



Section: Pharmacy Payor Sheet

5.2 Pharmacy Payor Sheet

NCPDP VERSION 5.1 PAYER SHEET – B1/B3 Transactions

GENERAL INFORMATION

Payor Name: Mississippi- Division of Medicaid	Date: August 21,2008
Plan Name/Group Name: Mississippi Division of Medicaid	
Processor: ACS	Switch:
Effective as of: October 2003	Version/Release #: 5.1
Revised: January 1, 2008	
Provider Relations Help Desk Info: 1-866-759-4108	

** OTHER TRANSACTIONS SUPPORTED **

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

Transaction Code	Transaction Name
B1	Billing
B3	Rebill

BILLING TRANSACTION:

Transaction Header Segment: Mandatory in all cases

Field	NCPDP Field Name	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	M	
1Ø9-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
2Ø2-B2	Service Provider ID Qualifier	01- 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: 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	R	
305-C5	Patient Gender Code	0=Not specified 1=Male 2=Female	R	
310 –CA	Patient First Name	Up to 12 characters	NA	Not used by DOM
311 – CB	Patient Last Name	Up to 15 characters	NA	Not used by DOM
322-CM	Patient Street Address	Up to 30 characters	NA	Not used by DOM
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 01=Home 02=Inter-Care 03=Nursing Home 04=Long Term/Extended Care 05=Rest Home 06=Boarding Home 07=Skilled Care Facility 08=Sub-Acute care Facility 09=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	M	
312-CC	Cardholder First Name	12 characters	R	
313-CD	Cardholder Last Name	20 Characters	R	
314-CE	Home Plan		NS	Not Supported
524-FO	Plan ID	3 characters	NA	Auto Populated when claim is processed
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	RW	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 2 = Compound	RW	Required when submitting a claim for a compound
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 7=brand mandated by law 8=generic not available in marketplace 9=not used	RW	Required when submitting a claim for Narrow Therapeutic Index Drugs.
414-DE	Date Prescription Written	CCYYMMDD	R	
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

Field	NCPDP Field Name	Value	M/R/RW	Comment
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 8=Process compound for Approved Ingredients 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 Prescribed		NS	Not used, use 442-E7
308-C8	Other Coverage Code	0=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 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 co-pay	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

Field	NCPDP Field Name	Value	M/R/RW	Comment
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: Optional

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø2	M	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	01-National Provider Identifier 05=Medicaid ID 12=DEA#	R	
411-DB	Prescriber ID	National Provider Identifier	R	
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=Medical Assistance Program 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 Payer Coverage Type		M (Repeating)	
339-6C	Other Payer Id Qualifier	Blank=Not Specified 01=National Payer 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 Payer ID	10 characters	NA	Not used by DOM
443-E8	Other Payer Date	CCYYMMDD	RW (Repeating)	Required when there is payment from another source
341-HB	Other Payer Amount Paid Count		NA	Not used by DOM
342-HC	Other Payer 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 there is payment from another source
431-DV	Other Payer Amount Paid	\$\$\$\$\$\$cc	RW	Required when there is payment from another source
471-5E	Other Payer Reject Count	2 Characters	NA	Not used by DOM
472-6E	Other Payer Reject Code		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	
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	

Field	NCPDP Field Name	Value	M/R/RW	Comment
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: Segment is not used by Mississippi Division of Medicaid

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	NA	Compound Segment
45Ø-EF	Compound Dosage Form Description Code		NA	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		NA	1=Each 2=Grams 3=Milliliters

Field	NCPDP Field Name	Value	M/R/RW	Comment
452-EH	Compound Route of Administration		NA	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 10=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 20=Urethral 21=Vaginal 22=Enteral
447-EC	Compound Ingredient Component (Count)		NA (Repeating)	
488-RE	Compound Product ID Qualifier		NA (Repeating)	01=Universal Product Code (UPC) 03=National Drug Code (NDC)
489-TE	Compound Product ID		NA (Repeating)	
448-ED	Compound Ingredient Quantity		NA (Repeating)	
449-EE	Compound Ingredient Drug Cost		NA	Not used by DOM
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	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	
498-PB	Request Period Date -Begin		NA	
498-PC	Request Period Date- End		NA	
498-PD	Basis of Request		NA	

Field	NCPDP Field Name	Value	M/R/RW	Comment
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

Field	NCPDP Field Name	Value	M/R/RW	Comment
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		

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 5.1 PAYER SHEET – B2 Transactions

****GENERAL INFORMATION****

Payer Name: Mississippi- Division of Medicaid	Date: August 21,2008
Plan Name/Group Name: Mississippi Division of Medicaid	
Processor: ACS, Inc	Switch:
Effective as of: October 2003	Version/Release #: 5.1
Provider Relations Help Desk Info: 1-866-759-4108	

Payer: 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	610084	M	
1Ø2-A2	Version/Release Number	5.1	M	
1Ø3-A3	Transaction Code	B2	M	
1Ø4-A4	Processor Control Number	DRMSPROD	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	01-National Provider Identifier	M	
2Ø1-B1	Service Provider ID	National Provider 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	
312-CC	Cardholder First Name		NA	
313-CD	Cardholder Last Name		NA	
309-C9	Eligibility Clarification Code		NA	
301-C1	Group ID	SIPPI	R	
306-C6	Patient Relationship Code	1 = Cardholder	RW	

Patient Segment: Not Supported for B2 Transactions

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	NS	Patient Segment

Claim Segment: Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
11-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	
111-AM	Segment Identification	Ø7	M	Claim Segment
442-E7	Quantity Dispensed	Metric Decimal Quantity	R	
403-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	
308-C8	Other Coverage Code	0=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 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 co-pay	R	
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: Not Supported for B2 Transactions

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

Prescriber Segment: Not Supported for B2 Transactions

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

COB/Other Payments Segment: Not Supported for B2 Transactions

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

Workers' Compensation Segment: Not Supported for B2 Transactions

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

Pricing Segment: Not Supported for B2 Transactions

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

Coupon Segment: Not Supported for B2 Transactions

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

Compound Segment: Not Supported for B2 Transactions

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

Prior Authorization Segment: Not Supported for B2 Transactions

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

Clinical Segment: Not Supported for B2 Transactions

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

LEGEND

M	Mandatory	Required by the NCPDP Version 5.1 Claim Format standards. If the provider does not use this field, it must be zero populated
NA	Not Applicable	Does not apply.
NS	Not Supported	Not supported by MS Medicaid.
R	Required	These fields are required per the payor and/or processor.
RW	Required When Applicable	Other data fields dictate whether or not these data elements are required.