New York State

Department of Health (NYS DOH)

Office of Health Insurance Programs (OHIP)

Standard Companion Guide

Transaction Information

Instructions related to Transactions based on NCPDP Telecommunications Implementation Guide, version D.0 and related documents

Companion Guide Version Number:
2.11
October 24, 2024

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NCPDP – NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

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.

Refer to the NCPDP Telecommunication Version D documents *Telecommunication Standard Implementation Guide Version D.0, Data Dictionary*, *External Code List,* and *Version D Editorial Document* for more detailed information on field values and segments.

The following information is intended to serve only as a Companion Guide to the aforementioned NCPDP Telecommunications Standard Version D.0 Documents. 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 D.0 Implementation Guide and related documents.

To request a copy of the NCPDP Standard Formats or for more information contact the National Council for Prescription Drug Programs, Inc. 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 Payer Sheet Companion Guide for the NCPDP transactions to assist Providers, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. This document was prepared using the *Telecommunication Standard Implementation Guide Version D.0, Data Dictionary*, *External Code List,* and *Version D Editorial Document.*

NYSDOH does not offer individual training to assist Providers in the use of the NCPDP transactions.

The information provided herein is believed to be true and correct based on the aforementioned NCPDP Telecommunication Standard Version D.0 Implementation Guide and the related documents. 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:

>V2.2 – eMedNY Standard Companion Guide updates Publication Date: 7/1/2020
Add Quantity Prescribed (Field 460-ET) will be required for Schedule II drug claims
Effective Date 09/21/2020

>V2.1 – eMedNY Standard Companion Guide updates Publication Date: 6/25/2020
Add Payer Situation for Eligibility Clarification Code (309-C9)

>V2.0 - eMedNY Standard Companion Guide updates Publication Date: 6/17/2020
Add values for Prescription Origin Code and Submission Clarification Code

>V1.9 - eMedNY Standard Companion Guide updates Publication Date: 11/21/2019
Add Payer Situation note in Fill Number and Number of Refills Authorized

>V1.8 - eMedNY Standard Companion Guide updates Publication Date: 5/2/2019
Corrections to values in 339-6C and 340-7C

>V1.7 - eMedNY Standard Companion Guide updates Publication Date: 12/28/2018
Add Payer Requirement for 340B in 409-D9 Ingredient Cost Submitted

>V1.6 - eMedNY Standard Companion Guide updates Publication Date: 09/11/2018
Replace references to "HIC Number" with "HICN/MBI"

>V1.5 - eMedNY Standard Companion Guide updates Publication Date: 12/20/2017
Replace references to "BIN" with "IIN"
Update "General Information" sections
Update Submission Clarification Codes for short days supply dispensing

>V1.4 - eMedNY Standard Companion Guide updates Publication Date: 11/10/2016
Replace references to "CSC" with "eMedNY"

>V1.3 - eMedNY Standard Companion Guide updates Publication Date: 10/01/2015
Update diagnosis code information regarding ICD10 implementation

>V1.2 - eMedNY Standard Companion Guide updates Publication Date: 05/22/2014
Add additional accepted code set values to 351-NP
Specify accepted values in 308-C8

>V1.1 - eMedNY Standard Companion Guide corrections Publication Date: 01/20/2012
Add COB/Other Payments Segment to Claim Reversal (B2) & Service Reversal (S2) Request
Add ICD code reporting format comment to 424-DO – transmit ICD with decimal point implied
Chg. reporting note on 419-DJ – Codes 0 thru 4 are accepted.

>V1.0 - eMedNY Standard Companion Guide Initial Publication Date: 04/22/2011

NYS MEDICAID NOTE:

Under HIPAA the National Council for Prescription Drug Programs (NCPDP) *Telecommunication Standard Implementation Guide Version D.0, Data Dictionary*, and *External Code List,* has been adopted by Health and Human Services as standard transactions for Retail Pharmacy.

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 NCPDP Telecommunications Standard Version D.0 Implementation Guide, Data Dictionary, External Code List, and Version D.0 Editorial Updates that will be required for processing transactions. It is important that providers use this Companion Guide as a supplement to the NCPDP Standard D.0 documents. 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 NCPDP Data Dictionary and External Code List. When necessary, NYS Medicaid notes are included under “Payer Situation” to describe the NYSDOH specific requirements.

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 required to use the *NCPDP Telecommunication Standard Implementation Guide Version D.0, the Data Dictionary*, and the *External Code List,* (ECL) to understand the positioning, format and usage of the transaction and data elements.

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 www.eMedNY.org

Providers with questions regarding HIPAA compliance billing please call EMEDNY’s support unit at 1-800-343-9000.

Pharmacy Providers can acquire the aforementioned NCPDP documents 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 D.0 Standard. The information included in this companion guide is separated into two sections; the D.0 transactions supported by NYSDOH and the 1.2 Batch transaction record structure. The 1.2 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 D.0 TRANSACTIONS SUPPORTED BY NYSDOH

	Transaction Name
E1	Eligibility
B1	Claim Billing
B2	Claim Reversal
B3	Claim Rebill
N1	Information Reporting
N2	Information Reporting Reversal
N3	Information Reporting Rebill
P1	Prior Authorization Request & Billing
P2	Prior Authorization Reversal
P4	Prior Authorization Request Only
S1	Service Billing
S2	Service Reversal
S3	Service Rebill

NYSDOH does not support the following transactions: C1, C2, C3, D1, and P3.
NYSDOH does not support/require the following segments: Coupon and Workers' Comp.

Transaction Format Information

New York State Medicaid will only accept NCPDP Telecommunication Standard Version D.0 with the implementation of the New York State Medicaid system on Jan. 1st 2012. Please refer to the NCPDP D.0 Implementation Guide, Data Dictionary and External Code List to understand the positioning, format and use of the data elements.

ELIGIBILITY VERIFICATION REQUEST

ELIGIBILITY VERIFICATION REQUEST (Payer Sheet)

**** Start of Request Eligibility Verification Segments (E1) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 07/01/2020	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID
Processor: eMedNY		
Effective as of: 09/21/2020	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 08/2007	NCPDP External Code List Version Date: 10/2019	
Contact/Information Source: Provider Manuals available at www.emedny.org/providermanuals/index.html, General Website www.eMedNY.org		
Provider Relations Help Desk Info: 1-800-343-9000		

OTHER TRANSACTIONS SUPPORTED

Payer: *Please list each transaction supported with the segments, fields, and pertinent information on each transaction.*

	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Rebill
N1	Information Reporting
N2	Information Reporting Reversal
N3	Information Reporting Rebill
P1	Prior Authorization Request & Billing
P2	Prior Authorization Reversal
P4	Prior Authorization Request Only
S1	Service Billing
S2	Service Reversal
S3	Service Rebill

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Eligibility Verification Request transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

ELIGIBILITY VERIFICATION REQUEST TRANSACTION

The following lists the segments and fields in an Eligibility Verification Request Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Eligibility Verification Request If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Eligibility Verification Request
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	004740	M	IIN for NYS Medicaid
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	E1	M	
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Eligibility Verification Request If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "04"			Eligibility Verification Request
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.

Patient Segment Questions	Check	Eligibility Verification Request If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "01"			Eligibility Verification Request
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	1 = Male 2 = Female	R	
310-CA	PATIENT FIRST NAME			*Imp Guide:* Required when the patient has a first name. *Payer Requirement:*
311-CB	PATIENT LAST NAME		R	

**** End of Request Eligibility Verification Request (E1) Payer Sheet ****

ELIGIBILITY VERIFICATION RESPONSE

**** Start of Eligibility Verification Response (E1) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

Eligibility VERIFICATION RESPONSE (Transmission Accepted / Transaction Approved)

ELIGIBILITY VERIFICATION RESPONSE (TRANSMISSION ACCEPTED/TRANSACTION APPROVED)

Response Transaction Header Segment Questions	**Check**	**Eligibility Verification Response (Transmission Accepted/Transaction Approved)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Eligibility Verification Response (Transmission Accepted/Transaction Approved)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	E1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Header Segment Questions	**Check**	**Eligibility Verification Response (Transmission Accepted/Transaction Approved)** If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		*Provide general information when used for transmission-level messaging.*

	Response Message Segment Segment Identification (111-AM) = "20"			**Eligibility Verification Response (Transmission Accepted/Transaction Approved)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	Medicaid Number X(8) Filler Value = Space X(1)County Code = X(2) Field Separator Value = * X(1) Anniversary Mo. = X(2) (values: 01 – 12) Filler Value = Space X(1)Patient Gender code = X(1) (values: M or F) Year of Birth = X(3) (Format = CYY) Filler Value = Space X(1) Category of Assistance = X(1) Filler Value = Space X(1) Re-certification Month = X(2) (values: 01 – 12) Filler Value = Space X(1)Office Number X(3) Field Separator Value = & X(1) Service Date = X(8) (Format = CCYYMMDD) Total bytes = 37	R	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:*

Response Status Segment Questions	Check	Eligibility Verification Response (Transmission Accepted/Transaction Approved) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response (Transmission Accepted/Transaction Approved)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A=Approved	M	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 3	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 3.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Space field separator X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program Separator Value = $ X(1) Maximum Per Unit Price X(9) "999.99999" Separator Value = **%** X(1) Co-Payment Code X(3) Space field separator X(1) Co-Payment Met Date X(8) Separator Value of **(=)** X(1) Medicare Coverage Code X(2) Space field separator X(1) HICN/MBI 1st 7 bytes X(7) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 01 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '02'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '02'
526-FQ	ADDITIONAL MESSAGE INFORMATION	HICN/MBI last 5 bytes X(5) Separator Value = # X(1) 1st Insurance Carrier Code X(6) Separator Value = / X(1)1st Insurance Coverage Codes X(14) Separator Value = @ X(1) 2nd Insurance Carrier Code X(6) Separator Value = / X(1) 2nd Insur.Coverage Codes X(5)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 02 = (40 bytes)

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response (Transmission Accepted/Transaction Approved)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '03'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '03'
526-FQ	ADDITIONAL MESSAGE INFORMATION	2nd Insur.Coverage Codes X(9) Separator Value = + X(1) Indication of Additional Coverage X(2) Separator Value = * X(1) Exception Codes: "xx xx xx xx" X(11) Total X(24)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 03 = (24 bytes)

ELIGIBILITY VERIFICATION RESPONSE (Transmission Accepted / Transaction Rejected)

ELIGIBILITY VERIFICATION RESPONSE (TRANSMISSION ACCEPTED/TRANSACTION REJECTED)

Response Transaction Header Segment Questions	Check	Eligibility Verification Response (Transmission Accepted/Transaction Rejected) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Eligibility Verification Response (Transmission Accepted/Transaction Rejected)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	E1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Eligibility Verification Response (Transmission Accepted/Transaction Rejected) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response (Transmission Accepted/Transaction Rejected)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	

	Response Status Segment Segment Identification (111-AM) = "21"			**Eligibility Verification Response (Transmission Accepted/Transaction Rejected)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 1.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message code 01.
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Denial Code = X(3)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a MEVS Denial Code.

ELIGIBILITY VERIFICATION RESPONSE (Transmission Rejected / Transaction Rejected)

ELIGIBILITY VERIFICATION RESPONSE (TRANSMISSION REJECTED/ TRANSACTION REJECTED)

Response Transaction Header Segment Questions	Check	Eligibility Verification Response Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Eligibility Verification Response Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	E1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Eligibility Verification Response Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Eligibility Verification Response Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Response Eligibility Verification Response (E1) Payer Sheet ****

CLAIM BILLING / CLAIM REBILL

CLAIM BILLING / CLAIM REBILL REQUEST (Payer Sheet)

**** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 07/01/2020	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID
Processor: eMedNY		
Effective as of: 09/21/2020	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 08/2007	NCPDP External Code List Version Date: 10/2019	
Contact/Information Source: Provider Manuals available at www.emedny.org/providermanuals/index.html, General Website www.eMedNY.org		
Provider Relations Help Desk Info: 1-800-343-9000		

OTHER TRANSACTIONS SUPPORTED

Payer: *Please list each transaction supported with the segments, fields, and pertinent information on each transaction.*

	Transaction Name
B2	Claim Reversal
E1	Eligibility Verification
N1	Information Reporting
N2	Information Reporting Reversal
N3	Information Reporting Rebill
P1	Prior Authorization Request & Billing
P2	Prior Authorization Reversal
P4	Prior Authorization Request Only
S1	Service Billing
S2	Service Reversal
S3	Service Rebill

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	004740	M	IIN for NYS Medicaid
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence 02 = Two occurrences 03 = Three occurrences 04 = Four occurrences	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.
309-C9	ELIGIBILITY CLARIFICATION CODE	2 = Override	RW	*Imp Guide:* Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. *Payer Requirement:* Required when indicating an eligibility override as follows: Code '2' indicates: • an eligibility override for spend down/ excess income when the member's liability has been met, but there is a time lag in updating the eligibility system. • a nursing home override • **For providers to initiate a bypass from Prior Authorization (PA) when:** A member is a resident of a LTC facility which are either a Private Skilled Nursing Facility, Public Skilled Nursing Facility, Private Health Related Facility, or Public Health

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Related Facility (identified as "NH" on an eligibility response). AND the billing provider first obtains Medicaid eligibility after 90 days from the prescription date of service/fill date for claims not included in the rate. If the billing provider has determined that the member is a resident of a LTC facility and that the member has fist obtained eligibility after 90 days from the prescription date of service/fill date, the provider may enter a "2" (Override) in the Eligibility Clarification Code field (309-C9), to bypass Prior Authorization (PA) requirement

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "01"			Claim Billing/Claim Rebill
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	1 = Male 2 = Female	R	
310-CA	PATIENT FIRST NAME		RW	*Imp Guide:* Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
307-C7	PLACE OF SERVICE	All code set values supported CMS Maintained code set.	R	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
335-2C	PREGNANCY INDICATOR	Blank=Not Specified, 1=Not pregnant, 2=Pregnant	RW	*Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.501 definitions (45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule-Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.) *Payer Requirement:* Required when the member is known to be pregnant.

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	The prescription number assigned by the pharmacy.	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 = Not Specified 03 = NDC 07 = CPY4 08 = CPT5 09 = HCPCS	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("00"). NYSDOH requires one of these codes.
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero. (Zero means "0".) NYSDOH requires an NDC Code, a HCPCS Code, CPT4 Code, CPT5 Code, or 0 (zero).
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 10.	RW	*Imp Guide:* Required if Procedure Modifier Code (459-ER) is used. *Payer Requirement:* NYSDOH will map up to 4 modifiers.
459-ER	PROCEDURE MODIFIER CODE		RW	*Imp Guide:* Required to define a further level of specificity if the Product/Service ID (407-D7) indicated a Procedure Code was submitted. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* NYSDOH will map up to 4 modifiers.
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER	00 = New Prescription 01 = First Refill 02 = Second Refill 03 = Third Refill 04 = Fourth Refill 05 = Fifth Refill 06 = Sixth Refill 07 = Seventh Refill 08 = Eighth Refill 09 = Ninth Refill 10 = Tenth Refill 11 = Eleventh Refill	R	NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs.
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	1 = Not Compound 2 = Compound	R	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0 = No Product Selection Indicated 1= Substitute Not Allowed by Prescriber 4 = Sub Allowed-Generic Drug Not in Stock 5 = Sub Allowed-Brand Drug Dispensed as Generic 7 = Sub Not Allowed-Brand Drug Mandated by Law 8 = Sub Allowed-Generic Drug Not Avail. in Market 9 = Sub Allowed By Prescriber-	R	NYSDOH requires one of the listed codes to process a claim.

	Claim Segment Segment Identification (111-AM) = “07”			Claim Billing/Claim Rebill
		Plan Requests Brand		
414-DE	DATE PRESCRIPTION WRITTEN		R	

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
415-DF	NUMBER OF REFILLS AUTHORIZED	00 = No Refill Authorized 01 = 1 Refill 02 = 2 Refills 03 = 3 Refills 04 = 4 Refills 05 = 5 Refills 06 = Sixth Refill 07 = Seventh Refill 08 = Eighth Refill 09 = Ninth Refill 10 = Tenth Refill 11 = Eleventh Refill	R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs.
419-DJ	PRESCRIPTION ORIGIN CODE	Code values 0 through 5 are accepted.	R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* NYS DOH will use code 3 for administration of the e-prescribing incentive.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Submission Clarification Code (420-DK) is used. *Payer Requirement:* NYSDOH will process up to three occurrences of the codes listed.
420-DK	SUBMISSION CLARIFICATION CODE	01 = No Override 02 = Other Override 05 = Therapy Change 06 = Starter Dose 07 = Medically Necessary 08 = Process Compound for Approved Ingredients 09 = Encounters 10 = Meets Plan Limitations (when instructed by NYSDOH) 14 = Short – Fill LOA from LTC 17 = Remainder AFT Emergency Kit 18 = Long Term Care Patient Admit/Readmit indicator 20 = 340B Drugs 21 = 14 Days or Less 22 = 7 Day Supply 23 = 4 Day Supply 24 = 3 Day Supply 25 = 2 Day Supply 26 = 1 Day Supply 27 = 4 Then 3 Day Supply 28 = 2 Then 2 Then 3 Day Supply 29 = Daily and 3 Day Weekend 30 = Per Shift Dispensing 31 = Per Med Pass Dispensing 32 = PRN On Demand 33 = 7 Days or Less 34 = 14 Day Dispensing 35 = 8 – 14 Days Dispensing 36 = Outside Short Cycle 42 = Prescriber ID submitted is valid and prescribing requirements have been validated. 99 = Other	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (0). If the Date of Service (401-D1) contains the subsequent payer coverage date, the Submission Clarification Code (420-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications. *Payer Requirement:* Required if clarification is needed when value submitted is greater than zero (0). For 340B Drugs, NYSDOH requires the use of value "20", in addition to value of "08" in field 423-DN Basis of Cost Determination. Codes 06, 14, 17, 21-36 are used by Long Term Care (LTC) pharmacies to indicate when a claim isbeing dispensed with a short days supply of medication. 14 = Long Term Care Leave of Absence – when an early fill is needed for a client who is residing in a Long Term Care (LTC) facility, and the pharmacist is indicating that the cardholder requires short fill of a prescription due to a leave of absence from the Long Term Care facility. Required when: • The Reason for Service **AD** (Additional Drug) and Result of Service Code to bypass early fill due to Long Term Care Leave of Absence. 18 = Long Term Care Patient Admit/Readmit indicator- when an early fill is needed for a client who is residing in a Long Term Care (LTC) facility, and the transaction is for a new dispensing of medication due to the patient's admission or readmission status. Required when:

	Claim Segment Segment Identification (111-AM) = “07”			Claim Billing/Claim Rebill
				• The Reason for Service NP (New Patient Processing) and Result of Service Code to bypass early fill due to Long Term Care Admit/Readmit Indicator. Code 42 –Required when State of Emergency prescription declarations allow the pharmacy/pharmacist to authorize a prescription refill when the prescriber cannot be contacted.
460-ET	QUANTITY PRESCRIBED		RW	***Imp Guide :*** Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document). *Payer Requirement:* *• Effective 09/21/2020, field is required for Schedule II drugs*

	Claim Segment Segment Identification (111-AM) = "07"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
308-C8	OTHER COVERAGE CODE	Accepted Values: 1 = Not Specified 2= Other Coverage Exists-Payment Collected 3= Other Coverage Exists- This Claim Not Covered 4=Other Coverage Exists-Payment Not Collected	RW	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* Required when other insurance coverage exists.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the Prescription Pad Serial Number from the Official NYS Prescription blank. When the following scenarios exist, use the following values in lieu of reporting the Official Prescription Form Serial Number: • Prescriptions received via Fax or electronically, use EEEEEEEE. • Prescriptions on carve-out drugs for Nursing Home patients, use NNNNNNNN. • Prescriptions written by Out of State Prescribers, use ZZZZZZZZ. • Oral Prescriptions, use 99999999.
461-EU	PRIOR AUTHORIZATION TYPE CODE	00 = Not Specified 01 = Prior Authorization 04 = Exempt Copay a/o Coinsur.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when the claim requires Prior Authorization/Approval, or is co-pay exempt.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when a Prior Authorization/Approval number has been assigned for this claim.
357-NV	DELAY REASON CODE	All code set values	RW	*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed.
995-E2	ROUTE OF ADMINISTRATION	6064005 - Topical 9942002 - Transluminal 10547007 - Otic 12130007 - Intra-articular route 16857009 - Vaginal 17751009 - External Route 26643006 - Oral 26643008 - Mouth/Throat 34206005 - Subcutaneous 37161004 - Rectal 37839007 - Sublingual 38239002 - Intraperitoneal route 45890007 - Transdermal 46713006 - Nasal 47056001 - Irrigation 47625008 - Intravenous 54471007 - Buccal route 54485002 - Ophthalmic 58100008 - Intra-arterial 59593002 - Intradermal route	RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Required when billing compound drugs • . SNOMED CT Route of Administration subset Note: Only the values listed will be accepted

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
		72607000 - Intrathecal 78421000 - Intramuscular 89947002 - Intraepithelial route 90028008 - Urethral route 112239003 -Inhalation 127490009 - Gastrostomy 127491008 - Jejunostomy route 127492001 - Nasogastric route 127493006 - Percutaneous gastrostomy (button) 372449004 - Dental 372454008 - Gastroenteral 372457001 - Gingival route 372461007 - Intracavernous route 372464004 - Intradermal route 372467006- Intralymphatic route 372468001- Intraocular route 372469009 - Intrapleural route 372471009 - Intravesical route 372472002 - Ocular route 372473007 - Oromucosal 372474001 - Periarticular route 385218009- Injection 404815008- Transmucosal route 404816009- IV Push 404817000- IV Piggyback 417950001- Intrathoracic route 417985001 - Enteral route 418091004 - Intratympanic route 418114005 - IV Central 418136008 - Gastro-intestinal stoma route 418162004- Colostomy route 418331006 - Intracartilaginous route 418401004 - Intravitreal route 418441008 - Orogastric route 418511008 - Transurethral route 418608002 - Intracorneal route 418664002 - Oropharyngeal route 418743005 - Fistula route 419464001 - Iontophoresis route 419874009 - Submucosal route 419894000 - Surgical cavity route 419954003 - Ileostomy route 419993007 - Intravenous route 420163009 - Esophagostomy route 420254004 - Body cavity route 421031008 - Oromucosal route-other 421032001 - Peritoneal Dialysis 421503006 - Hemodialysis 424109004 - Injection 424494006 - Infusion C444364 - By infusion		
996-G1	COMPOUND TYPE	All code set values	RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Required when billing compound drugs.

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
409-D9	INGREDIENT COST SUBMITTED		R	*Payer Requirement:* Enter Ingredient cost. 340B providers billing Medicaid primary claims: • Enter 340B Acquisition Cost 340B providers billing Medicaid secondary claim (Medicare, Commercial Insurance): • Leave this field blank.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when the member has made payment toward this claim.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* Required.
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	All code set values	R	*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* For 340B Drugs, NYSDOH requires the use of value "08", in addition to value "20" in field 420-DK Submission Clarification Code. For pharmacies enrolled in the VFC program, where vaccine claims are submitted with the drug cost and administration fee under a single claim, NYSDOH requires the use of value '15'.

Pharmacy Provider Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Pharmacy Provider Segment **Segment Identification (111-AM) = "02"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER	05 NPI	R	*Imp Guide:* Required if Provider ID (444-E9) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
444-E9	PROVIDER ID		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. *Payer Requirement:* NYSDOH requires the NPI of the dispensing pharmacist.

Prescriber Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment **Segment Identification (111-AM) = "03"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	01 NPI	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
411-DB	PRESCRIBER ID		R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the NPI of the prescriber.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01 NPI	RW	*Imp Guide:* Required if Primary Care Provider ID (421-DL) is used. *Payer Requirement:* Required when the member is restricted to a primary care provider other than the prescriber.
421-DL	PRIMARY CARE PROVIDER ID		RW	*Imp Guide:* Required if needed for receiver claim/encounter determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required when the member is restricted to a primary care provider other than the prescriber.

Coordination of Benefits/Other Payments Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	**X**	

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "05"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	All code set values supported	M	

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
339-6C	OTHER PAYER ID QUALIFIER	05 = Medicare Carrier No. 99 = Other	RW	*Imp Guide:* Required if Other Payer ID (340-7C) is used. *Payer Requirement:* Required when another payer has adjudicated this claim. NYS DOH recognizes the listed codes.
340-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Required when another payer has adjudicated this claim. NYS DOH requires: • the Part B Carrier ID when the payer is Medicare. • a literal of '13' when the payer is a Medicare managed Care plan (aka Medicare Advantage). • a literal of '99' for all other payers.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Required when another payer has adjudicated this claim.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Required when another payer has adjudicated this claim.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	All code set values supported	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Required when another payer has adjudicated this claim.
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Required when another payer has adjudicated this claim.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered). NYS Medicaid will not accept a combination of Other Coverage Code of "3" in NCPDP field 308-C8-(Other Coverage Code) with ANY reject code in field 472-6E when another third party is responsible for payment. Your claim will be rejected with Pre-Adjudication edits

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			**Claim Billing/Claim Rebill**
				NCPDP Reject Codes "6E"- (M/I Other Payer Reject Code)/ "13"-(M/I Other Coverage Code). The one exception to this is the value "MR" for only OTC medications (Rx Type Code 07). Note: For clarification of Rx Types, visit eMedNY.org, Formulary File Search Page.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "05"**			**Claim Billing/Claim Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Accepted code set values: 01 = Deductible Amount 04 = Amount reported from previous payer as Exceeding Periodic Benefit Maximum. 05 = Copay Amount 06 = Patient Pay Amount 07 = Coinsurance Amount. 09 = Health Plan Assistance Amount 12 = Coverage Gap Amount	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Values qualified by accepted values other than 01, 05 or 07 will be summed as Payer Other Amount. Values not accepted will result in pre-adjudication rejection. The amount qualified by 09 = Health Plan Assistance Amount should be submitted as a negative amount.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Required when reporting Deductible, Coinsurance, Co-pay, or Other Patient Responsibility amounts.

DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	DUR/PPS Segment **Segment Identification (111-AM) = "08"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	*Imp Guide:* Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement*. Required when sending a DUR override of a previously denied claim.
440-E5	PROFESSIONAL SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: NYS DOH will ignore this when processing the claim.
441-E6	RESULT OF SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Required when sending a DUR override of a previously denied claim.

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = NDC	M	NYSDOH expects NDC's to be reported.
489-TE	COMPOUND PRODUCT ID		M	NYSDOH will process NDC's on claim.
448-ED	COMPOUND INGREDIENT QUANTITY		M	Enter the amount expressed in metric decimal units of the product included in the compound mixture. Enter the quantity for the specific ingredient reported in field 489-TE-(Compound Product ID) in this field. Enter a value of "1" in field 442-E7 (Quantity Dispensed).
449-EE	COMPOUND INGREDIENT DRUG COST		R	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Enter the ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in "Compound Ingredient Quantity" field 448-ED. The usual and customary price for the entire compound claim must be entered in field 426-DQ (Usual and Customary Charged Amount).
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Required.

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required when billing for items that are part of the Preferred Diabetic Supply Program.

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Required.
492-WE	DIAGNOSIS CODE QUALIFIER	**For Dates of Service Prior to 9/30/2015** NYSDOH expects '01' = ICD9 coding.	R	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Required.

	Clinical Segment Segment Identification (111-AM) = "13"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		For Dates of Service On or After 10/01/2015 NYSDOH expects '02' = ICD10 coding.		
424-DO	DIAGNOSIS CODE	ICD9 or ICD10 code identifying diagnosis of the patient. Do not transmit the decimal point for ICD codes, decimal point is implied.	R	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required.

**** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

CLAIM BILLING / CLAIM REBILL RESPONSE

CLAIM BILLING / CLAIM REBILL RESPONSE (Accepted/Captured (or Duplicate of Captured))

**** Start of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

CLAIM BILLING/CLAIM REBILL CAPTURED (OR DUPLICATE OF CAPTURED) RESPONSE

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Claim Billing/Claim Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Header Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		.

	Response Message Segment Segment Identification (111-AM) = "20"			**Claim Billing/Claim Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	Medicaid Number X(8) Filler Value = Space X(1)County Code = X(2) Field Separator Value = * X(1) Anniversary Mo. = X(2) (values: 01 – 12) Filler Value = Space X(1)Patient Gender code = X(1) (values: M or F) Year of Birth = X(3) (Format = CYY) Filler Value = Space X(1) Category of Assistance = X(1) Filler Value = Space X(1) Re-certification Month = X(2) (values: 01 – 12) Filler Value = Space X(1)Office Number X(3) Field Separator Value = & X(1) Service Date = X(8) (Format = CCYYMMDD) Total bytes = 37	RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* NYSDOH will provide the defined information in this field. RESPONSE CAPTURED MAP (37bytes)

Response Status Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A=Approved C=Captured	M	NYSDOH will return 'C'
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
547-5F	APPROVED MESSAGE CODE COUNT		RW	Maximum of 5. Required if Approved Message Code is used. See "Note" details documented in field 548-6F regarding when this field will be returned.
548-6F	APPROVED MESSAGE CODE		RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow-up for a potential opportunity. • 005- (Claim paid under the plan's transition benefit period, otherwise claim would have rejected as prior authorization required). Note: eMedNY will be returning fields 547-5F and 548-6F on the NCPDP Response once the Pharmacy FFS Carve-out transition takes place on 04/01/2023.

130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 3	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 3.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code or MEVS Pend Code = X(3) Space field separator = X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program) Separator Value = **$** X(1) Maximum Per Unit Price X(9) PIC 9 = "999.99999" Separator Value = **%** X(1) Co-Payment Code = X(3) Space field separator = X(1) Co-payment Met Date = X(8) DVS Reason Code = X(3) Equal Sign Field Separator X(1) Medicare Coverage Code X(2) Space field separator = X(1) HICN/MBI 1st 4 bytes X(4) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 01 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '02'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '02'
526-FQ	ADDITIONAL MESSAGE INFORMATION	HICN/MBI, last 8 bytes X(8) Separator Value = # X(1)1st Insurance Carrier Code X(6) Separator Value = / X(1)1st Insur.Coverage Codes X(14) Separator Value = @ X (1)2nd Insurance Carrier Code X(6) Separator Value = / X(1) 2nd Insur.Coverage Codes X(2)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 02 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '03'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '03'

526-FQ	ADDITIONAL MESSAGE INFORMATION	2nd Insur.Coverage Codes X(12) Separator Value = + X(1) Indication of Additional Coverage X(2) Separator Value = * X(1) Restriction Information X(11) Bracket Separator Value } X(1) DVS Number X(11) Total X(39)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 03 = (39 bytes)

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Prescription/Service Reference Number submitted.

Response Pricing Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted / Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
505-F5	PATIENT PAY AMOUNT		R	NYSDOH will return the co-pay amount due. If the member is co-pay exempt, or has met the annual maximum, zeros will be returned.
507-F7		R		NYSDOH will return the Dispensing Fee paid. Note: The dispensing fee amount will be returned on COB claims and drugs which reimburse at U&C charge amount. This does not mean it was paid in these instances, just that it was utilized in the overall reimbursement logic calculation. The total paid amount will not include the dispensing fee amount for these claim types identified above.
518-FI	AMOUNT OF COPAY		R	*Imp Guide:* Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility. *Payer Requirement:* NYSDOH will return the co-pay amount due. If the member is co-pay exempt, or has met the annual maximum, zeros will be returned.
509-F9	TOTAL AMOUNT PAID		R	NYSDOH will return the Total Amount Paid.
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	Code identifying how the reimbursement amount was calculated for the ingredient cost paid. Valid values and NYSDOH pricing source in bold: • 0- Not Specified-(**Priced using Manual Price**). • 3- Ingredient Cost Reduced to AWP Less X% Pricing- (**Priced using AWP).** • 4- Usual & Customary Paid as Submitted-(**Priced using Total Charge Amount**) • 5- Lower of U&C- (**Calculated price by FMAC, then SMAC, Otherwise E**) • 12- 340B/Disproportionate Share/PHSP-(**Priced 340B**) • 13- WAC (Wholesale Acquisition Cost)-**(Priced using WAC**)

				• 14- Other Payer- Patient Responsibility Amount- (**Priced using Medicare or Other Insurance Requested Amount**). • 17- Special Patient Reimbursement- **(Priced using PA Excess Amount**) • 19- State Fee Schedule (SFS) Reimbursement- (**Priced using SMAC**) • 20- National Average Drug Acquisition Cost (NADAC)-(**Priced using NADACB or NADACG**) • 22- Basis of Cost Free Product – (**Priced using VFC Vaccine Pricing**) • 24- Federal Upper Limit (FUL)- (**Priced using FMAC**) • 25- Nominal Pricing – (**Priced using non-VFC Vaccine Pricing**) • 26- Federal Supply Schedule- (**Priced using Procedure Price**) Note: The Basis of Reimbursement Determination will be set to "0"- (not specified) for compound claims.

Response DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	NYS DOH will provide this segment when the claim is denied due to a DUR edit.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – Accepted/ Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	R	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field..
439-E4	REASON FOR SERVICE CODE	All Values Supported.	R	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – Accepted/ Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
528-FS	CLINICAL SIGNIFICANCE CODE	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
529-FT	OTHER PHARMACY INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
530-FU	PREVIOUS DATE OF FILL	Previously filled date	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
531-FV	QUANTITY OF PREVIOUS FILL	Quantity of the conflicting agent that was previously filled.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
532-FW	DATABASE INDICATOR	External Code List Values: Blank Not Specified 1 First DataBank 2 Medi-Span Product Line 3 Micromedex/Medical Ecom 4 Processor Developed 5 Other 6 Redbook 7 Multum	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
533-FX	OTHER PRESCRIBER INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
544-FY	DUR FREE TEXT MESSAGE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* NYSDOH will provide information in this field when necessary.
570-NS	DUR ADDITIONAL TEXT		RW	*Imp Guide*: Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* NYSDOH will provide information in this field when necessary. • For Early Fill edits ONLY, when Other Pharmacy Indicator field (529-FT) returns value: "3"- (Other Pharmacy), and/or when Other Prescriber Indicator field (533-FX) returns value "2"- (Other Prescriber), then the provider name, provider phone number, and provider phone

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill – Accepted/ Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				number extension of the Other Pharmacy and/or Other Prescriber where the prescription was last filled will be returned in this field. **Note**: For all other DUR Reject edits, when the conflict is caused by an "Other Pharmacy", or "Other Prescriber", eMedNY is not able to provide the identity of that pharmacy or Prescriber.

CLAIM BILLING / CLAIM REBILL RESPONSE (Transmission Accepted / Transaction Rejected)

CLAIM BILLING/CLAIM REBILL (ACCEPTED/REJECTED) RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted C=Captured	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	NYSDOH will return 1 to 5 on rejected claim.
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.
546-4F	REJECT FIELD OCCURRENCE INDICATOR		R	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 1.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See *Note below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill Accepted/Rejected

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the value received in the request transaction.

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	The segment is provided when the reject is due to a DUR edit.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	R	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
439-E4	REASON FOR SERVICE CODE	All Values Supported.	R	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
528-FS	CLINICAL SIGNIFICANCE CODE	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
529-FT	OTHER PHARMACY INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
530-FU	PREVIOUS DATE OF FILL	Previously filled date	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
531-FV	QUANTITY OF PREVIOUS FILL	Quantity of the conflicting agent that was previously filled.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
532-FW	DATABASE INDICATOR	External Code List Values: Blank Not Specified 1 First DataBank 2 Medi-Span Product Line 3 Micromedex/Medical Ecom 4 Processor Developed 5 Other 6 Redbook 7 Multum	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
533-FX	OTHER PRESCRIBER INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
544-FY	DUR FREE TEXT MESSAGE	Text that provides additional detail regarding a DUR conflict.	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* NYSDOH will provide information in this field when necessary.
570-NS	DUR ADDITIONAL TEXT		RW	*Imp Guide*: Required if needed to supply additional information for the utilization conflict. *Payer Requirement*: NYSDOH will provide information in this field when necessary. • For Early Fill edits ONLY, when Other Pharmacy Indicator field (529-FT) returns value: "3"- (Other Pharmacy), and/or when Other Prescriber Indicator field (533-FX) returns value "2"- (Other Prescriber), then the provider name, provider phone number, and provider phone number extension of the Other Pharmacy and/or Other Prescriber where the prescription was last filled will be returned in this field. Note: For all other DUR Reject edits, when the conflict is caused by an "Other Pharmacy", or "Other Prescriber", eMedNY is not able to provide the identity of that pharmacy or Prescriber.

CLAIM BILLING / CLAIM REBILLRESPONSE (Transmission Rejected / Transaction Rejected)

CLAIM BILLING/CLAIM REBILL (REJECTED/REJECTED) RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

CLAIM REVERSAL

CLAIM REVERSAL REQUEST (Payer Sheet)

**** Start of Request Claim Reversal (B2) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	**NA**	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) Specify timeframe	Electronic transactions can be up to 2 years old.

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	All request must send '004740'	M	NYSDOH requires '004740'
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	

	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence 02 = Two occurrences 03 = Three occurrences 04 = Four occurrences	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.

Claim Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent	X	

	Claim Segment Segment Identification (111-AM) = "07"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RX Billing.	M	*Imp Guide:* For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	The prescription number assigned by the pharmacy.	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 = Not Specified 03 = NDC 07 = CPT4 08 = CPT5 09 = HCPCS	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("00"). NYSDOH requires one of these codes.
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero. (Zero means "0".) NYSDOH requires an NDC Code, a HCPCS Code, CPT4 Code, CPT5 Code, or 0 (zero).

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Required only for secondary, tertiary, etc claims.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	All code set values supported	M"R"	

**** End of Request Claim Reversal (B2) Payer Sheet ****

CLAIM REVERSAL RESPONSE

CLAIM REVERSAL RESPONSE (Accepted/Captured (or Duplicate of Captured))

**** Start of Claim Reversal Response (B2) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

CLAIM REVERSAL CAPTURED (OR DUPLICATE OF CAPTURED) RESPONSE

The following lists the segments and fields in a Claim Reversal response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Claim Reversal – Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Claim Reversal – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	**Check**	**Claim Reversal – Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count = 1
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message qualifier = 01

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Rx # received in the request transaction.

CLAIM REVERSAL RESPONSE (Transmission Accepted / Transaction Rejected)

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	NYSDOH will return the Message Segment if a B2 Reversal transaction count is greater than '1'

	Response Message Segment Segment Identification (111-AM) = "20"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

504-F4	MESSAGE	"Resubmit Additional Reversal Transaction separately"	R	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return the Message Segment on a B2 Reversal if the transaction count is greater than ' 1'.

Response Status Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	NYSDOH will return 1 to 5 Reject codes.
511-FB	REJECT CODE		R	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count = 1
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = 01	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message qualifier = 01
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Rx # received in the request transaction.

CLAIM REVERSAL RESPONSE (Transmission Rejected / Transaction Rejected)

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	

109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Claim Reversal - Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Claim Reversal (B2) Response Payer Sheet ****

INFORMATION REPORTING / INFORMATION REBILL

INFORMATION REPORTING / INFORMATION REBILL REQUEST (Payer Sheet)

**** Start of Request Information Reporting /Information Reporting Rebill (N1/N3) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 07/01/2020	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID
Processor: eMedNY		
Effective as of: 09/21/2020	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 08/2007	NCPDP External Code List Version Date: 10/2019	
Contact/Information Source: Provider Manuals available at www.emedny.org/providermanuals/index.html, General Website www.eMedNY.org		
Provider Relations Help Desk Info: 1-800-343-9000		

OTHER TRANSACTIONS SUPPORTED

Payer: *Please list each transaction supported with the segments, fields, and pertinent information on each transaction.*

	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Rebill
E1	Eligibility Verification
N2	Information Reporting Reversal
P1	Prior Authorization Request & Billing
P2	Prior Authorization Reversal
P4	Prior Authorization Request Only
S1	Service Billing
S2	Service Reversal
S3	Service Rebill

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Information Reporting/Information Reporting Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

INFORMATION REPORTING/INFORMATION REPORTING REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Information Reporting/Information Reporting Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	004740	M	IIN for NYS Medicaid
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	N1, N3	M	
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence 02 = Two occurrences 03 = Three occurrences 04 = Four occurrences	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Information Reporting/Information Reporting Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "04"			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.
309-C9	ELIGIBILITY CLARIFICATION CODE	2 = Override	RW	*Imp Guide:* Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. *Payer Requirement:* Required when indicating an eligibility override as follows: Code '2' indicates: • an eligibility override for spend down/ excess income when the member's liability has been met, but there is a time lag in updating the eligibility system. • a nursing home override • **For providers to initiate a bypass from Prior Authorization (PA) when:** A member is a resident of a LTC facility which are either a Private Skilled Nursing Facility, Public Skilled

	Insurance Segment Segment Identification (111-AM) = "04"			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Nursing Facility, Private Health Related Facility, or Public Health Related Facility (identified as "NH" on an eligibility response). AND the billing provider first obtains Medicaid eligibility after 90 days from the prescription date of service/fill date for claims not included in the rate. If the billing provider has determined that the member is a resident of a LTC facility and that the member has fist obtained eligibility after 90 days from the prescription date of service/fill date, the provider may enter a "2" (Override) in the Eligibility Clarification Code field (309-C9), to bypass Prior Authorization (PA) requirement

Patient Segment Questions	Check	Information Reporting/Information Reporting Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "01"			Information Reporting/Information Reporting Rebill
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	1 = Male 2 = Female	R	
310-CA	PATIENT FIRST NAME			*Imp Guide:* Required when the patient has a first name. *Payer Requirement:*
311-CB	PATIENT LAST NAME		R	
307-C7	PLACE OF SERVICE	All code set values supported CMS Maintained code set.	R	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required.
335-2C	PREGNANCY INDICATOR	Blank=Not Specified, 1=Not pregnant, 2=Pregnant	RW	*Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.501 definitions (45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule- Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.) *Payer Requirement:* Required when the member is known to be pregnant.

Claim Segment Questions	Check	Information Reporting/Information Reporting Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

	Claim Segment Segment Identification (111-AM) = "07"			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "N1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	The prescription number assigned by the pharmacy.	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 = Not Specified 03 = NDC 07 = CPT4 08 = CPT5 09 = HCPCS	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("00"). NYSDOH requires one of these codes.
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero. (Zero means "0".) NYSDOH requires an NDC Code, a HCPCS Code, CPT4 Code, CPT5 Code, or 0 (zero).
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 10.	RW	*Imp Guide:* Required if Procedure Modifier Code (459-ER) is used. *Payer Requirement:* NYSDOH will map up to 4 modifiers
459-ER	PROCEDURE MODIFIER CODE		RW	*Imp Guide:* Required to define a further level of specificity if the Product/Service ID (407-D7) indicated a Procedure Code was submitted. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* NYSDOH will map up to 4 modifiers
442-E7	QUANTITY DISPENSED		R	The Quantity Dispensed is the total number of Metric Units dispensed for the prescription. Except in the case of a compounded product when the quantity dispensed value must be "1".
403-D3	FILL NUMBER	00 = New Prescription 01 = First Refill 02 = Second Refill 03 = Third Refill 04 = Fourth Refill 05 = Fifth Refill 06 = Sixth Refill 07 = Seventh Refill 08 = Eighth Refill 09 = Ninth Refill 10 = Tenth Refill 11 = Eleventh Refill	R	NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs.
405-D5	DAYS SUPPLY		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	00 = No Refill Authorized 01 = 1 Refill 02 = 2 Refills 03 = 3 Refills 04 = 4 Refills 05 = 5 Refills 06 = Sixth Refill 07 = Seventh Refill 08 = Eighth Refill 09 = Ninth Refill 10 = Tenth Refill	R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs.

		11 Eleventh Refill		
460-ET	QUANTITY PRESCRIBED		RW	***Imp Guide :*** Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document). *Payer Requirement:* *• Effective 09/21/2020, field is required for Schedule II drugs*

	Claim Segment Segment Identification (111-AM) = "07"			**Information Reporting/Information Reporting Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
308-C8	OTHER COVERAGE CODE	Accepted Values: 1 = Not Specified 2= Other Coverage Exists- Payment Collected 3= Other Coverage Exists- This Claim Not Covered 4=Other Coverage Exists- Payment Not Collected	RW	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* Required when other insurance coverage exists.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the Prescription Pad Serial Number from the Official NYS Prescription blank. When the following scenarios exist, use the following values in lieu of reporting the Official Prescription Form Serial Number: • Prescriptions received via Fax or electronically, use EEEEEEEE. • Prescriptions on carve-out drugs for Nursing Home patients use NNNNNNNN. • Prescriptions written by Out of State Prescribers, use ZZZZZZZZ. • Oral Prescriptions, use 99999999.
461-EU	PRIOR AUTHORIZATION TYPE CODE	00 = Not Specified 01 = Prior Authorization 04 = Exempt Copay a/o Coinsur.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when the claim requires Prior Authorization/Approval, or is co-pay exempt.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when a Prior Authorization/Approval number has been assigned for this claim.
357-NV	DELAY REASON CODE	All code set values	RW	*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed.

Pricing Segment Questions	**Check**	**Information Reporting/Information Reporting Rebill** If Situational, *Payer Situation*
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			**Information Reporting/Information Reporting Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when the member has made payment toward this claim.

Pharmacy Provider Segment Questions	Check	Information Reporting/Information Reporting Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Pharmacy Provider Segment Segment Identification (111-AM) = "02"			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER	05 NPI	R	*Imp Guide:* Required if Provider ID (444-E9) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
444-E9	PROVIDER ID		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. *Payer Requirement:* NYSDOH requires the NPI of the dispensing pharmacist.

Prescriber Segment Questions	Check	Information Reporting/Information Reporting Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "03"			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	01 NPI	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
411-DB	PRESCRIBER ID		R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the NPI of the prescriber.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01 NPI	RW	*Imp Guide:* Required if Primary Care Provider ID (421-DL) is used. *Payer Requirement:* Required when the member is restricted to a primary care provider other than the prescriber.
421-DL	PRIMARY CARE PROVIDER ID		RW	*Imp Guide:* Required if needed for receiver claim/encounter determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs.

	Prescriber Segment **Segment Identification (111-AM) = "03"**			**Information Reporting/Information Reporting Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Required when the member is restricted to a primary care provider other than the prescriber.

Coordination of Benefits/Other Payments Segment Questions	**Check**	**Information Reporting/Information Reporting Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	**X**	

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "05"**			**Information Reporting/Information Reporting Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	All code set values supported	M	
339-6C	OTHER PAYER ID QUALIFIER	05 = Medicare Carrier No. 99 = Other	RW	Imp Guide: Required if Other Payer ID (340-7C) is used. Payer Requirement: Required when another payer has adjudicated this claim. NYS DOH recognizes the listed codes.
340-7C	OTHER PAYER ID		RW	Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication. Payer Requirement: Required when another payer has adjudicated this claim. NYS DOH requires: • the Part B Carrier ID when the payer is Medicare. • a literal of '13' when the payer is a Medicare managed Care plan (aka Medicare Advantage). • a literal of '99' for all other payers.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Required when another payer has adjudicated this claim.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Required when another payer has adjudicated this claim.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			**Information Reporting/Information Reporting Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	All code set values supported	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Required when another payer has adjudicated this claim.
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Required when another payer has adjudicated this claim.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered). NYS Medicaid will not accept a combination of Other Coverage Code of "3" in NCPDP field 308-C8-(Other Coverage Code) with ANY reject code in field 472-6E when another third party is responsible for payment. Your claim will be rejected with Pre-Adjudication edits NCPDP Reject Codes "6E"- (M/I Other Payer Reject Code)/ "13"-(M/I Other Coverage Code). The one exception to this is the value "MR" for only OTC medications (Rx Type Code 07). Note: For clarification of Rx Types, visit eMedNY.org, Formulary File Search Page.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Accepted code set values: 01 = Deductible Amount 04 = Amount reported from previous payer as Exceeding Periodic Benefit Maximum. 05 = Copay Amount 06 = Patient Pay Amount 07 = Coinsurance Amount. 09 = Health Plan Assistance Amount 12 = Coverage Gap Amount	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Values qualified by accepted values other than 01, 05 or 07 will be summed as Payer Other Amount. Values not accepted will result in pre-adjudication rejection. The amount qualified by 09 = Health Plan Assistance Amount should be submitted as a negative amount.

352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Required when reporting Deductible, Coinsurance, Co-pay, or Other Patient Responsibility amounts.

DUR/PPS Segment Questions	**Check**	**Information Reporting/Information Reporting Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	NYS DOH will provide this segment when the claim is denied due to a DUR edit.

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	*Imp Guide:* Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement*. Required when sending a DUR override of a previously denied claim.
440-E5	PROFESSIONAL SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* NYS DOH will ignore this when processing the claim.
441-E6	RESULT OF SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Required when sending a DUR override of a previously denied claim.

Clinical Segment Questions	Check	Information Reporting/Information Reporting Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Clinical Segment Segment Identification (111-AM) = "13"			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Required.
492-WE	DIAGNOSIS CODE QUALIFIER	**For Dates of Service Prior to 9/30/2015** NYSDOH expects '01' = ICD9 coding. **For Dates of Service On or After 10/01/2015** NYSDOH expects '02' = ICD10 coding.	R	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Required.
424-DO	DIAGNOSIS CODE	ICD9 or ICD10 code identifying diagnosis of the patient.	R	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial

	Clinical Segment Segment Identification (111-AM) = "13"			Information Reporting/Information Reporting Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		Do not transmit the decimal point for ICD codes, decimal point is implied.		responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required.

**** End of Request Information Reporting/Information Reporting Rebill (N1/N3) Payer Sheet ****

INFORMATION REPORTING / INFORMATION REBILL RESPONSE

INFORMATION REPORTING / INFORMATION REBILL RESPONSE (Accepted/Captured (or Duplicate of Captured))

**** Start of Response Information Reporting/Information Reporting Rebill (N1/N3) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

INFORMATION REPORTING/INFORMATION REPORTING REBILL CAPTURED (OR DUPLICATE OF CAPTURED) RESPONSE

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Information Reporting/Information Reporting Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Information Reporting/Information Reporting Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	N1, N3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Header Segment Questions	**Check**	**Information Reporting/Information Reporting Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Response Message Segment Segment Identification (111-AM) = "20"			**Information Reporting/Information Reporting Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	Medicaid Number X(8) Filler Value = Space X(1)County Code = X(2) Field Separator Value = ***** X(1) Anniversary Mo. = X(2) (values: 01 – 12) Filler Value = Space X(1)Patient Gender code = X(1) (values: M or F) Year of Birth = X(3) (Format = CYY) Filler Value = Space X(1) Category of Assistance = X(1) Filler Value = Space X(1) Re-certification Month = X(2) (values: 01 – 12) Filler Value = Space X(1)Office Number X(3) Field Separator Value = **&** X(1) Service Date = X(8) (Format = CCYYMMDD) Total bytes = 37	R	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* RESPONSE CAPTURED MAP (37bytes)

Response Status Segment Questions	**Check**	**Information Reporting/Information Reporting Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Information Reporting/Information Reporting Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A=Approved C=Captured	M	NYSDOH will return 'C'
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 4	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 4.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'

	Response Status Segment Segment Identification (111-AM) = "21"			**Information Reporting/Information Reporting Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Eligibility Code or Pend Message Code = X(3) Space field separator = X(1) MEVS UT/P&C Code = X(2) Separator Value = **$** X(1) Maximum Per Unit Price X(9) PIC 9 = "999.99999" Separator Value = **%** X(1) Co-Payment Code = X(3) Space field separator = X(1) Co-payment Met Date = X(8) DVS Reason Code = X(3) Equal Sign Field Separator X(1) Medicare Coverage Code X(2)Space field separator = X(1) Total X(36)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 01 = (36 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '02'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '02'
526-FQ	ADDITIONAL MESSAGE INFORMATION	HICN/MBI PIC X(12) Separator Value = # X(1)1st Insurance Carrier Code X(6) Separator Value = / X(1)1st Insur.Coverage Codes X(14) Separator Value = @ X (1) Total X(35)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 02 = (35 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '03'	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '03'
526-FQ	ADDITIONAL MESSAGE INFORMATION	2nd Insurance Carrier Code X(6) Separator Value = / X(1) 2nd Insur.Coverage Codes X(14) Separator Value = **+** X(1) Indication of Additional Coverage X (2) Separator Value = * X (1) Restriction Information X(11) Total X(35)	RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 03 = (35 bytes)

	Response Status Segment Segment Identification (111-AM) = "21"			**Information Reporting/Information Reporting Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '04'	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '04'
526-FQ	ADDITIONAL MESSAGE INFORMATION	Bracket Separator Value } X(1) DVS Number X(11) Total X(12)	RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 04 = (12 bytes)

Response Claim Segment Questions	**Check**	**Information Reporting/Information Reporting Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			**Information Reporting/Information Reporting Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "N1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Prescription/Service Reference Number submitted.

Response DUR/PPS Segment Questions	**Check**	**Information Reporting/Information Reporting Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	NYS DOH will provide this segment when the claim is denied due to a DUR edit.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Information Reporting/Information Reporting Rebill – Accepted/ Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	R	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field...
439-E4	REASON FOR SERVICE CODE	All Values Supported.	R	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Information Reporting/Information Reporting Rebill – Accepted/ Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
528-FS	CLINICAL SIGNIFICANCE CODE	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
529-FT	OTHER PHARMACY INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
530-FU	PREVIOUS DATE OF FILL	Previously filled date	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
531-FV	QUANTITY OF PREVIOUS FILL	Quantity of the conflicting agent that was previously filled.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
532-FW	DATABASE INDICATOR	External Code List Values: Blank Not Specified 1 First DataBank 2 Medi-Span Product Line 3 Micromedex/Medical Ecom 4 Processor Developed 5 Other 6 Redbook 7 Multum	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
533-FX	OTHER PRESCRIBER INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
544-FY	DUR FREE TEXT MESSAGE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* NYSDOH will provide information in this field when necessary.
570-NS	DUR ADDITIONAL TEXT		RW	*Imp Guide*: Required if needed to supply additional information for the utilization conflict. *Payer Requirement*: NYSDOH will provide information in this field when necessary. • For Early Fill edits ONLY, when Other Pharmacy Indicator field (529-FT) returns value: "3"- (Other Pharmacy), and/or when Other Prescriber Indicator field (533-FX) returns value "2"- (Other Prescriber), then the provider name, provider phone number, and provider phone number extension of the Other Pharmacy and/or Other Prescriber where the prescription was last filled will be returned in this field.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Information Reporting/Information Reporting Rebill – Accepted/ Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Note: For all other DUR Reject edits, when the conflict is caused by an "Other Pharmacy", or "Other Prescriber", eMedNY is not able to provide the identity of that pharmacy or Prescriber.

INFORMATION REPORTING / INFORMATION REBILL (Transmission Accepted / Transaction Rejected)

INFORMATION REPORTING/INFORMATION REPORTING REBILL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Information Reporting/Information Reporting Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Information Reporting/Information Reporting Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	N1, N3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted C=Captured	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Information Reporting/Information Reporting Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Information Reporting/Information Reporting Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	NYSDOH will return 1 to 5 on rejected claim.
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.
546-4F	REJECT FIELD OCCURRENCE INDICATOR		R	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 1.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See *Note below (UT Program Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) *Note: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Information Reporting/Information Reporting Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Information Reporting/Information Reporting Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "N1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the value received in the request transaction.

INFORMATION REPORTING / INFORMATION REBILL (Transmission Rejected / Transaction Rejected)

INFORMATION REPORTING/INFORMATION REPORTING REBILL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Information Reporting/Information Reporting Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Information Reporting/Information Reporting Rebill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	N1, N3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Information Reporting/Information Reporting Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Information Reporting/Information Reporting Rebill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Response Information Reporting/Information Reporting Rebill (N1/N3) Payer Sheet ****

INFORMATION REPORTING REVERSAL

INFORMATION REPORTING REVERSAL REQUEST (Payer Sheet)

**** Start of Request Information Reporting Reversal (N2) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	**NA**	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) Specify timeframe	Electronic transactions can be up to 2 years old.

INFORMATION REPORTING REVERSAL TRANSACTION

The following lists the segments and fields in an Information Reporting Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Information Reporting Reversal If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Information Reporting Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	All request must send '004740'	M	NYSDOH requires '004740'
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	N2	M	

	Transaction Header Segment			Information Reporting Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence 02 = Two occurrences 03 = Three occurrences 04 = Four occurrences	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	

Claim Segment Questions	Check	Information Reporting Reversal If Situational, *Payer Situation*
This Segment is always sent	X	

	Claim Segment Segment Identification (111-AM) = "07"			Information Reporting Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RX Billing.	M	*Imp Guide:* For Transaction Code of "N2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	The prescription number assigned by the pharmacy.	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 = Not Specified 03 = NDC 07 = CPT4 08 = CPT5 09 = HCPCS	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("00"). NYSDOH requires one of these codes.
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero. (Zero means "0".) NYSDOH requires an NDC Code, a HCPCS Code, CPT4 Code, CPT5 Code, or 0 (zero).
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the Prescription Pad Serial Number from the Official NYS Prescription blank. When the following scenarios exist, use the following values in lieu of reporting the Official Prescription Form Serial Number: • Prescriptions received via Fax or electronically, use EEEEEEEE. • Prescriptions on carve-out drugs for Nursing Home patients, use NNNNNNNN. • Prescriptions written by Out of State Prescribers, use ZZZZZZZZ.

	Claim Segment Segment Identification (111-AM) = "07"			Information Reporting Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				• Oral Prescriptions, use 99999999.

**** End of Request Information Reporting Reversal (N2) Payer Sheet ****

INFORMATION REPORTING REVERSAL RESPONSE

INFORMATION REPORTING REVERSAL RESPONSE (Accepted/Captured (or Duplicate of Captured))

**** Start of Information Reporting Reversal Response ((N2) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

INFORMATION REPORTING REVERSAL ACCEPTED/CAPTURED (OR DUPLICATE OF CAPTURE) RESPONSE

The following lists the segments and fields in an Information Reporting Reversal response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Information Reporting Reversal – Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Information Reporting Reversal– Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	N2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	**Check**	**Information Reporting Reversal – Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Information Reporting Reversal– Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count = 1
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message qualifier = 01

	Response Status Segment Segment Identification (111-AM) = "21"			Information Reporting Reversal– Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Information Reporting Reversal – Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Information Reporting Reversal– Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "N2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Rx # received in the request transaction.

INFORMATION REPORTING REVERSAL RESPONSE (Transmission Accepted / Transaction Rejected)

INFORMATION REPORTING REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Information Reporting Reversal- Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Information Reporting Reversal– Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	N2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Information Reporting Reversal- Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		

This Segment is situational	X	NYSDOH will return the Message Segment if a N2 Reversal transaction count is greater than '1'

	Response Message Segment Segment Identification (111-AM) = "20"			**Information Reporting Reversal– Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	"Resubmit Additional Reversal Transaction separately"	R	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return the Message Segment on a N2 Reversal if the transaction count is greater than ' 1'.

Response Status Segment Questions	**Check**	**Information Reporting Reversal- Accepted/Rejected** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Information Reporting Reversal– Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count = 1
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = 01	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message qualifier = 01
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See *Note below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) *Note: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	**Check**	**Information Reporting Reversal- Accepted/Rejected** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			**Information Reporting Reversal– Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "N2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Rx # received in the request transaction.

INFORMATION REPORTING REVERSAL RESPONSE (Transmission Rejected /

Transaction Rejected)

INFORMATION REPORTING REVERSAL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Information Reporting Reversal- Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Information Reporting Reversal– Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	N2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Information Reporting Reversal- Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Information Reporting Reversal– Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Information Reporting Reversal(N2) Response Payer Sheet ****

SERVICE BILLING / SERVICE REBILL

SERVICE BILLING / SERVICE REBILL REQUEST (Payer Sheet)

**** Start of Request Service Billing/Service Rebill (S1/S3) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 07/01/2020	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID
Processor: eMedNY		
Effective as of: 09/21/2020	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 08/2007	NCPDP External Code List Version Date: 10/2019	
Contact/Information Source: Provider Manuals available at www.emedny.org/providermanuals/index.html, General Website www.eMedNY.org		
Provider Relations Help Desk Info: 1-800-343-9000		

OTHER TRANSACTIONS SUPPORTED

Payer: *Please list each transaction supported with the segments, fields, and pertinent information on each transaction.*

	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Rebill
E1	Eligibility Verification
N1	Information Reporting
N2	Information Reporting Reversal
N3	Information Reporting Rebill
P1	Prior Authorization Request & Billing
P2	Prior Authorization Reversal
P4	Prior Authorization Request Only
S2	Service Reversal

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Service Billing/Service Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Service Billing or Service Rebill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	004740	M	IIN for NYS Medicaid
102-A2	VERSION/RELEASE NUMBER	D0	M	

	Transaction Header Segment			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
103-A3	TRANSACTION CODE	S1, S3	M	
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence 02 = Two occurrences 03 = Three occurrences 04 = Four occurrences	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "04"			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.
309-C9	ELIGIBILITY CLARIFICATION CODE	2 = Override	RW	*Imp Guide:* Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. *Payer Requirement:* Required when indicating an eligibility override as follows: Code '2' indicates: • an eligibility override for spend down/ excess income when the member's liability has been met, but there is a time lag in updating the eligibility system. • a nursing home override • **For providers to initiate a bypass from Prior Authorization (PA) when:** A member is a resident of a LTC facility which are either a Private Skilled Nursing Facility, Public Skilled Nursing Facility, Private Health Related Facility, or Public Health Related Facility (identified as "NH" on an eligibility response).

	Insurance Segment Segment Identification (111-AM) = "04"			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				AND the billing provider first obtains Medicaid eligibility after 90 days from the prescription date of service/fill date for claims not included in the rate. If the billing provider has determined that the member is a resident of a LTC facility and that the member has fist obtained eligibility after 90 days from the prescription date of service/fill date, the provider may enter a "2" (Override) in the Eligibility Clarification Code field (309-C9), to bypass Prior Authorization (PA) requirement

Patient Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "01"			Service Billing/Service Rebill
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	1 = Male 2 = Female	R	
310-CA	PATIENT FIRST NAME			*Imp Guide:* Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
307-C7	PLACE OF SERVICE	All code set values supported CMS Maintained code set.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
335-2C	PREGNANCY INDICATOR	Blank=Not Specified, 1=Not pregnant, 2=Pregnant	RW	*Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.501 definitions (45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule- Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.) *Payer Requirement:* Required when the member is known to be pregnant.

Claim Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

	Claim Segment **Segment Identification (111-AM) = "07"**			**Service Billing/Service Rebill**	
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	*Imp Guide:* For Transaction Code of "S1" or "S3", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	The prescription number assigned by the pharmacy.	M		
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 = Not Specified 03 = NDC 07 = CPT4 08 = CPT5 09 = HCPCS	M	NYSDOH will require one of these codes. If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("00").	
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero. NYSDOH requires an NDC Code, a HCPCS Code, CPT4 Code, CPT5 Code, or 0 (zero).	
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 10.	RW	*Imp Guide:* Required if Procedure Modifier Code (459-ER) is used. *Payer Requirement:* NYSDOH will map up to 4 modifiers	
459-ER	PROCEDURE MODIFIER CODE		RW	*Imp Guide:* Required to define a further level of specificity if the Product/Service ID (407-D7) indicated a Procedure Code was submitted. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* NYSDOH will map up to 4 modifiers	
442-E7	QUANTITY DISPENSED		R	The Quantity Dispensed is the total number of Metric Units dispensed for the prescription. Except in the case of a compounded product when the quantity dispensed value must be "1".	
403-D3	FILL NUMBER	00 = New Prescription 01 = First Refill 02 = Second Refill 03 = Third Refill 04 = Fourth Refill 05 = Fifth Refill 06 = Sixth Refill 07= Seventh Refill 08 = Eighth Refill 09 = Ninth Refill 10 = Tenth Refill 11 = Eleventh Refill	RW	Service Billing: Required if necessary for plan benefit administration. NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs.	
405-D5	DAYS SUPPLY		RW	Service Billing: Required if necessary for plan benefit administration.	
414-DE	DATE PRESCRIPTION WRITTEN		RW	Service Billing: Required if necessary for plan benefit administration.	
415-DF	NUMBER OF REFILLS AUTHORIZED	00 = No Refill Authorized 01 = 1 Refill 02 = 2 Refills 03 = 3 Refills 04 = 4 Refills 05 = 5 Refills 06 = Sixth Refill 07= Seventh Refill 08 = Eighth Refill 09 = Ninth Refill 10 = Tenth Refill 11 = Eleventh Refill	RW	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs.	

460-ET	QUANTITY PRESCRIBED		RW	Service Billing: Required if the prescriber orders a specific number of iterations of a service. Not required if value is equal to 1.
308-C8	OTHER COVERAGE CODE	Accepted Values: 1 = Not Specified 2= Other Coverage Exists- Payment Collected 3= Other Coverage Exists- This Claim Not Covered 4=Other Coverage Exists- Payment Not Collected	RW	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* NYSDOH requires this field in order to process a claim.

	Claim Segment Segment Identification (111-AM) = "07"			Service Billing/Service Rebill	
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the Prescription Pad Serial Number from the Official NYS Prescription blank. When the following scenarios exist, use the following values in lieu of reporting the Official Prescription Form Serial Number: • Prescriptions received via Fax or electronically, use EEEEEEEE. • Prescriptions on carve-out drugs for Nursing Home patients, use NNNNNNNN. • Prescriptions written by Out of State Prescribers, use ZZZZZZZZ. • Oral Prescriptions, use 99999999.	
461-EU	PRIOR AUTHORIZATION TYPE CODE	00 = Not Specified 01 = Prior Authorization 04 = Exempt Copay a/o Coinsur.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when the claim requires Prior Authorization/Approval, or is co-pay exempt.	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when a Prior Authorization/Approval number has been assigned for this claim.	
357-NV	DELAY REASON CODE	All code set values	RW	*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed.	

Pricing Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when the member has made payment toward this claim.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* Required.
430-DU	GROSS AMOUNT DUE		R	

Pharmacy Provider Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Pharmacy Provider Segment Segment Identification (111-AM) = "02"			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER	05 NPI	R	*Imp Guide:* Required if Provider ID (444-E9) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
444-E9	PROVIDER ID		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. *Payer Requirement:* NYSDOH requires the NPI of the dispensing pharmacist.

Prescriber Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "03"			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	01 NPI	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
411-DB	PRESCRIBER ID		R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the NPI of the prescriber.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01 NPI	RW	*Imp Guide:* Required if Primary Care Provider ID (421-DL) is used. *Payer Requirement:* Required when the member is restricted to a primary care provider other than the prescriber.
421-DL	PRIMARY CARE PROVIDER ID		RW	*Imp Guide:* Required if needed for receiver claim/encounter determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs.

	Prescriber Segment **Segment Identification (111-AM) = "03"**			**Service Billing/Service Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Required when the member is restricted to a primary care provider other than the prescriber.

Coordination of Benefits/Other Payments Segment Questions	**Check**	**Service Billing/Service Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	**X**	

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "05"**			**Service Billing/Service Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	All code set values supported	M	
339-6C	OTHER PAYER ID QUALIFIER	05 = Medicare Carrier No. 99 = Other	RW	*Imp Guide:* Required if Other Payer ID (340-7C) is used. *Payer Requirement:* Required when another payer has adjudicated this claim. NYS DOH recognizes the listed codes.
340-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Required when another payer has adjudicated this claim. NYS DOH requires: • the Part B Carrier ID when the payer is Medicare. • a literal of '13' when the payer is a Medicare managed Care plan (aka Medicare Advantage). • a literal of '99' for all other payers.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Required when another payer has adjudicated this claim.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			**Service Billing/Service Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Required when another payer has adjudicated this claim.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	All code set values supported	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Required when another payer has adjudicated this claim.
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Required when another payer has adjudicated this claim.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered). NYS Medicaid will not accept a combination of Other Coverage Code of "3" in NCPDP field 308-C8-(Other Coverage Code) with ANY reject code in field 472-6E when another third party is responsible for payment. Your claim will be rejected with Pre-Adjudication edits NCPDP Reject Codes "6E"- (M/I Other Payer Reject Code)/ "13"-(M/I Other Coverage Code). The one exception to this is the value "MR" for only OTC medications (Rx Type Code 07). Note: For clarification of Rx Types, visit eMedNY.org, Formulary File Search Page.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Accepted code set values: 01 = Deductible Amount 04 = Amount reported from previous payer as Exceeding Periodic Benefit Maximum. 05 = Copay Amount 06 = Patient Pay Amount 07 = Coinsurance Amount. 09 = Health Plan Assistance Amount 12 = Coverage Gap Amount	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Values qualified by accepted values other than 01, 05 or 07 will be summed as Payer Other Amount. Values not accepted will result in pre-adjudication rejection. The amount qualified by 09 = Health Plan Assistance Amount should be submitted as a negative amount.

352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Required when reporting Deductible, Coinsurance, Co-pay, or Other Patient Responsibility amounts..

DUR/PPS Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	*Imp Guide:* Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement*. Required when sending a DUR override of a previously denied claim.
440-E5	PROFESSIONAL SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* NYS DOH will ignore this when processing the claim.
441-E6	RESULT OF SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Required when sending a DUR override of a previously denied claim.

Clinical Segment Questions	Check	Service Billing/Service Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Clinical Segment Segment Identification (111-AM) = "13"			Service Billing/Service Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Required.
492-WE	DIAGNOSIS CODE QUALIFIER	**For Dates of Service Prior to 9/30/2015** NYSDOH expects '01' = ICD9 coding. **For Dates of Service On or After 10/01/2015**	R	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Required.

	Clinical Segment **Segment Identification (111-AM) = "13"**			**Service Billing/Service Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		NYSDOH expects '02' = ICD10 coding.		
424-DO	DIAGNOSIS CODE	ICD9 or ICD10 code identifying diagnosis of the patient. Do not transmit the decimal point for ICD codes, decimal point is implied.	R	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required.

**** End of Request Service Billing/Service Rebill (S1/S3) Payer Sheet ****

SERVICE BILLING / SERVICE REBILL RESPONSE

SERVICE BILLING / SERVICE REBILL RESPONSE (Accepted/Captured (or Duplicate of Captured))

**** Start of Response Service Billing/Service Rebill (S1/S3) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

SERVICE BILLING/SERVICE REBILL CAPTURED (OR DUPLICATE OF CAPTURED) RESPONSE

The following lists the segments and fields in a Service Billing or Service Rebill response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Service Billing/Service Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Service Billing/Service Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S1, S3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Header Segment Questions	**Check**	**Service Billing/Service Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Response Message Segment Segment Identification (111-AM) = "20"			**Service Billing/Service Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	Medicaid Number X(8) Filler Value = Space X(1) County Code = X(2) Field Separator Value = * X(1) Anniversary Mo. = X(2) (values: 01 – 12) Filler Value = Space X(1)Patient Gender code = X(1)(values: M or F) Year of Birth = X(3) (Format = CYY) Filler Value = Space X(1) Category of Assistance = X(1) Filler Value = Space X(1) Re-certification Month = X(2) (values: 01 – 12) Filler Value = Space X(1)Office Number X(3) Field Separator Value = & X(1) Service Date = X(8) (Format = CCYYMMDD) Total bytes = 37	RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* NYSDOH will provide information in this field for: S1 & S3. RESPONSE CAPTURED MAP (37bytes)

Response Status Segment Questions	**Check**	**Service Billing/Service Rebill Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Service Billing/Service Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A=Approved C=Captured	M	NYSDOH will return 'C'
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 3	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 3.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'

	Response Status Segment Segment Identification (111-AM) = "21"			**Service Billing/Service Rebill – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code or MEVS Pend Code = X(3) Space field separator = X(1) Utilization Threshold Code X(2) Separator Value = **$** X(1) Maximum Per Unit Price X(9) PIC 9 = "999.99999" Separator Value = **%** X(1) Co-Payment Code = X(3) Space field separator = X(1) Co-payment Met Date = X(8) DVS Reason Code = X(3) Equal Sign Field Separator X(1) Medicare Coverage Code X(2) Space field separator = X(1) HICN/MBI 1st 4 bytes X(4)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 01 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '02'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '02'
526-FQ	ADDITIONAL MESSAGE INFORMATION	HICN/MBI, last 8 bytes X(8) Separator Value = # X(1)1st Insurance Carrier Code X(6) Separator Value = / X(1)1st Insur.Coverage Codes X(14) Separator Value = @ X (1)2nd Insurance Carrier Code X(6) Separator Value = / X(1) 2nd Insur.Coverage Codes X(2)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 02 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '03'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '03'
526-FQ	ADDITIONAL MESSAGE INFORMATION	2nd Insur.Coverage Codes X(12) Separator Value = **+** X(1) Indication of Additional Coverage X(2) Separator Value = * X(1) Restriction Information X(11) Bracket Separator Value **}** X(1) DVS Number X(11) Total X(39)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 03 = (39 bytes)

Response Claim Segment Questions	Check	Service Billing/Service Rebill Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Service Billing/Service Rebill – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	*Imp Guide:* For Transaction Code of "S1" or "S3", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Prescription/Service Reference Number submitted.

Response Pricing Segment Questions	Check	Service Billing/Service Rebill Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Service Billing/Service Rebill – Accepted / Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
505-F5	PATIENT PAY AMOUNT		R	NYSDOH will return the co-pay amount due. If the member is co-pay exempt, or has met the annual maximum, zeros will be returned.
507-F7	DISPENSING FEE PAID		R	NYSDOH will return the Dispensing Fee paid. Note: The dispensing fee amount will be returned on COB claims and drugs which reimburse at U&C charge amount. This does not mean it was paid in these instances, just that it was utilized in the overall reimbursement logic calculation. The total paid amount will not include the dispensing fee amount for these claim types identified above.
562-J1	PROFESSIONAL SERVICE FEE PAID		R	NYSDOH will return Dispensing Fee information.
509-F9	TOTAL AMOUNT PAID		R	NYSDOH will return the Total Amount Paid.
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	Code identifying how the reimbursement amount was calculated for the ingredient cost paid. Valid values and NYSDOH pricing source in bold: • 0- Not Specified-(**Priced using Manual Price**). • 3- Ingredient Cost Reduced to AWP Less X% Pricing- (**Priced using AWP**). • 4- Usual & Customary Paid as Submitted- **(Priced using Total Charge Amount)** • 5- Lower of U&C- **(Calculated price by FMAC, then SMAC, Otherwise E)** • 12- 340B/Disproportionate Share/PHSP- **(Priced 340B)** • 13- WAC (Wholesale Acquisition Cost)- **(Priced using WAC)** • 14- Other Payer- Patient Responsibility Amount- **(Priced using Medicare or Other Insurance Requested Amount).** • 17- Special Patient Reimbursement- **(Priced using PA Excess Amount)** • 19- State Fee Schedule (SFS) Reimbursement- **(Priced using SMAC)**

				• 20- National Average Drug Acquisition Cost (NADAC)**-(Priced using NADACB or NADACG)** • 24- Federal Upper Limit **(FUL)- (Priced using FMAC)** • 26- Federal Supply Schedule- **(Priced using Procedure Price)** Note: The Basis of Reimbursement Determination will be set to "0"- (not specified) for compound claims.
518-FI	AMOUNT OF COPAY		R	*Imp Guide:* Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility. *Payer Requirement:* NYSDOH will return the co-pay amount due. If the member is co-pay exempt, or has met the annual maximum, zeros will be returned.

SERVICE BILLING / SERVICE REBILL RESPONSE (Transmission Accepted / Transaction Rejected)

SERVICE BILLING/SERVICE REBILL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Service Billing/Service Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Service Billing/Service Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S1, S3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted R=Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Service Billing/Service Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Service Billing/Service Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	NYSDOH will return 1 to 5 on rejected claim.
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.
546-4F	REJECT FIELD OCCURRENCE INDICATOR		R	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 1.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) *Note: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Service Billing/Service Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Service Billing/Service Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	*Imp Guide:* For Transaction Code of "S1" or "S3", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the value received in the request transaction.

SERVICE BILLING / SERVICE REBILL RESPONSE (Transmission Rejected / Transaction Rejected)

SERVICE BILLING/SERVICE REBILL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Service Billing/Service Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Service Billing/Service Rebill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S1, S3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Service Billing/Service Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Service Billing/Service Rebill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Response Service Billing/Service Rebill (S1/S3) Payer Sheet ****

SERVICE REVERSAL

SERVICE REVERSAL REQUEST (Payer Sheet)

**** Start of Request Service Reversal (S2) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	**NA**	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) Specify timeframe	Electronic transactions can be up to 2 years old.

SERVICE REVERSAL TRANSACTION

The following lists the segments and fields in a Service Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Service Reversal If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Service Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	All request must send '004740'	M	NYSDOH requires '004740'
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S2	M	

	Transaction Header Segment			Service Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence 02 = Two occurrences 03 = Three occurrences 04 = Four occurrences	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Service Reversal If Situational, *Payer Situation*
This Segment is always sent		NYSDOH will ignore this segment if sent.

	Insurance Segment Segment Identification (111-AM) = "04"			Service Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.

Claim Segment Questions	Check	Service Reversal If Situational, *Payer Situation*
This Segment is always sent	X	

	Claim Segment Segment Identification (111-AM) = "07"			Service Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	*Imp Guide:* For Transaction Code of "S2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	The prescription number assigned by the pharmacy	M	NYSDOH requires the Rx # from the original billing.
436-E1	PRODUCT/SERVICE ID QUALIFIER	**03 =** NDC **07 = CPT4** 08 = CPT5 **09 =** HCPCS	M	NYSDOH requires the code used from the original billing.
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero. NYSDOH requires an NDC Code, a HCPCS Code, CPT4 Code, CPT5 Code, or 0 (zero).

Coordination of Benefits/Other Payments Segment Questions	Check	Service Reversal If Situational, *Payer Situation*
This Segment is always sent		

This Segment is situational	**X**	Required only for secondary, tertiary, etc claims.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			**Service Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	All code set values supported	M"R"	

**** End of Request Service Reversal (S2) Payer Sheet ****

SERVICE REVERSAL RESPONSE

SERVICE REVERSAL RESPONSE (Accepted/Captured (or Duplicate of Captured))

**** Start of Service Reversal Response (S2) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID

SERVICE REVERSAL ACCEPTED/CAPTURED (OR DUPLICATE OF CAPTURED0 RESPONSE

The following lists the segments and fields in a Service Reversal response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Service Reversal – Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Service Reversal – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	**Check**	**Service Reversal – Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Service Reversal – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	C = Captured	M	
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count = 1
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message qualifier = 01

	Response Status Segment Segment Identification (111-AM) = "21"			Service Reversal – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See *Note below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) *Note: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Service Reversal – Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Service Reversal – Accepted/Captured
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	*Imp Guide:* For Transaction Code of "S2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Rx # received in the request transaction.

SERVICE REVERSAL RESPONSE (Transmission Accepted / Transaction Rejected)

SERVICE REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Service Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Service Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Service Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	NYSDOH will return the Message Segment if a S2 Reversal transaction count is greater than '1'

	Response Message Segment Segment Identification (111-AM) = "20"			Service Reversal – Accepted/Rejected

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	"Resubmit Additional Reversal Transaction separately"	RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return the Message Segment on a S2 Reversal if the transaction count is greater than ' 1'.

Response Status Segment Questions	Check	Service Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Service Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	NYSDOH will return 1 to 5 Reject codes.
511-FB	REJECT CODE		R	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count = 1
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = 01	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message qualifier = 01
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Service Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Service Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	*Imp Guide:* For Transaction Code of "S2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Rx # received in the request transaction.

SERVICE REVERSAL RESPONSE (Transmission Rejected / Transaction Rejected)

SERVICE REVERSAL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Service Reversal - Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Service Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Service Reversal - Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Service Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Service Reversal (S2) Response Payer Sheet ****

PRIOR AUTHORIZATION REQUEST / BILLING REQUEST

PRIOR AUTHORIZATION REQUEST / BILLING REQUEST (Payer Sheet)

**** Start of PRIOR AUTHORIZATION REQUEST AND BILLING REQUEST (P1) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 07/01/2020	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID
Processor: eMedNY		
Effective as of: 09/21/2020	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 08/2007	NCPDP External Code List Version Date: 10/2019	
Contact/Information Source: Provider Manuals available at www.emedny.org/providermanuals/index.html, General Website www.eMedNY.org		
Provider Relations Help Desk Info: 1-800-343-9000		

OTHER TRANSACTIONS SUPPORTED

Payer: *Please list each transaction supported with the segments, fields, and pertinent information on each transaction.*

Transaction Code	Transaction Name

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Prior Authorization Request and Billing transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

PRIOR AUTHORIZATION REQUEST AND BILLING REQUEST TRANSACTION

The following lists the segments and fields in a Prior Authorization Request and Billing Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	004740	M	IIN for NYS Medicaid
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P1	M	

	Transaction Header Segment			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "04"			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.
309-C9	ELIGIBILITY CLARIFICATION CODE	2 = Override		*Imp Guide:* Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. *Payer Requirement:* Required when indicating an eligibility override as follows: Code '2' indicates: • an eligibility override for spend down/ excess income when the member's liability has been met, but there is a time lag in updating the eligibility system. • a nursing home override • **For providers to initiate a bypass from Prior Authorization (PA) when:** A member is a resident of a LTC facility which are either a Private Skilled Nursing Facility, Public Skilled Nursing Facility, Private Health Related Facility, or Public Health Related Facility (identified as "NH" on an eligibility response). AND the billing provider first obtains Medicaid eligibility after 90 days from

	Insurance Segment Segment Identification (111-AM) = "04"			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				the prescription date of service/fill date for claims not included in the rate. If the billing provider has determined that the member is a resident of a LTC facility and that the member has fist obtained eligibility after 90 days from the prescription date of service/fill date, the provider may enter a "2" (Override) in the Eligibility Clarification Code field (309-C9), to bypass Prior Authorization (PA) requirement

Patient Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "01"			Prior Authorization Request and Billing
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	1 = Male 2 = Female	R	
310-CA	PATIENT FIRST NAME			*Imp Guide:* Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
307-C7	PLACE OF SERVICE	All code set values supported CMS Maintained code set		*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
335-2C	PREGNANCY INDICATOR	Blank=Not Specified, 1=Not pregnant, 2=Pregnant		*Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.501 definitions (45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule- Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.) *Payer Requirement:* Required when the member is known to be pregnant.

Claim Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

	Claim Segment **Segment Identification (111-AM) = "07"**			**Prior Authorization Request and Billing**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	The prescription number assigned by the pharmacy.	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 = Not Specified 03 = NDC 07 = CPT4 08 = CPT5 09 = HCPCS	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("00"). NYSDOH requires one of these codes.
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero. (Zero means "0".) NYSDOH requires an NDC Code, a HCPCS Code, CPT4 Code, CPT5 Code, or 0 (zero).
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 10.		*Imp Guide:* Required if Procedure Modifier Code (459-ER) is used. *Payer Requirement:* NYSDOH will map up to 4 modifiers.
459-ER	PROCEDURE MODIFIER CODE			*Imp Guide:* Required to define a further level of specificity if the Product/Service ID (407-D7) indicated a Procedure Code was submitted. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* NYSDOH will map up to 4 modifiers.
442-E7	QUANTITY DISPENSED		R	The Quantity Dispensed is the total number of Metric Units dispensed for the prescription. Except in the case of a compounded product when the quantity dispensed value must be "1".
403-D3	FILL NUMBER	00 = New Prescription 01 = First Refill 02 = Second Refill 03 = Third Refill 04 = Fourth Refill 05 = Fifth Refill 06 = Sixth Refill 07 = Seventh Refill 08 = Eighth Refill 09 = Ninth Refill 10 = Tenth Refill 11 = Eleventh Refill	R	NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs.
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	1 = Not Compound 2 = Compound	R	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0 = No Product Selection Indicated 1= Substitute Not Allowed by Prescriber 4 = Sub Allowed-Generic Drug Not in Stock 5 = Sub Allowed-Brand Drug Dispensed as Generic 7 = Sub Not Allowed-Brand Drug Mandated by Law 8 = Sub Allowed-Generic Drug Not Avail. in Market 9 = Sub Allowed By Prescriber-Plan Requests Brand	R	NYSDOH requires one of the listed codes to process a claim.
414-DE	DATE PRESCRIPTION WRITTEN		R	

415-DF	NUMBER OF REFILLS AUTHORIZED	00 = No Refill Authorized 01 = 1 Refill 02 = 2 Refills 03 = 3 Refills 04 = 4 Refills 05 = 5 Refills 06= Sixth Refill 07= Seventh Refill 08= Eighth Refill 09= Ninth Refill 10= Tenth Refill 11= Eleventh Refill		*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs

	Claim Segment **Segment Identification (111-AM) = "07"**			**Prior Authorization Request and Billing**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
419-DJ	PRESCRIPTION ORIGIN CODE	Code values 0 through 5 are accepted.		*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* NYS DOH will use code 3 for administration of the e-prescribing incentive.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		*Imp Guide:* Required if Submission Clarification Code (420-DK) is used. *Payer Requirement:* NYSDOH will process up to three occurrences of the codes listed.
420-DK	SUBMISSION CLARIFICATION CODE	01 = No Override 02 = Other Override 05 = Therapy Change 06 = Starter Dose 07 = Medically Necessary 08 = Process Compound for Approved Ingredients 09 = Encounters 10 = Meets Plan Limitations (when instructed by NYSDOH) 14 = Short – Fill LOA From LTC 17 = Remainder AFT Emergency Kit 18 = Long Term Care Patient Admit/Readmit indicator 20 = 340B Drugs 21 = 14 Days or Less 22 = 7 Day Supply 23 = 4 Day Supply 24 = 3 Day Supply 25 = 2 Day Supply 26 = 1 Day Supply 27 = 4 Then 3 Day Supply 28 = 2 Then 2 Then 3 Day Supply 29 = Daily and 3 Day Weekend 30 = Per Shift Dispensing 31 = Per Med Pass Dispensing 32 = PRN On Demand 33 = 7 Days or Less 34 = 14 Day Dispensing 35 = 8 – 14 Days Dispensing 36 = Outside Short Cycle 42 = Prescriber ID submitted is valid and prescribing requirements have been validated. 99 = Other	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (0). If the Date of Service (401-D1) contains the subsequent payer coverage date, the Submission Clarification Code (420-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications. *Payer Requirement:* Required if clarification is needed when value submitted is greater than zero (0). For 340B Drugs, NYSDOH requires the use of value "20", in addition to value of "08" in field 423-DN Basis of Cost Determination. Codes 06, 14, 17, 21-36 are used by Long Term Care (LTC) pharmacies to indicate when a claim isbeing dispensed with a short days supply of medication. 14 = Long Term Care Leave of Absence – when an early fill is needed for a client who is residing in a Long Term Care (LTC) facility, and the pharmacist is indicating that the cardholder requires short fill of a prescription due to a leave of absence from the Long Term Care facility. Required when: • The Reason for Service AD (Additional Drug) and Result of Service Code to bypass early fill due to Long Term Care Leave of Absence. 18 = Long Term Care Patient Admit/Readmit indicator- when an early fill is needed for a client who is residing in a Long Term Care (LTC) facility, and the transaction is for a new dispensing of medication due to the patient's

	Claim Segment Segment Identification (111-AM) = "07"			Prior Authorization Request and Billing
				admission or readmission status. Required when: • The Reason for Service NP (New Patient Processing) and Result of Service Code to bypass early fill due to Long Term Care Admit/Readmit Indicator. Code 42 –Required when State of Emergency prescription declarations allow the pharmacy/pharmacist to authorize a prescription refill when the prescriber cannot be contacted.
460-ET	QUANTITY PRESCRIBED		RW	***Imp Guide :*** Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document). *Payer Requirement:* *• Effective 09/21/2020, field is required for Schedule II drugs*
308-C8	OTHER COVERAGE CODE	Accepted Values: 1 = Not Specified 2= Other Coverage Exists-Payment Collected 3= Other Coverage Exists- This Claim Not Covered 4=Other Coverage Exists-Payment Not Collected		*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* Required when other insurance coverage exists.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER			*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Payer Requirement: NYSDOH requires the Prescription Pad Serial Number from the Official NYS Prescription blank. When the following scenarios exist, use the following values in lieu of reporting the Official Prescription Form Serial Number: • Prescriptions received via Fax or electronically, use EEEEEEEE. • Prescriptions on carve-out drugs for Nursing Home patients, use NNNNNNNN. • Prescriptions written by Out of State Prescribers, use ZZZZZZZZ.

	Claim Segment Segment Identification (111-AM) = "07"			Prior Authorization Request and Billing
				• Oral Prescriptions, use 99999999.
357-NV	DELAY REASON CODE	All code set values	RW	*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed.
995-E2	ROUTE OF ADMINISTRATION	6064005 - Topical 9942002 - Transluminal 10547007 - Otic 12130007 - Intra-articular route 16857009 - Vaginal 17751009 - External Route 26643006 - Oral 26643008 - Mouth/Throat 34206005 - Subcutaneous 37161004 - Rectal 37839007 - Sublingual 38239002 - Intraperitoneal route 45890007 - Transdermal 46713006 - Nasal 47056001 - Irrigation 47625008 - Intravenous 54471007 - Buccal route 54485002 - Ophthalmic 58100008 - Intra-arterial 59593002 - Intradermal route 72607000 - Intrathecal 78421000 - Intramuscular 89947002 - Intraepithelial route 90028008 - Urethral route 112239003 -Inhalation 127490009 - Gastrostomy 127491008 - Jejunostomy route 127492001 - Nasogastric route 127493006 - Percutaneous gastrostomy (button) 372449004 - Dental 372454008 - Gastroenteral 372457001 - Gingival route 372461007 - Intracavernous route 372464004 - Intradermal route 372467006- Intralymphatic route 372468001- Intraocular route 372469009 - Intrapleural route 372471009 - Intravesical route 372472002 - Ocular route 372473007 - Oromucosal 372474001 - Periarticular route 385218009- Injection 404815008- Transmucosal route 404816009- IV Push 404817000- IV Piggyback 417950001- Intrathoracic route 417985001 - Enteral route 418091004 - Intratympanic route 418114005 - IV Central 418136008 - Gastro-intestinal stoma route 418162004- Colostomy route 418331006 - Intracartilaginous route 418401004 - Intravitreal route 418441008 - Orogastric route 418511008 - Transurethral route 418608002 - Intracorneal route 418664002 - Oropharyngeal route	RW	*Imp Guide*: Required if specified in trading partner agreement. *Payer Requirement:* Required when billing compound drugs • SNOMED CT Route of Administration subset *Note:* Only the values listed will be accepted

	Claim Segment Segment Identification (111-AM) = "07"			Prior Authorization Request and Billing
		418743005 - Fistula route 419464001 - Iontophoresis route 419874009 - Submucosal route 419894000 - Surgical cavity route 419954003 - Ileostomy route 419993007 - Intravenous route 420163009 - Esophagostomy route 420254004 - Body cavity route 421031008 - Oromucosal route-other 421032001 - Peritoneal Dialysis 421503006 - Hemodialysis 424109004 - Injection 424494006 - Infusion C444364 - By infusion		
996-G1	COMPOUND TYPE	All code set values	RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Required when billing compound drugs

Pricing Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
409-D9	INGREDIENT COST SUBMITTED		R	*Payer Requirement:* Enter Ingredient cost. 340B providers billing Medicaid primary claims: • Enter 340B Acquisition Cost 340B providers billing Medicaid secondary claim (Medicare, Commercial Insurance): • Leave this field blank.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when the member has made payment toward this claim.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* Required.
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	All code set values	R	*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* For 340B Drugs, NYSDOH requires the use of value "08", in addition to value "20" in field 420-DK Submission Clarification Code. For pharmacies enrolled in the VFC program, where vaccine claims are submitted with the drug cost and administration fee under a single claim, NYSDOH requires the use of value '15'.

Pharmacy Provider Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Pharmacy Provider Segment Segment Identification (111-AM) = "02"			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER	05 NPI	R	*Imp Guide:* Required if Provider ID (444-E9) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
444-E9	PROVIDER ID			*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. *Payer Requirement:* NYSDOH requires the NPI of the dispensing pharmacist.

Prescriber Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "03"			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	01 NPI	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
411-DB	PRESCRIBER ID		R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the NPI of the prescriber.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01 NPI	RW	*Imp Guide:* Required if Primary Care Provider ID (421-DL) is used. *Payer Requirement:* Required when the member is restricted to a primary care provider other than the prescriber.
421-DL	PRIMARY CARE PROVIDER ID		RW	*Imp Guide:* Required if needed for receiver claim/encounter determination, if known and available.

	Prescriber Segment **Segment Identification (111-AM) = "03"**			**Prior Authorization Request and Billing**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Required if this field could result in differen t coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required when the member is restricted to a primary care provider other than the prescriber.

Coordination of Benefits/Other Payments Segment Questions	**Check**	**Prior Authorization Request and Billing** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "05"**			**Prior Authorization Request and Billing** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	All code set values supported	M	
339-6C	OTHER PAYER ID QUALIFIER	05 = Medicare Carrier No. 99 = Other	RW	*Imp Guide:* Required if Other Payer ID (340-7C) is used. *Payer Requirement:* Required when another payer has adjudicated this claim. NYS DOH recognizes the listed codes.
340-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Required when another payer has adjudicated this claim. NYS DOH requires: • the Part B Carrier ID when the payer is Medicare. • a literal of '13' when the payer is a Medicare managed Care plan (aka Medicare Advantage). • a literal of '99' for all other payers.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			**Prior Authorization Request and Billing** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Required when another payer has adjudicated this claim.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Required when another payer has adjudicated this claim.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	All code set values supported	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Required when another payer has adjudicated this claim.
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Required when another payer has adjudicated this claim.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered). NYS Medicaid will not accept a combination of Other Coverage Code of "3" in NCPDP field 308-C8-(Other Coverage Code) with ANY reject code in field 472-6E when another third party is responsible for payment. Your claim will be rejected with Pre-Adjudication edits NCPDP Reject Codes "6E"- (M/I Other Payer Reject Code)/ "13"-(M/I Other Coverage Code). The one exception to this is the value "MR" for only OTC medications (Rx Type Code 07). Note: For clarification of Rx Types, visit eMedNY.org, Formulary File Search Page.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Accepted code set values: 01 = Deductible Amount 04 = Amount reported from previous payer as Exceeding Periodic Benefit Maximum. 05 = Copay Amount 06 = Patient Pay Amount 07 = Coinsurance Amount. 09 = Health Plan Assistance Amount 12 = Coverage Gap Amount	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Values qualified by accepted values other than 01, 05 or 07 will be summed as Payer Other Amount. Values not accepted will result in pre-adjudication rejection. The amount qualified by 09 = Health Plan Assistance Amount should be submitted as a negative amount.

352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Required when reporting Deductible, Coinsurance, Co-pay, or Other Patient Responsibility amounts.

DUR/PPS Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	*Imp Guide:* Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement*. Required when sending a DUR override of a previously denied claim.
440-E5	PROFESSIONAL SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacyservice. *Payer Requirement:* NYS DOH will ignore this when processing the claim.
441-E6	RESULT OF SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacyservice. *Payer Requirement:* Required when sending a DUR override of a previously denied claim.

Compound Segment Questions	Check	Prior Authorization Request and Billing If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		

	Compound Segment Segment Identification (111-AM) = "10"			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = NDC	M	NYSDOH expects NDC's to be reported.
489-TE	COMPOUND PRODUCT ID		M	NYSDOH will process NDC's on claim.
448-ED	COMPOUND INGREDIENT QUANTITY		M	*Payer Requirement:* Enter the amount expressed in metric decimal units of the product included in the compound mixture. Enter the quantity for the specific ingredient reported in field 489-TE-(Compound Product ID) in this field. Enter a value of "1" in field 442-E7 (Quantity Dispensed).

449-EE	COMPOUND INGREDIENT DRUG COST		R	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Enter the ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in “Compound Ingredient Quantity” field 448-ED. The usual and customary price for the entire compound claim must be entered in field 426-DQ (Usual and Customary Charged Amount).

	Compound Segment Segment Identification (111-AM) = "10"			**Prior Authorization Request and Billing**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Required.

Prior Authorization Segment Questions	**Check**	**Prior Authorization Request and Billing** If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Prior Authorization Segment Segment Identification (111-AM) = "1"			**Prior Authorization Request and Billing**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
498-PA	REQUEST TYPE	1 = Initial	M	*Payer Requirement:* (Required))
498-PB	REQUEST PERIOD DATE – BEGIN		M	
498-PC	REQUEST PERIOD DATE – END		M	
498-PD	BASIS OF REQUEST	PR = Plan Requirement	M	*Payer Requirement:* (Required))

Clinical Segment Questions	**Check**	**Prior Authorization Request and Billing** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required when billing for items that are part of the Preferred Diabetic Supply Program.

	Clinical Segment Segment Identification (111-AM) = "13"			**Prior Authorization Request and Billing**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Required.
492-WE	DIAGNOSIS CODE QUALIFIER	**For Dates of Service Prior to 9/30/2015** NYSDOH expects '01' = ICD9 coding. **For Dates of Service On or After 10/01/2015** NYSDOH expects '02' = ICD10 coding.	R	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Required.
424-DO	DIAGNOSIS CODE	ICD9 or ICD10 code identifying diagnosis of the patient. Do not transmit the decimal point for ICD codes, decimal point is implied.	R	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required.

**** End of Request Prior Authorization Request and Billing (P1) Payer Sheet ****

PRIOR AUTHORIZATION REQUEST / BILLING REQUEST RESPONSE

PRIOR AUTHORIZATION REQUEST / BILLING REQUEST RESPONSE (Accepted/Captured (or Duplicate of Captured))

**** Start of Response Prior Authorization Request and Billing (P1) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid

PRIOR AUTHORIZATION REQUEST AND BILLING CAPTURED (OR DUPLICATE OF CAPTURED) RESPONSE

The following lists the segments and fields in a Prior Authorization Request and Billing response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Prior Authorization Request and Billing Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Prior Authorization Request and Billing – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	**Check**	**Prior Authorization Request and Billing Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		*Provide general information when used for transmission-level messaging.*

	Response Message Segment Segment Identification (111-AM) = "20"			**Prior Authorization Request and Billing – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	Medicaid Number X(8) Filler Value = Space X(1) County Code = X(2) Field Separator Value = * X(1) Anniversary Mo. = X(2) (values: 01 – 12) Filler Value = Space X(1)Patient Gender code = X(1)(values: M or F) Year of Birth = X(3) (Format = CYY) Filler Value = Space X(1) Category of Assistance = X(1) Filler Value = Space X(1) Re-certification Month = X(2) (values: 01 – 12) Filler Value = Space X(1)Office Number X(3) Field Separator Value = & X(1) Service Date = X(8) (Format = CCYYMMDD) Total bytes = 37	RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* NYSDOH will provide the defined information in this field. RESPONSE CAPTURED MAP (37bytes)

Response Status Segment Questions	**Check**	**Prior Authorization Request and Billing Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Prior Authorization Request and Billing – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A=Approved C=Captured	M	NYSDOH will return 'C'
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 3	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 3.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'

	Response Status Segment Segment Identification (111-AM) = "21"			**Prior Authorization Request and Billing – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code or MEVS Pend Code = X(3) Space field separator = X(1) Utilization Threshold Code X(2) Separator Value = **$** X(1) Maximum Per Unit Price X(9) PIC 9 = "999.99999" Separator Value = **%** X(1) Co-Payment Code = X(3) Space field separator = X(1) Co-payment Met Date = X(8) DVS Reason Code = X(3) Equal Sign Field Separator X(1) Medicare Coverage Code X(2) Space field separator = X(1) HICN/MBI 1st 4 bytes X(4)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 01 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '02'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '02'
526-FQ	ADDITIONAL MESSAGE INFORMATION	HICN/MBI, last 8 bytes X(8) Separator Value = # X(1)1st Insurance Carrier Code X(6) Separator Value = / X(1)1st Insur.Coverage Codes X(14) Separator Value = @ X (1)2nd Insurance Carrier Code X(6) Separator Value = / X(1) 2nd Insur.Coverage Codes X(2)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 02 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '03'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '03'
526-FQ	ADDITIONAL MESSAGE INFORMATION	2nd Insur.Coverage Codes X(12) Separator Value = **+** X(1) Indication of Additional Coverage X(2) Separator Value = * X(1) Restriction Information X(11) Bracket Separator Value **}** X(1) DVS Number X(11) Total X(39)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 03 = (39 bytes)

Response Claim Segment Questions	Check	Prior Authorization Request and Billing Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Prior Authorization Request and Billing – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Prescription/Service Reference Number submitted.

Response DUR/PPS Segment Questions	Check	Prior Authorization Request and Billing Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	NYS DOH will provide this segment when the claim is denied due to a DUR edit.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Prior Authorization Request and Billing – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	R	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field...
439-E4	REASON FOR SERVICE CODE	All Values Supported.	R	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
528-FS	CLINICAL SIGNIFICANCE CODE	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
529-FT	OTHER PHARMACY INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
530-FU	PREVIOUS DATE OF FILL	Previously filled date	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
531-FV	QUANTITY OF PREVIOUS FILL	Quantity of the conflicting agent that was previously filled.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Prior Authorization Request and Billing – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
532-FW	DATABASE INDICATOR	External Code List Values: Blank Not Specified 1 First DataBank 2 Medi-Span Product Line 3 Micromedex/Medical Ecom 4 Processor Developed 5 Other 6 Redbook 7 Multum	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
533-FX	OTHER PRESCRIBER INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
544-FY	DUR FREE TEXT MESSAGE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* NYSDOH will provide information in this field when necessary.
570-NS	DUR ADDITIONAL TEXT		RW	*Imp Guide*: Required if needed to supply additional information for the utilization conflict. *Payer Requirement*: NYSDOH will provide information in this field when necessary. • For Early Fill edits ONLY, when Other Pharmacy Indicator field (529-FT) returns value: "3"- (Other Pharmacy), and/or when Other Prescriber Indicator field (533-FX) returns value "2"- (Other Prescriber), then the provider name, provider phone number, and provider phone number extension of the Other Pharmacy and/or Other Prescriber where the prescription was last filled will be returned in this field. Note: For all other DUR Reject edits, when the conflict is caused by an "Other Pharmacy", or "Other Prescriber", eMedNY is not able to provide the identity of that pharmacy or Prescriber.

PRIOR AUTHORIZATION REQUEST / BILLING REQUEST RESPONSE (Transmission Accepted / Transaction Rejected)

PRIOR AUTHORIZATION REQUEST AND BILLING ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Prior Authorization Request and Billing Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Prior Authorization Request and Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	

201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	**Check**	**Prior Authorization Request and Billing Accepted/Rejected** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Prior Authorization Request and Billing Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	NYSDOH will return 1 to 5 on rejected claim.
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.
546-4F	REJECT FIELD OCCURRENCE INDICATOR		R	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Request and Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 1.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See *Note below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) *Note: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder Total - X(14)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Prior Authorization Request and Billing Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Prior Authorization Request and Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the value received in the request transaction.

Response DUR/PPS Segment Questions	Check	Prior Authorization Request and Billing Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	The segment is provided when the reject is due to a DUR edit.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Prior Authorization Request and Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	R	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
439-E4	REASON FOR SERVICE CODE	All Values Supported.	R	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Prior Authorization Request and Billing Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
528-FS	CLINICAL SIGNIFICANCE CODE	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Prior Authorization Request and Billing Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
529-FT	OTHER PHARMACY INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
530-FU	PREVIOUS DATE OF FILL	Previously filled date	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
531-FV	QUANTITY OF PREVIOUS FILL	Quantity of the conflicting agent that was previously filled.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
532-FW	DATABASE INDICATOR	External Code List Values: Blank Not Specified 1 First DataBank 2 Medi-Span Product Line 3 Micromedex/Medical Ecom 4 Processor Developed 5 Other 6 Redbook 7 Multum	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
533-FX	OTHER PRESCRIBER INDICATOR	All Values Supported.	R	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
544-FY	DUR FREE TEXT MESSAGE	Text that provides additional detail regarding a DUR conflict.	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* NYSDOH will provide information in this field when necessary.
570-NS	DUR ADDITIONAL TEXT		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement*: NYSDOH will provide information in this field when necessary. • For Early Fill edits ONLY, when Other Pharmacy Indicator field (529-FT) returns value: "3"- (Other Pharmacy), and/or when Other Prescriber Indicator field (533-FX) returns value "2"- (Other Prescriber), then the provider name, provider phone number, and provider phone number extension of the Other Pharmacy and/or Other Prescriber where the prescription was last filled will be returned in this field. **Note**: For all other DUR Reject edits, when the conflict is caused by an "Other

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Prior Authorization Request and Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Pharmacy", or "Other Prescriber", eMedNY is not able to provide the identity of that pharmacy or Prescriber.

PRIOR AUTHORIZATION REQUEST / BILLING REQUEST RESPONSE (Transmission Rejected / Transaction Rejected)

PRIOR AUTHORIZATION REQUEST AND BILLING REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Prior Authorization Request and Billing Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Prior Authorization Request and Billing Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Prior Authorization Request and Billing Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Request and Billing Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Response Prior Authorization Request and Billing (P1) Payer Sheet ****

PRIOR AUTHORIZATION REVERSAL

PRIOR AUTHORIZATION REVERSAL (Payer Sheet)

**** Start of Prior Authorization Reversal (P2) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	**NA**	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) Specify timeframe	Electronic transactions can be up to 2 years old.

PRIOR AUTHORIZATION REVERSAL TRANSACTION

The following lists the segments and fields in a Prior Authorization Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Prior Authorization Reversal If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Prior Authorization Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	If more than one IIN/PCN but all plans use the same segments and fields and situations, enter multiple IIN/PCNs under General Information above.	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P2	M	

	Transaction Header Segment			Prior Authorization Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Prior Authorization Reversal If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Insurance Segment Segment Identification (111-AM) = "04"			Prior Authorization Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.

Prior Authorization Segment Questions	Check	Prior Authorization Reversal If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Prior Authorization Segment Segment Identification (111-AM) = "1"			Prior Authorization Request and Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
498-PA	REQUEST TYPE	1 = Initial	M	*Payer Requirement:* (Required))
498-PB	REQUEST PERIOD DATE – BEGIN		M	
498-PC	REQUEST PERIOD DATE – END		M	
498-PD	BASIS OF REQUEST	PR = Plan Requirement	M	*Payer Requirement:* (Required))

**** End of Request Prior Authorization Reversal (P2) Payer Sheet ****

PRIOR AUTHORIZATION REVERSAL RESPONSE

PRIOR AUTHORIZATION REVERSAL RESPONSE (Accepted/Captured (or Duplicate of Captured))

**** Start of Prior Authorization Reversal Response (P2) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID
Plan Name/Group Name: Plan Name/Group Name	IIN:	PCN:

PRIOR AUTHORIZATION REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Prior Authorization Reversal response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Prior Authorization Reversal – Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Prior Authorization Reversal – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	**Check**	**Prior Authorization Reversal – Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Prior Authorization Reversal – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count = 1
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message qualifier = 01

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Reversal – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

PRIOR AUTHORIZATION REVERSAL RESPONSE (Transmission Accepted / Transaction Rejected)

PRIOR AUTHORIZATION REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Prior Authorization Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Prior Authorization Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Prior Authorization Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	NYSDOH will return the Message Segment if a P2 Reversal transaction count is greater than '1'

	Response Message Segment Segment Identification (111-AM) = "20"			Prior Authorization Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	"Resubmit Additional Reversal Transaction separately"	R	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return the Message Segment on a P2 Reversal if the transaction count is greater than ' 1'.

Response Status Segment Questions	Check	Prior Authorization Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Prior Authorization Reversal – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	NYSDOH will return 1 to 5 Reject codes.
511-FB	REJECT CODE		R	

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count = 1
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = 01	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a message qualifier = 01
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See *Note below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) *Note: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

PRIOR AUTHORIZATION REVERSAL RESPONSE (Transmission Rejected / Transaction Rejected)

PRIOR AUTHORIZATION REVERSAL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Prior Authorization Reversal - Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Prior Authorization Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Prior Authorization Reversal - Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

549-7F	HELP DESK PHONE NUMBER QUALIFIER			*Imp Guide:* Required if Help Desk Phone Number (550-8F) is used. *Payer Requirement:* (any unique payer requirement(s))
550-8F	HELP DESK PHONE NUMBER			*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* (any unique payer requirement(s))

** End of Prior Authorization Reversal (P2) Response Payer Sheet **

PRIOR AUTHORIZATION REQUEST ONLY

PRIOR AUTHORIZATION REQUEST ONLY REQUEST (Payer Sheet)

**** Start of PRIOR AUTHORIZATION REQUEST ONLY REQUEST (P4) Payer Sheet ***

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 07/01/2020	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid ID
Processor: eMedNY		
Effective as of: 09/21/2020	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 08/2007	NCPDP External Code List Version Date: 10/2019	
Contact/Information Source: Provider Manuals available at www.emedny.org/providermanuals/index.html, General Website www.eMedNY.org		
Provider Relations Help Desk Info: 1-800-343-9000		

OTHER TRANSACTIONS SUPPORTED

Payer: *Please list each transaction supported with the segments, fields, and pertinent information on each transaction.*

Transaction Code	Transaction Name

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Prior Authorization Request Only transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

PRIOR AUTHORIZATION REQUEST ONLY REQUEST TRANSACTION

The following lists the segments and fields in a Prior Authorization Request Only Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Prior Authorization Request Only If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Prior Authorization Request Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
101-A1	IIN NUMBER	004740	M	IIN for NYS Medicaid
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P4	M	

	Transaction Header Segment			Prior Authorization Request Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
104-A4	PROCESSOR CONTROL NUMBER	The PCN 10 Character formats: 3 Character ETIN: (PIC X (1), PIC X (2), PIC X (4), PIC X (3)) 4 Character ETIN: (PIC X (2), PIC X (4), PIC X (4))	M	The Processor Control Number field has two formats. Providers with a 3 character or a 4 character Electronic Transmitter Identification Number (ETIN). 3 Character ETIN: 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 ETIN (PIC X (03)). 4 Character ETIN: The Pharmacist's Initials (PIC X (02)), Provider Personal Identification Number (PIN) (PIC X (04)) and the ETIN (PIC X (04)).
109-A9	TRANSACTION COUNT	01 = One occurrence	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Insurance Segment Questions	Check	Prior Authorization Request Only If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "04"			Prior Authorization Request Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
302-C2	CARDHOLDER ID		M	The 8 character alpha numeric Member Number.
309-C9	ELIGIBILITY CLARIFICATION CODE	2 = Override		*Imp Guide:* Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. *Payer Requirement:* Required when indicating an eligibility override as follows: Code '2' indicates: • an eligibility override for spend down/ excess income when the member's liability has been met, but there is a time lag in updating the eligibility system. • a nursing home override • **For providers to initiate a bypass from Prior Authorization (PA) when:** A member is a resident of a LTC facility which are either a Private Skilled Nursing Facility, Public Skilled Nursing Facility, Private Health Related Facility, or Public Health Related Facility (identified as "NH" on an eligibility response). AND the billing provider first obtains Medicaid eligibility after 90 days from

	Insurance Segment Segment Identification (111-AM) = "04"			Prior Authorization Request Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				the prescription date of service/fill date for claims not included in the rate. If the billing provider has determined that the member is a resident of a LTC facility and that the member has fist obtained eligibility after 90 days from the prescription date of service/fill date, the provider may enter a "2" (Override) in the Eligibility Clarification Code field (309-C9), to bypass Prior Authorization (PA) requirement

Patient Segment Questions	Check	Prior Authorization Request Only If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "01"			Prior Authorization Request Only
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	1 = Male 2 = Female	R	
310-CA	PATIENT FIRST NAME			*Imp Guide:* Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
307-C7	PLACE OF SERVICE	All code set values supported CMS Maintained code set		*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
335-2C	PREGNANCY INDICATOR	Blank=Not Specified, 1=Not pregnant, 2=Pregnant		*Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.501 definitions (45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule-Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.) *Payer Requirement:* Required when the member is known to be pregnant.

Claim Segment Questions	Check	Prior Authorization Request Only If Situational, *Payer Situation*
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

	Claim Segment Segment Identification (111-AM) = "07"			**Prior Authorization Request Only**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	The prescription number assigned by the pharmacy.	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 = Not Specified 03 = NDC 07 = CPT4 08 = CPT5 09 = HCPCS	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("00"). NYSDOH requires one of these codes.
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero. (Zero means "0".) NYSDOH requires an NDC Code, a HCPCS Code, CPT4 Code, CPT5 Code, or 0 (zero).
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 10.	RW	*Imp Guide:* Required if Procedure Modifier Code (459-ER) is used. *Payer Requirement:* NYSDOH will map up to 4 modifiers.
459-ER	PROCEDURE MODIFIER CODE		RW	*Imp Guide:* Required to define a further level of specificity if the Product/Service ID (407-D7) indicated a Procedure Code was submitted. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* NYSDOH will map up to 4 modifiers.
442-E7	QUANTITY DISPENSED		R	The Quantity Dispensed is the total number of Metric Units dispensed for the prescription. Except in the case of a compounded product when the quantity dispensed value must be "1".
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	1 = Not Compound 2 = Compound	R	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0 = No Product Selection Indicated 1= Substitute Not Allowed by Prescriber 4 = Sub Allowed-Generic Drug Not in Stock 5 = Sub Allowed-Brand Drug Dispensed as Generic 7 = Sub Not Allowed-Brand Drug Mandated by Law 8 = Sub Allowed-Generic Drug Not Avail. in Market 9 = Sub Allowed By Prescriber-Plan Requests Brand	R	NYSDOH requires one of the listed codes to process a claim.
415-DF	NUMBER OF REFILLS AUTHORIZED	00 = No Refill Authorized 01 = 1 Refill 02 = 2 Refills 03 = 3 Refills 04 = 4 Refills 05 = 5 Refills 06 = Sixth Refill 07 = Seventh Refill 08 = Eighth Refill 09 = Ninth Refill 10 = Tenth Refill 11 = Eleventh Refill		*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* NYSDOH allows a maximum of 5 refills for controlled drugs and a maximum of 11 refills for non-controlled drugs.

	Claim Segment Segment Identification (111-AM) = "07"			Prior Authorization Request Only
357-NV	DELAY REASON CODE	All code set values	RW	*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed.
995-E2	ROUTE OF ADMINISTRATION	6064005 - Topical 9942002 - Transluminal 10547007 - Otic 12130007 - Intra-articular route 16857009 - Vaginal 17751009 - External Route 26643006 - Oral 26643008 - Mouth/Throat 34206005 - Subcutaneous 37161004 - Rectal 37839007 - Sublingual 38239002 - Intraperitoneal route 45890007 - Transdermal 46713006 - Nasal 47056001 - Irrigation 47625008 - Intravenous 54471007 - Buccal route 54485002 - Ophthalmic 58100008 - Intra-arterial 59593002 - Intradermal route 72607000 - Intrathecal 78421000 - Intramuscular 89947002 - Intraepithelial route 90028008 - Urethral route 112239003 -Inhalation 127490009 - Gastrostomy 127491008 - Jejunostomy route 127492001 - Nasogastric route 127493006 - Percutaneous gastrostomy (button) 372449004 - Dental 372454008 - Gastroenteral 372457001 - Gingival route 372461007 - Intracavernous route 372464004 - Intradermal route 372467006- Intralymphatic route 372468001- Intraocular route 372469009 - Intrapleural route 372471009 - Intravesical route 372472002 - Ocular route 372473007 - Oromucosal 372474001 - Periarticular route 385218009- Injection 404815008- Transmucosal route 404816009- IV Push 404817000- IV Piggyback 417950001- Intrathoracic route 417985001 - Enteral route 418091004 - Intratympanic route 418114005 - IV Central 418136008 - Gastro-intestinal stoma route 418162004- Colostomy route 418331006 - Intracartilaginous route 418401004 - Intravitreal route 418441008 - Orogastric route 418511008 - Transurethral route 418608002 - Intracorneal route 418664002 - Oropharyngeal route 418743005 - Fistula route 419464001 - Iontophoresis route	RW	*Imp Guide*: Required if specified in trading partner agreement. *Payer Requirement*: Required when billing compound drugs • SNOMED CT Route of Administration subset Note: Only the values listed will be accepted

	Claim Segment Segment Identification (111-AM) = “07”			Prior Authorization Request Only
		419874009 - Submucosal route 419894000 - Surgical cavity route 419954003 - Ileostomy route 419993007 - Intravenous route 420163009 - Esophagostomy route 420254004 - Body cavity route 421031008 - Oromucosal route-other 421032001 - Peritoneal Dialysis 421503006 - Hemodialysis 424109004 - Injection 424494006 - Infusion C444364 - By infusion		

Prescriber Segment Questions	Check	Prior Authorization Request Only If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "03"			Prior Authorization Request Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	01 NPI	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* NYSDOH requires the NPI qualifier.
411-DB	PRESCRIBER ID		R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the NPI of the prescriber.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01 NPI	RW	*Imp Guide:* Required if Primary Care Provider ID (421-DL) is used. *Payer Requirement:* Required when the member is restricted to a primary care provider other than the prescriber.
421-DL	PRIMARY CARE PROVIDER ID		RW	*Imp Guide:* Required if needed for receiver claim/encounter determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required when the member is restricted to a primary care provider other than the prescriber.

DUR/PPS Segment Questions	Check	Prior Authorization Request Only If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Prior Authorization Request Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	*Imp Guide:* Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacyservice. *Payer Requirement*. Required when sending a DUR override of a previously denied claim.
440-E5	PROFESSIONAL SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Prior Authorization Request Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacyservice. *Payer Requirement:* NYS DOH will ignore this when processing the claim.
441-E6	RESULT OF SERVICE CODE	All code set values supported	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacyservice. *Payer Requirement:* Required when sending a DUR override of a previously denied claim.

Compound Segment Questions	Check	Prior Authorization Request Only If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		

	Compound Segment Segment Identification (111-AM) = "10"			Prior Authorization Request Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = NDC	M	NYSDOH expects NDC's to be reported.
489-TE	COMPOUND PRODUCT ID		M	NYSDOH will process NDC's on claim.
448-ED	COMPOUND INGREDIENT QUANTITY		M	*Payer Requirement:* Enter the amount expressed in metric decimal units of the product included in the compound mixture. Enter the quantity for the specific ingredient reported in field 489-TE-(Compound Product ID) in this field. Enter a value of "1" in field 442-E7 (Quantity Dispensed).
449-EE	COMPOUND INGREDIENT DRUG COST		M	*Imp Guide*: Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Enter the ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in "Compound Ingredient Quantity" field 448-ED. The usual and customary price for the entire compound claim must be entered in field 426-DQ (Usual and Customary Charged Amount).

Prior Authorization Segment Questions	Check	Prior Authorization Request Only If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Prior Authorization Segment Segment Identification (111-AM) = "1"			**Prior Authorization Request Only**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
498-PA	REQUEST TYPE	1 = Initial	M	*Payer Requirement:* (Required))
498-PB	REQUEST PERIOD DATE – BEGIN		M	
498-PC	REQUEST PERIOD DATE – END		M	
498-PD	BASIS OF REQUEST	PR = Plan Requirement	M	*Payer Requirement:* (Required))

Clinical Segment Questions	**Check**	**Prior Authorization Request Only** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required when billing for items that are part of the Preferred Diabetic Supply Program.

	Clinical Segment Segment Identification (111-AM) = "13"			**Prior Authorization Request Only**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Required.
492-WE	DIAGNOSIS CODE QUALIFIER	**For Dates of Service Prior to 9/30/2015** NYSDOH expects '01' = ICD9 coding. **For Dates of Service On or After 10/01/2015** NYSDOH expects '02' = ICD10 coding.	R	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Required.
424-DO	DIAGNOSIS CODE	ICD9 or ICD10 code identifying diagnosis of the patient. Do not transmit the decimal point for ICD codes, decimal point is implied.	R	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required.

**** End of Request Prior Authorization Request Only (P4) Payer Sheet ****

PRIOR AUTHORIZATION REQUEST ONLY RESPONSE

PRIOR AUTHORIZATION REQUEST ONLY RESPONSE (Captured (or Duplicate of Captured)

**** Start of Response Prior Authorization Request Only (P4) Payer Sheet ****

GENERAL INFORMATION

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid

PRIOR AUTHORIZATION REQUEST ONLY CAPTURED (OR DUPLICATE OF CAPTURED) RESPONSE

The following lists the segments and fields in a Prior Authorization Request Only response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	**Check**	**Prior Authorization Request Only Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Prior Authorization Request Only – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P4	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	**Check**	**Prior Authorization Request Only Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		*Provide general information when used for transmission-level messaging.*

	Response Message Segment Segment Identification (111-AM) = "20"			**Prior Authorization Request Only – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
504-F4	MESSAGE	Medicaid Number X(8) Filler Value = Space X(1) County Code = X(2) Field Separator Value = * X(1) Anniversary Mo. = X(2) (values: 01 – 12) Filler Value = Space X(1)Patient Gender code = X(1)(values: M or F) Year of Birth = X(3) (Format = CYY) Filler Value = Space X(1) Category of Assistance = X(1) Filler Value = Space X(1) Re-certification Month = X(2) (values: 01 – 12) Filler Value = Space X(1)Office Number X(3) Field Separator Value = & X(1) Service Date = X(8) (Format = CCYYMMDD) Total bytes = 37	RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* NYSDOH will provide the defined information in this field. RESPONSE CAPTURED MAP (37bytes)

Response Status Segment Questions	**Check**	**Prior Authorization Request Only Accepted/Captured (or Duplicate of Captured)** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Prior Authorization Request Only – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A=Approved C=Captured	M	NYSDOH will return 'C'
503-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* NYSDOH will return: • spaces when captured. • 'NO CLAIM TO FA' when the claim has NOT been captured.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 3	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 3.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'

	Response Status Segment Segment Identification (111-AM) = "21"			**Prior Authorization Request Only – Accepted/Captured (or Duplicate of Captured)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code or MEVS Pend Code = X(3) Space field separator = X(1) Utilization Threshold Code X(2) Separator Value = **$** X(1) Maximum Per Unit Price X(9) PIC 9 = "999.99999" Separator Value = **%** X(1) Co-Payment Code = X(3) Space field separator = X(1) Co-payment Met Date = X(8) DVS Reason Code = X(3) Equal Sign Field Separator X(1) Medicare Coverage Code X(2) Space field separator = X(1) HICN/MBI 1st 4 bytes X(4)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 01 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '02'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '02'
526-FQ	ADDITIONAL MESSAGE INFORMATION	HICN/MBI, last 8 bytes X(8) Separator Value = # X(1)1st Insurance Carrier Code X(6) Separator Value = / X(1)1st Insur.Coverage Codes X(14) Separator Value = @ X (1)2nd Insurance Carrier Code X(6) Separator Value = / X(1) 2nd Insur.Coverage Codes X(2)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 02 = (40 bytes)
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	'+'	R	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* NYSDOH will return a +
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '03'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '03'
526-FQ	ADDITIONAL MESSAGE INFORMATION	2nd Insur.Coverage Codes X(12) Separator Value = **+** X(1) Indication of Additional Coverage X(2) Separator Value = * X(1) Restriction Information X(11) Bracket Separator Value **}** X(1) DVS Number X(11) Total X(39)	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* ADDITIONAL MESSAGE 03 = (39 bytes)

Response Claim Segment Questions	Check	Prior Authorization Request Only Accepted/Captured (or Duplicate of Captured) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Prior Authorization Request Only – Accepted/Captured (or Duplicate of Captured)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the Prescription/Service Reference Number submitted.

PRIOR AUTHORIZATION REQUEST ONLY RESPONSE (Transmission Accepted / Transaction Rejected)

PRIOR AUTHORIZATION REQUEST ONLY ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Prior Authorization Request Only Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Prior Authorization Request Only Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P4	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Prior Authorization Request Only Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Request Only Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	NYSDOH will return 1 to 5 on rejected claim.
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.
546-4F	REJECT FIELD OCCURRENCE INDICATOR		R	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* When this segment is used, NYS DOH will populate this field.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25. Value = 1	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a count of 1.

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Request Only Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Value = '01'	R	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* NYSDOH will return a qualifier of '01'
526-FQ	ADDITIONAL MESSAGE INFORMATION	MEVS Response Code X(3) Filler Value = Space X(1) Rx Denial Code X(3) Filler Value = Space X(1) Utilization Threshold Code X(2) See ***Note** below (UT Program) Filler Value = Space X(1) DVS Reason Code X(3) Total - X(14) ***Note**: Effective July 1, 2022, revisions to current law for the Utilization Threshold Program has changed the UT Program to a post payment review process. Your claim will not be denied. The codes being returned in this field will be a place holder.	R	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* NYSDOH will return a 14 byte message.

Response Claim Segment Questions	Check	Prior Authorization Request Only Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Prior Authorization Request Only Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	NYSDOH will return the value received in the request transaction.

PRIOR AUTHORIZATION REQUEST ONLY RESPONSE (Transmission Rejected / Transaction Rejected)

PRIOR AUTHORIZATION REQUEST ONLY REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Prior Authorization Request Only Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Prior Authorization Request Only Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	P4	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Status Segment Questions	Check	Prior Authorization Request Only Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Request Only Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	

	Response Status Segment Segment Identification (111-AM) = "21"			Prior Authorization Request Only Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	NYSDOH will return 1 to 5 Reject codes.

**** End of Response Prior Authorization Request Only (P4) Payer Sheet ****

NCPDP 1.2 BATCH TRANSACTIONS

NCPDP 1.2 BATCH TRANSACTION RECORD STRUCTURE

Please note: The following pages are only required for providers and vendors that will submit batch transactions. If your organization will not submit NCPDP 1.2 Batch 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 Batch 1.2 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 batch file 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 1.2 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 D.0 Telecommunications Standards and NCPDP 1.2 Batch Standards.

TRANSMISSION / SENDER TO RECEIVER / RECORD STRUCTURE

**** Start of Batch 1.2 Transaction Payer Sheet ****

Payer Name: New York State Department of Health (NYSDOH)	Date: 04/22/2011	
Plan Name/Group Name: NYS Medicaid	IIN: 004740	PCN: NYS Medicaid

BATCH 1.2 TRANSACTION REQUEST AND RESPONSE RECORDS

The following lists the records and fields in a batch request and response Transaction for the NCPDP *Batch Standard Implementation Guide Version 1.2.*

One fixed length header record in the version 1.2 format is required for each file. The file is used for submitting NCPDP D.0 telecommunications batch transactions. NYSDOH accepts transaction codes 'B1', 'B2', 'B3', 'N1', ' N2' and 'N3' for batch processing.

REQUIRED TRANSMISSION HEADER RECORD

Batch Transaction Header Record Questions	Check	Batch Request and Response Header If Situational, *Payer Situation*
This Record is always sent	X	

	Batch Transaction Header Record			Request and Response
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
880-K4	Text Indicator	Start of Text (STX) = X'02'	M	
701	Segment Identifier	00 = File Control (header)	M	
880-K6	Transmission Type	T = Transaction R = Response E = Error	M	
880-K1	Sender ID	Defined by processor / switch.	M	
806-5C	Batch Number	Matches Trailer	M	
880-K2	Creation Date	Format = CCYYMMDD	M	
880-K3	Creation Time	Format = HHMM	M	
702	File Type	P = production T = test		
102-A2	Version /Release Number	Version/Release of Header Data		
880-K7	Receiver ID	Defined by processor/switch.		
880-K4	Text Indicator	End of Text (ETX) = X'03'		

TRANSACTION DETAIL DATA RECORD

Transaction Detail Data Record Questions	Check	Request and Response
This Segment is always sent	X	

	Batch Transaction Detail Data Record			Request and Response
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
880-K4	Text Indicator	Start of Text (STX) = X'02'	M	
701	Segment Identifier	G1 = Detail Data Record	M	
880-K5	Transaction Reference Number	To be determined by provider	M	
	NCPDP Data Record			
880-K4	Text Indicator	End of Text (ETX) = X'03'	M	

REQUIRED TRANSMISSION TRAILER RECORD

Transaction Detail Data Record Questions	Check	Request and Response
This Segment is always sent	X	

	Batch Transaction Detail Data Record			Request and Response
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
880-K4	Text Indicator	Start of Text (STX) = X'02'	M	
701	Segment Identifier	99 = File Trailer	M	
806-5C	Batch Number	Matches Header	M	
751	Record Count		M	
504-F4	Message		M	
880-K4	Text Indicator	End of Text (ETX) = X'03'	M	

**** End of Batch 1.2 Transaction Payer Sheet ****