MMIS Replacement Project (MRP)

National Council for Prescription Drug Programs (NCPDP) D.0 Claim Billing or Encounter Payer Sheet Standard Companion Guide

Companion to National Council for Prescription Drug Programs (NCPDP) D.0 Claim Billing or Encounter Payer Sheet Implementation Guide

Month 202X

Date Last Updated: July 21, 2021

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Table of Contents

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** Start of Request Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet Template**

1. General Information

Payer Name: Mississippi Division of Medicaid	**Date**: *TBD Date "Coming soon"*	
Plan Name/Group Name: Mississippi Division of Medicaid	**BIN**: 610084	**PCN**: DRMSPROD = Production DRMSTEST = Test
Processor: Gainwell Technologies		
Effective as of: *TBD Date "Coming soon"*	**NCPDP Telecommunication Standard Version/Release #**: D.0	
NCPDP Data Dictionary Version Date: *TBD Date "Coming soon"*	**NCPDP External Code List Version Date**: *TBD Date "Coming soon"*	

Contact/Information Source: For questions prior to *TBD Date "Coming soon"*, please call *1 TBD Toll free number "Coming soon"*. For questions from *TBD Date "Coming soon"* forward, please call *1 TBD Toll free number "Coming soon"*. http://www.medicaid.ms.gov/*TBD Link "Coming soon"*

Certification Testing Window: Certification is not required.

Certification Contact Information: N/A

Provider Relations Help Desk Info: *1 TBD Toll free number "Coming soon"*

Other versions supported: No other versions supported

2. Other Transactions Supported

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

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Re-Bill
E1	Claim Eligibility Transaction

2.1. Field Legend for Columns

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
Required	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
Qualified Requirement	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Re-Bill transactions and those that do not have qualified requirements (i.e., not used) for this payer are excluded from the template.

2.2. Claim Billing/Claim Re-Bill Transaction

The following lists the segments and fields in a Claim Billing or Claim Re-Bill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

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

Transaction Header Segment		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	61ØØ84	M	*MS XIX accepts value 61ØØ84.*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	Values: B1 = Billing B2 = Reversal B3 = Rebill	M	B1 - Billing B2 - Reversal B3 - Rebill
1Ø4-A4	PROCESSOR CONTROL NUMBER	Values: DRMSPROD = Production DRMSTEST = Test	M	
1Ø9-A9	TRANSACTION COUNT	Values: Ø1 = One occurrence Ø2 = Two occurrences Ø3 = Three occurrences Ø4 = Four occurrences	M	One transaction for B2 or compound claim; Four allowed for B1 or B3.
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = NPI	M	Code qualifying the 'Service Provider ID' (Field # 2Ø1-B1). Ø1 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	1Ø-Digit National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	8-digit date of service format = CCYYMMDD

Transaction Header Segment		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
11Ø-AK	SOFTWARE VENDOR/ CERTIFICATION ID	ØØØØØØØØØØ	M	Submit with all zeroes.

Insurance Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID	9-Digit Mississippi Medicaid ID Number	M	MS Medicaid identification number (patient specific) potential for a suffix to indicate copay bypass, etc.
3Ø1-C1	GROUP ID	SIPPI	R	**MS XIX accepts value SIPPI.**
3Ø3-C3	PERSON CODE	ØØ1	R	MS XIX accepts value ØØ1.
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
314-CE	HOME PLAN		RW	
524-FO	PLAN ID	MS_TXIX	O	***For Mississippi this value is MS_TXIX – Mississippi Title 19***
36Ø-2B	MEDICAID INDICATOR	Two character State Postal Code indicating the state where Medicaid coverage exists.	RW	Imp Guide: Required, if known, when patient has Medicaid coverage. Example: MS
115-N5	MEDICAID ID NUMBER		RW	

Patient Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-Bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø4-C4	DATE OF BIRTH	CCYYMMDD	R	8-digit date of birth format = CCYYMMDD
3Ø5-C5	PATIENT GENDER COD	Values: Ø = Not Specified 1 = Male 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	Required when the patient has a first name; must support special characters Required for a patient name validation, up to 12 byte characters.
311-CB	PATIENT LAST NAME		R	Required when the patient has a last name; must support special characters Required for a patient name validation, up to 15 byte characters.
3Ø7-C7	PLACE OF SERVICE		RW	*MS XIX accepts all valid values.* *11 = Office (required for Clinician Administered Drug/Implantable Drug System Devices (CADD) billing as defined by MS DOM)*
335-2C	PREGNANCY INDICATOR	Values: Blank = Not Specified 1 = Not Pregnant 2 = Pregnant	RW	*Payer requirement: Required if the patient is known to be pregnant.*
384-4X	PATIENT RESIDENCE	Values: Ø = Not Specified 1 = Home 2 = Skilled Nursing Facility. PART B ONLY 3 = Nursing Facility 4 = Assisted Living Facility 5 = Custodial Care Facility. PART B ONLY 6 = Group Home	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement: Same as Imp Guide*

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-Bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		7 = Inpatient Psychiatric Facility 8 = Psychiatric Facility – Partial Hospitalization 9 = Intermediate Care Facility/Mentally Retarded 1Ø = Residential Substance Abuse Treatment Facility 11 = Hospice 12 = Psychiatric Residential Treatment Facility 13 = Comprehensive Inpatient Rehabilitation Facility 14 = Homeless Shelter 15 = Correctional Institution		

Claim Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	For Transaction Code of "B1," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	12-Bytes	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Values: ØØ = Not specified Ø3 = National Drug Code (NDC)	M	ØØ - Must be submitted for compounds Ø3 - For non-compound claims
4Ø7-D7	PRODUCT/SERVICE ID	Values: NDC for non-compound claims "Ø" for compound claims	M	11-digit NDC "Ø" for compound claims
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	CCYYMMDD	FFS – N Encounter - M	For encounter claims only. The CCO must submit the date they originally received the claim from the pharmacy. This usage is outside the norm for NCPDP claims, but requested by MS DOM for MSCAN and MSCHIP encounters. 8-digit date of service format = CCYYMMDD
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
4Ø3-D3	FILL NUMBER	Values: Ø = Original dispensing 1–99 = Refill number - Number of the replenishment	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	Values: 1 = Not a Compound 2 = Compound	RW	*MS XIX accepts values 1 or 2*
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Values: Ø = No Product Selection Indicated 7 = Substitution not allowed – brand drug mandated by law	RW	*MS XIX accepts values Ø* or 7
414-DE	DATE PRESCRIPTION WRITTEN	CCYYMMDD	R	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
415-DF	NUMBER OF REFILLS AUTHORIZED	Values: Ø = No refills authorized 1-99 = Authorized Refill number with 99 being as needed, refills unlimited	R	
419-DJ	PRESCRIPTION ORIGIN CODE	Values: 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	1, 2. 3	RW	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used *Payer Requirement: Same as Imp Guide*
42Ø-DK	SUBMISSION CLARIFICATION CODE	Values: 2=Other Override 6=Starter Dose 13 = Payer-Recognized Emergency/Disaster Assistance Request 2Ø = 34ØB	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø) *Payer Requirement: Same as Imp Guide* 13 - Required during officially declared emergencies when it is necessary to override service limit edits. 2Ø - Required for 34ØB drug billing 2 or 6 - Required to be sent currently for COVID19 vaccinations, the pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment.
3Ø8-C8	OTHER COVERAGE CODE	Values: Ø = Not Specified by patient 1 = No Other Coverage	RW	Required for Coordination of Benefits OCC 8 is not allowed

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		2 = Other coverage exists-payment collected 3 = Other Coverage Billed - claim not covered 4 = Other coverage exists-payment not collected		
429-DT	SPECIAL PACKAGING INDICATOR	Values: 1 = Not Unit Dose 2 = Manufacturer Unit Dose 3 = Pharmacy Unit Dose 4 = Custom Packaging 5 = Multi-drug compliance packaging	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement:
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	Values: Ø1 = UPC Ø2 = HRI Ø3 = NDC Ø4 = UPN Ø6 = DUR/PPS Ø7 = CPT4 Ø8 = CPT5 Ø9 = HCPCS 1Ø = PPAC 11 = NAPPI 12 = EAN 15 = GCN 28 = FDB Med Name ID 29 = FDB Routed Name ID 3Ø = FDB Rtd. Dos. Form Med ID 31 = FDBMedID 32 = GCN_SEQ_NO 33 = HICL_SEQ_NO 38 = RxNorm Semantic Clinical Drug (SCD) 39 = RxNorm Semantic Branded Drug (SBD)	RW	Required on partial or completion fills

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		4Ø = RxNorm Generic Package (GPCK) 41 = RxNorm Branded Package (BPCK) 42 = Elsevier/Gold Standard Marketed Product Identifier (MPid) 43 = Elsevier/Gold Standard Product Identifier (ProdID) 44 = Elsevier/Gold Standard Specific Product Identifier (SPID) 45 = Device Identifier (DI) 99 = Other		
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Required on partial or completion fills.
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Required on partial or completion fills.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	*Imp Guide:* Required if necessary, for state/federal/regulatory agency programs Payer Requirement: Follow State regulatory guidance for products that require a scheduled prescription ID number *This field is primarily intended to be used on a Controlled Substance Reporting (C1) or Controlled Substance Reporting Rebill (C3) transaction. It may also be submitted on a Billing (B1) transaction.*
6ØØ-28	UNIT OF MEASURE	Values: EA = Each GM = Grams ML = Milliliters	R	
418-DI	LEVEL OF SERVICE	3 = Emergency	RW	Required for Emergency Supply; "3" only allowed value

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Required when submitting a claim for a 72-hour Emergency Supply
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility *Payer Requirement: Same as Imp Guide*
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility *Payer Requirement: Same as Imp Guide*
343-HD	DISPENSING STATUS		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement: Same as Imp Guide.*
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement: Same as Imp Guide.*
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement: Same as Imp Guide.*
357-NV	DELAY REASON CODE		RW	*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed. *Payer Requirement: Same as Imp Guide.*
995-E2	ROUTE OF ADMINISTRATION		RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer* Requirement *Required when submitting compounds claims.*

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
996-G1	COMPOUND TYPE	Values: Ø1 = Anti-infective Ø2 = Ionotropic Ø3 = Chemotherapy Ø4 = Pain management Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition Ø6 = Hydration Ø7 = Ophthalmic 99 = Other	RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement: Same as Imp Guide.*
147-U7	PHARMACY SERVICE TYPE	Values: Ø1 = Community/Retail Pharmacy Services Ø2 = Compounding Pharmacy Services Ø3 = Home Infusion Therapy Provider Services Ø5 = Long-Term Care Pharmacy Services Ø8 = Specialty Care Pharmacy Services	RW	*Imp Guide:* Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. *Payer Requirement: Same as Imp Guide.*

Pricing Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.

Pricing Segment Segment Identification (111-AM) = "11"	Claim Billing/Claim Re-Bill			
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Payer Requirement: Same as Imp Guide.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement*: Same as Imp Guide.
48Ø -H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	34ØB pharmacies must submit actual acquisition cost in this field.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	Values: Ø8 = 34ØB/ Disproportionate Share Pricing/Public Health Service	RW	Imp Guide: Required if needed for receiver claim/encounter adjudication. Payer Requirement: Claims for products purchased through the 34ØB Program must be submitted with the following value: Ø8

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only if law or regulation required.

Pricing Segment Segment Identification (111-AM) = "Ø2"	Pharmacy Provider			
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
444-E9	PROVIDER ID		RW	

Prescriber Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = NPI	R	MS XIX requires the National Provider Identifier (NPI) (Ø1).
411-DB	PRESCRIBER ID	Prescriber Individual NPI	R	Required; Must submit valid NPI.
427-DR	PRESCRIBER LAST NAME		RW	Imp Guide: Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	12 = DEA	RW	
421-DL	PRIMARY CARE PROVIDER ID		RW	Prescriber's DEA number.
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	
364-2J	PRESCRIBER FIRST NAME		RW	
365-2K	PRESCRIBER STREET ADDRESS		RW	
366-2M	PRESCRIBER CITY ADDRESS		RW	
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	
368-2P	PRESCRIBER ZIP/POSTAL ZONE		RW	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is Required	X	Maximum of 5 times. For MSCAN/MSCHIP segment is required whether TPL exists on the original pharmacy claim or not. If there is no TPL, on the original claim, then a count of 1 is expected in field 337-4C. The CCO's payment and/or reject information is expected in Segment AMØ5. If there is TPL on the claim, then a count of TPL payers +1 (for CCO's segment) is expected in field 337-4C.
This Segment is situational	X	For ALL Others: Required only for secondary, tertiary, etc., claims. It is used when a receiver needs payment information from other receivers to perform claim/encounter determination. This may be in the case of primary, secondary, tertiary etc., health plan coverage for example. The Coordination of Benefits/Other Payments Segment is mandatory for a Claim Billing or Encounter request to a downstream payer. It is used to assist a downstream payer to uniquely identify a claim or encounter in case of duplicate processing. The segment is mandatory if required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim.
Scenario 1 – Other Payer Amount Paid Repetitions Only	X	OCC codes Ø, 1, 2, 3, and 4 Supported (no co-pay only billing allowed).

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-Bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	1, 2, 3, 4, 5, 6, 7, 8, 9	FFS – N Encounter – R	For MSCAN/MSCHIP Required. All Others Required if submitting other coverage/payment information. Maximum count of 9.
338-5C	Other Payer Coverage Type		FFS – N Encounter – R	For MSCAN/MSCHIP "Ø1" is expected if CCO is the primary payer. All Others Required if patient has other coverage.
339-6C	OTHER PAYER ID QUALIFIER	Values:	FFS – RW	For MSCAN/MSCHIP "1D" is expected to denote CCO is

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-Bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		1D = Medicaid Number Ø3 = BIN 99 = Other	Encounter – R	submitting CCO's Medicaid Number in field 34Ø-7C. All Others Required if Other Payer ID (Field # 34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		FFS – RW Encounter – R	For MSCAN/MSCHIP COB payer segment, CCO's Medicaid ID expected for MSCAN/MSCHIP plan as assigned by DOM/Gainwell. For true TPL, value is pass through from the original NCPDP pharmacy claim. All Others Required if COB segment is used.
443-E8	OTHER PAYER DATE		FFS – RW Encounter – R	For MSCAN/MSCHIP COB segment, expected value is date CCO paid claim. For true TPL, value is pass through from the original NCPDP pharmacy claim. All Others Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
993-A7	INTERAL CONTROL MUMBER		FFS – RW Encounter – R	For encounter claims only. For MSCAN/MSCHIP COB segment, expected value is CCO's internal claim number. For true TPL, value is pass through from the original NCPDP pharmacy claim.
341-HB	OTHER PAYER AMOUNT PAID COUNT	1, 2, 3, 4, 5, 6, 7, 8, 9	FFS – RW Encounter – R	For MSCAN/MSCHIP COB segment, "2" is expected value as CCO will report both paid amount and allowed/calculated amount. For true TPL, value is pass through from the original NCPDP pharmacy claim. All Others Imp Guide: Required if Other Payer Amount Paid Qualifier (342-HC) is used. Payer Requirement: Same as Imp Guide.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-Bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Maximum count of 9.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Values: Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Preparation Cost 1Ø = Sales Tax 11 = Medication Administration 12 = *TBD "Coming Soon"* 99 = OTHER (COB Allowed/Calculated Amount)	RW	All value qualifiers are accepted as payment from the other payer. For MSCAN/MSCHIP will send one segment with "Ø7" to show CCO's amount paid, and another with "99" to show CCO's allowed/calculated amount. For true TPL, value is pass through from the original NCPDP pharmacy claim. All Others Required on all COB claims with Other Coverage Code of 2.
431-DV	OTHER PAYER AMOUNT PAID		FFS – RW Encounter – R	For MSCAN/MSCHIP will send two occurrences for their COB segment, one for CCO's paid amount and the other for CCO's allowed/calculated amount, as described above for field 342-HC. For true TPL, value is pass through from the original NCPDP pharmacy claim. All Others *Imp Guide:* Required if other payer has approved payment for some/all of the billing.
471-5E	OTHER PAYER REJECT COUNT	1, 2, 3, 4, 5	FFS – RW Encounter – R	For MSCAN/MSCHIP field is required when CCOs are communicating CCO's rejected claims per DOM's request. For true TPL, value is pass through from the original NCPDP pharmacy claim. All Others *Imp Guide:* Required if other payer has approved payment for some/all of the billing.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-Bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
472-6E	OTHER PAYER REJECT CODE		FFS – RW Encounter – R	Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). ***NOTE:*** *This field must only contain the NCPDP Reject Code (511-FB) values.*
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	1 Through 25	RW	Required if Other Payer Patient Responsibility Amount Qualifier (351-NP) is used. Maximum of 25 occurrences.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø1 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer. Ø2 = Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer. Ø3 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer. Ø4 = Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer. Ø5 = Amount of Copay (518-FI) as reported by previous payer. Ø6 = Patient Pay Amount (505-F5) as reported by previous payer. Ø7 = Amount of Coinsurance (572-4U) as reported by previous payer. Ø8 = Amount Attributed to Product Selection/Non-	RW	Required when the Payer Patient Responsibility Amount (352-NQ) is used.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-Bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Preferred Formulary Selection (135-UM) as reported by previous payer. Ø9 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer. 1Ø = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer. 11 = Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer. 12 = Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer. 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	
392-MU	BENEFIT STAGE COUNT	1,2,3,4	RW	Required if Benefit Stage Amount Qualifier (393-MV) is used.
393-MV	BENEFIT STAGE QUALIFIER	Ø1 = Deductible. Ø2 = Initial Benefit. Ø3 = Coverage Gap (donut hole). Ø4 = Catastrophic Coverage	RW	Required when the Benefit Stage Amount (394-MW) is used.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-Bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		5Ø = Not paid under Part D, paid under Part C benefit (for MA-PD plan) 6Ø = Not paid under Part D, paid as or under a supplemental benefit only 61 = Part D drug not paid by Part D plan benefit, paid as or under a co-administered insured benefit only 62 = Non-Part D/non-qualified drug not paid by Part D plan benefit. Paid as or under a co-administered benefit only. 63 = Non-Part D/non-qualified drug not paid by Part D plan benefit. Paid under Medicaid benefit only of the Medicare/Medicaid (MMP) plan. 7Ø = Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing.. 8Ø = Non-Part D/non-qualified drug not paid by Part D plan benefit, hospice benefit, or any other component of Medicare; paid by the beneficiary under plansponsored negotiated pricing. 9Ø = Enhance or OTC drug (PDE value of E/O) not applicable to the Part D drug spend, but is covered by the Part D plan.		
394-MW	BENEFIT STAGE AMOUNT		RW	

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required when DUR is returned on Rejection and pharmacy wishes to submit reason DUR rejection should be overridden. Submitted if required to affect outcome of claim related to DUR intervention.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS CODE COUNTER	1, 2, 3, 4, 5, 6, 7, 8, 9	RW***	*Imp Guide:* Required if DUR/PPS Segment is used. *Payer Requirement:* Same as *Imp Guide.* Maximum of 9 occurrences.
439-E4	REASON FOR SERVICE CODE	Allowed values: DC = Drug Disease (inferred) DD = Drug-Drug Interaction ER = Early Refill HD = High Dose ID = – Ingredient Duplication LD =Low Dose LR = Underuse MC = Drug-Disease (Reported) MN = Insufficient Duration MX = Excessive Duration PA = Drug-Age PG = Drug-Pregnancy TD=Therapeutic Duplication	RW***	Required when needed to communicate DUR information.
44Ø-E5	PROFESSIONAL SERVICE CODE	Allowed Values: ØØ = No Intervention AS = Patient Assessment CC = Coordination of Care DE = Dosing Evaluation/Determination	RW***	Required field if there is a DUR alert: MØ = Prescriber Consulted PØ = Patient Consulted RØ = Pharmacist Consulted Other Note: These values are additional to the Valid Values per Translator.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		FE = Formulary Enforcement GP = Generic Product Selection MØ = Prescriber Consulted MA = Medication Administration MR = Medication Review PØ = Patient Consulted PE = Patient Education/Instruction PF = Patient Referral PH = Patient Medication History PM = Patient Monitoring RØ = Pharmacist Consulted Other Source RT = Recommended Laboratory Test SC = Self-Care Consultation SW = Literature Search/Review TC = Payer/Processor Consulted TH = Therapeutic Product Interchange		
441-E6	RESULT OF SERVICE CODE	Allowed Values: ØØ = Not Specified 1A = Filled As Is, False Positive 1B = Filled Prescription As Is 1C = Filled, with Different Dose 1D = Filled, with Different Directions IE = Filled, with Different Drug 1F = Filled, with Different Quantity 1G = Filled, With Prescriber Approval	RW***	Required field if there is a DUR alert: 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 2A = Prescription Not Filled

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		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 Increase Acknowledged 3G = Drug Therapy Unchanged 3H = Follow-up Report 3J = Patient Referral 3M = Compliance Aide Provided		2B = Not Filled, Directions
474-8E	DUR/PPS LEVEL OF EFFORT	Values: Ø = Not Specified 11 = Level 1 (Lowest) 12 = Level 2 13 = Level 3 14 = Level 4 15 = Level 5 (Highest)	RW	

Compound Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if the claim dispensed is a compound.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Values: Blank = Not Specified Ø1 = Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository 3Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	Values: 1 = Each 2 = Grams 3 = Milliliters	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	1 Through 25	M	Maximum 25 ingredients.
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code (NDC) – Formatted 11 digits (N)	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	Imp Guide: Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Values: ØØ = Default Ø1 = AWP Ø2 = Local Wholesaler Ø3 = Direct	R	Imp Guide: Required if needed for receiver claim determination when multiple products are billed. Required when submitting compounds claims.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Ø4 = EAC (Estimated Acquisition Cost) Ø5 = Acquisition Ø6 = MAC (Maximum Allowable Cost) Ø7 = Usual & Customary Ø8 = 34ØB/ Disproportionate Share Pricing Ø9 = Other 1Ø = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing		

Clinical Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required when Diagnosis code is necessary for Claim adjudication. Submitted if the clinical detail will affect the outcome of claims processing.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
491-VE	DIAGNOSIS CODE COUNT	1,2,3,4,5	RW	Maximum count of 5. *Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement: Same as Imp Guide.*
492-WE	DIAGNOSIS CODE QUALIFIER	Value: Ø2 = ICD1Ø	RW***	Required if Diagnosis Code (424-DO) is used. MS XIX Valid Value: Ø2 = International Classification of Diseases (ICD1Ø).

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
424-DO	DIAGNOSIS CODE		RW***	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary, for state/federal/regulatory agency programs. Payer Requirement: Required to identify pregnancy.
493-XE	CLINICAL INFORMATION COUNTER	1,2,3,4,5	RW***	Maximum 5 occurrences supported. Required if 494-ZE, 495-H1, 496-H2 are sent. Grouped with Measurement fields (Measurement Date (494-ZE), Measurement Time (495-H1), Measurement Dimension (496-H2), Measurement Unit (497-H3), Measurement Value (499-H4)
494-ZE	MEASUREMENT DATE		RW***	Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
495-H1	MEASUREMENT TIME		RW***	Required if time is known or has impact on measurement. Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
496-H2	MEASUREMENT DIMENSION		RW***	Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
497-H3	MEASUREMENT UNIT		RW***	Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) are used.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
499-H4	MEASUREMENT VALUE		RW***	Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome.

** End of Request Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet Template**

Appendix A. Change History

Date	Change	Responsible Party
March 2022	Original Document	EDI Department