

Pennsylvania PROMIS^eTM Companion Guide



NCPDP Version D.0
September 2010 Version 1.0



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Overview

This Companion Guide contains detailed instructions for preparing NCPDP transaction records that can be submitted to PROMISe™ in the NCPDP format. Please disregard any instructions that do not pertain to the services for which you are submitting.

Submitters (individual providers, billing services, software vendors, and managed care organizations) must complete a certification process in order to submit transactions to PROMISe™ for production processing. The certification process consists of the submission of test claims to verify that all transactions are HIPAA compliant and conform to PROMISe™. To initiate the certification process, see the certification registration process on the DPW web site at <http://www.dpw.state.pa.us/PartnersProviders/PROMISe/> or contact the HP Enterprise Services Provider Assistance Center at 800-248-2152.

This Companion Guide was developed to communicate the Pennsylvania Medical Assistance-specific information to process transactions in the NCPDP Version D.0 format. All segments and fields listed in the NCPDP Version D.0 guide will be accepted, but only those segments and fields pertinent to transaction processing will be used. Refer to the *NCPDP Telecommunication Standard Implementation Guide Version D Release 0* for further information on the various segments and fields allowed.

This guide should be reviewed in conjunction with the following documents:

- Official Release of the *NCPDP Version D Release 0 Telecommunication Standard Implementation Guide* (July 2007 - Approval Date for ANSI: August 7, 2007)
- Official Release of *NCPDP Data Dictionary* (July 2007)
- Official Release of *NCPDP External Code List* (July 2007 through most current)

These documents can be obtained from:
National Council for Prescription Drug Programs
9240 E. Raintree Drive
Scottsdale, Arizona 85260-7519

Phone: (480) 477-1000
Fax: (480) 767-1042
Email: NCPDP@NCPDP.ORG
Web: www.ncpdp.org



Revisions to the Companion Guide

To aid the provider community in organizing these Companion Guides and the revisions that may occur, this document will have a revision schedule and notification process.

The initial release of this Companion Guide was September 2010. The first release reflected all the known information as of this date. However, as the implementation phases of PROMISe™ progress, updates and releases of new information may be forthcoming.

Revision Process:

For each new release of this Companion Guide, the information that has been changed since the previous version will be located in that specific section of the guide. If a revision is made to a data element, it will be detailed in the Revision(s) Description(s) section containing that specific element. DPW will clearly define the change that was made so that it can be integrated into your process.



General Editing Information

The following general edits may be programmed into the system to prevent wasted transactions:

- The Date of Service cannot be in the future.
- The Date of Service cannot be older than 180 days. This limitation does not apply to encounter data.
- A Claim Reversal can be submitted for claims processed up to 2 years from the current date.
- The tenth position of the Recipient Number is a check digit. Refer to the example in the Luhn Formula section below. This calculation should be done before a claim is submitted.

Luhn Formula

The Luhn Formula computes Modulus 10 "Double-Add-Double" check digit. The following steps are used in this calculation:

Step 1: Double the value of alternate digits beginning with the first right-hand digit (low order).

Step 2: Add the individual digits comprising the products obtained in Step 1 to each of the unaffected digits in the original number.

Step 3: Subtract the total obtained in Step 2 from the next higher number ending in zero. This is the equivalent of calculating the "tens complement" of the low-order digit (unit digit) of the total. If the total obtained in Step 2 is a number ending in zero (30, 40, etc.), the check digit is 0.

Example:

Recipient Number without check digit: 257461120

2	5	7	4	6	1	1	2	0		Step 1
<u>x2</u>		<u>x2</u>		<u>x2</u>		<u>x2</u>		<u>x2</u>		
4	5	14	4	12	1	2	2	0		

4 + 5 + 1 + 4 + 4 + 1 + 2 + 1 + 2 + 2 + 0 = 26 **Step 2**

30 - 26 = 4 **Step 3**

Recipient Number with Check Digit: 2574611204



ELIGIBILITY REQUEST

Eligibility Transaction Header Segment

Field Number	ID	Field Name	Values/Comments
101	A1	Bin Number	600760
102	A2	Version/Release Number	D0
103	A3	Transaction Code	E1 = Eligibility
104	A4	Processor Control Number	The data required for this field will be provided to Value Added Networks (VANs). Please check with the VAN that you are using to obtain number.
109	A9	Transaction Count	1 = One Request
202	B2	Service Provider ID Qualifier	Only a value of '01' (NPI) should be submitted to Pennsylvania Medical Assistance.
201	B1	Service Provider ID	This field will contain the National Provider ID (NPI). Pharmacies who qualify as a Qualified Small Business (QSB) should inform their software vendor. A 'Q' will be added as the eleventh character of the Provider Number.
401	D1	Date of Service	For definition see Official Release of NCPDP Data Dictionary (July 2007).
110	AK	Software Vendor Certification ID	This number is assigned during certification.
Revision(s) Description:			



Eligibility Insurance Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	04 = Insurance Segment
302	C2	Cardholder Identification Number	The Recipient Number will be placed in the first ten positions with the card issue number in positions 11 and 12 for two bytes. The check digit routine should be done before a request is transmitted. Refer to the General Editing section for information on how to complete this calculation. The plastic ACCESS card will have the Recipient Number on the front and a magnetic stripe on the back. The magnetic stripe will have the recipient information on the second track.
Revision(s) Description:			



ELIGIBILITY RESPONSE

Eligibility Response Header Segment

Field Number	ID	Field Name	Values/Comments
102	A2	Version/Release Number	Same as Input Transaction
103	A3	Transaction Code	Same as Input Transaction
109	A9	Transaction Count	Same as Input Transaction
501	F1	Header Response Status	A = Accepted or R = Rejected
202	B2	Service Provider ID Qualifier	Same as Input Transaction
201	B1	Service Provider ID	Same as Input Transaction
401	D1	Date of Service	Same as Input Transaction
Revision(s) Description:			

Eligibility Response Status Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	21 = Response Status Segment
112	AN	Transaction Response Status	A = Approved or R = Rejected
510	FA	Reject Count	Number of NCPDP Rejections. Only applies to rejected transactions.
511	FB	Reject Code	NCPDP Rejection Code. Only applies to rejected transactions.
130	UF	Additional Message Information Count	A maximum value of 1 will be returned.
132	UH	Additional Message Information Qualifier	Only a value of 01= First Line will be returned.
526	FQ	Additional Message Information	Informational messages to the provider will be formatted in this field.
131	UG	Additional Message Information Continuity	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
549	7F	Help Desk Phone Number Qualifier	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
550	8F	Help Desk Phone Number	Phone number for Pennsylvania Medical Assistance.
987	MA	URL	Website for Pennsylvania Medical Assistance.
Revision(s) Description:			



PHARMACY BILLING REQUEST

Billing Transaction Header Segment

Field Number	ID	Field Name	Values/Comments
101	A1	Bin Number	600760
102	A2	Version/Release Number	D0
103	A3	Transaction Code	B1 = Billing B3 = Rebill Rebill does not apply to Managed Care Organizations submitting encounter data.
104	A4	Processor Control Number	The data required for this field will be provided to Value Added Networks (VANs). Please check with the VAN that you are using to obtain number.
109	A9	Transaction Count	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
202	B2	Service Provider ID Qualifier	Only a value of '01' (NPI) should be submitted to Pennsylvania Medical Assistance
201	B1	Service Provider ID	This field will contain the National Provider ID (NPI). Pharmacies who qualify as a Qualified Small Business (QSB) should inform their software vendor. A 'Q' will be added as the eleventh character of the Provider Number.
401	D1	Date of Service	For definition see Official Release of NCPDP Data Dictionary (July 2007).
110	AK	Software Vendor Certification ID	This number is assigned during certification.
Revision(s) Description:			

Billing Insurance Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	04 = Insurance Segment
302	C2	Cardholder Identification Number	The Recipient Number will be placed in the first ten positions with the card issue number in positions 11 and 12 for two bytes. The check digit routine should be done before a request is transmitted. Refer to the General Editing section for information on how to complete this calculation. The plastic ACCESS card will have the Recipient Number on the front and a magnetic stripe on the back. The magnetic stripe will have the recipient information on the second track. Managed Care Organization submit the 10 digit recipient number without the 2 digit card issue number.
312	CC	Cardholder First Name	Recipient's First Name
313	CD	Cardholder Last Name	Recipient's Last Name



Field Number	ID	Field Name	Values/Comments
314	C9	Eligibility Clarification Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
306	C6	Patient Relationship Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
Revision(s) Description:			

Billing Patient Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	01 = Patient Segment
331	CX	Patient ID Qualifier	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
332	CY	Patient ID	For definition see Official Release of <i>NCPDP Data Dictionary</i> (July 2007).
304	C4	Date of Birth	Recipient's Date of Birth.
310	CA	Patient First Name	Recipient's First Name
311	CB	Patient Last Name	Recipient's Last Name
322	CM	Patient Street Address	Recipient's Address
323	CN	Patient City Address	Recipient's City
324	CO	Patient State/Province Address	Recipient's State
325	CP	Patient Zip/Postal Code	Recipient's Zip Code
326	CQ	Patient Phone Number	Recipient's Phone Number
335	2C	Pregnancy Indicator	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
350	HN	Patient E-Mail Address	Recipient's Email
384	4X	Patient Residence	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
Revision(s) Description:			

Billing Claim Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	07 = Claim Segment
455	EM	Prescription/Service Reference Number Qualifier	All values will be accepted but only a value of '1' (Rx Billing) should be submitted to Pennsylvania Medical Assistance.
402	D2	Prescription/Service Reference Number	Prescription number



Field Number	ID	Field Name	Values/Comments
436	E1	Product/Service ID Qualifier	All values will be accepted but only a value of '03' (National Drug Code (NDC)) should be submitted to Pennsylvania Medical Assistance.
407	D7	Product/Service ID	All values will be accepted but only the eleven-digit NDC should be submitted to Pennsylvania Medical Assistance. For compound claims, this should be "0"
442	E7	Quantity Dispensed	For compound claims, this should be the amount of the entire multi-ingredient product.
403	D3	Fill number	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
405	D5	Days Supply	For definition see Official Release of NCPDP Data Dictionary (July 2007).
406	D6	Compound Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
408	D8	Dispense as Written (DAW)/Product Selection Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
414	DE	Date Prescription Written	For definition see Official Release of NCPDP Data Dictionary (July 2007).
415	DF	Number of Refills Authorized	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
419	DJ	Prescription Origin Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
354	NX	Submission Clarification Code Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
420	DK	Submission Clarification Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
308	C8	Other Coverage Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
600	28	Unit of Measure	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
418	DI	Level of Service	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
461	EU	Prior Authorization Type Code	All values will be accepted but only a value of '1' (Prior Authorization) should be submitted to Pennsylvania Medical Assistance when applicable.
462	EV	Prior Authorization Number Submitted	10 digit prior authorization number
147	U7	Pharmacy Type	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
Revision(s) Description:			

**Billing Pricing Segment**

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	11 = Pricing Segment
409	D9	Ingredient Cost Submitted	For compound claims, this should be the total amount of all individual ingredients.
412	DC	Dispensing fee Submitted	For definition see Official Release of NCPDP Data Dictionary (July 2007).
433	DX	Patient Paid Amount Submitted	For definition see Official Release of NCPDP Data Dictionary (July 2007).
426	DQ	Usual and Customary Charge	For definition see Official Release of NCPDP Data Dictionary (July 2007).
423	DN	Basis of Cost Determination	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
Revision(s) Description:			

Billing Prescriber Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	03 = Prescriber Segment
466	EZ	Prescriber ID Qualifier	All values will be accepted but only a value '01' (NPI) should be submitted to Pennsylvania Medical Assistance.
411	DB	Prescriber ID	National Provider ID (NPI) for the Prescriber.
427	DR	Prescriber Last Name	Prescriber's Last Name
498	PM	Prescriber Phone Number	Prescriber's Phone Number
364	2J	Prescriber First Name	Prescriber's First Name
365	2K	Prescriber Street Address	Prescriber's Street
366	2M	Prescriber City Address	Prescriber's City
367	2N	Prescriber State Address	Prescriber's State
368	2P	Prescriber Zip/Postal Zone	Prescriber's Zip Code
Revision(s) Description:			



Billing COB/Other Payments Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	05 = COB/Other Payment Segment
337	4C	Coordination of Benefits/Other Payments Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
338	5C	Other Payer Coverage Type	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
339	6C	Other Payer ID Qualifier	All values will be accepted but only a value '99' (Other) should be submitted to Pennsylvania Medical Assistance.
340	7C	Other Payer ID	For definition see Official Release of NCPDP Data Dictionary (July 2007).
443	E8	Other Payer Date	This field should contain the payment or denial date of the claim submitted to the other payer.
993	A7	Internal Control Number	For definition see Official Release of NCPDP Data Dictionary (July 2007).
341	HB	Other Payer Amount Paid Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
342	HC	Other Payer Amount Paid Qualifier	All values will be accepted but only a value '07' (Drug Benefit) should be submitted to Pennsylvania Medical Assistance.
431	DV	Other Payer Amount Paid	For definition see Official Release of NCPDP Data Dictionary (July 2007).
471	5E	Other Payer Reject Count	All values will be accepted but a maximum value of '1' should be submitted to Pennsylvania Medical Assistance. Only applies if other payer rejected the claim.
472	6E	Other Payer Reject Code	Enter the primary reject code. Only applies if other payer rejected the claim.
Revision(s) Description:			

Billing DUR/PPS Segment

If overriding a DUR Alert then the data on the override claim must match the data on the claim that rejected for DUR.

Encounter Data: All data will be accepted but should not be submitted to Pennsylvania Medical Assistance.

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	08 = DUR/PPS Segment
473	7E	DUR/PPS Code Counter	All values will be accepted but a maximum value of '1' should be submitted to Pennsylvania Medical Assistance.
439	E4	Reason for Service Code	All values will be accepted but only the below values should be submitted to Pennsylvania Medical Assistance. DD = Drug-Drug Interaction ER = Overuse HD = High Dose



Field Number	ID	Field Name	Values/Comments
			LD = Low Dose LR = Under use PA = Drug-Age PG = Drug-Pregnancy TD = Therapeutic Duplication
440	E5	Professional Service Code	All values will be accepted but only the below values should be submitted to Pennsylvania Medical Assistance. 00 = No intervention M0= Prescriber consulted P0 = Patient consulted R0 = Pharmacist consulted other source
441	E6	Result of Service Code	All values will be accepted but only the below values should be submitted to Pennsylvania Medical Assistance. 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
Revision(s) Description:			

Billing Coupon Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	09 = Coupon Segment
485	KE	Coupon Type	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
486	ME	Coupon Number	For definition see Official Release of NCPDP Data Dictionary (July 2007).
487	NE	Coupon Value Amount	For definition see Official Release of NCPDP Data Dictionary (July 2007).
Revision(s) Description:			

Billing Compound Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	10 = Compound Segment
450	EF	Compound Dosage Form Description Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
451	EG	Compound Dispensing Unit Form Indicator	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).



Field Number	ID	Field Name	Values/Comments
447	EC	Compound Ingredient Component Count	All values will be accepted but a maximum value of '25' should be submitted to Pennsylvania Medical Assistance.
488	RE	Compound Product ID Qualifier	All values will be accepted but only a value of '03' (NDC) should be submitted to Pennsylvania Medical Assistance.
489	TE	Compound Product ID	All values will be accepted but only the eleven-digit NDC should be submitted to Pennsylvania Medical Assistance.
448	ED	Compound Ingredient Quantity	Individual ingredient quantity
449	EE	Compound Ingredient Drug Cost	Individual ingredient cost
490	UE	Compound Ingredient Basis of Cost Determination	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
Revision(s) Description:			

Billing Clinical Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	13 = Clinical Segment
491	VE	Diagnosis Code Count	All values will be accepted but a maximum value of '5' should be submitted to Pennsylvania Medical Assistance.
492	WE	Diagnosis Code Qualifier	All values will be accepted but only a value of '01' (ICD9) should be submitted to Pennsylvania Medical Assistance.
424	DO	Diagnosis Code	ICD9 Diagnosis code
493	XE	Clinical Information Counter	All values will be accepted but a maximum value of '1' should be submitted to Pennsylvania Medical Assistance.
494	ZE	Measurement Date	For definition see Official Release of NCPDP Data Dictionary (July 2007).
495	H1	Measurement Time	For definition see Official Release of NCPDP Data Dictionary (July 2007).
496	H2	Measurement Dimension	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
497	H3	Measurement Unit	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
499	H4	Measurement Value	For definition see Official Release of NCPDP Data Dictionary (July 2007).
Revision(s) Description:			

**PHARMACY BILLING RESPONSE****Billing Response Header Segment**

Field Number	ID	Field Name	Values/Comments
102	A2	Version/Release Number	Same as Input Transaction
103	A3	Transaction Code	Same as Input Transaction
109	A9	Transaction Count	Same as Input Transaction
501	F1	Header Response Status	A = Accepted or R = Rejected
202	B2	Service Provider ID Qualifier	Same as Input Transaction
201	B1	Service Provider ID	Same as Input Transaction
401	D1	Date of Service	Same as Input Transaction
Revision(s) Description:			

Billing Response Message Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	20 = Response Message Segment
504	F4	Message	Informational messages to the provider will be formatted in this field.
Revision(s) Description:			

Billing Response Insurance Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	25 = Response Insurance Segment
302	C2	Cardholder ID	Recipient's ID
Revision(s) Description:			

Billing Response Patient Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	29 = Response Patient Segment
310	CA	Patient First Name	Patient's First Name
311	CB	Patient Last Name	Patient's Last Name
304	C4	Date of Birth	Patient's Date Of Birth
Revision(s) Description:			



Billing Response Status Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	21 = Response Status Segment
112	AN	Transaction Response Status	A = Approved D = Duplicate of Paid P = Paid R = Rejected.
503	F3	Authorization Number	This field will contain the Pennsylvania Medical Assistance Internal Control Number (ICN).
510	FA	Reject Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
511	FB	Reject Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
546	4F	Reject Field Occurrence Indicator	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
547	5F	Approved Message Code Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
548	6F	Approved Message Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
130	UF	Additional Message Information Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
132	UH	Additional Message Information Qualifier	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
526	FQ	Additional Message Information	Informational messages to the provider will be formatted in this field.
131	UG	Additional Message Information Continuity	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
549	7F	Help Desk Phone Number Qualifier	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
550	8F	Help Desk Phone Number	Phone number for Pennsylvania Medical Assistance.
987	A7	Internal Control Number	For definition see Official Release of NCPDP Data Dictionary (July 2007).
987	MA	URL	Website for Pennsylvania Medical Assistance.
Revision(s) Description:			

Billing Response Claim Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	22 = Response Claim Segment
455	EM	Prescription/Service Reference Number Qualifier	Same as Input Transaction



402	D2	Prescription/Service Reference Number	Same as Input Transaction
551	9F	Preferred Product Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
552	AP	Preferred Product ID Qualifier	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
553	AR	Preferred Product ID	For definition see Official Release of NCPDP Data Dictionary (July 2007).
554	AS	Preferred Product Incentive	For definition see Official Release of NCPDP Data Dictionary (July 2007).
555	AT	Preferred Product Cost Share Incentive	For definition see Official Release of NCPDP Data Dictionary (July 2007).
556	AU	Preferred Product Description	For definition see Official Release of NCPDP Data Dictionary (July 2007).
Revision(s) Description:			

Billing Response Pricing Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	23 = Response Pricing Segment
505	F5	Patient Pay Amount	For definition see Official Release of NCPDP Data Dictionary (July 2007).
506	F6	Ingredient Cost Paid	For definition see Official Release of NCPDP Data Dictionary (July 2007).
507	F7	Dispensing Fee	For definition see Official Release of NCPDP Data Dictionary (July 2007).
558	AV	Flat Sales Tax Amount Paid	For definition see Official Release of NCPDP Data Dictionary (July 2007).
559	AX	Percentage Sales Tax Amount Paid	For definition see Official Release of NCPDP Data Dictionary (July 2007).
560	AY	Percentage Sales Tax Rate Paid	For definition see Official Release of NCPDP Data Dictionary (July 2007).
561	AZ	Percentage Sales Tax Basis Paid	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
521	FL	Incentive Amount	For definition see Official Release of NCPDP Data Dictionary (July 2007).
563	J2	Other Amount Paid Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
564	J3	Other Amount Paid Qualifier	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
565	J4	Other Amount Paid	For definition see Official Release of NCPDP Data Dictionary (July 2007).
566	J5	Other Payer Amount Recognized	For definition see Official Release of NCPDP Data Dictionary (July 2007).
509	F9	Total Amount Paid	For definition see Official Release of NCPDP Data Dictionary (July 2007).
522	FM	Basis of Reimbursement Determination	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).



523	FN	Amount Attributed to Sales Tax	For definition see Official Release of NCPDP Data Dictionary (July 2007).
517	FH	Amount Applied to Periodic Deductible	For definition see Official Release of NCPDP Data Dictionary (July 2007).
518	FI	Amount of Copay	For definition see Official Release of NCPDP Data Dictionary (July 2007).
520	FK	Amount Exceeding Periodic Benefit Maximum	For definition see Official Release of NCPDP Data Dictionary (July 2007).
346	HH	Basis of Calculation Dispensing Fee	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
347	HJ	Basis of Calculation Copay	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
348	HK	Basis of Calculation Flat Sales Tax	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
349	HM	Basis of Calculation Percentage Sales Tax	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
571	NZ	Amount Attributed to Processor Fee	For definition see Official Release of NCPDP Data Dictionary (July 2007).
572	4U	Amount of Coinsurance	For definition see Official Release of NCPDP Data Dictionary (July 2007).
573	4V	Basis of Calculation Coinsurance	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
129	UD	Health Plan Funded Assistance Amount	For definition see Official Release of NCPDP Data Dictionary (July 2007).
133	UJ	Amount Attributed to Provider Network Selection	For definition see Official Release of NCPDP Data Dictionary (July 2007).
134	UK	Amount Attributed to Product Selection Brand Drug	For definition see Official Release of NCPDP Data Dictionary (July 2007).
135	UM	Amount Attributed to Product Selection Non Preferred Formulary Selection	For definition see Official Release of NCPDP Data Dictionary (July 2007).
136	UN	Amount Attributed to Product Selection Brand Non Preferred Formulary Selection	For definition see Official Release of NCPDP Data Dictionary (July 2007).
137	UP	Amount Attributed to Coverage Gap	For definition see Official Release of NCPDP Data Dictionary (July 2007).
148	U8	Ingredient Cost Contracted Reimbursable Amount	For definition see Official Release of NCPDP Data Dictionary (July 2007).
149	U9	Dispensing Fee Contracted Reimbursable Amount	For definition see Official Release of NCPDP Data Dictionary (July 2007).
Revision(s) Description:			

**Billing Response DUR/PPS Segment**

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	24 = Response DUR/PPS Segment
567	J6	DUR/PPS Response Code Counter	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
439	E4	Reason For Service Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
528	FS	Clinical Significance Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
529	FT	Other Pharmacy Indicator	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
530	FU	Previous Date of Fill	For definition see Official Release of NCPDP Data Dictionary (July 2007).
531	FV	Quantity of Previous Fill	For definition see Official Release of NCPDP Data Dictionary (July 2007).
532	FW	Database Indicator	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
533	FX	Other Prescriber Indicator	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
544	FY	DUR Free Text Message	Informational messages to the provider will be formatted in this field.
Revision(s) Description:			

**PHARMACY REVERSAL REQUEST****Reversal Transaction Header Segment**

Field Number	ID	Field Name	Values/Comments
101	A1	Bin Number	600760
102	A2	Version/Release Number	D0
103	A3	Transaction Code	B2 = Reversal
104	A4	Processor Control Number	The data required for this field will be provided to Value Added Networks (VANs). Please check with the VAN that you are using to obtain number.
109	A9	Transaction Count	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
202	B2	Service Provider ID Qualifier	Only a value of '01' (NPI) should be submitted to Pennsylvania Medical Assistance
201	B1	Service Provider ID	This field will contain the National Provider ID (NPI).
401	D1	Date of Service	For definition see Official Release of NCPDP Data Dictionary (July 2007).
110	AK	Software Vendor Certification ID	This number is assigned during certification.
Revision(s) Description:			

Reversal Claim Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	07 = Claim Segment
455	EM	Prescription/Service Reference Number Qualifier	All values will be accepted but only a value of '1' (Rx Billing) should be submitted to Pennsylvania Medical Assistance.
402	D2	Prescription/Service Reference Number	Prescription number
436	E1	Product/Service ID Qualifier	All values will be accepted but only a value of '03' (NDC) should be submitted to Pennsylvania Medical Assistance.
407	D7	Product/Service ID	All values will be accepted but only the eleven-digit NDC should be submitted to Pennsylvania Medical Assistance.
403	D3	Fill Number	For definition see Official Release of NCPDP Data Dictionary (July 2007).
Revision(s) Description:			



PHARMACY REVERSAL RESPONSE

Reversal Response Header Segment

Field Number	ID	Field Name	Values/Comments
102	A2	Version/Release Number	Same as Input Transaction
103	A3	Transaction Code	Same as Input Transaction
109	A9	Transaction Count	Same as Input Transaction
501	F1	Header Response Status	A = Accepted or R = Rejected
202	B2	Service Provider ID Qualifier	Same as Input Transaction
201	B1	Service Provider ID	Same as Input Transaction
401	D1	Date of Service	Same as Input Transaction
Revision(s) Description:			

Reversal Response Message Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	20 = Response Message Segment
504	F4	Message	Informational messages to the provider will be formatted in this field.
Revision(s) Description:			

Reversal Response Status Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	21= Response Status Segment
112	AN	Transaction Response Status	A = Approved R = Rejected S = Duplicate of Approved.
503	F3	Authorization Number	This field will contain the Pennsylvania Medical Assistance Internal Control Number (ICN).
510	FA	Reject Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
511	FB	Reject Code	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
546	4F	Reject Field Occurrence Indicator	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
130	UF	Additional Message Information Count	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
132	UH	Additional Message Information Qualifier	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
526	FQ	Additional Message Information	Informational messages to the provider will be formatted in this field.



Field Number	ID	Field Name	Values/Comments
131	UG	Additional Message Information Continuity	For usage see Official Release of the NCPDP Version D Release 0 Telecommunication Standard Implementation Guide (July 2007 - Approval Date for ANSI: August 7, 2007).
549	7F	Help Desk Phone Number Qualifier	For valid values see Official Release of <i>NCPDP External Code List</i> (July 2007 through most current).
550	8F	Help Desk Phone Number	Phone number for Pennsylvania Medical Assistance.
Revision(s) Description:			

Reversal Response Claim Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	22= Response Claim Segment
455	EM	Prescription/Service Reference Number Qualifier	Same as Input Transaction
402	D2	Prescription/Service Reference Number	Same as Input Transaction
Revision(s) Description:			

Reversal Response Pricing Segment

Field Number	ID	Field Name	Values/Comments
111	AM	Segment Identification	23= Response Pricing Segment
509	F9	Total Amount Paid	For definition see Official Release of NCPDP Data Dictionary (July 2007).
Revision(s) Description:			