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**To: ALL MISSISSIPPI MEDICAID PHARMACY PROVIDERS**  
**Subject: MISSISSIPPI MEDICAID PROCESSOR CHANGE (Envision POS)**

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**Overview**

On October 5, 2003, at 12:00 p.m. CST, Mississippi Medicaid will begin processing claims in the new Prescription Drug Claim System, Envision POS. The current system will be brought down at 11:00 p.m. CST on Saturday, October 4, 2003 to allow ACS to convert the claims information from one system to another. The new system will be brought up on Sunday, October 5 at 12:00 p.m. (CST).

This bulletin serves to address all changes that are required for the transition to Envision POS and NCPDP v 3.2 (3C) and NCPDP v5.1 Claim Formats. Beginning October 5, all Mississippi Medicaid pharmacy providers are required to submit claims using the NCPDP v3.2 or NCPDP v5.1 Claim Formats, and then starting on October 16, all claims must be submitted via NCPDP v5.1. A copy of the Mississippi Division of Medicaid NCPDP Version 3.2 and 5.1 payor sheets are included at the end of this bulletin.

**Envision POS Transition**

To submit pharmacy claims to the new PDCSX2 system, providers must make the following changes to their pharmacy software:

- Processor Control Number (PCN) = DRMSPROD for production claims  
DRMSACCP for test claims

Providers who use WebMD/Envoy and QS1 (Powerline) must contact these switches to verify BIN and PCN submission requirements.

Please contact your software vendor to determine when this information should be changed.

## **NCPDP Version 5.1 Claim Format**

### **General Information**

HIPAA requirements mandate that all pharmacy providers must submit claims in the NCPDP Version 5.1 Claim Format by October 16, 2003. The NCPDP Version 5.1 Claim Format has eighty-six (86) new data fields and 12 new segments. There were expansions to the fields for identification numbers for pharmacies, prescribers and participants, twenty-three (23) in all.

The NCPDP Version 5.1 Claim Format uses the following status codes to define the requirements of the data fields:

M = Mandatory

R = Required

RW = Required When

(Repeating) = Repeating

- **Mandatory** – A Mandatory field is required by the NCPDP Version 5.1 Claim Format standards. If the provider does not use this field, it must be zero populated.
- **Required** – These fields are required per the payor and/or processor.
- **Required When** – Other data fields dictate whether or not these data elements are required.
- **(Repeating)** – this shows that more than one response can be entered to satisfy the data necessary to submit the claim.

### **Mississippi Medicaid Pharmacy phone numbers**

Voice: 866-759-4108

Fax: 866-209-4502

## NCPDP VERSION 5.1 PAYOR SHEET – B1/B3 Transactions

### \*\*GENERAL INFORMATION\*\*

Payor Name: Mississippi Division of Medicaid	Date: July 15, 2003
Plan Name/Group Name: Mississippi Division of Medicaid	
Processor: ACS	Switch:
Effective as of: October 16, 2003	Version/Release #: 5.1
Contact/Information Source:	
Certification Testing Window:	
Provider Relations Help Desk Info:	
Other versions supported:	

### \*\* OTHER TRANSACTIONS SUPPORTED \*\*

Transaction Code	Transaction Name
<b>B1</b>	<b>Billing</b>
<b>B3</b>	<b>ReBill</b>

### BILLING TRANSACTION:

#### Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name/length	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	610084	M	
1Ø2-A2	Version/Release Number	5.1	M	
1Ø3-A3	Transaction Code	B1 = Billing B2 = Reversals B3 = Rebill	M	
1Ø4-A4	Processor Control Number	DRMSPROD = Production DRMSACCP = Test	M	
1Ø9-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
2Ø2-B2	Service Provider ID Qualifier	07 – NCPDP Provider number	M	
2Ø1-B1	Service Provider ID	NCPDP Provider number	M	
4Ø1-D1	Date of Service	CCYYMMDD	M	
11Ø-AK	Software Vendor/Certification ID	This will be supplied by the provider's software vendor	M	If no number is supplied, populate with zeros

### PATIENT SEGMENT: OPTIONAL

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	Patient ID Qualifier	Blank = Not Specified 01=Social Security Number 02=Driver's License Number 03=U.S. Military ID 99=Other	NA	Not used by DOM
332-CY	Patient ID		NA	Not used by DOM
304-C4	Date of Birth	CCYYMMDD	NA	Not required by DOM
305-C5	Patient Gender Code	0=Not specified 1=Male 2=Female	NA	Not required by DOM
310 –CA	Patient First Name	1 <sup>st</sup> initial	R	
311 –CB	Patient Last Name		R	
322-CM	Patient Street Address	Up to 30 characters	NA	Not used by DOM

**PATIENT SEGMENT: OPTIONAL Continued...**

Field	NCPDP Field Name	Value	M/R/RW	Comment
323-CN	Patient City Address	Up to 20 Characters	NA	Not used by DOM
324-CO	Patient State/Province Address	2 characters	NA	Not used by DOM
325-CP	Patient Zip/POSTAL Zone	Up to 15 characters	NA	Not used by DOM
326-CQ	Patient Phone Number	Up to 10 characters	NA	Not Used by DOM
307-C7	Patient Location	0=Not specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute care Facility 9=Acute Care Facility 10=Outpatient 11=Hospice	NA	Not required by DOM
333-CZ	Employer ID		NS	Not Supported
334-1C	Smoker/Non-Smoker Code		NS	Not Supported
335-2C	Pregnancy Indicator	Blank=Not Specified 1=Not pregnant 2=Pregnant	RW	Required when submitting a claim for a pregnant member

**Insurance Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID	9 digit Medicaid ID number or 8-digit card control number	M	
312-CC	Cardholder First Name	12 characters	NA	Not required by DOM
313-CD	Cardholder Last Name	20 Characters	NA	Not required by DOM
314-CE	Home Plan		NS	Not Supported
524-FO	Plan ID	8 characters	NA	Not used by DOM
309-C9	Eligibility Clarification Code	0=Not specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	NA	Not used by DOM
336-8C	Facility ID		NS	Not Supported
301-C1	Group ID	SIPPI	R	
306-C6	Patient Relationship Code	1 = Cardholder 2 = Spouse 3=Child 4=Other	NA	Not required by DOM

### Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number	Number assigned by the pharmacy	M	
436-E1	Product/Service ID Qualifier	03 = National Drug Code	M	
4Ø7-D7	Product/Service ID	NDC Number	M	
456-EN	Associated Prescription/Service Reference #		NA	Not used by DOM
457-EP	Associated Prescription/Service Date		NA	Not used by DOM
458-SE	Procedure Modifier Count		NA	Not Used by DOM
459-ER	Procedure Modifier Code Count		NA	Not Used by DOM
442-E7	Quantity Dispensed	Metric Decimal Quantity	R	
403-D3	Fill Number	0 = Original Dispensing 1-99 = Number of refills	R	
405-D5	Days Supply		R	
406-D6	Compound Code	0 = Not specified 1= Not a compound <b>2 = Compound</b>	NA	Not used by DOM. Compounds must be submitted via paper claim.
408-D8	Dispense as Written (DAW)	0=Default, no product selection indicated 1=Physician request 2=patient request 3=pharmacist request 4=generic out of stock (temp) 5=brand used as generic 6=override <b>7=brand mandated by law</b> 8=generic not available in marketplace 9=not used	R	Required when submitting a claim for Narrow Therapeutic Index Drugs
414-DE	Date Prescription Written	CCYYMMDD	NA	Not required by DOM
415-DF	Number of Refills Authorized	0=Not Specified 1-99=number of refill	NA	Not used by DOM
419-DJ	Prescription Origin Code	0=Not specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	NA	Not used by DOM
420-DK	Submission Clarification Code	0=Not specified, default 1=No override 2=Other override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change 6=Starter Dose 7=Medically Necessary <b>8=Process compound for Approved Ingredients</b> 9=Encounters 99=Other	RW	Required when submitting a claim for a compound that has non-approved or ingredients without an NDC number
460-ET	Quantity Prescriber		NS	Not Used, use 442-E7

### Claim Segment: Mandatory Continued...

Field #	NCPDP Field Name	Value	M/R/RW	Comment
308-C8	Other Coverage Code	<b>0=Not Specified</b> <b>1=No other Coverage Identified</b> <b>2=Other coverage exists-payment collected</b> 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage exists, not a participating provider 7=Other Coverage exists-not in effect at time of service 8=Claim is a billing for a copay	RW	Required when submitting a claim for a recipient who has other coverage
429-DT	Unit Dose Indicator	0=Not specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose	NA	Not Used by DOM
453-EJ	Orig Prescribed Product/Service ID Qual	01=Universal Product Code (UPC) 03=National Drug Code (NDC)	NA	Not used by DOM
445-EA	Originally Prescribed Product/Service Code		NA	Not Used by DOM
446-EB	Originally Prescribed Quantity		NA	Not used by DOM
330-CW	Alternate ID		NS	Not supported
454-EK	Scheduled prescription ID Number		NS	Not Supported
600-28	Unit of Measure		NS	Not Supported
343-HD	Dispensing Status		NA	Not Used by DOM
344-HF	Quantity Intended to be Dispensed		NA	Not Used by DOM
345-HG	Days Supply Intended to be Dispensed		NA	Not Used by DOM

### Pharmacy Provider Segment: Segment Not Used by Mississippi Division of Medicaid

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø2	NA	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	Blank=Not specified 01=Drug Enforcement Administration (DEA) 02=State License 03=Social Security Number (SSN) 04=Name 05=National Provider Identifier (NPI) 06=Health Industry Number (HIN) 07=State Issued 99=Other	NA	Not used by DOM
444-E9	Provider ID		NA	Not used by DOM

### Prescriber Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	05 = Medicaid Number 08 = State License Number 12 = Drug Enforcement Administration (DEA)	R	
411-DB	Prescriber ID	DEA Number, Medicaid ID or State License Number	R	If prescriber does not have a Medicaid ID, DEA must be submitted.
467-1E	Prescriber Location Code		NS	Not Supported
427-DR	Prescriber Last Name	15 characters	NA	Not used by DOM
498-PM	Prescriber Phone Number	10 characters	NA	Not used by DOM
468-2E	Primary Care Provider ID Qualifier	Blank=Not Specified 01=National Provider ID (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 07=NCPDP Provider ID 08=State License 09=Champus 10=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	NA	Not Used by DOM
421-DL	Primary Care Provider ID	15 characters	NA	Not used by DOM
469-H5	Primary care Provider Location Code		NS	Not Supported
470-4E	Primary Care Provider Last Name		NS	Not Supported

### COB/Other Payments Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payor Coverage Type		M (Repeating)	
339-6C	Other Payor Id Qualifier	Blank=Not Specified 01=National Payor ID 02=Health Industry Number 03=Bank Information Number (BIN) 04=National Association of Insurance Commissioners (NAIC) 09=Coupon 99-Other	NA	Not used by DOM
340-7C	Other Payor ID	10 characters	NA	Not used by DOM

### COB/Other Payments Segment: Optional Continued...

Field #	NCPDP Field Name	Value	M/R/RW	Comment
443-E8	Other Payor Date	CCYYMMDD	RW	Required when there is payment from another source
341-HB	Other Payor Amount Paid Count		NA	Not used by DOM
342-HC	Other Payor Amount Paid Qualifier	Blank=Not specified 01=Delivery 02=Shipping 03=Postage 04=Administrative 05=Incentive 06=Cognitive Service 07=Drug Benefit 08=Sum of all Reimbursement 98=Coupon 99=Other	RW (Repeating )	Required when the re is payment from another source
431-DV	Other Payor Amount Paid	S\$\$\$\$\$cc	RW	Required when there is payment from another source
471-5E	Other Payor Reject Count	2 Characters	NA	Not used by DOM
472-6E	Other Payor Reject Code		NA	Not used by DOM

### Workers' Compensation Segment: Not used by Mississippi Division of Medicaid

9.5	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø6	NA	Workers' Compensation Segment
434-DY	Date of Injury		NA	
315-CF	Employer Name		NS	Not Supported
316-CG	Employer Street Address		NS	Not Supported
317-CH	Employer City Address		NS	Not Supported
318-CI	Employer State/Province ID		NS	Not Supported
319-CJ	Employer Zip/Postal Zone		NS	Not Supported
320-CK	Employer Phone Number		NS	Not Supported
321-CL	Employer Contact Name		NS	Not Supported
327-CR	Carrier ID		NS	Not Supported
435-DZ	Claim/Reference ID		NS	Not Supported



### DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR/PPS Code counter		NA	Not used by DOM
439-E4	Reason For Service Code	See Attached list of valid values	RW (Repeating)	Required when there is a conflict to resolve or reason for service to be explained
440-E5	Professional Service Code	See Attached list of valid values	RW	Required when there is a professional service to be identified
441-E6	Result of Service Code	See attached list of valid values	RW	Required when There is a result of service to be submitted
478-8E	DUR/PPS Level of Effort		NA	Not used by DOM
475-J9	DUR Co-Agent ID Qualifier		NA	Not used by DOM
476-H6	DUR Co-Agent ID		NA	Not used by DOM

### Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		R	Required by ACS
412-DC	Dispensing Fee Submitted		NA	Not used by DOM
477-BE	Professional Service Fee Submitted		NA	Not used by DOM
433-DX	Patient Paid Amount		NA	Not used by DOM
481-HA	Flat Sales Tax Amount Submitted		NA	Not used by DOM
482-GE	Percentage Sales Tax Amount Submitted		NA	Not used by DOM
484-JE	Percentage Sales Tax Basis Submitted	Blank=Not specified 01=Gross Amount Due 02=Ingredient Cost 03=Ingredient Cost + Dispensing Fee	NA	Not used by DOM
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination	Blank=Not specified 00=Not specified 01=AWP (Average Wholesale Price) 02=Local Wholesaler 03=Direct 04=EAC (Estimated Acquisition Cost) 05=Acquisition 06=MAC (Maximum Allowable Cost) 07=Usual & customary 09=Other	NA	Not used by DOM

### Coupon Segment: Segment is not supported

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø9	NS	Coupon Segment
485-KE	Coupon Type		NS	
486-ME	Coupon Number		NS	
487-NE	Coupon Value Amount		NS	

### Compound Segment:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code		M	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
451-EG	Compound Dispensing Unit Form Indicator		M	1=Each 2=Grams 3=Milliliters
452-EH	Compound Route of Administration		M	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral
447-EC	Compound Ingredient Component (Count)		M (Repeating)	
488-RE	Compound Product ID Qualifier		M (Repeating)	Ø1=Universal Product Code (UPC) Ø3=National Drug Code (NDC)
489-TE	Compound Product ID		M (Repeating)	
448-ED	Compound Ingredient Quantity	9(7)v999	M (Repeating)	
449-EE	Compound Ingredient Drug Cost		M	
490-UE	Compound ingredient basis of Cost Determination	Blank=Not specified 01=AWP 02=Local Wholesaler 03=Direct 04=EAC 05=Acquisition 06=MAC 07=Usual & customary 09=Other	M	

**Prior Authorization Segment: Not Used by Mississippi Division of Medicaid**

<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>M/R/RW</b>	<b>Comment</b>
111-AM	Segment Identification	12	NA	Prior Authorization Segment
498-PA	Request Type		NA	
498-PB	Request Period Date –Begin		NA	
498-PC	Request Period Date- End		NA	
498-PD	Basis of Request		NA	
498-PE	Authorized Representative First Name		NA	
498-PF	Authorized Representative Last Name		NA	
498-PG	Authorized Representative Street Address		NA	
498-PH	Authorized Representative City Address		NA	
498-PJ	Authorized Representative State/Province Address		NA	
498-PK	Authorized Representative Zip/Postal Code		NA	
498-PY	Prior Authorization Number Assigned		NA	
503-F3	Authorization Number		NA	
498-PP	Prior Authorization Supporting Documentation		NA	

**Clinical Segment: Not Used by Mississippi Division of Medicaid**

<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>M/R/RW</b>	<b>Comment</b>
111-AM	Segment Identification	13	NA	Clinical Segment
491-VE	Diagnosis Code Count		NA	
492-WE	Diagnosis Code		NA	
424-DO	Diagnosis Code		NA	
493-XE	Clinical Information Counter		NA	
494-ZE	Measurement Date		NA	
495-H1	Measurement Time		NA	
496-H2	Measurement Dimension		NA	
497-H3	Measurement Unit		NA	
499-H4	Measurement Value		NA	

## Additional Claim Information

### DUR Codes

#### Reason for Service Codes (DUR Conflict Codes)

Code	Meaning	Code	Meaning
DD	Drug-Drug Interaction	PA	Drug Age Precaution
HD	High Dose alert	PG	Drug Pregnancy alert
ID	Ingredient Duplication	SX	Drug gender alert
LD	Low Dose alert	TD	Therapeutic Duplication
MX	Excessive Duration Alert		

#### Professional Service Codes (Intervention Codes)

Code	Meaning	Code	Meaning
M0	MD Interface	R0	Pharmacist reviewed
P0	Patient Interaction	00	No intervention

#### Result of Service Codes (DUR Outcome Codes)

Code	Meaning	Code	Meaning
1A	Filled – False Positive	1F	Filled – Different quantity
1B	Filled as is	1G	Filled after prescriber approval
1C	Filled with different dose	2A	Not Filled
1D	Filled with different directions	2B	Not Filled – Directions Clarified

# Mississippi Medicaid Payor Sheet Version 3.2 - Effective: October 5, 2003

## ENVISION POS

<b>BIN # :</b>	610084
<b>DESTINATION:</b>	ACS, Inc./CONSULTEC
<b>ACCEPTING:</b>	CLAIM ADJUDICATION AND CLAIM REVERSALS
<b>FORMAT:</b>	NCPDP 3C

### 1. Data Elements NCPDP 3C

#### HEADER INFORMATION

FIELD NUMBER	NAME OF FIELD	FORMAT	FIELD LENGTH	START POSITION	VALID VALUE / FORMAT	REQUIRED STATUS
101	Bin Number	N	6	1	610084	Required
102	Version/Release Number	A/N	2	7	3C	Required
103	Transaction Code	N	2	9	00 Eligibility Verification 01-04 Rx Billing 11 Rx Reversal 24 Rx Downtime Billing 31-34 Rx Re-Billing	Required
104	Processor Control Number	A/N	8	11	DRMSPROD For Production claims DRMSACCP - For test claims (IF USING WEBMD/ENVOY SWITCH REFER TO WEBME/ENVOY FOR PCN)	Required
201	Pharmacy Number	A/N	12	21	NCPDP/NABP Provider ID Number	Required
301	Group Number	A/N	15	33		Not Required
302	Cardholder ID Number	A/N	18	48	9 digit Medicaid Identification Number OR the 8 digit Card Control Number	Required
303	Person Code	A/N	3	66		Not Required
304	Date of Birth	N	8	69	CCYYMMDD	Not Required
305	Sex Code	N	1	77	1 = Male 2 = Female 3 = Unspecified	Not Required
306	Relationship Code	N	1	78		Not Required
308	Other Coverage Code	N	1	79	0 = Not Specified 1 = No Other Coverage Exists 2 = Other Coverage Exists – Payment Collected 3 = Other Coverage Exists – This claim not covered 4 = Other Coverage Exists – Payment not collected	Not Required

**HEADER INFORMATION Continued:**

<b>FIELD NUMBER</b>	<b>NAME OF FIELD</b>	<b>FORMAT</b>	<b>FIELD LENGTH</b>	<b>START POSITION</b>	<b>VALID VALUE / FORMAT</b>	<b>REQUIRED STATUS</b>
401	Date Filled	N	8	80	CCYYMMDD	Required
309	Eligibility Clarification Code		1	96		Optional
310	Patient First Name	A/N	12	100	1 <sup>st</sup> Initial	Required
311	Patient Last Name	A/N	15	115		Required

**CLAIM INFORMATION**

<b>FIELD NUMBER</b>	<b>NAME OF FIELD</b>	<b>FORMAT</b>	<b>FIELD LENGTH</b>	<b>START POSITION</b>	<b>VALID VALUE / FORMAT</b>	<b>REQUIRED STATUS</b>
402	Prescription Number	N	7	131		Required
403	New/Refill Code	N	2	138	ØØ = New Prescription Ø1 to 99 = Number of Refill	Required
404	Metric Quantity	N	5	140		Not Required
405	Days Supply	N	3	145	Estimated number of days the prescription will last.	Required
406	Compound Code	N	1	148	0 – Not specified 1 – Not a compound 2-Compound	Not Required
407	NDC Number	N	11	149		Required
408	Dispense as Written (DAW)	A/N	1	160		Required
409	Ingredient Cost	D	6	161	s\$\$\$\$cc	Not Required
411	Prescriber ID	A/N	10	167	Medicaid Provider Number, DEA, State License Number or Internal ID. If the provider does not have a Medicaid ID, must use DEA.	Required
414	Date Prescription Written	N	8	177	CCYYMMDD	Not Required
426	Usual & Customary Charge	D	6	185	s\$\$\$\$cc	Required

**CLAIM INFORMATION Continued:**

<b>FIELD NUMBER</b>	<b>NAME OF FIELD</b>	<b>FORM AT</b>	<b>FIELD LENGTH</b>	<b>START POSITION</b>	<b>VALID VALUE / FORMAT</b>	<b>REQUIRED STATUS</b>
416	Prior Authorization / Medical Certification Code and Number	N	12	194	VNNNNNNNNNNN V = Medical Certification Code (Must be left justified in the full field)  Medical Cert values: First digit =2, positions 2-8 are zeros, positions 9-10 depend on the following: 01=Recipient is in a nursing home, 05=recipient is terminally ill, 06=recipient is on dialysis, 07=recipient is a diabetic, 13=Home infusion program N = PA Number. (must be right justified and zero filled in the field)	Optional
429	Unit Dose Indicator	N	1	223		Optional
430	Gross Amount Due	D	6	227	s\$\$\$cc	Required
431	Other Payor Amount	D	6	236	s\$\$\$cc used for TPL	Optional
433	Patient Paid Amount	D	6	245	s\$\$\$cc	Not Required
439	DUR Conflict Code	A/N	2	263	See Next Page for Valid Values	Optional
440	DUR Intervention Code	A/N	2	268	See Next Page for Valid Values	Optional
441	DUR Outcome Code	A/N	2	273	See Next Page for Valid Values	Optional
442	Metric Decimal Quantity	N	8	278	99999.999	Required
443	Primary Payor Denial Date	N	8	289	CCYYMMDD Required if Other Coverage Code is equal to 2, 3 or 4.	Not Required

## Other Information

- An optional data element means that the user should be prompted for the field but does not have to enter a value.

## DUR Conflict Codes Values supported

Code	Meaning	Code	Meaning
DD	Drug – Drug Interaction	LD	Low dose alert
ID	Ingredient duplication	MX	Excessive duration alert
HD	High dose alert	PA	Drug age precaution
PG	Drug pregnancy alert	SX	Drug gender alert
TD	Therapeutic duplication		Early Refill

## Drug Intervention Codes

Code	Meaning	Code	Meaning
M0	MD interface	R0	Pharmacist reviewed
P0	Patient interaction	00	No interface

## DUR Outcome Codes

Code	Meaning	Code	Meaning
00	Not specified	1E	Filled with different drug
1A	Filled – false positive	1F	Filled – different quantity
1B	Filled with different dose	1G	Filled, different approval
1D	Filled with different directions	2A	Not filled
		2B	Not filled – directions clarified