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Louisiana Medicaid
Management Information Systems
(LA MMIS)
Batch Pharmacy
Encounters and Subrogation
Companion Guide

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PROJECT INFORMATION

Document Title   Louisiana Medicaid Management Information System (LA MMIS) – Batch Pharmacy Encounters and Subrogation Companion Guide

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Revision History

Date	Section	Description of Change	By
11/06/2014	All	Changed version to 1.7	R. Fillmore
11/06/2014	7.1	Changed BYU to MCO in the value column for field 993-A7 Internal Control Number:	R. Fillmore
11/07/2014	All	Final draft	R. Fillmore
04/07/2015	7.1	Added required field 481-HA Flat Sales Tax Amount Submitted, to the Pricing Segment. LDH approved by Sue Fontenot	R. Fillmore
04/13/2014	7.1	Changed the date from 10/1/2014 to 10/1/2015 in fields 492-WE and 424-DO for the ICD-9 to ICD-10 transition. LDH approved by Sue Fontenot	R. Fillmore
04/13/2015	All	Changed version to 1.8	R. Fillmore
09/17/2015	7.2	Added the COB segment as required to the reversal transaction	R. Fillmore
10/26/2015	7.1 & 7.2	Added additional reporting instructions in the COB Segments	R. Fillmore
10/26/2015	All	Changed version to 1.9	R. Fillmore
01/13/2015	All	All changes are in red including version updated to 1.10	R. Fillmore
09/17/2016	All	All text returned to black	R. Fillmore
09/17/2016	7.1 & 7.2	Changed Fill Number field 403-D3 value from 00-99 to 00-11	R. Fillmore
12/01/2016	7.1 & 7.2	Added the following text in the comment section of field 420-DK," R: Code 09 must be submitted in the first occurrence for all NCPDP records. O: Submit code 20 in the second occurrence for 340B records."	R. Fillmore
09/26/2017	7.1 & 7.2	Added MCO ICN format instructions for field 993-A7 Internal Control Number in the COB Segment.	R. Fillmore
03/19/2018	7.1	Added (00 = Unspecified) to the list of valid values for field 490-UE Compound Ingredient Basis of Cost Determination.	R. Fillmore
06/13/2018	2.0 & 4.1	Lift 11063 Denied Pharmacy Encounters: Changed item #3 to indicate encounters to be submitted with the .NCP file extension & added #4 to indicate encounters that can be submitted with the .NCD file extension in Section 2.0 – General Information Added the following bulleted item to the existing list, "Each file may contain no more than 20,000 encounters." & changed the bulleted item indicating the max encounters per day from 35,000 to 60,000 in section 4.1 –File Transmission Protocols. Updated document version to 1.11	R. Fillmore
10/30/2018	7.1 & 7.2	Added "Value Added Service" types to Character 1 of the MCO ICN format instructions for field 993-A7 Internal Control Number in the COB Segment.	R. Fillmore
03/23/2020	7.1	Added field 423-DN Basis of Cost Determination to the AM11 Pricing Segment.	R. Fillmore

Date	Section	Description of Change	By
08/03/2020	7.1	Changed condition in the comments from "Optional" to "Required" for 340B encounters for field 420-DK Submission Clarification Code in the AM11 Pricing Segment.	R. Fillmore
08/04/2020	7.1	Added conditional requirements to populate field 384-4X Patient Residence to the AM01 Patient Segment.	R. Fillmore
08/04/2020	7.1	Added field 460-ET Quantity Prescribed & field 415-DF Number of Refills Authorized. Added comments to field 442-E7 Quantity Dispensed & field 403-D3 Fill Number. All these fields are in the AM07 Claim Segment.	R. Fillmore
10/11/2021	7.1	Added a Mandatory reporting requirement to field 424-DO Diagnosis Code, for naltrexone containing products

Updated version to 1.12 | R. Fillmore |
| 12/06/2021 | 7.1 | Diagnosis Code Count restricted to 2 occurrences. | T. Collins |
| 05/24/2022 | ALL | Rebranded; modified copyright notice; incorporated changes to 7.1 from LDH. | T. Collins, R. Sheehan |
| 07/14/2022 | 7.1 & 7.2 | Removed values from field 104-A4 Processor Control Number (PCN) and replaced with individual values for each MCO.

Removed value from field 101-A1 Bin Number and replaced with individual values for each MCO.

Added values for field 301-C1 Group ID for each MCO. | T. Tate |
| 07/21/2022 | 7.1 & 7.2 | Updated the following fields with comments and values pertaining to COVID-19.

307-C7 Place of Service, 405-D5 Days Supply, 420-DK Submission Clarification Code, 411-DB Prescriber ID, 409-D9 Ingredient Cost Submitted, and 423-DN Basis of Cost Determination | T. Tate |
| 11/22/2022 | 7.1 & 7.2 | Added comment to field 600-28 Unit of Measure, "For non-compound drugs".

Added comment to field 451-EG Compound Dispensing Unit Form Indicator, "For compound drugs only".

Added comment to field 448-ED Compound Ingredient Quantity, "For compound drugs only". | T. Collins, T. Tate |
| 10/23/2023 | 7.1 | Updated field 880-K7 Receiver ID value to LA-DHH-MEDICAID. It was mistakenly included in the global change from DHH to LDH. | R. Fillmore |
| 10/23/2023 | 7.1 & 7.2 | Added comments to fields 101-A1 Bin Number, 104-A4 Processor Control Number (PCN), and 301-C1 Group ID, pertaining to values to use once MagellanRx has been implemented as the Single Pharmacy Benefits Manager (SPBM) for pharmacy encounters.

Updated links to NCPDP documentation and membership.

Changed version to 1.16. *Version 1.15 should be disregarded*. | R. Fillmore |
10/25/2023	7.1	Added MCO Carrier codes to COB segment information	R. Fillmore
10/25/2023	7.1 & 7.2	Added comment to Field 443-E8 Other Payer Date, "Payment date assigned during check-write".	R. Fillmore
10/25/2023	4.1	Added content to section 4.1 - File Transmission Protocols, about the Weekly Blackout period for Production NCPDP file submissions.	R. Fillmore
10/27/2023	All	Initial version established under ECHO 4617.	A Spencer-Lee
09/09/2024	All	Ensured that the agreed upon term "subrogation" is used throughout instead of "encounter recovery."	R. Sheehan

Date	Section	Description of Change	By
02/20/2025	4.1	"Each file may contain no more than 20,000 encounters" modified to "Each file may contain no more than 5,000 encounters."	R. Sheehan
04/03/2025	Fore matter 4.1	Removed version number. Two bullet points removed.	R. Sheehan
09/29/2025	All	Reconciled document with LA.GOV version to have one guide.	J. Lavigne
11/13/2025	All	Replaced all instances of S9(7)v99 → S9(6)v99. Updated LA-LDH-MEDICAID to LA-DHH-MEDICAID in field 880-K7	J. Lavigne

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1.0 INTRODUCTION

To implement the Batch Standard for Pharmacy Encounters, the NCPDP Batch Standard Implementation Guide Version 1.1 and D.0 are used. To implement the Batch Standard for Pharmacy Subrogation the NCPDP Batch Standard Medicaid Subrogation Implementation Guide Version 3.0 is used. This Companion Guide is intended as a supplement to the Implementation Guides. Except where specified here, all standards should align with the Implementation Guides.

The Batch Standard uses the same syntax, formatting, data set, and rules as the real time Telecommunication Standard. The Batch Standard "wraps" the Telecommunication Standard around a detail record, adding a batch header and trailer.

Two acknowledgement transactions will be returned for each file submission:

1. Acknowledgement transaction in a TA1 format verifying receipt of the file.
2. Detail report in NCPDP acknowledgement format identifying syntax, semantic, or implementation guide specific errors.

Any errors reported in the above acknowledgements must be corrected and the transmission resubmitted using a new Batch Number (806-5C) to avoid a duplicate transmission condition.

2.0 GENERAL INFORMATION

The following restrictions or qualifications apply:

1. Submitters using the Medicaid Batch Pharmacy system are required to transmit their encounter files through our sFTP site.

2. 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.

3. New paid encounters, resubmitted encounters that were denied by Louisiana Medicaid, encounter reversals (Voids) and subrogation encounters should be submitted via Batch using the .NCP file extension.

4. Denied encounters that were denied by the MCO should be submitted via Batch using the .NCD file extension. Submitted MCO denied encounters files must <u>only</u> contain MCO denied encounters. Subrogation transactions for denied encounters will not be accepted.

Subrogation transactions may be submitted to recover the **Plan Payment Amount** reported on a previously submitted Batch Pharmacy Encounter transaction that was adjudicated as approved by Louisiana Medicaid. Encounter recoveries may only be submitted for Louisiana Medicaid members who were retroactively removed from enrollment with the submitting plan, and who retain Louisiana Medicaid eligibility as of the Date of Service.

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 submitters transmitting Encounters and Subrogation requests through batch pharmacy.
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 encounters through batch pharmacy (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. All information supplied by the LDH or Gainwell Technologies within the computing and accounting systems of a submitter (e.g., master files, provider files, recipient files, reference files, and statistical data) can be used only in the accurate accounting of encounters containing or referencing that information. Any redistribution or dissemination of that information for any purpose other than the accurate accounting of Medicaid encounters is considered an illegal use of confidential information.
4. At any time, LDH or Gainwell Technologies can choose to review any or all transactions received through batch pharmacy and can reject or disallow any transaction subsequent to such review.
5. LDH or Gainwell Technologies reserves the right to view the processing of Medicaid transactions. This consists of an on-site check or validation of edit requirements through utilization of LDH or Gainwell Technologies test transactions with embedded errors.

4.0 BATCH PHARMACY COMMUNICATIONS SPECIFICATIONS

4.1 File Transmission Protocols

File transmission protocols for transaction requests align in all respects to those protocols outlined in the Batch Pharmacy Encounter Companion Guide.

- Submitters must transmit batch pharmacy encounter and subrogation files via sFTP. Please refer to the sFTP companion guide for details.

- Each file may contain no more than 5,000 encounters.

5.0   TRANSACTION SYNTAX CONVENTIONS

Following is a list of the data elements, field names, and field positions.

Batch Encounter Transactions

For multiple prescription encounters, the Patient and Insurance segments are included only once per Transaction (G1) record and the other segments (Claim, COB, Pricing) are repeated for each prescription.

Subrogation Transactions

Data elements that are uniquely used or repurposed for use in Subrogation transactions are listed with their names, field names, and positions. Multiple Subrogation transactions may be submitted on a single file, and as with Batch Encounter Pharmacy transactions, Patient and Insurance segments are reported in a single transaction (G1) record, with additional segments being repeated for each discrete Subrogation request on unique prescriptions.

Transaction Definitions

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 Segment Separator character (HEX 1E). In addition to the Segment Separator character, the Group Separator character (HEX 1D) is used before the Claim Segment.

- **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/N - Alphanumeric - Always left-justified and space filled.
     A - Alphabetic characters only – Always left-justify and space filled as needed.
     N - Numeric

- **COMMENTS OR FROM/TO**

   o **FROM** - The beginning physical character position of the field.

   o **TO** - The last physical character position of the field.

- **NCPDP Requirement – This field indicates how the data element is labeled in the NCPDP implementation guide.**

- **LDH Requirement – This field indicates if the data in this field is needed for the encounter to process correctly.**

- **Designation Legend:**

   M Mandatory – The field is mandatory for the Segment/Transaction. Mandatory
       elements have structural requirements.
   R Required – The field must be present.
   Q Qualified Requirement – The situations designated have qualifications for
       usage.
   O Optional – The field is conditional. In the future, this field could be required.

- **Comments – This field offers explanations for the data requirements. Subrogation requirements are included in the Comments column.**

6.0 BATCH PHARMACY ENCOUNTER RECORD FORMATS

Encounter Submissions consist of Encounter Requests and Encounter Reversals/voids.

Incoming Subrogation request transactions must align with the values and formats outlined in the Batch Pharmacy Encounter Companion Guide, including header and trailer elements. Incoming Subrogation request transactions must include the following data elements:

TRANSMISSION HEADER RECORD: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPDP Requirement	LDH Requirement	Comments
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1	M	M	
701	Segment Identification	X(02)	A/N	00 = File Control (header)	2	3	M	M	
880-K6	Transmission Type *Part of External Code List under D.0	X(01)	A/N	T = Transaction	4	4	M	M	
880-K1	Sender ID	X(24)	A/N	To be defined by processor/switch. Plan's EDI Submitter ID	5	28	M	M	
806-5C	Batch Number	9(07)	N	Matches Trailer. Must be unique for every batch.	29	35	M	M	
880-K2	Creation Date	9(08)	N	Format = CCYYMMDD	36	43	M	M	
880-K3	Creation Time	9(04)	N	Format = HHMM	44	47	M	M	
702	File Type *Part of External Code List under D.0	X(01)	A/N	P = production T = test	48	48	M	M	
102-A2	Version/Release Number	X(02)	A/N	11 = Version 1.1	49	50	M	M	
880-K7	Receiver ID	X(24)	A/N	LA-DHH-MEDICAID	51	74	M	M	
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	75	75	M	M	

TRANSACTION DETAIL DATA RECORD: Mandatory – Some Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPD Requirement	LDH Requirement	Comments
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1	M	M	
701	Segment Identifier	X(02)	A/N	G1 = Detail Data Record	2	3	M	M	
880-K5	Transaction Reference Number	X(10)	A/N	To be determined by the Provider	4	13	M	M	
See the following sections of this document for the NCPDP D.0 Data Record **Section 7.1 for the B1 Original encounter** **Section 7.2 for the B1 Reversal(Void) encounter**									
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	varies	varies	M	M	

TRANSMISSION TRAILER RECORD: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPDP Requirement	LDH Requirement	Comments
880-K4	Text Indicator	X(01)	A/N	Start of Text (STX) = X'02' (Hex 02)	1	1	M	M	
701	Segment Identification	X(02)	A/N	99 = File Control (trailer)	2	3	M	M	
806-5C	Batch Number	9(07)	N	Matches Header	4	10	M	M	
751	Record Count	9(10)	N	Total number of records including header and trailer	11	20	M	M	
504-F4	Message	X(35)	A/N		21	55	M	M	
880-K4	Text Indicator	X(01)	A/N	End of Text (ETX) = X'03' Hex 03	56	56	M	M	

7.0 D.0 PHARMACY ENCOUNTER RECORD FORMATS

Encounter submissions consist of Encounter Requests and Encounter Reversals/(Voids). The following paragraphs detail this information.

NOTE: Each field within every segment below must occur in the same sequence as listed in this companion guide.

Medicaid Data Element	NCPDP Field Number	NCPDP Field Name
Pharmacy Provider Number	2Ø1-B1	Service Provider ID
Member Number	3Ø2-C2	Cardholder ID
Group Number	3Ø1-C1	Group ID
Patient First Name	31Ø-CA	Patient First Name
Patient Last Name	311-CB	Patient Last Name
Place of Service	3Ø7-C7	Place of Service
Patient Street Address	322-CM	Patient Street Address
Patient City	323-CN	Patient City Address
Patient Zip	325-CP	Patient Zip /Postal Zone
Patient Residence	384-4X	Patient Residence
Patient's Relationship	3Ø6-C6	Patient Relationship Code
Patient's Date of Birth	3Ø4-C4	Date Of Birth
Patient's Sex	3Ø5-C5	Patient Gender Code
Date of Service	4Ø1-D1	Date Of Service
Rx Number	4Ø2-D2	Prescription/Service Reference Number
Metric Decimal	442-E7	Quantity Dispensed
NDC Number	4Ø7-D7	Product/Service ID
Days Supply	4Ø5-D5	Days Supply
DAW	4Ø8-D8	Dispense As Written (DAW)/Product Selection Code
Prescriber ID	411-DB	Prescriber ID
New or Refill	4Ø3-D3	Fill Number
Compound Code	4Ø6-D6	Compound Code
Date Prescription Written	414-DE	Date Prescription Written
Ingredient Cost Submitted	4Ø9-D9	Ingredient Cost Submitted
Amount Billed by Pharmacy	43Ø-DU	Gross Amount Due
Amount Paid by Medicaid	113-N3	Medicaid Paid Amount
ICN/TCN Number	114-N4	Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)
Medicaid ID Number	115-N5	Medicaid ID Number
Medicaid Agency Number	116-N6	Medicaid Agency Number
Diagnosis Code	424-DO	Diagnosis Code
Transaction Code	1Ø3-A3	Transaction Code

7.1 Transaction Submission (Input)

HEADER SEGMENT: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPDP Requirement	LDH Requirement	Comments
101-A1	Bin Number	9(6)	N	This is a constant value specific to each MCO.	1	6	M	M	See Appendix for values to use.
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8	M	M	
103-A3	Transaction Code	X(2)	A	B1 = Billing (for up to 4 claims per transaction)	9	10	M	M	
104-A4	Processor Control Number (PCN)	X(10)	A	This value is specific to each MCO.	11	20	M	M	See Appendix for values to use
109-A9	Transaction Count	X(1)	A	1 = one claim in a transaction 2 = two claims in a transaction 3 = three claims in a transaction 4 = four claims in a transaction (For a compound, the transaction count must be = 1 one claim in a transaction)	21	21	M	M	
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	22	23	M	M	
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces.	24	38	M	M	Required for Subrogation Request.

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPDP Requirement	LDH Requirement	Comments
401-D1	Date of Service	9(8)	N	CCYYMMDD format	39	46	M	M	Required for Subrogation Request.
110-AK	Vendor/Certification ID	X(10)	A	BATCH-O = Original Encounter Claim	47	56	M	M	

PATIENT SEGMENT: Required Segment
(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'01' – Patient	M	M	
304-C4	Date of Birth	9(8)	N	CCYYMMDD format	R	R	Required for Subrogation Request.
305-C5	Patient Gender Code	9(1)	N	1 = Male 2 = Female 0 = Unknown	R	R	Required for Subrogation Request.
310-CA	Patient First Name	X(12)	A	Up to 12 characters 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	Q	R	***Required by Gainwell to properly adjudicate encounter.** Required for Subrogation Request.
311-CB	Patient Last Name	X(15)	A	Up to 15 characters 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.	R	R	Required for Subrogation Request.
307-C7	Place of Service	9(2)	N	01 - Pharmacy** 03 - School 04 - Homeless Shelter 05 - Indian Health Service Free-standing Facility 06 - Indian Health Service Provider-based Facility 07 - Tribal 638 Free-standing Facility 08 - Tribal 638 Provider-based Facility 09 - Prison/ Correctional Facility 11 - Office 12 - Home 13 - Assisted Living Facility 14 - Group Home * 15 - Mobile Unit 16 - Temporary Lodging 17 - Walk-in Retail Health Clinic 20 - Urgent Care Facility 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room – Hospital 24 - Ambulatory Surgical Center	Q	Q	If Patient Residence 384-4X = 12 then Place of Service 307-C7 = 01, this indicates PRTF Required for Subrogation Request.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
				25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care Facility 34 - Hospice 41 - Ambulance - Land 42 - Ambulance – Air or Water 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57- Non-residential Substance Abuse Treatment Facility 60 - Mass Immunization Center 61 - Comprehensive Inpatient Rehabilitation Facility 62 - Comprehensive Outpatient Rehabilitation Facility 65 - End-Stage Renal Disease Treatment Facility 71 - Public Health Clinic 72 - Rural Health Clinic 81 - Independent Laboratory 99 - Other Place of Service			
384-4X	Patient Residence	9(2)	N	0 --Not Specified 01-Home 02-Skilled Nursing Facility 03-Nursing Facility 04-Assisted Living Facility 05-Custodial Care Facility 06-Group Home 07-Inpatient Psychiatric Facility 08-Psychiatric Facility 09-Intermediate Care Facility/Mentally Retarded 10-Residential Substance Abuse Treatment Facility 11-Hospice 12-Psychiatric Residential Treatment Facility 13-Comphrehensive Inpatient Rehabilitation Facility 14-Homeless Shelter 15-Correctional Institution	Q	Q	If Patient Residence 384-4X = 12 then Place of Service 307-C7 = 01, this indicates PRTF **Required:** If patient is LTC 384-4X = 03 **Required:** If patient is in Hospice 384-4X = 11

INSURANCE SEGMENT: Required Segment
(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'04' – Insurance	M	M	
302-C2	Cardholder ID	X(20)	A	**13-digit recipient's Medicaid ID Number. Left-justify this field with trailing spaces.**	M	M	Required for Subrogation Request.
309-C9	Eligibility Clarification Code	9(1)	N	0 = Not specified 1 = No Override 2 = Override 3 = Full Time Student 4 = Disabled Dependent 5 = Dependent Parent 6 = Significant Other	Q	Q	
301-C1	Group ID	X(15)	A	ID assigned to the cardholder group or employer group. Up to 15 characters. This value is specific to each MCO.	Q	Q	See Appendix for values to use. Required for Subrogation Request.
303-C3	Person Code	X(3)	A	N/A	Q	Q	
306-C6	Patient Relationship Code	9(1)	N	0 = Not specified 1 = Cardholder 2 = Spouse 3 = Child 4 = Other	Q	Q	

CLAIM SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'07' – Claim	M	M	LDH requires value 07 = Claim.
114-N4	Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)	X(30)	A	Number assigned by Gainwell following adjudication to identify an encounter for recovery. This Internal Control Number will be a 13-digit number.	R	R	Required for Subrogation Request.
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	Constant of "1" – Rx Billing	M	M	LDH requires value 1 = Rx Billing
402-D2	Prescription / Service Reference Number	9(12)	N	Twelve-digit prescription number. The pharmacy's file number for this prescription.	M	M	
436-E1	Product / Service ID Qualifier	X(2)	A	Constant of "03" – National drug code (NDC) (For compounds use a value of '00')	M	M	
407-D7	Product / Service ID	X(19)	A	Eleven-character NDC number (For compounds use a value of '0')	M	M	Required for Subrogation Request.
460-ET	Quantity Prescribed	9(7)V999	N	Format = 9999999.999 9(7)V999	Q	Q	**Required** for all Schedule II (CII) prescriptions to communicate the maximum quantity authorized by the prescriber.
442-E7	Quantity Dispensed	9(7)V999	N	Format = 9999999.999 9(7)V999 (For a compound, this is the quantity of the entire multi-ingredient product)	R	R	The accumulated quantity dispensed cannot exceed the value contained in the quantity prescribed field (460-ET) for CII prescriptions.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
403-D3	Fill Number	9(2)	N	00 = Original dispensing 01-11 = Refill number	R	R	For incremental fills, the number will increment each time the medication is dispensed. Required for Subrogation Request.
405-D5	Days Supply	9(3)	N	Format = 999 The pharmacist's estimated number of days the quantity dispensed will last. Express in whole days and right-justify with leading zeros.	R	R	A value of "1" for COVID-19 vaccines. Required for Subrogation Request.
415-DF	Number of Refills Authorized	9(2)	N	Format=99	Q	Q	**Required** to be value 0 for Schedule II prescriptions.
406-D6	Compound Code	9(1)	N	0 = Not specified 1 = Not a compound 2 = Compound If a value of 2 is indicated, then the compound segment is required.	R	R	Required for Subrogation Request.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
408-D8	Dispense as Written (DAW)	X(1)	A	0 = No Product Selection Indicated *1 = Substitution Not Allowed By Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug Not in Stock **5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated By Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace ***9 = Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed (D.0) *** '1' is required to override MAC pricing on a brand name drug.** **** '5' is required to allow brand drug dispensed as a generic (should be allowed when the brand drug is less expensive for 340B providers).** ***** '9' is required to allow the prescriber to substitute using the PDL brand product.**	R	R	***Required by Gainwell to override MAC pricing on a brand name drug.** ****Required by Gainwell to allow brand drug dispensed as a generic (should be allowed when the brand drug is less expensive for 340B providers).** *****Required by Gainwell to allow the prescriber to substitute using the PDL brand product.** Required for Subrogation Request.
414-DE	Date Prescription Written	9(8)	N	CCYYMMDD format	R	R	Required for Subrogation Request.
354-NX	Submission Clarification Code Count	9(1)	N	Maximum count of 3.	Q	R	Required for Batch Encounter processing. Required if Submission Clarification Code (42Ø-DK) is used

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
420-DK	Submission Clarification Code	9(2)	N	09 - Encounters 20 - 340B	Q	R	**Required:** Code 09 must be submitted in the first occurrence for all NCPDP records. **Required:** Submit code 20 in the second occurrence for 340B records. Occurs the number of times identified in Submission Clarification Code Count (354-NX).
308-C8	Other Coverage Code	9(2)	N	This field indicates whether or not the Medicaid recipient has other health insurance coverage: 0 = Not specified by Patient 1 = No other coverage identified 2 = Other coverage exists 3 = Other Coverage Billed – claim not covered 4 = Other coverage exists-payment not collected	Q	Q	**Optional – Specific values required for COB Edit Override**
429-DT	Special Packaging Indicator	9(1)	N	0 = Not Specified 1 = Not Unit Dose 2 = Manufacturer Unit Dose 3 = Pharmacy Unit Dose 4 = Custom Packaging 5 = Multi-drug compliance packaging 6 = Remote Device Unit Dose 7 = Remote Device Multi 8 = Manufacturer Unit of Use Package (not unit dose)	Q	Q	Optional
600-28	Unit of Measure	X(02)	A/N	EA - Each GM -Gram ML- Milliliter	Q	R	Required for non-compound & compound drugs
418-DI	Level of Service	9(2)	N	0 = Not specified 1 = Patient Consultation 2 = Home Delivery 3 = Emergency 4 = 24-hour Service 5 = Patient consultation regarding generic product selection 6 = In-Home Service	Q	Q	Optional

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
461-EU	Prior Authorization Type Code	9(2)	N	0 = Not specified 1 = Prior Authorization 2 = Medical Certification 3 = EPSDT (Early Periodic Screening Diagnosis Treatment) 4 = Exemption from Copay and/or Coinsurance 5 = Exemption from RX 6 = Family Plan Indic. 7 = AFDC (Aid to Families with Dependent Children) **8 = Payer Defined Exemption **** **** See Louisiana specific note.**	Q	Q	Optional ****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.**
462-EV	Prior Authorization Number Submitted	9(11)	N	Eleven characters. 461-EU and 462-EV together replace version 3C's 416 PA/MC Code and Number.	Q	Q	

COMPOUND SEGMENT: Optional Segment (Required if field 406-D6 Compound Code is indicated as a compound with a value of 2)

Only one transaction per transmission is allowed when billing for a multi-ingredient prescription. A Compound is submitted using the Compound segment with multiple iterations of the Compound Product ID Qualifier, Compound Product ID and other repeating fields – one iteration for each ingredient in the compound. This transaction allows the pharmacy to submit any/all of the ingredients included in the preparation of the compound. Each ingredient of a compound is contained within the iterations of the Compound Segment **within a transaction**. Each ingredient is **not allowed** to be sent in separate transactions of a transmission.
(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A/N	'10' – Compound	M	M	Required if 406-D6 has a value of 2 = Compound
450-EF	Compound Dosage Form Description Code	X(2)	A/N	01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema	M	M	(non-repeating)
451-EG	Compound Dispensing Unit Form Indicator	9(1)	N	1 = Each 2 = Grams 3 = Milliliters	M	M	For compound drugs only (non-repeating)
447-EC	Compound Ingredient Component Count	9(2)	N	Count of compound product IDs (both active and inactive) in the compound mixture submitted. Max count of 25 ingredients	M	M	(non-repeating)
488-RE	Compound Product ID Qualifier	X(2)	A/N	03 = National Drug Code (NDC) Code qualifying the type of product dispensed. For LA Encounters it must be a value of 03	M	M	(repeating)
489-TE	Compound Product ID	X(19)	A/N	NDC of an ingredient used in a compound.	M	M	(repeating) Must be the NDC for Encounters

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
448-ED	Compound Ingredient Quantity	9(7)v999	N	Amount expressed in metric decimal units of the product included in the compound mixture.	M	M	For compound drugs only (repeating)
449-EE	Compound Ingredient Drug Cost	S9(6)v99	D	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	Q	R	(repeating)
490-UE	Compound Ingredient Basis of Cost Determination	X(2)	A/N	00 = Unspecified 01 = AWP (Average Wholesale Price) 02 = Local Wholesaler 03 = Direct 04 = EAC (Estimated Acquisition Cost) 05 = Acquisition 06 = MAC (Maximum Allowable Cost) 07 = Usual & Customary ***08 = 340B Disproportionate Share Pricing** 09 = Other 10 = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	Q	R	(repeating) ***Required by Payer to properly adjudicate a 340B encounter**

PHARMACY PROVIDER SEGMENT: Required _IF_ a vaccine was administered.

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'02' – Pharmacy Provider	M	M	
465-EY	Provider ID Qualifier	X(2)	A	05 = National Provider ID (NPI) 07 = Medicaid	Q	R	***Required by Gainwell to properly adjudicate an encounter for administration of a vaccine by an authorized pharmacist.**
444-E9	Provider ID	X(15)	A	A ten-digit National Provider ID (NPI). If encounter is for administration of a vaccine by a pharmacist, this must be the NPI assigned to the pharmacist with Authority to Administer vaccines authorized by the Louisiana Board of Pharmacy. The seven-digit Medicaid Provider Number assigned to the authorized pharmacist is also accepted. Left-justify the field with trailing spaces**.**	Q	R	***Required by Gainwell to properly adjudicate an encounter for administration of a vaccine by an authorized pharmacist.**

PRESCRIBER SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'03' – Prescriber	M	M	
466-EZ	Prescriber ID Qualifier	X(2)	A	01 = National Provider ID (NPI) 05 = Medicaid	Q	R	
411-DB	Prescriber ID	X(15)	A	**This is not a practitioner DPR number. This field is left justified with trailing spaces**. If a prescriber has registered his NPI with Louisiana Medicaid, the NPI may be sent. Until prescriber data has been adequately disseminated, the legacy Medicaid ID will also be accepted in this field. When sending the legacy Medicaid ID, please note the following: The prescriber's ID must be seven digits and must begin with one of the following as assigned: '00' or '01'.	Q	R	**Required for Subrogation Request.** **Vaccines: Enter the Prescriber's NPI OR in the Absence of a Prescription from a Prescriber, the Pharmacist's NPI**

COB/OTHER PAYMENTS SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

COB Reporting Instructions

Please use the following instructions for the sequence required to report COB data in NCPDP Batch Encounters:

- First COB Occurrence: MCO reporting the total amount paid as what the PBM paid the Pharmacy in **COB Segment field 431-DV of the NCPDP Encounter using 342-HC qualifier 07**. MCO Copay amount charged to the recipient is also reported in 1st COB occurrence using 351-NP Other Payer-Patient Responsibility Amount Qualifier 05, and 352-NQ Other Payer-Patient Responsibility Amount, report zero if no copay was charged.

- Second COB Occurrence: Report the Primary TPL paid amount, if applicable, in COB Segment 431-DV of the NCPDP Encounter using 342-HC qualifier 07 to report the Drug Benefit amount not including Sales Tax. Primary TPL copay does not need to be reported in the encounter. If the pharmacy doesn't provide the LA Medicaid TPL Carrier Code for Other Insurance on Pharmacy Claim records sent to the PBM, then a default value of 000000 should be used as the 340-7C (Other Payer ID) value in the NCP Encounter record.

- Third COB Occurrence: Report the amount of Sales Tax for the TPL paid amount, if applicable, in COB Segment 431-DV of the NCPDP Encounter using 342-HC qualifier 10 to report the Sales Tax amount paid.

**Note: Subtract all taxes and provider fees paid by the primary payer before calculating the maximum allowable cost when the MCO is the secondary payer. Taxes and provider fees paid by the primary payer should not be included in the amount considered for reimbursement.

MCO Carrier Codes

MCO Name	Carrier Code
ACLA	999991
Healthy Blue	999992
Louisiana Healthcare Connections	999993
United Healthcare Of Louisiana	999994
Aetna Better Health Of Louisiana	999995
Humana	999989

MCO ICN Format

The MCO's ICN must be populated in field 993-A7 (Internal Control Number). The maximum number of characters that the FI can store is 30, which includes the 4-digit prefix. The ICN that the MCO transmits in this segment is echoed back to the submitter in the 835. This permits the MCO to use the value in this field as a key in their system to match the encounter back to the information returned in the 835 transaction.

LDH requires MCOs to modify their ICN to contain a 4-digit prefix as follows:

Character 1: Claim Submission Media Type
- **"P"** to indicate submission of claim via paper form
- **"Q"** to indicate submission of a value added service via paper form
- **"E"** to indicate submission of claim via electronic submission
- **"F"** to indicate submission of value added service via electronic submission
- **"W"** to indicate the submission of claim via web portal
- **"V"** to indicate the submission of value added service submitted via web portal.

NOTE: The MCO must provide a Data Dictionary if other media types are submitted.

Character 2: Claim Status
The MCO, and/or sub-contractor, must indicate the status of the claim for this character position as follows:
- **"P"** for paid encounters
- **"D"** for denied encounters

NOTE: The MCO, and/or sub-contractor, must indicate the status of the claim for this character position.

Character 3-4: Vendor (Sub-contractor) Information
The MCO determines a two-character code for each of its vendors. The MCO must provide LDH with a Data Dictionary to identify the two-character code and the full name of the vendor it represents. As vendors are added or deleted, LDH must be furnished with an updated Data Dictionary.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'05' – COB/Other Payments	M	M	**Please see COB Reporting Instructions at the beginning of this section.
337-4C	Coordination of Benefits/Other Payment Count	9(1)	N	**Maximum of 3 accepted for Louisiana**. One digit only	M	M	

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
338-5C	Other Payer Coverage Type	X(02)	A	**Maximum of 3 accepted for Louisiana** Blank=Not Specified 01 = First 02 = Second 03 = Third 04 = Fourth 05 = Fifth 06 = Sixth 07 = Seventh 08 = Eighth 09 = Ninth	M	M	(Repeating) **Please see COB Reporting Instructions at the beginning of this section.
339-6C	Other Payer ID Qualifier	X(2)	A	**Maximum of 3 accepted for Louisiana**	Q	R	(Repeating) Please submit Louisiana specific Carrier Code with 99 Qualifier
340-7C	Other Payer ID	X(10)	A	**Maximum of 3 accepted for Louisiana**	Q	R	(Repeating) Please send Louisiana assigned Carrier Code. **Please see COB Reporting Instructions at the beginning of this section.
443-E8	Other Payer Date	9(8)	N	**Maximum of 3 accepted for Louisiana** CCYYMMDD format	Q	R	(Repeating) **Payment date assigned during check-write**
993-A7	Internal Control Number	X(30)	A	Number assigned by the processor to identify an adjudicated encounter when supplied in payer-to-payer coordination of benefits only.	Q	R	Required for Batch Encounter processing.
341-HB	Other Payer Amount Paid Count	9(1)	N	**Maximum of 3 accepted for Louisiana**	Q	R	
342-HC	Other Payer Amount Paid Qualifier	X(2)	A	**Maximum of 3 accepted for Louisiana** Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Preparation Cost 1Ø = Sales Tax	Q	R	(Repeating) Please use 07=Drug Benefit for individual payments Required **Please see COB Reporting Instructions at the beginning of this section.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
431-DV	Other Payer Amount Paid	S9(6) V99	N	**Maximum of 3 accepted for Louisiana** Format S9(6)v99 It represents the dollar amount of payment known by the pharmacy from other sources. Format s$$$$cc, zero fill if no amount collected.	Q	R	(Repeating) **Please <u>see COB Reporting Instructions</u> at the beginning of this section.
471-5E	Other Payer Reject Count	9(2)	N	**Maximum of 5**	Q	Q	
472-6E	Other Payer Reject Code	X(3)	A	**Maximum of 5 accepted for each Other-Payer-ID Reject Code returned (Louisiana)**	Q	Q	(Repeating)
353-NR	Other Payer-Patient Responsibility Amount Count	9(02)	N	Maximum count of 25.	Q	R	*** Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.** **Please <u>see COB Reporting Instructions</u> at the beginning of this section.
351-NP	Other Payer-Patient Responsibility Amount Qualifier	X(02)	A	05 = Amount of Copay	Q	R	(Repeating) *** Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.** **Please <u>see COB Reporting Instructions</u> at the beginning of this section.
352-NQ	Other Payer-Patient Responsibility Amount	S9(6) v99	N	Format S9(6)v99	Q	R	(Repeating) **Please <u>see COB Reporting Instructions</u> at the beginning of this section.

DUR/PPS SEGMENT: Required _IF_ the segment data was present/used during processing of the transaction.

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'08' – DUR/PPS	M	M	
473-7E	DUR/PPS Code Counter	9(1)	N	Recommend value of "1", "2", or "3" DUR/PPS Code Counter = "1" is required if encounter is for administration of a vaccine by an authorized pharmacist.	Q	R	(Repeating) ***Required by Gainwell to properly adjudicate an _IF_ the segment data was present/used during the processing of the transaction.**
439-E4	Reason for Service Code	X(2)	A	Use appropriate NCPDP Codes	Q	R	(Repeating) ***Required by Gainwell to properly adjudicate an _IF_ the segment data was present/used during the processing of the transaction.**
440-E5	Professional Service Code	X(2)	A	440-E5 value MA is required if encounter is for administration of a vaccine by an authorized pharmacist.	Q	R	(Repeating) ***Required by Gainwell to properly adjudicate an _IF_ the segment data was present/used during the processing of the transaction.**
441-E6	Result of Service Code	X(2)	A	Use appropriate NCPDP Codes	Q	R	(Repeating) ***Required by Gainwell to properly adjudicate an _IF_ the segment data was present/used during the processing of the transaction.**

PRICING SEGMENT: Required Segment
(Each field will be preceded with a Field Separator and a Field Identifier.)

Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'11' – Pricing	M	M	
113-N3	Medicaid Paid Amount	S9(6)v99	N	Format S9(6)V99 To indicate the amount requested by the Managed Care entity for recovery.	R	R	Required for Subrogation Request.
409-D9	Ingredient Cost Submitted	S9(6)V99	N	Format S9(6)V99 (For a compound, this is the sum of all individual ingredient costs)	R	R	**(*Required by Gainwell to properly adjudicate an encounter for cost of a vaccine administered by an authorized pharmacist. Only reimbursed for recipients 19 and older)** Required for Subrogation Request.
412-DC	Dispensing Fee Submitted	s9(6)V99	N	Format S9(6)V99	Q	R	***Required by Gainwell to properly adjudicate encounter.** **Report any Dispensing Fee Value Submitted including Zero(0)**
433-DX	Patient Paid Amount Submitted	S9(6)V99	N	Format S9(6)V99	Q	R	*** Required _IF_ the data was present/used during the processing of the transaction**
438-E3	Incentive Amount Submitted	S9(6)V99	N	Format S9(6)V99 For an encounter for administration of a vaccine by an authorized pharmacist, this field will contain the vaccine administration fee.	Q	R	*** Required _IF_ the data was present/used during the processing of the transaction**

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
481-HA	Flat Sales Tax Amount Submitted	S9(6) V99	N	$0.10	Q	R	**Required by Gainwell to properly adjudicate encounter.**
426-DQ	Usual and Customary Charge	S9(6) V99	N	Format S9(6)V99 The usual and customary charge for the prescription in s$$$$cc format.	Q	R	**Required by Gainwell to properly adjudicate encounter.**
430-DU	Gross Amount Due	S9(6) V99	N	Format S9(6)V99	R	R	Required - Zero 0 is a valid value Required for Subrogation Request.
423-DN	Basis of Cost Determination	X(2)	A/N	00 = Unspecified 01 = AWP (Average Wholesale Price) 02 = Local Wholesaler 03 = Direct 04 = EAC (Estimated Acquisition Cost) 05 = Acquisition 06 = MAC (Maximum Allowable Cost) 07 = Usual & Customary ***08 = 340B Disproportionate Share Pricing** 09 = Other 10 = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 15= Free Product or No Associated Cost	Q	R	(Repeating) ***Required by Payer to properly adjudicate a 340B encounter.**

CLINICAL SEGMENT: Required _IF_ the segment data was present/used during processing of the transaction.

(Each field will be preceded with a Field Separator and a Field Identifier.) Can be repeated (up to 4 per transmission) if more than one transaction is sent per encounter.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'13' – Clinical	M	M	
491-VE	Diagnosis Code Count	9(1)	N	Recommend value of "1" for primary or "2" for secondary	Q	Q	Only 2 occurrences will be accepted
492-WE	Diagnosis Code Qualifier	X(2)	A	ØØ = Not Specified Ø2 = International Classification of Diseases (ICD1Ø)	Q	Q	(Repeating)
424-DO	Diagnosis Code	X(15)	A	Up to 15 characters. Decimal points are explicit. .	Q	Q/M	(Repeating) Mandatory for naltrexone containing products

RESPONSE PRICING SEGMENT (Transmission Accepted/Transaction Paid):

Required *IF* there is a Payer other than MCO. This is Not the MCO Co-Pay, rather this is the Third-Party Deductible, Co-Pay, and Co-Insurance.

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification				M		
505-F5	Patient Pay Amount	S9(6)v99	N		R		Required
517-FH	Amount Applied to Periodic Deductible	S9(6)v99	N		Q	M	Required if Patient Pay Amount (505-F5) Includes Deductible.
518-FI	Amount of Co-Pay	S9(6)v99	N		Q		Required if Patient Pay Amount (505-F5) Includes Deductible.
572-4U	Amount of Co-Insurance	S9(6)v99	N		Q		Required if Patient Pay Amount (505-F5) Includes Co-Insurance as Patient Financial Responsibility.

7.2 Encounter Reversal (Void) Submission (Input)

NOTE: Only submit one encounter Reversal (Void) per transaction.

HEADER SEGMENT: Mandatory – Fixed Length Fields

Field	Field Name	PIC	TYPE	VALUE	FROM/TO		NCPDP Requirement	LDH Requirement	Comments
101-A1	Bin Number	9(6)	N	This is a value specific to each MCO.	1	6	M	M	See Appendix for values to use
102-A2	Version/Release Number ('D.0')	X(2)	A	This is a constant of "D0". This field identifies the format of the transaction.	7	8	M	M	
103-A3	Transaction Code	X(2)	A	B1 = Reversals	9	10	M	M	
104-A4	Processor Control Number (PCN)	X(10)	A	This is a value specific to each MCO.	11	20	M	M	See Appendix for values to use
109-A9	Transaction Count	X(1)	A	**1 = Reversal (Void)**	21	21	M	M	
202-B2	Service Provider ID Qualifier	X(2)	A	Constant of '01' National Provider ID (NPI)	22	23	M	M	
201-B1	Pharmacy Number	X(15)	A	This will be a ten-digit National Provider ID (NPI) assigned to the billing pharmacy. Left-justify the field with trailing spaces**.**	24	38	M	M	
401-D1	Date of Service	9(8)	N	CCYYMMDD format	39	46	M	M	
110-AK	Software Vendor / Certification ID	X(10)	A	BATCH-V = Void	47	56	M	M	

INSURANCE SEGMENT: Required Segment
(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'04' – Insurance	M	M	
302-C2	Cardholder ID	X(20)	A	**13-digit recipient's Medicaid ID Number. Left-justify the field with trailing spaces.**	M	M	

CLAIM SEGMENT: Required Segment
(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'07' – Claim	M	M	LDH requires value 07 = Claim.
455-EM	Prescription / Service Reference Number Qualifier	X(1)	A	**Constant of "1" – Rx Billing**	M	M	LDH requires value 1 = Rx Billing
402-D2	Prescription / Service Reference Number	9(12)	N	Twelve-digit prescription number The pharmacy's file number for this prescription.	M	M	
436-E1	Product/Service ID Qualifier	X(2)	A	Constant of "03" – National drug code (NDC) (For compounds use a value of '00')	M	M	
407-D7	Product/Service ID	X(19)	A	Eleven-character NDC number	M	M	
442-E7	Quantity Dispensed	9(7)V999	N	Format = 9999999.999 9(7)V999 For a compound, this is the quantity of the entire multi-ingredient product. For a non-compound the Quantity dispensed is expressed in metric decimal units	R	R	The accumulated quantity dispensed cannot exceed the value contained in the quantity prescribed field (460-ET) for CII prescriptions.
403-D3	Fill Number	9(2)	N	00 = Original dispensing 01-11 = Refill number	R	R	
405-D5	Days' Supply	9(3)	N	Format = 999 The pharmacist's estimated number of days the quantity dispensed will last. Express in whole days and right-justify with leading zeros.	R	R	A value of "1" for vaccines.
406-D6	Compound Code	9(1)	N	0 = Not specified 1 = Not a compound 2 = Compound	R	R	
408-D8	Dispense as Written (DAW)	X(1)	A	0 = No Product Selection Indicated *1 = Substitution Not Allowed by Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug Not in Stock **5 = Substitution Allowed-Brand Drug Dispensed as a Generic	R	R	***Required by Gainwell to override MAC pricing on a brand name drug.** ****Required by Gainwell to allow brand drug dispensed as a generic (should be allowed when the brand drug is less expensive**

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
				6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated By Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace ***9 = Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed (D.0) * '1' is required to override MAC pricing on a brand name drug. ** '5' is required to allow brand drug dispensed as a generic (should be allowed when the brand drug is less expensive for 340B providers). *** '9' is required to allow the prescriber to substitute using the PDL brand product.			**for 340B providers)** ***Required by Gainwell to allow the prescriber to substitute using the PDL brand product.**
414-DE	Date Prescription Written	9(8)	N	CCYYMMDD format	R	R	
354-NX	Submission Clarification Code Count	9(1)	N	Maximum count of 3.	R	R	Required for Batch Encounter processing. Required if Submission Clarification Code (42Ø-DK) is used.
420-DK	Submission Clarification Code (SCC)	9(2)	N	09 - Encounters 20 - 340B	Q	R	R: Code 09 must be submitted in the first occurrence for all NCPDP records. O: Submit code 20 in the second occurrence for 340B records. Occurs the number of times identified in Submission Clarification Code Count (354-NX).

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
600-28	Unit of Measure	X(02)	A/N	EA - Each GM - Gram ML - Milliliter	Q	R	Required for non-compound & compound drugs

COB/OTHER PAYMENTS SEGMENT: Required Segment - Refer to Section 7.1

MCO ICN Format -- Refer to Section 7.1

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'05' – COB/Other Payments	M	M	**Please see COB Reporting Instructions at the beginning of this section.
337-4C	Coordination of Benefits/Other Payment Count	9(1)	N	**Maximum of 3 accepted for Louisiana**. One digit only.	M	M	
338-5C	Other Payer Coverage Type	X(02)	A	**Maximum of 3 accepted for Louisiana.** Blank=Not Specified 01 = First 02 = Second 03 = Third 04 = Fourth 05 = Fifth 06 = Sixth 07 = Seventh 08 = Eighth 09 = Ninth	M	M	(Repeating) **Please see COB Reporting Instructions at the beginning of this section.
339-6C	Other Payer ID Qualifier	X(2)	A	**Maximum of 3 accepted for Louisiana**	Q	R	(Repeating) Please submit Louisiana specific Carrier Code with 99 Qualifier
340-7C	Other Payer ID	X(10)	A	**Maximum of 3 accepted for Louisiana**	Q	R	(Repeating) Please send Louisiana assigned Carrier Code. **Please see COB Reporting Instructions at the beginning of this section.
443-E8	Other Payer Date	9(8)	N	**Maximum of 3 accepted for Louisiana** CCYYMMDD format	Q	R	(Repeating) **Payment date assigned during check-write**
993-A7	Internal Control Number	X(30)	A	Number assigned by the processor to identify an adjudicated encounter when supplied in payer-to-payer coordination of benefits only.	Q	R	Required for Batch Encounter processing.
341-HB	Other Payer Amount Paid Count	9(1)	N	**Maximum of 3 accepted for Louisiana**	Q	R	

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
342-HC	Other Payer Amount Paid Qualifier	X(2)	A	**Maximum of 3 accepted for Louisiana** Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Preparation Cost 1Ø = Sales Tax	Q	R	(Repeating) Please use 07 = Drug Benefit for individual payments Required **Please <u>see COB Reporting Instructions</u> at the beginning of this section.
431-DV	Other Payer Amount Paid	S9(6) V99	N	**Maximum of 3 accepted for Louisiana** Format S9(6)V99 It represents the dollar amount of payment known by the pharmacy from other sources. Format s$$$$cc, zero fill if no amount collected.	Q	R	(Repeating) **Please <u>see COB Reporting Instructions</u> at the beginning of this section.
471-5E	Other Payer Reject Count	9(2)	N	**Maximum of 5**	Q	Q	
472-6E	Other Payer Reject Code	X(3)	A	**Maximum of 5 accepted for each Other-Payer-ID Reject Code returned (Louisiana)**	Q	Q	(Repeating)
353-NR	Other Payer-Patient Responsibility Amount Count	9(02)	N	Maximum count of 25.	Q	R	*** Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.**
351-NP	Other Payer-Patient Responsibility Amount Qualifier	X(02)	A	05 = Amount of Copay	Q	R	**(**Repeating) *** Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.** **Please <u>see COB Reporting Instructions</u> at the beginning of this section.
352-NQ	Other Payer-Patient Responsibility Amount	S9(6) v99	N	Format S9(6)V99	Q	R	(Repeating) **Please <u>see COB Reporting Instructions</u> at the beginning of this section.

PRICING SEGMENT: Required Segment

(Each field will be preceded with a Field Separator and a Field Identifier.)

Field	Field Name	PIC	TYPE	VALUE	NCPDP Requirement	LDH Requirement	Comments
111-AM	Segment Identification	X(2)	A	'11' – Pricing	M	M	
409-D9	Ingredient Cost Submitted	S9(6)V99	N	Format S9(6)V99 (For a compound, this is the sum of all individual ingredient costs)	R	R	
430-DU	Gross Amount Due	S9(6)V99	N	Format S9(6)V99	R	R	Required - Zero 0 is a valid value.

8.0 APPENDIX

Trading Partners	BIN Number before 10/27/2023	Process Control Number before 10/27/2023	Group before 10/27/2023	BIN 10/28/2023-9/30/2025	PCN 10/28/2023-9/30/2025	Group 10/28/2023-9/30/2025	BIN after 10/1/2025	PCN after 10/1/2025	Group after 10/1/2025	Carrier Code
AMG-Amerigroup	020107	FG	WKLA	025986	1214172240	LAMCOPBM	020107	LA	RX8482	999992
ACLA – AmeriHealth	019595	06030000		025986	1214172240	LAMCOPBM	019595	06030000		999991
LHC La Health Care Connect	004336	MCAIDADV	RX5444	025986	1214172240	LAMCOPBM	003858	MA	2ENA	999993
Aetna	610591	ADV	Rx8834	025986	1214172240	LAMCOPBM	610591	MCAIDADV	RX881J	999995
UHC	610494	9999	ACULA	025986	1214172240	LAMCOPBM	610494	4041	ACULA	999994
Humana	610514	LOUIPROD	HUMANA	025986	1214172240	LAMCOPBM	610649	03191502	LAM01	999989