

# PROMISe™ Internet Pharmacy Claim Billing Guide for Dispensing Prescribers

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## Purpose of the Document

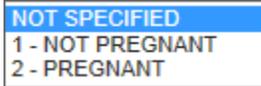
The purpose of this document is to provide a field-by-field Reference guide to assist dispensing prescribers in successfully completing the PROMISe™ Internet Pharmacy claim form for the submission of outpatient drug claims:

- **Physicians – Provider Type 31**
- **Certified Registered Nurse Practitioners – Provider Type 09**
- **Nurse Midwives – Provider Type 33**

## Document Format

This document contains a table with four columns. Each column provides a specific piece of information as explained below:

- **Field Name** – Provides the field name as it appears on the internet claim.
  - **Field Description** – Provides the description of the data that is required to be entered on the internet claim.
  - **Field Code** – Lists a code that denotes how the claim field should be treated. They are:
    - **M** – Indicates that the claim field must be completed.
    - **A** – Indicates that the claim field must be completed, if applicable.
    - **O** – Indicates that the claim field is optional.
    - **LB** – Indicates that the claim field should be left blank.
  - **Notes** – Displays the field from the Internet Pharmacy claim form along with completion instructions for the submission of outpatient drug claims.
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Field Name	Field Description	Field Code	Notes
Transaction Code	Type of Claim	M	<p>Transaction Code: <input type="text" value="B1 -Billing"/></p> <p>Enter B1-Billing from the drop down box:</p> 
Cardholder ID	ID number issued to recipients who are authorized to receive Medicaid services. The recipient ID, verification digit and ACCESS card number are all entered in this same field	M	<p>Cardholder ID: <input type="text"/></p> <p>Cardholder ID is required</p> <p>Enter the 10-digit recipient number found on the ACCESS card.</p>
Last Name	Last name of the Medicaid recipient	O	<p>Last Name: <input type="text"/></p> <p>Enter the recipient's last name found on the ACCESS card. This field is optional.</p>
First Name	First name of the Medicaid recipient.	O	<p>First Name: <input type="text"/></p> <p>Enter the recipient's first name found on the ACCESS card. This field is optional.</p>
Date of Service	Date when the drug was dispensed to the recipient.	M	<p>Date of Service: <input type="text"/> (MM/DD/YYYY)</p> <p>Date of Service is Required</p> <p>Enter the date of service/date item was dispensed in an 8-digit format.</p>
Cardholder DOB	Date of birth of the cardholder	M	<p>Cardholder DOB: <input type="text"/> (MM/DD/YYYY)</p> <p>Date of Birth is required</p> <p>Enter the cardholder's date of birth using an 8-digit MMDDCCYY format.</p>
Pregnancy Indicator	Is recipient pregnant?	A	<p>Pregnancy Indicator: <input type="text" value="NOT SPECIFIED"/></p> <p>Enter if the recipient is pregnant.</p> <p>Valid values are:</p> 

Field Name	Field Description	Field Code	Notes
Eligibility Clarification Code	Provider is clarifying eligibility based on receiving a denial	O	<p>Eligibility Clarification Code: <input type="text" value="0 - NOT SPECIFIED"/></p> <p>Enter the Eligibility Clarification Code. This field is optional</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p>0 - NOT SPECIFIED</p> <p>1 - NO OVERRIDE</p> <p>2 - OVERRIDE</p> <p>3 - FULL TIME STUDENT</p> <p>4 - DISABLED DEPENDENT</p> <p>5 - DEPENDENT PARENT</p> <p>6 - SIGNIFICANT OTHER</p> </div>
Attachment Control #	Attachment Control Number	LB	<p>Attachment Control # <input type="text"/></p> <p>Do not complete.</p>
Patient Residence	Recipient's place of residence	A	<p>Patient Residence <input type="text" value="0 - NOT SPECIFIED"/></p> <p>Enter the recipient's place of residence.</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p>0 - NOT SPECIFIED</p> <p>1 - HOME</p> <p>10 - RESIDENTIAL SUBSTANCE ABUSE</p> <p>11 - HOSPICE</p> <p>12 - PSYCHIATRIC RESIDENTIAL FACILITY</p> <p>13 - COMPREHENSIVE INPATIENT FACILITY</p> <p>14 - HOMELESS SHELTER</p> <p>15 - CORRECTIONAL INSTITUTION</p> <p>2 - SKILLED NURSING FACILITY</p> <p>3 - NURSING FACILITY</p> <p>4 - ASSISTED LIVING FACILITY</p> <p>5 - CUSTODIAL CARE FACILITY</p> <p>6 - GROUP HOME</p> <p>7 - INPATIENT PSYCHIATRIC FACILITY</p> <p>8 - PSYCHIATRIC FACILITY</p> <p>9 - INTERMEDIATE CARE FACILITY (ICFMR)</p> </div>
Patient Gender Code	Recipient's gender	O	<p>Patient Gender Code: <input type="text" value="0 - NOT SPECIFIED"/></p> <p>Enter the recipient's gender. This field is optional</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p>0 - NOT SPECIFIED</p> <p>1 - MALE</p> <p>2 - FEMALE</p> </div>

Field Name	Field Description	Field Code	Notes
Patient Relationship Code	Recipient's relationship to the policy holder	M	<p>Patient Relationship Code: <input type="text" value="1 - CARDHOLDER"/></p> <p>Enter 1 – CARDHOLDER</p> <p><input type="text" value="1 - CARDHOLDER"/></p>
Additional Patient Info Ind	Additional recipient information indicator	O	<p>Additional Patient Info Ind: <input type="text" value="1 - No"/></p> <p>Enter the additional recipient information indicator. This field is optional.</p> <p>Valid values are:</p> <p><input type="text" value="1 - No"/> <input type="text" value="2 - Yes"/></p> <p><b>NOTE:</b> If you enter 2 - Yes in this field, the Additional Patient Information segment fields will display. The MA recipient ID is required. The recipient's last name, first name, street address, city, state, zip code, phone #, and email address may be entered.</p>
Prescriber ID	ID assigned to the prescriber	M	<p>Prescriber ID: <input type="text" value="ENTER NPI"/> NPI: <input type="text"/></p> <p><b>Prescriber ID is required</b></p> <p>Enter in the 10-digit prescriber NPI.</p>
Additional Prescriber Info Ind	Additional prescriber information indicator	O	<p>Additional Prescriber Info Ind: <input type="text" value="1 - No"/></p> <p>Enter the additional prescriber information indicator. This field is optional.</p> <p>Valid values are:</p> <p><input type="text" value="1 - No"/> <input type="text" value="2 - Yes"/></p> <p><b>NOTE:</b> If you enter 2 - Yes in this field, the Additional Prescriber Information segment fields will display. The prescriber's last name, first name, street address, city, state, zip code, and phone number may be entered.</p>

Field Name	Field Description	Field Code	Notes
Date Prescribed	Date the drug was prescribed for the recipient	M	<p>Date Prescribed: <input type="text"/> (MM/DD/YYYY) Date Prescribed is Required</p> <p>Enter the date the drug was prescribed for the recipient using an 8-digit MMDDYYYY format.</p>
Rx Qualifier	Type of billing submitted	M	<p><input type="text" value="1 - RX BILLING"/></p> <p>Enter 1 - RX BILLING</p> <p><input type="text" value="1 - RX BILLING"/></p>
Prescription #	Number assigned to a drug dispensed to a recipient	M	<p>Prescription #: <input type="text" value="00069551066"/> Prescription # is Required</p> <p>Enter in the prescription number. A maximum of 12 digits can be entered.</p>
NDC Qualifier	Qualifying value for the NDC field	M	<p>NDC Qualifier <input type="text" value="03 - NATIONAL DRUG CODE (NDC)"/></p> <p>Enter 03 – NATIONAL DRUG CODE (NDC)</p> <p><input type="text" value="03 - NATIONAL DRUG CODE (NDC)"/></p>
NDC	National Drug Code used to identify the specific drug dispensed or administered	M	<p>NDC: <input type="text" value="00069551066"/> NDC is required</p> <p>Enter the 11-digit NDC code used to accurately identify the specific drug dispensed or administered.</p>
Quantity Dispensed	Number of units of a drug dispensed to a recipient	M	<p>Quantity Dispensed: <input type="text" value="30"/> Quantity Dispensed is required</p> <p>Enter the quantity dispensed to the recipient in the format 9999999.999</p>

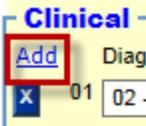
Field Name	Field Description	Field Code	Notes
New/Refill	Indicate if the prescription is new or a refill of a prior prescription	M	<p>New/Refill: <input type="text" value="1"/> <b>New/Refill is required</b></p> <p>Enter whether the prescription is New or is a Refill.</p> <p><b>NOTE:</b> Enter a value of 0 if this is a new prescription.</p> <p>Enter a value of 1 up to 5 for each subsequent refill.</p>
Refills Authorized	The number of refills that are authorized	A	<p>Refills Authorized: <input type="text" value="0"/></p> <p>Enter the number of refills that are authorized for the prescription.</p>
Days' Supply	Number of days a prescribed drug should last a recipient	M	<p>Days Supply: <input type="text" value="30"/> <b>Days Supply is required</b></p> <p>Enter the number of days a prescription should last the recipient.</p>
Prescription Origin Code	Origin of prescription	A	<p>Prescription Origin Code: <input type="text" value="0 - NOT KNOWN"/></p> <p>Enter the origin of the prescription if known.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>0 - NOT KNOWN</li> <li>1 - WRITTEN</li> <li>2 - TELEPHONE</li> <li>3 - ELECTRONIC</li> <li>4 - FACSIMILE</li> <li>5 - PHARMACY</li> </ul>
Compound Indicator	Indicates if the prescription is a compound	A	<p>Compound Indicator: <input type="text" value="1 - NOT A COMPOUND"/></p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>1 - NOT A COMPOUND</li> <li>2 - COMPOUND</li> </ul> <p><b>NOTE:</b> Dispensing Prescribers submitting outpatient drug claims should enter a value of 1.</p>

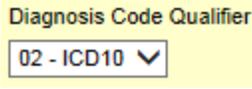
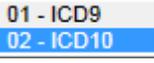
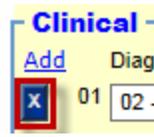
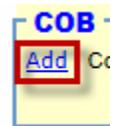
Field Name	Field Description	Field Code	Notes
Dispense as Written	Indicates if the prescriber's instructions regarding generic substitution were followed	A	<p>Dispense As Written: <input type="text" value="0 - NO PRODUCT SELECTION INDICATED"/></p> <p>Enter a value to indicate if the prescriber's instructions regarding generic substitutions was followed.</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p>0 - NO PRODUCT SELECTION INDICATED            1 - SUBSTITUTION NOT ALWD BY PRESCRIBER            2 - SUBSTITUTION ALWD-PATIENT REQUESTED            3 - SUBSTITUTION ALWD-PHARMACIST SELECT            4 - SUBSTITUTION ALWD-GENERIC NOT IN            5 - SUBSTITUTION ALWD-BRAND DRUG DISPEN            6 - OVERRIDE            7 - SUBSTITUTION NOT ALWD-BRAND DRUG            8 - SUBSTITUTION ALLOWED-GENERIC DRUG            9 - SUBSTITUTION ALLOWED BY PRESCRIBER</p> </div>
Billing Note	Description or special notation regarding the billing for this claim	LB	<p>Billing Note: <input type="text"/></p> <p>Do not complete.</p>
Add (Submission Clarification Code)	Add Submission Clarification Note	A	<p><span style="border: 1px solid red; padding: 2px;">Add</span> Submission Clarification Code</p> <p><b>NOTE:</b> Dispensing Prescribers should not click the Add button in this field.</p>
Other Coverage Code	Indicates if the recipient has other drug coverage	A	<p>Other Coverage Code: <input type="text" value="0 - NOT SPECIFIED BY PATIENT"/></p> <p>Enter a valid value if the recipient has other drug coverage.</p> <p><b>NOTE:</b> The value of 2 or 3 should be used entered when COB information will be added to the claim.</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p>0 - NOT SPECIFIED BY PATIENT            1 - NO OTHER COVERAGE            2 - OTHER COVERAGE PAYMENT COLLECTED            3 - OTHER COVERAGE CLAIM NOT COVERED            4 - OTHER COVERAGE PAYMENT NOT COLLECT            8 - CLAIM IS BILLING FOR PATIENT RESPON</p> </div>

Field Name	Field Description	Field Code	Notes
Usual and Customary Charge	Amount usually charged for the prescription, exclusive of sales tax or other amounts claimed	M	<p>Usual and Customary Charge: <input type="text" value="81.59"/></p> <p>Usual and Customary Charge is required</p> <p>Enter the amount usually charged for the prescription, exclusive of sales tax or other amounts claimed.</p>
Pharmacy Service Type	Pharmacy service type	A	<p>Pharmacy Service Type: <input type="text" value="99 - OTHER"/></p> <p>Enter the Pharmacy Service Type.</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p>1 - COMMUNITY/RETAIL PHARMACY SERVICES            2 - COMPOUNDING PHARMACY SERVICES            3 - HOME INFUSION THERAPY SERVICES            4 - INSTITUTIONAL PHARMACY SERVICE            5 - LONG TERM CARE PHARMACY SERVICES            6 - MAIL ORDER PHARMACY SERVICES            7 - MANAGED CARE ORGANIZATION SERVICES            8 - SPECIALTY CARE PHARMACY SERVICES            99 - OTHER</p> </div> <p><b>NOTE:</b> Dispensing Prescribers should select a value of 99 in this field.</p>
Level of Service	Type of service the provider rendered	A	<p>Level of Service: <input type="text" value="0 - NOT SPECIFIED"/></p> <p>Enter the type of service the provider rendered.</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p>0 - NOT SPECIFIED            1 - PATIENT CONSULTATION            2 - HOME DELIVERY            3 - EMERGENCY            4 - 24 HOUR SERVICE            5 - PATIENT CONSULTATION            6 - IN-HOME SERVICE</p> </div>
Prior Authorization Type	Clarifies the prior authorization number	M	<p>Prior Authorization Type: <input type="text" value="1 - PRIOR AUTHORIZATION"/></p> <p>Enter 1 – PRIOR AUTHORIZATION</p> <div style="border: 1px solid black; padding: 2px;"> <p>1 - PRIOR AUTHORIZATION</p> </div>
Prior Authorization Number Submitted	Prior authorization number submitted on the claim	A	<p>Prior Authorization Number Submitted: <input type="text" value="1502058111"/></p> <p>Enter the 10-digit prior authorization number, if one has been provided.</p>

Field Name	Field Description	Field Code	Notes
Prior Authorization Number Found	Prior authorization number found	LB	<p>Prior Authorization Number Found: <input type="text"/></p> <p>Do not complete.</p>
Dispensing Fee Submitted	Dispensing fee submitted	LB	<p>Dispensing Fee Submitted: <input type="text"/></p> <p>Do not complete.</p>
Gross Amount Due	Gross amount due	M	<p>Gross Amount Due: <input type="text" value="81.59"/></p> <p>Gross Amount Due is required</p> <p>Enter the gross amount due in format 999999.99</p> <p><b>NOTE:</b> This amount should match the amount entered in the Usual and Customary</p>
Ingredient Cost	Cost of drug	M	<p>Ingredient Cost: <input type="text" value="24.47"/></p> <p>Ingredient Cost is required</p> <p>Enter the invoice/cost amount of the drug.</p>
Basis of Cost Determination	Method by which the ingredient cost submitted was determined	O	<p>Basis of Cost Determination: <input type="text" value="00 - DEFAULT"/></p> <p>Enter by which method the ingredient cost submitted was determined. This is an optional field.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>00 - DEFAULT</li> <li>01 - AWP</li> <li>02 - LOCAL WHOLESALER</li> <li>03 - DIRECT</li> <li>04 - EAC</li> <li>05 - ACQUISITION</li> <li>06 - MAC</li> <li>07 - USUAL &amp; CUSTOMARY</li> <li>08 - 340B</li> <li>09 - OTHER</li> <li>10 - ASP</li> <li>11 - AMP (AVERAGE MANUFACTURER PRICE)</li> <li>12 - WAC</li> <li>13 - SPECIAL PATIENT PRICING</li> <li>14 - UNREPORTABLE QUANTITIES</li> </ul>

Field Name	Field Description	Field Code	Notes
Unit of Measure	NCPDP standard product billing codes	M	<p>Unit of Measure: <input type="text" value="EA - EACH"/></p> <p>Enter the unit of measure used for the prescription based on Drug Unit Description.</p> <p>Please refer to <a href="http://www.dhs.state.pa.us/provider/doingbusinesswithdhs/pharmacyservices/covereddrugs/index.htm">http://www.dhs.state.pa.us/provider/doingbusinesswithdhs/pharmacyservices/covereddrugs/index.htm</a> for the Covered Drug Search.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>EA - EACH</li> <li>GM - GRAMS</li> <li>ML - MILLILITERS</li> </ul>
Patient Pay Amount	Amount paid by the recipient for this claim	O	<p>Patient Paid Amount: <input type="text"/></p> <p>Enter the dollar amount the patient paid. This is an <b>optional</b> field.</p>
<p>Dispensing Prescriber outpatient drug claims submitted using the Internet will process through the Prospective Drug Utilization Review (ProDUR) system and these claims can set ProDUR health and safety alerts.</p> <p>If a ProDUR alert sets on a claim then bypass information must be submitted in the Reason for Service, Service Code, Result of Service fields and the claim must be resubmitted.</p>			
Reason for Service	Type of utilization conflict detected, or the reason for the dispensing prescriber's intervention	A	<p>Reason For Service: <input type="text" value="REQUIRED TO OVERRIDE A PRODUR ALERT"/></p> <p>Enter the type of utilization conflict detected, or the reason for the dispensing prescriber's intervention.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> <li>REQUIRED TO OVERRIDE A PRODUR ALERT</li> <li>DD - DRUG-DRUG INTERACTION</li> <li>ER - OVERUSE</li> <li>HD - HIGH DOSE</li> <li>LD - LOW DOSE</li> <li>LR - UNDERUSE</li> <li>PA - DRUG-AGE</li> <li>PG - DRUG-PREGNANCY</li> <li>TD - THERAPEUTIC</li> </ul> <p><b>NOTE:</b> This field is only applicable if responding to a ProDUR alert.</p>

Field Name	Field Description	Field Code	Notes
Service Code	Dispensing prescriber intervention when a conflict code has been identified or service has been rendered	A	<p>Service Code: <input type="text" value="REQUIRED TO OVERRIDE A PRODUR ALERT"/></p> <p>Enter the service code for the dispensing prescriber’s intervention when a conflict code has been identified or service has been rendered.</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p style="background-color: #0070C0; color: white; margin: 0;">REQUIRED TO OVERRIDE A PRODUR ALERT</p> <p>00 - NO INTERVENTION            M0 - PRESCRIBER CONSULTED            P0 - PATIENT CONSULTED            R0 - PHARMACIST CONSULTED OTHER SOURCE</p> </div> <p><b>NOTE:</b> This field is only applicable if responding to a ProDUR alert.</p>
Result of Service	Action taken by the dispensing prescriber in response to a conflict	A	<p>Result Of Service: <input type="text" value="REQUIRED TO OVERRIDE A PRODUR ALERT"/></p> <p>Enter the action taken by the dispensing prescriber in response to a conflict</p> <p>Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <p style="background-color: #0070C0; color: white; margin: 0;">REQUIRED TO OVERRIDE A PRODUR ALERT</p> <p>00 - NOT SPECIFIED            1A - FILLED AS IS, FALSE POSITIVE            1B - FILLED PRESCRIPTION AS IS            1C - FILLED, WITH DIFFERENT DOSE            1D - FILLED, WITH DIFFERENT DIRECTIONS            1E - FILLED, WITH DIFFERENT DRUG            1F - FILLED, WITH DIFFERENT QUANTITY            1G - FILLED, WITH PRESCRIBER APPROVAL            2A - PRESCRIPTION NOT FILLED            2B - NOT FILLED, DIRECTIONS CLARIFIED</p> </div> <p><b>NOTE:</b> This field is only applicable if responding to a ProDUR alert.</p>
Add (Diagnosis Code Qualifier)	Add diagnosis information	A	 <p>Click to add diagnosis information, if available.</p>

Field Name	Field Description	Field Code	Notes
Diagnosis Code Qualifier (Clinical)	Diagnosis code for the claim. You can add up to five diagnosis codes	M	 <p>Enter the appropriate indicator for ICD-9 or ICD-10.</p> <p>Valid values are:</p> 
Diagnosis Code (Clinical)	Diagnosis code for the claim	M	 <p>Enter the diagnosis code for the claim.</p>
X (Clinical)	Removes the Clinical information entered	A	 <p>Click to remove the Clinical information entered.</p>
Add (Measurements)	Add measurement information	O	 <p>Click to add measurement information.</p> <p><b>NOTE:</b> Dispensing Prescribers should not click the Add button in this field.</p>
Add (COB)	Add Coordination of Benefit (COB) information if the recipient has other drug coverage	A	 <p>Click to add COB information.</p>

Field Name	Field Description	Field Code	Notes
Coverage Type	Type of coverage	M	<p>Coverage Type</p> <p>01 - PRIMARY - FIRST</p> <p>Enter the type of coverage.</p> <p>Valid values are:</p> <p>NOT SPECIFIED                      01 - PRIMARY - FIRST                      02 - SECONDARY - SECOND                      03 - TERTIARY - THIRD                      04 - QUATERNARY - FOURTH                      05 - QUINARY - FIFTH                      06 - SENARY - SIXTH                      07 - SEPTENARY - SEVENTH                      08 - OCTONARY - EIGHTH                      09 - NONARY - NINTH</p> <p><b>NOTE:</b> Pennsylvania Medical Assistance (MA) is always the payer of last resort.</p>
Payer ID Qualifier	Payer ID Qualifier for COB	M	<p>Payer ID Qualifier</p> <p>99 - OTHER</p> <p>Enter the Payer ID qualifier.</p> <p>Valid values are:</p> <p>01 - NATIONAL PAYER ID                      02 - HEALTH INDUSTRY NUMBER                      03 - BANK INFORMATION NUMBER                      04 - NATIONAL ASSOCIATION OF INSURANCE                      05 - MEDICARE CARRIER NUMBER                      99 - OTHER</p> <p><b>NOTE:</b> Dispensing Prescriber should enter a value of 99.</p>
Payer ID	Payer ID for COB	M	<p>Payer ID</p> <p>1234567890</p> <p>Enter the Payer ID to identify the other insurance. When submitting an 837 Professional or 837 Professional Drug claim, the Payer ID value will be found in Loop 2330B, segment NM1, field 09 (2330B, NM109)</p>

Field Name	Field Description	Field Code	Notes
Payer Date	Payer date for COB	M	<p>Payer Date  <input type="text" value="01/27/2012"/></p> <p>Enter the Payer date the other insurance paid.</p>
Internal Control Number	Internal Control Number	LB	<p>Internal Control Number <input type="text"/></p> <p>Enter the Internal Control Number.  <b>NOTE:</b> This field is not applicable to Dispensing Prescriber billing.</p>
Show COB Amounts	Displays additional COB amounts	A	<p><a href="#">Show COB Amounts</a></p> <p>Click to display additional COB amounts.</p>
Add (Amount Paid Qualifier Amount Paid)	Add Amount Paid Qualifier Amount Paid	A	<p><a href="#">Add</a> Amount Paid Qualifier Amount Paid</p> <p>Click to add Amount Paid Qualifier Amount Paid.</p>
Amount Paid Qualifier	Amount Paid Qualifier	M	<p>Amount Paid Qualifier  <input type="text" value="01"/> <input type="text" value="07 - DRUG BENEFIT"/></p> <p>Enter the Amount Paid Qualifier.  <b>NOTE:</b> The value of 07 should be selected when identifying any other coverage payment.  Valid values are:</p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li>01 - DELIVERY</li> <li>02 - SHIPPING</li> <li>03 - POSTAGE</li> <li>04 - ADMINISTRATIVE</li> <li>05 - INCENTIVE</li> <li>06 - COGNITIVE SERVICE</li> <li style="background-color: #0070C0; color: white;">07 - DRUG BENEFIT</li> <li>09 - COMPOUND PREPARATION COST</li> <li>10 - SALES TAX</li> </ul> </div>
Amount Paid	Dollar amount of the Amount Paid	M	<p>Amount Paid  <input type="text" value="25.00"/> <span style="color: red;">Amount Paid is required</span></p> <p>Enter the dollar amount of the Amount Paid by the other insurance.</p>

Field Name	Field Description	Field Code	Notes
X (Amount Paid Qualifier)	Removes the Amount Paid Qualifier information	A	 <p>Click to remove the Amount Paid Qualifier information.</p>
Add (Reject Code)	Add COB Reject Code	A	 <p>Click to add a Reject Code if the other coverage denied the claim.</p>
Reject Code	Reject Code	M	 <p>Enter the Reject Code received by the other coverage.</p>
X (Reject Code)	Removes the Reject Code information	A	 <p>Click to remove the Reject Code information.</p>
Add (Patient Responsibility Qualifier Amount)	Add Patient Responsibility Qualifier Amount	A	 <p><b>NOTE:</b> Dispensing Prescribers should not click the Add button in this field.</p>
Add (Coupon)	Add coupon information	LB	 <p><b>NOTE:</b> Dispensing Prescribers should not click the Add button in this field.</p>
New	Clears all information for the claim.	O	 <p>Click to clear all information entered for the claim.</p> <p><b>NOTE:</b> Only use if you want to clear all data entered</p>
Submit	Submits the claim to DHS	M	 <p>Click to submit the claim to DHS.</p>