



# HIPAA Companion Guide Specifications

NCPDP Pharmaceutical Drug Claim Version 5.1

Version 1.16  
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## 1. INTRODUCTION

This Companion Guide is designed to be used in conjunction with the *NCPDP Telecommunication Standard Implementation Guide Version 5.1 and the NCPDP Data Dictionary - September 1999*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid (NCXIX). The Division of Medical Assistance's (DMA) solution for Health Insurance Portability and Accountability Act (HIPAA) recommends suggested methods for utilizing the transactions.



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## 2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a 1-year extension to October 16, 2003, for those covered and required to comply in 2002. The North Carolina Department of Health and Human Services (DHHS) has filed an extension, which supports an extension for all divisions within DHHS, to include DMA.

National Council for Prescription Drug Programs (NCPDP) Version 5.1 is the real-time transaction utilized by the Point Of Sale (POS) system to submit pharmaceutical drug claims. The NCPDP version 5.1 format allows providers to submit pharmaceutical drug claim transactions and eligibility requests into the POS system, which provides a real-time promise to pay for prescriptions, real-time eligibility information, and real-time Prospective Drug Utilization Review (ProDUR) drug alerts for North Carolina (NC) Medicaid recipients through a Value Added Network (VAN). The pharmaceutical drug claims are reported back to the provider on the Remittance Advice (RA) and/or 835 Electronic RA (ERA) after final processing is complete. NC Medicaid does not process requests for partial fills.

There are numerous data elements, both new and optional, on the NCPDP version 5.1 transaction set, which the NC Medicaid program uses within the new transaction format. The NC Medicaid program processes rebill and multiple ingredient compound pharmaceutical drug claims through NCPDP version 5.1 transaction functionality. NCPDP version 5.1 eligibility transactions are processed by NC Medicaid as well.

The NCPDP Pharmaceutical Drug Claim Version 5.1 Companion Guide provides a guideline for the submission of POS transactions in NCPDP version 5.1 format. It is considered a supplement to the NCPDP Implementation Guide and Data Dictionary. The Companion Guide provides support for the submission of HIPAA-compliant NCPDP version 5.1 transactions and ensures correct processing of NCPDP version 5.1 pharmaceutical drug claims submitted to NC Medicaid. North Carolina pharmacy filing practices should also be followed to ensure proper processing of claims for adjudication.



### 3. NCPDP VERSION 5.1 PAYER SHEET INFORMATION

Bank Identification Number (BIN): 601312

States: North Carolina and bordering states

Destination: NCXIX/EDS

Accepting: Claim Adjudication, Claim Reversals, Claim Rebills, and Eligibility

Format: NCPDP Version 5.1

#### ***Segment Information***

Segments not listed below are not used by NCXIX for NCPDP version 5.1 transactions. Follow the rules of the Implementation Guide.

- Segments for Claim Adjudication — Patient(M), Insurance(M), Claim(M), Prescriber(M), COB/Other Pay(O), DUR/PPS(O), Pricing(M), Compound(O), and Clinical(O)
- Segments for Claim Reversals — Insurance(M) and Claim(M)
- Segments for Claim Rebills — Patient(M), Insurance(M), Claim(M), Prescriber(M), COB/Other Pay(O), DUR/PPS(O), Pricing(M), Compound(O), and Clinical(O)
- Segments for Eligibility — Patient(M) and Insurance(M)
- M=Mandatory Segment
- O=Optional Segment



**Data Elements for NCPDP Version 5.1**

Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
<b>Required Header Information</b>						
101-A1	Bin #	NCPDP V5.1	Required*	N	6	601312
102-A2	Version #	NCPDP V5.1	Required*	A/N	2	51 = Version 5.1
103-A3	Transaction Code	NCPDP V5.1	Required*	A/N	2	E1 = Eligibility Verification B1 = Billing B2 = Reversal B3 = Rebill N1 = Information Reporting
104-A4	Processor Control #	NCPDP V5.1	Required*	A/N	10	See "Other Info" position 1-9: EDS assigned PCN position 10: "T", only when testing
109-A9	Transaction Count	NCPDP V5.1	Required*	N	1	1 = 1 occurrence 2 = 2 occurrences 3 = 3 occurrences 4 = 4 occurrences *(must be 1 for Pharmacy Management fee billing)
202-B2	Service Provider ID Qualifer	NCPDP V5.1	Required*	A/N	2	01 = NPI 05 = Medicaid
201-B1	Service Provider ID	NCPDP V5.1	Required*	A/N	15	7-to-8-digit NC Medicaid Provider Identification Number
401-D1	Date of Service	NCPDP V5.1	Required*	N	8	Follow rules of the Implementation Guide
110-AK	Software Vendor/Certification ID	NCPDP V5.1	Required*	A/N	10	Follow rules of the Implementation Guide



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
<b>Patient Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required*	N	2	01
331-CX	Patient ID Qualifier	NCPDP V5.1	Not Used			
332-CY	Patient ID	NCPDP V5.1	Not Used			
304-C4	Date of Birth	NCPDP V5.1	Not Used			
305-C5	Patient Gender Code	NCPDP V5.1	Not Used			
310-CA	Patient First Name	NCPDP V5.1	Required*	A/N	12	Follow rules of the Implementation Guide
311-CB	Patient Last Name	NCPDP V5.1	Required*	A/N	15	Follow rules of the Implementation Guide
322-CM	Patient Street Address	NCPDP V5.1	Not Used			
323-CN	Patient City Address	NCPDP V5.1	Not Used			
324-CO	Patient State	NCPDP V5.1	Not Used			
325-CP	Patient Zip	NCPDP V5.1	Not Used			
326-CQ	Patient Phone Number	NCPDP V5.1	Not Used			
307-C7	Patient Location	NCPDP V5.1	Required	N	2	Follow rules of the Implementation Guide
333-CZ	Employer ID	NCPDP V5.1	Not Used			
334-1C	Smoker/Non-smoker Code	NCPDP V5.1	Not Used			
335-2C	Pregnancy Indicator	NCPDP V5.1	Optional	N	1	0=Not specified 1=Not pregnant 2=Pregnant
<b>Insurance Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required*	N	2	04
302-C2	Cardholder ID	NCPDP V5.1	Required*	A/N	20	10-digit recipient NC Medicaid Identification (MID) Number



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
312-CC	Cardholder First Name	NCPDP V5.1	Not Used			
313-CD	Cardholder Last Name	NCPDP V5.1	Not Used			
314-CE	Home Plan	NCPDP V5.1	Not Used			
524-FO	Plan ID	NCPDP V5.1	Not Used			
309-C9	Eligibility Clarification Code	NCPDP V5.1	Not Used			
336-8C	Facility ID	NCPDP V5.1	Not Used			
301-C1	Group ID	NCPDP V5.1	Not Used			
303-C3	Person Code	NCPDP V5.1	Not Used			
306-C6	Patient Relationship Code	NCPDP V5.1	Not Used			
<b>Claim Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required*	N	2	07
455-EM	Prescription/Service Reference Number Qualifier	NCPDP V5.1	Required*	A/N	1	1 = Prescription (Rx) Billing 2 = Service Billing (e.g., Pharmacy Management fee claims)
402-D2	Prescription/Service Reference Number	NCPDP V5.1	Required*	N	7	Follow rules of the Implementation Guide (For Pharmacy management fee claims, specify an Rx number)
436-E1	Product/Service ID Qualifier	NCPDP V5.1	Required	A/N	2	03 = NDC
407-D7	Product/Service ID	NCPDP V5.1	Required	N	19	NDC
456-EN	Associated Prescription/Service Reference Number	NCPDP V5.1	Not Used			
457-EP	Associated Prescription/Service Date	NCPDP V5.1	Not Used			
458-SE	Procedure Modifier Code Count	NCPDP V5.1	Not Used			
459-ER	Procedure Modifier	NCPDP V5.1	Not Used			



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
442-E7	Quantity Dispensed	NCPDP V5.1	Required	N	10	Use format 9999999.999 <i>Note:</i> NC Medicaid Policy of rounding metric decimal quantities will remain in effect until 9/12/2003.
403-D3	Fill Number	NCPDP V5.1	Required	N	2	Follow rules of the Implementation Guide
405-D5	Days Supply	NCPDP V5.1	Required	N	3	Follow rules of the Implementation Guide
406-D6	Compound Code	NCPDP V5.1	Optional	N	1	Follow rules of the Implementation Guide
408-D8	Dispense As Written (DAW) Code	NCPDP V5.1	Required	N	1	0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace
414-DE	Date Prescription Written	NCPDP V5.1	Required	N	8	Follow rules of the Implementation Guide
415-DF	Number of Refills Authorized	NCPDP V5.1	Not Used			
419-DJ	Rx Origin Code	NCPDP V5.1	Required	N	1	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
420-DK	Submission Clarification Code	NCPDP V5.1	Optional	N	2	02 = Other Override (Supply override) and PA/Non-Preferred Drug edit Override ICS (J5G/P5A) Statins (M4D/M4E/M4I/M4L/M4M) Leukotrienes (Z4B)/5-Lipoxygenase (Z4E) AntiConvulsants (H4B) 03 = Vacation Supply 04 = Lost Prescription 05 = Therapy Change 08 = Assumed value for compound claims
460-ET	Quantity Prescribed	NCPDP V5.1	Not Used			
308-C8	Other Coverage Code	NCPDP V5.1	Optional	N	2	ØØ=Not Specified 01=No other coverage identified 02=Other coverage exists - payment collected 03=Other coverage exists - this claim not covered 04=Other coverage exists - payment not collected 07=Other coverage exists - not in effect at time of service
429-DT	Unit Dose Indicator	NCPDP V5.1	Optional	N	1	Follow rules of the Implementation Guide
453-EJ	Originally Prescribed Product/Service ID Qualifier	NCPDP V5.1	Not Used			
445-EA	Originally Prescribed Product/Service ID	NCPDP V5.1	Not Used			
446-EB	Originally Prescribed Quantity	NCPDP V5.1	Not Used			
330-CW	Alternate ID	NCPDP V5.1	Not Used			



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
454-EK	Scheduled Prescription ID Number	NCPDP V5.1	Not Used			
600-28	Unit of Measure	NCPDP V5.1	Not Used			
418-DI	Level of Service	NCPDP V5.1	Optional	N	2	Follow rules of the Implementation Guide
461-EU	Prior Authorization Type Code	NCPDP V5.1	Optional	N	2	NC Medicaid pharmacist approved edit overrides. This field will function in the same manner as the PA/MC field in NCPDP V3.2  1 = Prior Authorization (Override for Medicare Part B covered drugs, Override for Hospice Edit – Include Diagnosis of Terminal Illness in DX Field and Prior Authorization and Non-Preferred Drug Edit Override for : ICS (J5G/P5A) Statins (M4D/M4E/M4I/M4L/M4M) Leukotrienes (Z4B)/5-Lipoxygenase (Z4E) AntiConvulsants (H4B) 2 = Medical Certification (Supply override) 4 = Exemption from co-pay 5 = Exemption from 8 prescription limit 8 = Exemption from co-pay and 8 prescription limit
462-EV	Prior Authorization Number Submitted	NCPDP V5.1	Optional	N	11	For NC Medicaid, use 12345 when 461-EU is used.
463-EW	Intermediary Authorization Type ID	NCPDP V5.1	Not Used			
464-EX	Intermediary Authorization ID	NCPDP V5.1	Not Used			
343-HD	Dispensing Status	NCPDP V5.1	Optional	A/N	1	NC Medicaid does not support partial/completion fills pharmaceutical drug claims
344-HF	Quantity Intended To Dispensed	NCPDP V5.1	Not Used			
345-HG	Days Supply Intended To Be Dispensed	NCPDP V5.1	Not Used			



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
<b>Prescriber Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required	N	2	03
466-EZ	Prescriber ID Qualifier	NCPDP V5.1	Required	A/N	2	01 = National Provider Identifier (NPI)
411-DB	Prescriber ID	NCPDP V5.1	Required	A/N	15	Prescriber NPI
467-1E	Prescriber Location	NCPDP V5.1	Not Used			
427-DR	Prescriber Last Name	NCPDP V5.1	Not Used			
498-PM	Prescriber Phone	NCPDP V5.1	Not Used			
468-2E	Primary Care Provider ID Qualifier	NCPDP V5.1	Not Used			
421-DL	Primary Care Provider ID	NCPDP V5.1	Not Used			
469-H5	Primary Care Provider Location Code	NCPDP V5.1	Not Used			
470-4E	Primary Care Provider Last Name	NCPDP V5.1	Not Used			
<b>COB/Other Payments Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required	N	2	05
337-4C	Coordination of Benefits/Other Payments Count	NCPDP V5.1	Required	N	1	0 – 3
338-5C	Other Payer Coverage Type	NCPDP V5.1	Required	A/N	2	01=Primary 02=Secondary 03=Tertiary 98=Coupon 99=Composite Blank=None
339-6C	Other Payer ID Qualifier	NCPDP V5.1	Optional	A/N	2	01=Natl Payer Id 02=HIN 03=BIN 04=NAIC 09=Coupon 99=Other Blank=None



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
340-7C	Other Payer ID	NCPDP V5.1	Optional	A/N	10	Follow rules of the Implementation Guide
443-E8	Other Payer Date	NCPDP V5.1	Optional	N	8	Date Format YYYYMMDD (Not edited by POS)
341-HB	Other Payer Amount Paid Count	NCPDP V5.1	Required	N	1	0-9
342-HC	Other Payer Amount Paid Qualifier	NCPDP V5.1	Required	A/N	2	01=Delivery 02=Shipping 03=Postage 04=Admin. 05=Incentive 06=Cognitive Svc 07=Drug Benefit 08=Sum of all reimbursements 98=Coupon 99=Other Blank=None
431-DV	Other Payer Amount Paid	NCPDP V5.1	Required	N	8	Follow rules of the Implementation Guide
471-5E	Other Payer Reject Count	NCPDP V5.1	Optional	N	2	0 – 5
472-6E	Other Payer Reject Code	NCPDP V5.1	Optional	A/N	3	Follow rules of the Implementation Guide
<b>DUR/PPS Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required	N	2	08
473-7E	DUR/PPS Code Counter	NCPDP V5.1	Optional	N	1	Follow rules of the Implementation Guide
439-E4	Reason for Service Code	NCPDP V5.1	Optional	A/N	2	Follow rules of the Implementation Guide
440-E5	Professional Service Code	NCPDP V5.1	Optional	A/N	2	Follow rules of the Implementation Guide
441-E6	Result of Service Code	NCPDP V5.1	Optional	A/N	2	Follow rules of the Implementation Guide
474-8E	Level of Effort	NCPDP V5.1	Not Used			
475-J9	DUR Co-agent ID Qualifier	NCPDP V5.1	Not Used			
476-H6	DUR Co-agent ID	NCPDP V5.1	Not Used			
<b>Pricing Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required*	N	2	11
409-D9	Ingredient Cost Submitted	NCPDP V5.1	Not Used			



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
412-DC	Dispensing Fee Submitted	NCPDP V5.1	Not Used			
477-BE	Professional Service Fee Submitted	NCPDP V5.1	Optional*	N	8	Follow rules of the Implementation Guide *Required for Pharmacy Management Fee claims
433-DX	Patient Paid Amount Submitted	NCPDP V5.1	Optional	N	8	Follow rules of the Implementation Guide
438-E3	Incentive Amount Submitted	NCPDP V5.1	Not Used			
478-H7	Other Amount Claimed Submitted Count	NCPDP V5.1	Not Used			
479-H8	Other Amount Claimed Submitted Qualifier	NCPDP V5.1	Not Used			
480-H9	Other Amount Claimed Submitted	NCPDP V5.1	Not Used			
481-HA	Flat Sales Tax Amount Submitted	NCPDP V5.1	Not Used			
482-GE	Percentage Sales Tax Amount Submitted	NCPDP V5.1	Not Used			
483-HE	Percentage Sales Tax Rate Submitted	NCPDP V5.1	Not Used			
484-JE	Percentage Sales Tax Basis Submitted	NCPDP V5.1	Not Used			
426-DQ	Usual and Customary Charge	NCPDP V5.1	Required*	N	8	Follow rules of the Implementation Guide
430-DU	Gross Amount Due	NCPDP V5.1	Required*	N	8	Follow rules of the Implementation Guide
423-DN	Basis of Cost Determination	NCPDP V5.1	Not Used			
<b>Compound Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required	N	2	10



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
450-EF	Compound Dosage Form Description Code	NCPDP V5.1	Not Used			
451-EG	Compound Dispensing Unit Form Indicator	NCPDP V5.1	Not Used			
452-EH	Compound Route of Administration	NCPDP V5.1	Not Used			
447-EC	Compound Ingredient Component Count	NCPDP V5.1	Required	N	2	NC Medicaid V5.1 compound count must be between 2 and 25 for payment consideration
488-RE	Compound Product ID Qualifier	NCPDP V5.1	Required	N	2	03 = NDC
489-TE	Compound Product ID	NCPDP V5.1	Required	N	19	NDC
448-ED	Compound Ingredient Quantity	NCPDP V5.1	Required	N	10	Follow rules of the Implementation Guide
449-EE	Compound Ingredient Drug Cost	NCPDP V5.1	Required	N	8	Follow rules of the Implementation Guide
490-UE	Compound Ingredient Basis of Determination	NCPDP V5.1	Not Used			
<b>Clinical Segment (see Segment Information)</b>						
111-AM	Segment Identification	NCPDP V5.1	Required	N	2	13
491-VE	Diagnosis Code Count	NCPDP V5.1	Not Used			
492-WE	Diagnosis Code Qualifier	NCPDP V5.1	Not Used			
424-DO	Diagnosis Code	NCPDP V5.1	Optional	A/N	15	Only the first occurrence will be processed
493-XE	Clinical Information Counter	NCPDP V5.1	Not Used			
494-ZE	Measurement Date	NCPDP V5.1	Not Used			
495-H1	Measurement Time	NCPDP V5.1	Not Used			



Field #	Field Name	Format	Required/ Optional/ Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
496-H2	Measurement Dimension	NCPDP V5.1	Not Used			
497-H3	Measurement Unit	NCPDP V5.1	Not Used			
499-H4	Measurement Value	NCPDP V5.1	Not Used			

Note: An "Optional" data element means the user should be prompted for the field but does not have to enter a value unless the situation requires (i.e. Pharmacy Management fee claim).

\* Required for Management Fee claim submissions. The Professional Service Fee Submitted, Usual and Customary Charge and Gross Amount Due must all be the same, and no greater than the allowed quarterly management fee.



***General Information***

Test claims, on or after: Contact NCXIX systems if needed

Live claims, on or after: Available

Maximum prescriptions per transaction: 4

***Other Information***

Hours of operation for NCXIX POS are 7 days a week, as follows:

- Monday 5:00 am – Midnight
- Tuesday 2:30 am – Midnight
- Wednesday 2:30 am – Midnight
- Thursday 2:30 am – Midnight
- Friday 7:00 am – Midnight
- Saturday 2:30 am – Midnight
- Sunday 7:00 am – Midnight

POS currently supports 5.1 (variable) transaction formats only.



## 4. DOCUMENT CHANGE HISTORY

Project Information	
<b>Project Name:</b>	North Carolina Medicaid Companion Guide
<b>Status:</b>	Final (Version number and date are used for configuration control of this deliverable)

*The controlled master of this document is available in the EDS North Carolina Title Nineteen (NCXIX) Shared Drive (Y:\Groups\MEDP\Pharmacy\NCPDP 5.1). Hard copies of this document are for information only and are not subject to document control.*

Version	Issue Date	Created By	Comments/Reason
1.0	02/21/2003	Lori Landman	Original document
1.1	03/06/2003	Kristi Troutt	Patient segment correction
1.2	05/08/2003	Kristi Troutt	Update to POS hours of operation
1.3	06/30/2003	Lori Landman	Correction to the Quantity Dispensed verbiage
1.4	07/17/2003	Lori Landman	Changes to the claim segment (page 8)
1.5	08/08/2003	Kristi Troutt	COB/Other Pay segment on a rebill changed from mandatory to optional (page 3), Compound Code changed from required to optional (page 6), Unit Dose Indicator changed from required to optional (page 7), Patient Paid Amount Submitted (page 10) changed from required to optional
1.6	09/09/2003	Kristi Troutt	Changes to the Other Coverage Code (page 7)
1.7	11/03/2003	Lori Landman	Changes to the 462-EV data element.
1.8	6/15/2004	Bernetta Morgan-Burdette	Changes to 335-2C Pregnancy Indicator
1.9	2/22/2006	Bob Cornell	Change COB Segment fields, and the new values we support. Updated hours of operation.
1.10	7/27/2007	Bob Cornell	Add Management Fee field (Professional Service Fee Submitted) and flag those fields which are required on these claims.
1.11	12/28/2007	Sharon Greeson	Update Service Provider ID Qualifer and Prescriber ID Qualifier to accept NPI
1.12	02/26/2009	Sharon Greeson	Updated field 461-EU to include wording for second generation antihistamines
1.13	6/22/2009	Sharon Greeson	Changes to accepted values for 408-D8 (DAW codes) and addition of 419-DJ (Rx Origin Code) as a required field effective August 1, 2009.
1.14	1/4/10	Sharon Greeson	Updated field 461-EU and 420-DK to include PA overrides available for Synagis.



1.15	3/01/11	Sharon Greeson	Updated field 466-EZ to require the Prescriber's NPI number
1.16	4/07/11	Sharon Greeson	Updated field 461-EU and 420-DK to include PA and Non-Preferred Drug overrides available for: ICS (J5G/P5A) Statins (M4D/M4E/M4I/M4L/M4M) Leukotrienes (Z4B)/5-Lipoxygenase (Z4E) AntiConvulsants (H4B)

