# 13.5 PDCS OS PLUS Exhibits

Following is a list of the special exhibits for PDCS OS PLUS:

* + - OS PLUS TCN FORMAT
    - X1 to OS PLUS TCN Conversion
    - PDCS to MMIS TCN Conversion
    - PDCS OS PLUS Pricing Logic
    - NCPDP Batch Transaction Standard Version 1.1
    - NCPDP Version D.0/PDCS OS PLUS Crosswalk
    - PDCS OS PLUS Claim Adjudication Flowchart
    - Claim Adjustment Reason Crosswalk
    - PDCS OS PLUS Exception Codes
    - ACS Solution for Retirement of Generic Price Indicator
    - Acronyms List

**13.5.1 PDCS OS PLUS TCN Format**

The format of the PDCS OS PLUS 17-digit TCN for Exam Entry, Batch and POS claims is:

**YYJJJ M BBBB DDDDDD A**

Where:

YYJJJ Current Year and Julian Date – the date the claim originated in the OS PLUS system.

M Claim Input Medium Code -- values are:

0 = exam entry/paper

1 = tape (batch claim entry)

2 = POS

3 = system generated (mass adjustments)

BBBB Batch Number -- valid batch number ranges for New Mexico are:

0800-0899 for exam entry

0030-0039 for encounter claims

0950-0979 for mass adjustments

DDDDDD Document Number within the Batch - A six character system-assigned unique sequential number

A Claim Type Indicator – values are:

0 = Original claim

1 = Claim credit

2 = Claim adjustment

The format of the PDCS OS PLUS 17-digit TCN for Mass Adjustment claims is:

**YYJJJ M F BBBB DDDDD A**

Where:

YYJJJ Current Year and Julian Date – the date the claim originated in the OS PLUS system.

M Claim Input Medium Code -- values are:

0 = exam entry/paper

1 = tape (batch claim entry)

2 = POS

3 = system generated (mass adjustments)

F Filler (default = 0)

BBBB Batch Number -- valid batch number ranges for New Mexico are:

0800-0899 for exam entry

0030-0039 for encounter claims

0950-0979 for mass adjustments

DDDDD Document Number within the Batch - A five character system-assigned unique sequential number

A Claim Type Indicator – values are:

0 = Original claim

1 = Claim credit

2 = Claim adjustment

**13.5.2 X1 to OS PLUS TCN Conversion**

The format of the PDCS X1 TCN is:

**JJJJJ M BB DDDD L A**

Where:

JJJJJ Julian Date

M Medium Indicator

BB Batch Number

DDDD Document Number

L Line Number

A Adjustment Indicator

For the New Mexico X1 to OS PLUS conversion, the OS PLUS TCN format was interpreted as follows:

**JJJJJ M PP BB 1 DDDD L A**

Where

JJJJJ Julian Date

M Medium Indicator

PP Batch Prefix (see below)

BB Batch Number

1 Constant value of “1”

DDDD Document Number

L Line Number

A Adjustment Indicator

The X1 fields were moved to the equivalent OS PLUS TCN field without translation, except for the following:

Medium X1 value OS PLUS value

Exam/Paper 0 0

Tape 2 1

POS 3 2

System Gen. 4 3

The first two digits of the Batch Number were set as follows. These batch prefixes can be used to identify TCNs that were converted:

NEWMEX = 77

NMENCO = 84 (encounters)

Suspended claims = 78

**Example converted TCN:**

* Julian date is moved to positions 1-5 of the OS PLUS TCN

**05234** 3 01 3019 1 0 **05234** M PP BB 1 DDDD L A

* Medium Indicator is converted to position 6 of the OS PLUS TCN

05234 **3** 01 3019 1 0 05234 **2** PP BB 1 DDDD L A

* Value “77” is assigned to positions 7-8 of the OS PLUS TCN

New Mexico batch prefix 05234 2 **77** BB 1 DDDD L A

* Batch number is moved to positions 9-10 of the OS PLUS TCN

05234 3 **01** 3019 1 0 05234 2 77 **01** 1 DDDD L A

* Value 1 is moved to position 11 of the OS PLUS TCN

05234 3 **01** 3019 1 0 05234 2 77 01 **1** DDDD L A

* Document Number is moved to positions 12-15 of the OS PLUS TCN

05234 3 01 **3019** 1 0 05234 2 77 01 1 **3019** L A

* Line Number is moved to position 16 of the OS PLUS TCN

05234 3 01 3019 **1** 0 05234 2 77 01 1 3019 **1** A

* Adjustment indicator is moved to position 17 of the OS PLUS TCN

05234 3 01 30191 **0** 05234 2 77 01 1 3019 1 **0**

**13.5.3 PDCS to MMIS TCN Conversion**

The format of the PDCS TCN is:

JJJJJ + M + Bbbb + DDDDDD + A

Where JJJJJ = julian date

M = medium indicator

Bbbb = batch number (B is always “0”)

DDDDDD = document number

A = adjustment indicator

becomes:

MMIS = 1 + JJJJJ + M + BBB + DDDDDD + A

Where 1 = hardcoded “1”

JJJJJ = julian date

M = medium indicator

BBB = bbb of OS PLUS batch number

DDDDDD = document number

A = adjustment indicator

We effectively add a “1” to the front and drop the high-order digit (always a zero) from the Batch number.

**13.5.4 PDCS OS PLUS Pricing Logic**

The PDCS OS PLUS Pricing Logic Exhibit documents the reimbursement methodologies for claims processed by the PDCS OS PLUS. This document is presented in the following sections:

1. Determine Possible Valid Pricing Categories
2. Determine Basic Ingredient Cost
3. Determine Allowed Ingredient Cost
4. Determine Dispensing Fee
5. Determine the Total Allowed Ingredient Cost
6. Determine Claim Allowed Charge
7. Calculate Claim Co-payment Amount
8. Calculate Net Payable Amount

A. Determine Possible Valid Pricing Categories

The first step in claim pricing logic for a claim is to evaluate the pricing categories that apply to the NDCs on a claim in question. The variables considered in determining possible valid pricing categories are displayed in the PDCS-OS PLUS GUI on the Customer Pricing screen and are defined below:

1. **Customer Pricing Category Code**: R-GPR-PRICE-CAT-CD

Group price category code indicates which category the reimbursement formula applies to.

1. **DAW Code** (obtained from Claim data): R-GPR-PRICE-DAW-CD

DAW Code indicates which value in NCPDP Field 408-D8 this pricing category applies to.

1. **Cost Basis**: R-COST-BASIS-CD

This setting instructs PDCSOS Plus which set of prices to use from the Drug File when evaluating this pricing category.

1. **Discount Percentage**: R-COST-DISCT-PCT

This setting instructs PDCSOS Plus what discount percentage, if any, to apply to the cost basis identified in R-COST-BASIS-CD.

1. **Pay Lesser Indicator**: R-PAY-LESSER-IND

This setting instructs PDCS-OS PLUS whether or not it should pay the lesser of Submitted Total Charge versus the Allowed Total Charge.

1. **Dispensing Fee Amount**: R-GPR-DISP-FEE-AMT

This setting instructs PDCSOS Plus which default dispensing fee to pay for the applicable pricing category.

1. **Provider Override**: R-GPR-PROV-OVRD-CD

This setting allows/disallows payment of a different Ingredient Cost Basis or Dispensing Fee by Pricing Category on a provider-specific basis. Used only when particular providers are contracted to receive a different reimbursement rate and/or dispensing fee.

1. **Sales Tax**: Not utilized by New Mexico
2. **Patient Paid Difference**: Not utilized by New Mexico
3. **Group Partial Fill Code**: R-GPR-PART-FILL-CD

Used by Group to designate whether and to what extent to add a dispensing fee or copay to a prescription refill.

The possible outcomes for pricing categories, based on the values above, are displayed on the PDCS-OS PLUS Customer Pricing screen, and listed in the tables below as of 07/01/2010. The system supports multiple base pricing options and stores historical pricing information for each National Drug Code (NDC). The history is date-specific and is used in claim adjudication and re-adjudication where date of service of the claim is within the active price span.**.** The pricing hierarchy is as following:

* Direct Plus Percentage
* ACA/FUL
* WNU Plus Percentage
* SWP Less Percentage

There are currently two pricing levels, allowing NEWMEX to institute a differential dispensing fee based on whether product selection has occurred at the point of sale. When the Originally Prescribed NDC is a Brand or Generic medication and the Dispensed NDC is either a Brand or Generic medication of lesser cost, then Product Selection will have occurred.

The pricing tables below show values prior to September 29th while AWP was still effective.

**Product Selection Pricing (01)**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| Z | CUSTOMER-SPECIFIC |  | DAW NOT SPECIFIED | BASELINE LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | STATE MAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| G | GENERIC |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| D | NON-DRUG ITEM |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | AWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | AWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

**Non-Product Selection Pricing (02)**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| Z | CUSTOMER-SPECIFIC |  | DAW NOT SPECIFIED | BASELINE LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | STATE MAC LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| G | GENERIC |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| D | NON-DRUG ITEM |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | AWP LESS PERCENTAGE | 14.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | AWP LESS PERCENTAGE | 14.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

**(Note: With the implementation of SR 13745, AWP was terminated effective September 29, 2011.)**

Please see the tables below to reflect new Pricings as of September 30, 2011:

**Product Selection Pricing (01)**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| Z | CUSTOMER-SPECIFIC |  | DAW NOT SPECIFIED | BASELINE LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | STATE MAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| G | GENERIC |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| D | NON-DRUG ITEM |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | SWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | SWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| T | DIRECT |  | DAW NOT SPECIFIED | DIRECT PLUS PERCENTAGE | 6.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| U | WHOLESALE NET UNIT |  | DAW NOT SPECIFIED | WNU PLUS PERCENTAGE | 6.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

**Non-Product Selection Pricing (02)**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| Z | CUSTOMER-SPECIFIC |  | DAW NOT SPECIFIED | BASELINE LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | STATE MAC LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| G | GENERIC |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| D | NON-DRUG ITEM |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | SWP LESS PERCENTAGE | 14.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | SWP LESS PERCENTAGE | 14.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| T | DIRECT |  | DAW NOT SPECIFIED | DIRECT PLUS PERCENTAGE | 6.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| U | WHOLESALE NET UNIT |  | DAW NOT SPECIFIED | WNU PLUS PERCENTAGE | 6.0 | Y | 2.50 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

See below with the implementation of SR 20259, SMAC is replaced with ACA/FUL pricing. Also the dispensing fee amount has changed from 3.65 to 10.30.

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | ACA Federal Upper Limit | 0.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | SWP LESS PERCENTAGE | 14.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | SWP LESS PERCENTAGE | 14.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| T | DIRECT |  | DAW NOT SPECIFIED | DIRECT PLUS PERCENTAGE | 6.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| U | WHOLESALE NET UNIT |  | DAW NOT SPECIFIED | WNU PLUS PERCENTAGE | 6.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

**Non-Product Selection Pricing (02)**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | ACA Federal Upper Limit | 0.0 | Y | 10.30 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | SWP LESS PERCENTAGE | 14.0 | Y | 10.30 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | SWP LESS PERCENTAGE | 14.0 | Y | 10.30 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| T | DIRECT |  | DAW NOT SPECIFIED | DIRECT PLUS PERCENTAGE | 6.0 | Y | 10.30 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| U | WHOLESALE NET UNIT |  | DAW NOT SPECIFIED | WNU PLUS PERCENTAGE | 6.0 | Y | 10.30 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

There is currently one pricing level, allowing NMENCO to institute a differential dispensing fee based on whether product selection has occurred at the point of sale. The possible outcomes for pricing categories are displayed on the PDCS-OS PLUS Customer Pricing screen, and listed in the table below:

(Note: The pricing table below show values prior to September 29th while AWP was still effective).

**Group MED Pricing (01) for NMENCO**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| Z | CUSTOMER-SPECIFIC |  | DAW NOT SPECIFIED | BASELINE LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | STATE MAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| G | GENERIC |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| D | NON-DRUG ITEM |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | AWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | AWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

Please see the table below to reflect new Pricings as of September 30, 2011:

**Group MED Pricing (01) for NMENCO**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| Z | CUSTOMER-SPECIFIC |  | DAW NOT SPECIFIED | BASELINE LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | STATE MAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| G | GENERIC |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| D | NON-DRUG ITEM |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | SWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND |  | DAW NOT SPECIFIED | FEDMAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | SWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| T | DIRECT |  | DAW NOT SPECIFIED | DIRECT PLUS PERCENTAGE | 6.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| U | WHOLESALE NET UNIT |  | DAW NOT SPECIFIED | WNU PLUS PERCENTAGE | 6.0 | Y | 3.65 | 0.0 | DISPENSING FEE ONLY OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

Please see pricings below based on changes made in SR 17347 to end all current FMAC spans effective 12/31/2013.

**Product Selection Pricing (01)**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| Z | CUSTOMER-SPECIFIC |  | DAW NOT SPECIFIED | BASELINE LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | STATE MAC LESS PERCENTAGE | 0.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | SWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | SWP LESS PERCENTAGE | 14.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| T | DIRECT |  | DAW NOT SPECIFIED | DIRECT PLUS PERCENTAGE | 6.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| U | WHOLESALE NET UNIT |  | DAW NOT SPECIFIED | WNU PLUS PERCENTAGE | 6.0 | Y | 3.65 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

See below with the implementation of SR 20259, SMAC is replaced with ACA/FUL pricing. Also the dispensing fee amount has changed from 3.65 to 10.30.

**Product Selection Pricing (01)**

| **Customer Pricing Category Code** | **Customer Pricing Category Code Desc** | **DAW Code** | **DAW Desc** | **Cost Basis** | **Disc %** | **Pay Lesser** | **Dispense Fee Amount** | **Dispense Fee %** | **Provider Override** | **Sales Tax** | **Patient Paid Difference** | **Partial Fill Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X | DME AND NUTRITIONAL SUPP. |  | DAW NOT SPECIFIED | AWP PLUS PERCENTAGE | 14.5 | Y | 0 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| N | NON-FEDMAC |  | DAW NOT SPECIFIED | ACA FEDERAL UPPER LIMIT | 0.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| B | BRAND | 1 | PHYSICIAN DAW | SWP LESS PERCENTAGE | 14.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| A | ALL |  | DAW NOT SPECIFIED | SWP LESS PERCENTAGE | 14.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| T | DIRECT |  | DAW NOT SPECIFIED | DIRECT PLUS PERCENTAGE | 6.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |
| U | WHOLESALE NET UNIT |  | DAW NOT SPECIFIED | WNU PLUS PERCENTAGE | 6.0 | Y | 10.30 | 0.0 | NO PROVIDER PRICE OVERRIDE | N | N | PAY DISP FEE ON PARTIAL FILL |

PDCS-OS PLUS maintains all historical pricing categories in the Customer file, as well, and they are displayed on the Customer Pricing screen with beginning and ending dates of validity.

When PDCS-OS PLUS evaluates the valid pricing categories, it utilizes the date of service from the claim and the beginning and ending dates of the pricing categories on the Customer file to determine which are valid for that particular claim.

**B. Determine Basic Ingredient Cost**

Using the data obtained above, as well as the data from the Drug Reference file for the NDC(s) of claim ingredients, PDCS-OS PLUS computes the **Basic Ingredient Cost**.

For a compound (where for the claim, NCPDP Field 406-D6, Compound Code, is equal to “2”), the cost is calculated for each ingredient in the compound.

The table below describes how the **Basic Ingredient Cost** is calculated for each possible pricing category for New Mexico Medicaid: **\* Please note new pricing discount amounts \***

| **Customer Pricing Category Code** | **Basic Ingredient Cost Calculation Formula** |
| --- | --- |
| A | Default pricing – applies to any claim for which no other pricing category applies.  To price a claim for this category, PDCS-OS PLUS obtains the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:   * SWP-14% |
| B | This pricing category applies when the NDC for the claim has a value of “2” (Branded) for the Generic Price Indicator field on the drug reference file. (Field: R-DRUG-GEN-PRD-CD) and the drug is Coumadin, Tegretol, or Theophylline.  To price a claim for this category, PDCS-OS PLUS obtains the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:   * FMAC-0% |
| B/DAW 1 | This pricing category applies when the NDC for the claim has a value of “2” for the Generic Price Indicator field on the drug reference file. (Field: R-DRUG-GEN-PRD-CD) and where the value of the DAW Code (NCPDP Field 408-D8) is equal to “1” (Physician substitution not allowed).  To price a claim for this category, PDCS-OS PLUS the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:   * \*SWP-14% |
| D | This pricing category applies when the NDC for the claim has a value of “0” for the Generic Therapeutic Drug Indicator (GTI) field on the drug reference file (Field R-GENR-THERA-IND)  To price a claim for this category, PDCS-OS PLUS obtains the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:   * FMAC-0% |
| G | This pricing category applies when the NDC for the claim has a value of “1” or “3” for the Generic Therapeutic Drug Indicator (GTI) field on the drug reference file (Field R-GENR-THERA-IND).  To price a claim for this category, PDCS-OS PLUS obtains the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:   * FMAC-0% |
| N | This pricing category applies when the NDC for the claim has an ACA/FUL price on the associated drug reference record.  To price a claim for this category, PDCS-OS PLUS the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:   * ACA/FUL-0% |
| X | When the Therapeutic Class from the ingredient is C5A-C5U or X0A-Y9A and DAW is not 1 (physician), this pricing category is calculated.  To price a claim for this category, PDCS-OS PLUS obtains the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:   * AWP+14.5% |
| Z | This pricing category applies when the NDC for the claim has Baseline Price pricing on the associated drug reference record.  To price a claim for this category, PDCS-OS PLUS obtains the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:   * BLP-0% |
| T | This pricing category applies when the NDC for the claim has an ACA/FUL price on the associated drug reference record.  To price a claim for this category, PDCS-OS PLUS the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:  Direct +6.0% |
| U | This pricing category applies when the NDC for the claim has an ACA/FUL price on the associated drug reference record.  To price a claim for this category, PDCS-OS PLUS the NDC from the claim and pricing information from the appropriate drug reference record, and the days supply and quantity from the claim, then calculates ingredient cost by multiplying total units by the following cost basis:  WNU +6.0% |

**C. Determine Allowed Ingredient Cost**

When PDCS has calculated a value of **Basic Ingredient Cost** for each of the applicable pricing categories, it then applies Lesser Of Logic to select the lowest applicable price for **Allowed Ingredient Cost**. This selection is hereafter referred to as the “selected group pricing category.”

For a compound (where for the claim, NCPDP Field 406-D6, Compound Code, is equal to “2”), the **Allowed Ingredient Cost** is calculated for each ingredient in the compound.

**D. Determine Dispensing Fee Amount**

The state-specified dispensing fee amount associated with the Pricing Category is obtained from the selected group pricing category’s **Dispensing Fee Amount** field (R-GPR-DISP-FEE-AMT).

* If the Drug Compound Code is equal to “2” and the submitted dispensing fee is greater than zero but less than $30.01, the submitted dispensing fee is added to the total dispensing fee. Otherwise, if the Drug Compound Code is equal to 2 (compound) and the submitted dispensing fee is greater than zero but greater than $30.01, then $30.00 is added to the total dispensing fee.
* If the drug therapeutic class is a family planning drug (“X0A” THRU “Y9Z” or “C5A” THRU “C5U”) the total dispensing fee is set to $0.00.
* For all other pricing categories, the **Dispensing Fee Amount** is set as follows:
  + Product Selection Pricing (pricing level 01): $10.30
  + Non-Product Selection Pricing (pricing level 02): $2.50

OS PLUS determines whether product selection has occurred based on the following criteria:

|  |  |  |  |
| --- | --- | --- | --- |
| **Written** | **Dispensed** | **Product Selection** | **Additional Consideration** |
| Brand | Generic | Yes | N/A |
| Brand | Brand | No | Compare unit AWP between written NDC and dispensed NDC. If dispensed unit AWP is higher, no product selection occurred. \* SWP and WNU are the units to be compared. AWP was terminated as of **September 29, 2011.** |
| Brand | Brand | Yes | Compare unit AWP between written NDC and dispensed NDC. If dispensed unit AWP is lower, product selection occurred. \* SWP and WNU are the units to be compared. AWP was terminated as of **September 29, 2011.** |
| Generic | Generic | No | N/A |
| Generic | Brand | No | N/A |
| Blank | Either | No | N/A |
| Any | Non-Drug | No | N/A |

Please see below changes that occurred with SR 18388 product selection to extend the comparison to all combinations (Brand/Generic) of Original Prescribed NDC and Dispensed NDC Drug Codes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Written** | **Dispensed** | **Dispensed Amount** | **Product Selection** |
| Brand | Brand | Less | Yes |
| Brand | Brand | More | No |
| Brand | Generic | Less | Yes |
| Brand | Generic | More | No |
| Generic | Brand | Less | Yes |
| Generic | Brand | More | No |
| Generic | Generic | Less | Yes |
| Generic | Generic | More | No |
| Blank | Either | Less | No |
| Blank | Either | More | No |
| Any | Non-Drug | Less | No |
| Any | Non-Drug | More | No |

The **Group Partial Refill Code** (Field R-GPR-PART-FILL-CD) controls whether the dispensing fee is applied to the initial fill, the completion fill, or divided equally between the two claims. For all New Mexico pricing categories, this value is set to “P”, which indicates to PDCS-OS PLUS that a dispensing fee of the amount specified in the **Dispensing Fee Amount** field should be included in calculation of pricing for the claim when it is a partial refill. **(Note for Medicare crossover claims: Medicare does not allow partial fills.)**

**E. Determine the Total Allowed Ingredient Cost**

PDCS-OS PLUS calculates the **Total Allowed Ingredient Cost** by comparing the following two values and selecting the lesser:

1. **Allowed Ingredient Cost** + **Dispensing Fee**
2. Ingredient Cost Submitted field from claim (NCPDP Field 409-D9)

Note: If the **Ingredient Cost Submitted** field is blank on the claim, then PDCS-OS PLUS deducts the **Dispensing Fee** from the amount submitted in the Usual and Customary Charge field from claim (NCPDP Field 426-DQ) and populates **Ingredient Cost Submitted** with this value. For New Mexico, if the Usual and Customary Charge is less than the Dispensing Fee, the Dispensing Fee is overwritten with the same amount as the Usual and Customary Charge and the Ingredient Cost Submitted field is left blank.

**F. Determine Claim Allowed Charge**

The following formula is used to determine the Claim Allowed Charge (Field: C-CALC-ALLOW-AMT) based on all previous processing:

**Claim Allowed Charge** = **Total Allowed Ingredient Cost** (sum of the line allowed, if the claim is a multi-line compound) + **Dispensing Fee**.

When the Claim Allowed Charge is set, PDCS-OS PLUS populates the **Claim Base Amount Source** (C-BSE-AMT-SRC-CD) field based on the Customer Pricing segment’s Price Category Code, Cost Basis Code, and Discount Percentage (if a discount was applied) to indicate which pricing category was used in determining the charge.

**G. Calculate Claim Co-payment Amount**

The information needed to calculate co-pay can come from several sources, including the Plan Co-pay, Plan Header, Provider Network, Drug Formulary, and Drug Master tables. Otherwise, the co-pay is set to the state specified amount for a generic or brand drug as defined in the benefit plan.

If the **Generic Drug Product Code** on the drug’s reference file (Field: R-DRUG-GEN-PRD-CD) indicates a Generic drug or the claim Dispense-As-Written (DAW) Code indicates a Brand to Dispense as Generic and the Drug Master segment Generic Available Indicator is equal to “Yes”, the co-pay is calculated as a Generic drug.

If the **Generic Drug Product Code** on the drug’s reference file indicates a Generic drug or the claim’s Dispense-As-Written (DAW) Code indicates a Brand to Dispense as Generic and Drug Master segment’s Generic Available Indicator is equal to “No”, the co-pay is calculated as Brand – No Generic Available. Otherwise the co-pay is calculated as a Brand drug.

The **Group Partial Fill Code** (Field: R-GPR-PART-FILL-CD) for the Benefit Plan controls whether the co-pay is applied to the partial fill, the completion fill, or split between the two claims. **(Note for Medicare crossover claims: Medicare does not allow partial fills.)**

Plans 500 and 600 are the only plans to require copays. However, per the State, the following are exempt from copayments:

* Native Americans (race code = 3) – When the claim is processed, the participant’s race code is checked. If the database value indicates Native American, then the total copay amount is set to $0.00.
* Family planning medications and devices (X1A), including pre-natal vitamins (C6F) – Custom records are set up to require “0.00” co-pay for these therapeutic classes.
* Medical supplies (OS PLUSA, OS PLUSB, and Y3A) – Custom records are set up to require “0.00” co-pay for these therapeutic classes.

**H. Calculate Net Payable Amount**

PDCS-OS PLUS compares two final values and selects the lesser charge to calculate the Net Payable Amount for the claim:

1. **Gross Amount Due** (from the claim, NCPDP Field 430-DU)

The value in this field represents the total price claimed from all sources. For prescription claims, this field represents a sum of “Ingredient Cost Submitted” (409-D9), “Dispensing Fee Submitted” (412-DC), “Flat Sales Tax Amount Submitted”(481-HA), “Percentage Sales Tax Amount Submitted” (482-GE), “Incentive Amount Submitted” (438-E3), “Other Amount Claimed” (480-H9).

1. **Claim Allowed Charge** – (**Any applicable Co-payment Amount**) - (Sum of all **Other Insurance Paid Amounts**) **+ Submitted Flat Sales Tax Amount**.

If the calculated Net Payable Amount is less than $0.00, the Net Payable Amount is set to $0.00.

The calculation of Sales Tax is controlled by a parameter on the Customer Pricing segment. Currently, sales tax does not apply to New Mexico/Encounter pharmacy claims though the functionality exists and is controlled by the sales tax indicator on the Group Pricing table.

PDCS-OS PLUS allows the payment of a Copay-only claim when the value of Other Coverage Code (NCPDP Field 308-C8) is equal to “8” on the claim. In this instance, PDCS-OS PLUS evaluates claim pricing as described above, but when it calculates the final **Net Payable Amount**, it is set to the value of the **Net Payable Amount** less the **Other Payer Amount Paid** (NCPDP Field 431-DV).

PDCS-OS PLUS compares two values and selects the lesser charge:

1. **Claim Allowed Charge** – (**Any applicable Co-payment Amount**) - (Sum of all **Other Insurance Paid Amounts**) **+ Submitted Flat Sales Tax Amount**.
2. **Ingredient Cost Submitted** – (**Any applicable Co-payment Amount**) - (Sum of all **Other Insurance Paid Amounts**) **+ Submitted Flat Sales Tax Amount + Dispensing Fee**.

PDCS-OS PLUS compares lesser of Claim Allowed Charge & Ingredient Cost Submitted to the two values below and selects the lesser charge to calculate the Net Payable Amount for the claim:

1. **Gross Amount Due** (from the claim, NCPDP Field 430-DU) –

The value in this field represents the total price claimed from all sources. For prescription claims, this field represents a sum of “Ingredient Cost Submitted” (409-D9), “Dispensing Fee Submitted” (412-DC), “Flat Sales Tax Amount Submitted”(481-HA), “Percentage Sales Tax Amount Submitted” (482-GE), “Incentive Amount Submitted” (438-E3), “Other Amount Claimed” (480-H9). NOTE. NMENCO does not use **Gross Amount Due** when calculating Net Payable Amount however, this field is used for the MCO paid amount.

1. **Usual and Customary Charge (Total Charge)** (from the claim, NCPDP Field 426-DQ)

“The Usual and Customary Charge (426-DQ) represents the value that a pharmacist is willing to accept as their total reimbursement for dispensing the product/service to a cash-paying customer.  It ***does not*** include Other Amount Claimed Submitted (48Ø-H9), Dispensing Fee Submitted (412-DC), Flat Sales Tax Amount Submitted (481-HA), Percentage Sales Tax Amount Submitted (482-GE), Professional Service Fee Submitted (477-BE), or Incentive Amount Submitted (438-E3). U&C is independent of contracted Dispensing Fee Submitted (412-DC) and Ingredient Cost Submitted (4Ø9-D9).”

If the calculated Net Payable Amount is less than $0.00, the Net Payable Amount is set to $0.00.

The calculation of Sales Tax is controlled by a parameter on the Customer Pricing segment. Currently, sales tax does not apply to New Mexico/Encounter pharmacy claims though the functionality exists and is controlled by the sales tax indicator on the Group Pricing table.

PDCS-OS PLUS allows the payment of a Copay-only claim when the value of Other Coverage Code (NCPDP Field 308-C8) is equal to “8” on the claim. In this instance, PDCS-OS PLUS evaluates claim pricing as described above, but when it calculates the final **Net Payable Amount**, it is set to the value of the **Net Payable Amount** less the **Other Payer Amount Paid** (NCPDP Field 431-DV).

**13.5.5 NCPDP Batch Transaction Standard Version 1.1**

**Required Transaction Header Section**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Field Name** | **Type** | **Length** | **Start** | **End** | **Value** |
| 880-K4 | Text Indicator | A/N | 1 | 1 | 1 | Start of Text (Stx ) = X’02’ |
| 701 | Segment Identifier | A/N | 2 | 2 | 3 | 00 = File Control (header) |
| 880-K6 | Transmission Type | A/N | 1 | 4 | 4 | T = Transaction  R = Response  E = Error |
| 880-K1 | Sender ID | A/N | 24 | 5 | 28 | To be defined by processor/switch. |
| 806-5C | Batch Number | N | 7 | 29 | 35 | Matches Trailer |
| 880-K2 | Creation Date | N | 8 | 36 | 43 | Format = CCYYMMDD |
| 880-K3 | Creation Time | N | 4 | 44 | 47 | Format = HHMM |
| 702 | File Type | A/N | 1 | 48 | 48 | P = production  T = test |
| 102-A2 | Version /Release Number | A/N | 2 | 49 | 50 | Version/Release of Header Data |
| 880-K7 | Receiver ID | A/N | 24 | 51 | 74 | To be defined by processor/switch. |
| 880-K4 | Text Indicator | A/N | 1 | 75 | 75 | End of Text (Etx) = X’03’ |

**Detail Data Record**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Field Name** | **Type** | **Length** | **Start** | **End** | **Value** |
| 880-K4 | Text Indicator | A/N | 1 | 1 | 1 | Start of Text (Stx ) = X’02’ |
| 701 | Segment Identifier | A/N | 2 | 2 | 3 | G1 = Detail Data Record |
| 880-K5 | Transaction Reference Number | A/N | 1Ø | 4 | 13 | To be determined by provider |
|  | NCPDP Data Record |  | Varies | 14 | varies |  |
| 880-K4 | Text Indicator | A/N | 1 | varies | varies | End of Text (Etx) = X’03’ |

**Notes:**

The data record to be transmitted in this batch standard follows the NCPDP Telecommunication Standard Version D.0 format.

**Trailer Record**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Field Name** | **Type** | **Length** | **Start** | **End** | **Value** |
| 880-K4 | Text Indicator | A/N | 1 | 1 | 1 | Start of Text (Stx ) = X’02’ |
| 701 | Segment Identifier | A/N | 2 | 2 | 3 | 99 = File Trailer |
| 806-5C | Batch Number | N | 7 | 4 | 10 | Matches header |
| 751 | Record Count | N | 10 | 11 | 20 |  |
| 504-F4 | Message | A/N | 35 | 21 | 55 |  |
| 880-K4 | Text Indicator | A/N | 1 | 56 | 56 | End of Text (Etx) = X’03’ |

**13.5.6 NCPDP Version D.0/PDCS OS PLUS Crosswalk**

Pharmacy claim, adjustment, and reversal requests are submitted to *PDCS OS PLUS* in the NCPDP D.0 format, as required by HIPAA regulations. Pharmacy claim, adjustment, and reversal requests in the NCPDP 5.1 format are submitted interactively via a switch vendor or in a batch file. Batch files also include a separate header and trailer record, which are documented in a separate exhibit.

The first segment in any NCPDP D.0 request transaction is the Header segment. It is a fixed length segment. All fields must be included in the sequence shown below and filled to the maximum designated length. The remaining segments may be submitted in any order after the Header segment. Some segments are optional and, if no fields are applicable to the transaction, the segment is not sent. Each segment is preceded by a Segment Separator field.

Up to 4 transactions can be submitted in a single transmission, except for compound billings, which are limited to a single transaction per transmission. The Header, Patient, and Insurance segments occur once in a multiple transaction transmission. The remaining segments may occur once for each transaction. Each transaction is separated by a Group Separator field. If a segment is not used, neither the segment nor its separator is included in the transaction.

Segments other than the Header segment may have both optional and required fields. All fields must be preceded by a field separator and the field identifier. Fields in segments other than the Header are truncated to actual size. If a field is not used, neither the field nor the separator/identifier is included in the segment. The required fields are submitted first followed by the optional fields. Fields can be submitted in any sequence with the exception of fields requiring a qualifier or fields in a repeating group.

Some fields within a segment occur more than once. Each of these recurring fields, or groups of fields, is associated with a counter that contains the number of occurrences. The counter field is conditionally required if the associated fields are populated.

Some fields that are not required by the NCPDP D.0 standard may be required by *PDCS OS PLUS*. Some of the fields that are included in the standard are not used by *PDCS OS PLUS*. Submission requirements for the New Mexico PDCS OS PLUS system are documented in the Payer Sheets available on the website ACSPBMHIPAA.com.

Some of the fields are not stored in the *PDCS OS PLUS* claims tables but are used in processing. For example, BIN and Processor Control Number are used to route the transaction to the appropriate system location but are not used to adjudicate the claim. Counter fields are used during adjudication but are not stored.

The PDCS OS PLUS system code set values match the NCPDP D.0 values so no data transformation is required. Some of the valid values may not be accepted by *PDCS OS PLUS*. For example, *PDCS OS PLUS* may limit the prescriber’s ID to just the provider’s DEA or NPI number. The valid values accepted for each field are also documented in the Payer Sheet for each transaction. This exhibit defines all the possible values for the three claims-related transactions.

The NCPDP D.0 standard supports multiple transaction types. Only the claim billing, claim reversal, and claim adjustment transactions are addressed in this section. The NCPDP D.0 standard also supports submission of pharmacy claims to commercial insurance processors. Some of the fields such as Employer ID, Person Code, and Patient Relationship are not applicable to Medicaid or Public Health claims.

In NCPDP D.0, some of the fields have been removed from NCPDP modifications to fields supported in NCPDP 5.1 include removal of certain fields, addition of some new segments, and changes to some field attributes currently used in NCPDP 5.1. Some important fields which have attribute changes in NCPDP D.0 are

* **402-D2** – Prescription/Service Reference Number – the field length changed to12 digits
* **456-En** – Associated Prescription/Service Reference Number – the field length changed to 12 digits
* **307-C7** – Patient location – new valid values added. Previously used values now referring to Patient Residence information 384-4X
* **336-8C** – Facility ID field removed from insurance segment and a new segment for facility information introduced.
* Additional fields for submission clarification information introduced.
* EH compound route of administration replaced with E2 route of administration field
* Prescriber and primary care provider location code been removed and replaced with prescriber complete address information
* Other Payer-Patient responsibility information added to COB segment

**New Mexico MedicaidPDCS OS PLUS Claims Subsystem**

**Pharmacy Claim, Adjustment, or Void Request Submission**

**NCPDP D.0 Claim Request Transaction**

**Data Crosswalk**

| **Source**  **Field** | **Target**  **Table** | **Target**  **Column** | **Std.**  **Edit** | **Req.** | **Def.** | **Specifications** | **Note/**  **Ref.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TRANSACTION HEADER** |  |  |  |  |  | This segment is always required and must be first. The fields must be in the following sequence with no separators. |  |
| BIN NUMBER | N/A | N/A |  | A |  | 101-A1  Card Issuer ID or Bank ID Number assigned to the processor and used for network routing.  Value of 610084 | 1 |
| VERSION/RELEASE NUMBER | CHDRUGTB | C\_DRUG\_VERSN\_NUM |  | A |  | 102-A2  Code uniquely identifying the transmission syntax and corresponding Data Dictionary.  Space=No Version  D0= Version D.0  32=Version 3.2  3C=Medicaid Claim/Reversal  51=Version 5.1  53=Version 5.3 | 1 |
| TRANSACTION CODE | CHMAINTB | C\_NCPDP\_TXN\_CD |  | A |  | 103-A3  Code identifying the type of transaction.  The claims transaction codes are:  B1 = Billing  B2 = Reversal  B3 = Rebill | 1 |
| PROCESSOR CONTROL NUMBER | N/A | N/A |  | A |  | 104-A4  Number assigned by the processor.  Value of DRNCxxxx where xxxx =  UNIT, SYST, ACPT, PROD | 1 |
| TRANSACTION COUNT | N/A | N/A |  | A |  | 109-A9  Count of transactions in the transmission.  Blank = not specified (defaults to 1)  1 = 1 occurrence  2 = 2 occurrences  3 = 3 occurrences  4 = 4 occurrences | 1 |
| SERVICE PROVIDER ID QUALIFIER | CLDRUGTB | P\_SVC\_PH\_ALT\_ID\_CD |  | A |  | 202-B2  Code qualifying the “Service Provider ID” (2Ø1-B1).  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 | 1 |
| SERVICE PROVIDER ID | CLDRUGTB | P\_SVC\_PHARM\_ALT\_ID |  | A |  | 201-B1  ID assigned to a pharmacy or dispensing provider. Qualified by “Service Provider ID Qualifier” (2Ø2-B2). | 1 |
| DATE OF SERVICE | CLDRUGTB | C\_HDR\_SVC\_FST\_DT | D | A |  | 401-D1  Identifies date the prescription was filled or professional service rendered.  CCYYMMDD | 1 |
| SOFTWARE VENDOR/CERTIFICATION ID | Not used | N/A |  | A |  | 110-AK  ID assigned by the switch or processor to identify the software source. | 1 |
| **PATIENT SEGMENT** |  |  |  |  |  |  |  |
| Segment Separator |  |  |  | A |  | Value of <1E> | 1 |
| Field Separator/ID |  |  |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value of 01 | 1 |
| Field Separator/ID |  |  |  | N |  | Value of <1C>CX |  |
| PATIENT ID QUALIFIER | CHMAINTB | B\_PAT\_ALT\_ID\_CD |  | N |  | 331-CX  Code qualifying the “Patient ID” (332-CY).  Blank=Not Specified  Ø1=Social Security Number  Ø2=Driver’s License Number  Ø3=U.S. Military ID  99=Other |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>CY |  |
| PATIENT ID | CHMAINTB | B\_PAT\_ALT\_ID |  | N |  | 332-CY  ID assigned to the patient. Qualified by “Patient Id Qualifier” (331-CX). |  |
| Field Separator/ID |  |  |  | A |  | Value of <1C>C4 |  |
| DATE OF BIRTH | CHMAINTB | B\_DOB\_DT | D | A |  | 304-C4  Date of birth of patient.  CCYYMMDD |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>C5 |  |
| PATIENT GENDER CODE | CHMAINTB | B\_GENDER\_CD |  | N |  | 305-C5  Code indicating the gender of the individual.  Ø=Not Specified  1=Male  2=Female |  |
| Field Separator/ID |  |  |  | A |  | Value of <1C>CA |  |
| PATIENT FIRST NAME | CHMAINTB | B\_FST\_NAM |  | A |  | 310-CA  Individual first name. |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>CB |  |
| PATIENT LAST NAME | CHMAINTB | B\_LAST\_NAM |  | A |  | 311-CB  Individual last name. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CM |  |
| PATIENT STREET ADDRESS | CPATINTB | G\_ADR\_LINE1\_AD |  | N |  | 322-CM  Free-form text for address information. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CN |  |
| PATIENT CITY ADDRESS | CPATINTB | G\_ADR\_CITY\_NAM |  | N |  | 323-CN  Free-form text for city name. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CO |  |
| PATIENT STATE | CPATINTB | G\_ADR\_STATE\_CD |  | N |  | 324-CO  Standard State Code as defined by appropriate government agency. Standard United States two-letter postal service abbreviations should be used. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CP |  |
| PATIENT ZIP/POSTAL ZONE | CHDRUGTB | C\_RECIP\_ZIP\_CD |  | N |  | 325-CP  Code defining international postal zone excluding punctuation and blanks (zip code for US). This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the patient is located. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CQ |  |
| PATIENT PHONE NUMBER | CPATINFTB | G\_ADR\_PHON\_NUM |  | N |  | 326-CQ  Ten digit phone number of patient.  Format=AAAEEENNNN  AAA=Area Code  EEE=Exchange  NNNN=Number |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>C7 |  |
| PATIENT LOCATION | CHMAINTB | C\_PAT\_SVC\_LOC\_CD |  | A |  | 307-C7  Code identifying the location of the patient when receiving pharmacy services.  00-Not Specified  01-Pharmacy  03-School  04-Homeless  05-IndianHS  06-Indian Prov  07-Tribal FAC  08-Tribal PROV  09-Prison  11-Office  12-Home  13-Assisted  14-Group Home  15-Mobile Unit  16-Temporary Lodging  17-Walk in Retail Health clinic  20-Urgent care  21-In Patient Hospital  22-Outpatinet Hospital  23-Emergency Room  24-Ambulatory Surgical Centre  25-Birthing center  26-Military Treatment Facility  31-Skilled Nursing Facility  33-Custodial Care Facility  34-Hospice  41-Ambulance Land  42-Ambulance Air or Water  49-Independent Clinic  50-Federally Qualified Health Center  51-InPatient Psychiatric Facility  52-Psychiatric FAC part Hosp  53-Community Mental Health center  54-Intermed care / Mental Retarded  55-Residental SUB abuse treatment  56-PSYCH Res treatment centre  57-Non Res SUB abuse treatment  60-Mass Immunization centre  61-Comprehensive INPAT Rehabilitation  62 Comprehensive OUTPAT Rehabilitation  65-End stage RENAL DIS treatment  71-Public Health treatment  72-Rural Health Clinic  81-Independent Lab  99-Other | Do not use for D.0 |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CZ |  |
| EMPLOYER ID | CPATINTB | C\_PAT\_EMPLR\_ID |  | N |  | 333-CZ  ID assigned to employer. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>1C |  |
| SMOKER/NON-SMOKER CODE | CHMAINTB | C\_PAT\_SMOKER\_CD |  | N |  | 334-1C  Code indicating the patient as a smoker or non-smoker.  Blank=Not Specified  1=Non-Smoker  2=Smoker |  |
| Field Separator/ID | N/A | N/A |  | C |  | Value of <1C>2C |  |
| PREGNANCY INDICATOR | CHMAINTB | C\_PRGNCY\_IND |  | C |  | 335-2C  Code indicating the patient as pregnant or non-pregnant.  Blank=Not Specified  1=Not pregnant  2=Pregnant |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>HN |  |
| PATIENT E-MAIL ADDRESS | CPATINTB | G\_EMAIL\_AD |  | N |  | 350-HN |  |
| Field Separator/ID | N/A | N/A |  | R |  | Value of <1C>4X |  |
| PATIENT RESIDENCE | CHMAINTB | C\_PAT\_RES\_CD |  | R |  | 384-4X  00=Not specified  01=Home  02= Skilled-Nursing  03=Nursing Facility  04=Assisted Living Facility  05=Custodial  06=Group Home  09=Intermediate Care Facility/Mentally Retarded  11=Hospice  15=Correctional Institution |  |
| **INSURANCE SEGMENT** |  |  |  |  |  | This segment is required for the B1 and B3 transactions. It is optional for the B2 transaction. |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value 04 | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>C2 | 1 |
| CARDHOLDER ID | CLDRUGTB | B\_CRDHLDR\_ALT\_ID |  | A |  | 302-C2  Insurance ID assigned to the cardholder. | 1 |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CC |  |
| CARDHOLDER FIRST NAME | N/A | N/A |  | N |  | 312-CC  Individual first name. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CD |  |
| CARDHOLDER LAST NAME | N/A | N/A |  | N |  | 313-CD  Individual last name. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CE |  |
| HOME PLAN | N/A | N/A |  | N |  | 314-CE  Code identifying the Blue Cross or Blue Shield plan ID which indicates where the member’s coverage has been designated. Usually where the member lives or purchased their coverage. Used for interstate processing between Blue Cross and Blue Shield plans. The Blue Cross codes are in the range less than 6ØØ and Blue Shield codes are greater than 599. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>FO |  |
| PLAN ID | CLDRUGTB | R\_PLAN\_ID |  | N |  | 524-FO  Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>C9 |  |
| ELIGIBILITY CLARIFICATION CODE | CHDRUGTB | C\_ELIG\_OVRRD |  | N |  | 309-C9  Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.  Ø=Not Specified  1=No Override  2=Override  3=Full Time Student  4=Disabled Dependent  5=Dependent Parent  6=Significant Other |  |
| Field Separator/ID |  |  |  |  |  |  |  |
| FACILITY ID |  |  |  |  |  |  | Moved to facility segment |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>C1 |  |
| GROUP ID | CLDRUGTB | R\_CUST\_ID  R\_GROUP\_ID |  | N |  | 301-C1  ID assigned to the cardholder group or employer group. Processor defined value to communicate the originator’s grouping of the cardholder. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>C3 |  |
| PERSON CODE | CLDRUGTB | B\_MBR\_NUM |  | N |  | 303-C3  Code assigned to a specific person within a family. Person Code is optionally used in conjunction with the Cardholder ID, Field 302-C2, to uniquely identify family members within the cardholder ID.  ØØ1=Cardholder  ØØ2=Spouse  ØØ3-999=Dependents and Others (including second spouses, etc.) |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>C6 |  |
| PATIENT RELATIONSHIP CODE | CHMAINTB | C\_PAT\_REL\_CD |  | N |  | 306-C6  Code indicating relationship of patient to cardholder.  Ø=Not Specified  1=Cardholder  2=Spouse  3=Child  4=Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>MG |  |
| OTHER PAYER BIN NUMBER | CHMAINTB | C-OTHR-PYR-BIN-NUM |  | N |  | 990-MG |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>MH |  |
| OTHER PAYER PROCESSOR CONTROL NUMBER | CHMAINTB | C-OTHR-PYR-BIN-NUM |  | N |  | 991-MH |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>NU |  |
| OTHER PAYER CARDHOLDER ID | CHMAINTB | C-OTHR-CRDHLD-ID |  | N |  | 356-NU |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>MJ |  |
| OTHER PAYER GROUP ID# | CHMAINTB | C-OTHR-PAYR-GRP-ID |  | N |  | 992-MJ |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2A |  |
| MEDIGAP ID# | CHMAINTB | C-MEDIGAP-ID |  | N |  | 359-2A |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2B |  |
| MEDICAID INDICATOR | CHMAINTB | C-MCAID-ST-CD |  | N |  | 360-2B |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2D |  |
| PROVIDER ACCEPT ASSIGNMENT INDICATOR | CHDRUGTB | C-PROV-ASGN-IND |  | N |  | 361-2D |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>G2 |  |
| CMS PART D DEFINE QUALIFIED FACILITY | CHDRUGTB | C-CMS-FAC-IND |  | N |  | 997-G2 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>N5 |  |
| MEDICAID ID# | CHMAINTB | C-SUBM-MCAID-ID |  | N |  | 115-N5 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>N6 |  |
| MEDICAID AGENCY NUMBER | CHMAINTB | C-MCAID-AGCY-NUM |  | N |  | 116-N6 |  |
| **CLAIM SEGMENT** |  |  |  |  |  | This segment is required for the B1, B2, and B3 transactions. |  |
| Group Separator | N/A | N/A |  | A |  | Value of <1D> | 1 |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value 07 | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>EM | 1 |
| PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | CLDRUGTB | C\_RX\_SVC\_REF\_CD |  | A |  | 455-EM  Indicates the type of billing submitted. Qualifies “Prescription/Service Reference Number” (402-D2).  Blank=Not Specified  1=Rx Billing  2=Service Billing | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>D2 | 1 |
| PRESCRIPTION/SERVICE REFERENCE NUMBER | CLDRUGTB | C\_RX\_SVC\_REF\_NUM |  | A |  | 402-D2  Reference number assigned by the provider for the dispensed drug/product and/or service provided. Qualified by “Prescription/Service Reference Number Qualifier” (455-EM). | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>E1 | 1 |
| PRODUCT/SERVICE ID QUALIFIER | CLDRUGTB | C\_PROD\_SVC\_ID\_CD |  | A |  | 436-E1  Code qualifying the value in “Product/Service ID” (402-D2)  Blank=Not specified  00=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) (Not for D.0)  14= MEDISPAN GPI  15= FDB FORMULATION ID (GCN)  27= ICD-PCS  28= FDB MEDICATION NAME ID  29= FDB ROUTED MEDICATION ID  30= FDB ROUTED DOSAGE FORM ID  31= FDB MEDICATION ID  32= FDB GCN SEQ NUM  33= FDB HICL SEQ NUM  99=Other | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>D7 | 1 |
| PRODUCT/SERVICE ID | CLDRUGTB | C\_PROD\_SVC\_ID |  | A |  | 407-D7  ID of the product dispensed or service provided. Qualified by “Product/Service ID Qualifier” (436-E1). | 1 |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EN |  |
| ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | CHDRUGTB | C\_ASOC\_RX\_SVC\_NUM |  | N |  | 456-EN  Related “Prescription/Service Reference Number” (402-D2) to which the service is associated. | Size Change |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EP |  |
| ASSOCIATED PRESCRIPTION/SERVICE DATE | CHDRUGTB | C\_ASOC\_RX\_SVC\_DT | D | N |  | 457-EP  Date of the Associated Prescription/Service Reference Number.  CCYYMMDD |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>SE |  |
| PROCEDURE MODIFIER CODE COUNT | N/A | N/A |  | N |  | 458-SE  Count of the “Procedure Modifier Code” (459-ER) occurrences.  Value of 1 to 4 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>ER |  |
| PROCEDURE MODIFIER CODE | CHPMODTB | R\_PROC\_MOD\_CD |  | N |  | 459-ER  Identifies special circumstances related to the performance of the service. Valid values are defined by CMS. |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>E7 | 1 |
| QUANTITY DISPENSED | CLDRUGTB | C\_DRUG\_SUB\_QTY\_AMT |  | A |  | 442-E7  Quantity dispensed expressed in metric decimal units. | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>D3 | 1 |
| FILL NUMBER | CLDRUGTB | C\_RX\_REFILL\_NUM |  | A |  | 403-D3  The code indicating whether the prescription is an original or a refill.  Ø=Original dispensing  1 to 99 = Refill number |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>D5 | 1 |
| DAYS SUPPLY | CLDRUGTB | C\_SUB\_DAY\_SPLY\_AMT |  | A |  | 405-D5  Estimated number of days the prescription should last. | 1 |
| Field Separator/ID | N/A | N/A |  |  |  | Value of <1C>D6 |  |
| COMPOUND CODE | CLDRUGTB | C\_DRUG\_CMPND\_CD |  | N |  | 406-D6  Code indicating whether or not the prescription is a compound.  Ø=Not Specified  1=Not a Compound  2=Compound |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>D8 | 1 |
| DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | CHDRUGTB | C\_DAW\_CD |  | A |  | 408-D8  Code indicating whether or not the prescriber’s instructions regarding generic substitution were followed.  Ø=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 | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>DE | 1 |
| DATE PRESCRIPTION WRITTEN | CLDRUGTB | C\_DRUG\_PRESCR\_DT | D | A |  | 414-DE  Date prescription was written.  CCYYMMDD | 1 |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DF |  |
| NUMBER OF REFILLS AUTHORIZED | CHDRUGTB | C\_REFIL\_AUTH\_NUM |  | N |  | 415-DF  Number of refills authorized by the prescriber.  Ø=Not Specified  1 through 99, with 99 being as needed, refills unlimited |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DJ |  |
| RX ORIGIN CODE | CHDRUGTB | C\_RX\_ORGN\_CD |  | N |  | 419-DJ  Code indicating the origin of the prescription.  Ø=Not Specified  1=Written  2=Telephone  3=Electronic  4=Facsimile  5=Pharmacy |  |
| Field Separator/ID | N/A | N/A |  | C |  | Value of <1C>NX |  |
| SUBMIT CLARIFICATION CODE COUNT | N/A | N/A |  | C |  | 354-NX | Max Count 3 |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DK |  |
| SUBMISSION CLARIFICATION CODE | CLDRUGTB | C\_DRUG\_RX\_OVRRD\_CD |  | N |  | 420-DK  Code indicating that the pharmacist is clarifying the submission.  Ø=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  10= Meets Plan Limits  11=Certification on File  12= DME Replacement Indicator  13=Emergency/Disaster Assist Request  14=LTC Leave Of Absence  15=LTC Replacement Medication  16=LTC Emergency Box/Auto Dispense  17=LTC Emergency Supply Remainder  18=LTC PAT Admit/Readmit Indicator  19=Split Billing  99=Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DK |  |
| SUBMISSION CLARIFICATION CODE (NEW OCCURRENCE) | CLDRUGTB | C\_DRUG\_RX\_OVRD2\_CD |  | N |  | 420-DK  Code indicating that the pharmacist is clarifying the submission.  Ø=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 | Include in logic with C\_DRUG\_RX\_OVRRD\_CD |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DK |  |
| SUBMISSION  CLARIFICATION CODE (NEW OCCURRENCE) | CLDRUGTB | C\_DRUG\_RX\_OVRD3\_CD |  | N |  | 420-DK  Code indicating that the pharmacist is clarifying the submission.  Ø=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 | Include in logic with C\_DRUG\_RX\_OVRRD\_CD |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>ET |  |
| QUANTITY PRESCRIBED | CHDRUGTB | C\_QTY\_PRSC\_AMT |  | N |  | 460-ET  Amount expressed in metric decimal units. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>C8 |  |
| OTHER COVERAGE CODE | CHMAINTB | C\_OTHR\_INSR\_IND |  | N |  | 308-C8  Code indicating whether or not the patient has other insurance coverage.  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 (Not for D.0)  Ø6=Other coverage denied-not participating provider (Not for D.0)  Ø7=Other coverage exists-not in effect on DOS (Not for D.0)  Ø8= Claim Billed For Patient Resp |  |
| Field Separator/ID | N/A | N/A |  |  |  | Value of <1C>DT |  |
| UNIT DOSE INDICATOR | CHDRUGTB | C\_UNIT\_DOSE\_CD |  | N |  | 429-DT  Code indicating the type of unit dose dispensing.  Ø=Not Specified  1=Each  2=Milliliter  3=Gram  4= Pharmacy Unit Dose  5=Multidrug Compliance Packaging |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EJ |  |
| ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | CHDRUGTB | C\_ORG\_PROD\_SVC\_CD |  | N |  | 453-EJ  Code qualifying the value in “Originally Prescribed Product/Service Code” (Field445-EA). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EA |  |
| ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID | CHDRUGTB | C\_ORG\_PROD\_SVC\_ID |  | N |  | 445-EA  Code of the initially prescribed product or service. Qualified by “Originally Prescribed Product/Service Code Qualifier” (453-EJ). Used to provide necessary data to calculate the exact difference in cost between the prescribed product and the dispensed product. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EB |  |
| ORIGINALLY PRESCRIBED QUANTITY | CHDRUGTB | C\_ORG\_QTY\_PRSC\_AMT |  | N |  | 446-EB  Product initially prescribed amount expressed in metric decimal units. To provide data necessary to calculate the exact difference in cost between the prescribed product and the dispensed product. For use with therapeutic interchange only. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CW |  |
| ALTERNATE ID | CHMAINTB | C-CLAIM-ALT-ID |  | N |  | 330-CW  Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EK |  |
| SCHEDULED PRESCRIPTION ID NUMBER | N/A | N/A |  | N |  | 454-EK  The serial number of the prescription blank/form. |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>28 |  |
| UNIT OF MEASURE | CHDRUGTB | C-CLM-UNT-MSR-CD |  | N |  | 600-28  NCPDP standard product billing codes.  EA=Each  GM=Grams  ML=Milliliters |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>DI |  |
| LEVEL OF SERVICE | CHDRUGTB | C\_LVL\_OF\_SVC\_CD |  | N |  | 418-DI  Coding indicating the type of service the provider rendered.  Ø=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 |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>EU |  |
| PRIOR AUTHORIZATION TYPE CODE | CLDRUGTB | C\_PA\_TYP\_CD |  | N |  | 461-EU  Code clarifying the “Prior Authorization Number” (462-EV).  Ø=Not Specified  1=Prior Authorization  2=Medical Certification  3=EPSDT (Early Periodic Screening Diagnosis Treatment)  4=Exemption from Copay  5=Exemption from RX  6=Family Plan. Indic.  7=AFDC (Aid to Families with Dependent Children)  8=Payer Defined Exemption  09=PA Over - No Copay/Emergency |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EV |  |
| PRIOR AUTHORIZATION NUMBER SUBMITTED | CLDRUGTB | A\_ID |  | N |  | 462-EV  Number submitted by the provider to identify the prior authorization. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EW |  |
| INTERMEDIARY AUTHORIZATION TYPE ID | CHMAINTB | C\_INTMDRY\_AUTH\_CD |  | N |  | 463-EW  Value indicating that authorization occurred for intermediary processing. Qualifies 464-EX.  Ø=Not Specified  1=Intermediary Authorization  99=Other Override |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EX |  |
| INTERMEDIARY AUTHORIZATION ID | CHMAINTB | C\_INTMDRY\_AUTH\_ID |  | N |  | 464-EX  Value indicating intermediary authorization occurred. Qualified by 463-EW. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>HD |  |
| DISPENSING STATUS | CLDRUGTB | C\_DISP\_STATUS\_CD |  | N |  | 343-HD  Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.  Blank=Not Specified  P=Partial Fill  C=Completion of Partial Fill |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>HF |  |
| QUANTITY INTENDED TO BE DISPENSED | CHDRUGTB | C\_INT\_DISP\_QTY\_AMT |  | N |  | 344-HF  Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a “P” or “C” in “Dispensing Status” (343-HD). If sending this field, an assumption is made that “Days Supply Intended To Be Dispensed” (345-HG) is also sent. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>HG |  |
| DAYS SUPPLY INTENDED TO BE DISPENSED | CHDRUGTB | C\_INT\_DISP\_DAY\_NUM |  | N |  | 345-HG  Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a “P” or “C” in “Dispensing Status” (343-HD). If sending this field, an assumption is made that “Quantity Intended To Be Dispensed” (344-HF) is also sent. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>NV |  |
| DELAY REASON CODE | CHMAINTB | C-CLM-DELAY-RSN-CD |  | N |  | 357-NV |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>K5 |  |
| TRANSACTION REFERENCE NUMBER | CHMAINTB | C-CLM-TRNS-REF-NUM |  | N |  | 880-K5 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>MT |  |
| PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR | CHMAINTB | C-CLM-PAT-ASGN-IND |  | N |  | 391-MT |  |
| Field Separator/ID | N/A | N/A |  | C |  | Value of <1C>E2 |  |
| ROUTE OF ADMINISTRATION | CHDRUGTB | C-CLM-RT-ADMIN-CD |  | C |  | 995-E2  Gives the route of administration of the medicine. There are around 131 ways of using it.  131 valid values for this variable. | Replace C-RT-OF-ADMIN-CD source EH with contents of this field, exc cd 4768 |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>G1 |  |
| COMPOUND TYPE | CHDRUGTB | C-COMPOUND-TY-CD |  | N |  | 996-G1  Blank = Not specified  01 = Anti-Infective  02 = Ionotropic  03 = Chemotherapy  04 = Pain Management  05 = TPN/PPN  06 = Hydration  07 = Opthalmic  99 =Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>N4 |  |
| MEDICAID SUBROGATION INTERNAL CONTROL NUMBER | CHMAINTB | C-MCAID-CNTL-ID |  | N |  | 114-N4 | Other carriers TCN |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>U7 |  |
| PHARMACY SERVICE TYPE | CHMAINTB | C-PHARM-SVC-TY-CD |  | N |  | 147-U7 |  |
| **PHARMACY PROVIDER SEGMENT** |  |  |  |  |  | This segment is optional for the B1 and B3 transactions. It is not applicable to the B2 transaction |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value of 02 | 1 |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>EY |  |
| PROVIDER ID QUALIFIER | CHDRUGTB | C\_PHARM\_ALT\_ID\_CD |  | N |  | 465-EY  Code qualifying the “Provider ID” (444-E9).  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 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>E9 |  |
| PROVIDER ID | CHDRUGTB | C\_PHARM\_ALT\_ID |  | N |  | 444-E9  Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service. Qualified by “Provider ID Qualifier” (465-EY). |  |
| **PRESCRIBER SEGMENT** |  |  |  |  |  |  |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value of 03 | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>EZ |  |
| PRESCRIBER ID QUALIFIER | CLDRUGTB | P\_PRSC\_ALT\_ID\_CD |  | A |  | 466-EZ  Code qualifying the “Prescriber ID” (411-DB).  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) Number  13=State Issued  14=Plan Specific  99=Other |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>DB |  |
| PRESCRIBER ID | CLDRUGTB | P\_PRSC\_ALT\_ID |  | A |  | 411-DB  ID assigned to the prescriber. Qualified by “Prescriber ID Qualifier” (466-EZ). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DR |  |
| PRESCRIBER LAST NAME | CHDRUGTB | C-PRSC-NAM |  | N |  | 427-DR  Individual last name. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PM |  |
| PRESCRIBER PHONE | CHDRUGTB | C-PRSC-PHON-NUM |  | N |  | 498-PM  Ten digit phone number of the prescriber.  Format=AAAEEENNNN  AAA=Area Code  EEE=Exchange Code  NNNN=Number |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2E |  |
| PRIMARY CARE PROVIDER ID QUALIFIER | CHMAINTB | P\_PC\_ALT\_ID\_CD |  | N |  | 468-2E  Code qualifying the “Primary Care Provider ID” (421-DL).  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) Number  13=State Issued  14=Plan Specific  99=Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DL |  |
| PRIMARY CARE PROVIDER ID | CHMAINTB | P\_PC\_ALT\_ID |  | N |  | 421-DL  ID assigned to the primary care provider. Used when the patient is referred to a secondary care provider. Qualified by “Primary Care Provider ID Qualifier” (468-2E). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>4E |  |
| PRIMARY CARE PROVIDER LAST NAME | N/A | N/A |  | N |  | 470-4E  Individual last name. |  |
| FIELD SEPARATOR/ID | N/A | N/A |  | N |  | Value of <1C>2J |  |
| PRESCRIBER FIRST NAME | CPRESCTB | C-PRSC-FST-NAM |  | N |  | 364-2J  Individual first name. |  |
| FIELD SEPARATOR/ID | N/A | N/A |  | N |  | Value of <1C>2K |  |
| PRESCRIBER STREET ADDRESS | CPRESCTB | C-PRSC-LINE1-AD |  | N |  | 365-2K  Prescribing person street address. Free form of text. |  |
| FIELD SEPARATOR/ID | N/A | N/A |  | N |  | Value of <1C>2M |  |
| PRESCRIBER CITY ADDRESS | CPRESCTB | C-PRSC-CITY-AD |  | N |  | 366-2M  Person’s city address name. |  |
| FIELD SEPARATOR/ID | N/A | N/A |  | N |  | Value of <1C>2N |  |
| PRESCRIBER STATE/PROVINCE ADDRESS | CPRESCTB | C-PRSC-ST-CD |  | N |  | 367-2N  Person’s state address. |  |
| FIELD SEPARATOR/ID | N/A | N/A |  | N |  | Value of <1C>2P |  |
| PRESCRIBER ZIP / POSTAL ZONE | CPRESCTB | C-PRSC-ZIP-CD |  | N |  | 368-2P  Prescribers postal code |  |
| **COB SEGMENT** |  |  |  |  |  | This segment is optional for the B1 and B3 transactions. It is not applicable for a B2 transaction. |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value of 05 | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>4C | 1 |
| COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | N/A | N/A |  | A |  | 337-4C  Count of other payment occurrences.  Fields included in the set/logical grouping are:  “Other Payer Coverage Type” (338-5C)  “Other Payer ID Qualifier” (339-6C)  “Other Payer ID” (34Ø-7C)  “Other Payer Date” (443-E8)  “Other Payer Amount Paid” (431-DV)  or if rejected  “Other Payer Reject Count” (471-5E) and “Other Payer Reject Code” (472-6E)  Value of 1 to 5. | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>5C |  |
| OTHER PAYER COVERAGE TYPE | CHDCOBTB | C\_PYR\_HIERARCHY\_CD |  | A |  | 338-5C  Code identifying the type of “Other Payer ID” (340-7C).  Blank=Not Specified  Ø1=Primary  Ø2=Secondary  Ø3=Tertiary  98=Coupon  99=Composite |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>6C |  |
| OTHER PAYER ID QUALIFIER | CHDCOBTB | C\_PAYERID\_CD |  | N |  | 339-6C  Code qualifying the “Other Payer ID” (340-7C).  Blank=Not Specified  Ø1=National Payer ID  Ø2=Health Industry Number (HIN)  Ø3=Bank Information Number (BIN)  Ø4=National Association of Insurance Commissioners (NAIC)  05=Medicare Carrier Number  Ø9=Coupon  98=Customer Carrier ID99=Other (Not for D.0) |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>7C |  |
| OTHER PAYER ID | CHDCOBTB | C\_PAYER\_ID |  | N |  | 340-7C  ID assigned to the payer. Qualified by “Other Payer ID Qualifier” (339-6C). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>E8 |  |
| OTHER PAYER DATE | CHDCOBTB | C\_PAYERID\_DT | D | N |  | 443-E8  Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.  CCYYMMDD |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>A7 |  |
| INTERNAL CONTROL NUMBER | CHDCOBTB | C-INT-CNTL-NUM |  | N |  | 993-A7 |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>HB |  |
| OTHER PAYER AMOUNT PAID COUNT | N/A | N/A |  | A |  | 341-HB  Count of the payer amount paid occurrences.  Value of 1 to 5 |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>HC |  |
| OTHER PAYER AMOUNT PAID QUALIFIER | CHCOBPTB | C\_PAYERID\_PD\_CD |  | A |  | 342-HC  Code qualifying the “Other Payer Amount Paid” (431-DV).  Blank=Not Specified  (Not for D.0)  Ø1=Delivery  Ø2=Shipping  Ø3=Postage  Ø4=Administrative  Ø5=Incentive  Ø6=Cognitive Service  Ø7=Drug Benefit  Ø8=Sum of All Reimbursement (Not for D.0)  98=Coupon (Not for D.0)  99=Other (Not for D.0) |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>DV |  |
| OTHER PAYER AMOUNT PAID | CHCOBPTB | C\_PAYERID\_PD\_AMT |  | A |  | 431-DV  Amount of any payment known by the pharmacy from other sources (including coupons). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>5E |  |
| OTHER PAYER REJECT COUNT | N/A | N/A |  | N |  | 471-5E  Count of “Other Payer Reject Code” (472-6E) occurrences.  Value of 1 to 5 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>6E |  |
| OTHER PAYER REJECT CODE | CHCOBRTB | C\_PAYERID\_REJ\_CD |  | N |  | 472-6E  The error encountered by the previous “Other Payer” in “Reject Code” (511-FB). |  |
| Field Separator/ID | N/A | N/A |  | C |  | Value of <1C>NR |  |
| OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | N/A | N/A |  | C |  | 353-NR. | Maximum of 25 occurrences |
| Field Separator/ID | N/A | N/A |  | C |  | Value of <1C>NP |  |
| OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | CHCOBMTB | C-COB-PAT-RESP-CD |  | C |  | 351-NP  Blank = Not specified  01 = Amt Apply To Periodic Deduct  02 = Amt Attributed To Brand Drug  03 = Amt Attrbuted To Sales Tax  04 = Amt Exceeding Benefit Maximum  05 = Amt Of Copay To Other Payer  06 = Patient Pay Amount  07 = Amt Of Coinsurance  08 = Amt Attributed To Non prefer Family  09 = Amt Attributed To Health Plan Assist  10 = Amt Attrib To Provider Network  11 = Amt Attrib To Brand Nonpref Formulary  12 = Amt Attrib To Coverage GAP  13 = Amt Attrib To Processor Fee | Exception code 4766 |
| Field Separator/ID | N/A | N/A |  | C |  | Value of <1C>NQ |  |
| OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | CHCOBMTB | C-COB-PAT-RESP-AMT |  | C |  | 352-NQ | May need to include in reporting |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>MU |  |
| BENEFIT STAGE COUNT | N/A | N/A |  | N |  | 392-MU | Maximum of 4 occurances. |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>MV |  |
| BENEFIT STAGE QUALIFIER | CHCOBBTB | C-COB-BENE-ST-CD |  | N |  | 393-MV  Blank =Not specified  01 = Deductible  02 = Initial Benefit  03 = Coverage GAP  04 = Catastrophic |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>MW |  |
| BENEFIT STAGE AMOUNT | CHCOBBTB | C-COB-BENE-ST-AMT |  | N |  | 394-MW | May need to include in Medicare Part D  Reporting |
| WORKERS COMPENSATION SEGMENT |  |  |  |  |  |  |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM |  |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DY |  |
| DATE OF INJURY | CHMAINTB | C\_HDR\_INJURY\_DT |  | N |  | 434-DY  Identifies date of injury.  Date format as  CCYYMMDD |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CF |  |
| EMPLOYER NAME | CEMPLRTB | C\_EMPLR\_NAM |  | N |  | 315-CF  Name of the Employer.  Free form of text. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CG |  |
| EMPLOYER STREET ADDRESS | CEMPLRTB | G\_ADR\_LINE1\_AD |  | N |  | 316-CG  Employer’s street address  Free form of text. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CH |  |
| EMPLOYER CITY ADDRESS | CEMPLRTB | G\_ADR\_CITY\_NAM |  | N |  | 317-CH  Employer’s city name.  Free form of text. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CI |  |
| EMPLOYER STATE/PROVINCE ADDRESS | CEMPLRTB | G\_ADR\_STATE\_CD |  | N |  | 318-CI  Employer’s State name  Free form of text. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CJ |  |
| EMPLOYER ZIP/POSTAL ZONE | CEMPLRTB | G\_ADR\_ZIP\_CD |  | N |  | 319-CJ  Employer’s zip code |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CK |  |
| EMPLOYER PHONE NUMBER | CEMPLRTB | G\_ADR\_PHONE\_NUM |  | N |  | 32Ø-CK  Ten digit phone number of employer.  Format=AAAEEENNNN  AAA=Area Code  EEE=Exchange  NNNN=Number |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CL |  |
| EMPLOYER CONTACT NAME | CEMPLRTB | C\_EMPLR\_CONCT\_NAM |  | N |  | 321-CL  Contact name of employer. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>CR |  |
| CARRIER ID | CEMPLRTB | C\_EMPLR\_CARR\_ID |  | N |  | 327-CR  TPL ID of employer. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DZ |  |
| CLAIM/REFERENCE ID | CHMAINTB | C\_CLM\_REF\_ID\_NUM |  | N |  | 435-DZ |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TR |  |
| BILLING ENTITY TYPE INDICATOR | CEMPLRTB | C\_BILL\_ENTY\_TY\_CD |  | N |  | 117-TR |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TS |  |
| PAY TO QUALIFIER | CEMPLRTB | C\_PAY\_TO\_QUAL\_CD |  | N |  | 118-TS |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TT |  |
| PAY TO ID | CEMPLRTB | C\_PAY\_TO\_PROV\_NUM |  | N |  | 119-TT |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TU |  |
| PAY TO NAME | CEMPLRTB | C\_PAY\_TO\_NAM |  | N |  | 120-TU  Pay to Provider name  Free form of text |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TV |  |
| PAY TO STREET ADDRESS | CEMPLRTB | C\_PAY\_TO\_LINE1\_AD |  | N |  | 121-TV  Street address of pay to provider name  Free form of text |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TW |  |
| PAY TO CITY ADDRESS | CEMPLRTB | C\_PAY\_TO\_CITY\_AD |  | N |  | 122-TW  City address of pay to provider name  Free form of text |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TX |  |
| PAY TO STATE/PROVINCE ADDRESS | CEMPLRTB | C\_PAY\_TO\_ST\_AD |  | N |  | 123-TX  State address of pay to provider name  Free form of text |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TY |  |
| PAY TO ZIP/POSTAL ZONE | CEMPLRTB | C\_PAY\_TO\_ZIP\_CD |  | N |  | 124-TY  Postal code of pay to provider |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>TZ |  |
| GENERIC EQUIVALENT PRODUCT ID QUALIFIER | CEMPLRTB | C\_GENR\_EQ\_TY\_CD |  | N |  | 125-TZ |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>UA |  |
| GENERIC EQUIVALENT PRODUCT ID | CEMPLRTB | C\_GENR\_EQ\_PROD\_ID |  | N |  | 126-UA |  |
| **DUR/PPS SEGMENT** |  |  |  |  |  | This segment is optional for the B1, B2, and B3 transactions. |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value of 08 | 1 |
| Field Separator/ID |  |  |  | N |  | Value of <1C>7E |  |
| DUR/PPS CODE COUNTER | N/A | N/A |  | N |  | 473-7E  Counter number for each DUR/PPS set/logical grouping.  Fields included in the set/logical grouping are:  “Reason of Service Code” (439-E4)  “Professional Service Code” (44Ø-E5)  “Result of Service Code” (441-E6)  “DUR/PPS Level of Effort” (474-8E)  “DUR Co-Agent ID Qualifier” (475- J9)  “DUR Co-Agent ID” (476-H6)  Value 1 to 9 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>E4 |  |
| REASON FOR SERVICE CODE | CHDDURTB | R\_RSN\_FOR\_SVC\_CD |  | N |  | 439-E4  Code identifying the type of utilization conflict detected or the reason for the pharmacist’s professional service.  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  DR=Dose Range ConflictDS=Tobacco Use  D1=Drug To Drug for reporting  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=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 (Not for D.0)  PG=Drug-Pregnancy  PH=Preventive Health Care  PN=Prescriber Consultation  PP=Plan Protocol  PR=Prior Adverse Reaction  PS=Product Selection Opportunity  RE=Suspected Environmental Risk  RF=Health Provider Referral  SC=Suboptimal Compliance  SD=Suboptimal Drug/Indication  SE=Side Effect  SF=Suboptimal Dosage Form (Not for D.0)  SR=Suboptimal Regimen (Not for D.0)  SX=Drug-Gender (Not for D.0)  TD=Therapeutic(Not for D.0)  TN=Laboratory Test Needed (Not for D.0)  TP=Payer/Processor Question (Not for D.0) |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>E5 |  |
| PROFESSIONAL SERVICE CODE | CHDDURTB | C\_DUR\_PPS\_CD |  | N |  | 440-E5  Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.  Blank= Not Specified  ØØ=No intervention  AS=Patient assessment  CS=Patient Complaint/Symptom  DE=Dosing  evaluation/determination  DP=Dosage Evaluated  FE=Formulary enforcement  GP=Generic product selection  MA=Medication administration  MB=Overriding Benefit  MP=Patient Will Be Monitored  MØ=Prescriber consulted  MR=Medication review  PA=Previous Patient Tolerance  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 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>E6 |  |
| RESULT OF SERVICE CODE | CHDDURTB | C\_DUR\_RSLT\_SVC\_CD |  | N |  | 441-E6  Action taken by a pharmacist in response to a conflict or the result of a pharmacist’s professional service.  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  4A=Prescribed With Acknowledgement |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>8E |  |
| LEVEL OF EFFORT | CHDDURTB | C\_DUR\_LVL\_EFRT\_CD |  | N |  | 474-8E  Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service. Definitions for Levels 1 through 5 are left to the discretion of trading partners.  Ø=Not Specified  11=Level 1 (Lowest)  12=Level 2  13=Level 3  14=Level 4  15=Level 5 (Highest) |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>J9 |  |
| DUR CO-AGENT ID QUALIFIER | CHDDURTB | C\_DUR\_CO\_AGT\_ID\_CD |  | N |  | 475-J9  Code qualifying the value in “DUR Co-Agent ID” (476-H6).  Blank=Not specified (Not for D.0)  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)  07= Common Procedure Terminology (CPT4)  08= Common Procedure Terminology (CPT5)  09= Health Care Financing Administration Common Procedural Coding System (HCPCS)  11= National Pharmaceutical Product Interface Code(NAPPI)  12= International Article Numbering System(EAN)  13= Drug Identification Number(DIN) (Not for D.0)  14= Medi-Span GPI  15= First DataBank GCN  16 = Medical Economics GPO  17= Medi-Span DDID  18= First DataBank SmartKey  19= Medical Economics GM  20= International Classification of Diseases(ICD)  21= International Classification of Diseases (ICD1Ø)  22= Medi-Span Diagnosis Code  23= National Criteria Care Institute(NCCI)  24= The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED)  25= Common Dental Terminology (CDT)  26= American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders (DSM IV)  27=ICD  28=FDB Medication Name Id  29=FDB Routed Medication Id  30=FDB Routed Dosage Form  31=FDB MEDID  32=FDB Clinical Form Id GSN  33=FDB HICL  35=Logical Observation ID and CD  37=American Hosp Formulary SVCS  99=Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>H6 |  |
| DUR CO-AGENT ID | CHDDURTB | C\_DUR\_CO\_AGT\_ID |  | N |  | 476-H6  Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service). Qualified by “DUR Co-Agent ID Qualifier” (475-9E). |  |
| **PRICING SEGMENT** |  |  |  |  |  | This segment is required for the B1 and B3 transactions. It is optional for the B2 transaction. |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value of 11 | 1 |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>D9 |  |
| INGREDIENT COST SUBMITTED | CHDRUGTB | C\_SUBM\_INGRED\_AMT |  | N |  | 409-D9  Submitted product component cost of the dispensed prescription. This amount is included in the “Gross Amount Due” (43Ø-DU). This field can be further defined by using the Basis of Cost Determination Field 423-DN. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DC |  |
| DISPENSING FEE SUBMITTED | CHDRUGTB | C\_SUBM\_DSP\_FEE\_AMT |  | N |  | 412-DC  Dispensing fee submitted by the pharmacy. This amount is included in the “Gross Amount Due” (430-DU). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>BE |  |
| PROFESSIONAL SERVICE FEE SUBMITTED | CHDRUGTB | C\_SUBM\_PRO\_FEE\_AMT |  | N |  | 477-BE  Amount submitted by the provider for professional services rendered. This amount is included in the “Gross Amount Due” (430-DU). |  |
| Field Separator/ID | N/A | N/A |  |  |  | Value of <1C>DX |  |
| PATIENT PAID AMOUNT SUBMITTED | CLDRUGTB | C\_PAT\_LIAB\_AMT |  | N |  | 433-DX  Amount the pharmacy received from the patient for the prescription dispensed. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>E3 |  |
| INCENTIVE AMOUNT SUBMITTED | CHDRUGTB | C\_SUBM\_INCNTVE\_AMT |  | N |  | 438-E3  Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the “Gross Amount Due” (430-DU). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>H7 |  |
| OTHER AMOUNT CLAIMED SUBMITTED COUNT | N/A | N/A |  | N |  | 478-H7  Count of other amount claimed submitted occurrences.  Fields included in the set/logical grouping are:  “Other Amount Claimed Submitted Qualifier” (479-H8)  “Other Amount Claim Submitted” (48Ø-H9)  Value of 1 to 3 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>H8 |  |
| OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | CHOAMTTB | C\_SUBM\_OTHR\_AMT\_CD |  | N |  | 479-H8  Code identifying the additional incurred cost claimed in “Other Amount Claimed Submitted” (480-H9).  Blank=Not Specified (Not for D.0)  Ø1=Delivery Cost  Ø2=Shipping Cost  Ø3=Postage Cost  Ø4=Administrative Cost  09=Compound Preparation Cost Submitted  99=Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>H9 |  |
| OTHER AMOUNT CLAIMED SUBMITTED | CHOAMTTB | C\_SUBM\_OTHR\_AMT |  | N |  | 480-H9  Amount representing the additional incurred costs for a dispensed prescription or service. Qualified by “Other Amount Claimed Submitted Qualifier” (479-H8). Amount is included in the “Gross Amount Due” (430-DU). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>HA |  |
| FLAT SALES TAX AMOUNT SUBMITTED | CHDRUGTB | C\_SUBM\_TAX\_AMT |  | N |  | 481-HA  Flat sales tax submitted for prescription. This amount is included in the “Gross Amount Due” (430-DU). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>GE |  |
| PERCENTAGE SALES TAX AMOUNT UBMITTED | CHDRUGTB | C\_SUBM\_PCT\_TX\_AMT |  | N |  | 482-GE  Percentage sales tax submitted. This amount is included in the “Gross Amount Due” (430-DU). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>HE |  |
| PERCENTAGE SALES TAX RATE SUBMITTED | CHDRUGTB | C\_SUBM\_PCT\_RT\_AMT |  | N |  | 483-HE  Percentage sales tax rate used to calculate “Percentage Sales Tax Amount Submitted” (482-GE). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>JE |  |
| PERCENTAGE SALES TAX BASIS SUBMITTED | CHDRUGTB | C\_SUBM\_PCT\_TX\_CD |  | N |  | 484-JE  Code indicating the basis for percentage sales tax.  Blank=Not Specified  Ø1=Gross Amount Due  Ø2=Ingredient Cost  Ø3=Ingredient Cost + Dispensing Fee |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>DQ |  |
| USUAL AND CUSTOMARY CHARGE | CHDRUGTB | C\_UC\_CHARGE\_AMT |  | A |  | 426-DQ  Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed. |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>DU |  |
| GROSS AMOUNT DUE | CLDRUGTB | C\_TOT\_CHRG\_AMT |  | A |  | 430-DU  Total price claimed from all sources. For prescription claim request, field represents a sum of “Ingredient Cost Submitted” (409-D9), “Dispensing Fee Submitted” (412-DC), “Flat Sales Tax Amount Submitted”(481-HA), “Percentage Sales Tax Amount Submitted” (482-GE), “Incentive Amount Submitted” (438-E3), “Other Amount Claimed” (480-H9). For service claim request, field represents a sum of “Professional Services Fee Submitted” (477-BE), “Flat Sales Tax Amount Submitted” (481-HA), “Percentage Sales Tax Amount Submitted” (482-GE), “Other Amount Claimed” (480-H9). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DN |  |
| BASIS OF COST DETERMINATION | CLDRUGTB | C\_BASIS\_COST\_CD |  | N |  | 423-DN  Code indicating the method by which “Ingredient Cost Submitted” (Field 409-D9) was calculated.  Blank=Not Specified as blank  ØØ=Not Specified as zero (Not for D.0)  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  08=340B/Disproprotionate Share Pricing/Public Health Service  Ø9=Other  10=AVG Sales Price  11=AVG Manufacturer Price  12=Wholesale ACQ Cost  13=Special Patient Pricing |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>N3 |  |
| MEDICAID PAID AMOUNT | CHMAINTB | C\_MCAID\_PD\_AMT |  | N |  | 113-N3  Amount paid for Medicaid |  |
| COUPON SEGMENT |  |  |  |  |  | ? |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>KE |  |
| COUPON TYPE | CCOUPNTB | C\_COUPON\_TY\_CD |  | N |  | 485-KE  01 = Price Discount  02 = Free Product  99 = Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>ME |  |
| COUPON NUMBER | CCOUPNTB | C\_COUPON\_NUM |  | N |  | 486-ME |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>NE |  |
| COUPON VALUE AMOUNT | CCOUPNTB | C\_COUPON\_VAL\_AMT |  | N |  | 487-NE |  |
| **COMPOUND SEGMENT** |  |  |  |  |  | This segment is optional for the B1 and B3 transactions. It is not applicable to the B2 transaction. |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value of 10 | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>EF | 1 |
| COMPOUND DOSAGE FORM DESCRIPTION CODE | CHDRUGTB | C\_DSG\_FM\_DESC\_CD |  |  |  | 450-EF  Dosage form of the complete compound mixture.  Blank=Not Specified  Ø1=Capsule  Ø2=Ointment  Ø3=Cream  Ø4=Suppository  Ø5=Powder  Ø6=Emulsion  Ø7=Liquid  1Ø=Tablet  11=Solution  12=Suspension  13=Lotion  14=Shampoo  15=Elixir  16=Syrup  17=Lozenge  18=Enema |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>EG | 1 |
| COMPOUND DISPENSING UNIT FORM INDICATOR | CHDRUGTB | C\_DISP\_UNT\_FM\_CD |  | A |  | 451-EG  NCPDP standard product billing codes.  1=Each  2=Grams  3=Milliliters | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>EC | 1 |
| COMPOUND INGREDIENT COMPONENT COUNT | N/A | N/A |  | A |  | 447-EC  Count of compound product IDs (both active and inactive) in the compound mixture submitted.  Value 1 to 40 | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>RE | 1 |
| COMPOUND PRODUCT ID QUALIFIER | CLDRUGTB | C\_PROD\_SVC\_ID\_CD |  | A |  | 488-RE  Code qualifying the type of product dispensed. Qualifies “Compound Product ID” (489-TE).  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) (Not for D.0)  11= National Pharmaceutical Product Interface Code(NAPPI)  12= International Article Numbering System(EAN)  13= Drug Identification Number(DIN) (Not for D.0)  14=MEDISPN GPI  15=FDB Formulation ID  27=ICD-PCS  28=FDB medication name ID  29=FDB routed medication ID  30=FDB Routed Dosage Form ID  31=FDB Medication ID  32=FDB GCN SEQ NUM  33=FDB HICL SEQ NUM  99=Other | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>TE | 1 |
| COMPOUND PRODUCT ID | CLDRUGTB | C\_PROD\_SVC\_ID |  | A |  | 489-TE  Product identification of an ingredient used in a compound. Qualified by “Compound Product ID Qualifier” (488-RE). | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>ED | 1 |
| COMPOUND INGREDIENT QUANTITY | CLDRUGTB | C\_INGR\_QTY\_AMT |  | A |  | 448-ED  Amount expressed in metric decimal units of the product included in the compound mixture. | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>EE |  |
| COMPOUND INGREDIENT DRUG COST | CLDRUGTB | C\_ INGR\_CST\_AMT |  | A |  | 449-EE  Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in “Compound Ingredient Quantity” (Field 448-ED). |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>UE |  |
| COMPOUND INGREDIENT BASIS OF DETERMINATION | CLDRUGTB | C\_BASIS\_COST\_CD |  | N |  | 490-UE  Code indicating the method by which the drug cost of an ingredient used in a compound was calculated. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.  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  08=340B/Disproportionate Share Pricing/Public Health Service  Ø9=Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2G | Field Separator/ID |
| COMPOUND INGREDIENT MODIFIER CODE COUNT | N/A | N/A |  | N |  | 362-2G |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2H | Field Separator/ID |
| COMPOUND INGREDIENT MODIFIER CODE | CLDRUGTB | C\_INGRED\_MOD\_CD |  | N |  | 363-2H |  |
| **CLINICAL SEGMENT** |  |  |  |  |  | This segment is optional for the B1 and B3 transaction. It is not applicable to the B2 transaction. |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> | 1 |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM | 1 |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request.  Value of 13 | 1 |
| Field Separator/ID |  |  |  | N |  | Value of <1C>VE |  |
| DIAGNOSIS CODE COUNT | N/A | N/A |  | N |  | 491-VE  Count of diagnosis occurrences.  Fields included in the set/logical grouping are:  “Diagnosis Code Qualifier” (492-WE)  “Diagnosis Code” (424-DO) |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>WE |  |
| DIAGNOSIS CODE QUALIFIER | CHDIAGTB | C\_DIAG\_QL\_CD |  | N |  | 492-WE  Code qualifying the “Diagnosis Code” (424-DO).  Blank=Not Specified Blank  ØØ=Not Specified (Not for D.0)  Ø1=International Classification of Diseases (ICD)  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)  08=FDB Disease Code  09=FDB FML Disease Identifier  99=Other |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>DO |  |
| DIAGNOSIS CODE | CHDIAGTB | R\_DIAG\_CD |  | N |  | 424-DO  Code identifying the diagnosis of the patient. Qualified by a “Diagnosis Code Qualifier” (492-WE). All decimal points are explicit. | Size Change |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>XE |  |
| CLINICAL INFORMATION COUNTER | N/A | N/A |  | N |  | 493-XE  Counter number of clinical information measurement set/logical grouping.  Fields in the logical set/grouping may include:  “Measurement Date”(494-ZE)  “Measurement Time”(495-H1)  “Measurement Dimension” (496-H2)  “Measurement Unit”(497-H3)  “Measurement Value”(499-H4)  Value of 1 thru 5 |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>ZE |  |
| MEASUREMENT DATE | CHCLINTB | C\_CLIN\_MSRMT\_DT | D | N |  | 494-ZE  Date clinical information was collected or measured.  CCYYMMDD |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>H1 |  |
| MEASUREMENT TIME | CHCLINTB | C\_CLIN\_MSRMT\_TM |  | N |  | 495-H1  Time clinical information was collected or measured.  Format: HHMM  HH=Hour  MM=Minute |  |
| Field Separator/ID |  |  |  | N |  | Value of <1C>H2 |  |
| MEASUREMENT DIMENSION | CHCLINTB | C\_CLIN\_MSRMT\_DM\_CD |  | N |  | 496-H2  Code indicating the clinical domain of the observed value in “Measurement Value” (499-H4).  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 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>H3 |  |
| MEASUREMENT UNIT | CHCLINTB | C\_CLIN\_MSRMT\_UN\_CD |  | N |  | 497-H3  Code indicating the metric or English units used with the clinical information.  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 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>H4 |  |
| MEASUREMENT VALUE | CHCLINTB | C\_CLIN\_MSRMT\_DESC |  | N |  | 499-H4  Actual value of clinical information. |  |
| ADDITIONAL DOCUMENTATION SEGMENT |  |  |  |  |  | BATCH ONLY for CMS ELIG – not expected to be populated at this time |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM |  |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2Q |  |
| ADDITIONAL DOCUMENTATION TYPE ID | CADDOCTB | C\_ADDL\_COD\_TY\_CD |  | N |  | 369-2Q |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2V |  |
| REQUEST PERIOD BEGIN DATE | CADDOCTB | C\_ADDL\_DOC\_REQ\_DT |  | N |  | 374-2V |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2W |  |
| REQUEST PERIOD RECERT/REVISED DATE | CADDOCTB | C\_ADDL\_DOC\_REV\_DT |  | N |  | 375-2W |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2U |  |
| REQUEST STATUS | CADDOCTB | C\_ADDL\_DOC\_ST\_CD |  | N |  | 373-2U |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2S |  |
| LENGTH OF NEED QUALIFIER | CADDOCTB | C\_ADDL\_REQ\_LEN\_CD |  | N |  | 371-2S |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2R |  |
| LENGTH OF NEED | CADDOCTB | C\_ADDL\_REQ\_LEN\_NUM |  | N |  | 370-2R |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2T |  |
| PRESCRIBER/SUPPLIER DATE SIGNED | CADDOCTB | C\_ADDL\_PRESCR\_DT |  | N |  | 372-2T |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>2X |  |
| SUPPORTING DOCUMENTATION | CADDOCTB | C\_ADDL\_REQ\_SUP\_TX |  | N |  | 376-2X |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>4B |  |
| QUESTION NUMBER/LETTER | CADDOCTB | C\_ADDL\_QSTNR\_CD |  | N |  | 378-4B |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>4D |  |
| QUESTION PERCENT RESPONSE | CADDOCTB | C\_ADDL\_QSTNR\_PCT |  | N |  | 379-4D |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>4G |  |
| QUESTION DATE RESPONSE | CADDOCTB | C\_ADDL\_QSTNR\_DT |  | N |  | 380-4G |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>4H |  |
| QUESTION DOLLAR AMOUNT RESPONSE | CADDOCTB | C\_ADDL\_QSTNR\_AMT |  | N |  | 381-4H |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>4J |  |
| QUESTION NUMERIC RESPONSE | CADDOCTB | C\_ADDL\_QSTNR\_NUM |  | N |  | 482-4J |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>4K |  |
| QUESTION ALPHANUMERICAL RESPONSE | CADDOCTB | C\_ADDL\_QSTNR\_TX |  | N |  | 383-4K |  |
| FACILITY SEGMENT |  |  |  |  |  |  |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM |  |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>8C |  |
| FACILITY ID | CFACINTB | C\_FAC\_ID |  | N |  | 336-8C |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>3Q |  |
| FACILITY NAME | CFACINTB | C\_FAC\_NAM |  | N |  | 385-3Q  Facility name  Free form of text |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>3U |  |
| FACILITY STREET ADDRESS | CFACINTB | G\_ADR\_LINE1\_AD |  | N |  | 386-3U  Address of facility  Free form of text |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>5J |  |
| FACILITY CITY ADDRESS | CFACINTB | G\_ADR\_CITY\_NAM |  | N |  | 388-5J  Address of facility  Free form of text |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>3V |  |
| FACILITY STATE/PROVINCE ADDRESS | CFACINTB | G\_ADR\_STATE\_CD |  | N |  | 387-3V  State address of facility  Free form of text |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>6D |  |
| FACILITY ZIP CODE/POSTAL ZONE | CFACINTB | G\_ADR\_ZIP\_CD |  | N |  | 389-6D  Zip code of facility |  |
| NARRATIVE SEGMENT |  |  |  |  |  |  |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM |  |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>BM |  |
| NARRATIVE MESSAGE | CNOTESTB | C\_NOTE\_TX |  | N |  | 390-BM |  |
| PRIOR AUTHORIZATION SEGMENT |  |  |  |  |  |  |  |
| Segment Separator | N/A | N/A |  | A |  | Value of <1E> |  |
| Field Separator/ID | N/A | N/A |  | A |  | Value of <1C>AM |  |
| SEGMENT IDENTIFICATION | N/A | N/A |  | A |  | 111-AM  Identifies the segment in the request. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PA |  |
| REQUEST TYPE | N/A | N/A |  | N |  | 498-PA |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PB |  |
| REQUEST PERIOD DATE BEGIN | CHMAINTB | C\_PA\_REQ\_BEG\_DT |  | N |  | 498-PB  Format: MM/DD/CCYY  Must be a valid date. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PC |  |
| REQUEST PERIOD DATE END | CHMAINTB | C\_PA\_REQ\_END\_DT |  | N |  | 498-PC  Format: MM/DD/CCYY  Must be a valid date. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PD |  |
| BASIS OF REQUEST | CHMAINTB | C\_PA\_BASIS\_REQ\_CD |  | N |  | 498-PD  Code describing the reason for prior authorization request.  Values:  ME - Medical Exception.  PL - Increase plan limitation.  PR - Plan requirement. |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PE |  |
| AUTHORIZED REP FIRST NAME | CAUTHRTB | C\_PA\_REP\_FST\_NAM |  | N |  | 498-PE  First name of the person authorizing PA |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PF |  |
| AUTHORIZED REP LAST NAME | CAUTHRTB | C\_PA\_REP\_LAST\_NAM |  | N |  | 498-PF  Last name of the person authorizing PA |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PG |  |
| AUTHORIZED REP STREET ADDRESS | CAUTHRTB | C\_PA\_REP\_LINE1\_AD |  | N |  | 498-PG  Address of the person  Authorizing PA |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PH |  |
| AUTHORIZED REP CITY ADDRESS | CAUTHRTB | C\_PA\_REP\_CITY\_AD |  | N |  | 498-PH  Address of the person  Authorizing PA |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PJ |  |
| AUTHORIZED REP STATE/PROVINCE ADDRESS | CAUTHRTB | C\_PA\_REP\_ST\_CD |  | N |  | 498-PJ  Address of the person  Authorizing PA |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PK |  |
| AUTHORIZED REP ZIP/POSTAL ZONE | CAUTHRTB | C\_PA\_REP\_ZIP\_CD |  | N |  | 498-PK  Address of the person  Authorizing PA |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PY |  |
| PRIOR AUTHORIZATION NUMBER ASSIGNED | CLDRUGTB | A\_ID |  | N |  | 498-PY |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>F3 |  |
| AUTHORIZATION NUMBER | CHMAINTB | A\_AUTH\_NUM |  | N |  | 503-F3 |  |
| Field Separator/ID | N/A | N/A |  | N |  | Value of <1C>PP |  |
| PRIOR AUTHORIZATION SUPPORTING DOC | CHMAINTB | C\_PA\_SUP\_DOC\_TX |  | N |  | 498-PP |  |

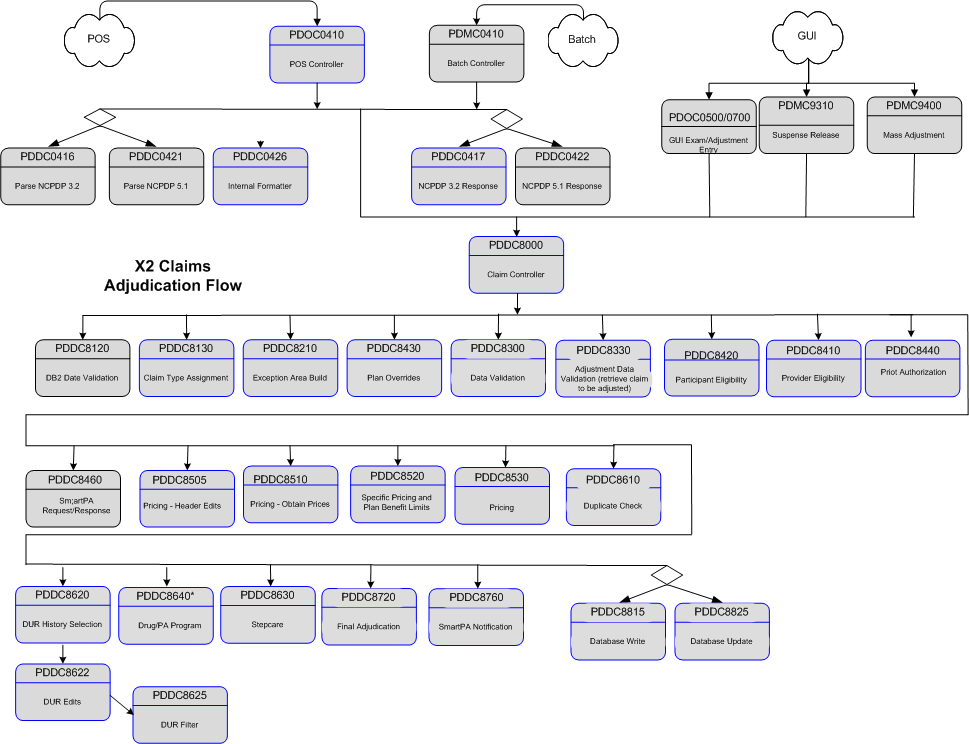
**Legend**

|  |  |
| --- | --- |
| **Required Edits** | **Standard Edits** |
| A = Always | D = Date Edit |
| V = Valid Value Edit | N = Numeric Edits |
| C = Conditionally |  |
| S = System Generated |  |
| N = Never |  |

**Notes**

1. This field is mandatory for the NCPDP D.0 standard.

**13.5.7 PDCS OS PLUS Claim Adjudication Flowchart**



**13.5.8 Claim Adjustment Reason Crosswalk**

The following table cross-references NCPDP Reject Codes to X12 Health Care Adjustment Reason Codes (ARCs). Currently, ARC codes are required on electronic claims submitted for secondary payment to explain adjudicative decisions made by the primary payer that cause the amount paid to differ from amount originally charged, and are subsequently used on the Claim Adjustment Segments (CAS) for 835 and 837 transactions.

PDCS has a standalone job which runs out of the Adjudication cycle to update the Claim Adjustment Reason Crosswalk. The job DRCM6009 runs on daily basis to update the CARC code on the claims before the claims extract job runs for that day. The copybook NCPDPANM maintains the cross-references NCPDP Reject Codes to NM claims Adjustment Reason Codes As part of this process it reads all the claims with a status of Paid and Denied from C\_CUR\_CLM\_EXTRT\_TB and then gets the TCN. Using these TCNs it fetches other details from tables C\_HDR\_TB, C\_HDR\_DRUG\_TB and C\_LI\_DRUG\_TB. The copybook NCPDPANM maintains the cross-references NCPDP Reject Codes to NM claims Adjustment Reason Codes

| **NCPDP Reject Code** | **NCPDP Reject Code Explanation** | **NCPDP Field # Possibly In Error** | **Health Care Claim Adjustment Reason Codes** | **Health Care Claim Adjustment Reason Code Explanation** | **Request addition to X12 139 Code Set** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| AA | Patient Spenddown Not Met | 3Ø2-C2,  4Ø1-D1,  4Ø7-D7 | 178 | Patient has not met the required spend down requirements. |  |  |
| AB | Date Written Is After Date Filled | 4Ø1-D1 | 176 | Prescription is not current |  |  |
| AC | Product Not Covered Non-Participating Manufacturer | 489-TE,  4Ø7-D7 | 96 | Non-covered charge(s). | X |  |
| AD | Billing Provider Not Eligible To Bill This Claim Type | 3Ø2-C2,  4Ø1-D1,  4Ø7-D7 | 242 | Services not provided by network/primary care providers. |  |  |
| AE | QMB (Qualified Medicare Beneficiary)-Bill Medicare | 3Ø2-C2 | 22 | Claim adjusted because this care may be covered by another payer per coordination of benefits. |  |  |
| AF | Patient Enrolled Under Managed Care | 3Ø2-C2 | 24 | Charges are covered under a capitation agreement/managed care plan. |  |  |
| AG | Days Supply Limitation For Product/Service | 489-TE,  4Ø7-D7 | 119 | Benefit maximum for this time period or occurrence has been reached. |  |  |
| AH | Unit Dose Packaging Only Payable For Nursing Home Recipients | 3Ø2-C2,  4Ø7-D7 | 58 | Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. |  |  |
| AJ | Generic Drug Required | 489-TE,  4Ø7-D7 | 96 | Non-covered charge(s). | X |  |
| AK | M/I Software Vendor/Certification ID | 11Ø-AK | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| AM | M/I Segment Identification | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| AQ | M/i FACILITY SEG | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| A1 | ID Submitted is associated with a Sanctioned Prescriber | 411-DB | 184 | The prescribing/ordering provider is not eligible to prescribe/order the service billed |  |  |
| A2 | ID Submitted is associated to a Deceased Prescriber | 411-DB | 184 | The prescribing/ordering provider is not eligible to prescribe/order the service billed |  |  |
| A5 | NOT COVERED UNDER PART D LAW | 3Ø2-C2,  4Ø1-D1,  4Ø7-D7 | 96 | Non-covered charge(s). |  |  |
| A6 | ~~This Product/Service May Be Covered Under Medicare Part B.~~  ~~(This Product/Service May Be Covered Under Medicare Part B and Therefore May Not Be Covered Under the Medicare Part D Basic Benefit for This Beneficiary.)~~  This Medication May Be Covered Under Part B | 3Ø2-C2,  4Ø1-D1,  4Ø7-D7 | 96 | Non-covered charge(s). |  | Definition Changed July 2007. |
| A7 | M/I INTERNAL CONTROL NUMBER | 993-A7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| A9 | INV TRANSACTION COUNT | 1Ø9-A9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| BA | Compound Basis of Cost Determination Submitted Not Covered | 49Ø-UE | 96 | Non-covered charge(s). |  |  |
| BB | Diagnosis Code Qualifier Submitted Not Covered | 492-WE | 167 | This (these) diagnosis(es) is (are) not covered |  |  |
| BC | FUT MEASURMT DT NOT ALLOW | 494-ZE | 96 | Non-covered charge(s). |  |  |
| BD | SENDER NOT AUTH TO SUB FILE |  |  |  |  | Sunset January 2012 |
| BE | M/I Professional Service Fee Submitted | 477-BE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| BF | M/I FILE TYPE |  |  |  |  | Sunset January 2012 |
| BG | SENDER NOT CERT FOR PROCESR |  |  |  |  | January 2012: Moved to Appendix A2-Formulary and Benefit Reject Codes as 1Ø14 |
| BH | M/I SENDER ID |  |  |  |  | Sunset January 2012 |
| BJ | TRANS TYPE VALUE NOT SUPP |  |  |  |  | Sunset January 2012 |
| BK | M/I TRANSMISSION TYPE |  |  |  |  | Sunset January 2012 |
| BM | M/I NARRATIVE MESSAGE | 39Ø-BM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| B2 | M/I Service Provider ID Qualifier | 2Ø2-B2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| CA | M/I Patient First Name | 31Ø-CA | 227 | Information requested from the patient/ insured/responsible party was not provided or was insufficient/incomplete. | X |  |
| CB | M/I Patient Last Name | 311-CB | 227 | Information requested from the patient/ insured/responsible party was not provided or was insufficient/incomplete. |  |  |
| CC | M/I Cardholder First Name | 312-CC | 227 | Information requested from the patient/ insured/responsible party was not provided or was insufficient/incomplete. |  |  |
| CD | M/I Cardholder Last Name | 313-CD | 227 | Information requested from the patient/ insured/responsible party was not provided or was insufficient/incomplete. |  |  |
| CE | M/I Home Plan | 314-CE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CF | M/I Employer Name | 315-CF | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.. |  |  |
| CG | M/I Employer Street Address | 316-CG | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CH | M/I Employer City Address | 317-CH | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CI | M/I Employer State/Province Address | 318-CI | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CJ | M/I Employer Zip Postal Zone | 319-CJ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CK | M/I Employer Phone Number | 32Ø-CK | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CL | M/I Employer Contact Name | 321-CL | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CM | M/I Patient Street Address | 322-CM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CN | M/I Patient City Address | 323-CN | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CO | M/I Patient State/Province Address | 324-CO | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CP | M/I Patient Zip/Postal Zone | 325-CP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CQ | M/I Patient Phone Number | 326-CQ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| CR | M/I Carrier ID | 327-CR | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| CW | M/I Alternate ID | 33Ø-CW | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| CX | M/I Patient ID Qualifier | 331-CX | 227 | Information requested from the patient/ insured/responsible party was not provided or was insufficient/incomplete. |  |  |
| CY | M/I Patient ID | 332-CY | 227 | Information requested from the patient/ insured/responsible party was not provided or was insufficient/incomplete. |  |  |
| CZ | M/I Employer ID | 333-CZ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| DC | M/I Dispensing Fee Submitted | 412-DC | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| DN | M/I Basis Of Cost Determination | 423-DN,  49Ø-UE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| DQ | M/I Usual And Customary Charge | 426-DQ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| DR | M/I Prescriber Last Name | 427-DR | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| DT | M/I Unit Dose Indicator | 429-DT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| DU | M/I Gross Amount Due | 43Ø-DU | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| DV | M/I Other Payer Amount Paid | 431-DV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| DX | M/I Patient Paid Amount Submitted | 433-DX | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| DY | M/I Date Of Injury | 434-DY | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| DZ | M/I Claim/Reference ID | 435-DZ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| E1 | M/I Product/Service ID Qualifier | 436-E1,  488-RE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| E3 | M/I Incentive Amount Submitted | 438-E3 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| E4 | M/I Reason For Service Code | 439-E4 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| E5 | M/I Professional Service Code | 44Ø-E5 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| E6 | M/I Result Of Service Code | 441-E6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| E7 | M/I Quantity Dispensed | 442-E7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| E8 | M/I Other Payer Date | 443-E8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| E9 | M/I Provider ID | 444-E9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| EA | M/I Originally Prescribed Product/Service Code | 445-EA | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| EB | M/I Originally Prescribed Quantity | 446-EB | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| EC | M/I Compound Ingredient Component Count | 447-EC | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| ED | M/I Compound Ingredient Quantity | 448-ED | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| EE | M/I Compound Ingredient Drug Cost | 449-EE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| EF | M/I Compound Dosage Form Description Code | 45Ø-EF | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| EG | M/I Compound Dispensing Unit Form Indicator | 451-EG | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| EH | M/I Compound Route Of Administration | 452-EH | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| EJ | M/I Originally Prescribed Product/Service ID Qualifier | 453-EJ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| EK | M/I Scheduled Prescription ID Number | 454-EK | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| EM | M/I Prescription/Service Reference Number Qualifier | 445-EM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| EN | M/I Associated Prescription/Service Reference Number | 456-EN | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| EP | M/I Associated Prescription/Service Date | 457-EP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| ER | M/I Procedure Modifier Code | 459-ER | 4 | The procedure code is inconsistent with the modifier used or a required modifier is missing. | X |  |
| ET | M/I Quantity Prescribed | 46Ø-ET | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| EU | M/I Prior Authorization Type Code | 461-EU | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| EV | M/I Prior Authorization Number Submitted | 462-EV | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| EW | M/I Intermediary Authorization Type ID | 463-EW | 62 | Payment denied/reduced for absence of, or exceeded, pre-certification/authorization | X | Sunset October 2013. Field sunset Oct. 2013 |
| EX | M/I Intermediary Authorization ID | 464-EX | 62 | Payment denied/reduced for absence of, or exceeded, pre-certification/authorization | X | Sunset October 2013. Field sunset Oct. 2013 |
| EY | M/I Provider ID Qualifier | 465-EY | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| EZ | M/I Prescriber ID Qualifier | 466-EZ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| FO | M/I Plan ID | 524-FO | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| G1 | M/I Compound Type | 996-G1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| GE | M/I Percentage Sales Tax Amount Submitted | 482-GE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| H1 | M/I Measurement Time | 495-H1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| H2 | M/I Measurement Dimension | 496-H2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| H3 | M/I Measurement Unit | 497-H3 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| H4 | M/I Measurement Value | 499-H4 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| H5 | M/I Primary Care Provider Location Code | 469 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X | Field deleted  from  Telecommuni  cation V D.Ø  and greater |
| H6 | M/I DUR Co-Agent ID | 476-H6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| H7 | M/I Other Amount Claimed Submitted Count | 478-H7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| H8 | M/I Other Amount Claimed Submitted Qualifier | 479-H8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| H9 | M/I Other Amount Claimed Submitted | 48Ø-H9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| HA | M/I Flat Sales Tax Amount Submitted | 481-HA | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| HB | M/I Other Payer Amount Paid Count | 341-HB | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| HC | M/I Other Payer Amount Paid Qualifier | 342-HC | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| HD | M/I Dispensing Status | 343-HD | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| HE | M/I Percentage Sales Tax Rate Submitted | 483-HE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| HF | M/I Quantity Intended To Be Dispensed | 344-HF | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| HG | M/I Days Supply Intended To Be Dispensed | 345-HG | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| J9 | M/I DUR Co-Agent ID Qualifier | 475-J9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| JE | M/I Percentage Sales Tax Basis Submitted | 484-JE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| KE | M/I Coupon Type | 485-KE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| M1 | Patient Not Covered In This Aid Category | 3Ø2-C2,  4Ø1-D1 | 204 | This service/equipment/drug is not covered under the patient’s current benefit plan | X |  |
| M2 | Recipient Locked In | 3Ø2-C2,  4Ø1-D1 | 24 | Charges are covered under a capitation agreement/managed care plan. |  |  |
| M3 | Host PA/MC Error |  | 39 | Services denied at the time authorization/pre-certification was requested. |  |  |
| M4 | Prescription/Service Reference Number/Time Limit Exceeded | 4Ø2-D2 | B5 | Coverage/program guidelines were not met or were exceeded. |  |  |
| M5 | Requires Manual Claim |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| M6 | Host Eligibility Error |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.. |  |  |
| M7 | Host Drug File Error |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| M8 | Host Provider File Error |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| ME | M/I Coupon Number | 486-ME | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| MV | M/I Benefit Stage Qualifier |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| MX | Benefit Stage Count Does Not Match Number Of Repetitions |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| MZ | Error Overflow |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| N3 | M/I Medicaid Paid Amount | 113-N3 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| N4 | M/I Medicaid Subrogation Internal Control  Number/Transaction Control Number  (ICN/TCN) | 114-N4 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| N5 | M/I Medicaid ID Number | 115-N5 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| N6 | M/I Medicaid Agency Number | 116-N6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| N7 | Use Prior Authorization Code Provided During Transition Period | 462-EV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| N8 | Use Prior Authorization Code Provided For  Emergency Fill | 462-EV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| N9 | Authorization Code Provided For Level  of Care Change | 462-EV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| NE | M/I Coupon Value Amount | 487-NE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| NN | Transaction Rejected At Switch Or Intermediary |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| NP | M/I Other Payer-Patient Responsibility  Amount Qualifier | 351-NP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| NQ | M/I Other Payer-Patient Responsibility  Amount | 352-NQ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| NR | M/I Other Payer-Patient Responsibility  Amount Count | 353-NR | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| NU | M/I Other Payer Cardholder ID | 356-NU | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| NV | M/I Delay Reason Code | 357-NV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| NX | M/I Submission Clarification Code  Count | 354-NX | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| P1 | Associated Prescription/Service Reference Number Not Found | 456-EN | 107 | The related or qualifying claim/service was not identified on this claim. |  |  |
| P2 | Clinical Information Counter Out Of Sequence | 493-XE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| P3 | Compound Ingredient Component Count Does Not Match Number Of Repetitions | 447-EC | 175 | Prescription is incomplete. | X |  |
| P4 | Coordination Of Benefits/Other Payments Count Does Not Match Number Of Repetitions | 337-4C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| P5 | Coupon Expired | 486-ME | 96 | Non-covered charge(s). |  |  |
| P6 | Date Of Service Prior To Date Of Birth | 3Ø4-C4,  4Ø1-D1 | 14 | The date of birth follows the date of service. |  |  |
| P7 | Diagnosis Code Count Does Not Match Number Of Repetitions | 491-VE | B22 | This payment is adjusted based on the diagnosis. | X |  |
| P8 | DUR/PPS Code Counter Out Of Sequence | 473-7E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| P9 | Field Is Non-Repeatable |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PA | PA Exhausted/Not Renewable | 462-EV | 198 | Precertification/authorization exceeded. |  |  |
| PB | Invalid Transaction Count For This Transaction Code | 1Ø3-A3,  1Ø9-A9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| PC | M/I Claim Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PD | M/I Clinical Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PE | M/I COB/Other Payments Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PF | M/I Compound Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PG | M/I Coupon Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PH | M/I DUR/PPS Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PJ | M/I Insurance Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PK | M/I Patient Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PM | M/I Pharmacy Provider Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PN | M/I Prescriber Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PP | M/I Pricing Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PR | M/I Prior Authorization Segment | 111 | 15 | 15: The authorization number is missing, invalid, or does not apply to the billed services or provider | X |  |
| PS | M/I Transaction Header Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PT | M/I Workers’ Compensation Segment | 111 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| PV | Non-Matched Associated Prescription/Service Date | 457 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| PW | Non-Matched Employer ID | 333 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| PX | Non-Matched Other Payer ID | 34Ø | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| PY | Non-Matched Unit Form/Route of Administration | 451, 452, 6ØØ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| PZ | Non-Matched Unit Of Measure To Product/Service ID | 4Ø7, 6ØØ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| R0 | Professional Service Code Required For  Vaccine Incentive Fee | 44Ø-E5 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| R1 | Other Amount Claimed Submitted Count Does Not Match Number Of Repetitions | 478-H7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| R2 | Other Payer Reject Count Does Not Match Number Of Repetitions | 471-5E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| R3 | Procedure Modifier Code Count Does Not Match Number Of Repetitions | 458-SE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| R4 | Procedure Modifier Code Invalid For Product/Service ID | 4Ø7-D7,  436-E1,  459-ER | 4 | The procedure code is inconsistent with the modifier used or a required modifier is missing. |  |  |
| R5 | Product/Service ID Must Be Zero When Product/Service ID Qualifier Equals Ø6 | 4Ø7-D7,  436-E1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| R6 | Product/Service Not Appropriate For This Location | 3Ø7-C7,  4Ø7-D7,  436-E1,  489-TE | 5 | The procedure code/bill type is inconsistent with the place of service. |  |  |
| R7 | Repeating Segment Not Allowed In Same Transaction |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| R8 | Syntax Error |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| R9 | Value In Gross Amount Due Does Not Follow Pricing Formulae | 43Ø-DU | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RA | PA Reversal Out Of Order |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RB | Multiple Partials Not Allowed | 343-HD | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RC | Different Drug Entity Between Partial & Completion | 4Ø7-D7 | 16 | .  Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RD | Mismatched Cardholder/Group ID-Partial To Completion | 3Ø1-C1,  3Ø2-C2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RE | M/I Compound Product ID Qualifier | 488 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X | Deleted in  Telecom  VB.Ø: Use  Reject Code  “E1”=M/I  Product/Service ID Qualifier |
| RF | Improper Order Of ‘Dispensing Status’ Code On Partial Fill Transaction | 343-HD | 16 | .  Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RG | M/I Associated Prescription/service Reference Number On Completion Transaction | 456-EN | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RH | M/I Associated Prescription/Service Date On Completion Transaction | 457-EP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RJ | Associated Partial Fill Transaction Not On File | 343-HD | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RK | Partial Fill Transaction Not Supported | 343-HD,  344-HF,  345-HG | 96 | Non-covered charge(s). | X |  |
| RM | Completion Transaction Not Permitted With Same ‘Date Of Service’ As Partial Transaction | 4Ø1-D1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RN | Plan Limits Exceeded On Intended Partial Fill Values | 344-HF,  345-HG | 16 | .  Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RP | Out Of Sequence ‘P’ Reversal On Partial Fill Transaction | 343-HD | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RS | M/I Associated Prescription/Service Date On Partial Transaction | 457-EP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RT | M/I Associated Prescription/Service Reference Number On Partial Transaction | 456-EN | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| RU | Mandatory Data Elements Must Occur Before Optional Data Elements In A Segment |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| SE | M/I Procedure Modifier Code Count | 458-SE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| SH | Other Payer-Patient Responsibility Amount Count Does Not Match Number of Repetitions |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| TE | M/I Compound Product ID | 489-TE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X | Deleted May 2005. Replaced by “21”=M/I Product/Service ID |
| UE | M/I Compound Ingredient Basis Of Cost Determination | 49Ø-UE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X | Deleted  Telecom VB.Ø  Use Reject  Code “DN”=M/I  Basis Of Cost  Determination |
| VE | M/I Diagnosis Code Count | 491-VE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| WE | M/I Diagnosis Code Qualifier | 492-WE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| XE | M/I Clinical Information Counter | 493-XE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| ZE | M/I Measurement Date | 494-ZE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 01 | M/I Bin Number | 1Ø1-A1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 02 | M/I Version/Release Number | 1Ø2-A2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 03 | M/I Transaction Code | 1Ø3-A3 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 04 | M/I Processor Control Number | 1Ø4-A4 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 05 | M/I Service Provider Number | 2Ø1-B1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 06 | M/I Group ID | 3Ø1-C1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 07 | M/I Cardholder ID | 3Ø2-C2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 08 | M/I Person Code | 3Ø3-C3 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 09 | M/I Date Of Birth | 3Ø4-C4 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 1C | M/I Smoker/Non-Smoker Code | 334-1C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 1E | M/I Prescriber  Location Code | 467 | N/A |  |  | Field 467 deleted  from Telecom  Version D.Ø  and greater |
| 1Ø | M/I Patient Gender Code | 3Ø5-C5 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 11 | M/I Patient Relationship Code | 3Ø6-C6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 12 | M/I Place of Service | 3Ø7-C7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 13 | M/I Other Coverage Code | 3Ø8-C8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 14 | M/I Eligibility Clarification Code | 3Ø9-C9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 15 | M/I Date of Service | 4Ø1-D1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 16 | M/I Prescription/Service Reference Number | 4Ø2-D2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 17 | M/I Fill Number | 4Ø3-D3 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 19 | M/I Days Supply | 4Ø5-D5 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 2C | M/I Pregnancy Indicator | 335-2C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 2E | M/I Primary Care Provider ID Qualifier | 468-2E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 2G | M/I Compound Ingredient Modifier Code Count |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 2Ø | M/I Compound Code | 4Ø6-D6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 21 | M/I Product/Service ID | 4Ø7-D7,  489-TE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 22 | M/I Dispense As Written (DAW)/Product  Selection Code | 4Ø8-D8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 23 | M/I Ingredient Cost Submitted | 4Ø9-D9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 234 | PATIENT EMAIL NOT USED | 35Ø-HN | N/A |  |  |  |
| 235 | PATIENT RESIDENCE NOT USED | 384-4X | N/A |  |  |  |
| 236 | PATEINT ID STATE NOT USED | A22-YR | N/A |  |  |  |
| 237 | CRDHLDR FST NAME NOT USED | 312-CC | N/A |  |  |  |
| 238 | CRDHLDR LST NAME NOT USED | 313-CD | N/A |  |  |  |
| 239 | HOME PLAN NOT USED | 314-CE | N/A |  |  |  |
| 240 | PLAN ID NOT USED | 524-FO | N/A |  |  |  |
| 241 | ELIG CLARIFICATION NOT USED | 3Ø9-C9 | N/A |  |  |  |
| 242 | GroupID not used for trans | 3Ø1-C1 | N/A |  |  |  |
| 243 | PersonCode not used for trans | 3Ø3-C3 | N/A |  |  |  |
| 244 | PatRels Code not used for tran | 3Ø6-C6 | N/A |  |  |  |
| 245 | OthPyrBINnot used for trans | 99Ø-MG | N/A |  |  |  |
| 246 | OthPyrPCNnot used for trans | 991-MH | N/A |  |  |  |
| 247 | OthPyrCrdId not used for trans | 356-NU | N/A |  |  |  |
| 248 | OthPyrGroup not used for trans | 992-MJ | N/A |  |  |  |
| 249 | MedigapId not used for trans | 359-2A | N/A |  |  |  |
| 25 | M/I Prescriber ID | 411-DB | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 250 | Medicaid Ind not used for tran | 36Ø-2B | N/A |  |  |  |
| 251 | ProvAcptAssgn not used tran | 361-2D | N/A |  |  |  |
| 252 | CMS PartD fac not for trans | 997-G2 | N/A |  |  |  |
| 253 | MedicaidID not used for trans | 115-N5 | N/A |  |  |  |
| 254 | MedicaidAgcy Num not used | 116-N6 | N/A |  |  |  |
| 255 | AsocPrscSvcRefNum not used | 456-EN | N/A |  |  |  |
| 256 | AsocPrscSvcRefDt not used | 457-EP | N/A |  |  |  |
| 257 | ProcModCdCnt not used trans | 458-SE | N/A |  |  |  |
| 258 | ProcModCode not used trans | 459-ER | N/A |  |  |  |
| 259 | QtyDisp not used this trans | 442-E7 | N/A |  |  |  |
| 26 | M/I Unit Of Measure | 6ØØ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 260 | FillNum not used this trans | 4Ø3-D3 | N/A |  |  |  |
| 261 | DaysSupply not used this tran | 4Ø5-D5 | N/A |  |  |  |
| 262 | CompCd not used this tran | 4Ø6-D6 | N/A |  |  |  |
| 263 | DAWProdSelCd not used this trn | 4Ø8-D8 | N/A |  |  |  |
| 264 | DtPrescibed not used this tran | 414-DE | N/A |  |  |  |
| 265 | Refill Auth not used this tran | 415-DF | N/A |  |  |  |
| 266 | RX OriginCd not used this tran | 419-DJ | N/A |  |  |  |
| 267 | SubClarifCd Cnt not used tran | 354-NX | N/A |  |  |  |
| 268 | SubClarifCd not used this tran | 42Ø-DK | N/A |  |  |  |
| 269 | QtyPresc not used this trans | 46Ø-ET | N/A |  |  |  |
| 270 | OthCvrgCd not used this trans | 3Ø8-C8 | N/A |  |  |  |
| 271 | SPPkg Ind not used this trans | 429-DT | N/A |  |  |  |
| 272 | OrigPrecs PrdSvcID QLnot trans | 453-EJ | N/A |  |  |  |
| 273 | OrigPrecs Prd Svc ID not trans | 445-EA | N/A |  |  |  |
| 274 | OrigPrescQty not used this trn | 446-EB | N/A |  |  |  |
| 275 | Alt Id not used this trans | 33Ø-CW | N/A |  |  |  |
| 276 | SchedPrescID not for trans | 454-EK | N/A |  |  |  |
| 277 | Unt Measre not used this trans | 6ØØ-28 | N/A |  |  |  |
| 278 | Lvl of Svc not used this trans | 418-DI | N/A |  |  |  |
| 279 | PA Type Code not for trans | 461-EU | N/A |  |  |  |
| 28 | M/I Date Prescription Written | 414 | 175 | Prescription is incomplete. | X |  |
| 280 | PANum Sub not used for trans | 462-EV | N/A |  |  |  |
| 281 | IntAuth Type Id not for trans | 463-EW | N/A |  |  | Field 463-EW  was sunsetted  for use in  Telecommunica  tion VE.3 and  greater. |
| 282 | IntAuthId not used for trans | 464-EX | N/A |  |  | Field 464-EX  was sunsetted  for use in  Telecommunica  tion VE.3 and  greater. |
| 283 | DIspStatus not used for trans | 343-HD | N/A |  |  |  |
| 284 | QtyIntendDisp not for trans | 344-HF | N/A |  |  |  |
| 285 | DaysSplyIntend not for trans | 345-HG | N/A |  |  |  |
| 286 | DelayRsnCd not used for trans | 357-NV | N/A |  |  |  |
| 287 | TransRefNum not used for tran | 88Ø-K5 | N/A |  |  |  |
| 288 | PatAsgnInd not used for trans | 391-MT | N/A |  |  |  |
| 289 | RtofAdmin not used for trans | 995-E2 | N/A |  |  |  |
| 29 | M/I Number Refills Authorized | 415 | 175 | Prescription is incomplete. | X |  |
| 290 | CompType not use for trans | 996-G1 | N/A |  |  |  |
| 291 | McaidSubrgICN/TCN not used | 114-N4 | N/A |  |  |  |
| 292 | PharmSvcType not used for tran | 147-U7 | N/A |  |  |  |
| 293 | AscPresc/SVcProvId Ql not use | 579-XX | N/A |  |  |  |
| 294 | AscPresc/SVcProvId not used | 58Ø-XY | N/A |  |  |  |
| 295 | AscPresc/SVcRefNum Ql not use | 581-XZ | N/A |  |  |  |
| 296 | AscPresc/SVcRefNum not used | 582-XØ | N/A |  |  |  |
| 297 | Time ofSvc not used this trans | 678-Y6 | N/A |  |  |  |
| 298 | SalesTransId not used this trn | 681-ZF | N/A |  |  |  |
| 299 | RptPymtType not used this tran | A29-ZS | N/A |  |  |  |
| 3A | M/I Request Type | 498-PA | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3B | M/I Request Period Date-Begin | 498-PB | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3C | M/I Request Period Date-End | 498-PC | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3D | M/I Basis Of Request | 498-PD | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3F | M/I Authorized Representative Last Name | 498-PF | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3G | M/I Authorized Representative Street Address | 498-PG | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3H | M/I Authorized Representative City Address | 498-PH | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3J | M/I Authorized Representative State/Province Address | 498-PJ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3K | M/I Authorized Representative Zip/Postal Zone | 498-PK | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3M | M/I Prescriber Phone Number | 498-PM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3N | M/I Prior Authorized Number Assigned | 498-PY | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| 3P | M/I Authorization Number | 5Ø3 | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| 3Q | MISSING/INVALID FACILITY NAME | 385-3Q | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 3R | Prior Authorization Not Required | 4Ø7-D7 | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| 3S | M/I Prior Authorization Supporting Documentation | 498-PP | 163 | Attachment/other documentation referenced on the claim was not received |  |  |
| 3T | Active Prior Authorization Exists Resubmit At Expiration Of Prior Authorization | 3Ø2-C2,  4Ø1-D1,  4Ø7-D7 | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| 3U | MISSING/INVALID FAC ST ADDR | 386-3U | 16 | .  Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3V | MISSING/INVALID FAC STATE | 387-3V | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 3W | Prior Authorization In Process | 3Ø2-C2,  4Ø1-D1,  4Ø7-D7 | 39 | Services denied at the time authorization/pre-certification was requested. |  |  |
| 3X | Authorization Number Not Found | 5Ø3 | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| 3Y | Prior Authorization Denied | 3Ø2-C2,  4Ø1-D1,  4Ø7-D7 | 39 | Services denied at the time authorization/pre-certification was requested. |  |  |
| 30 | INV PA MED CERT CD & NUM |  |  |  |  | Reject code deleted |
| 300 | PROV ID QUAL NOT USED | 465-EY | N/A |  |  |  |
| 301 | PROV ID NOT USED | 444-E9 | N/A |  |  |  |
| 302 | PRESC ID QUAL NOT USED | 466-EZ | N/A |  |  |  |
| 303 | PRESC ID NOT USED | 411-DB | N/A |  |  |  |
| 304 | PRESC ID ASOC ADDR NOT USED | A24-ZK | N/A |  |  |  |
| 305 | PRESC LAST NOT USED | 427-DR | N/A |  |  |  |
| 306 | PRESC PHONE NOT USED | 498-PM | N/A |  |  |  |
| 307 | PCP ID QUAL NOT USED | 468-2E | N/A |  |  |  |
| 308 | PCP ID NOT USED | 421-DL | N/A |  |  |  |
| 309 | PCP LAST NAME NOT USED | 47Ø-4E | N/A |  |  |  |
| 310 | PRESC FIRST NAME NOT USED | 364-2J | N/A |  |  |  |
| 311 | PRESC STREET NOT USED | 365-2K | N/A |  |  |  |
| 312 | PRESC CITY NOT USED | 366-2M | N/A |  |  |  |
| 313 | PRESC STATE NOT USED | 367-2N | N/A |  |  |  |
| 314 | PRESC ZIP CD NOT USED | 368-2P | N/A |  |  |  |
| 315 | PRESC ALT ID QUAL NOT USED | A25-ZM | N/A |  |  |  |
| 316 | PRESC ALT ID NOT USED | A26-ZP | N/A |  |  |  |
| 317 | PRESC ALT STATE NOT USED | A27-ZQ | N/A |  |  |  |
| 318 | OTHER PAYER ID QUAL NOT USED | 339-6C | N/A |  |  |  |
| 319 | OTHER PAYER ID NOT USED | 34Ø-7C | N/A |  |  |  |
| 32 | M/I Level Of Service | 418 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 320 | OTHER PAYER DATE NOT USED | 443-E8 | N/A |  |  |  |
| 321 | INTERNAL CNTRL NOT USED | 993-A7 | N/A |  |  |  |
| 322 | Other Payer Amount Paid Count is not  used for this Transaction Code | 341-HB | N/A |  |  |  |
| 323 | OP AMT PD QUAL NOT USED | 342-HC | N/A |  |  |  |
| 324 | OP AMT PD NOT USED | 431-DV | N/A |  |  |  |
| 325 | OP REJ CNT NOT USED | 471-5E | N/A |  |  |  |
| 326 | OP REJ CD NOT USED | 472-6E | N/A |  |  |  |
| 327 | OP PAT RESP COUNT NOT USED | 353-NR | N/A |  |  |  |
| 328 | OP PAT RESP AMT QL NOT USED | 351-NP | N/A |  |  |  |
| 329 | OP PAT RESP AMT NOT USED | 352-NQ | N/A |  |  |  |
| 33 | M/I Prescription Origin Code | 419 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 330 | BENEFIT STAGE CNT NOT USED | 392-MU | N/A |  |  |  |
| 331 | BENEFIT STAGE QUAL NOT USED | 393-MV | N/A |  |  |  |
| 332 | BENEFIT STAGE AMT NOT USED | 394-MW | N/A |  |  |  |
| 333 | EMPLOYER NAME NOT USED | 315-CF | N/A |  |  |  |
| 334 | EMPLOYER STREET ADR NOT USED | 316-CG | N/A |  |  |  |
| 335 | EMPLOYER CITY NOT USED | 317-CH | N/A |  |  |  |
| 336 | EMPLOYER STATE NOT USED | 318-CI | N/A |  |  |  |
| 337 | EMPLOYER ZIP CD NOT USED | 319-CJ | N/A |  |  |  |
| 338 | EMPLOYER PHONE NOT USED | 32Ø-CK | N/A |  |  |  |
| 339 | EMPLOYER CONTACT NOT USED | 321-CL | N/A |  |  |  |
| 34 | M/I Submission Clarification Code | 42Ø | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 340 | CARRIER ID NOT USED | 327-CR | N/A |  |  |  |
| 341 | CLAIM/REF ID NOT USED | 435-DZ | N/A |  |  |  |
| 342 | BILLING ENTIRY TYPE NOT USED | 117-TR | N/A |  |  |  |
| 343 | PAY TO QUAL NOT USED | 118-TS | N/A |  |  |  |
| 344 | PAY TO ID NOT USED | 119-TT | N/A |  |  |  |
| 345 | PAY TO NAME NOT USED | 12Ø-TU | N/A |  |  |  |
| 346 | PAY TO STREET NOT USED | 121-TV | N/A |  |  |  |
| 347 | PAY TO CITY NOT USED | 122-TW | N/A |  |  |  |
| 348 | PAY TO STATE NOT USED | 123-TX | N/A |  |  |  |
| 349 | PAY TO ZIP NOT USED | 124-TY | N/A |  |  |  |
| 35 | M/I Primary Care Provider ID | 421 | 208 | National Provider Identifier - Not matched. | X |  |
| 350 | GEN EQ PROD ID QUAL NOT USED | 125-TZ | N/A |  |  |  |
| 351 | GEN EQ PROD ID NOT USED | 126-UA | N/A |  |  |  |
| 352 | DUR/PPS CNT NOT USED | 473-7E | N/A |  |  |  |
| 353 | REASON FOR SERVICE NOT USED | 439-E4 | N/A |  |  |  |
| 354 | PROF SVC CD NOT USED | 44Ø-E5 | N/A |  |  |  |
| 355 | RESULT OF SVC NOT USED | 441-E6 | N/A |  |  |  |
| 356 | DUR/PPS LOE NOT USED | 474-8E | N/A |  |  |  |
| 357 | DUR COAGENT QUAL NOT USED | 475-J9 | N/A |  |  |  |
| 358 | DUR COAGENT ID NOT USED | 476-H6 | N/A |  |  |  |
| 359 | Ingredient Cost Submitted is not used for this Transaction Code | 4Ø9-D9 | N/A |  |  |  |
| 360 | DISP FEE SUBMITTED NOT USED | 412-DC | N/A |  |  |  |
| 361 | PROF SVC FEE NOT USED | 477-BE | N/A |  |  |  |
| 362 | PAT PAID AMT SUB NOT USED | 433-DX | N/A |  |  |  |
| 363 | INCENTIVE AMT NOT USED | 438-E3 | N/A |  |  |  |
| 364 | OTH AMT CLAIMED CNT NOT USED | 478-H7 | N/A |  |  |  |
| 365 | OTH AMT CLAIMED QL NOT USED | 479-H8 | N/A |  |  |  |
| 366 | OTH AMT CLAIMED SUB NOT USED | 48Ø-H9 | N/A |  |  |  |
| 367 | FLAT TAX AMT SUB NOT USED | 481-HA | N/A |  |  |  |
| 368 | PCT TAX SUB NOT USED | 482-GE | N/A |  |  |  |
| 369 | PCT TAX RATE NOT USED | 483-HE | N/A |  |  |  |
| 370 | PCT TAX BASIS NOT USED | 484-JE | N/A |  |  |  |
| 371 | UC CHARGE NOT USED | 426-DQ | N/A |  |  |  |
| 372 | GROSS AMT DUE NOT USED | 43Ø-DU | N/A |  |  |  |
| 373 | BASIS OF COST NOT USED | 423-DN | N/A |  |  |  |
| 374 | MEDICAID PAID AMT NOT USED | 113-N3 | N/A |  |  |  |
| 375 | COUPON VALUE AMT NOT USED | 487-NE | N/A |  |  |  |
| 376 | COMPOUND ING DRUG COST NOT | 449-EE | N/A |  |  |  |
| 377 | COMPOUND ING BASIS COST NOT | 49Ø-UE | N/A |  |  |  |
| 378 | COMP ING MOD CNT NOT USED | 362-2G | N/A |  |  |  |
| 379 | COMP ING MOD CODE NOT USED | 363-2H | N/A |  |  |  |
| 38 | M/I Basis Of Cost | 423 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X | Deleted May 2005. Duplicate of DN reject code |
| 380 | AUTH REP FIRST NAME NOT USED | 498-PE | N/A |  |  |  |
| 381 | AUTH REP LAST NAME NOT USED | 498-PF | N/A |  |  |  |
| 382 | AUTH REP STREET NOT USED | 498-PG | N/A |  |  |  |
| 383 | AUTH REP CITY NOT USED | 498-PH | N/A |  |  |  |
| 384 | AUTH REP STATE NOT USED | 498-PJ | N/A |  |  |  |
| 385 | AUTH REP ZIP NOT USED | 498-PK | N/A |  |  |  |
| 386 | PA NUM ASSIGNED NOT USED | 498-PY | N/A |  |  |  |
| 387 | AUTHORIZATION NUMBER NOT USE | 5Ø3-F3 | N/A |  |  |  |
| 388 | PA SUPPORTING DOC NOT USED | 498-PP | N/A |  |  |  |
| 389 | DIAGNOSIS CODE CNT NOT USED | 491-VE | N/A |  |  |  |
| 39 | M/I Diagnosis Code | 424-DO | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 390 | DIAGNOSIS CODE QUAL NOT USED | 492-WE | N/A |  |  |  |
| 391 | DIAGNOSIS CODE NOT USED | 424-DO | N/A |  |  |  |
| 392 | CLINICAL INFO CNT NOT USED | 493-XE | N/A |  |  |  |
| 393 | MEASUREMENT DATE NOT USED | 494-ZE | N/A |  |  |  |
| 394 | MEASUREMENT TIME NOT USED | 495-H1 | N/A |  |  |  |
| 395 | MEASUREMNT DIM NOT USED | 496-H2 | N/A |  |  |  |
| 396 | MEASUREMENT UNIT NOT USED | 497-H3 | N/A |  |  |  |
| 397 | MEASUREMENT VALUE NOT USED | 499-H4 | N/A |  |  |  |
| 398 | REQ PERIOD BEG DT NOT USED | 374-2V | N/A |  |  |  |
| 399 | REQ PERION RECERT/REV NOT | 375-2W | N/A |  |  |  |
| 4B | M/I QUESTION NUMBER/LETTER | 378-4B | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4C | M/I Coordination Of Benefits/Other Payments Count | 337-4C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 4D | M/I QUESTION PERCENT RESPONSE | 379-4D | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4E | M/I Primary Care Provider Last Name | 47Ø-4E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 4G | M/I QUESTION DATE RESPONSE | 38Ø-4G | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4H | M/I QUESTION DOLLAR AMT RESP | 381-4H | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4J | M/I QUESTION NUM RESP | 382-4J | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4K | M/I QUESTION ALPHANUM RESP | 383-4K | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4M | CMPND INGRED CNT ERROR | 362-2G | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4N | QUESTION NUM/COUNT MISMATCH | 377-2Z | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4P | QUESTION NUM/LETTER INVALID | 378-4B | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4Q | QUEST RESP NOT APPROPRIATE | 378-4B | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4R | REQUIRED QUEST NUM MISSING | 378-4B | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4S | COMPOUNT PROD ID REQ MOD CD | 489-TE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4T | M/I ADDL DOC SEGMENT | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4W | Must Fill Through  Specialty Pharmacy | 4Ø7-D7,  489-TE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4X | M/I PATIENT RESIDENCE | 384-4X | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4Y | PAT RES VALUE NOT SUPPORTED | 384-4X | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4Z | PLACE OF SERVICE NOT ON PLAN | 3Ø7-C7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 4Ø | Pharmacy Not Contracted With Plan On Date Of Service | None | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service. |  |  |
| 41 | Submit Bill To Other Processor Or Primary Payer | None | 109 | Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor. |  |  |
| 42 | Plan's Prescriber data base indicates  the Prescriber ID Submitted is inactive  or expired | 411-DB,  42Ø-DK | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service. |  |  |
| 43 | Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is inactive or expired | 411-DB,  42Ø-DK | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service. |  |  |
| 44 | Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID Is not found | 411-DB,  42Ø-DK | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service. |  |  |
| 46 | Plan's Prescriber data base indicates associated DEA to submitted Prescriber  ID does not allow this drug DEA  Schedule | 411-DB,  42Ø-DK | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service. |  |  |
| 400 | REQUEST STATUS NOT USED | 373-2U | N/A |  |  |  |
| 401 | LENGTH OF NEED QUAL NOT USED | 371-2S | N/A |  |  |  |
| 402 | Length Of Need is not used for this Transaction Code | 37Ø-2R | N/A |  |  |  |
| 403 | Prescriber/Supplier Date Signed is not used for this Transaction Code | 372-2T | N/A |  |  |  |
| 404 | Supporting Documentation is not used for this Transaction Code | 376-2X | N/A |  |  |  |
| 405 | Question Number/Letter Count is not used for this Transaction Code | 377-2Z | N/A |  |  |  |
| 406 | Question Number/Letter is not used for this Transaction Code | 378-4B | N/A |  |  |  |
| 407 | Question Percent Response is not used for this Transaction Code | 379-4D | N/A |  |  |  |
| 408 | Question Date Response is not used for this Transaction Code | 38Ø-4G | N/A |  |  |  |
| 409 | Question Dollar Amount Response is not used for this Transaction Code | 381-4H | N/A |  |  |  |
| 41 | Submit Bill To Other Processor Or Primary Payer | None | 109 | Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor. |  |  |
| 410 | Question Numeric Response is not used for this Transaction Code | 382-4J | N/A |  |  |  |
| 411 | Question Alphanumeric Response is not used for this Transaction Code | 383-4K | N/A |  |  |  |
| 412 | Facility ID is not used for this Transaction Code | 336-8C | N/A |  |  |  |
| 413 | Facility Name is not used for this Transaction Code | 385-3Q | N/A |  |  |  |
| 414 | Facility Street Address is not used for this Transaction Code | 386-3U | N/A |  |  |  |
| 415 | Facility City Address is not used for this Transaction Code | 388-5J | N/A |  |  |  |
| 416 | Facility State/Province Address is not used for this Transaction Code | 387-3V | N/A |  |  |  |
| 417 | Facility ZIP/Postal Zone is not used for this Transaction Code | 389-6D | N/A |  |  |  |
| 418 | Purchaser ID Qualifier is not used for this Transaction Code | 591-YU | N/A |  |  |  |
| 419 | Purchaser ID is not used for this Transaction Code | 592-YV | N/A |  |  |  |
| 420 | Purchaser ID Associated State Code is not used for this Transaction Code | 593-YW | N/A |  |  |  |
| 421 | Purchaser Date of Birth is not used for this Transaction Code | 594-YX | N/A |  |  |  |
| 422 | Purchaser Gender Code is not used for this Transaction Code | 595-YY | N/A |  |  |  |
| 423 | Purchaser First Name is not used for this Transaction Code | 596-YZ | N/A |  |  |  |
| 424 | Purchaser Last Name is not used for this Transaction Code | 597-YØ | N/A |  |  |  |
| 425 | Purchaser Street Address is not used for this Transaction Code | 598-Y1 | N/A |  |  |  |
| 426 | Purchaser City Address is not used for this Transaction Code | 599-Y2 | N/A |  |  |  |
| 427 | Purchaser State/Province Address is not used for this Transaction Code | 675-Y3 | N/A |  |  |  |
| 428 | Purchaser ZIP/Postal Zone is not used for this Transaction Code | 676-Y4 | N/A |  |  |  |
| 429 | Purchaser Country Code is not used for this Transaction Code | 677-Y5 | N/A |  |  |  |
| 430 | Purchaser Relationship Code is not used for this Transaction Code | A23-YS | N/A |  |  |  |
| 431 | Released Date is not used for this Transaction Code | A3Ø-ZT | N/A |  |  |  |
| 432 | Released Time is not used for this Transaction Code | A31-ZU | N/A |  |  |  |
| 433 | Service Provider Name is not used for this Transaction Code | 583-YK | N/A |  |  |  |
| 434 | Service Provider Street Address is not used for this Transaction Code | 584-YM | N/A |  |  |  |
| 435 | Service Provider City Address is not used for this Transaction Code | 585-YN | N/A |  |  |  |
| 436 | Service Provider State/Province Address is not used for this Transaction Code | 586-YP | N/A |  |  |  |
| 437 | Service Provider ZIP/Postal Zone is not used for this Transaction Code | 587-YQ | N/A |  |  |  |
| 438 | Seller ID Qualifier is not used for this Transaction Code | 68Ø-ZB | N/A |  |  |  |
| 439 | Seller ID is not used for this Transaction Code | 679-Y9 | N/A |  |  |  |
| 440 | Seller Initials is not used for this Transaction Code | 59Ø-YT | N/A |  |  |  |
| 441 | Other Amount Claimed Submitted Grouping Incorrect | 478-H7,  479-H8,  48Ø-H9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 442 | Other Payer Amount Paid Grouping Incorrect | 341-HB,  342-HC,  431-DV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 443 | Other Payer-Patient Responsibility Amount Grouping Incorrect | 353-NR,  351-NP,  352-NQ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 444 | Benefit Stage Amount Grouping Incorrect | 392-MU,  393-MV,  394-MW | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 445 | Diagnosis Code Grouping Incorrect | 491-VE,  492-WE,  424-DO | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 446 | COB/Other Payments Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 447 | Additional Documentation Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 448 | Clinical Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 449 | Patient Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 450 | Insurance Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 451 | Transaction Header Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 452 | Claim Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 453 | Pharmacy Provider Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 454 | Prescriber Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 455 | Workers’ Compensation Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 456 | Pricing Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 457 | Coupon Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 458 | Prior Authorization Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 459 | Facility Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 460 | Narrative Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 461 | Purchaser Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 462 | Service Provider Segment Incorrectly Formatted | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 463 | Pharmacy not contracted in Assisted Living Network | 3Ø2-C2,  4Ø1-D1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 464 | Service Provider ID Qualifier Does Not Precede Service Provider ID | 2Ø2-B2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 465 | Patient ID Qualifier Does Not Precede Patient ID | 331-CX | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 466 | Prescription/Service Reference Number Qualifier Does Not Precede Prescription/Service Reference Number | 455-EM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 467 | Product/Service ID Qualifier Does Not Precede Product/Service ID | 436-E1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 468 | Procedure Modifier Code Count Does Not Precede Procedure Modifier Code | 458-SE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 469 | Submission Clarification Code Count Does Not Precede Submission Clarification Code | 354-NX | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 470 | Originally Prescribed Product/Service ID Qualifier Does Not Precede Originally Prescribed Product/Service Code | 453-EJ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 471 | Other Amount Claimed Submitted Count Does Not Precede Other Amount Claimed Amount And/Or Qualifier | 478-H7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 472 | Other Amount Claimed Submitted Qualifier Does Not Precede Other Amount Claimed Submitted | 479-H8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 473 | Provider Id Qualifier Does Not Precede Provider ID | 465-EY | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 474 | Prescriber Id Qualifier Does Not Precede Prescriber ID | 466-EZ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 475 | Primary Care Provider ID Qualifier Does Not Precede Primary Care Provider ID | 468-2E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 476 | Coordination Of Benefits/Other Payments Count Does Not Precede Other Payer Coverage Type | 337-4C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 477 | Other Payer ID Count Does Not Precede Other Payer ID Data Fields | 355-NT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 478 | Other Payer ID Qualifier Does Not Precede Other Payer ID | 339-6C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 479 | Other Payer Amount Paid Count Does Not Precede Other Payer Amount Paid And/Or Qualifier | 341-HB | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 480 | Other Payer Amount Paid Qualifier Does Not Precede Other Payer Amount Paid | 342-HC | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 481 | Other Payer Reject Count Does Not Precede Other Payer Reject Code | 471-5E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 482 | Other Payer-Patient Responsibility Amount Count Does Not Precede Other Payer-Patient Responsibility Amount and/or Qualifier | 353-NR | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 483 | Other Payer-Patient Responsibility Amount Qualifier Does Not Precede Other Payer-Patient Responsibility Amount | 351-NP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 484 | Benefit Stage Count Does Not Precede Benefit Stage Amount and/or Qualifier | 392-MU | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 485 | Benefit Stage Qualifier Does Not Precede Benefit Stage Amount | 393-MV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 486 | Pay To Qualifier Does Not Precede Pay To ID | 118-TS | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 487 | Generic Equivalent Product Id Qualifier Does Not Precede Generic Equivalent Product Id | 125-TZ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 488 | DUR/PPS Code Counter Does Not Precede DUR Data Fields | 473-7E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 489 | DUR Co-Agent ID Qualifier Does Not Precede DUR Co-Agent ID | 475-J9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 490 | Compound Ingredient Component Count Does Not Precede Compound Product ID And/Or Qualifier | 447-EC | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 491 | Compound Product ID Qualifier Does Not Precede Compound Product ID | 488-RE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 492 | Compound Ingredient Modifier Code Count Does Not Precede Compound Ingredient Modifier Code | 362-2G | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 493 | Diagnosis Code Count Does Not Precede Diagnosis Code And/Or Qualifier | 491-VE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 494 | Diagnosis Code Qualifier Does Not Precede Diagnosis Code | 492-WE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 495 | Clinical Information Counter Does Not Precede Clinical Measurement data | 493-XE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 496 | Length Of Need Qualifier Does Not Precede Length Of Need | 371-2S | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 497 | Question Number/Letter Count Does Not Precede Question Number/Letter | 377-2Z | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 499 | ADDR CNT OUT OF ORDER |  |  |  |  | Sunset January 2012 |
| 5C | M/I Other Payer Coverage Type | 338-5C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 5E | M/I Other Payer Reject Count | 471-5E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 5J | M/I Facility City Address | 388-5J | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 5Ø | Non-Matched Pharmacy Number | 2Ø1-B1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 500 | PAT ID QL CNT OUT OF ORDER |  |  |  |  | Sunset January 2012 |
| 501 | PRESC ID CNT OUT OF ORDER |  |  |  |  | Sunset January 2012 |
| 502 | PRESC SPCLTY CNT ORDER |  |  |  |  | Sunset January 2012 |
| 503 | PHONE NUM CNT ORDER |  |  |  |  | Sunset January 2012 |
| 504 | Benefit Stage Qualifier Value Not Supported | 393-MV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 505 | Other Payer Coverage Type Value Not Supported | 338-5C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 506 | Prescription/Service Reference Number Qualifier Value Not Supported | 455-EM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 507 | Additional Documentation Type ID Value Not Supported | 369-2Q | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 508 | Authorized Representative State/Province Address Value Not Supported | 498-PJ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 509 | Basis Of Request Value Not Supported | 498-PD | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 51 | Non-Matched Group ID | 3Ø1-C1 | 31 | Patient cannot be identified as our insured. |  |  |
| 510 | Billing Entity Type Indicator Value Not Supported | 117-TR | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 511 | CMS Part D Defined Qualified Facility Value Not Supported | 997-G2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 512 | Compound Code Value Not Supported | 4Ø6-D6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 513 | Compound Dispensing Unit Form Indicator Value Not Supported | 451-EG | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 514 | Compound Ingredient Basis of Cost Determination Value Not Supported | 49Ø-UE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 515 | Compound Product ID Qualifier Value Not Supported | 488-RE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 516 | Compound Type Value Not Supported | 996-G1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 517 | Coupon Type Value Not Supported | 485-KE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 518 | DUR Co-Agent ID Qualifier Value Not Supported | 475-J9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 519 | DUR/PPS Level Of Effort Value Not Supported | 474-8E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 52 | Non-Matched Cardholder ID | 3Ø2-C2 | 31 | Patient cannot be identified as our insured. |  |  |
| 520 | Delay Reason Code Value Not Supported | 357-NV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 521 | Diagnosis Code Qualifier Value Not Supported | 492-WE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 522 | Dispensing Status Value Not Supported | 343-HD | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 523 | Eligibility Clarification Code Value Not Supported | 3Ø9-C9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 524 | Employer State/ Province Address Value Not Supported | 318-CI | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 525 | Facility State/Province Address Value Not Supported | 387-3V | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 526 | Header Response Status Value Not Supported | 5Ø1-F1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 527 | Intermediary Authorization Type ID Value Not Supported | N/A |  |  |  | Sunset October 2013 |
| 528 | Length of Need Qualifier Value Not Supported | 371-2S | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 529 | Level Of Service Value Not Supported | 418-DI | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 53 | Non-Matched Person Code | 3Ø3-C3 | 31 | Patient cannot be identified as our insured. |  |  |
| 530 | Measurement Dimension Value Not Supported | 496-H2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 531 | Measurement Unit Value Not Supported | 497-H3 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 532 | Medicaid Indicator Value Not Supported | 36Ø-2B | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 533 | Originally Prescribed Product/Service ID Qualifier Value Not Supported | 453-EJ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 534 | Other Amount Claimed Submitted Qualifier Value Not Supported | 479-H8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 535 | Other Coverage Code Value Not Supported | 3Ø8-C8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 536 | Other Payer-Patient Responsibility Amount Qualifier Value Not Supported | 351-NP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 537 | Patient Assignment Indicator (Direct Member Reimbursement Indicator) Value Not Supported | 391-MT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 538 | Patient Gender Code Value Not Supported | 3Ø5-C5 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 539 | Patient State/Province Address Value Not Supported | 324-CO | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 54 | Non-Matched Product/Service ID Number | 4Ø7-D7,  489-TE | 96 | Non-covered charge(s). |  |  |
| 540 | Pay to State/ Province Address Value Not Supported | 123-TX | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 541 | Percentage Sales Tax Basis Submitted Value Not Supported | 484-JE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 542 | Pregnancy Indicator Value Not Supported | 335-2C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 543 | Prescriber ID Qualifier Value Not Supported | 466-EZ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 544 | Prescriber State/Province Address Value Not Supported | 367-2N | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 545 | Prescription Origin Code Value Not Supported | 419-DJ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 546 | Primary Care Provider ID Qualifier Value Not Supported | 468-2E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 547 | Prior Authorization Type Code Value Not Supported | 461-EU | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 548 | Provider Accept Assignment Indicator Value Not Supported | 361-2D | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 549 | Provider ID Qualifier Value Not Supported | 465-EY | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 55 | Non-Matched Product Package Size | 4Ø7-D7,  489-TE | 96 | Non-covered charge(s). |  |  |
| 550 | Request Status Value Not Supported | 373-2U | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 551 | Request Type Value Not Supported | 498-PA | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 552 | Route of Administration Value Not Supported | 995-E2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 553 | Smoker/Non-Smoker Code Value Not Supported | 334-1C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 554 | Special Packaging Indicator Value Not Supported | 429-DT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 555 | Transaction Count Value Not Supported | 1Ø9-A9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 556 | Unit Of Measure Value Not Supported | 6ØØ-28 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 557 | COB Segment Present On A Non-COB Claim | 3Ø8-C8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 558 | Part D Plan cannot coordinate benefits with another Part D Plan. |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 559 | ID Submitted is associated with a Sanctioned Pharmacy | 2Ø1-B1 | 96 | Non-covered charge(s). |  |  |
| 56 | Non-Matched Prescriber ID | 411-DB | 96 | Non-covered charge(s). |  |  |
| 560 | Pharmacy Not Contracted in Retail Network | 2Ø1-B1 | 96 | Non-covered charge(s). |  |  |
| 561 | Pharmacy Not Contracted in Mail Order Network | 2Ø1-B1 | 96 | Non-covered charge(s). |  |  |
| 562 | Pharmacy Not Contracted in Hospice Network | 2Ø1-B1 | 96 | Non-covered charge(s). |  |  |
| 563 | Pharmacy Not Contracted in Veterans Administration Network | 2Ø1-B1 | 96 | Non-covered charge(s). |  |  |
| 564 | Pharmacy Not Contracted in Military Network | 2Ø1-B1 | 96 | Non-covered charge(s). |  |  |
| 565 | Patient Country Code Value Not Supported | A43-1K | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 566 | Patient Country Code Not Used For This Transaction | A43-1K | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 571 | Patient ID Associated State/Province Address Value Not Supported | A22-YR | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 572 | Medigap ID Not Covered | 359-2A | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 573 | Prescriber Alternate ID Associated State/Province Address Value Not Supported | A27-ZQ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 574 | Compound Ingredient Modifier Code Not Covered | 362-2G | 96 | Non-covered charge(s). |  |  |
| 575 | Purchaser State/Province Address Value Not Supported | 675-Y3 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 576 | Service Provider State/Province Address Value Not Supported | 586-YP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 577 | M/I Other Payer ID | 355-NT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 578 | Other Payer ID Count Does Not Match Number of Repetitions | 355-NT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 579 | Other Payer ID Count Exceeds Number Of Occurrences Supported | 355-NT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 58 | Non-Matched Primary Prescriber | 421-DL | 96 | Non-covered charge(s). |  |  |
| 580 | ~~COUNT OP ID CNT INCORRECT~~  Other Payer ID Count  Grouping Incorrect | 355-NT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  | Definition changed April 2012 |
| 581 | Other Payer ID Count is not used for this Transaction Code | 355-NT |  |  |  |  |
| 582 | M/I FILL NUMBER |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  | Sunset April 2012. Duplicate of 17 |
| 583 | PROVIDER ID NOT COVERED | 444-E9 | 96 | Non-covered charge(s). |  |  |
| 584 | Purchaser ID Associated State/Province Code Value Not Supported | 593-YW |  |  |  |  |
| 585 | Fill Number Value Not Supported | 4Ø3-D3 |  |  |  |  |
| 586 | FACILITY ID NOT COVERED | 336-8C | 96 | Non-covered charge(s). |  |  |
| 587 | CARRIER ID NOT COVERED | 327-CR | 96 | Non-covered charge(s). |  |  |
| 588 | ALT ID NOT COVERED | 33Ø-CW | 96 | Non-covered charge(s). |  |  |
| 589 | PAT ID NOT COVERED | 332-CY | 96 | Non-covered charge(s). |  |  |
| 590 | Compound Dosage Form Not Covered | 45Ø-EF | 96 | Non-covered charge(s). |  |  |
| 591 | PLAN ID NOT COVERED | 524-FO | 96 | Non-covered charge(s). |  |  |
| 593 | M/I DATE OF SERVICE |  | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  | Sunset October 2011. Duplicate of 15 |
| 594 | PAY-TO ID NOT COVERED | 119-TT | 96 | Non-covered charge(s). |  |  |
| 595 | ASSOC PROV ID NOT COVERED | 58Ø-XY | 96 | Non-covered charge(s). |  |  |
| 596 | Compound Preparation Time Not Used For This Transaction Code | A32-ZW | N/A |  |  |  |
| 597 | LTC Dispensing Type Does Not Support The Packaging Type | 42Ø-DK,  429-DT | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 598 | MORE THAN ONE PAT FOUND |  | 31 | Patient cannot be identified as our insured. |  | Unique eligibility  could not be  confirmed  based on patient data submitted. Refine patient data attributes. |
| 599 | Cardholder ID Matched But Last  Name Did Not |  | 31 | Patient cannot be identified as our insured. |  |  |
| 6C | M/I Other Payer ID Qualifier | 339-6C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 6D | M/I FACILITY ZIP CD | 389-6D | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6E | M/I Other Payer Reject Code | 472-6E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication | X |  |
| 6G | Coordination Of Benefits/Other Payments Segment Required For Adjudication | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6H | Coupon Segment Required For Adjudication | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6J | Insurance Segment Required For Adjudication | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6K | Patient Segment Required For Adjudication | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6M | PHARM PROV SEG REQ FOR ADJ | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6N | PRES SEG REQ FOR ADJUD | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6P | PRICING SEG REQ FOR ADJUD | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6Q | PA SEG REQ FOR ADJUD | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6R | WORKERS COMP SEG REQ | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6S | TRANS SEG REQ FOR ADJUD | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6T | COMP SEG REQ FOR AJDUD | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6U | COMP SEG FORMAT INCORRECT | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6V | MULT-ING COMP NOT SUPPORTED | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6W | DUR/PPS SEG REQ FOR ADJUD | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6X | DUR/PPS SEG FORMAT INCORRECT | 111-AM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6Y | NOT AUTH TO SUBMIT ELECTRON | 2Ø1-B1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication |  |  |
| 6Z | PROV NOT ELIG FOR SERVICE | 2Ø1-B1 | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service |  |  |
| 6Ø | Product/Service Not Covered For Patient Age | 3Ø2-C2,  3Ø4-C4,  4Ø1-D1,  4Ø7-D7,  489-TE | 96 | Non-covered charge(s). | X |  |
| 600 | Coverage Outside Submitted Date Of Service |  | 166 | These services were submitted after this payers responsibility for processing claims under this plan ended. |  |  |
| 606 | Brand Drug / Specific Labeler Code Required | 4Ø7-D7 | 175 | Prescription is incomplete. |  |  |
| 61 | Product/Service Not Covered For Patient Gender | 3Ø2-C2,  3Ø5-C5,  4Ø7-D7,  489-TE | 96 | Non-covered charge(s). | X |  |
| 612 | LTC Appropriate Dispensing Invalid Submission Clarification Code (SCC) Combination | 42Ø-DK | 175 | Prescription is incomplete. |  |  |
| 613 | The Packaging Methodology Or Dispensing Frequency Is Missing Or Inappropriate For LTC Short Cycle | 42Ø-DK,  429-DT | 175 | Prescription is incomplete. |  |  |
| 617 | Compound Ingredient Drug Cost Cannot Be Negative Amount | 449-EE | 175 | Prescription is incomplete. |  | The Compound  Ingredient Drug  Cost must be  $Ø or greater  than $Ø. It  cannot be less  than $Ø. |
| 618 | Plan's Prescriber Data Base Indicates The Submitted Prescriber’s DEA Does Not Allow This Drug DEA Schedule | 411-DB,  42Ø-DK | 175 | Prescription is incomplete. |  |  |
| 619 | Prescriber Type 1 NPI Required | 411-DB | 175 | Prescription is incomplete. |  |  |
| 62 | Patient/Card Holder ID Name Mismatch | 31Ø-CA,  311-CB,  312-CC,  313-CD,  3Ø2-C2 | 14Ø | Patient/Insured health identification number and name do not match. |  |  |
| 63 | Institutionalized Patient Product/Service ID Not Covered | 3Ø2-C2.  4Ø1-D1,  4Ø7-D7 | 96 | Non-covered charge(s). |  |  |
| 64 | Claim Submitted Does Not Match Prior Authorization | 2Ø1-B1,  4Ø7-D7,  442-E7,  461-EU,  462-EV,  489-TE | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| 645 | REPACKAGED PROD NOT COVERED | 4Ø7-D7 | 96 | Non-covered charge(s). |  |  |
| 647 | QTY PRES REQ FOR CII RX | 4Ø7-D7  46Ø-ET | 175 | Prescription is incomplete. |  |  |
| 648 | QTY PRES NOT MATCHING ORIG RX | 4Ø7-D7  46Ø-ET | 175 | Prescription is incomplete. |  |  |
| 65 | Patient Is Not Covered | 3Ø2-C2,  3Ø3-C3,  3Ø6-C6 | 31 | Claim denied as patient cannot be identified as our insured. |  |  |
| 650 | FILL DT >60 DAYS FROM DT PRESC | 414-DE | 176 | Prescription is not current. |  |  |
| 66 | Patient Age Exceeds Maximum Age | 3Ø2-C2,  3Ø3-C3,  3Ø4-C4,  3Ø6-C6 | 6 | The procedure/revenue code is inconsistent with the patient's age |  |  |
| 67 | Filled Before Coverage Effective | 3Ø2-C2,  4Ø1-D1 | 26 | Expenses incurred prior to coverage. |  |  |
| 68 | Filled After Coverage Expired | 3Ø2-C2,  4Ø1-D1 | 27 | Expenses incurred after coverage terminated. |  |  |
| 69 | Filled After Coverage Terminated | 3Ø2-C2,  4Ø1-D1 | 27 | Expenses incurred after coverage terminated. |  |  |
| 7A | Provider Does Not Match Authorization On File | 2Ø1-B1 | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider. |  |  |
| 7B | Service Provider ID Qualifier Value Not Supported For Processor/Payer | 2Ø2-B2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7C | M/I Other Payer ID | 34Ø-7C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7D | Non-Matched DOB | 3Ø4-C4 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7E | M/I DUR/PPS Code Counter | 473-7E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| 7F | FUTURE DATE DOB NOT ALLOWED |  |  |  |  | Field deleted April 2013. Duplicate of 7G. |
| 7G | FUTURE DATE DOB NOT ALLOWED | 3Ø4-C4 | 14 | The date of birth follows the date of service. |  |  |
| 7H | NON-MATCHED GENDER CD | 3Ø5-C5 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7J | Patient Relationship Code Value Not Supported | 3Ø6-C6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7K | Discrepancy Between Other Coverage Code And Other Payer Amount | 3Ø8-C8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7M | Discrepancy Between Other Coverage Code And Other Coverage Information On File | 3Ø8-C8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7N | Patient ID Qualifier Value Not Supported | 331-CX | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7P | Coordination Of Benefits/Other Payments Count Exceeds Number of Supported Payers | 337-4C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7Q | Other Payer ID Qualifier Value Not Supported | 339-6C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7R | Other Payer Amount Paid Count Exceeds Number of Supported Groupings | 341-HB | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 7T | Quantity Intended To Be Dispensed Required For Partial Fill Transaction | 344-HF | 175 | Prescription is incomplete. |  |  |
| 7U | Days Supply Intended To Be Dispensed Required For Partial Fill Transaction | 345-HG | 175 | Prescription is incomplete. |  |  |
| 7V | DUPLICATE REFILLS | 4Ø3-D3 | 18 | Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO) |  |  |
| 7W | REFILLS EXCEED ALLOWABLE | 4Ø3-D3 | B5 | Coverage/program guidelines were not met or were exceeded. |  |  |
| 7X | DAYS SUPPLY OVER PLAN LIMITS | 4Ø5-D5 | B5 | Coverage/program guidelines were not met or were exceeded. |  |  |
| 7Y | COMPOUNDS NOT COVERED | 4Ø6-D6 | 96 | Non-covered charge(s) |  |  |
| 7Z | COMPOUND REQ 2+ INGREDIENTS | 4Ø6-D6 | 175 | Prescription is incomplete. |  |  |
| 7Ø | Product/Service Not Covered | 4Ø7-D7,  489-TE | 96 | Non-covered charge(s). |  |  |
| 71 | Prescriber Is Not Covered | 411-DB | 184 | The prescribing/ordering provider is not eligible to prescribe/order the service billed. |  |  |
| 72 | Primary Prescriber Is Not Covered | 421-DL | 184 | .  The prescribing/ordering provider is not eligible to prescribe/order the service billed. |  |  |
| 73 | Refills Are Not Covered | 4Ø2-D2,  4Ø3-D3 | 96 | Non-covered charge(s). | X |  |
| 74 | Other Carrier Payment Meets Or Exceeds Payable | 4Ø9-D9,  442-E7,  481-HA,  482-GE | 23 | The impact of prior payer(s) adjudication including payments and/or adjustments. |  |  |
| 75 | Prior Authorization Required | 462-EV,  489-TE | 15 | The authorization number is missing, invalid, or does not apply to the billed services or provider |  |  |
| 76 | Plan Limitations Exceeded | 4Ø5-D5,  442-E7 | 119 | Benefit maximum for this time period or occurrence has been reached. |  |  |
| 77 | Discontinued Product/Service ID Number | 4Ø7-D7,  489-TE | 96 | Non-covered charge(s). | X |  |
| 78 | Cost Exceeds Maximum | 4Ø7-D7,  4Ø9-D9,  442-E7,  448-ED,  449-EE,  481-HA,  482-GE,  489-TE | 45 | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability) |  |  |
| 79 | Refill Too Soon | 4Ø7-D7,  4Ø9-D9,  442-E7,  448-ED,  449-EE,  481-HA,  482-GE,  489-TE | 119 | Benefit maximum for this time period or occurrence has been reached |  |  |
| 8A | Compound Requires At Least One Covered Ingredient | 4Ø6-D6 | 175 | Prescription is incomplete. |  |  |
| 8B | Compound Segment Missing On A Compound Claim | 4Ø6-D6 | 175 | Prescription is incomplete. |  |  |
| 8C | INV FACILITY ID | 336-8C | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8D | Compound Segment Present On A Non-Compound Claim | 4Ø6-D6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8E | M/I DUR/PPS Level Of Effort | 474-8E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8G | Product/Service ID Must Be A Single Zero For Compounds | 4Ø7-D7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8H | Product/Service Only Covered On Compound Claim | 4Ø7-D7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8J | Incorrect Product/Service ID For Processor/Payer | 4Ø7-D7,  489-TE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8K | DAW Code Value Not Supported | 4Ø8-D8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8M | Sum Of Compound Ingredient Costs Does Not Equal Ingredient Cost Submitted | 4Ø9-D9 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8N | FUTURE DT WRITTEN NOT ALLOW | 414-DE | 110 | Billing date predates service date. |  |  |
| 8P | DT WRITTEN DIFF ON PREV FILING | 414-DE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8Q | EXCESSIVE REFILLS AUTHORIZED | 415-DF | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8R | SUB CLARIF CD NOT SUPPORTED | 42Ø-DK | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8S | BASIS OF COST NOT SUPPORTED | 423-DN | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8T | U&C MUST BE OVER ZERO | 426-DQ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8U | GAD MUST BE OVER ZERO | 43Ø-DU | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8V | NEG AMT NOT SUPP IN OP AMT | N/A |  |  |  | Deleted July 2013 |
| 8W | OCC AND OP AMT PD DISCREP | 431-DV | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8X | COLL FROM CARDHOLDER NOT AL | 433-DX | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8Y | EXCESSIVE AMOUNT COLLECTED | 433-DX | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8Z | PRD ID QL VALUE NOT SUPPORTED | 436-E1 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 8Ø | Drug-Diagnosis Mismatch | 4Ø7-D7,  424-DO | 11 | The diagnosis is inconsistent with the procedure. |  |  |
| 81 | Claim Too Old | 4Ø1 | 29 | The time limit for filing has expired. |  |  |
| 82 | Claim Is Post-Dated | 4Ø1-D1 | 11Ø | Billing date predates service date. |  |  |
| 83 | Duplicate Paid/Captured Claim | 2Ø1-B1,  4Ø1-D1,  4Ø2-D2,  4Ø3-D3,  4Ø7-D7 | 18 | Exact duplicate claim/service |  |  |
| 84 | Claim Has Not Been Paid/Captured | 2Ø1-B1,  4Ø1-D1,  4Ø2-D2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 85 | Claim Not Processed | None | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 86 | Submit Manual Reversal | None | 129 | Prior processing information appears incorrect. | X |  |
| 87 | Reversal Not Processed | None | 129 | Prior processing information appears incorrect. | X |  |
| 88 | DUR Reject Error | 4Ø1-D1,  4Ø7-D7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. | X |  |
| 89 | Rejected Claim Fees Paid | N/A | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9B | RSN FOR SVC VALUE NOT SUPP | 439-E4 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9C | PROF SVC CD VALUE NOT SUPP | 44Ø-E5 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9D | RES OF SVC CD VALUE NOT SUPP | 441-E6 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9E | QTY DOES NOT MATCH DISP UNIT | 442-E7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9G | QTY DISP EXCEEDS MAX ALLOW | 442-E7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9H | QTY NOT VALID FOR PROD SUB | 442-E7 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9J | FUT OTH PAYER DT NOT ALLOW | 443-E8 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9K | COMP ING CNT EXCEEDS NUM SUP | 447-EC | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9M | MIN TWO INGREDIENTS REQUIRED | 447-EC | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9N | COMP ING QTY EXCEEDS MAX | 448-ED | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9Q | RT OF ADMIN SUB NOT COVERED | 995-E2 | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9R | RX SVC NUM QL NOT COVERED | 455-EM | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9S | FUT ASOC RX DT NOT ALLOWED | 457-EP | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9T | PA TYPE CD SUB NOT COVERED | 461-EU | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9U | PROV ID QL SUB NOT COVERED | 465-EY | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9V | PRESC ID QL SUB NOT COVERED | 466-EZ | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9W | DUR/PPS CD CNT EXCEEDS LMT | 473-7E | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9X | COUPON TY SUB NOT COVERED | 485-KE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9Y | CMP PROD ID QL SUB NOT COVER | 488-RE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 9Z | DUP PROD ID IN COMPOUND | 489-TE | 16 | Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. |  |  |
| 91 | Host Response Error | Response Not In Appropriate Format To Be Displayed | N/A |  |  |  |
| 92 | System Unavailable/Host Unavailable | Processing Host Did Not Accept Transaction/Did Not Respond Within Time Out Period | N/A |  |  |  |
| 95 | Time Out |  | N/A |  |  |  |
| 96 | Scheduled Downtime |  | N/A |  |  |  |
| 97 | Payer Unavailable |  | N/A |  |  |  |
| 98 | Connection To Payer Is Down |  | N/A |  |  |  |
| 99 | Host Processing Error | Do Not Retransmit Claim(s) | N/A |  |  |  |