

Iowa Medicaid Enterprises NCPDP Version 5.1 Payer Sheet

General Information:

| | |
|---|---|
| Payer Name: Iowa Medicaid Enterprises | Date: June 25, 2005 - Revised Date: June 15, 2009 |
| Plan Name/Group Name: IAPOP | |
| Processor: IME POS Unit (GHS) | Switch: McKesson / Emdeon / QS1 / ERX |
| Effective as of: 06/25/2005 | Version/Release Number: 5.1 |
| Contact Information: 1-877-463-7671, 1-515-725-1107 (local) | |
| Provider Relations Help Desk Info: 1-877-463-7671, 1-515-725-1107 (local) | |
| Other Versions Supported: 5.1 | |

BILLING REQUEST SEGMENTS

M=Mandatory, S=Situational, N=Not Used

Note: if a segment is situational and it is sent then the mandatory fields must be present

Billing Transactions Header Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|-----------------------------------|--|--------------|-------------|----------|
| 101-A1 | Bin Number | "011933" | 6 | M | |
| 102-A2 | Version Release Number | 51=Version 5.1 | 2 | M | |
| 103-A3 | Transaction Code | B1, B3 | 2 | M | |
| 104-A4 | Processor Control Number | IAPOP | 10 | M | |
| 109-A9 | Transaction Count | 1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences | 1 | M | |
| 202-B2 | Service Provider ID Qualifier | 01=National Provider Identifier (NPI) | 2 | M | 01=NPI |
| 201-B1 | Service Provider ID | National Provider Identifier | 15 | M | |
| 401-D1 | Date of Service | | 8 | M | CCYYMMDD |
| 110-AK | Software Vendor /Certification ID | | 10 | S | Blank |

Patient Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|---------------------------|--------------------|--------------|-------------|---|
| 111-AM | Segment Identification | 01=Patient | 2 | M | |
| 332-CY | Patient ID | | 20 | S | |
| 331-CX | Patient ID Qualifier | | 2 | S | |
| 304-C4 | Date of Birth | | 8 | M | CCYYMMDD Mandatory as of 06/15/09 |
| 305-C5 | Gender Code | 1=Male 2=Female | 1 | S | |
| 310-CA | Patient First Name | | 12 | S | |
| 311-CB | Patient Last Name | | 15 | S | |
| 323-CM | Patient City | | 30 | S | |
| 324-CO | Patient State or Province | | 20 | S | |
| 325-CP | Patient Zip/Postal Code | | 2 | S | |
| 326-CQ | Patient Phone Number | | 15 | S | |
| 307-C7 | Patient Location | | 2 | S | |
| 333-CZ | Employer ID | | 15 | S | |
| 334-1C | Smoker/Non-Smoker Code | | 1 | S | |
| 335-2C | Pregnancy Indicator | | 1 | S | |

Insurance Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|--------------------------------|--|--------------|-------|----------|
| 111-AM | Segment Identification | 04=Insurance | 2 | M | |
| 302-C2 | Cardholder ID | ID assigned to the cardholder | 20 | M | |
| 312-CC | Cardholder First Name | | 12 | S | |
| 313-CD | Cardholder Last Name | | 15 | S | |
| 314-CE | Home Plan | | 3 | S | |
| 524-FO | Plan ID | | 8 | S | |
| 309-C9 | Eligibility Clarification Code | 0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other | 1 | S | |
| 336-8C | Facility ID | | 10 | S | |
| 301-C1 | Group ID | | 15 | S | |
| 303-C3 | Person Code | 001, 002, 003 | 3 | S | |
| 306-C6 | Patient Relationship Code | 0=Not Specific 1=Cardholder 2=Spouse 3=Child 4=Other | 1 | S | |

Claim Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|---|---|--------------|-------|---|
| 111-AM | Segment Identification | 07=Claim | 2 | M | |
| 455-EM | Prescription/Service Reference Number Qualifier | 1=Rx Billing | 1 | M | |
| 402-D2 | Prescription /Service Reference Number | | 7 | M | |
| 436-E1 | Product/Service ID Qualifier | 03=National Drug Code | 2 | M | NDC Number |
| 407-D7 | Product/Service ID | | 19 | M | MMMMMDDD DPP |
| 456-EN | Associated Prescription/Service Reference # | | 9 | S | |
| 457-EP | Associated Prescription/Service Date | | 8 | S | CCYYMMDD |
| 458-SE | Procedure Modifier Code Count | | 1 | S | |
| 459-ER | Procedure Modifier Code | | 2 | S | |
| 442-E7 | Quantity Dispensed | | 10 | M | Quantity dispensed expressed in metric decimal units. |
| 403-D3 | Fill Number | 0=Original Dispensing 1 to 99=Refill Number | 2 | S | |
| 405-D5 | Days Supply | | 3 | M | |
| 406-D6 | Compound Code | 0=Not Specified 1=Not a Compound 2=Compound | 1 | M | |
| 408-D8 | Dispense as Written | 0=No Product Selection Indicated 1=Substitution Not Allowed by Doctor 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug | 1 | M | |

| | | | | | |
|--------|---|---|----|---|--|
| | | Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a 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 | | 8 | M | CCYYMMDD |
| 415-DF | Number of Refills Authorized | 0=Not Specified 1 through 99, with 99 being as needed, refills unlimited | 2 | S | |
| 419-DJ | Prescription Origin Code | | 1 | S | |
| 420-DK | Submission Clarification Code | | 2 | S | 8=Process Compound for Approved Ingrid |
| 460-ET | Quantity Prescribed | | 10 | S | |
| 308-C8 | Other Coverage Code | 0=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 | 2 | S | Effective 01/16/07 Accepting 01, 02, 03 and 04 for TPL billing. Accepting "02" and "03" for Part D excluded drugs |
| 429-DT | Unit Dose Indicator | 0=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose 4=Custom Packaging | 1 | S | 3=Pharmacy Unit Dose allowed in IA |
| 453-EJ | Orig. Prescribed Product/Service ID Qualifier | | 2 | S | |
| 445-EA | Originally Prescribed Product/Service Code | | 19 | S | |
| 446-EB | Originally Prescribed Quantity | | 10 | S | |
| 330-CW | Alternate ID | | 20 | S | |
| 454-EK | Scheduled Prescription ID Number | | 12 | S | |
| 600-28 | Unit of Measure | | 2 | S | |
| 418-DI | Level of Service | 0=Not Specified 1=Patient consultation 2=Home delivery 3=Emergency 4=24 hour service 5=Patient consultation regarding generic product selection 6=In-Home Service | 2 | S | |
| 461-EU | Prior Authorization Type Code | 0=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan Indic. 7=TANF (Temporary Assistance for Needy Families) 8=Payer Defined Exemption | 2 | S | 2=Med Cert |
| 462-EV | Prior Auth. Number Submitted | Normal prior authorization numbers submitted when requested by processor. Special PA numbers are submitted by the pharmacist. | 11 | S | 1=72 hour supply 4=pregnant 5=NF vaccine 8=30 day override PA drug |

| | | | | | |
|--------|--------------------------------------|---|----|---|--|
| | | Override Codes: See Comments | | | |
| 463-EW | Intermediary Authorization Type ID | | 2 | S | |
| 464-EX | Intermediary Authorization ID | | 11 | S | |
| 343-HD | Dispensing Status | Blank=Not Specified P=Partial Fill C=Completion of Partial Fill | 1 | S | |
| 344-HF | Quantity Intended to be Dispensed | | 10 | S | |
| 345-HG | Days Supply Intended to be Dispensed | | 3 | S | |

Pharmacy Provider Segment: Not Used

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|------------------------|---|--------------|-------|----------|
| 111-AM | Segment Identification | 02=Pharmacy Provider | 2 | N | |
| 465-EY | Provider ID Qualifier | Blank=Not Specified 01=DEA 02=State License 03=SSN 04=Name 05=National Provider Id 06=Health Industry Number 07=State Issued 99=Other | 2 | N | |
| 444-E9 | Provider ID | | 15 | N | |

Prescriber Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|-------------------------------------|---|--------------|-------|----------|
| 111-AM | Segment Identification | 03=Prescriber | 2 | M | |
| 466-EZ | Prescriber ID Qualifier | Blank = Not specified 01 = National Provider Identifier (NPI) 04 = Medicare 05 = Medicaid 06 = UPIN 08 = State License 11 = Federal Tax ID 12 = DEA 13 = State Issued 14 = Plan Specific 99 = Other | 2 | M | 01 = NPI |
| 411-DB | Prescriber ID | National Provider ID | 15 | M | |
| 467-1E | Prescriber Location Code | | 3 | S | |
| 427-DR | Prescriber Last Name | | 15 | M | |
| 498-PM | Prescriber Phone Number | | 10 | S | |
| 468-2E | Primary Care Provider ID Qualifier | | 2 | S | |
| 421-DL | Primary Prescriber # | | 15 | S | |
| 469-H5 | Primary Care Provider Location Code | | 3 | S | |
| 470-4E | Primary Care Provider Last Name | | 15 | S | |

COB/Other Payment Segment: Situational – Required when submitting Other Coverage Code of 2

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|--------------------------------|-----------------------|--------------|-------|----------|
| 111-AM | Segment Identification | 05=COB/Other Payments | 2 | M | |
| 337-4C | Coordination of Benefits/Other | | 1 | M | |

| | | | | | |
|--------|-----------------------------------|---|----|---|--|
| | Payments Count | | | | |
| 338-5C | Other Payer Coverage Type | Blank=Not specified 01=Primary 02=Secondary 03=Tertiary | 2 | M | |
| 339-6C | Other Payer ID Qualifier | Blank=Not specified 01=National Payer ID 02=Health Industry Number 03=Bank Information Number (BIN) 04=National Association of Insurance Commissioners (NAIC) 99=Other | 2 | S | |
| 340-7C | Other Payer ID | ID assigned to the payer, qualified above | 10 | S | |
| 443-E8 | Other Payer Date | Payment or denial date of the claim submitted to the other payer. | 8 | S | |
| 341-HB | Other Payer Amount Paid Count | Count of the payer amount paid occurrences | 1 | M | |
| 342-HC | Other Payer Amount Paid Qualifier | Blank=Not specified 07=Drug Benefit 08=Sum of all reimbursement | 2 | M | |
| 431-DV | Other Payer Amount Paid | Valid value of \$0 or greater to reflect appropriate Other Payer Amount | 8 | M | |
| 471-5E | Other Payer Reject Count | | 2 | S | |
| 472-6E | Other Payer Reject Code | | 3 | S | |

DUR/PPS Segment: Situational

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|----------------|---------------------------|--------------|---------------------|--------------|-----------------|
| 111-AM | Segment Identification | 08=DUR/PPS | 2 | M | |
| 473-7E | DUR/PPS Code Counter | Value=1 | 1 | S | |
| 439-E4 | Reason for Service Code | | 2 | S | |
| 440-E5 | Professional Service Code | | 2 | S | |
| 441-E6 | Result of Service Code | | 2 | S | |
| 474-8E | DUR-PPS Level of Effort | | 2 | S | |
| 475-J9 | DUR Co-Agent ID Qualifier | | 2 | S | |
| 476-H6 | DUR Co-Agent ID | | 19 | S | |

Pricing Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|----------------|--|--------------|---------------------|--------------|---|
| 111-AM | Segment Identification | 11=Pricing | 2 | M | |
| 409-D9 | Ingredient Cost Submitted | | 8 | M | 340B pharmacies – submit 340B cost here |
| 412-DC | Dispensing Fee Submitted | | 8 | S | |
| 477-BE | Professional Service Fee Submitted | | 8 | S | |
| 433-DX | Patient Paid Amount Submitted | | 8 | S | |
| 438-E3 | Incentive Amount Submitted | | 8 | S | |
| 478-H7 | Other amount Claimed Submitted Count | | 1 | S | |
| 479-H8 | Other amount Claimed Submitted Qualifier | | 2 | S | |
| 480-H9 | Other Amount Claimed Submitted | | 8 | S | |
| 481-HA | Flat Sales Tax Amount Submitted | | 8 | S | |
| 482-GE | Percentage Sales Tax Amount Submitted | | 8 | S | |
| 483-HE | Percentage Sales Tax Rate Submitted | | 7 | S | |
| 484-JE | Percentage Sales Tax Basis Submitted | | 2 | S | |

| | | | | | |
|--------|-----------------------------|--|---|---|--|
| 426-DQ | Usual and Customary Charge | | 8 | M | |
| 430-DU | Gross Amount Due | | 8 | M | |
| 423-DN | Basis of Cost Determination | | 2 | S | |

Coupon Segment: Situational

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|----------------|------------------------|--------------|---------------------|--------------|-----------------|
| 111-AM | Segment Identification | 09=Coupon | 2 | M | |
| 485-KE | Coupon Type | | 2 | M | |
| 486-ME | Coupon Number | | 15 | M | |
| 487-NE | Coupon Value Amount | | 8 | M | |

Compound Segment: Situational

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|----------------|---|--------------|---------------------|--------------|-----------------|
| 111-AM | Segment Identification | 10=Compound | 2 | M | |
| 450-EF | Compound Dosage Form Description Code | | 2 | M | |
| 451-EG | Compound Dispensing Unit Form Indicator | | 1 | M | |
| 452-EH | Compound Route of Administration | | 2 | M | |
| 447-EC | Compound Ingredient Component Count | | 2 | M | |
| 488-RE | Compound Product ID Qualifier | | 2 | M | |
| 489-TE | Compound Product ID | | 19 | M | |
| 448-ED | Compound Ingredient Quantity | | 10 | M | |
| 449-EE | Compound Ingredient Drug Cost | | 8 | S | |
| 490-UE | Compound Ingredient Basis of Cost Determination | | 2 | S | |

Prior Authorization Segment: Situational

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|----------------|--|------------------------|---------------------|--------------|-----------------|
| 111-AM | Segment Identification | 12=Prior Authorization | 2 | M | |
| 498-PA | Request Type | | 1 | M | |
| 498-PB | Request Period Date-Begin | | 8 | M | |
| 498-PC | Request Period Date-End | | 8 | M | |
| 498-PD | Basis of Request | | 2 | M | |
| 498-PE | Authorized Representative First Name | | 12 | S | |
| 498-PF | Authorized Representative Last Name | | 15 | S | |
| 498-PG | Authorized Representative Street Address | | 30 | S | |
| 498-PH | Authorized Representative City Address | | 20 | S | |
| 498-PJ | Authorized Representative State/Province Address | | 2 | S | |
| 498-PK | Authorized Representative Zip/Postal Zone | | 15 | S | |
| 498-PY | Prior Authorization Number Assigned | | 11 | S | |
| 503-F3 | Authorization Number | | 20 | S | |
| 498-PP | Prior Authorization Supporting Documentation | | 1-500 | S | |

Clinical Segment: Situational

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|------------------------------|---|--------------|-------|----------|
| 111-AM | Segment Identification | 13=Clinical | 2 | M | |
| 491-VE | Diagnosis Code Count | | 1 | M | |
| 492-WE | Diagnosis Code Qualifier | Blank = Not Specified 00 = Not Specified 99=Other | 2 | S | |
| 424-DO | Diagnosis Code | | 15 | M | |
| 493-XE | Clinical Information Counter | | 1 | S | |
| 494-ZE | Measurement Date | | 8 | S | |
| 495-H1 | Measurement Time | | 4 | S | |
| 496-H2 | Measurement Dimension | | 2 | S | |
| 497-H3 | Measurement Unit | | 2 | S | |
| 499-H4 | Measurement Value | | 15 | S | |

BILLING RESPONSE SEGMENTS**Response Header Segment: Mandatory**

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|-------------------------------|--|--------------|-------|----------|
| 102-A2 | Version Release Number | 51=Version 5.1 | 2 | M | |
| 103-A3 | Transaction Code | B1, B3 | 2 | M | |
| 109-A9 | Transaction Count | 1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences | 1 | M | |
| 501-FI | Header Response Status | A=Accepted R=Rejected D=Duplicate | 1 | M | |
| 202-B2 | Service Provider ID Qualifier | 01=National Provider Identifier (NPI) | 2 | M | 01=NPI |
| 201-B1 | Service Provider ID | National Provider Identifier | 15 | M | |
| 401-D1 | Date of Service | | 8 | M | CCYYMMDD |

Response Message Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|------------------------|---------------------|--------------|-------|----------|
| 111-AM | Segment Identification | 20=Response Message | 2 | M | |
| 504-F4 | Message | Free Form Message | 1-200 | M | |

Response Insurance Segment: Not Used

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|--------------------------|---------------------|--------------|-------|----------|
| 111-AM | Segment Identification | 20=Response Message | 2 | M | |
| 301-C1 | Group ID | | 15 | N | |
| 524-FO | Plan ID | | 8 | N | |
| 545-2F | Network Reimbursement ID | | 10 | N | |
| 568-J7 | Payer ID Qualifier | | 2 | N | |
| 569-J8 | Payer ID | | 10 | N | |

Response Status Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|-----------------------------------|--|--------------|-------|----------|
| 111-AM | Segment Identification | 21=Response Status | 2 | M | |
| 112-AN | Transaction Response Status | P=Paid R=Rejected D=Duplicate of Paid | 1 | M | |
| 503-F3 | Authorization Number | | 20 | M | |
| 510-FA | Reject Count | Required if Transaction Response Status=R | 2 | M | |
| 511-FB | Reject Code | Required if Transaction Response Status =R | 3 | M | |
| 546-4F | Reject Field Occurrence Indicator | | 2 | M | |
| 547-5F | Approved Message Code Count | | 1 | M | |
| 548-6F | Approved Message Code | Blank=Not specified 001=Generic Available 002=Non formulary drug 003=Maintenance drug | 3 | M | |
| 526-FQ | Additional Message Info | Free Text Information | 200 | M | |
| 549-7F | Help Desk Phone Number Qualifier | 03=Processor/PBM | 2 | M | |
| 550-8F | Help Desk Phone Number | To Be Determined | 18 | M | |

Response Claim Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|---|-------------------|--------------|-------|----------|
| 111-AM | Segment Identification | 22=Response Claim | 2 | M | |
| 455-EM | Prescription/Service Reference Number Qualifier | 1=RX Billing | 1 | M | |
| 402-D2 | Prescription/Service Reference Number | | 9 | M | |
| 551-9F | Preferred Product Count | | 1 | M | |
| 552-AP | Preferred Product ID Qualifier | 03=NDC | 2 | M | |
| 553-AR | Preferred Product ID | | 19 | M | |
| 554-AS | Preferred Product Incentive | | 8 | N | |
| 555-AT | Preferred Product Copay Incentive | | 8 | N | |
| 555-AU | Preferred Product Description | | 40 | N | |

Response Pricing Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|----------------------------------|---|--------------|-------|----------|
| 111-AM | Segment Identification | 23=Response Pricing | 2 | M | |
| 505-F5 | Patient Pay Amount | | 8 | M | |
| 506-F6 | Ingredient Cost Paid | | 8 | M | |
| 507-F7 | Dispensing Fee Paid | | 8 | M | |
| 557-AV | Tax Exempt Indicator | | 1 | N | |
| 558-AW | Flat Sales Tax Amount Paid | | 8 | N | |
| 559-AX | Percentage Sales Tax Amount Paid | | 8 | N | |
| 560-AY | Percentage Sales Tax Rate Paid | | 7 | N | |
| 561-AZ | Percentage Sales Tax Basis Paid | 00=Not specified 01=Gross Amt Due 02=Ingredient Cost 03=Ingredient Cost + Dispensing Fee | 2 | N | |
| 521-FL | Incentive Amount Paid | | 8 | N | |
| 562-J1 | Professional Service Fee Paid | | 8 | N | |
| 563-J2 | Other Amount Paid Count | | 1 | S | |
| 564-J3 | Other Amount Paid Qualifier | | 2 | S | |

| | | | | | |
|--------|--|---|---|---|--|
| 565-J4 | Other Amount Paid | | 8 | S | |
| 566-J5 | Other Payer Amount Recognized | | 8 | S | |
| 509-F9 | Total Amount Paid | | 8 | S | |
| 522-FM | Basis of Reimbursement Determination | 00=Not Specified 01=Ingr Cost Paid as submitted 02=Ingr Cost reduced to AWP pricing 03=Ingr Cost reduced to AWP less x% pricing 04=Usual & Customary Paid as submitted 05=Paid lower of (Ingr Cost + Fee) vs. U&C 06=Mac Pricing Ingr Cost Paid 07=Mac Pricing Ingr Cost Reduced to MAC 08=Contract Pricing 09=Acquisition Pricing | 2 | M | |
| 523-FN | Amount Attributed to Sales Tax | | 8 | N | |
| 512-FC | Accumulated Deductible Amount | | 8 | S | |
| 513-FD | Remaining Deductible Amount | | 8 | S | |
| 514-FE | Remaining Benefit Amount | | 8 | S | |
| 517-FH | Amount Applied to Periodic deductible | | 8 | S | |
| 518-FI | Amount of Copay/Coinsurance | | 8 | S | |
| 519-FJ | Amount Attributed to Product Selection | | 8 | S | |
| 520-FK | Amount Exceeding Periodic Benefit Maximum | | 8 | S | |
| 346-HH | Basis of Calculation – Dispensing Fee | | 2 | S | |
| 347-HJ | Basis of Calculation – Copay | | 2 | S | |
| 348-HK | Basis of Calculation – Flat Sales Tax | | 2 | N | |
| 349-HM | Basis of Calculation – Percentage of Sales Tax | | 2 | N | |

Response DUR/PPS Segment: Situational

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|-------------------------------|-----------------------|--------------|-------|----------|
| 111-AM | Segment Identification | 24 = Response DUR/PPS | 2 | M | |
| 567-J6 | DUR/PPS Response Code Counter | | 1 | M | |
| 439-E4 | Reason for Service Code | | 2 | M | |
| 528-FS | Clinical Significance Code | | 1 | M | |
| 529-FT | Other Pharmacy Indicator | | 1 | S | |
| 530-FU | Previous Date of Fill | | 8 | S | |
| 531-FV | Quantity of Previous Fill | | 10 | S | |
| 532-FW | Database Indicator | | 1 | S | |
| 533-FX | Other Prescriber Indicator | | 1 | S | |
| 544-FY | DUR Free Text Message | | 30 | S | |

Response Prior Authorization Segment: Not Used

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|---------------------------------------|----------------------------------|--------------|-------|----------|
| 111-AM | Segment Identification | 26= Response Prior Authorization | 2 | M | |
| 498-PR | Prior Authorization Processed Date | | 8 | N | |
| 498-PS | Prior Authorization Effective Date | | 8 | N | |
| 498-PT | Prior Authorization Expiration Date | | 8 | N | |
| 498-RA | Prior Authorization Quantity | | 10 | N | |
| 498-RB | Prior Authorization Dollar Authorized | | 8 | N | |

| | | | | | |
|--------|--|--|----|---|--|
| 498-PW | Prior Authorization Number of Refills Authorized | | 2 | N | |
| 498-PX | Prior Authorization Quantity Accumulated | | 10 | N | |
| 498-PY | Prior Authorization -- Assigned | | 11 | N | |

REVERSAL REQUEST SEGMENT

Reversal Header Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|----------------------------------|--|--------------|-------|----------|
| 101-A1 | Bin Number | "011933" | 6 | M | |
| 102-A2 | Version Release Number | 51=Version 5.1 | 2 | M | |
| 103-A3 | Transaction Code | B2=Reversal | 2 | M | |
| 104-A4 | Processor Control Number | IAPOP | 10 | M | |
| 109-A9 | Transaction Count | 1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences | 1 | M | |
| 202-B2 | Service Provider ID Qualifier | 01=National Provider Identifier | 2 | M | 01=NPI |
| 201-B1 | Service Provider ID | National Provider Identifier | 15 | M | |
| 401-D1 | Date of Service | | 8 | M | CCYYMMDD |
| 110-AK | Software/Vendor/Certification ID | | 10 | M | |

Claim Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|---|------------------------|--------------|-------|-----------------|
| 111-AM | Segment Identification | 07=Claim | 2 | M | |
| 445-EM | Prescription/Service Reference Number Qualifier | 1=Rx Billing | 1 | M | |
| 402-D2 | Prescription/Service Reference Number | | 9 | M | |
| 436-E1 | Product/Service ID Qualifier | 03= National Drug Code | 2 | M | |
| 407-D7 | Product Service ID | | 19 | M | MMMMMDDDD PP |
| 403-D3 | Fill Number | | 2 | M | |

REVERSAL RESPONSE SEGMENT

Reversal Header Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|------------------------|--|--------------|-------|----------|
| 102-A2 | Version Release Number | 51=Version 5.1 | 2 | M | |
| 103-A3 | Transaction Code | B2=Reversal | 2 | M | |
| 109-A9 | Transaction Count | 1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences | 1 | M | |
| 501-FI | Header Response Status | A=Accepted R=Rejected | 1 | M | |

| | | | | | |
|--------|-------------------------------|---------------------------------------|----|---|----------|
| | | D=Duplicate | | | |
| 202-B2 | Service Provider ID Qualifier | 01=National Provider Identifier (NPI) | 2 | M | 01=NPI |
| 201-B1 | Service Provider ID | National Provider Identifier | 15 | M | |
| 401-D1 | Date of Service | | 8 | M | CCYYMMDD |

Message Response Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|------------------------|---------------------|--------------|-------|----------|
| 111-AM | Segment Identification | 20=Response Message | 2 | M | |
| 504-F4 | Message | Free Form Message | 1-200 | M | |

Status Response Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|----------------------------------|---|--------------|-------|----------|
| 111-AM | Segment Identification | 21=Response Status | 2 | M | |
| 112-AN | Transaction Response Status | A=Approved R=Rejected | 2 | M | |
| 510-FA | Reject Count | Required if Transaction Response Status=R | 2 | M | |
| 511-FB | Reject Code | Required if Transaction Response Status=R | 3 | M | |
| 549-7F | Help Desk Phone Number Qualifier | 03=Processor/PBM Telephone Number | 2 | M | |
| 550-8F | Help Desk Phone Number | To Be Determined | 18 | M | |
| 526-FQ | Additional Message Information | Free Text Message | 200 | M | |

Claim Response Segment: Mandatory

| FIELD # | FIELD NAME | VALUE | FIELD LENGTH | M S N | COMMENTS |
|---------|---|-------------------|--------------|-------|----------|
| 111-AM | Segment Identification | 22=Response Claim | 2 | M | |
| 455-EM | Prescription/Service Reference Number Qualifier | 1=Rx Billing | 1 | M | |
| 402-D2 | Prescription/Service Ref # | | 9 | M | |