

**Pharmacy Encounter
Companion Guide
NCPDP versions 1.2 and Transaction version D.0
(Request)
State of Washington**



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Pharmacy Encounter

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Disclaimer

This companion guide for the NCPDP D.0 Encounters transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.



Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG-PENC-D.O-01-01	04/01/2012		Final D.0 Version	
WAMMIS-CG-PENC-D.O-01-02	03/17/2012		Update element requirement.	Updated 409-D9 from an optional to a mandatory element
WAMMIS-CG-PENC-D.O-01-03	01/06/2017		Updated element description use	Updated 308-C8 to include additional coverage codes Updated 338-5C to include additional Other Payer Coverage Types Updated 340-7C Other Payer ID to allow for other payer names Updated 431-DV Other Payer Amount Paid to allow for other payer paid amounts.
WAMMIS-CG-PENC-D.O-01-04	2/13/2017		Updated element description use	Updated 338-5C. Only value allowed currently is 01-Primary
WAMMIS-CG-PENC-D.O-01-05	08/28/2019		Update URL	Update URL
WAMMIS-CG-PENC-D.O-01-06	03/02/2020		Adding Field Numbers and Segment Names	Added: 461-EU PRIOR AUTHORIZATION TYPE CODE 462-EV PRIOR AUTHORIZATION NUMBER SUBMITTED 424-DO DIAGNOSIS CODE 443-E8 OTHER PAYER DATE 353-NR OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT



				351-NP OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER 352-NQ OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT 439-E4 REASONFOR SERVICE CODE 440-E5 PROFESSIONAL SERVICE CODE 441-E6 RESULT OF SERVICE CODE 438-E3 INCENTIVE AMOUNT SUBMITTED 478-H7 OTHER AMOUNT CLAIMED SUBMITTED COUNT
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1 Introduction

NCPDP is a registered trademark of the National Council for Prescription Drug Programs (NCPDP), Inc., Versions 1.2 and D.0 and their predecessors include proprietary material that is protected under the U.S. Copyright Law, and all rights remain with NCPDP.

- NCPDP Version 1.2 defines the data structure and content of batch pharmacy transmissions only.
- NCPDP Version D.0 defines the data structure and content of single Point-of-Sale (POS) transmissions only.

These specifications cover the minimum required fields (mandatory) per the NCPDP Versions 1.2 and D.0 standards as well as the required fields needed for the State of Washington Health Care Authority encounter claims processing.

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Health Care Authority (HCA) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

Encounters are not HIPAA named transactions and the NCPDP Version D.0 Implementation Guide was used as a foundation to construct the standardized HCA encounter reporting process.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on NCPDP Encounter transactions between the HCA ProviderOne system and its trading partners. HCA defines trading partners as covered entities that either submit or retrieve NCPDP batch transactions to and from ProviderOne.

This Companion Guide provides information related to electronic submission of NCPDP Encounter Transactions to HCA by approved trading partners.



This Companion Guide is intended for trading partner use in conjunction with the NCPDP Batch Standard Implementation Guide Version 1 Release 2. The NCPDP Implementation Guides can be accessed at <http://www.ncdp.org/>.

1.1.1 Intended Users

Companion Guides are intended to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to NCPDP Implementation Guides

Companion Guides are intended to supplement the NCPDP Implementation Guides for NCPDP transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with HCA, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from HCA.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

1.2 Transmission Schedule

N/A



2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners can send NCPDP Transactions to HCA using :

- Secure File Transfer Protocol (SFTP)

2.1.2 Testing Process

Completion of the testing process must occur prior to submitting electronic transactions in production to ProviderOne. Testing is conducted to ensure the following levels of NCPDP compliance:

1. Level 1 – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Level 2 – Syntactical requirements: Testing for NCPDP Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for NCPDP HIPAA required or intra-segment situational data elements.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and the trading partner enrollment package are available for download via the web at https://www.hca.wa.gov/CG_HIPAA
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

Submit to: HCA HIPAA EDI Department
626 8th Avenue SE
PO Box 45564
Olympia, WA 98504-5564

For Questions call 1-800-562-3022 extension '16137'



3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. The trading partner submits all NCPDP test files through the Secure File Transfer Protocol (SFTP).
 - SFTP URL: <ftp.waproviderone.org>
5. The trading partner downloads acknowledgements for the test file from the ProviderOne SFTP site.
6. If the ProviderOne system generates a positive acknowledgment, the file is successfully accepted. The trading partner is then approved to send NCPDP Encounter files in production.
7. If the test file generates a negative acknowledgment, then the submission is unsuccessful and the file is rejected. The trading partner needs to resolve all the errors that are reported on the negative acknowledgment and resubmit the file for test. Trading partners will continue to test in the testing environment until they receive a positive acknowledgment.

2.1.3 Who to contact for assistance

- Email: HIPAA-help@hca.wa.gov
 - All emails result in the assignment of a Ticket Number for problem tracking
- Information required for initial email:
 - Name
 - Phone Number
 - Email Address
 - 7 Digit Domain/ProviderOne ID
 - Transaction you are inquiring about
 - File Name
 - Detailed description of concern
- Information required for follow up call(s):
 - Assigned Ticket Number



2.2 Set-up, Directory, and File Naming Convention

2.2.1 SFTP Set-up

Trading partners can contact HIPAA-Help@hca.wa.gov for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

2.2.2 SFTP Directory Naming Convention

There would be two categories of folders under Trading Partner's SFTP folders:

1. **TEST – Trading Partners should submit and receive their test files under this root folder**
2. **PROD – Trading Partners should submit and receive their production files under this root folder**

Following folder will be available under TEST/PROD folder within SFTP root of the Trading Partner:

'NCPDP Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to HCA

'NCPDP Ack' - Trading partner should look for acknowledgements to the files submitted in this folder. Custom error report will be available for all the files submitted by the Trading Partner

'NCPDP Outbound' – X12 outbound transactions generated by HCA will be available in this folder

'NCPDP Error' – Any inbound file that is not HIPAA/NCPDP compliant or is not recognized by ProviderOne will be moved to this folder

Folder Structure will appear as:

- **PROD**
 - **NCPDP Inbound**
 - **NCPDP Error**
 - **NCPDP Outbound**
 - **NCPDP Ack**
- **TEST**



- **NCPDP Inbound**
- **NCPDP Error**
- **NCPDP Outbound**
- **NCPDP Ack**

2.2.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

NCPDP files are named:

For Inbound transactions:

NCPDP.<TPId>.<datetimestamp>.<originalfilename>.<dat>

Example of file name: NCPDP.101721500.122620072100_P_1.dat

- <TPId> is the Trading Partner Id
- <datetimestamp> is the Date timestamp
- <originalfilename> is the original file name which is submitted by the trading partner.

2.3 Transaction Standards

2.3.1 General Information

NCPDP standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda,

An overview of requirements specific to the NCPDP batch transactions can be found in the NCPDP Batch Standard and Batch Implementation Guide Version 1 Release 2. Implementation Guides contain information related to:

- Format and content of batch and transaction group
- Format and content of the header, detail and trailer segments specific to the batch
- Code sets and values authorized for use in the transaction



- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by NCPDP Standards
- HCA file size limitations

HCA limits a file size to 100 MB through SFTP.

2.3.2 General file layout

NCPDP 1.2 Batch layout:

ID	Name	Usage	Min Use	Max Use
HDR	Transaction Header	Mandatory - Must use	1	1
DTL	Transaction Detail	Mandatory - Must use	1	999999
TRL	Transaction Trailer	Mandatory - Must use	1	1

NCPDP D.0 B1 Transaction layout:

Position	ID	Name	Usage	# of Repeats
1	TH	Transaction Header	Mandatory - Must use	
2	01	Patient	Optional - Used	
3	04	Insurance	Mandatory - Must use	
4	{	Claim or Service Billing	Mandatory - Must use	4
5	07	Claim	Mandatory - Must use	
6	02	Pharmacy Provider	Optional - Used	
7	03	Prescriber	Optional - Used	
8	05	COB/Other Payments	Optional - Used	
9	06	Worker's Compensation	Optional - Used	
10	08	DUR/PPS	Optional - Used	
11	11	Pricing	Mandatory - Must use	
12	09	Coupon	Optional - Used	
13	10	Compound	Optional - Used	
14	12	Prior Authorization	Optional - Used	
15	13	Clinical	Optional - Used	



Position	ID	Name	Usage	# of Repeats
	}			

NCPDP D.0 B2 Transaction layout:

Position	ID	Name	Usage	# of Repeats
1	TH	Transaction Header	Mandatory - Must use	
2	04	Insurance	Optional - Used	
3	{	Claim or Service Reversal	Mandatory - Must use	4
4	07	Claim	Mandatory - Must use	
5	05	COB/Other Payments	Optional - Used	
6	08	DUR/PPS	Optional - Used	
7	11	Pricing	Optional - Used	
	}			

NCPDP D.0 B3 Transaction layout:

Position	ID	Name	Usage	# of Repeats
1	TH	Transaction Header	Mandatory - Must use	
2	01	Patient	Optional - Used	
3	04	Insurance	Mandatory - Must use	
4	{	Rebill	Mandatory - Must use	4
5	07	Claim	Mandatory - Must use	
6	02	Pharmacy Provider	Optional - Used	
7	03	Prescriber	Optional - Used	
8	05	COB/Other Payments	Optional - Used	
9	06	Worker's Compensation	Optional - Used	
10	08	DUR/PPS	Optional - Used	
11	11	Pricing	Mandatory - Must use	
12	09	Coupon	Optional - Used	
13	10	Compound	Optional - Used	
14	13	Clinical	Optional - Used	
15	14	Additional Documentation	Optional - Used	
16	15	Facility	Optional - Used	
17	16	Narrative	Optional - Used	
	}			

2.3.3 Data Interchange Conventions

When accepting NCPDP Batch Encounter transactions from trading partners, HCA follows standards developed by the National Council for Prescription Drug Programs. All Encounter Transactions should follow the NCPDP batch



encounter guideline. Please refer to the NCPDP Batch Encounters Implementation Guide for Batch and Transactions specifications. Specific information on how individual data elements are populated by HCA on Batch and Transaction are shown in the table beginning later in this section.

The first segment of every transmission (request or response) is the Header Segment. This is the only segment that does not have a Segment Identification because it is a fixed field and length segment. After the Header Segment, other segments are included, according to the particular transaction type. Every other segment has an identifier to denote the particular segment for parsing. Segments may appear in any order after the Header Segment, according to whether the segment occurs at the transmission or transaction level. Segments are not allowed to repeat within a transaction.

In the Header Segment, all fields are required positionally and filled to their maximum designation. This is a fixed segment. If a mandatory field is not used, it must be filled with spaces or zeroes, as appropriate. The fields within the Header Segment do not use field separators.

Other segments may have both mandatory and required fields. Required fields in a segment are submitted after the mandatory fields. A field separator and the field's identifier must precede both types of fields. Required fields may appear in any order except for those designated with a qualifier or in a repeating group. The mandatory and required fields may be truncated to the actual size used.

Parsing is accomplished with the use of separators. Version D.0 uses the following three separators:

- Segment separator Hex 1E (Dec 30)
- Group separator Hex 1D (Dec 29)
- Field separator Hex 1C (Dec 28)

Within a transaction, appropriate segments are included. Segments are delineated with the use of Segment separators. Segments are also identified with the use of a Segment Identification in the first position of each segment. One or many segments may be included in each transaction. Field separators are used to delineate fields in the segments.

HCA accepts NCPDP Batch Encounter files with a single Transaction in a Batch.



2.3.4 Reject Codes

NCPDP standard reject codes will be used when the transaction is rejected by HCA.

2.3.5 Acknowledgement Procedures

Once the file is submitted by the trading partner and is successfully received by the ProviderOne system, a response in the form of an HTML report will be placed in appropriate folder (on the FTP server) of the trading partner. The ProviderOne system generates positive acknowledgements, if the submitted Batch Encounter file meets NCPDP standards related to syntax and data integrity. For files, which do not meet the NCPDP standards a negative acknowledgment is generated and sent to the trading partner.

2.3.6 Rejected Transmissions and Transactions

Pharmacy Encounters will be rejected if the file does not meet NCPDP standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1 and 2).



3 Transaction Specifications

NCPDP Batch Encounters

Field Number	Field/Segment Name	Mandatory/Optional	Type	Length	ProviderOne Companion Guide Rules D.0
	Transaction Header				
880-K4	Text Indicator	Mandatory	String	1	Start of Text (Stx) = x'02'
701	Segment Identifier	Mandatory	String	2	Use '00'
880-K6	Transmission Type	Mandatory	String	1	Use:T = Transaction
880-K1	Sender ID	Mandatory	String	24	Enter the MCO's 9 digit program specific ProviderOne ID e.g. '123456700'
806-5C	Batch Number	Mandatory	Number	7	Must match the Trailer Batch Number
880-K2	Creation Date	Mandatory	Number	8	Enter date in CCYYMMDD format e.g. 20090401 for April 1 st 2009
880-K3	Creation Time	Mandatory	Number	4	Enter time in HHMM format e.g. 2030 for 8:30 pm
702	File Type	Mandatory	String	1	Use 'T' when submitting a Test File Use 'P' when submitting a Production File
102-A2	Version/Release Number	Mandatory	String	2	Use '12'
880-K7	Receiver ID	Mandatory	String	24	Enter '77045' followed by spaces
880-K4	Text Indicator	Mandatory	String	1	End of Text (Etx) = x'03'



	Transaction Detail				
880-K4	Text Indicator	Mandatory	String	1	Start of Text (Stx) = x'02'
701	Segment Identifier	Mandatory	String	2	Use 'G1' Detail Data Record Start
880-K5	Transaction Reference Number	Mandatory	String	10	This number is assigned by the MCO to uniquely identify each claim within the file.
NCPDPDR	NCPDP Data Record (Transmission Header Segment)	Mandatory	String	9999999	
101-A1	BIN Number	Mandatory	N	6	Use '610706'
102-A2	Version/Release Number	Mandatory	A/N	2	Use 'D0'
103-A3	Transaction Code	Mandatory	A/N	2	Please use: B1 - Billing B2 - Reversal B3 - Rebill
104-A4	Processor Control Number	Mandatory	A/N	10	Please use: 'ENCOUNTER' for Production files 'ENCTEST' for Test files
109-A9	Transaction Count	Mandatory	A/N	1	Please use: 1 – One transactions 2 – Two transactions 3 - Three transactions 4 - Four transactions
202-B2	Service Provider ID Qualifier	Mandatory	A/N	2	Use '01'
201-B1	Service Provider ID	Mandatory	A/N	15	Enter the NPI of the servicing Pharmacy
401-D1	Date Of Service	Mandatory	N	8	Enter date in CCYYMMDD format e.g. 20090401 for April 1 st 2009



110-AK	Software Vendor/ Certification ID	Mandatory	A/N	10	Use '0000000000'
1	Patient (Transmission Patient Segment)	Optional			
111-AM	Segment Identification	Mandatory	A/N	2	Use '01'
331-CX	Patient ID Qualifier	Mandatory	A/N	2	Use '06'
332-CY	Patient ID	Mandatory	A/N	20	Use ProviderOne Client ID e.g. 123456789WA
304-C4	Date Of Birth	Optional	N	8	Enter date in CCYYMMDD format e.g. 20090401 for April 1 st 2009
305-C5	Patient Gender Code	Optional	N	1	Please use: 0 - Not specified 1 - Male 2 - Female
310-CA	Patient First Name	Optional	A/N	12	Enter Patient First Name
311-CB	Patient Last Name	Optional	A/N	15	Enter Patient Last Name
307-C7	Place of Service	Optional	N	2	As per External Code List under D.0
384-4X	Patient Residence Code	Optional	N	2	As per External Code List under D.0
4	Insurance (Transmission Insurance Segment)	Mandatory			
111-AM	Segment Identification	Mandatory	A/N	2	Use '04'
302-C2	Cardholder ID	Mandatory	A/N	20	Use ProviderOne Client ID e.g. 123456789WA
306-C6	Patient Relationship Code	Optional	N	1	Please use: 1 = Cardholder
7	Claim (Transaction Claim Segment)	Mandatory			
111-AM	Segment Identification	Mandatory	A/N	2	Use '07'



455-EM	Prescription/ Service Reference Number Qualifier	Mandatory	A/N	1	Please use: 1 = Rx Billing (Paid by MCO)
402-D2	Prescription/ Service Reference Number	Mandatory	N	12	Enter the Prescription Number
436-E1	Product/Service ID Qualifier	Mandatory	A/N	2	Please use: 03 = National Drug Code
407-D7	Product/Service ID	Mandatory	A/N	19	Enter 11 Digit NDC Number from Medi- Span
442-E7	Quantity Dispensed	Optional	N	10	Enter the quantity in numeric e.g. 30 units should be coded as 0000030000
403-D3	Fill Number	Optional	N	2	Please use: 0=Original fill 1—99=Refill Number
405-D5	Days Supply	Optional	N	3	Enter number of Days Supply
406-D6	Compound Code	Optional	N	1	Enter: 0 = Not specified 1 = Not a compound 2 = Compound



408-D8	Dispense As Written (DAW)/ Product Selection Code	Optional	A/N	1	Enter: 0 = No product selection 1 = Physician's request 2 = Substitution allowed- patient requested product dispensed 3 = Substitution allowed- pharmacist selected product dispensed 4 = Substitution allowed- generic drug not in stock 5 = Substitution allowed- brand drug dispensed as generic 6 = Override 7 = Substitution not allowed- brand drug mandated by law 8 = Substitution allowed- generic drug not available in marketplace 9 = Other
414-DE	Date Prescription Written	Optional	N	8	Enter date in CCYYMMDD format e.g. 20090401 for April 1 st 2009
461-EU	Prior Authorization Type Code	Optional	N	2	
462-EV	Prior Authorization Number Submitted	Optional	N	11	Authorization or Expedited Authorization Number
354-NX	Submission Clarification Code Count	Qualified	N	2	Count of the 'Submission Clarification Code' occurrences required when 'Submission



					Clarification Code is used'
420-DK	Submission Clarification Code	Optional	N	3	As per External Code List under D.0 Maximum 3 occurrence allowed.
308-C8	OTHER COVERAGE CODE	Optional	N	1	2 = Other coverage exists-payment collected 3 = Other coverage billed- claim not covered 4 = Other coverage exists – payment not collected
995-E2	Route of Administration	Optional	A/N	11	Use NCPDP applicable codes
996-G1	Compound Type	Optional	A/N	2	As per External Code List under D.0
3	Prescriber (Transaction Pharmacy Segment)	Optional			
111-AM	Segment Identification	Mandatory	A/N	2	Use '03'
466-EZ	Prescriber ID Qualifier	Mandatory	A/N	2	Please use: 01 - NPI 12 - DEA Number
411-DB	Prescriber ID	Mandatory	A/N	15	Enter the NPI or DEA Number of the Prescribing Physician
5	COB/Other Payments (Transaction Other COB Segment)	Optional			
111-AM	Segment Identification	Mandatory	A/N	2	Use '05'
337-4C	Coordination of Benefits/Other Payments Count	Mandatory	N	1	
338-5C	Other Payer Coverage Type	Mandatory	A/N	2	01 = Primary
339-6C	Other Payer ID Qualifier	Mandatory	A/N	2	Use '99'



340-7C	Other Payer ID	Mandatory	A/N	10	Enter Payer Name
443-E8	Other Payer Date	Optional	N	8	Enter date in CCYYMMDD format e.g. 20090401 for April 1 st 2009
341-HB	Other Payer Amount Paid Count	Mandatory	N	1	
342-HC	Other Payer Amount Paid Qualifier	Mandatory	A/N	2	Use: '07' - Drug benefit
431-DV	Other Payer Amount Paid	Mandatory	D	8	Enter the amount that the other payer paid as '\$\$\$\$\$\$cc'.
353-NR	Other Payer-Patient Responsibility Amount Count	Mandatory	N	2	Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is use.
351-NP	Other Payer-Patient Responsibility Amount Qualifier	Mandatory	N	2	Required when Other Payer-Patient Responsibility amount Count (353-NR) is use.
352-NQ	Other Payer-Patient Responsibility Amount	Mandatory	N	10	Enter the amount Other Payer-Patient Responsibility as '\$\$\$\$\$\$cc'.
8	DUR	Optional			
111-AM	Segment Identification	Mandatory	A/N	2	Use '08'
439-E4	Reason For Service Code	Optional	A/N	2	Required if segment used
440-E5	Professional Service Code	Optional	A/N	2	Required if segment used
441-E6	Result Of Service Code	Optional	A/N	2	Required if segment used
11	Pricing	Mandatory			
111-AM	Segment Identification	Mandatory	A/N	2	Use '11'
409-D9	Ingredient Cost Submitted	Mandatory	D	8	Enter the Ingredient Cost Submitted as '\$\$\$\$\$\$cc'
438-E3	Incentive Amount Submitted	Optional	N	8	Enter the Incentive amount submitted as '\$\$\$\$\$\$cc'.



478-H7	Other Amount Claimed Submitted Count	Mandatory	N	1	Not Required - Captured if transmitted.
426-DQ	Usual and Customary Charge	Optional	D	8	Enter Total Billed Charges as '\$\$\$\$\$\$cc'.
430-DU	Gross Amount Due	Optional	D	8	Total amount remitted to the pharmacy entered as '\$\$\$\$\$\$cc'.
13	Clinical	Mandatory			
111-AM	Segment Identification	Mandatory	A/N	2	Use '13'
424-DO	Diagnosis Code	Mandatory	A/N	15	<p>Prior Authorization Request Only (Claim/Service): The value for this field is obtained from the prescriber or authorized representative.</p> <p>Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for professional pharmacy service.</p> <p>Required if this information can be used in place of prior authorization.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p>
10	Compound	Optional			
111-AM	Segment Identification	Mandatory	A/N	2	Use '10'



450-EF	Compound Dosage Form Description Code	Mandatory	A/N	2	Use NCPDP applicable Compound Dosage Form Description Code
451-EG	Compound Dispensing Unit Form Indicator	Mandatory	N	1	Use NCPDP applicable Indicators
447-EC	Compound Ingredient Component Count	Mandatory	N	2	Count of Product ID in the Compound must match the number of ingredients reported
488-RE	Compound Product ID Qualifier	Mandatory	A/N	2	Please use: 03 = National Drug Code
489-TE	Compound Product ID	Mandatory	A/N	19	Enter 11 Digit NDC Number from Medi-Span
448-ED	Compound Ingredient Quantity	Mandatory	N	10	Enter the Ingredient quantity '9999999999'
449-EE	Compound Ingredient Drug Cost	Optional	D	8	Enter cost of ingredient '\$\$\$\$\$\$cc'
362-2G	Compound Ingredient Modifier Code Count	Qualified	N	2	Code indicating the number of Compound Ingredient Modifier Code
363-2H	Compound Ingredient Modifier Code	Optional	A/N	2	CMS code set of HCPCS modifiers – Maximum Occurrence allowed 10
880-K4	Text Indicator	Mandatory	String	1	End of Text (Etx) = x'03'
	Transaction Trailer				
880-K4	Text Indicator	Mandatory	String	1	Start of Text (Stx) = x'02'
701	Segment Identifier	Mandatory	String	2	Use '99'
806-5C	Batch Number	Mandatory	Number	7	Must match the Header Batch Number
751	Record Count	Mandatory	Number	10	



880-K4	Text Indicator	Mandatory	String	1	End of Text (Etx) = x'03'
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