

# Iowa Medicaid Enterprise NCPDP Version 5.1 Payer Sheet

## General Information:

Payer Name: Iowa Medicaid Enterprise	Date: June 25, 2005 - <b>Revised Date:</b> July 11, 2011
Plan Name/Group Name: IAPOP	
Processor: IME POS Unit (GHS)	Switch: McKesson / Emdeon / QS1 / ERX
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	IAPOP	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	01=National Provider Identifier (NPI)	2	M	01=NPI
201-B1	Service Provider ID	National Provider Identifier	15	M	
401-D1	Date of Service		8	M	CCYYMMDD
110-AK	Software Vendor /Certification ID		10	M	Blank

### 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	N	
313-CD	Cardholder Last Name		15	N	
314-CE	Home Plan		3	N	
524-FO	Plan ID		8	N	
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	N	
306-C6	Patient Relationship Code	0=Not Specific 1=Cardholder 2=Spouse 3=Child 4=Other	1	N	

**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	N	
331-CX	Patient ID Qualifier		2	N	
304-C4	Date of Birth		8	M	CCYYMMDD Mandatory as of 06/15/09
305-C5	Gender Code	1=Male 2=Female	1	M	
310-CA	Patient First Name		12	M	
311-CB	Patient Last Name		15	M	
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	N	
334-1C	Smoker/Non-Smoker Code		1	N	
335-2C	Pregnancy Indicator		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	N	
457-EP	Associated Prescription/Service Date		8	N	CCYYMMDD
458-SE	Procedure Modifier Code Count		1	N	
459-ER	Procedure Modifier Code		2	N	
442-E7	Quantity Dispensed		10	M	Give the number of tablets, capsules, etc. or the <b>metric measurement</b> for liquids, creams, etc. Be sure the billed quantity, when divided by the number of days' supply, is an appropriate

					amount for that therapeutic class of drugs. If the quantity is a fractional amount, use a decimal point.
403-D3	Fill Number	0=Original Dispensing 1 to 99=Refill Number	2	M	
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 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	1	M	
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	<b>Effective 01/16/07</b> Accepting 01, 02, 03 and 04 for TPL billing.  Accepting "02" and "03" for Part D excluded drugs
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	N	
454-EK	Scheduled Prescription ID Number		12	N	
600-28	Unit of Measure		2	S	
418-DI	Level of Service	0=Not Specified 1=Patient consultation	2	S	

		2=Home delivery 3=Emergency 4=24 hour service 5=Patient consultation regarding generic product selection 6=In-Home Service			
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	Number submitted by the provider to identify the prior authorization.	11	S	1=72 hour supply 4=pregnant 5=NF vaccine
463-EW	Intermediary Authorization Type ID		2	N	
464-EX	Intermediary Authorization ID		11	N	
343-HD	Dispensing Status	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill	1	N	
344-HF	Quantity Intended to be Dispensed		10	N	
345-HG	Days Supply Intended to be Dispensed		3	N	

**Pricing Segment: Mandatory**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>VALUE</b>	<b>FIELD LENGTH</b>	<b>M S N</b>	<b>COMMENTS</b>
111-AM	Segment Identification	11=Pricing	2	M	
409-D9	Ingredient Cost Submitted		8	M	340B pharmacies – submit 340B cost here
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	Amount charged cash customers for the prescription

					exclusive of sales tax or other amounts claimed.
430-DU	Gross Amount Due		8	M	
423-DN	Basis of Cost Determination		2	S	

**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 (NPI) 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	01 = NPI
411-DB	Prescriber ID	National Provider 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	N	
421-DL	Primary Prescriber #		15	N	
469-H5	Primary Care Provider Location Code		3	N	
470-4E	Primary Care Provider Last Name		15	N	

**COB/Other Payment Segment: Situational – Required when submitting Other Coverage Code of 2**

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	Blank=Not specified 01=National Payer ID 02=Health Industry Number 03=Bank Information Number (BIN) 04=National Association of Insurance Commissioners (NAIC) 99=Other	2	S	
340-7C	Other Payer ID	ID assigned to the payer, qualified above	10	S	
443-E8	Other Payer Date	Payment or denial date of the claim submitted to the other payer.	8	S	
341-HB	Other Payer Amount Paid Count	Count of the payer amount paid occurrences	1	M	
342-HC	Other Payer Amount Paid Qualifier	Blank=Not specified 07=Drug Benefit	2	M	

		08=Sum of all reimbursement			
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	

### **Compound Segment: Situational**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>VALUE</b>	<b>FIELD LENGTH</b>	<b>M S N</b>	<b>COMMENTS</b>
111-AM	Segment Identification	10=Compound	2	S	
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	

## **BILLING RESPONSE SEGMENTS**

### **Response Header Segment: Mandatory**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>VALUE</b>	<b>FIELD LENGTH</b>	<b>M S N</b>	<b>COMMENTS</b>
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	01=National Provider Identifier (NPI)	2	M	01=NPI
201-B1	Service Provider ID	National Provider Identifier	15	M	
401-D1	Date of Service		8	M	CCYYMMDD

### **Response Message Segment: Mandatory**

<b>FIELD #</b>	<b>FIELD NAME</b>	<b>VALUE</b>	<b>FIELD LENGTH</b>	<b>M S N</b>	<b>COMMENTS</b>
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	COMMENT S
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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	S	
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	IAPOP	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	01=National Provider Identifier	2	M	01=NPI
201-B1	Service Provider ID	National Provider Identifier	15	M	
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	
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## 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	01=National Provider Identifier (NPI)	2	M	01=NPI
201-B1	Service Provider ID	National Provider Identifier	15	M	
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	