

Payer Specification Sheet

Washington Apple Health (Medicaid) Pharmacy Point of Sale (POS)

Pre-release: Not effective until June 8, 2024

Segment and Field Requirements by Transaction Type Scope

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|-------------------------------------------------------|----|
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Legend for all tables:

- BILLING (B1), REVERSAL (B2), REBILL (B3) Transaction Data Elements
- M=Mandatory, R=Required, Q=Qualified Requirement, N=Not Used for Transaction, ***R***=Repeating Field

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", "Required", and "Qualified Requirement" fields within "Situational" segments are only mandatory IF the segment is being utilized.

Transaction Header Segment – Mandatory

| Transaction Header Segment - Mandatory | | | Required |
|----------------------------------------|----------------------------------|-------------------------|--------------------------------------------------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 101-AI | BIN NUMBER | M | 024822 |
| 102-A2 | VERSION/RELEASE NUMBER | M | D.0 |
| 103-A3 | TRANSACTION CODE | M | B1, B2, B3 |
| 104-A4 | PROCESSOR CONTROL NUMBER | M | DRWAPROD - Production DRWATEST - UAT |
| 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-BI | SERVICE PROVIDER ID | M | National Provider Identifier |
| 401-DI | DATE OF SERVICE | M | CCYYMMDD |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | M | Use Value For Switch's Requirements, or Populate With Blanks |

Patient Segment – Mandatory

| Patient Segment - Situational | | | Required for B1, B2, & B3 transactions |
|-------------------------------|----------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 01 |
| 304-C4 | DATE OF BIRTH | M | Required |
| 305-C5 | PATIENT GENDER CODE | M | Required |
| 310-CA | PATIENT FIRST NAME | R | Required |
| 311-CB | PATIENT LAST NAME | R | Required |
| 322-CM | PATIENT STREET ADDRESS | N | Not Required - Captured if transmitted |
| 323-CN | PATIENT CITY ADDRESS | N | Not Required - Captured if transmitted |
| 324-CO | PATIENT STATE I PROVINCE ADDRESS | N | Not Required - Captured if transmitted |
| 325-CP | PATIENT ZIP/POSTAL ZONE | N | Not Required - Captured if transmitted |
| 326-CQ | PATIENT PHONE NUMBER | N | Not Required - Captured if transmitted |
| 384-4X | PATIENT RESIDENCE | Q | 01 = Home 02 = Skilled Nursing Facility 11 = Hospice Patient Whose Prescription Is Unrelated To Their Terminal Condition 12 = Psychiatric Residential Treatment Facility (ITA claims) |

Insurance Segment – Mandatory

| Insurance Segment - Situational | | | Required For B1, B2 and B3 Transactions |
|---------------------------------|--------------------------------|-------------------------|-----------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 301-C1 | GROUP ID | M | Value = 'CAID' |
| 302-C2 | CARDHOLDER ID | M | ProviderOne Client ID |
| 306-C6 | PATIENT RELATIONSHIP CODE | M | Required 1 = Cardholder |
| 309-C9 | ELIGIBILITY CLARIFICATION CODE | Q | |

Claim Segment – Mandatory

| Claim Segment - Mandatory | | | Required For B1, B2 and B3 Transactions |
|---------------------------|--------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 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 12digit Rx number |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | M | 03 = National Drug Code (NDC) |
| 407-D7 | PRODUCT/SERVICE ID | M | 11-digit NDC |
| 456-EN | ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | Q | Required when billing for a partial fill, supports 12-digit prescription number |
| 457-EP | ASSOCIATED PRESCRIPTION/SERVICE DATE | Q | Required when billing for a partial fill |
| 458-SE | PROCEDURE MODIFIER CODE COUNT | N | Required ONLY if Procedure Modifier Code submitted |
| 459-ER | PROCEDURE MODIFIER CODE | N | Not Required - Captured if transmitted |
| 442-E7 | QUANTITY DISPENSED | Q | Required for B1 & B3 transactions |
| 403-D3 | FILL NUMBER | Q | Required for B1 & B3 transactions 0 = Original dispensing 1-99 = Refill Number |
| 405-DS | DAYS SUPPLY | Q | Required for B1 & B3 transactions |

| Claim Segment - Mandatory | | | Required For B1, B2 and B3 Transactions |
|---------------------------|--------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 406-D6 | COMPOUND CODE | Q | 1 = Not a Compound 2 = Compound See Compound Segment for support of multi-ingredient compounds Required for B1 & B3 compound transactions |
| 408-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | Q | Not Required - Captured if transmitted |
| 414-DE | DATE PRESCRIPTION WRITTEN | Q | Required for B1 & B3 transactions |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | N | Not Required - Captured if transmitted |
| 419-DJ | PRESCRIPTION ORIGIN CODE | N | Not Required - Captured if transmitted |
| 420-DK | SUBMISSION CLARIFICATION CODE | Q***R*** | 08 = Process Compound for Approved Ingredients 13 = Emergency Fill |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Q | Required when submitting submission clarification code |
| 308-C8 | OTHER COVERAGE CODE | Q | 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 | N | Not Required - Captured if Transmitted |
| 429-DT | SPECIAL PACKAGING INDICATOR | Q | 3 = Pharmacy Unit Dose |
| 453-EJ | ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | Q | Required on partial or completion fills |
| 445-EA | ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE | Q | Required on partial or completion fills |
| 446-EB | ORIGINALLY PRESCRIBED QUANTITY | Q | Required on partial or completion fills |
| 330-CW | ALTERNATE ID | N | Not Required - Captured if transmitted |
| 454-EK | SCHEDULED PRESCRIPTION ID NUMBER | N | Not Required - Captured if transmitted |
| 600-28 | UNIT OF MEASURE | N | Not Required - Captured if transmitted |
| 418-DI | LEVEL OF SERVICE | N | Not Required - Captured if transmitted |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | Q | 5 = Lost or stolen medication replacement 6 = Sterilization 8 = Supply for take home, school or camp, suicide risk or monitoring |

| Claim Segment - Mandatory | | | Required For B1, B2 and B3 Transactions |
|---------------------------|--------------------------------------|---|-----------------------------------------------------------------------------|
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | Q | Authorization or Expedited Authorization Number |
| 463-EW | INTERMEDIARY AUTHORIZATION TYPE ID | N | Not Required - Captured if transmitted |
| 464-EX | INTERMEDIARY AUTHORIZATION ID | N | Not Required - Captured if transmitted |
| 343-HD | DISPENSING STATUS | Q | Blank = Not Specified P = Partial Fill C = Completion of Partial Fill |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | Q | Required on partial or completion fills |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | Q | Required on partial or completion fills |

Prescriber Segment – Mandatory

| Prescriber Segment - Mandatory | | | Required For B1, B2 and B3 Transactions |
|--------------------------------|-------------------------|-------------------------|-----------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 03 |
| 466-EZ | PRESCRIBER ID QUALIFIER | M | 01 = National Provider ID |
| 411-DB | PRESCRIBER ID | M | National Provider ID |
| 427-DR | PRESCRIBER LAST NAME | Q | Not Required - Captured if transmitted |
| 364-2J | PRESCRIBER FIRST NAME | Q | Not Required - Captured if transmitted |
| 498-PM | PRESCRIBER PHONE NUMBER | Q | Not Required - Captured if transmitted |

Clinical Segment – Situational

| Clinical Segment - Situational | | | Required For B1, B2, B3, Transactions |
|--------------------------------|------------------------|-------------------------|------------------------------------------------------------------------------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 111-AM | SEGMENT IDENTIFICATION | M | |
| 491-VE | DIAGNOSIS CODE COUNT | Q | Maximum count of 5. Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |

| Clinical Segment - Situational | | | Required For B1, B2, B3, Transactions |
|--------------------------------|--------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 492-WE | DIAGNOSIS CODE QUALIFIER | Q***R*** | Required if Diagnosis Code (424-DO) is used. |
| 424-DO | DIAGNOSIS CODE | Q***R*** | The value for this field is obtained from the prescriber or authorized representative. Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. |

COB/Other Payments Segment – Situational

| COB/Other Payments Segment - Situational | | | Required ONLY for COB processing |
|------------------------------------------|-----------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 05 |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | M | Required if Segment is used Maximum = 9 |
| 338-5C | OTHER PAYER COVERAGE TYPE | M***R*** | 01 = Primary 02 = Secondary 03 = Tertiary |
| 339-6C | OTHER PAYER ID QUALIFIER | Q***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) 05 = Medicare Carrier Number 99 = Other |
| 340-7C | OTHER PAYER ID | Q***R*** | Required if Segment is used |
| 443-E8 | OTHER PAYER DATE | Q***R*** | Required, CCYYMMDD |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | M | Required if Segment is used |
| 431-DV | OTHER PAYER AMOUNT PAID | Q***R*** | Required if Segment is used |

| COB/Other Payments Segment - Situational | | | Required ONLY for COB processing |
|------------------------------------------|-----------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | Q***R*** | Blank = Not Specified 01 = Delivery 02 = Shipping 03 = Postage 04 = Administrative 05 = Incentive 06 = Cognitive Service 07 = Drug Benefit |
| 471-5E | OTHER PAYER REJECT COUNT | Q | Required if Other Payer Reject Code (472-6E) is used |
| 472-6E | OTHER PAYER REJECT CODE | Q***R*** | Service Billing: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered). Note: This field must only contain the NCPDP Reject Code (511-FB) values. |

DUR/PPS Segment – Situational

| DUR/PPS Segment - Situational | | | Segment is Not Required, use encouraged if applicable |
|-------------------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 08 |
| 473-7E | DUR/PPS CODE COUNTER | Q***R*** | Required if Segment used, one to 9 occurrences are supported |
| 439-E4 | REASON FOR SERVICE CODE | Q***R*** | Required if Segment used AD = Additional Drug Needed AN = Prescription Authentication AP = Drug Age 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 |

| DUR/PPS Segment - Situational | | Segment is Not Required, use encouraged if applicable | |
|-------------------------------|---------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | DM = Apparent Drug Misuse DR = Dose Range Conflict 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 purchase ND = New disease/diagnosis NF = Non-formulary drug NN = Unnecessary drug NP = New Patient processing NR = Lactation/Nursing interaction NS = Insufficient quantity OH = Alcohol conflict 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 TD = Therapeutic duplication TN = Laboratory test needed TP = Payer/Processor question UD = Duplicate Drug |
| 440-ES | PROFESSIONAL SERVICE CODE | Q***R*** | Required if Segment used M0 (M, zero) = Prescriber consulted P0 (P, zero) = Patient consulted R0 (R, zero) = Pharmacist consulted other source |
| 441-E6 | RESULT OF SERVICE CODE | Q***R*** | Required if Segment used 00 = Not specified 1A = Filled as is, false positive 1B = Filled as is |

| DUR/PPS Segment - Situational | | Segment is Not Required, use encouraged if applicable |
|-------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 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 increase acknowledged 3G = Drug therapy unchanged 3H = Follow up/report 3J = Patient referral 3K = Instructions understood 3M = Compliance aid provided 3N = Medication administered 4A = Prescribed with acknowledgements |

Pricing Segment – Mandatory

| Pricing Segment - Mandatory | | | Required for B1 & B3 transactions |
|-----------------------------|------------------------------------------|-------------------------|----------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 11 |
| 409-D9 | INGREDIENT COST SUBMITTED | M | Required |
| 412-DC | DISPENSING FEE SUBMITTED | N | Not Required - Captured if transmitted |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | N | Not Required - Captured if transmitted |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | Q*** | Not Required - Captured if transmitted |
| 478-H7 | OTHER AMOUNT CLAIMED SUBMITTED COUNT | N | Not Required - Captured if transmitted |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | Q***R*** | Not Required - Captured if transmitted |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | N | Not Required - Captured if transmitted |

| Pricing Segment - Mandatory | | | Required for B1 & B3 transactions |
|-----------------------------|---------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | N | Not Required - Captured if transmitted |
| 483-HE | PERCENTAGE SALES TAX RATE SUBMITTED | N | Not Required - Captured if transmitted |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | N | 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 | N | Not Required - Captured if transmitted |

Compound Segment – Situational

| Compound Segment - Situational | | | Required for compound claims |
|--------------------------------|-----------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NCPDP Field | Field Name | Mandatory / Situational | Comments / Values |
| 111-AM | SEGMENT IDENTIFICATION | M | 10 |
| 450-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | M | Required 01 = Capsule 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 |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | M***R*** | Count Of Compound Product IDs (NDCs) |

| Compound Segment - Situational | | | Required for compound claims |
|--------------------------------|-------------------------------------------------|----------|--------------------------------------------|
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | M***R*** | 03 = NDC |
| 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 | N | |

PRE-RELEASE