



**Department
of Health**

**All Payer
Database**

Original Source Data Submitter (OSDS)

NCPDP Post Adjudication Standard Implementation Guide

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: 1.8 - May 2024

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NCPDP – NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS

1 Introduction

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

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

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

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

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

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

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2 Companion Guide Disclaimer:

The New York State Department of Health (NYSDOH) has provided this Original Source Data Submitter (OSDS) 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 Original Source Data Submitter Post Adjudication transactions. It is important that Issuers study the Companion Guide and become familiar with the data that will be expected by NYS OSDS 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 OSDS 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 OSDS notes are included under “Plan Situation” to describe the NYSDOH specific requirements.

Although not all IG items are listed in the Companion Guide, NYS OSDS 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 Data Submitter Information Companion Guide for Information about transaction header structures, transaction size limits, electronic communications methods, and enrollment. This document is available on the NYS Health Connector through the following link: https://nyshc.health.ny.gov/documents/39436/108308/osds_standard_companion_guide_data_submitter_information.pdf.

OSDS Help Desk is available for additional questions at (877) 363-5630 or a ticket can be created through ServiceNow at <https://optum.service-now.com/itss2>. Health Care Issuers can acquire the aforementioned NCPDP documents from www.ncpdp.org.

4 Purpose

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

4.1 System Availability

The New York State OSDS 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 OSDS 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.

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Post Adjudication History Transaction

** Start of Request Post Adjudication History **

GENERAL INFORMATION

Receiver Name: New York State Department of Health (NYSDOH)	Date: 09/01/2019
Receiver Name/Group Name: NYSDOH-APD	PCN: NYS APD ID
Processor:	
Effective as of: 05/04/2020	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: OSDS Companion Guides are available from the NYSDOH for Issuers at the following link: https://nyshc.health.ny.gov/web/nyapd/apd-osds-guidance-manuals	
OSDS Help Desk is available for additional questions at (877) 363-5630 or a ticket can be created through ServiceNow at https://optum.servicenow.com/itss2 .	
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.

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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	The OSDS assigned Submitter Identifier provided with the EDI Registration Form. The Submitter Identifier is used to ensure the SFTP folders match the transaction submitter. If the Submitter Identifier is not valid for the SFTP inbox, the file will be rejected.
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	NYSDOH-APD	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	

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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) = "O"

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	For Integrated Dual guidance – please see the “Special Instructions for Integrated Dual Encounters” in “Other Resources” within this document
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	

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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	NYSDOH expects to receive the following member identifier.	
					Members	Identifiers
					NYSOH QHP members (on exchange)	NYSOH Assigned NYHX Identifier
					NYS Medicaid Managed Care members	NYS Medicaid Assigned CIN
					Child Health Plus members enrolled through the NYSOH	NYSOH Assigned KIDS ID
					Child Health Plus member enrolled through the Plans	Unique ID assigned by the KIDS system
					Essential Plan (non-Aliessa) members	NYSOH Assigned Essential Plan ID
					Essential Plan (Aliessa) members	NYSOH Assigned CIN
					Off-exchange Commercial members	Subscriber ID reported on the 834 (X318) transaction
					Medicare Advantage	Payer assigned Member ID
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	

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Cardholder Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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	
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= Issuer's Member ID; 06=Medicaid ID;	R	P	Required if Patient ID (332-CY) is sent

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Patient Segment		Post Adjudication History				
Field #	NCPDP Field Name	Value	Usage	Source	Situation	
332-CY	PATIENT ID		R	P	When the Cardholder is the Patient, Cardholder Id should be populated in Patient Id field.	
					Members	Identifiers
					NYSOH QHP members(on exchange)	NYSOH Assigned NYHX Identifier
					NYS Medicaid Managed Care members	NYS Medicaid Assigned CIN
					Child Health Plus members enrolled through the NYSOH	NYSOH Assigned KIDS ID
					Child Health Plus member enrolled through the Plans	Unique ID assigned by the KIDS system
					Essential Plan (non-Aliessa) members	NYSOH Assigned Essential Plan ID
					Essential Plan (Aliessa) members	NYSOH Assigned CIN
					Off-exchange Commercial members	Subscriber ID reported on the 834 (X318) transaction
Medicare Advantage	Payer assigned Member ID					
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".	
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		

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Patient Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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 sent as part of the Processor's response to the Submitted Claim.
309-C9	ELIGIBILITY CLARIFICATION CODE	0=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 sent 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	
282	NON-POS CLAIM OVERRIDE CODE		N/R	P	
241	COPAY MODIFIER ID		N/R	P	

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Benefit Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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
887	SERVICE PROVIDER COUNTRY CODE	Trading partner defined code	N/R	P	

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Pharmacy Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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	

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

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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 sent 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	P	NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures.
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

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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	NYSDOH expects to receive adjustment or void encounters whether the adjustments or void is a result of a transaction from the provider to the payer or an action on the part of the payer.
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 (436-E1) 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 (407-D7) 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

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Claim Category Segment		Post Adjudication History			
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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.
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 sent 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 or 4; 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent as part of the Processor's response to the Submitted Claim.

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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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent as part of the Processor's response to the Submitted Claim.

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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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent as part of the Processor's response to the Submitted Claim.

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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 sent 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 sent 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 sent 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 sent 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	

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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

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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

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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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent as part of the Processor's response to the Submitted Claim.

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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 sent 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 sent 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 sent as part of the Processor's response to the Submitted Claim. NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures.
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 sent as part of the Processor's response to the Submitted Claim.

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Pricing Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
426-DQ	USUAL AND CUSTOMARY CHARGE		R/W	C	Required when received as part of the original claim from the provider or sent as part of the Processor's response to the Submitted Claim.
558-AW	FLAT SALES TAX AMOUNT PAID		R/W	C	Required when received as part of the original claim from the provider or sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent as part of the Processor's response to the Submitted Claim.
281	NET AMOUNT DUE		M	P	

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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 sent 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 sent 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 sent as part of the Processor's response to the Submitted Claim. If the field is not applicable, it is to be populated with all 9s and the sign (9999999I).
514-FE	REMAINING BENEFIT AMOUNT		R/W	C	Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim. If the field is not applicable, it is to be populated with all 9s and the sign (9999999I).
242	COST DIFFERENCE AMOUNT		R/W	P	Required when available in the payer's adjudication system
249	EXCESS COPAY AMOUNT		R/W	P	Required when available in the payer's adjudication system

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Pricing Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
277	MEMBER SUBMIT AMOUNT		R/W	P	Required when available in the payer's adjudication system
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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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

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Pricing Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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
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 (9999999I).
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 sent as part of the Processor's response to the Submitted Claim. If the field is not applicable it is to be populated with all 9s and the sign (9999999I).
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		R/W	C	Required when received as part of the original claim from the provider or sent as part of the Processor's response to the Submitted Claim.

Detail Record Prior Authorization Category Segment	Check	Post Adjudication History
Questions		
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	

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Prior Authorization Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
498-PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED		N/R	P	
299	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE		N/R	P	

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.

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Coordination of Benefits Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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.
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.

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Coordination of Benefits Category Segment			Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
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.

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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	The Transaction ID (Issuer's Internal Control Number). This should be a unique Id for the claim.
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	<p>Required for all Issuers to submit the Prescription Serial Pad number (The serial number on the official NYS Prescription Form). Value submitted must be a length of 8; must not be all spaces; must not be all zeros.</p> <p>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.</p> <p>When Serial Pad Number of ZZZZZZZZ is submitted, Origin Code (DE 419-DJ PRESCRIPTION ORIGIN CODE) must be 1 or 4; When Serial Pad Number of EEEEEEEE is submitted, Origin Code must be 3.</p> <p><u>For Medicaid and Child Health Plus:</u></p> <p>Please see the serial pad codes listed on page 5 of the eMedNY Pharmacy Policy Guidelines document: https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Policy_Guidelines.pdf</p>

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Reference Category Segment		Post Adjudication History			
Field #	NCPDP Field Name	Value	Usage	Source	Situation
396	PROCESSOR SPECIFIC DATA		R	P	<p>NYSDOH expects to receive a 14 digit HIOS ID for both on-exchange and off-exchange ACA plans or a composite record consisting of the Issuer, Plan, and Product ID for non-ACA commercial or Medicare Advantage plans.</p> <p>For non-ACA commercial or Medicare Advantage, the expected composite must be the same as reported in the 834 2750 loop for the member. The composite consists of up to three components (Issuer, Plan, and Product). The components are separated using a right square bracket "]" and limited to 50 characters. Example scenarios follow:</p> <ol style="list-style-type: none"> 1. A plan identified in the EDI Registration process using: <ul style="list-style-type: none"> • HIOS = 44344 • Plan ID = XZ987562 • Product ID = HD20PERCENT Would be reported as: 44344]XZ987562]HD20PERCENT 2. A plan identified in the EDI Registration process using: <ul style="list-style-type: none"> • NAIC = 12344 • Plan ID = XZ987562 • Product ID = HD20PERCENT Would be reported as: N12344]XZ987562]HD20PERCENT 3. If the plan related products are not enumerated, the Product ID component would not be populated: <ul style="list-style-type: none"> • NAIC = 12344 • Plan ID = XZ987562 • Product ID = <null> Would be reported as: N12344]XZ987562]
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 sent as part of the Processor's response to the Submitted Claim.

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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 sent 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 sent 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 sent as part of the Processor's response to the Submitted Claim.

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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 sent 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 specified in the NCPDP External Code List document are 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.

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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 specified in the NCPDP External Code List document are 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 sent 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 sent as part of the Processor's response to the Submitted Claim.
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	All code set values specified in the NCPDP External Code List document are supported	R/W	C	Required when received as part of the original claim from the provider or sent as part of the Processor's response to the Submitted Claim. NYSDOH expects to receive a valid Basis of Cost Determination Code in the Compound Detail Record.
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

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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 specified in the NCPDP External Code List document are 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 specified in the NCPDP External Code List document are 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

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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 sent 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 sent 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 sent 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 sent 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 sent 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 sent 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

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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

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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 sent 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

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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		Occurs 7 Times (Compound Ingredients 9 through 15 can be reported)	Post Adjudication History		
Field #	NCPDP Field Name	Value	Usage	Source	Situation
488-RE	COMPOUND PRODUCT ID QUALIFIER	All code set values specified in the NCPDP External Code List document are 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 sent 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 sent as part of the Processor's response to the Submitted Claim.
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	All code set values specified in the NCPDP External Code List document are supported	R/W	C	Required when received as part of the original claim from the provider or sent 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

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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

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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 specified in the NCPDP External Code List document are 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 specified in the NCPDP External Code List document are 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 sent 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 sent 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

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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 sent 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 sent 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

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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/Disproportionat e 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 sent 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

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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	

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4.2.2 Special Instructions for Integrated Dual Encounters

The purpose of this section is intended to provide special instructions to be followed when plans are submitting claims for “Integrated Dual” members. Integrated Duals are a subset of Medicaid members who also have Medicare coverage that are enrolled into specific programs for which the Medicare and Medicaid member benefits are combined and administered as a single plan.

The set of instructions outlined below provide the specific differences applicable to this population. The following bullets are intended to provide overall guidance that is not specific to a particular data element, but are important general considerations.

- Medicaid Encounters submitted to OSDS for members in integrated dual programs shall include all Medicare and Medicaid Managed Care expenses.
- Medicaid Managed Care plans shall submit all encounters for integrated dual programs as a Medicaid encounter regardless of whether there is a Medicaid share. (Medicare paid only)
- Plans are **not to submit** a separate Medicare encounter.
- Medicare adjudication is to always be reported even when Medicare does not pay (Medicaid paid only). This is applicable to all 837 and NCPDP encounters for integrated members.

The following are the field specific differences to be applied to all NCPDP claims for the Integrated Dual population.

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Usage</i>	<i>Source</i>	<i>Situation</i>
899	USER COVERAGE ID		N/R	P	NYSDOH expects to receive 'INTDUAL'.
281	NET AMOUNT DUE		M	P	NYSDOH expects to receive the total amount paid by Medicaid Managed Care. When the Medicaid Managed Care cost share, enter the value representing \$0.00.
232	COB PRIMARY PAYER ID		R/W	C,P	NYSDOH expects to receive the Medicare Payer ID.
228	COB PRIMARY PAYER AMOUNT PAID		R/W	C,P	NYSDOH expects to receive the Medicare payment amount. When there is no Medicare portion of the payment, enter the value representing \$0.00.
396	PROCESSOR SPECIFIC DATA		R,W	P	NYSDOH expects to receive the HIOS ID of the Medicaid Managed Care plan.

5 Appendix A: NCPDP Responses File

5.1 NCPDP File Acknowledgement (RxFA)

5.1.1 High Level File Characteristics

The table below describes the high level characteristics of RxFA response file.

Report Specifications	Description
File Name	NCPDP File Acknowledgement (RxFA)
File Description	This is a proprietary NCPDP response file that will be created as an acknowledgement that the NCPDP Post-Adjudication Standard file has been received and is either accepted or rejected. If the file is accepted, a single record will be generated. If the file is rejected, a record will be generated for each of the errors failed (see section 2 – File Reject Messages).
Use of File	Used by the Issuers to identify the Tier 1 edit failures in NCPDP PACDR files
Output Type	Comma delimited text file
Users of File	Issuers

5.1.2 File Reject Messages

The table below lists the reject messages and logic for RxFA.

File Message	File Message Logic	File Status
Header Record Fields did not pass NCPDP form and fit validation	Any of the Header Record Fields do not pass NCPDP form and fit validation	Reject
Missing Mandatory Record Types	The file does not contain one Header Record (PA), one or more Detail Records (DE) and one Trailer Record (PT)	Reject
Invalid 879 Sending Entity Identifier	The 879 Sending Entity Identifier on the Header Record is invalid	Reject
879 Sending Entity Identifier does not match User ID in File Name	The 879 Sending Entity Identifier does not match the User ID in the File Name	Reject
880-K7 Receiver ID is not equal to NYSDOH-APD	The 880-K7 Receiver ID is not equal to "NYSDOH-APD"	Reject
Invalid Issuer ID in User ID of the File Name	Issuer ID in the User ID of the File Name is not a valid Issuer	Reject
Invalid Data Submitter ID in User ID of the File Name	The Data Submitter ID and the Issuer ID in the User ID of File Name do not have a valid relationship as defined below: <ol style="list-style-type: none"> 1. must be a valid Data Submitter ID 2. Issuer and Data Submitter ID must have a relationship for the current time period 3. The Data Submitter must be authorized to submit the Transaction Type 	Reject
Duplicate 806-5C Batch Number	The 806-5C Batch Number in the Header Record is a duplicate of a Batch Number submitted on any of an Issuer's previously submitted files	Reject
File is unreadable	Unable to parse input file	Reject

5.1.3 Sample Comma Delimited Text Files

Included below is a sample of an RxFA comma delimited text file

Accepted File

199283,ACCEPT,

Rejected File

1992345,REJECT,Header Record Fields did not pass NCPDP form and fit validation

1992345,REJECT,Missing Mandatory Record Types

1992345,REJECT,Invalid Issuer ID in User ID of the File Name

5.1.4 File Column Mapping

The table below describes the headings used in RxFA response file.

ID	Column Name	NCPDP Column Data Element #	Column Description
H1	Batch Number	806-5C	The NCPDP Batch Number
H2	File Status	N/A	Accept or Reject
H3	File Reject Message	N/A	File Reject Message (see section 2 of this document for a list of possible messages). Only populated when the file is rejected (i.e. blank when file is accepted)

5.2 NCPDP Transaction Acknowledgement (RxTA)

5.2.1 High Level File Characteristics

The table below describes the high level characteristics of RxTA response file

Report Specifications	Description
File Name	NCPDP Transaction Acknowledgement (RxTA)
File Description	<p>This is a proprietary NCPDP response file that will be created as an acknowledgement for Tier I errors in an NCPDP (pharmacy) Post-Adjudication Standard PACDR file.</p> <p>Five record types will be reported on:</p> <ul style="list-style-type: none"> • Header (all fields in this record are reported as Pass or Fail) • Detail (only records in error are reported on) • Compound Detail 1 (only records in error are reported on) • Compound Detail 2 (only records in error are reported on) • Trailer (all fields in this record are reported as Pass or Fail)
Use of File	Used by the Issuers to identify the Tier 1 edit failures in NCPDP PACDR files
Output Type	Comma delimited text file
Users of File	Issuers

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5.2.2 Sample Comma Delimited Text File

Included below is a sample of RxTA comma delimited text file.

```
PA,,102-A2,VERSION/RELEASE NUMBER,42,PASS
PA,,879,SENDING ENTITY IDENTIFIER,890TEST1,PASS
PA,,806-5C,BATCH NUMBER,0005067,PASS
PA,,880-K2,CREATION DATE,20140521,PASS
PA,,880-K3,CREATION TIME,0200,PASS
PA,,880-K7,RECEIVER ID, NYSDOH-APD,PASS
PA,,601-06,REPORTING PERIOD START DATE,20140201,PASS
PA,,601-05,REPORTING PERIOD END DATE,20140430,PASS
PA,,702-MC,FILE TYPE,P,PASS
PA,,981-JV,TRANSMISSION ACTION,O,PASS
PA,,888,SUBMISSION NUMBER,01,PASS
DE,901082439212,283,ORIGINAL CLAIM RECEIVED DATE,20141301,FAIL
CD,901082439212,448-ED,INGREDIENT 1: COMPOUND INGREDIENT QUANTITY,X0000000001,FAIL
CD,901082439212,209,INGREDIENT 1: AVERAGE COST PER QUANTITY UNIT PRICE,X1000{,FAIL
CE,901082439212,449-EE,INGREDIENT 9: COMPOUND INGREDIENT DRUG COST,X000{,FAIL
DE,123456789000,690-ZG,INVOICED DATE,<MISSING VALUE>,FAIL
CD,123456789000,448-ED,INGREDIENT 1: COMPOUND INGREDIENT QUANTITY,X0000000001,FAIL
CE,123456789000,449-EE,INGREDIENT 9: COMPOUND INGREDIENT DRUG COST,X000{,FAIL
PT,,601-09,TOTAL RECORD COUNT,0000000003,PASS
PT,,895,TOTAL NET AMOUNT DUE,00000000250{,PASS
PT,,693,TOTAL GROSS AMOUNT DUE,00000000000{,PASS
PT,,694,TOTAL PATIENT PAY AMOUNT,00000000000{,PASS
```

5.2.3 Comma Delimited Text File Converted to Excel (column heading added)

The table below shows the RxTA comma delimited text file converted to excel.

Record Type (601-04)	Transaction ID (896) (used For Detail record type only)	Field ID	Field Name	Value	Status
PA		102-A2	VERSION/RELEASE NUMBER	42	PASS
PA		879	SENDING ENTITY IDENTIFIER	890TEST1	PASS
PA		806-5C	BATCH NUMBER	0005067	PASS
PA		880-K2	CREATION DATE	20140521	PASS
PA		880-K3	CREATION TIME	0200	PASS
PA		880-K7	RECEIVER ID	NYSDOH-APD	PASS
PA		601-06	REPORTING PERIOD START DATE	20140201	PASS
PA		601-05	REPORTING PERIOD END DATE	20140430	PASS
PA		702-MC	FILE TYPE	P	PASS
PA		981-JV	TRANSMISSION ACTION	O	PASS
PA		888	SUBMISSION NUMBER	01	PASS
DE	901082439212	283	ORIGINAL CLAIM RECEIVED DATE	20141301	FAIL
CD	901082439212	448-ED	INGREDIENT 1: COMPOUND INGREDIENT QUANTITY	X0000000001	FAIL
CD	901082439212	209	INGREDIENT 1: AVERAGE COST PER QUANTITY UNIT PRICE	X1000{	FAIL

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Record Type (601-04)	Transaction ID (896) (used For Detail record type only)	Field ID	Field Name	Value	Status
CE	901082439212	449-EE	INGREDIENT 9: COMPOUND INGREDIENT DRUG COST	X000{	FAIL
DE	123456789000	690-ZG	INVOICED DATE	<MISSING VALUE>	FAIL
CD	123456789000	448-ED	INGREDIENT 1: COMPOUND INGREDIENT QUANTITY	X0000000001	FAIL
CE	123456789000	449-EE	INGREDIENT 9: COMPOUND INGREDIENT DRUG COST	X000{	FAIL
PT		601-09	TOTAL RECORD COUNT	0000000003	PASS
PT		895	TOTAL NET AMOUNT DUE	00000000250{	PASS
PT		693	TOTAL GROSS AMOUNT DUE	00000000000{	PASS
PT		694	TOTAL PATIENT PAY AMOUNT	00000000000{	PASS

5.2.4 File Column Mapping

The table below describes all the headings, body columns and trailer columns used in RxTA response file.

ID	Column Name	NCPDP Column Data Element #	Column Format (i.e. currency, numeric, character)	Column Description
<i>HEADER COLUMNS</i>				
H1	Record Type	601-04	Alphanumeric	Always = 'PA'
H2	Filler	N/A	N/A	Will always be blank, Not applicable to Header Record Type
H3	Field ID	N/A	Alphanumeric	The NCPDP PACDR Data Element #
H4	Field Name	N/A	Alphanumeric	The NCPDP PACDR Data Element Name
H5	Value	N/A	N/A	Field value entered by Issuer
H6	Status	N/A	Alphanumeric	PASS – valid data element FAIL – invalid data element
<i>DETAIL RECORD COLUMNS</i>				
D1	Record Type	601-04	Alphanumeric	Always = 'DE'
D2	Transaction ID	896	Alphanumeric	The Transaction ID (Issuer's Internal Control Number) of the claim record.
D3	Field ID	N/A	Alphanumeric	The NCPDP PACDR Data Element #
D4	Field Name	N/A	Alphanumeric	The NCPDP PACDR Data Element Name

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ID	Column Name	NCPDP Column Data Element #	Column Format (i.e. currency, numeric, character)	Column Description
D5	Value	N/A	N/A	Field value entered by Issuer. If there is a comma in this data value, the whole value field is enclosed by double quotes. For example, if the data is 2019,20, this field will be displayed as "2019,20"
D6	Status	N/A	Alphanumeric	FAIL – invalid data element
<i>COMPOUND DETAIL RECORD 1 COLUMNS</i>				
CD1	Record Type	601-04	Alphanumeric	Always = 'CD'
CD2	Transaction ID	896	Alphanumeric	The Transaction ID (Issuer's Internal Control Number) of the claim record
CD3	Field ID	N/A	Alphanumeric	The NCPDP PACDR Data Element #
CD4	Field Name	N/A	Alphanumeric	The NCPDP PACDR Data Element Name
CD5	Value	N/A	N/A	Field value entered by Issuer
CD6	Status	N/A	Alphanumeric	FAIL – invalid data element
<i>COMPOUND DETAIL RECORD 2 COLUMNS</i>				
CE1	Record Type	601-04	Alphanumeric	Always = 'CE'
CE2	Transaction ID	896	Alphanumeric	The Transaction ID (Issuer's Internal Control Number) of the claim record
CE3	Field ID	N/A	Alphanumeric	The NCPDP PACDR Data Element #
CE4	Field Name	N/A	Alphanumeric	The NCPDP PACDR Data Element Name
CE5	Value	N/A	N/A	Field value entered by Issuer. If there is a comma in this data value, the whole value field is enclosed by double quotes. For example, if the data is 2019,20, this field will be displayed as "2019,20"
CE6	Status	N/A	Alphanumeric	FAIL – invalid data element
<i>TRAILER RECORD COLUMNS</i>				
T1	Record Type	601-04	Alphanumeric	Always = 'PT'
T2	Filler	N/A	N/A	Will always be blank, Not applicable to Trailer Record Type
T3	Field ID	N/A	Alphanumeric	The NCPDP PACDR Data Element #
T4	Field Name	N/A	Alphanumeric	The NCPDP PACDR Data Element Name
T5	Value	N/A	N/A	Field value entered by Issuer. If there is a comma in this data value, the whole value field is enclosed by double quotes. For example, if the data is 2019,20, this field will be displayed as "2019,20"
T6	Status	N/A	Alphanumeric	PASS – valid data element FAIL – invalid data element

5.3 NCPDP Claim Acknowledgement (RxCA)

5.3.1 High Level File Characteristics

The table below describes the high level characteristics of RxCA response file.

Report Specifications	Description
File Name	NCPDP Claim Acknowledgement (RxCA)
File Description	<p>This is a proprietary NCPDP response file that will be created as a claim level acknowledgement which indicates the status of each encounter transaction in an NCPDP (pharmacy) Post-Adjudication Standard PACDR file.</p> <p>Accepted encounter will have no record type.</p> <p>Tier 2 errors will be reported by record type. Transactions that fail for one or more soft edits will be accepted. Transactions that fail any hard edits will be rejected. If a transaction contains both soft and hard edit errors, the transaction will be rejected.</p> <p>For Tier 2 errors, three record types will be reported on:</p> <ul style="list-style-type: none"> Detail - only fields in error are reported on Compound Detail 1 - only fields in error are reported on Compound Detail 2 - only fields in error are reported on
Use of File	Used by the Issuers to identify the status of each submitted encounter.
Output Type	Comma delimited text file
Users of File	Issuers

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5.3.2 Sample Comma Delimited Text File

Included below is a sample of RxCA comma delimited text file.

```
DE,890TEST1,0005067,901082439212,REJECT,729-TA,STATE/PROVINCE ADDRESS,MM,00162,Invalid Subscriber State,SOFT
DE,890TEST1,0005067,901082439212,REJECT,407-D7,PRODUCT/SERVICE ID,00005555544,00200,Invalid Product/Service ID,HARD
,890TEST1,0005067,901082439999,ACCEPT,,,,
DE,890TEST1,0005067,123456789000,ACCEPT,690-ZG,INVOICED DATE,20131231,00188,Invalid Invoiced Date,SOFT
DE,890TEST1,0005067,123456789000,ACCEPT,729-TA,STATE/PROVINCE ADDRESS,MC,00033,Invalid Billing Provider State Code,SOFT
DE,890TEST1,0005067,123456789999,REJECT,307-C7,PLACE OF SERVICE,88,00104,Invalid Place of Service,HARD
CD,890TEST1,0005067,123456789999,REJECT,490-UE,COMPOUND INGREDIENT BASIS OF COST DETERMINATION,NN,00180,Invalid Compound Ingredient Basis of Cost
Determination,HARD
```

5.3.3 Comma Delimited Text File Converted to Excel (column heading added)

The table below shows the RxCA comma delimited text file converted to excel.

Record Type	SENDING ENTITY IDENTIFIER	Batch Number	Transaction ID	Claim Status	Field ID	Field Name	Value	Edit #	Edit Description	Edit Status
DE	890TEST1	0005067	901082439212	REJECT	729-TA	STATE/PROVINCE ADDRESS	MM	00162	Invalid Subscriber State	HARD
DE	890TEST1	0005067	901082439212	REJECT	407-D7	PRODUCT/SERVICE ID	00005555544	00200	Invalid Product/Service ID	HARD
	890TEST1	0005067	901082439999	ACCEPT						
DE	890TEST1	0005067	123456789000	REJECT	690-ZG	INVOICED DATE	20131231	00188	Invalid Invoiced Date	HARD
DE	890TEST1	0005067	123456789000	REJECT	729-TA	STATE/PROVINCE ADDRESS	MC	00033	Invalid Billing Provider State Code	HARD
DE	890TEST1	0005067	123456789999	REJECT	307-C7	PLACE OF SERVICE	88	00104	Invalid Place of Service	HARD
CD	890TEST1	0005067	123456789999	REJECT	490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	NN	00180	Invalid Compound Ingredient Basis of Cost Determination	HARD

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5.3.4 File Column Mapping

The table below describes all the columns that are used in RxCA response file.

ID	Column Name	NCPDP Column Data Element #	Column Format (i.e. currency, numeric, character)	Column Description
<i>ACCEPTED RECORD (No Soft Errors) COLUMNS</i>				
D1	Filler	N/A	N/A	
D2	Sending Entity Identifier	879	Alphanumeric	The Submitter's ID
D3	Batch Number	806-5C	Numeric	The unique file identifier
D4	Transaction ID	896	Alphanumeric	The Transaction ID (Issuer's Internal Control Number) of the claim record
D5	Claim Status	N/A	Alphanumeric	Status of the Claim: ACCEPT-Claim sent to APD
D6	Filler	N/A	N/A	
D7	Filler	N/A	N/A	
D8	Filler	N/A	N/A	
D9	Filler	N/A	N/A	
D10	Filler	N/A	N/A	
D11	Filler	N/A	N/A	
<i>DETAIL RECORD COLUMNS</i>				
D1	Record Type	601-04	Alphanumeric	Always = 'DE'
D2	Sending Entity Identifier	879	Alphanumeric	The Submitter's ID
D3	Batch Number	806-5C	Numeric	The unique file identifier
D4	Transaction ID	896	Alphanumeric	The Transaction ID (Issuer's Internal Control Number) of the claim record
D5	Claim Status	N/A	Alphanumeric	Status of the Claim: ACCEPT-Claim sent to APD REJECT-Claim not sent to APD
D6	Field ID	N/A	Alphanumeric	The NCPDP PACDR Data Element # (Note: this field will be blank if Edit # field is blank or if the edit reported uses multiple fields).
D7	Field Name	N/A	Alphanumeric	The NCPDP PACDR Data Element Name (Note: this field will be blank if Edit # field is blank or if the edit reported uses multiple fields).

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ID	Column Name	NCPDP Column Data Element #	Column Format (i.e. currency, numeric, character)	Column Description
D8	Value	N/A	N/A	Field value entered by Issuer. If there is a comma in this data value, the whole value field is enclosed by double quotes. For example, if the data is 2019,20, this field will be displayed as "2019,20" (Note: this field will be blank if Edit # field is blank or if the edit reported uses multiple fields).
D9	Edit #	N/A	Numeric	Number of the OSDS proprietary Edit (error) (Note: this field will be blank if there are no edits reported for a claim)
D10	Edit Description	N/A	Alphanumeric	Description of the OSDS proprietary Edit # (Note: this field will be blank if Edit # field is blank)
D11	Edit Status	N/A	Alphanumeric	Status (disposition) of the OSDS Edit: SOFT-accept HARD-reject (Note: this field will be blank if Edit # field is blank)
<i>COMPOUND DETAIL RECORD 1 COLUMNS</i>				
CD1	Record Type	601-04	Alphanumeric	Always = 'CD'
CD2	Sending Entity Identifier	879	Alphanumeric	The Submitter's ID
CD3	Batch Number	806-5C	Numeric	The unique file identifier
CD4	Transaction ID	896	Alphanumeric	The Transaction ID (Issuer's Internal Control Number) of the claim record
CD5	Claim Status	N/A	Alphanumeric	Status of the Claim: ACCEPT-Claim sent to APD REJECT-Claim not sent to APD
CD6	Field ID	N/A	Alphanumeric	The NCPDP PACDR Data Element #
CD7	Field Name	N/A	Alphanumeric	The NCPDP PACDR Data Element Name
CD8	Value	N/A	N/A	Field value entered by Issuer. If there is a comma in this data value, the whole value field is enclosed by double quotes. For example, if the data is 2019,20, this field will be displayed as "2019,20"
CD9	Edit #	N/A	Numeric	Number of the OSDS proprietary Edit (error)
CD10	Edit Description	N/A	Alphanumeric	Description of the OSDS proprietary Edit #

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ID	Column Name	NCPDP Column Data Element #	Column Format (i.e. currency, numeric, character)	Column Description
CD11	Edit Status	N/A	Alphanumeric	Status (disposition) of the OSDS Edit: SOFT-accept HARD-reject
<i>COMPOUND DETAIL RECORD 2 COLUMNS</i>				
CE1	Record Type	601-04	Alphanumeric	Always = 'CE'
CE2	Sending Entity Identifier	879	Alphanumeric	The Submitter's ID
CE3	Batch Number	806-5C	Numeric	The unique file identifier
CE4	Transaction ID	896	Alphanumeric	The Transaction ID (Issuer's Internal Control Number) of the claim record
CE5	Claim Status	N/A	Alphanumeric	Status of the Claim: ACCEPT-Claim sent to APD REJECT-Claim not sent to APD
CE6	Field ID	N/A	Alphanumeric	The NCPDP PACDR Data Element #
CE7	Field Name	N/A	Alphanumeric	The NCPDP PACDR Data Element Name
CE8	Value	N/A	N/A	Field value entered by Issuer. If there is a comma in this data value, the whole value field is enclosed by double quotes. For example, if the data is 2019,20, this field will be displayed as "2019,20"
CE9	Edit #	N/A	Numeric	Number of the OSDS proprietary Edit (error)
CE10	Edit Description	N/A	Alphanumeric	Description of the OSDS proprietary Edit #
CE11	Edit Status	N/A	Alphanumeric	Status (disposition) of the OSDS Edit: SOFT-accept HARD-reject

6 Transaction Information Change Summary

Version	Date	Section(s) Changed	Change Summary
1.0	05/22/19		Initial Draft
1.1	10/23/19	Preface, 4.2.1	<ul style="list-style-type: none"> Updated OSDS Contact Information 879 Sending Entity Identifier updated Situation for Submitter ID 419-DJ Prescription Origin Code and 224 Client Specific data Corrected verbiage for Serial Pad number of ZZZZZZZZ - Origin Code must be 1 or 4 396 Processor Specific Data updated with examples
1.2	11/20/19	3.0 and 4.2.1	<ul style="list-style-type: none"> Updated verbiage for OSDS Help Desk 396 Processor Specific Data Updated verbiage
1.3	3/3/20	4.2.1 and 5.1.2	<ul style="list-style-type: none"> 396 Processor Specific Data Updated verbiage Updated verbiage for Data Submitter ID Added guidance for submission on a unique ICN in Trans Id for 896 Transaction ID 302-C2 Cardholder ID Members and Identifiers have been added. 332-CY Patient ID Members and Identifiers have been added.
1.4	04/07/2020	5.2.2 and 5.2.3	<ul style="list-style-type: none"> Corrected "NYSDOH-APD"
1.5	5.14.2020	5.3.3	<ul style="list-style-type: none"> Updated Edit Status for Edit # 162, 188 and 33 to Hard to match Tier II Edit Disposition Spreadsheet.
1.6	6.17.2020	5.2.2	<ul style="list-style-type: none"> Sample Comma Delimited Text File example was removed <p>DE,901082439212,726 SR,PATIENT ADDRESS LINE 1,<MISSING VALUE>,FAIL</p>
1.7	11.1.2021	4.2.2	<ul style="list-style-type: none"> Special Instructions for Integrated Dual Encounters

OSDS: NCPDP TRANSACTION INFORMATION COMPANION GUIDE

Version	Date	Section(s) Changed	Change Summary
1.8	5.20.2024	4.2.1	<ul style="list-style-type: none">Added: 'NYSDOH strongly encourages the collection and submission of this data. It is critical to the intended analytics anticipated to be part of quality measures.', to the existing verbiage for 430-DU.