

NCPDP VERSION D.Ø PAYOR SHEET – B1/B3 Transactions

****GENERAL INFORMATION****

Payor Name: Mississippi- Division of Medicaid	Date: July 25, 2Ø11
Plan Name/Group Name: Mississippi Division of Medicaid	
Processor: ACS	Switch:
Effective as of: July 25, 2Ø11	Version/Release #: D.Ø
Contact/Information Source:	
Certification Testing Window:	
Provider Relations Help Desk Info: (866) 759-4108	
Other versions supported:	

**** OTHER TRANSACTIONS SUPPORTED ****

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

Transaction Code	Transaction Name
B1	Billing
B3	ReBill
B2	Reversal

BILLING TRANSACTION:

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/R W	Comment
1Ø1-A1	BIN Number	61ØØ84	M	
1Ø2-A2	Version/Release Number	D.Ø	M	
1Ø3-A3	Transaction Code	B1 = Billing B2 = Reversals B3 = Rebill	M	
1Ø4-A4	Processor Control Number	DRMSPROD = Prod DRMSTEST = Test	M	
1Ø9-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	

Field #	NCPDP Field Name	Value	M/R/R W	Comment
2Ø2-B2	Service Provider ID Qualifier	Ø1- National Provider Identifier	M	
2Ø1-B1	Service Provider ID	National Provider Identifier	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: Mandatory

Field	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	Patient ID Qualifier		NA	Saved on DB but not used by DOM
332-CY	Patient ID		NA	Saved on DB but not used by DOM
3Ø4-C4	Date of Birth	CCYYMMDD	R	
3Ø5-C5	Patient Gender Code	Ø=Not specified 1=Male 2=Female	R	
31Ø-CA	Patient First Name	Up to 12 characters	R	
311-CB	Patient Last Name	Up to 15 characters	R	
322-CM	Patient Street Address	Up to 3Ø characters	NA	Not used by DOM
323-CN	Patient City Address	Up to 2Ø 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	Saved on DB but not used by DOM
326-CQ	Patient Phone Number	Up to 1Ø characters	NA	Not used by DOM
3Ø7-C7	Place of Service		NA	Saved on DB but not used 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 Ø=Unknown 1=Not pregnant 2=Pregnant	RW	Required when submitting a claim for a pregnant member
35Ø-HN	Patient E-Mail Address		NA	Not Used by DOM

Field	NCPDP Field Name	Value	M/R/RW	Comment
384-4X	Patient Residence		NA	Not Used by DOM

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	M	
312-CC	Cardholder First Name	12 characters	NA	Not used by DOM (Use 31Ø-CA)
313-CD	Cardholder Last Name	2Ø Characters	NA	Not used by DOM (Use 311-CB)
314-CE	Home Plan		NS	Not Supported
524-FO	Plan ID	3 characters	NA	Auto Populated when claim is processed
3Ø9-C9	Eligibility Clarification Code	Ø= Not Specified 1= No Override 2= Override 3= Full Time Student 4= Disabled Dependent 5= Dependent Parent 6= Significant Other	RW	
3Ø1-C1	Group ID	SIPPI	R	
3Ø3-C3	Person Code	ØØ1=Cardholder	R	
3Ø6-C6	Patient Relationship Code		NA	Not required by DOM
99Ø-MG	Other Payor Bin Number		NS	Not Supported
991-MH	Other Payor Processor Control Number		NS	Not Supported
356-NU	Other Payor Cardholder Id		NS	Not Supported
992-MJ	Other Payor Group Id		NS	Not Supported
359-2A	MediGap Id		NA	Not used by DOM
36Ø-2B	Medicaid Indicator		NA	Not used by DOM
361-2D	Provider Accept Assignment Indicator		NA	Not used by DOM
997-G2	Cms Part D Defined Qualified Facility		NA	Not used by DOM
115-N5	Medicaid Id Number		NA	Not used by DOM
116-N6	Medicaid Agency Number		NS	Not Supported

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	Ø3 = National Drug Code	M	
4Ø7-D7	Product/Service ID	NDC Number	M	
456-EN	Associated Prescription/Service Reference #		RW	Required when submitting completion of partial fill.
457-EP	Associated Prescription/Service Date		RW	Required when submitting completion of partial fill.
458-SE	Procedure Modifier Count		NA	Internally processed based on number of 459-ER submitted
459-ER	Procedure Modifier Code		NA	Saved on DB but not used by DOM
442-E7	Quantity Dispensed	Metric Decimal Quantity	R	
4Ø3-D3	Fill Number	Ø = Original Dispensing 1-99 = Number of refills	R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	Ø = Not specified 1= Not a compound 2 = Compound	RW	Required when submitting a claim for a compound
4Ø8-D8	Dispense as Written (DAW)	Ø=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 7=brand mandated by law	RW	Required when submitting a claim for Narrow Therapeutic Index Drugs

Field #	NCPDP Field Name	Value	M/R/RW	Comment
		8=generic not available in marketplace 9=not used		
414-DE	Date Prescription Written	CCYYMMDD	R	
415-DF	Number of Refills Authorized		R	
419-DJ	Prescription Origin Code		NA	Saved on DB but not used by DOM
354-NX	Submission Clarification Code Count		NA	Internally generated based on the number of 42Ø-DK segments submitted.
42Ø-DK	Submission Clarification Code	Ø=Not specified, default 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 1Ø=Meets Plan Limitations 11=Cert on File 12=DME Replacement 13=Payor-Recognized Emergency 14=LTC Leave of Absence 15=LTC Replacement Medication 16=LTC Emergency Kit 17=LTC Emergency Supply Remainder	RW	Required when submitting a claim for a compound that has non-approved or ingredients without an NDC number. A max number of three entries are accepted.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
		18=LTC Patient Admit/Readmit 19=Split Billing 2Ø=34ØB 99=Other		
46Ø -ET	Quantity Prescribed		NS	Not used, use 442-E7
3Ø8-C8	Other Coverage Code	Ø=Not Specified 1=No other Coverage Identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 8=Claim is a billing for a co-pay	RW	Required when submitting a claim for a recipient who has other coverage
429-DT	Unit Dose Indicator	Ø=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose 4=Custom Packaging 5=Multi-drug compliance packaging	RW	Required when submitting partial fill
453-EJ	Orig Prescribed Product/Service ID Qual		NA	Saved on DB but not used by DOM
445-EA	Originally Prescribed Product/Service Code		NA	Saved on DB but not used by DOM
446-EB	Originally Prescribed		NA	Saved on DB but not

Field #	NCPDP Field Name	Value	M/R/RW	Comment
	Quantity			used by DOM
33Ø-CW	Alternate ID		NS	Not Supported
454-EK	Scheduled prescription ID Number		NS	Not Supported
6ØØ-28	Unit of Measure		NS	Not Supported
418-DI	Level of service	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	RW	Use when submitting 72-hour fill.
461-EU	Prior Authorization Type Code		RW	Required when overriding edits
462-EV	Prior Authorization Number Submitted		NA	Not used by DOM
463-EW	Intermediary Authorization Type Id		NA	Saved on DB but not used by DOM
464-EX	Intermediary Authorization Id		NA	Saved on DB but not used by DOM
343-HD	Dispensing Status	Blank=Not Specified P=Partial Fill C= Completion of Partial fill	RW	Required when submitting partial or completion
344-HF	Quantity Intended to be Dispensed		RW	Required when submitting partial fill
345-HG	Days Supply Intended to be Dispensed		RW	Required when submitting partial fill
357-NV	Delay Reason Code		NA	Not used by DOM
88Ø-K5	Transaction Reference Number		NS	Not Supported
391-MT	Patient Assignment Indicator (Direct Member Reimbursement Indicator)		NA	Not used by DOM
995-E2	Route Of Administration	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation	NA	Saved on DB but not used by DOM

Field #	NCPDP Field Name	Value	M/R/RW	Comment
		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		
996-G1	Compound Type		NA	Not used by DOM
114-N4	Medicaid Subrogation Internal Control Number/Transaction Control Number (Icn/Tcn)		NS	Not Supported
147-U7	Pharmacy Service Type		NA	Not used by DOM

Pharmacy Provider Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø2	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier		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	Ø1-National Provider Identifier Ø5=Medicaid ID 12=DEA#	R	
411-DB	Prescriber ID	National Provider Identifier	R	
467-1E	Prescriber Location Code		NS	Not Supported

Field #	NCPDP Field Name	Value	M/R/RW	Comment
427-DR	Prescriber Last Name	15 characters	NA	Not used by DOM
498-PM	Prescriber Phone Number	1Ø characters	NA	Not used by DOM
468-2E	Primary Care Provider ID Qualifier		NA	Saved on DB but not used by DOM
421-DL	Primary Care Provider ID	15 characters	NA	Saved on DB but not used by DOM
469-H5	Primary care Provider Location Code		NS	Not Supported
47Ø-4E	Primary Care Provider Last Name		NS	Not Supported
364-2J	Prescriber First Name		NA	Not used by DOM
365-2K	Prescriber Street Address		NA	Not used by DOM
366-2M	Prescriber City Address		NA	Not used by DOM
367-2N	Prescriber State/Province Address		NA	Not used by DOM
368-2P	Prescriber Zip/Postal Zone		NA	Not used by DOM

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	Ø1=Primary – First Ø2=Secondary – Second Ø3=Tertiary – Third Ø4=Quaternary – Fourth Ø5=Quinary – Fifth Ø6=Senary – Sixth Ø7=Septenary - Seventh Ø8=Octonary – Eighth Ø9=Nonary – Ninth	M (Repeating)	

Field #	NCPDP Field Name	Value	M/R/RW	Comment
339-6C	Other Payor Id Qualifier		RW	Required when there is payment from another source
340-7C	Other Payor ID	1Ø characters	RW	Required when there is payment from another source
443-E8	Other Payor Date	CCYYMMDD	RW (Repeating)	Required when there is payment from another source
341-HB	Other Payor Amount Paid Count		RW	Required when there is payment from another source.
342-HC	Other Payor Amount Paid Qualifier	Blank=Not specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Admin Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø9= Compound Preparation Cost 1Ø= Sales Tax	RW (Repeating)	Required when there is payment from another source
431-DV	Other Payor Amount Paid	\$\$\$\$\$\$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	Saved on DB but not used by DOM
353-NR	Other Payor-Patient Responsibility Amount Count		NA	Not used by DOM
351-NP	Other Payor-Patient Responsibility Amount Qualifier		NA	Not used by DOM
352-NQ	Other Payor-Patient Responsibility Amount		NA	Not used by DOM
392-MU	Benefit Stage Count		NA	Not used by DOM
393-MV	Benefit Stage Qualifier		NA	Not used by DOM
394-MW	Benefit Stage Amount		NA	Not used by DOM

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

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø6	NA	Workers' Compensation Segment
434-DY	Date of Injury		NA	Not used by DOM
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
32Ø-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		NA	Not used by DOM
117-TR	Billing Entity Type Indicator		NA	Not used by DOM
118-TS	Pay To Qualifier		NA	Not used by DOM
119-TT	Pay To Id		NA	Not used by DOM
12Ø-TU	Pay To Name		NA	Not used by DOM
121-TV	Pay To Street Address		NA	Not used by DOM
122-TW	Pay To City Address		NA	Not used by DOM
123-TX	Pay To State/Province Address		NA	Not used by DOM
124-TY	Pay To Zip/Postal Zone		NA	Not used by DOM
125-TZ	Generic Equivalent Product Id Qualifier		NA	Not used by DOM
126-UA	Generic Equivalent Product Id		NA	Not used by DOM

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
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111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR/PPS Code counter		NA	Determined internally
439-E4	Reason For Service Code	See NCPDP ECL Documentation for Valid Values	RW (Repeating)	Required when there is a conflict to resolve or reason for service to be explained
44Ø-E5	Professional Service Code	See NCPDP ECL Documentation for Valid Values	RW	Required when there is a professional service to be identified
441-E6	Result of Service Code	See NCPDP ECL Documentation for Valid Values	RW	Required when There is a result of service to be submitted
478-8E	DUR/PPS Level of Effort		NA	Saved on DB but not used by DOM
475-J9	DUR Co-Agent ID Qualifier		NA	Saved on DB but not used by DOM
476-H6	DUR Co-Agent ID		NA	Saved on DB but not used by DOM

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		R	Required by ACS
412-DC	Dispensing Fee Submitted		RW	
477-BE	Professional Service Fee Submitted		NS	Not Supported
433-DX	Patient Paid Amount		NA	Not used by DOM
438-E3	Incentive Amount Submitted		NA	Not used by DOM
478-H7	Other Amount Claimed Submitted Count		NA	Not used by DOM
479-H8	Other Amount Claimed Submitted Qualifier		NA	Not used by DOM
48Ø-H9	Other Amount Claimed Submitted		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
483-HE	Percentage Sales Tax Rate Submitted		NA	Not used by DOM
484-JE	Percentage Sales Tax Basis Submitted		NA	Not used by DOM

Field #	NCPDP Field Name	Value	M/R/RW	Comment
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination		NA	Not used by DOM
113-N3	Medicaid Paid Amount		NS	Not Supported

Coupon Segment: Segment is not supported

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	09	NS	Coupon Segment
485-KE	Coupon Type		NS	
486-ME	Coupon Number		NS	
487-NE	Coupon Value Amount		NS	

Compound Segment: Optional - used when multiline compound claim

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	10	NA	Compound Segment
450-EF	Compound Dosage Form Description Code	01=Capsule 02=Ointment 03=Cream 04=Suppository 05=Powder 06=Emulsion 07=Liquid 10=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	R	
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	NA	Saved on DB but not used by DOM
447-EC	Compound Ingredient Component (Count)		R (Repeating)	Required when compound

Field #	NCPDP Field Name	Value	M/R/RW	Comment
488-RE	Compound Product ID Qualifier	Ø1=Universal Product Code (UPC) Ø3=National Drug Code (NDC)	R (Repeating)	
489-TE	Compound Product ID		R (Repeating)	
448-ED	Compound Ingredient Quantity		R (Repeating)	
449-EE	Compound Ingredient Drug Cost		NA	Saved on DB but not used by DOM
49Ø-UE	Compound ingredient basis of Cost Determination		NA	Saved on DB but not used by DOM
362-26	Compound Ingredient Modifier Code Count		NA	Not used by DOM
363-2H	Compound Ingredient Modifier Code		NA	Not used by DOM

Prior Authorization Segment: Not Used by Mississippi Division of Medicaid

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	12	NA	Prior Authorization Segment
498-PA	Request Type		NA	Not used by DOM
498-PB	Request Period Date – Begin		NA	Saved on DB but not used by DOM
498-PC	Request Period Date-End		NA	Saved on DB but not used by DOM
498-PD	Basis of Request		NA	Not used by DOM
498-PE	Authorized Representative First Name		NA	Not used by DOM
498-PF	Authorized Representative Last Name		NA	Not used by DOM
498-PG	Authorized Representative Street Address		NA	Not used by DOM
498-PH	Authorized Representative City Address		NA	Not used by DOM
498-PJ	Authorized Representative State/Province Address		NA	Not used by DOM

Field #	NCPDP Field Name	Value	M/R/RW	Comment
498-PK	Authorized Representative Zip/Postal Code		NA	Not used by DOM
498-PY	Prior Authorization Number Assigned		NA	Not used by DOM
503-F3	Authorization Number		NA	Not used by DOM
498-PP	Prior Authorization Supporting Documentation		NA	Not used by DOM

Clinical Segment: Not Used by Mississippi Division of Medicaid

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	NA	Clinical Segment
492-WE	Diagnosis Code		NA	Saved on DB but not used by DOM
424-DO	Diagnosis Code		NA	Saved on DB but not used by DOM
494-ZE	Measurement Date		NA	Saved on DB but not used by DOM
495-H1	Measurement Time		NA	Saved on DB but not used by DOM
496-H2	Measurement Dimension		NA	Saved on DB but not used by DOM
497-H3	Measurement Unit		NA	Saved on DB but not used by DOM
499-H4	Measurement Value		NA	Saved on DB but not used by DOM

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
MØ	MD Interface	RØ	Pharmacist reviewed
PØ	Patient Interaction		

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

NCPDP Version D.Ø Payor Sheet – B2 Transactions

****GENERAL INFORMATION****

Payor Name: Mississippi- Division of Medicaid	Date: January 27, 2Ø11
Plan Name/Group Name: Mississippi Division of Medicaid	
Processor: ACS, Inc.	Switch:
Effective as of: January 27, 2011	Version/Release #: D.Ø
Contact/Information Source:	
Certification Testing Window:	
Provider Relations Help Desk Info: 9-999-999-9999	
Other versions supported:	

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

Transaction Code	Transaction Name
B2	Reversals

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61ØØ84	M	
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	
1Ø4-A4	Processor Control Number	DRMSPROD for Production DRMSTEST for TEST	M	
1Ø9-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	For B2 transactions, the transaction count must be a value of 1, 2,3 or 4
2Ø2-B2	Service Provider ID Qualifier	Ø1-National Provider Identifier Ø5- Medicaid ID	M	
2Ø1-B1	Service Provider ID	National Provider ID or Medicaid ID	M	
4Ø1-D1	Date of Service	CCYYMMDD	M	
11Ø-AK	Software Vendor/Certification ID	This is the ID assigned by the processor to identify the software source. This ID verifies that the software is certified.	M	

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	M	
3Ø1-C1	Group ID	SIPPI	R	
3Ø6-C6	Patient Relationship Code	1 = Cardholder	RW	
359-2A	Medigap ID		NA	Not Used by DOM

Patient Segment: Not Supported

Field	NCPDP Field Name	Value	M/R/RW	Comment
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Claim Segment: Mandatory

Field	NCPDP Field Name	Value	M/R/R W	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		M	
436-E1	Product/Service ID Qualifier	03= NDC	M	
4Ø7-D7	Product/Service ID	NDC Number	M	
4Ø3-D3	Fill Number		R	
405-D5	Days Supply		R	
406-D6	Compound Code		RW	Required when submitting a claim for a compound
414-DE	Date Prescription Written		R	
3Ø8-C8	Other Coverage Code	Ø=Not Specified 1=No other Coverage Identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 8=Claim is a billing for a co-pay	R	
147-U7	Pharmacy Service Type		NA	Not Required by DOM

Pharmacy Provider Segment: Not Supported

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	Ø2	NS	Pharmacy Provider Segment

Prescriber Segment: Not Supported

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	Ø3	NS	Prescriber Segment

COB/Other Payments Segment: Not Supported

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	Ø5	NS	COB/Other Payments Segment

Workers' Compensation Segment: Not Supported

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	Ø6	NS	Workers' Compensation Segment

DUR/PPS Segment: Not Supported for B2 Transactions

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	Ø8	NS	DUR/PPS Segment

Pricing Segment: Not Supported for B2 Transactions

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	11	NS	Pricing Segment

Coupon Segment: Not Supported for B2 Transactions

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	Ø9	NS	Coupon Segment

Compound Segment: Not Supported for B2 Transactions

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	1Ø	NS	Compound Segment

Prior Authorization Segment: Not Supported for B2 Transactions

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	12	NS	Prior Authorization Segment

Clinical Segment: Not Supported for B2 Transactions

Field #	NCPDP Field Name	Value	M/R/R W	Comment
111-AM	Segment Identification	13	NS	Clinical Segment