

New York State Department of Health All Payer Database

Encounter Intake System (EIS)

Standard Companion Guide Transaction Information

Instructions related to Transactions
Based on NCPDP Post Adjudication Standard
Implementation Guide, Version 4.2, and related
documents

Transaction Information Companion Guide Version Number: 2.0

Table of Contents

| | |
|---|-----------|
| NCPDP – NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS..... | 3 |
| 1 Introduction..... | 3 |
| 2 Companion Guide Disclaimer:..... | 4 |
| 3 NYS All Payer Database (APD) Note..... | 5 |
| 4 Purpose..... | 6 |
| 4.1 System Availability..... | 6 |
| 4.2 NCPDP Transaction Version Supported By NYSDOH APD | 6 |
| 4.2.1 Transaction Format Information..... | 6 |
| 5 Transaction Information Change Summary | 46 |

NCPDP – NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS

1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and issuers. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

The National Council for Prescription Drug Programs (NCPDP) is a non-profit organization formed in 1976. It is dedicated to the development and dissemination of voluntary consensus standards that are necessary to transfer information that is used to administer the prescription drug benefit program.

Refer to the NCPDP Post Adjudication Version 4.2 documents (NCPDP Post Adjudication Standard Implementation Guide (IG), Data Dictionary, and External Code List) for more detailed information on field values and segments.

The following information is intended to serve only as a Companion Guide to the aforementioned NCPDP Post Adjudication Standard Version 4.2 documents. The use of this Companion Guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This Companion Guide supplements, but does not contradict, any requirements in the NCPDP Post Adjudication Standard Version 4.2 Implementation Guide and related documents.

To request a copy of the NCPDP Standard Formats or for more information contact the National Council for Prescription Drug Programs, Inc. at www.ncpdp.org. The contact information is as follows:

National Council for Prescription Drug Programs
9240 East Raintree Drive Scottsdale, AZ 85260
Phone: (480) 477-1000
Fax (480) 767-1042

“Materials Reproduced with the Consent of ©National Council for Prescription Drug Programs, Inc. 2010 NCPDP”

2 Companion Guide Disclaimer:

The New York State Department of Health (NYSDOH) has provided this Encounter Intake System (EIS) Companion Guide for the NCPDP Post Adjudication transaction to assist Issuers in preparing NCPDP compliant transactions. This document was prepared using the NCPDP Post Adjudication Standard Implementation Guide version 4.2, Data Dictionary, and External Code List.

NYSDOH does not offer individual training to assist Plans in the use of the NCPDP transactions.

The information provided herein is believed to be true and correct based on the aforementioned NCPDP Post Adjudication Standard Version 4.2 Implementation Guide and the related documents. The transaction is continuing to evolve through the continuous maintenance process. Therefore, NYS Department of Health makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYSDOH policy changes or as the standards are updated or revised.

3 NYS All Payer Database (APD) Note

The National Council for Prescription Drug Programs (NCPDP) Post Adjudication Standard Implementation Guide Version 4.2, Data Dictionary, and External Code List, has been adopted to fulfill an industry need to supply detailed drug or history claim information after the claim has been adjudicated.

This Companion Guide, which is provided by the New York State Department of Health (NYSDOH), outlines the required format for the New York State Encounter Intake System Post Adjudication transactions. It is important that Issuers study the Companion Guide and become familiar with the data that will be expected by NYS EIS in transmission of a Post Adjudication Pharmacy Transaction.

This Companion Guide does not modify the standards; rather, it puts forth the subset of information from the NCPDP Post Adjudication Standard Version 4.2 Implementation Guide, Data Dictionary, External Code List, and Version 4.2 Editorial Updates that will be required for processing transactions. It is important that plans use this Companion Guide as a supplement to the NCPDP Standard 4.2 documents. Within the IG, there are data elements, which have available for use many different qualifiers. Each qualifier identifies a different piece of information. This document omits code qualifiers that are not necessary for NYS EIS processing. Although not all available codes are listed in this document, NYSDOH will accept any codes named or listed in the NCPDP Data Dictionary and External Code List. When necessary, NYS EIS notes are included under “Plan Situation” to describe the NYSDOH specific requirements.

Although not all IG items are listed in the Companion Guide, NYS EIS will accept and capture the data that complies with the Post Adjudication Standards IG. Issuers are required to use the NCPDP Post Adjudication Standard Implementation Guide Version 4.2, the Data Dictionary, and the External Code List (ECL), to understand the positioning, format and usage of the transaction and data elements.

Please refer to the Trading Partner Information Companion Guide for Information about transaction header structures, transaction size limits, electronic communications methods, and enrollment. This document is available from the EIS Encounters support services for Issuers through the following e-mail: NYS-DOH-APD-Issuer-Support@csra.com.

Health Care Issuers can acquire the aforementioned NCPDP documents from www.ncpdp.org

4 Purpose

This guide is intended to provide guidelines to software vendors and health care issuers as they implement the NCPDP Post Adjudication 4.2 Standard.

4.1 System Availability

The New York State EIS NCPDP Post Adjudication transaction submission system is available to issuers 24 hours a day, seven days a week.

4.2 NCPDP Transaction Version Supported By NYSDOH APD

| | <i>Transaction Name</i> |
|--|-------------------------------|
| | Post Adjudication Version 4.2 |
| | |

4.2.1 Transaction Format Information

New York State EIS will only accept NCPDP Post Adjudication Standard Version 4.2. Please refer to the NCPDP 4.2 Post Adjudication Implementation Guide, Data Dictionary and External Code List to understand the positioning, format and use of the data elements.

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

Post Adjudication History Transaction

**** Start of Request Post Adjudication History ****

GENERAL INFORMATION

| | |
|---|---|
| Receiver Name: New York State Department of Health (NYSDOH) | Date: 12/12/2016 |
| Receiver Name/Group Name: NYS All Payer Database | PCN: NYS APD ID |
| Processor: | |
| Effective as of: 1/9/2017 | NCPDP Post Adjudication Standard Version/Release #: 4.2 |
| NCPDP Data Dictionary Version Date: 07/2016 | NCPDP External Code List Version Date: 07/2016 |
| Contact/Information Source: EIS Manuals available from the EIS Encounters support services for Issuers through the following e-mail: NYS-DOH-APD-Issuer-Support@csra.com | |
| Provider Relations Help Desk Info: NYS-DOH-APD-Issuer-Support@csra.com | |
| Other versions supported: None | |

OTHER TRANSACTIONS SUPPORTED

Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

| | Transaction Name |
|--|------------------|
| | None |
| | |
| | |

FIELD LEGEND FOR USAGE COLUMNS

| Usage Column | Value | Explanation | Situation Column |
|-----------------------|-------|--|------------------|
| MANDATORY | M | The Field is mandatory for the Segment in the designated Transaction. | No |
| REQUIRED | R | The Field has been designated with the situation of 'Required' for the Segment in the designated Transaction. | No |
| QUALIFIED REQUIREMENT | R/W | "Required when". The situations designated have qualifications for usage ('Required if x', 'Not required if y'). | Yes |
| NOT REQUIRED | N/R | The Field is not required to be submitted | No |

FIELD LEGEND FOR SOURCE COLUMN

| Source Column | Value | Explanation |
|-----------------|-------|--|
| CLAIM | C | Submitted Claim or the Processor's response to the Submitted Claim |
| PROCESSOR/PAYER | P | Processor/Payer |

Fields that are not used in the Post Adjudication transactions and those that do not have qualified requirements (i.e. not used) are excluded from the template.

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

POST ADJUDICATION HISTORY TRANSACTION

The following lists the segments and fields in a Post Adjudication Transaction for the NCPDP *Post Adjudication Standard Implementation Guide Version 4.2*.

| Transaction Header Segment Questions | Check | Post Adjudication History |
|--------------------------------------|-------|---------------------------|
| This Segment is always sent | X | |

| Transaction Header Segment | | | Post Adjudication History | | |
|----------------------------|-----------------------------|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 601-04 | RECORD TYPE | PA | M | P | |
| 102-A2 | VERSION/RELEASE NUMBER | | M | P | NYSDOH expects to receive the Version of the <i>Telecommunication Standard Implementation Guide</i> which originated the transaction. |
| 879 | SENDING ENTITY IDENTIFIER | ETIN | M | P | For Issuer submitting: The Sending Entity Identifier must match the UserID (Issuer HIOS ID) in the UserID contained in the inbound file name. For Third Party Administrator submitting: The Sending Entity Identifier must match the UserID (TPA ID + the trading partner's HIOS ID) in the UserID contained in the inbound file name. The Sending Entity Identifier received here will be used to route the Response and/or Error files to an existing electronic mailbox designated by the Trading Partner. |
| 806-5C | BATCH NUMBER | | M | P | Each submission must have a unique batch number |
| 880-K2 | CREATION DATE | | M | P | |
| 880-K3 | CREATION TIME | | M | P | |
| 880-K7 | RECEIVER ID | <u>NYSOH-ENC</u> | M | P | |
| 601-06 | REPORTING PERIOD START DATE | | M | P | |
| 601-05 | REPORTING PERIOD END DATE | | M | P | |
| 702-MC | FILE TYPE | T=Test; P=Production | M | P | |
| 981-JV | TRANSMISSION ACTION | O=Original; C=Correction/Adjustment; D=Deletion; P=Full Replacement | M | P | |
| 888 | SUBMISSION NUMBER | Blank=Not Specified; 00=Original; 01=First resubmission; 02=Second resubmission; 03-99=Number of resubmission | M | P | |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Transaction Detail Record Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is always sent | X | |

| Transaction Detail Record Segment | | | Post Adjudication History | | |
|-----------------------------------|------------------|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 601-04 | RECORD TYPE | DE | M | P | |
| 398 | RECORD INDICATOR | Blank=Not Specified; 0=New Record; 1=Overwrite existing record; 2=Delete existing record | R/W | P | Required if Transmission Action (981-JV) = "0" |

| Detail Record Eligibility Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is always sent | | |

| Eligibility Segment | | | Post Adjudication History | | |
|---------------------|-------------------------------|-------|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 248 | ELIGIBLE COVERAGE CODE | | N/R | P | |
| 898 | USER BENEFIT ID | | N/R | P | |
| 899 | USER COVERAGE ID | | R/W | P | For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Required for Submissions for Dual Enrollees. NYSDOH expects to receive 'INTDUAL' when the member is part of an integrated dual plan. |
| 246 | ELIGIBILITY GROUP ID | | N/R | P | |
| 270 | LINE OF BUSINESS CODE | | N/R | P | |
| 267 | INSURANCE CODE | | N/R | P | |
| 220 | CLIENT ASSIGNED LOCATION CODE | | N/R | P | |
| 222 | CLIENT PASS THROUGH | | N/R | P | |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Detail Record Cardholder Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | X | |

| Cardholder Segment | | | Post Adjudication History | | |
|--------------------|--------------------------|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 302-C2 | CARDHOLDER ID | | M | C,P | For QHP members enrolled through the NYSOH, use the NYSOH Assigned NYHX Identifier For NYS Medicaid, use the Medicaid Assigned CIN For Child Health Plus Members enrolled through the NYSOH, use the NYSOH Assigned KIDS ID For Child Health Plus Member enrolled through the Plans, use the Unique ID assigned by the KIDS system For Essential Plan (non-Aliessa) members, use the NYSOH Assigned Essential Plan ID. For Essential Plan Aliessa members, use the NYSOH Assigned CIN. |
| 716-SY | LAST NAME | | R/W | P | Required when available in the payer's adjudication system |
| 717-SX | FIRST NAME | | R/W | P | Required when available in the payer's adjudication system |
| 718 | MIDDLE INITIAL | | R/W | P | Required when available in the payer's adjudication system |
| 280 | NAME SUFFIX | | R/W | P | Required when available in the payer's adjudication system |
| 726-SR | ADDRESS LINE 1 | | R/W | P | Required when available in the payer's adjudication system |
| 727-SS | ADDRESS LINE 2 | | R/W | P | Required when available in the payer's system. Use only when a second address line is needed and Address Line 1 (726-SR) has been used. |
| 728 | CITY | | R/W | P | Required when available in the payer's adjudication system |
| 729-TA | STATE/PROVINCE ADDRESS | Code set as specified in the NCPDP External Code List document | R/W | P | Required when available in the payer's adjudication system |
| 730 | ZIP/POSTAL CODE | | R/W | P | Comments: When used for US ZIP Code - This left-justified field contains the five-digit zip code, and may include the four-digit expanded zip code in which the patient is located. Examples: If the zip code is 98765-4321, this field would reflect: 987654321. If the zip code is 98765, this field would reflect: 98765 left justified. When used for Canadian Postal Code - This left justified field contains the three-digit forward sortation area (FSA) followed by a space, then followed by a Local Delivery Unit. (Format A0A 0A0, where A is a letter and 0 is a digit, with a space separating the third and fourth characters.) Examples: A0E 3B0; A1L 2T8 |
| B36-1W | ENTITY COUNTRY CODE | Code set as specified in the NCPDP External Code List document | R/W | P | Required if country is not "US". |
| 214 | CARDHOLDER DATE OF BIRTH | | R | P | |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Cardholder Segment | | | Post Adjudication History | | |
|--------------------|--------------------|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 721-MD | GENDER CODE | 0=Unknown 1=Male; 2=Female | R | P | |
| 274 | MEDICARE PLAN CODE | A=Medicare Part A; B=Medicare Part B; C=Medicare Part C; D=Medicare Part D; X=Medicare Part Unknown; Z=Not Medicare Eligible | R/W | P | Required when available in the payer's adjudication system |
| 288 | PAYROLL CLASS | Blank=Not Specified; 1=Hourly; 2=Salary | R/W | P | Required when available in the payer's adjudication system |

| Detail Record Patient Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is always sent | X | |

| Patient Segment | | | Post Adjudication History | | |
|-----------------|------------------------|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 331-CX | PATIENT ID QUALIFIER | 04=Non-SSN-based patient identifier assigned by Health Plan; 06=Medicaid ID; | R | P | Required if Patient ID (332-CY) is sent |
| 332-CY | PATIENT ID | | R | P | When the Cardholder is the Patient, Cardholder Id should be populated in Patient Id field. For QHP members enrolled through the NYSOH, use the NYSOH Assigned NYHX Identifier |
| 716-SY | LAST NAME | | R/W | P | Required when available in the payer's adjudication system |
| 717-SX | FIRST NAME | | R/W | P | Required when available in the payer's adjudication system |
| 718 | MIDDLE INITIAL | | R/W | P | Required when available in the payer's adjudication system |
| 280 | NAME SUFFIX | | R/W | P | Required when available in the payer's adjudication system |
| 726-SR | ADDRESS LINE 1 | | R/W | P | Required when available in the payer's adjudication system |
| 727-SS | ADDRESS LINE 2 | | R/W | P | Use only when a second address line is needed and Address Line 1 (726-SR) has been used. |
| 728 | CITY | | R/W | P | Required when available in the payer's adjudication system |
| 729-TA | STATE/PROVINCE ADDRESS | Code set as specified in the NCPDP External Code List document | R/W | P | Required when available in the payer's adjudication system |
| 730 | ZIP/POSTAL CODE | | R/W | P | Required when available in the payer's adjudication system |
| A43-1K | PATIENT COUNTRY CODE | Code set as specified in the NCPDP External Code List document | R/W | P | Required if country is not "US". |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Patient Segment | | | Post Adjudication History | | |
|-----------------|---------------------------------------|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 304-C4 | DATE OF BIRTH | | R/W | P | Required when available in the payer's adjudication system |
| 305-C5 | PATIENT GENDER CODE | 0=Not Specified 1=Male; 2=Female | R | P | |
| 247 | ELIGIBILITY/PATIENT RELATIONSHIP CODE | Code values as defined in the NCPDP External Code List document | R | P | Only numeric values will be accepted. |
| 208 | AGE | | R/W | P | Required when available in the payer's adjudication system |
| 303-C3 | PERSON CODE | | R/W | P | Required when available in the payer's adjudication system |
| 306-C6 | PATIENT RELATIONSHIP CODE | Code values as defined in the NCPDP External Code List document | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 309-C9 | ELIGIBILITY CLARIFICATION CODE | ∅=Not Specified; 1=No Override - Eligibility denial cannot be superseded; 2=Override - Eligibility denial is being superseded; 3=Full Time Student - A dependent child enrolled as a full time student at a school; 4=Disabled Dependent - A dependent, regardless of age, who is disabled; 5=Dependent Parent - A dependent who is the parent; 6=Significant Other - Partner other than the spouse | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 336-8C | FACILITY ID | | N/R | P | |

| Detail Record Benefit Category Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | X | |

| Benefit Category Segment | | | Post Adjudication History | | |
|--------------------------|-------------------------------------|-------|---------------------------|--------|-----------|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 301-C1 | GROUP ID | | M | P | |
| 215 | CARRIER NUMBER | | N/R | P | |
| 757-U6 | BENEFIT ID | | N/R | P | |
| 240 | CONTRACT NUMBER | | N/R | P | |
| 212 | BENEFIT TYPE | | N/R | P | |
| 279 | MEMBER SUBMITTED CLAIM PROGRAM CODE | | N/R | P | |
| 282 | NON-POS CLAIM OVERRIDE CODE | | N/R | P | |
| 282 | NON-POS CLAIM OVERRIDE CODE | | N/R | P | |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Benefit Category Segment | | | Post Adjudication History | | |
|--------------------------|-------------------------------|-------|---------------------------|--------|-----------|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 282 | NON-POS CLAIM OVERRIDE CODE | | N/R | P | |
| 241 | COPAY MODIFIER ID | | N/R | P | |
| 292 | PLAN CUTBACK REASON CODE | | N/R | P | |
| 293 | PREFERRED ALTERNATIVE FILE ID | | N/R | P | |
| 308-C8 | OTHER COVERAGE CODE | | N/R | C | |
| 291 | PLAN BENEFIT CODE | | N/R | P | |
| 601-01 | PLAN TYPE | | N/R | P | |

| Detail Record Pharmacy Category Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is always sent | X | |

| Pharmacy Category Segment | | | Post Adjudication History | | |
|---------------------------|---|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 = National Provider ID; 14= Plan Specific | M | C | NPI (value 01) is required except in cases where the Issuer does not receive the NPI on member submitted claims. In the cases where the Issuer does not receive the NPI on member submitted claims, Plan Specific (14) should be entered. |
| 201-B1 | SERVICE PROVIDER ID | | M | C | NPI is required except in cases where the Issuer does not receive the NPI on member submitted claims. |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER (ALTERNATE) | | N/R | P | |
| 201-B1 | SERVICE PROVIDER ID (ALTERNATE) | | N/R | P | |
| 886 | SERVICE PROVIDER CHAIN CODE | | N/R | P | |
| 833-5P | PHARMACY NAME | | R/W | P | Required when available in the payer's adjudication system |
| 726-SR | ADDRESS LINE 1 | | R/W | P | Required when available in the payer's adjudication system |
| 727-SS | ADDRESS LINE 2 | | R/W | P | Use only when a second address line is needed and Address Line 1 (726-SR) has been used. |
| 728 | CITY | | R/W | P | Required when available in the payer's adjudication system |
| 729-TA | STATE/PROVINCE ADDRESS | Code set as defined in the NCPDP External Code List document | R/W | P | Required when available in the payer's adjudication system |
| 730 | ZIP/POSTAL CODE | If in US, must be nine digit numeric | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Pharmacy Category Segment | | | Post Adjudication History | | |
|---------------------------|-----------------------------------|--|---------------------------|--------|------------------------------------|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 887 | SERVICE PROVIDER COUNTRY CODE | Trading partner defined code | N/R | P | |
| A93 | SERVICE PROVIDER COUNTRY CODE | Code set as specified in the NCPDP External Code List document | R/W | P | Required when country is not "US". |
| 732 | TELEPHONE NUMBER | | N/R | P | |
| B10-8A | TELEPHONE NUMBER EXTENSION | | N/R | P | |
| 146 | PHARMACY DISPENSER TYPE QUALIFIER | 1 = Processor-defined | R | P | |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Pharmacy Category Segment | | Post Adjudication History | | | |
|---------------------------|-------------------------------|--|-------|--------|-----------|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 290 | PHARMACY DISPENSER TYPE | 00: Out-of-Network Pharmacy 01: Community/Retail Pharmacy (Taxonomy code: "3336C0003X"); 04: Long Term Care Pharmacy (Taxonomy code: "3336L0003X"); 05: Mail order pharmacy (Taxonomy code: "3336M0002X"); 06: Home Infusion Therapy Provider (Taxonomy code: "3336H0001X"); 07: Non-pharmacy dispensing site (Taxonomy code: "332900000X"); 08: Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy (Taxonomy code: "332800000X"); 09: Department of Veterans Affairs (VA) Pharmacy (Taxonomy code: "332100000X"); 11: Institutional pharmacy (Taxonomy code: "3336I0012X"); 12: Managed Care Organization (MCO) Pharmacy (Taxonomy code: "3336M0003X"); 13: Durable Medical Equipment Supplier (Taxonomy code: "332B00000X"); 14: Clinic Pharmacy (Taxonomy code: "3336C0002X"); 15: Specialty Pharmacy (Taxonomy code: "3336S0011X"); 16: Nuclear Pharmacy (Taxonomy code: "3336N0007X"); 17: Military/US Coast Guard Pharmacy (Taxonomy code: "332000000X"); 18: Compounding Pharmacy (Taxonomy code: "3336C0004X") | R | P | |
| 150 | PHARMACY CLASS CODE QUALIFIER | | N/R | P | |
| 289 | PHARMACY CLASS CODE | | N/R | P | |
| 266 | IN NETWORK INDICATOR | Blank=Not specified Y=Yes; N=No | R | P | |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Pharmacy Category Segment | | | Post Adjudication History | | |
|---------------------------|--------------------------|-------|---------------------------|--------|-----------|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 545-2F | NETWORK REIMBURSEMENT ID | | N/R | P | |

| Detail Record Prescriber Category Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is always sent | X | |

| Prescriber Category Segment | | | Post Adjudication History | | |
|-----------------------------|-------------------------------------|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 466-EZ | PRESCRIBER ID QUALIFIER | 01 = National Provider ID (NPI) | R/W | C | Required when reporting Prescriber ID (411-DB). |
| 411-DB | PRESCRIBER ID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 466-EZ | PRESCRIBER ID QUALIFIER (ALTERNATE) | | N/R | P | |
| 411-DB | PRESCRIBER ID (ALTERNATE) | | N/R | P | |
| 296 | PRESCRIBER TAXONOMY | Health Care Provider Taxonomy code set values | R/W | P | Required when available in the payer's adjudication system |
| 295 | PRESCRIBER CERTIFICATION STATUS | Code values defined in the NCPDP External Code List document | R/W | P | Required when available in the payer's adjudication system |
| 716-SY | LAST NAME | | R/W | P | Required when available in the payer's adjudication system |
| 717-SX | FIRST NAME | | R/W | P | Required when available in the payer's adjudication system |
| 732 | TELEPHONE NUMBER | | N/R | P | |
| B10-8A | TELEPHONE NUMBER EXTENSION | | N/R | C,P | |
| 468-2E | PRIMARY CARE PROVIDER ID QUALIFIER | 01 = National Provider ID (NPI) | R/W | C,P | Required when available in the payer's adjudication system or received as part of the original claim from the provider. |
| 421-DL | PRIMARY CARE PROVIDER ID | | R/W | C,P | Required when available in the payer's adjudication system or received as part of the original claim from the provider. |
| 716-SY | LAST NAME | | R/W | P | Required when available in the payer's adjudication system |
| 717-SX | FIRST NAME | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Detail Record Claim Category Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | X | |

| Claim Category Segment | | Post Adjudication History | | | |
|------------------------|---|---|-------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 399 | RECORD STATUS CODE | 1=Paid; 3=Reversed; 4=Adjusted | M | P | |
| 218 | CLAIM MEDIA TYPE | 1=POS Claim; 2=Batch Claim; 3=Pharmacy Submitted Paper Claim; 4=Member Submitted Paper Claim; 5=Other | M | P | |
| 395 | PROCESSOR PAYMENT CLARIFICATION CODE | 01-09=Paid; 10-19=Reversals; 20-29=Adjustments | M | P | |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1=Rx Billing; 2=Service Billing | M | C | |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | C | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | Code values defined in the NCPDP External Code List document (Appendix B) | M | C | NYSDOH expects NDC's to be reported. If reporting a compound prescription, Product/Service ID Qualifier is zero (00). |
| 407-D7 | PRODUCT/SERVICE ID | | M | C | NYSDOH expects NDC's to be reported. If reporting a compound prescription, Product/Service ID is zero (0). The compound product fields will contain the ingredients. |
| 401-D1 | DATE OF SERVICE | | M | C | |
| 578 | ADJUDICATION DATE | | M | P | |
| 203 | ADJUDICATION TIME | | N/R | P | |
| 283 | ORIGINAL CLAIM RECEIVED DATE | | R/W | P | Required when available in the payer's adjudication system |
| 219 | CLAIM SEQUENCE NUMBER | | R/W | P | Required when available in the payer's adjudication system |
| 213 | BILLING CYCLE END DATE | | N/R | P | |
| 239 | COMMUNICATION TYPE INDICATOR | Blank=Not Specified ; E=Email; F=Fax; I=Interactive Voice Response Unit; D=Directly delivered to pharmacy (delivery service/mail/walk in) P=Electronic Prescription V=Customer Service (phoned in) W=Website | R/W | P | Required when available in the payer's adjudication system |
| 307-C7 | PLACE OF SERVICE | CMS Maintained code set as specified in the NCPDP External Code List document | M | C | NYSDOH expects to receive '99' when place of service is not identified by any other codes in the code set. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Claim Category Segment | | | Post Adjudication History | | |
|------------------------|--|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 384-4X | PATIENT RESIDENCE | Code values defined in the NCPDP External Code List document | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 419-DJ | PRESCRIPTION ORIGIN CODE | 0=Not Known; 1=Written; 2=Telephone; 3=Electronic; 4=Facsimile; 5=Pharmacy | R/W | C | When Origin Code of 2 is submitted, Serial Pad Number (DE 224 CLIENT SPECIFIC DATA) must be 99999999 or SSSSSSSS; When Origin Code of 3 is submitted, Serial Pad Number must be EEEEEEEE. When Serial Pad Number of ZZZZZZZZ is submitted, Origin Code (DE 419-DJ PRESCRIPTION ORIGIN CODE) must be 1; When Serial Pad Number of EEEEEEEE is submitted, Origin Code must be 3. |
| 278 | MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE | | N/R | P | |
| 217 | CLAIM DATE RECEIVED IN THE MAIL | | N/R | P | |
| 268 | INTERNAL MAIL ORDER PRESCRIPTION/ SERVICE REFERENCE NUMBER | | N/R | P | |
| 102-A2 | VERSION/RELEASE NUMBER (OF THE CLAIM) | | N/R | C | |
| 216 | CHECK DATE | | R/W | P | Required when available in the payer's adjudication system |
| 287 | PAYMENT/ REFERENCE ID | | R/W | P | Required when available in the payer's adjudication system |
| 456-EN | ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE NUMBER | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 457-EP | ASSOCIATED PRESCRIPTION/ SERVICE DATE | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 442-E7 | QUANTITY DISPENSED | Must be greater than zero (not equal zero and not negative). | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 403-D3 | FILL NUMBER | 0=Original dispensing; 1-99=Refill number | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 405-D5 | DAYS SUPPLY | Must be greater than zero | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Claim Category Segment | | | Post Adjudication History | | |
|------------------------|--|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 408-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | 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 | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | 0=No refills authorized; 1-99=Authorized Refill number | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 429-DT | SPECIAL PACKAGING INDICATOR | 0=Not Specified; 1=Not Unit Dose; 2=Manufacturer Unit Dose; 3=Pharmacy Unit Dose; 4=Pharmacy Unit Dose Patient Compliance Packaging; 5=Pharmacy Multi-drug Patient Compliance Packaging; 6=Remote Device Unit Dose; 7=Remote Device Multi-drug Compliance; 8=Manufacturer Unit of Use Package (not unit dose) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 600-28 | UNIT OF MEASURE | EA=Each; GM=Grams; ML=Milliliters | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 418-DI | LEVEL OF SERVICE | 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 | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 343-HD | DISPENSING STATUS | Blank=Not Specified; P=Partial Fill; C=Completion of Partial Fill | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Claim Category Segment | | | Post Adjudication History | | |
|------------------------|--------------------------------------|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 460-ET | QUANTITY PRESCRIBED | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 254 | FILL NUMBER CALCULATED | | N/R | P | |
| 406-D6 | COMPOUND CODE | 0=Not Specified; 1=Not a Compound; 2=Compound | R | C | |
| 996-G1 | COMPOUND TYPE | Blank=Not Specified; 01=Anti-infective; 02=Iontropic; 03=Chemotherapy; 04=Pain management; 05=TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition; 06=Hydration; 07=Ophthalmic; 99=Other | R/W | C | Required when reporting compound drugs. |
| 995-E2 | ROUTE OF ADMINISTRATION | Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT) Code set as specified in the NCPDP External Code List document | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 492-WE | DIAGNOSIS CODE QUALIFIER | Occurs 5 Times 01=International Classification of Diseases-9-Clinical Modifications 02=International Classification of Diseases-10-Clinical Modifications | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 424-DO | DIAGNOSIS CODE | Occurs 5 Times | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 439-E4 | REASON FOR SERVICE CODE | Occurs 9 Times Code values as specified in the NCPDP External Code List document (Appendix S) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 440-E5 | PROFESSIONAL SERVICE CODE | Occurs 9 Times Code values as specified in the NCPDP External Code List document (Appendix R) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 441-E6 | RESULT OF SERVICE CODE | Occurs 9 Times Code values as specified in the NCPDP External Code List document (Appendix T) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Claim Category Segment | | | Post Adjudication History | | |
|------------------------|---------------------------|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 474-8E | DUR/PPS LEVEL OF EFFORT | Occurs 9 Times 0=Not Specified; 11=Level 1 (Lowest); 12=Level 2 (Low Complexity); 13=Level 3 (Moderate Complexity); 14=Level 4 (High Complexity); 15 =Level 5 (Highest) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | Code sets as specified in the NCPDP External Code List document (Appendix B1) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 476-H6 | DUR CO-AGENT ID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 878 | REJECT OVERRIDE CODE | Blank=Not Specified; 0=Claim Was Paid In Good Faith; 1=Member Was Ineligible On Rx Date; 2=Member Was Not Found On The Member Master On Rx Date; 3=Claim Was Filled For A Terminated Member | R/W | P | Required when available in the payer's adjudication system |
| 511-FB | REJECT CODE | Occurs 5 times. Code sets as specified in the NCPDP External Code List document | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

| Detail Record Worker's Compensation Category Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | | |

| Worker's Compensation Category Segment | | | Post Adjudication History | | |
|--|--------------------|-------|---------------------------|--------|-----------|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 435-DZ | CLAIM/REFERENCE ID | | N/R | C | |
| 434-DY | DATE OF INJURY | | N/R | C | |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Detail Record Product Category Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | X | |

| Product Category Segment | | | Post Adjudication History | | |
|--------------------------|---|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 532-FW | DATABASE INDICATOR | 1=First DataBank; 2=Medi-Span Product Line; 3=Micromedex/Medical Economics; 4=Processor Developed; 5=Other ; 6=Redbook; 7=Multum | R/W | P | Required when available in the payer's adjudication system |
| 397 | PRODUCT/SERVICE NAME | | R/W | P | Required when available in the payer's adjudication system |
| 261 | GENERIC NAME | | R/W | P | Required when available in the payer's adjudication system |
| 601-24 | PRODUCT STRENGTH | | R/W | P | Required when available in the payer's adjudication system |
| 243 | DOSAGE FORM CODE | | N/R | P | |
| 425-DP | DRUG TYPE | 0=Not Specified; 1=Single Source; 2=Authorized Generic (aka "Branded Generic"); 3=Generic; 4=Over the Counter; 5=Multi-source Brand | R/W | P | Required when available in the payer's adjudication system |
| 273 | MAINTENANCE DRUG INDICATOR | Blank=Not Specified; Y=Maintenance Drug; N=Not Maintenance | R/W | P | Required when available in the payer's adjudication system |
| 244 | DRUG CATEGORY CODE | | N/R | P | |
| 252 | FEDERAL DEA SCHEDULE | Blank=Not Specified; 1=Schedule I Substance (no known use); 2=Schedule II Narcotic Substances; 3=Schedule III Narcotic Substances; 4=Schedule IV Substances; 5=Schedule V Substances | R/W | P | Required when available in the payer's adjudication system |
| 297 | PRESCRIPTION OVER THE COUNTER INDICATOR | Blank=Not Specified; O=Over the counter (OTC); F=Federal/Legend (Rx Prescription Only); S=State Restricted Medication | R/W | P | Required when available in the payer's adjudication system |
| 420-DK | SUBMISSION CLARIFICATION CODE | Occurs 3 times Code sets as specified in the NCPDP External Code List document | R/W | C | If not applicable, the default value for all 3 occurrences is 01 = No Override |
| 250 | FDA DRUG EFFICACY CODE | Blank=Not Specified; 0=Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer; 1=Drug Efficacy Study Implementation (DESI) Drug | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Product Category Segment | | | Post Adjudication History | | |
|--------------------------|----------------------------------|--|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 601-19 | PRODUCT CODE QUALIFIER | Occurs 3 times Code sets as specified in the NCPDP External Code List document (Appendix O) | R/W | P | Required when available in the payer's adjudication system |
| 601-18 | PRODUCT CODE | Occurs 3 times | R/W | P | Required when available in the payer's adjudication system |
| 251 | FEDERAL UPPER LIMIT INDICATOR | Blank=Not Specified; 1=Yes; 2=No | R/W | P | Required when available in the payer's adjudication system |
| 294 | PRESCRIBED DAYS SUPPLY | | R/W | P | Required when available in the payer's adjudication system |
| 601-26 | THERAPEUTIC CLASS CODE QUALIFIER | Occurs 4 times Code sets as specified in the NCPDP External Code List document (Appendix O) | R/W | P | Required when available in the payer's adjudication system |
| 601-25 | THERAPEUTIC CLASS CODE | Occurs 4 times | R/W | P | Required when available in the payer's adjudication system |

| Detail Record Formulary Category Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | X | |

| Formulary Category Segment | | | Post Adjudication History | | |
|----------------------------|-----------------------|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 257 | FORMULARY STATUS | Blank=Not Specified; I=Drug on Formulary; Non-Preferred; J=Drug not on Formulary; Non-Preferred; K=Drug not on Formulary; Preferred; N=Drug not on Formulary; Neutral; P=Drug on Formulary; Q=Drug not on Formulary; T=Drug on Formulary; Preferred; Y=Drug on Formulary; Neutral | R/W | P | Required when available in the payer's adjudication system |
| 221 | CLIENT FORMULARY FLAG | Blank=Not Specified; Y=Yes; N=No | R/W | P | Required when available in the payer's adjudication system |
| 889 | THERAPEUTIC CHAPTER | | R/W | P | Required when available in the payer's adjudication system |
| 256 | FORMULARY FILE ID | | R/W | P | Required when available in the payer's adjudication system |
| 255 | FORMULARY CODE TYPE | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Detail Record Pricing Category Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | X | |

| Pricing Category Segment | | | Post Adjudication History | | |
|--------------------------|--|-------|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 506-F6 | INGREDIENT COST PAID | | M | C | |
| 507-F7 | DISPENSING FEE PAID | | M | C | |
| 894 | TOTAL AMOUNT PAID BY ALL SOURCES | | M | P | |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 505-F5 | PATIENT PAY AMOUNT | | M | C | |
| 518-FI | AMOUNT OF COPAY | | R/W | C | Required if Patient Pay Amount (505 -F5) includes copay as patient financial responsibility. |
| 572-4U | AMOUNT OF COINSURANCE | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 519-FJ | AMOUNT ATTRIBUTED TO PRODUCT SELECTION | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 571-NZ | AMOUNT ATTRIBUTED TO PROCESSOR FEE | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Pricing Category Segment | | | Post Adjudication History | | |
|--------------------------|--|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 137-UP | AMOUNT ATTRIBUTED TO COVERAGE GAP | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 272 | MAC REDUCED INDICATOR | Blank=Not Specified; Y=Reduced to MAC pricing; N=Not reduced to MAC pricing | R/W | P | Required when available in the payer's adjudication system |
| 223 | CLIENT PRICING BASIS OF COST | Blank=Not Specified 01=Average Wholesale Price; 02=Acquisition Cost (ACQ); 03=Manufacturer Direct Price; 04=Federal Upper Limit (FUL); 05=Average Generic Price; 06=Usual & Customary; 07=Submitted Ingredient Cost; 08=State MAC; 09=Unit; 10=Usual & Customary or Copay | R/W | P | Required when available in the payer's adjudication system |
| 260 | GENERIC INDICATOR | | R/W | P | Required when available in the payer's adjudication system |
| 284 | OUT OF POCKET APPLY AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 209 | AVERAGE COST PER QUANTITY UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 210 | AVERAGE GENERIC UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 211 | AVERAGE WHOLESALE UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 430-DU | GROSS AMOUNT DUE | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 271 | MAC PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 409-D9 | INGREDIENT COST SUBMITTED | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Pricing Category Segment | | | Post Adjudication History | | |
|--------------------------|---|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 558-AW | FLAT SALES TAX AMOUNT PAID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 560-AY | PERCENTAGE SALES TAX RATE PAID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 561-AZ | PERCENTAGE SALES TAX BASIS PAID | 02=Ingredient Cost; 03 =Ingredient Cost + Dispensing Fee; 04=Professional Service Fee | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 521-FL | INCENTIVE AMOUNT PAID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 562-J1 | PROFESSIONAL SERVICE FEE PAID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | Occurs 3 times Code values as specified in the NCPDP External Code List document (Appendix CC) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 565-J4 | OTHER AMOUNT PAID | Occurs 3 times | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | Occurs 2 times Code values as specified in the NCPDP External Code List document | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | Occurs 2 times | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 281 | NET AMOUNT DUE | | M | P | For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: For Submissions for Dual Enrollees, for Pharmacy encounters where there is NO Medicaid Managed Care cost share (and no corresponding Medicaid FFS cost share), the Net Amount Due (field 281) should reflect the total amount paid by Medicaid Managed Care (i.e. \$0) with the COB fields (232 and 228) reflecting the Medicare. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Pricing Category Segment | | | Post Adjudication History | | |
|--------------------------|--------------------------------------|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | 00=Not Specified; 01=Ingredient Cost Paid as Submitted; 02=Ingredient Cost Reduced to AWP Pricing; 03=Ingredient Cost Reduced to AWP Less X% Pricing; 04=Usual & Customary Paid as Submitted; 05=Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary; 06=MAC Pricing Ingredient Cost Paid; 07=MAC Pricing Ingredient Cost Reduced to MAC; 08=Contract Pricing; 09=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 – Indicates reimbursement was 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) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 512-FC | ACCUMULATED DEDUCTIBLE AMOUNT | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. If the field is not applicable, it is to be populated with all 9s and the sign 9999999I. |
| 514-FE | REMAINING BENEFIT AMOUNT | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. If the field is not applicable, it is to be populated with all 9s and the sign 9999999I. |
| 242 | COST DIFFERENCE AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 249 | EXCESS COPAY AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 277 | MEMBER SUBMIT AMOUNT | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Pricing Category Segment | | | Post Adjudication History | | |
|--------------------------|---|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 265 | HOLD HARMLESS AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 520-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 346-HH | BASIS OF CALCULATION – DISPENSING FEE | 01=Quantity Dispensed; 02=Quantity Intended To Be Dispensed; 03=Usual and Customary/Prorated; 04=Waived Due To Partial Fill; 99=Other | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 347-HJ | BASIS OF CALCULATION – COPAY | 01=Quantity Dispensed; 02=Quantity Intended To Be Dispensed; 03=Usual and Customary/Prorated; 04=Waived Due To Partial Fill; 99=Other | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 348-HK | BASIS OF CALCULATION – FLAT SALES TAX | Blank=Not Specified; 00=Not Specified; 01=Quantity Dispensed; 02=Quantity Intended To Be Dispensed | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 349-HM | BASIS OF CALCULATION – PERCENTAGE SALES TAX | Blank=Not Specified; 00=Not Specified; 01=Quantity Dispensed; 02=Quantity Intended To Be Dispensed | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 573-4V | BASIS OF CALCULATION – COINSURANCE | 01=Quantity Dispensed; 02=Quantity Intended To Be Dispensed; 03=Usual and Customary/Prorated; 04=Waived Due To Partial Fill; 99=Other. | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 557-AV | TAX EXEMPT INDICATOR | Blank=Not Specified 1=Payer/Plan is Tax Exempt; 3=Patient is Tax Exempt; 4=Payer/Plan and Patient are Tax Exempt | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 285 | PATIENT FORMULARY REBATE AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 276 | MEDICARE RECOVERY INDICATOR | Blank=Not Specified; 0=No Medicare Recovery; 1=Prospective Billing; 2=Retrospective Billing | R/W | P | Required when available in the payer's adjudication system |
| 275 | MEDICARE RECOVERY DISPENSING INDICATOR | Blank=Not Specified; 0=No reduction applied; 1=Days supply reduced due to Client plan limitations; 2=Days supply reduced due to Medicare Plan Limits; 3=Prescribed Days Supply Dispensed based on Client Approval | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Pricing Category Segment | | | Post Adjudication History | | |
|--------------------------|--|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 286 | PATIENT SPEND DOWN AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 263 | HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED | | R/W | P | Required when available in the payer's adjudication system |
| 264 | HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING | | R/W | P | Required when available in the payer's adjudication system If the field is not applicable, it is to be populated with all 9s and the sign 99999991. |
| 207 | ADMINISTRATIVE FEE EFFECT INDICATOR | Blank=Not Specified; A=Add to count; S=Subtracts from count | R/W | P | Required when available in the payer's adjudication system |
| 206 | ADMINISTRATIVE FEE AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 269 | INVOICED AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 128-UC | SPENDING ACCOUNT AMOUNT REMAINING | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. If the field is not applicable it is to be populated with all 9s and the sign 99999991. |
| 129-UD | HEALTH PLAN-FUNDED ASSISTANCE AMOUNT | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

| Detail Record Prior Authorization Category Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | X | |

| Prior Authorization Category Segment | | | Post Adjudication History | | |
|--------------------------------------|---|-------|---------------------------|--------|-----------|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | N/R | C | |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | N/R | C | |
| 498-PY | PRIOR AUTHORIZATION NUMBER - ASSIGNED | | N/R | P | |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | | N/R | P | |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Detail Record Adjustment Category Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is always sent | X | |

| Adjustment Category Segment | | | Post Adjudication History | | |
|-----------------------------|--------------------------------|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 204 | ADJUSTMENT REASON CODE | Trading Partner defined | N/R | P | |
| 205 | ADJUSTMENT TYPE | Blank = Not Specified ; 1 = Debit; 2 = Credit | R/W | P | Required when available in the payer's adjudication system |
| 897 | TRANSACTION ID CROSS REFERENCE | | R/W | P | Required when submitting adjustments to previously submitted claims. |

| Detail Record Coordination of Benefits Category Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is always sent | X | |

| Coordination of Benefits Category Segment | | | Post Adjudication History | | |
|---|-------------------------------|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 225 | COB CARRIER SUBMIT AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| 245 | ELIGIBILITY COB INDICATOR | Blank= Not Specified; 1=Payer is primary; 2=Payer is secondary; 3=Payer is tertiary | R/W | P | Required when available in the payer's adjudication system |
| 226 | COB PRIMARY CLAIM TYPE | Blank= Not Specified; 1=Secondary Claims Not Processed; J=Major Medical; M=Mail Service; R=Retail | R/W | P | Required when available in the payer's adjudication system |
| 232 | COB PRIMARY PAYER ID | | R/W | C,P | If this field is provided on the claim, then this information comes from the claim. If not provided on the claim and known by the processor, then this information comes from the processor's system. For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: For Submissions for Dual Enrollees, the Payer ID reported in field 232: COB Primary Payer ID should be the Medicare Payer ID |
| 228 | COB PRIMARY PAYER AMOUNT PAID | | R/W | C,P | If this field is provided on the claim, then the information comes from the claim. If this field is not provided on the claim and the information is available due to the processor being the same entity for the primary and secondary plans, and allowed via contract or data sharing agreement, then the information may come from the processor. For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: For Submissions for Dual Enrollees, the Medicare payment should be reflected in field 228: COB Primary Payer Amount Paid |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Coordination of Benefits Category Segment | | | Post Adjudication History | | |
|---|---------------------------------|-------|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 231 | COB PRIMARY PAYER DEDUCTIBLE | | R/W | C,P | If this field is provided on the claim, then the information comes from the claim. If this field is not provided on the claim and the information is available due to the processor being the same entity for the primary and secondary plans, and allowed via contract or data sharing agreement, then the information may come from the processor. |
| 229 | COB PRIMARY PAYER COINSURANCE | | R/W | C,P | If this field is provided on the claim, then the information comes from the claim. If this field is not provided on the claim and the information is available due to the processor being the same entity for the primary and secondary plans, and allowed via contract or data sharing agreement, then the information may come from the processor. |
| 230 | COB PRIMARY PAYER COPAY | | R/W | C,P | If this field is provided on the claim, then the information comes from the claim. If this field is not provided on the claim and the information is available due to the processor being the same entity for the primary and secondary plans, and allowed via contract or data sharing agreement, then the information may come from the processor. |
| 238 | COB SECONDARY PAYER ID | | R/W | C,P | If this field is provided on the claim, then this information comes from the claim. If not provided on the claim and known by the processor, then this information comes from the processor's system. |
| 234 | COB SECONDARY PAYER AMOUNT PAID | | R/W | C,P | If this field is provided on the claim, then the information comes from the claim. If this field is not provided on the claim and the information is available due to the processor being the same entity for the primary and secondary plans, and allowed via contract or data sharing agreement, then the information may come from the processor. |
| 237 | COB SECONDARY PAYER DEDUCTIBLE | | R/W | C,P | If this field is provided on the claim, then the information comes from the claim. If this field is not provided on the claim and the information is available due to the processor being the same entity for the primary and secondary plans, and allowed via contract or data sharing agreement, then the information may come from the processor. |
| 235 | COB SECONDARY PAYER COINSURANCE | | R/W | C,P | If this field is provided on the claim, then the information comes from the claim. If this field is not provided on the claim and the information is available due to the processor being the same entity for the primary and secondary plans, and allowed via contract or data sharing agreement, then the information may come from the processor. |
| 236 | COB SECONDARY PAYER COPAY | | R/W | C,P | If this field is provided on the claim, then the information comes from the claim. If this field is not provided on the claim and the information is available due to the processor being the same entity for the primary and secondary plans, and allowed via contract or data sharing agreement, then the information may come from the processor. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Detail Record Reference Category Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is always sent | X | |

| Reference Category Segment | | | Post Adjudication History | | |
|----------------------------|---------------------------------------|------------------|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 896 | TRANSACTION ID | | R | P | |
| 503-F3 | AUTHORIZATION NUMBER | | R/W | P | Required when available in the payer's adjudication system OR Required when received as part of the original claim from the provider. |
| 224 | CLIENT SPECIFIC DATA | | R/W | P | Required for all Issuers to submit the Prescription Serial Pad number (The serial number on the official NYS Prescription Form). Value submitted must be a length of 8; must not be all spaces; must not be all zeros. When Origin Code of 2 is submitted, Serial Pad Number (DE 224 CLIENT SPECIFIC DATA) must be 99999999 or SSSSSSSS; When Origin Code of 3 is submitted, Serial Pad Number must be EEEEEEEE. When Serial Pad Number of ZZZZZZZZ is submitted, Origin Code (DE 419-DJ PRESCRIPTION ORIGIN CODE) must be 1; When Serial Pad Number of EEEEEEEE is submitted, Origin Code must be 3. <u>For Medicaid and Child Health Plus:</u> Please see the serial pad codes listed on page 5 of the eMedNY Pharmacy Policy Guidelines document: https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Policy_Guidelines.pdf . |
| 396 | PROCESSOR SPECIFIC DATA | | R/W | P | For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: For submissions for Dual Enrollees, the Payer ID reported in field 396 shall be the HIOS ID (Medicaid Managed Care shall always be represented as the Submitting Payer). |
| 997-G2 | CMS PART D DEFINED QUALIFIED FACILITY | Y =Yes; N =No | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Detail Record Fields Added in Versions Category Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is always sent | X | |

| Fields Added in Versions Category Segment | | | Post Adjudication History | | |
|---|---------------------------------|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 393-MV | BENEFIT STAGE QUALIFIER | Occurs four times. 01=Deductible; 02=Initial Benefit; 03=Coverage Gap (donut hole); 04=Catastrophic Coverage; 50=Not paid under Part D, paid under Part C benefit; 61=Part D drug not paid by Part D plan benefit, paid as or under a co-administered insured benefit only; 62=Non-Part D/non-qualified drug not paid by Part D plan benefit. Paid as or under a co-administered benefit only; 70=Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing; 80=Non-Part D/non-qualified drug not paid by Part D plan benefit, hospice benefit, or any other component of Medicare; paid by the beneficiary under plan-sponsored negotiated pricing 90=Enhance or OTC drug (PDE value of E/O) not applicable to the Part D drug spend, but is covered by the Part D plan | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. Must have only one value per iteration; value must not be repeated. |
| 394-MW | BENEFIT STAGE AMOUNT | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 690-ZG | INVOICED DATE | | R/W | P | Required when available in the payer's adjudication system |
| 691-ZH | OUT OF POCKET REMAINING AMOUNT | | R/W | P | Required when available in the payer's adjudication system. If the field is not applicable, it is to be populated with all 9s and the sign 99999991. |
| 302-C2 | CARDHOLDER ID (ALTERNATE) | | R/W | P | Required when available in the payer's adjudication system. A processor or client-specified cardholder ID which may or may not be different than the Cardholder ID (302-C2) in the Cardholder Information subsection. |
| 692-ZJ | NUMBER OF GENERIC MANUFACTURERS | | N/R | P | |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | Occur 8 times. Code sets as specified in the NCPDP External Code List document (Appendix B1) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Fields Added in Versions Category Segment | | | Post Adjudication History | | |
|---|---|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 476-H6 | DUR CO-AGENT ID | Occurs 8 times. | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | Occurs 10 times All code set values supported | R/W | C | Required when reporting Deductible, Coinsurance, or Co-pay amounts. |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | Occurs 10 times | R/W | C | Required when reporting Deductible, Coinsurance, or Co-pay amounts. |
| A37 | SPECIALTY CLAIM INDICATOR | Blank=Default; 1=Specialty claim; 2=Not a specialty claim | R/W | P | Required when available in the payer's adjudication system |
| A38 | MEMBER SUBMITTED CLAIM REJECT CODE | Occurs 5 times | N/R | P | |
| A39 | COPAY WAIVER AMOUNT | | R/W | P | Required when available in the payer's adjudication system |
| A33-ZX | CMS PART D CONTRACT ID | | R/W | P | Required when available in the payer's adjudication system |
| A34-ZY | MEDICARE PART D PLAN BENEFIT PACKAGE (PBP) | | R/W | P | Required when available in the payer's adjudication system |
| A73 | MEDICARE DRUG COVERAGE CODE | 00=Does Not Apply; 01=Processed Under Part D; 02=Processed Under Part B | R/W | P | Required when needed to identify claim was processed under Medicare Part B benefit versus Part D benefit. |

| Compound Detail Record 1 Segment Questions | Check | Post Adjudication History |
|---|-------|---------------------------|
| This Segment is required for a multi-ingredient claim (depending on the number of ingredients). Do not send for single ingredient encounters. | | |

| Compound Detail Record 1 Segment | | | Post Adjudication History | | |
|----------------------------------|---|------------------------------------|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 601-04 | RECORD TYPE | CD | M | P | Required for compound encounters. |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1=Rx Billing; 2=Service Billing | M | C | |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | C | |
| 477-EC | COMPOUND INGREDIENT COMPONENT COUNT | | M | C | NYSDOH expects this count to equal the number of ingredients submitted on Compound Detail Record 1. The count starts at 1 and should contain a number between 2 and 8, for a minimum of two or up to eight ingredients. |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 1 Ingredient Segments Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is required for a multi-ingredient claim (depending on the number of ingredients) | | |

| Compound Detail Record 1 Ingredient Segments | | Occurs 8 Times (Compound Ingredients 1 through 8 can be reported) | Post Adjudication History | | |
|--|---|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | All code set values supported | M | C | NYSDOH expects NDC's to be reported. At least 2 products are required for a compound encounter |
| 489-TE | COMPOUND PRODUCT ID | | M | C | NYSDOH expects NDC's to be reported. At least 2 products are required for a compound encounter |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 449-EE | COMPOUND INGREDIENT DRUG COST | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 490-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | All code set values supported | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 221 | CLIENT FORMULARY FLAG | Blank= Not Specified; 1=Yes; 2=No | R/W | P | Required when available in the payer's adjudication system |
| 397 | PRODUCT/SERVICE NAME | | R/W | P | Required when available in the payer's adjudication system |
| 261 | GENERIC NAME | | R/W | P | Required when available in the payer's adjudication system |
| 601-24 | PRODUCT STRENGTH | | R/W | P | Required when available in the payer's adjudication system |
| 243 | DOSAGE FORM CODE | | N/R | P | |
| 532-FW | DATABASE INDICATOR | 1=First DataBank; 2=Medi-Span Product Line; 3=Micromedex/Medical Economics; 4=Processor Developed; 5=Other ; 6=Redbook; 7=Multum | R/W | P | Required when available in the payer's adjudication system |
| 425-PD | DRUG TYPE | 0=Not Specified; 1=Single Source; 2=Authorized Generic (aka "Branded Generic"); 3=Generic; 4=Over the Counter; 5=Multi-source Brand | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 1 Ingredient Segments | | Occurs 8 Times (Compound Ingredients 1 through 8 can be reported) | Post Adjudication History | | |
|--|----------------------------------|--|---------------------------|--------|--|
| Field # | NCPDP Field Name | | Usage | Source | Situation |
| 257 | FORMULARY STATUS | Blank=Not Specified; I=Drug on Formulary; Non-Preferred; J=Drug not on Formulary; Non-Preferred; K=Drug not on Formulary; Preferred; N=Drug not on Formulary; Neutral; P=Drug on Formulary; Q=Drug not on Formulary; T=Drug on Formulary; Preferred; Y=Drug on Formulary; Neutral | R/W | P | Required when available in the payer's adjudication system |
| 244 | DRUG CATEGORY CODE | | N/R | P | |
| 252 | FEDERAL DEA SCHEDULE | Blank=Not Specified; 1=Schedule I Substance (no known use); 2=Schedule II Narcotic Substances; 3=Schedule III Narcotic Substances; 4=Schedule IV Substances; 5=Schedule V Substances | R/W | P | Required when available in the payer's adjudication system |
| 250 | FDA DRUG EFFICACY CODE | Blank=Not Specified; 0=Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer; 1=Drug Efficacy Study Implementation (DESI) Drug | R/W | P | Required when available in the payer's adjudication system |
| 601-19 | PRODUCT CODE QUALIFIER | Occurs 3 times. All code set values supported | R/W | P | Required when available in the payer's adjudication system |
| 601-18 | PRODUCT CODE | | R/W | P | Required when available in the payer's adjudication system |
| 251 | FEDERAL UPPER LIMIT INDICATOR | Blank=Not Specified; 1=Yes; 2=No | R/W | P | Required when available in the payer's adjudication system |
| 601-26 | THERAPEUTIC CLASS CODE QUALIFIER | Occurs 4 times. All code set values supported | R/W | P | Required when available in the payer's adjudication system |
| 601-25 | THERAPEUTIC CLASS CODE | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 1 Ingredient Segments | | Occurs 8 Times (Compound Ingredients 1 through 8 can be reported) | Post Adjudication History | | |
|--|---|---|---------------------------|-------|---|
| Field # | NCPDP Field Name | | Value | Usage | Source |
| 429-DT | SPECIAL PACKAGING INDICATOR | 0=Not Specified; 1=Not Unit Dose; 2=Manufacturer Unit Dose; 3=Pharmacy Unit Dose; 4=Pharmacy Unit Dose Patient Compliance Packaging; 5=Pharmacy Multi-drug Patient Compliance Packaging; 6=Remote Device Unit Dose; 7=Remote Device Multi-drug Compliance; 8=Manufacturer Unit of Use Package (not unit dose) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 600-28 | UNIT OF MEASURE | EA=Each; GM=Grams; ML=Milliliters | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | | N/R | P | |
| 272 | MAC REDUCED INDICATOR | Blank=Not Specified; Y=Reduced to MAC pricing; N=Not reduced to MAC pricing | R/W | P | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 223 | CLIENT PRICING BASIS OF COST | Blank=Not Specified 01=Average Wholesale Price; 02=Acquisition Cost (ACQ); 03=Manufacturer Direct Price; 04=Federal Upper Limit (FUL); 05=Average Generic Price; 06=Usual & Customary; 07=Submitted Ingredient Cost; 08=State MAC; 09=Unit; 10=Usual & Customary or Copay | R/W | P | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | Code sets as specified in the NCPDP External Code List document (Appendix B1) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 476-H6 | DUR CO-AGENT ID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 260 | GENERIC INDICATOR | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 1 Ingredient Segments | | Occurs 8 Times (Compound Ingredients 1 through 8 can be reported) | Post Adjudication History | | |
|--|--------------------------------------|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | | Usage | Source | Situation |
| 292 | PLAN CUTBACK REASON CODE | Blank=Not Specified; 1=Medicare Part B (Plan Cutback); 2=Medicare Part B with days' supply cutback; C=Net Check limit cutback; D=Days Supply cutback; I=Ingredient Cost cutback; Q=Quantity cutback | R/W | P | Required when available in the payer's adjudication system |
| 889 | THERAPEUTIC CHAPTER | | R/W | P | Required when available in the payer's adjudication system |
| 209 | AVERAGE COST PER QUANTITY UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 210 | AVERAGE GENERIC UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 211 | AVERAGE WHOLESALE UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 271 | MAC PRICE | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 1 Ingredient Segments | | Occurs 8 Times (Compound Ingredients 1 through 8 can be reported) | Post Adjudication History | | |
|--|--------------------------------------|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | 00=Not Specified; 01=Ingredient Cost Paid as Submitted; 02=Ingredient Cost Reduced to AWP Pricing; 03=Ingredient Cost Reduced to AWP Less X% Pricing; 04=Usual & Customary Paid as Submitted; 05=Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary; 06=MAC Pricing Ingredient Cost Paid; 07=MAC Pricing Ingredient Cost Reduced to MAC; 08=Contract Pricing; 09=Acquisition Pricing; 10=ASP (Average Sales Price); 11=AMP (Average Manufacturer Price); 12=34ØB/Disproportionate Share/Public Health Service Pricing; 13=WAC (Wholesale Acquisition Cost); 14=Other Payer-Patient Responsibility Amount; 15=Patient Pay Amount; 16=Coupon Payment – Indicates reimbursement was based on the coupon value (487-DE or coupon amount determined by the processor 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) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor’s response to the Submitted Claim. |
| 285 | PATIENT FORMULARY REBATE AMOUNT | | R/W | P | Required when available in the payer’s adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 2 Segment Questions | Check | Post Adjudication History |
|--|-------|---------------------------|
| This segment is required for multi-ingredient claim (depending on the number of ingredients) | | |

| Compound Detail Record 2 Segment | | | Post Adjudication History | | |
|----------------------------------|--|------------------------------------|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 601-04 | RECORD TYPE | CE | M | P | |
| 455-EM | PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER | 1=Rx Billing; 2=Service Billing | M | C | |
| 402-D2 | PRESCRIPTION/ SERVICE REFERENCE NUMBER | | M | C | |
| 477-EC | COMPOUND INGREDIENT COMPONENT COUNT | | M | C | NYSDOH expects this count to equal the number of ingredients submitted on Compound Detail Record 2. The count starts at 1 and should contain a number between 1 and 7, for ingredients nine through fifteen. |

| Compound Detail | Check | Post Adjudication History |
|--|-------|---------------------------|
| This Segment is required for a multi-ingredient claim (depending on the number of ingredients) | | |

| Compound Detail Record 2 Ingredient Segment | | | Post Adjudication History | | |
|--|--|--|---------------------------|--------|---|
| Occurs 7 Times (Compound Ingredients 9 through 15 can be reported) | | | | | |
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | All code set values supported | M | C | NYSDOH expects NDC's to be reported. |
| 489-TE | COMPOUND PRODUCT ID | | M | C | NYSDOH expects NDC's to be reported. |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 449-EE | COMPOUND INGREDIENT DRUG COST | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 490-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | All code set values supported | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 221 | CLIENT FORMULARY FLAG | Blank=Not Specified; 1=Yes; 2=No | R/W | P | Required when available in the payer's adjudication system |
| 397 | PRODUCT/SERVICE NAME | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 2 Ingredient Segment | | Occurs 7 Times (Compound Ingredients 9 through 15 can be reported) | Post Adjudication History | | |
|--|------------------------|---|---------------------------|--------|--|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 261 | GENERIC NAME | | R/W | P | Required when available in the payer's adjudication system |
| 601-24 | PRODUCT STRENGTH | | R/W | P | Required when available in the payer's adjudication system |
| 243 | DOSAGE FORM CODE | | N/R | P | |
| 532-FW | DATABASE INDICATOR | 1=First DataBank; 2=Medi-Span Product Line; 3=Micromedex/Medical Economics; 4=Processor Developed; 5=Other ; 6=Redbook; 7=Multum | R/W | P | Required when available in the payer's adjudication system |
| 425-PD | DRUG TYPE | 0=Not Specified; 1=Single Source; 2=Authorized Generic (aka "Branded Generic"); 3=Generic; 4=Over the Counter; 5=Multi-source Brand | R/W | P | Required when available in the payer's adjudication system |
| 257 | FORMULARY STATUS | Blank=Not Specified; I=Drug on Formulary; Non-Preferred; J=Drug not on Formulary; Non-Preferred; K=Drug not on Formulary; Preferred; N=Drug not on Formulary; Neutral; P=Drug on Formulary; Q=Drug not on Formulary; T=Drug on Formulary; Preferred; Y=Drug on Formulary; Neutral | R/W | P | Required when available in the payer's adjudication system |
| 244 | DRUG CATEGORY CODE | | N/R | P | |
| 252 | FEDERAL DEA SCHEDULE | Blank=Not Specified; 1=Schedule I Substance (no known use); 2=Schedule II Narcotic Substances; 3=Schedule III Narcotic Substances; 4=Schedule IV Substances; 5=Schedule V Substances | R/W | P | Required when available in the payer's adjudication system |
| 250 | FDA DRUG EFFICACY CODE | Blank=Not Specified; 0=Was Drug Efficacy Study Implementation (DESI) At One Time But No Longer; 1=Drug Efficacy Study Implementation (DESI) Drug | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 2 Ingredient Segment | | Occurs 7 Times (Compound Ingredients 9 through 15 can be reported) | Post Adjudication History | | |
|--|--|---|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 601-19 | PRODUCT CODE QUALIFIER | Occurs 3 times. All code set values supported | R/W | P | Required when available in the payer's adjudication system |
| 601-18 | PRODUCT CODE | | R/W | P | Required when available in the payer's adjudication system |
| 251 | FEDERAL UPPER LIMIT INDICATOR | Blank=Not Specified; 1=Yes; 2=No | R/W | P | Required when available in the payer's adjudication system |
| 601-26 | THERAPEUTIC CLASS CODE QUALIFIER | Occurs 4 times. All code set values supported | R/W | P | Required when available in the payer's adjudication system |
| 601-25 | THERAPEUTIC CLASS CODE | | R/W | P | Required when available in the payer's adjudication system |
| 429-DT | SPECIAL PACKAGING INDICATOR | 0=Not Specified; 1=Not Unit Dose; 2=Manufacturer Unit Dose; 3=Pharmacy Unit Dose; 4=Pharmacy Unit Dose Patient Compliance Packaging; 5=Pharmacy Multi-drug Patient Compliance Packaging; 6=Remote Device Unit Dose; 7=Remote Device Multi- drug Compliance; 8=Manufacturer Unit of Use Package (not unit dose) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 600-28 | UNIT OF MEASURE | EA=Each; GM=Grams; ML=Milliliters | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 299 | PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE | | N/R | P | |
| 272 | MAC REDUCED INDICATOR | Blank=Not Specified; Y=Reduced to MAC pricing; N=Not reduced to MAC pricing | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 2 Ingredient Segment | | Occurs 7 Times (Compound Ingredients 9 through 15 can be reported) | Post Adjudication History | | |
|--|--|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 223 | CLIENT PRICING BASIS OF COST | Blank=Not Specified 01=Average Wholesale Price; 02=Acquisition Cost (ACQ); 03=Manufacturer Direct Price; 04=Federal Upper Limit (FUL); 05=Average Generic Price; 06=Usual & Customary; 07=Submitted Ingredient Cost; 08=State MAC; 09=Unit; 10=Usual & Customary or Copay | R/W | P | Required when available in the payer's adjudication system |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | Code sets as specified in the NCPDP External Code List document (Appendix B1) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 476-H6 | DUR CO-AGENT ID | | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 260 | GENERIC INDICATOR | | R/W | P | Required when available in the payer's adjudication system |
| 292 | PLAN CUTBACK REASON CODE | Blank=Not Specified; 1=Medicare Part B (Plan Cutback); 2=Medicare Part B with days' supply cutback; C=Net Check limit cutback; D=Days Supply cutback; I=Ingredient Cost cutback; Q=Quantity cutback | R/W | P | Required when available in the payer's adjudication system |
| 889 | THERAPEUTIC CHAPTER | | R/W | P | Required when available in the payer's adjudication system |
| 209 | AVERAGE COST PER QUANTITY UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 210 | AVERAGE GENERIC UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 211 | AVERAGE WHOLESALE UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 253 | FEDERAL UPPER LIMIT UNIT PRICE | | R/W | P | Required when available in the payer's adjudication system |
| 271 | MAC PRICE | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Compound Detail Record 2 Ingredient Segment | | Occurs 7 Times (Compound Ingredients 9 through 15 can be reported) | Post Adjudication History | | |
|--|--|--|---------------------------|--------|---|
| Field # | NCPDP Field Name | Value | Usage | Source | Situation |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | 00=Not Specified; 01=Ingredient Cost Paid as Submitted; 02=Ingredient Cost Reduced to AWP Pricing; 03=Ingredient Cost Reduced to AWP Less X% Pricing; 04=Usual & Customary Paid as Submitted; 05=Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary; 06=MAC Pricing Ingredient Cost Paid; 07=MAC Pricing Ingredient Cost Reduced to MAC; 08=Contract Pricing; 09=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 – Indicates reimbursement was based on the coupon value (487-DE or coupon amount determined by the processor 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) | R/W | C | Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. |
| 285 | PATIENT FORMULARY REBATE AMOUNT | | R/W | P | Required when available in the payer's adjudication system |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Trailer Record Segment Questions | Check | Post Adjudication History |
|----------------------------------|-------|---------------------------|
| This Segment is always sent | X | |

| Trailer Record Segment | | | Post Adjudication History | | |
|------------------------|--------------------------|---|---------------------------|---------------|------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Usage</i> | <i>Source</i> | <i>Situation</i> |
| 601-04 | RECORD TYPE | PT | M | P | |
| 601-09 | TOTAL RECORD COUNT | For Post Adjudication: Include header and trailer in count. | M | P | |
| 895 | TOTAL NET AMOUNT DUE | | M | P | |
| 693 | TOTAL GROSS AMOUNT DUE | | N/R | P | |
| 694 | TOTAL PATIENT PAY AMOUNT | | M | P | |

5 Transaction Information Change Summary

| Version | Date | Section(s) Changed | Change Summary |
|---------|------------|--------------------|---|
| 0.1 | 08/08/2014 | | Initial Release |
| 0.2 | 10/08/2014 | | Revised Situational Descriptions: <ul style="list-style-type: none"> • Patient ID Qualifier field (331-CX) • Processor Payment Clarification Code field (395) • Quantity Dispensed field (442-E7) • Record Type field (601-04) • Prescription/Service Reference Number Qualifier field (455-EM) • Basis of Reimbursement Determination field (522-FM) |
| 1.0 | 10/27/2014 | | Formatting Changes |
| 1.1 | 11/21/2014 | | Clarified reporting requirements for: <ul style="list-style-type: none"> • Patient Relationship Code (247) • Submission Clarification Code (420-DK) Corrected values for Client Formulary Flag(221) from 1 and 2 to Y and N. |
| 1.2 | 1/6/2015 | | Revised comment for Submission Clarification Code (420-DK) to clarify default values. |
| 1.3 | 3/27/2015 | | Clarified reporting requirements for: <ul style="list-style-type: none"> • Cardholder Identifier (302-C2) • Patient Identifier (332-CY) Updated references to All Payer Database system to Encounter Intake System |
| 1.4 | 8/3/2015 | | Clarified reporting requirements for: <ul style="list-style-type: none"> • PRODUCT/SERVICE ID QUALIFIER (436-E1) • PRODUCT/SERVICE ID (407-D7) |
| 1.5 | 10/5/2015 | | Added value for Pharmacy Dispenser Type (290) Updated requirements for Place of Service (307-C7) |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Version | Date | Section(s) Changed | Change Summary |
|---------|-----------|--------------------------------------|--|
| 1.6 | 1/24/2017 | | <p>Updated State contact information</p> <p>Corrected values for Gender Code (721-MD) from Unknown, 1 and 2 to 0, 1 and 2.</p> <p>Updated value list for Pharmacy Dispenser Type (290)</p> <p>Clarified reporting requirements for:</p> <ul style="list-style-type: none"> • Product/Service ID Qualifier (436-E1) • Product/Service ID (407-D7) • Record Type 'CD' (601-04) • Compound Product ID Qualifier (488-RE) • Compound Product ID (489-TE) <p>Changed member ID used for QHP (Cardholder ID (302-C2) and PATIENT ID (332-CY)) from Unique Issuer Assigned Identifier to NYSOH Assigned NYHX Identifier.</p> <p>Included instructions for Essential Plan member to Cardholder ID (302-C2)</p> <p>Added ICD-10 Diagnosis to Diagnosis Code Qualifier (492-WE)</p> <p>Changed email addresses from CSC/CSGOV to CSRA</p> |
| 1.6.1 | 7/11/2017 | Cover Page | Added NYS DOH APD Logo |
| 1.7 | 4/17/2018 | 4.2.1 Transaction Format Information | <p>Removed record Status Code 2=Rejected from Field # 399</p> <p>Changed the accepted values for Field # 395 from:</p> <p>01=Paid; 10=Reversals; 20=Adjustments</p> <p>to:</p> <p>01-09=Paid; 10-19=Reversals; 20-29=Adjustments</p> <p>Changed Value field for Field 442-E7 from:</p> <p>Must be greater than zero</p> <p>to</p> <p>Must be greater than zero (not equal zero and not</p> |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Version | Date | Section(s) Changed | Change Summary |
|---------|-----------|-----------------------|--|
| | | | negative). |
| 1.8 | 8/21/2018 | | Added: <ul style="list-style-type: none"> • Must be greater than zero to Field 405-D5 - Days Supply |
| 1.9 | 10/4/2018 | | Added: <ul style="list-style-type: none"> • Leading zeros to values 0-9 on Field 522-FM. • Field 419-DJ: Updated text in Situation column. • Field 224: Updated text in Situation column. • Field 477-EC: Updated text in Situation column. |
| 2.0 | 6/22/2021 | | Added: <ul style="list-style-type: none"> • For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: For Submissions for Dual Enrollees, for Pharmacy encounters where there is NO Medicaid Managed Care cost share (and no corresponding Medicaid FFS cost share), the Net Amount Due (field 281) should reflect the total amount paid by Medicaid Managed Care (i.e. \$0) with the COB fields (232 and 228) reflecting the Medicare. • For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: For Submissions for Dual Enrollees, the Payer ID reported in field 232: COB Primary Payer ID should be the Medicare Payer ID • For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: For Submissions for Dual Enrollees, the Medicare payment should be reflected in field 228: COB Primary Payer Amount Paid • For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: For the submission of Dual Enrollees, the Payer ID reported in field 396 shall be the HIOS ID (Medicaid Managed Care shall always be represented |

EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

| Version | Date | Section(s) Changed | Change Summary |
|---------|------|-----------------------|--|
| | | | <p>as the SubmittingPayer).</p> <ul style="list-style-type: none">• For Medicaid Managed Care when a Medicaid member is part of an integrated dual plan: Required for Submissions for Dual Enrollees. NYSDOH expects to receive 'INTDUAL' when the member is part of an integrated dual plan on Field 899. |