



**Louisiana Medicaid
Management Information Systems
(LA MMIS)
Vendor Specifications Document
for the
Point of Sale (POS) System**

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Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals

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PROJECT INFORMATION

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4/14/2011	Added Molina Logo & Changed Unisys to Molina Medicaid Solutions throughout this document.	Karyn Grimes
8/10/11	Modified field 408-D8 Dispense as Written to add a note in the "VALUE" column that '1' is required to override MAC pricing on a brand name drug.	Karyn Grimes
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10/14/2011	<p>Removed paragraph from section 4.1 regarding the software vendor supplying Molina with a copy of their POS user documentation.</p> <p>Also removed a paragraph from section 4.3. This was old documentation regarding the contract being revised.</p>	Karyn Grimes
10/27/2011	<p>Inserted 307-C7 Patient Location field information</p> <p>Also inserted missing required fields in the examples</p>	Karyn Grimes
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1.0 INTRODUCTION

The Point of Sale (POS) Pharmacy Claim Adjudication System is available through authorized telecommunications switch vendors. It is designed to be used in conjunction with pharmacy computer systems utilizing the Health Insurance Portability and Accountability Act (HIPAA) compliant telecommunications standard, NCPDP D.0. A pharmacy using this service can process a prescription through the pharmacy's in-house computer system; generate a standard transaction, which is processed through the Louisiana Medicaid POS adjudication/UniDUR system; and receive a paid, captured, duplicate, or rejected response.

The POS system is operated in conjunction with the Louisiana Medicaid Management Information System (MMIS) and has available all information necessary to adjudicate a claim. The system also reports information to the pharmacist that will assist him in the correction of claim errors or in the billing of another source other than Medicaid. Additionally, the system fully supports a claim reversal transaction in real-time, which enables the pharmacist to "back out" or credit any "return to stock" or other prescription transaction adjudicated in error.

The telecommunications switch vendors provide the link between the provider and Louisiana Medicaid. They also offer certification and support services to the provider to facilitate POS processing. Telecommunications specifications for switch vendors are included in the "SWITCH VENDOR COMMUNICATIONS SPECIFICATIONS" of this document.

2.0 GENERAL INFORMATION

Pharmacies using the Medicaid POS system are required to transmit their POS claims through an authorized telecommunications switch vendor. The POS system is regarded as another method for claims submission of pharmacy claims and is most beneficial to retail pharmacies. The POS system is not designed for batch billing.

The following restrictions or qualifications apply:

1. All records must be completed according to the record specifications in this manual. All appropriate data validity and relationship edits are expected to be performed before a transaction is generated.
2. One to four prescriptions for the same recipient can be submitted at one time via POS.
3. Only new claims, resubmitted denied claims, or reversals can be submitted via POS; adjustments must be submitted by hardcopy invoice. For instructions on adjustment submission, refer the provider to the *Louisiana Medicaid Prescription Drug Services Provider Manual* available from Molina Medicaid Solutions Provider Relations at **(800) 473-2783** or **(225) 924 5040**.
4. Claims requiring supportive documentation or attachments cannot be submitted through POS; they must be submitted by hardcopy claim.
5. Claims that need to be manually reviewed cannot be submitted through POS.
6. Previously rejected claims can be submitted using POS after correction.
7. The *Louisiana Prescription Drug Services Manual* (Chapter Thirty-seven of the Medical Services Manual), available upon request, and its updates should be referenced for policy and claim submission instructions. Contact **Molina Medicaid Solutions POS Help Desk at 1-800-648-0790**.
8. The POS system does not support direct dial-up from an individual pharmacy.

3.0 POLICIES AFFECTING SUBMISSIONS

The following policies are in addition to those outlined in the provider handbook and in no way supersede those publications:

1. The required edits, submission standards, and data specifications as outlined in this manual must be fulfilled and maintained by all providers submitting claims through POS.
2. At any time, an authorized representative of the Louisiana Medicaid program, the Attorney General, U.S. Department of Health and Human Services, the General Accounting Office, or their agents or assignees can request supportive documentation to ensure that all requirements are met (e.g., program listings, flowcharts, file descriptions, accounting procedures). At any time, the regulatory agents listed above can request actual information used to bill Louisiana Medicaid claims through POS (e.g., provider files, recipient files, reference files, pricing files) whether maintained on physical media such as a computer listing or stored on a machine readable media such as magnetic tape. All information thus obtained will be held in strictest confidence.
3. The individual provider is ultimately responsible for accuracy and valid reporting of all Medicaid claims submitted for payment. A provider using the services of a telecommunication switch vendor must ensure through legal contract (a copy of which must be made available to the authorized agents of Louisiana Medicaid upon request) that it is the responsibility of a switch vendor to report claim information as directed by the provider in compliance with all policies stated by Louisiana Medicaid. The individual provider is required to maintain a record of all Medicaid claims submitted for payment.
4. All information supplied by the Department of Health and Hospitals (DHH) or Molina Medicaid Solutions within the computing and accounting systems of a provider (e.g., master files, provider files, recipient files, reference files, statistical data) can be used only in the accurate accounting of claims containing or referencing that information. Any redistribution or dissemination of that information for any purpose other than the accurate accounting of Medicaid claims is considered an illegal use of confidential information.
5. At any time, DHH or Molina Medicaid Solutions can choose to review any or all claims received through POS and can reject or disallow any claim subsequent to such review.
6. A submitter (creator) of POS claims, such as providers encoding claims with an in-house system, must have received authorization by a signed "Pharmacy Point of Sale Agreement" (Appendix A) with DHH or Molina Medicaid Solutions.
7. DHH or Molina Medicaid Solutions reserves the right to view the processing of Medicaid claims. This consists of an on-site check or validation of edit requirements through utilization of DHH or Molina Medicaid Solutions test claims with embedded errors.

4.0 POS ENROLLMENT PROCEDURES

Providers who participate in the Louisiana Medicaid POS system should contact their software vendor. If the software vendor is already certified to submit claims for providers with a switch vendor, the provider may proceed with enrolling in the POS system with Molina Medicaid Solutions. Otherwise, the software vendor should contact an authorized Louisiana POS vendor for further information.

4.1 System Vendor Enrollment

The software vendor needs to contact one of the authorized telecommunications switch vendors, to obtain a payer sheet or to discuss the technical specifications for implementing POS. A list of the authorized telecommunications switch vendors is available upon request from Molina Medicaid Solutions.

The telecommunications switch vendor will instruct the software vendor on the necessary system modifications for upgrading to NCPDP Version D.0. After completing the modifications, the software vendor will go through a certification process by the telecommunications switch vendor, which includes a thorough test of the transactions passing through the telecommunications switch to ensure that they are formatted properly to meet NCPDP's requirements.

Once the telecommunications switch vendor has certified the software vendor, the software vendor should follow the following steps:

Contact Molina Medicaid Solutions to obtain a "Louisiana Medicaid POS User Manual" (or download the User Manual from www.lamedicaid.com).

Molina Medicaid Solutions POS Help Desk

United Plaza Blvd Ste 300
Baton Rouge, Louisiana 70809
United States
Phone # 1-800-648-0790

When ready to test, notify Molina Medicaid Solutions that the switch vendor is submitting POS test transactions. All test transactions must be identified by "LOUITEST" in the Processor Control Number.

4.2 Provider Enrollment

Before providers can submit POS claims, they must be properly enrolled with DHH. The steps for approval are as follows:

- Contact the software vendor to obtain and install the necessary software upgrades.
- Select and contract with an authorized telecommunications switch vendor. A list of the authorized telecommunications switch vendors is available upon request from Molina Medicaid Solutions. The Molina Medicaid Solutions Help Desk may be contacted through the toll-free number, 1-800-648-0790, Monday - Friday, between the hours of 8:00 a.m. and 5:00 p.m., Central Standard Time
- The provider must complete the authorization agreements for submitting claims via POS and forward them to the Louisiana DHH. The following agreements are located in this manual and are listed below.
 - Point of Sale Agreement - Appendix A
 - Provider Enrollment Amendment - Appendix B
 - Point of Sale Certification - Appendix C.

After DHH has received all the necessary documentation from the provider, the provider will receive authorization to begin submitting claims using the POS system.

If you are an unauthorized switch vendor, and providers prefer to use your services, please contact the Molina Medicaid Solutions Electronic Media Claim (EMC) Department to become an authorized vendor.

The provider may elect to receive an electronic remittance advice in the ANSI x12 835 format. The 835 would be in addition to the NCPDP response.

4.2.1 Help Information

The Help Desk assists providers in using the POS system and in billing claims electronically. Providers should contact the Help Desk when there are questions or problems relating to POS claims adjudication.

In order to ensure prompt and accurate assistance, providers should identify themselves as POS providers and be prepared to provide the following information to the Help Desk Specialist:

- Medicaid provider number and/or NPI
- Software vendor name
- Telecommunication vendor name.

The Help Desk Specialists can assist providers by providing the following:

- Technical assistance
- Testing
- POS documentation

- Confirmation of receipt of submitted claims
- A list of authorized telecommunications vendors
- A list of authorized software vendors.

The Molina Medicaid Solutions Help Desk may be contacted through the toll-free number, 1-800-648-0790, Monday - Friday, between the hours of 8:00 a.m. and 5:00 p.m., Central Standard Time.

After 5:00 p.m., providers should call their Network Help Desk, which will contact Molina Medicaid Solutions, if necessary. POS transactions can be completed 24 hours a day, seven days a week.

Inquiries regarding eligibility should be directed to 1-800-776-6323 or to the provider's local parish Medicaid office.

Molina Medicaid Solutions offers two other ways for providers to inquire about the status of a claim within the adjudication process. Switch vendors can become authorized vendors for X12's Claim Status Inquiry transaction set 276/277 and offer its features to the provider community. Providers can also use a secure web-based tool to inquire about claim status. This tool is accessible through the Louisiana Medicaid website.

4.3 Switch Vendor Contract Requirements

There are no modifications needed to the switch vendor contract in order to submit and receive NDPCP D.0 transactions.

Direct questions concerning switch vendor contract status to:

Molina Medicaid Solutions
Kermit Patty:
Phone: (225) 216-6241
E-Mail Address: Kermit.pattyjr@Molinahealthcare.com

5.0 SWITCH VENDOR COMMUNICATIONS SPECIFICATIONS

5.1 Requirements for Network Connections

These sections describe the requirements for network vendors to be able to send Louisiana Medicaid transactions for Point of Sale (POS), Claim Status Inquiries (CSI) and Medicaid Eligibility and Verification System (MEVS) transactions to Molina Medicaid Solutions (MMS). Molina Medicaid Solutions supports connections via TCP/IP only.

Telecommunications coordination can begin prior to the execution of a Trading Partner agreement with approval from MMS or State Provider Services/Relations. However, no telecommunication equipment or services will be installed or connected without a signed agreement.

The first section addresses the physical connection into the Molina Medicaid Solutions systems.

The second section addresses the network parameters that must be established to enable communications. A preferred set of parameters is described along with the possible variations that can be accommodated.

The third section addresses the establishment of a connection to Molina Medicaid Solutions and the transmission of transactions.

The fourth section addresses the formatting requirements for the transactions and responses.

5.2 Physical Connection

Network vendors are required to provide telecommunications connectivity from their sending facilities to the Unisys North American Enterprise Computing (NAEC) Center in Salt Lake City, Utah.

To set up dedicated lines, network vendors must provide:

- A terminating CSU/DSU modem and Ethernet routers as appropriate to the line service being provided.
- A transceiver and/or cable from the router to the patch panels. The cables must terminate in an RJ45 (CAT 5 UTP recommended). The length of the cable will need to be coordinated with MMS prior to installation.
- CSU/DSUs and Ethernet router must include rack-mounting hardware for a standard 19" electronics rack.

Note, that the telecommunications DEMARC is located in a separate room approximately 600 feet from the rack housing the CSU/DSU. The connection between the DEMARC and the rack will be provided by MMS. Standard phone wiring will be used unless special arrangements are established prior to installation.

5.3 WAN Protocols for TCP Connections

MMS uses TCP/IP protocols only. The network vendor is responsible for all IP addressing space up to, but not including, the Ethernet interface on the MMS side of the router. The vendor and MMS will provide public routable Ethernet IP addresses unless otherwise negotiated. The vendor's interface will be connected to a non-secure Ethernet DMZ. Routing protocols such as RIP will not be enabled. Static routes will only be used. Testing with a temporary IP address can be accommodated.

The number of connections to MMS is limited to ensure that all networks are provided equitable service. Normally, network vendors are limited to four (4) connections to each MMS system. A single connection can process transactions for POS, MEVS, and CSI applications. We do not designate connections for any specific application. If additional connections would be beneficial, contact MMS. The specific port number for a network vendor will be assigned by MMS. No other TCP service port should be used.

5.4 Transaction Processing

Once a connection is established, it is normally left connected and transactions are processed when sent. The connection should only be disconnected under error conditions. Each connection can handle multiple simultaneous transactions. The responses will be returned when processing is completed.

Once transmission of a transaction has been initiated, all TCP packets for those transactions must be transmitted before sending segments from any other transaction. Likewise, MMS will send all packets for a response together. Packets from different responses will not be intermingled.

All MMS processing is performed in stream mode. Segments are constructed for convenience in transmission only. The envelope described in the following section provides an End of Transmission (EOT) flag to identify the end of each transaction and response.

Because of the nature of streams processing, responses will not always be contained in separate segments. The size of the response segment is such that the start of the following response may be in the same segment as the termination of the preceding response. The EOT flag must be scanned to properly locate the end of the responses.

MMS supports two types of connections: single-threaded and multi-threaded. These are also called half duplex and full duplex mode, respectively.

In a single-threaded connection, once a transaction is received, MMS will not accept any additional transactions on that connection until the response has been returned. All transactions in the single-threaded connections have a timeout response. If for some reason we are unable to process a transaction within the timeout period, a timeout response is returned at the end of the timeout period.

In a multi-threaded connection, transactions can be submitted at any time. You do not need to wait until the previous response is returned. However, the order of the responses received may be different than the order of the transactions that were sent. The returned envelope can be used to associate the response with the transaction. Timeouts for processing are similar to those for single-threaded except that not all timeouts may result in system unavailable responses. There are conditions where no response will be provided.

Timeouts for POS claims are 15 seconds for each prescription. For example, a claim with three (3) prescriptions will have a timeout response sent after 45 seconds. Timeouts for MEVS transactions are 12 seconds. Timeouts for CSI transactions are 30 seconds.

If you decide to timeout the line earlier than our timeout response and reestablish the connection, you may encounter a situation where we will not startup another connection until the first connection has completely dropped. As a result, there may be periods where you will not be able to immediately establish the connection. We recommend that you wait until the timeout message has been received, or set your timeout to beyond 48 seconds for POS claims, 12 seconds for MEVS requests, and 30 seconds for CSI transactions. Also note that when a multi-thread connection is dropped, any transactions that have been received, but not responded to, will be effectively lost since there is no longer any way to return the response, even though these transactions may have been processed on the MMS system.

Network vendors can contact NAEC to have their lines reset. Situations can occur where a connection will come down hard between the network vendor and the MMS system, but the MMS system keeps the connection open. In these situations when the network vendor tries to establish a connection, they will receive a message indicating that they cannot open a new connection because the MMS system believes the network vendor already has the maximum number of connections open. Having the NAEC operators restart a vendor's connection usually takes a second to perform and can be done at the request of the network vendor.

5.5 Claim Request/Response Formatting

All POS, MEVS, and CSI transactions and responses must be placed in envelopes. Transactions submitted by network switches to MMS must be in the following envelope.

A 16 byte header must be prefixed to each NCPDP transaction defined by:

- The first three (3) bytes of the header must be a network switch identifier. The value of the identifier will be assigned by MMS.
- The next six (6) bytes should contain a transaction identifier containing any combination of the characters 0-9, A-Z, and a-z, or they must contain all zeros. This transaction identifier is used by the network switch to match the response with the corresponding request. This is necessary since in multi-threaded mode multiple claims may be processed and the responses are not necessarily returned in the same order the requests were received. If a network switch does not use this transaction identifier, the network switch will have to wait for the response to a transaction before sending the next transaction.
- The next seven (7) bytes must be spaces.

Each NCPDP transaction must be terminated by an EOT flag consisting of a single byte with the binary value 100, which is decimal 04.

The response to a transaction will be returned in the same envelope. The response will be prefixed with the header that was received with the transaction. If a network switch requires variations in the response header, they must be negotiated with MMS prior to installation.

5.6 Default Response Formats

There are situations where Molina Medicaid Solutions will not be able to process the transaction. In those situations, a default response will be returned in the received envelope. The format of this response is as follows:

ERRORMMISnnnnneeeeeee 9

where “nnnn” is a 4-digit message identifier that identifies the reason the claim was not processed and “eeeeeee” is a 7-digit sequence number that identifies the transaction within the Molina Medicaid Solutions systems. There are 9 spaces after the sequence number.

The message identifiers currently in use are:

- 0001 - Application is not currently active
- 0002 - Application is not currently active

- 0003 - Application is not currently active
- 0004 - Network ID in envelope is not correct
- 0005 - Unable to respond within required time limits
- 0006 - Application is not authorized
- 0010 - Cannot determine the appropriate application
- 0011 - Default response not defined for this application

5.7 Coordination with Molina Medicaid Solutions

The contact point for coordination of the line parameters and connections is:

Karyn Grimes
Phone: 757 306-4468
E-mail: Karyn.Grimes@molinahealthcare.com
Molina Medicaid Solutions
477 Viking Drive, Suite 310
Virginia Beach, VA 23452

The contact point for line installation is Scott Totman, 801 386-4822.

6.0 TRANSACTION SYNTAX CONVENTIONS

Following is a list of the data elements, field names, and field positions for POS claims. For multiple prescription claims, the claim information section is repeated for each prescription.

Standard COBOL documentation is used for transaction descriptions. The following definitions are given to ensure consistency of interpretation:

- **FIELD** - The NCPDP data element number for a given transaction.
- **FIELD NAME** - The short definition, name, or literal constant of the data located within the transaction at the positions indicated.
- Transaction sections comprising fixed and optional portions are kept separate with the use of a group separator character. It is also used to separate the transaction header from the claim information. The group separator character is decimal 029 or HEX 1C.
- **PICTURE (PIC)** -The COBOL "PICTURE" clause that describes how the data is presented on the transmission.

X = an alphanumeric character

9 = a numeric character

S = the field is signed (+ or -)

V = an implied decimal point

() = The character in front of the left parentheses is repeated the number of times between the parentheses, i.e., X(5) represents the same PICTURE as XXXXX.

- **TYPE** - The type of data in the field.
 - A - Alphanumeric - Always left-justified and space filled.
 - N - Numeric - Always right-justified and zero filled.
 - P - Packed or internal decimal
 - R - Redefines the field from the previous definition
 - B - Binary
 - F - Floating - point
 - G - Group level with subordinate data items.

- **COMMENTS OR FROM/TO**
 - **FROM** - The beginning physical character position of the field.
 - **TO** - The last physical character position of the field.
- **COMMENTS** - This field indicates whether a field is required, not required, or optional.
 - R Required - This field must be present.
 - N Not Required - Information should not be present in this field.
 - O Optional - This field is conditional. In the future, this field could be required.
- **NCPDP determines which fields in the various formats are mandatory or optional. There are a number of data elements in this document, which are labeled as required, although they are labeled as optional in the NCPDP implementation guide. These fields ARE optional; however the claim is not likely to process correctly, unless the data is submitted.**

7.0 RECORD FORMATS

Claim Submissions consist of Claim Requests and Claim Reversals. The following paragraphs detail this information.

7.1 Claims Billing Submission (Input)

HEADER SEGMENT: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
101-A1	Bin Number	9(6)	N	This is a constant of '610514'.	1	6
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B1 = Billing (for up to 4 claims per transaction)	9	10
104-A4	Processor Control Number	X(10)	A	The processor control number indicates whether this is a test or production transaction. Louisiana Medicaid POS Production Transaction -"LOUIPROD" followed by 2 blanks Louisiana Medicaid POS Test Transaction -"LOUITEST" followed by 2 blanks	11	20
109-A9	Transaction Count	X(1)	A	1 = one claim in a transaction 2 = two claims in a transaction 3 = three claims in a transaction 4 = four claims in a transaction	21	21
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	22	23
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	24	38
401-D1	Date of Service	9(8)	N	CCYYMMDD format	39	46
110-AK	Vendor/Certification ID	X(10)	A	ID assigned by the switch or processor to identify the software source. Please enter your vendor ID assigned by Molina Medicaid Solutions.	47	56

PATIENT SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'01' – Patient	Mandatory
304-C4	Date of Birth	9(8)	N	CCYYMMDD format	Required
305-C5	Patient Gender Code	9(1)	N	1 = Male 2 = Female 0 = Unknown	Required
310-CA	Patient First Name	X(12)	A	Up to 12 characters The first name of the Medicaid recipient for whom the prescription was written. Note: The first name may contain embedded special characters, e.g., the name L'Miracle is keyed L'Miracle. Left-justify the field with trailing spaces	Optional *Required by payer to properly adjudicate claim.
311-CB	Patient Last Name	X(15)	A	Up to 15 characters The last name of the Medicaid recipient for whom the prescription was written. Note: The last name may contain embedded special characters, e.g., the name O'Brien is keyed O'BRIEN. Left-justify the field with trailing spaces.	Required
307-C7	Patient Location	9(2)	N	01 - Pharmacy** 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 09 - Prison/ Correctional Facility 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home * 15 - Mobile Unit 16 - Temporary Lodging 17 - Walk-in Retail Health Clinic 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room – Hospital 24 - Ambulatory Surgical Center 25 - Birthing Center	Optional

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care Facility 34 - Hospice 41 - Ambulance - Land 42 - Ambulance – Air or Water 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57- Non-residential Substance Abuse Treatment Facility 60 - Mass Immunization Center 61 - Comprehensive Inpatient Rehabilitation Facility 62 - Comprehensive Outpatient Rehabilitation Facility 65 - End-Stage Renal Disease Treatment Facility 71 - Public Health Clinic 72 - Rural Health Clinic 81 - Independent Laboratory 99 - Other Place of Service	

INSURANCE SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'04' – Insurance	Mandatory
302-C2	Cardholder ID	X(20)	A	Louisiana 16 digit recipient's Card Control Number (CCN) beginning with "777", or 13 digit recipient's Medicaid ID Number. Left-justify the field with trailing spaces.	Required
309-C9	Eligibility Clarification Code	9(1)	N	0 = Not specified 1 = No Override 2 = Override 3 = Full Time Student 4 = Disabled Dependent 5 = Dependent Parent	Optional

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				6 = Significant Other	
301-C1	Group ID	X(15)	A	ID assigned to the cardholder group or employer group. Up to 15 characters.	Optional
303-C3	Person Code	X(3)	A	N/A	Optional
306-C6	Patient Relationship Code	9(1)	N	0 = Not specified 1 = Cardholder 2 = Spouse 3 = Child 4 = Other	Optional

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'07' – Claim	Mandatory
455-EM	Prescription/ Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription/ Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory
436-E1	Product/ Service ID Qualifier	X(2)	A	Constant of "03" – National drug code (NDC)	Mandatory
407-D7	Product/ Service ID	X(19)	A	Eleven character NDC number	Mandatory
442-E7	Quantity Dispensed	9(7)V 999	N	Format = 9999999.999 9(7)V999	Required
403-D3	Fill Number	9(2)	N	00 = Original dispensing 01-99 = Refill number	Required
405-D5	Days Supply	9(3)	N	Format = 999 The pharmacist's estimated number of days the quantity dispensed will last. Express in whole days and right-justify with leading zeros.	Required
406-D6	Compound Code	9(1)	N	0 = Not specified 1 = Not a compound 2 = Compound	Required

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
408-D8	Dispense as Written (DAW)	X(1)	A	0 = No Product Selection Indicated 1 = Substitution Not Allowed By Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug 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 = Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed (D.0)	Required
414-DE	Date Prescription Written	9(8)	N	CCYYMMDD format	Required
308-C8	Other Coverage Code	9(2)	N	This field indicates whether or not the Medicaid recipient has other health insurance coverage: 0 = Not specified by Patient 1 = No other coverage identified 2 = Other coverage exists 3 = Other Coverage Billed – claim not covered 4 = Other coverage exists-payment not collected	Optional – Specific values required for COB Edit Override
429-DT	Unit Dose Indicator	9(1)	N	0 = Not Specified 1 = Not Unit Dose 2 = Manufacturer Unit Dose 3 = Pharmacy Unit Dose 4 = Custom Packaging 5 = Multi-drug compliance packaging 6 = Remote Device Unit Dose 7 = Remote Device Multi 8 = Manufacturer Unit of Use Package (not unit dose)	Optional
418-DI	Level of Service	9(2)	N	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	Optional

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
461-EU	Prior Authorization Type Code	9(2)	N	0 = Not specified 1 = Prior Authorization 2 = Medical Certification 3 = EPSDT (Early Periodic Screening Diagnosis Treatment) 4 = Exemption from Copay and/or Coinsurance 5 = Exemption from RX 6 = Family Plan Indic. 7 = AFDC (Aid to Families with Dependent Children) 8 = Payer Defined Exemption ** ** See Louisiana specific notes below.	Optional
462-EV	Prior Authorization Number Submitted	9(11)	N	Eleven characters. 461-EU and 462-EV together replace version 3C's 416 PA/MC Code and Number.	Optional

† Required if the submitted Cardholder ID Number is a Card Control Number (CCN). A CCN is distinguished by having 16 characters beginning with "777".

**** Louisiana Specific Notes:**

Data element 461-EU (Prior Authorization Type Code) value 8 ("Payer Defined Exemption") will be used to determine pregnancy. Data element 335-2C Pregnancy Indicator will not be referenced.

PHARMACY PROVIDER SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'02' – Pharmacy Provider	Mandatory
465-EY	Provider ID Qualifier	X(2)	A	05 = National Provider ID (NPI) 07 = Medicaid	Optional
444-E9	Provider ID	X(15)	A	A ten-digit National Provider ID (NPI). If claim is for administration of the influenza vaccine by a pharmacist, this must be the NPI assigned to the pharmacist with Authority to Administer vaccines authorized by the Louisiana Board of Pharmacy.	Optional *Required by payer to properly adjudicate a claim for administration of the

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				The seven-digit Medicaid Provider Number assigned to the authorized pharmacist will also be allowed. Left-justify the field with trailing spaces.	influenza vaccine by an authorized pharmacist

PRESCRIBER SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'03' – Prescriber	Mandatory
466-EZ	Prescriber ID Qualifier	X(2)	A	01 = National Provider ID (NPI) 05 = Medicaid	Optional
411-DB	Prescriber ID	X(15)	A	This is not a practitioner DPR number. This field is left justified with trailing spaces. If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent. Until prescriber data has been adequately disseminated, the legacy Medicaid ID will also be accepted in this field. When sending the legacy Medicaid ID, please note the following: The prescriber's ID must be seven digits and must begin with one of the following as assigned: '00' or '01'.	Optional *Required by payer to properly adjudicate claim.

COB/OTHER PAYMENTS SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'05' – COB/Other Payments	Mandatory
337-4C	Coordination of Benefits/Other Payment Count	9(1)	N	Maximum of 3 accepted for Louisiana. One digit only.	Mandatory
338-5C	Other Payer Coverage Type	X(02)	A	Maximum of 3 accepted for Louisiana Blank=Not Specified 01 = First 02 = Second 03 = Third 04 = Fourth 05 = Fifth 06 = Sixth 07 = Seventh 08 = Eighth 09 = Ninth	Mandatory (Repeating)
339-6C	Other Payer ID Qualifier	X(2)	A	Maximum of 3 accepted for Louisiana	Optional (Repeating) Please submit Louisiana specific Carrier Code with 99 Qualifier
340-7C	Other Payer ID	X(10)	A	Maximum of 3 accepted for Louisiana	Optional (Repeating) Please send Louisiana specific Carrier Code.
443-E8	Other Payer Date	9(8)	N	Maximum of 3 accepted for Louisiana CCYYMMDD format	Optional (Repeating)
341-HB	Other Payer Amount Paid Count	9(1)	N	Maximum of 3 accepted for Louisiana	Optional

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
342-HC	Other Payer Amount Paid Qualifier	X(2)	A	Maximum of 3 accepted for Louisiana Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Preparation Cost 1Ø = Sales Tax	Optional (Repeating) Please use 07=Drug Benefit for individual payments
431-DV	Other Payer Amount Paid	S9(6) V99	N	Maximum of 3 accepted for Louisiana Format s9(6)V99 It represents the dollar amount of payment known by the pharmacy from other sources. Format s\$\$\$\$cc, zero fill if no amount collected.	Optional (Repeating)
471-5E	Other Payer Reject Count	9(2)	N	Maximum of 5	Optional
472-6E	Other Payer Reject Code	X(3)	A	Maximum of 5 accepted for each Other-Payer-ID Reject Code returned (Louisiana)	Optional Repeating

DUR/PPS SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'08' – DUR/PPS	Mandatory
473-7E	DUR/PPS Code Counter	9(1)	N	Recommend value of "1", "2", or "3" DUR/PPS Code Counter = "1" is required if claim is for administration of the influenza vaccine by an authorized pharmacist.	Optional (Repeating) *Required by payer to properly adjudicate a claim for administration of the influenza vaccine by an authorized pharmacist
439-E4	Reason for Service Code	X(2)	A	Louisiana reports the following Reason for Service Codes: DD = Drug-Drug Interaction ER = Overuse EX = Excessive Quantity HD = High Dose ID = Ingredient Duplication	Optional (Repeating)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				MX = Excessive Duration NN = Unnecessary Drug PA = Drug Age PG = Drug-Pregnancy TD = Therapeutic Duplication	
440-E5	Professional Service Code	X(2)	A	DD, HD, NN, MX and TD Reasons for Service require Professional Service Code = M0 ID and ER Reasons for Service require Professional Service Codes = 'M0' 'P0' 'R0' Professional Service Code = 'MA' is required if claim is for administration of the influenza vaccine by an authorized pharmacist.	Optional (Repeating) *Required by payer to properly adjudicate a claim for administration of the influenza vaccine by an authorized pharmacist
441-E6	Result of Service Code	X(2)	A	DD, HD, NN, MX and TD Result of Service Code (DUR Outcome) = 1G ID and ER Result of Service Code (DUR Outcome) = '1A' '1B' '1C' '1D' '1E' '1F' '1G'	Optional (Repeating)

PRICING SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'11' – Pricing	Mandatory
409-D9	Ingredient Cost Submitted	S9(6) V99	N	Format S9(6)V99	Required (*Required by payer to properly adjudicate a claim for cost of influenza vaccine administered by an authorized pharmacist. Only reimbursed for recipients 19 and older)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
433-DX	Patient Paid Amount Submitted	S9(6) V99	N	Format S9(6)V99	Optional
438-E3	Incentive Amount Submitted	S9(6) V99	N	Format S9(6)V99 For a claim for administration of the influenza vaccine by an authorized pharmacist, this field will contain the vaccine administration fee.	Optional *Required by payer to properly adjudicate a claim for administration of the influenza vaccine by an authorized pharmacist
426-DQ	Usual and Customary Charge	S9(6) V99	N	Format S9(6)V99 The usual and customary charge for the prescription in s\$\$\$\$cc format.	Required Required by payer to properly adjudicate claim.
430-DU	Gross Amount Due	S9(6) V99	N	Format S9(6)V99	Required

CLINICAL SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'13' – Clinical	Mandatory
491-VE	Diagnosis Code Count	9(1)	N	Recommend value of "1"	Optional
492-WE	Diagnosis Code Qualifier	X(2)	A	ØØ = Not Specified Ø1 = International Classification of Diseases (ICD9) Ø2 = International Classification of Diseases (ICD1Ø) Ø3 = National Criteria Care Institute (NCCI) Ø4 = The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED) Ø5 = Common Dental Terminology (CDT) Ø6 = Medi-Span Diagnosis Code Ø7 = American Psychiatric Association Diagnostic Statistical Manual of	Optional (Repeating)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				Mental Disorders(DSM IV) 99 = Other	
424-DO	Diagnosis Code	X(15)	A	Up to 15 characters. Decimal points are explicit.	Optional (Repeating)

7.2 Reversal Submission (Input)

HEADER SEGMENT: Mandatory – Fixed Length Fields

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>	
101-A1	Bin Number	9(6)	N	This is a constant of '610514'.	1	6
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B2 = Reversals	9	10
104-A4	Processor Control Number	X(10)	A	The processor control number indicates whether this is a test or production transaction. Louisiana Medicaid POS Production Transaction - "LOUIPROD" followed by 2 blanks Louisiana Medicaid POS Test Transaction - "LOUITEST" followed by 2 blanks	11	20
109-A9	Transaction Count	X(1)	A	1 = Reversal	21	21
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	22	23
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	24	38
401-D1	Date of Service	9(8)	N	CCYYMMDD format	39	46
110-AK	Software Vendor/Certification ID	X(10)	A	ID assigned by the switch or processor to identify the software source.	47	56

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'07' – Claim	Mandatory
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription / Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory
436-E1	Product/Service ID Qualifier	X(2)	A	Constant of "03" – National drug code (NDC)	Mandatory
407-D7	Product/Service ID	X(19)	A	Eleven character NDC number	Mandatory

8.0 CLAIM RESPONSES

This section describes the standard response formats. The transaction header response status codes are limited to:

- A - Header Acceptable
- R - Header Unacceptable

If the response status is an 'A', each claim (prescription) will have a status code:

- P - Claim Payable
- C - Claim Captured
- D - Duplicate Claim
- R - Claim Rejected*

Each response status is explained in detail in the following sections. For multiple prescription claims, the Response Information Section is repeated for each prescription. There may be a combination of paid, captured, duplicate, and rejected prescriptions when an acceptable transaction is submitted for multiple prescriptions.

* See Appendix D for NCPDP Rejection Codes.

8.1 Claim Paid or Duplicate of Paid

The information returned on a Duplicate Claim response is the same response that is returned in the original response for a P (Payable) response. The MESSAGE AREA (Field 504) will reflect the Recipient ID Number or CCN, ICN, and status effective date of the related history record.

The format is as follows:

RRRRRRRRRRRRRRR ICN: TTTTTTTTTTTTTT DT: MM/DD/YY XXXX

or CCCCCCCCCCCCCCCC ICN: TTTTTTTTTTTTTT DT: MM/DD/YY

where:

RRRRRRRRRRRRRRR - Medicaid Recipient ID Number

CCCCCCCCCCCCCCCC - Medicaid CCN

TTTTTTTTTTTTTTTT - The Internal Control Number (ICN) of the related history claim

MM/DD/YY - The adjudication date from the related history claim

A duplicate response will contain a duplicate claim EOB code. If an 843 EOB code is present with a Response Status of "D", then this indicates it is a duplicate claim and Medicaid has already paid another claim with the same provider identifier, recipient

identifier, and date of service, NDC, refill number, and prescription number. Note: If an 843 EOB code is returned with a Response of "R", this indicates a duplicate claim previously paid with the same provider identifier, recipient identifier, same date of service, and same NDC. Please reference Appendix D for an explanation of the EOB codes.

The following is a list of the data elements, field names, and field positions for claim payable responses.

HEADER SEGMENT: Mandatory – Fixed Length Fields

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>	
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B1 = Billing (for up to 4 claims per transaction)	9	10
109-A9	Transaction Count	X(1)	A	1 = one claim in a transaction 2 = two claims in a transaction 3 = three claims in a transaction 4 = four claims in a transaction	21	21
501-F1	Response Status	X(1)	A	'A' – Accepted	22	22
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	23	24
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID(NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	25	39
401-D1	Date of Service	9(8)	N	CCYYMMDD format	40	47

MESSAGE SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'20' – Message	Mandatory
504-F4	Message	X(200)	A	ORIG Paid Claim PROV PIC X(07) FILLER PIC X(01) RID PIC X(13) OR CCN PIC X(16) FILLER PIC X(01) ADJUD-DATE PIC X(08) OR	Optional

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				Duplicate of PAID Claim - Recipient ID or CCN - ICN of original paid claim - Adjudication date of original claim	

STATUS SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'21' – Response Status	Mandatory
112-AN	Transaction Response Status	X(1)	A	'D' Duplicate or 'P' - Paid	Mandatory
503-F3	Authorization Number	X(20)	A	Up to 20 characters. Number assigned by the processor to identify an authorized transaction. (ICN)	Optional
130-UF	Additional Message Information Count	9(2)	N	<p>The Count will contain a value between 1 to 25 when used and the fields Additional Message Information Qualifier (132-UH), Additional Message Information (526-FQ) and Additional Message Information Continuity (131-UG) will repeat the number of times the Count specifies. Note, Additional Message Information Continuity (131-UG) will only occur for each count if the applicable situation stated is satisfied.</p> <p>Required if Additional Message Information (526-FQ) is used. Used to qualify the number of occurrences of the Additional Message Information (526-FQ) that is included in the Response Status Segment. Maximum number of occurrences is 25.</p> <p>While the Additional Message Information Qualifier (132-UH) is defined to allow a maximum of 25 occurrences per transaction, there are only 9 qualifier values initially defined and each qualifier may only occur one time per transaction, this results in a maximum count of 9 occurrences until more values are defined in the NCPDP <i>External Code List</i> (ECL).</p>	<p>Optional</p> <p>Required if Additional Message Information (526-FQ) is used.</p> <p>Used to qualify the number of occurrences of the Additional Message Information (526-FQ) that is included in the Response Status Segment.</p>

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
132-UH	Additional Message Information Qualifier	X(2)	A	01 = Used for first line of free form text with no pre-defined structure. 02 = Used for second line of free form text with no pre-defined structure. 03 = Used for third line of free form text with no pre-defined structure. 04 = Used for fourth line of free form text with no pre-defined structure. 05 = Used for fifth line of free form text with no pre-defined structure. 06 = Used for sixth line of free form text with no pre-defined structure. 07 = Used for seventh line of free form text with no pre-defined structure. 08 = Used for eighth line of free form text with no pre-defined structure. 09 = Used for ninth line of free form text with no pre-defined structure.	Optional (Repeating) Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information	X(40)	A	Contains the Billed charges. AND MAY contain one of the following RX PA educational messages: <ul style="list-style-type: none"> • NEW RX WILL REQUIRE PA • EMERGENCY OVERRIDE OF DRUG THAT REQUIRES PA • NUMBER OF PRESCRIPTIONS GREATER THAN LIMIT If Response Status of "D" this will contain: EOB code(s) indicating the reason the claims status is set to 'Duplicate' 10 EOB codes are possible. Each code of X(03) is followed by a space. then message: DUPL OF ICN/PROV/RECIP/DOS/NDC/RX NO/REFILL: TTTTTTTTTTTTTT PPPPPPP CCCCCCCCCCCC DDDDDDDD NNNNNNNNNNN RRRRRRRR n	Optional (Repeating) Required when additional text is needed for clarification or detail.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
131-UG	Additional Message Information Continuity	X(1)	A	+	Optional (Repeating) Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'22' – Response Claim	Mandatory
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription/ Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory

PRICING SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'23' – Response Pricing	Mandatory
505-F5	Patient Pay Amount	S9(6)V99	N	S9(6)V99	Required
506-F6	Ingredient Cost Paid	S9(6)V99	N	S9(6)V99	Optional
558-AW	Flat Sales Tax Amount Paid	S9(6)V99	N	S9(6)V99	Optional
521-FL	Incentive Amount Paid	S9(6)V99	N	S9(6)V99	Optional
509-F9	Total Amount Paid	S9(6)V99	N	S9(6)V99	Required
522-FM	Basis of Reimbursement Determination	9(2)	N	0 = Not Specified 1 = Ingredient Cost Paid as Submitted 2 = Ingredient Cost Reduced to AWP Pricing 3 = Ingredient Cost Reduced to AWP Less X% Pricing 4 = Usual & Customary Paid as Submitted 5 = Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary 6 = MAC Pricing Ingredient Cost Paid 7 = MAC Pricing Ingredient Cost Reduced to MAC 8 = Contract Pricing 9 = Acquisition Pricing	Optional Required if Ingredient Cost Paid (506-F6) is greater than zero (0). Required if Basis of Cost Determination (432-DN) is submitted on billing.
523-FN	Amount Attributed to Sales Tax	S9(6)V99	N	S9(6)V99	Optional
512-FC	Accumulated Deductible Amount	S9(6)V99	N	S9(6)V99	Informational
513-FD	Remaining Deductible Amount	S9(6)V99	N	S9(6)V99	Informational
514-FE	Remaining Benefit Amount	S9(6)V99	N	S9(6)V99	Informational
517-FH	Amount Applied to Periodic Deductible	S9(6)V99	N	S9(6)V99	Optional
518-FI	Amount of Co-	S9(6)V99	N	S9(6)V99	Optional

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
	Pay/ Coinsurance				
520-FK	Amount Exceeding Periodic Benefit Maximum	S9(6)V99	N	S9(6)V99	Optional

DUR/PPS SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'24' – Response DUR/PPS	Mandatory
567-J6	DUR/PPS Response Code Counter	9(1)	N	Recommend value of "1 - 3"	Optional (Repeating)
439-E4	Reason for Service Code	X(2)	A	Louisiana reports the following Reason for Service Codes: DD = Drug-Drug Interaction ER = Overuse EX = Excessive Quantity HD = High Dose ID = Ingredient Duplication MX = Excessive Duration NN = Unnecessary Drug PA = Drug Age PG = Drug-Pregnancy TD = Therapeutic Duplication	Optional (Repeating)
528-FS	Clinical Significance Code	X(1)	A	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	Optional (Repeating)
529-FT	Other Pharmacy Indicator	9(1)	N	∅ = Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy	Optional (Repeating)
530-FU	Previous Date of Fill	9(8)	N	YYMMDD format	Optional (Repeating)
531-FV	Quantity of Previous Fill	9(7)V999	N	9(7)V999	Optional (Repeating)
532-FW	Database Indicator	X(1)	A	1 = First Data Bank	Optional (Repeating)
533-FX	Other Prescriber Indicator	9(1)	N	0 = Not specified 1 = Same Prescriber 2 = Other Prescriber	Optional (Repeating)
544-FY	DUR Free Text	X(30)	A	Up to 30 characters	Optional (Repeating)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
	Message				
570-NS	DUR Additional Text	X(100)	A/N		Optional (Repeating)

8.2 Claim Captured

The following is a list of data elements, field names, and field positions for claim captured responses.

NOTE: A claim-captured response will no longer be returned when the Explanation of Benefits (EOB) codes 215, 216, or 235 are present. These exceptions are related to recipient eligibility. Previously an eligibility override code was required in the claim transaction as well as the recipient's date of birth. These captured claims were maintained in the claims processing system for three weekly recycles waiting eligibility status and on the third recycle, if the recipient was still not in the Medicaid system, the claim denied on the next remittance.

A claim-captured response will be returned when EOB codes 280 or 459 are present. These claims will require updates to the Medicaid Drug File in order to receive payment. See Appendix E, *EOB translation*, for additional information.

HEADER SEGMENT: Mandatory – Fixed Length Fields

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>	
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B1 = Billing (for up to 4 claims per transaction)	9	10
109-A9	Transaction Count	X(1)	A	1 = one claim in a transaction 2 = two claims in a transaction 3 = three claims in a transaction 4 = four claims in a transaction	21	21
501-F1	Response Status	X(1)	A	'A' = Accepted	22	22
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	23	24
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	25	39
401-D1	Date of Service	9(8)	N	CCYYMMDD format	40	47

MESSAGE SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'20' – Message	Mandatory
504-F4	Message	X(200)	A	PROV PIC X(07) FILLER PIC X(01) RID PIC X(13) OR CCN PIC X(16) FILLER PIC X(01) ADJUD-DATE PIC X(08)	Optional

STATUS SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'21' – Response Status	Mandatory
112-AN	Transaction Response Status	X(1)	A	'C' - Captured	Mandatory
503-F3	Authorization Number	X(20)	A	Up to 20 characters. Number assigned by the processor to identify an authorized transaction. (ICN)	Optional
<p>The following 4 fields go together. The 1st field is a counter and the 2nd thru the 4th are repeatable fields. The 4th field (131-UG) will not be returned if there is only one occurrence of the 2nd (132-UH) and 3rd (526-FQ) fields. Also, when there is more than one occurrence of the 2nd and 3rd fields the 4th field (131-UG) will not be repeated on the last occurrence.</p>					
130-UF	Additional Message Information Count	9(2)	N	1	Optional Required if Additional Message Information (526-FQ) is used. Used to qualify the number of occurrences of the Additional Message Information (526-FQ) that is included in the Response Status Segment.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
132-UH	Additional Message Information Qualifier	X(2)	A	01	Optional (Repeating) Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information	X(40)	A	Contains EOB codes indicating the reason the claims status is set to 'Capture' Each code of x(03) is followed by a space.	Optional (Repeating) Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity	X(1)	A	+	Optional (Repeating) Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.

CLAIM SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'22' – Response Claim	Mandatory
455-EM	Prescription/Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription/Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory

8.3 Claim Reject

The following is a list of data elements, field names, and field positions for rejected responses.

HEADER SEGMENT: Mandatory – Fixed Length Fields

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>	
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B1 = Billing (for up to 4 claims per transaction)	9	10
109-A9	Transaction Count	X(1)	A	1 = one claim in a transaction 2 = two claims in a transaction 3 = three claims in a transaction 4 = four claims in a transaction	21	21
501-F1	Response Status	X(1)	A	'A' – Accepted	22	22
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	23	24
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	25	39
401-D1	Date of Service	9(8)	N	CCYYMMDD format	40	47

MESSAGE SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'20' – Message	Mandatory
504-F4	Message	X(200)	A	PROV PIC X(07) FILLER PIC X(01) RID PIC X(13) OR CCN PIC X(16) FILLER PIC X(01) ADJUD-DATE PIC X(08)	Optional

STATUS SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'21' – Response Status	Mandatory
112-AN	Transaction Response Status	X(1)	A	'R' – Rejected	Mandatory
503-F3	Authorization Number	X(20)	A	LA returns the ICN	Optional
510-FA	Reject Count	9(2)	N		Required (for Reject Response)
511-FB	Reject Code	X(3)	A	Reference Appendix F of the NCPDP D.0 Data Dictionary for a list of valid values. Up to 5 codes.	Required (for Reject Response) (Repeating)

The following 4 fields go together. The 1st field is a counter and the 2nd thru the 4th are repeatable fields. The 4th field (131-UG) will not be returned if there is only one occurrence of the 2nd (132-UH) and 3rd (526-FQ) fields. Also, when there is more than one occurrence of the 2nd and 3rd fields the 4th field (131-UG) will not be repeated on the last occurrence.

130-UF	Additional Message Information Count	9(2)	N	1	Optional Required if Additional Message Information (526-FQ) is used. Used to qualify the number of occurrences of the Additional Message Information
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<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
					(526-FQ) that is included in the Response Status Segment.
132-UH	Additional Message Information Qualifier	X(2)	A	01	Optional (Repeating) Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information	X(40)	A	<p>Contains EOB codes indicating the reason the claims status is set to 'Reject'</p> <p>Each code of X(03) is followed by a space.</p> <p>Contains Additional information on Duplicate Rejects. This field will contain up to 40 bytes of message information. If there is more than 40 bytes it will be in the next occurrence of this field.</p> <p>If Response Status of "R" then message: DUPL OF ICN/PROV/RECIP/DOS/NDC: TTTTTTTTTTTTTT PPPPPPP CCCCCCCCCCCC DDDDDDD NNNNNNNNNN</p> <p>If Response Status of "R" and Suspect Duplicate then message SUSPECT DUP OF ICN/PROV/RECIP/DOS/NDC/GCNSEQ TTTTTTTTTTTTTT PPPPPPP CCCCCCCCCCCC DDDDDDD NNNNNNNNNN/GGGGGG</p> <p>A text message will also be present for the following EOB codes:</p> <p>133 Invalid CCN 134 DOB mismatch for CCN 479 MX override not valid 485 PA Required 486 PA Expired 498 Prescription Limit Exceeded 575 M/I Diagnosis Code 576 M/I PA/MC code</p>	Optional (Repeating) Required when additional text is needed for clarification or detail.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
				893 Suspect Duplicate Please see appendix "D" for EOB translation.	
131-UG	Additional Message Information Continuity	X(1)	A	+	Optional (Repeating) Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'22' – Response Claim	Mandatory
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription/ Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory

DUR/PPS SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	"24" Response DUR/PPS	Mandatory
567-J6	DUR/PPS Response Code Counter	9(1)	N		Optional (Repeating)
439-E4	Reason for Service Code	X(2)	A	Louisiana reports the following Reason for Service Codes: DD = Drug-Drug Interaction ER = Overuse EX = Excessive Quantity HD = High Dose ID = Ingredient Duplication MX = Excessive Duration NN = Unnecessary Drug PA = Drug Age PG = Drug-Pregnancy TD = Therapeutic Duplication	Optional (Repeating)
544-FY	Additional Message Information	X(30)	A	Up to 30 characters	Optional (Repeating)
570-NS	DUR Additional Text	X(100)	A/N		Optional (Repeating)

8.4 Claim Reversal – Accepted

The following is a list of data elements, field names and field positions for the response to an accepted claim reversal.

HEADER SEGMENT: Mandatory – Fixed Length Fields

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>	
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B2 = Reversal	9	10
109-A9	Transaction Count	X(1)	A	1 = Reversals Note: Multiple reversals in a single transaction are not allowed.	21	21

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>	
501-F1	Response Status	X(1)	A	'A' – Accepted	22	22
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	23	24
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	25	39
401-D1	Date of Service	9(8)	N	CCYYMMDD format	40	47

MESSAGE SEGMENT: Optional Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'20' – Message	Mandatory
504-F4	Message	X(200)	A	Spaces - ORIG ID: nnnnnnnnnnnn Reversed ICN: 1234567890123	Optional

STATUS SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'21' – Response Status	Mandatory
112-AN	Transaction Response Status	X(1)	A	'A' – Accepted	Mandatory
503-F3	Authorization Number	X(20)	A	Contains the ICN of the current reversal claim	Optional

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'22' – Response Claim	Mandatory
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription/ Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory

8.5 Claim Reversal – Rejected

The following is a list of data elements, field names, and field positions for the response to a rejected claim reversal.

HEADER SEGMENT: Mandatory – Fixed Length Fields

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>	
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8
103-A3	Transaction Code	X(2)	A	B2 = Reversal	9	10
109-A9	Transaction Count	X(1)	A	1 = Reversal Note: Multiple reversals in a single transaction are not allowed.	21	21
501-F1	Response Status	X(1)	A	'A' – Accepted	22	22
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID(NPI)	23	24
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	25	39
401-D1	Date of Service	9(8)	N	CCYYMMDD format	40	47

STATUS SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'21' – Response Status	Mandatory
112-AN	Transaction Response Status	X(1)	A	'R' – Rejected	Mandatory
503-F3	Authorization Number	X(20)	A	Contains the ICN of the current reversal claim	Optional
510-FA	Reject Count	9(2)	N	Count of 'Reject Code' (511-FB) occurrences.	Required
511-FB	Reject Code	X(3)	A	Reference Appendix F of the NCPDP D.0 Data Dictionary for a list of valid values. Up to 5 codes.	Required (Repeating)

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>COMMENTS OR FROM/TO</i>
111-AM	Segment Identification	X(2)	A	'22' – Response Claim	Mandatory
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	Mandatory
402-D2	Prescription/ Service Reference Number	9(12)	N	Twelve digit prescription number The pharmacy's file number for this prescription.	Mandatory

9.0 SAMPLE INPUT AND RESPONSES

A sample of input transactions and responses for pharmacy claims is shown below. These examples use NCPDP version D.0 format as input. Additionally, all responses are in NCPDP version D.0 format.

9.1 Single Prescription Claim

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Vendor Input</i>
101-A1 Required	Bin Number	610514 – LA Medicaid	610514
102-A2 Required	Version/Release Number	D0 – Version D.0	D0
103-A3 Required	Transaction Code	B1 – Billing	B1
104-A4 Required	Processor Control Number	LOUIPROD – Louisiana Production Rx Transaction	LOUIPROD
109-A9 Required	Transaction Count	1 – One occurrence 2 – Two occurrences 3 – Three occurrences 4 – Four occurrences	1
202-B2 Required	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1 Required	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1 Required	Date of Service	Date Filled Format=CCYYMMDD	20030520
110-AK Required	Software Vendor/Certification ID	Assigned by switch or processor	1234567890

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Vendor Input</i>
111-AM	Segment Identification	01 – Patient	01
331-CX	Patient ID Qualifier	01 – SSN	01
332-CY	Patient ID	44556666	999999999
304-C4	Date of Birth	CCYYMMDD format	19620416
305-C5	Patient Gender Code	Code indicating the gender of the individual.	2
310-CA Required	Patient First Name	The first name of the Medicaid recipient for whom the prescription was written. Do not key embedded spaces or special characters, e.g., the name O'Brien is keyed OBRIEN. Left-justify the field with trailing spaces.	CLARA

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Vendor Input</i>
311-CB Required	Patient Last Name	The last name of the Medicaid recipient for whom the prescription was written. Do not key embedded spaces or special characters, e.g., the name O'Brien is keyed OBRIEN. Left-justify the field with trailing spaces.	MATAL
307-C7	Patient Location	01 - Pharmacy	01
111-AM Required	Segment Identification	04-Insurance	04
302-C2 Required	Cardholder ID	Louisiana 16 digit recipient's Card Control Number (CCN) beginning with "777", or 13 digit recipient's Medicaid ID Number. Left- justify the field with trailing spaces.	777456789012 3456 or 123456789012 3
309-C9	Eligibility Clarification Code	0 – Not specified	0
111-AM Required	Segment Identification	07 – Claim Segment	07
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service	Twelve digit prescription number. The pharmacy's file number for this prescription.	000000775501
436-E1 Required	Product/Service ID Qualifier	03 - NDC	03
407-D7 Required	Product/Service ID	11 char NDC number	50458030006
442-E7 Required	Quantity Dispensed	format: 9999999.999	0000900000
403-D3	Fill Number	00 – Original	00
405-D5 Required	Days Supplied	format: 999	090
406-D6	Compound Code	0 = Not Specified	0
408-D8	Dispensed As Written/Product Selection Code (DAW)	* 1 = Substitution Not Allowed By Prescriber	1
414-DE Required	Date Prescription Written	CCYYMMDD format	20030520
111-AM	Segment Identification	03 - Prescriber	03
466-EZ	Prescriber ID Qualifier	01 = National Provider ID (NPI) 05 = Medicaid	05
411-DB Required	Prescriber ID	This is not a practitioner DPR number. This field is left justified with trailing spaces. If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent. Until prescriber data has been adequately	0054654

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Vendor Input</i>
		disseminated, the legacy Medicaid ID will also be accepted in this field. When sending the legacy Medicaid ID, please note the following: The prescriber's ID must be seven digits and must begin with one of the following as assigned: '00' or '01'.	
111-AM	Segment Identification	11 - Pricing	11
409-D9 Required	Ingredient Cost Submitted	S9(6)V99	0002191F
426-DQ Required	Usual and Customary Charge	S9(6)V99	0002191F
430-DU Required	Gross Amount Due	S9(6)V99	0002191F

9.2 Payable Response

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
102-A2	Version/Release Number	D0 – Version D.0	D0
103-A3	Transaction Code	B1 Billing	B1
109-A9	Transaction Count	1 – One occurrence 2 – Two occurrences 3 – Three occurrences 4 – Four occurrences	1
501-F1	Header Response Status	A – Accepted	A
202-B2	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1	Date of Service	Date Filled Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day	20000715
111-AM	Segment Identification	20 – Response Message	20
504-F4	Message	PROVIDER PIC X(07) FILLER PIC X(01) RID PIC X(13) OR CCN PIC X(16) FILLER PIC X(01) ADJUD-DATE PIC X(08)	
111-AM	Segment Identification	21 – Response Status	21
112-AN	Transaction Response	P - Paid	P

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
	Status		
503-F3	Authorization Number	Internal control number (ICN)	Example 012110120325 01
130-UF	Additional Message Information Count	Message Count	1
132-UH	Additional Message Information Qualifier	Message Qualifier	01
547-FQ	Additional message information	Billed Charges	0003280{
111-AM	Segment Identification	22 – Response Claim	22
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Prescription Number The pharmacy's file number for this prescription.	000000775501
111-AM	Segment Identification	23 – Response Pricing	23
505-F5	Patient Pay Amount	Format : S9(6)V99	0000000{
506-F6	Ingredient Cost	Format: S9(6)v99	0000000{
558-AW	Flat Sales Tax Amount Paid	Format : S9(6)v99	0000000{
509-F9	Total Amount Paid	Format : S9(6)V99	0002082A
522-FM	Basis of Reimbursement Determination	Format : 9(2)	01
517-FH	Amount Applied To Periodic Deductible	Format : S9(6)V99	0000000{
518-FI	Amount of Copay/Coinsurance	Format : S9(6)V99	0000000{

9.3 Single Claim Captured Prescription Input

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Vendor Input</i>
101-A1 Required	Bin Number	610514 – LA Medicaid	610514
102-A2 Required	Version/Release Number	D0 – Version D.0	D0
103-A3 Required	Transaction Code	B1 – Billing	B1
104-A4 Required	Processor Control Number	LOUIPROD – Louisiana Production Rx Transaction	LOUIPROD
109-A9 Required	Transaction Count	1 – One occurrence 2 – Two occurrences 3 – Three occurrences 4 – Four occurrences	1
202-B2 Required	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1 Required	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1	Date of Service	Date Filled Format=CCYYMMDD	20000721

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Vendor Input</i>
Required			
110-AK Required	Software Vendor/Certification ID	Assigned by switch or processor	1234567890
111-AM	Segment Identification	01 – Patient	01
331-CX	Patient ID Qualifier	01 – SSN	01
332-CY	Patient ID	44556666	4445566666
304-C4	Date of Birth	CCYYMMDD format	19620416
305-C5	Patient Gender Code	Code indicating the gender of the individual.	1
310-CA Required	Patient First Name	The first name of the Medicaid recipient for whom the prescription was written. Do not key embedded spaces or special characters, e.g., the name O'Brien is keyed OBRIEN. Left-justify the field with trailing spaces.	TERRY
311-CB Required	Patient Last Name	The last name of the Medicaid recipient for whom the prescription was written. Do not key embedded spaces or special characters, e.g., the name O'Brien is keyed OBRIEN. Left-justify the field with trailing spaces.	JEFFERY
307-C7	Patient Location	01 - Pharmacy	01
111-AM Required	Segment Identification	04-Insurance	04
302-C2	Cardholder ID	Louisiana 16 digit recipient's Card Control Number (CCN) beginning with "777", or 13 digit recipient's Medicaid ID Number. Left-justify the field with trailing spaces.	7774567890123456 or 1234567890123
309-C9	Eligibility Clarification Code	2=Override	2
111-AM Required	Segment Identification	07 – Claim Segment	07
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Twelve digit prescription number The pharmacy's file number for this prescription.	000000775501
436-E1 Required	Product/Service ID Qualifier	03 - NDC	03
407-D7 Required	Product/Service ID	11 char NDC number	50458030006
442-E7	Quantity Dispensed	format: 9999999.999	000090000 Required to adjudicate claim
403-D3	Fill Number	01 – Refill	01

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Vendor Input</i>
405-D5 Required	Days Supplied	format: 999	020
406-D6	Compound Code	0 = Not Specified	0
408-D8	Dispensed As Written/Product Selection Code (DAW)	* 1 = Substitution Not Allowed By Prescriber	1
414-DE Required	Date Prescription Written	CCYYMMDD format	20030520
111-AM	Segment Identification	03 - Prescriber	03
466-EZ	Prescriber ID Qualifier	01 = National Provider ID(NPI) 05 = Medicaid	05
411-DB	Prescriber ID	This is not a practitioner DPR number. This field is left justified with trailing spaces. If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent. Until prescriber data has been adequately disseminated, the legacy Medicaid ID will also be accepted in this field. When sending the legacy Medicaid ID, please note the following: The prescriber's ID must be seven digits and must begin with one of the following as assigned: '00' or '01'.	0056546
111-AM	Segment Identification	11 - Pricing	11
409-D9	Ingredient Cost Submitted	S9(6)V99	0002191F
426-DQ Required	Usual and Customary Charge	S9(6)V99	0002191F
430-DU Required	Gross Amount Due	S9(6)V99	0002191F

9.4 Claim Captured Response

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
102-A2	Version/Release Number	D0 – Version D.0	D0
103-A3	Transaction Code	B1 Billing	B1
109-A9	Transaction Count	1 – One occurrence 2 – Two occurrences 3 – Three occurrences 4 – Four occurrences	1
501-F1	Header Response Status	A – Accepted	A
202-B2	Service Provider ID	01 - National Provider ID (NPI)	01

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
	Qualifier		
201-B1	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1	Date of Service	Date Filled Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day	20000721
111-AM	Segment Identification	20 – Response Message	20
504-F4	Message	PROVIDER PIC X(07) FILLER PIC X(01) RID PIC X(13) OR CCN PIC X(16) FILLER PIC X(01) ADJUD-DATE PIC X(08)	
111-AM	Segment Identification	21 – Response Status	21
112-AN	Transaction Response Status	C – Captured	C
503-F3	Authorization Number	Internal control number (ICN)	Example 01211012032 501
111-AM	Segment Identification	22 – Response Claim	22
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Prescription Number The pharmacy's file number for this prescription.	00000077550 1

*The message area on a captured response contains the Molina Medicaid Solutions exception code for this particular claim.

PLEASE NOTE THAT PREVIOUS DHH POLICY ALLOWED EXCEPTION CODES 215, 216 AND 235 TO BE CAPTURED IF AN ELIGIBILITY CLARIFICATION CODE WAS RECEIVED. THIS IS NO LONGER ALLOWED.

9.5 Duplicate Claim Response

The format for a duplicate claim response is the same as a payable claim response with the exception of the status "D", the ADDITIONAL MESSAGE INFORMATION field (526-

FQ), and the dollar amounts shown. The dollar amounts are from the original claim. The additional message area on a duplicate claim response contains the original Recipient ID Number, the ICN of the previous paid claim, and the date the original claim was paid:

RECIP	PIC 9(13)
FILLER	PIC X(01)
ICN	PIC X(13)
FILLER	PIC X(01)
ADJUD-DATE	PIC 9(08)

A second message area field (526-FQ) will contain additional information about the previous paid claim. For a status "D" the message will be presented as:

DUPL OF ICN/PROV/RECIP/DOS/NDC/RX NO/REFILL:

ICN	PIC X(13)
FILLER	PIC X(01)
PROV	PIC X(07)
FILLER	PIC X(01)
RECIP	PIC 9(13)
FILLER	PIC X(01)
DOS	PIC 9(08)
FILLER	PIC X(01)
NDC	PIC X(11)
FILLER	PIC X(01)
RX	PIC X(12)
FILLER	PIC X(01)
REFILL	PIC X(01)

The following message will be divided into 4 40-byte occurrences and the remainder will go into the 5 occurrence:

```
843                                     DUP
OF ICN/PROV/RECP/DOS/NDC/RXNO/REFIL: 1179750013300 0025262
2003104166001 20110624 50419040503 000000412715 1
```

```
UH01^\FQ843                                     ^\UG+^\
UH02^\FQ                                     DUP OF ICN/PROV/RECP^\UG+^\
UH03^\FQ/DOS/NDC/RXNO/REFIL: 1179750013300 00252^\UG+^\
UH04^\FQ62 2003104166001 20110624 50419040503 00^\UG+^\
UH05^\FQ0000412715 1^^^\
```

For a status “R” the message will be presented as:

DUPL OF ICN/PROV/RECIP/DOS/NDC:

ICN	PIC X(13)
FILLER	PIC X(01)
PROV	PIC X(07)
FILLER	PIC X(01)
RECIP	PIC 9(13)
FILLER	PIC X(01)
DOS	PIC 9(08)
FILLER	PIC X(01)
NDC	PIC X(11)

For a status “R” and Suspect Duplicate, the message will be presented as:

SUSPECT DUP OF ICN/PROV/RECIP/DOS/NDC/GCNSEQ:

ICN	PIC X(13)
FILLER	PIC X(01)
PROV	PIC X(07)
FILLER	PIC X(01)
RECIP	PIC 9(13)
FILLER	PIC X(01)
DOS	PIC 9(08)
FILLER	PIC X(01)
NDC	PIC X(11)
FILLER	PIC X(01)
GCNSEQ	PIC X(06)

9.6 Therapeutic Duplicate Response

The format for a “therapeutic duplicate” claim response is the same as a payable claim response with the exception of the DUR RESPONSE DATA field.

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
102-A2	Version/Release Number	D0 – Version D.0	D0
103-A3	Transaction Code	B1 Billing	B1
109-A9	Transaction Count	1 – One occurrence 2 – Two occurrences 3 – Three occurrences 4 – Four occurrences	1
501-F1	Header Response Status	A – Accepted	A
202-B2	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
201-B1	Service Provider ID	This will be a ten-digit National Provider ID(NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1	Date of Service	Date Filled Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day	20000715
111-AM	Segment Identification	20 – Response Message	20
504-F4	Message	PROV PIC X(07) FILLER PIC X(01) RID PIC X(13) OR CCN PIC X(16) FILLER PIC X(01) ADJUD-DATE PIC X(08)	
111-AM	Segment Identification	21 – Response Status	21
112-AN	Transaction Response Status	Duplicate	P
503-F3	Authorization Number	ICN	
130-UF	Additional Message Information Count	Message Count	1
132-UH	Additional Message Information Qualifier	Message Qualifier	01
526-FQ	Additional Message Information	Message Information	Up to 40 bytes
111-AM	Segment Identification	22 – Response Claim	22
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Prescription Number The pharmacy's file number for this prescription.	000000775501
111-AM	Segment Identification	23 – Response Pricing	23
505-F5	Patient Pay Amount	Format : S9(6)V99	0000000{
506-F6	Ingredient Cost	Format: S9(6)v99	0000000{
558-AW	Flat Sales Tax Amount Paid	Format : S9(6)v99	0000000{
509-F9	Total Amount Paid	Format : S9(6)V99	0002082A
522-FM	Basis of Reimbursement Determination	Format : 9(2)	01

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
517-FH	Amount Applied To Periodic Deductible	Format : S9(6)V99	0000000{
518-FI	Amount of Copay/Coinsurance	Format : S9(6)V99	0000000{
111-AM	Segment Identification	24 – Response DUR/PPS Segment	24
473-7E	DUR/PPS Code Counter	1st DUR conflict	1
567-J6	DUR/PPS Response Code Counter		1
439-E4	Reason for Service Code	Therapeutic Duplication	TD
532-FW	Database Indicator	Other	5
533-FS	Other Prescriber Indicator	Same Prescriber	1
528-FF	Clinical Significance Code	Major	1
529-FT	Other Pharmacy Indicator	Other Pharmacy	3
530-FU	Previous Date Of Fill	CCYYMMDD	20030119
531-FV	Quantity Of Previous Fill		30000
544-FY	DUR Free Text Message		Description of drug

9.7 Header Rejected Response

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
102-A2	Version/Release Number	D0 – Version D.0	D0
103-A3	Transaction Code	B1 Billing	B1
109-A9	Transaction Count	1 – One occurrence	1
501-F1	Header Response Status	R – Rejected	R
202-B2	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1	Date of Service	Date Filled Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day	20000715
111-AM	Segment Identification	20 – Response Message	20
504-F4	Message	Message – Claim not processed – Header Errors	

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
111-AM	Segment Identification	21 – Response Status	21
112-AN	Transaction Response Status	R - Rejected	R
510-FA	Reject Count	1	1 Reject Code follows
511-FB	Reject Code	01	M/I Bin Number
130-UF	Additional Message Information Count	Message Count	1
132-UH	Additional Message Information Qualifier	Message Qualifier	01
526-FQ	Additional Message Information	Message Information	Up to 40 bytes

9.8 Single Claim Rejected Prescription Request

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>VENDOR INPUT</i>
101-A1 Required	Bin Number	610514 – LA Medicaid	610514
102-A2 Required	Version/Release Number	D0 – Version D.0	D0
103-A3 Required	Transaction Code	B1- Billing	B1
104-A4 Required	Processor Control Number	1-8 LOUIPROD 9-10 blank	LOUIPROD
109-A9 Required	Transaction Count	1 – One occurrence	1
202-B2 Required	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1 Required	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1 Required	Date of Service	Date Filled Format=CCYYMMDD	19970912
111-AM	Segment Identification	01 - Patient	01
304-C4	Date of Birth	Format = CCYYMMDD	19960312
305-C5	Patient Gender Code	1 - Male	1
310-CA Required	Patient First Name	Up to 12 characters The first name of the Medicaid recipient for whom the prescription was written. Special characters, e.g., may be keyed. Example the name O'Brien is keyed O'BRIEN. Left-justify the field with trailing spaces.	TONY

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>VENDOR INPUT</i>
311-CB Required	Patient Last Name	Up to 15 characters The last name of the Medicaid recipient for whom the prescription was written. Special characters, e.g., may be keyed. Example the name O'Brien is keyed O'BRIEN. Left-justify the field with trailing spaces.	COGHILL
307-C7	Patient Location	01 - Pharmacy	01
111-AM Required	Segment Identification	04 – Insurance	04
302-C2 Required	Cardholder ID	Louisiana 16 digit recipient's Card Control Number (CCN) beginning with "777", or 13 digit recipient's Medicaid ID Number. Left-justify the field with trailing spaces.	7779999999 999101
309-C9	Eligibility Clarification Code	0 – not specified	0
111-AM Required	Segment Identification	07 – Claim	07
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Twelve digit prescription number The pharmacy's file number for this prescription.	0000044043 39
436-E1 Required	Product/Service ID Qualifier	03 - NDC	03
407-D7 Required	Product/Service ID	11 digit NDC number	5301405486 7
442-E7 Required	Quantity Dispensed	Format : 9999999.999	000120000
403-D3	Fill Number	0 – original	00
405-D5 Required	Days Supplied	Format: 999	120
406-D6	Compound Code	0 = Not Specified	0
408-D8	Dispensed As Written/Product Selection Code (DAW)	* 1 = Substitution Not Allowed By Prescriber	1
414-DE Required	Date Prescription Written	CCYYMMDD format	20030520
111-AM	Segment Identification	03 - Prescriber	03
466-EZ	Prescriber ID Qualifier	01 = National Provider ID (NPI) 05 = Medicaid	01
11-DB Required	Prescriber ID	This is not a practitioner DPR number. If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent. Until prescriber data has been adequately	0056546

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>VENDOR INPUT</i>
		disseminated, the legacy Medicaid ID will also be accepted in this field. When sending the legacy Medicaid ID, please note the following: The prescriber's ID must be seven digits and must begin with one of the following as assigned: '00' or '01'.	
111-AM	Segment Identification	11 - Pricing	11
409-D9	Ingredient Cost Submitted	S9(6)V99	0002191F
426-DQ Required	Usual and Customary Charge	S9(6)V99	0002191F

9.9 Response

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
102-A2	Version/Release Number	D0 – Version D.0	D0
103-A3	Transaction Code	B1 – Billing	B1
109-A9	Transaction Count	1 – One Occurrence	1
501-F1	Header Response Status	A = Accepted	A
202-B2	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1	Service Provider ID	National Provider ID (NPI) or Pharmacy Number.	1234567890
401-D1	Date of Service	Date Filled	19970912
111-AM	Segment Identification	20 – Response Message	20
504-F4	Message	PROV PIC X(07) FILLER PIC X(01) RID PIC X(13) OR CCN PIC X(16) FILLER PIC X(01) ADJUD-DATE PIC X(08)	
111-AM	Segment Identification	21 – Response Status	21
112-AN	Transaction Response Status	R - Rejected	R
503-F3	Authorization Number	Internal control number (ICN)	Like 01210120325 01
510-FA	Reject Count	The Reject Count = number of NCPDP Reject Code(s)	03
511-FB	Reject Code	81 – Claim Too Old	81
511-FB	Reject Code	70 – Product/Service not covered	70
511-FB	Reject Code	40 – Pharmacy Not Contracted With Plan on Date of Service	40
130-UF	Additional Message Information Count	Message Count	1

132-UH	Additional Message Information Qualifier	Message Qualifier	01
526-FQ	Additional Message Information	Message Information	Up to 40 bytes

9.10 Duplicate Prescription

A duplicate response, value “D”, will be sent back when the Molina Medicaid Solutions system encounters a duplicate that meets the NCPDP duplicate requirements. The requirements for a duplicate response are as follows:

- Same recipient
- Same provider number
- Same date of service
- Same NDC 11-digits
- Same Refill Number
- Same prescription number

Molina Medicaid Solutions Requirements

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
102-A2	Version/Release Number	D0 – Version D.0	D0
103-A3	Transaction Code	B1 Billing	B1
109-A9	Transaction Count	1 – One occurrence	1
501-F1	Header Response Status	A – Accepted	A
202-B2	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1	Date of Service	Date Filled Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day	20000715
111-AM	Segment Identification	21 – Response Status	21
112-AN	Transaction Response Status	D - Duplicate	D
503-F3	Authorization Number	Internal control number (ICN)	Example 01211012032501
111-AM	Segment Identification	22 – Response Claim	22

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Prescription Number The pharmacy's file number for this prescription.	000000775501
111-AM	Segment Identification	23 – Response Pricing	23
505-F5	Patient Pay Amount	Format : S9(6)V99	0000000{
509-F9	Total Amount Paid	Format : S9(6)V99	0000000{
522-FM	Basis of Reimbursement Determination	Format : 9(2)	01
517-FH	Amount Applied To Periodic Deductible	Format : S9(6)V99	0000000{
518-FI	Amount of Copay/Coinsurance	Format : S9(6)V99	0000000{

9.11 Suspect Duplicate Prescription

A duplicate response status, value “R”, will be sent back when the Molina Medicaid Solutions system encounters a claim that is suspect of being a duplicate. A suspect duplicate response is sent when the following requirements are met. The requirements for a duplicate response are as follows:

- Same or different provider number
- Same recipient
- Same date of service
- Same GCN Seq Number (ingredient, strength, form and route).

9.12 Reversal Prescription - Request

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>VENDOR INPUT</i>
101-A1 Required	Bin Number	610514 – LA Medicaid	610514
102-A2 Required	Version/Release Number	D0 – Version D.0	D0
103-A3 Required	Transaction Code	B2 - Reversal	B2
104-A4 Required	Processor Control Number	1-8 LOUIPROD 9-10 blank	LOUIPROD
109-A9 Required	Transaction Count	1 – One Occurrence Note: Multiple reversals in a single transaction are not allowed.	1

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>VENDOR INPUT</i>
202-B2 Required	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1 Required	Service Provider ID	This will be a ten-digit National Provider ID(NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1 Required	Date of Service	Date Filled Format=CCYYMMDD	20000715
111-AM Required	Segment Identification	07 - Claim	07
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Prescription Number The pharmacy's file number for this prescription.	0000007755 01
436-E1 Required	Product/Service ID Qualifier	03– NDC	03
407-D7 Required	Product/Service ID	Drug Code	5045803000 6

9.13 Accepted Reversal - Response

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
102-A2	Version/Release Number	D0 – Version D.0	D0
103-A3	Transaction Code	B2 – Reversal	B2
109-A9	Transaction Count	1 – One occurrence	1
501-F1	Header Response Status	A – Accepted	A
202-B2	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1	Date of Service	Date Filled Format=CCYYMMDD	20000715
111-AM	Segment Identification	20 – Response Message	20
504-F4	Message	Original ICN –Reversed ICN	
111-AM	Segment Identification	21 - Response Status	21
112-AN	Transaction Response Status	A – Accepted	P
503-F3	Authorization Number	Internal control number (ICN)	Like 0121112032501

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
111-AM	Segment Identification	22 – Claim Response	22
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Prescription Number The pharmacy's file number for this prescription.	000000775501

9.14 Rejected Reversal – Response

<i>Field</i>	<i>Field Name</i>	<i>Value</i>	<i>Response</i>
102-A2	Version/Release Number	D0 – Version D.0	D0
103-A3	Transaction Code	B2 Reversal	B2
109-A9	Transaction Count	1 – One occurrence	1
501-F1	Header Response Status	A – Accepted	A
202-B2	Service Provider ID Qualifier	01 - National Provider ID (NPI)	01
201-B1	Service Provider ID	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	1234567890
401-D1	Date of Service	Date Filled Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day	20000715
111-AM	Segment Identification	20 – Response Message	20
504-F4	Message	ICN, DATE, EOB	
111-AM	Segment Identification	21 – Response Status	21
112-AN	Transaction Response Status	R - Rejected	R
503-F3	Authorization Number	ICN	Like 1211012032501
510-FA	Reject Count	1	1 Reject Code follows
511-FB	Reject Code	87	Reject Code
130-UF	Additional Message Information Count	1	1
132-UH	Additional Message Information Qualifier	01	01
526-FQ	Additional Message Information	See (*) below	Up to 40 bytes
111-AM	Segment Identification	22 – Response Claim	22
455-EM Required	Prescription/Service Reference Number Qualifier	1 – Rx Billing	1
402-D2 Required	Prescription/Service Reference Number	Prescription Number The pharmacy's file number for this prescription.	000000775501

* The message area contains the original Recipient ID Number and Molina Medicaid Solutions exception codes:

3501478954123 799

10.0 PHARMACY VENDOR TESTING REQUIREMENTS

Application testing of the network vendors must be scheduled one at a time, due to the complexity of potential network or application problems. Vendors should contact the Molina Medicaid Solutions POS Team if there are any questions regarding the data in the Pharmacy response. The Molina Medicaid Solutions POS Team will supply the network vendor with test cases and data.

The network vendor must complete the test cases and send hardcopies or E-mail of the responses to Molina Medicaid Solutions. This is necessary in order to demonstrate that the appropriate responses to the inquiries are returned to the POS device or the PC screen. The test cases will demonstrate editing procedures and error-handling, as well as the return of valid data. Maximum tolerance and stress-testing will be conducted after the initial test cases are correctly processed.

Testing Objectives:

Pharmacy application level:

- Validate syntax edits for data elements of input transaction.
- Validate business rule edits for data elements of input transaction.
- Validate that data in the transaction response reflects inquiry specifications.
- Validate that data in the transaction response correctly reflects data values from the database.
- Test that all business and syntax edits have been correctly applied to data elements in the transaction response.
- Test all access methods

A test will also be designed to validate that network connectivity processes are functioning properly.

10.1 Confidentiality During Application Testing

Regulations concerning confidentiality are addressed in the telecommunications contract between the switch vendor and Molina Medicaid Solutions.

11.0 MARKETING

The following paragraphs describe Vendor marketing information.

11.1 Provider Information Available To Vendors

Information regarding Louisiana Medicaid providers will be available to vendors on a “one time” basis. A signed contract for Louisiana POS is required in order to receive provider information. Vendors may indicate their desire for this information on the registration form provided in this document. The provider information will include:

- Provider Name
- Provider Address
- Provider Telephone Number
- Provider Type.

Provider information selection will be based on claim volume within the last twelve months.

11.2 Vendor Marketing Material Approval

The following procedures are suggested for Vendor marketing material approval In order to ensure a timely and consistent method.

Prerequisite:

- Signed contract for LA POS between the Vendor and Molina Medicaid Solutions
- Communications link to NAEC must be established or in process
- Vendor must demonstrate ability to provide Pharmacy information to the Provider community, through completion of testing process, or reasonable progress in the test phase.
- Materials must be submitted thirty (30) days prior to the Vendor production implementation date.
- Materials must be submitted to Molina Medicaid Solutions Louisiana staff and a designated person from DHH, and may be in electronic or “hard copy” form.
- The vendor must designate a contact and the preferred method of obtaining the decision on materials (i.e., e-mail, letter).
- Molina Medicaid Solutions and DHH staff will have two (2) weeks from the receipt of the materials to review the documents.

- If changes to the materials are necessary, Molina Medicaid Solutions and DHH reserve the option to review the materials after recommended changes have been made.
- NO marketing materials may be released to the provider community without DHH approval.

12.0 PROBLEM RESOLUTION

The following paragraphs provide problem resolution information.

12.1 POS Availability

The Pharmacy application will be available on a six day per week, twenty-four hours per day. The application will be available twenty hours on Sunday with scheduled downtime is from one (1:00) AM Central time until five (5:00) AM Central time. In addition Molina Medicaid Solutions downtime is from ten (10:00) PM Central time until twelve (12:00) PM Central time each Saturday.

12.2 Problem Escalation Procedures

In the event of problems involving the POS application, a problem resolution procedure will be followed to ensure that the problem is resolved as quickly and effectively as possible.

NAEC personnel are available 7 X 24 and are familiar with various POS applications. The NAEC operations telephone number will be published to switch Vendors. Certain details are helpful when notifying NAEC of a problem:

When reporting the problem please specify:

- 1) The application by state and type (for instance, LAMEVS or LAPOS)
- 2) Vendor ID (Emdeon is ENV, Relay Health is NDC, etc.)
- 3) The time the problem began and ended or ongoing
- 4) If the problem is affecting other applications (POS transactions for a state other than Louisiana)
- 5) If the problem is data related (a particular provider is experiencing a problem).

13.0 GLOSSARY

ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BHSF	Bureau of Health Services Financing
BIN	Banking Identification Number.
CCN	Card Control Number
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits
CSI	Claim Status Inquiry
DHH	Department of Health and Hospitals
DOB	Date of Birth
DOS	Date of Service
DUR	Drug Utilization Review
EOB	Explanation of Benefits
EMC	Electronic Media Claim
EPSDT	Early Periodic Screening and Diagnostic Treatment
HCPCS	CMS's Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
ICN	Internal Control Number
LaCHIP	Louisiana Children's Health Insurance Program
MEVS	Medicaid Eligibility Verification System
MMIS	Medicaid Management Information System
MMS	Molina Medicaid Solutions
NAEC	Unisys North American Enterprise Computing
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NPI	National Provider ID
PC	Personal Computer
PCP	Primary Care Physician
PID	Plastic Eligibility Identification Card
POS	Point of Service
PPS	Professional Pharmacy Services
QMB	Qualified Medicare Beneficiary
RAD	Requirements Analysis Document
REVS	Recipient Eligibility Verification System
RID	Recipient Identification Number
SSN	Social Security Number
TPL	Third Party Liability

14.0 CONTACT INFORMATION

Registration:

Gloria Gardner (225) 216-6290 Central Time Zone
 Fax (225) 216-6373

Contract Status:

Kermit Patty (225) 216-6241 Central Time Zone

Testing Procedures/Validation:

Gloria Gardner (225) 216-6290 Central Time Zone
 Fax (225) 216-6373

Marketing Materials:

Gloria Gardner (225) 216-6290 Central Time Zone
 Fax (225) 216-6373

Establishing Communication:

Salt Lake City Help Desk (800) 642-4230 Mountain Time Zone
 (800) 428-6411 Mountain Time Zone
 Scott Totman (801) 386-4822 Mountain Time Zone
 John Dempsey (805) 388-5416 Pacific Time Zone

Problem Resolution:

Unisys NAEC Help Desk (800) 642-4230 Mountain Time Zone
 (800) 428-6411 Mountain Time Zone

Molina Medicaid Solutions

Provider Services:

8:00 AM – 5:00 PM (800) 473-2783 Central Time Zone

Molina Medicaid Solutions

POS Team:

Karyn Grimes (757) 306-4468 Eastern Time Zone