

**GHS Data Management
NCPDP Version 5.1 Payer Sheet**

General Information:

Payer Name: GHS Data Management	Date: October 13, 2003	Revised Date: March 8, 2011
Plan Name/Group Name: MEPOP		
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		

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

Billing Transactions 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	B1, (B3 - Temporarily Inactive)	2	M	
1Ø4-A4	Processor Control Number	MEPOP	1Ø	M	
1Ø9-A9	Transaction Count	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	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
11Ø-AK	Software Vendor /Certification ID		1Ø	M	

Patient Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	Ø1=Patient	2	M	
331-CX	Patient ID Qualifier	Blank = Not specified 99=Other	2	S	
332-CY	Patient ID		2Ø	S	
3Ø4-C4	Date of Birth		8	R	CCYYMMDD
3Ø5-C5	Patient Gender Code	1=Male 2=Female	1	R	
31Ø-CA	Patient First Name		12	R	
311-CB	Patient Last Name		15	R	
323-CN	Patient City		2Ø	S	

324-CO	Patient State or Province		2	S	
Patient Segment: Mandatory (cont.)					
325-CP	Patient Zip/Postal Zone		15	S	
326-CQ	Patient Phone Number		15	S	
3Ø7-C7	Patient Location	Ø=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 1Ø=Outpatient 11=Hospice	2	S	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	Ø4=Insurance	2	M	
3Ø2-C2	Cardholder ID	ID assigned to the cardholder	2Ø	M	
312-CC	Cardholder First Name		12	S	
313-CD	Cardholder Last Name		15	S	
3Ø9-C9	Eligibility Clarification Code	Ø=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		1Ø	S	
3Ø1-C1	Group ID		15	R	
3Ø3-C3	Person Code	ØØ1, ØØ2, ØØ3	3	S	
3Ø6-C6	Patient Relationship Code	Ø=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	Ø7=Claim	2	M	
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	1	M	
4Ø2-D2	Prescription /Service Reference Number		7	M	
436-E1	Product/Service ID Qualifier	Ø3=National Drug Code	2	M	NDC Number
4Ø7-D7	Product/Service ID		19	M	MMMMMDDDDPP
442-E7	Quantity Dispensed		1Ø	R	Quantity dispensed expressed in metric decimal units
4Ø3-D3	Fill Number	Ø=Original Dispensing	2	R	Original plus 1-11

		1 to 11=Refill Number			refills allowed
405-D5	Days Supply		3	R	
Claim Segment: Mandatory (cont.)					
406-D6	Compound Code	Ø=Not Specified 1=Not a Compound 2=Compound	1	R	
408-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 MEPOP 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	1-11 refills allowed
419-DJ	Prescription Origin Code		1	S	
420-DK	Submission Clarification Code	ØØ = Note Specified, Default Ø5 = Therapy Change - The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc. 99 = Other (LTC, NF, Residential / Assisted Living Facility transfers)	2	S	All other codes will reject
308-C8	Other Coverage Code	Ø=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	
429-DT	Unit Dose Indicator		1	S	
600-28	Unit Of Measure	EA=Each GM=Grams ML=Milliliters	2	R	
418-DI	Level of Service	Ø=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	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	
462-EV	Prior Auth. Number Submitted	Normal prior authorization numbers submitted when requested by processor Special PA numbers are submitted by the pharmacist Override Codes:	11	S	

		19619619619=96 hour emergency supply 7777777777=No copay 32323232323=No copay, refill too soon		
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Claim Segment: Mandatory (cont.)

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	R	Please continue to send 12=DEA
411-DB	Prescriber ID	DEA	15	R	
467-1E	Prescriber Location Code		3	S	

COB/Other Payment Segment: Situational

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 Use a series of 99 qualifiers to indicate deductible and co-insurance amounts	2	S	Required if other payer(s) paid
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	MA = Medicaid Administration	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

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	11=Pricing	2	M	
4Ø9-D9	Ingredient Cost Submitted		8	R	
412-DC	Dispensing 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	Ø4=Administrative 99=Other	2	S	
48Ø-H9	Other Amount Claimed Submitted		8	S	
426-DQ	Usual and Customary Charge		8	R	
43Ø-DU	Gross Amount Due		8	R	
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	Ø9=Coupon	2	M	
485-KE	Coupon Type		2	M	
486-ME	Coupon Number		15	M	
487-NE	Coupon Value Amount		8	R	

Compound Segment: Situational

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
111-AM	Segment Identification	1Ø=Compound	2	M	
45Ø-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		1Ø	M	
449-EE	Compound Ingredient Drug Cost		8	S	
49Ø-UE	Compound Ingredient Basis of Cost Determination		2	S	

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 TO or 86=Titration override w/ valid PA 5=ADHD 6=Pernicious or Megaloblastic Anemia 8=Renal Failure 9=Paraplegia/Quadraplegia	15	R	DIAG Codes SC/72 and TO/86 must be submitted with a valid Prior Authorization

BILLING 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	B1, (B3 - Temporarily Inactive)	2	M	
1Ø9-A9	Transaction Count	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	1	M	
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

Response Message Segment: Mandatory

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

Response Insurance Segment: Not Used

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	
5Ø3-F3	Authorization Number		2Ø	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
546-4F	Reject Field Occurrence Indicator		2	R	Required if Transaction Response Status=R
547-5F	Approved Message Code Count		1	R	
548-6F	Approved Message Code	Blank=Not specified ØØ1=Generic Available ØØ2=Non formulary drug ØØ3=Maintenance drug	3	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	
521-FL	Incentive Amount Paid		8	S	
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	R	

Response Pricing Segment: Mandatory (cont.)

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	
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	

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 Codes	2	S	
528-FS	Clinical Significance Code		1	S	
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

REVERSAL REQUEST SEGMENT

Reversal Header Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/S/R	COMMENTS
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101-A1	BIN Number	"005526"	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	MEPOP	10	M	
109-A9	Transaction Count	1=One Occurrence	1	M	

Reversal Header Segment: Mandatory (cont.)

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	

Insurance Segment: Not Used

Claim Segment: Mandatory

NCPDP FIELD ID	FIELD NAME	VALUE	FIELD LENGTH	M/ S/ R	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		7	M	
436-E1	Product/Service ID Qualifier	03= National Drug Code	2	M	
407-D7	Product Service ID		19	M	MMMMMDDDDPP
343-HD	Dispensing Status		1	S	
403-D3	Fill Number	0=Original Dispensing 1 to 11=Refill Number	2	R	Original plus 1-11 refills allowed

REVERSAL RESPONSE SEGMENT

Reversal 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	B2=Reversal	2	M	
109-A9	Transaction Count	1=One Occurrence	1	M	
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

Message Response 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	

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
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	