

Iowa Medicaid Enterprises NCPDP Version 5.1 Payer Sheet

General Information:

Payer Name: Iowa Medicaid Enterprises	Date: June 25, 2005
Plan Name/Group Name: IAPOP	
Processor: IME POS Unit (GHS)	Switch: NDC / WebMD / QS1
Effective as of: 06/25/2005	Version/Release Number: 5.1
Contact Information: 1-877-463-7671, 1-515-725-1107 (local)	
Provider Relations Help Desk Info: 1-877-463-7671, 1-515-725-1107 (local)	
Other Versions Supported: 5.1	

BILLING REQUEST SEGMENTS

M=Mandatory, S=Situational, N=Not Used

Note: if a segment is situational and it is sent then the mandatory fields must be present

Billing Transactions Header Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
101-A1	Bin Number	"011933"	6	M	
102-A2	Version Release Number	51=Version 5.1	2	M	
103-A3	Transaction Code	B1, B3	2	M	
104-A4	Processor Control Number	IATEST = Test IAPOP = Production	10	M	
109-A9	Transaction Count	1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences	1	M	
202-B2	Service Provider ID Qualifier	07=NCPDP Provider ID	2	M	NABP Number
201-B1	Service Provider ID	NCPDP Provider ID	15	M	SSNNNNC
401-D1	Date of Service		8	M	CCYYMMDD
110-AK	Software Vendor /Certification ID		10	S	Blank

Patient Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	01=Patient	2	M	
332-CY	Patient ID		20	S	
331-CX	Patient ID Qualifier		2	S	
304-C4	Date of Birth		8	S	CCYYMMDD
305-C5	Gender Code	1=Male 2=Female	1	S	
310-CA	Patient First Name		12	S	
311-CB	Patient Last Name		15	S	
323-CM	Patient City		30	S	
324-CO	Patient State or Province		20	S	
325-CP	Patient Zip/Postal Code		2	S	
326-CQ	Patient Phone Number		15	S	
307-C7	Patient Location		2	S	
333-CZ	Employer ID		15	S	
334-1C	Smoker/Non-Smoker Code		1	S	
335-2C	Pregnancy Indicator		1	S	

Insurance Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	04=Insurance	2	M	
302-C2	Cardholder ID	ID assigned to the cardholder	20	M	
312-CC	Cardholder First Name		12	S	
313-CD	Cardholder Last Name		15	S	
314-CE	Home Plan		3	S	
524-FO	Plan ID		8	S	
309-C9	Eligibility Clarification Code	0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	1	S	
336-8C	Facility ID		10	S	
301-C1	Group ID		15	S	
303-C3	Person Code	001, 002, 003	3	S	
306-C6	Patient Relationship Code	0=Not Specific 1=Cardholder 2=Spouse 3=Child 4=Other	1	S	

Claim Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	07=Claim	2	M	
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	1	M	
402-D2	Prescription /Service Reference Number		7	M	
436-E1	Product/Service ID Qualifier	03=National Drug Code	2	M	NDC Number
407-D7	Product/Service ID		19	M	MMMMMDDD DPP
456-EN	Associated Prescription/Service Reference #		9	S	
457-EP	Associated Prescription/Service Date		8	S	CCYYMMDD
458-SE	Procedure Modifier Code Count		1	S	
459-ER	Procedure Modifier Code		2	S	
442-E7	Quantity Dispensed		10	M	Quantity dispensed expressed in metric decimal units.
403-D3	Fill Number	0=Original Dispensing 1 to 99=Refill Number	2	S	
405-D5	Days Supply		3	M	
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	1	M	
408-D8	Dispense as Written	0=No Product Selection Indicated 1=Substitution Not Allowed by Doctor 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug	1	M	DAW codes 0, 6, and 8 are the only valid codes for IA at this time

		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=Other			
414-DE	Date Prescription Written		8	M	CCYYMMDD
415-DF	Number of Refills Authorized	0=Not Specified 1 through 99, with 99 being as needed, refills unlimited	2	S	
419-DJ	Prescription Origin Code		1	S	
420-DK	Submission Clarification Code		2	S	8=Process Compound for Approved Ingrid
460-ET	Quantity Prescribed		10	S	
308-C8	Other Coverage Code	0=Not Specified 1=No other coverage identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected	2	S	
429-DT	Unit Dose Indicator	0=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose 4=Custom Packaging	1	S	3=Pharmacy Unit Dose allowed in IA
453-EJ	Orig. Prescribed Product/Service ID Qualifier		2	S	
445-EA	Originally Prescribed Product/Service Code		19	S	
446-EB	Originally Prescribed Quantity		10	S	
330-CW	Alternate ID		20	S	
454-EK	Scheduled Prescription ID Number		12	S	
600-28	Unit of Measure		2	S	
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	2	S	
461-EU	Prior Authorization Type Code	0=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan Indic. 7=TANF (Temporary Assistance for Needy Families) 8=Payer Defined Exemption	2	S	2=Med Cert
462-EV	Prior Auth. Number Submitted	Normal prior authorization numbers submitted when requested by processor. Special PA numbers are submitted by the pharmacist.	11	S	1=72 hour supply 4=pregnant 5=NF vaccine 8=30 day override PA drug

		Override Codes: See Comments			
463-EW	Intermediary Authorization Type ID		2	S	
464-EX	Intermediary Authorization ID		11	S	
343-HD	Dispensing Status	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill	1	S	
344-HF	Quantity Intended to be Dispensed		10	S	
345-HG	Days Supply Intended to be Dispensed		3	S	

Pharmacy Provider Segment: Not Used

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	02=Pharmacy Provider	2	N	
465-EY	Provider ID Qualifier	Blank=Not Specified 01=DEA 02=State License 03=SSN 04=Name 05=National Provider Id 06=Health Industry Number 07=State Issued 99=Other	2	N	
444-E9	Provider ID		15	N	

Prescriber Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	03=Prescriber	2	M	
466-EZ	Prescriber ID Qualifier	Blank = Not specified 01 = National Provider Identifier 04 = Medicare 05 = Medicaid 06 = UPIN 08 = State License 11 = Federal Tax ID 12 = DEA 13 = State Issued 14 = Plan Specific 99 = Other	2	M	Number submitted must match a valid number residing on the Iowa Provider file for payment of Medicaid pharmacy claims.
411-DB	Prescriber ID		15	M	
467-1E	Prescriber Location Code		3	S	
427-DR	Prescriber Last Name		15	M	
498-PM	Prescriber Phone Number		10	S	
468-2E	Primary Care Provider ID Qualifier		2	S	
421-DL	Primary Prescriber #		15	S	
469-H5	Primary Care Provider Location Code		3	S	
470-4E	Primary Care Provider Last Name		15	S	

COB/Other Payment Segment: Situational

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	05=COB/Other Payments	2	M	
337-4C	Coordination of Benefits/Other Payments Count		1	M	

338-5C	Other Payer Coverage Type	Blank=Not specified 01=Primary 02=Secondary 03=Tertiary	2	M	
339-6C	Other Payer ID Qualifier		2	S	
340-7C	Other Payer ID		10	S	
443-E8	Other Payer Date		8	S	
341-HB	Other Payer Amount Paid Count		1	M	
342-HC	Other Payer Amount Paid Qualifier	07=Drug Benefit	2	M	
431-DV	Other Payer Amount Paid	Valid value of \$0 or greater to reflect appropriate Other Payer Amount	8	M	
471-5E	Other Payer Reject Count		2	S	
472-6E	Other Payer Reject Code		3	S	

DUR/PPS Segment: Situational

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	08=DUR/PPS	2	M	
473-7E	DUR/PPS Code Counter	Value=1	1	S	
439-E4	Reason for Service Code		2	S	
440-E5	Professional Service Code		2	S	
441-E6	Result of Service Code		2	S	
474-8E	DUR-PPS Level of Effort		2	S	
475-J9	DUR Co-Agent ID Qualifier		2	S	
476-H6	DUR Co-Agent ID		19	S	

Pricing Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	11=Pricing	2	M	
409-D9	Ingredient Cost Submitted		8	M	
412-DC	Dispensing Fee Submitted		8	S	
477-BE	Professional Service Fee Submitted		8	S	
433-DX	Patient Paid Amount Submitted		8	S	
438-E3	Incentive Amount Submitted		8	S	
478-H7	Other amount Claimed Submitted Count		1	S	
479-H8	Other amount Claimed Submitted Qualifier		2	S	
480-H9	Other Amount Claimed Submitted		8	S	
481-HA	Flat Sales Tax Amount Submitted		8	S	
482-GE	Percentage Sales Tax Amount Submitted		8	S	
483-HE	Percentage Sales Tax Rate Submitted		7	S	
484-JE	Percentage Sales Tax Basis Submitted		2	S	
426-DQ	Usual and Customary Charge		8	M	
430-DU	Gross Amount Due		8	M	
423-DN	Basis of Cost Determination		2	S	

Coupon Segment: Situational

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	09=Coupon	2	M	
485-KE	Coupon Type		2	M	
486-ME	Coupon Number		15	M	

487-NE	Coupon Value Amount		8	M	
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Compound Segment: Situational

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	10=Compound	2	M	
450-EF	Compound Dosage Form Description Code		2	M	
451-EG	Compound Dispensing Unit Form Indicator		1	M	
452-EH	Compound Route of Administration		2	M	
447-EC	Compound Ingredient Component Count		2	M	
488-RE	Compound Product ID Qualifier		2	M	
489-TE	Compound Product ID		19	M	
448-ED	Compound Ingredient Quantity		10	M	
449-EE	Compound Ingredient Drug Cost		8	S	
490-UE	Compound Ingredient Basis of Cost Determination		2	S	

Prior Authorization Segment: Situational

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	12=Prior Authorization	2	M	
498-PA	Request Type		1	M	
498-PB	Request Period Date-Begin		8	M	
498-PC	Request Period Date-End		8	M	
498-PD	Basis of Request		2	M	
498-PE	Authorized Representative First Name		12	S	
498-PF	Authorized Representative Last Name		15	S	
498-PG	Authorized Representative Street Address		30	S	
498-PH	Authorized Representative City Address		20	S	
498-PJ	Authorized Representative State/Province Address		2	S	
498-PK	Authorized Representative Zip/Postal Zone		15	S	
498-PY	Prior Authorization Number Assigned		11	S	
503-F3	Authorization Number		20	S	
498-PP	Prior Authorization Supporting Documentation		1-500	S	

Clinical Segment: Situational

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	13=Clinical	2	M	
491-VE	Diagnosis Code Count		1	M	
492-WE	Diagnosis Code Qualifier	Blank = Not Specified 00 = Not Specified 99=Other	2	S	
424-DO	Diagnosis Code		15	M	

493-XE	Clinical Information Counter		1	S	
494-ZE	Measurement Date		8	S	
495-H1	Measurement Time		4	S	
496-H2	Measurement Dimension		2	S	
497-H3	Measurement Unit		2	S	
499-H4	Measurement Value		15	S	

BILLING RESPONSE SEGMENTS

Response Header Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
102-A2	Version Release Number	51=Version 5.1	2	M	
103-A3	Transaction Code	B1, B3	2	M	
109-A9	Transaction Count	1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences	1	M	
501-FI	Header Response Status	A=Accepted R=Rejected D=Duplicate	1	M	
202-B2	Service Provider ID Qualifier	07=NCPDP Provider ID	2	M	NABP Number
201-B1	Service Provider ID	NABP Number	15	M	SSNNNNNC
401-D1	Date of Service		8	M	CCYYMMDD

Response Message Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	20=Response Message	2	M	
504-F4	Message	Free Form Message	1-200	M	

Response Insurance Segment: Not Used

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	20=Response Message	2	M	
301-C1	Group ID		15	N	
524-FO	Plan ID		8	N	
545-2F	Network Reimbursement ID		10	N	
568-J7	Payer ID Qualifier		2	N	
569-J8	Payer ID		10	N	

Response Status Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	21=Response Status	2	M	
112-AN	Transaction Response Status	P=Paid R=Rejected D=Duplicate of Paid	1	M	
503-F3	Authorization Number		20	M	
510-FA	Reject Count	Required if Transaction Response Status=R	2	M	
511-FB	Reject Code	Required if Transaction Response Status =R	3	M	
546-4F	Reject Field Occurrence Indicator		2	M	
547-5F	Approved Message Code Count		1	M	
548-6F	Approved Message Code	Blank=Not specified 001=Generic Available 002=Non formulary drug 003=Maintenance drug	3	M	

526-FQ	Additional Message Info	Free Text Information	200	M	
549-7F	Help Desk Phone Number Qualifier	03=Processor/PBM	2	M	
550-8F	Help Desk Phone Number	To Be Determined	18	M	

Response Claim Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	22=Response Claim	2	M	
455-EM	Prescription/Service Reference Number Qualifier	1=RX Billing	1	M	
402-D2	Prescription/Service Reference Number		9	M	
551-9F	Preferred Product Count		1	M	
552-AP	Preferred Product ID Qualifier	03=NDC	2	M	
553-AR	Preferred Product ID		19	M	
554-AS	Preferred Product Incentive		8	N	
555-AT	Preferred Product Copay Incentive		8	N	
555-AU	Preferred Product Description		40	N	

Response Pricing Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M/S/N	COMMENTS
111-AM	Segment Identification	23=Response Pricing	2	M	
505-F5	Patient Pay Amount		8	M	
506-F6	Ingredient Cost Paid		8	M	
507-F7	Dispensing Fee Paid		8	M	
557-AV	Tax Exempt Indicator		1	N	
558-AW	Flat Sales Tax Amount Paid		8	N	
559-AX	Percentage Sales Tax Amount Paid		8	N	
560-AY	Percentage Sales Tax Rate Paid		7	N	
561-AZ	Percentage Sales Tax Basis Paid	00=Not specified 01=Gross Amt Due 02=Ingredient Cost 03=Ingredient Cost + Dispensing Fee	2	N	
521-FL	Incentive Amount Paid		8	N	
562-J1	Professional Service Fee Paid		8	N	
563-J2	Other Amount Paid Count		1	S	
564-J3	Other Amount Paid Qualifier		2	S	
565-J4	Other Amount Paid		8	S	
566-J5	Other Payer Amount Recognized		8	S	
509-F9	Total Amount Paid		8	S	
522-FM	Basis of Reimbursement Determination	00=Not Specified 01=Ingr Cost Paid as submitted 02=Ingr Cost reduced to AWP pricing 03=Ingr Cost reduced to AWP less x% pricing 04=Usual & Customary Paid as submitted 05=Paid lower of (Ingr Cost + Fee) vs. U&C 06=Mac Pricing Ingr Cost Paid 07=Mac Pricing Ingr Cost Reduced to MAC 08=Contract Pricing 09=Acquisition Pricing	2	M	
523-FN	Amount Attributed to Sales Tax		8	N	

512-FC	Accumulated Deductible Amount		8	S	
513-FD	Remaining Deductible Amount		8	S	
514-FE	Remaining Benefit Amount		8	S	
517-FH	Amount Applied to Periodic deductible		8	S	
518-FI	Amount of Copay/Coinsurance		8	S	
519-FJ	Amount Attributed to Product Selection		8	S	
520-FK	Amount Exceeding Periodic Benefit Maximum		8	S	
346-HH	Basis of Calculation – Dispensing Fee		2	S	
347-HJ	Basis of Calculation – Copay		2	S	
348-HK	Basis of Calculation – Flat Sales Tax		2	N	
349-HM	Basis of Calculation – Percentage of Sales Tax		2	N	

Response DUR/PPS Segment: Situational

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / S / N	COMMENTS
111-AM	Segment Identification	24 = Response DUR/PPS	2	M	
567-J6	DUR/PPS Response Code Counter		1	M	
439-E4	Reason for Service Code		2	M	
528-FS	Clinical Significance Code		1	M	
529-FT	Other Pharmacy Indicator		1	S	
530-FU	Previous Date of Fill		8	S	
531-FV	Quantity of Previous Fill		10	S	
532-FW	Database Indicator		1	S	
533-FX	Other Prescriber Indicator		1	S	
544-FY	DUR Free Text Message		30	S	

Response Prior Authorization Segment: Not Used

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / S / N	COMMENTS
111-AM	Segment Identification	26= Response Prior Authorization	2	M	
498-PR	Prior Authorization Processed Date		8	N	
498-PS	Prior Authorization Effective Date		8	N	
498-PT	Prior Authorization Expiration Date		8	N	
498-RA	Prior Authorization Quantity		10	N	
498-RB	Prior Authorization Dollar Authorized		8	N	
498-PW	Prior Authorization Number of Refills Authorized		2	N	
498-PX	Prior Authorization Quantity Accumulated		10	N	
498-PY	Prior Authorization -- Assigned		11	N	

REVERSAL REQUEST SEGMENT

Reversal Header Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / S / N	COMMENTS
101-A1	Bin Number	"011933"	6	M	
102-A2	Version Release Number	51=Version 5.1	2	M	
103-A3	Transaction Code	B2=Reversal	2	M	
104-A4	Processor Control Number	IATEST	10	M	
109-A9	Transaction Count	1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences	1	M	
202-B2	Service Provider ID Qualifier	07 = NCPDP Provider ID	2	M	NABP Number
201-B1	Service Provider ID	NABP Number	15	M	SSNNNNC
401-D1	Date of Service		8	M	CCYYMMDD
110-AK	Software/Vendor/Certification ID		10	M	

Claim Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / S / N	COMMENTS
111-AM	Segment Identification	07=Claim	2	M	
445-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	1	M	
402-D2	Prescription/Service Reference Number		9	M	
436-E1	Product/Service ID Qualifier	03= National Drug Code	2	M	
407-D7	Product Service ID		19	M	MMMMMDDDD PP
403-D3	Fill Number		2	M	

REVERSAL RESPONSE SEGMENT

Reversal Header Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / S / N	COMMENTS
102-A2	Version Release Number	51=Version 5.1	2	M	
103-A3	Transaction Code	B2=Reversal	2	M	
109-A9	Transaction Count	1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences	1	M	
501-FI	Header Response Status	A=Accepted R=Rejected D=Duplicate	1	M	
202-B2	Service Provider ID Qualifier	07=NCPDP Provider ID	2	M	NABP Number
201-B1	Service Provider ID	NABP Number	15	M	SSNNNNC
401-D1	Date of Service		8	M	CCYYMMDD

Message Response Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / S / N	COMMENTS
111-AM	Segment Identification	20=Response Message	2	M	
504-F4	Message	Free Form Message	1-200	M	

Status Response Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / S / N	COMMENTS
111-AM	Segment Identification	21=Response Status	2	M	
112-AN	Transaction Response Status	A=Approved R=Rejected	2	M	
510-FA	Reject Count	Required if Transaction Response Status=R	2	M	
511-FB	Reject Code	Required if Transaction Response Status=R	3	M	
549-7F	Help Desk Phone Number Qualifier	03=Processor/PBM Telephone Number	2	M	
550-8F	Help Desk Phone Number	To Be Determined	18	M	
526-FQ	Additional Message Information	Free Text Message	200	M	

Claim Response Segment: Mandatory

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / S / N	COMMENTS
111-AM	Segment Identification	22=Response Claim	2	M	
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	1	M	
402-D2	Prescription/Service Ref #		9	M	