

# GHS Data Management NCPDP Version 5.1 Payer Sheet

## General Information:

Payer Name: GHS Data Management	Date: October 13, 2003 Revised date 05/14/2008
Plan Name/Group Name: DHS	
Processor: GHS	Switch: McKesson / Emdeon / QS1
Effective as of: 10/16/2003	Version/Release Number: 5.1
Contact Information: 1-800-832-9672 ext. 1116 or ext. 1120	
Provider Relations Help Desk Info: 1-888-420-9711	
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	"008316"	6	M	
102-A2	Version Release Number	51=Version 5.1	2	M	
103-A3	Transaction Code	B1, (B3 – Temporarily Inactive)	2	M	
104-A4	Processor Control Number	GHSRX	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) 07=NCPDP Provider ID	2	M	Effective through 05/22/2008 07=NABP  Effective 05/23/2008 01=NPI only
201-B1	Service Provider ID	National Provider Identifier or NCPDP Provider ID	15		
401-D1	Date of Service		8	M	CCYYMMDD
110-AK	Software Vendor /Certification ID		10	M	

### 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	
304-C4	Date of Birth		8	M	CCYYMMDD
305-C5	Gender Code	1=Male 2=Female	1	M	
310-CA	Patient First Name		12	M	
311-CB	Patient Last Name		15	M	
323-CM	Patient City		30	N	
324-CO	Patient State or Province		20	N	
325-CP	Patient Zip/Postal Code		2	N	
326-CQ	Patient Phone Number		15	N	
307-C7	Patient Location		2	N	
333-CZ	Employer ID		15	N	
334-1C	Smoker/Non-Smoker Code		1	N	
335-2C	Pregnancy Indicator		1	N	

**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	N	
313-CD	Cardholder Last Name		15	N	
314-CE	Home Plan		3	N	
524-FO	Plan ID		8	N	
309-C9	Eligibility Clarification Code	0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Significant Other	1	N	
336-8C	Facility ID		10	N	
301-C1	Group ID		15	N	
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		9	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	N	
457-EP	Associated Prescription/Service Date		8	N	CCYYMMDD
458-SE	Procedure Modifier Code Count		1	N	
459-ER	Procedure Modifier Code		2	N	
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	M	
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 Not in Stock	1	N	Not Allowed

		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 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	N	
420-DK	Submission Clarification Code		2	N	
460-ET	Quantity Prescribed		10	N	
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.  8 = Claim is a billing for copay.	2	S	07-01-06 These are OCC codes that can be used per groups.  <b>DHSMC</b> – copay billing only with 2 or 8.  <b>DHSDU</b> – copay billing only with 2 or 8.  <b>DHSMD</b> – copay billing only with 2 or 8, excluded drugs 3, deductible / gap phase 4  <b>DHSSA</b> - allows 0, 1  <b>DHSPI</b> - allows 0, 1, 3, 4 with PA
429-DT	Unit Dose Indicator		1	S	
453-EJ	Orig. Prescribed Product/Service ID Qualifier		2	N	
445-EA	Originally Prescribed Product/Service Code		19	N	
446-EB	Originally Prescribed Quantity		10	N	
330-CW	Alternate ID		20	N	
454-EK	Scheduled Prescription ID Number		12	N	
600-28	Unit of Measure		2	N	
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	N	
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	2	S	

		6=Family Plan Indic. 7=TANF (Temporary Assistance for Needy Families) 8=Payer Defined Exemption			
462-EV	Prior Auth. Number Submitted	Submitted when requested by processor	11	S	
463-EW	Intermediary Authorization Type ID		2	N	
464-EX	Intermediary Authorization ID		11	N	
343-HD	Dispensing Status		1	N	
344-HF	Quantity Intended to be Dispensed		10	N	
345-HG	Days Supply Intended to be Dispensed		3	N	

**Pharmacy Provider Segment: Not Used**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	02=Pharmacy Provider	2	M	
465-EY	Provider ID Qualifier	N	2	M	
444-E9	Provider ID		15	M	

**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	12=DEA	2	M	Please continue to send 12=DEA
411-DB	Prescriber ID	DEA	15	M	
467-1E	Prescriber Location Code		3	N	
427-DR	Prescriber Last Name		15	S	
498-PM	Prescriber Phone Number		10	N	
468-2E	Primary Care Provider ID Qualifier		2	N	
421-DL	Primary Prescriber #		15	N	
469-H5	Primary Care Provider Location Code		3	N	
470-4E	Primary Care Provider Last Name		15	N	

**COB/Other Payment Segment: Situational**

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 Payments Count		1	M	
338-5C	Other Payer Coverage Type	Blank=Not Specified 01=Primary 02=Secondary 03=Tertiary	2	M	This is a mandatory field if the COB segment is submitted.
339-6C	Other Payer ID Qualifier		2	N	
340-7C	Other Payer ID		10	N	
443-E8	Other Payer Date		8	N	
341-HB	Other Payer Amount Paid Count		1	M	
342-HC	Other Payer Amount Paid Qualifier	07=Drug Benefit	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	N	
472-6E	Other Payer Reject Code		3	N	

**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	
412-DC	Dispensing Fee Submitted		8	N	
477-BE	Professional Service Fee Submitted		8	N	
433-DX	Patient Paid Amount Submitted		8	S	
438-E3	Incentive Amount Submitted		8	N	
478-H7	Other amount Claimed Submitted Count		1	N	
479-H8	Other amount Claimed Submitted Qualifier		2	N	
480-H9	Other Amount Claimed Submitted		8	N	
481-HA	Flat Sales Tax Amount Submitted		8	N	
482-GE	Percentage Sales Tax Amount Submitted		8	N	
483-HE	Percentage Sales Tax Rate Submitted		7	N	
484-JE	Percentage Sales Tax Basis Submitted		2	N	
426-DQ	Usual and Customary Charge		8	M	
430-DU	Gross Amount Due		8	M	
423-DN	Basis of Cost Determination		2	N	

**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	N	
490-UE	Compound Ingredient Basis of Cost Determination		2	N	

**Prior Authorization Segment: Not Used**

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	N	
498-PF	Authorized Representative Last Name		15	N	
498-PG	Authorized Representative Street Address		30	N	
498-PH	Authorized Representative City Address		20	N	
498-PJ	Authorized Representative State/Province Address		2	N	
498-PK	Authorized Representative Zip/Postal Zone		15	N	
498-PY	Prior Authorization Number Assigned		11	N	
503-F3	Authorization Number		20	N	
498-PP	Prior Authorization Supporting Documentation		1-500	N	

**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	99=Other	2	M	
424-DO	Diagnosis Code		15	M	
493-XE	Clinical Information Counter		1	N	
494-ZE	Measurement Date		8	N	
495-H1	Measurement Time		4	N	
496-H2	Measurement Dimension		2	N	
497-H3	Measurement Unit		2	N	
499-H4	Measurement Value		15	N	

## 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	1	M	
202-B2	Service Provider ID Qualifier	01=National Provider Identifier (NPI) 07=NCPDP Provider ID	2	M	Effective through 05/22/2008 07=NABP  Effective 05/23/2008 01=NPI only
201-B1	Service Provider ID	National Provider Identifier or NCPDP Provider ID	15		
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	1-888-420-9711	18	M	

### **Response Claim Segment: Mandatory**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>VALUE</b>	<b>FIELD LENGTH</b>	<b>M/S/N</b>	<b>COMMENTS</b>
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**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>VALUE</b>	<b>FIELD LENGTH</b>	<b>M/S/N</b>	<b>COMMENTS</b>
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	N	
564-J3	Other Amount Paid Qualifier		2	N	
565-J4	Other Amount Paid		8	N	
566-J5	Other Payer Amount Recognized		8	N	
509-F9	Total Amount Paid		8	N	
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	2	M	

		Ø9=Acquisition Pricing			
523-FN	Amount Attributed to Sales Tax		8	N	
512-FC	Accumulated Deductible Amount		8	N	
513-FD	Remaining Deductible Amount		8	N	
514-FE	Remaining Benefit Amount		8	N	
517-FH	Amount Applied to Periodic deductible		8	N	
518-FI	Amount of Copay/Coinsurance		8	N	
519-FJ	Amount Attributed to Product Selection		8	N	
52Ø-FK	Amount Exceeding Periodic Benefit Maximum		8	N	
346-HH	Basis of Calculation – Dispensing Fee		2	N	
347-HJ	Basis of Calculation – Copay		2	N	
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	N	
53Ø-FU	Previous Date of Fill		8	N	
531-FV	Quantity of Previous Fill		10	N	
532-FW	Database Indicator		1	N	
533-FX	Other Prescriber Indicator		1	N	
544-FY	DUR Free Text Message		30	N	

**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 RESPONSE SEGMENT**

**Reversal Header Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
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101-A1	Bin Number	“008316”	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	GHSRX	10	M	
109-A9	Transaction Count	1=One Occurrence, 1 reversal per B2 transmission	1	M	
202-B2	Service Provider ID Qualifier	01=National Provider Identifier (NPI) 07=NCPDP Provider ID	2	M	Effective through 05/22/2008 07=NABP  Effective 05/23/2008 01=NPI only
201-B1	Service Provider ID	National Provider Identifier or NCPDP Provider ID	15		
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	MMMMMDDDDP P
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, per B2 transmission	1	M	
501-FI	Header Response Status	A=Accepted R=Rejected	1	M	
202-B2	Service Provider ID Qualifier	01=National Provider Identifier (NPI) 07=NCPDP Provider ID	2	M	Effective through 05/22/2008 07=NABP  Effective 05/23/2008 01=NPI only
201-B1	Service Provider ID	National Provider Identifier or NCPDP Provider ID	15		
401-D1	Date of Service		8	M	CCYYMMDD

**Message Response Segment: Mandatory**

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

**Status Response Segment: Mandatory**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>VALUE</b>	<b>FIELD LENGTH</b>	<b>M/S/N</b>	<b>COMMENTS</b>
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=1-888-420-9711	2	M	
550-8F	Help Desk Phone Number	1-888-420-9711	18	M	
526-FQ	Additional Message Information	Free Text Message	200	M	

**Claim Response Segment: Mandatory**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>VALUE</b>	<b>FIELD LENGTH</b>	<b>M/S/N</b>	<b>COMMENTS</b>
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	