



**Louisiana Medicaid  
Management Information Systems  
(LMMIS)  
Vendor Specifications Document  
for the  
Point of Sale (POS) System**

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**PROJECT INFORMATION**

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## 1.0 INTRODUCTION

The Point of Sale (POS) Pharmacy Claim Adjudication System is available through authorized telecommunications switch vendors. It is designed to be used in conjunction with pharmacy computer systems utilizing the Health Insurance Portability and Accountability Act (HIPAA) compliant telecommunications standard, NCPDP 5.1. A pharmacy using this service can process a prescription through the pharmacy's in-house computer system; generate a standard transaction, which is processed through the Louisiana Medicaid POS adjudication/UniDUR system; and receive a paid, captured, duplicate, or rejected response.

The POS system is operated in conjunction with the Louisiana Medicaid Management Information System (MMIS) and has available all information necessary to adjudicate a claim. The system also reports information to the pharmacist that will assist him in the correction of claim errors or in the billing of another source other than Medicaid. Additionally, the system fully supports a claim reversal transaction in real-time, which enables the pharmacist to "back out" or credit any "return to stock" or other prescription transaction adjudicated in error.

The telecommunications switch vendors provide the link between the provider and Louisiana Medicaid. They also offer certification and support services to the provider to facilitate POS processing. Telecommunications specifications for switch vendors are included in the "SWITCH VENDOR COMMUNICATIONS SPECIFICATIONS" of this document.

## 2.0 GENERAL INFORMATION

Pharmacies using the Medicaid POS system are required to transmit their POS claims through an authorized telecommunications switch vendor. The POS system is regarded as another method for claims submission of pharmacy claims and is most beneficial to retail pharmacies. The POS system is not designed for batch billing.

The following restrictions or qualifications apply:

1. All records must be completed according to the record specifications in this manual. All appropriate data validity and relationship edits are expected to be performed before a transaction is generated.
2. One to four prescriptions for the same recipient can be submitted at one time via POS.
3. Only new claims, resubmitted denied claims, or reversals can be submitted via POS; adjustments must be submitted by hardcopy invoice. For instructions on adjustment submission, refer the provider to the *Louisiana Medicaid Prescription Drug Services Provider Manual* available from Unisys Provider Relations at **(800) 473-2783** or **(225) 924 5040**.
4. Claims requiring supportive documentation or attachments cannot be submitted through POS; they must be submitted by hardcopy claim.
5. Claims that need to be manually reviewed cannot be submitted through POS.
6. Previously rejected claims can be submitted using POS after correction.
7. The *Louisiana Prescription Drug Services Manual* (Chapter Thirty-seven of the Medical Services Manual), available upon request, and its updates should be referenced for policy and claim submission instructions. Contact **Unisys POS Help Desk at 1-800-648-0790**.
8. The POS system does not support direct dial-up from an individual pharmacy.

### **3.0 POLICIES AFFECTING SUBMISSIONS**

The following policies are in addition to those outlined in the provider handbook and in no way supersede those publications:

1. The required edits, submission standards, and data specifications as outlined in this manual must be fulfilled and maintained by all providers submitting claims through POS.
2. At any time, an authorized representative of the Louisiana Medicaid program, the Attorney General, U.S. Department of Health and Human Services, the General Accounting Office, or their agents or assignees can request supportive documentation to ensure that all requirements are met (e.g., program listings, flowcharts, file descriptions, accounting procedures). At any time, the regulatory agents listed above can request actual information used to bill Louisiana Medicaid claims through POS (e.g., provider files, recipient files, reference files, pricing files) whether maintained on physical media such as a computer listing or stored on a machine readable media such as magnetic tape. All information thus obtained will be held in strictest confidence.
3. The individual provider is ultimately responsible for accuracy and valid reporting of all Medicaid claims submitted for payment. A provider using the services of a telecommunication switch vendor must ensure through legal contract (a copy of which must be made available to the authorized agents of Louisiana Medicaid upon request) that it is the responsibility of a switch vendor to report claim information as directed by the provider in compliance with all policies stated by Louisiana Medicaid. The individual provider is required to maintain a record of all Medicaid claims submitted for payment.
4. All information supplied by the Department of Health and Hospitals (DHH) or Unisys within the computing and accounting systems of a provider (e.g., master files, provider files, recipient files, reference files, statistical data) can be used only in the accurate accounting of claims containing or referencing that information. Any redistribution or dissemination of that information for any purpose other than the accurate accounting of Medicaid claims is considered an illegal use of confidential information.
5. At any time, DHH or Unisys can choose to review any or all claims received through POS and can reject or disallow any claim subsequent to such review.
6. A submitter (creator) of POS claims, such as providers encoding claims with an in-house system, must have received authorization by a signed "Pharmacy Point of Sale Agreement" (Appendix A) with DHH or Unisys.
7. DHH or Unisys reserves the right to view the processing of Medicaid claims. This consists of an on-site check or validation of edit requirements through utilization of DHH or Unisys test claims with embedded errors.



## 4.0 POS ENROLLMENT PROCEDURES

Providers who participate in the Louisiana Medicaid POS system should contact their software vendor. If the software vendor is already certified to submit claims for providers with a switch vendor, the provider may proceed with enrolling in the POS system with Unisys. Otherwise, the software vendor should contact an authorized Louisiana POS vendor for further information.

### 4.1 System Vendor Enrollment

The software vendor needs to contact one of the authorized telecommunications switch vendors, to obtain a payer sheet or to discuss the technical specifications for implementing POS. A list of the authorized telecommunications switch vendors is available upon request from Unisys.

The telecommunications switch vendor will instruct the software vendor on the necessary system modifications for upgrading to NCPDP Version 5.1. After completing the modifications, the software vendor will go through a certification process by the telecommunications switch vendor, which includes a thorough test of the transactions passing through the telecommunications switch to ensure that they are formatted properly to meet NCPDP's requirements.

Once the telecommunications switch vendor has certified the software vendor, the software vendor should follow the following steps:

Contact Unisys to obtain a "Louisiana Medicaid POS User Manual" (or download the User Manual from [www.lamedicaid.com](http://www.lamedicaid.com)).

**Unisys POS Help Desk**  
United Plaza Blvd Ste 300  
Baton Rouge  
Louisiana  
70809  
United States  
Phone # 1-800-648-0790

When ready to test, notify Unisys that the switch vendor is submitting POS test transactions. All test transactions must be identified by "LOUITEST" in the Processor Control Number.

The software vendor should supply Unisys with a copy of the software vendor POS user documentation, so that this material may be referenced by the Unisys POS Help Desk in responding to provider requests for assistance.

Unisys **POS Help Desk**  
United Plaza Blvd Ste 300  
Baton Rouge  
Louisiana  
70809  
United States  
Phone # **1-800-648-0790**

## **4.2 Provider Enrollment**

Before providers can submit POS claims, they must be properly enrolled with DHH. The steps for approval are as follows:

- Contact the software vendor to obtain and install the necessary software upgrades.
- Select and contract with an authorized telecommunications switch vendor. A list of the authorized telecommunications switch vendors is available upon request from Unisys. The Unisys Help Desk may be contacted through the toll-free number, 1-800-648-0790, Monday - Friday, between the hours of 8:00 a.m. and 5:00 p.m., Central Standard Time
- The provider must complete the authorization agreements for submitting claims via POS and forward them to the Louisiana DHH. The following agreements are located in this manual and are listed below.
  - Point of Sale Agreement - Appendix A
  - Provider Enrollment Amendment - Appendix B
  - Point of Sale Certification - Appendix C.

After DHH has received all the necessary documentation from the provider, the provider will receive authorization to begin submitting claims using the POS system.

If you are an unauthorized switch vendor, and providers prefer to use your services, please contact the Unisys Electronic Media Claim (EMC) Department to become an authorized vendor.

The provider may elect to receive an electronic remittance advice in the ANSI x12 835 format. The 835 would be in addition to the NCPDP response.

### **4.2.1 Help Information**

The Help Desk assists providers in using the POS system and in billing claims electronically. Providers should contact the Help Desk when there are questions or problems relating to POS claims adjudication.

In order to ensure prompt and accurate assistance, providers should identify themselves as POS providers and be prepared to provide the following information to the Help Desk Specialist:

- Medicaid provider number and/or NPI
- Software vendor name
- Telecommunication vendor name.

The Help Desk Specialists can assist providers by providing the following:

- Technical assistance
- Testing
- POS documentation
- Confirmation of receipt of submitted claims
- A list of authorized telecommunications vendors
- A list of authorized software vendors.

The Unisys Help Desk may be contacted through the toll-free number, 1-800-648-0790, Monday - Friday, between the hours of 8:00 a.m. and 5:00 p.m., Central Standard Time. After 5:00 p.m., providers should call their Network Help Desk, which will contact Unisys, if necessary. POS transactions can be completed 24 hours a day, seven days a week.

Inquiries regarding eligibility should be directed to 1-800-776-6323 or to the provider's local parish Medicaid office.

A new application is being developed to utilize X12's Claim Status Inquiry transaction set 276/277. Switch vendors will have the opportunity to become authorized vendors for this application and offer its features to the provider community.

### **4.3 Switch Vendor Contract Requirements**

The Louisiana telecommunications contract has been revised to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA). All switch vendors providing an interface to Louisiana Point of Sale Pharmacy Claim Adjudication System (POS) are required to sign the revised contract.

Direct questions concerning switch vendor contract status to:

Unisys  
Kermit Patty:  
Phone: (225) 216-6241  
E-Mail Address: Kermit.patty@Unisys.com

## **5.0 SWITCH VENDOR COMMUNICATIONS SPECIFICATIONS**

### **5.1 Requirements for Network Connections**

These sections describe the requirements for network switches to be able to send (Pharmacy) POS, Claim Status Inquiries (CSI) and Medicaid Eligibility Verification System (MEVS) transactions to Unisys. Unisys supports connections via TCP/IP only.

The first section addresses the physical connection into the Unisys systems.

The second section addresses the network parameters that must be established to enable communications. A preferred set of parameters is described along with the possible variations that can be accommodated.

The third section addresses the establishment of a connection to Unisys and the transmission of transactions.

The fourth section addresses the formatting requirements for the transactions and responses.

### **5.2 Physical Connection**

The network vendor must provide the data line into the Unisys facility in Salt Lake City, UT along with the terminating CSU/DSU and Ethernet Router as appropriate to the line service. In addition, a transceiver and/or cable from the Router to the patch panel is required. The cable must terminate in an RJ45 (CAT 5 UTP recommended). The length of the cable will need to be coordinated with Unisys prior to installation.

CSU/DSUs and Router must include rack-mounting hardware for a standard 19" electronics rack.

Note, the telco DEMARC is located in a separate room approximately 600 feet from the rack housing the CSU/DSU. The connection between the DEMARC and the rack will be provided by Unisys. Standard phone wiring will be used unless special arrangements are established prior to installation.

### **5.3 TCP Connections**

The Vender/provider is responsible for all IP addressing space up to, but not including the Ethernet interface on the Unisys side of the Router. Unisys will provide the specific

Ethernet IP address at Unisys unless otherwise negotiated, the vendors interface will be connected to a non-secure Ethernet DMZ. Routing protocols such as RIP will not be enabled, static routes will be used. Testing with a temporary IP address may be accommodated.

Generally, four virtual connections can be established via TCP. Unisys will assign the specific port number. No other TCP port or IP protocol should be used.

## **5.4 Transaction Processing**

The number of connections to Unisys is limited to ensure that all networks are provided equitable service. Normally, networks are limited to eight connections to each Unisys machine. Since machines can process multiple states, this does not equate to eight connections per state. Each connection can process transactions for all POS/MEVS/CSI systems on the machine. We do not designate connections for any specific application.

POS, CSI and MEVS transactions and responses are handled by each connection. Once the connection is established, it is normally left connected and transactions are processed when sent. The connection should only be disconnected under error conditions. Each connection can handle multiple simultaneous transactions. The responses will be returned when processing is completed.

Once transmission of a transaction has been initiated, all packets for that transaction must be transmitted before sending packets from any other transaction. Likewise, Unisys will send all packets for a response together. Packets from different responses will not be intermingled. All Unisys processing is performed in stream mode. Packets are constructed for convenience in transmission only. The envelope described in the following section provides an EOT flag to identify the end of each transaction and response.

Because of the nature of streams processing, responses will not always be contained in separate packets. The size of the response packets is such that the start of the following response may be in the same packet as the termination of the preceding response. The EOT flag must be scanned to properly locate the end of the responses.

Unisys supports two types of connections: single-threaded and multi-threaded. In a single-threaded connection, once a transaction is received, we will not accept any additional transactions on that connection until the response has been returned. All transactions in the single-threaded connections have a timeout response. If, for some reason, Unisys is unable to process a transaction within the timeout period, a timeout response is returned at the end of the timeout period. Timeouts for POS claims are normally 15 seconds for each prescription. For example, a claim with 3 prescriptions will have a timeout response sent after 45 seconds. Timeouts for MEVS requests are 12

seconds. Under some situations, the timeout response for transactions may be 60 seconds. The timeout numbers vary slightly between states.

For a multi-threaded connection, transactions can be submitted at any time. You do not need to wait until the previous response is returned. However, the order of responses may be different than the order the transactions were received. The returned envelope can be used to associate the response with the transaction. Timeouts for processing are similar to those for single-threaded except that not all timeouts will result in system unavailable responses. There are conditions where no response will be provided.

If a vender/provider chooses to timeout the line earlier than our timeout response and reestablish the connection, you may encounter a situation where we will not startup another connection until the first connection has completely dropped. This will not occur until after the timeout period has completed and the connection itself has timed out. As a result, there may be periods where you will not be able to immediately reestablish the connection. We recommend that you wait until the timeout message has been received, or set your timeouts to beyond 48 seconds for POS claims and 12 seconds for MEVS requests. Also note, that when a multi-thread connection is dropped, any transactions that have been received, but not responded to will be effectively lost since there is no longer any way to return the response. The transactions will be processed.

## **5.5 Claim/Request/Response Formatting**

All POS and MEVS transactions and responses must be placed in envelopes. The data in the envelope, transaction, and response will be sent using the ASCII character set. Transactions submitted by the network switches to Unisys must be in the following envelope:

1. A 16 byte header must be prefixed to each NCPDP/MEVS/CSI transaction.
2. The first three bytes of the header must be a network switch identifier. Unisys will assign the value of the identifier.
3. The next six bytes should contain a transaction identifier containing any combination of the characters 0-9, A-Z, and a-z, or they must contain all zeros. This transaction identifier is used by the network switch to match the response with the corresponding request. This is necessary since multiple claims are processed in parallel and the responses are not necessarily returned in the same order the requests were received. If a network switch does not use this transaction identifier, then the network switch will have to wait for the response to a transaction before sending the next transaction.
4. The next seven bytes must be spaces.
5. Each NCPDP/MEVS/CSI transaction must be terminated by an End Of Transmission (EOT) flag consisting of a single byte with the binary value 00000100, which is decimal 04.

The response to a transaction will be returned in the same envelope. The response will be prefixed with the header that was received with the transaction. If a network switch requires variations in the response header, they must be negotiated with Unisys prior to installation.

## 5.6 Default Response Formats

There are situations where Unisys will not be able to process the transaction. In those situations, a default response will be returned in the received envelope. The format of this response is as follows:

ERRORMMISnnnnneeeeeeee 9

Where nnnn is a four digit message identifier that identifies the reason the claim was not Processed and 'eeeeeee' is a 7 digit sequence number that identifies the transaction within the Unisys systems. There are 9 spaces after the sequence number.

The message identifiers currently in use are:

|      |  |
|------|--|
| MEVS | An error occurred while processing a MEVS transaction. |
| 0001 | Application is not currently active                    |
| 0002 | Application is not currently active                    |
| 0003 | Application is not currently active                    |
| 0004 | Network ID in envelope is not correct                  |
| 0005 | Unable to respond within required time limits          |
| 0006 | Application is not authorized                          |
| 0010 | Cannot determine the appropriate application           |
| 0011 | Default response not defined for this application      |

## 5.7 Coordination with Unisys

The contact point for coordination of the line parameters and connections is:

Karyn Grimes  
Phone: 757 431-6125  
E-mail: Karyn.Grimes@Unisys.com  
Unisys Technological Solutions Center  
600 Lynnhaven Parkway, Suite 101  
Virginia Beach, VA 23452

The contact point for line installation is Charles W. Shelton, 801 594-4921.

## 6.0 TRANSACTION SYNTAX CONVENTIONS

Following is a list of the data elements, field names, and field positions for POS claims. For multiple prescription claims, the claim information section is repeated for each prescription.

Standard COBOL documentation is used for transaction descriptions. The following definitions are given to ensure consistency of interpretation:

- **Field** - The NCPDP data element number for a given transaction.
- **FIELD NAME** - The short definition, name, or literal constant of the data located within the transaction at the positions indicated.
- Transaction sections comprising fixed and optional portions are kept separate with the use of a group separator character. It is also used to separate the transaction header from the claim information. The group separator character is decimal 029 or HEX 1C.
- **PICTURE (PIC)** -The COBOL "PICTURE" clause that describes how the data is presented on the transmission.

X = an alphanumeric character

9 = a numeric character

S = the field is signed (+ or -)

V = an implied decimal point

( ) = The character in front of the left parentheses is repeated the number of times between the parentheses, i.e., X(5) represents the same PICTURE as XXXXX.

- **TYPE** - The type of data in the field.
  - A - Alphanumeric - Always left-justified and space filled.
  - N - Numeric - Always right-justified and zero filled.
  - P - Packed or internal decimal
  - R - Redefines the field from the previous definition
  - B - Binary
  - F - Floating - point
  - G - Group level with subordinate data items.



- **Comments or From/To**
  - **FROM** - The beginning physical character position of the field.
  - **TO** - The last physical character position of the field.
- **Comments** - This field indicates whether a field is required, not required, or optional.
  - R Required - This field must be present.
  - N Not Required - Information should not be present in this field.
  - O Optional - This field is conditional. In the future, this field could be required.
- **NCPDP determines which fields in the various formats are mandatory or optional. There are a number of data elements in this document, which are labeled as required, although they are labeled as optional in the NCPDP implementation guide. These fields ARE optional; however the claim is not likely to process correctly, unless the data is submitted.**

## 7.0 RECORD FORMATS

Claim Submissions consist of Claim Requests and Claim Reversals. The following paragraphs detail this information.

### 7.1 Claims Billing Submission (Input)

| Field                                  | Field Name                     | PIC   | TYPE | VALUE  | COMMENTS OR FROM/TO |    |
|--|--------------------------------|-------|------|--|---------------------|----|
| <b>HEADER SEGMENT</b>                  |                                |       |      |  |                     |    |
| <b>Mandatory – Fixed Length Fields</b> |                                |       |      |  |                     |    |
| 101-A1                                 | Bin Number                     | 9(6)  | N    | This is a constant of '610514'.  | 1                   | 6  |
| 102-A2                                 | Version/Release Number ('5.1') | X(2)  | A    | This is a constant of "51". This field identifies the format of the transaction.   | 7                   | 8  |
| 103-A3                                 | Transaction Code               | X(2)  | A    | B1 = Billing (for up to 4 claims per transaction)  | 9                   | 10 |
| 104-A4                                 | Processor Control Number       | X(10) | A    | The processor control number indicates whether this is a test or production transaction. Louisiana Medicaid POS Production Transaction -"LOUIPROD" followed by 2 blanks Louisiana Medicaid POS | 11                  | 20 |

| Field  | Field Name                    | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |    |
|--------|-------------------------------|-------|------|---|---------------------|----|
|        |                               |       |      | Test Transaction -"LOUITEST" followed by 2 blanks   |                     |    |
| 109-A9 | Transaction Count             | X(1)  | A    | 1 = one claim in a transaction<br>2 = two claims in a transaction<br>3 = three claims in a transaction<br>4 = four claims in a transaction  | 21                  | 21 |
| 202-B2 | Service Provider ID Qualifier | X(2)  | A    | Constant of '01' National Provider Number (NPI)<br>'05' Medicaid (will be allowed until NPI is required)  | 22                  | 23 |
| 201-B1 | Pharmacy Number               | X(15) | A    | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 24                  | 38 |
| 401-D1 | Date of Service               | 9(8)  | N    | CCYYMMDD format   | 39                  | 46 |
| 110-AK | Vendor/Certification ID       | X(10) | A    | ID assigned by the switch or processor to identify the software source. <b>Please enter your vendor ID assigned by UNISYS.</b>  | 47                  | 56 |

| Field  | Field Name             | PIC  | TYPE | VALUE                                 | COMMENTS OR FROM/TO  |
|--|------------------------|------|------|---------------------------------------|--|
| <b>PATIENT SEGMENT</b>   |                        |      |      |                                       |  |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                        |      |      |                                       |  |
| 111-AM   | Segment Identification | X(2) | A    | '01' – Patient                        | Required   |
| 304-C4   | Date of Birth          | 9(8) | N    | CCYYMMDD format                       | <b>Optional</b><br><b>*Required by payer to properly adjudicate claim.</b> |
| 305-C5   | Patient Gender Code    | 9(1) | N    | 1 = Male<br>2 = Female<br>0 = Unknown | Optional   |

| Field  | Field Name         | PIC   | TYPE | VALUE  | COMMENTS OR FROM/TO  |
|--------|--------------------|-------|------|--|--|
| 310-CA | Patient First Name | X(12) | A    | Up to 12 characters<br>The first name of the Medicaid recipient for whom the prescription was written. Note: The first name may contain embedded special characters, e.g., the name L'Miracle is keyed L'Miracle. Left-justify the field with trailing spaces                | <b>Optional</b><br><b>*Required by payer to properly adjudicate claim.</b> |
| 311-CB | Patient Last Name  | X(15) | A    | Up to 15 characters<br>The last name of the Medicaid recipient for whom the prescription was written. Note: The last name may contain embedded special characters, e.g., the name O'Brien is keyed O'BRIEN. Left-justify the field with trailing spaces.                     | <b>Optional</b><br><b>*Required by payer to properly adjudicate claim.</b> |
| 307-C7 | Patient Location   | 9(2)  | N    | 00 = Not specified<br>01 = Home<br>02 = Inter-Care<br>03 = Nursing Home<br>04 = Long Term/Extended Care<br>05 = Rest Home<br>06 = Boarding Home<br>07 = Skilled Care Facility<br>08 = Sub-Acute Care Facility<br>09 = Acute Care Facility<br>10 = Outpatient<br>11 = Hospice | Optional   |

| Field  | Field Name                     | PIC   | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--|--------------------------------|-------|------|--|---------------------|
| <b>INSURANCE SEGMENT</b>   |                                |       |      |  |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                                |       |      |  |                     |
| 111-AM   | Segment Identification         | X(2)  | A    | '04' – Insurance   | Required            |
| 302-C2   | Cardholder ID                  | X(20) | A    | <b>Louisiana 16 digit recipient's Card Control Number (CCN) beginning with "777", or 13 digit recipient's Medicaid ID Number. Left-justify the field with trailing spaces.</b> | Required            |
| 309-C9   | Eligibility Clarification Code | 9(1)  | N    | 0 = Not specified<br>1 = No Override<br>2 = Override<br>3 = Full Time Student<br>4 = Disabled Dependent<br>5 = Dependent Parent<br>6 = Significant Other                       | Optional            |
| 301-C1   | Group ID                       | X(15) | A    | ID assigned to the cardholder group or employer group. Up to 15 characters.  | Optional            |

| Field  | Field Name                | PIC  | TYPE | VALUE   | COMMENTS OR FROM/TO |
|--------|---------------------------|------|------|---|---------------------|
| 303-C3 | Person Code               | X(3) | A    | N/A   | Optional            |
| 306-C6 | Patient Relationship Code | 9(1) | N    | 0 = Not specified<br>1 = Cardholder<br>2 = Spouse<br>3 = Child<br>4 = Other | Optional            |

| <b>CLAIM SEGMENT</b>   |   |            |             |   |  |
|--|---|------------|-------------|---|--|
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |   |            |             |   |  |
| <b>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b>    |   |            |             |   |  |
| <b>Field</b>   | <b>Field Name</b>                               | <b>PIC</b> | <b>TYPE</b> | <b>VALUE</b>  | <b>COMMENTS OR FROM/TO</b>   |
| 111-AM   | Segment Identification                          | X(2)       | A           | '07' – Claim  | Required   |
| 455-EM   | Prescription/Service Reference Number Qualifier | X(1)       | A           | Constant of "1" – Rx Billing  | Required   |
| 402-D2   | Prescription/Service Reference Number           | 9(7)       | N           | Seven digit prescription number<br>The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary.        | Required   |
| 436-E1   | Product/Service ID Qualifier                    | X(2)       | A           | Constant of "03" – National drug code (NDC)   | Required   |
| 407-D7   | Product/Service ID                              | X(19)      | A           | Eleven character NDC number   | Required   |
| 442-E7   | Quantity Dispensed                              | 9(7)V999   | N           | Format = 9999999.999<br>9(7)V999  | <b>Optional</b><br><b>*Required by payer to properly adjudicate claim.</b> |
| 403-D3   | Fill Number                                     | 9(2)       | N           | 00 = Original dispensing<br>01-99 = Refill number   | Optional   |
| 405-D5   | Days Supply                                     | 9(3)       | N           | Format = 999<br>The pharmacist's estimated number of days the quantity dispensed will last. Express in whole days and right-justify with leading zeros. | <b>Optional</b><br><b>*Required by payer to properly adjudicate claim.</b> |
| 406-D6   | Compound Code                                   | 9(1)       | N           | 0 = Not specified<br>1 = Not a compound<br>2 = Compound   | Optional   |

| <b>CLAIM SEGMENT</b>  |                           |      |      |  |  |
|---|---------------------------|------|------|--|--|
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br/>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b> |                           |      |      |  |  |
| Field   | Field Name                | PIC  | TYPE | VALUE  | COMMENTS<br>OR<br>FROM/TO  |
| 408-D8  | Dispense as Written (DAW) | X(1) | A    | 0 = No Product Selection Indicated<br>1 = Substitution Not Allowed By Prescriber<br>2 = Substitution Allowed-Patient Requested Product Dispensed<br>3 = Substitution Allowed-Pharmacist Selected Product Dispensed<br>4 = Substitution Allowed-Generic Drug Not in Stock<br>5 = Substitution Allowed-Brand Drug Dispensed as a Generic<br>6 = Override<br>7 = Substitution Not Allowed-Brand Drug Mandated By Law<br>8 = Substitution Allowed-Generic Drug Not Available in Marketplace<br>9 = Other | Optional   |
| 414-DE  | Date Prescription Written | 9(8) | N    | CCYYMMDD format  | <b>Optional</b><br><b>*Required by payer to properly adjudicate claim.</b> |
| 308-C8  | Other Coverage Code       | 9(2) | N    | This field indicates whether or not the Medicaid recipient has other health insurance coverage:<br>0 - Not specified<br>1 - No other coverage identified<br>2 - Other coverage exists<br>3=Other coverage exists-this claim not covered<br>4=Other coverage exists-payment not collected<br>5=Managed care plan denial<br>6=Other coverage denied-not a participating provider<br>7=Other coverage exists-not in effect at time of service<br>8=Claim is a billing for a copay                       | <b>Optional – Specific values required for COB Edit Override</b>           |
| 429-DT  | Unit Dose Indicator       | 9(1) | N    | Ø=Not Specified<br>1=Not Unit Dose<br>2=Manufacturer Unit Dose<br>3=Pharmacy Unit Dose   | Optional   |

| CLAIM SEGMENT   |                                      |       |      |  |                     |
|---|--------------------------------------|-------|------|--|---------------------|
| Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim. |                                      |       |      |  |                     |
| Field   | Field Name                           | PIC   | TYPE | VALUE  | COMMENTS OR FROM/TO |
| 418-DI  | Level of Service                     | 9(2)  | N    | 0 = Not specified<br>1 = Patient Consultation<br>2 = Home Delivery<br>3 = Emergency<br>4 = 24 hour Service<br>5 = Patient consultation regarding generic product selection<br>6 = In-Home Service  | Optional            |
| 461-EU  | Prior Authorization Type Code        | 9(2)  | N    | 0 = Not specified<br>1 = Prior Authorization<br>2 = Medical Certification<br>3 = EPSDT (Early Periodic Screening Diagnosis Treatment)<br>4 = Exemption from Copay<br>5 = Exemption from RX<br>6 = Family Plan Indic.<br>7 = AFDC (Aid to Families with Dependent Children)<br><b>8 = Payer Defined Exemption **</b><br><br><b>** See Louisiana specific notes below.</b> | Optional            |
| 462-EV  | Prior Authorization Number Submitted | 9(11) | N    | Eleven characters.<br>461-EU and 462-EV together replace version 3C's 416 PA/MC Code and Number.   | Optional            |

† Required if the submitted Cardholder ID Number is a Card Control Number (CCN). A CCN is distinguished by having 16 characters beginning with “777”.

**\*\* Louisiana Specific Notes:**

Data element 461-EU (Prior Authorization Type Code) value 8 (“Payer Defined Exemption”) will be used to determine pregnancy. Data element 335-2C Pregnancy Indicator will not be referenced.

| Field   | Field Name              | PIC   | TYPE | VALUE  | COMMENTS OR FROM/TO |
|---|-------------------------|-------|------|--|---------------------|
| <b>PRESCRIBER SEGMENT</b>   |                         |       |      |  |                     |
| Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim. |                         |       |      |  |                     |
| 111-AM  | Segment Identification  | X(2)  | A    | '03' – Prescriber  | Required            |
| 466-EZ  | Prescriber ID Qualifier | X(2)  | A    | 01 = National Provider Identifier (NPI)<br>05 = Medicaid | Optional            |
| 411-DB  | Prescriber ID           | X(15) | A    | <b>This is not a practitioner DPR number.</b>            | <b>Optional</b>     |

| Field | Field Name | PIC | TYPE | VALUE   | COMMENTS OR FROM/TO  |
|-------|------------|-----|------|---|--|
|       |            |     |      | <p><b>This field is left justified with trailing spaces.</b><br/>           If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent.</p> <p>Until prescriber data has been adequately disseminated, the legacy Medicaid ID will also be accepted in this field.</p> <p>When sending the legacy Medicaid ID, please note the following:<br/>           If the prescriber's ID is seven digits and the first digit is a one, this field contains the next five digits of the seven digit number.<br/>           OR<br/>           If the prescriber's ID is seven digits and begins with two zeroes, then this field contains the last five digits of the seven digit number.<br/>           OR<br/>           If the prescriber's ID is five digits, then this field contains the five digit number.</p> | <p><b>*Required by payer to properly adjudicate claim.</b></p> |

| Field   | Field Name                                   | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO   |
|---|--|-------|------|---|---|
| <p><b>COB/OTHER PAYMENTS SEGMENT</b><br/> <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b><br/> <b>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b></p> |  |       |      |   |   |
| 111-AM  | Segment Identification                       | X(2)  | A    | '05' – COB/Other Payments   | Required  |
| 337-4C  | Coordination of Benefits/Other Payment Count | 9(1)  | N    | <b>Maximum of 3 accepted for Louisiana.</b><br>One digit only.  | Required  |
| 338-5C  | Other Payer Coverage Type                    | X(02) | A    | <b>Maximum of 3 accepted for Louisiana</b><br>Blank=Not Specified<br>Ø1=Primary<br>Ø2=Secondary<br>Ø3=Tertiary<br>98=Coupon<br>99=Composite | Required  |
| 339-6C  | Other Payer ID Qualifier                     | X(2)  | A    | <b>Maximum of 3 accepted for Louisiana</b>  | Optional (Repeating)<br>Please submit Louisiana specific Carrier Code |



| Field  | Field Name                        | PIC          | TYPE | VALUE  | COMMENTS OR FROM/TO   |
|--------|-----------------------------------|--------------|------|--|---|
|        |                                   |              |      |  | with 99 Qualifier   |
| 340-7C | Other Payer ID                    | X(10)        | A    | <b>Maximum of 3 accepted for Louisiana</b>   | (Repeating)<br>Please send Louisiana specific Carrier Code.                   |
| 443-E8 | Other Payer Date                  | 9(8)         | N    | <b>Maximum of 3 accepted for Louisiana</b><br>CCYYMMDD format  | Optional<br>(Repeating)   |
| 341-HB | Other Payer Amount Paid Count     | 9(1)         | N    | <b>Maximum of 3 accepted for Louisiana</b>   | Optional  |
| 342-HC | Other Payer Amount Paid Qualifier | X(2)         | A    | <b>Maximum of 3 accepted for Louisiana</b> Blank=Not Specified<br>Ø1=Delivery<br>Ø2=Shipping<br>Ø3=Postage<br>Ø4=Administrative<br>Ø5=Incentive<br>Ø6=Cognitive Service<br>Ø7=Drug Benefit<br>Ø8=Sum of All Reimbursement<br>98=Coupon<br>99=Other | Optional<br>(Repeating)<br>Please use 07=Drug Benefit for individual payments |
| 431-DV | Other Payer Amount Paid           | S9(6)<br>V99 | N    | <b>Maximum of 3 accepted for Louisiana</b><br>Format s9(6)V99<br>It represents the dollar amount of payment known by the pharmacy from other sources. Format s\$\$\$\$cc, zero fill if no amount collected.  | Optional<br>(Repeating)   |
| 471-5E | Other Payer Reject Count          | 9(2)         | N    | <b>Maximum of 5</b>  | Optional  |
| 472-6E | Other Payer Reject Code           | X(3)         | A    | <b>Maximum of 5 accepted for each Other-Payer-ID Reject Code returned (Louisiana)</b>  | Optional<br>Repeating   |

| Field   | Field Name                | PIC  | TYPE | VALUE  | COMMENTS OR FROM/TO  |
|---|---------------------------|------|------|--|----------------------|
| <b>DUR/PPS SEGMENT</b>  |                           |      |      |  |                      |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br/>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b> |                           |      |      |  |                      |
| 111-AM  | Segment Identification    | X(2) | A    | '08' – DUR/PPS   | Required             |
| 473-7E  | DUR/PPS Code Counter      | 9(1) | N    | Recommend value of "1", "2", or "3"  | Optional             |
| 439-E4  | Reason for Service Code   | X(2) | A    | DD = Drug to Drug Interaction<br>ID = Ingredient Duplication<br>TD = Therapeutic Duplication<br>ER = Early Refill<br>MX = Excessive Duration<br>PG = Pregnancy Precaution<br>HD = High Dose<br>NN = Unnecessary Drug | Optional (Repeating) |
| 440-E5  | Professional Service Code | X(2) | A    | DD, HD, NN, MX and TD Reasons for Service require Professional Service Code = M0<br>ID and ER Reasons for Service require Professional Service Codes = 'M0' 'P0' 'R0'  | Optional (Repeating) |
| 441-E6  | Result of Service Code    | X(2) | A    | DD, HD, NN, MX and TD Result of Service Code (DUR Outcome) = 1G<br>ID and ER Result of Service Code (DUR Outcome) = '1A' '1B' '1C' '1D' '1E' '1F' '1G'   | Optional (Repeating) |

| PRICING SEGMENT   |                               |              |   |  |  |
|---|-------------------------------|--------------|---|--|--|
| Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim. |                               |              |   |  |  |
| 111-AM  | Segment Identification        | X(2)         | A | '11' – Pricing   | Required   |
| 409-D9  | Ingredient Cost Submitted     | S9(6)<br>V99 | N | Format S9(6)V99  | Optional   |
| 433-DX  | Patient Paid Amount Submitted | S9(6)<br>V99 | N | Format S9(6)V99 .  | Optional   |
| 438-E3  | Incentive Amount Submitted    | S9(6)<br>V99 | N | Format S9(6)V99  | Optional   |
| 426-DQ  | Usual and Customary Charge    | S9(6)<br>V99 | N | Format S9(6)V99 The usual and customary charge for the prescription in s\$\$\$\$cc format. | <b>Required by payer to properly adjudicate claim.</b> |
| 430-DU  | Gross Amount Due              | S9(6)<br>V99 | N | Format S9(6)V99  | Optional   |

| Field   | Field Name               | PIC   | TYPE | VALUE  | COMMENTS OR FROM/TO |
|---|--------------------------|-------|------|--|---------------------|
| CLINICAL SEGMENT  |                          |       |      |  |                     |
| Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim. |                          |       |      |  |                     |
| 111-AM  | Segment Identification   | X(2)  | A    | '13' – Clinical  | Required            |
| 491-VE  | Diagnosis Code Count     | 9(1)  | N    | Recommend value of "1"   | Optional            |
| 492-WE  | Diagnosis Code Qualifier | X(2)  | A    | Blank=Not Specified<br>ØØ=Not Specified<br>Ø1=International Classification of Diseases (ICD9)<br>Ø2=International Classification of Diseases (ICD1Ø)<br>Ø3=National Criteria Care Institute (NCCI)<br>Ø4=The Systematized Nomenclature of Human and Veterinary Medicine (SNOMED)<br>Ø5=Common Dental Terminology (CDT)<br>Ø6=Medi-Span Diagnosis Code<br>Ø7=American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders(DSM IV)<br>99=Other | Optional            |
| 424-DO  | Diagnosis Code           | X(15) | A    | Up to 15 characters. Decimal points are explicit.  | Optional            |

## 7.2 Reversal Submission (Input)

| Field                                  | Field Name                       | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |    |
|--|----------------------------------|-------|------|---|---------------------|----|
| <b>HEADER SEGMENT</b>                  |                                  |       |      |   |                     |    |
| <b>Mandatory – Fixed Length Fields</b> |                                  |       |      |   |                     |    |
| 101-A1                                 | Bin Number                       | 9(6)  | N    | This is a constant of '610514'.   | 1                   | 6  |
| 102-A2                                 | Version/Release Number ('5.1')   | X(2)  | A    | This is a constant of "51". This field identifies the format of the transaction.  | 7                   | 8  |
| 103-A3                                 | Transaction Code                 | X(2)  | A    | B2 = Reversals  | 9                   | 10 |
| 104-A4                                 | Processor Control Number         | X(10) | A    | The processor control number indicates whether this is a test or production transaction.<br>Louisiana Medicaid POS Production Transaction - "LOUIPROD" followed by 2 blanks<br>Louisiana Medicaid POS Test Transaction - "LOUITEST" followed by 2 blanks                    | 11                  | 20 |
| 109-A9                                 | Transaction Count                | X(1)  | A    | <b>1 = Reversal</b>   | 21                  | 21 |
| 202-B2                                 | Service Provider ID Qualifier    | X(2)  | A    | Constant of '01' National Provider Number (NPI)<br>'05' Medicaid (will be allowed until NPI is required by Louisiana Medicaid)  | 22                  | 23 |
| 201-B1                                 | Pharmacy Number                  | X(15) | A    | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 24                  | 38 |
| 401-D1                                 | Date of Service                  | 9(8)  | N    | CCYYMMDD format   | 39                  | 46 |
| 110-AK                                 | Software Vendor/Certification ID | X(10) | A    | ID assigned by the switch or processor to identify the software source.   | 47                  | 56 |

| Field  | Field Name  | PIC   | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--|---|-------|------|--|---------------------|
| <b>CLAIM SEGMENT</b>   |   |       |      |  |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |   |       |      |  |                     |
| 111-AM   | Segment Identification                            | X(2)  | A    | '07' – Claim   | Required            |
| 455-EM   | Prescription / Service Reference Number Qualifier | X(1)  | A    | <b>Constant of "1" – Rx Billing</b>  | Required            |
| 402-D2   | Prescription / Service Reference Number           | 9(7)  | N    | Seven digit prescription number<br>The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary. | Required            |
| 436-E1   | Product/Service ID Qualifier                      | X(2)  | A    | Constant of "03" – National drug code (NDC)  | Required            |
| 407-D7   | Product/Service ID                                | X(19) | A    | Eleven character NDC number  | Required            |

## 8.0 CLAIM RESPONSES

This section describes the standard response formats. The transaction header response status codes are limited to:

- A - Header Acceptable
- R - Header Unacceptable

If the response status is an 'A', each claim (prescription) will have a status code:

- P - Claim Payable
- C - Claim Captured
- D - Duplicate Claim
- R - Claim Rejected\*

Each response status is explained in detail in the following sections. For multiple prescription claims, the Response Information Section is repeated for each prescription. There may be a combination of paid, captured, duplicate, and rejected prescriptions when an acceptable transaction is submitted for multiple prescriptions.

\* See Appendix D for NCPDP Rejection Codes.

## 8.1 Claim Paid or Duplicate of Paid

The information returned on a Duplicate Claim response is the same response that is returned in the original response for a P (Payable) response. The MESSAGE AREA (Field 504) will reflect the Recipient ID Number or CCN, ICN, and status effective date of the related history record.

The format is as follows:

RRRRRRRRRRRRRR ICN: TTTTTTTTTTTTTT DT: MM/DD/YY XXXX

or CCCCCCCCCCCCCCCC ICN: TTTTTTTTTTTTTT DT: MM/DD/YY

where:

RRRRRRRRRRRRRR - Medicaid Recipient ID Number

CCCCCCCCCCCCCCCC - Medicaid CCN

TTTTTTTTTTTTTT - The Internal Control Number (ICN) of the related history claim

MM/DD/YY - The adjudication date from the related history claim

This message indicates to the pharmacist that a claim for that drug has been paid, on that date of service, for that recipient.

The following is a list of the data elements, field names, and field positions for claim payable responses.

| Field                                  | Field Name                     | PIC  | TYPE | VALUE  | COMMENTS OR FROM/TO |    |
|--|--------------------------------|------|------|--|---------------------|----|
| <b>HEADER SEGMENT</b>                  |                                |      |      |  |                     |    |
| <b>Mandatory – Fixed Length Fields</b> |                                |      |      |  |                     |    |
| 102-A2                                 | Version/Release Number ('5.1') | X(2) | A    | This is a constant of "51". This field identifies the format of the transaction.   | 7                   | 8  |
| 103-A3                                 | Transaction Code               | X(2) | A    | B1 = Billing (for up to 4 claims per transaction)  | 9                   | 10 |
| 109-A9                                 | Transaction Count              | X(1) | A    | 1 = one claim in a transaction<br>2 = two claims in a transaction<br>3 = three claims in a transaction<br>4 = four claims in a transaction | 21                  | 21 |
| 501-F1                                 | Response Status                | X(1) | A    | 'A' – Accepted   | 22                  | 22 |
| 202-B2                                 | Service Provider ID Qualifier  | X(2) | A    | Constant of '01' National Provider Number (NPI)<br>'05' Medicaid (will be allowed until NPI is required)                                   | 23                  | 24 |

| Field  | Field Name      | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |    |
|--------|-----------------|-------|------|---|---------------------|----|
| 201-B1 | Pharmacy Number | X(15) | A    | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 25                  | 39 |
| 401-D1 | Date of Service | 9(8)  | N    | CCYYMMDD format   | 40                  | 47 |

| Field  | Field Name             | PIC    | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--|------------------------|--------|------|--|---------------------|
| <b>MESSAGE SEGMENT</b>   |                        |        |      |  |                     |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                        |        |      |  |                     |
| 111-AM   | Segment Identification | X(2)   | A    | '20' – Message   | Required            |
| 504-F4   | Message                | X(200) | A    | <b>ORIG Paid Claim</b><br>PROV PIC X(07)<br>FILLER PIC X(01)<br><b>RID PIC X(13)</b><br><b>OR CCN PIC X(16)</b><br>FILLER PIC X(01)<br>ADJUD-DATE PIC X(08)<br><b>OR</b><br><b>Duplicate of PAID Claim</b><br>Recipient ID or CCN<br>ICN of original paid claim<br>Adjudication date of original claim | Optional            |

| Field  | Field Name                  | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |
|--|-----------------------------|-------|------|---|---------------------|
| <b>STATUS SEGMENT</b>  |                             |       |      |   |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                             |       |      |   |                     |
| <b>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b>    |                             |       |      |   |                     |
| 111-AM   | Segment Identification      | X(2)  | A    | '21' – Response Status  | Required            |
| 112-AN   | Transaction Response Status | X(1)  | A    | 'D' Duplicate or 'P' - Paid   | Required            |
| 503-F3   | Authorization Number        | X(20) | A    | Up to 20 characters. Number assigned by the processor to identify an authorized transaction. <b>(ICN)</b> | Optional            |

| Field  | Field Name                     | PIC    | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--------|--------------------------------|--------|------|--|---------------------|
| 526-FQ | Additional Message Information | X(200) | A    | Contains the Billed charges.<br><b>AND MAY</b> contain one of the following RX PA educational messages: <ul style="list-style-type: none"> <li>NEW RX WILL REQUIRE PA</li> <li>EMERGENCY OVERRIDE OF DRUG THAT REQUIRES PA</li> <li>OVERRIDE/PRESCRIPTION EXCEEDS 8 RXS PER MONTH LIMIT</li> </ul> | Optional            |

| Field   | Field Name  | PIC  | TYPE | VALUE  | COMMENTS OR FROM/TO |
|---|---|------|------|--|---------------------|
| <b>CLAIM SEGMENT</b>  |   |      |      |  |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br/>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b> |   |      |      |  |                     |
| 111-AM  | Segment Identification                            | X(2) | A    | '22' – Response Claim  | Required            |
| 455-EM  | Prescription / Service Reference Number Qualifier | X(1) | A    | Constant of "1" – Rx Billing   | Required            |
| 402-D2  | Prescription/ Service Reference Number            | 9(7) | N    | Seven digit prescription number<br>The pharmacy's file number for this prescription. This field is right justified and zero filled if necessary. | Required            |

| Field   | Field Name                 | PIC      | TYPE | VALUE                   | COMMENTS OR FROM/TO |
|---|----------------------------|----------|------|-------------------------|---------------------|
| <b>PRICING SEGMENT</b>  |                            |          |      |                         |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br/>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b> |                            |          |      |                         |                     |
| 111-AM  | Segment Identification     | X(2)     | A    | '23' – Response Pricing | Required            |
| 505-F5  | Patient Pay Amount         | S9(6)V99 | N    | S9(6)V99                | Optional            |
| 506-F6  | Ingredient Cost Paid       | S9(6)V99 | N    | S9(6)V99                | Optional            |
| 507-F7  | Dispensing Fee Paid        | S9(6)V99 | N    | S9(6)V99                | Optional            |
| 558-AW  | Flat Sales Tax Amount Paid | S9(6)V99 | N    | S9(6)V99                | Optional            |



| Field  | Field Name                                | PIC      | TYPE | VALUE  | COMMENTS OR FROM/TO                |
|--------|---|----------|------|--|------------------------------------|
| 521-FL | Incentive Amount Paid                     | S9(6)V99 | N    | S9(6)V99   | Optional                           |
| 509-F9 | Total Amount Paid                         | S9(6)V99 | N    | S9(6)V99   | Optional<br><b>LA Returns Info</b> |
| 522-FM | Basis of Reimbursement Determination      | 9(2)     | N    | 0=Not Specified<br>1=Ingredient Cost Paid as Submitted<br>2=Ingredient Cost Reduced to AWP Pricing<br>3=Ingredient Cost Reduced to AWP Less X% Pricing<br>4=Usual & Customary Paid as Submitted<br>5=Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary<br>6=MAC Pricing Ingredient Cost Paid<br>7=MAC Pricing Ingredient Cost Reduced to MAC<br>8=Contract Pricing<br>9=Acquisition Pricing | Optional                           |
| 523-FN | Amount Attributed to Sales Tax            | S9(6)V99 | N    | S9(6)V99   | Optional                           |
| 512-FC | Accumulated Deductible Amount             | S9(6)V99 | N    | S9(6)V99   | Optional                           |
| 513-FD | Remaining Deductible Amount               | S9(6)V99 | N    | S9(6)V99   | Optional                           |
| 514-FE | Remaining Benefit Amount                  | S9(6)V99 | N    | S9(6)V99   | Optional                           |
| 517-FH | Amount Applied to Periodic Deductible     | S9(6)V99 | N    | S9(6)V99   | Optional                           |
| 518-FI | Amount of Co-Pay/ Coinsurance             | S9(6)V99 | N    | S9(6)V99   | Optional                           |
| 519-FJ | Amount Attributed to Product Selection    | S9(6)V99 | N    | S9(6)V99   | Optional                           |
| 520-FK | Amount Exceeding Periodic Benefit Maximum | S9(6)V99 | N    | S9(6)V99   | Optional                           |

| <b>DUR/PPS SEGMENT</b>   |                               |            |             |  |                            |
|--|-------------------------------|------------|-------------|--|----------------------------|
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                               |            |             |  |                            |
| <b>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b>    |                               |            |             |  |                            |
| <b>Field</b>   | <b>Field Name</b>             | <b>PIC</b> | <b>TYPE</b> | <b>VALUE</b>   | <b>COMMENTS OR FROM/TO</b> |
| 111-AM   | Segment Identification        | X(2)       | A           | '24' – Response DUR/PPS  | Required                   |
| 567-J6   | DUR/PPS Response Code Counter | 9(1)       | N           | Recommend value of "1 - 3"   | Optional (Repeating)       |
| 439-E4   | Reason for Service Code       | X(2)       | A           | <b>Louisiana reports the following Reason for Service Codes:</b><br>DD=Drug-Drug Interaction<br>ER=Overuse<br>HD=High Dose<br>ID=Ingredient Duplication<br>MX=Excessive Duration<br>NN=Unnecessary Drug<br>PG=Drug-Pregnancy<br>TD=Therapeutic | Optional (Repeating)       |
| 528-FS   | Clinical Significance Code    | X(1)       | A           | Blank=Not Specified<br>1=Major<br>2=Moderate<br>3=Minor  | Optional (Repeating)       |
| 529-FT   | Other Pharmacy Indicator      | 9(1)       | N           | Ø=Not Specified<br>1=Your Pharmacy<br>2=Other Pharmacy in Same Chain<br>3=Other Pharmacy   | Optional (Repeating)       |
| 530-FU   | Previous Date of Fill         | 9(8)       | N           | YYYYMMDD format  | Optional (Repeating)       |
| 531-FV   | Quantity of Previous Fill     | 9(7)V999   | N           | 9(7)V999   | Optional (Repeating)       |
| 532-FW   | Database Indicator            | X(1)       | A           | 1 = First Data Bank  | Optional (Repeating)       |
| 533-FX   | Other Prescriber Indicator    | 9(1)       | N           | 0 = Not specified<br>1 = Same Prescriber<br>2 = Other Prescriber   | Optional (Repeating)       |
| 544-FY   | DUR Free Text Message         | X(30)      | A           | Up to 30 characters  |                            |

## 8.2 Claim Captured

The following is a list of data elements, field names, and field positions for claim captured responses.

**NOTE: A claim-captured response will no longer be returned when the Explanation of Benefits (EOB) codes 215, 216, or 235 are present. These**

exceptions are related to recipient eligibility. Previously an eligibility override code was required in the claim transaction as well as the recipient's date of birth. These captured claims were maintained in the claims processing system for three weekly recycles waiting eligibility status and on the third recycle, if the recipient was still not in the Medicaid system, the claim denied on the next remittance.

A claim-captured response will be returned when EOB codes 280 or 459 are present. These claims will require updates to the Medicaid Drug File in order to receive payment. See Appendix E, *EOB translation*, for additional information.

| Field                                  | Field Name                     | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |    |
|--|--------------------------------|-------|------|---|---------------------|----|
| <b>HEADER SEGMENT</b>                  |                                |       |      |   |                     |    |
| <b>Mandatory – Fixed Length Fields</b> |                                |       |      |   |                     |    |
| 102-A2                                 | Version/Release Number ('5.1') | X(2)  | A    | This is a constant of "51". This field identifies the format of the transaction.  | 7                   | 8  |
| 103-A3                                 | Transaction Code               | X(2)  | A    | B1 = Billing (for up to 4 claims per transaction)   | 9                   | 10 |
| 109-A9                                 | Transaction Count              | X(1)  | A    | 1 = one claim in a transaction<br>2 = two claims in a transaction<br>3 = three claims in a transaction<br>4 = four claims in a transaction  | 21                  | 21 |
| 501-F1                                 | Response Status                | X(1)  | A    | 'A' – Accepted  | 22                  | 22 |
| 202-B2                                 | Service Provider ID Qualifier  | X(2)  | A    | Constant of '01' National Provider Number (NPI)<br>'05' Medicaid (will be allowed until NPI is required)  | 23                  | 24 |
| 201-B1                                 | Pharmacy Number                | X(15) | A    | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 25                  | 39 |
| 401-D1                                 | Date of Service                | 9(8)  | N    | CCYYMMDD format   | 40                  | 47 |

| Field  | Field Name             | PIC    | TYPE | VALUE   | COMMENTS OR FROM/TO |
|--|------------------------|--------|------|---|---------------------|
| <b>MESSAGE SEGMENT</b>   |                        |        |      |   |                     |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                        |        |      |   |                     |
| 111-AM   | Segment Identification | X(2)   | A    | '20' – Message  | Required            |
| 504-F4   | Message                | X(200) | A    | PROV PIC X(07)<br>FILLER PIC X(01)<br><b>RID PIC X(13)</b><br><b>OR CCN PIC X(16)</b><br>FILLER PIC X(01)<br>ADJUD-DATE PIC X(08) | Optional            |

| Field  | Field Name                     | PIC    | TYPE | VALUE   | COMMENTS OR FROM/TO |
|--|--------------------------------|--------|------|---|---------------------|
| <b>STATUS SEGMENT</b>  |                                |        |      |   |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                                |        |      |   |                     |
| <b>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b>    |                                |        |      |   |                     |
| 111-AM   | Segment Identification         | X(2)   | A    | '21' – Response Status  | Required            |
| 112-AN   | Transaction Response Status    | X(1)   | A    | 'C' - Captured  | Required            |
| 503-F3   | Authorization Number           | X(20)  | A    | Up to 20 characters. Number assigned by the processor to identify an authorized transaction. <b>(ICN)</b>   | Optional            |
| 526-FQ   | Additional Message Information | X(200) | A    | <b>Contains EOB codes indicating the reason the claims status is set to 'Capture'</b><br><b>10 EOB codes are possible. Each code of x(03) is followed by a space.</b> | Optional            |

| Field  | Field Name                                       | PIC  | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--|--|------|------|--|---------------------|
| <b>CLAIM SEGMENT</b>   |  |      |      |  |                     |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |  |      |      |  |                     |
| <b>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b>    |  |      |      |  |                     |
| 111-AM   | Segment Identification                           | X(2) | A    | '22' – Response Claim  | Required            |
| 455-EM   | Prescription/ Service Reference Number Qualifier | X(1) | A    | Constant of "1" – Rx Billing   | Required            |
| 402-D2   | Prescription/ Service Reference Number           | 9(7) | N    | Seven digit prescription number<br>The pharmacy's file number for this prescription. This field is right justified and zero filled if necessary. | Required            |

### 8.3 Claim Reject

The following is a list of data elements, field names, and field positions for rejected responses.

| Field                                  | Field Name                     | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |    |
|--|--------------------------------|-------|------|---|---------------------|----|
| <b>HEADER SEGMENT</b>                  |                                |       |      |   |                     |    |
| <b>Mandatory – Fixed Length Fields</b> |                                |       |      |   |                     |    |
| 102-A2                                 | Version/Release Number ('5.1') | X(2)  | A    | This is a constant of "51". This field identifies the format of the transaction.  | 7                   | 8  |
| 103-A3                                 | Transaction Code               | X(2)  | A    | B1 = Billing (for up to 4 claims per transaction)   | 9                   | 10 |
| 109-A9                                 | Transaction Count              | X(1)  | A    | 1 = one claim in a transaction<br>2 = two claims in a transaction<br>3 = three claims in a transaction<br>4 = four claims in a transaction  | 21                  | 21 |
| 501-F1                                 | Response Status                | X(1)  | A    | 'A' – Accepted  | 22                  | 22 |
| 202-B2                                 | Service Provider ID Qualifier  | X(2)  | A    | Constant of '01' National Provider Number (NPI)<br>'05' Medicaid (will be allowed until NPI is required)  | 23                  | 24 |
| 201-B1                                 | Pharmacy Number                | X(15) | A    | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 25                  | 39 |
| 401-D1                                 | Date of Service                | 9(8)  | N    | CCYYMMDD format   | 40                  | 47 |

| Field  | Field Name             | PIC    | TYPE | VALUE   | COMMENTS OR FROM/TO |
|--|------------------------|--------|------|---|---------------------|
| <b>MESSAGE SEGMENT</b>   |                        |        |      |   |                     |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                        |        |      |   |                     |
| 111-AM   | Segment Identification | X(2)   | A    | '20' – Message  | Required            |
| 504-F4   | Message                | X(200) | A    | PROV PIC X(07)<br>FILLER PIC X(01)<br><b>RID PIC X(13)</b><br><b>OR CCN PIC X(16)</b><br>FILLER PIC X(01)<br>ADJUD-DATE PIC X(08) | Optional            |

| Field  | Field Name                  | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO                              |
|--|-----------------------------|-------|------|---|--|
| <b>STATUS SEGMENT</b>  |                             |       |      |   |  |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                             |       |      |   |  |
| <b>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b>    |                             |       |      |   |  |
| 111-AM   | Segment Identification      | X(2)  | A    | '21' – Response Status  | Required   |
| 112-AN   | Transaction Response Status | X(1)  | A    | 'R' – Rejected  | Required   |
| 503-F3   | Authorization Number        | X(20) | A    | <b>LA returns the ICN</b>   | Optional   |
| 510-FA   | Reject Count                | 9(2)  | N    |   | Required (for Reject Response)                   |
| 511-FB   | Reject Code                 | X(3)  | A    | Reference Appendix F of the NCPDP 5.1 Data Dictionary for a list of valid values. Up to 20 codes. | Required (for Reject Response) (Repeating Field) |

| Field  | Field Name                     | PIC    | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--------|--------------------------------|--------|------|--|---------------------|
| 526-FQ | Additional Message Information | X(200) | A    | <p><b>Contains EOB codes indicating the reason the claims status is set to 'Reject'</b></p> <p>10 EOB codes are possible.</p> <p>Each code of x(03) is followed by a space.</p> <p>A <b>text message</b> will also be present for the following EOB codes:</p> <p>133 Invalid CCN<br/> 134 DOB mismatch for CCN<br/> 479 MX override not valid<br/> 485 PA Required<br/> 486 PA Expired<br/> 498 Prescription Limit Exceeded<br/> 575 M/I Diagnosis Code<br/> 576 M/I PA/MC code</p> <p>Please see appendix "F" for EOB translation.</p> | Optional            |

| Field   | Field Name  | PIC  | TYPE | VALUE  | COMMENTS OR FROM/TO |
|---|---|------|------|--|---------------------|
| <b>CLAIM SEGMENT</b>  |   |      |      |  |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br/>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b> |   |      |      |  |                     |
| 111-AM  | Segment Identification                            | X(2) | A    | '22' – Response Claim  | Required            |
| 455-EM  | Prescription / Service Reference Number Qualifier | X(1) | A    | Constant of "1" – Rx Billing   | Required            |
| 402-D2  | Prescription/ Service Reference Number            | 9(7) | N    | Seven digit prescription number<br>The pharmacy's file number for this prescription. This field is right justified and zero filled if necessary. | Required            |

| Field   | Field Name                     | PIC   | TYPE | VALUE  | COMMENTS OR FROM/TO  |
|---|--------------------------------|-------|------|--|----------------------|
| <b>DUR/PPS SEGMENT</b>  |                                |       |      |  |                      |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)<br/>Can be repeated (up to 4 per transmission) if more than one transaction is sent per claim.</b> |                                |       |      |  |                      |
| 111-AM  | Segment Identification         | X(2)  | A    | "24" Response DUR/PPS  | M                    |
| 439-E4  | Reason for Service Code        | X(2)  | A    | <b>Louisiana reports the following Reason for Service Codes:</b><br>DD=Drug-Drug Interaction<br>ER=Overuse<br>HD=High Dose<br>ID=Ingredient Duplication<br>MX=Excessive Duration<br>NN=Unnecessary Drug<br>PG=Drug-Pregnancy<br>TD=Therapeutic | Optional (Repeating) |
| 544-FY  | Additional Message Information | X(30) | A    | Up to 30 characters  | Optional             |



## 8.4 Claim Reversal – Accepted

The following is a list of data elements, field names and field positions for the response to an accepted claim reversal.

| Field                                  | Field Name                     | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |    |
|--|--------------------------------|-------|------|---|---------------------|----|
| <b>HEADER SEGMENT</b>                  |                                |       |      |   |                     |    |
| <b>Mandatory – Fixed Length Fields</b> |                                |       |      |   |                     |    |
| 102-A2                                 | Version/Release Number ('5.1') | X(2)  | A    | This is a constant of "51". This field identifies the format of the transaction.  | 7                   | 8  |
| 103-A3                                 | Transaction Code               | X(2)  | A    | B2 = Reversal   | 9                   | 10 |
| 109-A9                                 | Transaction Count              | X(1)  | A    | 1 = Reversals<br><br><b>Note: Multiple reversals in a single transaction are not allowed.</b>   | 21                  | 21 |
| 501-F1                                 | Response Status                | X(1)  | A    | 'A' – Accepted  | 22                  | 22 |
| 202-B2                                 | Service Provider ID Qualifier  | X(2)  | A    | Constant of '01' National Provider Number (NPI)<br>'05' Medicaid (will be allowed until NPI is required)  | 23                  | 24 |
| 201-B1                                 | Pharmacy Number                | X(15) | A    | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 25                  | 39 |
| 401-D1                                 | Date of Service                | 9(8)  | N    | CCYYMMDD format   | 40                  | 47 |

| Field  | Field Name             | PIC    | TYPE | VALUE  | COMMENTS OR FROM/TO |  |
|--|------------------------|--------|------|--|---------------------|--|
| <b>MESSAGE SEGMENT</b>   |                        |        |      |  |                     |  |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                        |        |      |  |                     |  |
| 111-AM   | Segment Identification | X(2)   | A    | '20' – Message   | Required            |  |
| 504-F4   | Message                | X(200) | A    | Spaces<br>-<br>ORIG ID: nnnnnnnnnnn<br>Reversed ICN: 1234567890123 | Optional            |  |

| Field  | Field Name                  | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |
|--|-----------------------------|-------|------|---|---------------------|
| <b>STATUS SEGMENT</b>  |                             |       |      |   |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                             |       |      |   |                     |
| 111-AM   | Segment Identification      | X(2)  | A    | '21' – Response Status                                | Required            |
| 112-AN   | Transaction Response Status | X(1)  | A    | 'A' – Accepted  | Required            |
| 503-F3   | Authorization Number        | X(20) | A    | <b>Contains the ICN of the current reversal claim</b> | Optional            |

| Field  | Field Name  | PIC  | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--|---|------|------|--|---------------------|
| <b>CLAIM SEGMENT</b>   |   |      |      |  |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |   |      |      |  |                     |
| 111-AM   | Segment Identification                            | X(2) | A    | '22' – Response Claim  | Required            |
| 455-EM   | Prescription / Service Reference Number Qualifier | X(1) | A    | Constant of "1" – Rx Billing   | Required            |
| 402-D2   | Prescription/ Service Reference Number            | 9(7) | N    | Seven digit prescription number<br>The pharmacy's file number for this prescription. This field is right justified and zero filled if necessary. | Required            |

## 8.5 Claim Reversal – Rejected

The following is a list of data elements, field names, and field positions for the response to a rejected claim reversal.

| Field  | Field Name                     | PIC  | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--|--------------------------------|------|------|--|---------------------|
| <b>HEADER SEGMENT</b>  |                                |      |      |  |                     |
| <b>Mandatory – Fixed Length Fields</b>                                   |                                |      |      |  |                     |
| 102-A2   | Version/Release Number ('5.1') | X(2) | A    | This is a constant of "51". This field identifies the format of the transaction. | 7 8                 |
| 103-A3   | Transaction Code               | X(2) | A    | B2 = Reversal  | 9 10                |
| 109-A9   | Transaction Count              | X(1) | A    | <b>1 = Reversal</b>  | 21 21               |
| <b>Note: Multiple reversals in a single transaction are not allowed.</b> |                                |      |      |  |                     |

| Field  | Field Name                    | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO |    |
|--------|-------------------------------|-------|------|---|---------------------|----|
| 501-F1 | Response Status               | X(1)  | A    | 'A' – Accepted  | 22                  | 22 |
| 202-B2 | Service Provider ID Qualifier | X(2)  | A    | Constant of '01' National Provider Number (NPI)<br>'05' Medicaid (will be allowed until NPI is required)  | 23                  | 24 |
| 201-B1 | Pharmacy Number               | X(15) | A    | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 25                  | 39 |
| 401-D1 | Date of Service               | 9(8)  | N    | CCYYMMDD format   | 40                  | 47 |

| Field  | Field Name                  | PIC   | TYPE | VALUE   | COMMENTS OR FROM/TO  |
|--|-----------------------------|-------|------|---|----------------------|
| <b>STATUS SEGMENT</b>  |                             |       |      |   |                      |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                             |       |      |   |                      |
| 111-AM   | Segment Identification      | X(2)  | A    | '21' – Response Status  | Required             |
| 112-AN   | Transaction Response Status | X(1)  | A    | 'R' – Rejected  | Required             |
| 503-F3   | Authorization Number        | X(20) | A    | <b>Contains the ICN of the current reversal claim</b>   | Optional             |
| 510-FA   | Reject Count                | 9(2)  | N    | Count of 'Reject Code' (511-FB) occurrences.  | Required             |
| 511-FB   | Reject Code                 | X(3)  | A    | Reference Appendix F of the NCPDP 5.1 Data Dictionary for a list of valid values. Up to 10 codes. | Required (Repeating) |

| Field  | Field Name  | PIC  | TYPE | VALUE                        | COMMENTS OR FROM/TO |
|--|---|------|------|------------------------------|---------------------|
| <b>CLAIM SEGMENT</b>   |   |      |      |                              |                     |
| <b>Required Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |   |      |      |                              |                     |
| 111-AM   | Segment Identification                            | X(2) | A    | '22' – Response Claim        | Required            |
| 455-EM   | Prescription / Service Reference Number Qualifier | X(1) | A    | Constant of "1" – Rx Billing | Required            |

| Field  | Field Name                            | PIC  | TYPE | VALUE  | COMMENTS OR FROM/TO |
|--------|---------------------------------------|------|------|--|---------------------|
| 402-D2 | Prescription/Service Reference Number | 9(7) | N    | Seven digit prescription number<br>The pharmacy's file number for this prescription. This field is right justified and zero filled if necessary. | Required            |

## 9.0 SAMPLE INPUT AND RESPONSES

A sample of input transactions and responses for pharmacy claims is shown below. These examples use NCPDP version 5.1 format as input. Additionally, all responses are in NCPDP version 5.1 format.

### 9.1 Single Prescription Claim

| Field              | Field Name                    | Value   | Vendor Input              |
|--------------------|-------------------------------|---|---------------------------|
| 101-A1<br>Required | Bin Number                    | 610514 – LA Medicaid  | 610514                    |
| 102-A2<br>Required | Version/Release Number        | 51 – Version 5.1  | 51                        |
| 103-A3<br>Required | Transaction Code              | B1 – Billing  | B1                        |
| 104-A4<br>Required | Processor Control Number      | LOUIPROD – Louisiana Production Rx Transaction  | LOUIPROD                  |
| 109-A9<br>Required | Transaction Count             | 1 – One occurrence<br>2 – Two occurrences<br>3 – Three occurrences<br>4 – Four occurrences  | 1                         |
| 202-B2<br>Required | Service Provider ID Qualifier | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)  | 01<br>05                  |
| 201-B1<br>Required | Service Provider ID           | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>1999999 |

| Field              | Field Name  | Value   | Vendor Input                         |
|--------------------|---|---|--------------------------------------|
| 401-D1<br>Required | Date of Service                                       | Date Filled Format=CCYYMMDD   | 20030520                             |
| 110-AK<br>Required | Software<br>Vendor/Certification ID                   | Assigned by switch or processor   | 1234567890                           |
| 111-AM             | Segment Identification                                | 01 – Patient  | 01                                   |
| 331-CX             | Patient ID Qualifier                                  | 01 – SSN  | 01                                   |
| 332-CY             | Patient ID  | 44556666  | 999999999                            |
| 304-C4             | Date of Birth   | CCYYMMDD format   | 19620416                             |
| 305-C5             | Patient Gender Code                                   | Code indicating the gender of the individual.   | 2                                    |
| 310-CA<br>Required | Patient First Name                                    | The first name of the Medicaid recipient for whom the prescription was written. Do not key embedded spaces or special characters, e.g., the name O'Brien is keyed OBRIEN. Left-justify the field with trailing spaces.  | CLARA                                |
| 311-CB<br>Required | Patient Last Name                                     | The last name of the Medicaid recipient for whom the prescription was written. Do not key embedded spaces or special characters, e.g., the whom the prescription was written. Do not key name O'Brien is keyed OBRIEN. Left-justify the field with trailing spaces. | MATAL                                |
| 307-C7             | Patient Location                                      | 01 – Home   | 01                                   |
| 111-AM<br>Required | Segment Identification                                | 04-Insurance  | 04                                   |
| 302-C2<br>Required | Cardholder ID   | <b>Louisiana 16 digit recipient's Card Control Number (CCN) beginning with "777", or 13 digit recipient's Medicaid ID Number. Left- justify the field with trailing spaces.</b>   | 7774567890123456<br>or 1234567890123 |
| 309-C9             | Eligibility Clarification Code                        | 0 – Not specified   | 0                                    |
| 111-AM<br>Required | Segment Identification                                | 07 – Claim Segment  | 07                                   |
| 455-EM<br>Required | Prescription/Service<br>Reference Number<br>Qualifier | 1 – Rx Billing  | 1                                    |
| 402-D2<br>Required | Prescription/Service                                  | 7 digit prescription number . The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary.   | 0775501                              |
| 436-E1<br>Required | Product/Service ID<br>Qualifier                       | 03 - NDC  | 03                                   |
| 407-D7<br>Required | Product/Service ID                                    | 11 char NDC number  | 50458030006                          |
| 442-E7<br>Required | Quantity Dispensed                                    | format: 9999999.999   | 0000900000                           |
| 403-D3             | Fill Number   | 00 – Original   | 00                                   |

| Field              | Field Name  | Value   | Vendor Input |
|--------------------|---|---|--------------|
| 405-D5<br>Required | Days Supplied   | format: 999   | 090          |
| 408-D8             | Dispensed As<br>Written/Product<br>Selection Code (DAW) | 0 – No product selection indicated  | 0            |
| 414-DE<br>Required | Date Prescription Written                               | CCYYMMDD format   | 20030520     |
| 111-AM             | Segment Identification                                  | 03 - Prescriber   | 03           |
| 466-EZ             | Prescriber ID Qualifier                                 | 01 = National Provider Identifier (NPI)<br>05 = Medicaid  | 01<br>05     |
| 411-DB<br>Required | Prescriber ID   | <p><b>This is not a practitioner DPR number. This field is left justified with trailing spaces.</b></p> <p>If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent.</p> <p>Until prescriber data has been adequately disseminated, the legacy Medicaid ID will also be accepted in this field.</p> <p>When sending the legacy Medicaid ID, please note the following:<br/>If the prescriber's ID is seven digits and the first digit is a one, this field contains the next five digits of the seven digit number.<br/>OR<br/>If the prescriber's ID is seven digits and begins with two zeroes, then this field contains the last five digits of the seven digit number.<br/>OR<br/>If the prescriber's ID is five digits, then this field contains the five digit number.</p> | 5654654      |
| 111-AM             | Segment Identification                                  | 11 - Pricing  | 11           |
| 426-DQ<br>Required | Usual and Customary<br>Charge                           | S9(6)V99  | 0002191F     |

## 9.2 Payable Response

| Field  | Field Name             | Value  | Response |
|--------|------------------------|--|----------|
| 102-A2 | Version/Release Number | 51 – Version 5.1   | 51       |
| 103-A3 | Transaction Code       | B1 Billing   | B1       |
| 109-A9 | Transaction Count      | 1 – One occurrence<br>2 – Two occurrences<br>3 – Three occurrences<br>4 – Four occurrences | 1        |
| 501-F1 | Header Response Status | A – Accepted   | A        |

|        |                               |   |                           |
|--------|-------------------------------|---|---------------------------|
| 202-B2 | Service Provider ID Qualifier | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required).   | 01<br>05                  |
| 201-B1 | Service Provider ID           | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1 | Date of Service               | Date Filled<br>Format=CCYYMMDD<br>CC=Century<br>YY=Year<br>MM=Month<br>DD=Day   | 20000715                  |

| FIELD  | FIELD NAME             | PIC    | TYPE | VALUE   | COMMENTS OR FROM/TO |
|--|------------------------|--------|------|---|---------------------|
| <b>MESSAGE SEGMENT</b>   |                        |        |      |   |                     |
| <b>Optional Segment (Each field will be preceded with a Field Separator and a Field Identifier.)</b> |                        |        |      |   |                     |
| 111-AM   | Segment Identification | X(2)   | A    | '20' – Message  | Required            |
| 504-F4   | Message                | X(200) | A    | ProviderID X(07)<br>Filler X(01)<br>RID X(13)<br>Or<br>CCN X(16)<br>Filler X(01)<br>Adjudicated X(08)<br>Date | Optional            |

|                 |   |   |                           |
|-----------------|---|---|---------------------------|
| 111-AM          | Segment Identification                          | 21 – Response Status  | 21                        |
| 112-AN          | Transaction Response Status                     | P - Paid  | P                         |
| 503-F3          | Authorization Number                            | Internal control number (ICN)   | Example<br>01211012032501 |
| 547-FQ          | Additional message information                  | Billed Charges  | 0003280{                  |
| 111-AM          | Segment Identification                          | 22 – Response Claim   | 22                        |
| 455-EM Required | Prescription/Service Reference Number Qualifier | 1 – Rx Billing  | 1                         |
| 402-D2 Required | Prescription/Service Reference Number           | Prescription Number The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary. | 0775501                   |
| 111-AM          | Segment Identification                          | 23 – Response Pricing   | 23                        |
| 505-F5          | Patient Pay Amount                              | Format : S9(6)V99   | 0000000{                  |
| 506-F6          | Ingredient Cost                                 | Format: S9(6)v99  | 0000000{                  |
| 507-F7          | Dispensing Fee Paid                             | Format : S9(6)v99   | 0000000{                  |
| 558-AW          | Flat Sales Tax Amount Paid                      | Format : S9(6)v99   | 0000000{                  |
| 509-F9          | Total Amount Paid                               | Format : S9(6)V99   | 0002082A                  |
| 517-FH          | Amount Applied To Periodic Deductible           | Format : S9(6)V99   | 0000000{                  |
| 518-FI          | Amount of Copay/Coinsurance                     | Format : S9(6)V99   | 0000000{                  |



### 9.3 Single Claim Captured Prescription Input

| Field              | Field Name                       | Value  | Vendor Input              |
|--------------------|----------------------------------|--|---------------------------|
| 101-A1<br>Required | Bin Number                       | 610514 – LA Medicaid   | 610514                    |
| 102-A2<br>Required | Version/Release Number           | 51 – Version 5.1   | 51                        |
| 103-A3<br>Required | Transaction Code                 | B1 – Billing   | B1                        |
| 104-A4<br>Required | Processor Control Number         | LOUIPROD – Louisiana Production Rx Transaction   | LOUIPROD                  |
| 109-A9<br>Required | Transaction Count                | 1 – One occurrence<br>2 – Two occurrences<br>3 – Three occurrences<br>4 – Four occurrences   | 1                         |
| 202-B2<br>Required | Service Provider ID Qualifier    | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)   | 01<br>05                  |
| 201-B1<br>Required | Service Provider ID              | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1<br>Required | Date of Service                  | Date Filled Format=CCYYMMDD  | 20000721                  |
| 110-AK<br>Required | Software Vendor/Certification ID | Assigned by switch or processor  | 1234567890                |
| 111-AM             | Segment Identification           | 01 – Patient   | 01                        |
| 331-CX             | Patient ID Qualifier             | 01 – SSN   | 01                        |
| 332-CY             | Patient ID                       | 44556666   | 444556666                 |
| 304-C4             | Date of Birth                    | CCYYMMDD format  | 19620416                  |
| 310-CA<br>Required | Patient First Name               | The first name of the Medicaid recipient for whom the prescription was written. Do not key embedded spaces or special characters, e.g., the name O'Brien is keyed OBRIEN. Left-justify the field with trailing spaces.   | TERRY                     |
| 311-CB<br>Required | Patient Last Name                | The last name of the Medicaid recipient for whom the prescription was written. Do not key embedded spaces or special characters, e.g., the name O'Brien is keyed OBRIEN. Left-justify the field with trailing spaces.  | JEFFERY                   |
| 307-C7             | Patient Location                 | 01 – Home  | 01                        |

|                    |   |   |  |
|--------------------|---|---|--|
| 111-AM<br>Required | Segment Identification                            | 04-Insurance  | 04   |
| 302-C2             | Cardholder ID                                     | Louisiana 16 digit recipient's Card Control Number (CCN) beginning with "777", or 13 digit recipient's Medicaid ID Number. Left-justify the field with trailing spaces.   | 7774567890123456<br>or<br>1234567890123          |
| 309-C9             | Eligibility Clarification Code                    | 2=Override  | 2  |
| 111-AM<br>Required | Segment Identification                            | 07 – Claim Segment  | 07   |
| 455-EM<br>Required | Prescription/Service Reference Number Qualifier   | 1 – Rx Billing  | 1  |
| 402-D2<br>Required | Prescription/Service Reference Number             | 7 digit prescription number<br>The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary.  | 0775501  |
| 436-E1<br>Required | Product/Service ID Qualifier                      | 03 - NDC  | 03   |
| 407-D7<br>Required | Product/Service ID                                | 11 char NDC number  | 50458030006                                      |
| 442-E7             | Quantity Dispensed                                | format: 9999999.999   | 000090000<br><b>Required to adjudicate claim</b> |
| 403-D3             | Fill Number                                       | 01 – Refill   | 01   |
| 405-D5<br>Required | Days Supplied                                     | format: 999   | 020  |
| 408-D8             | Dispensed As Written/Product Selection Code (DAW) | 6 – Override  | 6  |
| 111-AM             | Segment Identification                            | 03 - Prescriber   | 03   |
| 466-EZ             | Prescriber ID Qualifier                           | 01 = National Provider Identifier (NPI)<br>05 = Medicaid  | 01<br>05   |
| 411-DB             | Prescriber ID                                     | <b>This is not a practitioner DPR number. This field is left justified with trailing spaces.</b><br>If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent.<br><br>Until prescriber data has been adequately disseminated, the legacy Medicaid ID will also be accepted in this field.<br><br>When sending the legacy Medicaid ID, please note the following:<br>If the prescriber's ID is seven digits and the first digit is a one, this field contains the next five digits of the seven digit number.<br>OR<br>If the prescriber's ID is seven digits and begins with two zeroes, then this field contains the last five digits of the seven | 56546  |

|  |  |   |  |
|--|--|---|--|
|  |  | digit number.<br>OR<br>If the prescriber's ID is five digits, then this field contains the five digit number. |  |
|--|--|---|--|

|                    |                            |              |          |
|--------------------|----------------------------|--------------|----------|
| 111-AM             | Segment Identification     | 11 - Pricing | 11       |
| 426-DQ<br>Required | Usual and Customary Charge | S9(6)V99     | 0002191F |

#### 9.4 Claim Captured Response

| Field  | Field Name                    | Value   | Response                  |
|--------|-------------------------------|---|---------------------------|
| 102-A2 | Version/Release Number        | 51 – Version 5.1  | 51                        |
| 103-A3 | Transaction Code              | B1 Billing  | B1                        |
| 109-A9 | Transaction Count             | 1 – One occurrence<br>2 – Two occurrences<br>3 – Three occurrences<br>4 – Four occurrences  | 1                         |
| 501-F1 | Header Response Status        | A – Accepted  | A                         |
| 202-B2 | Service Provider ID Qualifier | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)  | 01<br>05                  |
| 201-B1 | Service Provider ID           | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1 | Date of Service               | Date Filled<br>Format=CCYYMMDD<br>CC=Century<br>YY=Year<br>MM=Month<br>DD=Day   | 20000721                  |
| 111-AM | Segment Identification        | 20 – Response Message   | 20                        |

| Field              | Field Name                                      | Value  | Response                  |
|--------------------|---|--|---------------------------|
| 504-F4             | Message   | PROVIDER PIC X(07)<br>FILLER PIC X(01)<br>RID PIC X(13)<br>OR<br>CCN PIC X(16)<br>FILLER PIC X(01)<br>ADJUD-DATE PIC X(08)           |                           |
| 111-AM             | Segment Identification                          | 21 – Response Status   | 21                        |
| 112-AN             | Transaction Response Status                     | C – Captured   | C                         |
| 503-F3             | Authorization Number                            | Internal control number (ICN)  | Example<br>01211012032501 |
| 111-AM             | Segment Identification                          | 22 – Response Claim  | 22                        |
| 455-EM<br>Required | Prescription/Service Reference Number Qualifier | 1 – Rx Billing   | 1                         |
| 402-D2<br>Required | Prescription/Service Reference Number           | Prescription Number<br>The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary. | 0775501                   |

\*The message area on a captured response contains the Unisys exception code for this particular claim.

**PLEASE NOTE THAT PREVIOUS DHH POLICY ALLOWED EXCEPTION CODES 215, 216 AND 235 TO BE CAPTURED IF AN ELIGIBILITY CLARIFICATION CODE WAS RECEIVED. THIS IS NO LONGER ALLOWED.**

## 9.5 Duplicate Claim Response

The format for a duplicate claim response is the same as a payable claim response with the exception of the status "D", the ADDITIONAL MESSAGE INFORMATION field (526-FQ), and the dollar amounts shown. The dollar amounts are from the original claim. The additional message area on a duplicate claim response contains the original Recipient ID Number, the ICN of the previous paid claim, and the date the original claim was paid:

RECIP PIC 9(13)  
FILLER PIC X(01)

ICN                    PIC X(13)  
 FILLER                PIC X(01)  
 ADJUD-DATE        PIC 9(08)

## 9.6 Therapeutic Duplicate Response

The format for a “therapeutic duplicate” claim response is the same as a payable claim response with the exception of the DUR RESPONSE DATA field.

| Field  | Field Name                    | Value   | Response                  |
|--------|-------------------------------|---|---------------------------|
| 102-A2 | Version/Release Number        | 51 – Version 5.1  | 51                        |
| 103-A3 | Transaction Code              | B1 Billing  | B1                        |
| 109-A9 | Transaction Count             | 1 – One occurrence<br>2 – Two occurrences<br>3 – Three occurrences<br>4 – Four occurrences  | 1                         |
| 501-F1 | Header Response Status        | A – Accepted  | A                         |
| 202-B2 | Service Provider ID Qualifier | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)  | 01<br>05                  |
| 201-B1 | Service Provider ID           | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1 | Date of Service               | Date Filled<br>Format=CCYYMMDD<br>CC=Century<br>YY=Year<br>MM=Month<br>DD=Day   | 20000715                  |
| 111-AM | Segment Identification        | 20 – Response Message   | 20                        |

| Field           | Field Name                                      | Value  | Response |
|-----------------|---|--|----------|
| 504-F4          | Message   | PROV PIC X(07)<br>FILLER PIC X(01)<br>RID PIC X(13)<br>OR<br>CCN PIC X(16)<br>FILLER PIC X(01)<br>ADJUD-DATE PIC X(08)               |          |
| 111-AM          | Segment Identification                          | 21 – Response Status   | 21       |
| 112-AN          | Transaction Response Status                     | Duplicate  | P        |
| 503-F3          | Authorization Number                            | ICN  |          |
| 526-FQ          | Additional Message Information                  | Billed charges   |          |
| 111-AM          | Segment Identification                          | 22 – Response Claim  | 22       |
| 455-EM Required | Prescription/Service Reference Number Qualifier | 1 – Rx Billing   | 1        |
| 402-D2 Required | Prescription/Service Reference Number           | Prescription Number<br>The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary. | 0775501  |
| 111-AM          | Segment Identification                          | 23 – Response Pricing  | 23       |
| 505-F5          | Patient Pay Amount                              | Format : S9(6)V99  | 0000000{ |
| 506-F6          | Ingredient Cost                                 | Format: S9(6)v99   | 0000000{ |
| 507-F7          | Dispensing Fee Paid                             | Format : S9(6)v99  | 0000000{ |
| 558-AW          | Flat Sales Tax Amount Paid                      | Format : S9(6)v99  | 0000000{ |
| 509-F9          | Total Amount Paid                               | Format : S9(6)V99  | 0002082A |
| 517-FH          | Amount Applied To Periodic Deductible           | Format : S9(6)V99  | 0000000{ |
| 518-FI          | Amount of Copay/Coinsurance                     | Format : S9(6)V99  | 0000000{ |
| 111-AM          | Segment Identification                          | 24 – Response DUR/PPS Segment  | 24       |
| 473-7E          | DUR/PPS Code Counter                            | 1st DUR conflict   | 1        |
| 567-J6          | DUR/PPS Response Code Counter                   |  | 1        |
| 439-E4          | Reason for Service Code                         | Therapeutic  | TD       |
| 532-FW          | Database Indicator                              | Other  | 5        |

| Field  | Field Name                 | Value           | Response            |
|--------|----------------------------|-----------------|---------------------|
| 533-FS | Other Prescriber Indicator | Same Prescriber | 1                   |
| 528-FF | Clinical Significance Code | Major           | 1                   |
| 529-FT | Other Pharmacy Indicator   | Other Pharmacy  | 3                   |
| 530-FU | Previous Date Of Fill      | CCYYMMDD        | 20030119            |
| 531-FV | Quantity Of Previous Fill  |                 | 30000               |
| 544-FY | DUR Free Text Message      |                 | Description of drug |

### 9.7 Header Rejected Response

| Field  | Field Name                    | Value   | Response                  |
|--------|-------------------------------|---|---------------------------|
| 102-A2 | Version/Release Number        | 51 – Version 5.1  | 51                        |
| 103-A3 | Transaction Code              | B1 Billing  | B1                        |
| 109-A9 | Transaction Count             | 1 – One occurrence  | 1                         |
| 501-F1 | Header Response Status        | R – Rejected  | R                         |
| 202-B2 | Service Provider ID Qualifier | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)  | 01<br>05                  |
| 201-B1 | Service Provider ID           | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1 | Date of Service               | Date Filled<br>Format=CCYYMMDD<br>CC=Century YY=Year<br>MM=Month<br>DD=Day  | 20000715                  |
| 111-AM | Segment Identification        | 20 – Response Message   | 20                        |

| Field  | Field Name                     | Value   | Response              |
|--------|--------------------------------|---|-----------------------|
| 504-F4 | Message                        | Message – Claim not processed – Header Errors |                       |
| 111-AM | Segment Identification         | 21 – Response Status                          | 21                    |
| 112-AN | Transaction Response Status    | R - Rejected                                  | R                     |
| 510-FA | Reject Count                   | 1   | 1 Reject Code follows |
| 511-FB | Reject Code                    | 01  | M/I Bin Number        |
| 526-FQ | Additional Message Information |   | Up to 200 bytes       |

### 9.8 Single Claim Rejected Prescription Request

| Field              | Field Name                    | Value   | VENDOR INPUT              |
|--------------------|-------------------------------|---|---------------------------|
| 101-A1<br>Required | Bin Number                    | 610514 – LA Medicaid  | 610514                    |
| 102-A2<br>Required | Version/Release Number        | 51 – Version 5.1  | 51                        |
| 103-A3<br>Required | Transaction Code              | B1- Billing   | B1                        |
| 104-A4<br>Required | Processor Control Number      | 1-8 LOUIPROD<br>9-10 blank  | LOUIPROD                  |
| 109-A9<br>Required | Transaction Count             | 1 – One occurrence  | 1                         |
| 202-B2<br>Required | Service Provider ID Qualifier | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)  | 01<br>05                  |
| 201-B1<br>Required | Service Provider ID           | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1<br>Required | Date of Service               | Date Filled Format=CCYYMMDD   | 19970912                  |
| 111-AM             | Segment Identification        | 01 - Patient  | 01                        |
| 304-C4             | Date of Birth                 | Format = CCYYMMDD   | 19960312                  |
| 305-C5             | Patient Gender Code           | 1 - Male  | 1                         |



| Field              | Field Name                     | Value  | VENDOR INPUT     |
|--------------------|--------------------------------|--|------------------|
| 310-CA<br>Required | Patient First Name             | Up to 12 characters<br>The first name of the Medicaid recipient for whom the prescription was written. Special characters, e.g., may be keyed. Example the name O'Brien is keyed O'BRIEN. Left-justify the field with trailing spaces. | TONY             |
| 311-CB<br>Required | Patient Last Name              | Up to 15 characters<br>The last name of the Medicaid recipient for whom the prescription was written. Special characters, e.g., may be keyed. Example the name O'Brien is keyed O'BRIEN. Left-justify the field with trailing spaces.  | COGHILL          |
| 111-AM<br>Required | Segment Identification         | 04 – Insurance   | 04               |
| 302-C2<br>Required | Cardholder ID                  | <b>Louisiana 16 digit recipient's Card Control Number (CCN) beginning with "777", or 13 digit recipient's Medicaid ID Number. Left-justify the field with trailing spaces.</b>   | 7779999999999101 |
| 309-C9             | Eligibility Clarification Code | 0 – not specified  | 0                |

|                    |   |  |             |
|--------------------|---|--|-------------|
| 111-AM<br>Required | Segment Identification                                  | 07 – Claim   | 07          |
| 455-EM<br>Required | Prescription/Service<br>Reference Number<br>Qualifier   | 1 – Rx Billing   | 1           |
| 402-D2<br>Required | Prescription/Service<br>Reference Number                | 7 digit prescription number<br>The pharmacy's file number for this<br>prescription. This field is right-justified and<br>zero filled if necessary.   | 4404339     |
| 436-E1<br>Required | Product/Service ID<br>Qualifier                         | 03 - NDC   | 03          |
| 407-D7<br>Required | Product/Service ID                                      | 11 digit NDC number  | 53014054867 |
| 442-E7<br>Required | Quantity Dispensed                                      | Format : 9999999.999   | 000120000   |
| 403-D3             | Fill Number   | 0 – original   | 00          |
| 405-D5<br>Required | Days Supplied   | Format: 999  | 120         |
| 408-D8             | Dispensed As<br>Written/Product<br>Selection Code (DAW) | 0 – No product selection indicated   | 0           |
| 111-AM             | Segment Identification                                  | 03 - Prescriber  | 03          |
| 466-EZ             | Prescriber ID Qualifier                                 | 01 = National Provider Identifier (NPI)<br>05 = Medicaid   | 01<br>05    |
| 11-DB<br>Required  | Prescriber ID   | <b>This is not a practitioner DPR number.</b><br>If a prescriber has registered his NPI with<br>Louisiana Medicaid, the NPI may be sent.<br><br>Until prescriber data has been adequately<br>disseminated, the legacy Medicaid ID will<br>also be accepted in this field.<br><br>When sending the legacy Medicaid ID,<br>please note the following:<br>If the prescriber's ID is seven digits and the<br>first digit is a one, this field contains the<br>next five digits of the seven digit number.<br>OR<br>If the prescriber's ID is seven digits and<br>begins with two zeroes, then this field<br>contains the last five digits of the seven<br>digit number.<br>OR<br>If the prescriber's ID is five digits, then this<br>field contains the five digit number. | 56546       |
| 111-AM             | Segment Identification                                  | 11 - Pricing   | 11          |
| 426-DQ<br>Required | Usual and Customary<br>Charge                           | S9(6)V99   | 0002191F    |

## 9.9 Response

| Field  | Field Name                     | Value  | Response              |
|--------|--------------------------------|--|-----------------------|
| 102-A2 | Version/Release Number         | 51 – Version 5.1   | 51                    |
| 103-A3 | Transaction Code               | B1 – Billing   | B1                    |
| 109-A9 | Transaction Count              | 1 – One Occurrence   | 1                     |
| 501-F1 | Header Response Status         | A=Accepted   | A                     |
| 202-B2 | Service Provider ID Qualifier  | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)   | 01<br>05              |
| 201-B1 | Service Provider ID            | National Provider Number (NPI) or Pharmacy Number . The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required. | 1234567890<br>1234567 |
| 401-D1 | Date of Service                | Date Filled  | 19970912              |
| 111-AM | Segment Identification         | 20 – Response Message  | 20                    |
| 504-F4 | Message                        | PROV PIC X(07)<br>FILLER PIC X(01)<br>RID PIC X(13)<br>OR<br>CCN PIC X(16)<br>FILLER PIC X(01)<br>ADJUD-DATE PIC X(08)   |                       |
| 111-AM | Segment Identification         | 21 – Response Status   | 21                    |
| 112-AN | Transaction Response Status    | R - Rejected   | R                     |
| 503-F3 | Authorization Number           | Internal control number (ICN)  | Like<br>0121012032501 |
| 510-FA | Reject Count                   | The Reject Count = number of NCPDP Reject Code(s)  | 03                    |
| 511-FB | Reject Code                    | 81 – Claim Too Old   | 81                    |
| 511-FB | Reject Code                    | 70 – Product/Service not covered   | 70                    |
| 511-FB | Reject Code                    | 40 – Pharmacy Not Contracted With Plan on Date of Service  | 40                    |
| 526-FQ | Additional Message Information | Free Text  |                       |

## 9.10 Rejected (Unisys Duplicate) Prescription

A rejected (Unisys duplicate) response will be sent back when the Unisys system considers it to be a duplicate, but it does not meet the NCPDP duplicate requirements. The requirements for a Unisys duplicate response are as follows:

- Same recipient
- Same provider number
- Same date of service
- Same drug (first nine digits of the NDC)
- Same type of service.

### Unisys Requirements

| Field  | Field Name                    | Value   | Response                  |
|--------|-------------------------------|---|---------------------------|
| 102-A2 | Version/Release Number        | 51 – Version 5.1  | 51                        |
| 103-A3 | Transaction Code              | B1 Billing  | B1                        |
| 109-A9 | Transaction Count             | 1 – One occurrence  | 1                         |
| 501-F1 | Header Response Status        | A – Accepted  | A                         |
| 202-B2 | Service Provider ID Qualifier | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)  | 01<br>05                  |
| 201-B1 | Service Provider ID           | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1 | Date of Service               | Date Filled<br>Format=CCYYMMDD<br>CC=Century YY=Year<br>MM=Month<br>DD=Day  | 20000715                  |
| 111-AM | Segment Identification        | 21 – Response Status  | 21                        |
| 112-AN | Transaction Response Status   | R - Rejected  | R                         |
| 510-FA | Reject Count                  | 1   | 1 Reject Code follows     |
| 511-FB | Reject Code                   | 83  | Reject Code               |

| Field           | Field Name                                      | Value  | Response        |
|-----------------|---|--|-----------------|
| 526-FQ          | Additional Message Information                  | See (*) below  | Up to 200 bytes |
| 111-AM          | Segment Identification                          | 22 – Response Claim  | 22              |
| 455-EM Required | Prescription/Service Reference Number Qualifier | 1 – Rx Billing   | 1               |
| 402-D2 Required | Prescription/Service Reference Number           | Prescription Number<br>The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary. | 0775501         |
| 111-AM          | Segment Identification                          | 23 – Response Pricing  | 23              |
| 505-F5          | Patient Pay Amount                              | Format : S9(6)V99  | 0000000{        |
| 509-F9          | Total Amount Paid                               | Format : S9(6)V99  | 0000000{        |
| 517-FH          | Amount Applied To Periodic Deductible           | Format : S9(6)V99  | 0000000{        |
| 518-FI          | Amount of Copay/Coinsurance                     | Format : S9(6)V99  | 0000000{        |

### 9.11 Reversal Prescription - Request

| Field           | Field Name                    | Value  | VENDOR INPUT |
|-----------------|-------------------------------|--|--------------|
| 101-A1 Required | Bin Number                    | 610514 – LA Medicaid   | 610514       |
| 102-A2 Required | Version/Release Number        | 51 – Version 5.1   | 51           |
| 103-A3 Required | Transaction Code              | B2 - Reversal  | B2           |
| 104-A4 Required | Processor Control Number      | 1-8 LOUIPROD<br>9-10 blank   | LOUIPROD     |
| 109-A9 Required | Transaction Count             | 1 – One Occurrence<br>Note: Multiple reversals in a single transaction are not allowed.      | 1            |
| 202-B2 Required | Service Provider ID Qualifier | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required) | 01<br>05     |

| Field           | Field Name                                      | Value   | VENDOR INPUT              |
|-----------------|---|---|---------------------------|
| 201-B1 Required | Service Provider ID                             | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1 Required | Date of Service                                 | Date Filled<br>Format=CCYYMMDD  | 20000715                  |
| 111-AM Required | Segment Identification                          | 07 - Claim  | 07                        |
| 455-EM Required | Prescription/Service Reference Number Qualifier | 1 – Rx Billing  | 1                         |
| 402-D2 Required | Prescription/Service Reference Number           | Prescription Number<br>The pharmacy's file number for this prescription. This field is right-justified and zero filled if necessary.  | 0775501                   |
| 436-E1 Required | Product/Service ID Qualifier                    | 03– NDC   | 03                        |
| 407-D7 Required | Product/Service ID                              | Drug Code   | 50458030006               |

## 9.12 Accepted Reversal - Response

| Field           | Field Name                                      | Value  | Response                  |
|-----------------|---|--|---------------------------|
| 102-A2          | Version/Release Number                          | 51 – Version 5.1   | 51                        |
| 103-A3          | Transaction Code                                | B2 – Reversal  | B2                        |
| 109-A9          | Transaction Count                               | 1 – One occurrence   | 1                         |
| 501-F1          | Header Response Status                          | A – Accepted   | A                         |
| 202-B2          | Service Provider ID Qualifier                   | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)   | 01<br>05                  |
| 201-B1          | Service Provider ID                             | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces.<br>. | 1234567890<br><br>9999999 |
| 401-D1          | Date of Service                                 | Date Filled<br>Format=CCYYMMDD   | 20000715                  |
| 111-AM          | Segment Identification                          | 20 – Response Message  | 20                        |
| 504-F4          | Message   | Original ICN – Reversed ICN  |                           |
| 111-AM          | Segment Identification                          | 21 - Response Status   | 21                        |
| 112-AN          | Transaction Response Status                     | A – Accepted   | P                         |
| 503-F3          | Authorization Number                            | Internal control number (ICN)  | Like<br>0121112032501     |
| 111-AM          | Segment Identification                          | 22 – Claim Response  | 22                        |
| 455-EM Required | Prescription/Service Reference Number Qualifier | 1 – Rx Billing   | 1                         |
| 402-D2 Required | Prescription/Service Reference Number           | Prescription Number<br>The pharmacy's file number for this   | 0775501                   |

|  |  |   |  |
|--|--|---|--|
|  |  | prescription. This field is right-justified and zero filled if necessary. |  |
|--|--|---|--|

### 9.13 Rejected Reversal – Response

| Field           | Field Name                                      | Value   | Response                  |
|-----------------|---|---|---------------------------|
| 102-A2          | Version/Release Number                          | 51 – Version 5.1  | 51                        |
| 103-A3          | Transaction Code                                | B2 Reversal   | B2                        |
| 109-A9          | Transaction Count                               | 1 – One occurrence  | 1                         |
| 501-F1          | Header Response Status                          | A – Accepted  | A                         |
| 202-B2          | Service Provider ID Qualifier                   | 01 - National Provider Number (NPI)<br>05 - Medicaid (will be allowed until NPI is required)  | 01<br>05                  |
| 201-B1          | Service Provider ID                             | This will be a ten-digit National Provider Number (NPI) assigned to the billing pharmacy.<br><br>Note: The seven-digit Medicaid Provider Number assigned to the billing pharmacy will be allowed until NPI is required.<br><br>Left-justify the field with trailing spaces. | 1234567890<br><br>9999999 |
| 401-D1          | Date of Service                                 | Date Filled<br>Format=CCYYMMDD<br>CC=Century YY=Year<br><br>MM=Month<br>DD=Day  | 20000715                  |
| 111-AM          | Segment Identification                          | 20 – Response Message   | 20                        |
| 504-F4          | Message   | ICN, DATE, EOB  |                           |
| 111-AM          | Segment Identification                          | 21 – Response Status  | 21                        |
| 112-AN          | Transaction Response Status                     | R - Rejected  | R                         |
| 503-F3          | Authorization Number                            | ICN   | Like<br>1211012032501     |
| 510-FA          | Reject Count                                    | 1   | 1 Reject Code follows     |
| 511-FB          | Reject Code                                     | 87  | Reject Code               |
| 526-FQ          | Additional Message Information                  | See (*) below   | Up to 200 bytes           |
| 111-AM          | Segment Identification                          | 22 – Response Claim   | 22                        |
| 455-EM Required | Prescription/Service Reference Number Qualifier | 1 – Rx Billing  | 1                         |
| 402-D2 Required | Prescription/Service Reference Number           | Prescription Number<br>The pharmacy's file number for this prescription. This field is  | 0775501                   |



|  |  |   |  |
|--|--|---|--|
|  |  | right-justified and zero filled if necessary. |  |
|--|--|---|--|

\* The message area contains the original Recipient ID Number and Unisys exception codes:

3501478954123 799

## 10.0 PHARMACY VENDOR TESTING REQUIREMENTS

Application testing of the network vendors must be scheduled one at a time, due to the complexity of potential network or application problems. Vendors should contact the Unisys POS Team if there are any questions regarding the data in the Pharmacy response. The Unisys POS Team will supply the network vendor with test cases and data.

The network vendor must complete the test cases and send hardcopies or E-mail of the responses to Unisys. This is necessary in order to demonstrate that the appropriate responses to the inquiries are returned to the POS device or the PC screen. The test cases will demonstrate editing procedures and error-handling, as well as the return of valid data. Maximum tolerance and stress-testing will be conducted after the initial test cases are correctly processed.

Testing Objectives:

Pharmacy application level:

- Validate syntax edits for data elements of input transaction.
- Validate business rule edits for data elements of input transaction.
- Validate that data in the transaction response reflects inquiry specifications.
- Validate that data in the transaction response correctly reflects data values from the database.
- Test that all business and syntax edits have been correctly applied to data elements in the transaction response.
- Test all access methods

A test will also be designed to validate that network connectivity processes are functioning properly.

### 10.1 Confidentiality During Application Testing

Regulations concerning confidentiality are addressed in the telecommunications contract between the switch vendor and Unisys.

## **11.0 MARKETING**

The following paragraphs describe Vendor marketing information.

### **11.1 Provider Information Available To Vendors**

Information regarding Louisiana Medicaid providers will be available to vendors on a “one time” basis. A signed contract for Louisiana POS is required in order to receive provider information. Vendors may indicate their desire for this information on the registration form provided in this document. The provider information will include:

- Provider Name
- Provider Address
- Provider Telephone Number
- Provider Type

Provider information selection will be based on claim volume within the last twelve months.

### **11.2 Vendor Marketing Material Approval**

The following procedures are suggested for Vendor marketing material approval In order to ensure a timely and consistent method.

Prerequisite:

- Signed contract for LA POS between the Vendor and Unisys
- Communications link to WRSC must be established or in process
- Vendor must demonstrate ability to provide Pharmacy information to the Provider community, through completion of testing process, or reasonable progress in the test phase.
- Materials must be submitted thirty (30) days prior to the Vendor production implementation date.
- Materials must be submitted to Unisys Louisiana staff and a designated person from DHH, and may be in electronic or “hard copy” form.
- The vendor must designate a contact and the preferred method of obtaining the decision on materials (i.e., e-mail, letter).
- Unisys and DHH staff will have two (2) weeks from the receipt of the materials to review the documents.
- If changes to the materials are necessary, Unisys and DHH reserve the option to review the materials after recommended changes have been made.

- NO marketing materials may be released to the provider community without DHH approval.

## **12.0 PROBLEM RESOLUTION**

The following paragraphs provide problem resolution information.

### **12.1 POS Availability**

The Pharmacy application will be available on a six day per week, twenty-four hours per day. The application will be available twenty hours on Sunday with scheduled downtime is from one (1:00) AM Central time until five (5:00) AM Central time. In addition Unisys downtime is from ten (10:00) PM Central time until twelve (12:00) PM Central time each Saturday.

### **12.2 Problem Escalation Procedures**

In the event of problems involving the POS application, a problem resolution procedure will be followed to ensure that the problem is resolved as quickly and effectively as possible.

Unisys WRSC personnel are available 7 X 24 and are familiar with various POS applications. The WRSC operations telephone number will be published to switch Vendors. Certain details are helpful when notifying WRSC of a problem:

When reporting the problem please specify:

- 1) The application by state and type (for instance, LAMEVS or LAPOS)
- 2) Vendor ID (Emdeon is ENV, National Data Corp is NDC, etc)
- 3) The time the problem began and ended or ongoing
- 4) If the problem is affecting other applications (POS transactions for a state other than Louisiana)
- 5) If the problem is data related (a particular provider is experiencing a problem).

## 13.0 GLOSSARY

|       |   |
|-------|---|
| ANSI  | American National Standards Institute               |
| ASC   | Accredited Standards Committee                      |
| BIN   | Banking Identification number.                      |
| CC    | Community Care                                      |
| CCF   | Consolidated Computer Facility                      |
| CCN   | Card Control Number                                 |
| CMS   | Centers for Medicare and Medicaid Services          |
| DHH   | Department of Health and Hospitals                  |
| DOB   | Date of Birth                                       |
| DOS   | Date of Service                                     |
| EPSDT | Early Periodic Screening and Diagnostic Treatment   |
| HCPCS | CMS's Common Procedure Coding System                |
| HIPAA | Health Insurance Portability and Accountability Act |
| HMO   | Health Maintenance Organization                     |
| MEVS  | Medicaid Eligibility Verification System            |
| MMIS  | Medicaid Management Information System              |
| NPI   | National Provider Identifier                        |
| PC    | Personal Computer                                   |
| PCP   | Primary Care Physician                              |
| POS   | Point of Service                                    |
| PID   | Plastic Eligibility Identification Card             |
| RAD   | Requirements Analysis Document                      |
| REVS  | Recipient Eligibility Verification System           |
| RID   | Recipient Identification Number                     |
| SSN   | Social Security Number                              |
| TPL   | Third Party Liability                               |

## 14.0 CONTACT INFORMATION

|   |                                      |  |
|---|--------------------------------------|--|
| Registration:<br>Gloria Gardner                         | (225) 216-6290<br>Fax (225) 216-6373 | Central Time Zone                        |
|   | (850) 298-5648                       | Eastern Time Zone                        |
| Contract Status:<br>William Dixon                       |                                      |  |
| Testing Procedures/Validation:<br>Gloria Gardner        | (225) 237-6290<br>Fax (225) 216-6373 | Central Time Zone                        |
| Marketing Materials:<br>Gloria Gardner                  | (225) 216-6290<br>Fax (225) 216-6373 | Central Time Zone                        |
| Establishing Communication:<br>Salt Lake City Help Desk | (801) 594-5959<br>(800) 428-6411     | Mountain Time Zone<br>Mountain Time Zone |
| Problem Resolution:<br>Salt Lake City Help Desk         | (801) 594-5959<br>(800) 428-6411     | Mountain Time Zone<br>Mountain Time Zone |
| Unisys Provider Relations:<br>8:00 AM – 5:00 PM         | (800) 473-2783                       | Central Time Zone                        |
| Unisys POS Team:<br>Karyn Grimes                        | (757) 431-6125                       | Eastern Time Zone                        |