

# **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: 1.9

## Table of Contents

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

## **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](http://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](mailto:NYS-DOH-APD-Issuer-Support@csra.com).

Health Care Issuers can acquire the aforementioned NCPDP documents from [www.ncdp.org](http://www.ncdp.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: <a href="mailto:NYS-DOH-APD-Issuer-Support@csra.com">NYS-DOH-APD-Issuer-Support@csra.com</a>	
Provider Relations Help Desk Info: <a href="mailto:NYS-DOH-APD-Issuer-Support@csra.com">NYS-DOH-APD-Issuer-Support@csra.com</a>	
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		N/R	P	
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
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	Ø=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	<b>00:</b> Out-of-Network Pharmacy <b>01:</b> Community/Retail Pharmacy (Taxonomy code: "3336C0003X"); <b>04:</b> Long Term Care Pharmacy (Taxonomy code: "3336L0003X"); <b>05:</b> Mail order pharmacy (Taxonomy code: "3336M0002X"); <b>06:</b> Home Infusion Therapy Provider (Taxonomy code: "3336H0001X"); <b>07:</b> Non-pharmacy dispensing site (Taxonomy code: "332900000X"); <b>08:</b> Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy (Taxonomy code: "332800000X"); <b>09:</b> Department of Veterans Affairs (VA) Pharmacy (Taxonomy code: "332100000X"); <b>11:</b> Institutional pharmacy (Taxonomy code: "3336I0012X"); <b>12:</b> Managed Care Organization (MCO) Pharmacy (Taxonomy code: "3336M0003X"); <b>13:</b> Durable Medical Equipment Supplier (Taxonomy code: "332B00000X"); <b>14:</b> Clinic Pharmacy (Taxonomy code: "3336C0002X"); <b>15:</b> Specialty Pharmacy (Taxonomy code: "3336S0011X"); <b>16:</b> Nuclear Pharmacy (Taxonomy code: "3336N0007X"); <b>17:</b> Military/US Coast Guard Pharmacy (Taxonomy code: "332000000X"); <b>18:</b> 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	

## 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 99999999I.
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 99999999I.
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 99999999I.
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 99999999I.
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.
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.
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.

## EIS TRANSACTION INFORMATION COMPANION GUIDE (NCPDP)

Coordination of Benefits Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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 <b>Prescription Serial Pad number</b> (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: <a href="https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Policy_Guidelines.pdf">https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Policy_Guidelines.pdf</a> .
396	PROCESSOR SPECIFIC DATA		N/R	P	
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 9999999I.
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 Record1. 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	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
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	Situation
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	Value	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=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)

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 Record2. 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		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
		Occurs 7 Times (Compound Ingredients 9 through 15 can be reported)			
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"> <li>• Patient ID Qualifier field (331-CX)</li> <li>• Processor Payment Clarification Code field (395)</li> <li>• Quantity Dispensed field (442-E7)</li> <li>• Record Type field (601-04)</li> <li>• Prescription/Service Reference Number Qualifier field (455-EM)</li> <li>• Basis of Reimbursement Determination field (522-FM)</li> </ul>
1.0	10/27/2014		Formatting Changes
1.1	11/21/2014		Clarified reporting requirements for: <ul style="list-style-type: none"> <li>• Patient Relationship Code (247)</li> <li>• Submission Clarification Code (420-DK)</li> </ul> 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"> <li>• Cardholder Identifier (302-C2)</li> <li>• Patient Identifier (332-CY)</li> </ul> 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"> <li>• PRODUCT/SERVICE ID QUALIFIER (436-E1)</li> <li>• PRODUCT/SERVICE ID (407-D7)</li> </ul>
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"> <li>• Product/Service ID Qualifier (436-E1)</li> <li>• Product/Service ID (407-D7)</li> <li>• Record Type 'CD' (601-04)</li> <li>• Compound Product ID Qualifier (488-RE)</li> <li>• Compound Product ID (489-TE)</li> </ul> <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"> <li>• Must be greater than zero to Field 405-D5 - Days Supply</li> </ul>
1.9	10/4/2018		Added: <ul style="list-style-type: none"> <li>• Leading zeros to values 0-9 on Field 522-FM.</li> <li>• Field 419-DJ: Updated text in Situation column.</li> <li>• Field 224: Updated text in Situation column.</li> <li>• Field 477-EC: Updated text in Situation column.</li> </ul>