

# **eMedNY**

## **New York State Department Of Health Office of Health Insurance Programs**

### **National Council for Prescription Drug Programs (NCPDP)**

#### **Version 5.1 (RESPONSE)**

##### **Companion Guide**

###### **NPI Edition**

**NYSDOH Version 3.3**

**Publication: 10/01/08  
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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.ncdp.org](http://www.ncdp.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  
[www.ncdp.org](http://www.ncdp.org)

**COMPANION GUIDE DISCLAIMER:**

The New York State Department of Health (NYSDOH) has provided this Medicaid Companion Guide for the NCPDP Response 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](http://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](http://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:****>V3.3 - eMedNY NPI Edition – current changes.**

**Publication Date: 10/01/08**

**Add to 439-E4 Reason for Service Code – ‘ER’ Drug Overuse reason for conflict.****>V3.2 - eMedNY NPI Edition – current changes.**

Publication Date: 05/01/08

Amend – NATIONAL PROVIDER IDENTIFIER (NPI) notes with schedule release date: 09/01/2008

Add to 202-B2 Service Provider ID Qualifier code 01 = National Provider ID use after 8/31/2008

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

Amend the NYS MEDICAID NOTES MEVS section referencing Verifone terminal.

**>V3.1 - eMedNY NPI Edition**

Publication Date: 05/16/07

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

**>V3.0 - eMedNY NPI Edition**

Publication Date: 01/31/07

Amend title name from Office of Medicaid Management to Office of Health Insurance Programs.

Add NPI Edition Version 3.0 and National Provider Identifier (NPI) section header with notices.

Add NPI On-line and Batch reporting notices.

Remove change log history prior to 01/01/2007.

**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 not 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](http://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](http://emedny.org) website.

A batch process for reporting the NPI to eMedNY is also available. Refer to the "NPI Information" area at [emedny.org](http://emedny.org) for the file specification for the batch process. All submitters should be aware that after NPI implementation the NPI would 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 provided by NYS Medicaid in transmission of a Pharmacy Response 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. The "NYS MEDICAID NOTE" column is included to describe NYSDOH specific requirements. These notes provide guidance to ensure proper adjudication and subsequent claim payment.

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. 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](http://nyhipaadesk.com).

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](http://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.

**System Availability**

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

**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**

**Response - Transaction Header Segment for 5.1**

M=Mandatory

O=Optional

R=Repeating field

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
	TRANSACTION RESPONSE HEADER SEGMENT	M	The NCPDP Header Segment is the only FIXED length portion of the 5.1 standard. This segment MUST BE 31 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.	
102-A2	Version Release Number	M	Code uniquely identifying the transmission syntax & corresponding Data Dictionary. 51 = Version 5.1	NYSDOH will provide “51”.
103-A3	Transaction Code	M	ID's the type of transaction. Defines what the TRANSMISSION is: 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 = Cntrld Subs. Rpt. Reversal; C3 = Cntrld Subs. Rpt. Rebill	NYSDOH will return the value received in the request transaction; “E1”, “B1”, “B2”, “B3”, “N1”, “N2”, “N3”, “P1”, “P2”, or “P4”.  <b>NYSDOH does not support transactions “C1”, “C2”, “C3” nor “P3”. These will be rejected, when received.</b>

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
109-A9	Transaction Count	M	Count of transactions in the transmission. Values 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 will return one of the values received in the request transaction as follows; "1", "2", "3", or "4".</p> <p>The count represents the number of Rx details within a transmission.</p>
501-F1	Header Response Status	M	Code indicating the status of the transmission. A = Accepted R = Rejected	<p>NYSDOH will provide "A" or "R".</p> <p>This response applies to the entire transmission.</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 will return the value received in the request transaction.</p> <p>This will be "05" until 8/31/2008 when Medicaid ID is sent and "01" after 8/31/2008 when National Provider Identifier (NPI) is sent.</p>
201-B1	Service Provider ID	M	ID assigned to a pharmacy or provider.	<p>NYSDOH will return the Service Provider ID received in the request transaction.</p> <p>This will be the Medicaid Pharmacy Provider ID until 8/31/2008 and then the National Provider ID after 8/31/2008 based on the corresponding ID submitted. .</p> <p>Because this field is in the HEADER with a defined size, this field will be Left Justified and space filled to a length of 15.</p>
401-D1	Date of Service	M	Identifies date the prescription was filled or professional service was rendered.	<p>NYSDOH will return the Date-prescription-filled received in the request transaction.</p>

**Response - Message 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. 20 = Response Message	NYSDOH will provide "20".
504-F4	Message	O	Free form message.	<p>NYSDOH will provide information in this field for:</p> <p>(Please refer to the NYS ProDUR/ECCA Provider and Standards Manuals for additional information regarding field formats and description.)</p> <p><u>CAPTURED CLAIM RESPONSE, and ELIGIBILITY RESPONSE (Accepted) - B1&amp;B3 N1&amp;N3 RESP CAPTURE MAP (and) E1 RESP ACCEPT MAP (37bytes)</u>                      Recipient Medicaid Number (CIN) Pic X(8)                      Filler Pic X Value Space                      Recipient County Code Pic X(2)                      Asterisk Field Separator Pic X Value *                      Recipient Anniversary Month Pic X(2)                      Filler Pic X Value Space                      Sex code M or F Pic X                      Recipient Year of Birth Pic X(3)                      Filler Pic X Value Space                      Recipient Category of Assistance Pic X                      Filler Pic X Value Space                      Recertification Month Pic X(2)                      Filler Pic X Value Space                      Office Number Pic X(3)                      Ampersand Field Separator Pic X Value &amp; Date of Service Pic X(8)</p> <p><u>REVERSAL RESPONSE (ACCEPTED OR REJECTED) – B2 N2 P2 RESP ACCEPT MAP &amp; B2 N2 P2 RESP REJECT MAP (200 bytes)</u>                      A generic message will be returned if more than 1 reversal is submitted.</p> <p>NYSDOH will NOT provide information in this field for:</p> <p><u>REJECTED CLAIM RESPONSE,</u>  <u>ELIGIBILITY RESPONSE (Rejected),</u>  <u>TRANSMISSION RESPONSE – REJECT REJECT RESP MAP</u></p>

**Response - Status Segment**

<b>Field Number</b>	<b>Field Name</b>	<b>Mandatory vs. Optional</b>	<b>NCPDP Standard</b>	<b>NYS Medicaid Note</b>
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 21 = Response Status	NYSDOH will return '21' in this segment identifier.
112-AN	Transaction Response Status	M	Code indicating the status of the transaction. A = Approved C = Captured R = Rejected	NYSDOH will provide "A", "C" or "R".
503-F3	Authorization Number	O	Number assigned by the processor to identify an authorized transaction (typically Auth # from online response; but can be sent on a P.A. Request).	NYSDOH will only return NO CLAIM TO FA when claim has NOT been captured for adjudication due to old dates or other reasons. Invoice number will no longer be sent.
510-FA	Reject Count	O	Count of 'Reject Code' (511-FB) occurrences.	NYSDOH will return this information on a rejected claim.
511-FB	Reject Code	O"R"	Code indicating the error encountered. (Refer to Appendix F in the NCPDP Data Dictionary)	NYSDOH will return this information on a rejected claim. Populate successive reject code fields based on the count indicated, up to a maximum of twenty.

(Segment continues below)

526-FQ	Additional Message Information	O	Free text message	<p>NYSDOH will provide up to 200 bytes of additional information in this field, in the following format:</p> <p>(Please refer to the NYS ProDUR/ECCA Provider and Standards Manuals for additional information regarding field formats and description.)</p> <p><u>CAPTURED CLAIM RESPONSE STATUS SEGMENT - P1&amp;P4 RESP CAPTURE MAP (and) B1&amp;B3 N1&amp;N3 RESP CAPTURE MAP (119 bytes)</u>  MEVS Eligibility Code or  Pend Message Code Pic X(3)  Filler Pic X Value Space  MEVS UT/P&amp;C Code Pic X(2)  Dollar Sign Field Separator Pic X Value \$  Formulary Price Pic X(9)  (The amount returned in Formulary Price does not necessarily indicate the amount the provider will receive, as stated in the ProDUR/ECC Provider Manual.)  Percent Sign Field Sep Pic X Value %  Co-pay Code (table 6) Pic X(3)  Filler Pic X Value Space  Co-pay Met Date Pic X(8)  DVS Reason Code Pic X(3)  Equal Sign Field Sep Pic X Value =  Medicare Coverage Code Pic X(2)  Filler Pic X Value Space  HIC Number Pic X(12)  Pound Sign Field Separator Pic X Value #  1st Insurance Carrier Code Pic X(6)  Slash Sign Field separator Pic X Value /  1st Insurance Coverage Codes Pic X(14)  At Sign Field Separator Pic X Value @  2nd Insurance Carrier Code Pic X(6)  Slash Sign Field separator Pic X Value /  2nd Insurance Coverage Codes Pic X(14)  Plus Sign Field Separator Pic X Value +  Indicator of additional coverage Pic X(2)  Asterisk Sign Field Separator Pic X Value *  Restriction Information Pic X(11)  Bracket Field Separator Pic X Value }  DVS Number Pic X(11)</p> <p><u>REJECTED CLAIM REPSONSE STATUS SEGMENT - B1&amp;B3 N1&amp;N3 P1&amp;P4 RESP REJECT MAP (14 bytes)</u>  MEVS Response Code Pic X(3)  Filler Pic X Value Space  Rx Denial Code Pic X(3)  Filler Pic X Value Space  MEVS UT Code Pic X(1)  MEVS P&amp;C Code Pic X(1)  Filler Pic X Value Space  DVS Reason Code Pic X(3)</p>
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				<p><u>REVERSAL RESPONSE (ACCEPTED OR REJECTED) STATUS SEGMENT</u>  <u>ADDITIONAL MESSAGE INFORMATION – B2 N2 P2 RESP ACCEPT MAP AND B2 N2 P2 RESP REJECT MAP (14 bytes)</u>  MEVS Response Code Pic X(3)  Filler Pic X Value Space  Rx Denial Code Pic X(3)  Filler Pic X Value Space  MEVS UT Code Pic X(1)  MEVS P&amp;C Code Pic X(1)  Filler Pic X Value Space  DVS Reason Code Pic X(3)</p> <p><u>ELIGIBILITY RESPONSE REJECTED STATUS SEGMENT - E1 RESP REJECT MAP (3 bytes)</u>  MEVS Eligibility Code Pic X(3)</p> <p><u>ELIGIBILITY RESPONSE ACCEPTED STATUS SEGMENT - E1 RESP ACCEPT MAP (104 bytes)</u>  MEVS Eligibility Code Pic X(3)  Filler Pic X Value Space  MEVS UT Code Pic X(1)  MEVS P&amp;C Code Pic X(1)  Dollar Sign Field Separator Pic X Value \$  Formulary Price Pic X(9)  Percent Sign Field Sep Pic X Value %  Co-pay Code (table 6) Pic X(3)  Filler Pic X Value Space  Co-pay Met Date Pic X(8)  Equal Sign Field Separator Pic X Value =  Medicare Coverage Code Pic X(2)  Filler Pic X Value Space  HIC Number Pic X(12)  Pound Sign Field Separator Pic X Value #  1st Insurance Carrier Code Pic X(6)  Slash Sign Field separator Pic X Value /  1st Insurance Coverage Codes Pic X(14)  At Sign Field Separator Pic X Value @  2nd Insurance Carrier Code Pic X(6)  Slash Sign Field separator Pic X Value /  2nd Insurance Coverage Codes Pic X(14)  Plus Sign Field Separator Pic X Value +  Indicator of additional coverage Pic X(2)  Asterisk Sign Field Separator Pic X Value *  Restriction Information Pic X(11)</p> <p><u>TRANSMISSION RESPONSE – REJECT, REJECT RESPONSE</u>  NYSDOH will not provide the Additional Message Info. when a Reject Reject occurs.</p>
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**Response - Claim Segment**

<b>Field Number</b>	<b>Field Name</b>	<b>Mandatory vs. Optional</b>	<b>NCPDP Standard</b>	<b>NYS Medicaid Note</b>
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 22 = Response Claim	NYSDOH will provide "22".
455-EM	Prescription/Service Reference Number Qualifier	M	Indicates the type of billing submitted. 1 = Rx Billing	NYSDOH will return the value received in the request transaction.  NYSDOH does not support 2 = Service Billing.
402-D2	Prescription/Service Reference Number	M	Reference Number assigned by provider for dispensing drug / product and/or service provided.	NYSDOH will return the Rx # received in the request transaction.

**Response – 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. 23 = Response Pricing	<p>NYSDOH will provide “23”.</p> <p>This mandatory segment will be provided only to communicate Co-Pay Amount.</p>
505-F5	Patient Pay Amount	O	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including co-payments, amounts applied to deductible, over maximum amounts, penalties, etc.	<p>NYSDOH will return the amount of copay due for the product in this field. If the recipient is exempt, or has met the copay, zeros will be returned in this field. This amount will also be returned in field 518-FI.</p>
518-FI	Amount of Co-Pay/Coinsurance	O	Amount to be collected from the patient that is included in Patient Pay Amount (505-F5) that is due to a per prescription Co-Pay/coinsurance.	<p>NYSDOH will return the amount of copay due for the product in this field. If the recipient is exempt, or has met the copay, zeros will be returned in this field. This amount will also be returned in field 505-F5.</p>

**Response - DUR/PPS Segment**

<b>Field Number</b>	<b>Field Name</b>	<b>Mandatory vs. Optional</b>	<b>NCPDP Standard</b>	<b>NYS Medicaid Note</b>
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 24 = Response DUR/PPS	NYSDOH will provide "24".
567-J6	DUR/PPS Response Code Counter	O"R"	Counter number for each DUR/PPS set/logical grouping.	NYSDOH will provide "1", "2", or "3" in this field. The value represents the occurrences of DUR data per claim line.
439-E4	Reason for Service Code	O"R"	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional services. (Please refer to the Data Dictionary for the list of codes.) CH = Call Help Desk DC = Drug-Disease (Inferred) DD = Drug-Drug Interaction HD = High Dose LD = Low Dose PA = Drug-Age PG = Drug-Pregnancy TD = Therapeutic Duplicate ER = Drug Overuse	NYSDOH will provide information in this field.
528-FS	Clinical Significance Code	O"R"	Code identifying the significance or severity level of a clinical event as contained in the originating database. Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	NYSDOH will provide information in this field.
529-FT	Other Pharmacy Indicator	O"R"	Code indicating the pharmacy responsible for the previous event involved in the DUR conflict. 0 = Not specified 1 = your pharmacy 3 = Other pharmacy	NYSDOH will provide information in this field.
531-FV	Quantity of Previous Fill	O"R"	Quantity of the conflicting agent that was previously filled.	NYSDOH will provide information in this field.
530-FU	Previous Date of Fill	O"R"	Date prescription was previously filled.	NYSDOH will provide information in this field.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
532-FW	Database Indicator	O”R”	Code identifying the source of drug info used for DUR processing. Blank = Not specified 1 = FDB 2 = MediSpan 3 = Redbook 4 = Processor Developed 5 = Other	NYSDOH will provide information in this field.
533-FX	Other Prescriber Indicator	O”R”	Code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription. 0 = Not specified 1 = Same Prescriber 2 = Other prescriber	NYSDOH will provide information in this field.
544-FY	DUR Free Text Message	O”R”	Text that provides additional detail regarding a DUR conflict.	NYSDOH will provide information in this field.

**Response - Prior Authorization Segment**

<b>Field Number</b>	<b>Field Name</b>	<b>Mandatory vs. Optional</b>	<b>NCPDP Standard</b>	<b>NYS Medicaid Note</b>
111-AM	Segment Identification	M	Identifies the segment in the request and/or response. 26 = Response Prior Authorization	NYSDOH will provide "26".  This mandatory segment will be provided when Prior Authorization Number assigned is sent in response.
498-PY	Prior Authorization Number – Assigned	O	Unique number identifying the Prior Authorization assigned by the processor.	NYSDOH will provide information in this field.

## 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.ncdp.org](http://www.ncdp.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. Receiver 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.

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 batch file. The file is used to submit NCPDP 5.1 telecommunications batch transactions. NYSDOH rejects transaction codes E1, P1, P2, P3, P4 and the C1, C2, C3 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 will provide X"02".
701	Segment Identifier	M	Unique record type required on Enrollment/Batch Transactions standard. 00 = File Control (header)	NYSDOH will provide "00".
880-K6	Transmission Type	M	A value to define the type of transmission being sent. T = Transaction R = Response E = Error	NYSDOH will provide "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 will return "EMEDNYBAT" as the Sender ID.

Field Number	Field Name	Mandatory vs. Optional	NCPDP Standard	NYS Medicaid Note
806-5C	Batch Number	M	Matches Trailer # assigned by Processor / Sender CCYYDDD	NYSDOH will return the value received in the request transaction.  Batch Control # populates header and trailer. Return submitted batch number with responses. FORMAT=CCYYDDD CCYY=YEAR DDD=JULIAN DATE I.E. 2004252=SEPT. 8, 2004.
880-K2	Creation Date	M	Date file was written.	NYSDOH will provide the creation date of the response.
880-K3	Creation Time	M	Time file was written.	NYSDOH will provide the creation time of the response.
702	File Type	M	Code indicating whether file contained is P = Production T = Test	NYSDOH will return the value received in the request transaction.
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 will provide "11".
880-K7	Receiver ID	M	ID number of the endpoint receiver of the data file. To be defined by processor / switch.	NYSDOH will return the Sender ID received in the Request transaction.
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 will provide 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 will provide X"02".
701	Segment Identifier	M	Unique record type required on Enrollment/Batch Transactions standard. G1 = Detail Data Record	NYSDOH will provide "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 will return the value received in the request transaction.  This field carries the provider assigned identifier per each claim.
	NCPDP Data Record	O	5.1 format for all data records.	NYSDOH will provide data records here.  The 5.1 data records will 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 will provide 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		One fixed length trailer in version 1.1 format is required for each file. The file is used for submitting NCPDP 5.1 telecommunications batch transactions.
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 will provide X"02".
701	Segment Identifier	M	Unique record type required on Enrollment/Batch Transactions standard. 99 = File Trailer	NYSDOH will provide 99.
806-5C	Batch Number	M	This number is assigned by Processor / Sender.	NYSDOH will return the value received in the request transaction.  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 will provide 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 will provide X"03".