

**GHS Data Management
NCPDP Version 5.1 Payer Sheet - Part D**

General Information:

Payer Name: GHS Data Management	Date: January 1, 2006	Revised date 05/14/2008
Plan Name/Group Name: MEPARTD		
Processor: GHS	Switch: McKesson / Emdeon / QS1	
Effective as of: 01/01/2006	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		

Any text in the Value field in quotes ("") is the literal text that must be included in the transaction.
Text without quotes are examples.

M=Mandatory as defined by NCPDP, S=Situational, R=Required as defined by Processor
Note: if a segment is situational and it is sent then the mandatory fields must be present

BILLING REQUEST SEGMENTS

Transaction Header Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
101-A1	BIN Number	"005526"	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	MEPARTD	10	M	
109-A9	Transaction Count	1=One Occurrence	1	M	Limit of 1 transaction per transmission for Part D
202-B2	Service Provider ID Qualifier	01=National Provider Identifier (NPI) 07=NCPDP Provider ID	2	M	Effective through 10/01/2008 07=NABP Effective 10/02/08 01=NPI only
201-B1	Service Provider ID	National Provider Identifier or NCPDP Provider ID	15	M	
401-D1	Date of Service		8	M	CCYYMMDD
110-AK	Software Vendor / Certification ID		10	M	Fill with zeros if unavailable

Patient Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	01=Patient	2	M	
331-CX	Patient ID Qualifier	Blank = Not specified 99=Other	2	S	
332-CY	Patient ID		20	S	
304-C4	Date of Birth		8	R	CCYYMMDD
305-C5	Patient Gender Code	1=Male 2=Female	1	R	
310-CA	Patient First Name		12	R	
311-CB	Patient Last Name		15	R	

323-CN	Patient City		20	S	
Patient Segment: Mandatory (cont.)					
324-CO	Patient State or Province		2	S	
325-CP	Patient Zip/Postal Zone		15	S	
307-C7	Patient Location	0=Not Specified 1=Home 2=Inter-care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 10=Outpatient 11=Hospice	2	R	Required for Long-Term Care billing
335-2C	Pregnancy Indicator		1	S	

Insurance Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	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	
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	R	As printed on the ID card
303-C3	Person Code	001	3	S	
306-C6	Patient Relationship Code	0=Not Specific 1=Cardholder 2=Spouse 3=Child 4=Other	1	R	

Claim Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	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	MMMMMDDDDPP
456-EN	Associated Prescription/Service		7	S	

	Reference #				
457-EP	Associated Prescription/Service Date		8	S	CCYYMMDD
Claim Segment: Mandatory (cont.)					
442-E7	Quantity Dispensed		1Ø	R	Quantity dispensed expressed in metric decimal units
4Ø3-D3	Fill Number	Ø=Original Dispensing 1 to 11=Refill Number	2	R	Original plus 1-11 refills allowed
4Ø5-D5	Days Supply		3	R	
4Ø6-D6	Compound Code	Ø=Not Specified 1=Not a Compound 2=Compound	1	R	
4Ø8-D8	Dispense as Written	Ø=No Product Selection Indicated 6=Override 8=Substitution Allowed-Generic Drug Not Available in Marketplace	1	R	DAW codes 6 & 8 are the only valid codes for MEPARTD at this time
414-DE	Date Prescription Written		8	R	CCYYMMDD
415-DF	Number of Refills Authorized	Ø=Not Specified 1 through 11 refills	2	S	
42Ø-DK	Submission Clarification Code	ØØ = Note Specified, Default Ø5 = Therapy Change 99 = Other (LTC, NF, Residential / Assisted Living Facility transfers)	2	S	All other codes will reject
3Ø8-C8	Other Coverage Code	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	Accepting 2, 3, 4 & 8 for MEPARTD billing 2=Copay billing only (This is to accommodate providers software issues.) 3=Excluded Part D drugs 4=Deductible, GAP 8=Copay billing only
429-DT	Unit Dose Indicator		1	S	
6ØØ-28	Unit Of Measure	EA=Each GM=Grams ML=Milliliters	2	R	
461-EU	Prior Authorization Type Code	Ø=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=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption	2	S	1 = Prior authorization
462-EV	Prior Authorization Number Submitted	Number submitted by the provider to identify the prior authorization	11	S	Submit PA number assigned
343-HD	Dispensing Status		1	S	
344-HF	Quantity Intended to be Dispensed		1Ø	S	
345-HG	Days Supply Intended to be Dispensed		3	S	

Pharmacy Provider Segment: Not Used**Prescriber Segment: Mandatory**

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	Ø3=Prescriber	2	M	
466-EZ	Prescriber ID Qualifier	12 = Drug Enforcement Administration (DEA)	2	M	Please continue to send 12=DEA
411-DB	Prescriber ID	DEA	15	M	
467-1E	Prescriber Location Code		3	S	

COB/Other Payment Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	Ø5=COB/Other Payments	2	M	
337-4C	Coordination of Benefits/Other Payments Count		1	M	Up to three occurrences
338-5C	Other Payer Coverage Type	Blank=Not specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 99=Composite	2	M	This is a mandatory field if the COB segment is submitted
339-6C	Other Payer ID Qualifier	Ø3=Bank Identification Number (BIN)	2	R	
34Ø-7C	Other Payer ID		1Ø	R	
443-E8	Other Payer Date		8	R	
341-HB	Other Payer Amount Paid Count		1	S	Required if other payer(s) paid
342-HC	Other Payer Amount Paid Qualifier	Ø7=Drug Benefit Ø8=Sum of all reimbursement 99=Other	2	S	Required if other payer(s) paid Use a series of 99 qualifiers to indicate deductible and co-insurance amounts
431-DV	Other Payer Amount Paid	Valid value of \$Ø or greater to reflect appropriate Other Payer Amount	8	S	Required if other payer(s) paid
471-5E	Other Payer Reject Count		2	S	Required if other payer(s) rejected
472-6E	Other Payer Reject Code		3	S	Required if other payer(s) rejected

DUR/PPS Segment: Situational

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	Ø8=DUR/PPS	2	M	
473-7E	DUR/PPS Code Counter	Value=1	1	S	
439-E4	Reason for Service Code		2	S	
44Ø-E5	Professional Service Code		2	S	
441-E6	Result of Service Code		2	S	

Pricing Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	11=Pricing	2	M	
409-D9	Ingredient Cost Submitted		8	R	
412-DC	Dispensing Fee Submitted		8	R	
433-DX	Patient Paid Amount Submitted		8	R	Used with other coverage codes 2 and 8
438-E3	Incentive Amount Submitted		8	S	
478-H7	Other Amount Claimed Submitted Count		1	R	
479-H8	Other Amount Claimed Submitted Qualifier	04=Administrative 99=Other	2	R	
480-H9	Other Amount Claimed Submitted		8	R	
426-DQ	Usual and Customary Charge		8	R	
430-DU	Gross Amount Due		8	R	Used with other coverage codes 4 and 8
423-DN	Basis of Cost Determination		2	S	

Coupon Segment: Situational

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	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	R	

Compound Segment: Not Used**Prior Authorization Segment: Not Used****Clinical Segment: Situational**

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	13=Clinical	2	M	
491-VE	Diagnosis Code Count		1	R	
492-WE	Diagnosis Code Qualifier	99=Other	2	R	Use 99 when submitting diagnosis codes CA/22, HO/46, SC/72, TO/86, 6, 8, or 9
424-DO	Diagnosis Code	CA or 22=Cancer HO or 46=Hospice SC or 72=Change dose strength w/ valid PA	15	R	DIAG Codes SC/72 and TO/86 must be submitted with a

TO or 86=Titration override w/ valid PA
 5=ADHD
 6=Pernicious or Megaloblastic Anemia
 8=Renal Failure
 9=Paraplegia/Quadraplegia

valid Prior
 Authorization

BILLING RESPONSE SEGMENTS

Response Header Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
102-A2	Version Release Number	51=Version 5.1	2	M	
103-A3	Transaction Code	B1, (B3 - Temporarily Inactive)	2	M	
109-A9	Transaction Count	1=One Occurrence	1	M	Limit of 1 transaction per transmission for Part D
501-F1	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 10/01/2008 07=NABP Effective 10/02/08 01=NPI only
201-B1	Service Provider ID	National Provider Identifier or NCPDP Provider ID	15	M	
401-D1	Date of Service		8	M	CCYYMMDD

Response Message Segment: Mandatory

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

Response Insurance Segment: Situational

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	25=Response Insurance	2	M	
301-C1	Group ID		15	R	As printed on the ID card
524-FO	Plan ID		8	S	
568-J7	Payer ID Qualifier		2	S	
569-J8	Payer ID		10	S	

Response Status Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	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	R	

51Ø-FA	Reject Count		2	R	Required if Transaction Response Status=R
511-FB	Reject Code		3	R	Required if Transaction Response Status=R

Response Status Segment: Mandatory (cont.)

546-4F	Reject Field Occurrence Indicator		2	R	Required if Transaction Response Status=R
526-FQ	Additional Message Info	Free Text Information	2ØØ	R	
549-7F	Help Desk Phone Number Qualifier	Ø3=Processor/PBM	2	R	
55Ø-8F	Help Desk Phone Number	1-888-42Ø-9711	18	R	

Response Claim Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	22=Response Claim	2	M	
455-EM	Prescription/Service Reference Number Qualifier	1=RX Billing	1	M	
4Ø2-D2	Prescription/Service Reference Number		7	M	

Response Pricing Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	23=Response Pricing	2	M	
5Ø5-F5	Patient Pay Amount		8	R	
5Ø6-F6	Ingredient Cost Paid		8	R	
5Ø7-F7	Dispensing Fee Paid		8	R	
563-J2	Other Amount Paid Count		1	S	Required for COB Billing
564-J3	Other Amount Paid Qualifier		2	S	Required for COB Billing
565-J4	Other Amount Paid		8	S	Required for COB Billing
566-J5	Other Payer Amount Recognized		8	S	Required for COB Billing
5Ø9-F9	Total Amount Paid		8	R	
522-FM	Basis of Reimbursement Determination	ØØ=Not Specified Ø1=Ingr Cost Paid as submitted Ø2=Ingr Cost reduced to AWP pricing Ø3=Ingr Cost reduced to AWP less x% pricing Ø4=Usual & Customary Paid as submitted Ø5=Paid lower of (Ingr Cost + Fee) vs. U&C Ø6=Mac Pricing Ingr Cost Paid Ø7=Mac Pricing Ingr Cost Reduced to MAC Ø8=Contract Pricing Ø9=Acquisition Pricing	2	S	
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	R	

519-FJ	Amount Attributed to Product Selection		8	S	
52Ø-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	

Response DUR/PPS Segment: Situational

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	24 = Response DUR/PPS	2	M	
567-J6	DUR/PPS Response Code Counter		1	S	
439-E4	Reason for Service Code	Valid NCPDP code	2	S	
528-FS	Clinical Significance Code		1	S	
529-FT	Other Pharmacy Indicator		1	S	
53Ø-FU	Previous Date of Fill		8	S	
531-FV	Quantity of Previous Fill		1Ø	S	
532-FW	Database Indicator		1	S	
533-FX	Other Prescriber Indicator		1	S	
544-FY	DUR Free Text Message		3Ø	S	

REVERSAL REQUEST SEGMENTS

Transaction Header Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
1Ø1-A1	BIN Number	"ØØ5526"	6	M	
1Ø2-A2	Version Release Number	51=Version 5.1	2	M	
1Ø3-A3	Transaction Code	B2=Reversal	2	M	
1Ø4-A4	Processor Control Number	MEPARTD	1Ø	M	
1Ø9-A9	Transaction Count	1=One Occurrence	1	M	Limit of 1 transaction per transmission for Part D
2Ø2-B2	Service Provider ID Qualifier	Ø1=National Provider Identifier (NPI) Ø7=NCPDP Provider ID	2	M	Effective through 1Ø/Ø1/2ØØ8 Ø7=NABP Effective 1Ø/Ø2/Ø8 Ø1=NPI only
2Ø1-B1	Service Provider ID	National Provider Identifier or NCPDP Provider ID	15	M	
4Ø1-D1	Date of Service		8	M	CCYYMMDD
11Ø-AK	Software/Vendor/Certification ID		1Ø	M	

Insurance Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	Ø4=Insurance	2	M	
3Ø2-C2	Cardholder ID	ID assigned to the cardholder	2Ø	M	
3Ø1-C1	Group ID		15	S	As printed on the ID card

Claim Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	Ø7=Claim	2	M	
445-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	1	M	

Claim Segment: Mandatory (cont.)

4Ø2-D2	Prescription/Service Reference Number		7	M	
436-E1	Product/Service ID Qualifier	Ø3= National Drug Code	2	M	
4Ø7-D7	Product Service ID		19	M	MMMMMDDDDPP
343-HD	Dispensing Status		1	S	
4Ø3-D3	Fill Number	Ø=Original Dispensing 1 to 11=Refill Number	2	R	Original plus 1-11 refills allowed

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

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
1Ø2-A2	Version Release Number	51=Version 5.1	2	M	
1Ø3-A3	Transaction Code	B2=Reversal	2	M	
1Ø9-A9	Transaction Count	1=One Occurrence	1	M	Limit of 1 transaction per transmission for Part D
5Ø1-F1	Header Response Status	A=Accepted R=Rejected	1	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1=National Provider Identifier (NPI) Ø7=NCPDP Provider ID	2	M	Effective through 1Ø/Ø1/2ØØ8 Ø7=NABP Effective 1Ø/Ø2/Ø8 Ø1=NPI only
2Ø1-B1	Service Provider ID	National Provider Identifier or NCPDP Provider ID	15	M	
4Ø1-D1	Date of Service		8	M	CCYYMMDD

Message Response Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	2Ø=Response Message	2	M	
5Ø4-F4	Message	Free Form Message	1-2ØØ	R	

Status Response Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	21=Response Status	2	M	
112-AN	Transaction Response Status	A=Approved R=Rejected D=Duplicate	1	M	

503-F3	Authorization Number		20	R	
510-FA	Reject Count		2	S	Required if Transaction Response Status=R
511-FB	Reject Code		3	S	Required if Transaction Response Status=R

Status Response Segment: Mandatory (cont.)

546-4F	Reject Field Occurrence Indicator		2	S	Required if Transaction Response Status=R
526-FQ	Additional Message Info	Free Text Information	200	S	
549-7F	Help Desk Phone Number Qualifier	03=Processor/PBM	2	R	
550-8F	Help Desk Phone Number	1-888-420-9711	18	R	

Claim Response Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	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		7	M	