

NCPDP VERSION 5 PAYER SHEET – B1/B3 Transactions

****GENERAL INFORMATION****

Payer Name: Ohio Medicaid	Date: April 13, 2007
Plan Name/Group Name: Ohio Medicaid	
Effective as of: May 23, 2007	Version/Release #: 5.1
ACS Help Desk: 1-877-518-1545	
Other versions supported:	

**** OTHER TRANSACTIONS SUPPORTED ****

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

Transaction Code	Transaction Name
B1	Billing
B3	ReBill

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

Field #	NCPDP Field Name/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) 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	
11Ø-AK	Software Vendor/Certification ID		N/A	Not used, populate with all zeros

Patient Segment: Required

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	Patient ID Qualifier	Blank = Not Specified Ø1 = Social Security Number Ø2 = Driver's License Number Ø3 = U.S. Military ID 99 = Other	NA	Not used
332-CY	Patient ID		NA	Not used
3Ø4-C4	Date of Birth	CCYYMMDD	R	
3Ø5-C5	Patient Gender Code	Ø = Not specified 1 = Male 2 = Female	NA	Not used
31Ø-CA	Patient First Name		NA	Not used
311-CB	Patient Last Name		NA	Not used

322-CM	Patient Street Address		NA	Not used
323-CN	Patient City Address		NA	Not used
324-CO	Patient State/Province Address		NA	Not used
325-CP	Patient Zip/POSTAL Zone		NA	Not used
326-CQ	Patient Phone Number		NA	Not used
3Ø7-C7	Patient Location	Ø =Not specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute care Facility 9=Acute Care Facility 1Ø =Outpatient 11=Hospice	RW	Required when needed to override co-payment. Acceptable fields are: 3 = Nursing Home 4 = Long Term/Extended Care 7 = Skilled Care 11 = Hospice
333-CZ	Employer ID		NS	Not Supported
334-1C	Smoker/Non-Smoker Code		NS	Not Supported
335-2C	Pregnancy Indicator	Blank=Not Specified 2=Pregnant	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	Medicaid I.D. = 12 digits	M	
312-CC	Cardholder First Name		NA	Not used
313-CD	Cardholder Last Name		NA	Not used
314-CE	Home Plan		NS	Not Supported
524-FO	Plan ID		NA	Not used
3Ø9-C9	Eligibility Clarification Code	Ø =Not specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	NA	Not used
336-8C	Facility ID		NS	Not Supported
3Ø1-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.
458-SE	Procedure Modifier Count		NA	Not used
459-ER	Procedure Modifier Code Count		NA	Not used
442-E7	Quantity Dispensed	Metric Decimal Quantity	M	
4Ø3-D3	Fill Number	Ø = Original Dispensing 1-99 = Number of refills	M	
4Ø5-D5	Days Supply		M	
4Ø6-D6	Compound Code	Ø = Not specified 1= Not a compound 2 = Compound	M	
4Ø8-D8	Dispense as Written (DAW)		NA	Not Used
414-DE	Date Prescription Written	CCYYMMDD	R	
415-DF	Number of Refills Authorized	Ø = Not Specified 1-99 = number of refill	M	
419-DJ	Prescription Origin Code	Ø=Not specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	NA	Not used
42Ø-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 8=Process compound for Approved Ingredients 9=Encounters 99=Other	RW	Required when needed to provide additional information for coverage purposes. 8 = Process compound for approved ingredients
46Ø-ET	Quantity Prescribed		RW	Required when submitting a partial fill.
3Ø8-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.

429-DT	Unit Dose Indicator	Ø=Not specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose	NA	Not used
453-EJ	Original Prescribed Product/Service ID Qualifier	Ø3=National Drug Code (NDC)	NA	Not used
445-EA	Originally Prescribed Product/Service Code		NA	Not used
446-EB	Originally Prescribed Quantity		NA	Not used
33Ø-CW	Alternate ID		NS	Not supported
454-EK	Scheduled prescription ID Number		NS	Not Supported
418-DI	Level of Service		NA	Not Used
461-EU	Prior Authorization Type Code	Ø5 = Exemption from RX	RW	Required for billing COB
462-EV	Prior Authorization Number Submitted		NA	Not used
463-EW	Intermediary Authorization Type ID	Replace PA/MC Field	NA	Not used
464-EX	Intermediary Authorization ID	Replaced PA/MC Field	NA	Not used
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.
6ØØ -28			NS	Not Supported

Pharmacy Provider Segment: Not used

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø2	NA	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	Blank=Not specified Ø1=Drug Enforcement Administration (DEA) Ø2=State License Ø3=Social Security Number (SSN) Ø4=Name Ø5=National Provider Identifier (NPI) Ø6=Health Industry Number (HIN) Ø7=State Issued 99=Other	NA	Not used
444-E9	Provider ID		NA	Not used

Prescriber Segment: Required

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	Ø1 = National Provider Identifier Ø5 = Medicaid ID	R	NPI will be accepted effective 05/23/2007.

411-DB	Prescriber ID	NPI Number Medicaid ID (Prescriber specific)	R	NPI will be accepted effective 05/23/2007.
467-1E	Prescriber Location Code		NS	Not Supported
427-DR	Prescriber Last Name		NA	Not used
498-PM	Prescriber Phone Number		NA	Not used
468-2E	Primary Care Provider ID Qualifier	Blank=Not Specified Ø 1=National Provider ID (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare Ø5=Medicaid Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø =Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	NA	Not used
421-DL	Primary Care Provider ID		NA	Not used
469-H5	Primary care Provider Location Code		NS	Not Supported
47Ø-4E	Primary Care Provider Last Name		NS	Not Supported

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 99-Other	M	Required for this program. 99 = Other
34Ø -7C	Other Payer ID		RW Max = 3	Use proprietary program codes for the Other Payer ID. (Carrier Code)
443-E8	Other Payer Date	CCYYMMDD	RW Max = 3	Required when billing for COB
341-HB	Other Payer Amount Paid Count		RW Max = 3	Required when billing for COB
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) Max = 3	Required when billing for COB
431-DV	Other Payer Amount Paid	S\$\$\$\$\$cc	RW Max = 3	Required when billing for COB
471-5E	Other Payer Reject Count		NA	Not used
472-6E	Other Payer Reject Code		NA	Not used

Workers' Compensation Segment: Not used

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø6	NA	Workers' Compensation Segment
434-DY	Date of Injury		NA	
315-CF	Employer Name		NS	Not Supported
316-CG	Employer Street Address		NS	Not Supported
317-CH	Employer City Address		NS	Not Supported
318-CI	Employer State/Province ID		NS	Not Supported
319-CJ	Employer Zip/Postal Zone		NS	Not Supported
32Ø-CK	Employer Phone Number		NS	Not Supported
321-CL	Employer Contact Name		NS	Not Supported
327-CR	Carrier ID		NS	Not Supported

435-DZ	Claim/Reference ID		NS	Not Supported
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DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	NA	DUR/PPS Segment
473-7E	DUR/PPS Code counter		M	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
44Ø-E5	Professional Service Code	See Attached list of valid values	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
474-8E	DUR/PPS Level of Effort		NA	Not used
475-J9	DUR Co-Agent ID Qualifier		NA	Not used
476-H6	DUR Co-Agent ID		NA	Not used

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		M	Zero is a valid value.
412-DC	Dispensing Fee Submitted		N/A	Not Used
477-BE	Professional Service Fee Submitted		NA	Not used
433-DX	Patient Paid Amount		NA	Not used
438-E3	Incentive Amount Submitted		NA	Not used
478-H7	Other Amount Claimed Submitted Count		NA	Not used
479-H8	Other Amount Claimed Submitted		NA	Not used
481-HA	Flat Sales Tax Amount Submitted		NA	Not used
48Ø-H9	Other Amount Claimed Submitted		R	
482-GE	Percentage Sales Tax Amount Submitted		NA	Not used
483-HE	Percentage Sales Tax Rate Submitted		NA	Not used
484-JE	Percentage Sales Tax Basis Submitted	Blank=Not specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	NA	Not used
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due	s9(6)v99	R	

423-DN	Basis of Cost Determination	Blank=Not specified ØØ =Not specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition 6Ø =MAC (Maximum Allowable Cost) Ø7=Usual & customary Ø9=Other	NA	Not used
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Coupon Segment: Segment is not supported

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø9	NS	Coupon Segment
485-KE	Coupon Type		NS	
486-ME	Coupon Number		NS	
487-NE	Coupon Value Amount		NS	

Compound Segment: 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)	
449-EE	Compound Ingredient Drug Cost		NA	Not used
49Ø-UE	Compound ingredient basis of Cost Determination	Blank=Not specified Ø1=AWP Ø2=Local Wholesaler Ø3=Direct Ø4=EAC Ø5=Acquisition Ø6=MAC Ø7=Usual & customary Ø9=Other	NA	Not used

Prior Authorization Segment: Not Used

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	12	NA	Prior Authorization Segment
498-PA	Request Type		NA	
498-PB	Request Period Date –Begin		NA	
498-PC	Request Period Date- End		NA	
498-PD	Basis of Request		NA	
498-PE	Authorized Representative First Name		NA	
498-PF	Authorized Representative Last Name		NA	
498-PG	Authorized Representative Street Address		NA	
498-PH	Authorized Representative City Address		NA	
498-PJ	Authorized Representative State/Province Address		NA	
498-PK	Authorized Representative Zip/Postal Code		NA	
498-PY	Prior Authorization Number Assigned		NA	
503-F3	Authorization Number		NA	
498-PP	Prior Authorization Supporting Documentation		NA	

Clinical Segment: Not Used

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	13	NA	Clinical Segment
491-VE	Diagnosis Code Count		NA	
492-WE	Diagnosis Code		NA	
424-DO	Diagnosis Code		NA	
493-XE	Clinical Information Counter		NA	
494-ZE	Measurement Date		NA	
495-H1	Measurement Time		NA	
496-H2	Measurement Dimension		NA	
497-H3	Measurement Unit		NA	
499-H4	Measurement Value		NA	

Additional Claim Information

- **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.**
- **NA = These fields are not applicable and do not have to be populated for the claim to be processed.**
- **NS = Not Supported. These fields are not supported by PDCS and do not have to be populated**
- **ACS POS Help Desk: 1-877-518-1545**

DUR Codes

Reason for Service Codes (DUR Conflict Codes)

Code	Meaning	Code	Meaning
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)

Code	Meaning	Code	Meaning
M0	MD Interface	RØ	Pharmacist reviewed
PØ	Patient Interaction		

Result of Service Codes (DUR Outcome Codes)

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

NCPDP Version 5.1 Payer Sheet – B2 Transactions

****GENERAL INFORMATION****

Payer Name: 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