

| Version NCPDP20154V01 | | If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded. | | | | | | | | |
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| October 2015 | | http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp#TopOfPage | | | | | | | | |
| | | | The Data Interchange Standard | | | | | | | |
| Segment / Field Name | Segment / Field ID | Definition of Field | Format | Billing Trans. Usage Req. | Medicare Usage Req. | Valid values per NCPDP Standard IG | VERSION D.0 EDIT LOGIC | VERSION D.0 EDIT LEVEL | VERSION D.0 REJECT CODE (511-FB) | REJECT CODE DESCRIPTION |
| BATCH HEADER | 00 | N/A | N/A | M | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 701 | Identifies segment in the request record. | X(02) | M | R | 00 File Control (header) (NOTE: 701 Segment ID values are part of ECL) | Must be present and = 00, else reject the batch. | IG - TRN ("Unrecognized or invalid file submitted Submitted") | N/A | N/A |
| | | | | | | | Must be only one batch header/trailer combination per physical file, else reject all batches. | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Mult Batches Not Allowed |
| Transmission Type | 880-K6 | Defines the Type of transmission being sent. | X(01) | M | R | ECL VALUES AS OF OCT 2009 T = Transaction R = Response E = Error (NOTE: Per Batch IG, "T" is only valid value for pharmacy submitting inbound claim batch). | Must be present (at least padded with a space to max length), else reject the batch. | IG - TRN ("Unrecognized or invalid file submitted") | N/A | N/A |
| | | | | | | | Value must = T, else reject the batch. (NOTE: a lower case 't' submitted in this field must trigger this same rejection). | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Invalid transmission type |
| Sender ID | 880-K1 | Identification number assigned to the sender of the data by the processor of the data. | X(24) | M | R | | Must be present, else reject the batch. (i.e. field must be at least padded with spaces to max length, else reject). | IG - TRN ("Unrecognized or invalid file submitted") | N/A | N/A |
| | | | | | | | If trading partner used to submit the file doesn't exist or not authorized to send the NCPDP D.0 format" being submitted, reject the batch. (NOTE: this edit is not a read against 880-K1). *Format being submitted is derived from 102-A2 Batch version/release number and 702-MC File Type. If 102-A2 = 12 and 702-MC = T, trading partner must be on file with format that equates to NCPDP D.0 "TEST". If 102-A2 = 12 and 702-MC = P, trading partner must be on file with format that equates to NCPDP D.0 "PROD". **BYPASS THIS EDIT FOR DME MAC & STC TP IDs. | IG - TRN (File Format Not Valid for Submitter) | N/A | N/A |
| | | | | | | | If 880-K1 sender ID is space filled, zero filled, contains lower case characters, or doesn't exist on file, reject the batch. | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Invalid Sender ID |
| | | | | | | | If 880-K1 Sender ID does NOT match the TP ID used to send the file (based on xwalk from Login ID to TP ID), reject the batch. **BYPASS THIS EDIT FOR DME MAC & STC TP IDs. | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Sender ID & Submitter unmatched |

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| Batch Number | 806-5C | Number assigned by processor. Matches Trailer record. | 9(07) | M | R | | If the combination of 806-5C (batch number), 880-K1 (sender ID), 880-K2 (creation date) had already been received (on same day or any previous day) and accepted through all syntax, IG & Medicare levels of editing (i.e. is present on duplicate file checking table), reject the batch. NOTE: same duplicate table to be used for v5.1 and vD.0. *BYPASS THIS EDIT FOR TEST FILES. | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Duplicate file |
| | | | | | | | Must be present, else reject the batch (i.e. field must be at least padded with zeros to max length, else reject). | IG - TRN ("Unrecognized or invalid file submitted") | N/A | N/A |
| | | | | | | | If 806-5C is space filled, contains leading spaces, or is zero filled, reject the batch. * | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Invalid Batch Number |
| Creation Date | 880-K2 | Date the file was created. | 9(08) | M | R | Format = CCYYMMDD | Must be valid CCYYMMDD calendar date, else reject the batch. | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Invalid Create Date |
| | | | | | | | Must be present, else reject the batch (i.e. field must be at least padded with zeros to max length, else reject). | IG - TRN ("Unrecognized or invalid file submitted") | N/A | N/A |
| | | | | | | | If 880-K2 Creation Date > current date (ENGINE 'system' date), reject the batch. | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Create Date > current date |
| Creation Time | 880-K3 | Time the file was created. | 9(04) | M | R | Format = HHMM | Must be valid HHMM time, else reject the batch. | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Invalid Create Time |
| | | | | | | | Must be present, else reject the batch (i.e. field must be at least padded with zeros to max length, else reject). | IG - TRN ("Unrecognized or invalid file submitted") | N/A | N/A |
| File Type | 702 | Code identifying whether the file contained is test or production data. | X(01) | M | R | ECL VALUES AS OF OCT 2009 P = production T = test | Value must = "P", or "T", else reject the batch. (NOTE: a lower case 'p' or 't' submitted in this field must trigger this same rejection). | IG - TRN ("Unrecognized or invalid file submitted") | N/A | N/A |
| | | | | | | | Must be present, else reject the batch. (i.e. field must be at least padded with a space to max length, else reject). | IG - TRN ("Unrecognized or invalid file submitted") | N/A | N/A |
| Version/Release Number | 102-A2 | Version/Release of the NCPDP Batch Standard Implementation Guide. | X(02) | M | R | 12=Version 1.2 (NOTE: 102-A2 Batch Version/Release values are part of ECL) | Must be present and = 12, else reject the batch. | IG - TRN ("Unrecognized or invalid file submitted") | N/A | N/A |
| Receiver ID | 880-K7 | Identification number assigned to the receiver of the data by the processor of the data. | X(24) | M | R | | Must be present, else reject the batch. (i.e. field must be at least padded with spaces to max length, else reject). | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Invalid Receiver ID |
| | | | | | | | Must = 16003, 17003, 18003, or 19003 (padded with trailing spaces to max field length), else reject the batch. (NOTE: no leading spaces or zeros, and no trailing zeros allowed). | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Invalid Receiver ID |
| | | | | | | | If 880-K7 Receiver ID > 24 positions (i.e. Batch Header exceeds 75 bytes - including start & end of text markers), reject the batch. | MED - Trans Response (BATCH REJECT) | (504-F4 message) | Invalid Receiver ID |
| BATCH DETAIL | G1 | N/A | N/A | M | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 701 | Unique record type required with Batch Transaction Standard. Identifies segment in request record. | X(02) | M | R | G1 Detail Data Record (NOTE: 701 Segment ID values are part of ECL) | Must be present and =G1, else reject the transmission. | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Data Detail Record Error |

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| Transaction Reference Number | 880-K5 | A reference number assigned by the provider to each of the data records in the batch | X(10) | M | R | | Must be present and exactly 10 positions with at least one position > spaces AND Must be unique within the batch file, else reject the transmission. | IG - Trans Response | K5 | M/I Transaction Reference Number |
| TRANSACTION HEADER | N/A | N/A | N/A | M | R | N/A | | | | |
| BIN Number | 101-A1 | Card Issuer or Bank ID used for network routing. | 9(06) | M | R | | Must be present, else reject the transmission (i.e. field must be at least padded with zeros to max length, else reject). | IG - Trans Response | 01 | M/I BIN NUMBER |
| Version/Release Number | 102-A2 | Code uniquely identifying the transmission syntax and corresponding Data Dictionary. | X(02) | M | R | DØ Version D.Ø (NOTE: 102-A2 Telecom version/release values are part of ECL) | Must be present and = valid ECL value, else reject the transmission. | IG - Trans Response | 02 | M/I VERSION/RELEASE NUMBER |
| | | | | | | | If Batch Header 102-A2 version/release number = 12, then value must = D0, else reject the transmission. | MED - Trans Response | 1R | VERSION/RELEASE NOT SUPPORTED |
| Transaction Code | 103-A3 | Identifies type of transaction | X(02) | M | R | ECL VALUES AS OF OCT 2009 B1 Billing B2 Reversal B3 Rebill C1 Controlled Substance Reporting C2 Controlled Substance Reporting Reversal C3 Controlled Substance Reporting Rebill D1 Predetermination of Benefits E1 Eligibility Verification N1 Information Reporting N2 Information Reporting Reversal N3 Information Reporting Rebill P1 P.A. Request & Billing P2 P.A. Reversal P3 P.A. Inquiry P4 P.A. Request Only S1 Service Billing S2 Service Reversal S3 Service Rebill | Must present and = B1, B2, B3, C1, C2, C3, D1, E1, N1, N2, N3, P1, P2, P3, P4, S1, S2, S3, else reject the transmission. | IG - Trans Response | 03 | M/I TRANSACTION CODE |
| | | | | | | | Must be present and = B1, else reject the transmission. | MED - Trans Response | 1S | TRANSACTION CODE/TYPE NOT SUPPORTED |
| Processor Control Number | 104-A4 | Number assigned by processor. | X(10) | M | R | | Must be present and > spaces, else reject the transmission. | IG - Trans Response | 04 | M/I PROCESSOR CONTROL NUMBER |
| Transaction Count | 109-A9 | Number of transactions in the transmission. | X(01) | M | R | ECL VALUES AS OF OCT 2009 1 One Occurrence 2 Two Occurrences 3 Three Occurrences 4 Four Occurrences | Must be present and = 1, 2, 3, or 4, else reject the transmission. | IG - Trans Response | A9 | M/I TRANSACTION COUNT |
| | | | | | | | Value must = 1, if 406-D6 = 2, else reject the transmission. | IG - Trans Response | 1W | MULTI-INGREDIENT COMPOUND MUST BE A SINGLE TRANSACTION |
| | | | | | | | Must = actual number of AM07 segments, else reject the transmission. | IG - Trans Response | 1U | TRANSACTION COUNT DOES NOT MATCH NUMBER OF TRANSACTIONS |

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| Service Provider ID Qualifier | 202-B2 | Code qualifying the Service Provider ID | X(02) | M | R | ECL APPENDIX L VALUES AS OF OCT 2009 01=National Provider Identifier (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 15=HCID (HC IDea) 16=CMEA 99=Other | Must be present and = 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 99, else reject the transmission. | IG - Trans Response | B2 | M/I SERVICE PROVIDER ID QUALIFIER |
| | | | | | | | Must be present and = 01, else reject the transmission. | MED - Trans Response | 7B | SERVICE PROVIDER ID QUALIFIER VALUE NOT SUPPORTED FOR PROCESSOR/PAYER |
| Service Provider ID | 201-B1 | ID assigned to pharmacy or provider. | X(15) | M | R | | Must be present and > spaces, else reject the transmission. | IG - Trans Response | 05 | M/I SERVICE PROVIDER NUMBER |
| | | | | | | | If service ID qualifier = 01, Service Provider ID (201-B1) must be exactly 10 numerics, and the first byte must = "1", and the last byte must be a valid check digit in accordance with NPI validation routine else reject the transmission. | MED - Trans Response | 50 | NON-MATCHED PHARMACY NUMBER |
| | | | | | | | If service ID qualifier = 01, and Service Provider ID (201-B1) not found on DME NPI crosswalk file [NSCX-XWALK-NPI], or Service Provider ID (201-B1) is found on DME NPI crosswalk file [NSCX-XWALK-NPI], and the current date (ENGIN 'system' date) does not fall within the NPI effective dates (NSCX-MATCH-EFF-DATE and NSCX-MATCH-TERM-DATE) for any occurrence of the NPI, reject the transmission. NOTE: bypass this edit if NPI formatting edit (reject code 50) fails. | MED - Trans Response | 7A | PROVIDER DOES NOT MATCH AUTHORIZATION ON FILE |
| | | | | | | | If service ID qualifier = 01, and Service Provider ID (201-B1) is not found in an occurrence of the 'Entity Number' field on HDIG stub under the 'TP Identifier' from field 880-K1 (Sender ID), reject the transmission. NOTE: bypass this edit if NPI formatting edit (reject code 50) fails. **BYPASS THIS EDIT FOR DME MAC & STC TP IDs. | MED - Trans Response | 6Y | NOT AUTHORIZED TO SUBMIT ELECTRONICALLY |
| Date of Service | 401-D1 | Identifies date the prescription was filled or professional service rendered or subsequent payer began coverage following Part A expiration in a long-term care setting only. | 9(08) | M | R | Format=CCYYMMDD | Must be present and valid CCYYMMDD calendar date, else reject the transmission. | IG - Trans Response | 15 | M/I DATE OF SERVICE |
| | | | | | | | Must NOT be prior to the beneficiary's date of birth in 304-C4, else reject the transmission. | MED - Trans Response | P6 | DATE OF SERVICE PRIOR TO DATE OF BIRTH |
| Software Vendor/ Certification ID | 110-AK | ID assigned by the switch or processor to identify the software source. | X(10) | M | R | | Must be present and > spaces, else reject the transmission. | IG - Trans Response | AK | M/I SOFTWARE VENDOR/CERTIFICATION ID |

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| | | | | | | | Transaction Header must be 56 bytes, else reject the transmission. EDIT N/A - WILL NOT OCCUR SINCE EACH INDIVIDUAL FIELD WITHIN TX HEADER IS BEING INTERROGATED. IF THE TX HEADER IS < 56 OR > 56, IT'S DUE TO AT LEAST ONE FIELD NOT BEING PRESENT OR IN THE VALID FORMAT. | IG - Trans Response - | PS - | M/I TRANSACTION HEADER SEGMENT |
| PATIENT SEGMENT | 01 | N/A | N/A | S | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | Ø1 Patient (NOTE: 111-AM Segment ID values are part of ECL) | Must be present and = 01, else reject the transmission. | MED - Trans Response | 6K | PATIENT SEGMENT REQUIRED FOR ADJUDICATION |
| | | | | | | | If more than 1 AM01 segment exists per G1 transaction header, reject the transmission. | MED - Trans Response | PK | M/I REQUEST PATIENT SEGMENT |
| Patient ID Qualifier | 331-CX | Code qualifying the Patient ID | X(02) | Q | O | ECL VALUES AS OF OCT 2009 Ø1 Social Security Number 1J Facility ID Number Ø2 Driver's License Ø3 U.S. Military ID Ø4 Non-SSN-based patient identifier assigned by health plan Ø5 SSN-based patient identifier assigned by health plan Ø6 Medicaid ID Ø7 State Issued ID Ø8 Passport ID Ø9 Medicare HIC# 1Ø Employer Assigned ID 11 Payer/PBM Assigned ID 99 Other - Different from those implied or specified. EA Medical Record Identification Number (EHR) VALUES 12, 13, & 14 WERE ADDED WITH CR 7075 | If present, value must = 01, 1J, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 99, EA, else reject the transmission. VALUES 12, 13, & 14 WERE ADDED WITH CR 7075 | IG - Trans Response | CX | M/I PATIENT ID QUALIFIER |
| | | | | | | | Must be present and > spaces when 332-CY is used, else reject the transmission. | IG - Trans Response | CX | M/I PATIENT ID QUALIFIER |
| Patient ID | 332-CY | ID assigned to the patient. | X(20) | Q | O | | Must be present and > spaces when 331-CX is used, else reject the transmission. | IG - Trans Response | CY | M/I PATIENT ID |
| Date of Birth | 304-C4 | Date of birth of patient. | 9(08) | R | R | Format=CCYYMMDD | Must be present and valid CCYYMMDD calendar date, AND must be < current date (ENGIN 'system' date), else reject the transmission. | IG - Trans Response | 09 | M/I DATE OF BIRTH |
| | | | | | | | Current date (ENGIN 'system' date) minus Date of Birth (304-C4) must be < or = 130 years, else reject the transmission. (NOTE: bypass if 304-C4 editing for presence of date / valid calendar date / < system date fails). NOTE: EDIT N/A - error 66 would never hit in conjunction with error 09 in the first place. | MED - Trans Response | 66 | PATIENT AGE EXCEEDS MAXIMUM AGE |
| Patient Gender Code | 305-C5 | Code indicating the gender of the patient. | 9(01) | R | R | ECL VALUES AS OF OCT 2009 0=Not Specified 1=Male 2=Female | Must be present and = 1, or 2, else reject the transmission. | IG & MED - Trans Response (covers both Med rule that only values 1 & 2 are allowed as well as IG rule that values other than those in ECL are not allowed). | 10 | M/I PATIENT GENDER CODE |
| Patient First Name | 310-CA | Patient's first name. | X(12) | Q | S | | Must be present if 306-C6 = 1 and 312-CC > spaces, else reject the transmission. | IG - Trans Response | CA | M/I PATIENT FIRST NAME |

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| Patient Last Name | 311-CB | Patient's last name. | X(15) | R | R | | Must be present and > spaces, else reject the transmission. | IG - Trans Response | CB | M/I PATIENT LAST NAME |
| Patient Street Address | 322-CM | Free form text for address information. | X(30) | O | R | | Must be present and > spaces, else reject the transmission. | MED - Trans Response | CM | M/I PATIENT STREET ADDRESS |
| Patient City Address | 323-CN | Free form text for city name. | X(20) | O | R | | Must be present and > spaces, else reject the transmission. | MED - Trans Response | CN | M/I PATIENT CITY ADDRESS |
| Patient State/Province Address | 324-CO | Standard state/province code as defined by appropriate government agency. | X(02) | O | R | ECL APPENDIX C -- ALL ALPHA STATE CODES | Must be present and valid state code in accordance with Alphabetic State codes listed in ECL Appendix C, else reject the transmission | MED - Trans Response (covers both Med rule that must be present, & IG rule that if present, must be valid code). | CO | M/I PATIENT STATE/PROVINCE ADDRESS |
| Patient ZIP/Postal Zone | 325-CP | Code defining international postal zone excluding punctuation and blanks (zip code for US). | X(15) | O | R | | Must be present and > spaces, else reject the transmission. | MED - Trans Response | CP | M/I PATIENT ZIP/POSTAL ZONE |
| | | | | | | | If present and > spaces, and state Code (324-CO) is US state/territory, 325-CP zip must be exactly 5 or 9 numeric AND first 5 positions of zip must be valid according to USPS zip code file AND last 4 positions of 9 position zip must NOT = 0000, else reject the transmission. | MED - Trans Response | CP | M/I PATIENT ZIP/POSTAL ZONE |
| Patient Phone Number | 326-CQ | Patient's 10-digit phone number | 9(10) | O | O | Format=AAAEENNNN | If present, must be exactly 10 numeric, else reject transmission. | IG - Trans Response | CQ | M/I PATIENT PHONE NUMBER |
| Place of Service | 307-C7 | Code identifying the place where a drug or service is dispensed or administered. | 9(02) | Q | R | ECL VALUES AS OF OCT 2009: Values are listed with note that values maintained by CMS. See http://www.cms.hhs.gov/PlaceofServiceCodes/03_POSDatabase.asp#TopOfPage | Must be present and = 01, 03, 04, 05, 06, 07, 08, 09, 11, 12, 13, 14, 15, 16, 17, 20, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 49, 50, 51, 52, 53, 54, 55, 56, 57, 60, 61, 62, 65, 71, 72, 81, 99, else reject the transmission. (NOTE: Read against same table as for X12 claims). | IG - Trans Response | 12 | M/I PLACE OF SERVICE |
| Employer ID | 333-CZ | ID assigned to the employer. | X(15) | Q | O | | N/A | N/A | N/A | N/A |
| Smoker/Non-Smoker Code | 334-1C | Code indicating whether the patient is a smoker or not. | X(01) | NU | NU | ECL VALUES AS OF OCT 2009 Blank=Not Specified 1=Non-Smoker 2=Smoker | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Pregnancy Indicator | 335-2C | Code indicating whether the patient is pregnant or not. | X(01) | Q | O | ECL VALUES AS OF OCT 2009 Blank=Not Specified 1=Not pregnant 2=Pregnant | If present, value must = space, 1, or 2, else reject the transmission. | IG - Trans Response | 2C | M/I PREGNANCY INDICATOR |
| Patient E-mail Address | 350-HN | The E-Mail address of the patient (member). | X(80) | I | O | | N/A | N/A | N/A | N/A |

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| Patient Residence | 384-4X | Code identifying the patient's place of residence. | 9(02) | Q | O | ECL VALUES AS OF OCT 2009 0=Not Specified 1=Home 2=Skilled Nursing Facility 3=Nursing Facility 4=Assisted Living Facility 5=Custodial Care Facility 6=Group Home 7=Inpatient Psychiatric Facility 8=Psychiatric Facility – Partial Hospitalization 9=Intermediate Care Facility/Mentally Retarded 10=Residential Substance Abuse Treatment Facility 11=Hospice 12=Psychiatric Residential Treatment Facility 13=Comprehensive Inpatient Rehabilitation Facility 14=Homeless Shelter 15=Correctional Institution | If present, value must = 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, else reject the transmission. (NOTE: two digit values 00, 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable in this numeric field). | IG - Trans Response | 4X | M/I PATIENT RESIDENCE |
| PHARMACY PROVIDER SEGMENT | 02 | N/A | N/A | S | O | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 02 Pharmacy Provider (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM02 segment exists per AM07 segment, reject the transaction. | MED - Trans Response | PM | M/I REQUEST PHARMACY PROVIDER SEGMENT |
| Provider ID Qualifier | 465-EY | Code qualifying the Provider ID | X(02) | Q | O | ECL VALUES AS OF OCT 2009 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 | If 444-E9 is used, 465-EY must be present and = 01, 02, 03, 04, 05, 06, 07, 99, else reject the transaction. | IG - Trans Response (covers both IG rules that must be present when 449-E9 is used, and that values other than those in ECL are not allowed). | EY | M/I PROVIDER ID QUALIFIER |
| | | | | | | | If present, value must = 05, else reject the transaction. | MED - Trans Response | 9U | PROVIDER ID QUALIFIER SUBMITTED NOT COVERED |
| Provider ID | 444-E9 | ID assigned to the person responsible for the dispensing of the prescription. | X(15) | Q | O | | Field must present and > spaces when 465-EY is used, else reject the transaction. | IG - Trans Response | E9 | M/I PROVIDER ID |
| | | | | | | | If provider ID Qualifier (465-EY) = 05, Provider ID (444-E9) must be exactly 10 numerics, and the first byte must = "1", and the last byte must be a valid check digit in accordance with NPI validation routine, else reject the transmission. | MED - Trans Response | E9 | M/I PROVIDER ID |
| PRESCRIBER SEGMENT | 03 | N/A | N/A | S | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 03 Prescriber (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM03 segment exists per AM07 segment, reject the transaction. | IG - Trans Response | PN | M/I REQUEST PRESCRIBER SEGMENT |
| | | | | | | | Must be present and = 03, else reject the transaction. | MED - Trans Response | 6N | PRESCRIBER SEGMENT REQUIRED FOR ADJUDICATION |

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| Prescriber ID Qualifier | 466-EZ | Code qualifying the Prescriber ID | X(02) | Q | R | ECL VALUES AS OF OCT 2009 01=National Provider Identifier (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 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 15=HC Idea 99=Other | Must be present and = 01, else reject the transaction. | IG & MED- Trans Response (covers MED usage req. since more stringent than IG usage req. & also covers MED value req & IG rule that values other than those in ECL are not allowed). | EZ | M/I PRESCRIBER ID QUALIFIER |
| Prescriber ID | 411-DB | ID assigned to the prescriber. | X(15) | Q | R | | If 466-EZ is used, OR If 427-DR is not present or not > spaces, 411-DB must be present and > spaces , else reject the transaction. | IG - Trans Response | 25 | M/I PRESCRIBER ID |
| | | | | | | | If Prescriber ID Qualifier (466-EZ) = 01, Prescriber ID (411-DB) must be exactly 10 numerics, and the first byte must = "1", and the last byte must be a valid check digit in accordance with NPI validation routine, else reject the transmission. | MED - Trans Response | 56 | NON-MATCHED PRESCRIBER ID |
| Prescriber Last Name | 427-DR | Individual last name. | X(15) | Q | O | | If 411-DB not present or present and not > spaces, 427-DR must be > spaces, else reject the transaction. | IG - Trans Response | DR | M/I PRESCRIBER LAST NAME |
| Prescriber Phone Number | 498-PM | Prescribers 10-digit phone number | 9(10) | Q | O | Format=AAEEENNN | If present, must be exactly 10 numeric, else reject the transaction. | IG - Trans Response | 3M | M/I PRESCRIBER PHONE NUMBER |
| Primary Care Provider ID Qualifier | 468-2E | Code qualifying the Primary Care Provider ID | X(02) | Q | O | ECL VALUES AS OF OCT 2009 01=National Provider Identifier (NPI) 02=Blue Cross 03=Blue Shield 04=Medicare 05=Medicaid 06=UPIN 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 15=HC Idea 99=Other | If present, value must = 01, else reject the transaction. | IG & MED - Trans Response (covers both Med rule that only value 01 is allowed as well as IG rule that values other than those in ECL are not allowed). | 2E | M/I PRIMARY CARE PROVIDER ID QUALIFIER |
| | | | | | | | Must be present and > spaces when 421-DL is used, else reject the transaction. | IG - Trans Response | 2E | M/I PRIMARY CARE PROVIDER ID QUALIFIER |
| Primary Care Provider ID | 421-DL | Assigned to the primary care provider. | X(15) | Q | O | | Must be present and > spaces when 468-2E is used, else reject the transaction. | IG - Trans Response | 35 | M/I PRIMARY CARE PROVIDER ID |
| | | | | | | | If Primary Care Provider Qualifier (468-2E) = 01, Primary Care Provider ID (421-DL) must be exactly 10 numerics, first byte must = "1", and last byte must be a valid check digit in accordance with NPI validation routine, else reject the transaction.else reject the transaction. | MED - Trans Response | 58 | NON MATCHED PRIMARY PRESCRIBER |
| Primary Care Provider Last Name | 470-4E | Providers last name. | X(15) | Q | O | | N/A | N/A | N/A | N/A |
| Prescriber First Name | 364-2J | Individual first name | X(12) | Q | O | | N/A | N/A | N/A | N/A |
| Prescriber Street Address | 365-2K | Free Form text for prescriber address information. | X(30) | Q | O | | N/A | N/A | N/A | N/A |

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|-----------------------------------|--------|---|-------|---|---|---|---|----------------------|-----|---------------------------------------|
| Prescriber City Address | 366-2M | Free form text for prescriber city name. | X(20) | Q | O | | N/A | N/A | N/A | N/A |
| Prescriber State/Province Address | 367-2N | Standard state/province code as defined by appropriate government agency. | X(02) | Q | O | ECL APPENDIX C -- ALL ALPHA STATE CODES | If present, must be valid state code in accordance with Alphabetic State codes listed in ECL Appendix C, else reject the transaction. | IG - Trans Response | 2N | M/I PRESCRIBER STATE/PROVINCE ADDRESS |
| Prescriber Zip/Postal Zone | 368-2P | Code defining international postal zone excluding punctuation and blanks (zip code for US). | X(15) | Q | O | | If present, and state Code (367-2N) is US state/territory, 368-2P zip must be exactly 5 or 9 numeric AND first 5 positions of zip must be valid according to USPS zip code file AND last 4 positions of 9 position zip must NOT = 0000, else reject the transmission. | IG - Trans Response | 2P | M/I PRESCRIBER ZIP/POSTAL ZONE |
| INSURANCE SEGMENT | 04 | N/A | N/A | M | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 04 Insurance (NOTE: 111-AM Segment ID values are part of ECL) | Must be present and = 04, else reject the transmission. | MED - Trans Response | PJ | M/I REQUEST INSURANCE SEGMENT |
| | | | | | | | If more than 1 AM04 segment exists per G1 transaction header, reject the transmission. | MED - Trans Response | PJ | M/I REQUEST INSURANCE SEGMENT |
| Cardholder ID | 302-C2 | Insurance ID assigned to the cardholder. | X(20) | M | R | | Reject transmission if first position contains a space. IF positions 1-3 = '001'-'999' use DME logic*, else use RRB logic**. *DME LOGIC: (1) Position 12 must equal space, else Reject (2) Positions 4-9 must be numeric (3) At least one of positions 4-5 must be greater than zero, else Reject (4) At least one of positions 6-9 must be greater than zero, else Reject (5) Position 10 must equal 'A-F', 'J', 'K', 'M', 'T' or 'W', else Reject (6) Position 11 must equal 'A-Z', '1-9', or space, else Reject (7) If position 10 = 'A', 'B', 'D', 'E', 'M', 'T', or 'W' and position 11=space, Accept (8) If position 10='A' and position 11 not equal space, Reject (9) If position 10='B' and position 11='1-9', 'A', 'D', 'G', 'H', 'J', 'K', 'L', 'N', 'P', 'Q', 'R', 'T', 'W' or 'Y', then Accept, else Reject (10) If position 10='C' and position 11=space, Reject (11) If position 10='D' and position 11='B', 'F', 'I', 'O' or 'U', Reject. (12) If position 10='E' and position 11= '1-9', 'A-D', 'F-H', 'J', 'K', or 'M', then Accept, else Reject (13) If position 10='F' and position 11='1-8' then Accept, else Reject (14) If position 10='J' and position 11='1-4', then Accept, else Reject. DME LOGIC CONTINUED BELOW | MED - Trans Response | 07 | M/I CARDHOLDER ID |

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| | | | | | | | <p>DME LOGIC CONTINUED:</p> <p>(15) If position 10='K' and position 11='1-9', 'A-H', 'J', 'L', or 'M', then Accept, else Reject (16) If position 10='M' and position 11='1', then Accept, else Reject (17) If position 10='T' and position 11='2-9', 'A-H', 'J-N', or 'P-Z' then Accept, else Reject (18) If position 10='W' and position 11='1-9' 'B', 'C', 'F', 'G', 'J', 'R', or 'T' then Accept, else Reject (19) If the value has reached this point without determination, then Accept.</p> <p>**RRB LOGIC: **RRB Logic** (1) If position 1='A' or 'H' and position 2-7 is numeric and does not equal all zeroes and position 8-12=spaces, then Accept OR (2) If position 1='A' and position 2-10 is numeric and does not equal all zeroes and position 11-12=spaces, then Accept OR (3) If position 1-2='CA', 'JA', 'MA', 'MH', 'PA', 'PD', 'PH', 'WA', 'WD' or 'WH' and position 3-8 is numeric and not equal to all zeroes and position 9-12=spaces, the Accept OR (4) If position 1-2='CA', 'MA', 'PA', 'PD', 'WA', or 'WD' and position 3-11 is numeric and not equal to all zeroes and position 12=spaces, then Accept OR (5) If position 1-3='WCD', 'WCH', or 'WCA' and position 4-9 is numeric and does not equal all zeroes and position 10-12=spaces, then Accept OR (6) If position 1-3='WCD' OR 'WCA' and position 4-12 is numeric and not equal to all zeroes, then Accept (7) If RRB logic reaches this point, reject.</p> | MED - Trans Response | 07 | M/I CARDHOLDER ID |
| | | | | | | | Must be present and > spaces, else reject the transmission. | IG - Trans Response | 07 | M/I CARDHOLDER ID |
| Cardholder First Name | 312-CC | Individual first name. | X(12) | Q | R | | Must be present and > spaces, else reject the transmission. | MED - Trans Response | CC | M/I CARDHOLDER FIRST NAME |
| Cardholder Last Name | 313-CD | Individual last name. | X(15) | Q | R | | Must be present and > spaces, else reject the transmission. | MED - Trans Response | CD | M/I CARDHOLDER LAST NAME |
| | | | | | | | If 1st 3 positions = MR[space], MR., DR[space] DR., JR[space], or JR., reject the transmission. | MED - Trans Response | CD | M/I CARDHOLDER LAST NAME |
| Home Plan | 314-CE | Blue Cross/Blue Shield plan ID | X(03) | Q | O | | N/A | N/A | N/A | N/A |
| Plan ID | 524-FO | Assigned by the processor to identify coverage criteria used to adjudicate a claim. | X(08) | O | O | | N/A | N/A | N/A | N/A |
| Eligibility Clarification Code | 309-C9 | Code indicating that the pharmacy is clarifying eligibility based on receiving a denial. | 9(01) | Q | O | ECL VALUES AS OF OCT 2009 0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other | If present, value must = 0, 1, 2, 3, 4, 5, 6, else reject the transmission. | IG - Trans Response | 14 | M/I ELIGIBILITY CLARIFICATION CODE |
| Group ID | 301-C1 | ID assigned to the cardholders or employers group. | X(15) | Q | O | | N/A | N/A | N/A | N/A |
| Person Code | 303-C3 | Code assigned to a specific person within a family. | X(03) | Q | O | | N/A | N/A | N/A | N/A |

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|---------------------------------------|--------|---|-------|----|----|---|--|---|-----|---|
| Patient Relationship Code | 306-C6 | Code identifying relationship of patient to cardholder. | 9(01) | Q | R | ECL VALUES AS OF OCT 2009 0=Not Specified 1=Cardholder 2=Spouse 3=Child 4=Other | Must be present and = 1, else reject the transmission. | IG & MED - Trans Response (covers both Med rule that only value 1 is allowed as well as IG rule that values other than those in ECL are not allowed). | 11 | M/I PATIENT RELATIONSHIP CODE |
| Other Payer BIN Number | 990-MG | Card Issuer or Bank ID used for network routing. | 9(6) | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Other Payer Processor Control Number | 991-MH | A number that uniquely identifies the secondary, tertiary, etc. payer to the processor. | X(10) | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Other Payer Cardholder ID | 356-NU | Cardholder ID for this member that is associated with the Payer noted. | X(20) | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Other Payer Group ID | 992-MJ | ID assigned to the cardholder group or employer group by the secondary, tertiary, etc. payer. | X(15) | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Medigap ID | 359-2A | Patient's ID assigned by the Medigap Insurer | X(20) | Q | O | | N/A | N/A | N/A | N/A |
| Medicaid Indicator | 360-2B | Two character State Postal Code indicating the state where Medicaid coverage exists. | X(02) | Q | O | ECL APPENDIX C -- ALL ALPHA STATE CODES | If present, must be valid state code in accordance with Alphabetic State codes listed in ECL Appendix C, else reject the transmission. | IG - Trans Response | 2B | M/I MEDICAID INDICATOR |
| Provider Accept Assignment Indicator | 361-2D | Code indicating whether the provider accepts assignment. | X(01) | Q | R | ECL VALUES AS OF OCT 2009 Y=Assigned (provider accepts assignment) N=Non-assigned (provider does not accept assignment) | Must be present and = Y or N, else reject the transmission. | IG & MED - Trans Response (covers both IG valid value requirement and MED usage requirement). | 2D | M/I PROVIDER ACCEPT ASSIGNMENT INDICATOR |
| CMS Part D Defined Qualified Facility | 997-G2 | Indicates that the patient resides in a facility that qualifies for the CMS Part D benefit. | X(01) | Q | O | ECL VALUES AS OF OCT 2009 Y=Yes (CMS qualified facility) N=No (Not a CMS qualified facility) | If present, must = Y or N, else reject the transmission. | IG - Trans Response | G2 | M/I CMS PART D DEFINED QUALIFIED FACILITY |
| Medicaid ID Number | 115-N5 | A unique member identification number assigned by the Medicaid Agency. | X(20) | Q | O | | N/A | N/A | N/A | N/A |
| Medicaid Agency Number | 116-N6 | Number assigned by processor to identify the individual Medicaid Agency or representative. | X(15) | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. | N/A | N/A | N/A |
| COB/OTHER PAYMENTS SEGMENT | 05 | N/A | N/A | S | S | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | Ø5 Coordination of Benefits/Other Payments (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM05 segment exists per AM07 segment, reject the transaction. | IG - Trans Response | PE | M/I REQUEST COORDINATION OF BENEFITS/OTHER PAYMENTS SEGMENT |

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|--|--------|--|-------|----------|----------|--|--|---|----|--|
| Coordination of Benefits/ Other Payments Count | 337-4C | Count of other payment occurrences. | 9(1) | M | R | Maximum count = 9 (Values 1 – 9) | If present, must = total number of group* occurrences that follow (where field 338-5C serves as the trigger for parsing and count validation), else reject the transaction. *Group includes: Other Payer Coverage Type (338-5C) and Other Payer ID Qualifier (339-6C) and Other Payer ID (340-7C) and Other Payer Date (443-E8) and Internal Control Number (993-A7) and Other Payer Amount Paid Count (341-HB) and Other Payer Amount Paid Qualifier (342-HC) and Other Payer Amount Paid (431-DV) and Other Payer Reject Count (471-5E) and Other Payer Reject Code (472-6E) Other Payer-Patient Responsibility Amount Count (353-NR) and Other Payer-Patient Responsibility Amount Qualifier (351-NP) and Other Payer-Patient Responsibility Amount (352-NQ) and Benefit Stage Count (392-MU) and Benefit Stage Qualifier (393-MV) and Benefit Stage Amount (394-MW) | IG - Trans Response | P4 | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | Must be present and < = 9, else reject the transaction. | IG - Trans Response | 4C | M/I COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT |
| | | | | | | | Must not be > 1, else reject the transaction. | MED - Trans Response | 7P | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT EXCEEDS NUMBER OF SUPPORTED PAYERS |
| Other Payer Coverage Type | 338-5C | Code identifying the type of Other Payer ID. | X(02) | M***R*** | R***R*** | ECL VALUES AS OF OCT 2009 Blank=Not Specified 01=Primary 02=Secondary 03=Tertiary 04=Quaternary 05=Quinary 06=Senary 07=Septenary 08=Octonary 09=Nonary | Must be present and = 01, 02, 03, 04, 05, 06, 07, 08, 09, else reject the transaction. **This logic applies to every occurrence of 338-5C Other Payer Coverage Type. | IG & MED - Trans Response (covers both IG usage req, MED valid values and IG rule that values other than those in ECL are not allowed). | 5C | M/I OTHER PAYER COVERAGE TYPE |
| Other Payer ID Qualifier | 339-6C | Code qualifying the Other Payer ID. | X(02) | Q***R*** | S***R*** | ECL VALUES AS OF OCT 2009 Blank=Not Specified 01=National Payer ID 02=Health Industry Number (HIN) 03=Bank Information Number (BIN) 04=National Association of Insurance Commissioners (NAIC) 05=Medicare Carrier Number 99=Other | Must be present and = blank, 01, 02, 03, 04, 05, or 99 when 340-7C is used, else reject the transaction. **This logic applies to every occurrence of 339-6C Other Payer ID Qualifier. | IG - Trans Response | 6C | M/I OTHER PAYER ID QUALIFIER |
| | | | | | | | If Other Payer Coverage Type (338-5C) = 01, 02, 03, 04, 05, 06, 07, 08, 09 then Other Payer ID Qualifier (339-6C) value must = 99, else reject the transaction. **This logic applies to every occurrence of 339-6C Other Payer ID Qualifier. | MED - Trans Response | 7Q | OTHER PAYER ID QUALIFIER NOT SUPPORTED |
| Other Payer ID | 340-7C | ID assigned to the payer. | X(10) | Q***R*** | O***R*** | | Must be present and > spaces when 339-6C is used, else reject the transaction. **This logic applies to every occurrence of 340-7C Other Payer ID | IG - Trans Response | 7C | M/I OTHER PAYER ID |

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| Other Payer Date | 443-E8 | Payment or denial date of the claim submitted to the other payer. | 9(08) | Q***R*** | O***R*** | Format=CCYYMMDD | If present, must be valid CCYYMMDD calendar date, AND must be < current date (ENGINE 'system' date), else reject the transaction. **This logic applies to every occurrence of 443-E8 Other Payer Date. | IG - Trans Response | E8 | M/I OTHER PAYER DATE |
| Internal Control Number | 993-A7 | Number assigned by the processor to identify an adjudicated claim when supplied in payer-to-payer coordination of benefits only. | X(30) | Q***R*** | O***R*** | | N/A | N/A | N/A | N/A |
| Other Payer Amount Paid Count | 341-HB | Count of the Other Payer Amount Paid occurrences. | 9(1) | Q | O | Maximum count of 9 (Values 1 – 9) | If present, must be = total number of group* occurrences that follow (where field 342-HC serves as the trigger for parsing and count validation), else reject the transaction. *Group includes: Other Payer Amount Paid Qualifier (342-HC) and Other Payer Amount Paid (431-DV) **IG does not reflect this field as "repeating" since IG indicators denote repetitions within the same logical group. However, this logic applies to every occurrence of 341-HB Other Payer Amount Paid Count, since multiple iterations of 341-HB may exist when 337-4C count >1). | IG - Trans Response | SF | OTHER PAYER AMOUNT PAID COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | If present, must not be > 9, else reject the transaction. **This logic applies to every occurrence of 341-HB Other Payer Amount Paid Count. | IG - Trans Response | HB | M/I OTHER PAYER AMOUNT PAID COUNT |
| | | | | | | | Must be present if 342-HC is used, else reject the transaction. **This logic applies to every occurrence of 341-HB Other Payer Amount Paid Count. | IG - Trans Response | HB | M/I OTHER PAYER AMOUNT PAID COUNT |
| Other Payer Amount Paid Qualifier | 342-HC | Code qualifying the Other Payer Amount Paid. | X(02) | Q***R*** | O***R*** | CL VALUES AS OF OCT 2009 Blank=Not Specified - REMOVED UNDER CR 7075! 01=Delivery 02=Shipping 03=Postage 04=Administrative 05=Incentive 06=Cognitive Service 07=Drug Benefit 09= Compound Preparation Cost – the amount paid for the preparation of the compound. VALUE 10 WAS ADDED WITH CR 7075 | If present, value must = blank (REMOVED UNDER CR 7075), 01, 02, 03, 04, 05, 06, 07, 09, else reject the transaction. **This logic applies to every occurrence of 342-HC Other Payer Amount Paid Qualifier. VALUE 10 WAS ADDED WITH CR 7075 | IG - Trans Response | HC | M/I OTHER PAYER AMOUNT PAID QUALIFIER |
| | | | | | | | Must be present when 431-DV is used, else reject the transaction. **This logic applies to every occurrence of 342-HC Other Payer Amount Paid Qualifier. | IG - Trans Response | HC | M/I OTHER PAYER AMOUNT PAID QUALIFIER |
| Other Payer Amount Paid | 431-DV | Amount of any payment known by the pharmacy from other sources (including coupons). | s9(6)v99 | Q***R*** | O***R*** | Zero (0) is a valid value. | Must be present when 342-HC is used, else reject the transaction. **This logic applies to every occurrence of 431-DV Other Payer Amount Paid. | IG - Trans Response | DV | M/I OTHER PAYER AMOUNT PAID |
| | | | | | | | If value greater than s9(5)v99, reject the transaction. **This logic applies to every occurrence of 431-DV Other Payer Amount Paid. | MED - Trans Response | DV | M/I OTHER PAYER AMOUNT PAID |

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| Other Payer Reject Count | 471-5E | Count of the Other Payer Reject Code occurrences. | 9(02) | Q | O | Maximum count of 5 (Values 1 – 5) | <p>If present, must be = total number of group* occurrences that follow (where field 472-6E serves as the trigger for parsing and count validation), else reject the transaction.</p> <p>Group Includes: 472-6E Other Payer Reject Code</p> <p>**IG does not reflect this field as "repeating" since IG indicators denote repetitions within the same logical group. However, this logic applies to every occurrence of 471-5E Other Payer Reject Count, since multiple iterations of 471-5E may exist when 337-4C count >1).</p> | IG -Trans Response | R2 | OTHER PAYER REJECT COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | <p>If present, must not be > 5, else reject the transaction. (NOTE: double digit values 01, 02, 03, 04, 05 are also acceptable).</p> <p>**This logic applies to every occurrence of 471-5E Other Payer Reject Count.</p> | IG -Trans Response | 5E | M/I OTHER PAYER REJECT COUNT |
| | | | | | | | <p>Must be present when 472-6E is used, else reject the transaction.</p> <p>**This logic applies to every occurrence of 471-5E Other Payer Reject Count.</p> | IG - Trans Response | 5E | M/I OTHER PAYER REJECT COUNT |
| Other Payer Reject Code | 472-6E | The error encountered by the previous Other Payer. | X(03) | Q***R*** | O***R*** | This field must only contain the NCPDP Reject Code (511-FB) values defined in ECL APPENDIX A1 - REJECT CODES. | <p>Value must be valid according to ECL APPENDIX A1 (REJECT CODES FOR TELECOMMUNICATION STANDARD)</p> <p>**This logic applies to every occurrence of 472-6E Other Payer Reject Code</p> | IG - Trans Response | 6E | M/I OTHER PAYER REJECT CODE |
| | | | | | | | <p>Must be present when 308-C8 = 3, else reject the transaction.</p> <p>**This logic applies to every occurrence of 472-6E Other Payer Reject Code</p> | IG - Trans Response | 6E | M/I OTHER PAYER REJECT CODE |
| Other Payer-Patient Responsibility Amount Count | 353-NR | Count of "Other Payer-Patient Responsibility Amount" (352-NQ) and "Other Payer-Patient Responsibility Amount Qualifier" (351-NP) occurrences. | 9(02) | Q | O | Maximum count of 25 (Values 1 – 25) | <p>If present, must be = total number of group* occurrences that follow (where field 351-NP serves as the trigger for parsing and count validation), else reject the transaction.</p> <p>Group Includes: Other Payer-Patient Responsibility Amount Qualifier (351-NP) and Other Payer-Patient Responsibility Amount (352-NQ)</p> <p>**IG does not reflect this field as "repeating" since IG indicators denote repetitions within the same logical group. However, this logic applies to every occurrence of 353-NR Other Payer Patient Responsibility Amount Count, since multiple iterations of 353-NR may exist when 337-4C count >1).</p> | IG - Trans Response | SH | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | <p>Must be present when 351-NP is used, else reject the transaction.</p> <p>**This logic applies to every occurrence of 353-NR field.</p> | IG - Trans Response | NR | M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT |
| | | | | | | | <p>If present, must not be > 25, else reject the transmission. (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable).</p> | IG - Trans Response | NR | M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT |

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| Other Payer-Patient Responsibility Amount Qualifier | 351-NP | Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)". | X(02) | Q***R*** | O***R*** | <p>ECL VALUES AS OF OCT 2009 Blank=Not Specified 01=Amount Applied to Periodic Deductible (517-FH). 02=Amount Attributed to Product Selection/Brand Drug (134-UK). 03=Amount Attributed to Sales Tax (523-FN). 04=Amount Exceeding Periodic Benefit Maximum (520-FK). 05=Amount of Copay (518-FI). 06=Patient Pay Amount (505-F5). 07=Amount of Coinsurance (572-4U). 08=Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM). 09=Amount Attributed to Health Plan Assistance Amount (129-UD). 10 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.</p> | If present, must = blank, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, else reject the transaction. **This logic applies to every occurrence of 351-NP field. | IG - Trans Response | NP | M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER |
| | | | | | | | Must be present when 352-NQ is used, else reject the transaction. **This logic applies to every occurrence of 351-NP field. | IG - Trans Response | NP | M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER |
| Other Payer-Patient Responsibility Amount | 352-NQ | The patient's cost share from a previous payer | s9(8)v99 | Q***R*** | O***R*** | | Must be present when 351-NP is used, else reject the transaction. **This logic applies to every occurrence of 352-NQ field. | IG - Trans Response | NQ | M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT |
| | | | | | | | If value greater than s9(5)v99, reject the transaction. (LOGIC APPLIES TO EVERY OCCURRENCE OF 352-NQ) | MED - Trans Response | NQ | M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT |
| Benefit Stage Count | 392-MU | Count of 'Benefit Stage Amount' (394-MW) occurrences. | 9(01) | Q | O | Maximum count of 4 (Values 1 – 4) | <p>If present, must be = total number of group* occurrences that follow (where field 393-MV serves as the trigger for parsing and count validation), else reject the transaction.</p> <p>*Group Includes: Benefit Stage Qualifier (393-MV) and Benefit Stage Amount (394-MW)</p> <p>**IG does not reflect this field as "repeating" since IG indicators denote repetitions within the same logical group. However, this logic applies to every occurrence of 392-MU, since multiple iterations of 392-MU may exist when 337-4C count >1).</p> | IG - Trans Response | MX | BENEFIT STAGE COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | Must be present when 394-MW is used, else reject the transaction. **This logic applies to every occurrence of 392-MU field. | IG - Trans Response | MU | M/I BENEFIT STAGE COUNT |

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| | | | | | | | If present, must not be >4, else reject the transaction. **This logic applies to every occurrence of 392-MU field. | IG - Trans Response | MU | M/I BENEFIT STAGE COUNT |
| Benefit Stage Qualifier | 393-MV | Code qualifying the 'Benefit Stage Amount' (394-MW). | X(02) | Q***R*** | O***R*** | ECL VALUES AS OF OCT 2009 01=Deductible 02=Initial Benefit 03=Coverage Gap (donut hole) 04=Catastrophic Coverage Must only have one value per iteration - value must not be repeated. | If present, must = 01, 02, 03, 04, AND each iteration must be unique value (within 392-MU logical group), else reject the transaction. **This logic applies to every occurrence of 393-MV field. | IG - Trans Response | MV | M/I BENEFIT STAGE QUALIFIER |
| | | | | | | | Must be present when 394-MW is used, else reject the transaction. **This logic applies to every occurrence of 393-MV field. | IG - Trans Response | MV | M/I BENEFIT STAGE QUALIFIER |
| Benefit Stage Amount | 394-MW | The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV). | s9(6)v99 | Q***R*** | O***R*** | | Must be present when 393-MV is used, else reject the transaction. **This logic applies to every occurrence of 394-MW field. | IG - Trans Response | MW | M/I BENEFIT STAGE AMOUNT |
| | | | | | | | If value greater than s9(5)v99, reject the transaction. (LOGIC APPLIES TO EVERY OCCURRENCE OF 394-MW) | MED - Trans Response | MW | M/I BENEFIT STAGE AMOUNT |
| WORKER'S COMP SEGMENT | 06 | N/A | N/A | S | O | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | Ø6 Worker's Compensation (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM06 segment exists per AM07 segment, reject the transaction. | IG - Trans Response | PT | M/I REQUEST WORKER'S COMPENSATION SEGMENT |
| Date of Injury | 434-DY | Date on which the injury occurred. | 9(08) | M | R | | Must be present and valid CCYYMMDD calendar date, AND must be < current date (ENGIN 'system' date), else reject the transaction. | IG - Trans Response | DY | M/I DATE OF INJURY |
| Employer Name | 315-CF | Complete name of employer. | X(30) | Q | O | | N/A | N/A | N/A | N/A |
| Employer Street Address | 316-CG | Free-form text for address information. | X(30) | Q | O | | N/A | N/A | N/A | N/A |
| Employer City Address | 317-CH | Free-form text for city name. | X(20) | Q | O | | N/A | N/A | N/A | N/A |
| Employer State/Province Address | 318-CI | Standard state/province code as defined by appropriate government agency. | X(02) | Q | O | ECL APPENDIX C -- ALL ALPHA STATE CODES | If present, must be valid state code in accordance with Alphabetic State codes listed in ECL Appendix C, else reject the transaction. | IG - Trans Response | CI | M/I EMPLOYER STATE/PROVINCE ADDRESS |
| Employer ZIP/Postal Code | 319-CJ | Code defining international postal zone excluding punctuation and blanks (zip code for US). | X(15) | Q | O | | If present, and state Code (318-CI) is US state/territory, 319-CJ zip must be exactly 5 or 9 numeric AND first 5 positions of zip must be valid according to USPS zip code file AND last 4 positions of 9 position zip must NOT = 0000, else reject the transmission. | IG - Trans Response | CJ | M/I EMPLOYER ZIP POSTAL ZONE |
| Employer Phone Number | 320-CK | Ten-digit phone number of employer. | 9(10) | Q | O | Format=AAAEENNNN | If present, must be exactly 10 numeric, else reject transaction. | IG - Trans Response | CK | M/I EMPLOYER PHONE NUMBER |
| Employer Contact Name | 321-CL | Employer primary contact. | X(30) | Q | O | | N/A | N/A | N/A | N/A |
| Carrier ID | 327-CR | Carrier code assigned in Worker's Compensation program | X(10) | Q | O | | N/A | N/A | N/A | N/A |
| Claim/Reference ID | 435-DZ | Identifies the claim number assigned by the Worker's Compensation program. | X(30) | Q | O | | N/A | N/A | N/A | N/A |

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|-------------------------------|--------|---|-------|---|---|--|---|----------------------|----|-----------------------------------|
| Billing Entity Type Indicator | 117-TR | A code that identifies the entity submitting the billing transaction. | 9(02) | R | R | ECL VALUES AS OF OCT 2009 00=Provider Submitted-Pay to Provider 01=Provider Submitted-Pay to Another Party 02=Agent Submitted-Pay to Agent 03=Agent Submitted-Pay to Another Party | Must be present and = 00, 01, 02, 03, else reject the transaction. NOTE: Single digit values 0, 1, 2, 3 are also acceptable in this numeric field based on NCPDP truncation rules. | IG - Trans Response | TR | M/I BILLING ENTITY TYPE INDICATOR |
| Pay To Qualifier | 118-TS | Code qualifying the 'Pay To ID' (119-TT). | X(02) | Q | O | ECL VALUES AS OF OCT 2009 00=Not Specified 01=NPI 11= Federal Tax ID | If present, value must = 00, 01, 11, else reject the transaction. | IG - Trans Response | TS | M/I PAY TO QUALIFIER |
| | | | | | | | Must be present and > spaces if 119-TT is used, else reject the transaction. | IG - Trans Response | TS | M/I PAY TO QUALIFIER |
| Pay To ID | 119-TT | Identifying number of the entity to receive payment for claim. | X(15) | Q | O | | Must be present and > spaces if 118-TS is used, else reject the transaction. | IG - Trans Response | TT | M/I PAY TO ID |
| | | | | | | | If Pay To Qualifier (118-TS) = 01, Pay To ID (119-TT) must be exactly 10 numerics, the first byte must = "1", and the last position must be a valid check digit in accordance with NPI validation routine, else reject the transaction. | MED - Trans Response | TT | M/I PAY TO ID |
| Pay To Name | 120-TU | Name of the entity to receive payment for claim. | X(20) | Q | O | | Must be present and > spaces if 118-TS is used, else reject the transaction. | IG - Trans Response | TU | M/I PAY TO NAME |
| Pay To Street Address | 121-TV | Street address of the entity to receive payment for claim. | X(30) | Q | O | | Must be present and > spaces if 118-TS is used, else reject the transaction. | IG - Trans Response | TV | M/I PAY TO STREET ADDRESS |
| Pay To City Address | 122-TW | City of the entity to receive payment for claim. | X(20) | Q | O | | Must be present and > spaces if 118-TS is used, else reject the transaction. | IG - Trans Response | TW | M/I PAY TO CITY ADDRESS |
| Pay To State/Province Address | 123-TX | Standard state/province code as defined by appropriate government agency. | X(02) | Q | O | ECL APPENDIX C -- ALL ALPHA STATE CODES | Must be present and > spaces if 118-TS is used, else reject the transaction. | IG - Trans Response | TX | M/I PAY TO STATE/PROVINCE ADDRESS |
| | | | | | | | If present, must be valid state code in accordance with Alphabetic State codes listed in ECL Appendix C, else reject the transaction. | IG - Trans Response | TX | M/I PAY TO STATE/PROVINCE ADDRESS |
| Pay To Zip/Postal Zone | 124-TY | Code defining international postal zone excluding punctuation and blanks (zip code for US). | X(15) | Q | O | | Must be present and > spaces if 118-TS is used, else reject the transaction. | IG - Trans Response | TY | M/I PAY TO ZIP/POSTAL ZONE |
| | | | | | | | If present, and state Code (123-TX) is US state/territory, 124-TY zip must be exactly 5 or 9 numeric AND first 5 positions of zip must be valid according to USPS zip code file AND last 4 positions of 9 position zip must NOT = 0000, else reject the transmission. | IG - Trans Response | TY | M/I PAY TO ZIP/POSTAL ZONE |

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| Generic Equivalent Product ID Qualifier | 125-TZ | Code qualifying the 'Generic Equivalent Product ID' (126-UA). | X(02) | Q | O | ECL VALUES AS OF OCT 2009 01=UPC 02=HRI 03=NDC 04=UPN (5.1)/HIBCC (D.0) 06=(DUR/PPS) 07=CPT4 08=CPT5 09=HCPCS 10=PPAC 11=NAPPI 12=EAN (5.1)/GTIN (D.0) 15=GCN 28= FDB Med Name ID 29= FDB Routed Name ID 30= FDB Rtd. Dos. Form Med ID 31= FDBMedID 32=GCN_SEQ_NO 33= HICL_SEQ_NO 34=UPN 99=Other | If present, value must = 01, 02, 03, 04, 06, 07, 08, 09, 10, 11, 12, 15, 28, 29, 30, 31, 32, 33, 34, 99, else reject the transaction. | IG - Trans Response | TZ | M/I GENERIC EQUIVALENT PRODUCT ID QUALIFIER |
| | | | | | | | Must be present if 126-UA is used, else reject the transaction. | IG - Trans Response | TZ | M/I GENERIC EQUIVALENT PRODUCT ID QUALIFIER |
| Generic Equivalent Product ID | 126-UA | Identifies the generic equivalent of the brand product dispensed. | X(19) | Q | O | | Must be present and > spaces if 125-TZ is used, else reject the transaction. | IG - Trans Response | UA | M/I GENERIC EQUIVALENT PRODUCT ID |
| CLAIM SEGMENT | 07 | N/A | N/A | M | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 07 Claim (NOTE: 111-AM Segment ID values are part of ECL) | At least one AM07 claim segment (111-AM = 07) must be present for each Transaction Header, else reject the transaction. NOTE: MORE THAN 1 AM07 SEGMENT WITHIN SAME GROUP SEPARATOR will also reject with reject code PC. | IG - Trans Response | PC | M/I REQUEST CLAIM SEGMENT |
| | | | | | | | If MORE THAN 4 AM07 SEGMENT GROUPS exist, reject the transaction. | IG - Trans Response | PB (NOTE: PB will set in (in conjunction with A9 or 1U - depending on value in 109-A9 field). | INVALID TRANSACTION COUNT FOR THIS TRANSACTION CODE |
| Prescription/Service Reference Number Qualifier | 455-EM | Indicates the type of billing submitted. | X(01) | M | R | 1=Rx Billing 2=Service Billing Per IG: "For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing)." | Must be present and = 1 , else reject the transaction. | IG -Trans Response | EM | M/I PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER |
| Prescription/Service Reference Number | 402-D2 | Reference number assigned by the provider for the dispensed drug/product and/or service provided. | 9(12) | M | R | | Must be present, else reject the transaction. | IG - Trans Response | 16 | M/I PRESCRIPTION/SERVICE REFERENCE NUMBER |

| | | | | | | | | | | |
|---|--------|---|-------|---|---|--|---|----------------------|----|--|
| Product/Service ID Qualifier | 436-E1 | Code qualifying the Product/Service ID | X(02) | M | R | <p>ECL VALUES AS OF OCT 2009</p> <p>00=Not Specified</p> <p>01=UPC</p> <p>02=HRI</p> <p>03=NDC</p> <p>04=UPN (5.1)/HIBCC (D.0)</p> <p>06= DUR/PPS</p> <p>07=CPT4</p> <p>08=CPT5</p> <p>09=HCPCS</p> <p>10=PPAC</p> <p>11=NAPPI</p> <p>12=EAN (5.1)/GTIN (D.0)</p> <p>15=GCN</p> <p>28= FDB Med Name ID</p> <p>29= FDB Routed Name ID</p> <p>30= FDB Rtd. Dos. Form Med ID</p> <p>31= FDBMedID</p> <p>32=GCN_SEQ_NO</p> <p>33= HICL_SEQ_NO</p> <p>34=UPN</p> <p>36=Representative National Drug Code (NDC)</p> <p>99=Other</p> <p>Per IG: "If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("00")."</p> | Must be present and = 00, 01, 02, 03, 04, 06, 07, 08, 09, 10, 11, 12, 15, 28, 29, 30, 31, 32, 33, 34, 36, 99, and if 406-D6 = 2, value must = 00, else reject the transaction. | IG - Trans Response | E1 | M/I PRODUCT/SERVICE ID QUALIFIER |
| | | | | | | | <p>If value = 03, accept.</p> <p>If value = 00 and Compound Code (406-D6) =2, accept. Else reject the transaction.</p> | MED - Trans Response | 8Z | PRODUCT/SERVICE ID QUALIFIER VALUE NOT SUPPORTED |
| Product/Service ID | 407-D7 | ID of the product dispensed or service provided. | X(19) | M | R | <p>Format=MMMMDDDDPP</p> <p>MMMM=Manufacturer's Assigned Number</p> <p>DDDD=Drug ID</p> <p>PP=Package Size</p> | Must be > spaces, else reject transaction. | IG - Trans Response | 21 | M/I PRODUCT/SERVICE ID |
| | | | | | | | <p>If Product/Service ID Qualifier (436-E1) = 03 (NDC), and value in 407-D7 is not found in field KEY-NDC-11 on the DRUGFILE, reject the transaction.</p> <p>***DME MAC SPECIFIC***</p> <p>REFER TO SUPPLEMENTAL REQUIREMENTS - "PARMMOD & DRUGFILE ROUTINE 1"</p> | MED - Trans Response | 54 | NON-MATCHED PRODUCT/SERVICE ID NUMBER |
| | | | | | | | <p>If Product/Service ID Qualifier (436-E1) = 03 (NDC), and value in 407-D7 is found on DRUGFILE either stand alone in [KEY-NDC-11] or in combination with Type 1 Procedure Modifier Code in KEY-NDC-MOD-1] and From Service Date (401-D1) is not within an occurrence of effective date ranges [NDC-EFF-BEG-DATE and NDC-EFF-END-DATE], reject the transaction. NOTE: THERE CAN BE UP TO 2 OCCURRENCES OF THE NDC EFFECTIVE DATE RANGE ON DRUGFILE, AS DETERMINED BY THE VALUE IN 'NDC-EFF-DATE-RANGE-CNT', NDC IS VALID IF DOS FALLS WITHIN EITHER OCCURRENCE.</p> <p>***DME MAC SPECIFIC***</p> <p>REFER TO SUPPLEMENTAL REQUIREMENTS - "PARMMOD & DRUGFILE ROUTINE 1"</p> | MED - Trans Response | 54 | NON-MATCHED PRODUCT/SERVICE ID NUMBER |
| Associated Prescription/ Service Reference Number | 456-EN | Related Prescription/Service Reference Number to which the service is associated. | 9(12) | Q | O | | Must be present and > 0 if 343-HD = C, else reject the transaction. | IG - Trans Response | EN | M/I ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER |

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|---------------------------------------|--------|---|----------|----------|----------|---|---|----------------------|----|--|
| Associated Prescription/ Service Date | 457-EP | Date of the Associated Prescription/Service Reference Number. | 9(08) | Q | O | Format=CCYYMMDD | Must be present if 456-EN is present or if 343-HD = C, else reject the transaction. | IG - Trans Response | EP | M/I ASSOCIATED PRESCRIPTION/SERVICE DATE |
| | | | | | | | If present, must be valid CCYYMMDD calendar date, AND must be < current date (ENGIN 'system' date), else reject the transaction. | IG - Trans Response | EP | M/I ASSOCIATED PRESCRIPTION/SERVICE DATE |
| Procedure Modifier Code Count | 458-SE | Count of the Procedure Modifier Code | 9(02) | Q | O | Maximum count is 10 (Values 1 – 10) | If present, must = total number of group* occurrences that follow (where field 459-ER serves as the trigger for parsing and count validation), else reject the transaction. Group Includes: 459-ER - Procedure Modifier Code | IG - Trans Response | R3 | PROCEDURE MODIFIER CODE COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | If present, value must not be >10, else reject the transaction. (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable). | IG - Trans Response | SE | M/I PROCEDURE MODIFIER CODE COUNT |
| | | | | | | | Must be present if 459-ER is used, else reject the transaction. | IG - Trans Response | SE | M/I PROCEDURE MODIFIER CODE COUNT |
| Procedure Modifier Code | 459-ER | Identifies special circumstances related to the performance of the service. | X(02) | Q***R*** | O***R*** | CMS Modifiers available from: Centers for Medicare & Medicaid Services 7500 Security Blvd. Baltimore, MD 21244 -or- Healthcare Common Procedure Coding System (HCPCS) available at www.cms.hhs.gov/medicare/hcpcs/ (NOTE: NOT referenced in ECL) | Must be present and > spaces if 458-SE present, else reject the transaction. **This logic applies to every occurrence of 459-ER Procedure Modifier Code | IG - Trans Response | ER | M/I PROCEDURE MODIFIER CODE |
| | | | | | | | If 436-E1 = 03 (NDC), and value in 459-ER is not found in 'MODIFIER' field on PARMMOD, or 459-ER is found in 'MODIFIER' field on PARMMOD and From Service Date (401-D1) is not within the effective date range [FROM DATE and TO DATE] for an occurrence of the modifier on PARMMOD, reject the transaction. **This logic applies to every occurrence of 459-ER Procedure Modifier Code. ***DME MAC SPECIFIC*** REFER TO SUPPLEMENTAL REQUIREMENTS - "PARMMOD & DRUGFILE ROUTINE 1" | MED - Trans Response | ER | M/I PROCEDURE MODIFIER CODE |
| Quantity Dispensed | 442-E7 | Quantity dispensed expressed in metric decimal units. | 9(7)v999 | R | R | | Must be present and > zero, else reject the transaction. | IG - Trans Response | E7 | M/I QUANTITY DISPENSED |
| Fill Number | 403-D3 | The code indicating whether the prescription is an original or a refill. | 9(02) | R | R | ECL VALUES AS OF OCT 2009 0=Original dispensing 1-99=Refill number | Must be present and = 0 - 99, else reject the transaction. (NOTE: Double digit values 00, 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable). | IG - Trans Response | 17 | M/I FILL NUMBER |
| Days Supply | 405-D5 | Estimated number of days that the prescription will last. | 9(03) | R | R | | Must be present and > zero, else reject the transaction. | IG - Trans Response | 19 | M/I DAYS SUPPLY |
| Compound Code | 406-D6 | Code indicating whether or not the prescription is a compound. | 9(01) | R | R | ECL VALUES AS OF OCT 2009 1= Not a Compound 2=Compound | Must be present and = 1 or 2, else reject the transaction. | IG - Trans Response | 20 | M/I COMPOUND CODE |
| | | | | | | | Value must = 2 if AM10 segment present, else reject the transaction. | IG - Trans Response | 20 | M/I COMPOUND CODE |

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| Dispense As Written (DAW)/Product Selection Code | 408-D8 | Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. | X(01) | R | R | ECL VALUES AS OF OCT 2009 0=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9= Other (5.1)/Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed (D.0) | Must be present and = 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9, else reject the transaction. | IG - Trans Response | 22 | M/I DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE |
| Date Prescription Written | 414-DE | Date prescription was written. | 9(08) | R | R | Format=CCYYMMDD | Must be present and valid CCYYMMDD calendar date, AND must be < current date (ENGINE 'system' date), else reject the transaction. | IG - Trans Response | 28 | M/I DATE PRESCRIPTION WRITTEN |
| Number of Refills Authorized | 415-DF | Number of refills authorized by the prescriber. | 9(02) | Q | O | ECL VALUES AS OF OCT 2009 0 No refills authorized 1-99 Authorized Refill number | If present, value must = 0 - 99, else reject the transaction. (NOTE: Double digit values 00, 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable). | IG - Trans Response | 29 | M/I NUMBER OF REFILLS AUTHORIZED |
| Prescription Origin Code | 419-DJ | Code indicating the origin of the prescription. | 9(01) | Q | O | ECL VALUES AS OF OCT 2009 0=Not Known 1=Written 2=Telephone 3=Electronic 4=Facsimile 5= Pharmacy | If present, value must = 0, 1, 2, 3, 4, or 5, else reject the transmission. | IG - Trans Response | 33 | M/I PRESCRIPTION ORIGIN CODE |
| Submission Clarification Code Count | 354-NX | Count of the 'Submission Clarification Code' (420-DK) occurrences. | 9(1) | Q | O | Maximum Count is 3. (Values 1 - 3) | If present, must = to the total number of group* occurrences that follow (where field 420-DK serves as the trigger for parsing and count validation), reject the transaction . Group Includes: 420-DK Submission Clarification Code | IG - Trans Response | SG | SUBMISSION CLARIFICATION CODE COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | If present, must not be > 3, else reject the transaction. | IG - Trans Response | NX | M/I SUBMISSION CLARIFICATION CODE COUNT |
| | | | | | | | Must be present if 420-DK is used, else reject the transaction. | IG - Trans Response | NX | M/I SUBMISSION CLARIFICATION CODE COUNT |

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|--|--------|--|----------|-----------|----------|--|---|----------------------|-----|--|
| Submission Clarification Code | 420-DK | Code indicating that the pharmacist is clarifying the submission. | 9(02) | Q***R**** | O***R*** | <p>ECL VALUES AS OF OCT 2009</p> <p>1=No Override</p> <p>2=Other Override</p> <p>3=Vacation Supply</p> <p>4=Lost Prescription</p> <p>5=Therapy Change</p> <p>6=Starter Dose</p> <p>7=Medically Necessary</p> <p>8=Process Compound For Approved Ingredients</p> <p>9=Encounters</p> <p>10=Meets Plan Limitations</p> <p>11=Certification on File</p> <p>12=DME Replacement Indicator</p> <p>13=Payer-Recognized Emergency/Disaster Assistance Request</p> <p>14=Long Term Care Leave of Absence</p> <p>15=Long Term Care Replacement Medication</p> <p>16=Long Term Care Emergency box (kit) or automated dispensing machine</p> <p>17=Long Term Care Emergency supply remainder</p> <p>18=Long Term Care Patient Admit/Readmit Indicator</p> <p>19=Split Billing</p> <p>99=Other</p> <p>VALUE 20 WAS ADDED WITH CR 7075</p> | <p>If present, value must = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, or 99, else reject the transaction.</p> <p>(NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable).</p> <p>**This logic applies to every occurrence of field 420-DK.</p> <p>VALUE 20 WAS ADDED WITH CR 7075</p> | IG - Trans Response | 34 | M/I SUBMISSION CLARIFICATION CODE |
| | | | | | | | <p>If present, value must = 2 or 99, else reject the transaction.</p> <p>(NOTE: double digit value 02 is also acceptable).</p> <p>**This logic applies to every occurrence of field 420-DK.</p> <p>NOTE: THIS EDIT WAS LATER REMOVED BASED ON CONSULTATION WITH VMS & CMS.</p> | MED - Trans Response | 8R | SUBMISSION CLARIFICATION CODE NOT SUPPORTED |
| Quantity Prescribed | 460-ET | Amount expressed in metric decimal units. | 9(7)v999 | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Other Coverage Code | 308-C8 | Code indicating whether or not the patient has other insurance coverage. | 9(02) | Q | O | <p>ECL VALUES AS OF OCT 2009</p> <p>0=Not Specified by patient</p> <p>1=No other coverage.</p> <p>2=Other coverage exists-payment collected.</p> <p>3=Other Coverage Billed – claim not covered.</p> <p>4=Other coverage exists-payment not collected.</p> <p>8=Claim is billing for patient financial responsibility only.</p> | <p>If present, value must = 0, 1, 2, 3, 4, 8, else reject the transaction.</p> <p>(NOTE: double digit values 00, 01, 02, 03, 04, 08 are also acceptable).</p> | IG - Trans Response | 13 | M/I OTHER COV ERAGE CODE |
| Special Packaging Indicator | 429-DT | Code indicating the type of unit dose dispensing. | 9(01) | Q | O | <p>ECL VALUES AS OF OCT 2009</p> <p>0=Not Specified</p> <p>1=Not Unit Dose.</p> <p>2=Manufacturer Unit Dose.</p> <p>3=Pharmacy Unit Dose.</p> <p>4=Custom Packaging.</p> <p>5=Multi-drug compliance packaging.</p> | <p>If present, value must = 0, 1, 2, 3, 4, 5, else reject the transaction.</p> | IG - Trans Response | DT | M/I SPECIAL PACKAGING INDICATOR |
| Originally Prescribed Product/Service ID Qualifier | 453-EJ | Code qualifying the value in Originally Prescribed Product/Service Code. | X(02) | Q | O | <p>ECL VALUES AS OF OCT 2009</p> <p>Blank, 01, 02, 03, 04, 06, 07, 08, 09, 11, 12, 15, 28, 29, 30, 31, 32, 33, 99</p> | <p>If present, value must = Blank, 01, 02, 03, 04, 06, 07, 08, 09, 11, 12, 15, 28, 29, 30, 31, 32, 33, 99, else reject the transaction.</p> | IG - Trans Response | EJ | M/I ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER |
| | | | | | | | Must be present if 455-EA is used, else reject the transaction. | IG - Trans Response | EJ | M/I ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER |

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|--|--------|--|----------|----|----|---|---|----------------------|-----|--|
| Originally Prescribed Product/Service Code | 445-EA | Code of the initially prescribed product or service. | X(19) | Q | O | | Must be present and > spaces if 453-EJ is used, else reject the transaction. | IG - Trans Response | EA | M/I ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE |
| Originally Prescribed Quantity | 446-EB | Product initially prescribed amount expressed in metric decimal units. | 9(7)v999 | Q | O | | N/A | N/A | N/A | N/A |
| Alternate ID | 330-CW | Person identifier to be used for controlled product reporting. ID may be that of person picking up the prescription. | X(20) | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Scheduled Prescription ID Number | 454-EK | The serial number of the prescription blank/form. | X(12) | Q | O | | N/A | N/A | N/A | N/A |
| Unit of Measure | 600-28 | NCPDP standard product billing codes | X(02) | Q | O | ECL VALUES AS OF OCT 2009 EA=Each. GM=Grams. ML=Milliliters. | If present, value must = EA, GM, or ML, else reject the transaction. | IG - Trans Response | 26 | M/I UNIT OF MEASURE |
| | | | | | | | If unit of measure (600-28) > spaces and Product/Service ID qualifier (436-E1) = 03, and From Service Date (401-D1) is within an occurrence of effective date ranges [NDC-EFF-BEG-DATE and NDC-EFF-END-DATE] on the DRUGFILE for the value in 407-D7, and the value in 600-28 not found in the 'NDC-BILL-UNIT' field on the DRUGFILE for the NDC code value in 407-D7, reject the transaction. (NOTE: there can be 2 occurrences of 'NDC-BILL-UNIT' on DRUGFILE, as determined by value in 'NDC-EFF-DATE-RANGE-CNT'. ***DME MAC SPECIFIC*** REFER TO SUPPLEMENTAL REQUIREMENTS - "PARMMOD & DRUGFILE ROUTINE 1" | MED - Trans Response | 26 | M/I UNIT OF MEASURE |
| Level of Service | 418-DI | Coding indicating the type of service the provider rendered. | 9(02) | Q | O | ECL VALUES AS OF OCT 2009 0=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 | If present, value must = 0, 1, 2, 3, 4, 5, or 6, else reject the transaction. (NOTE: double digit values 00, 01, 02, 03, 04, 05, 06 are also acceptable). | IG - Trans Response | 32 | M/I LEVEL OF SERVICE |
| Prior Authorization Type Code | 461-EU | Code clarifying the Prior Authorization Number | 9(02) | Q | O | ECL VALUES AS OF OCT 2009 0=Not Specified 1=Prior Authorization. 2=Medical Certification. 3=EPSDT (Early Periodic Screening Diagnosis Treatment. 4=Exemption from Copay and/or. 5=Exemption from RX. 6=Family Planning Indicator. 7=AFDC (5.1)/ TANF (D.O). 8=Payer Defined Exemption. 9=Emergency Preparedness | If present, value must = 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9, else reject the transaction. (NOTE: double digit values 00, 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable). | IG - Trans Response | EU | M/I PRIOR AUTHORIZATION TYPE CODE |

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| Prior Authorization Number Submitted | 462-EV | Number submitted by the provider to identify the prior authorization. | 9(11) | Q | O | ECL: "For value "9=Emergency Preparedness" Field 462-EV Prior Authorization Number Submitted supports the following values when an emergency healthcare disaster has been officially declared by the appropriate U.S. government agency: 911000000000 Emergency Preparedness (EP) Refill Extension Override 911000000001 Emergency Preparedness (EP) Refill Too Soon Edit Override 911000000002 Emergency Preparedness (EP) Prior Authorization Requirement Override 911000000003 Emergency Preparedness (EP) Accumulated Quantity Override 911000000004 Emergency Preparedness (EP) Step Therapy Override 911000000005 Emergency Preparedness (EP) override all of the above | If Prior Auth Type Code (461-EU) is numeric, and 462-EV NOT > zero, reject the transaction. | IG - Trans Response | EV | M/I PRIOR AUTHORIZATION NUMBER SUBMITTED |
| | | | | | | | If 461-EU = 9, value must = 911000000000, 911000000001, 911000000002, 911000000003, 911000000004, 911000000005, else reject the transaction. | IG - Trans Response | EV | M/I PRIOR AUTHORIZATION NUMBER SUBMITTED |
| Intermediary Authorization Type ID | 463-EW | Value indicating that authorization occurred for intermediary processing. | 9(02) | Q | O | ECL VALUES AS OF OCT 2009 0=Not Specified 1=Intermediary Authorization. 99=Other Override | If present, value must = 0, 1, 99, else reject the transaction. (NOTE: double digit values 00, 01 are also acceptable). | IG - Trans Response | EW | M/I INTERMEDIARY AUTHORIZATION TYPE ID |
| | | | | | | | Must be present when 464-EX is used, else reject the transaction. | IG - Trans Response | EW | M/I INTERMEDIARY AUTHORIZATION TYPE ID |
| Intermediary Authorization ID | 464-EX | Value indicating intermediary authorization occurred. | X(11) | Q | O | | If present, and 463-EW NOT = 0, 1, or 99 (or 00, 01, or 99), reject the transaction. | IG - Trans Response | EX | M/I INTERMEDIARY AUTHORIZATION ID |
| Dispensing Status | 343-HD | Code indicating the quantity is a partial fill or the completion of a partial fill. | X(01) | Q | NU | ECL VALUES AS OF OCT 2009 P= Partial Fill. C=Completion of Partial Fill. | If present, value must = P or C, else reject the transaction. | IG - Trans Response | HD | M/I DISPENSING STATUS |
| | | | | | | | If any value reported, reject the transaction. | MED - Trans Response | RK | PARTIAL FILL TRANSACTION NOT SUPPORTED |
| Quantity Intended To Be Dispensed | 344-HF | Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. | 9(7)v999 | Q | O | | Must be present and > zero if Dispensing Status (343-HD) = P or C, else reject the transaction | IG - Trans Response | 7T | QUANTITY INTENDED TO BE DISPENSED REQUIRED FOR PARTIAL FILL TRANSACTION |
| Days Supply Intended To Be Dispensed | 345-HG | Days supply for metric decimal quantity that would be dispensed on original fill if inventory were available. | 9(03) | Q | O | | Must be present and > zero if Dispensing Status (343-HD) = P or C, else reject the transaction | IG - Trans Response | 7U | DAYS SUPPLY INTENDED TO BE DISPENSED REQUIRED FOR PARTIAL FILL TRANSACTION |

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| Delay Reason Code | 357-NV | Code to specify the reason that submission of the transactions has been delayed. | 9(02) | Q | O | ECL VALUES AS OF OCT 2009 1=Proof of eligibility unknown or unavailable 2=Litigation 3=Authorization delays 4=Delay in certifying provider 5=Delay in supplying billing forms 6=Delay in delivery of custom-made appliances 7=Third party processing delay 8=Delay in eligibility determination 9=Original claims rejected or denied due to a reason unrelated to the billing limitation rules 10=Administration delay in the prior approval process 11=Other 12=Received late with no exceptions 13=Substantial damage by fire, etc to provider records 14=Theft, sabotage/other willful acts by employee | If present, value must = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, else reject the transaction. (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable). | IG - Trans Response | NV | M/I DELAY REASON CODE |
| Transaction Reference Number | 880-K5 | A reference number assigned by the provider to each of the data records in the batch or real-time transactions. The purpose of this number is to facilitate the process of matching the transaction response to the transaction. The transaction reference number assigned should be returned in the response. | N/A X(10) | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Patient assignment Indicator (Direct Member Reimbursement Indicator) | 391-MT | Code to indicate a patient's choice on assignment of benefits. | X(01) | Q | R | ECL VALUES AS OF OCT 2009 Y=Patient assigns benefits N=Patient does not assign benefits | Must be present and = Y or N, else reject the transaction. | IG & MED - Trans Response (covers both MED usage req & IG valid values). | MT | M/I PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR) |
| Route of Administration | 995-E2 | This is an override to the "default" route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture. | X(11) | Q | S | ECL AS OF OCT 2009 points to: Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT) SNOMED CT® terminology which is available from the International Health Terminology Standards Development Organization (IHTSDO) http://www.ihstso.org/snomed-ct/ | If 406-D6 = 2, must be present and = 112239003 (inhalation), or 26643006 (oral), else reject the transaction. | MED - Trans Response | E2 | M/I ROUTE OF ADMINISTRATION |
| Compound Type | 996-G1 | Clarifies the type of compound | X(02) | Q | O | ECL VALUES AS OF OCT 2009 01=Anti-infective 02=Ionotropic 03=Chemotherapy 04=Pain management 05=TPN/PPN (Hepatic, Renal, Pediatric) 06=Hydration 07=Ophthalmic 99=Other | If present, value must = 01, 02, 03, 04, 05, 06, 07, 99, else reject the transaction. | IG - Trans Response | G1 | M/I COMPOUND TYPE |
| Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN) | 114-N4 | Claim number assigned by the Medicaid Agency. | N/A X(20) | NU | NU | N/A | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |

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| Pharmacy Service Type | 147-U7 | The type of service being performed by a pharmacy when different contractual terms exist between a payer and the pharmacy, or when benefits are based upon the type of service performed. | 9(02) | Q | O | ECL VALUES AS OF OCT 2009 1=Community/Retail Pharmacy Services 2=Compounding Pharmacy Services 3=Home Infusion Therapy Provider Services 4=Institutional Pharmacy Services 5=Long Term Care Pharmacy Services 6=Mail Order Pharmacy Services 7=Managed Care Organization Pharmacy Services 8=Specialty Care Pharmacy Services 99=Other | If present, value must = 1, 2, 3, 4, 5, 6, 7, 8, 99, else reject the transaction. (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, are also acceptable). | IG - Trans Response | U7 | M/I PHARMACY SERVICE TYPE |
| DUR/PPS SEGMENT | 08 | N/A | N/A | S | O | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 08 DUR/PPS (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM08 segment exists per AM07 segment, reject the transaction. | IG - Trans Response | PH | M/I REQUEST DUR/PPS SEGMENT |
| DUR/PPS Code Counter | 473-7E | Counter number for each DUR/PPS set/logical grouping. | 9(01) | Q ***R*** | R ***R*** | Maximum count of 9 (Values 1 – 9) | At least one field within the logical set/group* must contain a non-space value, else reject the transaction. *Group includes: Reason for Service Code (439-E4) and Professional Service Code (440-E5) and Result of Service Code (441-E6) and DUR/PPS Level of Effort (474-E8) and DUR Co-Agent ID Qualifier (475-J9) and DUR Co-Agent ID (476-H6) **This logic applies to every occurrence of 473-7E. | IG - Trans Response | 7E | M/I DUR/PPS CODE COUNTER |
| | | | | | | | At least one iteration of 473-7E must exist, and value of 1st counter must =1, else reject transaction. | IG - Trans Response | 7E | M/I DUR/PPS CODE COUNTER |
| | | | | | | | Value in second & subsequent iterations must be < = 9, else reject the transaction. **This logic applies to every occurrence of 473-7E. | IG - Trans Response | 7E | M/I DUR/PPS CODE COUNTER |
| | | | | | | | When multiple 473-7E counters exist, values must be in ascending numerical order, else reject the transaction. | IG - Trans Response | P8 | DUR/PPS CODE COUNTER OUT OF SEQUENCE |
| Reason For Service Code | 439-E4 | Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. | X(02) | Q ***R*** | O ***R*** | ECL VALUES AS OF OCT 2009: AD, AN, AR, AT, CD, CH, CS, DA, DC, DD, DF, DI, DL, DM, DR, DS, ED, ER, EX, HD, IC, ID, LD, LK, LR, MC, MN, MS, MX, NA, NC, ND, NF, NN, NP, NR, NS, OH, PA, PC, PG, PH, PN, PP, PR, PS, RE, RF, SC, SD, SE, SF, SR, SX, TD, TN, TP, UD, | If present, value must = AD, AN, AR, AT, CD, CH, CS, DA, DC, DD, DF, DI, DL, DM, DR, DS, ED, ER, EX, HD, IC, ID, LD, LK, LR, MC, MN, MS, MX, NA, NC, ND, NF, NN, NP, NR, NS, OH, PA, PC, PG, PH, PN, PP, PR, PS, RE, RF, SC, SD, SE, SF, SR, SX, TD, TN, TP, UD, else reject the transaction. **This logic applies to every occurrence of 439-E4 Reason For Service Code | IG - Trans Response | E4 | M/I REASON FOR SERVICE CODE |
| Professional Service Code | 440-E5 | Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered. | X(02) | Q ***R*** | O ***R*** | ECL VALUES AS OF OCT 2009: 00, AS, CC, DE, DP, FE, GP, M0, MA, MB, MP, MR, PA, PE, PH, PM, P0, PT, R0, RT, SC, SW, TC, TH | If present, value must = 00, AS, CC, DE, DP, FE, GP, M0, MA, MB, MP, MR, PA, PE, PH, PM, P0, PT, R0, RT, SC, SW, TC, TH, else reject the transaction. **This logic applies to every occurrence of 440-E5 Professional Service Code. | IG - Trans Response | E5 | M/I PROFESSIONAL SERVICE CODE |
| Result Of Service Code | 441-E6 | Action taken by pharmacist in response to a conflict or the result of a pharmacist's professional service. | X(02) | Q ***R*** | O ***R*** | ECL VALUES AS OF OCT 2009: 00, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H, 3J, 3K, 3M, 3N, 4A | If present, value must = 00, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H, 3J, 3K, 3M, 3N, 4A, else reject the transaction. **This logic applies to every occurrence of 441-E6 Result of Service Code. | IG - Trans Response | E6 | M/I RESULT OF SERVICE CODE |

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| DUR/PPS Level Of Effort | 474-8E | Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service. | 9(02) | Q***R*** | O***R*** | ECL VALUES AS OF OCT 2009 0=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest) | If present, value must = 0, 11, 12, 13, 14, or 15, else reject the transaction. **This logic applies to every occurrence of 474-8E DUR/PPS Level of Effort | IG - Trans Response | 8E | M/I DUR/PPS LEVEL OF EFFORT |
| DUR Co-agent ID Qualifier | 475-J9 | Code qualifying the value in 476-H6 DUR Co-agent ID. | X(02) | Q***R*** | O***R*** | ECL VALUES AS OF OCT 2009 Blank, 01, 02, 03, 04, 07, 08, 09, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, 37, 99 | If present, value must = Blank, 01, 02, 03, 04, 07, 08, 09, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, 37, 99, else reject the transaction. **This logic applies to every occurrence of 475-J9 | IG - Trans Response | J9 | M/I DUR CO-AGENT ID QUALIFIER |
| | | | | | | | Must be present if 476-H6 is used, else reject the transaction. **This logic applies to every occurrence of 475-J9 | IG - Trans Response | J9 | M/I DUR CO-AGENT ID QUALIFIER |
| DUR Co-agent ID | 476-H6 | Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service). | X(19) | Q***R*** | O***R*** | | Must be present and > space if 475-J9 is used, else reject the transaction. **This logic applies to every occurrence of 476-H6 | IG - Trans Response | H6 | M/I DUR CO-AGENT ID |
| COUPON SEGMENT | 09 | N/A | N/A | S | O | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 09 Coupon (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM09 segment exists per AM07 segment, reject the transaction. | IG - Trans Response | PG | M/I REQUEST COUPON SEGMENT |
| Coupon Type | 485-KE | Code indicating the type of coupon being used. | X(02) | M | R | ECL VALUES AS OF OCT 2009 01=Price Discount 02=Free Product 99=Other | Must be present and = 01, 02, 99, else reject the transaction. | IG - Trans Response | KE | M/I COUPON TYPE |
| Coupon Number | 486-ME | Unique serial number assigned to the prescription coupons. | X(15) | M | R | | Must be present, else reject the transaction. | IG - Trans Response | ME | M/I COUPON NUMBER |
| Coupon Value Amount | 487-NE | Value of the coupon. | s9(6)v99 | Q | O | | N/A | N/A | N/A | N/A |
| COMPOUND SEGMENT | 10 | N/A | N/A | S | S | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 10 Compound (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM10 segment exists per AM07 segment, reject the transaction. | IG - Trans Response | PF | M/I REQUEST COMPOUND SEGMENT |
| | | | | | | | If 406-D6 = 2 and AM10 segment missing, reject the transaction. | MED - Trans Response | PF | M/I REQUEST COMPOUND SEGMENT |
| Compound Dosage Form Description Code | 450-EF | Dosage form of the complete compound mixture. | X(02) | M | R | ECL VALUES AS OF OCT 2009 Blank=Not Specified 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 | Must be present and = blank, 01, 02, 03, 04, 05, 06, 07, 10, 11, 12, 13, 14, 15, 16, 17, 18, else reject the transaction. | IG - Trans Response | EF | M/I COMPOUND DOSAGE FORM DESCRIPTION CODE |

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| Compound Dispensing Unit Form Indicator | 451-EG | NCPDP standard product billing codes. | 9(01) | M | R | ECL VALUES AS OF OCT 2009 1=Each. 2=Grams. 3=Milliliters. | Must be present and = 1, 2, or 3, else reject the transaction. | IG - Trans Response | EG | M/I COMPOUND DISPENSING UNIT FORM INDICATOR |
| Compound Ingredient Component Count | 447-EC | Count of compound product IDs in the compound mixture. | 9(02) | M | R | Maximum count = 25. (Values 1 – 25) | If present, must = to the total number of group* occurrences that follow (where field 488-RE serves as the trigger for parsing and count validation), reject the transaction. *Group includes: Compound Product ID Qualifier (488-RE) and Compound Product ID (489-TE) and Compound Ingredient Quantity (488-ED) and Compound Ingredient Drug Cost (449-EE) and Compound Ingredient Basis of Cost Determination (490-UE) and Compound Ingredient Modifier Code Count (362-2G) and Compound Ingredient Modifier Code (363-2H) | IG - Trans Response | P3 | COMPOUND INGREDIENT COMPONENT COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | Must be present and value < = 25, else reject the transaction. (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable). | IG - Trans Response | EC | M/I COMPOUND INGREDIENT COMPONENT COUNT |
| Compound Product ID Qualifier | 488-RE | Code qualifying the type of product dispensed. | X(02) | M***R*** | R***R*** | ECL VALUES AS OF OCT 2009 01=UPC 02=HRI 03=NDC 04=UPN (5.1)/HIBCC (D.0) 11=NAPPI 12=EAN (5.1)/GTIN (D.0) 15=GCN 28= FDB Med Name ID 29= FDB Routed Name ID 30= FDB Rtd. Dos. Form Med ID 31= FDBMedID 32=GCN_SEQ_NO 33= HICL_SEQ_NO 99=Other | Must be present and = 01, 02, 03, 04, 11, 12, 15, 28, 29, 30, 31, 32, 33, 99, else reject the transaction. **This logic applies to every occurrence of 488-RE Compound Product ID Qualifier | IG - Trans Response | E1 | M/I PRODUCT/SERVICE ID QUALIFIER |
| | | | | | | | Must be present and = 03 or 99, else reject the transaction. **This logic applies to every occurrence of 488-RE Compound Product ID Qualifier | MED - Trans Response | 8Z | PRODUCT/SERVICE ID QUALIFIER VALUE NOT SUPPORTED |
| Compound Product ID | 489-TE | Product identification of an ingredient used in the compound. | X(19) | M***R*** | R***R*** | | Must be present and > spaces, else reject the transaction. **This logic applies to every occurrence of 489-TE Compound Product ID | IG - Trans Response | 21 | M/I PRODUCT/SERVICE ID |
| | | | | | | | NOTE: If Compound Product ID Qualifier (488-RE) NOT = 03, set indicator "Y" to plug in position 19 of Compound Product ID on Flat File. Also, if Compound Product ID Qualifier (488-RE) = 03 (NDC), and value in 489-TE not found in field [KEY-NDC-11] on DRUGFILE, set indicator "Y" to plug in position 19 of Compound Product ID on Flat File (Refer to Flat File Mapping Requirements) ***DME MAC SPECIFIC*** **This logic applies to every occurrence of 489-TE Compound Product ID. REFER TO SUPPLEMENTAL REQUIREMENTS - "PARMMOD & DRUGFILE ROUTINE 2" | N/A | N/A | N/A |

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| | | | | | | | <p>If Product/Service ID Qualifier (488-RE) = 03 (NDC), and value in 489-TE is found on DRUGFILE [KEY-NDC-11], and From Service Date (401-D1) is not within an occurrence of effective date ranges [NDC-EFF-BEG-DATE and NDC-EFF-END-DATE], reject the transaction.</p> <p>NOTE: THERE CAN BE UP TO 2 OCCURRENCES OF THE NDC EFFECTIVE DATE RANGE ON DRUGFILE, AS DETERMINED BY THE VALUE IN 'NDC-EFF-DATE-RANGE-CNT'; NDC IS VALID IF DOS FALLS WITHIN EITHER OCCURRENCE</p> <p>***DME MAC SPECIFIC***</p> <p>**This logic applies to every occurrence of 489-TE Compound Product ID.</p> <p>REFER TO SUPPLEMENTAL REQUIREMENTS - "PARMMOD & DRUGFILE ROUTINE 2"</p> | MED - Trans Response | 54 | NON-MATCHED PRODUCT/SERVICE ID NUMBER |
| Compound Ingredient Quantity | 448-ED | Amount expressed in metric decimal units of the compound included in the compound mixture. | 9(7)v999 | M***R*** | R***R*** | | <p>Must be present and > zero, else reject the transaction.</p> <p>**This logic applies to every occurrence of 448-ED Compound Ingredient Quantity.</p> | IG - Trans Response | ED | M/I COMPOUND INGREDIENT QUANTITY |
| Compound Ingredient Drug Cost | 449-EE | Ingredient cost of the metric decimal quantity of the product included in the compound mixture indicated in Compound Ingredient Quantity. | s9(6)v99 | Q***R*** | O***R*** | | <p>If present, value must not be > s9(5)v99, else reject the transaction.</p> <p>**This logic applies to every occurrence of 449-EE Compound Ingredient Drug Cost.</p> | MED - Trans Response | EE | M/I COMPOUND INGREDIENT DRUG COST |
| | | | | | | | <p>When the Dispensing Fee Submitted (412-DC) = \$24.00, and sum of all: Compound Ingredient Drug Cost (449-EE) + Dispensing Fee Submitted (412-DC) + Incentive Amount Submitted (438-E3) NOT = Gross Amount Due (430-DU), reject the transaction.</p> <p>-OR-</p> <p>When the Dispensing Fee Submitted (412-DC) NOT = \$24.00, and sum of all: Compound Ingredient Drug Cost (449-EE) + Dispensing Fee Submitted (412-DC) NOT = Gross Amount Due (430-DU), reject the transaction.</p> <p>**This logic applies to every occurrence of 449-EE Compound Ingredient Drug Cost.</p> | MED - Trans Response | DU | M/I GROSS AMOUNT DUE |
| Compound Ingredient Basis of Cost Determination | 490-UE | Code indicating the method by which the cost of an ingredient used in a compound was calculated. | X(02) | Q***R*** | O***R*** | <p>ECL VALUES AS OF OCT 2009 00=Default 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. 08=340B /Disproportionate Share Pricing/Public Health Service. 09 Other. 10=ASP (Average Sales Price). 11=AMP (Average Manufacturer Price). 12=WAC (Wholesale Acquisition Cost).</p> <p>VALUE 13 WAS ADDED WITH CR 7075</p> | <p>If present, value must = 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, else reject the transaction.</p> <p>**This logic applies to every occurrence of 490-UE Compound Ingredient Basis of Cost Determination.</p> <p>VALUE 13 WAS ADDED WITH CR 7075</p> | IG - Trans Response | DN | M/I BASIS OF COST DETERMINATION |

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| Compound Ingredient Modifier Code Count | 362-2G | Code indicating the number of Compound Ingredient Modifier Code (363-2H). | 9(2) | Q | O | Maximum count is 10. (Values 1 – 10) | <p>If present, must be = to the total number of group* occurrences that follow (where field 363-2H serves as the trigger for parsing and count validation), else reject the transaction.</p> <p>*Group includes: Compound Ingredient Modifier Code (363-2H)</p> <p>**IG does not reflect this field as "repeating" since IG indicators denote repetitions within the same logical group. However, this logic applies to every occurrence of 362-2G, since multiple iterations of 362-2G may exist when 447-EC count >1.</p> | IG - Trans Response | 4M | COMPOUND INGREDIENT MODIFIER CODE COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | <p>Must be present when 363-2H is used, else reject the transaction.</p> <p>**IG does not reflect this field as "repeating" since IG indicators denote repetitions within the same logical group. However, this logic applies to every occurrence of 362-2G, since multiple iterations of 362-2G may exist when 447-EC count >1.</p> | IG - Trans Response | 2G | M/I COMPOUND INGREDIENT MODIFIER CODE COUNT |
| | | | | | | | <p>If present, must be < = 10, else reject the transaction. (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, 09 are also acceptable).</p> <p>**IG does not reflect this field as "repeating" since IG indicators denote repetitions within the same logical group. However, this logic applies to every occurrence of 362-2G, since multiple iterations of 362-2G may exist when 447-EC count >1.</p> | IG - Trans Response | 2G | M/I COMPOUND INGREDIENT MODIFIER CODE COUNT |
| Compound Ingredient Modifier Code | 363-2H | Identifies special circumstances related to the dispensing/payment of the product as identified in the Compound Product ID (498-TE). | X(02) | Q***R*** | O***R*** | <p>CMS Modifiers available from: Centers for Medicare & Medicaid Services 7500 Security Blvd. Baltimore, MD 21244 -or- Healthcare Common Procedure Coding System (HCPCS) available at www.cms.hhs.gov/medicare/hcpcs/ (NOTE: NOT referenced in ECL)</p> | <p>Must be found in [MODIFIER] field on PARMMOD file and 401-D1 From Service Date must fall within the effective dates [FROM-DATE and TO-DATE] for an occurrence of the modifier on PARMMOD, else reject the transaction. ***DME MAC SPECIFIC*** **This logic applies to every occurrence of 363-2H.</p> <p>REFER TO SUPPLEMENTAL REQUIREMENTS - "PARMMOD & DRUGFILE ROUTINE 2"</p> | MED - Trans Response | 2H | M/I COMPOUND INGREDIENT MODIFIER CODE |
| PRICING SEGMENT | 11 | N/A | N/A | M | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 11 Pricing (NOTE: 111-AM Segment ID values are part of ECL) | For each AM07 Claim Segment, must be present and = 11, else reject the transaction. | IG - Trans Response | PP | M/I REQUEST PRICING SEGMENT |
| | | | | | | | If more than 1 AM11 segment exists per AM07 claim segment, reject the transaction. | IG - Trans Response | PP | M/I REQUEST PRICING SEGMENT |
| Ingredient Cost Submitted | 409-D9 | Submitted product component cost of the dispensed prescription. Included in the Gross Amount Due. | s9(6)v99 | R | R | | Must be present, else reject the transaction. | IG - Trans Response | 23 | M/I INGREDIENT COST SUBMITTED |
| Dispensing Fee Submitted | 412-DC | Dispensing fee submitted by pharmacy. Included in Gross Amount Due. | s9(6)v99 | Q | R | Zero (0) is a valid value. | Must be present, else reject the transaction. | IG - Trans Response | DC | M/I DISPENSING FEE SUBMITTED |
| | | | | | | | If value greater than s9(5)v99, reject the transaction. | MED - Trans Response | DC | M/I DISPENSING FEE SUBMITTED |

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| Professional Service Fee Submitted | 477-BE | Amount submitted by the provider for professional services rendered. Included in Gross Amount Due. | s9(6)v99 | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| Patient Paid Amount Submitted | 433-DX | Amount the pharmacy received from the patient for the prescription dispensed. | s9(6)v99 | Q | O | | If value greater than s9(5)v99, reject the transaction. | MED - Trans Response | DX | M/I PATIENT PAID AMOUNT SUBMITTED |
| Incentive Amount Submitted | 438-E3 | Amount represents the contractually agreed upon incentive fee paid for specific services rendered. Included in Gross Amount Due. | s9(6)v99 | Q | R | Zero (Ø) is a valid value. | Must be present, else reject the transaction. | IG - Trans Response | E3 | M/I INCENTIVE AMOUNT SUBMITTED |
| | | | | | | | If value greater than s9(5)v99, reject the transaction. | MED - Trans Response | E3 | M/I INCENTIVE AMOUNT SUBMITTED |
| Other Amount Claimed Submitted Count | 478-H7 | Count of Other Amount Claimed Submitted occurrences. | 9(01) | Q | O | Maximum count of 3. (Values 1 – 3) | If present, must be = to the total number of group* occurrences that follow (where field 479-H8 serves as the trigger for parsing and count validation), else reject the transaction. *Group includes: Other Amount Claimed Submitted Qualifier (479-H8) and Other Amount Claimed Submitted (480-H9) | IG - Trans Response | R1 | OTHER AMOUNT CLAIMED SUBMITTED COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | If present, must not be > 3, else reject the transaction. | IG - Trans Response | H7 | M/I OTHER AMOUNT CLAIMED SUBMITTED COUNT |
| | | | | | | | Must be present if 479-H8 is used, else reject the transaction. | IG - Trans Response | H7 | M/I OTHER AMOUNT CLAIMED SUBMITTED COUNT |
| Other Amount Claimed Submitted Qualifier | 479-H8 | Code identifying the additional incurred cost claimed in Other Amount Claimed Submitted. | X(02) | Q***R*** | O***R*** | ECL VALUES AS OF OCT 2009 01=Delivery Cost 02=Shipping Cost 03=Postage Cost 04=Administrative Cost 09= Compound Preparation Cost Submitted 99=Other | If present, value must = 01, 02, 03, 04, 09, 99, else reject the transaction. **This logic applies to every occurrence of 479-H8 Other Amount Claimed Submitted Qualifier | IG - Trans Response | H8 | M/I OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER |
| | | | | | | | Must be present if 480-H9 is used, else reject the transaction. **This logic applies to every occurrence of 479-H8 | IG - Trans Response | H8 | M/I OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER |
| Other Amount Claimed Submitted | 480-H9 | Amount representing the additional incurred costs for a dispensed prescription or service. Included in Gross Amount Due. | s9(6)v99 | Q***R*** | O***R*** | Zero (Ø) is a valid value. | Must be present if 479-H8 is used, else reject the transaction. **This logic applies to every occurrence of 480-H9 | IG - Trans Response | H9 | M/I OTHER AMOUNT CLAIMED SUBMITTED |
| Flat Sales Tax Amount Submitted | 481-HA | Flat sales tax amount submitted for prescription. Included in Gross Amount Due | s9(6)v99 | Q | O | Zero (Ø) is a valid value. | N/A | N/A | N/A | N/A |
| Percentage Sales Tax Amount Submitted | 482-GE | Percentage sales tax submitted. Included in Gross Amount Due. | s9(6)v99 | Q | O | | N/A | N/A | N/A | N/A |
| Percentage Sales Tax Rate Submitted | 483-HE | Percentage sales tax rate used to calculate Percentage Sales Tax Amount Submitted. | s9(3)v4 | Q | O | | Must be present if 482-GE and 484-JE are used. | IG - Trans Response | HE | M/I PERCENTAGE SALES TAX RATE SUBMITTED |
| Percentage Sales Tax Basis Submitted | 484-JE | Code indicating the percentage sales tax paid basis. | X(02) | Q | O | ECL VALUES AS OF OCT 2009 Blank=Not Specified 02=Ingredient Cost. 03=Ingredient Cost + Dispensing Fee. | If present, value must = blank, 02, 03, else reject the transaction. | IG - Trans Response | JE | M/I PERCENTAGE SALES TAX BASIS SUBMITTED |
| | | | | | | | Must be present if 482-GE and 483-HE are used. | IG - Trans Response | JE | M/I PERCENTAGE SALES TAX BASIS SUBMITTED |
| Usual and Customary Charge | 426-DQ | Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed. | s9(6)v99 | Q | O | | N/A | N/A | N/A | N/A |
| Gross Amount Due | 430-DU | Total price claimed from all sources. | s9(6)v99 | R | R | | Must be present, else reject the transaction. | IG - Trans Response | DU | M/I GROSS AMOUNT DUE |
| | | | | | | | Must be > zero, else reject the transaction. | MED - Trans Response | 8U | GAD MUST BE GREATER THAN ZERO |

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| | | | | | | | If value greater than s9(5)v99, reject the transaction. | MED - Trans Response | DU | M/I GROSS AMOUNT DUE |
| Basis of Cost Determination | 423-DN | Code indicating the method by which Ingredient Cost Submitted was calculated. | X(02) | Q | O | ECL VALUES AS OF OCT 2009 00=Default 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. 08=340B /Disproportionate Share Pricing/Public Health Service. 09 Other. 10=ASP (Average Sales Price). 11=AMP (Average Manufacturer Price). 12=WAC (Wholesale Acquisition Cost). VALUE 13 WAS ADDED WITH CR 7075 | If present, value must = 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, else reject the transaction. VALUE 13 WAS ADDED WITH CR 7075 | IG - Trans Response | DN | M/I BASIS OF COST DETERMINATION |
| Medicaid Paid Amount | 113-N3 | | s9(6)v99 | NU | NU | | IF PRESENT, IGNORE. ACCEPT AS SUBMITTED & DO NOT REJECT FOR PRESENCE OF THIS FIELD. (NOTE: Field will NOT be mapped to FF). | N/A | N/A | N/A |
| CLINICAL SEGMENT | 13 | N/A | N/A | S | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 13 Clinical (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM13 segment exists per AM07 segment, reject the transaction. | IG -Trans Response | PD | M/I REQUEST CLINICAL SEGMENT |
| | | | | | | | Must be present and = 13, else reject the transaction. | MED - Trans Response | PD | M/I REQUEST CLINICAL SEGMENT |
| Diagnosis Code Count | 491-VE | Count of diagnosis occurrences. | 9(01) | Q | R | Maximum count = 5 (Values 1 – 5) | If present, must be = to the total number of group* occurrences that follow (where field 492-WE serves as the trigger for parsing and count validation), else reject the transaction. *Group includes: Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) | IG - Trans Response | P7 | DIAGNOSIS CODE COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | If present, value must not be > 5, else reject the transaction. | IG - Trans Response | VE | M/I DIAGNOSIS CODE COUNT |
| | | | | | | | Must be present if 492-WE and / or 424-DO is used. | IG - Trans Response | VE | M/I DIAGNOSIS CODE COUNT |
| Diagnosis Code Qualifier | 492-WE | Code qualifying the Diagnosis Code. | X(02) | Q**R*** | R***R*** | ECL VALUES AS OF OCT 2009 00=Not Specified 01=ICD9 02=ICD-10-CM 03=National Criteria Care Institute (NCCI) 04=SNOMED 05=Common Dental Terminology (CDT) 06=Medi-Span Product Line Diagnosis Code 07= DSM IV 08=First DataBank Disease Code (FDBDX) 09=First DataBank FML Disease Identifier (FDB DxID) 99=Other | Value must be present and = 01 during the ICD-9 period or =02 during the ICD-10 period, else reject the transaction. **This logic applies to every occurrence of 492-WE diagnosis code qualifier. | IG & MED - Trans Response (covers Med & IG usage req, and Med value requirement and IG rule that values other than those in ECL are not allowed). | WE | M/I DIAGNOSIS CODE QUALIFIER |

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| | | | | | | | If field 702 (File Type) in Batch Header = "P", then 492-WE** (Diagnosis Code Qualifier) must = 01**This logic applies to every occurrence of 492-WE diagnosis code qualifier. EDIT DEACTIVATED EFFECTIVE 10/01/15 | MED - Trans Response | 521 | DIAGNOSIS CODE QUALIFIER VALUE NOT SUPPORTED |
| Diagnosis Code | 424-DO | Code identifying the diagnosis of the patient. | X(15) | Q***R*** | R***R*** | ICD-9 and ICD-10 codes are maintained by the World Health Organization and published by the Centers for Medicare and Medicaid Services. (NOTE: NOT referenced in ECL) | If present, when 492-WE = 01 and value not found on in 'DIAG-CODE' field on DIAGFILE, or value found in 'DIAG-CODE' field on DIAGFILE and From Service Date (401-D1) is not within the effective date range [EFF-DATE and EXP-DATE] on the DIAGFILE for the value in 424-DO, reject the transaction. OR If present, when 492-WE = 02 and value not found on in 'DIAG-CODE' field on DIAGFILE, or value found in 'DIAG-CODE' field on DIAGFILE and From Service Date (401-D1) is not within the effective date range [EFF-DATE and EXP-DATE] on the DIAGFILE for the value in 424-DO, reject the transaction. NOTE: * Explicit decimals on input must be excluded during table lookup. **This logic applies to every occurrence of 424-DO Diagnosis code. ***DME MAC SPECIFIC*** | MED - Trans Response | 39 | M/I DIAGNOSIS CODE |
| | | | | | | | Must be present and > spaces if 492-WE is used, else reject the transaction. **This logic applies to every occurrence of 424-DO. | IG - Trans Response | 39 | M/I DIAGNOSIS CODE |
| Clinical Information Counter | 493-XE | Counter number of clinical information measurement sets/logical groupings. | 9(01) | Q***R*** | O***R*** | Maximum count = 5 (Values 1 – 5) | If present, at least one field within the logical set/group* must contain a non-space value, else reject the transaction. *Group includes: Measurement Date (494-ZE) and Measurement Time (495-H1) and Measurement Dimension (496-H2) and Measurement Unit (497-H3) and Measurement Value (499-H4) **This logic applies to each occurrence of 493-XE. | IG - Trans Response | XE | M/I CLINICAL INFORMATION COUNTER |
| | | | | | | | If present, must not be > 5, else reject the transaction. **This logic applies to each occurrence of 493-XE. | IG - Trans Response | XE | M/I CLINICAL INFORMATION COUNTER |
| | | | | | | | Value of 1st counter field must = 1, and subsequent iterations must be in ascending numerical order, else reject the transaction. | IG - Trans Response | P2 | CLINICAL INFORMATION COUNTER OUT OF SEQUENCE |
| Measurement Date | 494-ZE | Date clinical information was collected or measured. | 9(08) | Q***R*** | O***R*** | Format=CCYYMMDD | If present, must be a valid CCYYMMDD calendar date, AND must be < current date (ENGIN 'system' date), else reject the transaction. **This logic applies to every occurrence of 494-ZE Measurement Date | IG - Trans Response | ZE | M/I MEASUREMENT DATE |
| Measurement Time | 495-H1 | Time clinical information was collected or measured. | 9(04) | Q***R*** | O***R*** | Format: HHMM | If present, must be valid HHMM time, else reject the transaction. **This logic applies to every occurrence of 495-H1 Measurement Time | IG - Trans Response | H1 | M/I MEASUREMENT TIME |

| | | | | | | | | | | |
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| Measurement Dimension | 496-H2 | Code indicating the clinical domain of the observed value in Measurement Value. | X(02) | Q***R*** | O***R*** | ECL VALUES AS OF OCT 2009 Blank=Not Specified 01=Blood Pressure (BP) 02=Blood Glucose 03=Temperature 04=Serum Creatinine (SCr) 05=Glycosylated Hemoglobin 06=Sodium (Na+) 07=Potassium (K+) 08=Calcium (Ca++) 09=SGOT 10=SGPT 11=Alkaline Phosphatase 12=Theophylline 13=Digoxin 14=Weight 15=Body Surface Area (BSA) 16=Height 17=Creatinine Clearance (CrCl) 18=Cholesterol 19=Low Density Lipoprotein 20=High Density Lipoprotein 21=Triglycerides (TG) 22=Bone Mineral Density 23=Prothrombin Time (PT) 24=Hemoglobin (Hb; Hgb) 25=Hematocrit (Hct) 26=White Blood Cell Count 27=Red Blood Cell Count (RBC) 28=Heart Rate 29=Absolute Neutrophil Count 30=APTT 31=CD4 Count 32=Partial Thromboplastin Time 33=T-Cell Count 34=INR 99=Other | If present, value must = blank, 01 - 34, or 99, else reject the transaction. **This logic applies to every occurrence of 496-H2. | IG - Trans Response | H2 | M/I MEASUREMENT DIMENSION |
| | | | | | | | Must be present if 497-H3 and / or 499-H4 are used, else reject the transaction. **This logic applies to every occurrence of 496-H2. | IG - Trans Response | H2 | M/I MEASUREMENT DIMENSION |
| Measurement Unit | 497-H3 | Code indicating the metric or English units used with the clinical information. | X(02) | Q***R*** | O***R*** | ECL VALUES AS OF OCT 2009 Blank=Not Specified 01=Inches (In) 02=Centimeters (cm) 03=Pounds (lb) 04=Kilograms (kg) 05=Celsius (C) 06=Fahrenheit (F) 07=Meters squared (m2) 08=Milligrams per deciliter (mg/dl) 09=Units per milliliter (U/ml) 10=Millimeters of mercury (mmHg) 11=Centimeters squared (cm2) 12=Milliliters per minute (ml/min) 13=Percent (%) 14=Milliequivalents per milliliter 15=International units per liter 16=Micrograms per milliliter 17=Nanograms per milliliter 18=Milligrams per milliliter 19=Ratio 20=SI Units 21=Millimoles (mmol/l) 22=Seconds 23=Grams per deciliter (g/dl) 24=Cells per cubic millimeter 25=1,000,000 cells per cubic millimeter (million cells/cu mm) 26=Standard deviation 27=Beats per minute | If present, value must = blank, or 01 - 27, else reject the transaction. **This logic applies to every occurrence of 497-H3. | IG - Trans Response | H3 | M/I MEASUREMENT UNIT |

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| | | | | | | | Must be present if 496-H2 and / or 499-H4 are used, else reject the transaction. **This logic applies to every occurrence of 497-H3. | IG - Trans Response | H3 | M/I MEASUREMENT UNIT |
| | | | | | | | If Measurement Dimension (496-H2) = 14 (weight), then the corresponding Measurement Unit (497-H3) must = 03 (pounds), else reject the transaction. **This logic applies to every occurrence of 497-H3 Measurement Unit. | MED - Trans Response | H3 | M/I MEASUREMENT UNIT |
| | | | | | | | If Measurement Dimension (496-H2) = 16 (height), then the corresponding Measurement Unit (497-H3) must = 01 (inches), else reject the transaction. **This logic applies to every occurrence of 497-H3 Measurement Unit. | MED - Trans Response | H3 | M/I MEASUREMENT UNIT |
| Measurement Value | 499-H4 | Actual value of clinical information. | X(15) | Q**R*** | O**R*** | | Must be present and > spaces if both 496-H2 and 497-H3 are used. **This logic applies to every occurrence of 499-H4. | IG - Trans Response | H4 | M/I MEASUREMENT VALUE |
| ADDITIONAL DOCUMENTATION SEGMENT | 14 | N/A | N/A | S | NU | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | NU | 14 Additional Documentation (NOTE: 111-AM Segment ID values are part of ECL) | If AM14 segment present, reject transaction. | MED - Trans Response | 4T | M/I ADDITIONAL DOCUMENTATION SEGMENT |
| Additional Documentation Type ID | 369-2Q | Unique identifier for the data being submitted. | X(03) | M | NU | ECL VALUES AS OF OCT 2009 001=Medicare 01.02A Hospital Beds 002=Medicare 01.02B Support Surfaces 003=Medicare 02.03A Motorized Wheel Chair 004=Medicare 02.03B Manual Wheelchair 005=Medicare 03.02 Continuous Positive Airway Pressure (CPAP) 006=Medicare 04.03B Lymphedema Pumps 007=Medicare 04.03C Osteogenesis Stimulator 008=Medicare 06.02B Transcutaneous Electrical Nerve Stimulator TENS) 009=Medicare 07.02A Seat Lift Mechanisms 010=Medicare 07.02B Power Operated Vehicles (POV) 011=Medicare 08.02 Immunosuppressive Drugs 012=Medicare 09.02 Infusion Pump 013=Medicare 10.02A Parenteral Nutrition 014=Medicare 10.02B Enteral Nutrition 015=Medicare 484.2 Oxygen | Must be present and = 001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, 015, else reject the transaction. | IG - Trans Response | 2Q | M/I ADDITIONAL DOCUMENTATION TYPE ID |
| Request Period Begin Date | 374-2V | The beginning date of need. | 9(08) | Q | NU | Format = CCYYMMDD | If present, must be valid CCYYMMDD calendar date, else reject the transaction. | IG - Trans Response | 2V | M/I REQUEST PERIOD BEGIN DATE |
| Request Period Recert/Revised Date | 375-2W | The effective date of the revision or re-certification provided by the certifying physician. | 9(08) | Q | NU | Format = CCYYMMDD | If present, must be valid CCYYMMDD calendar date, else reject the transaction. | IG - Trans Response | 2W | M/I REQUEST PERIOD RECERT/REVISED DATE |
| | | | | | | | Must be present if 373-2U = 2 or 3, else reject the transaction. | IG - Trans Response | 2W | M/I REQUEST PERIOD RECERT/REVISED DATE |

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| Request Status | 373-2U | Code identifying type of request. | X(01) | Q | NU | ECL VALUES AS OF OCT 2009 0=Not Specified. 1=Initial. 2=Revision. 3=Recertification. | If present, value must = 0, 1, 2, 3, else reject the transaction. | IG - Trans Response | 2U | M/I REQUEST STATUS |
| Length of Need Qualifier | 371-2S | Code qualifying the length of need. | 9(02) | Q | NU | ECL VALUES AS OF OCT 2009 0=Not Specified 1=Hours 2=Days 3=Weeks 4=Months 5=Years 6=Lifetime | If present, value must = 0, 1, 2, 3, 4, 5, 6, else reject the transaction. (NOTE: double digit values 00, 01, 02, 03, 04, 05, 06 are also acceptable). | IG - Trans Response | 2S | M/I LENGTH OF NEED QUALIFIER |
| | | | | | | | Must be present if 370-2R is used, else reject the transaction. | IG - Trans Response | 2S | M/I LENGTH OF NEED QUALIFIER |
| Length of Need | 370-2R | Length of time the physician expects the patient to require use of the ordered item. | 9(03) | Q | NU | | Must be present if 371-2S is used, else reject the transaction. | IG - Trans Response | 2R | M/I LENGTH OF NEED |
| Prescriber/Supplier Date Signed | 372-2T | The date the form was completed and signed by the ordering physician. | 9(08) | Q | NU | Format = CCYYMMDD | If present, must be valid CCYYMMDD calendar date, else reject the transaction. | IG - Trans Response | 2T | M/I PRESCRIBER/SUPPLIER DATE SIGNED |
| Supporting Documentation | 376-2X | Free text message | X(65) | Q | NU | | N/A | N/A | N/A | N/A |
| Question Number/Letter Count | 377-2Z | Count of Question Number/Letter occurrences. | 9(02) | Q | NU | Maximum count of 50. (Values 1 – 50) | If present, must be = to the total number of group* occurrences that follow (where field 378-4B serves as the trigger for parsing and count validation), else reject the transaction. *Group includes: Question Number/Letter (378-4B) and Question Percent Response (379-4D) and Question Date Response (380-4G) and Question Dollar Amount Response (381-4H) and Question Numeric Response (382-4J) and Question Alphanumeric Response (383-4K) | IG - Trans Response | 4N | QUESTION NUMBER/LETTER COUNT DOES NOT MATCH NUMBER OF REPETITIONS |
| | | | | | | | If present, value must = 1 - 50, else reject the transaction. (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, 09, 10 are also acceptable). | IG - Trans Response | 2Z | M/I QUESTION NUMBER/LETTER COUNT |
| | | | | | | | Must be present if 378-4B is used, else reject the transaction. | IG - Trans Response | 2Z | M/I QUESTION NUMBER/LETTER COUNT |
| Question Number/Letter | 378-4B | Identifies the question number/letter that the question response applies to (part of the question information). | X(03) | Q | NU | | Must be present if 377-2Z is greater than 0, else reject the transaction. | IG - Trans Response | 4B | M/I QUESTION NUMBER/LETTER |
| Question Percent Response | 379-4D | Percent response to a question (part of the question information). | 9(3)v99 | Q | NU | | N/A | N/A | N/A | N/A |
| Question Date Response | 380-4G | Date response to a question (part of the question information). | 9(08) | Q | NU | Format = CCYYMMDD | If present, must be valid CCYYMMDD calendar date, else reject the transaction. | IG - Trans Response | 4G | M/I QUESTION DATE RESPONSE |
| Question Dollar Amount Response | 381-4H | Dollar Amount response to a question (part of the question information). | s9(9)v99 | Q | NU | | N/A | N/A | N/A | N/A |
| Question Numeric Response | 382-4J | Numeric response to a question (part of the question information). | 9(11) | Q | NU | | N/A | N/A | N/A | N/A |
| Question Alphanumeric Response | 383-4K | Alphanumeric response to a question (part of the question information). | X(30) | Q | NU | | N/A | N/A | N/A | N/A |
| FACILITY SEGMENT | 15 | N/A | N/A | S | S | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |

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| Segment Identification | 111-AM | Identifies the segment in the request record. | (X02) | M | R | 15 Facility (NOTE: 111-AM Segment ID values are part of ECL) | If 307-C7 NOT = 12 and AM15 segment missing, reject the transaction. | MED - Trans Response | AQ | M/I FACILITY SEGMENT |
| | | | | | | | If more than 1 AM15 segment exists per AM07 segment, reject the transaction. | IG - Trans Response | AQ | M/I FACILITY SEGMENT |
| Facility ID | 336-8C | ID assigned to the patient's clinic/host party. | X(10) | Q | O | | N/A | N/A | N/A | N/A |
| Facility Name | 385-3Q | Name identifying the location of the service rendered. | X(30) | Q | R | | Must be present and > spaces, else reject the transaction. | MED - Trans Response | 3Q | M/I FACILITY NAME |
| Facility Street Address | 386-3U | Free form text for facility address information. | X(30) | Q | R | | Must be present and > spaces, else reject the transaction. | MED - Trans Response | 3U | M/I FACILITY STREET ADDRESS |
| Facility City Address | 388-5J | Free form text for facility city | X(20) | Q | R | | Must be present and > spaces, else reject the transaction. | MED - Trans Response | 5J | M/I FACILITY CITY ADDRESS |
| Facility State/Province Address | 387-3V | Standard state/province code as defined by appropriate government agency. | X(02) | Q | R | ECL APPENDIX C -- ALL ALPHA STATE CODES | If present, must be valid state code in accordance with Alphabetic State codes listed in ECL Appendix C, else reject the transaction. | IG - Trans Response | 3V | M/I FACILITY STATE/PROVINCE ADDRESS |
| | | | | | | | Must be present, else reject the transaction. | MED - Trans Response | 3V | M/I FACILITY STATE/PROVINCE ADDRESS |
| Facility Zip/Postal Zone | 389-6D | Code defining international postal zone excluding punctuation and blanks (zip code for US). | X(15) | Q | R | | If present and state Code (387-3V) is US state/territory, 389-6D zip must be exactly 5 or 9 numeric AND first 5 positions of zip must be valid according to USPS zip code file AND last 4 positions of 9 position zip must NOT = 0000, else reject the transmission. | MED - Trans Response | 6D | M/I FACILITY ZIP/POSTAL ZONE |
| | | | | | | | Must be present, else reject the transaction. | MED - Trans Response | 6D | M/I FACILITY ZIP/POSTAL ZONE |
| NARRATIVE SEGMENT | 16 | N/A | N/A | S | O | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identification | 111-AM | Identifies the segment in the request record. | X(02) | M | R | 16 Narrative (NOTE: 111-AM Segment ID values are part of ECL) | If more than 1 AM16 segment exists per AM07 segment, reject the transaction. | IG - Trans Response | PQ | M/I NARRATIVE SEGMENT |
| Narrative Message | 390-BM | Free form text. | X(200) | Q | R | | If AM16 segment present, 390-BM must be present, and > spaces, else reject the transaction. | MED - Trans Response | BM | M/I NARRATIVE MESSAGE |
| BATCH TRAILER | 99 | N/A | N/A | M | R | N/A | (NOTE: refer to 111-AM field for edit logic associated with segment usage requirements). | | | |
| Segment Identifier | 701 | Identifies the segment in the request record. | X(02) | M | R | 99 File Trailer (NOTE: 701 Segment ID values are part of ECL) | Must be present and = 99, else reject the batch. | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Batch Trailer Missing |
| Batch Number | 806-5C | Number assigned by processor. Matches header. | 9(07) | M | R | | Must be present to full fixed length and match value in Batch Header 806-5C, else reject the batch. | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Batch Number Must Match Header |
| Record Count | 751 | Record count within batch file. | 9(10) | M | R | | Must be present and = calculated records in batch (including header & trailer records), reject the batch. | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Count not equal to records sent |
| Message | 504-F4 | Free form message. | X(35) | M | R | | Must be present (at least space filled to maximum positions), else reject the batch. | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Batch Trailer < 56 bytes |
| | | | | | | | If 504-F4 Free Form Message >35 positions (i.e. Batch Trailer exceeds 56 bytes - including start & end of text markers), reject the batch. | IG - Trans Response (BATCH REJECT) | (504-F4 message) | Batch Trailer > 56 bytes |

3/10/2011 - Updated the dates of the NCPDP Standards guides under #2 on Supplemental Requirements tab to include 3/10/2011 - corrected field tag references under #7 on Supplemental Requirements tab.

3/10/2011 - Updated column "I" edit information for fields 880-K1, 880-K6, 806-5C, 880-K2, & 880-K3 to reflect the following note:
 DEPENDING ON EXACTLY WHAT CONTENT IS SUBMITTED, A NUMBER OF VARIOUS EDITS COULD BE

3/10/2011 - Added clarification to column "H" edit logic for field 880-K1 in regard to bypassing edit for DME MAC

3/10/2011 - Added "space filled" and "leading spaces" as additional edit conditions for field 806-5C

3/10/2011 - Changed reference to field "702-MC" to field "702" as per the batch standard.

3/10/2011 - changed response type for first edit on field 702 File Type from Transmission Response batch reject for "Invalid File Type" to TRN rejection for

3/10/2011 - changed response type for first edit on field 880-K7 Receiver ID from TRN to Transmission Response

3/10/2011 - changed response for edit on field 701 Detail Data Record from claim reject (R8-Syntax Error) to Batch

3/10/2011 - added reference to 2nd edit on field 110-AK that this edit will not be coded by our vendor as it would never occur since each individual field within the transaction header is being interrogated. If the transaction header is < 56 OR > 56, it's due to at least one

3/10/2011 - added code values for field 331-CX based on CR 7075

3/10/2011 - removed the duplicate reference to "else reject the transmission" under edit logic for field 324-CO.

3/10/2011 - updated code values for field 342-HC based on CR 7075

3/10/2011 - added reference to 2nd edit on field 352-NQ to indicate the logic applies to every occurrence of 352-

3/10/2011 - added reference to 2nd edit on field 394-MW to indicate the logic applies to every occurrence of 394-

3/10/2011 - added edit logic to indicate: MORE THAN 1 AM07 SEGMENT WITHIN SAME GROUP
 SEPARATOR will reject with reject code PC, and

3/10/2011 - added reference that 456-EN edit logic should say "must be present and > zero" (since zero not specified)

3/10/2011 - updated code values for field 420-DK based on CR 7075

3/10/2011 - removed Medicare level edit requiring values 2 or 99 for field 420-DK

3/10/2011 - updated 473-7E edit logic to reflect "must contain a non-space value"

3/10/2011 - updated code values for field 490-UE based on CR 7075

3/10/2011 - updated code values for field 423-DN based on CR 7075

3/10/2011 - added row for PB rejection on AM07 segment (111-AM) when more than 4 AM07's exist per transaction

3/10/2011 - added note to AM07 segment (111-AM) that the PC rejection will also occur when more than 1 AM07 segment exists

2/10/2012 - updated edit logic for 492-WE to indicate that qualifier must =01 during the ICD-9 period and must =02 during the ICD-10 period

9/25/2013 - added new edit logic for rejecting PRODUCTION files containing ICD-10 codes (until further notice). R

3/26/2015 - removed edit for 492-WE in order for ICD-10 codes to be allowed on PROD claims effective 10/01/2015

| COLUMN NAME | DESCRIPTION |
|-------------------------------------|---|
| Segment / Field Name | Standard NCPDP Segment or Field Name |
| Segment / Field ID | Standard NCPDP Segment or Field ID |
| Definition of Field | Narrative field definition based on standard NCPDP Data Dictionary |
| Format | Field format based on standard NCPDP Data Dictionary |
| | NCPDP Usage Requirement indicator from Batch or Telecommunication IG M = Mandatory segment or field S = Situational segment Q = Field has a qualified requirement R = Field is required for the segment O = Field is optional (no situations defined) I = Field is Informational only NU = Segment/Field is Not Used in Billing Transaction ***R*** = Field can be repeated |
| Billing Transaction Usage Req. | Medicare Usage Requirement. R = Required O = Optional (at discretion of sender) S = Situational NU = Segment/Field is Not Used in Billing Transaction, or Segment/Field is Not Used for reporting to Medicare. ***R*** = Field can be repeated |
| Medicare Usage Req. | Lists the valid values from the External Code List (ECL), points to applicable ECL Appendix or non-NCPDP maintained code sources, and displays the valid formatting for date, time, and telephone number fields. |
| Valid Values per NCPDP Standard IG | Outlines the edit logic to be applied for each designated field. (NOTE: Supplemental requirements must also be applied). |
| Version D.0 Edit Logic | Denotes whether edit is based on the IG or Medicare requirement (or combination of both), and indicates if edit will be returned via local "TRN" report (including corresponding message), or via the standard Transmission Response. |
| Version D.0 Edit Level | |
| Version D.0 Reject Code (511-FB) | Denotes the reject code to be used in field 511-FB of the Transmission Response, or whether rejection will be relayed via use of the 504-F4 Message field for Batch Rejections. |
| Version D.0 Reject Code Description | Standard Reject Code definition per ECL Appendix A.1, or free form message to be used in field 504-F4 for Batch Rejections. |