

eMedNY

New York State Department Of Health Office of Health Insurance Programs

National Council for Prescription Drug Programs (NCPDP)

Version 5.1 (REQUEST)

Companion Guide

NPI Edition

NYSDOH Version 3.4

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NCPDP – National Council for Prescription Drug Programs**INTRODUCTION**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The NCPDP Telecommunications Standard Version 5.1 Implementation Guide has been established as the standard of compliance for Point-of-Sale claim transactions. The following information is intended to serve only as a Companion Guide to the NCPDP Telecommunications Standard Version 5.1 Implementation Guide. The use of this Companion Guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This Companion Guide supplements, but does not contradict any requirements in the NCPDP Telecommunications Standard Version 5.1 Implementation Guide.

The National Council for Prescription Drug Programs (NCPDP) is a non-profit organization formed in 1976. It is dedicated to the development and dissemination of voluntary consensus standards that are necessary to transfer information that is used to administer the prescription drug benefit program.

To request a copy of the NCPDP Standard Formats or for more information contact the National Council for Prescription Drug Programs, Inc. The HIPAA Implementation Guide can be accessed at www.ncpdp.org. The contact information is as follows:

National Council for Prescription Drug Programs
9240 East Raintree Drive
Scottsdale, AZ 85260

Phone: (480) 477-1000
Fax (480) 767-1042

COMPANION GUIDE DISCLAIMER:

The New York State Department of Health (NYSDOH) has provided this Medicaid Companion Guide for the NCPDP transaction to assist Providers, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. This document was prepared using the NCPDP 5.1 Implementation Guide (IG). NYSDOH has focused primarily on the rules and policies regulating the submission of NYS Medicaid data that are provided within this Companion Guide. NYSDOH has provided the information on www.nyhipaadesk.com as a tool to make the Provider's job easier in preparing electronic transactions in a HIPAA compliant manner.

NYSDOH does not offer individual training to assist Providers in the use of the NCPDP transactions provided on www.nyhipaadesk.com.

The information provided herein is believed to be true and correct based on the NCPDP Implementation Guide. The HIPAA regulations are continuing to evolve. Therefore, NYS Medicaid makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYSDOH policy changes or as HIPAA legislation is updated or revised.

CG MODIFICATION TRACKING:**>V3.4 - eMedNY NPI Edition – current changes**

Publication Date: 12/01/09

Amend the Segment Usage Matrix for the Pharmacy Provider Segment and Clinical Segment.

Add Pharmacy Provider Segment '02' and Clinical Segment '13' into usage.

Add to Claim Segment 419-DJ Prescription Origin Code "0", "1", "2", "3", or "4".

Add Pharmacy Provider Segment – (111-AM) '02' = Pharmacy Provider Seg. Identification.

Add Pharmacy Provider D.E. – (465-EY) Provider ID Qualifier.

Add Pharmacy Provider D.E. – (444-E9) Provider ID.

Add Claim Segment – (111-AM) '13' = Claim Segment Identification.

Add Clinical Segment D.E. – (424-DO) Diagnosis Code.

Add Clinical Segment D.E. – (491-VE) Diagnosis Code Count.

Add Clinical Segment D.E. – (492-WE) Diagnosis Code Qualifier.

Add Clinical Segment D.E. – (493-XE) Clinical Information Counter.

Add Clinical Segment D.E. – (494-ZE) Measurement Date.

Add Clinical Segment D.E. – (495-H1) Measurement Time.

Add Clinical Segment D.E. – (496-H2) Measurement Dimension.

Add Clinical Segment D.E. – (497-H3) Measurement Unit.

Add Clinical Segment D.E. – (499-H4) Measurement Value.

>V3.3 - eMedNY NPI Edition

Publication Date: 10/01/08

Add to 439-E4 Reason for Service Code – 'ER' Drug Overuse conflict code.

Add to 441-E6 Result of Service Code list (3) action codes '1H', '1J' and '1K'.

Amend 420-DK Submission Clarification Code usage for Drug Overuse override.

>V3.2 - eMedNY NPI Edition

Publication Date: 05/01/08

NPI use after 8/31/2008.

Add to 201-B1 Service Provider ID note to use National Provider ID after 8/31/2008.

Add to 466-EZ Prescriber ID Qualifier code 01 = National Provider ID to use after 8/31/2008.

Add to 411-DB Prescriber ID note to use National Provider ID after 8/31/2008.

Add to 468-2E Primary Care Provider ID Qualifier code 01 = National Provider ID to use after 8/31/08.

Add to 421-DL Primary Care Provider note to use National Provider ID after 8/31/2008

Amend the NYS MEDICAID NOTES MEVS section referencing Verifone terminal.

Publication Date: 03/28/08

Amend change history – Remove V2.0 thru V2.2 CG Modification Tracking.

Amend 339-6C Other Payer ID Qualifier (remove) “For Medicare Part B, a value of ‘99’ must be used”.

Amend 342-HC Other Payer Amount Paid Qualifier (update table to include all qualifiers)

Amend 342-HC Other Payer Amount Paid Qualifier: ‘08’ - Claim is billing for a copay.

CHG. 308-C8 Other Coverage Code – to 2 = Other coverage exists- (Use for Medicare Part B)

>V3.1 - eMedNY NPI Edition

Publication Date: 05/16/07

Amend the NYS MEDICAID NOTES section to refer to the Technical Supplementary C/G.

Change date in the 454-EK NYS Medicaid Notes to 5/19/2007.

NATIONAL PROVIDER IDENTIFIER (NPI):

The New York State Department of Health (NYSDOH) will not be ready to implement the NPI system changes by May 23, 2008. As a result, NYS Medicaid provider IDs and license numbers will continue to be required for processing until the NPI system release is installed. This release is currently scheduled for September 1st, 2008.

Since the NCPDP transactions can't handle multiple identifiers (NPI and legacy), it's necessary to continue sending legacy IDs until September 1, 2008.

ALL NYS MEDICAID PROVIDERS WHO ARE HEALTH CARE PROVIDERS ARE REQUIRED TO VISIT EMEDNY.ORG TO REGISTER THEIR NPI(S) AS SOON AS POSSIBLE.

NYSDOH has developed the National Provider Identifier (NPI) Web Enabled Entry process as a means for providers/submitters to register their NPI(s) in the eMedNY system. The NPI Web Enabled Entry system can be accessed by going to www.emedny.org and clicking on "Enter NPI" located in the green box on the right of the screen. It is required to register all NPIs associated with a NYS Medicaid provider by using the web-enabled application on the emedny.org website.

A batch process for reporting the NPI to eMedNY is also available. Refer to the "NPI Information" area at emedny.org for the file specification for the batch process. All submitters should be aware that after NPI implementation the NPI will be the only permitted provider identifier (except for non-healthcare providers) other than Tax-ID. The NYS Medicaid Provider ID, the Locator Code, and the License Number will all be disallowed.

NYS MEDICAID NOTE:

The National Council for Prescription Drug Programs (NCPDP) Implementation Guide has been established by Health and Human Services as the standard for HIPAA compliance, for the specified transactions.

This Companion Guide, which is provided by the New York State Department of Health (NYSDOH), outlines the required format for the New York State Medicaid Retail Pharmacy transactions. It is important that Providers study the Companion Guide and become familiar with the data that will be expected by NYS Medicaid in transmission of a Pharmacy Transaction.

This Companion Guide does not modify the standards; rather, it puts forth the subset of information from the IG that will be required for processing transactions. It is important that providers use this Companion Guide as a supplement to the IG. Within the IG, there are data elements, which have many different qualifiers available for use. Each qualifier identifies a different piece of information. This document omits code qualifiers that are not necessary for NYS Medicaid processing. Although not all available codes are listed in this document, NYSDOH will accept any codes named or listed in the HIPAA IG. When necessary, a “NYS MEDICAID NOTE” is included to describe NYSDOH specific

requirements. These notes provide guidance to ensure proper adjudication and subsequent claim payment.

It is important to understand that NYSDOH has provided "NYS MEDICAID NOTE(s)" stating "NYSDOH will ignore data when provided" in some segments/elements ("required" or "situational"). The intent here is to advise the submitting entity to submit data (for "required" segments), but that the data will not be used for NYS Medicaid transaction processing. The IG lists all transactions, segments, elements, and codes. The Companion Guide may omit some of the previously mentioned IG items, unless they are defined as required in the IG, or the situation requires their use for NYS Medicaid processing. Although not all IG items are listed in the Companion Guide, NYS Medicaid will accept and capture the data from all transactions that comply with the HIPAA IG. Providers are encouraged to use the IG and the NCPDP Data Dictionary to understand the positioning and format of the data elements.

Also, please refer to the Technical Supplementary Companion Guide for Information about transaction header structures, transaction size limits, electronic communications methods, and enrollment. This document is available for download at nyhipaadesk.com.

Please note that 5.1 NCPDP Eligibility transactions do not validate the Prescribing Provider's enrollment in the Medical Assistance Program. In addition, they do not verify the Referring Provider for managed care enrollees and clients that are restricted to certain Providers.

Providers with questions regarding HIPAA compliance billing please call CSC's support unit at:

MEVS Unit 1-800-343-9000: For Eligibility Issues, Service Authorization and Prior Authorization Issues, POS Verifone Terminal equipment for Pharmacy Claims and to set up for Testing/Production.

Pharmacy Providers can acquire the NCPDP Implementation Guide from www.ncpdp.org.

Purpose

This guide is intended to provide guidelines to software vendors, switching companies and pharmacy providers as they implement the NCPDP 5.1 Standard. The information included in this companion guide is separated into two sections; the 5.1 transaction record structure and the 1.1 Batch transaction record structure. The 1.1 section of this document is only pertinent to those entities that will be sending batch transactions to NYSDOH.

System Availability

The New York State Medicaid NCPDP transaction submission system is available to providers 24 hours a day, seven days a week.

NCPDP 5.1 Transaction Record Structure

Segment Usage Matrix

The following matrix has been provided as a quick reference to providers to allow them to determine by transaction type which segments are mandatory versus optional. This matrix is to be used as a guide and in no way establishes a standard. The requirement of information is subject to change dependent upon the version of the NCPDP Standard being used.

5.1 REQUEST SEGMENT USAGE MATRIX

SEGMENT	Transaction Code	AM	E1	B1	B2	B3	P/A			P/A			Info			C/S		
							Req & P/A	P/A	P/A	Req	Info	Rptg	Info	Rptg	C/S	Rptg	C/S	Rptg
ID	Elig	Billing	Rev	Rebill	Billing	Rev	Inquiry	Only	Rptg	Rev	Rebill	Rptg	Rev	Rebill				
Header	--	M	M	M	M	M	M	M	M	M	M	M	M	M				
Patient	01	ONY	ONY	O	ONY	ONY	O	O	ONY	ONY	O	ONY	M	M	M			
Insurance	04	M	M	O	M	M	O	M	M	M	O	M	N	N	N			
Claim	07	N	M	M	M	M	M	M	M	M	M	M	M	M	M			
Pharmacy Provider	02	O	O	N	O	O	O	O	O	O	N	O	O	O				
Prescriber	03	N	ONY	N	ONY	ONY	O	O	ONY	ONY	N	ONY	O	O	O			
COB/Other Payments	05	N	ONY	N	ONY	ONY	N	O	ONY	O	N	O	N	N	N			
Pricing	11	N	M	O	M	M	O	O	O	O	O	O	N	N	N			
Prior Authorization	12	N	O	N	O	M	O	M	M	N	N	N	N	N	N			
DUR/PPS	08	N	O	O	O	O	O	O	O	O	O	O	N	N	N			
Clinical	13	N	O	N	O	O	N	N	O	O	N	O	N	N	N			
Compound	1	N	O	N	O	O	O	O	O	N	N	N	N	N	N			
Coupon	09	N	O	N	O	O	O	O	O	N	N	N	N	N	N			
Workers' Comp	06	N	O	N	O	O	O	O	O	O	N	O	N	N	N			

M=Mandatory
 O=Optional; Conditional based on data content
 ONY=Optional; NYS data content required
 N=Not Sent

Shaded transactions not named in HIPAA or not implemented at this time.
 Shaded segments not used by NYSDOH for processing at this time.

NYSDOH does not support the following transactions: C1, C2, C3, and P3.
NYSDOH does not support/require the following segments: Compound, Coupon, and Workers' Comp.

Transaction Format Information

Transaction Format

New York State Medicaid will only accept NCPDP Standard Format Version 5.1 with the implementation of the New York State Medicaid system. Please refer to the NCPDP 5.1 Implementation Guide and Data Dictionary to understand the positioning and format of the data elements.

New York State Medicaid Transactions

Transaction Header Segment for 5.1

M=Mandatory

O=Optional

R=Repeating field

(Note: Mandatory elements in optional segments are only required when the segments are submitted.)

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
	TRANSACTION HEADER SEGMENT	M	The NCPDP Header Segment is the only FIXED length portion of the 5.1 standard. This segment MUST BE 56 bytes. Each field must be submitted with its entire length. Follow rules: If defined numeric - Right justify; zero fill. If defined alphanumeric - Left justify; space filled.	NYSDOH expects the Header Segment for all transactions.
101-A1	Bin Number	M	Card Issuer ID or Bank ID Number used for network routing.	NYSDOH expects "004740". Each processor will need to have a BIN assigned by the American National Standards Institute (ANSI). "004740" identifies the New York MEVS ProDUR/ECCA system.
102-A2	Version Release Number	M	Code uniquely identifying the transmission syntax and corresponding Data Dictionary. 51 = Version 5.1	NYSDOH expects "51".

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
103-A3	Transaction Code	M	Code identifying the type of transaction: E1 = Eligibility; B1 = Billing; B2 = Reversal; B3 = Rebill; P1 = P.A. Request & Billing; P2 = P.A. Reversal; P3 = P.A. Inquiry; P4 = P.A. Request Only; N1 = Info. Reporting; N2 = Info. Rpt. Reversal; N3 = Info. Rpt. Rebill; C1 = Controlled Substance Reporting; C2 = Controlled Subs. Rpt. Reversal; C3 = Controlled Subs. Rpt. Rebill	NYSDOH expects "E1", "B1", "B2", "B3", "N1", "N2", "N3", "P1", "P2", or "P4". NYSDOH does not support transactions "C1", "C2", "C3" nor "P3". These will be rejected, when received.
104-A4	Processor Control Number	M	Number assigned by the processor.	The Processor Control Number field has two formats. Providers with a 3 character TSN or with a 4 character ETIN. Although the field make up differs, the format for either is in total a PIC X (10) format. The 3 character TSN format consists of the Read Certification Indicator (PIC X (01)), the Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the Provider Transmission Supplier Number (TSN) (PIC X (03)). The 4-character format consists of the Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the Electronic Transmitter Identification Number (ETIN) (PIC X (04)). In the 4 character format, the Read Certification Indicator is acknowledged by the Pharmacist's Initial being submitted.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
109-A9	Transaction Count	M	Count of transactions in the transmission. Blank or 1-4 occurrences for multiple Transactions within one transmit. Blank = 1. (Can <i>only</i> be 1 if transmission is for Eligibility, Prior Auth or Billing for Multiple Ingredients)	<p>NYSDOH expects "1", "2", "3", "4", or blank, which = 1.</p> <p>The count represents the number of Rx details or line items within a transaction.</p> <p>NYSDOH does not currently support billing for multiple ingredients.</p> <p>For reversal transactions (B2, N2, or P2) containing more than 1 line item, NYSDOH will accept the transactions but will only process the first line item. Providers will need to resubmit other line items in separate transmissions, one reversal at the time.</p>
202-B2	Service Provider ID Qualifier	M	Code qualifying the Service Provider ID (201-B1) 05 = Medicaid 01= National Provider Identifier (NPI).	<p>NYSDOH expects "05" until 8/31/2008 for Medicaid ID.</p> <p>NYSDOH expects "01" after 8/31/2008 for National Provider Identifier (NPI)</p>
201-B1	Service Provider ID	M	ID assigned to a company or provider.	<p>NYSDOH expects the Medicaid Pharmacy Provider ID until 8/31/2008.</p> <p>NYSDOH expects the National Provider ID after 8/31/2008.</p>
401-D1	Date of Service	M	Identifies date the prescription was filled or professional service was rendered.	NYSDOH expects the date the prescription was filled.
110-AK	Software Vendor /Certification ID	M	ID assigned by switch or processor to identify the software source.	NYSDOH will ignore data when provided.

Patient Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 01 = Patient	NYSDOH expects ' 01' to be submitted and requires for E1, B1, B3, P1, P4, N1, N3.
304-C4	Date of Birth	O	Date of birth of the patient.	NYSDOH expects the Date of Birth. NYSDOH requires this field in order to process a claim.
305-C5	Patient Gender Code	O	Code indicating gender of the individual. 1 = Male 2 = Female	NYSDOH expects "1" or "2". NYSDOH requires this field in order to process a claim.
335-2C	Pregnancy Indicator	O	Code indicating pregnancy status of patient. Blank=Not Specified, 1=Not pregnant, 2=Pregnant	NYSDOH will ignore data if provided.

Insurance Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 04 = Insurance	NYSDOH expects "04" for transactions E1, B1, B3, P1, P4, N1, and N3.
302-C2	Cardholder ID	M	Insurance ID assigned to Card Holder.	NYSDOH expects either the eight-character Medicaid Client Number here plus the sequence number in Person Code (303-C3); or the thirteen-character Access Number without the six-digit ISO # prefix here, without the Person Code. If the Medicaid Client Number is provided, the Person Code (303-C3) is also required.
309-C9	Eligibility Clarification Code	O	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial. 2 = Override	NYSDOH expects code "2", after receiving denial to clarify eligibility. A value of "2" is used to signal an eligibility override for spend down/excess income clients when the client's liability has been met, but there is a time lag in updating the eligibility system.
303-C3	Person Code	O	Code assigned to a specific person within a family.	If the Medicaid Client Number is provided in the Cardholder ID (302-C2), NYSDOH expects the sequence number found on the benefit card here. The Person Code is the sequence number found on the client's benefit card in the last 2 positions of the access number. It indicates the number of benefit cards that have been issued to the client. NYSDOH requires this field in order to process a claim.

Claim Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 07 = Claim	NYSDOH expects "07" for transactions B1, B2, B3, P1, P2, P4, N1, N2, and N3.
455-EM	Prescription/Service Reference # Qualifier	M	Indicates the type of billing submitted. 1 = Rx Billing	NYSDOH expects "1". NYSDOH does not support 2, Service Billing.
402-D2	Prescription/Service Reference number	M	Reference number assigned by the provider for the dispensed drug / product and/or service provided.	NYSDOH expects the Rx #.
436-E1	Product/Service ID Qualifier	M	Code qualifying the value in Product / Service ID (407-D7). 03 = NDC 09 = HCPCS	NYSDOH expects "03" or "09". The HCPCS is used for items that require a Dispensing Validation System Prior Approval and for non-drug items such as medical supplies that will not use a National Drug Code in eMedNY Phase I.
407-D7	Product/Service ID	M	ID of the product dispensed or the service provided.	NYSDOH expects the Product ID, depending on the qualifier (436-E1). When entering the <i>National Drug Code</i> (NDC) identifying the dispensed drug, only an 11-digit numeric entry is acceptable. When billing compounds use code 9999999999. When a HCPCS is submitted, NYSDOH expects HCPCS code with 2 blanks or a modifier w/o leading zeros. Example, enter B4152bb, instead of 0000B4152bb. With a modifier you would enter B4152BO.
442-E7	Quantity Dispensed	O	Quantity dispensed expressed in metric decimal units, with up to 3 decimal positions.	NYSDOH expects the Quantity Dispensed. Please note: NYSDOH currently does not support partial fills. When submitting partial fill claims to NYSDOH, pharmacies must submit the Actual Quantity Dispensed in 442-E7. NYSDOH requires this field in order to process a claim.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
403-D3	Fill Number	O	The code indicating whether prescription is an original or a refill.	<p>NYSDOH expects "00", "01", "02", "03", "04", or "05".</p> <p>00 = Original dispensing 01-99 = Refill number.</p> <p>NYS Medicaid allows a maximum of 5 refills.</p> <p>NYSDOH requires this field in order to process a claim.</p>
405-D5	Days Supply	O	Estimated number of days that prescription will last.	<p>NYSDOH expects a number equal to or less than 366.</p> <p>NYSDOH requires this field in order to process a claim.</p>
406-D6	Compound Code	O	Code indicates whether or not the prescription is a compound. 0 = Not specified 1 = Not a compound 2 = Compound	<p>NYSDOH expects "0", "1" or "2".</p> <p>NYSDOH requires this field in order to process a claim.</p>
408-D8	Dispense as Written (DAW)/Product Selection Code	O	Code indicating whether or not the Prescriber's instructions regarding generic substitution were followed. 0 = No Product Select Indicated 1 = Subs. Not allowed by prescriber 4 = Subs. Allowed, Generic Drug Not in Stock 5 = Subs. Allowed, Brand Drug Dispensed as Generic 7 = Subs. Not Allowed, Brand Drug Mandated by Law 8 = Subs. Allowed, Generic Drug Not Available in Marketplace	<p>NYSDOH expects "0", "1", "4", "5", "7", or "8".</p> <p>NYSDOH requires this field in order to process a claim.</p>
414-DE	Date Prescription Written	O	Date the prescription was written.	<p>NYSDOH expects the date the prescription was written.</p> <p>NYSDOH requires this field in order to process a claim.</p>

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
415-DF	Number of Refills Authorized	O	Number of refills authorized by prescriber.	NYSDOH requires this field in order to process a claim. 00 = New Prescription 01 = First Refill 02 = Second Refill 03 = Third Refill 04 = Fourth Refill 05 = Fifth Refill (the maximum number of refills allowed by NYS Medicaid).
419-DJ	Prescription Origin Code	O	Code indicating the origin of the prescription.	NYSDOH expects "0", "1", "2", "3", or "4". 0 = Not specified 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile
420-DK	Submission Clarification Code	O	Values pharmacy can use to clarify a submission that might normally be denied. 00=Not Specified, 01=No Override, 02=Other Override, 03=Vacation Supply, 04=Lost Rx, 05=Therapy Change, 06=Starter Dose, 07=Medically Necessary, 08=Process Compound For Approved Ingredients, 09=Encounters, 99=Other	This field is used to indicate a Utilization Threshold override or a DUR 'ER' Drug Overuse override. NYSDOH expects the following for UT overrides: ØØ = NOT SPECIFIED Ø1 = NO OVERRIDE (No SA Exception Code) Ø2 = OTHER OVERRIDE – use to replace SA Exception Code 6 (pending an override) Ø7 = MEDICALLY NECESSARY – use to replace SA Exception Code 1 & 3 (Immediate Urgent Care & Emergency) Note: NYSDOH only accepts the above values for UT Override. Any other value entered in this field will be ignored. ----- DUR 'ER' Drug Overuse override. NYSDOH requires using ' Ø3 ' = Vacation or ' Ø4 ' = Lost Prescription to be reported with 'Reason for Service Code' (439-E4) = ' ER ' and any valid 'Result of Service Code' (441-E6) to override the Drug Overuse edit.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
308-C8	Other Coverage Code	O	<p>Code indicating whether or not the patient has other insurance coverage or is enrolled in a Medicare Managed Care Org. (MCO)</p> <p>0 = Not specified 1 = No other coverage identified 2 = Other coverage exists- payment collected 3 = Other coverage exists- this claim not covered 4 = Other coverage exists- payment not collected 5 = Managed care plan denial 6 = Other coverage denied- not a participating provider 7 = Other coverage exists- not in effect at time of service 8 = Claim is a billing for a co-pay</p>	<p>NYSDOH expects "0", "1", "2", "3", or "4".</p> <p>2 = Other coverage exists – (Use for Medicare Part B)</p> <p>If sent, NYSDOH will process the following codes as follows: Codes 5 and 6 will be processed as 3. Code 7 will be processed as 1. Code 8 will be processed as 2.</p> <p>NYSDOH requires this field in order to process a claim.</p>
454-EK	Scheduled Prescription ID Number	O	Serial number of the prescription blank / form.	<p>NYSDOH requires the Prescription Pad Serial Number from the Official New York State Prescription blank / form in order to process a claim.</p> <p>For specific situations, in lieu of reporting the Official Prescription Form Serial Number, use the following values:</p> <p>EEEEEEEE for prescriptions submitted via Fax or Electronically.</p> <p>HHHHHHHH for prescriptions on Hospital and their affiliated Clinics Prescription Pads effective until May 19, 2007.</p> <p>NNNNNNNN for prescriptions on carve-out drugs for Nursing Home patients.</p> <p><u>ZZZZZZZZ</u> for prescriptions written by Out of State Prescribers.</p> <p>99999999 for Oral Prescriptions.</p>

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
461-EU	Prior Auth Type Code	O	Code clarifying the Prior Auth # (462-EV). 00 = Not specified 01 = Prior authorization 04 = Exemption from co-pay	<p>NYSDOH expects the following values: 00 = Not specified. 01 = Prior Authorization (use if no Co-pay Exemption exists). 04 = Exemption from co-pay.</p>
462-EV	Prior Auth Number Submitted	O	Number submitted by the provider to ID the P.A.	<p>NYSDOH expects prior approval number, if applicable for this transaction.</p> <p>Format, 11 digit number, submit the complete number (NNNNNNNNNNN)</p> <p>Prior format for 8 digit numbers, submit Format = NNNNNNNZZZ NNNNNNNN = Prior Approval Number ZZZ = zero fill</p> <p>Refer to 461-EU Prior Auth Type Code for co-pay exempt reporting.</p>

Pharmacy Provider Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 02 = Pharmacy Provider	NYSDOH expects "02" for transactions B1, B3, P1, P4, N1, and N3.
465-EY	Provider ID Qualifier	O	Code qualifying the Provider ID (444-E9). 02 = State License 05= National Provider Identifier (NPI). 07= State Issued.	NYSDOH expects a Pharmacy ID Qualifier to identify the Provider ID that is being sent in (444_E9).
444-E9	Provider ID	O	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of service.	NYSDOH expects Provider Profession Code and NYS Provider License number, when qualifier (465-EY) is '02'. NYSDOH expects National Provider ID when qualifier (465-EY) is '05'. NYSDOH expects the Medicaid Provider ID when qualifier (465-EY) is '07'. NYSDOH requires this field in order to process a claim.

Prescriber Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 03 = Prescriber	NYSDOH expects "03" for transactions B1, B3, P1, P4, N1, and N3.
466-EZ	Prescriber ID Qualifier	O	Code qualifying the Prescriber ID. 05 = Medicaid 08 = State License 01= National Provider Identifier (NPI).	NYSDOH expects a qualifier of "05" when submitting NYS Medicaid ID in (411-DB) or a qualifier of "08" when submitting State License number in (411-DB) for Prescriber ID until 8/31/2008. NYSDOH expects "01" after 8/31/2008 for National Provider Identifier (NPI) NYSDOH requires this field in order to process a claim.
411-DB	Prescriber ID	O	ID Assigned to the Prescriber (State license #, TP ID, DEA, etc.)	NYSDOH expects National Provider ID when qualifier (466-EZ) is '01' after 8/31/08. NYSDOH expects the Medicaid Provider ID when qualifier (466-EZ) is '05' until 8/31/08. NYSDOH expects Provider Profession Code and NYS Provider License number, when qualifier (466-EZ) is '08' until 8/31/08. If an out of state license number is used, NYSDOH expects NYS Provider Profession Code, State Code and Provider License number, when qualifier (466-EZ) is '08' until 8/31/08. For license number format see footnote: NYSDOH requires this field in order to process a claim.
468-2E	Primary Care Provider ID Qualifier	O	Code qualifying the Primary Care Provider ID (421-DL). 05 = Medicaid 01 = National Provider ID	NYSDOH expects "05" (Medicaid) used until 8/31/2008. NYSDOH expects "01" after 8/31/2008 for National Provider Identifier (NPI)
421-DL	Primary Care Provider ID	O	ID assigned to the primary care provider.	NYSDOH expects the Medicaid Provider ID used until 8/31/2008. NYSDOH expects the NPI after 8/31/2008.

NOTE: For specific license number formatting refer to the "Crosswalks" index on the www.nyhipaadesk.com website under the Using License Number in eMedNY Crosswalks topic. The "Provider License Type to Profession Code Mapping" document under the "Crosswalks" index provides specific instructions for reporting Profession Code, State Code, License Number combinations.

COB/Other Payments Segment

The COB/ Other Payments Segment is used to convey Third Party Liability (TPL) or Medicare Managed Care Organization (MCO) Information.

Note: Medicare Part D:

- For drugs/OTCs excluded by Medicare Part D but covered by NYS Medicaid; Do not send the COB Segment.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 05 = COB/Other Payments	NYSDOH expects "05" for transactions B1, B3, P1, and P4.
337-4C	Coordination of Benefits/ Other Payments Count	M	Count of other payment occurrences.	NYSDOH will process this field. This is the number of other payment occurrences submitted. Up to 9 occurrences are possible.
338-5C	Other Payer Coverage Type	M"R"	Code identifying the Other Payer ID. 01 = Primary 02 = Secondary 03 = Tertiary	NYSDOH will process "01", "02", or "03". Up to 7 occurrences of "03" are possible.
339-6C	Other Payer ID Qualifier	O"R"	Code qualifying the 'Other Payer ID'. 01 = National Payer ID 02 = Health Industry Number (HIN) 03 = Bin Number (BIN) 04 = Nat. Assoc. of Ins. Commissioners (NAIC) 99 = Other	NYSDOH will process code in conjunction with the Other Payer ID (340-7C). Enter any valid code qualifying the Other Payer ID.
340-7C	Other Payer ID	O"R"	ID assigned to the payer.	NYSDOH will process any valid value that identifies the Third Party Payer or Medicare Managed Care Organization (MCO). For Medicare Part B Claims: submit a value of '13'.
443-E8	Other Payer Date	O"R"	Payment or denial date of the claim submitted to the other payer for COB.	NYSDOH will process this field.
341-HB	Other Payer Amount Paid Count	O	Count of the payer amount paid occurrences.	NYSDOH will process this field. Number of other payer amount paid occurrences submitted. Up to 9 occurrences are possible.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
342-HC	Other Payer Amount Paid Qualifier	O”R”	<p>Codes qualifying Other Payer Amount Paid for (431-DV)</p> <p>01=Delivery 02=Shipping 03=Postage 04=Administrative 05=Incentive 06=Cognitive Service 07 = Drug benefit</p> <p>Itemize paid amounts using above or send one ‘08’.</p> <p>08 = Sum of all reimbursements</p> <p>98=Coupon 99=Other</p> <p>To report added Medicare Amts. send repeating 99’s. 99 = Deductible Amount 99 = Coinsurance Amount 99 = Co-Payment Amount</p>	<p>NYSDOH will process this field. 98=Coupon – is ignored when submitted.</p> <p>For TPL or Medicare MCO Information, use 07 = Drug benefit.</p> <p>To report specific Co-Pay, Coinsurance and Deductible amounts for TPL and Medicare MCO’s send the coding as follows:</p> <p>1st occurrence of 99 = Deductible Amount. 2nd occurrence of 99 = Coinsurance Amt. 3rd occurrence of 99 = Co-Payment Amt.</p> <p>For Medicare Part B: use 07 = Drug Benefit to submit Medicare Approved Amount and 08 = Sum Of All Reimbursement to submit Medicare Paid Amount.</p> <p>For the additional Medicare amounts, send: 1st occurrence of 99 = Deductible Amount. 2nd occurrence of 99 = Coinsurance Amt. 3rd occurrence of 99 = Co-Payment Amt.</p>
431-DV	Other Payer Amount Paid	O”R”	<p>Amount of payment known by pharmacy from other sources (including coupons).</p>	<p>NYSDOH will process this field.</p> <p>Send the amount of payment(s) received by the Provider from other sources. TPL and Medicare MCO’s and/or Medicare.</p> <p>NYSDOH will use these amounts for proper adjudication of the claim.</p>
471-5E	Other Payer Reject Count	O	<p>Number of ‘Other Payer Reject Code’ (472-6E) occurrences.</p>	<p>NYSDOH will process this field.</p> <p>The number of reason codes is required for non-payment received by the Provider from a payer other than Medicare. Up to 5 occurrences are possible.</p>
472-6E	Other Payer Reject Code	O”R”	<p>The error encountered by the previous ‘Other Payer’ in ‘Reject Code’ (511-FB).</p>	<p>NYSDOH will process this field.</p> <p>The reason code(s) is required for non-payment received by the Provider from a payer other than Medicare.</p>

-DUR/PPS Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 08 = DUR/PPS	NYSDOH expects "08" when this optional segment is submitted and expects DUR / PPS to be used for overrides.
473-7E	DUR/PPS Code Counter	O"R"	Counter number for each DUR/PPS set/logical grouping.	NYSDOH expects "1" thru "9".
439-E4	Reason for Service Code	O"R"	Code identifying the type of utilization conflict detected or the reason for the pharmacist professional service. DD = Drug-Drug interaction TD = Therapeutic Duplicate ER = Drug Overuse Alert DC = Inferred Drug Disease Precaution PG = Drug Pregnancy Alert PA = Drug Age Precaution LD = Low Dose Alert HD = High Dose Alert CH = Call Help Desk	NYSDOH expects "DD", "TD", "ER", "DC", "PG", "PA", "LD", "HD", or "CH".

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
441-E6	Result of Service Code	O”R”	<p>Defines action taken by pharmacist in response to a ProDUR conflict code, or the result of a pharmacist's professional service.</p> <p>1A = Filled as is, false positive 1B = Filled prescription as is 1C = Filled with different dose 1D = Filled with different directions 1E = Filled with different drug 1F = Filled with different quantity 1G = Filled with prescriber approval 1H = Brand-to-Generic Change 1J = Rx-to-OTC Change 1K = Filled with different dosage form 2A = Prescription Not Filled 2B = Not Filled, Directions Clarified 3A = Recommendation Accepted 3B = Recommendation Not Accepted 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3F = Therapy Changed – cost increased acknowledged 3G = Drug Therapy Unchanged 3H Follow-Up / Report 3J = Patient Referral 3K = Instructions Understood 3M = Compliance Aid Provided 3N = Medication Administered</p>	<p>NYSDOH expects “1A”, “1B”, “1C”, “1D”, “1E”, “1F”, “1G”, “1H”, “1J”, “1K”, “2A”, “2B”, “3A”, “3B”, “3C”, “3D”, “3E”, “3F”, “3G”, “3H”, “3J”, “3K”, “3M”, or “3N”.</p>

Pricing Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 11 = Pricing	NYSDOH expects "11". MANDATORY for B1, B3 and P1 OPTIONAL for B2, N2, P2, P4
433-DX	Patient Paid Amount Submitted	O	Amount pharmacy received from the patient for the prescription dispensed.	NYSDOH expects this field when reporting money collected as spend down from an excess income patient. If the Provider enters zeroes in this field, NYSDOH requires the vendors/switches to forward zeroes for proper adjudication of the claim.
426-DQ	Usual and Customary Charge	O	Amount charged cash customers for prescription exclusive of sales tax or other amounts claimed.	NYSDOH expects the Usual and Customary Charge. NYSDOH requires this field in order to process a claim. If the Provider enters zeroes in this field, NYSDOH requires the vendors/switches to forward zeroes for proper adjudication of the claim. PLEASE NOTE: This field will be returned in CLP03 (Total Claim Charge Amount) in the 835.
423-DN	Basis of Cost Determination	O	Code indicating method for calculating Ingredient Cost Submitted (409-D9) Valid Values: Blk = Not Specified '00' = Not Specified '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 '09' = Other	Code indicating the method by which "Ingredient Cost Submitted" was calculated. NYSDOH expects use of value 09 "Other" when submitting claims for which a drug rebate has been received as a participant of a 340B Drug Purchasing Program.

Prior Authorization Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 12 = Prior Authorization	NYSDOH expects "12". MANDATORY for P1 & P4 OPTIONAL for B1, B3 & P2
498-PA	Request Type	M	Code identifying type of Prior Authorization request. 1 = Initial	NYSDOH expects "1".
498-PB	Request Period Date – Begin	M	Beginning date for a Prior Authorization request.	NYSDOH expects the date. Default to Service Date.
498-PC	Request Period Date – End	M	Ending date for a Prior Authorization request.	NYSDOH expects the date. Default to Service Date.
498-PD	Basis of Request	M	Code describing the reason for Prior Authorization request. PR = Plan Requirement	NYSDOH expects "PR".
503-F3	Authorization Number	O	Number assigned by the processor to identify the authorized transaction.	Number assigned thru DVS or Prior Authorization process. NYS Captures positions 1 through 11. Format, 11 digit number, submit the complete number (NNNNNNNNNNN) Prior format for 8 digit numbers, submit Format = NNNNNNNZZZ NNNNNNNN = Prior Approval Number ZZZ = zero fill Refer to 461-EU Prior Auth Type Code for co-pay exempt reporting.

Clinical Segment

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
111-AM	Segment Identification	O	Identifies the segment in the request and/or response. 13 = Clinical Segment	NYSDOH expects "13 for transactions B1, B3, P1, P4, N1, and N3.
424-DO	Diagnosis Code	O	Code Identifying the diagnosis of the patient.	NYSDOH expects ICD9 Diagnosis Code. All decimal points are explicit.
491-VE	Diagnosis Code Count	O	Count of diagnosis occurrences	NYSDOH expects that 1 to 5 Diagnosis Codes may be sent.
492-WE	Diagnosis Code Qualifier	O	Code qualifying the 'Diagnosis Code' (424-DO)	NYSDOH expects '01' = International Classification of Diseases (ICD9).
493-XE	Clinical Information Counter	O	Counter number of clinical information measurement set/logical grouping.	NYSDOH will ignore data if provided.
494-ZE	Measurement Date	O	Date clinical information was collected or measured.	NYSDOH will ignore data if provided.
495-H1	Measurement Time	O	Time clinical information was collected or measured.	NYSDOH will ignore data if provided.
496-H2	Measurement Dimension	O	Code indicating the clinical domain of the observed value in 'Measurement Value' (499-H4)	NYSDOH will ignore data if provided.
497-H3	Measurement Unit	O	Code indicating the metric or English units used with the clinical information.	NYSDOH will ignore data if provided.
499-H4	Measurement Value	O	Actual value of clinical information.	NYSDOH will ignore data if provided.

NCPDP 1.1 Batch Transaction Record Structure

NCPDP Batch Transactions

Please note: The following pages are only required for providers and vendors that will submit batch transactions. If your organization will not submit NCPDP 1.1 transactions, please ignore all pages beyond this point.

The NCPDP Batch Transaction document defines the record for batch prescription claims transaction between the pharmacy and NYS Medicaid drug program. This guide provides the basic requirements for implementation of the NCPDP Version 1.1 transaction.

This Companion Guide is to be used by retail pharmacies and Managed Care Organizations for the programming of the file that is required to electronically submit data.

The National Council for Prescription Drug Programs (NCPDP) is a non-profit organization formed in 1976. It is dedicated to the development and dissemination of voluntary consensus standards that are necessary to transfer information that is used to administer the prescription drug benefit program.

To request a copy of the NCPDP Batch Standard Formats or for more information contact the National Council for Prescription Drug Programs, Inc. The HIPAA implementation guide can be accessed at: www.ncpdp.org.

Purpose of the NCPDP Batch 1.1 Transactions

The purpose of this NCPDP Companion Guide is to provide assistance in the development and execution of the electronic transfer of pharmacy batch transaction data. All specifications in this document conform to NCPDP Version 5.1 Telecommunications Standards and NCPDP Version 1.1 Batch Standards.

Special Considerations for NCPDP Batch 1.1*System Availability*

The NYS Medicaid batch transaction submission system is available to providers 24 hours a day, seven days a week. Transactions sent in after 5 PM will be processed in the following daily cycle.

Notification of Errors and Problem

If the Provider has any questions, they may contact the Help Desk personnel who can assist with problem resolution. The Help Desk Unit will be available to answer questions and to address any problems that may occur during normal business hours. Please contact the Help Desk at (866) 840-3445.

Transaction Format Information

Transaction Format

The NYS Medicaid will accept Batch Standard Format Version 1.1. Version 1.1 is the envelope structure used to transmit 5.1 transactions in batch mode.

Field format values will follow the NCPDP standards for Version 5.1. Please refer to the NCPDP 5.1 Implementation Guide for field formats.

Transaction Header Record

1. Only one Header record per file.
2. Transmission Type "T" is required when the pharmacy is submitting a batch.
Transmission Type "E" is required when the entire batch has been rejected by the processor/switch.
Transmission Type "R" is returned to the pharmacy to denote the file contains responses to claims.
3. Sender ID - assigned by NYS Medicaid. This ID reflects valid enrollment between trading partners for batch file submission.
4. Batch Number is assigned by the sender and must match the trailer Batch Number field.
5. The Batch Number on the Response file should be the same Batch Number from the Request file.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
1.1	Transaction Header	M		One fixed length header record in the version 1.1 format is required for each file. The file is used for submitting NCPDP 5.1 telecommunications batch transactions. NYSDOH accepts transaction codes 'B1', 'B2', 'B3', 'N1', 'N2' and 'N3' for batch processing.
880-K4	Text Indicator	M	This field is used to identify the beginning and ending of the data record. Start of text (STX) = X'02' End of text (ETX) = X'03'	NYSDOH expects X"02".
701	Segment Identifier	M	Unique record type required on Enrollment/Batch Transactions standard. 00 = File Control (header)	NYSDOH expects "00".
880-K6	Transmission Type	M	A value to define the type of transmission being sent. T = Transaction R = Response E = Error	NYSDOH expects "T", "R", or "E".
880-K1	Sender ID	M	ID assigned to the sender of the data. To be defined by processor / receiver of the data.	NYSDOH expects the Sender ID. The Sender ID is comprised of a 3 character TSN (old) or a 4 character ETIN (new) plus an 8 digit Provider ID. This field will be returned as the Receiver ID in the Response Transaction.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
806-5C	Batch Number	M	Matches Trailer # assigned by Processor / Sender CCYYDDDD	NYSDOH will return this information in the response. FORMAT= CCYYDDDD CCYY=YEAR DDD=JULIAN DATE I.E. 2004252=SEPT. 8, 2004. This value will be returned in the Response Transaction.
880-K2	Creation Date	M	Date file was written.	NYSDOH will ignore data when provided.
880-K3	Creation Time	M	Time file was written.	NYSDOH will ignore data when provided.
702	File Type	M	Code indicating whether file contained is P = Production T = Test	NYSDOH will ignore data when provided. Tests and Production are submitted to separate processing paths. Refer to the Technical Supplemental Guide for contact paths.
102-A2	Version /Release Number	M	Code uniquely identifying the transmission syntax & corresponding Data Dictionary Version/Release of Header Data i.e. Version 1.1 to be used. 11 = Version 1.1	NYSDOH expects "11".
880-K7	Receiver ID	M	ID number of the endpoint receiver of the data file. To be defined by processor / switch.	NYSDOH expects "EMEDNYBAT".
880-K4	Text Indicator	M	This field is used to identify the beginning and ending of the data record. Start of text (STX) = X'02' End of text (ETX) = X'03'	NYSDOH expects X'03".

Transaction Data Record

1. The data record to be transmitted in this batch standard will follow the NCPDP Telecommunication Standard Version 5.1 of the Telecommunication Standard.
2. The Transaction Reference Number or Claim Number is a unique number assigned by the Pharmacy to identify a pharmacy’s individual data record in the batch. When the processor receives the file and begins processing the claims, the Transaction Reference Number must be captured and returned with the response generated by the processor.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
	Detail Data Record	M		
880-K4	Text Indicator	M	This field is used to identify the beginning and ending of the data record. Start of text (STX) = X'02' End of text (ETX) = X'03'	NYSDOH expects X"02".
701	Segment Identifier	M	Unique record type required on Enrollment/Batch Transactions standard. G1 = Detail Data Record	NYSDOH expects "G1". One detail header per each transaction must be submitted.
880-K5	Transaction Reference Number	M	A reference number assigned by the claim provider to each of the data records in a batch. The purpose of this number is to facilitate the process of matching the claim response to the claim. The transaction reference number assigned to the claim is to be returned with the claim’s corresponding reference number.	NYSDOH expects a reference or claim number. This information will be returned in the Response Transaction. This field carries the provider assigned identifier per each claim.
	NCPDP Data Record	O	5.1 format for all data records.	NYSDOH expects data records here. The 5.1 data records should be enclosed by the 1.1 header and trailer records.
880-K4	Text Indicator	M	This field is used to identify the beginning and ending of the data record. Start of text (STX) = X'02' End of text (ETX) = X'03'	NYSDOH expects X"03".

Trailer Record for Transaction

1. Only one Trailer Record per file.
2. Batch number must match the Batch number field in the header record.
3. The record count field includes the total number of records in the batch, including the header and trailer records.
4. The message field can be used for information about testing or any other information that needs to be sent regarding the batch. This field should only contain informational data and should not contain required data.
5. The maximum number of records in a file is 9,999,999,999, including Transaction Header and Transaction Trailer.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
	Trailer Record	M		
880-K4	Text Indicator	M	This field is used to identify the beginning and ending of the data record. Start of text (STX) = X'02' End of text (ETX) = X'03'	NYSDOH expects X"02".
701	Segment Identifier	M	Unique record type required on Enrollment/Batch Transactions standard. 99 = File Trailer	NYSDOH expects "99".
806-5C	Batch Number	M	Matches Header # assigned by Processor / Sender CCYYDDD	NYSDOH expects a reference or claim number that matches the header reference or claim number. FORMAT=CCYYDDD CCYY=YEAR DDD=JULIAN DATE I.E. 2004252=SEPT. 8, 2004
751	Record Count	M	Record count within submitted enrollment batch files. Count will be different value dependent upon enrollment segment in which count is kept.	NYSDOH expects the Record Count.
504-F4	Message	M	Fixed form message - 35 characters in length.	Fixed form message area, which must be space filled to 35 characters if not used.
880-K4	Text Indicator	M	This field is used to identify the beginning and ending of the data record. Start of text (STX) = X'02' End of text (ETX) = X'03'	NYSDOH expects X"03".