

**NCPDP VERSION 5 PAYER SHEET – B1/B3 Transactions****\*\*GENERAL INFORMATION\*\***

Payer Name: Ohio Medicaid	Date: September 30, 2009
Plan Name/Group Name: Ohio Medicaid	
Effective as of: October 1, 2009	Version/Release #: 5.1
ACS Help Desk : 1-877-518-1545	
Other versions supported:	

**\*\* TRANSACTIONS SUPPORTED \*\***

Transaction Code	Transaction Name
<b>B1</b>	<b>Billing</b>
<b>B3</b>	<b>ReBill</b>

**BILLING TRANSACTION:****Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name/length	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61ØØ84	M	
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B1 = Billing B2 = Reversals B3 = Rebill	M	
1Ø4-A4	Processor Control Number	DROHPROD = Production DROHACCP = Test	M	
1Ø9-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1= National Provider identifier (NPI)	M	
2Ø1-B1	Service Provider ID	NPI Number	M	
4Ø1-D1	Date of Service	CCYYMMDD	M	
11Ø-AK	Software Vendor/Certification ID	ØØØØØØØØØØ	M	Populate with all zeros

**Patient Segment: Required**

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
304-C4	Date of Birth	CCYYMMDD	R	
307-C7	Patient Location	Ø =Not specified <b>3=Nursing Home</b> <b>4=Long Term/Extended Care</b> <b>7=Skilled Care Facility</b> <b>11=Hospice</b>	RW	Required when needed to override co-payment.
335-2C	Pregnancy Indicator	Blank=Not Specified <b>2=Pregnant</b>	RW	2=Pregnant Required when needed to override a co-payment on a claim for a pregnant member

**Insurance Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID	12 digit Medicaid ID	M	
301-C1	Group ID	OHMEDICAID	R	

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number	Number assigned by the pharmacy	M	
436-E1	Product/Service ID Qualifier	Ø3 = National Drug Code	M	
4Ø7-D7	Product/Service ID	NDC Number	M	
456-EN	Associated Prescription/Service Reference #		RW	Required when submitting a partial fill.
457-EP	Associated Prescription/Service Date		RW	Required when submitting a partial fill.
442-E7	Quantity Dispensed	Metric Decimal Quantity	M	
403-D3	Fill Number	Ø = Original Dispensing 1-99 = Number of refills	M	
405-D5	Days Supply		M	
406-D6	Compound Code	Ø = Not specified 1= Not a compound 2 = Compound	M	
414-DE	Date Prescription Written	CCYYMMDD	R	
415-DF	Number of Refills Authorized	Ø =Not Specified 1-99=number of refill	M	
420-DK	Submission Clarification Code	Ø =Not specified, default 1=No override 2=Other override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change 6=Starter Dose 7=Medically Necessary <b>8=Process compound for Approved Ingredients</b> 9=Encounters 99=Other	RW	Required when needed to provide additional information for coverage purposes. <b>8 = Process compound for approved ingredients</b>
460-ET	Quantity Prescribed		RW	Required when submitting a partial fill.
308-C8	Other Coverage Code	Ø =Not Specified 1=No other Coverage Identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage exists, not a participating provider 7=Other Coverage exists-not in effect at time of service 8=Claim is a billing for a copay	RW	Required for this program for COB.

461-EU	Prior Authorization Type Code	Ø5 = Exemption from RX	RW	Required for billing COB
343-HD	Dispensing Status	P = Initial Fill C = Completion Fill	RW	Required when submitting a partial fill or the completion of a partial fill.
344-HF	Quantity Intended to be Dispensed		RW	Required when submitting a partial fill or the completion of a partial fill.
345-HG	Days Supply Intended to be Dispensed		RW	Required when submitting a partial fill or the completion of a partial fill.

**Prescriber Segment: Required**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	Ø1= NPI Ø5 = Medicaid ID	R	
411-DB	Prescriber ID		R	

**COB/Other Payments Segment: Required when there is OTHER PAYER INFORMATION**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	Max = 3
338-5C	Other Payer Coverage Type	Ø1 = Primary Ø2 = Secondary Ø3 = Tertiary	M	Max = 3
339-6C	Other Payer Id Qualifier	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) Ø9=Coupon <b>99-Other</b>	M	Required for this program. 99 = Other
34Ø -7C	Other Payer ID		RW	Use proprietary program codes for the Other Payer ID. (Carrier Code) Max = 3
443-E8	Other Payer Date	CCYYMMDD	RW	Required when billing for COB Max = 3
341-HB	Other Payer Amount Paid Count		RW	Required when billing for COB Max = 3

342-HC	Other Payer Amount Paid Qualifier	Blank=Not specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø8=Sum of all Reimbursement 98=Coupon 99=Other	RW (Repeating)	Required when billing for COB Max = 3
431-DV	Other Payer Amount Paid	\$\$\$\$\$cc	RW	Required when billing for COB Max = 3

**DUR/PPS Segment: Required when submitting for Vaccine Administration**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	RW	DUR/PPS Segment
473-7E	DUR/PPS Code counter		RW	Required when submitting this segment
439-E4	Reason For Service Code	See Attached list of valid values	RW (Repeating) Max = 9	Required when there is a conflict to resolve or reason for service to be explained
440-E5	Professional Service Code	See Attached list of valid values <b>NEW: Use MA for vaccine administration</b>	RW (Repeating) Max = 9	Required when there is a professional service to be identified
441-E6	Result of Service Code	See attached list of valid values	RW (Repeating) Max = 9	Required when There is a result of service to be submitted

**Pricing Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		M	Zero is a valid value.
438-E3	Incentive Amount Submitted	<b>NEW: Vaccine administration charge</b>	RW	Required when submitting for vaccine administration
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due	s9(6)v99	R	

**Compound Segment: Required if claim is for a compound.**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code	Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	M	
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M	
452-EH	Compound Route of Administration	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral	M	
447-EC	Compound Ingredient Component (Count)		M (Repeating)	MAX =25
488-RE	Compound Product ID Qualifier	Ø3=National Drug Code (NDC)	M (Repeating)	
489-TE	Compound Product ID		M (Repeating)	
448-ED	Compound Ingredient Quantity		M (Repeating)	

**Additional Claim Information**

- **M = Mandatory per the NCPDP Version 5.1 Claim Format Standard. These fields must be populated in order for the claim to be processed.**
- **R = Required above the Standard. These data fields must also be populated in order to have the claim processed.**
- **RW = Required When. These fields depend on other claim information or eligibility information to determine if they are required.**
- **ACS POS Help Desk: 1-877-518-1545**

## DUR Codes

### Reason for Service Codes (DUR Conflict Codes)

<b>Code</b>	<b>Meaning</b>	<b>Code</b>	<b>Meaning</b>
AT	Additive Toxicity	LD	Low Dose alert
CH	Call Help Desk	LR	Under Use Precaution
DA	Drug Allergy Alert	MC	Drug Disease Precaution
DC	Inferred Drug Disease Precaution	MN	Insufficient Duration Alert
DD	Drug-Drug Interaction	MX	Excessive Duration Alert
DF	Drug Food Interactions	OH	Alcohol Precaution
DI	Drug Incompatibility	PA	Drug Age Precaution
DL	Drug Lab conflict	PG	Drug Pregnancy alert
DS	Tobacco use precaution	PR	Prior Adverse drug reaction
ER	Over Use precaution	SE	Side effect alert
HD	High Dose alert	SX	Drug gender alert
IC	Iatrogenic condition alert	TD	Therapeutic Duplication
ID	Ingredient Duplication		

### Professional Service Codes (Intervention Codes)

<b>Code</b>	<b>Meaning</b>	<b>Code</b>	<b>Meaning</b>
MA	<b>Medication Administration – use for Vaccine Administration</b>	P0	Patient Consulted - patient interaction
M0	Prescriber Consulted - MD Interface	R0	Pharmacist Consulted Other Source - Pharmacist reviewed

**Result of Service Codes (DUR Outcome Codes)**

<b>Code</b>	<b>Meaning</b>	<b>Code</b>	<b>Meaning</b>
1A	Filled – False Positive	1F	Filled – Different quantity
1B	Filled as is	1G	Filled after prescriber approval
1C	Filled with different dose	2A	Not Filled
1D	Filled with different directions	2B	Not Filled – Directions Clarified

## NCPDP Version 5.1 Payer Sheet – B2 Transactions

**\*\*GENERAL INFORMATION\*\***

Payer Name: Ohio Medicaid	Date: April 25, 2007
Plan Name/Group Name: Ohio Medicaid	
Processor: ACS, Inc.	Help Desk: 1-877-518-1545
Effective as of: May 23, 2007	Version/Release #: 5.1

Transaction Code	Transaction Name
B2	Reversals

**Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61ØØ84	M	
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B2	M	
1Ø4-A4	Processor Control Number	DROHPROD = Production DROHACCP = Test	M	
1Ø9-A9	Transaction Count	1 = One Occurrence	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1 = National Provider Identifier (NPI) Ø5 = Medicaid Provider ID	M	NPI is required starting 05/23/2007
2Ø1-B1	Service Provider ID	NPI Number Medicaid Provider ID	M	NPI is required starting 05/23/2007
4Ø1-D1	Date of Service	CCYYMMDD	M	
M	Software Vendor/Certification ID		N/A	Not used, populate with all zeros

**Insurance Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID	Medicaid I.D. = 12 digits	M	
3Ø1-C1	Group ID	OHMEDICAID	R	

**Patient Segment: Not Supported for B2 Transactions**

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

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 = RX Billing	M	
4Ø2-D2	Prescription/Service Reference Number	Number assigned by pharmacy	M	
436-E1	Product/Service ID Qualifier	Ø3 = NDC	M	
4Ø7-D7	Product/Service ID	NDC Number	M	

**Pharmacy Provider Segment: Not Supported for B2 Transactions**

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

**Prescriber Segment: Not Supported for B2 Transactions**

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

**COB/Other Payments Segment: Not Supported for B2 Transactions**

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

**Workers' Compensation Segment: Not Supported for B2 Transactions**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø6	NS	Workers' Compensation Segment

**DUR/PPS Segment: Not Supported for B2 Transactions**

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

**Pricing Segment: Not Supported for B2 Transactions**

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

**Coupon Segment: Not Supported for B2 Transactions**

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

**Compound Segment: Not Supported for B2 Transactions**

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

**Prior Authorization Segment: Not Supported for B2 Transactions**

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

**Clinical Segment: Not Supported for B2 Transactions**

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