



**Louisiana Medicaid
Management Information Systems
(LA MMIS)
Batch Pharmacy Subrogation
Companion Guide**

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PROJECT INFORMATION

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Batch Pharmacy Encounters Companion Guide

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Revision History

Date	Section	Description of Change	By
10/27/2023	All	Initial version established under ECHO 4617.	A Spencer-Lee
9/9/2024	All	Ensured that the agreed upon term “subrogation” is used throughout instead of “encounter recovery.”	R. Sheehan
2/20/2025	4.1	“Each file may contain no more than 20,000 encounters” modified to “Each file may contain no more than 5,000 encounters.”	R. Sheehan
4/3/2025	Fore matter 4.1	Removed version number. Two bullet points removed.	R. Sheehan

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1.0 INTRODUCTION

This guide is intended as a supplement to the current Batch Standard for Pharmacy Encounters for use by Managed Care entities to submit requests to Louisiana Medicaid for payment recovery on encounters. Except where specified here, all standards should align with the Batch Standard for Pharmacy Encounters.

The Batch Standard uses the same syntax, formatting, data set, and rules as the real time Telecommunication Standard. The Batch Standard “wraps” the Telecommunication Standard around a detail record, adding a batch header and trailer.

Two acknowledgement transactions will be returned for each Subrogation submission:

- Acknowledgement transaction in TA1 format verifying receipt of the transmission, and reporting transaction errors.
- Detail report in html format identifying syntax, semantic, or companion guide specific errors.

Any errors reported in the above acknowledgements must be corrected and the transmission resubmitted using a new Batch Number (806-5C).

2.0 GENERAL INFORMATION

Subrogation transactions may be submitted to recover the **Plan Payment Amount** reported on a previously submitted Batch Pharmacy Encounter transaction that was adjudicated as approved by Louisiana Medicaid. Encounter recoveries may only be submitted for Louisiana Medicaid members who were retroactively removed from enrollment with the submitting plan, and who retain Louisiana Medicaid eligibility as of the Date of Service.

Subrogation request transactions may only be submitted through the Gainwell EDI sFTP site. All records must be complete in accordance with the Batch Standard for Pharmacy Encounters and details in this guide for encounter recoveries. Encounter recoveries may only be submitted by a Healthy Louisiana Managed Care Entity. Subrogation request transactions may be included in a batch pharmacy encounter file submission, or in their own discreet file submission, but must use the .NCP file extension.

Subrogation transactions for denied encounters (NCD) will not be accepted.

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 submitters transmitting Subrogation requests through batch pharmacy.
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 encounters through batch pharmacy (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. All information supplied by the LDH or Gainwell Technologies within the computing and accounting systems of a submitter (e.g., master files, provider files, recipient files, reference files, and statistical data) can be used only in the accurate accounting of encounters containing or referencing that information. Any redistribution or dissemination of that information for any purpose other than the accurate accounting of Medicaid encounters is considered an illegal use of confidential information.
4. At any time, LDH or Gainwell Technologies can choose to review any or all encounters received through batch pharmacy and can reject or disallow any encounter subsequent to such review.
5. LDH or Gainwell Technologies reserves the right to view the processing of Medicaid encounters. This consists of an on-site check or validation of edit requirements through utilization of LDH or Gainwell Technologies test encounters with embedded errors.

4.0 BATCH PHARMACY COMMUNICATIONS SPECIFICATIONS

4.1 File Transmission Protocols

File transmission protocols for Subrogation requests align in all respects to those protocols outlined in the Batch Pharmacy Encounter Companion Guide.

- Submitters must transmit batch pharmacy encounter files via sFTP. Please refer to the sFTP companion guide for details.
- Each file may contain no more than 5,000 encounters.

5.0 TRANSACTION SYNTAX CONVENTIONS

The following details variances from the Batch Encounter Pharmacy Companion Guide to be used on transactions requesting an Subrogation. Data elements that are uniquely used or repurposed for use in Subrogation transactions are listed with their names, field names, and positions. Multiple Subrogation transactions may be submitted on a single file, and as with Batch Encounter Pharmacy transactions, Patient and Insurance segments are reported in a single transaction (G1) record, with additional segments being repeated for each discrete Subrogation request on unique prescriptions.

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 Segment Separator character (HEX 1E). In addition to the Segment Separator character, the Group Separator character (HEX 1D) is used before the Claim Segment.
- **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/N - Alphanumeric - Always left-justified and space filled.

A - Alphabetic characters only – Always left-justify and space filled as needed.

N - Numeric

- **COMMENTS OR FROM/TO**

- **FROM** - The beginning physical character position of the field.

- **TO** - The last physical character position of the field.
- **NCPDP Requirement** – This field indicates how the data element is labeled in the NCPDP implementation guide.
- **LDH Requirement** – This field indicates if the data in this field is needed for the encounter to process correctly.
- **Designation Legend:**
 - M Mandatory – The field is mandatory for the Segment/Transaction. Mandatory elements have structural requirements.
 - R Required – The field must be present.
 - Q Qualified Requirement – The situations designated have qualifications for usage.
 - O Optional – The field is conditional. In the future, this field could be required.
- **Comments** – This field offers explanations for the data requirements.

6.0 BATCH PHARMACY ENCOUNTER RECORD FORMATS

Incoming Subrogation request transactions must align with the values and formats outlined in the Batch Pharmacy Encounter Companion Guide, including header and trailer elements. Incoming Subrogation request transactions must include the following data elements:

TRANSMISSION HEADER RECORD: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPDP Requirement	LDH Requirement	Comments
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1	M	M	
701	Segment Identification	X(02)	A/N	00 = File Control (header)	2	3	M	M	
880-K6	Transmission Type *Part of External Code List under D.0	X(01)	A/N	T = Transaction	4	4	M	M	
880-K1	Sender ID	X(24)	A/N	To be defined by processor/switch. Plan's EDI Submitter ID	5	28	M	M	
806-5C	Batch Number	9(07)	N	Matches Trailer. Must be unique for every batch.	29	35	M	M	
880-K2	Creation Date	9(08)	N	Format = CCYYMMDD	36	43	M	M	
880-K3	Creation Time	9(04)	N	Format = HHMM	44	47	M	M	
702	File Type *Part of External Code List under D.0	X(01)	A/N	P = production T = test	48	48	M	M	
102-A2	Version/Release Number	X(02)	A/N	11 = Version 1.1	49	50	M	M	
880-K7	Receiver ID	X(24)	A/N	LA-LDH-MEDICAID	51	74	M	M	
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	75	75	M	M	

TRANSACTION DETAIL DATA RECORD: Mandatory – Some Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		Requirement NCPDP	Requirement LDH	Comments
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1	M	M	
701	Segment Identifier	X(02)	A/N	G1 = Detail Data Record	2	3	M	M	
880-K5	Transaction Reference Number	X(10)	A/N	To be determined by the Provider	4	13	M	M	
See the following sections of this document for the NCPDP D.0 Data Record Section 7.1 for the B1 Original encounter Section 7.2 for the B1 Reversal(Void) encounter									
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	varies	varies	M	M	

TRANSMISSION TRAILER RECORD: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		Requirement NCPDP	Requirement LDH	Comments
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1	M	M	
701	Segment Identification	X(02)	A/N	99 = File Control (trailer)	2	3	M	M	
806-5C	Batch Number	9(07)	N	Matches Header	4	10	M	M	
751	Record Count	9(10)	N	Total number of records including header and trailer	11	20	M	M	
504-F4	Message	X(35)	A/N		21	55	M	M	
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	56	56	M	M	

7.0 D.0 PHARMACY ENCOUNTER RECORD FORMATS

Encounter submissions consist of Encounter Requests and Encounter Reversals/(Voids). The following paragraphs detail this information.

****NOTE:** Each field within every segment below must occur in the same sequence as listed in this companion guide.

Medicaid Data Element	NCPDP Field Number	NCPDP Field Name
Pharmacy Provider Number	201-B1	Service Provider ID
Member Number	302-C2	Cardholder ID
Group Number	301-C1	Group ID
Patient First Name	310-CA	Patient First Name
Patient Last Name	311-CB	Patient Last Name
Place of Service	307-C7	Place of Service
Patient Street Address	322-CM	Patient Street Address
Patient City	323-CN	Patient City Address
Patient Zip	325-CP	Patient Zip /Postal Zone
Patient Residence	384-4X	Patient Residence
Patient's Relationship	306-C6	Patient Relationship Code
Patient's Date of Birth	304-C4	Date Of Birth
Patient's Sex	305-C5	Patient Gender Code
Date of Service	401-D1	Date Of Service
Rx Number	402-D2	Prescription/Service Reference Number
Metric Decimal	442-E7	Quantity Dispensed
NDC Number	407-D7	Product/Service ID
Days Supply	405-D5	Days Supply
DAW	408-D8	Dispense As Written (DAW)/Product Selection Code
Prescriber ID	411-DB	Prescriber ID
New or Refill	403-D3	Fill Number
Compound Code	406-D6	Compound Code
Date Prescription Written	414-DE	Date Prescription Written
Ingredient Cost Submitted	409-D9	Ingredient Cost Submitted
Amount Billed by Pharmacy	430-DU	Gross Amount Due
Amount Paid by Medicaid	113-N3	Medicaid Paid Amount
ICN/TCN Number	114-N4	Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)
Medicaid ID Number	115-N5	Medicaid ID Number
Medicaid Agency Number	116-N6	Medicaid Agency Number
Diagnosis Code	424-DO	Diagnosis Code
Transaction Code	103-A3	Transaction Code

7.1 Subrogation Submission (Input)

HEADER SEGMENT: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPDP Requirement	LDH Requirement	Comments
101-A1	Bin Number	9(6)	N	This is a constant value specific to each MCO. Aetna- 610591 ACLA- 019595 HB-020107 LHCC-004336 UHC-610494 Humana -	1	6	M	M	
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	M	M	
103-A3	Transaction Code	X(2)	A	B1 = Billing (for up to 4 claims per transaction)	9	10	M	M	
104-A4	Processor Control Number (PCN)	X(10)	A	This value is specific to each MCO. Aetna- ADV ACLA- 06030000 HB-FG LHCC- MCAIDADV UHC- 9999	11	20	M	M	
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 (For a compound, the transaction count must be = 1 one claim in a transaction)	21	21	M	M	
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	22	23	M	M	
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy.	24	38	M	M	Required for Subrogation Request.

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPDP Requirement	LDH Requirement	Comments
				Left-justify the field with trailing spaces.					
401-D1	Date of Service	9(8)	N	CCYYMMDD format	39	46	M	M	Required for Subrogation Request.
110-AK	Vendor/Certification ID	X(10)	A	BATCH-O = Original Encounter Claim	47	56	M	M	

PATIENT SEGMENT: Required Segment

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

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'01' – Patient	M	M	
304-C4	Date of Birth	9(8)	N	CCYYMMDD format	R	R	Required for Subrogation Request.
305-C5	Patient Gender Code	9(1)	N	1 = Male 2 = Female 0 = Unknown	R	R	Required for Subrogation Request.
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	Q	R	Required for Subrogation Request.
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.	R	R	Required for Subrogation Request.
307-C7	Place of Service	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	Q	Q	If Patient Residence 384-4X = 12 then Place of Service 307-C7 = 01, this indicates PRTF Place of Service 307-C7 = 12, this includes at home administration of the COVID-19 vaccine. Required for Subrogation Request.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
				25 - Birthing Center 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			
384-4X	Patient Residence	9(2)	N	0 --Not Specified 01-Home 02-Skilled Nursing Facility 03-Nursing Facility 04-Assisted Living Facility 05-Custodial Care Facility 06-Group Home 07-Inpatient Psychiatric Facility 08-Psychiatric Facility 09-Intermediate Care Facility/Mentally Retarded 10-Residential Substance Abuse Treatment Facility 11-Hospice 12-Psychiatric Residential Treatment Facility 13-Comprehensive Inpatient Rehabilitation Facility 14-Homeless Shelter 15-Correctional Institution	Q	Q	If Patient Residence 384-4X = 12 then Place of Service 307-C7 = 01, this indicates PRTF Required: If patient is LTC 384-4X = 03 Required: If patient is in Hospice 384-4X = 11

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>Requirement NCPDP</i>	<i>Requirement LDH</i>	<i>Comments</i>
111-AM	Segment Identification	X(2)	A	'04' – Insurance	M	M	
302-C2	Cardholder ID	X(20)	A	13-digit recipient's Medicaid ID Number. Left-justify this field with trailing spaces.	M	M	Required for Subrogation Request.
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 6 = Significant Other	Q	Q	
301-C1	Group ID	X(15)	A	ID assigned to the cardholder group or employer group. Up to 15 characters. This value is specific to each MCO. Aetna- RX8834 ACLA-N/A HB- WKLA LHCC- RX5444 UHC- ACULA	Q	Q	Required for Subrogation Request.
303-C3	Person Code	X(3)	A	N/A	Q	Q	
306-C6	Patient Relationship Code	9(1)	N	0 = Not specified 1 = Cardholder 2 = Spouse 3 = Child 4 = Other	Q	Q	

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 encounter.

Field	Field Name	PIC	TYPE	VALUE	Requirement NCPDP	Requirement LDH	Comments
111-AM	Segment Identification	X(2)	A	'07' – Claim	M	M	LDH requires value 07 = Claim.
114-N4	Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)	X(30)	A	Number assigned by Gainwell following adjudication to identify an encounter for recovery. This Internal Control Number will be a 13 digit number.	R	R	Required for Subrogation Request.
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	M	M	LDH requires value 1 = Rx Billing
402-D2	Prescription / Service Reference Number	9(12)	N	Twelve-digit prescription number. The pharmacy's file number for this prescription.	M	M	
436-E1	Product / Service ID Qualifier	X(2)	A	Constant of "03" – National drug code (NDC) (For compounds use a value of '00')	M	M	
407-D7	Product / Service ID	X(19)	A	Eleven character NDC number (For compounds use a value of '0')	M	M	Required for Subrogation Request.
460-ET	Quantity Prescribed	9(7)V999	N	Format = 9999999.999 9(7)V999	Q	Q	Required for all Schedule II (CII) prescriptions to communicate the maximum quantity authorized by the prescriber.
442-E7	Quantity Dispensed	9(7)V999	N	Format = 9999999.999 9(7)V999 (For a compound, this is the quantity of the entire multi-ingredient product)	R	R	The accumulated quantity dispensed cannot exceed the value contained in the quantity prescribed field (460-ET) for CII prescriptions.

Field	Field Name	PIC	TYPE	VALUE	Requirement NCPDP	Requirement LDH	Comments
403-D3	Fill Number	9(2)	N	00 = Original dispensing 01-11 = Refill number	R	R	For incremental fills, the number will increment each time the medication is dispensed. Required for Subrogation Request.
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.	R	R	A value of "1" for COVID-19 vaccines. Required for Subrogation Request.
415-DF	Number of Refills Authorized	9(2)	N	Format=99	Q	Q	Required to be value 0 for Schedule II prescriptions.
406-D6	Compound Code	9(1)	N	0 = Not specified 1 = Not a compound 2 = Compound If a value of 2 is indicated then the compound segment is required.	R	R	Required for Subrogation Request.
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.O) * '1' is required to override MAC pricing on a brand name drug. ** '9' is required to allow the prescriber to substitute using the PDL brand product.	R	R	*Required by Gainwell to override MAC pricing on a brand name drug. **Required by Gainwell to allow the prescriber to substitute using the PDL brand product. Required for Subrogation Request.
414-DE	Date Prescription Written	9(8)	N	CCYYMMDD format	R	R	Required for Subrogation Request.

Field	Field Name	PIC	TYPE	VALUE	Requirement NCPDP	Requirement LDH	Comments
354-NX	Submission Clarification Code Count	9(1)	N	Maximum count of 3.	Q	R	Required for Batch Encounter processing. Required if Submission Clarification Code (420-DK) is used
420-DK	Submission Clarification Code	9(2)	N	09 – Encounters 20 - 340B 02 - Initial Dose COVID-19 vaccine 06 - Second Dose COVID-19 vaccine 07 - 3 rd Dose COVID-19 vaccine in immunocompromised 10 - Booster Shot COVID-19 vaccine 42 - At Home OTC COVID Tests	Q	R	Required: Code 09 must be submitted in the first occurrence for all NCPDP records. Required: Submit code 20 in the second occurrence for 340B records. Occurs the number of times identified in Submission Clarification Code Count (354-NX). Required: Submit the code 07 for 3rd dose in immuno-compromised recipient. Submit the code 10 for booster shot. Submit Code 42 when Prescribing Provider is a Pharmacist or Pharmacy for FDA Authorized At Home OTC COVID Tests.
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	Q	Q	Optional – Specific values required for COB Edit Override

Field	Field Name	PIC	TYPE	VALUE	Requirement NCPDP	Requirement LDH	Comments
429-DT	Special Packaging 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)	Q	Q	Optional
600-28	Unit of Measure	X(02)	A/N	EA - Each GM -Gram ML- Milliliter	Q	R	
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	Q	Q	Optional
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 note.	Q	Q	Optional **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.
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.	Q	Q	

COMPOUND SEGMENT: Optional Segment (Required if field 406-D6 Compound Code is indicated as a compound with a value of 2)

Only one transaction per transmission is allowed when billing for a multi-ingredient prescription. A Compound is submitted using the Compound segment with multiple iterations of the Compound Product ID Qualifier, Compound Product ID and other repeating fields – one iteration for each ingredient in the compound. This transaction allows the pharmacy to submit any/all of the ingredients included in the preparation of the compound. Each ingredient of a compound is contained within the iterations of the Compound Segment **within a transaction**. Each ingredient is **not allowed** to be sent in separate transactions of a transmission. (Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A/N	'10' – Compound	M	M	Required if 406-D6 has a value of 2 = Compound
450-EF	Compound Dosage Form Description Code	X(2)	A/N	01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema	M	M	(non-repeating)
451-EG	Compound Dispensing Unit Form Indicator	9(1)	N	1 = Each 2 = Grams 3 = Milliliters	M	M	(non-repeating)
447-EC	Compound Ingredient Component Count	9(2)	N	Count of compound product IDs (both active and inactive) in the compound mixture submitted. Max count of 25 ingredients	M	M	(non-repeating)
488-RE	Compound Product ID Qualifier	X(2)	A/N	03 = National Drug Code (NDC) Code qualifying the type of product dispensed. For LA Encounters it must be a value of 03	M	M	(repeating)
489-TE	Compound Product ID	X(19)	A/N	NDC of an ingredient used in a compound-	M	M	(repeating) Must be the NDC for Encounters

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
448-ED	Compound Ingredient Quantity	9(7)v999	N	Amount expressed in metric decimal units of the product included in the compound mixture.	M	M	(repeating)
449-EE	Compound Ingredient Drug Cost	S9(7)v99	D	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Q	R	(repeating)
490-UE	Compound Ingredient Basis of Cost Determination	X(2)	A/N	00 = Unspecified 01 = AWP (Average Wholesale Price) 02 = Local Wholesaler 03 = Direct 04 = EAC (Estimated Acquisition Cost) 05 = Acquisition 06 = MAC (Maximum Allowable Cost) 07 = Usual & Customary *08 = 340B Disproportionate Share Pricing 09 = Other 10 = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	Q	R	(repeating) *Required by Payer to properly adjudicate a 340B encounter

PHARMACY PROVIDER SEGMENT: Required IF a vaccine was administered.

(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 encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYP E</i>	<i>VALUE</i>	<i>Requirement NCPDP</i>	<i>Requirement LDH</i>	<i>Comments</i>
111-AM	Segment Identification	X(2)	A	'02' – Pharmacy Provider	M	M	
465-EY	Provider ID Qualifier	X(2)	A	05 = National Provider ID (NPI) 07 = Medicaid	Q	R	*Required by Gainwell to properly adjudicate an encounter for administration of a vaccine by an authorized pharmacist.
444-E9	Provider ID	X(15)	A	A ten-digit National Provider ID (NPI). If encounter is for administration of a 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. The seven-digit Medicaid Provider Number assigned to the authorized pharmacist is also accepted. Left-justify the field with trailing spaces.	Q	R	*Required by Gainwell to properly adjudicate an encounter for administration of a vaccine by an authorized pharmacist.

PRESCRIBER 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 encounter.

<i>Field</i>	<i>Field Name</i>	<i>PIC</i>	<i>TYPE</i>	<i>VALUE</i>	<i>NCPDP Requirement</i>	<i>LDH Requirement</i>	<i>Comments</i>
111-AM	Segment Identification	X(2)	A	'03' – Prescriber	M	M	
466-EZ	Prescriber ID Qualifier	X(2)	A	01 = National Provider ID (NPI) 05 = Medicaid	Q	R	
411-DB	Prescriber ID	X(15)	A	<p>This is not a practitioner DPR number. This field is left justified with trailing spaces.</p> <p>If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent.</p> <p>Until prescriber data has been adequately disseminated, the legacy Medicaid ID will also be accepted in this field.</p> <p>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'.</p>	Q	R	<p>Required for Subrogation Request.</p> <p>COVID-19 Test: Enter the Prescriber's NPI OR in the Absence of a Prescription from a Prescriber, the Pharmacist's or Pharmacy's NPI</p> <p>COVID-19 Oral Antiviral Agent: Enter the Prescriber's NPI</p> <p>Vaccines: Enter the Prescriber's NPI OR in the Absence of a Prescription from a Prescriber, the Pharmacist's NPI</p>

COB/OTHER PAYMENTS 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 encounter.

COB Reporting Instructions

Please use the following instructions for the sequence required to report COB data in NCPDP Batch Encounters:

- ☐ First COB Occurrence: MCO reporting the total amount paid as what the PBM paid the Pharmacy in **COB Segment field 431-DV of the NCPDP Encounter using 342-HC qualifier 07**. MCO Copay amount charged to the recipient is also reported in 1st COB occurrence using 351-NP Other Payer-Patient Responsibility Amount Qualifier 05, and 352-NQ Other Payer-Patient Responsibility Amount, report zero if no copay was charged.
- ☐ Second COB Occurrence: Report the Primary TPL paid amount, if applicable, in COB Segment 431-DV of the NCPDP Encounter using 342-HC qualifier 07 to report the Drug Benefit amount not including Sales Tax. Primary TPL copay does not need to be reported in the encounter. If the pharmacy doesn't provide the LA Medicaid TPL Carrier Code for Other Insurance on Pharmacy Claim records sent to the PBM, then a default value of 000000 should be used as the 340-7C (Other Payer ID) value in the NCP Encounter record.
- ☐ Third COB Occurrence: Report the amount of Sales Tax for the TPL paid amount, if applicable, in COB Segment 431-DV of the NCPDP Encounter using 342-HC qualifier 10 to report the Sales Tax amount paid.

****Note:** Subtract all taxes and provider fees paid by the primary payer before calculating the maximum allowable cost when the MCO is the secondary payer. Taxes and provider fees paid by the primary payer should not be included in the amount considered for reimbursement.

MCO ICN Format

The MCO's ICN must be populated in field 993-A7 (Internal Control Number). The maximum number of characters that the FI can store is 30, which includes the 4-digit prefix. The ICN that the MCO transmits in this segment is echoed back to the submitter in the 835. This permits the MCO to use the value in this field as a key in their system to match the encounter back to the information returned in the 835 transaction.

LDH requires MCOs to modify their ICN to contain a 4-digit prefix as follows:

Character 1: Claim Submission Media Type

- “P” to indicate submission of claim via paper form
- “Q” to indicate submission of a value added service via paper form
- “E” to indicate submission of claim via electronic submission
- “F” to indicate submission of value added service via electronic submission
- “W” to indicate the submission of claim via web portal
- “V” to indicate the submission of value added service submitted via web portal.

NOTE: The MCO must provide a Data Dictionary if other media types are submitted.

Character 2: Claim Status

The MCO, and/or sub-contractor, must indicate the status of the claim for this character position as follows:

- “P” for paid encounters
- “D” for denied encounters

NOTE: The MCO, and/or sub-contractor, must indicate the status of the claim for this character position.

Character 3-4: Vendor (Sub-contractor) Information

The MCO determines a two character code for each of its vendors. The MCO must provide LDH with a Data Dictionary to identify the two character code and the full name of the vendor it represents. As vendors are added or deleted, LDH must be furnished with an updated Data Dictionary.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'05' – COB/Other Payments	M	M	**Please see COB Reporting Instructions at the beginning of this section.
337-4C	Coordination of Benefits/Other Payment Count	9(1)	N	Maximum of 3 accepted for Louisiana. One digit only	M	M	
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	M	M	(Repeating) **Please see COB Reporting Instructions at the beginning of this section.
339-6C	Other Payer ID Qualifier	X(2)	A	Maximum of 3 accepted for Louisiana	Q	R	(Repeating) Please submit Louisiana specific

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
							Carrier Code with 99 Qualifier
340-7C	Other Payer ID	X(10)	A	Maximum of 3 accepted for Louisiana	Q	R	(Repeating) Please send Louisiana assigned Carrier Code. **Please see COB Reporting Instructions at the beginning of this section.
443-E8	Other Payer Date	9(8)	N	Maximum of 3 accepted for Louisiana CCYYMMDD format	Q	R	(Repeating)
993-A7	Internal Control Number	X(30)	A	Number assigned by the processor to identify an adjudicated encounter when supplied in payer-to-payer coordination of benefits only.	Q	R	Required for Batch Encounter processing.
341-HB	Other Payer Amount Paid Count	9(1)	N	Maximum of 3 accepted for Louisiana	Q	R	
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	Q	R	(Repeating) Please use 07=Drug Benefit for individual payments Required **Please see COB Reporting Instructions at the beginning of this section.
431-DV	Other Payer Amount Paid	S9(6) V99	N	Maximum of 3 accepted for Louisiana Format s9(7)V99 It represents the dollar amount of payment known by the pharmacy from other sources. Format s\$\$\$\$cc, zero fill if no amount collected.	Q	R	(Repeating) **Please see COB Reporting Instructions at the beginning of this section.
471-5E	Other Payer Reject Count	9(2)	N	Maximum of 5	Q	Q	
472-6E	Other Payer Reject Code	X(3)	A	Maximum of 5 accepted for each Other-Payer-ID Reject Code returned (Louisiana)	Q	Q	(Repeating)
353-NR	Other Payer-Patient Responsibility Amount Count	9(02)	N	Maximum count of 25.	Q	R	* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. **Please see COB Reporting Instructions at the beginning of this section.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
351-NP	Other Payer-Patient Responsibility Amount Qualifier	X(02)	A	05 = Amount of Copay	Q	R	(Repeating) * Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. **Please see COB Reporting Instructions at the beginning of this section.
352-NQ	Other Payer-Patient Responsibility Amount	S9(7) v99	N	Format s9(7)V99	Q	R	(Repeating) **Please see COB Reporting Instructions at the beginning of this section.

DUR/PPS SEGMENT: Required IF the segment data was present/used during processing of the transaction.

(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 encounter.

Field	Field Name	PIC	TYPE	VALUE	Requirement NCPDP	Requirement LDH	Comments
111-AM	Segment Identification	X(2)	A	'08' – DUR/PPS	M	M	
473-7E	DUR/PPS Code Counter	9(1)	N	Recommend value of "1", "2", or "3" DUR/PPS Code Counter = "1" is required if encounter is for administration of a vaccine by an authorized pharmacist.	Q	R	(Repeating) *Required by Gainwell to properly adjudicate an <u>IF</u> the segment data was present/used during the processing of the transaction.
439-E4	Reason for Service Code	X(2)	A	Use appropriate NCPDP Codes	Q	R	(Repeating) *Required by Gainwell to properly adjudicate an <u>IF</u> the segment data was present/used during the processing of the transaction.
440-E5	Professional Service Code	X(2)	A	440-E5 value MA is required if encounter is for administration of a vaccine by an authorized pharmacist.	Q	R	(Repeating) *Required by Gainwell to properly adjudicate an <u>IF</u> the segment data was present/used during the processing of the transaction.
441-E6	Result of Service Code	X(2)	A	Use appropriate NCPDP Codes	Q	R	(Repeating) *Required by Gainwell to properly adjudicate an <u>IF</u> the segment data was present/used during the processing of the transaction.

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 encounter.

Field	Field Name	PIC	TYP E	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'11' – Pricing	M	M	
113-N3	Medicaid Paid Amount	S9(7)v 99	N	Format S9(7)V99 To indicate the amount requested by the Managed Care entity for recovery.	R	R	Required for Subrogation Request.
409-D9	Ingredient Cost Submitted	S9(6) V99	N	Format S9(7)V99 (For a compound, this is the sum of all individual ingredient costs)	R	R	<p>Required for Subrogation Request.</p> <p>COVID-19 vaccine: Submit a value of \$0.00 with a Basis of Cost Determination of 15 or if field cannot accept a zero value, then a value of \$0.01 with a Basis of Cost Determination of 1.</p> <p>COVID-19 Test or COVID-19 Oral Antiviral Agent: Submit a value of \$0.00 with a Basis of Cost Determination of 15 when the product is free to the pharmacy. Submit a value of >= \$0.01 with a Basis of Cost Determination of 1 when the product is not free to the pharmacy.</p>

Field	Field Name	PIC	TYP E	VALUE	NCPDP Requirement	LDH Requirement	Comments
412-DC	Dispensing Fee Submitted	s9(6) V99	N	Format S9(7)V99	Q	R	*Required by Gainwell to properly adjudicate encounter. Report any Dispensing Fee Value Submitted including Zero(0)
433-DX	Patient Paid Amount Submitted	S9(6) V99	N	Format S9(7)V99	Q	R	* Required <u>IF</u> the data was present/used during the processing of the transaction
438-E3	Incentive Amount Submitted	S9(6) V99	N	Format S9(7)V99 For an encounter for administration of a vaccine by an authorized pharmacist, this field will contain the vaccine administration fee.	Q	R	* Required <u>IF</u> the data was present/used during the processing of the transaction
481-HA	Flat Sales Tax Amount Submitted	S9(6) V99	N	\$0.10	Q	R	Required by Gainwell to properly adjudicate encounter.
426-DQ	Usual and Customary Charge	S9(6) V99	N	Format S9(7)V99 The usual and customary charge for the prescription in s\$\$\$\$cc format.	Q	R	Required by Gainwell to properly adjudicate encounter.
430-DU	Gross Amount Due	S9(6) V99	N	Format S9(7)V99	R	R	Required for Subrogation Request.
423-DN	Basis of Cost Determination	X(2)	A/N	00 = Unspecified 01 = AWP (Average Wholesale Price) 02 = Local Wholesaler 03 = Direct 04 = EAC (Estimated Acquisition Cost) 05 = Acquisition 06 = MAC (Maximum Allowable Cost) 07 = Usual & Customary *08 = 340B Disproportionate Share Pricing 09 = Other 10 = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 15= Free Product or No Associated Cost (COVID-19 Vaccine, Test, or Oral Antiviral Agent)	Q	R	(Repeating) *Required by Payer to properly adjudicate a 340B encounter. COVID-19 Vaccine: A value of "15" (free product or no associated cost) or if ingredient cost field cannot accept \$0.00, then a value of "1" with an ingredient cost of >= \$0.01.

Field	Field Name	PIC	TYP E	VALUE	NCPDP Requirement	LDH Requirement	Comments
							COVID-19 Test: A value of "15" (free product or no associated cost=\$0.00) or a value of "1" with an ingredient cost \geq \$0.01. COVID-19 Oral Antiviral Agent: A value of "15" (free product or no associated cost=\$0.00) or a value of "1" with an ingredient cost \geq \$0.01.

CLINICAL SEGMENT: Required **IF** the segment data was present/used during processing of the transaction.

(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 encounter.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'13' – Clinical	M	M	
491-VE	Diagnosis Code Count	9(1)	N	Recommend value of "1" for primary or "2" for secondary	Q	Q	Only 2 occurrences will be accepted
492-WE	Diagnosis Code Qualifier	X(2)	A	ØØ = Not Specified Ø1 = International Classification of Diseases (ICD9) Ø2 = International Classification of Diseases (ICD1Ø) For service dates before 10/1/2015, use 01. For service dates on or after 10/1/2015, use 02.	Q	Q	(Repeating)
424-DO	Diagnosis Code	X(15)	A	Up to 15 characters. Decimal points are explicit. For service dates before 10/1/2015 and a value of 01 in field 491-WE, use ICD-9 codes. For service dates on or after 10/1/2015 and value of 02 in field 491-WE, use ICD-10 codes.	Q	Q/M	(Repeating) Mandatory for naltrexone containing products

RESPONSE PRICING SEGMENT (Transmission Accepted/Transaction Paid):

Required IF there is a Payer other than MCO. This is Not the MCO Co-Pay, rather this is the Third-Party Deductible, Co-Pay, and Co-Insurance.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification				M		
505-F5	Patient Pay Amount	S9(7)v99			R		Required
517-FH	Amount Applied to Periodic Deductible	S9(7)v99			Q	M	Required if Patient Pay Amount (505-F5) Includes Deductible.
518-FI	Amount of Co-Pay	S9(7)v99			Q		Required if Patient Pay Amount (505-F5) Includes Deductible.
572-4U	Amount of Co-Insurance	S9(7)v99			Q		Required if Patient Pay Amount (505-F5) Includes Co-Insurance as Patient Financial Responsibility.