

Payer Specification Sheet

Segment and Field Requirements by Transaction Type

BILLING (B1), REVERSAL (B2), REBILL (B3), PA REQUEST and BILLING (P1), PA REVERSAL (P2), PA INQUIRY (P3), PA REQUEST ONLY (P4), ELIGIBILITY VERIFICATION (E1) Transaction Data Elements

M=Mandatory, S=Situational, ***R=Repeating Field

Transaction Header Segment – Mandatory			Required
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
101-A1	BIN NUMBER	M	610706
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	B1, B2, B3, E1, P1, P2, P3 or P4 only
104-A4	PROCESSOR CONTROL NUMBER	M	WAPROD – Production WATEST- Test
109-A9	TRANSACTION COUNT	M	01 – 04; One Transaction For B2 Or Compound Claims; Up To 4 For B1 Or B3
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01 (NPI)
201-B1	SERVICE PROVIDER ID	M	National Provider Identifier
401-D1	DATE OF SERVICE	M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use Value For Switch’s Requirements, Or Populate With Blanks

Prescription Drug Program

NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
Patient Segment – Situational			Required for B1, B2, & B3 transactions
111-AM	SEGMENT IDENTIFICATION	M	01
331-CX	PATIENT ID QUALIFIER	S	Not Required - Captured if transmitted
332-CY	PATIENT ID	S	Not Required - Captured if transmitted
304-C4	DATE OF BIRTH	S	Not Required - Captured if transmitted
305-C5	PATIENT GENDER CODE	S	Not Required - Captured if transmitted
310-CA	PATIENT FIRST NAME	S	Not Required - Captured if transmitted
311-CB	PATIENT LAST NAME	S	Not Required - Captured if transmitted
322-CM	PATIENT STREET ADDRESS	S	Not Required - Captured if transmitted
323-CN	PATIENT CITY ADDRESS	S	Not Required - Captured if transmitted
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	Not Required - Captured if transmitted
325-CP	PATIENT ZIP/POSTAL ZONE	S	Not Required - Captured if transmitted
326-CQ	PATIENT PHONE NUMBER	S	Not Required - Captured if transmitted
307-C7	PATIENT LOCATION	S	Not Required - Captured if transmitted 01 = Client Resides At Home, In An Assisted Living Facility, Group Home Or Adult Family Home 02 = ITA Claim 03 = Client Resides In A Skilled Nursing Facility 11 = Hospice Patient Whose Prescription Is Unrelated To Their Terminal Condition
333-CZ	EMPLOYER ID	S	Not Required - Captured if transmitted
334-1C	SMOKER / NON-SMOKER CODE	S	Not Required - Captured if transmitted
335-2C	PREGNANCY INDICATOR	S	Not Required - Captured if transmitted 1 = Not Pregnant 2 = Pregnant

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
Insurance Segment – Situational			Required For B1, B3, P1, P2, P3, P4 And E1 Transactions
111-AM	SEGMENT IDENTIFICATION	M	04
302-C2	CARDHOLDER ID	M	Patient Identification Code (PIC)
312-CC	CARDHOLDER FIRST NAME	S	Not Required - Captured if transmitted
313-CD	CARDHOLDER LAST NAME	S	Not Required - Captured if transmitted
314-CE	HOME PLAN	S	Not Required - Captured if transmitted
524-FO	PLAN ID	S	Not Required - Captured if transmitted
309-C9	ELIGIBILITY CLARIFICATION CODE	S	Not Required - Captured if transmitted 2 = Baby on Parent's PIC
336-8C	FACILITY ID	S	Not Required - Captured if transmitted
301-C1	GROUP ID	S	Not Required - Captured if transmitted
303-C3	PERSON CODE	S	Not Required - Captured if transmitted
306-C6	PATIENT RELATIONSHIP CODE	M	Required 1 = Cardholder

Claim Segment – Mandatory			Required for B1, B2, B3, P1, P2, P3 & P4
111-AM	SEGMENT IDENTIFICATION	M	07
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Required 1 = Rx billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Required, supports 7 digit Rx number
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03 = NDC
407-D7	PRODUCT/SERVICE ID	M	11-digit NDC
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	S	Required when billing for a partial fill
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Required when billing for a partial fill
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Required ONLY if Procedure Modifier Code Submitted
459-ER	PROCEDURE MODIFIER CODE	S	Not Required - Captured if transmitted
442-E7	QUANTITY DISPENSED	S	Required for B1 & B3 transactions
403-D3	FILL NUMBER	S	Required for B1 & B3

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
Claim Segment – Mandatory			Required for B1, B2, B3, P1, P2, P3 & P4
			transactions 0 = Original dispensing 1-99 = Refill Number
405-D5	DAYS SUPPLY	S	Required for B1 & B3 transactions
406-D6	COMPOUND CODE	S	Required for B1 & B3 transactions 2 = Compound
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	Not Required - Captured if transmitted 1 = Dispense As Written
414-DE	DATE PRESCRIPTION WRITTEN	S	Required for B1 & B3 transactions
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Not Required – Captured if transmitted
419-DJ	PRESCRIPTION ORIGIN CODE	S	Not Required – Captured if transmitted
420-DK	SUBMISSION CLARIFICATION CODE	S	Not Required – Captured if transmitted
460-ET	QUANTITY PRESCRIBED	S	Required on partial or completion fills
308-C8	OTHER COVERAGE CODE	S	2 = Other coverage exists-payment collected 3 = Other coverage exists-this claim not covered 4 = Other coverage exists – payment not collected 7 = Other coverage exists-not in effect at time of service 8 = Claim is a billing for a copay
429-DT	UNIT DOSE INDICATOR	S	Required, 3 = Pharmacy Unit Dose
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	Required on partial or completion fills
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Required on partial or completion fills
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Required on partial or completion fills
330-CW	ALTERNATE ID	S	Not Required – Captured if transmitted
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	Not Required – Captured if transmitted
600-28	UNIT OF MEASURE	S	Not Required – Captured if

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
Claim Segment – Mandatory			Required for B1, B2, B3, P1, P2, P3 & P4
			transmitted
418-DI	LEVEL OF SERVICE	S	Not Required – Captured if transmitted
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	2 = Self-Referred Healthy Options Client 5 = Lost or stolen medication replacement 6 = Sterilization 8 = Supply for take home, school or camp, suicide risk or monitoring
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	Prior Authorization or Expedited Authorization Number
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	Not Required – Captured if transmitted
464-EX	INTERMEDIARY AUTHORIZATION ID	S	Not Required – Captured if transmitted
343-HD	DISPENSING STATUS	S	Blank = Not Specified P = Partial Fill C = Completion of Partial Fill
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Required on partial or completion fills
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Required on partial or completion fills

Prescriber Segment – Situational			Required for B1, B3, P1, P2, P3 and P4 transactions
111-AM	SEGMENT IDENTIFICATION	M	03
466-EZ	PRESCRIBER ID QUALIFIER	M	01 = National Provider ID
411-DB	PRESCRIBER ID	M	National Provider ID
467-1E	PRESCRIBER LOCATION CODE	S	Not Required - Captured if transmitted
427-DR	PRESCRIBER LAST NAME	S	Required for P1, P2, P3 and P4 transactions
498-PM	PRESCRIBER PHONE NUMBER	S	Required for P1, P2, P3 and P4 transactions
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	Not Required - Captured if transmitted
421-DL	PRIMARY CARE PROVIDER ID	S	Not Required - Captured if transmitted

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
Prescriber Segment – Situational			Required for B1, B3, P1, P2, P3 and P4 transactions
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	Not Required - Captured if transmitted
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	Not Required - Captured if transmitted

COB/Other Payments Segment – Situational			Required ONLY for COB processing
111-AM	SEGMENT IDENTIFICATION	M	05
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	Required if Segment is Used Maximum = 3
338-5C	OTHER PAYER COVERAGE TYPE	M***R***	01 = Primary 02 = Secondary 03 = Tertiary 99 = Composite
339-6C	OTHER PAYER ID QUALIFIER	S***R***	Blank = Not Specified 01 = National Payer ID 02 = Health Industry Number (HIN) 03 = Bank Information Number (BIN) 04 = National Association of Insurance Commissioners (NAIC) 09 = Coupon 99 = Other
340-7C	OTHER PAYER ID	S***R***	Required if Segment is Used
443-E8	OTHER PAYER DATE	S***R***	Required, CCYYMMDD
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	Required if Segment is Used
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R***	Blank = Not Specified 01 = Delivery 02 = Shipping 03 = Postage 04 = Administrative 05 = Incentive 06 = Cognitive Service 07 = Drug Benefit 08 = Sum of all reimbursement 98 = Coupon 99 = Other
431-DV	OTHER PAYER AMOUNT PAID	S***R***	Required if Segment is Used
471-5E	OTHER PAYER REJECT COUNT	S	Not Required - Captured if transmitted
472-6E	OTHER PAYER REJECT CODE	S***R***	Not Required - Captured if

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
COB/Other Payments Segment – Situational			Required ONLY for COB processing
			transmitted

DUR/PPS Segment – Situational			Segment is Not Required, use encouraged if applicable
111-AM	SEGMENT IDENTIFICATION	M	08
473-7E	DUR/PPS CODE COUNTER	S***R***	Required if segment used, one to 9 occurrences are supported
439-E4	REASON FOR SERVICE CODE	S***R***	Required if segment used AD = Additional Drug Needed AN = Prescription Authentication AR = Adverse Drug Reaction AT = Additive Toxicity CD = Chronic Disease Management CH = Call Help Desk CS = Patient Complaint/Symptom DA = Drug Allergy DC = Drug disease (inferred) DD = Drug-drug interaction DF = Drug-food interaction DI = Drug Incompatibility DL = Drug-lab conflict DM = Apparent Drug Misuse DS = Tobacco Use ED = Patient Education/Instruction ER = Overuse EX = Excessive Quantity HD = High dose IC = Iatrogenic condition ID = Ingredient duplication LD = Low Dose LK = Lock In Recipient LR = Underuse MC = Drug disease (Reported) MN = Insufficient duration MS = Missing Information/Clarification MX = Excessive duration NA = Drug not available NC = Non-covered drug

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
DUR/PPS Segment – Situational			Segment is Not Required, use encouraged if applicable
439-E4	REASON FOR SERVICE CODE	S***R***	purchase ND = New disease/diagnosis NF = Nonformulary drug NN = Unnecessary drug NP = New Patient processing NR = Lactation/Nursing interaction NS = Insufficient quantity OH = Alcohol conflict AP = Drug Age PC = Patient question/concern PG = Drug pregnancy PH = Preventative Health Care PN = Prescriber consultation PP = Plan protocol PR = Prior adverse reaction PS = Product selection opportunity RE = Suspected environmental risk RF = Health Provider referral SC = Suboptimal compliance SD = Suboptimal drug/indication SE = Side Effect SF = Suboptimal dosage form SR = Suboptimal regimen SX = Drug gender
439-E4	REASON FOR SERVICE CODE	S***R***	TD = Therapeutic duplication TN = Laboratory test needed TP = Payer/Processor question

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
DUR/PPS Segment – Situational			Segment is Not Required, use encouraged if applicable
440-E5	PROFESSIONAL SERVICE CODE	S***R***	Required if segment used 00 (zero, zero) = No intervention AS = Patient assessment CC = Coordination of care DE = Dosing evaluation/determination FE = Formulary enforcement GP = Generic product selection MA = Medication administration M0 (M, zero) = Prescriber consulted MR = Medication review PE = Patient education/instruction PH = Patient medication history PM = Patient monitoring P0 (P, zero) = Patient consulted PT = Perform laboratory test R0 (R, zero) = Pharmacist consulted other source RT = Recommend laboratory test SC = Self-care consultation SW = Literature search/review TC = Payer/processor consulted TH = Therapeutic product interchange

Prescription Drug Program

NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
DUR/PPS Segment – Situational			Segment is Not Required, use encouraged if applicable
441-E6	RESULT OF SERVICE CODE	S***R***	Required if segment used 00 = Not specified 1A = Filled as is, false positive 1B = Filled as is 1C = Filled with different dose (Override a refill to soon edit for a dosage change) 1D = Filled with different directions 1E = Filled with different drug 1F = Filled with different quantity 1G = Filled after prescriber approval obtained 1H = Brand-to-Generic change 1J = Rx-to-OTC change 1K = Filled with different dosage form 2A = Prescription not filled 2B = Not filled, directions clarified 3A = Recommendation accepted 3B = Recommendation not accepted 3C = Discontinued drug 3D = Regimen changed 3E = Therapy changed 3F = Therapy changed-cost increased acknowledged 3G = Drg therapy unchanged 3H = Follow up/report 3J = Patient referral 3K = Instructions understood 3M = Compliance aid provided 3N = Medication administered
474-8E	DUR/PPS LEVEL OF EFFORT	S***R***	Required if segment used
475-J9	DUR CO-AGENT ID QUALIFIER	S***R***	Not Required - Captured if transmitted
476-H6	DUR CO-AGENT ID	S***R***	Not Required - Captured if transmitted

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
Pricing Segment – Mandatory			Required for B1 & B3 transactions
111-AM	SEGMENT IDENTIFICATION	M	11
409-D9	INGREDIENT COST SUBMITTED	M	Required
412-DC	DISPENSING FEE SUBMITTED	S	Not Required - Captured if transmitted
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	Not Required - Captured if transmitted
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Not Required - Captured if transmitted
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Not Required - Captured if transmitted
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S	Not Required - Captured if transmitted
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R***	Not Required - Captured if transmitted
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***R***	Required if submitting Other Coverage Code 8
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	Not Required - Captured if transmitted
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	Not Required - Captured if transmitted
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	Not Required - Captured if transmitted
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	Not Required - Captured if transmitted
426-DQ	USUAL AND CUSTOMARY CHARGE	M	Required Amount charged cash customers for the prescription exclusive of sales tax For Public Health Service entities, usual and customary charge is the 'actual acquisition cost'
430-DU	GROSS AMOUNT DUE	M	Required
423-DN	BASIS OF COST DETERMINATION	S	Not Required - Captured if transmitted

Compound Segment – Situational			Required for compound claims
111-AM	SEGMENT IDENTIFICATION	M	10
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	Required 01 = Capsule

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
Compound Segment – Situational			Required for compound claims
			02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	1 = Each 2 = Grams 3 = Milliliters
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	00 = Not specified 01 = Buccal 02 = Dental 03 = Inhalation 04 = Injection 05 = Intraperitoneal 06 = Irrigation 07 = Mouth/throat 08 = Mucous membrane 09 = Nasal 10 = Ophthalmic 11 = Oral 12 = Other/Miscellaneous 13 = Otic 14 = Perfusion 15 = Rectal 16 = Sublingual 17 = Topical 18 = Transdermal 19 = Translingual 20 = Urethral 21 = Vaginal 22 = Enteral
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M***R***	Count Of Compound Product ID's (NDC's)
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	03 = NDC

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
Compound Segment – Situational			Required for compound claims
489-TE	COMPOUND PRODUCT ID	M***R***	11-Digit NDC
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Required
449-EE	COMPOUND INGREDIENT DRUG COST	M	Required When A Compound Drug Is Dispensed
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	M	Required When A Compound Drug Is Dispensed

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NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
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Prior Authorization Segment – Situational			Required for P1, P2, P3, P4 transaction
111-AM	SEGMENT IDENTIFICATION	M	12
498-PA	REQUEST TYPE	M	1 = Initial 2 = Reauthorization 3 = Deferral
498-PB	REQUEST PERIOD DATE-BEGIN	M	CCYYMMDD
498-PC	REQUEST PERIOD DATE-END	M	CCYYMMDD
498-PD	BASIS OF REQUEST	M	ME = Medical Exception PR = Plan Requirement PL = Increase Plan Limitation
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	S	Not Required. Not Supported
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	S	Not Required. Not Supported
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	S	Not Required. Not Supported
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	S	Not Required. Not Supported
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	S	Not Required. Not Supported
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	S	Not Required. Not Supported
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED	S	Required for P2 transactions
503-F3	AUTHORIZATION NUMBER	S	Not Required. Not Supported
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	S	Not Required. Not Supported

Note: A “Situational” data element means the NCPDP Standard does **not** require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The “Mandatory” and "Required" fields within “Situational” segments are only mandatory IF the segment is being utilized.