s transaction header segment. For information on testing / certification, contact us at (804) 934-4247.

Contact Information

For questions about claims or billing procedures, please contact our Provider Help Desk at (800) 884-3238. For assistance or information about testing and certification, contact us at (804) 934-4247.

NCPDP Version 5.1 Transaction Types

Lower Version Transaction Code	Lower Version Transaction Name	Transaction Code	Transaction Name	Transaction Support Requirements
00	Eligibility Verification	E1	Eligibility Verification	Required <future date>.
01 – 04	Rx Billing	B1	Billing	Required <2/1/2003>.
11	Rx Reversal	B2	Reversal	Required <2/1/2003>.
21 – 24	Rx Downtime Billing	N/A	N/A	Not supported in v.5.1.
31 – 34	Rx Re-billing	B3	Re-bill	Required <2/1/2003>.
41	Prior Authorization Request with Request for Payment	P1	Prior Authorization Request and Billing	Required <future date>.
45	Prior Authorization Inquiry	P3	Prior Authorization Inquiry	Required <future date>.
46	Prior Authorization Reversal	P2	Prior Authorization Reversal	Required <future date>.
51	Prior Authorization Request Only	P4	Prior Authorization Request Only	Required <future date>.
81 – 84	Rx DUR	N1	Information Reporting	May be required at a future date.
91 – 94	Rx Refill	N/A		Not supported in v.5.1.
N/A	N/A	N2	Information Reporting Reversal	May be required at a future date.
N/A	N/A	N3	Information Reporting Re-bill	May be required at a future date.
N/A	N/A	C1	Controlled Substance Reporting	May be required at a future date.
N/A	N/A	C2	Controlled Substance Reporting Reversal	May be required at a future date.
N/A	N/A	C3	Controlled Substance Reporting Re-bill	May be required at a future date.

NCPDP Version 5.1 Transaction Requirements

Some segments that are optional for NCPDP may be “Required” by Nevada Medicaid and Nevada Check Up.

In the table below: M = Mandatory; O = Optional; N = Not Sent.

NCPDP Request Segment Matrix									Segment Support Requirements
Transaction Code	E1	B1	B2	B3	P1	P2	P3	P4	Some segments may be required at a future date.
Segment									
Header	M	M	M	M	M	M	M	M	Required <2/1/2003>.
Patient	O	O	O	O	O	O	O	O	Required <2/1/2003>.
Insurance	M	M	O	M	M	O	M	M	Required <2/1/2003>.
Claim	N	M	M	M	M	M	M	M	Required <2/1/2003>.
Pharmacy Provider	O	O	N	O	O	O	O	O	May be required at a future date.
Prescriber	N	O	N	O	O	O	O	O	Required <2/1/2003>.

NCPDP Request Segment Matrix									Segment Support Requirements
Transaction Code	E1	B1	B2	B3	P1	P2	P3	P4	Some segments may be required at a future date.
COB/ Other Payments	N	O	N	O	O	N	O	O	Required <2/1/2003>.
Worker's Comp	N	O	N	O	O	O	O	O	Not required.
DUR/ PPS	N	O	O	O	O	O	O	O	Required <2/1/2003>.
Pricing	N	M	O	M	M	O	O	O	Required <2/1/2003>.
Coupon	N	O	N	O	O	O	O	O	May be required at a future date.
Compound	N	O	N	O	O	O	O	O	Required <future date>.
PA	N	O	N	O	M	O	M	M	Required <future date>.
Clinical	N	O	N	O	O	N	N	O	Required <imp date>.

Field Requirement Legend

Please note that fields listed as "Optional/ Not Required" at this time may be required in the future.

Code	Description
M	Designated as MANDATORY in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1. These fields must be sent if the segment is required for the transaction.
R	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as REQUIRED by this program. These fields must be sent if the segment is required for the transaction. REQUIRED data elements may not always be used in adjudication.
RW	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as REQUIRED WHEN by this program. These fields must be sent if the condition described is met and the segment is required for the transaction. REQUIRED WHEN data elements may not always be used in claims adjudication.
O	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as OPTIONAL/ NOT REQUIRED by this program. It is not necessary to send these fields.
X***R***	The "R***" indicates that the field is repeating. One of the other designators, 'M', 'R', 'RW' or 'O' will precede it.

Transaction Segments

TRANSACTION HEADER SEGMENT: Mandatory for all transactions.			
Field	Field Name	Field Requirement	SUPPORTED VALUES
1Ø1-A1	BIN NUMBER	M	ØØ9646 (NEVADA Medicaid)
1Ø2-A2	VERSION/RELEASE NUMBER	M	51
1Ø3-A3	TRANSACTION CODE	M	B1, B2, B3
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	PØ31ØØ9646 = Part D duals PØ9ØØ9646 = Medicaid only
1Ø9-A9	TRANSACTION COUNT	M	B1 = 1-4 (except multi-ingredient compound = 1) B2 = 1-4 (except multi-ingredient compound = 1) B3 = 1-4 (except multi-ingredient compound = 1)
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	01 = National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	M	National Provider Identifier (NPI) <Pharmacy NPI>
4Ø1-D1	DATE OF SERVICE	M	Format = CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Assigned when vendor is certified with FIRST HEALTH; will reject if missing or not valid.

PATIENT SEGMENT: Required for transactions B1 and B3.			
Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø1 = Patient Segment
331-CX	PATIENT ID QUALIFIER	O	
332-CY	PATIENT ID	O	
3Ø4-C4	DATE OF BIRTH	O	
3Ø5-C5	PATIENT GENDER CODE	O	
31Ø-CA	PATIENT FIRST NAME	R	Required for eligibility validation.
311-CB	PATIENT LAST NAME	R	Required for eligibility validation.
322-CM	PATIENT STREET ADDRESS	O	
323-CN	PATIENT CITY ADDRESS	O	
324-CO	PATIENT STATE / PROVINCE ADDRESS	O	
325-CP	PATIENT ZIP/POSTAL ZONE	O	
326-CQ	PATIENT PHONE NUMBER	O	

PATIENT SEGMENT: Required for transactions B1 and B3.

Field	Field Name	Field Requirement	SUPPORTED VALUES
307-C7	PATIENT LOCATION	RW	Required when needed to identify Long Term Care (LTC) conditions. Ø4 = Long Term Care
333-CZ	EMPLOYER ID	O	
334-1C	SMOKER / NON-SMOKER CODE	O	
335-2C	PREGNANCY INDICATOR	O	

INSURANCE SEGMENT: Mandatory for transactions E1, B1 and B3.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø4 = Insurance Segment
302-C2	CARDHOLDER ID	M	Medicaid ID Number <client>
312-CC	CARDHOLDER FIRST NAME	R	Required for eligibility validation.
313-CD	CARDHOLDER LAST NAME	R	Required for eligibility validation.
314-CE	HOME PLAN	O	
524-FO	PLAN ID	O	
309-C9	ELIGIBILITY CLARIFICATION CODE	O	
336-8C	FACILITY ID	O	
301-C1	GROUP ID	R	NVMEDICAID
303-C3	PERSON CODE	O	
306-C6	PATIENT RELATIONSHIP CODE	R	1 = Cardholder

CLAIM SEGMENT: Mandatory for transactions B1, B2 and B3.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø7 = Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	1 = Rx billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Ø3 = NDC
407-D7	PRODUCT/SERVICE ID	M	NDC
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	O	

CLAIM SEGMENT: Mandatory for transactions B1, B2 and B3.

Field	Field Name	Field Requirement	SUPPORTED VALUES
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	O	
458-SE	PROCEDURE MODIFIER CODE COUNT	O	
459-ER	PROCEDURE MODIFIER CODE	O***R***	
442-E7	QUANTITY DISPENSED	R	
403-D3	FILL NUMBER	R	
405-D5	DAYS SUPPLY	R	
406-D6	COMPOUND CODE	R	Ø = Not specified 1 = Not a compound 2 = Compound
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE	R	Ø = No product selection indicated 1 = Substitution not allowed by prescriber 2 = Substitution allowed – patient requested brand 3 = Substitution allowed – pharmacist selected product dispensed 4 = Substitution allowed – generic drug not in stock 5 = Substitution allowed – brand drug dispensed as generic 6 = Override 7 = Substitution not allowed – brand drug mandated by law 8 = Substitution allowed – generic drug not available in marketplace 9 = Other
414-DE	DATE PRESCRIPTION WRITTEN	R	
415-DF	NUMBER OF REFILLS AUTHORIZED	O	
419-DJ	PRESCRIPTION ORIGIN CODE	O	
420-DK	SUBMISSION CLARIFICATION CODE	R	
460-ET	QUANTITY PRESCRIBED	O	

CLAIM SEGMENT: Mandatory for transactions B1, B2 and B3.

Field	Field Name	Field Requirement	SUPPORTED VALUES
3Ø8-C8	OTHER COVERAGE CODE	R	ØØ = Not specified Ø1 = No other coverage Ø2 = Other coverage exists – payment collected Ø3 = Other coverage exists – claim not covered Ø4 = Other coverage exists – payment not collected Ø5 = Managed care plan denial Ø6 = Other coverage denied – not a participating provider Ø7 = Other coverage exists – not in effect on DOS Ø8 = Claim is billing for copay
429-DT	UNIT DOSE INDICATOR	RW	Required when the pharmacy has repackaged a non-unit dose product. 3 = Pharmacy unit dose
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	
446-EB	ORIGINALLY PRESCRIBED QUANTITY	O	
33Ø-CW	ALTERNATE ID	O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	
6ØØ-28	UNIT OF MEASURE	O	
418-DI	LEVEL OF SERVICE	RW	Required when needed to identify emergency conditions. 3 = Emergency
461-EU	PRIOR AUTHORIZATION TYPE CODE	RW	Required when needed to identify designated prior authorization and/ or override conditions. <i>See Pharmacy Billing Manual for additional details.</i>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	O	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	O	
464-EX	INTERMEDIARY AUTHORIZATION ID	O	
343-HD	DISPENSING STATUS	RW	Required when billing partial fill claims.

CLAIM SEGMENT: Mandatory for transactions B1, B2 and B3.

Field	Field Name	Field Requirement	SUPPORTED VALUES
344-HF	QUANTITY INTENDED TO BE DISPENSED	RW	Required when billing partial fill claims.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	RW	Required when billing partial fill claims.

PRICING SEGMENT: Mandatory for transactions B1 and B3.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	11 = Pricing Segment
409-D9	INGREDIENT COST SUBMITTED	R	
412-DC	DISPENSING FEE SUBMITTED	R	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O	
433-DX	PATIENT PAID AMOUNT SUBMITTED	R	
438-E3	INCENTIVE AMOUNT SUBMITTED	RW	Required when billing for unit dose repackaging fee.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	R***R*** Max = 3	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	R***R*** Max = 3	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	R***R*** Max = 3	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	O	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O	
426-DQ	USUAL AND CUSTOMARY CHARGE	R	
430-DU	GROSS AMOUNT DUE	R	
423-DN	BASIS OF COST DETERMINATION	O	

PHARMACY PROVIDER SEGMENT: Not required at this time; fields intentionally not listed.

PRESCRIBER SEGMENT: Required for transactions B1 and B3.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø3 = Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	R	01 = NPI - required when submitting Prescriber NPI in field 411-DB Ø5 = Medicaid ID - required when submitting Prescriber Medicaid ID Number in field 411-DB
411-DB	PRESCRIBER ID	R	NPI (prescriber specific) OR Medicaid ID (prescriber specific)
467-1E	PRESCRIBER LOCATION CODE	O	
427-DR	PRESCRIBER LAST NAME	O	
498-PM	PRESCRIBER PHONE NUMBER	O	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	O	
421-DL	PRIMARY CARE PROVIDER ID	O	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	O	
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME	O	

COB SEGMENT: Required for transactions B1 and B3 IF there is OTHER PAYER information.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø5 = Coordination of Benefits/ Other Payments Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M Max = 3	
338-5C	OTHER PAYER COVERAGE TYPE	M***R*** Max = 3	Ø1 = Primary Ø2 = Secondary Ø3 = Tertiary
339-6C	OTHER PAYER ID QUALIFIER	R***R*** Max = 3	99 = Other
34Ø-7C	OTHER PAYER ID	R***R*** Max = 3	See "Other Payer ID" list in Pharmacy Billing Manual. NEVADA MEDICAID Other Payer ID
443-E8	OTHER PAYER DATE	R***R*** Max = 3	
341-HB	OTHER PAYER AMOUNT PAID COUNT	R	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	R***R*** Max = 3	See Pharmacy Billing Manual for additional details.

COB SEGMENT: Required for transactions B1 and B3 IF there is OTHER PAYER information.

Field	Field Name	Field Requirement	SUPPORTED VALUES
431-DV	OTHER PAYER AMOUNT PAID	R***R*** Max = 3	
471-5E	OTHER PAYER REJECT COUNT	O	
472-6E	OTHER PAYER REJECT CODE	O	

WORKERS' COMP SEGMENT: Not required; fields intentionally not listed.

DUR/ PPS SEGMENT: Required for transactions B1 and B3 if there is DUR information.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø8 = DUR/ PPS Segment
473-7E	DUR/PPS CODE COUNTER	RW***R Max = 9	Required when needed to communicate DUR information.
439-E4	REASON FOR SERVICE CODE	RW***R Max = 9	Required when needed to communicate DUR information. <i>See "ProDUR" section in Pharmacy Billing Manual.</i>
44Ø-E5	PROFESSIONAL SERVICE CODE	RW***R Max = 9	Required when needed to communicate DUR information. <i>See "ProDUR" section in Pharmacy Billing Manual.</i>
441-E6	RESULT OF SERVICE CODE	RW***R Max = 9	Required when needed to communicate DUR information. <i>See "ProDUR" section in Pharmacy Billing Manual.</i>
474-8E	DUR/PPS LEVEL OF EFFORT	RW***R Max = 9	Required when needed to communicate DUR information. <i>See "ProDUR" section in Pharmacy Billing Manual.</i>
475-J9	DUR CO-AGENT ID QUALIFIER	RW***R Max = 9	Required if Co-Agent ID is required. Ø3 = NDC
476-H6	DUR CO-AGENT ID	RW***R Max = 9	Required when needed to communicate DUR information. NDC

COUPON SEGMENT: Not required at this time; fields intentionally not listed.

COMPOUND SEGMENT: Situational as of December 17, 2004.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	10 = Compound Segment
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	Required for this program.
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	Required for this program.
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	Required for this program.
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	Maximum of 25 iterations.
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	Required for this program.
489-TE	COMPOUND PRODUCT ID	M***R***	Required for this program.
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Required for this program.
449-EE	COMPOUND INGREDIENT DRUG COST	S***R***	Required for this program.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	Not required for this program.

PRIOR AUTHORIZATION SEGMENT: Not required at this time; fields intentionally not listed.

CLINICAL SEGMENT: Required for transactions B1 and B3 if designated clinical information is needed for drug coverage consideration.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	13 = Clinical Segment
491-VE	DIAGNOSIS CODE COUNT	RW Max = 5	Required when DIAGNOSIS CODE is used.
492-WE	DIAGNOSIS CODE QUALIFIER	RW***R*** Max = 5	Required when DIAGNOSIS CODE is used. Ø1 = ICD 9
424-DO	DIAGNOSIS CODE	RW***R*** Max = 5	Required when diagnosis is needed for designated drug coverage. <i>See Pharmacy Billing Manual.</i>
493-XE	CLINICAL INFORMATION COUNTER	O	
494-ZE	MEASUREMENT DATE	O	
495-H1	MEASUREMENT TIME	O	
496-H2	MEASUREMENT DIMENSION	O	
497-H3	MEASUREMENT UNIT	O	
499-H4	MEASUREMENT VALUE	O	

Response Segments for “PAID” or “DUPLICATE OF PAID” Claims

TRANSACTION HEADER SEGMENT: Mandatory for all transactions.

Field	Field Name	Field Requirement	SUPPORTED VALUES
102-A2	VERSION/RELEASE NUMBER	M	Same value as in request billing
103-A3	TRANSACTION CODE	M	Same value as in request billing
109-A9	TRANSACTION COUNT	M	Same value as in request billing
501-F1	HEADER RESPONSE STATUS	M	A
202-B2	SERVICE PROVIDER ID QUALIFIER	M	Same value as in request billing
201-B1	SERVICE PROVIDER ID	M	Same value as in request billing
401-D1	DATE OF SERVICE	M	Same value as in request billing

RESPONSE MESSAGE SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	20 = Response Message Segment
504-F4	MESSAGE	O	O

RESPONSE INSURANCE SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	25 = Response Insurance Segment
301-C1	GROUP ID	RW	Required when needed to identify the cardholder or employer group, to identify appropriate group number for billing. MDMEDICIAD <client>
524-FO	PLAN ID	O	
545-2F	NETWORK REIMBURSEMENT ID	O	
568-J7	PAYER ID QUALIFIER	O	
569-J8	PAYER ID	O	

RESPONSE STATUS SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	21 = Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	M	P = Paid D = Duplicate
503-F3	AUTHORIZATION NUMBER	RW	Returned when needed to identify the transaction.

RESPONSE STATUS SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
51Ø-FA	REJECT COUNT	O	
511-FB	REJECT CODE	O***R***	
546-4F	REJECT FIELD OCCURRENCE INDICATOR	O***R***	
547-5F	APPROVED MESSAGE CODE COUNT	RW	Required when Approved Message Code is used.
548-6F	APPROVED MESSAGE CODE	O***R***	
526-FQ	ADDITIONAL MESSAGE INFORMATION	O	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	O	
55Ø-8F	HELP DESK PHONE NUMBER	O	

RESPONSE CLAIM SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	22 = Response Claim Segment
455-EM	PRESCRIPTION/ SERVICE REFERNCE NUMBER QUALIFIER	M	1 = Rx billing
4Ø2-D2	PRESCRIPTION/ SERVICE REFERNCE NUMBER	M	
551-9F	PREFERRED PRODUCT COUNT	O	O
552-AP	PREFERRED PRODUCT ID QUALIFIER	O***R***	
553-AR	PREFERRED RODUCT ID	O***R***	
554-AS	PREFERRED PRODUCT INCENTIVE	O***R***	
555-AT	PREFERRED PRODUCT COPAY INCENTIVE	O***R***	
556-AU	PREFERRED PRODUCT DESCRIPTION	O***R***	

RESPONSE PRICING SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	23 = Response Pricing Segment
5Ø5-F5	PATIENT PAY AMOUNT	RW	Returned when the processor determines that the patient has payment responsibility for part/ all of the claim.
5Ø6-F6	INGREDIENT COST PAID	RW	Required when this value is used to arrive at the final reimbursement.
5Ø7-F7	DISPENSING FEE PAID	RW	Required when this value is used to arrive at the final reimbursement.
557-AV	TAX EXEMPT INDICATOR	O	

RESPONSE PRICING SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
558-AW	FLAT SALES TAX AMOUNT PAID	O	Required when this value is used to arrive at the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	O	Required when this value is used to arrive at the final reimbursement.
560-AY	PERCENTAGE SALES TAX RATE PAID	O	Required if Percentage Sales Tax Amount Paid is greater than zero (Ø).
561-AZ	PERCENTAGE SALES TAX BASIS PAID	O	Required if Percentage Sales Tax Amount Paid is greater than zero (Ø).
521-FL	INCENTIVE AMOUNT PAID	RW	Required when this value is used to arrive at the final reimbursement.
562-J1	PROFESSIONAL SERVICE FEE PAID	RW	Required when this value is used to arrive at the final reimbursement.
563-J2	OTHER AMOUNT PAID COUNT	RW	Required if Other Amount Paid is used.
564-J3	OTHER AMOUNT PAID QUALIFIER	RW***R***	Required if Other Amount Paid is used.
565-J4	OTHER AMOUNT PAID	RW***R***	Required when this value is used to arrive at the final reimbursement.
566-J5	OTHER PAYER AMOUNT RECOGNIZED	RW	Required if Other Payer Amount Submitted is greater than zero (Ø) and COB/Other Payments Segment is supported.
509-F9	TOTAL AMOUNT PAID	R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	O	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	O	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	O	
513-FD	REMAINING DEDUCTIBLE AMOUNT	O	
514-FE	REMAINING BENEFIT AMOUNT	O	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	O	
518-FI	AMOUNT OF COPAY/CO-INSURANCE	O	
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	O	
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	O	
346-HH	BASIS OF CALCULATION – DISPENSING FEE	O	
347-HJ	BASIS OF CALCULATION – COPAY	O	
348-HK	BASIS OF CALCULATION – FLAT SALES TAX	O	

RESPONSE PRICING SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
349-HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	O	

RESPONSE DUR/ PPS SEGMENT: This segment is optional.

Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	24 = Response DUR/ PPS Segment
567-J6	DUR/ PPS RESPONSE CODE COUNTER	R***R***	
439-E4	REASON FOR SERVICE CODE	R***R***	<i>See Pharmacy Billing Manual for allowed values. <client></i>
528-FS	CLINICAL SIGNIFICANCE CODE	R***R***	Blank = Not specified 1 = Major 2 = Moderate 3 = Minor 9 = Undetermined
529-FT	OTHER PHARMACY INDICATOR	R***R***	Ø = Not specified 1 = Your pharmacy 2 = Other pharmacy in same chain 3 = Other pharmacy
53Ø-FU	PREVIOUS DATE OF FILL	R***R***	
531-FV	QUANTITY OF PREVIOUS FILL	R***R***	
532-FW	DATABASE INDICATOR	R***R***	1 = First DataBank > 4 = Processor developed
533-FX	OTHER PRESCRIBER INDICATOR	R***R***	Ø = Not specified 1 = Same prescriber 2 = Other prescriber
544-FY	DUR FREE TEXT MESSAGE	O***R***	Required when text is needed for additional clarification.

**RESPONSE PRIOR AUTHORIZATION SEGMENT: Not required at this time;
fields intentionally not listed.**

Response Segments for “REJECTED” Claims

TRANSACTION HEADER SEGMENT: Mandatory for all transactions.			
Field	Field Name	Field Requirement	SUPPORTED VALUES
1Ø2-A2	VERSION/RELEASE NUMBER	M	Same value as in request billing
1Ø3-A3	TRANSACTION CODE	M	Same value as in request billing
1Ø9-A9	TRANSACTION COUNT	M	Same value as in request billing
5Ø1-F1	HEADER RESPONSE STATUS	M	A
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Same value as in request billing
2Ø1-B1	SERVICE PROVIDER ID	M	Same value as in request billing
4Ø1-D1	DATE OF SERVICE	M	Same value as in request billing

RESPONSE MESSAGE SEGMENT: This segment is optional.			
Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	2Ø = Response Message Segment
5Ø4-F4	MESSAGE	O	Required if clarification or details are needed.

RESPONSE STATUS SEGMENT: This segment is optional.			
Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	21 = Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	M	P = Paid D = Duplicate
5Ø3-F3	AUTHORIZATION NUMBER	O	Returned when needed to identify the transaction
51Ø-FA	REJECT COUNT	O	
511-FB	REJECT CODE	R***R***	<i>See Pharmacy Billing Manual for list of applicable error codes.</i>
546-4F	REJECT FIELD OCCURRENCE INDICATOR	R***R***	
547-5F	APPROVED MESSAGE CODE COUNT	O	Required when Approved Message Code is used.
548-6F	APPROVED MESSAGE CODE	O***R***	
526-FQ	ADDITIONAL MESSAGE INFORMATION	O	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	O	
55Ø-8F	HELP DESK PHONE NUMBER	O	