

New Jersey Medicaid

NCPDP Transaction Pharmacy Encounter Companion Guide

Refers to the Implementation Guides Based on NCPDP Version D.0

NCPDP 1.2 & D.0 Transaction Sets

October 2018

H M O E n c o u n t e r s & M e d i a 7 S u p p l e m e n t a l P a y m e n t s

Preface

This is the companion guide to the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Implementation Guide Version D.0.

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1. INTRODUCTION

This section describes how the National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Implementation Guide Version D.0 will be detailed with the use of a table. The tables contain a row of each segment that Molina Healthcare has something additional, over and above, the information in the (NCPDP) Telecommunication Standard Implementation Guide.

The segments and fields that are required for the construction of valid NCPDP Encounters are identified in the NCPDP standards. Therefore, segments and fields that are required per NCPDP standards but do not have data requirements specific to New Jersey Medicaid are not included in this manual.

The information for each of the transaction types is presented in a table format. The requirements for the fields in each segment are preceded by the segment name.

The “FORMAT” column of the tables indicates the data format (i.e., data type) of each field. Although the specified data formats will generally comply with the NCPDP standard, they may be more specific for New Jersey Medicaid. The value of “X” in this column indicates that the field must contain alphanumeric data. The value of “9” in this column indicates that the field must contain numeric data. The value of “S9” in this column indicates that the field must contain signed-numeric data. The value of V99 indicates the data in the field must contain a decimal point and the number of decimals following the decimal point. The value of (##) indicates the maximum length of the field. The value of “M” indicates that the field is Mandatory. The value of “O” indicates that the field is Optional.

ADDITIONAL INFORMATION

- Assumptions regarding the reader
 - You are interested in reducing error, maximizing efficiency, and saving money.
 - New Jersey Medicaid encourages all providers to receive and make use of the standard NCPDP D.0/Batch 1.2 Pharmacy Encounter.
- Advantages/Benefits of EDI:
 - The NCPDP D.0/Batch 1.2 Pharmacy Encounter allows for electronic submission of claims data sent to New Jersey Medicaid using computer software.

The naming standards for NCPDP Pharmacy Files are as follows:

- MCO TPIDSubmitter ID - Date - Transaction - Sequence Number
 - *Variables defined as:*
 - MCO TPID = New Jersey Trading Partner ID
 - CCYYMMDD = Date file processed within EDI Gateway
 - POS = Transaction type
 - XXXXX = FileID that is systematically generated for tracking purposes
 - *File name example:*
 - NJTPID000124-20170101-POS--00001.edi

2. GETTING STARTED

WORKING WITH Molina Healthcare

Visit the following sites for information:

- <https://www.TP-Registration.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

For any questions or to begin testing, contact the Molina EDI Help Desk.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

3. TESTING WITH THE PAYER

Trading partners must submit three test files of a particular transaction type, with a minimum of 15 transactions within each file, and have no failures or rejections to become certified for production. Review the “EDI Certification Status” page of Health PAS-OnLine under the “Account Maintenance” menu option to verify when testing for a particular transaction has been completed.

The EDI Certification Status page is found by logging into your trading partner account on the Health PAS-Online Website www.njmmis.com

Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples appendices found at the end of this companion guide.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

RE-TRANSMISSION ADMINISTRATIVE PROCEDURES

The data element 806-5C – Batch Number needs to be unique to each file and Trading Partner ID.

COMMUNICATION PROTOCOL SPECIFICATIONS

There are no mandated communication protocol specifications for the 837 Healthcare Claim transactions.

PASSWORDS

Trading Partners create their own password at the time of registration and are required to update it every 60 days as per the Health PAS-OnLine requirements. Password must be at least seven (7) characters long, contain at least one (1) uppercase character, at least one (1) number, and at least one (1) special character.

5. CONTACT INFORMATION

MOLINA EDI HELPDESK

This section contains detailed information concerning EDI Customer Service.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning EDI Technical Assistance.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

PROVIDER SERVICE NUMBER

This section contains detailed information concerning the payment of claims.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

APPLICABLE WEBSITES/EMAIL

The email addresses below can be used in contacting New Jersey Medicaid's EDI Support, Provider Services, and Provider Enrollment department. These groups can provide assistance and answer questions relating to EDI file submissions, provider enrollment, and services.

Website:

- <https://www.TP-Registration.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

EDI Support:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

Provider Services:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

Provider Enrollment:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Listed below are the transmission constraints associated with the submission of the NCPDP Pharmacy Encounter transactions:

1. Only one Interchange per transmission
2. Only one transaction (B1 or B2) type per interchange, B1's must precede the B2's
3. Maximum of 50,000 claims per transmission
4. Media 7 claims should follow all other transaction types
5. If both transactions are sent in the same file, it is recommended that all B1 transactions be sent before the B2 transaction in the file.

For Molina Healthcare specific business rules and limitation in association with the NCPDP Pharmacy Encounter transaction, refer to section 10.

7. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

A trading partner is defined as any entity with which Molina exchanges electronic data. The term electronic data is not limited to NCPDP Pharmacy Encounter transactions. New Jersey Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency/Clearinghouse

- Health Plan

To obtain a trading partner ID, visit:

- <https://www.TP-Registration.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

Molina will assign trading partner IDs to support the exchange of NCPDP Pharmacy Encounter transactions for providers, billing agencies and clearinghouses, and other health plans.

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The File Type field, 702 of an NCPDP Batch 1.2 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P professional claims but not certified to submit NCPDP Pharmacy claim files.

8. TRANSACTION SPECIFIC INFORMATION

Listed in the following table are the specific requirements for submitting and processing an NCPDP Pharmacy Encounter transaction file to Molina Healthcare.

Use these guidelines in conjunction with the official National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Implementation Guide document to submit NCPDP Pharmacy transaction files.

NCPDP PHARMACY ENCOUNTERS

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	POSITIONS
BATCH RECORD HEADER SEGMENT				
	880-K4	Hex 02 (Stx)	HEX	1
	701	“00”	N	2-3
	880-K6	“T”	A	4
	880-K1	Enter the 6-position NJ Medicaid Submitter ID followed by 18 spaces.	N	5-28
	806-5C	Enter a unique 7-digit number assigned by sender. The same value will be entered in field 806-5C of the trailer.	N	29-35
	880-K2	Enter the file creation date (CCYYMMDD).	N	36-43
	880-K3	Enter the file creation time (HHMM).	N	44-47
	702	Enter “P” for production. Only upon pre-approval by the Encounter Data Monitoring Unit and Molina Medicaid Solutions is a HMO permitted the use of “T” to signify a test interchange.	A	48
	102-A2	“12”	N	49-50
	880-K7	“610515”	N	51-74
	880-K4	Hex 03 (Etx)	HEX	75
DETAILED DATA RECORD				
	880-K4	Hex 02 (Stx)	HEX	1
	701	“G1”	A	2-3
	880-K5	Enter a 10-digit Transaction Reference Number.	A	4-13
See the NCPDP D.0 DATA RECORD and NCPDP D.0 REVERSAL RECORD segments for Original B1 and B2 Reversal (Void) transactions.				
	880-K4	Hex 03 (Etx)	HEX	1
BATCH TRAILER RECORD				
	880-K4	Hex 02 (Stx)	HEX	1
	701	“99”	N	2-3
	806-5C	Enter the same value as is in field 806-5C in the batch header segment.	N	4-10
	751	Enter the count of records in file including the header and trailer.	N	11-20
	504-F4	Enter 35 spaces in this field.	A	21-55
	880-K4	Hex 03 (Etx)	HEX	56

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	LENTH
NCPDP D.0 DATA RECORD				
BATCH TRANSACTION HEADER SEGMENT				
	101-A1	“610515”	N	6
	102-A2	“D0” (Dzero)	N	2
	103-A3	Enter “B1” for original transactions.	A	2
	104-A4	Enter NJE plus the 6-position NJ Medicaid Submitter ID followed by one space. (e.g. NJE123456_). The same value will be entered in field 110-AK.	A	10
	109-A9	“1”	N	1
	202-B2	“01”	N	2
	201-B1	Enter 10-position National Provider Identifier (NPI) followed by 5 spaces. NPI entered must be associated to the specific store.	N	15
	401-D1	Enter the date of service (CCYYMMDD).	N	8
	110-AK	Enter the same value as is in field 104-A4.	A	10
PATIENT SEGMENT				
AM01	111-AM	“01”	N	2
	331-CX	Required when 332-CY is submitted. Must be 99.	A	2
	332-CY	For paid claims enter the internal control number (ICN) or patient account number (PAN). Must be unique to the claim. For denied claims enter the ICN/PAN followed by a “D”. When submitting an encounter for a reimbursable drug, the last/rightmost position of the submitted ICN/PAN must be an “M”.	A	20
	304-C4	Enter client’s birth date (CCYYMMDD).	N	8
	305-C5	Enter the client’s gender (“1” for Male, “2” for Female).	N	1
	310-CA	Enter the client’s full first name.	A	12
	311-CB	Enter the client’s full last name.	A	15
	335-2C	Enter “1” for Non-Pregnant or “2” for Pregnant.	N	1
	384-4X	Mandatory. Please refer to PATIENT RESIDENCE CODES in the Data Element Dictionary (DED) section for a list of values.	N	2
INSURANCE SEGMENT				
AM04	111-AM	“04”	N	2
	302-C2	Enter the 16-digit number on the Health Benefits ID card or the 12-digit Beneficiary ID or the first 10 digits of the Beneficiary ID (see 303-C3).	A	20
	303-C3	Mandatory if only 10 digits provided in 302-C2 (last 2 digits of the Beneficiary ID).	A	2
CLAIM SEGMENT				
AM07	111-AM	“07”	N	2
	455-EM	Enter “1” for Rx Reference Number Qualifier.	N	1
	402-D2	Prescription Number is 12 positions and must be entered.	N	12
	436-E1	Enter “00” for Compounds or “03” for NDC	A	2

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	POSITIONS
	407-D7	Enter the 11-digit NDC. (For compounds enter 11 zeroes or 1 zero.)	A	19
	442-E7	Enter Quantity Dispensed in 9(7)V999 format. Mandatory.	N	7.3
	408-D8	Enter Dispense as Written (DAW)/Product Selection Code. Mandatory: "0" = NOT DAW; "1" = DAW	N	1
	354-NX	Enter Submission Clarification Code Count. Mandatory when 420-DK is present.	N	1
	420-DK	Enter "20" for 340B claim.	N	2
	308-C8	If the claim has no TPL or Medicare Part D coverage, the value must be "01". Otherwise, enter the value submitted by the pharmacy.	N	2
	600-28	Enter Unit of Measure. Mandatory.	A	2
	403-D3	Enter fill number, up to 2 digits.	N	2
	405-D5	Enter days supply, up to 3 digits.	N	3
	406-D6	Enter "1" if Not a Compound or "2" if a Compound.	N	1
	414-DE	Enter date the prescription was written (CCYYMMDD).	N	8
	415-DF	Enter up to 2 digits in 2-digit field reflecting number of refills authorized by Prescriber.	N	2
COMPOUND SEGMENT				
AM10	111-AM	"10"	N	2
	450-EF	Enter values 01 – 07 or 10 – 18.	N	2
	451-EG	Enter "1" for Each, "2" for Gram or "3" for Milliliter.	N	1
	447-EC	Enter up to 2 digits 1, 2,...24, 25 A maximum of 25 ingredients will be accepted. Identifies the ingredient within a compound (i.e. Ingredient Number 12)	N	2
	488-RE	"03"	N	2
	489-TE	Enter 11-digit NDC. The first drug in compound must be Legend Drug.	N	11
	448-ED	Enter ingredient quantity in 9(7)V999 format.	N	7.3
	449-EE	Enter ingredient cost in S9(6)V99 format.	SN	6.2
PRICING SEGMENT				
AM11	111-AM	"11"	N	2
	409-D9	Enter in S9(6)V99 format. Enter ingredient amount paid (see 426-DQ). Value entered must be greater than 0.	SN	6.2
	412-DC	Enter in S9(6)V99 format. Enter the Dispensing fee paid. Value entered must be greater than 0.	SN	6.2
	426-DQ	Enter in S9(6)V99 format. Provider usual and customary charge. For compounds, report usual and customary charge for entire compound.	SN	6.2
	430-DU	Mandatory. See Pricing Formula in Implementation Guide for fields used in calculation. Allow value of 0.00.	SN	6.2
PRESCRIBER SEGMENT				
AM03	111-AM	"03"	N	2
	466-EZ	Enter "01" for National Provider Identifier (NPI).	N	2
	411-DB	Enter the 10-position National Provider Identifier (NPI). NPI entered must be associated with an individual prescriber and not a group.	A	10

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	POSITIONS
COB/OTHER PAYMENTS SEGMENT				
AM05	111-AM	“05”	N	2
	337-4C	Mandatory if AM05 is sent. 1, 2, 3, 4. A maximum of 4 occurrences is supported.	N	2
	338-5C	Please refer to OTHER PAYER COVERAGE TYPE CODES in the Data Element Dictionary (DED) section for a list of values. Code “HMO” payment as “Primary”.	N	2
	339-6C	“99”	N	2
	340-7C	“HMO” and “OTH” when COB with other insurance. “HMO” and “MED” and “OTH” when COB with DSNP/Part D and other insurance. “HMO” and “MED” when COB with DSNP/Part D. The value of “HMO” is to be entered to identify the payment made by the HMO to a provider for the service. The value of “OTH” represents payments made by other insurance. The value of “MED” represents payments made by the DSNP or Part D plan.	A	3
	443-E8	Enter the date the HMO payment was made to the provider for the HMO-covered service (CCYYMMDD). (Not required for other insurance.)	N	8
	993-A7	Enter the number assigned by the HMO system to identify an adjudicated claim.	A	30
	341-HB	Enter Other Payer Amount Paid Count.	N	1
	342-HC	Mandatory. Enter appropriate qualifier representing the actual amount of the payment(s) made by the third party health plan(s) when applicable.	N	2
	431-DV	Enter the payment amount that was made to a pharmacy provider by the HMO or their appointed subcontractor/PBM, or by a third party health plan (including DSNP/Part D when applicable). The payment amount should reflect only the amount that was paid to the pharmacy provider and should not include administrative costs or fees paid to the subcontractor/PBM.	N	6.2
	471-5E	Enter Other Payer Reject Count. Mandatory if Other Payer Reject Codes 472-6E are present.	N	2
	472-6E	Enter Other Payer Reject Code(s). Mandatory when 340-7C “MED” or “OTH” payer has rejected the claim.	A	3
	353-NR	Enter Other Payer-Patient Responsibility Amount Count. Mandatory when claim is not rejected by 340-7C “MED” or “OTH” payer.	N	2
	352-NQ	Enter Other Payer-Patient Responsibility Amount in S9(8)V99 format. Mandatory when applicable/including Part D COB claims. When 351-NP = 9 the amount must be submitted as a negative value or zero.	SN	8.2
	351-NP	Enter Other Payer-Patient Responsibility Amount Qualifier. Mandatory when claim is not rejected by 340-7C “MED” or “OTH” payer.	A	2
	392-MU	Enter Benefit Stage Count. Mandatory for DSNP/Part D approved claims, i.e. when 340-7C = “MED”.	N	2
	393-MV	Enter appropriate Benefit Stage Qualifier. Mandatory for DSNP/Part D approved claims, i.e. when 340-7C = “MED”.	A	2
	394-MW	Enter Benefit Stage Amount in S9(6)V99 format. Mandatory if 393-MV is present.	SN	6.2
FACILITY SEGMENT				
AM15	111-AM	“15” (Segment mandatory for LTC setting only.)	N	2
	336-8C	Enter the 10-position National Provider Identifier (NPI).	A	10
	385-3Q	Report the Facility name where the Medicaid Beneficiary resides.	A	30

NCPDP PHARMACY ENCOUNTER REVERSALS

SECTI NCPDP D.0 REVERSAL RECORD				
SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	LENGTH
BATCH TRANSACTION HEADER SEGMENT				
	101-A1	“610515”	N	6
	102-A2	“D0” (Dzero)	N	2
	103-A3	“B2” = Reversal	A	2
	104-A4	Enter NJE plus the 6-position NJ Medicaid Submitter ID followed by 1 space. (e.g. NJE770000_). The same value will be entered in field 110-AK.	A	10
	109-A9	“1”	N	1
	202-B2	“01”	N	2
	201-B1	Enter 10-digit National Provider Identifier (NPI) followed by 5 spaces. NPI entered must be associated to the specific store.	N	15
	401-D1	Enter date of service (CCYYMMDD).	N	8
	110-AK	Enter the same value as is in field 104-A4.	A	10
CLAIM SEGMENT				
AM07	111-AM	“07”	N	2
	455-EM	Enter “1” for Rx Reference Number Qualifier.	N	1
	402-D2	Prescription Number is 12 positions and must be entered.	N	12
	436-E1	Enter “00” for Compounds or “03” for NDC	A	2
	407-D7	Enter the 11-digit NDC. (For compounds enter 11 zeroes or 1 zero.)	N	11

9. TRANSACTION SPECIFIC INFORMATION MEDIA 7

Listed in the following table are the specific requirements for submitting and processing an NCPDP Pharmacy Media 7 transaction file to Molina Healthcare. Use these guidelines in conjunction with the official National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Implementation Guide document to submit NCPDP Pharmacy transaction files.

NCPDP PHARMACY MEDIA 7 SUPPLEMENTAL PAYMENT

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	POSITIONS
BATCH RECORD HEADER SEGMENT				
	880-K4	Hex 02 (Stx)	HEX	1
	701	“00”	N	2-3
	880-K6	“T”	A	4
	880-K1	Enter the 6-position NJ Medicaid Submitter ID followed by 18 spaces.	N	5-28

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	POSITIONS
	806-5C	Enter a unique 7-digit number assigned by sender. The same value will be entered in field 806-5C of the trailer.	N	29-35
	880-K2	Enter the file creation date (CCYYMMDD).	N	36-43
	880-K3	Enter the file creation time (HHMM).	N	44-47
	702	Enter "P" for production. Only upon pre-approval by the Encounter Data Monitoring Unit and Molina Medicaid Solutions is a HMO permitted the use of "T" to signify a test interchange.	A	48
	102-A2	"12"	N	49-50
	880-K7	"610515"	N	51-74
	880-K4	Hex 03 (Etx)	HEX	75
DETAILED DATA RECORD				
	880-K4	Hex 02 (Stx)	HEX	1
	701	"G1"	A	2-3
	880-K5	Enter a 10-digit Transaction Reference Number.	A	4-13
See the NCPDP D.0 DATA RECORD and NCPDP D.0 REVERSAL RECORD segments for Original B1 and B2 Reversal (Void) transactions.				
	880-K4	Hex 03 (Etx)	HEX	1
BATCH TRAILER RECORD				
	880-K4	Hex 02 (Stx)	HEX	1
	701	"99"	N	2-3
	806-5C	Enter the same value as is in field 806-5C in the batch header segment.	N	4-10
	751	Enter the count of records in file including the header and trailer.	N	11-20
	504-F4	Enter 35 spaces in this field.	A	21-55
	880-K4	Hex 03 (Etx)	HEX	56
SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	LENTH
NCPDP D.0 DATA RECORD				
BATCH TRANSACTION HEADER SEGMENT				
	101-A1	"610515"	N	6
	102-A2	"D0" (Dzero)	N	2
	103-A3	Enter "B1" for original transactions.	A	2
	104-A4	Enter NJM plus the 6-position NJ Medicaid Submitter ID followed by one space. (e.g. NJM123456_). The same value will be entered in field 110-AK.	A	10
	109-A9	"1"	N	1
	202-B2	"01"	N	2
	201-B1	Enter 10-position National Provider Identifier (NPI) followed by 5 spaces. This must contain the NPI of the MCO in the Media 7 claim.	N	15
	401-D1	Enter the date of service (CCYYMMDD).	N	8

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	POSITIONS
	110-AK	Enter the same value as is in field 104-A4.	A	10
PATIENT SEGMENT				
AM01	111-AM	“01”	N	2
	331-CX	Required when 332-CY is submitted. Must be 99.	A	2
	332-CY	Enter the internal control number (ICN) or patient account number (PAN) as indicated in the 332-CY field on the original paid encounter claim.	A	20
	304-C4	Enter client’s birth date (CCYYMMDD).	N	8
	305-C5	Enter the client’s gender (“1” for Male, “2” for Female).	N	1
	310-CA	Enter the client’s full first name.	A	12
	311-CB	Enter the client’s full last name.	A	15
	335-2C	Enter “1” for Non-Pregnant or “2” for Pregnant.	N	1
	384-4X	Mandatory. Please refer to PATIENT RESIDENCE CODES in the Data Element Dictionary (DED) section for a list of values.	N	2
INSURANCE SEGMENT				
AM04	111-AM	“04”	N	2
	302-C2	Enter the 16-digit number on the Health Benefits ID card or the 12-digit Beneficiary ID or the first 10 digits of the Beneficiary ID (see 303-C3).	A	20
	303-C3	Mandatory if only 10 digits provided in 302-C2 (last 2 digits of the Beneficiary ID).	A	2
CLAIM SEGMENT				
AM07	111-AM	“07”	N	2
	455-EM	Enter “1” for Rx Reference Number Qualifier.	N	1
	402-D2	Prescription Number is 12 positions and must be entered.	N	12
	436-E1	Enter “00” for Compounds or “03” for NDC	A	2
	407-D7	Enter the 11-digit NDC. (For compounds enter 11 zeroes or 1 zero.)	A	19
	442-E7	Enter Quantity Dispensed in 9(7)V999 format. Mandatory.	N	7.3
	408-D8	Enter Dispense as Written (DAW)/Product Selection Code. Mandatory: “0” = NOT DAW; “1” = DAW	N	1
	354-NX	Enter Submission Clarification Code Count. Mandatory when 420-DK is present.	N	1
	420-DK	Enter “20” for 340B claim.	N	2
	308-C8	COB/Other Payments segment is mandatory when other coverage exists.	N	2
	600-28	Enter Unit of Measure. Mandatory.	A	2
	403-D3	Enter fill number, up to 2 digits.	N	2
	405-D5	Enter days supply, up to 3 digits.	N	3
	406-D6	Enter “1” if Not a Compound or “2” if a Compound.	N	1
	414-DE	Enter date the prescription was written (CCYYMMDD).	N	8
	415-DF	Enter up to 2 digits in 2-digit field reflecting number of refills authorized by Prescriber.	N	2

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	POSITIONS
COMPOUND SEGMENT				
AM10	111-AM	“10”	N	2
	450-EF	Enter values 01 – 07 or 10 – 18.	N	2
	451-EG	Enter “1” for Each, “2” for Gram or “3” for Milliliter.	N	1
	447-EC	Enter up to 2 digits 1, 2,...24, 25 A maximum of 25 ingredients will be accepted. Identifies the ingredient within a compound (i.e. Ingredient Number 12)	N	2
	488-RE	“03”	N	2
	489-TE	Enter 11-digit NDC. The first drug in compound must be Legend Drug.	N	11
	448-ED	Enter ingredient quantity in 9(7)V999 format.	N	7.3
	449-EE	Enter ingredient cost in S9(6)V99 format.	SN	6.2
PRICING SEGMENT				
AM11	111-AM	“11”	N	2
	409-D9	Enter in S9(6)V99 format. Enter ingredient amount paid (see 426-DQ). Value entered must be greater than 0.	SN	6.2
	412-DC	Enter in S9(6)V99 format. Enter the Dispensing fee paid. Value entered must be greater than 0.	SN	6.2
	426-DQ	Enter in S9(6)V99 format. Provider usual and customary charge. For compounds, report usual and customary charge for entire compound.	SN	6.2
	430-DU	Mandatory. See Pricing Formula in Implementation Guide for fields used in calculation. Allow value of 0.00.	SN	6.2
PRESCRIBER SEGMENT				
AM03	111-AM	“03”	N	2
	466-EZ	Enter “01” for National Provider Identifier (NPI).	N	2
	411-DB	Enter the 10-position National Provider Identifier (NPI). NPI entered must be associated with an individual prescriber and not a group.	A	10
COB/OTHER PAYMENTS SEGMENT				
AM05	111-AM	“05”	N	2
	337-4C	Mandatory if AM05 is sent. 1, 2, 3, 4. A maximum of 4 occurrences is supported.	N	2
	338-5C	Please refer to OTHER PAYER COVERAGE TYPE CODES in the Data Element Dictionary (DED) section for a list of values.	N	2
	339-6C	“99”	N	2
	340-7C	“OTH” when COB with other insurance. “MED” and “OTH” when COB with DSNP/Part D and other insurance. “MED” when COB with DSNP/Part D. The value of “OTH” represents payments made by other insurance. The value of “MED” represents payments made by the DSNP or Part D plan.	A	3
	443-E8	Not required for other insurance. Date for the Part D or TPL payment (CCYYMMDD).	N	8
	993-A7	Not required for other insurance.	A	30
	341-HB	Enter Other Payer Amount Paid Count.	N	1

SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	POSITIONS
	342-HC	Mandatory. Enter appropriate qualifier representing the actual amount of the payment(s) made by the third party health plan(s) when applicable.	N	2
	431-DV	Usual and Customary Amount submitted by the MCO for supplemental payment	N	6.2
	471-5E	Enter Other Payer Reject Count. Mandatory if Other Payer Reject Codes 472-6E are present.	N	2
	472-6E	Enter Other Payer Reject Code(s). Mandatory when 340-7C “MED” or “OTH” payer has rejected the claim.	A	3
	353-NR	Enter Other Payer-Patient Responsibility Amount Count. Mandatory when claim is not rejected by 340-7C “MED” or “OTH” payer.	N	2
	352-NQ	Enter Other Payer-Patient Responsibility Amount in S9(8)V99 format. Mandatory when applicable/including Part D COB claims. When 351-NP = 9 the amount must be submitted as a negative value or zero.	SN	8.2
	351-NP	Enter Other Payer-Patient Responsibility Amount Qualifier. Mandatory when claim is not rejected by 340-7C “MED” or “OTH” payer.	A	2
	392-MU	Enter Benefit Stage Count. Mandatory for DSNP/Part D approved claims, i.e. when 340-7C = “MED”.	N	2
	393-MV	Enter appropriate Benefit Stage Qualifier. Mandatory for DSNP/Part D approved claims, i.e. when 340-7C = “MED”.	A	2
	394-MW	Enter Benefit Stage Amount in S9(6)V99 format. Mandatory if 393-MV is present.	SN	6.2
FACILITY SEGMENT				
AM15	111-AM	“15” (Segment mandatory for LTC setting only.)	N	2
	336-8C	Enter the 10-position National Provider Identifier (NPI).	A	10
	385-3Q	Report the Facility name where the Medicaid Beneficiary resides.	A	30

Business Rules for Media 7 FFS Voids and Adjustments:

1. If the MCO submits a reversal transaction (B2) for the paid encounter claim (B1), the Media 7 FFS claim will automatically be reversed.
2. The MCO will have to resubmit the encounter claim first (B1 transaction), then the FFS claim (B1 transaction), which is communicated on the FFS 835.
3. If the MCO submits an Encounter B3 transaction, the encounter processes the reversal (B2), which reverses the encounter claim and will automatically reverse the B1 Media 7 FFS claim. A new B1 encounter within the B3 transaction will be processed. The MCO will need to submit a new B1 Media 7 FFS claim.

NCPDP PHARMACY MEDIA 7 FFS REVERSALS

SECTI NCPDP D.0 REVERSAL RECORD				
SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	LENGTH
BATCH TRANSACTION HEADER SEGMENT				
	101-A1	“610515”	N	6
	102-A2	“D0” (Dzero)	N	2
	103-A3	“B2” = Reversal	A	2
	104-A4	Enter NJM plus the 6-position NJ Medicaid Submitter ID followed by 1 space. (e.g. NJM770000_). The same value will be entered in field 110-AK.	A	10

	109-A9	“1”	N	1
	202-B2	“01”	N	2
	201-B1	Enter 10-digit National Provider Identifier (NPI) followed by 5 spaces. This must contain the NPI of the MCO in the Media 7 claim.	N	15
	401-D1	Enter date of service (CCYYMMDD).	N	8
	110-AK	Enter the same value as is in field 104-A4.	A	10
SEGMENT	FIELD	DATA REQUIREMENT	FORMAT	LENGTH
CLAIM SEGMENT				
AM07	111-AM	“07”	N	2
	455-EM	Enter “1” for Rx Reference Number Qualifier.	N	1
	402-D2	Prescription Number is 12 positions and must be entered.	N	12
	436-E1	Enter “00” for Compounds or “03” for NDC	A	2
	407-D7	Enter the 11-digit NDC. (For compounds enter 11 zeroes or 1 zero.)	N	11

APPENDICES**DATA ELEMENT DICTIONARY****1. PATIENT RESIDENCE CODES**

PATIENT RESIDENCE CODES				
LOOP	SEGMENT	FIELD	CODE	DESCRIPTION
AM01	01	384-4X	00	Not Specified
			01	Home
			02	Skilled Nursing Facility (For Medicare Part B use only)
			03	Nursing Facility (To be used for Nursing Homes)
			04	Assisted Living Facility (To be used for Assisted Living Facilities)
			05	Custodial Care Facility (For Medicare Part B use only)
			06	Group Home
			09	Intermediate Care Facility/Mentally Retarded
			11	Hospice
			12	Psychiatric Residential Treatment Facility
			15	Correctional Institution

2. OTHER PAYER COVERAGE TYPE CODES

OTHER PAYER COVERAGE TYPE CODES				
LOOP	SEGMENT	FIELD	CODE	DESCRIPTION
AM05	05	338-5C	blank	Not Specified
			01	Primary – First
			02	Secondary – Second
			03	Tertiary – Third
			04	Quaternary – Fourth
			05	Quinary – Fifth
			06	Senary – Sixth
			07	Septenary – Seventh
			08	Octonary – Eighth
			09	Nonary – Ninth

3. OTHER COVERAGE CODES

OTHER PAYER COVERAGE TYPE CODES				
LOOP	SEGMENT	FIELD	CODE	DESCRIPTION
AM07	07	308-C8	00	Not Specified by patient; Pharmacist unaware of insurance coverage
			01	No other coverage; Pharmacist unaware of insurance coverage
			02	Other coverage exists – payment indicated, TPL payment reported on claim
			03	Other coverage billed - claim rejected; drug product not covered by carrier
			04	Other coverage exists – no payment indicated i.e., other insurance claim cannot be processed electronically
				NOTE: COB/Other Payments segment is mandatory when other coverage exists

4. IMPLEMENTATION CHECKLIST

The Health PAS-OnLine Web portal user guides, contains all necessary steps for going live with Molina Healthcare in submitting specified EDI transactions, and receiving EDI responses. It also covers the following categories:

- Register for a Trading Partner ID
- Test with Molina Healthcare

The user guides can be found at:

- <https://www.TP-Registration.com/SitePages/User-Guides.aspx> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com/SitePages/User-Guides.aspx> after Health PAS is fully functional

5. FREQUENTLY ASKED QUESTIONS

For answers to frequently asked questions, refer to:

- <http://www.TP-Registration.com/FAQs/Forms/AllPages.aspx> during Trading Partner Registration and X12 Transaction Testing
- <http://www.njmmis.com/FAQs/Forms/AllPages.aspx> after Health PAS is fully functional

6. CHANGE SUMMARY

Version	Date	Author	Action/Summary of Changes
0.1	07/27/2017	Cindy Martin	Initial document
0.2	07/28/2017	Cindy Martin	Removed references to “B” transactions
0.3	07/31/2017	Cindy Martin	Removed reference to HIPAA X12 under Trading Partner Registration
0.4	08/01/2017	Cindy Martin	<p>Updated the following sections:</p> <ul style="list-style-type: none"> • Introduction – Removed Scope, Overview, and References • Additional Information – changed Medical/Professional to NCPDP/Pharmacy and added POS as Transaction Type in file naming standards • Getting Started – Removed Certification and Testing Overview • Connectivity With The Payer/Communications – Removed Process Flow from section title. Also removed Process Flows and Transmission Administrative Procedures • Re-Transmission Administrative Procedures - Added “The data element 806-5C – Batch Number needs to be unique to each file and Trading Partner ID.” • Removed Control Segments and Envelopes and Delimiters • Removed – Acknowledgements and /or Reports and Reports Inventory • Trading Partners – Removed Example of NCPDP Transaction Header • Changed Batch Header and Trailer naming • AM01 – Added “Must be unique to the claim:” for field 332-CY • AM03 – Deleted use of code “08” License Number for fields 466-EZ & 411-DB • AM04 – Removed requirement for entry of first 10 digits of the Beneficiary ID for PAAD, Senior Gold, ADDP for field 302-C2 and changed field length to “16” • 303-C3 – Removed requirement for entry of last 2 digits of the Beneficiary ID • AM07 – Reworded field requirements for field 402-D2 • 420-DK – Removed code “14” for Long Term Care Leave of Absence and 99 for 3 Day Emergency Fill • 308-C8 – Changed field requirements to “Enter the Other Coverage Code submitted by pharmacy. If the claim is for a paid original claim, the value must be “02” since the HMO payment is required to be sent in on a COB segment.” • AM11 – Added field format of “SN” for field 430-DU and length of “6.2” • NCPDP Pharmacy Reversals - Removed AM01 Patient Segment • AM07 – Reworded field requirements for field 402-D2 • Removed Business Scenarios and Transmission Examples
1.0	08/29/2017	Susan Savage-	Received State approval via ALM 3747

Version	Date	Author	Action/Summary of Changes
		McGuckin	
1.1	09/22/2017	Cindy Martin	Updated the following sections: <ul style="list-style-type: none"> AM07 – Deleted field 461-EU as this is not required 308-C8 – Changed field requirements to “When applicable enter the Other Coverage Code submitted by pharmacy. If the claim is for a paid original claim, the value must be “02” since the HMO payment is required to be sent in on a COB segment.”
1.2	10/13/2017	Cindy Martin	Updated the following sections: <ul style="list-style-type: none"> 5. Contact Information – Changed email address for EDI Support AM01 – Added field requirements for entry of “M” in field 332-CY
2.0	10/25/2017	Susan Savage-McGuckin	Received State approval via ALM 6090
2.1	01/23/2018	Cindy Martin	Updated the following sections: <ul style="list-style-type: none"> AM11 – Added requirement; Value entered must be greater than 0 for field 409-D9 412-DC – Changed usage for field from “M” mandatory to “O” optional 430-DU – Added requirement; Value entered must be greater than 0 431-DV – Changed requirements for the field
2.2	02/20/2018	Cindy Martin	Updated the following sections: <ul style="list-style-type: none"> 1. Introduction – Changed length of FileID in naming standards for NCPDP Pharmacy Files 8. Transaction Specific Information – Changed sequencing structure of segments moving AM03 and AM05 to follow AM11 AM04 – 303-C3 – Added requirement for entry of last 2 digits of the Beneficiary ID AM05 – Added field 341-HB AM07 – Added fields 455-EM and 436-E1
3.0	02/28/2018	Claire Ringel	Received State approval via ALM 6468
4.0	04/26/2018	Kari Keller	Received State approval via ALM 8715
4.1	04/27/2018	Cindy Martin	Updated the following sections: <ul style="list-style-type: none"> Corrected spelling on cover page 6. Payer Specific Business Rules – Added “B1’s must precede the B2’s” to paragraph labeled 2, changed max # of claims from 5,000 to 50,000 in paragraph labeled 3 and replaced paragraph labeled 4 to Media 7 claims should follow all other transaction types 8. Transaction Specific Information: <ul style="list-style-type: none"> AM01 – 331-CX – Added requirement; Must be 99 AM04 – 302-C2 – Changed requirements adding “or the first 10 digits of the Beneficiary ID (see 303-C3).”; also changed field length from 16 to 20 positions 303-C3 – Changed requirement to “Mandatory if only 10 digits provided in 302-C2 (last 2 digits of the Beneficiary ID).” AM07 – 436-E1 – corrected spelling 308-C8 – Changed requirement removing “When applicable enter the Other Coverage Code submitted by pharmacy.” AM11 – 430-DU – Changed requirement removing “Value entered must be greater than 0.”
4.2	05/08/2018	Cindy Martin	Updated the following sections: <ul style="list-style-type: none"> AM05 – 341-HB – Changed field length from 2 positions to 1 AM07 – 354-NX – Changed field length from 2 positions to 1 AM10 – Added requirements for field 450-EF
4.3	05/11/2018	Cindy Martin	Updated the following sections: <ul style="list-style-type: none"> Field 880-K5 of the Batch Record Header Segment – Changed format of field from “N” to “A”

Version	Date	Author	Action/Summary of Changes
			<ul style="list-style-type: none"> AM04 – 303-C3 – Changed format of field from “N” to “A” AM07 – 436-E1 – Changed field requirements allowing values “00” and “03” and the format of field from “N” to “A” 407-D7 – Changed format of field from “N” to “A” and field length from 11 positions to 19
4.4	05/25/2018	Cindy Martin	<p>Updated the following sections:</p> <ul style="list-style-type: none"> Changed cover page adding Media 7 Supplement Payments 6. Payer Specific Business Rules And Limitations – Added list item # 5 Added “Encounter” to the title for the NCPDP Pharmacy Encounter Reversals Added section 9. Transaction Specific Information Media 7 Added section 3. Other Coverage Codes to the Data Element Dictionary Removed AM05 Segment from “NCPDP Pharmacy Encounter Reversals” and “NCPDP Pharmacy Media 7 FFS Reversals”
5.0	06/05/2018	William Vacha	Received State approval via ALM 9135
5.1	07/10/2018	Cindy Martin	<p>Updated the following sections:</p> <ul style="list-style-type: none"> 8. Transaction Specific Information – NCPDP Pharmacy Encounter Reversals Field 201-B1 – Changed instructions and field length to match what is in the NCPDP Pharmacy Encounters section AM07 – 455-EM & 436-E1 – Added fields for inclusion with Encounter reversals 9. Transaction Specific Information Media 7 – NCPDP Pharmacy Media 7 FFS Reversals Field 201-B1 – Changed instructions and field length to match what is in the NCPDP Pharmacy Media 7 Supplemental Payment section AM07 – 455-EM & 436-E1 – Added fields for inclusion with Media 7 FFS reversals
6.0	07/18/2018	William Vacha	Received State approval via ALM 10315
6.1	07/27/2018	Cindy Martin	<p>Updated the following section as requested in ALM 10796</p> <ul style="list-style-type: none"> 8. Transaction Specific Information – NCPDP Pharmacy Encounters AM07 – Field 308-C8 – Changed instructions for entry in field
6.2	08/23/2018	Cindy Martin	<p>Updated the following section as requested in ALM 11230</p> <ul style="list-style-type: none"> 8. Transaction Specific Information – NCPDP Pharmacy Encounters Field 201-B1 – Changed requirements noting an individual’s NPI must be entered and not a Group’s AM04 – Field 302-C2 – Changed format from N to A AM03 – Field 411-DB – Changed requirements noting an individual’s NPI must be entered and not a Group’s 8. Transaction Specific Information – NCPDP Pharmacy Encounter Reversals Field 201-B1 – Changed requirements noting an individual’s NPI must be entered and not a Group’s 9. Transaction Specific Information Media 7 – NCPDP Pharmacy Media 7 Supplemental Payment Field 201-B1 – Changed requirements noting an individual’s NPI must be entered and not a Group’s AM04 – Field 302-C2 – Changed format from N to A AM03 – Field 411-DB – Changed requirements noting an individual’s NPI must be entered and not a Group’s 9. Transaction Specific Information Media 7 – NCPDP Pharmacy Media 7 FFS Reversals Field 201-B1 – Changed requirements noting an individual’s NPI must be entered and not a Group’s Data Element Dictionary – 3. Other Coverage Codes

Version	Date	Author	Action/Summary of Changes
			<ul style="list-style-type: none"> Changed descriptions for codes 00, 02, 03, 04, 08
6.3	10/02/2018	Cindy Martin	<p>Updated the following sections:</p> <ul style="list-style-type: none"> 8. Transaction Specific Information – NCPDP Pharmacy Encounters Field 201-B1 – Changed requirements noting the NPI entered must be for the specific store AM03 – Field 411-DB – Changed requirements noting the NPI entered must be the Prescriber’s individual NPI and not a Group’s 8. Transaction Specific Information – NCPDP Pharmacy Encounter Reversals Field 201-B1 – Changed requirements noting the NPI entered must be for the specific store 9. Transaction Specific Information Media 7 – NCPDP Pharmacy Media 7 Supplemental Payment Field 201-B1 – Changed requirements noting the NPI must be that of the MCO Media 7 claim AM03 – Field 411-DB – Changed requirements noting the NPI entered must be the Prescriber’s individual NPI and not a Group’s 9. Transaction Specific Information Media 7 – NCPDP Pharmacy Media 7 FFS Reversals Field 201-B1 – Changed requirements noting the NPI must be that of the MCO Media 7 claim
6.4	10/08/2018	William Vacha	Updated hyperlinks and contact information
6.5	10/10/2018	Cindy Martin	<p>Updated the following section:</p> <ul style="list-style-type: none"> Appendices, Data Element Dictionary, Section 3. Other Coverage Codes Removed code “08”
6.6	10/11/2018	Cindy Martin	<p>Updated the following sections:</p> <ul style="list-style-type: none"> 8. Transaction Specific Information – NCPDP Pharmacy Encounters Field 337-4C – Changed requirements allowing for 4 occurrences 9. Transaction Specific Information Media 7 – NCPDP Pharmacy Media 7 FFS Reversals Field 337-4C – Changed requirements allowing for 4 occurrences
7.0	10/16/2018	William Vacha	Received State approval via ALM 11230
7.1	10/18/2018	Cindy Martin	<p>Updated the following sections:</p> <ul style="list-style-type: none"> 8. Transaction Specific Information – NCPDP Pharmacy Encounters Field 450-EF – Changed requirements dropping values 8 & 9 as valid entries 9. Transaction Specific Information Media 7 – NCPDP Pharmacy Media 7 FFS Reversals Field 450-EF – Changed requirements dropping values 8 & 9 as valid entries
8.0	10/30/2018	Claire Ringel	Received State approval via ALM 12207