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Newsletter

Volume 13 No. 16

April 2003

TO: Providers of Pharmaceutical Services - **For Action**
Health Maintenance Organizations - **For Information**

SUBJECT: **The New Jersey National Council for Prescription Drug Programs (NCPDP) Companion Guide**

EFFECTIVE: Claims with service dates on or after July 1, 2003 and prior to October 1, 2003 for pharmaceutical services

PURPOSE: To supply providers of pharmaceutical services with the New Jersey NCPDP Companion Guide for their use in (1) submitting pharmacy claims to Unisys, the State's fiscal agent, in the new NCPDP version 5.1 and version 1.1 claim formats; and (2) receiving claim adjudication information using the new electronic 835 remittance advice, version 4010.

BACKGROUND: The Medicaid/Department of Health and Senior Services (DHSS) newsletter, Volume 13, No. 15, dated March 2003, advised providers of the State's intentions to provide pharmacies with the New Jersey NCPDP Companion Guide for processing pharmacy claims in the new NCPDP electronic claim formats. The Companion Guide is designed to provide pharmacies and their technical support staff information required to properly submit electronic pharmacy claims in the NCPDP version 5.1 format for point-of-sale (POS) claims and the NCPDP version 1.1 format for Electronic Media Claims (EMC).

The Companion Guide will also provide pharmacies information concerning the new electronic 835 remittance advice, version 4010, mandated by the national Health Insurance Portability and Accountability Act (HIPAA).

The new NCPDP version 1.1 electronic claim format will also be accepted by Unisys for health maintenance organization (HMO) pharmacy encounter claims with service dates on or after July 1, 2003 and prior to October 16, 2003.

The NCPDP version 5.1 and version 1.1 electronic claim formats will be mandatory on and after October 1, 2003 for POS and EMC claims. Further information regarding mandatory compliance will be issued to providers in a future Medicaid/DHSS newsletter.

ACTION: For your use, please find attached the New Jersey NCPDP Companion Guide. Providers and software vendors may also access the Companion Guide at www.njmmis.com.

Providers are encouraged to share the Companion Guide with their technical support staff and/or their affiliated software vendor. Billing procedure and policy changes related to the NCPDP changes may be found in the Medicaid/DHSS newsletter Volume 13, No. 15, dated April 2003.

If you have any technical questions concerning this Newsletter, please do not hesitate to contact Lorraine Harris at (609) 588-2450.

If you have any Medicaid policy questions, please do not hesitate to contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724.

If you have any Pharmaceutical Assistance to the Aged and Disabled (PAAD), Senior Gold, or AIDS Drug Distribution Program (ADDP) policy questions, please do not hesitate to contact the Director of PAAD, Division of Senior Benefits and Utilization Management, Department of Health and Senior Services, at (609) 588-7032.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

The background of the page features the Great Seal of the State of New Jersey. It depicts a woman in a red dress and white skirt, holding a staff with a basket of wheat on top. She stands on a shield with three horizontal stripes. The shield is supported by two figures. A banner at the bottom of the shield reads "LIBERTY AND PROSPERITY" and "1776". The words "THE GREAT SEAL OF THE STATE OF NEW JERSEY" are visible in a circular arrangement around the central figure.

New Jersey Division of Medical Assistance and Health Services (DMAHS)

PHARMACY NCPDP-HIPAA COMPANION GUIDE

March 31, 2003

POS, NCPDP Version 5.1
Batch, NCPDP Version 1.1
835 Remittance Advice Version 4010

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SECTION 1.1 – NEW JERSEY DMAHS INTRODUCTION

New Jersey Division of Medical Assistance and Health Services (DMAHS) and Unisys are very pleased to make available this March 2003 version of the NCPDP-Health Insurance Portability and Accountability Act (HIPAA) Companion Guide. This document is the culmination of a four-year process and represents a significant milestone in our ongoing effort to adhere to the HIPAA transaction set requirements. HIPAA provides all healthcare entities a tremendous opportunity to realize many administrative and systemic benefits because it provides a national standard of transaction and code sets for the electronic exchange of healthcare information. New Jersey DMAHS and Unisys welcome this historical transition and are committed to the implementation of all HIPAA transaction sets as the sole format for all state and federal programs processed through the New Jersey Medicaid Management Information System (NJMMIS) at Unisys.

The purpose of this manual is to provide information necessary to submit Point of Sale (POS) claims and Pharmacy Electronic Media Claims (EMC) to Unisys, our fiscal agent, electronically. It also addresses electronic remittance advices for all providers including pharmacies. HIPAA requirements apply to all State Pharmacy benefit claims including Medicaid and NJ FamilyCare Fee-For-Service (FFS) pharmacy claims, Pharmaceutical Assistance to the Aged and Disabled (PAAD), Senior Gold Prescription Discount Program, AIDS Drug Distribution Program (ADDP), and Cystic Fibrosis (CF) program. This manual is to be used in conjunction with the National Electronic Data Interchange Transaction Set Implementation Guides. The Implementation Guides can be obtained exclusively from NCPDP for members by calling 1-480-477-1000 or are available for download on their web site at www.ncdp.org. The Implementation Guides provide the National HIPAA transaction and code set requirements, compared to the New Jersey DMAHS Companion Guide, which only provides the supplemental requirements specific to New Jersey DMAHS, as permitted within the structure of the NCPDP-HIPAA transaction sets. All providers who submit claims electronically to New Jersey DMAHS must adhere to the NCPDP-HIPAA Implementation Guide and the New Jersey DMAHS Companion Guide requirements.

New Jersey DMAHS did file an extension with the Centers for Medicare and Medicaid Services (CMS, formerly HCFA) in April 2002, thus delaying our mandatory implementation. However, New Jersey DMAHS does intend to implement the pharmacy claims and remittance advice transaction sets as early as July 2003. This Companion Guide will address the NCPDP Version 5.1 and 1.1 Batch Version plus the 835 remittance advice transaction sets. This document is the Companion Guide for NCPDP.

HIPAA does not mandate the use of these transaction sets for the exchange of healthcare data. **Any provider may continue to submit paper claims, except for compound drugs, and receive a paper remittance advice.** However, if a provider elects to submit claims electronically and/or receive an electronic remittance advice, HIPAA does require the use of standard transaction and code sets. New Jersey DMAHS will continue to support the existing NCPDP 3.C version and Unisys proprietary pharmacy electronic media claim formats through September 30, 2004 for pharmacy claims submitted electronically with dates of service prior to October 1, 2003. Any claims submitted electronically with dates of service on or after October 1, 2003 must adhere to the HIPAA transaction and code set standards. New Jersey DMAHS will require the HIPAA transaction and code set

standards as the sole format permitted for claims submitted electronically on or after October 1, 2004, regardless of the date of service.

Please note that there is a level of interpretation required when reviewing the Implementation Guides. Additional changes may be required to bring our Companion Guide in line with the intent of the Implementation Guides. Therefore, this document is subject to change.

All comments, suggestions, and/or questions regarding this Companion Guide should be directed to the New Jersey DMAHS NCPDP Coordinator:

Lorraine Harris, NCPDP Coordinator
New Jersey Medicaid
P.O. Box 712
Trenton, NJ 08625-0712
Phone: 609-588-2450
Email: Lorraine.Harris@dhs.state.nj.us

Submitters are requested to refrain from contacting Unisys Provider Services regarding any HIPAA issues and questions at this time.

SECTION 1.2 – HIPAA BACKGROUND

In the early 1990s, the Bush Administration assembled an advisory group of health care industry leaders to discuss ways to reduce health care administrative costs across the nation. This group, which is now recognized as the Workgroup for Electronic Data Interchange (WEDI), recommended that Federal legislation be passed to implement a nationwide standard of transaction and code sets to be used by the healthcare industry. This law was entitled “The Health Insurance Portability and Accountability Act” (HIPAA) and was enacted on August 21, 1996 under the Clinton Administration.

HIPAA requires several provisions. One such provision dealt with the portability of health insurance coverage during a change in employment, and primarily affected employers and health insurers. This provision has already gone into effect. Another provision, often referred to “Administrative Simplification”, deals with the implementation of healthcare standards, of which transaction and code sets are but one part. Although this Companion Guide deals with electronic pharmacy (NCPDP) claims and remittance advice transaction sets, there are several others that will be required by the mandatory implementation date of October 16, 2003:

- Eligibility Inquiry and Response: HIPAA mandates the use of Version 4010 of the X12 270/271 Eligibility & Benefit Inquiry & Response EDI Transactions for this purpose.
- Claim Transaction Sets: HIPAA mandates the use of 837 Professional, Institutional, and Dental transaction sets.
- Claim Status Inquiry and Response: HIPAA mandates the use of Version 4010 of the X12 276/277 Claim Status Inquiry & Response EDI Transaction for this purpose.
- Referral Certification & Authorization: HIPAA mandates the use of Version 4010 of the X12 278 Health Care Service Review EDI Transaction for this purpose.
- Enrollment & Disenrollment: HIPAA mandates the use of Version 4010 of the X12 834 Benefit Enrollment & Maintenance EDI Transaction for this purpose.
- Premium Payment & Remittance Advice: HIPAA mandates the use of Version 4010 of the X12 820 Group Premium Payment EDI Transaction for this purpose.

HIPAA also requires the standardization of code sets. Any coded field or data element contained in a HIPAA transaction must adhere to a national set of code set values, including medical services and diagnoses. As such, New Jersey DMAHS is required to discontinue the use of local codes, including pharmacy edit codes.

In addition to the transaction and code set aspects, there are other requirements of the “Administrative Simplification” provision of HIPAA:

- Privacy: Standards must be adopted by all health plans, clearinghouses, and providers that ensure the protection and appropriate disclosure of individually identifiable health information. A final rule has been published by the Department of Health and Human Services and requires mandatory implementation by April 2003.
- Security: Standards must be adopted by all health plans, clearinghouses, and providers that ensure the integrity and confidentiality of the healthcare information. Whereas the transactions rule dealt specifically with electronic records, the security rule addresses healthcare information in all types of media. The Department of Health and Human Services have not yet published the final rule.
- National Identifier Codes: Standards must be adopted by all health plans, clearinghouses, and providers regarding unique identifiers for providers, plans, employers, and individuals (beneficiaries). Presently, a final rule has been issued for the Employer ID. The Department of Health and Human Services for all other remaining identifiers have not yet published final rules.
- Enforcement: The Office of Civil Rights has been appointed to administer enforcement efforts related to the privacy rule and has been given the authority to invoke penalties for compliance failures.

Although this Companion Guide deals with only one aspect of the entire “Administrative Simplification” provision, it is worth noting that all covered entities (health plans, clearinghouses, and providers) and their business partners are required to adhere to all aspects of the provision.

SECTION 1.3 – HIPAA INTERNET LINKS

The following is a list of government agencies, industry leaders, and transaction and code set standards organizations associated with HIPAA. Although this is not an exhaustive list, each entity plays an integral role in the success of HIPAA and collectively, represents a wealth of information that could not otherwise be included in our Companion Guide.

Accredited Standards Committee (ASC X12)
ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. http://www.x12.org/
American Medical Association (AMA)
This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. http://www.ama-assn.org/
Association for Electronic Health Care Transactions (AFEHCT)
A healthcare association dedicated to promoting the interchange of electronic healthcare information. http://www.afehct.org/
Centers for Medicare and Medicaid Services (CMS)
Formerly known as HCFA, this site provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan. http://www.cms.gov/hipaa/hipaa2/
This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). http://cms.hhs.gov/medicare/hcpcs/
This site is the resource Medicaid HIPAA information related to the Administrative Simplification provision. http://www.cms.gov/medicaid/hipaa/adminsim/
Designated Standard Maintenance Organizations (DSMO)
This site is a resource for information about the standard setting organizations, and transaction change request system. http://www.hipaa-dsmo.org/

Health Level Seven (HL7)
HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. http://www.hl7.org/
Medicaid HIPAA Compliant Concept Model (MHCCM)
This site presents the Medicaid HIPAA Compliance Concept Model, information and a toolkit. http://www.mhccm.org/
National Council of Prescription Drug Programs (NCPDP)
The NCPDP is the standards and codes development organization for pharmacy. http://www.ncdp.org/
Office for Civil Rights (OCR)
OCR is the Health and Human Services Office responsible for enforcing the Privacy Rule under HIPAA. http://www.hhs.gov/ocr/hipaa/
United States Department of Health and Human Services (DHHS)
This site is a resource for the Notice of Proposed Rule Making, rules and other information regarding HIPAA. http://aspe.hhs.gov/admsimp/
Washington Publishing Company (WPC)
WPC is a resource for HIPAA required transaction implementation guides and code sets. http://www.wpc-edit.com/hipaa/
Workgroup for Electronic Data Interchange (WEDI)
A workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA. http://www.wedi.org

SECTION 1.4 – COMPANION GUIDE ORGANIZATION

The New Jersey DMAHS NCPDP-HIPAA Companion Guide is organized into the following sections to provide the necessary information, policies, processes, and requirements to submit pharmacy claims and encounters electronically:

Section 2 – Electronic Data Interchange

The section contains instructions and processes for becoming approved as an electronic submitter for HIPAA transactions, the process for testing HIPAA transactions, and telecommunication and media specifications.

Section 3 – NCPDP Specifications

This section details the supplemental requirements to the NCPDP Telecommunication Standard Implementation Guide Version 5 Release 1 and the NCPDP Batch Standard Version 1.1 Implementation Guide which are required by New Jersey DMAHS. Both formats require the same transaction set when submitting pharmacy claims.

Section 4 – 835 Specifications

This section details the supplemental requirements to the 835 Implementation Guide, which are required by New Jersey DMAHS. This transaction set is required when receiving remittance advice information.

Section 5 – 997 Acknowledgement Specifications

This section details the functional acknowledgement requirements which will be used by New Jersey DMAHS when NCPDP Version 1.1 batch transactions are received.

SECTION 2.1 – HIPAA TESTING

New Jersey Medicaid will provide several opportunities for NCPDP 5.1 POS testing although it is not required. The testing will take place in the early hours during normal scheduled down time. Tentative testing dates are June 29th, July 27th, August 24th, September 14th, and September 28th. Details of this testing will be announced by Newsletter. Details of the testing process for the NCPDP 1.1 batch will be provided in the final version of the Companion Guide. New Jersey Medicaid will offer this testing as a means for pharmacies and software vendors to test their telecommunications, their file format, and as a means to test our Companion Guide requirements.

New Jersey Medicaid will not offer full production testing, including the creation of the 835 transaction. However, New Jersey Medicaid will obtain a third-party certification of our capability to produce a compliant 835 transaction. Upon request, New Jersey Medicaid will make available a sample 835 transaction file. Details of how to request a sample 835 file will be provided in the final version of the Companion Guide.

SECTION 2.2 – BATCH PROCESSING REPORTS AND EDITS

For NCPDP 1.1 Batch and NCPDP 1.1 Encounter claim submission, New Jersey DMAHS will be using Mercator as our translator. Regardless of whether a HIPAA transaction is submitted in test or production, it will be processed through Mercator. This section will provide details of reports and edits that will be utilized to communicate processing errors to submitters. Details of this section will be provided in the final version of the Companion Guide.

SECTION 2.3 – TELECOMMUNICATION SPECIFICATIONS

New Jersey Medicaid is currently working with Unisys to deploy an Internet-based solution that will allow the electronic exchange of HIPAA batch transactions. Details of this section will be provided in the final version of the Companion Guide.

SECTION 2.4 – CD-ROM SPECIFICATIONS

In addition to the Internet and the Point-of-Sale system, New Jersey Medicaid will permit the exchange of HIPAA transactions on Compact Disc (CD). New Jersey Medicaid intends to discontinue the use of other media, such as tape, diskette, and cartridge. Details of this section will be provided in the final version of the Companion Guide.

SECTION 2.5 – BUSINESS ASSOCIATE AGREEMENT

Details of the approval process, if required, related policies, and a copy of the agreement and completion instructions will be provided in the final version of the Companion Guide.

SECTION 3.1 NCPDP V5.1 CLAIM TRANSACTION FORMAT
General Information:

All numeric fields are to be right justified by the software vendor. All alpha-numeric fields are to be left justified by the software vendor.

Billing and Reversal transactions will be accepted. We will not accept: Eligibility, Rebill, Prior Authorization, Information Reporting, or Controlled Substance transactions.

The following is a detail of our submission requirements.

Transaction Header Segment

Required

Field	Field Name	Mandatory or Optional	Remarks
101-A1	BIN NUMBER	M	Must be 610515
102-A2	VERSION/RELEASE NUMBER	M	Must be 51
103-A3	TRANSACTION CODE	M	B1 – Billing, B2 - Reversal
104-A4	PROCESSOR CONTROL NUMBER	M	NJP+ 7 digit submitter number e.g NJP1234567
109-A9	TRANSACTION COUNT	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	M	Must be 05
201-B1	SERVICE PROVIDER ID	M	7 digit Medicaid Provider Number entered into first 7 digits of 15 Digit field.
401-D1	DATE OF SERVICE	M	YYYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	

Patient Segment

Required

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	01
331-CX	PATIENT ID QUALIFIER	O	
332-CY	PATIENT ID	O	
304-C4	DATE OF BIRTH	M	YYYYMMDD
305-C5	PATIENT GENDER CODE	M	1 digit 1 = Male 2 = Female
310-CA	PATIENT FIRST NAME	M	Enter full first name of beneficiary
311-CB	PATIENT LAST NAME	M	Enter full last name of beneficiary
322-CM	PATIENT STREET ADDRESS	O	
323-CN	PATIENT CITY ADDRESS	O	
324-CO	PATIENT STATE / PROVINCE ADDRESS	O	
325-CP	PATIENT ZIP/POSTAL ZONE	O	
326-CQ	PATIENT PHONE NUMBER	O	

Field	Field Name	Mandatory or Optional	Remarks
307-C7	PATIENT LOCATION	M	2 digits Referred to as Patient Location Code Values accepted: 01 = Home 02 = Intermediate Care Facility 03 = Nursing Facility 04 = Long Term/Extended Care 05 = Rest Home 06 = Boarding Home 07 = Skilled Nursing Facility 08 = ALRs & CPCHs 10 = Outpatient 11 = Hospice
333-CZ	EMPLOYER ID	O	
334-1C	SMOKER / NON-SMOKER CODE	M	1 digit 1 = Non-Smoker 2 = Smoker
335-2C	PREGNANCY INDICATOR	M	1 digit 1 = Non Pregnant 2 = Pregnant

Pharmacy Provider Segment
Optional

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	O	02
465-EY	PROVIDER ID QUALIFIER	O	
444-E9	PROVIDER ID	O	

Prescriber Segment
Required

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	03
466-EZ	PRESCRIBER ID QUALIFIER	M	Must be 05
411-DB	PRESCRIBER ID	M	Enter the 7 digit Prescriber Service Number (PSN) in 15 digit field
467-1E	PRESCRIBER LOCATION CODE	O	
427-DR	PRESCRIBER LAST NAME	O	
498-PM	PRESCRIBER PHONE NUMBER	O	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	O	
421-DL	PRIMARY CARE PROVIDER ID	O	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	O	
470-4E	PRIMARY CARE PROVIDER LAST NAME	O	

Insurance Segment
Required

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	04
302-C2	CARDHOLDER ID	M	First 10 digits of Beneficiary ID or the number on plastic ID card (to be issued) in 12 digit field
312-CC	CARDHOLDER FIRST NAME	O	
313-CD	CARDHOLDER LAST NAME	O	
314-CE	HOME PLAN	O	
524-FO	PLAN ID	O	
309-C9	ELIGIBILITY CLARIFICATION CODE	O	
336-8C	FACILITY ID	O	
301-C1	GROUP ID	O	
303-C3	PERSON CODE	M	Last 2 digits of Beneficiary ID; for plastic ID cards, leave blank
306-C6	PATIENT RELATIONSHIP CODE	O	

COB/Other Payments Segment
Only Required if beneficiary is covered by another payor.

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	05
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	O	1, 2, 3 A maximum of 3 occurrences is supported
338-5C	OTHER PAYER COVERAGE TYPE	O	
339-6C	OTHER PAYER ID QUALIFIER	M	Must be 99
340-7C	OTHER PAYER ID	M	<p>Values Provided by the State of New Jersey. Required for claims with other insurance; Claim will deny if Other Payer ID on file is not reported on pharmacy claim. Other Payer ID is 3-character code identifying the other insurance Pharmacy Benefit Manager (PBM).</p> <p>Other Payer ID Codes: Advance PCS = ADV Aetna/USHC = AET CareMark = CAR Cigna = CIG Express Scripts = EXP FirstHealth = FIR PAID = PAI NPA = NPA PCS = PCS ProServ = PRO TriCare = TRI Restat = RES United Health = UHS Well Point = WEL Other = OTH</p>

Field	Field Name	Mandatory or Optional	Remarks
443-E8	OTHER PAYER DATE	O	
341-HB	OTHER PAYER AMOUNT PAID COUNT	O	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	O	
431-DV	OTHER PAYER AMOUNT PAID	M	
471-5E	OTHER PAYER REJECT COUNT	O	
472-6E	OTHER PAYER REJECT CODE	M	

Workers' Compensation Segment
Optional

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	O	06
434-DY	DATE OF INJURY	O	
315-CF	EMPLOYER NAME	O	
316-CG	EMPLOYER STREET ADDRESS	O	
317-CH	EMPLOYER CITY ADDRESS	O	
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	O	
319-CJ	EMPLOYER ZIP/POSTAL ZONE	O	
320-CK	EMPLOYER PHONE NUMBER	O	
321-CL	EMPLOYER CONTACT NAME	O	
327-CR	CARRIER ID	O	
435-DZ	CLAIM/REFERENCE ID	O	

Claim Segment
Required

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	07
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Must be 1 = RX
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	7 digit prescription number
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Must be 03
407-D7	PRODUCT/SERVICE ID	M	11 digit NDC
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	O	Partial fill not supported.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	O	Partial fill not supported.
458-SE	PROCEDURE MODIFIER CODE COUNT	O	1, 2, 3, 4 A maximum of 4 occurrences is supported
459-ER	PROCEDURE MODIFIER CODE	O	
442-E7	QUANTITY DISPENSED	M	9(7)v999 decimal accepted
403-D3	FILL NUMBER	M	2 digits
405-D5	DAYS SUPPLY	M	3 digits
406-D6	COMPOUND CODE	M	1 digit

Field	Field Name	Mandatory or Optional	Remarks
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	M	1 digit Blank = not dispensed as written 1 = dispense as written 2 to 99 = Not Applicable
414-DE	DATE PRESCRIPTION WRITTEN	M	YYYYMMDD
415-DF	NUMBER OF REFILLS AUTHORIZED	M	2 digits - Enter up to 2 digits in 2 digit field reflecting number of refills authorized by prescriber
419-DJ	PRESCRIPTION ORIGIN CODE	O	
420-DK	SUBMISSION CLARIFICATION CODE	O	
460-ET	QUANTITY PRESCRIBED	O	
308-C8	OTHER COVERAGE CODE	M	00 or 01 = Pharmacist unaware of insurance coverage 02 = TPL payment reported on claim 03 = Other coverage exists; drug product not covered by carrier 04 = Other coverage exists but other insurance claim can not be processed electronically 05 = Not applicable; if reported claim will deny 06 = Not applicable; if reported claim will deny 07 = Claim previously denied for Edit 893 08 = Payment reflects 100% copayment
429-DT	UNIT DOSE INDICATOR	O	
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	
330-CW	ALTERNATE ID	O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	
600-28	UNIT OF MEASURE	M	EA= each GM= grams, ML=Milliliters
418-DI	LEVEL OF SERVICE	O	
461-EU	PRIOR AUTHORIZATION TYPE CODE	M	0 = No PA number 1 = PA number entered 5 = Nonparticipating pharmacy in other insurance provider network
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	M	Enter 10-digit PA number in 11 digit field Enter '0' in first field position
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	O	
464-EX	INTERMEDIARY AUTHORIZATION ID	O	
343-HD	DISPENSING STATUS	O	Partial fill not supported. This field must be blank.
344-HF	QUANTITY INTENDED TO BE DISPENSED	O	Partial fill not supported.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	O	Partial fill not supported.

DUR/PPS Segment

Optional

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	08
473-7E	DUR/PPS CODE COUNTER	O	1, 2, 3...9 A maximum of 9 is supported
439-E4	REASON FOR SERVICE CODE	O	
440-E5	PROFESSIONAL SERVICE CODE	O	
441-E6	RESULT OF SERVICE CODE	O	00 = Not specified 1A = Filled as is, false positive 1B = Filled prescription as is 1C = Filled with different dose 1D = Filled with different directions 1E = Filled with different drug 1F = Filled with different quantity 1G = Filled with prescriber approval 1H = brand-to-generic change 1J = Rx-to-OTC change 1K = Filled with different dosage form 2A = Prescription not filled 2B = Not filled, directions clarified 3A = Recommendation accepted 3B = Recommendation not accepted 3C = Discontinued drug 3D = Regimen changed 3E = Therapy changed 3F = Therapy changed-cost increase acknowledged 3G = Drug therapy unchanged 3H = Follow-up/report 3J = Patient referral 3K = Instructions understood 3M = Compliance aid provided 3N = Medication administered
474-8E	DUR/PPS LEVEL OF EFFORT	O	
475-J9	DUR CO-AGENT ID QUALIFIER	O	
476-H6	DUR CO-AGENT ID	O	

Coupon Segment

Optional

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	O	09
485-KE	COUPON TYPE	O	
486-ME	COUPON NUMBER	O	
487-NE	COUPON VALUE AMOUNT	O	

Compound Segment

Required on claims for compound drugs.

Mandatory fields are only required on claims for compound drugs.

Field	Field Name	Mandatory or Optional	Remarks
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Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	10
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	O	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	1 = Each 2 = Gram 3 = Milliliter
452-EH	COMPOUND ROUTE OF ADMINISTRATION	O	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	2 digits 1, 2, ...24, 25 A maximum of 25 ingredients will be accepted. Identifies the ingredient within a compound (i.e. ingredient Number 12)
488-RE	COMPOUND PRODUCT ID QUALIFIER	M	Must be 03
489-TE	COMPOUND PRODUCT ID	M	Enter 11 digit NDC
448-ED	COMPOUND INGREDIENT QUANTITY	M	9(7)v999 decimal accepted
449-EE	COMPOUND INGREDIENT DRUG COST	M	s9(6)v99 Provider usual and customary charge for each compound ingredient
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O	

Pricing Segment
Required

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	11
409-D9	INGREDIENT COST SUBMITTED	M	s9(6)v99 Provider usual and customary charge. For compounds, report usual and customary charge for entire compound.
412-DC	DISPENSING FEE SUBMITTED	M	s9(6)v99
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O	
433-DX	PATIENT PAID AMOUNT SUBMITTED	O	
438-E3	INCENTIVE AMOUNT SUBMITTED	O	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	O	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	O	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	O	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	O	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O	
426-DQ	USUAL AND CUSTOMARY CHARGE	M	s9(6)v99
430-DU	GROSS AMOUNT DUE	O	
423-DN	BASIS OF COST DETERMINATION	O	

Prior Authorization Segment

Not Accepted. See soon to be released Newsletter regarding First Health procedures for electronic PA submission

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	O	12
498-PA	REQUEST TYPE	O	
498-PB	REQUEST PERIOD DATE-BEGIN	O	
498-PC	REQUEST PERIOD DATE-END	O	
498-PD	BASIS OF REQUEST	O	
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	O	
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	O	
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	O	
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	O	
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	O	
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	O	
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	O	
503-F3	AUTHORIZATION NUMBER	O	
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	O	

Clinical Segment

Required only on PAAD claims where a diagnosis code must be present in order to pay the claim.

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	13
491-VE	DIAGNOSIS CODE COUNT	M	1, 2, 3, 4, or 5 A maximum of 5 Diagnosis Codes will be accepted
492-WE	DIAGNOSIS CODE QUALIFIER	M	Must be 01
424-DO	DIAGNOSIS CODE	M	Enter 5 character ICD-9 diagnosis code in 15 digit field. Note: This field is mandatory to report ICD-9 diagnostic codes on PAAD claims (cardholder ID with the value of '6' in first position) only for Medicare-covered drugs
493-XE	CLINICAL INFORMATION COUNTER	O	
494-ZE	MEASUREMENT DATE	O	
495-H1	MEASUREMENT TIME	O	
496-H2	MEASUREMENT DIMENSION	O	
497-H3	MEASUREMENT UNIT	O	
499-H4	MEASUREMENT VALUE	O	

The following are Reversal Transaction Segments

Transaction Header Segment

Required (Reversal Transaction)

Field	Field Name	Mandatory or Optional	Remarks
101-A1	BIN NUMBER	M	Must be 610515
102-A2	VERSION/RELEASE NUMBER	M	Must be 51
103-A3	TRANSACTION CODE	M	B2
104-A4	PROCESSOR CONTROL NUMBER	M	NJP+7 digit submitter number e.g NJP1234567
109-A9	TRANSACTION COUNT	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	M	Must be 05
201-B1	SERVICE PROVIDER ID	M	7 digit Medicaid Provider Number entered into first 7 digits of 15 Digit field.
401-D1	DATE OF SERVICE	M	YYYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	

Patient Segment

Optional (Reversal Transaction)

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	O	
331-CX	PATIENT ID QUALIFIER	O	
332-CY	PATIENT ID	O	
304-C4	DATE OF BIRTH	O	
305-C5	PATIENT GENDER CODE	O	

Field	Field Name	Mandatory or Optional	Remarks
310-CA	PATIENT FIRST NAME	O	
311-CB	PATIENT LAST NAME	O	
322-CM	PATIENT STREET ADDRESS	O	
323-CN	PATIENT CITY ADDRESS	O	
324-CO	PATIENT STATE / PROVINCE ADDRESS	O	
325-CP	PATIENT ZIP/POSTAL ZONE	O	
326-CQ	PATIENT PHONE NUMBER	O	
307-C7	PATIENT LOCATION	O	
333-CZ	EMPLOYER ID	O	
334-1C	SMOKER / NON-SMOKER CODE	O	
335-2C	PREGNANCY INDICATOR	O	

Claim Segment

Required (Reversal Transaction)

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	M	07
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Must be 1 = RX
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	7 digit prescription number
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Must be 03
407-D7	PRODUCT/SERVICE ID	M	11 digit NDC
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	O	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	O	
458-SE	PROCEDURE MODIFIER CODE COUNT	O	
459-ER	PROCEDURE MODIFIER CODE	O	
442-E7	QUANTITY DISPENSED	O	
403-D3	FILL NUMBER	O	
405-D5	DAYS SUPPLY	O	
406-D6	COMPOUND CODE	O	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	O	
414-DE	DATE PRESCRIPTION WRITTEN	O	
415-DF	NUMBER OF REFILLS AUTHORIZED	O	
419-DJ	PRESCRIPTION ORIGIN CODE	O	
420-DK	SUBMISSION CLARIFICATION CODE	O	
460-ET	QUANTITY PRESCRIBED	O	
308-C8	OTHER COVERAGE CODE	O	
429-DT	UNIT DOSE INDICATOR	O	
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	
330-CW	ALTERNATE ID	O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	

Field	Field Name	Mandatory or Optional	Remarks
600-28	UNIT OF MEASURE	O	
418-DI	LEVEL OF SERVICE	O	
461-EU	PRIOR AUTHORIZATION TYPE CODE	O	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	O	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	O	
464-EX	INTERMEDIARY AUTHORIZATION ID	O	
343-HD	DISPENSING STATUS	O	
344-HF	QUANTITY INTENDED TO BE DISPENSED	O	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	O	

Insurance Segment

Optional (Reversal Transaction)

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	O	
302-C2	CARDHOLDER ID	O	
312-CC	CARDHOLDER FIRST NAME	O	
313-CD	CARDHOLDER LAST NAME	O	
314-CE	HOME PLAN	O	
524-FO	PLAN ID	O	
309-C9	ELIGIBILITY CLARIFICATION CODE	O	
336-8C	FACILITY ID	O	
301-C1	GROUP ID	O	
303-C3	PERSON CODE	O	
306-C6	PATIENT RELATIONSHIP CODE	O	

DUR/PPS Segment

Optional (Reversal Transaction)

Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	O	
473-7E	DUR/PPS CODE COUNTER	O	
439-E4	REASON FOR SERVICE CODE	O	
440-E5	PROFESSIONAL SERVICE CODE	O	
441-E6	RESULT OF SERVICE CODE	O	
474-8E	DUR/PPS LEVEL OF EFFORT	O	
475-J9	DUR CO-AGENT ID QUALIFIER	O	
476-H6	DUR CO-AGENT ID	O	

Pricing Segment

Optional (Reversal Transaction)

Field	Field Name	Mandatory or Optional	Remarks
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Field	Field Name	Mandatory or Optional	Remarks
111-AM	SEGMENT IDENTIFICATION	O	
409-D9	INGREDIENT COST SUBMITTED	O	
412-DC	DISPENSING FEE SUBMITTED	O	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O	
433-DX	PATIENT PAID AMOUNT SUBMITTED	O	
438-E3	INCENTIVE AMOUNT SUBMITTED	O	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	O	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	O	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	O	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	O	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O	
426-DQ	USUAL AND CUSTOMARY CHARGE	O	
430-DU	GROSS AMOUNT DUE	O	
423-DN	BASIS OF COST DETERMINATION	O	

RESPONSE TRANSACTIONS

Please refer to the response matrices in the *Implementation Guide* for specific usage.

SECTION 3.2 NCPDP BATCH TRANSACTION STANDARD 1.1

Requirements in the Batch Transaction Standard that are specific to New Jersey DMAHS are indicated below.

The naming convention for batch files is as follows.

Submitter ID (up to 7 digits), followed by the letter 'A' ('A' for the first transmission of the day, 'B' for the second, etc. up to 'Z') followed by '.pha51'.

For example: 1234567A.pha51

Transaction Header Section

Required

Field	Field Name	Mandatory or Optional	Remarks
880-K4	Text Indicator	M	Hex 02 (Stx)
701	Segment Identifier	M	00
880-K6	Transmission Type	M	
880-K1	Sender ID	M	7 digit Submitter number
806-5C	Batch Number	M	
880-K2	Creation Date	M	CCYYMMDD
880-K3	Creation Time	O	HHMM
702	File Type	M	P = production T = test
102-A2	Version /Release Number	M	11
880-K7	Receiver ID	M	610515
880-K4	Text Indicator	M	Hex 03 (Etx)

Detail Data Record

Required

Field	Field Name	Mandatory or Optional	Remarks
880-K4	Text Indicator	M	Hex 02 (Stx)
701	Segment Identifier	M	G1
880-K5	Transaction Reference Number	M	
	NCPDP Data Record	M	Must be version 5.1
880-K4	Text Indicator	M	Hex 03 (Etx)

Trailer Record

Required

Field	Field Name	Mandatory or Optional	Remarks
880-K4	Text Indicator	M	Hex 02 (Stx)
701	Segment Identifier	M	99
806-5C	Batch Number	M	
751	Record Count	M	
504-F4	Message	O	
880-K4	Text Indicator	M	Hex 03 (Etx)

SECTION 4.1 – 835 LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for receiving 835 transactions (Remittance Advice) from New Jersey DMAHS. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (✓), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 4.2, which will provide the specifications unique to New Jersey DMAHS. A DED section will not be included in Section 4.2 for 835 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

The current electronic remittance advice format will remain until the 835 version is available in early fall 2003, at that time all adjudicated pharmacy claims information will be returned using the 835. This includes paper, 3C NCPDP, as well as NCPDP 5.1 and 1.1 batch format claims.

HEADER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
BPR		FINANCIAL INFORMATION	R	
	BPR01	Transaction Handling Code	R	✓
	BPR02	Monetary Amount	R	✓
	BPR03	Credit/Debit Flag Code	R	✓
	BPR04	Payment Method Code	R	✓
	BPR05	Payment Format Code	S	✓
	BPR06	DFI ID Number Qualifier	S	✓
	BPR07	DFI Identification Number	S	
	BPR08	Account Number Qualifier	S	
	BPR09	Account Number	S	
	BPR10	Originating Company Identifier	S	
	BPR11	Originating Company Supplemental Code	S	
	BPR12	DFI ID Number Qualifier	S	✓
	BPR13	DFI Identification Number	S	
	BPR14	Account Number Qualifier	S	✓
	BPR15	Account Number	S	
	BPR16	Date	R	✓
TRN		REASSOCIATION TRACE NUMBER	R	
	TRN01	Trace Type Code	R	
	TRN02	Reference Identification	R	
	TRN03	Originating Company Identifier	R	
	TRN04	Reference Identification	S	X
CUR		FOREIGN CURRENCY INFORMATION	S	X
	CUR01	Entity Identifier Code	R	X
	CUR02	Currency Code	R	X

HEADER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
	CUR03	Exchange Rate	S	X
REF		RECEIVER IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	
	REF02	Reference Identification	R	
REF		VERSION IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
DTM		PRODUCTION DATE	S	
	DTM01	Date/Time Qualifier	R	
	DTM02	Date	R	

LOOP 1000A – PAYER IDENTIFICATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
N1		PAYER IDENTIFICATION	R	
	N101	Entity Identifier Code	R	
	N102	Name	S	✓
	N103	Identification Code Qualifier	S	X
	N104	Identification Code	S	X
N3		PAYER ADDRESS	R	
	N301	Address Information	R	✓
	N302	Address Information	S	X
N4		PAYER CITY, STATE, ZIP CODE	R	
	N401	City Name	R	✓
	N402	State Code	R	✓
	N403	Postal Code	R	✓
REF		ADDITIONAL PAYER IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
PER		PAYER CONTACT INFORMATION	S	
	PER01	Contact Function Code	R	
	PER02	Name	S	✓
	PER03	Communication Number Qualifier	S	✓
	PER04	Communication Number	S	✓
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X

LOOP 1000B – PAYEE IDENTIFICATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
N1		PAYEE IDENTIFICATION	R	
	N101	Entity Identifier Code	R	
	N102	Name	S	
	N103	Identification Code Qualifier	R	
	N104	Identification Code	R	

LOOP 1000B – PAYEE IDENTIFICATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
N3		PAYEE ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		PAYEE CITY, STATE, ZIP CODE	S	X
	N401	City Name	R	X
	N402	State Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
REF		PAYEE ADDITIONAL IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	✓
	REF02	Reference Identification	R	✓

LOOP 2000 – HEADER NUMBER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
LX		HEADER NUMBER	S	
	LX01	Assigned Number	R	
TS3		PROVIDER SUMMARY INFORMATION	S	X
	TS301	Reference Identification	R	X
	TS302	Facility Value Code	R	X
	TS303	Date	R	X
	TS304	Quantity	R	X
	TS305	Monetary Amount	R	X
	TS306	Monetary Amount	S	X
	TS323	Quantity	S	X
	TS324	Monetary Amount	S	X
TS2		PROVIDER SUPPLEMENTAL SUMMARY INFORMATION	S	X
	TS201	Monetary Amount	S	X
	TS202	Monetary Amount	S	X
	TS203	Monetary Amount	S	X
	TS204	Monetary Amount	S	X
	TS205	Monetary Amount	S	X
	TS206	Monetary Amount	S	X
	TS207	Quantity	S	X
	TS208	Monetary Amount	S	X
	TS209	Monetary Amount	S	X
	TS210	Quantity	S	X
	TS211	Quantity	S	X
	TS212	Quantity	S	X
	TS213	Quantity	S	X
	TS214	Quantity	S	X

LOOP 2000 – HEADER NUMBER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
	TS215	Monetary Amount	S	X
	TS216	Quantity	S	X
	TS217	Monetary Amount	S	X
	TS218	Monetary Amount	S	X
	TS219	Monetary Amount	S	X

LOOP 2100 – CLAIM PAYMENT INFORMATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
CLP		CLAIM PAYMENT INFORMATION	R	
	CLP01	Claim Submitter's Identifier	R	✓
	CLP02	Claim Status Code	R	✓
	CLP03	Monetary Amount	R	
	CLP04	Monetary Amount	R	✓
	CLP05	Monetary Amount	S	
	CLP06	Claim Filing Indicator Code	R	✓
	CLP07	Reference Identification	S	
	CLP08	Facility Code Value	S	✓
	CLP09	Claim Frequency Type Code	S	
	CLP11	Diagnosis Related Group (DRG) Code	S	
	CLP12	Quantity	S	
	CLP13	Percent	S	
CAS		CLAIM ADJUSTMENT	S	X
	CAS01	Claim Adjustment Group Code	R	X
	CAS02	Claim Adjustment Reason	R	X
	CAS03	Monetary Amount	R	X
	CAS04	Quantity	S	X
	CAS05	Claim Adjustment Reason Code	S	X
	CAS06	Monetary Amount	S	X
	CAS07	Quantity	S	X
	CAS08	Claim Adjustment Reason Code	S	X
	CAS09	Monetary Amount	S	X
	CAS10	Quantity	S	X
	CAS11	Claim Adjustment Reason Code	S	X
	CAS12	Monetary Amount	S	X
	CAS13	Quantity	S	X
	CAS14	Claim Adjustment Reason Code	S	X
	CAS15	Monetary Amount	S	X
	CAS16	Quantity	S	X
	CAS17	Claim Adjustment Reason Code	S	X
	CAS18	Monetary Amount	S	X
	CAS19	Quantity	S	X
NM1		PATIENT NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	R	✓

LOOP 2100 – CLAIM PAYMENT INFORMATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
	NM104	Name First	R	✓
	NM105	Name Middle	S	✓
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	✓
	NM109	Identification Code	S	✓
NM1		INSURED NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	S	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
NM1		CORRECTED PATIENT/INSURED NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	✓
	NM103	Name Last or Organization Name	S	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	
NM1		SERVICE PROVIDER NAME	S	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	✓
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	X
	NM108	Identification Code Qualifier	R	✓
	NM109	Identification Code	R	✓
NM1		CROSSOVER CARRIER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
NM1		CORRECTED PRIORITY PAYER NAME	S	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	R	X
	NM108	Identification Code Qualifier	R	X
	NM109	Identification Code	R	X
	MIA19	Monetary Amount	S	X
	MIA20	Reference Identification	S	X
	MIA21	Reference Identification	S	X

LOOP 2100 – CLAIM PAYMENT INFORMATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
	MIA22	Reference Identification	S	X
	MIA23	Reference Identification	S	X
	MIA24	Monetary Amount	S	X
MIA		INPATIENT ADJUDICATION INFORMATION	S	X
	MIA01	Quantity	R	X
	MIA02	Quantity	S	X
	MIA03	Quantity	S	X
	MIA04	Monetary Amount	S	X
	MIA05	Reference Identification	S	X
	MIA06	Monetary Amount	S	X
	MIA07	Monetary Amount	S	X
	MIA08	Monetary Amount	S	X
	MIA09	Monetary Amount	S	X
	MIA10	Monetary Amount	S	X
	MIA11	Monetary Amount	S	X
	MIA12	Monetary Amount	S	X
	MIA13	Monetary Amount	S	X
	MIA14	Monetary Amount	S	X
	MIA15	Quantity	S	X
	MIA16	Monetary Amount	S	X
	MIA17	Monetary Amount	S	X
	MIA18	Monetary Amount	S	X
MOA		OUTPATIENT ADJUDICATION INFORMATION	S	X
	MOA01	Percent	S	X
	MOA02	Monetary Amount	S	X
	MOA03	Reference Identification	S	X
	MOA04	Reference Identification	S	X
	MOA05	Reference Identification	S	X
	MOA06	Reference Identification	S	X
	MOA07	Reference Identification	S	X
	MOA08	Monetary Amount	S	X
	MOA09	Monetary Amount	S	X
REF		OTHER CLAIM RELATED IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	✓
	REF02	Reference Identification	R	✓
REF		RENDERING PROVIDER INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
DTM		CLAIM DATE	S	X
	DTM01	Date/Time Qualifier	R	✓
	DTM02	Date	R	
PER		CLAIM CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	S	X
	PER03	Communication Number Qualifier	S	X
	PER04	Communication Number	S	X
	PER05	Communication Number Qualifier	S	X

LOOP 2100 – CLAIM PAYMENT INFORMATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
AMT		CLAIM SUPPLEMENTAL INFORMATION	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
QTY		CLAIM SUPPLEMENTAL INFORMATION quantity	S	X
	QTY01	Quantity Qualifier	R	X
	QTY02	Quantity	R	X

LOOP 2110 – SERVICE PAYMENT INFORMATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
SVC		SERVICE PAYMENT INFORMATION	S	
	SVC01	Composite Medical Procedure	R	
	SVC01-1	Product/Service ID Qualifier	R	✓
	SVC01-2	Product/Service ID	R	✓
	SVC01-3	Procedure Modifier	S	
	SVC01-4	Procedure Modifier	S	
	SVC01-5	Procedure Modifier	S	
	SVC01-6	Procedure Modifier	S	
	SVC01-7	Description	S	X
	SVC02	Monetary Amount	R	
	SVC03	Monetary Amount	R	✓
	SVC04	Product/Service ID	S	
	SVC05	Quantity	S	✓
	SVC06	Composite Medical Procedure Identifier	S	X
	SVC06-1	Product/Service ID Qualifier	R	X
	SVC06-2	Product/Service ID Qualifier	R	X
	SVC06-3	Procedure Modifier	S	X
	SVC06-4	Procedure Modifier	S	X
	SVC06-5	Procedure Modifier	S	X
	SVC06-6	Procedure Modifier	S	X
	SVC06-7	Description	S	X
	SVC07	Quantity	S	✓
DTM		SERVICE DATE	S	
	DTM01	Date/Time Qualifier	R	
	DTM02	Date	R	
CAS		SERVICE ADJUSTMENT	S	
	CAS01	Claim Adjustment Group Code	R	✓
	CAS02	Claim Adjustment Reason Code	R	
	CAS03	Monetary Amount	R	
	CAS04	Quantity	S	
	CAS05	Claim Adjustment Reason Code	S	
	CAS06	Monetary Amount	S	
	CAS07	Quantity	S	
	CAS08	Claim Adjustment Reason Code	S	
	CAS09	Monetary Amount	S	

LOOP 2110 – SERVICE PAYMENT INFORMATION				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
	CAS10	Quantity	S	
	CAS11	Claim Adjustment Reason Code	S	
	CAS12	Monetary Amount	S	
	CAS13	Quantity	S	
	CAS14	Claim Adjustment Reason Code	S	
	CAS15	Monetary Amount	S	
	CAS16	Quantity	S	
	CAS17	Claim Adjustment Reason Code	S	
	CAS18	Monetary Amount	S	
	CAS19	Quantity	S	
REF		SERVICE IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	✓
	REF02	Reference Identification	R	
REF		RENDERING PROVIDER INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
AMT		SERVICE SUPPLEMENTAL AMOUNT	S	
	AMT01	Amount Qualifier Code	R	✓
	AMT02	Monetary Amount	R	✓
QTY		SERVICE SUPPLEMENTAL QUANTITY	S	X
	QTY01	Quantity Qualifier	R	X
	QTY02	Quantity	R	X
LQ		HEALTH CARE REMARK CODES	S	
	LQ01	Code List Qualifier Code	R	✓
	LQ02	Industry Code	R	

LOOP – TRANSACTION SET TRAILER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
PLB		PROVIDER ADJUSTMENT	S	
	PLB01	Reference Identification	R	✓
	PLB02	Date	R	
	PLB03	Adjustment Identifier	R	
	PLB03-1	Adjustment Reason Code	R	✓
	PLB03-2	Reference Identification	S	
	PLB04	Monetary Amount	R	
	PLB05	Adjustment Identifier	S	
	PLB05-1	Adjustment Reason Code	R	
	PLB05-2	Reference Identification	S	
	PLB06	Monetary Amount	R	
	PLB07	Adjustment Identifier	S	
	PLB07-1	Adjustment Reason Code	R	
	PLB07-2	Reference Identification	S	
	PLB08	Monetary Amount	R	
	PLB09	Adjustment Identifier	S	
	PLB09-1	Adjustment Reason Code	R	
	PLB09-2	Reference Identification	S	
	PLB10	Monetary Amount	R	

LOOP – TRANSACTION SET TRAILER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
	PLB11	Adjustment Identifier	S	
	PLB11-1	Adjustment Reason Code	R	
	PLB11-2	Reference Identification	S	
	PLB12	Monetary Amount	R	
	PLB13	Adjustment Identifier	S	
	PLB13-1	Adjustment Reason Code	R	
	PLB13-2	Reference Identification	S	
	PLB14	Monetary Amount	R	
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

SECTION 4.2 – 835 DATA ELEMENT DICTIONARY

The following specifies the 835 fields for which New Jersey DMAHS has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for fee-for-service providers regarding claims, “RX” for information unique to pharmacy FFS claims, “CCP” when listing specifications for charity care providers regarding claims, and “HMO” when listing specifications for health maintenance organizations regarding encounters. If “FFS”, “RX”, “CCP” and “HMO” are not specified, the requirement applies to both claims and encounters.

HEADER LOOP

SEGMENT	BPR – Financial Information	
FIELD	BPR01 – Transaction Handling Code	
CODES	H	Notification Only
	I	Remittance Information Only
REQUIREMENT	FFS – “I” will be used. HMO and CCP – “H” will be used.	

SEGMENT	BPR – Financial Information	
FIELD	BPR02 – Monetary Amount	
CODES		
REQUIREMENT	HMO and CCP – All transactions will be reported with a zero value.	

SEGMENT	BPR – Financial Information	
FIELD	BPR03 – Credit/Debit Flag Code	
CODES	C	Credit
REQUIREMENT	All transactions will be reported with “C”.	

SEGMENT	BPR – Financial Information	
FIELD	BPR04 – Payment Method Code	
CODES	ACH	Automated Clearing House
	CHK	Check
	NON	Non-Payment Data
REQUIREMENT	FFS – A value of “ACH” or “CHK” will be valued, depending on method the provider elected for receiving payment. HMO and CCP – The value “NON” will be used.	

SEGMENT	BPR – Financial Information	
FIELD	BPR05 – Payment Format Code	
CODES	CCP	Cash Concentration/Disbursement plus Addenda
REQUIREMENT	FFS – When BPR04 = “ACH”, this field will be valued with “CCP”	

SEGMENT	BPR – Financial Information	
FIELD	BPR06 – (DFI) ID Number Qualifier	
CODES	01	ABA Transit Routing Number Including Check Digits
REQUIREMENT	FFS – When BPR04 = “ACH”, this field will be valued with “01”	

SEGMENT	REF – Receiver Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	This field will be valued with the seven-digit Submitter ID assigned by New Jersey Medicaid.

LOOP 1000A – PAYER IDENTIFICATION

SEGMENT	N1 – Payer Identification
FIELD	N102 – Name
CODES	
REQUIREMENT	This field will be valued with “New Jersey Medicaid”.

SEGMENT	N3 – Payer Address
FIELD	N301 – Address Information
CODES	
REQUIREMENT	This field will be valued with “3705 Quakerbridge Road, Suite 101”.

SEGMENT	N4 – Payer City, State, Zip Code
FIELD	N401 – City Name
CODES	
REQUIREMENT	This field will be valued with “Trenton”.

SEGMENT	N4 – Payer City, State, Zip Code
FIELD	N402 – State Code
CODES	
REQUIREMENT	This field will be valued with “NJ”.

SEGMENT	N4 – Payer City, State, Zip Code
FIELD	N403 – Postal Code
CODES	
REQUIREMENT	This field will be valued with “08619-1288”.

SEGMENT	PER – Payer Contact Information
FIELD	PER02 – Name
CODES	
REQUIREMENT	This field will be valued with “New Jersey Medicaid Provider Services”.

SEGMENT	PER – Payer Contact Information
FIELD	PER03 – Communication Number Qualifier
CODES	TE Telephone
REQUIREMENT	This field will be valued with “TE”.

SEGMENT	PER – Payer Contact Information
FIELD	PER04 – Communication Number
CODES	
REQUIREMENT	This field will be valued with “1-800-776-6334”.

LOOP 1000B – PAYEE IDENTIFICATION

SEGMENT	REF – Payee Additional Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	1D Medicaid Provider Number
REQUIREMENT	This field will be valued with “1D”.

SEGMENT	REF – Payee Additional Identification
FIELD	REF02 – Reference Identification Qualifier
CODES	
REQUIREMENT	This field will be valued with the seven-digit Provider Number assigned by New Jersey Medicaid.

LOOP 2100 – CLAIM INFORMATION

SEGMENT	CLP – Claim Payment Information
FIELD	CLP01 – Claim Submitter’s Identification
CODES	
REQUIREMENT	New Jersey Medicaid will only capture and report the first 20 characters of the Patient Control Number from the 837 transactions. For pharmacy transactions, this field will be valued with the Prescription Number.

SEGMENT	CLP – Claim Payment Information
FIELD	CLP02 – Claim Status Code
CODES	1 Processed as Primary
	4 Denied
	5 Pended
	22 Reversal of Previous Payment
REQUIREMENT	New Jersey Medicaid will only use the above value set for all reported transactions.

SEGMENT	CLP – Claim Payment Information
FIELD	CLP04 – Claim Payment Amount
CODES	
REQUIREMENT	FFS and CCP – This field will be valued with zero when CLP02 equals “4” or “5”. HMO – This field will be valued with zero.

SEGMENT	CLP – Claim Payment Information
FIELD	CLP06 – Claim Filing Indicator Code
CODES	MC Medicaid
REQUIREMENT	This field will be valued with “MC”.

SEGMENT	CLP – Claim Payment Information																						
FIELD	CLP08 – Facility Type Code																						
CODES	11	Office																					
	12	Home																					
	21	Inpatient Hospital																					
	22	Outpatient Hospital																					
	23	Emergency Room – Hospital																					
	31	Skilled Nursing Facility																					
	35	Adult Living Care Facility																					
	71	State or Local Public Facility																					
	81	Independent Laboratory																					
99	Other Unlisted Facility																						
REQUIREMENT	For professional claims submitted on paper or via a non-HIPAA electronic format, New Jersey Medicaid will convert the Place of Service Code to the following Facility Type Code:																						
	<table border="1"> <thead> <tr> <th>PLACE OF SERVICE</th> <th>FACILITY TYPE CODE</th> </tr> </thead> <tbody> <tr> <td>0 Emergency Room</td> <td>23 Emergency Room – Hospital</td> </tr> <tr> <td>1 Doctor's Office</td> <td>11 Office</td> </tr> <tr> <td>2 Patient's Home</td> <td>12 Home</td> </tr> <tr> <td>3 Inpatient Hospital</td> <td>21 Inpatient Hospital</td> </tr> <tr> <td>4 Boarding Home</td> <td>35 Adult Living Care Facility</td> </tr> <tr> <td>5 Skilled Nursing Home</td> <td>31 Skilled Nursing Facility</td> </tr> <tr> <td>6 Independent Laboratory</td> <td>81 Independent Laboratory</td> </tr> <tr> <td>7 Outpatient Hospital</td> <td>22 Outpatient Hospital</td> </tr> <tr> <td>8 Clinic</td> <td>71 State or Local Public Facility</td> </tr> <tr> <td>9 Other</td> <td>99 Other Unlisted Facility</td> </tr> </tbody> </table>	PLACE OF SERVICE	FACILITY TYPE CODE	0 Emergency Room	23 Emergency Room – Hospital	1 Doctor's Office	11 Office	2 Patient's Home	12 Home	3 Inpatient Hospital	21 Inpatient Hospital	4 Boarding Home	35 Adult Living Care Facility	5 Skilled Nursing Home	31 Skilled Nursing Facility	6 Independent Laboratory	81 Independent Laboratory	7 Outpatient Hospital	22 Outpatient Hospital	8 Clinic	71 State or Local Public Facility	9 Other	99 Other Unlisted Facility
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SEGMENT	NM1 – Patient Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	This field will be valued with the first 5 characters of the last name submitted on the 837 or pharmacy transaction. If no name was submitted, this field will be valued with "No Name Submitted".

SEGMENT	NM1 – Patient Name
FIELD	NM104 – Name First
CODES	
REQUIREMENT	This field will be valued with the first character of the first name submitted on the 837 or pharmacy transaction. If no name was submitted, this field will be valued with "No Name Submitted".

SEGMENT	NM1 – Patient Name
FIELD	NM105 – Name Middle
CODES	
REQUIREMENT	This field will be valued with the first character of the middle name submitted on the 837 or pharmacy transaction. If no name was submitted, this field will be valued with "No Name Submitted".

SEGMENT	NM1 – Patient Name
FIELD	NM108 – Identification Code Qualifier
CODES	MR Medicaid Recipient Identification Number
REQUIREMENT	This field will be valued with “MR”.

SEGMENT	NM1 – Patient Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	This field will be valued with twelve-digit recipient number assigned by New Jersey Medicaid.

SEGMENT	NM1 – Corrected Patient/Insured Name
FIELD	NM102 – Entity Type Qualifier
CODES	1 Person
REQUIREMENT	This field will be valued with “1” when this segment is completed.

SEGMENT	NM1 – Service Provider Name
FIELD	NM103 – Name Last of Organization Name
CODES	
REQUIREMENT	FFS – This field will be valued with the provider name from the New Jersey Medicaid Provider File. CCP – This field will not be sent since the Billing Provider and the Rendering Provider is always the same. HMO – This field will be valued with the provider name from the New Jersey Medicaid Provider File when a match using the provider’s SSN is successful.

SEGMENT	NM1 – Service Provider Name
FIELD	NM108 – Identification Code Qualifier
CODES	FI Federal Taxpayer’s Identification Number MC Medicaid Provider Number.
REQUIREMENT	FFS – This field will be valued with “MC” CCP – This segment is not sent. HMO – This data element will be valued with “FI”.

SEGMENT	NM1 – Service Provider Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	FFS – This field will be valued with the seven-digit provider number assigned by New Jersey Medicaid. CCP – This segment is not sent. HMO – This field will be valued with the nine-digit Tax ID submitted on the encounter by the HMO.

SEGMENT	REF – Other Claim Related Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	BB	Authorization Number
	EA	Medical Record Identification Number
	F8	Original Reference Number
	G1	Prior Authorization
REQUIREMENT	When appropriate, the above value set will be used to communicate additional claim or encounter information. RX - for value BB, field REF 02 will be populated with "2435" to indicate authorization of PAAD/Medicare COB adjustments. Please refer to Senior Services Newsletter Vol. 6 No. 2 for more details.	

SEGMENT	DTM – Claim Date	
FIELD	DTM01 – Date/Time Qualifier	
CODES	232	Claim Statement Period Start
	233	Claim Statement Period End
REQUIREMENT	The above value set will be used to communicate claim date information.	

LOOP 2110 – SERVICE PAYMENT INFORMATION

SEGMENT	SVC – Service Payment Information	
FIELD	SVC01-1 – Product/Service ID Qualifier	
CODES	AD	American Dental Codes
	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Code
	N4	National Drug Code in 5-4-1 Format
	NU	National Uniform Billing Committee (NUBC) UB92 Codes
REQUIREMENT	The above value set will be used to communicate service code information.	

SEGMENT	SVC Service Payment Information	
FIELD	SVC01-2 Product Service ID	
CODES		
REQUIREMENT	RX - For value N4 in SVC01-1 the NDC will be provided.	

SEGMENT	SVC Service Payment Information	
FIELD	SVC05 Units of Service Paid Count	
CODES		
REQUIREMENT	RX - For HIPAA submitted claims this will be metric quantity for non-HIPAA submitted claims the 3C service units will be provided.	

SEGMENT	SVC Service Payment Information	
FIELD	SVC07 Original Units of Service Count	
CODES		
REQUIREMENT	RX - For HIPAA submitted claims this will be metric quantity for non-HIPAA submitted claims the 3C units will be provided.	

SEGMENT	REF – Service Identification
FIELD	REF01 – Reference Identification Qualifier
CODES	6R Provider Control Number
REQUIREMENT	The value “6R” will be used to communicate line item control information.

SEGMENT	AMT – Service Supplemental Amount
FIELD	AMT01 – Amount Qualifier Code
CODES	B6 Allowed – Actual
REQUIREMENT	The value “B6” will be used to communicate allowed charge information.

SEGMENT	AMT – Service Supplemental Amount
FIELD	AMT02 – Monetary Amount
CODES	
REQUIREMENT	This field will be valued with Medicaid allowed amount prior to deductions.

SEGMENT	LQ – Health Care Remark Code
FIELD	LQ01 – Code List Qualifier Code
CODES	HE Claim Payment Remark Codes
	RX National Council for Prescription Drug Program reject/payment codes will be provided since the NJ DMAHS edit codes are not permitted.
REQUIREMENT	The value “HE” will be used to communicate remark code information on all claims and encounters, including pharmacy.

LOOP – TRANSACTION SET TRAILER

SEGMENT	PLB – Provider Adjustment
FIELD	PLB01 – Reference Identification
CODES	
REQUIREMENT	FFS and CCP - This field will be valued with seven-digit provider number assigned by New Jersey Medicaid.

SECTION 5.1 – 997 ACKNOWLEDGEMENT LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA segment and field specifications for receiving 997 functional acknowledgement transactions from New Jersey DMAHS. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey DMAHS (✓), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 5.2, which will provide the specifications unique to New Jersey DMAHS. A DED section will not be included in Section 5.2 for loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey DMAHS (X).

TRANSACTION SET HEADER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	

FUNCTIONAL GROUP RESPONSE HEADER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
AK1		FUNCTIONAL GROUP RESPONSE HEADER	R	
	AK101	Functional Identifier Code	R	
	AK102	Group Control Number	R	

TRANSACTION SET RESPONSE HEADER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
AK2		TRANSACTION SET RESPONSE HEADER	S	
	AK201	Transaction Set Identifier Code	R	
	AK202	Transaction Set Control Number	R	

DATA SEGMENT NOTE				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
AK3		DATA SEGMENT NOTE	S	
	AK301	Segment ID Code	R	
	AK302	Segment Position in Transaction Set	R	
	AK303	Loop Identifier Code	S	
	AK304	Segment Syntax Error Code	S	

DATA ELEMENT NOTE				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
AK4		DATA ELEMENT NOTE	S	
	AK401-1	Element Position in Segment	R	
	AK401-2	Component Data Element Position in Composite	R	
	AK402	Data Element Reference Number	S	
	AK403	Data Element Syntax Error Code	R	
	AK404	Copy of Bad Data Element	S	

TRANSACTION SET RESPONSE TRAILER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
AK5		TRANSACTION SET RESPONSE TRAILER	R	
	AK501	Transaction Set Acknowledgement Code	R	
	AK502	Transaction Set Syntax Error Code	S	
	AK503	Transaction Set Syntax Error Code	S	
	AK504	Transaction Set Syntax Error Code	S	
	AK505	Transaction Set Syntax Error Code	S	
	AK506	Transaction Set Syntax Error Code	S	

FUNCTIONAL GROUP RESPONSE TRAILER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
AK9		FUNCTIONAL GROUP RESPONSE TRAILER	R	
	AK901	Functional Group Acknowledgement Code	R	
	AK902	Number of Transaction Sets Included	R	
	AK903	Number of Received Transaction Sets	R	
	AK904	Number of Accepted Transaction Sets	R	
	AK905	Transaction Group Syntax Error Code	S	
	AK906	Transaction Group Syntax Error Code	S	
	AK907	Transaction Group Syntax Error Code	S	
	AK908	Transaction Group Syntax Error Code	S	
	AK909	Transaction Group Syntax Error Code	S	

TRANSACTION SET TRAILER				
SEGMENT	FIELD	NAME	USAGE	MEDICAID
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

SECTION 5.2 – 997 ACKNOWLEDGEMENT DATA ELEMENT DICTIONARY

No requirements specific to New Jersey Medicaid.