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

October 24, 2023

Version 30
Document Number 3494

PROJECT INFORMATION

Document Title   Louisiana Medicaid Management Information System (LA MMIS) –
                        Vendor Specifications for POS

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Revision History

Date	Description of Change	By
3/21/2003	Initial draft	Neill Alford
6/1/2003	Recertified	Neill Alford
12/1/2005	Added value data	Neill Alford
9/29/2006	Updated contact information; formatted per TCG standards.	Randy Sheehan
2/13/2007	Updated for NPI changes	Karyn Grimes
4/5/2007	Updated prescriber NPI changes	Cindy Daniel
4/26/2007	Updated 7.1 with corrected BIN Number	Randy Sheehan
7/6/2009	Updated for Provider ID beginning with '2' changes Multiple changes from: - 'two zeroes' to '00' or '01' Also removed all occurrences of the following note for 201-B1: "Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required. "	Karyn Grimes
7/20/2009	Updated to note that the prescriber number must be the seven-digit Medicaid provider number or the prescriber's NPI.	Karyn Grimes
7/27/2009	And changed - The prescriber's ID must be seven digits and must begin with one of the following as assigned: '00' or '01'.	Karyn Grimes
10/02/2008	Updated 8.1 & 9.10 with revised information about duplicate responses.	Karyn Grimes

Date	Description of Change	By
10/12/2009	Updated for influenza immunizations by pharmacists.	Neill Alford
11/13/2009	Combined changes previously made in July with changes made in October.	Karyn Grimes
2/23/2010	Updated to note additional information for Suspect Duplicates	Karyn Grimes
3/12/2010	Additional corrections or changes requested	Karyn Grimes
12/28/2010	Added note to 409-D9 as it relates to changes for influenza payment per lift 7507	Karyn Grimes
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
8/17/2011	Made modifications for D.0	Karyn Grimes
10/14/2011	Removed paragraph from section 4.1 regarding the software vendor supplying Molina with a copy of their POS user documentation. Also removed a paragraph from section 4.3. This was old documentation regarding the contract being revised.	Karyn Grimes
10/27/2011	Inserted 307-C7 Patient Location field information Also inserted missing required fields in the examples	Karyn Grimes

Date	Description of Change	By
12/20/2011	Modify Vendor Spec DOCS based on feedback from Vendor Testing of 5010/D.0 migration - Removed reference on field 402-D2 'This field is right justified and zero filled as necessary'. - Removed reference to 507-F7 in response. We do not return this individual field and it is causing some confusion. - Removed value '8' for field 308-C8 Other-Coverage-Code - Remove the modification made to this document for 408-D8 Dispense as Written on 8/10/2011	Karyn Grimes
7/2/2012	Added back in the modifications for 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
10/10/2012	Added note for field 408-D8 Dispense as Written as to when the value DAW=9 is allowed to be used.	Karyn Grimes
03/20/2013	Changed contact information from Scott Totman to Dave Baker. Also add value 'RE' to the list of Reason for Service Codes as we realized it is missing. This was implemented back in 06/2010.	Karyn Grimes
11/11/2013	Modified for NCPDP External Codes List (ECL) changes as follows: - Removed 06 & 99 from 492-WE Diagnosis Code Qualifier - Removed 0 from 406-D6 Compound Code. Modified examples to use 1 – Not a Compound - Added 11 to 342-HC Other Payer Amount Paid Qualifier	Karyn Grimes
10/06/2014	Added note to 342-HC Other Payer Amount Paid Qualifier Added note to 492-WE Diagnosis Qualifier Added reference to 507-F7.	Karyn Grimes
07/20/2015	Added reference for 481-HA-Flat-Sales-Tax-Amount-Submitted requirement. Modified 558-AW-Flat-Sales-Tax-Amount-Paid	Karyn Grimes

Date	Description of Change	By
03/08/2016	Changed the number of occurrences allowed for 342-HC & 431-DV Added reference for 566-J5 Other Payer Amount Recognized Added reference for 384-4X Patient Residence Added reference for 354-NX Submission Clarification Code Count & 420-DK Submission Clarification Code Added reference for 600-28 Unit of Measure Corrected the Field Name for 307-C7 from 'Patient Location' to 'Place of Service'	Karyn Grimes
05/23/2016	Added values 53 and 54 to 420-DK and value 7 to 418-DI	Dan Caldwell
03/06/2017	Add value 08 to 492-WE	Dan Caldwell
01/05/2018	Added the following: 353-NR Other Payer-Patient Responsibility Amount Count 351-NP Other Payer-Patient Responsibility Amount Qualifier 352-NQ Other Payer-Patient Responsibility Amount Added value '14' in field 522-FM in the pricing segment	Karyn Grimes
04/19/2018	LIFT11187 – Add override code for AT – Additive Toxicity ECL changes for April 2018: Add values 25, 26 to 522-FM Add values 58, 59 to 420-DK	Dan Caldwell
11/19/2018	Added DXC Logo & Changed Molina Medicaid Solutions to DXC Technology & Changed DHH to LDH throughout this document.	Dan Caldwell
01/31/2019	Added Compound Claim Segment (AM10)	Dan Caldwell
3/22/2019	Added note for 408-D8 Dispense as Written as to when the value '8' is allowed to be used.	Karyn Grimes
5/23/2019	Added reference for 412-DC Dispensing Fee Submitted and 423-DN Basis of Cost Determination. These are required for proper adjudication of 340B claims. Added note to 420-DK and 409-D9 regarding usage for proper adjudication of 340B claims. Also changed John Dempsey to Karen Olson and removed Dave Baker	Karyn Grimes
9/16/2020	Added reference for 460-ET Quantity Prescribed. Required for Schedule 2 drugs.	Dan Caldwell
2/18/2021	Gainwell rebranding	Karen Woudenberg

Date	Description of Change	By
6/10/2022	LIFT 11929 – update Pharmacy Provider Segment	Karen Woudenberg
12/14/2022	LIFT 12552 – 301-C1 required for Humana	Karen Woudenberg
10/24/2023	Added a value of PE (Patient Education) to 440-E5	Anuradha Rajagopal

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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 Louisiana Medicaid 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 **Louisiana Medicaid 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 Louisiana Department of Health (LDH) or Gainwell Technologies (Gainwell) 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, LDH or Gainwell 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 LDH or Gainwell.
7. LDH or Gainwell 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 LDH or Gainwell 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 Gainwell. 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 Gainwell.

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

Gainwell Technologies POS Help Desk
United Plaza Blvd Ste 300
Baton Rouge, Louisiana 70809
United States
Phone # 1-800-648-0790

When ready to test, notify Gainwell 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 LDH. 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 Gainwell. The Gainwell 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 LDH. 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 LDH 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 Gainwell 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 Gainwell 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 Gainwell, 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.

Gainwell 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:

<div align="center">

Gainwell Technologies
Kermit Patty:
Phone: (225) 216-6241
E-Mail Address: KPatty2@gainwelltechnologies.com

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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 Gainwell. Gainwell supports connections via TCP/IP only.

Telecommunications coordination can begin prior to the execution of a Trading Partner agreement with approval from Gainwell 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 Gainwell 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 Gainwell 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 Gainwell 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 Gainwell. Standard phone wiring will be used unless special arrangements are established prior to installation.

5.3 WAN Protocols for TCP Connections

Gainwell 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 Gainwell side of the router. The vendor and Gainwell 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 Gainwell is limited to ensure that all networks are provided equitable service. Normally, network vendors are limited to four (4) connections to each Gainwell 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 Gainwell. The specific port number for a network vendor will be assigned by Gainwell. 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, Gainwell will send all packets for a response together. Packets from different responses will not be intermingled.

All Gainwell 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.

Gainwell 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, Gainwell 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 Gainwell 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 Gainwell system, but the Gainwell 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 Gainwell 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 Gainwell 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 Gainwell.

- 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 Gainwell prior to installation.

5.6 Default Response Formats

There are situations where Gainwell 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:

ERRORMMISnnnneeeeeee 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 Gainwell 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 Gainwell Technologies

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

Karen Woudenberg
Phone: 757 306-4467
E-mail: Kolson28@gainwelltechnologies.com
Gainwell Technologies
477 Viking Drive, Suite 150
Virginia Beach, VA 23452

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**

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

  o **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 Gainwell.**	47	56

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PATIENT SEGMENT: Optional Segment
(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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	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 25 - Birthing Center	Optional

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
				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	00 - Not Specified 01 - Home 02 - Skilled Nursing Facility 03 - Nursing Facility 04 - Assisted Living Facility 05 - Custodial Care Facility 06 - Group Home 09 - Intermediate Care Facility/Individuals with Intellectual Disabilities 11 - Hospice 15 - Correctional Institution	Optional

INSURANCE SEGMENT: Required Segment
(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
111-	Segment	X(2)	A	'04' – Insurance	Mandatory

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
AM	Identification				
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 6 = Significant Other	Optional
301-C1	Group ID	X(15)	A	ID assigned to the cardholder group or employer group. Up to 15 characters.	Optional ***Required if Humana claim with the value HUMANA**
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.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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 "00" – i**f Compound** Constant of "03" – National drug code (NDC) **if Non-Compound**	Mandatory - **Value for compound may be submitted for LaHIPP claims only**

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
407-D7	Product/ Service ID	X(19)	A	Eleven zeroes '00000000000' if **Compound** Eleven character NDC number **if Non-Compound**	Mandatory - **Value for compound may be submitted for LaHIPP claims only**
442-E7	Quantity Dispensed	9(7)V 999	N	Format = 9999999.999 9(7)V999	Required
460-ET	Quantity Prescribed	9(7)V 999	N	Format = 9999999.999 9(7)V999	Required for CII Drugs
415-DF	Number of Refills Authorized	9(2)	9	00-99 = 99	Required value '00'for CII Drugs
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	1 = Not a compound 2 = Compound	Required - **Value for compound may be submitted for LaHIPP claims only**

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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) *** '1' is required to override MAC pricing on a brand name drug.** *** '8' is required to override MAC pricing on a brand name drug when the Generic Drug is not available in Marketplace.** **** '9' is required to allow the prescriber to substitute using the PDL brand product.**	Required ***Required by payer to override MAC pricing on a brand name drug.** ****Required by payer to allow the prescriber to substitute using the PDL brand product.**
414-DE	Date Prescription Written	9(8)	N	CCYYMMDD format	Required
354-NX	Submission Clarification Code Count	9(1)	N	**Maximum of 3 accepted for Louisiana**	Required if 420-DK Submission Clarification Code is used.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
420-DK	Submission Clarification Code	9(2)	N	01 - No Override 02 - Other Override 03 - Vacation Supply 04 – Lost/Damaged Prescription 05 - Therapy Change 06 - Starter Dose 07 - Medically Necessary 08 - Process Compound for Approved Ingredients 09 - Encounters 10 - Meets Plan Limitations 11 - Certification on File 12 - DME Replacement Indicator 13 - Payer-Recognized Emergency Disaster/Disaster Assistance Request 14 - Long Term Care Leave of Absence 15 - Long Term Care Replacement Medication 16 - Long Term Care Emergency Box (kit) or automated dispensing machine 17 - Long Term Care Emergency Supply Remainder 18 - Long Term Care Patient Admit/Readmit Indicator 19 - Split Billing *20 - 340B 21 - LTC dispensing - 14 days or less not applicable 22 - LTC dispensing - 7 days 23 - LTC dispensing - 4 days 24 - LTC dispensing - 3 days 25 - LTC dispensing - 2 days 26 - LTC dispensing - 1 day 27 - LTC dispensing - 4-3 days 28 - LTC dispensing - 2-2-3 days 29 - LTC dispensing - daily and 3-day weekend 30 - LTC dispensing - Per shift dispensing 31 - LTC dispensing - Per med pass dispensing 32 - LTC dispensing - PRN on demand 33 - LTC dispensing - 7 day or less cycle not otherwise represented 34 - LTC dispensing - 14 days dispensing 35 - LTC dispensing - 8-14 day dispensing method not listed above 36 - LTC dispensing - dispensed outside short cycle	Optional **(*Required by payer to properly adjudicate a 340B claim)**

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
420-DK	Submission Clarification Code - continued			42 - Prescriber ID Submitted is valid and prescribing requirements have been validated 43 - Prescriber's DEA is active with DEA Authorized Prescriptive Right 45 - Prescriber's DEA is a valid Hospital DEA with Suffix and has prescriptive authority for this drug DEA Schedule 46 - Prescriber's DEA has prescriptive authority for this drug DEA Schedule 47 - Shortened Days Supply Dispensed 48 - Dispensed Subsequent to a Shortened Days Supply Dispensing 49 - Prescriber does not currently have an active Type 1 NPI 52 - Prescriber's state license with prescriptive authority has been validated 55 - Prescriber Enrollment in State Medicaid Program has been validated 56 - Pharmacy Enrollment in State Medicaid Program has been validated 57 – Discharge Medication 58 – Nominal Price 59 – Federal Supply Schedule 60 - Long Term Care Same Drug Strength and Dosage Form with Multiple Dosing Directions 99 - Other	
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 2 = Other coverage exists – payment indicated 3 = Other Coverage Billed – claim rejected 4 = Other coverage exists-no payment indicated 8 = Claim is billing for patient financial responsibility only	**Optional – Specific values required for COB Edit Override**

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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
600-28	Unit of Measure	X(2)	A	EA - Each GM - Grams ML - Milliliters	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 7= Medical at home with special pharmacy services identical to Long Term Care beneficiaries with the exception of emergency kits	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 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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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	**Mandatory *Required by payer to properly adjudicate a claim for administration of the vaccine by an authorized pharmacist**
444-E9	Provider ID	X(15)	A	A ten-digit National Provider ID (NPI). If claim is for administration of the 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 will also be allowed. Left-justify the field with trailing spaces**.**	**Mandatory *Required by payer to properly adjudicate a claim for administration of the 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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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	**Optional *Required by payer to properly adjudicate**

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
				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'.	**claim.**

COMPOUND PAYMENTS SEGMENT: Optional Segment
(Each field will be preceded with a Field Separator and a Field Identifier.)

The compound segment may be submitted for LaHIPP claims only.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
111-AM	Segment Identification	X(2)	A	'10' – Compound Claim	Mandatory
450-EF	Compound Dosage Form Description Code	X(2)	A	Blank = Not Specified 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	Mandatory
451-EG	Compound Dispensing Unit Form Indicator	X(1)	A	1 = Each 2 = Grams 3 = Milliliters	Mandatory
447-EC	Compound Ingredient Component Count	9(2)	N	**Maximum of 25 accepted for Louisiana**. Range 02-25	Mandatory
488-RE	Compound Product ID Qualifier	X(2)	A	**Maximum of 25 accepted for Louisiana**. 03 = NDC	Mandatory

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
489-TE	Compound Product ID	X(19)	A	Eleven character NDC number	Mandatory
448-ED	Compound Ingredient Quantity	9(7)v999	N	Format = 9999999.999 9(7)V999	Required
449-EE	Compound Ingredient Drug Cost	9(6)v99	N	Format S9(6)V99	**NOT currently used in LA.** Required
490-UE	Compound Ingredient Basis of Cost Determination	X(02)	A	00 = Default 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/Public Health Service 09 = Other 10 = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing 14 = Cost basis on unreportable quantities 15 = Free product or no associated cost. 16 = Nominal Cost 17 = Federal Supply Schedule	**NOT currently used in LA.** Required
362-2G	Compound Ingredient Modifier Code Count	9(02)	N	**Maximum of 10 per ingredient accepted for Louisiana.** Range 00-10	**NOT currently used in LA.** Required when Compound ingredient Modifier Code (363-2H) is sent.
363-2H	Compound Ingredient Modifier Code	X(02)	A	**CMS Code set of HCPCS modifiers.**	**NOT currently used in LA.** Required if necessary for state/federal/regulatory agency programs.

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.

LaHIPP claims will process using **Government COB Method** which includes both OPAP (Other Payer Amount Paid) 431-DV and 342-HC and OPPRA (Other Payer Patient Responsibility) 351-NP and 352-NQ.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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** NA=Not Applicable UK=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

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
342-HC	Other Payer Amount Paid Qualifier	X(2)	A	**Maximum of 6 accepted for Louisiana** Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Preparation Cost 1Ø = Percentage Tax 11 = Medication Administration – An indicator which signifies the dollar amount paid by the other payer which is related to the administration of the medication 12 = Regulatory Fee	Optional (Repeating) Please use 07=Drug Benefit for individual payments Situational: 10= Percentage Tax is required if submitting other payer information. The sales tax value may be zero.
431-DV	Other Payer Amount Paid	S9(6) V99	N	**Maximum of 6 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)
353-NR	Other Payer-Patient Responsibility Amount Count	9(2)	N	**Maximum of 13 accepted for Louisiana**	Optional

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
351-NP	Other Payer-Patient Responsibility Amount Qualifier	X(2)	A	**Maximum of 13 accepted for Louisiana** 01 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer 02 = Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer. 03 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer 04 = Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer 05 = Amount of Copay (518-FI) as reported by previous payer. 06 = Patient Pay Amount (505-F5) as reported by previous payer. 07 = Amount of Coinsurance (572-4U) as reported by previous payer 08 = Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer 09 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer 10 = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer. 11 = Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer 12 = Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer. 14 = Amount Attributed to Grace Period as reported by previous payer. 15 = Amount Attributed to Catastrophic Benefit as reported by previous payer. 16 = Amount Attributed to Unbalanced Patient Pay Response Received from Previous Payer. The dollar amount representing the difference between the Patient Pay Amount (505-F5) and the sum of the reported Patient Pay 17 = Component Amounts (C93-KN).	Optional (Repeating) LaHIPP OPPRA will use Qualifiers 01-05 and 07-13 (component parts) and 06 is <u>not</u> used for **Government COB.**

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
				17 = Amount attributed to Regulatory Fee as reported by previous payer. 18 = Amount Attributed to Spend Down as Reported by Previous Payer.	
352-NQ	Other Payer-Patient Responsibility Amount	S9(8) V99	N	**Maximum of 13 accepted for Louisiana** Format s9(8)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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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:** AT = Additive Toxicity DD = Drug-Drug Interaction ER = Overuse EX = Excessive Quantity HC = High Cumulative Dose HD = High Dose ID = Ingredient Duplication MP = Poly-Pharmacy Detected MR = Poly-Prescriber Detected	Optional (Repeating)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
				MX = Excessive Duration NN = Unnecessary Drug PA = Drug Age PG = Drug-Pregnancy RE = Suspected Environmental Risk TD = Therapeutic Duplication	
440-E5	Professional Service Code	X(2)	A	AT, 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' For vaccine claims: 'MA' is required for administration by an authorized pharmacist. OR 'PE' is required for administration and counseling 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	AT, 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', '1H', '1J', '1K', '2A', '2B', '3A-3H', '3J', '3K', '3M', '3N', '4A-4H', '4J-4L'	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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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**

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
					reimbursed for recipients 19 and older) (*340B Actual Acquisition Cost (AAC) required by payer to properly adjudicate a 340B claim)
412-DC	Dispensing Fee Submitted	S9(6) V99	N	Format S9(6)V99	Optional **(*Required by payer to properly adjudicate a 340B claim)**
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**
481-HA	Flat Sales Tax Amount Submitted	S9(6) V99	N	$0.10	Required
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
423-DN	Basis of Cost Determination	X(02)	A	00 = Not Specified 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	Optional **(*Required by payer to properly adjudicate a 340B claim)**

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
				Pricing/Public Health Service 09 = Other 10 = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing - The cost calculated by the pharmacy for the drug for this special patient 14 = Cost basis on un-reportable quantities 15 = Free Product or no associated cost 16 = Nominal Price 17 = Federal Supply Schedule	

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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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-10-Clinical Modifications (ICD-1Ø-CM) Ø3 = National Criteria Care Institute (NCCI) Ø4 = The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED) Ø5 = Common Dental Terminology (CDT) Ø7 = American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV) Ø8 = American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM 5)	Optional (Repeating) Use 01 (ICD-9) for claims with date of service < 10/1/2015. Use 02 (ICD-10) for claims with date of service >= 10/1/2015.
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

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	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.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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:

RRRRRRRRRRRRR ICN: TTTTTTTTTTTTT DT: MM/DD/YY XXXX

or CCCCCCCCCCCCCCC ICN: TTTTTTTTTTTTT DT: MM/DD/YY

where:

RRRRRRRRRRRRR - Medicaid Recipient ID Number
CCCCCCCCCCCCCCC - Medicaid CCN
TTTTTTTTTTTTT - 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

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
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.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
				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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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	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. 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. 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 *External Code List* (ECL).	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.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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. 10 = Next Available Fill Date. 11 = Date the Prior Authorization Ends. 12 = Maximum Quantity Allowed Over the Designated Time Period 13 = Maximum Days Supply Allowed Over the Designated Time Period. 14 = Maximum Age 15 = Maximum Quantity 16 = Maximum Days Supply 17 = Maximum Fills 18 – Maximum Dollar Amount 19 = Remaining Quantity 20 = Remaining Days Supply 21 = Remaining Fills 22 = Minimum Age 23 = Minimum Quantity 24 = Minimum Days Supply 25 = Minimum Dollar Amount	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: • 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"**	Optional (Repeating) Required when additional text is needed for clarification or detail.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
				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: TTTTTTTTTTTT PPPPPPP CCCCCCCCCCCCC DDDDDDDD NNNNNNNNNN RRRRRRR n	
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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
111-AM	Segment Identification	X(2)	A	'22' – Response Claim	Mandatory
455-EM	Prescription /	X(1)	A	Constant of "1" – Rx Billing	Mandatory

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
	Service Reference Number Qualifier				
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.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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
507-F7	Dispensing Fee Paid	S9(6)V99	N	S9(6)V99	Required if the value is used to arrive at the final reimbursement.
558-AW	Flat Sales Tax Amount Paid	S9(6)V99	N	S9(6)V99	Required
521-FL	Incentive Amount Paid	S9(6)V99	N	S9(6)V99	Optional
566-J5	Other Payer Amount Recognized	S9(6)V99	N	S9(6)V99	Required if this value is used to arrive at the final reimbursement.
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	Optional Required if Ingredient Cost Paid (506-F6) is greater than zero (0). Required if Basis of Cost Determination (432-DN) is submitted on

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
				Paid 7 = MAC Pricing Ingredient Cost Reduced to MAC 8 = Contract Pricing 9 = Acquisition Pricing 10= ASP (Average Sales Price) 11= AMP (Average Manufacturer Price) 12= 340B/Disproportionate Share/Public Health Service Pricing 13= WAC (Wholesale Acquisition Cost) 14= Other Payer-Patient Responsibility Amount 15= Patient Pay Amount 16= Coupon Payment 17= Special Patient Reimbursement 18= Direct Price (DP) 19= State Fee Schedule (SFS) Reimbursement 20= National Average Drug Acquisition Cost (NADAC) 21= State Average Acquisition Cost (AAC) 22=Ingredient cost paid based on submitted Basis of Cost Free Product 23= Indicates the reimbursement was based on the contracted or state fee schedule rate for the Original Manufacturer Product ID for the repackaged drug. 24= Federal Upper Limit (FUL) 25= Nominal Pricing 26= Federal Supply Schedule	billing. Value 14 is returned when recipient is LaHIPP and the OPPRA amount received is greater than 0.
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

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
517-FH	Amount Applied to Periodic Deductible	S9(6)V99	N	S9(6)V99	Optional
518-FI	Amount of Co-Pay/ Coinsurance	S9(6)V99	N	S9(6)V99	Optional
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.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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 RE = Suspected Environmental Risk 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	Ø = 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	YYYMMDD format	Optional (Repeating)
531-FV	Quantity of Previous Fill	9(7)V999	N	9(7)V999	Optional (Repeating)
532-FW	Database	X(1)	A	1 = First Data Bank	Optional

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
	Indicator				(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 Message	X(30)	A	Up to 30 characters	Optional (Repeating)
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

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
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

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
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.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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

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.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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.
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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
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.)

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
					(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	**Contains EOB codes indicating the reason the claims status is set to 'Reject"** Each code of X(03) is followed by a space. 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. If Response Status of "R" then message: DUPL OF ICN/PROV/RECIP/DOS/NDC: TTTTTTTTTTTTT PPPPPPP CCCCCCCCCCCCC DDDDDDDD NNNNNNNNNNN If Response Status of "R" and Suspect Duplicate then message SUSPECT DUP OF ICN/PROV/RECIP/DOS/NDC/GCNSEQ TTTTTTTTTTTTT PPPPPPP CCCCCCCCCCCCC DDDDDDDD NNNNNNNNNNN/GGGGGG A **text message** will also be present for the following EOB codes: 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	Optional (Repeating) Required when additional text is needed for clarification or detail.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
				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.

Field	*Field Name*	*PIC*	*TYPE*	*VALUE*	*COMMENTS OR FROM/TO*
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.

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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 RE = Suspected Environmental Risk 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

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
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**	21	21

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
				allowed.		
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.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO	
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.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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.)

Field	Field Name	PIC	TYPE	VALUE	COMMENTS OR FROM/TO
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

Field	Field Name	Value	Vendor Input
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

Field	Field Name	Value	Vendor Input
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

Field	Field Name	Value	Vendor Input
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	Place of Service	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.**	7774567890123456 or 1234567890123
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
460-ET Required for CII Drugs	Quantity Prescribed	format: 9999999.999	0000900000
415-DF	Number of Refills Authorized	format: 00 Must be 00 for CII Drugs	00
403-D3	Fill Number	00 – Original	00
405-D5 Required	Days Supplied	format: 999	090
406-D6	Compound Code	1 = Not a Compound	1
408-D8	Dispensed As Written/Product Selection Code (DAW)	* 1 = Substitution Not Allowed By Prescriber * **'1' is required to override MAC pricing on a brand name drug.**	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

Field	Field Name	Value	Vendor Input
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 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'.	0054654
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 Compound Prescription Claim

Field	Field Name	Value	Vendor Input
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	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

Field	Field Name	Value	Vendor Input
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
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	Place of Service	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.**	7774567890123456 or 1234567890123
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	00 - Compound	00
407-D7 Required	Product/Service ID	11 zeroes	00000000000
442-E7 Required	Quantity Dispensed	format: 9999999.999	0000300000
460-ET Required for CII Drugs	Quantity Prescribed	format: 9999999.999	0000300000
415-DF	Number of Refills Authorized	format: 00 Must be 00 for CII Drugs	00
403-D3	Fill Number	00 – Original	00

Field	Field Name	Value	Vendor Input
405-D5 Required	Days Supplied	format: 999	030
406-D6	Compound Code	2 = Compound	2
408-D8	Dispensed As Written/Product Selection Code (DAW)	* 1 = Substitution Not Allowed By Prescriber *** '1' is required to override MAC pricing on a brand name drug.**	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 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'.	0054654
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
111-AM	Segment Identification	10 - Compound	10
450-EF	Compound Dosage Form Description Code	01 – Capsule	01
451-EG	Compound Dispensing Unit Form Indicator	1 – Each	1
447-EC	Compound Ingredient Component (Count)	Range 02-25	02
488-RE	Compound Product ID Qualifier	03 – NDC	03
489-TE	Compound Product ID	11 Character NDC number	51927279000
448-ED	Compound Ingredient Quantity	format: 9999999.999	0000030000

Field	Field Name	Value	Vendor Input
449-EE	Compound Ingredient Drug Cost	Format: 999999.99	0000100{
490-UE	Compound Ingredient Basis of Cost Determination	00 – Default	00
362-2G	Compound Ingredient Modifier Code Count	Range 00-10	01
363-2H	Compound Ingredient Modifier Code	CMS code set of HCPCS modifiers	01
488-RE	Compound Product ID Qualifier	03 – NDC	03
489-TE	Compound Product ID	11 Character NDC number	62991220401
448-ED	Compound Ingredient Quantity	format: 9999999.999	0000030000
449-EE	Compound Ingredient Drug Cost	Format: 999999.99	0000150{
490-UE	Compound Ingredient Basis of Cost Determination	00 – Default	00
362-2G	Compound Ingredient Modifier Code Count	Range 00-10	01
363-2H	Compound Ingredient Modifier Code	CMS code set of HCPCS modifiers	02

9.3 Payable Response

Field	Field Name	Value	Response
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

Field	Field Name	Value	Response
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	P - Paid	P
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{
507-F7	Dispensing Fee Paid	Format: S9(6)v99	0000000{
558-AW	Flat Sales Tax Amount Paid	Format : S9(6)v99	0000001{
566-J5	Other Payer Amount Recognized	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{

9.4 Single Claim Captured Prescription Input

Field	Field Name	Value	Vendor Input
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

Field	Field Name	Value	Vendor Input
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	20000721
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	444556666
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	Place of Service	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

Field	*Field Name*	*Value*	*Vendor Input*
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**
460-ET	Quantity Prescribed	format: 9999999.999	000090000 **Required for CII Drugs**
415-DF	Number of Refills Authorized	format: 00	00 Must be 00 for CII Drugs
403-D3	Fill Number	01 – Refill	01
405-D5 Required	Days Supplied	format: 999	020
406-D6	Compound Code	1 = Not a Compound	1
408-D8	Dispensed As Written/Product Selection Code (DAW)	* 1 = Substitution Not Allowed By Prescriber * **'1' is required to override MAC pricing on a brand name drug.**	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	0056546

Field	Field Name	Value	Vendor Input
		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
430-DU Required	Gross Amount Due	S9(6)V99	0002191F

9.5 Claim Captured Response

Field	Field Name	Value	Response
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	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

Field	Field Name	Value	Response
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 Gainwell exception code for this particular claim.

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

9.6 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)
```

9.7 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.

Field	Field Name	Value	Response
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

Field	*Field Name*	*Value*	*Response*
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{
507-F7	Dispensing Fee Paid	Format: S9(6)v99	0000000{
558-AW	Flat Sales Tax Amount Paid	Format : S9(6)v99	0000001{
566-J5	Other Payer Amount Recognized	Format : S9(6)v99	0000000{
509-F9	Total Amount Paid	Format : S9(6)V99	0002082A

Field	Field Name	Value	Response
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{
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

9.8 Header Rejected Response

Field	Field Name	Value	Response
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

Field	Field Name	Value	Response
504-F4	Message	Message – Claim not processed – Header Errors	
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

9.9 Single Claim Rejected Prescription Request

Field	Field Name	Value	VENDOR INPUT
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

Field	*Field Name*	*Value*	*VENDOR INPUT*
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	Place of Service	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
460-ET Required for CII Drugs	Quantity Prescribed	Format : 9999999.999	000120000
415-DF Required Value 00 for CII Drugs	Number of Refills Authorized	Format: 00	00
403-D3	Fill Number	0 – original	00
405-D5 Required	Days Supplied	Format: 999	120
406-D6	Compound Code	1 = Not a Compound	1
408-D8	Dispensed As Written/Product Selection Code (DAW)	* 1 = Substitution Not Allowed By Prescriber * '1' is required to override MAC pricing on a brand name drug.	1
414-DE Required	Date Prescription Written	CCYYMMDD format	20030520

Field	Field Name	Value	VENDOR INPUT
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 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

9.10 Response

Field	Field Name	Value	Response
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 0121012032501

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

9.11 Duplicate Prescription

A duplicate response, value "D", will be sent back when the Gainwell 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

Gainwell Technologies Requirements

Field	Field Name	Value	Response
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

Field	Field Name	Value	Response
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
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{
566-J5	Other Payer Amount Recognized	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{

9.12 Suspect Duplicate Prescription

A duplicate response status, value "R", will be sent back when the Gainwell 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).

9.13 Reversal Prescription - Request

Field	Field Name	Value	VENDOR INPUT
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
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

9.14 Accepted Reversal - Response

Field	Field Name	Value	Response
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

Field	Field Name	Value	Response
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
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

9.15 Rejected Reversal – Response

Field	Field Name	Value	Response
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 Gainwell 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 Gainwell POS Team if there are any questions regarding the data in the Pharmacy response. The Gainwell 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 Gainwell. 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 Gainwell Technologies.

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 Gainwell Technologies

- 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 Gainwell Louisiana staff and a designated person from LDH, 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).

- Gainwell and LDH staff will have two (2) weeks from the receipt of the materials to review the documents.

- If changes to the materials are necessary, Gainwell and LDH reserve the option to review the materials after recommended changes have been made.

- NO marketing materials may be released to the provider community without LDH 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, Gainwell 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
DOB	Date of Birth
DOS	Date of Service
EOB	Explanation of Benefits
EMC	Electronic Media Claim
EPSDT	Early Periodic Screening and Diagnostic Treatment
Gainwell	Gainwell Technologies
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
LDH	Louisiana Department of Health
MEVS	Medicaid Eligibility Verification System
MMIS	Medicaid Management Information System
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
Karen Olson	(757) 306-4467	Eastern Time Zone

Problem Resolution:

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

Gainwell Provider Services:
8:00 AM – 5:00 PM

	(800) 473-2783	Central Time Zone

**Gainwell
POS Team:**

Karen Woudenberg	(757) 306-4467	Eastern Time Zone