New Jersey Medicaid

NCPDP Transaction
Standard Payer Sheet

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

NCPDP 1.2 & D.0 Transaction Sets

October 2018

Preface

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

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1. INTRODUCTION

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

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

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

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

New Jersey Division of Medical Assistance and Health Services (DMAHS) and Molina Medicaid Solutions are very pleased to make available the New Jersey NCPDP D.0/1.2 Payer Sheet. This document represents 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 Molina Medicaid Solutions 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).

The purpose of this manual is to provide information necessary to electronically submit Point of Sale (POS) claims and Pharmacy Electronic Data Interchange (EDI) claims to Molina Medicaid Solutions, our fiscal agent. 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.ncpdp.org. The Implementation Guides provide the National HIPAA transaction and code set requirements, compared to the New Jersey NCPDP D.0/1.2 Payer Sheet, 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 NCPDP D.0/1.2 Payer Sheet requirements.

This Payer Sheet addresses the NCPDP Version D.0 and 1.2 Batch Version transaction sets.

HIPAA does not mandate the use of these transaction sets for the exchange of healthcare data. Any provider may continue to submit paper claims. 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.

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

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

Timothy Brembos, NCPDP Coordinator
New Jersey Medicaid
P.O. Box 712
Trenton, NJ 08625-0712
Phone: 609-588-6064
Email: Timothy.Brembos@dhs.state.nj.usmailto:

Submitters are requested to refrain from contacting Molina Medicaid Solutions Provider Services regarding related HIPAA issues and questions.

ADDITIONAL INFORMATION

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

The naming standards for NCPDP D.0/Batch 1.2 Pharmacy Files are as follows:

- TPIDSubmitter ID - Date - Transaction - Sequence Number
    - *Variables defined as:*
        - TPID = New Jersey Trading Partner ID
        - CCYYMMDD = Date file processed within EDI Gateway
        - POS = Transaction type
        - XXX = FileID that is systematically generated for tracking purposes
    - *File name example:*
        - NJTPID000124-20170101-POS-001.edi

2. GETTING STARTED

WORKING WITH Molina Healthcare

Visit the following sites for information:

https://www.TP-Registration.com during Trading Partner Registration and X12 Transaction Testing

https://www.njmmis.com after Health PAS is fully functional

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

Contact email:

NJRMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing

NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

3. TESTING WITH THE PAYER

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

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

> https://www.TP-Registration.com during Trading Partner Registration and X12 Transaction Testing

> https://www.njmmis.com after Health PAS is fully functional

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

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS PROCESS FLOWS

RE-TRANSMISSION ADMINISTRATIVE PROCEDURES

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

COMMUNICATION PROTOCOL SPECIFICATIONS

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

PASSWORDS

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

5. CONTACT INFORMATION

MOLINA EDI HELPDESK

This section contains detailed information concerning EDI Customer Service.

Contact email:

> NJRMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing

> NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning EDI Technical Assistance.

Contact email:

> NJRMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing

> NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

PROVIDER SERVICE NUMBER

This section contains detailed information concerning the payment of claims.

Contact email:

NJRMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing

NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

APPLICABLE WEBSITES/EMAIL

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

Website:

https://www.TP-Registration.com during Trading Partner Registration and X12 Transaction Testing

https://www.njmmis.com after Health PAS is fully functional

EDI Support:

NJRMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing

NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

Provider Services:

NJRMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing

NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

Provider Enrollment:

NJRMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing

NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

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

1. Only one Interchange per transmission
2. Only one transaction (B1, B2 or B3) type per interchange
3. Maximum of 5,000 claims per transmission
4. Single transmission file size must be less than 5 MB

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

7. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

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

- Provider
- Billing Agency/Clearinghouse
- Health Plan

To obtain a trading partner ID, visit:

> https://www.TP-Registration.com during Trading Partner Registration and X12 Transaction Testing

> https://www.njmmis.com after Health PAS is fully functional

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

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

8. TRANSACTION SPECIFIC INFORMATION

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

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

NCPDP D.0 CLAIM SPECIFICATIONS/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. The following transactions will not be accepted:

- Eligibility, Prior Authorization, Information Reporting, or Controlled Substance transactions.

MEDICARE PART D SPECIAL REQUIREMENTS:

The NJ Specific Requirements section for each field will reference "PART-D" when listing specifications for claims being submitted to New Jersey for Medicare Part D coverage claims.

Field 101-A1 BIN Number

You are to continue to use the existing BIN Number of 610515 on all transactions submitted to Molina Medicaid Solutions for processing.

Field 104-A4 Processor Control Number

You are to continue to populate this field with the previously communicated Processor Control Number values when submitting claims that were submitted to and approved by the Medicare PDP and the claim is now being submitted to New Jersey for consideration of the outstanding Medicare Part D patient deductible and/or coinsurance/co-payment responsibility. These PCN values are required by Medicare Part D to enable tracking of out-of-pocket payments made on behalf of the Medicare Part D beneficiary.

- When submitting a Part D COB claim for a beneficiary enrolled in either the State's Prescription Drug Program for the Aged and Disabled (PAAD) or the State's Senior Gold prescription drug program, you are to submit the claim with a Processor Control Number of PAAD.

- When submitting a Part D COB claim for a beneficiary enrolled in the State's AIDS Drug Distribution Program (ADDP), you are to submit the claim with a Processor Control Number of ADDP.

- When submitting a Part D COB claim for a beneficiary enrolled in other than the State's Prescription Drug Program for the Aged and Disabled (PAAD), the State's Senior Gold prescription drug program, or the State's AIDS Drug Distribution Program (ADDP), you are to submit the claim with a Processor Control Number of SUPPNJ.

- When submitting a claim for beneficiaries that are not enrolled in Medicare Part D and claims where New Jersey is being billed as the primary payer because Medicare Part D has denied coverage on the claim you are to submit the claim with a Processor Control Number that is equal to ten (10) spaces.

Field 110-AK Software Vendor/Certification ID

The first three positions of this field must contain the value of NJP. Starting in position four of this field, you are to report the 6-digit EDI Submitter ID that has been assigned to you by Molina Medicaid Solutions followed by one space. This EDI Submitter ID is the certification ID that Molina Medicaid Solutions uses to confirm that you have been certified for the submission of electronic claims.

SPECIAL REQUIREMENTS:

The following tables outline the NCPDP segment and field specifications for submitting NCPDP transactions to New Jersey Medicaid.

The **Format** column in the tables below indicates the Data Element Types and their length as defined by the national standard. The **Usage** column in the tables below indicates whether the presence of the data element is mandatory or optional. The legend below indicates what the symbols in these columns represent.

Format / Usage Legend	
Symbol	**Meaning**
X	Indicates the element is alphanumeric
9	Indicates the element is numeric
s9	Indicates the element as being sighed numeric
v99	Indicates decimal point and number of decimals following decimal point
(##)	Indicates maximum length of the data element
M	Indicates that the data element is Mandatory
O	Indicates that the data element is Optional

The **NJ Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid and other state benefit programs, which supplements the national standard. No entry in this column indicates the standard is followed.

Field	Field Name	Format	Usage	NJ Specific Requirement
	TRANSACTION HEADER SEGMENT			**Required**
101-A1	BIN Number	9(06)	M	Must be 610515
102-A2	Version/Release Number	X(02)	M	Must be D0 (Dzero)
103-A3	Transaction Code	X(02)	M	B1 = Billing B3 = Rebill (Restricted Use) Note: B2 = Reversal (Void) see Section 7 NCPDP D.0 Reversal Specifications

Field	Field Name	Format	Usage	NJ Specific Requirement
104-A4	Processor Control Number	X(10)	M	See NJ Specific Requirements for field 104-A4 Processor Control Number in Section 6.2 Medicare Part D Special Requirements above for additional information. Ten Spaces = Beneficiaries not enrolled in Medicare Part D and claims where New Jersey is being billed as the primary payer because Medicare Part D has denied coverage on the claim. PAAD = Beneficiaries enrolled in New Jersey's Prescription Drug Program for the Aged and Disabled (PAAD) Program or New Jersey's Senior Gold Program ADDP = Beneficiaries enrolled in New Jersey's AIDS Drug Distribution (ADDP) Program SUPPNJ = Beneficiaries enrolled in other than New Jersey's (PAAD), Senior Gold or (ADDP) Prescription Drug Programs
109-A9	Transaction Count	X(01)	M	
202-B2	Service Provider ID Qualifier	X(02)	M	Must be 01 = National Provider Identifier (NPI)
201-B1	Service Provider ID	X(15)	M	Enter 10-digit National Provider Identifier (NPI). NPI entered must be associated to the specific store.
401-D1	Date of Service	9(08)	M	YYYYMMDD
110-AK	Software Vendor/Certification ID	X(10)	M	NJP+6 digit submitter number + 1 space e.g. NJP123456_
AM01	**PATIENT SEGMENT**			**Required**
111-AM	Segment Identification	X(02)	M	01
331-CX	Patient ID Qualifier	X(02)	O	
332-CY	Patient ID	X(20)	O	
304-C4	Date of Birth	9(08)	M	YYYYMMDD
305-C5	Patient Gender Code	9(01)	M	1 = Male, 2 = Female
310-CA	Patient First Name	X(12)	M	Enter full first name of beneficiary
311-CB	Patient Last Name	X(15)	M	Enter full last name of beneficiary
322-CM	Patient Street Address	X(30)	O	
323-CN	Patient City Address	X(20)	O	
324-CO	Patient State / Province Address	X(02)	O	
325-CP	Patient Zip/Postal Zone	X(15)	O	
326-CQ	Patient Phone Number	9(10)	O	
307-C7	Place Of Service	9(02)	O	
333-CZ	Employer ID	X(15)	O	
335-2C	Pregnancy Indicator	X(01)	O	1 = Non Pregnant, 2 = Pregnant
384-4X	Patient Residence	9(02)	M	00 = Not Specified 01 = Home 02 = Skilled Nursing Facility *For Medicare Part B use only* 03 = Nursing Facility To be used for Nursing Homes 04 = Assisted Living Facility To be used for Assisted Living Facilities 05 = Custodial Care Facility *For Medicare Part B use only* 06 = Group Home 09 = Intermediate Care Facility/Mentally Retarded 11 = Hospice 12 = Psychiatric Residential Treatment Facility 15 = Correctional Institution
AM02	**PHARMACY PROVIDER SEGMENT**			**Optional**

Field	Field Name	Format	Usage	NJ Specific Requirement
111-AM	Segment Identification	X(02)	O	02
465-EY	Provider ID Qualifier	X(02)	O	
444-E9	Provider ID	X(15)	O	
AM03	**PRESCRIBER SEGMENT**			**Required**
111-AM	Segment Identification	X(02)	M	03
466-EZ	Prescriber ID Qualifier	X(02)	M	01 = National Provider Identifier (NPI)
411-DB	Prescriber ID	X(15)	M	Enter the 10-digit National Provider Identifier (NPI). NPI entered but be associated with an individual prescriber and not a group.
427-DR	Prescriber Last Name	X(15)	O	
498-PM	Prescriber Phone Number	9(10)	O	
468-2E	Primary Care Provider ID Qualifier	X(02)	O	
421-DL	Primary Care Provider ID	X(15)	O	
470-4E	Primary Care Provider Last Name	X(15)	O	
364-2J	Prescriber First Name	X(12)	O	
365-2K	Prescriber Street Address	X(30)	O	
366-2M	Prescriber City Address	X(20)	O	
367-2N	Prescriber State/Province Address	X(02)	O	
368-2P	Prescriber Zip/Postal Zone	X(15)	O	
AM04	**INSURANCE SEGMENT**			**Required**
111-AM	Segment Identification	X(02)	M	04
302-C2	Cardholder ID	X(20)	M	Enter the 16-digit number on the Health Benefits ID card or 12-digit Beneficiary ID or the first 10 digits of the Beneficiary ID for PAAD, Senior Gold ADDP (see 303-C3).
312-CC	Cardholder First Name	X(12)	O	
313-CD	Cardholder Last Name	X(15)	O	
314-CE	Home Plan	X(03)	O	
524-FO	Plan ID	X(08)	O	
309-C9	Eligibility Clarification Code	9(01)	O	
301-C1	Group ID	X(15)	O	Omit or leave blank
303-C3	Person Code	X(02)	O/M	Mandatory for PAAD, Senior Gold, ADDP (last 2 digits of the Beneficiary ID)
306-C6	Patient Relationship Code	9(01)	O	
359-2A	Medigap ID	X(20)	O	
360-2B	Medicaid Indicator	X(02)	O	
361-2D	Provider Accept Assignment Indicator	X(01)	O	
997-G2	CMS Part D Defined Qualified Facility	X(01)	O	
115-N5	Medicaid ID Number	X(20)	O	

COB/OTHER PAYMENTS SEGMENT

Required if the beneficiary is covered by another payer.

New Jersey, as a government agency, is the payer of last resort and will continue to require the submission of a COB/Other Payments Segment for each insurer to whom the claim has been submitted prior to the submission of the claim to the State of New Jersey, without exception. If we have knowledge of insurance resources that include drug coverage and a COB segment is not present on the incoming claim for each of the known insurance resources, then payment on your claim will be denied. When the insurance coverage is Medicare Part D, we expect the COB segment reflecting the adjudication by the Medicare Part D processor. Failure to include the COB segment on any claim for a Medicare Part D enrolled beneficiary for a drug product that is Medicare Part D covered by statute will result in the denial of your claim.

Field 472-6E Other Payer Reject Code

When the COB segment being provided reflects Medicare Part D or private insurance, it is essential that you include on the transaction all reject codes returned to you. These codes will be used to determine if New Jersey will accept primary payer responsibility on a claim for a Medicare Part D enrolled beneficiary for a drug product that is deemed to be a Medicare Part D covered benefit by statute. The only codes that you are to report in this field are the reject codes that are returned to you by the health plan/insurer. Do not augment this list of reject codes.

Field	Field Name	Format	Usage	NJ Specific Requirement
AM05	**COB/OTHER PAYMENTS SEGMENT**			*Required if beneficiary is covered by another payer.*
111-AM	Segment Identification	X(02)	M	05
337-4C	Coordination of Benefits/Other Payments Count	9(02)	M	1, 2, 3, 4 A maximum of 4 occurrences is supported
338-5C	Other Payer Coverage Type	X(02)	M	Blank = Not Specified 01 = Primary – First 02 = Secondary – Second 03 = Tertiary – Third 04 = Quaternary – Fourth
339-6C	Other Payer ID Qualifier	X(02)	M	Must be 99
340-7C	Other Payer ID	X(10)	M	Values Provided by the State of New Jersey. Mandatory for claims with other insurance; 3-character code identifies the other insurance Pharmacy Benefit Manager (PBM): Private TPL *(Not Part D)*: ADV = Advance PCS AET = Aetna/USHC CAR = CareMark CIG = Cigna EXP = Express Scripts FIR = FirstHealth PAI = PAID NPA = NPA PCS = PCS PRO = ProServ RES = Restat TRI = TriCare UHS = United Health WEL = Well Point OTH = Other PART-D: Medicare C Plans CAP = Aetna US Healthcare PPO CAE = Aetna US Healthcare CAM = Americhoice CAH = Amerihealth 65 CEC = Evercare Choice CHO = Horizon Healthcare NJ COX = Oxford Health Plans NJ CUH = United Healthcare MED = Part C Other Medicare D Plans DAE = Aetna Life Insurance DAH = AmeriHealth 65 DAP = American Progressive Life and Health DBR = Bravo by Elder Care DCA = Coventry Advantra RX DCG = CIGNA DER = Envision Rx Plus DFH = First Health Premier

Field	Field Name	Format	Usage	NJ Specific Requirement
				DHN = Health Net DHO = Horizon Healthcare DHS = HealthSpring Prescription Plan DHU = Humana DME = Medco Health Solutions DNM = NMHC Group Solutions DPL = Pennsylvania Life DSS = Silverscript DST = Sterling Plus RX DUA = United American DUH = United Healthcare DUN = Unicare DWE = Wellcare MED = Part D Other
443-E8	Other Payer Date	9(08)	O	
993-A7	Internal Control Number	X(30)	O	
341-HB	Other Payer Amount Paid Count	9(01)	O	
342-HC	Other Payer Amount Paid Qualifier	X(02)	O/M	Mandatory when the billing provider anticipates payment from another payer.
431-DV	Other Payer Amount Paid	s9(6)v99	O/M	Mandatory when the billing provider anticipates payment from another payer. LTC Rebill: Mandatory when applicable
471-5E	Other Payer Reject Count	9(02)	O	
472-6E	Other Payer Reject Code	X(03)	O/M	Mandatory if another payer rejected the claim.
353-NR	Other Payer-Patient Responsibility Amount Count	9(02)	O/M	Mandatory when claim is not rejected by another payer.
351-NP	Other Payer-Patient Responsibility Amount Qualifier	X(02)	O/M	Mandatory when claim is not rejected by another payer.
352-NQ	Other Payer-Patient Responsibility Amount	s9(8)v99	O/M	Mandatory when applicable/including Part D COB claims. Mandatory if 351-NP is present. When 351-NP = 09 the amount must be submitted as negative value or zero.
392-MU	Benefit Stage Count	9(02)	O/M	Mandatory for PART D approved claims.
393-MV	Benefit Stage Qualifier	X(02)	O/M	Mandatory for PART D approved claims.
394-MW	Benefit Stage Amount	s9(6)v99	O/M	Mandatory if 393-MV is present.
AM06	**WORKERS' COMPENSATION SEGMENT**			**Optional**
111-AM	Segment Identification	X(02)	M	06
434-DY	Date Of Injury	9(08)	M	
315-CF	Employer Name	X(30)	O	
316-CG	Employer Street Address	X(30)	O	
317-CH	Employer City Address	X(20)	O	
318-CI	Employer State/Province Address	X(02)	O	
319-CJ	Employer Zip/Postal Zone	X(15)	O	
320-CK	Employer Phone Number	9(10)	O	
321-CL	Employer Contact Name	X(30)	O	
327-CR	Carrier ID	X(10)	O	
435-DZ	Claim/Reference ID	X(30)	O	
117-TR	Billing Entity Type Indicator	9(02)	O	
118-TS	Pay To Qualifier	X(02)	O	
119-TT	Pay To ID	X(15)	O	
120-TU	Pay To Name	X(20)	O	
121-TV	Pay To Street Address	X(30)	O	
122-TW	Pay To City Address	X(20)	O	
123-TX	Pay To State/Province Address	X(02)	O	
124-TY	Pay To Zip/Postal Zone	X(15)	O	
125-TZ	Generic Equivalent Product ID Qualifier	X(02)	O	
126-UA	Generic Equivalent Product ID	X(19)	O	

Field	Field Name	Format	Usage	NJ Specific Requirement
AM07	**CLAIM SEGMENT**			**Required**
111-AM	Segment Identification	X(02)	M	07
455-EM	Prescription/Service Reference Number Qualifier	X(01)	M	Must be 1 = RX Billing
402-D2	Prescription/Service Reference Number	9(12)	M	If Prescription Number is less than 12 positions it must be left zero filled so as to provide a 12-digit value. (e.g. If Pharmacy's Rx # is 7 digits it must be submitted as 000001234567) Plan B ® OTC claims enter a 12-digit Service Reference Number, left zero filled.
436-E1	Product/Service Id Qualifier	X(02)	M	00 = Compound 03 = NDC
407-D7	Product/Service Id	X(19)	M	11-digit NDC (compounds 11 zeroes or 1 zero)
456-EN	Associated Prescription/Service Reference #	9(12)	O	*Partial fill not supported.*
457-EP	Associated Prescription/Service Date	9(08)	O	*Partial fill not supported.*
458-SE	Procedure Modifier Code Count	9(02)	O	
459-ER	Procedure Modifier Code	X(02)	O	
442-E7	Quantity Dispensed	9(7)v999	M	
403-D3	Fill Number	9(02)	M	Up to 2 digits
405-D5	Days Supply	9(03)	M	Up to 3 digits
406-D6	Compound Code	9(01)	M	
408-D8	Dispense As Written (DAW)/Product Selection Code	X(01)	M	0 = not dispensed as written 1 = dispense as written 2 to 9 = Not Applicable
414-DE	Date Prescription Written	9(08)	M	YYYYMMDD
415-DF	Number Of Refills Authorized	9(02)	O	
419-DJ	Prescription Origin Code	9(01)	O	
354-NX	Submission Clarification Code Count	9(01)	O/M	Mandatory when 420-DK is present.
420-DK	Submission Clarification Code	9(02)	O/M	14 = Long Term Care Leave of Absence 20 = 340B Claim (Must be in one of the first 2 positions) 99 = 3 Day Emergency Fill
308-C8	Other Coverage Code	9(02)	O	00 = Not specified by patient; pharmacist unaware of insurance coverage 01 = No other coverage; Pharmacist unaware of insurance coverage 02 = Other coverage exists – payment indicated, TPL payment reported on claim 03 = Other coverage billed – claim not rejected; drug product not covered by carrier 04 = Other coverage exists – no payment indicated i.e., other insurance claim cannot be processed electronically Note: COB/Other Payments segment is mandatory when other coverage exists.
429-DT	Special Packaging Indicator	9(01)	O	
453-EJ	Originally Prescribed Product/Service ID Qualifier	X(02)	O	
445-EA	Originally Prescribed Product/Service Code	X(19)	O	
446-EB	Originally Prescribed Quantity	9(7)v999	O	
600-28	Unit Of Measure	X(02)	M	EA = each, GM = grams, and ML = Milliliters
418-DI	Level Of Service	9(02)	O	
461-EU	Prior Authorization Type Code	9(02)	O	01 = PA number entered
462-EV	Prior Authorization Number Submitted	9(11)	O	
463-EW	Intermediary Authorization Type ID	9(02)	O	

Field	Field Name	Format	Usage	NJ Specific Requirement
464-EX	Intermediary Authorization ID	X(11)	O	
343-HD	Dispensing Status	X(01)	O	*Partial fill not supported.*
344-HF	Quantity Intended To Be Dispensed	9(7)v999	O	*Partial fill not supported.*
345-HG	Days Supply Intended To Be Dispensed	9(03)	O	*Partial fill not supported.*
357-NV	Delay Reason Code	9(02)	O/M	
391-MT	Patient assignment Indicator (Direct Member Reimbursement Indicator)	X(01)	O	
995-E2	Route of Administration	X(11)	O	
996-G1	Compound Type	X(02)	O	
147-U7	Pharmacy Service Type	9(02)	O	
AM08	**DUR/PPS SEGMENT**			**Optional**
111-AM	Segment Identification	X(02)	M	08
473-7E	DUR/PPS Code Counter	9(02)	O	1, 2, 3…9 A maximum of 9 is supported
439-E4	Reason For Service Code	X(02)	O	
440-E5	Professional Service Code	X(02)	O	
441-E6	Result Of Service Code	X(02)	O	
474-8E	DUR/PPS Level Of Effort	X(02)	O	
475-J9	DUR Co-Agent ID Qualifier	9(02)	O	
476-H6	DUR Co-Agent ID	X(02)	O	
AM09	**COUPON SEGMENT**			**Optional**
111-AM	Segment Identification	X(02)	O	09
485-KE	Coupon Type	X(02)	O	
486-ME	Coupon Number	X(15)	O	
487-NE	Coupon Value Amount	s9(6)v99	O	
AM10	**COMPOUND SEGMENT**			**Required On Claims For Compound Drugs**
111-AM	Segment Identification	X(02)	M	10
450-EF	Compound Dosage Form Description Code	X(02)	M	Enter values 01 – 18
451-EG	Compound Dispensing Unit Form Indicator	9(01)	M	1 = Each 2 = Gram 3 = Milliliter
447-EC	Compound Ingredient Component Count	9(02)	M	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	X(02)	M	Must be 03
489-TE	Compound Product Id	X(19)	M	Enter 11-digit NDC. The first Drug in compound must be Legend Drug
448-ED	Compound Ingredient Quantity	9(7)v999	M	
449-EE	Compound Ingredient Drug Cost	s9(6)v99	M	
490-UE	Compound Ingredient Basis Of Cost Determination	X(02)	O	
362-2G	Compound Ingredient Modifier Code Count	9(2)	O	
363-2H	Compound Ingredient Modifier Code	X(02)	O	
AM11	**PRICING SEGMENT**			**Required**
111-AM	Segment Identification	X(02)	M	11
409-D9	Ingredient Cost Submitted	s9(6)v99	M	Value entered must be greater than 0.
412-DC	Dispensing Fee Submitted	s9(6)v99	O	
438-E3	Incentive Amount Submitted	s9(6)v99	O	
478-H7	Other Amount Claimed Submitted Count	9(02)	O	
479-H8	Other Amount Claimed Submitted Qualifier	X(02)	O	
480-H9	Other Amount Claimed Submitted	s9(6)v99	O	
481-HA	Flat Sales Tax Amount Submitted	s9(6)v99	O	

Field	Field Name	Format	Usage	NJ Specific Requirement
482-GE	Percentage Sales Tax Amount Submitted	s9(6)v99	O	
483-HE	Percentage Sales Tax Rate Submitted	s9(3)v9(4)	O	
484-JE	Percentage Sales Tax Basis Submitted	X(02)	O	
426-DQ	Usual And Customary Charge	s9(6)v99	M	Provider usual and customary charge. For compounds, report usual and customary charge for entire compound.
430-DU	Gross Amount Due	s9(6)v99	M	Value entered must be greater than 0.
423-DN	Basis Of Cost Determination	X(02)	O	
AM12	**PRIOR AUTHORIZATION SEGMENT**			**NOT ACCEPTED**
111-AM	Segment Identification	X(02)	N/A	12
498-PA	Request Type	X(01)	N/A	
498-PB	Request Period Date-Begin	9(08)	N/A	
498-PC	Request Period Date-End	9(08)	N/A	
498-PD	Basis Of Request	X(02)	N/A	
498-PE	Authorized Representative First Name	X(12)	N/A	
498-PF	Authorized Representative Last Name	X(15)	N/A	
498-PG	Authorized Representative Street Address	X(30)	N/A	
498-PH	Authorized Representative City Address	X(20)	N/A	
498-PJ	Authorized Representative State/Province Address	X(02)	N/A	
498-PK	Authorized Representative Zip/Postal Zone	X(15)	N/A	
498-PY	Prior Authorization Number--Assigned	9(11)	N/A	
503-F3	Authorization Number	X(20)	N/A	
498-PP	Prior Authorization Supporting Documentation	X(500)	N/A	
AM13	**CLINICAL SEGMENT**			**Optional**
111-AM	Segment Identification	X(02)	M	13
491-VE	Diagnosis Code Count	9(02)	M	1, 2, 3, 4, or 5. A maximum of 5 Diagnosis Codes will be accepted.
492-WE	Diagnosis Code Qualifier	X(02)	M	02 = International Classification of Diseases-10-Clinical Modifications (ICD-10-CM)
424-DO	Diagnosis Code	X(15)	O	Enter the appropriate diagnosis code. If the value entered in the Diagnosis Code Qualifier field is equal to "02", then the diagnosis code entered must be an ICD-10 diagnosis code.
493-XE	Clinical Information Counter	9(02)	O	
494-ZE	Measurement Date	9(08)	O	
495-H1	Measurement Time	9(04)	O	
496-H2	Measurement Dimension	X(02)	O	
497-H3	Measurement Unit	X(02)	O	
499-H4	Measurement Value	X(15)	O	
AM14	**ADDITIONAL DOCUMENTATION SEGMENT**			**Optional**
111-AM	Segment Identification	X(02)	O	14
369-2Q	Additional Documentation Type ID	X(03)	O	
375-2V	Request Period Begin Date	9(08)	O	
375-2W	Request Period Recert/Revised Date	9(08)	O	
373-2U	Request Status	X(01)	O	
371-2S	Length Of Need Qualifier	9(02)	O	
370-2R	Length Of Need	9(03)	O	
372-2T	Prescriber/Supplier Date Signed	9(08)	O	
376-2X	Supporting Documentation	X(65)	O	
377-2Z	Question Number/Letter Count	9(02)	O	
378-4B	Question Number/Letter	X(03)	O	
379-4D	Question Percent Response	9(3)v99	O	

Field	Field Name	Format	Usage	NJ Specific Requirement
380-4G	Question Date Response	9(08)	O	
381-4H	Question Dollar Amount Response	s9(9)v99	O	
382-4J	Question Numeric Response	9(11)	O	
383-4K	Question Alphanumeric Response	X(30)	O	
AM15	**FACILITY SEGMENT**			**Optional/Mandatory for all Nursing Facility Claims**
111-AM	Segment Identification	X(02)	M	15
336-8C	Facility ID	X(10)	M	Facility ID required when the patient residence is 02, 03, or 09 Enter the 10-digit National Provider Identifier (NPI)
385-3Q	Facility Name	X(30)	O/M	Mandatory if 336-8C is present
386-3U	Facility Street Address	X(30)	O	
388-5J	Facility City Address	X(20)	O	
387-3V	Facility State/Province Address	X(02)	O	
389-6D	Facility Zip/Postal Zone	X(15)	O	
AM16	**NARRATIVE SEGMENT**			**Optional**
111-AM	Segment Identification	(X02)	O	16
390-BM	Narrative Message	X(200)	O	

NCPDP D.0 REVERSAL SPECIFICATIONS/REVERSAL TRANSACTIONS FORMAT

The following tables outline the NCPDP D.0 Reversal segment and field specifications for submitting NCPDP reversal (void) transactions to New Jersey Medicaid.

Field 402-D2 Prescription/Service Reference Number

Previously in 5.1 the Prescription/Service Number was coded as an alphanumeric field. You were instructed to enter the value in this field to include a 7 digit prescription/service reference number, left zero filling the field if less than 12 positions. In D.0 this field has been expanded to 12 positions therefore, when submitting reversals for claims that were originally submitted in 5.1 you must now expand the previously submitted 7 position Prescription/Service Number to now be 12 digits. (E.g. if the pharmacy's 5.1 claim is being reversed had an Rx # of 1234567, the Rx # must now be submitted as 000001234567 in the D.0 format.)

Field	Field Name	Format	Usage	NJ Specific Requirement
TRANSACTION HEADER SEGMENT				**Required**
101-A1	BIN Number	9(06)	M	Must be 610515
102-A2	Version/Release Number	X(02)	M	Must be D0 (Dzero)
103-A3	Transaction Code	X(02)	M	B2 = Reversal
104-A4	Processor Control Number	X(10)	M	See NJ Specific Requirements for field 104-A4 Processor Control Number in Section 6.2 Medicare Part D Special Requirements above for additional information. Ten Spaces = Beneficiaries not enrolled in Medicare Part D and claims where New Jersey is being billed as the primary payer because Medicare Part D has denied coverage on the claim. PAAD = Beneficiaries enrolled in New Jersey's Prescription Drug Program or New Jersey's Senior Gold Program ADDP = Beneficiaries enrolled in New Jersey's AIDS Drug Distribution (ADDP) Program SUPPNJ = Beneficiaries enrolled in other than New Jersey's (PAAD), Senior Gold or (ADDP)

Field	Field Name	Format	Usage	NJ Specific Requirement
				Prescription Drug Programs
109-A9	Transaction Count	X(01)	M	
202-B2	Service Provider ID Qualifier	X(02)	M	Must be 01 = National Provider Identifier (NPI)
201-B1	Service Provider ID	X(15)	M	Enter 10-digit National Provider Identifier (NPI). NPI entered must be associated to the specific store.
401-D1	Date Of Service	9(08)	M	YYYYMMDD
110-AK	Software Vendor/Certification ID	X(10)	M	NJP+6 digit submitter number + 1 space e.g. NJP123456_
AM07	**CLAIM SEGMENT**			**Required**
111-AM	Segment Identification	X(02)	M	07
455-EM	Prescription/Service Reference Number Qualifier	X(01)	M	Must be 1 = RX Billing
402-D2	Prescription/Service Reference Number	9(12)	M	See NJ Specific Requirements for field 402-D2 Prescription/Service Reference Number described above in beginning of section for additional information. If Prescription Number is less than 12 positions it must be left zero filled so as to provide a 12-digit value. (e.g. If Pharmacy's Rx # is 7 digits it must be submitted as 000001234567) Plan B ® OTC claims enter a 12-digit Service Reference Number, left zero filled.
436-E1	Product/Service ID Qualifier	X(02)	M	00 = Compound 03 = NDC
407-D7	Product/Service ID	X(19)	M	11-digit NDC (compounds 11 zeroes or 1 zero)
403-D3	Fill Number	9(02)	O	
308-C8	Other Coverage Code	9(02)	O	
147-U7	Pharmacy Service Type	9(02)	O	
AM04	**INSURANCE SEGMENT**			**Optional**
111-AM	Segment Identification	X(02)	O	04
302-C2	Cardholder ID	X(20)	O	
301-C1	Group ID	X(15)	O	
359-2A	Medigap ID	X(20)	O	
AM08	**DUR/PPS SEGMENT**			**Optional**
111-AM	Segment Identification	X(02)	O	08
473-7E	DUR/PPS Code Counter	9(02)	O	
439-E4	Reason For Service Code	X(02)	O	
440-E5	Professional Service Code	X(02)	O	
441-E6	Result Of Service Code	X(02)	O	
474-8E	DUR/PPS Level Of Effort	X(02)	O	
AM11	**PRICING SEGMENT**			**Optional**
111-AM	Segment Identification	X(02)	O	11
438-E3	Incentive Amount Submitted	s9(6)v99	O	
430-DU	Gross Amount Due	s9(6)v99	M	

NCPDP 1.2 BATCH SPECIFICATIONS

NCPDP 1.2 BATCH TRANSACTIONS FORMAT

The following tables outline the NCPDP 1.2 Batch Transactions segment and field specifications for submitting NCPDP Batch 1.2 transactions to New Jersey Medicaid.

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

Field	Field Name	Positions	Usage	NJ Specific Requirement

Field	Field Name	Positions	Usage	NJ Specific Requirement
	TRANSACTION HEADER SEGMENT			**Required**
880-K4	Text Indicator	1	M	Hex 02 (Stx)
701	Segment Identifier	2-3	M	00
880-K6	Transmission Type	4	M	T = Transaction
880-K1	Sender ID	5-28	M	6-digit Submitter number
806-5C	Batch Number	29-35	M	Unique number assigned by sender, matches trailer (must be 7 digit number)
880-K2	Creation Date	36-43	M	CCYYMMDD
880-K3	Creation Time	44-47	O	HHMM
702	File Type	48	M	P = Production, T = Test
102-A2	Version /Release Number	49-50	M	12
880-K7	Receiver ID	51-74	M	610515
880-K4	Text Indicator	75	M	Hex 03 (Etx)
	DETAIL DATA RECORD			**Required**
880-K4	Text Indicator	1	M	Hex 02 (Stx)
701	Segment Identifier	2-3	M	G1
880-K5	Transaction Reference Number	4-13	M	
	SEE THE NCPDP D.0 DATA RECORD AND NCPDP D.0 REVERSAL RECORD SEGMENTS FOR ORIGINAL B1, B2 REVERSAL (VOID) AND B3 ADJUSTMENT TRANSACTIONS.			
880-K4	Text Indicator	Varies	M	Hex 03 (Etx)
	TRAILER RECORD			**Required**
880-K4	Text Indicator	1	M	Hex 02 (Stx)
701	Segment Identifier	2-3	M	99
806-5C	Batch Number	4-10	M	Should match Header
751	Record Count	11-20	M	File record count including header and trailer
504-F4	Message	21-55	O	Will contain the unique Internal Control Number (ICN) assigned when the claim is adjudicated in real-time. The ICN must be given to the Help Desk when requesting assistance with the claim.
880-K4	Text Indicator	56	M	Hex 03 (Etx)

ERROR RESPONSE SPECIFICATIONS

The NCPDP standards only allow for a reject or error response at the file level. When the file fails an edit at the header or trailer record levels the entire batch file is rejected and an error response file is created and made available for the submitter to download.

The error response consists of a Transaction header section and a Trailer record. The trailer record will contain an explanation for the rejection of the file.

Field	Field Name	Positions	Usage	NJ Specific Requirement
	TRANSACTION HEADER SEGMENT			**Required**
880-K4	Text Indicator	1	M	Hex 02 (Stx)
701	Segment Identifier	2-3	M	00
880-K6	Transmission Type	4	M	E = Error
880-K1	Sender ID	5-28	M	6-digit Submitter number
806-5C	Batch Number	29-35	M	Unique number assigned by sender, matches trailer
880-K2	Creation Date	36-43	M	CCYYMMDD
880-K3	Creation Time	44-47	O	HHMM
702	File Type	48	M	P = Production, T = Test
102-A2	Version /Release Number	49-50	M	12
880-K7	Receiver ID	51-74	M	610515
880-K4	Text Indicator	75	M	Hex 03 (Etx)

Field	Field Name	Positions	Usage	NJ Specific Requirement
TRAILIER RECORD				**Required**
880-K4	Text Indicator	1	M	Hex 02 (Stx)
701	Segment Identifier	2-3	M	99
806-5C	Batch Number	4-10	M	Should match Header
751	Record Count	11-20	M	File record count including header and trailer
504-F4	Message	21-55	O	Explanation for rejection of file
880-K4	Text Indicator	56	M	Hex 03 (Etx)

APPENDICES

1. Implementation Checklist

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

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

The user guides can be found at:

https://www.TP-Registration.com/SitePages/User-Guides.aspx during Trading Partner Registration and X12 Transaction Testing

https://www.njmmis.com/SitePages/User-Guides.aspx after Health PAS is fully functional

2. Frequently Asked Questions

For answers to frequently asked questions, refer to:

http://www.TP-Registration.com/FAQs/Forms/AllPages.aspx during Trading Partner Registration and X12 Transaction Testing

http://www.njmmis.com/FAQs/Forms/AllPages.aspx after Health PAS is fully functional

3. Change Summary

Version	Date	Author	Action/Summary of Changes
0.1	07/28/2017	Cindy Martin	Initial document
0.2	07/31/2017	Cindy Martin	Updated the following sections: • Removed reference to HIPAA X12 under Trading Partner Registration • Added requirements for SUPPNJ for field 104-A4
0.3	08/01/2017	Cindy Martin	Updated the following sections: • Introduction – Replaced "Encounters" with "claims" • Removed Scope, Overview and References • Additional Information – Changed "Encounter" with "Transaction" and changed Medical/Professional to NCPDP D.0/Batch 1.2 Pharmacy. Also removed "MCO" • Added "POS" as Transaction Type for naming standards for NCPDP D.0/Batch 1.2 Pharmacy files • Payer Specific Business Rules and Limitations – Removed "Encounter" • Removed Acknowledgments and/or Reports and Report Inventory • Trading Partners – Removed "Encounter" and Example of NCPDP Transaction Header • NCPDP D.0 Claim Specifications/Claim Transaction Format – Removed "The Rebill transaction is only required from LTC Pharmacies" • Medicare Part D Special Requirements - Added 3rd bullet paragraph regarding entry of SUPPNJ for field 104-A4 under Field • Transaction Header Segment – Added requirement for entering "SUPPNJ" for field 104-A4 • Appendices – Removed Business Scenarios and Transmission Examples
1.0	08/29/2017	Susan Savage-McGuckin	Received State approval via ALM 3747
1.1	09/21/2017	Cindy Martin	Updated the following sections: • Change Summary – Corrected text style for "Appendices – Removed Business Scenarios and Transmission Examples" change for version 1.0 • AM07 Claim Segment: • Field 461-EU Prior Authorization Type Code - Deleted value "00 = No PA number" as a valid entry • Field 308-C8 Other Coverage Code – Changed usage from "M" mandatory to "O" optional
2.0	10/25/2017	Susan Savage-McGuckin	Received State approval via ALM 6090

Version	Date	Author	Action/Summary of Changes
2.1	01/23/2018	Cindy Martin	Updated the following sections: • Changed cover page and headers to match all other companion guides • AM10 Compound Segment: • Field 450-EF Compound Dosage Form Description Code – Added requirement; Enter values 01 – 18 • AM11 Pricing Segment: • Field 412-DC Dispensing Fee Submitted – Changed usage for field from "M" mandatory to "O" optional • Field 409-D9 Ingredient Cost Submitted – Added requirement; Value entered must be greater than 0 • Field 430-DU Gross Amount Due – Added requirement; Value entered must be greater than 0 • AM13 Clinical Segment: • Field 424-DO Diagnosis Code – Changed usage for field from "M" mandatory to "O" optional
2.2	02/06/2018	Cindy Martin	Updated the following section: • AM07 Claim Segment: • Field 415-DF – Changed usage for field from "M" mandatory to "O" optional
2.3	02/21/2018	Cindy Martin	Updated the following sections: • AM10 Compound Segment: • Field 450-EF Compound Dosage Form Description Code – Added requirement; Enter values 01 – 18 • AM11 Pricing Segment: • Field 409-D9 Ingredient Cost Submitted – Added requirement; Value entered must be greater than 0
3.0	02/28/2018	Kari Keller	Received State approval via ALM 6468
3.1	05/08/2018	Cindy Martin	Updated the following sections: • AM05 COB/Other Payments Segment: • Field 341-HB Other Payer Amount Paid Count – Changed field length from 2 positions to 1 • AM07 Claim Segment: • Field 354-NX Submission Clarification Code Count - Changed field length from 2 positions to 1
3.2	08/22/2018	Cindy Martin	Updated the following sections: • Transaction Header Segment: • Field 201-B1 – Changed requirements noting an individual's NPI must be entered and not a Group's • AM03 Prescriber Segment: • Field 411-DB – Changed requirements noting an individual's NPI must be entered and not a Group's • AM04 Insurance Segment: • Field 303-C3 Person Code – Changed format from 3 positions to 2 • AM07 Claim Segment: • Field 308-C8 Other Coverage Code – Changed descriptions for codes 00, 02, 03, 04, 08

Version	Date	Author	Action/Summary of Changes
3.3	10/02/2018	Cindy Martin	Updated the following sections: • Transaction Header Segment: • Field 201-B1 – Changed requirements noting the NPI entered must be for the specific store • AM03 Prescriber Segment: • Field 411-DB – Changed requirements noting an individual Prescriber's NPI must be entered and not a Group's • Transaction Header Segment: (NCDPD Reversals) • Field 201-B1 – Changed requirements noting the NPI entered must be for the specific store
3.4	10/08/2018	William Vacha	Updated hyperlinks and contact information
3.5	10/10/2018	Cindy Martin	Updated the following sections: • AM07 Claim Segment: • Field 308-C8 Other Coverage Code – Changed requirements deleting code "08"
3.6	10/11/2018	Cindy Martin	Updated the following sections: • AM05 Claim Segment: • Field 337-4C – Changed requirements allowing for 4 occurrences to be supported
4.0	10/16/2018	William Vacha	Received State approval via ALM 11230