

Texas Department of Transportation
Occupational Safety Division
Workers Compensation

OCC_WC
NCPDP
Companion
System Design

Version: 11012007

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1 Design Plan

1.1 Overview

TXDOT, OCC department has requested Adjacent Technologies to design and implement a solution to process electronic claims. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, TxDOT OCC Workers Compensation Division has updated the data sets for EDI files to be in accordance National Council for Prescription Drug Programs (NCPDP), version 5.1. This system design guide is intended for use in conjunction with the *NCPDP Telecommunication Standard Version 5.1*. The HIPAA implementation guide for the NCPDP Telecommunications 5.1 electronic pharmacy billing transaction is available through the National Council for Prescription Drug Programs (NCPDP), www.ncdp.org.

1.2 NCPDP version 5.1 Assumptions

- If a claim rejects at the claim header level, it is not necessary to return claim detail.
- The following are required for TxDot Processing.
 - Header(mandatory)
 - Insurance(mandatory)
 - Patient(Required)
 - Workers Compensation(mandatory)
 - Claim(mandatory)
 - Pricing(mandatory)
 - Prior Authorization(Optional)
 - Prescriber (Required)
- The max number of transactions per transmission is 4
- The Provider software must be capable of receiving, a response with the same 'Version/Release Number', 'Transaction Code', and 'Transaction Count' as the transaction transmitted.
- Submitted NCPDP file must have an extension of 'ncp'. TxDOT will not process files with a different extension.

1.3 NCPDP version 5.1 Overview

General Transaction Formatting Information:

The first segment of every transmission (request or response) is the Header Segment. This is the only segment that does not have a Segment Identification since it is a fixed field and length segment. After the Header Segment, other segments are included, according to the particular transaction type. Every other segment has an identifier to denote the particular segment for parsing. Segments may appear in any order after the Header Segment, according to whether the segment occurs at the transmission or transaction level. Segments are not allowed to repeat within a transaction. Segments may occur more than once only in a multi-transaction transmission.

In the Header Segment, all fields are required positionally and filled to their maximum designation. This is a fixed segment. If a required field is not used, it must be filled with spaces or zeroes, as appropriate. The fields within the Header Segment do not use field separators.

Other segments may have both required and optional fields. Optional fields in a segment are submitted after the required fields. Both types of fields must be preceded by a field separator and the field's identifier. Optional fields may appear in any order except for those designated with a qualifier or in a repeating group. The required and optional fields may be truncated to the actual size used.

Parsing is accomplished with the use of separators. Version 5.1 uses three separators.

- Segment separator Hex 1E (Dec 30)
- Group separator Hex 1D (Dec 29)
- Field separator Hex 1C (Dec 28)

A transmission consists of one or more transactions separated by group separators. All transmissions, whether for one, two, three, or four transactions, use group separators to denote the start of a transaction.

Within a transaction, appropriate segments are included. Segments are delineated with the usage of Segment separators. Segments are also identified with the usage of a Segment Identification in the first position of each segment. One to many segments may be included in each transaction. Field separators are used to delineate fields in the segments.

The general syntax of a transmission request and response will appear as follows:

Header Segment	
	Header Segment Fields
Segment Separator	
	Required Fields within Segment as appropriate, with field separators
	Optional Segment Fields with field separators
Segment Separator	
	Required Fields within Segment as appropriate, with field separators
	Optional Segment Fields with field separators
Group Separator	
Segment Separator	
	Required Fields within Segment as appropriate, with field separators
	Optional Segment Fields with field separators
Segment Separator	
	Required Fields within Segment as appropriate, with field separators
	Optional Segment Fields with field separators

- Version 5.1 allows variable length transactions only.
- Version 5.1 supports up to four transactions per transmission for transaction codes B1 and B2. Transaction codes P3, P4 and Compound billing transactions (B1) may only contain one transaction.
- Leading zeros and trailing blanks may be omitted from some data fields.
- Alphanumeric fields default to spaces, not null characters, when empty.
- Numeric fields default to zeroes
- Dollar fields default to zeroes; however, dollar fields are always signed. The least significant digit of a dollar field must always be an Overpunch Sign, not a digit.
- Header is Fixed length. Field 104-A4 can not contain a number previously submitted in the calendar year.

The Overpunch Sign:

The purpose of using Overpunch signs in dollar fields is to allow the representation of positive and negative dollar amounts without expanding the size of the field (ie.. to hold the plus or minus character). The Overpunch sign replaces the right most character in a dollar field. The signed value designates the positive or negative status of the numeric value. The dollar field of \$99.95 would be represented as 999E with truncation. A negative dollar amount of \$2.5Ø would be represented as 25} with truncation.

U N I T	S I G N E D P O S I T I V E G R A P H I C O C T D E C	H E X	S I G N E D N E G A T I V E G R A P H I C O C T D E C	H E X
Ø	{ 17 3 12 3	7B	} 17 5 12 5	7D
1	A 1Ø1 65	41	J 11 2 74	4A
2	B 1Ø2 66	42	K 11 3 75	4B
3	C 1Ø3 67	43	L 11 4 76	4C
4	D 1Ø4 68	44	M 11 5 77	4D
5	E 1Ø5 69	45	N 11 6 78	4E
6	F 1Ø6 7Ø	46	O 11 7 79	4F
7	G 1Ø7 71	47	P 12Ø 8Ø	5Ø
8	H 11Ø 72	48	Q 12 1 81	51
9	I 11 1 73	49	R 12 2 82	52

Table shows ASCII values

Implied Decimal Points:

In the 5.1 standard, only patient clinical value fields will contain decimal points. All other decimal points are implied. For example, patient diagnosis codes should be formatted with explicit decimal points. NOTE: Decimal points in dollar fields are implied.

Truncation:

NUMERIC (N or D) Remove leading zeros **ALPHANUMERIC** (A) Remove trailing spaces

* **Do not truncate or eliminate any fields in the required header segments.**

Pharmacy Billing Agents

The current versions of the NCPDP UCF and 5.1 do not support the use of pharmacy billing agents, such as third party billing agents or pharmacy benefit managers (PBM). The form and format do not currently support a designated field, an identifier, or a qualifier to flag an entity as a pharmacy billing agent. When the dispensing pharmacy is the billing entity, the FEIN and NCPDP Number are that of the dispensing pharmacy. Until such time as the form and format are modified, the billing entity is identified through the use of the FEIN when the dispensing pharmacy is not the billing entity. The dispensing pharmacy is identified through the use of the NCPDP Number. Reference section NCPDP Telecommunications Standard Version 5.1 498-PP Field for specific direction on identifying the billing entity in the current format and UCF.

Compound Medications

Division rules, paper billing forms, and the NCPDP 5.1 require components of a compound medication be identified. Compound medications in the NCPDP 5.1 are identified through the use of the Compound Code identifier "2" in Field 406-D6.

NDC Codes

The Division prescribes the use of National Drug Codes (NDC) as the code set for pharmacy billing. Other code sets, such as HCPCS codes for supplies or Universal Product Codes (UPC) are not appropriate for billing in the Texas workers' compensation system. The Division does not currently prescribe the use of a specific NDC format. Currently the ten-digit or eleven-digit NDC code may be used in the Texas workers' compensation pharmacy billing.

Default NDC Code

The Division prescribes the use of the Texas workers' compensation default NDC code when billing compounding fees for compound medications. The default NDC code is a series of the numeric value nine (9). The ten or eleven-digit default NDC (nine x 10 or nine x 11) are valid values for the default NDC code. The default NDC code is not appropriate for billing medications or supplies.

Amount Fields

Providers are required to provide information regarding the gross charged amount and the Patient (Injured Employee) paid amounts in relation to brand medication dispensed at the request of the Injured Employee. The dispensing pharmacy, or their agent, bills the total amount charged for each line item in the Gross Amount Due field.

Brand v. Generic

The DWC-66 form contained a series of fields (box 17-19) that indicated if the medication was brand or generic, if a generic equivalent was available, and the dispensed as written status (i.e. Provider DAW or Injured DAW). The NCPDP UCF and 5.1 contain a code set to indicate dispensed as written status. Some dispensed as written codes do indicate the generic availability status. However, the name of the medication, and the brand/generic status of the NDC code, is not communicated for each medication in the same manner as on the DWC-66 form. Insurance Carriers may obtain this information from purchased NDC code sets or from their agents/vendor partners.

Injured Employee Paid Amount

Provisions of §133.504 Pharmaceutical Expenses Incurred by the Injured Employee allow the Injured Employee to choose to receive a brand name drug rather than a generic drug or over-the-counter alternative to a prescription medication. When the Injured Employee elects to obtain brand name medication when a generic or over-the-counter equivalent is available and the prescribing doctor has not indicated the prescription should be dispensed as written, the dispensing pharmacy populates the brand name medication National Drug Code (NDC) in the transaction. The Gross Amount Due field reflects the total dollar amount billed to the Insurance Carrier and the amount the Injured Worker paid (difference between brand and generic charges) is populated in the Patient Paid Amount Field. A NDC code of the generic medication equivalent is populated in 498-PP Jurisdictional Defined Field 5.

NCPDP Telecommunications Standard Version 5.1 498-PP Field

The data populated in field 498-PP will be populated using a comma delimited format in the following order: Pay To ID # (see Field 498-PF), Pay To ID Qualifier (See Code List), END The jurisdictional defined fields can be used for information that is required but does not have an NCPDP 5.1 field. The 498-PP field is 500 characters long.

2 SUBMISSIONS Claim

2.1 NCPDP v5.1 Transaction Set Specifications

Following is a list of the data elements, field names, and field positions for the TxDot Pharmacy eBill System using the NCPDP version 5.1 format.

The following definitions are given to ensure consistency of interpretation:

- **Field** – The NCPDP v5.1 data element identifier for a given transaction.
- **Field Name** – The short definition, name, or literal constant of the data located within the transaction at the positions indicated.
- **Format**
 - X = An alphanumeric character
 - 9 = A numeric character
 - S = A numeric value sign (+ or -)
 - V = An implied decimal point
 - () = The character if front of the left parenthesis is repeated the number of times Number inside parenthesis
- **Type** – The type of data in the field.
 - A = Alpha/Numeric – Always left-justified and space filled; A-Z, Ø-9, and printable characters.
 - D = Signed Numeric – Always right-justified, zero always positive, zero filled dollar cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point, and have default values of zeros when used for dollar fields. (Sign is internal and trailing) *Example: D field of length 8 is represented \$\$\$\$\$\$cc*
 - N = Unsigned Numeric – Always right-justified and zero filled. *Example: 9(7)V999 is represented as 9999999.999*
- **Value** – Could be a particular value that is expected, or an example of a value.
- **Comments** – NCPDP v5.1 is a **variable length format** standard. Therefore, with the exception of the header fields (which are always required), a transaction will contain only those elements that are necessary. The “Comment” portion indicates whether or not a field is Mandatory, Required or Required When. Fields marked as “Mandatory” are defined as mandatory by the NCPDP Telecommunication Implementation Guide Version 5.1. Fields marked as “Required” are defined as required by the processor (TxDOT). Fields marked as “Required When” are truly optional, but are Required When the data is known by the submitter.

REPEATING FIELDS - MAXIMUM OCCURRENCES

The following fields are maximum submitted by the provider:

- Clinical Information Counter (493-XE) <= 5 occurrences
- Coordination of Benefits/Other Payments Count (337-4C) <= 3 occurrences
- Procedure Modifier Code Count (458-SE) <= 4 occurrences
- Diagnosis Code Count (491-VE) <= 5 occurrences
- DUR/PPS Code Counter (473-7E) <= 9 occurrences
- Compound Ingredient Component Count (447-EC) <= 25 ingredients
- Other Amount Claimed Submitted Count (478-H7) <= 3 occurrences
- Other Payer Reject Count (471-5E) <= 5 occurrences
- Other Payer Amount Paid Count (341-HB) <= 9 occurrences
- Other Payer Amount Paid Qualifier (342-HC) <= 9 occurrences

The following fields are returned by the processor:

- Reject Count (51Ø-FA) <= 5 occurrences
- Approved Message Code Count (547-5F) <= 5 occurrences
- DUR/PPS Response Code Counter (567-J6) <= 9 occurrences
- Preferred Product Count (551-9F) <= 6 occurrences
- Other Amount Paid Count (563-J2) <= 3 occurrences

3 Workers Compensation Billing – Submissions

3.1 NCPDP Submission

Header Segment (Mandatory)

Field	Field Name	Format	Type	Value	Comments
101-A1	Bin Number	9(6)	N	610066	Mandatory
102-A2	Version/Release Number	X(2)	A	51	Mandatory
103-A3	Transaction Code	X(2)	A	B1	Mandatory
104-A4	Processor Control Number	X(10)	A	0000000001	Mandatory
109-A9	Transaction Count	X(1)	A	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	Mandatory
202-B2	Service Provider ID Qualifier	X(2)	A	Ø1=National Provider Identifier (NPI) Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 13=State Issued 14=Plan Specific 99=Other	Mandatory
201-B1	Service Provider ID	X(15)	A		Mandatory
401-D1	Date of Service	9(8)	N	Date Filled Format=CCYYMMDD	Mandatory
110-AK	Software Vendor/Certification ID	X(10)	A	Spaces	Mandatory

Insurance Segment(Mandatory)

Field	Field Name	Format	Type	Value	Comments
111-AM	Segment Identification	X(2)	A	04	Mandatory
302-C2	Cardholder ID	X(20)	A	SSN or WC Claim Number	Mandatory
312-CC	Cardholder First Name	X(12)	A	The cardholder's first name	Situational
313-CD	Cardholder Last Name	X(15)	A	The cardholder's last name	Situational

Patient Segment(Mandatory)

Field	Field Name	Format	Type	Value	Comments
111-AM	Segment Identification	X(2)	A	01	Mandatory
332-CY	Patient ID	X(20)	A	Social Security Number	Mandatory
310-CA	Patient First	X(12)	A	First Name	Required
311-CB	Patient Last	X(15)	A	Last Name	Required
322-CM	Patient Street Address	X(30)	A	Street Number & Name	Optional
323-CN	Patient City Address	x(20)	A	Austin	Optional
324-CO	Patient State/Province Address	x(2)	A	TX	Optional
325-CP	Patient Zip/Postal Zone	x(15)	N	12345	Optional
305-C5	Patient Gender Code	9(1)	N	1=Male 2=Female	Optional
304-C4	Date Of Birth	9(8)	N	Date of birth of patient. Format=CCYYMMDD	Optional

Workers Compensation Segment (Mandatory)

Field	Field Name	Format	Type	Value	Comments
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111-AM	Segment Identification	X(2)	A	06	Mandatory
434-DY	Date of Injury	9(8)	N	Date of Injury Format=CCYYMMDD	Mandatory
327-CR	CARRIER ID	X(10)	A	746000170	Required
435-DZ	Claim/ Reference ID	X(30)	A	WC99999999	Required if Known
315-CF	Employer Name	X(30)	A	Texas Department of Transportation	Optional
316-CG	Employer Street Address	X(30)	A	PO Box 149148	Optional
317-CH	Employer City Address	X(20)	A	Austin	Optional
318-CI	Employer State / Province Add	x(2)	A	TX	Optional
319-CJ	Employer Zip /Postal Zone	9(15)	N	787149148	Optional
320-CK	Employer Phone Number	9(10)	N	9155724341	Optional

Claim Segment (Mandatory)

Field	Field Name	Format	Type	Value	Comments
111-AM	Segment Identification	X(2)	A	07	Mandatory
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	X(1)	N	1=Rx Billing	Mandatory
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	9(7)	A	Qualified by 'Prescription/Service Reference Number Qualifier' (455-EM).	Mandatory
436-E1	PRODUCT/SERVICE ID QUALIFIER	X(2)	A	03 = National Drug Code (NDC)	Mandatory
407-D7	PRODUCT/SERVICE ID	X(19)	A	Format=MMMMMDDDDPP MMMMM=Manufacturer's Assigned Number DDDD=Drug ID PP=Package Size	Mandatory
442-E7	QUANTITY DISPENSED	9(7)V999	A	Format=9999999.999	Required
403-D3	FILL NUMBER	9(2)	N	0=Original dispensing 1 to 99 = Refill number	Required
405-D5	DAYS SUPPLY	9(3)	N	Examples: The prescription is estimated to last 30 days. This field would reflect: 30.	Required

408-D8	DAW/PRODUCT SELECTION CODE	X(1)	A	<p>Ø=No Product Selection Indicated</p> <p>1=Substitution Not Allowed by Prescriber</p> <p>2=Substitution Allowed-Patient Requested Product Dispensed</p> <p>3=Substitution Allowed-Pharmacist Selected Product Dispensed</p> <p>4=Substitution Allowed-Generic Drug Not in Stock</p> <p>5=Substitution Allowed-Brand Drug Dispensed as a Generic</p> <p>6=Override</p> <p>7=Substitution Not Allowed-Brand Drug Mandated by Law</p> <p>8=Substitution Allowed-Generic Drug Not Available in Marketplace</p> <p>9=Other-This value is reserved and currently not in use.</p>	Required
414-DE	DATE PRESCRIPTION WRITTEN	9(8)	N	Format=CCYYMMDD	Required
415-DF	NUMBER OF REFILLS AUTHORIZED	9(2)	N	<p>Ø=Not Specified</p> <p>1 through 99, with 99 being as needed, refills unlimited</p>	Required
406-D6	COMPOUND CODE	9(1)	N	<p>Ø=Not Specified</p> <p>1=Not a Compound</p> <p>2=Compound</p>	Optional
419-DJ	PRESCRIPTION ORIGIN CODE	9(1)	N	<p>Ø=Not Specified</p> <p>1=Written</p> <p>2=Telephone</p> <p>3=Electronic</p> <p>4=Facsimile</p>	Optional
354-NX	SUBMISSION CLARIFICATION CODE COUNT	9(2)	N	1	Optional
420-DK	SUBMISSION CLARIFICATION CODE	9(2)	N	<p>Ø=Not Specified, Default</p> <p>1=No Override</p> <p>2=Other Override</p> <p>3=Vacation Supply</p> <p>4=Lost Prescription</p> <p>5=Therapy Change</p> <p>6=Starter Dose</p> <p>7=Medically Necessary</p> <p>8=Process Compound For Approved Ingredients</p> <p>9=Encounters</p> <p>99=Other</p>	Optional
460-ET	QUANTITY PRESCRIBED	9(7)v999	N	Format=9999999.999	Optional
308-C8	OTHER COVERAGE CODE	9(2)	N	<p>Ø=Not Specified</p> <p>1=No other coverage identified</p> <p>2=Other coverage exists-payment collected</p> <p>3=Other coverage exists-this claim not covered</p> <p>4=Other coverage exists-payment not collected</p> <p>5=Managed care plan denial</p> <p>6=Other coverage denied-not a participating provider</p> <p>7=Other coverage exists-not in effect at time of service</p> <p>8=Claim is a billing for a copay</p>	Optional
429-DT	UNIT DOSE INDICATOR	9(1)	N	<p>Ø=Not Specified</p> <p>1=Not Unit Dose</p> <p>2=Manufacturer Unit Dose</p> <p>3=Pharmacy Unit Dose</p>	Optional

600-28	UNIT OF MEASURE	X(2)	A	EA=Each GM=Grams ML=Milliliters	Optional
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Pricing Segments (Mandatory)

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	11	Mandatory
430-DU	GROSS AMOUNT DUE	s9(6)v99	A	Format=s\$\$\$\$\$cc Examples: If the gross amount due is \$14.95, this field would reflect: 149E	Required
412-DC	DISPENSING FEE SUBMITTED	s9(6)v99	A	Format=s\$\$\$\$\$cc Comments: Included in prescription claim request. Examples: If the pharmacy submitted a \$5.62 dispensing fee, this field would reflect: 56B	Optional
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	X(2)	A	Blank=Not Specified 01=Delivery Cost 02=Shipping Cost 03=Postage Cost 04=Administrative Cost 99=Other	Optional
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	s9(6)v99	A	Format=s\$\$\$\$\$cc Comments: Qualified by 'Other Amount Claimed Submitted Qualifier' (479-H8). Included in the Prescription Claim and Service Claim Request. Amount is included in the 'Gross Amount Due' (430-DU). Examples: If the other amount claimed submitted is \$12.55, this field would reflect: 125E	Optional
426-DQ	USUAL AND CUSTOMARY CHARGE	s9(6)v99	A	Format=s\$\$\$\$\$cc Examples: If the usual and customary charge is \$32.56, this field would reflect: 325F	Optional
423-DN	Basis Of Cost Determination	X(2)	A	03=Direct	Optional

Prior Authorization Segment (Optional)

Field	Field Name	Format	Type	Value	Comments
111-AM	Segment Identification	X(2)	A	12	Mandatory
498-PA	REQUEST TYPE	9(1)	N	Date of Injury Format=CCYYMMDD	Mandatory
498-PB	REQUEST PERIOD DATE - BEGIN	X(30)	A	Date of Injury Format=CCYYMMDD	Optional
498-PC	REQUEST PERIOD DATE - END	X(30)	A	Date of Injury Format=CCYYMMDD	Optional
498-PD	BASIS OF REQUEST	X(20)	A	Austin	Optional
498-PE	AUTHORIZED REP FIRST NAME	x(2)	A	TX	Optional
498-PF	AUTHORIZED REP LAST NAME	9(15)	N	787149148	Optional
498-PG	AUTHORIZED REP ADDRESS	9(10)	N	Street Address	Optional
498-PH	AUTHORIZED REP CITY	X(30)	A	Austin	Optional
498-PJ	AUTHORIZED REP STATE/PROVINCE	X(2)	A	TX	Optional
498-PK	AUTHORIZED REP ZIP/POSTAL ZONE	9(15)	N	999999999	Optional
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	X(1)-X(500)	A	NCPDP Telecommunications Standard Version 5.1 498-PP Field The data populated in field 498-PP will be populated using a comma delimited format in the following order: Pay To ID # (see Field 498-PF), Pay To ID Qualifier (See Code List)	Optional

Prescriber Segment(Mandatory)

Field	Field Name	Format	Type	Value	Comments
111-AM	Segment Identification	X(2)	A	03	Mandatory
466-EZ	Prescriber Identification Qualifier	X(2)	A	11=Federal Tax ID	Required
411-DB	PRESCRIBER ID	X(15)	A	Prescriber Physician #	Required
467-1E	PRESCRIBER LOCATION CODE	X(3)	A	Location address code assigned to the prescriber as identified in the National Provider System (NPS).	Optional
427-DR	PRESCRIBER LAST NAME	X(15)	A	Comments: This field is used sometimes when a prescriber number is unknown or not available. Examples: Brown	Optional

498-PM	PRESCRIBER TELEPHONE NUMBER	9(10)	N	Format=AAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number Examples: This field would reflect the telephone number of (414)555-1212 as 4145551212.	Optional
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Compound Segment(Required when 406-D6 = 2)

Field	Field Name	Format	Type	Value	Comments
111-AM	Segment Identification	X(2)	A	10	Mandatory when field 406-D6 = 2
450-EF	Compound Dosage Form Description Code	X(2)	A	Accepted Values found in NCPDP 5.1 guide.	Mandatory
451-EG	Compound Dispensing Unit Form Indicator	9(1)	N	1 - Each 2 - Grams 3 - Millimeters	Mandatory
452-EH	Compound Route of Administration	9(2)	N	Accepted Values found in NCPDP 5.1 guide.	Mandatory
447-EC	Compound Ingredient Component Count	9(2)	N	TxDot: 1 – 25 Max of 25 allowed	Mandatory
488-RE	Compound Product ID Qualifier	X(2)	A	03 – NDC	Mandatory (Repeating)
489-TE	Compound Product ID	X(19)	A	NDC (Drug Code)	Mandatory (Repeating)
448-ED	Compound Ingredient Quantity	9(7)V999	N	TxDot: Maximum of 9(6)V999 allowed. Format=999999.999	Mandatory (Repeating)

4 Workers Compensation Billing – Response

4.1 Captured, Paid

Header Segment

Field	Field Name	Format	Type	Value	Comments
102-A2	Version/Release Number	X(2)	A	C1	Mandatory
103-A3	Transaction Code	X(2)	A	B1	Mandatory
109-A9	Transaction Count	X(1)	A	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	Mandatory
501-F1	HEADER RESPONSE STATUS	X(1)	A	A=Accepted R=Rejected	Mandatory
202-B2	Service Provider ID Qualifier	X(2)	A	Blank=Not Specified 01=National Provider Identifier (NPI) 06=UPIN 07=NCPDP Provider ID 08=State License 10=Health Industry Number (HIN) 11=Federal Tax ID 13=State Issued 14=Plan Specific 99=Other	Mandatory
201-B1	Service Provider ID	X(15)	A	4563663bbbbbbb	Mandatory
401-D1	Date of Service	9(8)	N	Date Filled Format=CCYYMMDD	Mandatory

Response Status Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	21	Mandatory
112-AN	Transaction Response Status	X(1)	A	C = Captured P = Paid	Mandatory

Response Claim Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	22	Mandatory
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	X(1)	A	Blank=Not Specified 1=Rx Billing 2=Service Billing	Mandatory
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	9(7)	N	1234567	Mandatory
551-9F	PREFERRED PRODUCT COUNT	9(1)	N	1	Optional
552-AP	PREFERRED PRODUCT ID QUALIFIER	x(2)	A	03 = National Drug Code (NDC)	Optional
553-AR	PREFERRED PRODUCT ID	x(19)	A	17236056901	Optional

Response Pricing Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	24	Mandatory
505-F5	PATIENT PAY AMOUNT	s9(6)v99	A	Format=s\$\$\$\$\$cc Examples: If the patient pay amount is \$56.96, this field would reflect: 569F	Optional
506-F6	INGREDIENT COST PAID	s9(6)v99	A	Format=s\$\$\$\$\$cc Examples: If the ingredient cost paid is \$150.00, this field would reflect: 1500{	Optional
507-F7	DISPENSING FEE PAID	s9(6)v99	A	Format=s\$\$\$\$\$cc Examples: If the dispensing fee paid is \$3.50, this field would reflect: 35{	Optional
557-AV	TAX EXEMPT INDICATOR	x(1)	A	Blank=Not Specified 1=Tax Exempt 2=Not Tax Exempt	Optional
563-J2	OTHER AMOUNT PAID COUNT	9(1)	N	1	Optional
564-J3	OTHER AMOUNT PAID QUALIFIER	x(2)	A	Blank=Not Specified 01=Delivery 02=Shipping 03=Postage 04=Administrative 99=Other	Optional
565-J4	OTHER AMOUNT PAID	s9(6)v99	A	Format=s\$\$\$\$\$cc	Optional
509-F9	TOTAL AMOUNT PAID	s9(6)v99	A	Format=s\$\$\$\$\$cc Examples: Ingredient Cost Paid (506-F6)=\$20.00+ Dispensing Fee Paid (507-F7)=2.00+ Flat Sales Tax Amount Paid (558-AW)=1.00+ Percentage Sales Tax Amount Paid (559-AX)=.00+ Incentive Amount Paid (521-FL)=00+ Other Amount Paid (565-J4)=.00+ Professional Service Fee Paid (562-J1)=.00- Patient Pay Amount (505-F5)=5.00- Other Payer Amount Recognized (566-J5)=3.00 = Total Amount Paid (509-F9)=\$15.00 This field would reflect: 150{	Optional
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	9(2)	N	0=Not Specified 1=Ingredient Cost Paid as Submitted 2=Ingredient Cost Reduced to AWP Pricing 3=Ingredient Cost Reduced to AWP Less X% Pricing 4=Usual & Customary Paid as Submitted 5=Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary 6=MAC Pricing Ingredient Cost Paid 7=MAC Pricing Ingredient Cost Reduced to MAC 8=Contract Pricing 9=Acquisition Pricing	Optional

4.2 Rejected Response

Header Segment

Field	Field Name	Format	Type	Value	Comments
102-A2	Version/Release Number	X(2)	A	A0	Mandatory
103-A3	Transaction Code	X(2)	A	B1	Mandatory
109-A9	Transaction Count	X(1)	A	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	Mandatory
5Ø1-F1	HEADER RESPONSE STATUS	X(1)	A	A=Accepted R=Rejected	Mandatory
202-B2	Service Provider ID Qualifier	X(2)	A	Blank=Not Specified Ø1=National Provider Identifier (NPI) Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 13=State Issued 14=Plan Specific 99=Other	Mandatory
201-B1	Service Provider ID	X(15)	A	4563663bbbbbbb	Mandatory
401-D1	Date of Service	9(8)	N	Date Filled Format=CCYYMMDD	Mandatory

Response Status Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	21	Mandatory
112-AN	Transaction Response Status	X(1)	A	R = Rejected	Mandatory
510-FA	REJECT COUNT	9(2)	N	1	Optional
511-FB	REJECT CODE	X(3)	A		Optional
526-FQ	ADDITIONAL MESSAGE INFORMATION	x(1)- x(200)	A	Comments: The maximum length of field is 200 characters. This field can be used as an extension of data field 504.	Optional
549-7F	HELP DESK PHONE NUMBER QUALIFIER	x(2)	A	Blank=Not Specified 01=Switch 02=Intermediary 03=Processor/PBM 99=Other	Optional
550-8F	HELP DESK PHONE NUMBER	X(18)	A	Format=AAEEENNNNXXXXXXXXX AAA=Area Code EEE=Exchange Code NNNN=Number XXXXXXXX=Extension Comments: Qualified by 'Help Desk Qualifier' (549-7F). Examples: A phone number of 212-555-1212 would reflect: 2125551212. With an extension of 123 the same number would reflect: 2125551212123 or 2125551212x123 or 2125551212ext123.	Optional

4.3 One Rejected One Paid Response

Header Segment

Field	Field Name	Format	Type	Value	Comments
102-A2	Version/Release Number	X(2)	A	A0	Mandatory
103-A3	Transaction Code	X(2)	A	B1	Mandatory
109-A9	Transaction Count	X(1)	A	Blank=Not Specified 1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	Mandatory
501-F1	HEADER RESPONSE STATUS	X(1)	A	A	Mandatory
202-B2	Service Provider ID Qualifier	X(2)	A	Blank=Not Specified 01=National Provider Identifier (NPI) 06=UPIN 07=NCPDP Provider ID 08=State License 10=Health Industry Number (HIN) 11=Federal Tax ID 13=State Issued 14=Plan Specific 99=Other	Mandatory
201-B1	Service Provider ID	X(15)	A	4563663bbbbbbb	Mandatory
401-D1	Date of Service	9(8)	N	Date Filled Format=CCYYMMDD	Mandatory

Response Message Status Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	20	Mandatory
504-F4	MESSAGE	x(1)- x(200)	A	Comments: Variable length is from 1-200 characters.	Optional

Response Status Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	21	Mandatory
112-AN	Transaction Response Status	X(1)	A	R = Rejected	Mandatory
51Ø-FA	REJECT COUNT	9(2)	N	1	Optional
511-FB	REJECT CODE	X(3)	A		Optional
549-7F	HELP DESK PHONE NUMBER QUALIFIER	x(2)	A	Blank=Not Specified Ø1=Switch Ø2=Intermediary Ø3=Processor/PBM 99=Other	Optional
55Ø-8F	HELP DESK PHONE NUMBER	X(18)	A	Format=AAEEENNNNXXXXXXXXX AAA=Area Code EEE=Exchange Code NNNN=Number XXXXXXXX=Extension Comments: Qualified by 'Help Desk Qualifier' (549-7F). Examples: A phone number of 212-555-1212 would reflect: 2125551212. With an extension of 123 the same number would reflect: 2125551212123 or 2125551212x123 or 2125551212ext123.	Optional

Response Claim Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	22	Mandatory
455-EM	RX/SERVICE REF NUMBER QUALIFIER	X(1)	A	Blank=Not Specified 1=Rx Billing 2=Service Billing	Mandatory
4Ø2-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER	9(7)	N	1234567	Mandatory

Response Status Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	21	Mandatory
112-AN	Transaction Response Status	X(1)	A	P = Paid	Mandatory

Response Claim Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	22	Mandatory
455-EM	RX/SERVICE REF NUMBER QUALIFIER	X(1)	A	Blank=Not Specified 1=Rx Billing 2=Service Billing	Mandatory
402-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER	9(7)	N	1234567	Mandatory

Response Pricing Segment

Field	Field Name	Format	Type	Value	Comments
111-AM	SEGMENT IDENTIFICATION	X(2)	A	23	Mandatory
562-J1	PROFESSIONAL SERVICE FEE PAID	s9(6)v99	A	Format=s\$\$\$\$\$cc Examples: If the professional service fee paid is \$5.50 this field would reflect: 55{	Optional
509-F9	TOTAL AMOUNT PAID	s9(6)v99	A	Format=s\$\$\$\$\$cc Examples: Ingredient Cost Paid (506-F6)=\$20.00+ Dispensing Fee Paid (507-F7)=2.00+ Flat Sales Tax Amount Paid (558-AW)=1.00+ Percentage Sales Tax Amount Paid (559-AX)=.00+ Incentive Amount Paid (521-FL)=00+ Other Amount Paid (565-J4)=.00+ Professional Service Fee Paid (562-J1)=.00- Patient Pay Amount (505-F5)=5.00- Other Payer Amount Recognized (566-J5)=3.00 = Total Amount Paid (509-F9)=\$15.00 This field would reflect: 150{	Optional
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	9(2)	N	0=Not Specified 1=Ingredient Cost Paid as Submitted 2=Ingredient Cost Reduced to AWP Pricing 3=Ingredient Cost Reduced to AWP Less X% Pricing 4=Usual & Customary Paid as Submitted 5=Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary 6=MAC Pricing Ingredient Cost Paid 7=MAC Pricing Ingredient Cost Reduced to MAC 8=Contract Pricing 9=Acquisition Pricing	Optional