



ForwardHealth Companion
Document to HIPAA
Implementation Guide:
NCPDP V5.1

ForwardHealth interChange

HIPAA Companion Document

NCPDP V5.1

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to ForwardHealth, which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare and Wisconsin Chronic Disease Program. All of these programs use the ForwardHealth interChange system.

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide ForwardHealth interChange-specific information that details the way to create HIPAA transactions for ForwardHealth interChange and explains how ForwardHealth interChange creates HIPAA transactions. Companion documents provide trading partners with a guide to communicate the ForwardHealth interChange-specific information required to successfully exchange transactions electronically with the ForwardHealth interChange system.

ForwardHealth interChange will accept and process any HIPAA-compliant transaction. However, a compliant transaction that doesn't contain ForwardHealth interChange-specific information, though processed, may be denied for payment. For example, a compliant B1 billing request created without a ForwardHealth interChange member identification number will be processed by ForwardHealth interChange, but will be denied payment.

As a result of HIPAA, the federal Department of Health and Human Services (HHS) adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions). Therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions; the NPI is the only identification number that will be allowed on these transactions.

ForwardHealth has determined that all providers, except for personal care providers, specialized medical vehicle (SMV) providers, blood banks and Community Care Organizations ("atypical" providers), are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to

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obtain and use an NPI. ForwardHealth requires all health care providers to submit their NPI on electronic transactions effective in 2008.

Companion documents highlight the data elements significant for ForwardHealth interChange. For transactions created by ForwardHealth interChange, companion documents explain how certain data elements are processed. Refer to the companion document first if there is a question about how ForwardHealth interChange processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979.

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VERSION 12 REVISION LOG

Companion Document: NCPDP V5.1
 Approved: 05/2011
 Modified by: WJ²

Number Revised	Page(s) Revised	Text Revised
Attachment-2	57	Modified information provided in field.

VERSION 11 REVISION LOG

Companion Document: NCPDP V5.1
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Number Revised	Page(s) Revised	Text Revised
Attachment-3	59	Modified information provided in field.

VERSION 10 REVISION LOG

Companion Document: NCPDP V5.1
 Approved: 04/2011
 Modified by: WJ²

Number Revised	Page(s) Revised	Text Revised
504-F4	33	Added field information previously omitted.
526-FQ	34	Added field information previously omitted.
Rejected B2	35	Removed Response Message Segment
Attachment-2	58	Modified information provided in field.

VERSION 9 REVISION LOG

Companion Document: NCPDP V5.1
 Approved: 12/2010
 Modified by: WJ²

Number Revised	Page(s) Revised	Text Revised
442-E7	12	Removed incorrect text for Quantity Dispensed.
448-ED	21	Removed incorrect text for Compound Ingredient Quantity.
504-F4	23	Message segment added to an Accepted Response with a Reject status.
526-FQ	30	Removed Additional Message Information for the Rejected/Rejected B1 response.

VERSION 8 REVISION LOG

Companion Document: NCPDP V5.1
 Approved: 12/2008

M/R/RW = Mandatory/Required/Required When

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Modified by: WJ²

Number Revised	Page(s) Revised	Text Revised
411-DB	13, 48	Clarification was added to the Prescriber ID field.
441-E6	17	Value was incorrectly omitted from Version 7.
517-FH	26	Clarifies the use of this field for Medicaid, SeniorCare and WCDP members.

VERSION 7 REVISION LOG

Companion Document: NCPDP V5.1

Approved: 07/21/2008

Modified by: WJ²

Number Revised	Page(s) Revised	Text Revised
Table of Contents	3	Added Insurance segment to B2 Reversal Request Added P2, P3, P4 transactions.
202-B2	9, 31, 36, 41, 47	01 = National Provider Identifier (NPI).
201-B1	9, 31, 36, 41, 47	Enter the 10-digit NPI.
110-AK	9, 31, 36, 41, 47	Enter the 9-digit numeric Trading Partner identification number assigned by ForwardHealth interChange. <i>Note:</i> Field must be 10 characters; pad with spaces to the right.
335-2C	10	Added field. Pregnancy Indicator.
411-DB	13, 48	Enter the prescriber's 10-digit NPI.
524-FO	10, 32, 37, 42, 48	Enter value "TXIX" to indicate Wisconsin Medicaid, BadgerCare Plus and SeniorCare, or "WCDP" to indicate the Wisconsin Chronic Disease Program.
337-4C	13	Up to 9 Coordination of Benefits segments will be accepted.
338-5C	13	Enter "01" if the Other Payer is Primary, "02" if the Other Payer is Secondary, "03" if the Other Payer is Tertiary or "99" for Composite.
443-E8	14	Added field. Other Payer Date.
339-6C	14	Added value. Enter "99" (Other).
340-7C	14	Enter "PARTD" for Medicare Part D, enter "PARTB" for Medicare Part B or enter "COMM" for commercial insurance.
471-5E	14	Added field. Enter the count of "Other Payer" Reject Code (472-6E) occurrences.
472-6E	13	Added field. Enter the error encountered by the previous "Other

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		Payer" in "Reject Code" field (511-FB).
Clinical Segment	21	Revised "Note" to indicate that up to five diagnosis codes can be submitted.
461-EU	12	Removed value "1" (Prior Authorization) and value "8" (Payer Defined Exemption).
B2 Request	N/A	Removed DUR Segment from the B2 transaction.
526-FQ	38, 40, 43, 46, 51, 53	Added field. Additional Message Information.
P2 PA Reversal Request	36	Added to Companion Document.
P2 PA Reversal Accepted Response	38	Added to Companion Document.
P2 PA Reversal Rejected Response	40	Added to Companion Document.
P3 PA Inquiry Request	40	Added to Companion Document.
P3 PA Inquiry Accepted Response	43	Added to Companion Document.
P3 PA Inquiry Rejected Response	46	Added to Companion Document.
P4 PA Request Only	47	Added to Companion Document.
P4 PA Request Only Accepted Response	51	Added to Companion Document.
P4 PA Request Only Rejected Response	53	Added to Companion Document.
Attachment 1	54	Modified position lengths.
Attachment 2	56	Modified position lengths.
Attachment 4	60	Modified position lengths.
Attachment 5	62	Added to Companion Document.

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B1 Billing Request

Transaction Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	610499	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1	M	
104-A4	Processor Control Number		RW	Enter WIPARTD when indicated in a claim response from the Medicare Part D Prescription Drug Plan (PDP) for SeniorCare and Wisconsin Chronic Disease Program (WCDP) members. <i>Note:</i> Field must be 10 characters; pad with spaces to the right.
109-A9	Transaction Count	1 = 1 Occurrence 2 = 2 Occurrences 3 = 3 Occurrences 4 = 4 Occurrences	M	<i>Note:</i> Max of 1 allowed for compound transactions.
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI) 05 = Medicaid	M	<i>Note:</i> "05" is only valid for "Atypical" Providers.
201-B1	Service Provider ID		M	Enter the 10-digit NPI. "Atypical" providers should enter their eight-digit or nine-digit ForwardHealth interChange Provider ID. <i>Note:</i> Field must be 15 characters; pad with spaces to the right.
401-D1	Date of Service		M	Enter the date the prescription was filled.
110-AK	Software Vendor/Certification ID		M	Enter the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange. <i>Note:</i> Field must be 10 characters; pad with spaces to the right.

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Patient Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01 = Patient	M	
310-CA	Patient First Name		R	Enter the member's first name.
311-CB	Patient Last Name		R	Enter the member's last name.
307-C7	Patient Location	0 = Not Specified 1 = Home 4 = Long Term/Extended Care 7 = Skilled Care Facility 10 = Outpatient	R	
335-2C	Pregnancy Indicator	Blank = Not Specified 1 = Not Pregnant 2 = Pregnant	RW	The code indicates whether or not the member is pregnant. <i>Note: Not used by WCDP.</i>

Insurance Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04 = Insurance	M	
302-C2	Cardholder ID		M	Enter the 10-digit member identification number.
524-FO	Plan ID	TXIX WCDP	R	Enter value "TXIX" to indicate Wisconsin Medicaid, BadgerCare Plus, and SeniorCare or "WCDP" to indicate the Wisconsin Chronic Disease Program.

Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07 = Claim	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	Enter the seven-digit prescription number.
436-E1	Product/Service ID Qualifier	00 = Compound Drug 03 = National Drug Code (NDC)	M	<i>Note: Enter zero when Compound Code (406-D6) = 2.</i>
407-D7	Product/Service ID		M	Enter the 11-digit NDC identifying the drug dispensed.

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Field Number	Field Name	Value	M/R/RW	Comment
				<i>Note:</i> Enter zero when Compound Code (406-D6) = 2.
442-E7	Quantity Dispensed		R	
403-D3	Fill Number	0 = Original Dispensing 1 - 99 = Refill Number	R	
405-D5	Days Supply		R	Enter the estimated number of days prescription will last.
406-D6	Compound Code	1 = Not a Compound 2 = Compound	R	<i>Note:</i> Compound is not valid for WCDP.
408-D8	Dispense As Written (DAW)/Product Selection Code	0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 8 = Substitution Allowed-Generic Drug Not Available in Marketplace	R	
414-DE	Date Prescription Written		R	Enter the date the prescription was written by the prescriber.
420-DK	Submission Clarification Code	0 = Not Specified 2 = Other Override 8 = Process Compound for Approved Ingredients	RW	Enter "2" to indicate repackaging. Enter "8" on a compound claim to indicate acceptance of payment for only those ingredients covered. <i>Note:</i> An "8" must be submitted on all compound claims. <i>Note:</i> Not used by WCDP.
308-C8	Other Coverage Code	0 = Not Specified 1 = No Other Coverage Identified 2 = Other Coverage Exists — Payment Collected 3 = Other Coverage Exists — This Claim Not	R	

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Field Number	Field Name	Value	M/R/RW	Comment
		Covered 4 = Other Coverage Exists — Payment Not Collected 5 = Managed Care Plan Denial 6 = Other Coverage Denied — Not a Participating Provider 7 = Other Coverage Exists — Not in Effect at Time of Service		
429-DT	Unit Dose Indicator	0 = Not Specified 1 = Not Unit Dose 2 = Manufacturer Unit Dose 3 = Pharmacy Unit Dose	RW	Enter one of the accepted values when billing for unit dose.
461-EU	Prior Authorization Type Code	4 = Exemption from Copay	RW	Enter "4" to indicate a copayment exemption for Medicaid. <i>Note:</i> The value of "4" will not exempt SeniorCare or WCDP members from copayment requirements.
462-EV	Prior Authorization Number Submitted		RW	Not used by ForwardHealth but required when 461-EU is present. <i>Note:</i> Numeric — must enter 11 zeros.

Prescriber Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	03 = Prescriber	M	
466-EZ	Prescriber ID Qualifier	01 = National Provider Identifier (NPI)	R	
411-DB	Prescriber ID		R	Enter the prescriber's 10-digit NPI. <i>Note:</i> Providers may use the prescriber's NPI or the pharmacy's NPI if the prescriber's NPI is not

M/R/RW = Mandatory/Required/Required When

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Field Number	Field Name	Value	M/R/RW	Comment
				available.

Coordination of Benefits/Other Payments Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	05 = Coordination of Benefits/Other Payments	M	
337-4C	Coordination of Benefits/Other Payments Count	1 – 9	M	<p>Indicates the number of repetitions that follow for the fields in the grouping:</p> <ul style="list-style-type: none"> • Other Payer Coverage Type (338-5C). • Other Payer ID Qualifier (339-6C). • Other Payer ID (340-7C). • Other Payer Date (443-E8). • Other Payer Amount Paid Count (341-HB). <ul style="list-style-type: none"> • Other Payer Amount Paid Qualifier (342-HC). • Other Payer Amount Paid (431-DV). • Other Payer Reject Count (471-5E). <ul style="list-style-type: none"> • Other Payer Reject Code (472-6E). <p><i>Note:</i> Up to nine sets of Coordination of Benefits fields will be accepted.</p>
338-5C	Other Payer Coverage Type	Blank = Not Specified 01 = Primary 02 = Secondary 03 = Tertiary 99 = Composite	M	Enter "01" if the Other Payer is primary, "02" if the Other Payer is secondary, "03" if the Other Payer is tertiary, or "99" if the Other Payer is a composite.
339-6C	Other Payer ID Qualifier	99 = Other	RW	Enter "99" when submitting a value in field 340-7C.

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Field Number	Field Name	Value	M/R/RW	Comment
340-7C	Other Payer ID	PARTD = Medicare Part D PARTB = Medicare Part B COMM = Commercial Insurance	RW	Enter "PARTD" for Medicare Part D, "PARTB" for Medicare Part B or "COMM" for commercial insurance.
443-E8	Other Payer Date		RW	Enter the payment or denial date of the claim submitted to the other payer identified in field 340-7C.
341-HB	Other Payer Amount Paid Count	1 - 9	RW	Required when fields 342-HC and 431-DV are submitted. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> • Other Payer Amount Paid Qualifier (342-HC). • Other Payer Amount Paid (431-DV).
342-HC	Other Payer Amount Paid Qualifier	08 = Sum of All Reimbursement	RW	Enter when field 431-DV is submitted.
431-DV	Other Payer Amount Paid		RW	Enter the sum of all reimbursements. <i>Note:</i> Negative dollar amounts will not be accepted.
471-5E	Other Payer Reject Count	0 - 9	RW	This number indicates the number of repetitions that follow for the field Other Payer Reject Code (472-6E).
472-6E	Other Payer Reject Code		RW	Enter the error encountered by the previous "Other Payer" in "Reject Code" (511-FB).

DUR/PPS Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	08 = DUR/PPS	M	
473-7E	DUR/PPS Code Counter	1 = First Occurrence of DUR Fields 2 = Second Occurrence of DUR Fields	RW	Enter when fields 439-E4, 440-E5, 441-E6, or 474-8E are submitted. Indicates the occurrence number for each set of the following repeatable fields: <ul style="list-style-type: none"> • Reason for Service Code (439-E4).

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Field Number	Field Name	Value	M/R/RW	Comment
				<ul style="list-style-type: none"> • Professional Service Code (440-E5). • Result of Service Code (441-E6). • DUR/PPS Level of Effort (474-8E). <p><i>Note:</i> Only the first two sets of DUR fields will be processed for noncompound submissions and only the first set of DUR fields will be processed for compound submissions. Additional sets of DUR fields will be ignored.</p>
439-E4	Reason for Service Code	AD = Additional Drug Needed AN = Prescription Authentication AR = Adverse Drug Reaction AT = Additive Toxicity CD = Chronic Disease Management CS = Patient Complaint/Symptom DA = Drug-Allergy DC = Drug-Disease (Inferred) DD = Drug-Drug Interaction DF = Drug-Food Interaction DI = Drug Incompatibility DL = Drug-Lab Conflict DM = Apparent Drug Misuse DS = Tobacco Use ER = Overuse EX = Excessive Quantity HD = High Dose	RW	<p>Enter when billing Pharmaceutical Care (PC) services or overriding DUR alerts.</p> <p><i>Note:</i> Only the first two sets of DUR fields will be processed for non-compound submissions and only the first set of DUR fields will be processed for compound submissions. Additional sets of DUR fields will be ignored.</p> <p>It is recommended that PC information be separated from DUR alert pre-override/override information; however, if the DUR values are the same for both, they may continue to be submitted in one set of DUR fields.</p> <p>Two sets of DUR fields may be submitted in any order. When a Level of Effort field is present, the DUR fields will be treated as PC. If the Level of Effort field is not present, the DUR fields will be</p>

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Field Number	Field Name	Value	M/R/RW	Comment
		IC = Iatrogenic Condition ID = Ingredient Duplication LD = Low Dose LK = Lock-In Member LR = Underuse MC = Drug-Disease (Reported) MN = Insufficient Duration MX = Excessive Duration ND = New Disease/Diagnosis NN = Unnecessary Drug NP = New Patient Processing NR = Lactation/Nursing Interaction NS = Insufficient Quantity OH = Alcohol Conflict PA = Drug-Age PG = Drug-Pregnancy PR = Prior Adverse Reaction PS = Product Selection Opportunity RE = Suspected Environmental Risk SC = Suboptimal Compliance SE = Side Effect SF = Suboptimal Dosage Form SR = Suboptimal Regimen SX = Drug-Gender TD = Therapeutic TN = Laboratory Test Needed		treated as DUR pre-override/override. If either of the sets of DUR fields do not meet ForwardHealth policy, they will not be used.
440-E5	Professional Service Code	AS = Patient Assessment CC = Coordination of Care MO = Prescriber Consulted	RW	Enter when billing PC services or overriding DUR alerts.

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Field Number	Field Name	Value	M/R/RW	Comment
		MR = Medication Review PO = Patient Consulted PE = Patient Education/Instruction PH = Patient Medication History RO = Pharmacist Consulted Other Source RT = Recommend Laboratory Test SW = Literature Search/Review TC = Payer/Processor Consulted TH = Therapeutic Product Interchange		<p><i>Note:</i> Only the first two sets of DUR fields will be processed for noncompound submissions, and only the first set of DUR fields will be processed for compound submissions. Additional sets of DUR fields will be ignored.</p> <p>It is recommended that PC information be separated from DUR alert pre-override/override information; however, if the DUR values are the same for both, they may continue to be submitted in one set of DUR fields.</p> <p>Two sets of DUR fields may be submitted in any order. When a Level of Effort field is present, the DUR fields will be treated as PC. If the Level of Effort field is not present, the DUR fields will be treated as DUR pre-override/override. If either of the sets of DUR fields do not meet ForwardHealth policy, they will not be used.</p>
441-E6	Result of Service Code	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	RW	<p>Enter when billing PC services or overriding DUR alerts.</p> <p><i>Note:</i> Only the first two sets of DUR fields will be processed for noncompound submissions, and only the first set of DUR fields will be processed for compound submissions. Additional sets of DUR fields will be ignored.</p> <p>It is recommended that PC information be separated from DUR</p>

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Field Number	Field Name	Value	M/R/RW	Comment
		Prescriber Approval 1K = Filled with Different Dosage Form 2A = Prescription Not Filled 2B = Not Filled, Directions Clarified 3G = Drug Therapy Unchanged 3H = Follow-Up/Report 3K = Instructions Understood 3M = Compliance Aid Provided		<p>alert pre-override/override information; however, if the DUR values are the same for both, they may continue to be submitted in one set of DUR fields.</p> <p>Two sets of DUR fields may be submitted in any order. When a Level of Effort field is present, the DUR fields will be treated as PC. If the Level of Effort field is not present, the DUR fields will be treated as DUR pre-override/override. If either of the sets of DUR fields do not meet ForwardHealth policy, they will not be used.</p>
474-8E	DUR/PPS Level of Effort	11 = 0 - 5 Minutes 12 = 6 - 15 Minutes 13 = 16 - 30 Minutes 14 = 31 - 60 Minutes 15 = More than 60 Minutes	RW	<p>Enter when billing PC services or when the compound segment is present.</p> <p><i>Note:</i> Only the first two sets of DUR fields will be processed for noncompound submissions, and only the first set of DUR fields will be processed for compound submissions. Additional sets of DUR fields will be ignored.</p> <p>It is recommended that PC information be separated from DUR alert pre-override/override information; however, if the DUR values are the same for both, they may continue to be submitted in one set of DUR fields.</p> <p>Two sets of DUR fields may be submitted in any order. When a Level of Effort field is present, the</p>

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Field Number	Field Name	Value	M/R/RW	Comment
				DUR fields will be treated as PC. If the Level of Effort field is not present, the DUR fields will be treated as DUR pre-override/override. If either of the sets of DUR fields do not meet ForwardHealth policy, they will not be used. <i>Note:</i> Not used by WCDP.

Pricing Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11 = Pricing	M	
433-DX	Patient Paid Amount Submitted		R	SeniorCare – Enter the amount of out-of-pocket expenses to be paid by the member towards the prescription due to other coverage. ForwardHealth does not use this field to indicate expected copayment. <i>Note:</i> Negative dollar amounts will not be accepted.
426-DQ	Usual and Customary Charge		R	Enter the amount charged to cash customers exclusive of sales tax and other amounts claimed. <i>Note:</i> Negative dollar amounts will not be accepted.
430-DU	Gross Amount Due		R	Enter the total price claimed from all sources. <i>Note:</i> Negative dollar amounts will not be accepted.

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Compound Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	10 = Compound	M	<i>Note:</i> This segment is not valid for WCDP claims.
450-EF	Compound Dosage Form Description Code		M	Not used by ForwardHealth.
451-EG	Compound Dispensing Unit Form Indicator		M	Not used by ForwardHealth.
452-EH	Compound Route of Administration		M	Not used by ForwardHealth.
447-EC	Compound Ingredient Component Count	1 – 25	M	<p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Compound Product ID Qualifier (488-RE). • Compound Product ID (489-TE). • Compound Ingredient Quantity (448-ED). • Compound Ingredient Drug Cost (449-EE). <p><i>Note:</i> Up to 25 compound ingredients will be processed.</p> <p><i>Note:</i> Not used by WCDP.</p>
488-RE	Compound Product ID Qualifier	03 = National Drug Code (NDC)	M	<i>Note:</i> Not used by WCDP.
489-TE	Compound Product ID		M	<p>Enter the 11-digit NDC identifying the compound ingredient.</p> <p><i>Note:</i> Not used by WCDP.</p>
448-ED	Compound Ingredient Quantity		M	<i>Note:</i> Not used by WCDP.
449-EE	Compound Ingredient Drug Cost		R	<p>Enter the ingredient cost for the compound ingredient.</p> <p><i>Note:</i> Not used by WCDP.</p>

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Clinical Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13 = Clinical	M	
491-VE	Diagnosis Code Count	1 – 5	RW	<p>Enter when fields 492-WE and 424-DO are submitted.</p> <p>Indicates the number of repetitions that follow for the fields in the grouping:</p> <ul style="list-style-type: none"> • Diagnosis Code Qualifier (492-WE). • Diagnosis Code (424-DO). <p><i>Note:</i> Up to five sets of diagnosis code fields will be processed. If more than five occurrences are submitted, the remaining occurrence(s) will be ignored.</p>
492-WE	Diagnosis Code Qualifier	01 = <i>International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)</i>	RW	<p>Enter when field 424-DO is submitted.</p> <p><i>Note:</i> Up to five sets of diagnosis code fields will be processed. If more than five occurrences are submitted, the remaining occurrence(s) will be ignored.</p>
424-DO	Diagnosis Code		RW	<p>Enter an ICD-9-CM diagnosis code when the billed drug requires a diagnosis or when billing for PC services.</p> <p>Enter an ICD-9-CM diagnosis code for WCDP.</p> <p><i>Note:</i> Up to five sets of diagnosis code fields will be processed. If more than five occurrences are submitted, the remaining occurrence(s) will be ignored.</p>

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B1 Accepted Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Message Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20 = Response message	M	This segment will only be sent when field 112-AN = R.
504-F4	Message		R	This field contains the program(s) a cardholder is enrolled in for the date of service for the Payer(Plan-Id [524-FO]). <i>Note:</i> If member is enrolled in multiple programs, programs will be separated by an asterisk (*).

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	C = Captured D = Duplicate of Paid P = Paid R = Rejected	M	

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Field Number	Field Name	Value	M/R/RW	Comment
503-F3	Authorization Number		R	This field contains the authorization number on duplicate and rejected responses or the Internal Control Number (ICN) on paid and captured responses.
510-FA	Reject Count	1 - 10	RW	This field indicates the number of repetitions that follow for the fields in the grouping: <ul style="list-style-type: none"> • Reject Code (511-FB). • Reject Field Occurrence Indicator (546-4F). <i>Note:</i> This field will only display when field 112-AN = "R".
511-FB	Reject Code		RW	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values. <i>Note:</i> This field will only display when field 112-AN = "R".
546-4F	Reject Field Occurrence Indicator		RW	This field contains the counter number or occurrence of the field that is being rejected. <i>Note:</i> This field will only display when the field in error is a repeating field and field 112-AN = "R".
526-FQ	Additional Message Information		RW	See Attachment 1 of this document for Paid, Duplicate of Paid, or Captured Response. See Attachment 2 for Rejected Response.

Response Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22 = Response Claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	This field contains the same value as submitted on the request.

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Field Number	Field Name	Value	M/R/RW	Comment
402-D2	Prescription/Service Reference Number		M	This field contains the same value as submitted on the request.

Response Pricing Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	23 = Response Pricing	M	
505-F5	Patient Pay Amount		R	This field contains the total amount to be collected from the member for the prescription. <i>Note:</i> Amount Applied to Periodic Deductible/Spendedown(517-FH) + Amount of Copay/Coinsurance (518-FI) ----- = Patient Pay Amount (505-F5)
506-F6	Ingredient Cost Paid		R	This field contains the amount paid for the drug based on the total amount paid pricing formula. <i>Note:</i> Included in the Total Amount Paid (509-F9).
507-F7	Dispensing Fee Paid		R	This field contains the amount paid for the dispensing fee based on the total amount paid pricing formula when txn_status (112-AN) = D (Duplicate). <i>Note:</i> Included in the Total Amount Paid (509-F9).
557-AV	Tax Exempt Indicator	1 = Tax Exempt 2 = Not Tax Exempt	R	<i>Note:</i> WCDP is not tax exempt.
566-J5	Other Payer Amount Recognized		R	This field contains the amount recognized as being paid by another payer. <i>Note:</i> Included in the Total Amount Paid (509-F9).

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Field Number	Field Name	Value	M/R/RW	Comment
509-F9	Total Amount Paid		R	This field contains the total amount to be paid for the prescription. <i>Note:</i> Ingredient Cost Paid (506-F6) + Dispensing Fee Paid (507-F7) - Patient Pay Amount (505-F5) - Other Payer Amount Recognized (566-J5) ----- = Total Amount Paid (509-F9)
513-FD	Remaining Deductible Amount		R	This field contains the total amount the member has yet to pay before satisfying his/her annual spenddown and/or deductible. <i>Note:</i> Not used by WCDP.
517-FH	Amount Applied to Periodic Deductible		R	This field contains the total amount applied to the member's spenddown and/or deductible for Medicaid, SeniorCare, and WCDP. <i>Note:</i> Included in the Patient Pay Amount (505-F5).
518-FI	Amount of Copay/Co-Insurance		R	This field contains the total amount of Copayment/Coinsurance for which the member is responsible. <i>Note:</i> Included in the Patient Pay Amount (505-F5).

Response DUR/PPS Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	24 = Response DUR/PPS	M	
567-J6	DUR/PPS Response Code Counter	1 – 9	RW	This field indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> • Reason for Service Code (439-E4). • Clinical Significance Code

M/R/RW = Mandatory/Required/Required When

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Field Number	Field Name	Value	M/R/RW	Comment
				(528-FS). <ul style="list-style-type: none"> • Other Pharmacy Indicator (529-FT). • Previous Date of Fill (530-FU). • Quantity of Previous Fill (531-FV). • Database Indicator (532-FW). • Other Prescriber Indicator (533-FY). • DUR Free Text Message (544-FY).
439-E4	Reason for Service Code	AT = Additive Toxicity DC = Drug-Disease (Inferred) DD = Drug-Drug Interaction ER = Overuse HD = High Dose LR = Under Use MC = Drug-Disease (Reported) NS = Insufficient Quantity PA = Drug-Age PG = Drug-Pregnancy SR = Suboptimal Regimen TD = Therapeutic	RW	This field contains the DUR alert code when a DUR alert sets.
528-FS	Clinical Significance Code	1 = Major 2 = Moderate 3 = Minor	RW	This field contains additional DUR alert information.
529-FT	Other Pharmacy Indicator	1 = Your Pharmacy 3 = Other Pharmacy	RW	This field contains additional DUR alert information.
530-FU	Previous Date of Fill		RW	This field contains additional DUR alert information. <i>Note:</i> This field is zero filled if the alert is set based on data on the current claim only. Otherwise, it contains the date of service from

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Field Number	Field Name	Value	M/R/RW	Comment
				the other claim or history claim causing the alert to set.
531-FV	Quantity of Previous Fill		RW	This field contains additional DUR alert information. <i>Note:</i> This field is zero filled if the alert is set based on data on the current claim only. It is zero filled when the other claim or profile record causing the alert to set has spaces in the quantity field. Otherwise, it contains the quantity from the other claim or history claim.
532-FW	Database Indicator	1 = First Databank 4 = Processor Developed	RW	This field contains additional DUR alert information.
533-FX	Other Prescriber Indicator	1 = Same Prescriber 2 = Other prescriber	RW	This field contains additional DUR alert information.
544-FY	DUR Free Text Message		RW	This field contains additional DUR alert information. <i>Note:</i> See Attachment 3 of this document for the messages that will appear in this field.

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B1 Rejected Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		R	This field contains a generated authorization number.
510-FA	Reject Count	1 - 10	R	This field indicates the number of repetitions that follow for the fields in the grouping: <ul style="list-style-type: none"> • Reject Code (511-FB). • Reject Field Occurrence Indicator (546-4F).
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.
546-4F	Reject Field Occurrence Indicator		RW	This field contains the counter number or occurrence of the field that is being rejected. <i>Note:</i> This field will only display

M/R/RW = Mandatory/Required/Required When

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Field Number	Field Name	Value	M/R/RW	Comment
				when the field in error is a repeating field and field 112-AN = "R".

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B2 Reversal Request

Transaction Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
101-A1	Bin Number	610499	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B2	M	
104-A4	Processor Control Number		RW	Enter WIPARTD when indicated in a claim response from the Medicare Part D PDP for the SeniorCare and WCDP members. <i>Note:</i> Field must be 10 characters; pad with spaces to the right.
109-A9	Transaction Count	1 = 1 Occurrence 2 = 2 Occurrences 3 = 3 Occurrences 4 = 4 Occurrences	M	<i>Note:</i> Maximum of 1 allowed for compound transactions.
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI) 05 = Medicaid	M	<i>Note:</i> "05" is only valid for "atypical" providers.
201-B1	Service Provider ID		M	Enter the 10-digit NPI. "Atypical" providers should enter their eight-digit or nine-digit ForwardHealth interChange Provider ID. <i>Note:</i> Field must be 15 characters; pad with spaces to the right.
401-D1	Date of Service		M	Enter the date the prescription was filled.
110-AK	Software Vendor/Certification ID		M	Enter the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange. <i>Note:</i> Field must be 10 characters; pad with spaces to the right.

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Insurance Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04 = Insurance	M	
302-C2	Cardholder ID		M	Enter the member's 10-digit identification number.
524-FO	Plan ID	TXIX WCDP	R	Enter value "TXIX" to indicate Wisconsin Medicaid, BadgerCare Plus, and SeniorCare or "WCDP" to indicate the Wisconsin Chronic Disease Program.

Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07 = Claim	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	Enter the seven-digit prescription number.
436-E1	Product/Service ID Qualifier		M	This field is not used by ForwardHealth.
407-D7	Product/Service ID		M	This field is not used by ForwardHealth.

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B2 Accepted Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Message Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20 = Response message	M	
504-F4	Message		R	This field contains "CLAIM ALREADY REVERSED" when field 112-AN = "R". See Attachment 4 of this document when field 112-AN = "A" or "S".

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	A = Approved R = Rejected S = Duplicate of Approved	M	
503-F3	Authorization Number		R	This field contains the authorization number on rejected responses; the ICN on approved and captured responses.

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Field Number	Field Name	Value	M/R/RW	Comment
510-FA	Reject Count	1-10	RW	This field indicates the number of repetitions that follow for the Reject Code (511-FB) field. <i>Note:</i> This field will only display when field 112-AN = "R".
511-FB	Reject Code		RW	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values. <i>Note:</i> This field will only display when field 112-AN = "R".
526-FQ	Additional Message Information		RW	This field will contain one of the following messages when field 112-AN = "R": "INVALID DISPENSE DATE" "ADJUDICATION DATE OLDER THAN 365 DAYS" "INVALID PROVIDER NUMBER" "CANNOT FIND CLAIM" "MULTIPLE CLAIMS FOUND" "SYSTEM ERROR"

Response Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22 = Response Claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	This field contains the same value as submitted on the request.
402-D2	Prescription/Service Reference Number		M	This field contains the same value as submitted on the request.

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B2 Rejected Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		R	This field contains the ForwardHealth generated authorization number.
510-FA	Reject Count	1-10	R	This field indicates the number of repetitions that follow for the Reject Code (511-FB) field.
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.

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P2 PA Reversal Request

Transaction Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	610499	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	P2	M	
104-A4	Processor Control Number		M	Not used by ForwardHealth.
109-A9	Transaction Count	1 = 1 Occurrence	M	<i>Note:</i> Only one PA reversal transaction will be accepted per transmission.
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI) 05 = Medicaid	M	<i>Note:</i> "05" is only valid for "Atypical" Providers
201-B1	Service Provider ID		M	Enter the 10-digit NPI. "Atypical" providers should enter their eight-digit or nine-digit ForwardHealth interChange Provider ID. <i>Note:</i> Field must be 15 characters; pad with spaces to the right.
401-D1	Date of Service		M	Not used by ForwardHealth.
110-AK	Software Vendor/Certification ID		M	Enter the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange. <i>Note:</i> Field must be 10 characters; pad with spaces to the right.

Insurance Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04 = Insurance	M	
302-C2	Cardholder ID		M	Enter the 10-digit member ID.

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Field Number	Field Name	Value	M/R/RW	Comment
524-FO	Plan ID	TXIX WCDP	R	Enter value "TXIX" to indicate Wisconsin Medicaid, BadgerCare Plus, and SeniorCare or "WCDP" to indicate Wisconsin Chronic Disease Program

Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07 = Claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	Not used by ForwardHealth.
402-D2	Prescription/Service Reference Number		M	Not used by ForwardHealth.
436-E1	Product/Service ID Qualifier		M	Not used by ForwardHealth.
407-D7	Product/Service ID		M	Not used by ForwardHealth.

Prior Authorization Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	12 = Prior Authorization	M	
498-PA	Request Type		M	Not used by ForwardHealth.
498-PB	Request Period Date-Begin		M	Not used by ForwardHealth.
498-PC	Request Period Date-End		M	Not used by ForwardHealth.
498-PD	Basis of Request		M	Not used by ForwardHealth.
498-PY	Prior Authorization Number – Assigned		R	Enter the 10-digit prior authorization (PA) number assigned by ForwardHealth.

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P2 PA Reversal Accepted Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	A = Approved S = Duplicate of Approval R = Rejected	M	
510-FA	Reject Count	1 - 10	RW	Indicates the number of repetitions that follow for the Reject Code (511-FB) field. <i>Note:</i> This field will only display when field 112-AN = "R".
511-FB	Reject Code		RW	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values. <i>Note:</i> This field will only display when field 112-AN = "R".
526-FQ	Additional Message Information		R	Refer to Attachment 5 of this document for a description of the

M/R/RW = Mandatory/Required/Required When

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Field Number	Field Name	Value	M/R/RW	Comment
				message.

Response Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22 = Response Claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	This field contains the same value as submitted on the request.
402-D2	Prescription/Service Reference Number		M	This field contains the same value as submitted on the request.

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P2 PA Reversal Rejected Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	R = Rejected	M	
510-FA	Reject Count	1 – 10	R	This field indicates the number of repetitions that follow for the Reject Code (511-FB) field.
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.
526-FQ	Additional Message Information		R	See Attachment 5 of this document for a description of the message.

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P3 PA Inquiry Request

Transaction Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	610499	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	P3	M	
104-A4	Processor Control Number		M	Not used by ForwardHealth.
109-A9	Transaction Count	1 = 1 Occurrence	M	<i>Note:</i> Only one PA inquiry transaction will be accepted per transmission.
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI) 05 = Medicaid	M	<i>Note:</i> "05" is only valid for "atypical" providers
201-B1	Service Provider ID		M	Enter the 10-digit NPI. "Atypical" providers should enter their eight-digit or nine-digit ForwardHealth interChange Provider ID. <i>Note:</i> Field must be 15 characters; pad with spaces to the right.
401-D1	Date of Service		M	Not used by ForwardHealth.
110-AK	Software Vendor/Certification ID		M	Enter the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange. <i>Note:</i> Field must be 10 characters; pad with spaces to the right.

Insurance Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04 = Insurance	M	
302-C2	Cardholder ID		M	Enter the member's 10-digit identification number.

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Field Number	Field Name	Value	M/R/RW	Comment
524-FO	Plan ID	TXIX WCDP	R	Enter value "TXIX" to indicate Wisconsin Medicaid, BadgerCare Plus, and SeniorCare or "WCDP" to indicate Wisconsin Chronic Disease Program

Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07 = Claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	Not used by ForwardHealth.
402-D2	Prescription/Service Reference Number		M	Not used by ForwardHealth.
436-E1	Product/Service ID Qualifier	03 = National Drug Code (NDC)	M	
407-D7	Product/Service ID		M	Enter the 11-digit NDC identifying the drug requested.

Prior Authorization Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	12 = Prior Authorization	M	
498-PA	Request Type		M	Not used by ForwardHealth.
498-PB	Request Period Date-Begin		M	Enter the requested first date of service for the PA request.
498-PC	Request Period Date-End		M	Not used by ForwardHealth.
498-PD	Basis of Request		M	Not used by ForwardHealth.

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P3 PA Inquiry Accepted Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	A = Approved R = Rejected	M	
510-FA	Reject Count	1 - 10	RW	Indicates the number of repetitions that follow for the Reject Code (511-FB) field. <i>Note:</i> This field will only display when field 112-AN = "R".
511-FB	Reject Code		RW	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values. <i>Note:</i> This field will only display when field 112-AN = "R".
526-FQ	Additional Message Information		R	See Attachment 5 of this document for a description of the message.

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Response Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22 = Response Claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	This field contains the same value as submitted on the request.
402-D2	Prescription/Service Reference Number		M	This field contains the same value as submitted on the request.

Response Prior Authorization Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	26 = Response Prior Authorization	M	
498-PR	Prior Authorization Processed Date		R	This field contains the date the PA was final when field 112-AN = "A" and information is available in the system.
498-PS	Prior Authorization Effective Date		R	This field contains the first date in which the drug is prior authorized when field 112-AN = "A" and information is available in the system.
498-PT	Prior Authorization Expiration Date		R	This field contains the date through which the drug is prior authorized when field 112-AN = "A" and information is available in the system.
498-RA	Prior Authorization Quantity		R	This field contains the number of days prior authorized when field 112-AN = "A" and information is available in the system.
498-RB	Prior Authorization Dollars Authorized		R	This field contains dollars prior authorized, if applicable when field 112-AN = "A" and information is available in the system.
498-PX	Prior Authorization Quantity Accumulated		R	This field contains the number of days accumulated on the PA when field 112-AN = "A" and information is available in the system.

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Field Number	Field Name	Value	M/R/RW	Comment
498-PY	Prior Authorization Number — Assigned		R	The 10-digit PA number assigned by ForwardHealth when field 112-AN = "A" and information is available in the system.

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P3 PA Inquiry Rejected Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	R = Rejected	M	
510-FA	Reject Count	1 - 10	R	Indicates the number of repetitions that follow for the Reject Code (511-FB) field.
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.
526-FQ	Additional Message Information		R	See Attachment 5 of this document for a description of the message.

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P4 PA Request Only

Transaction Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	610499	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	P4	M	
104-A4	Processor Control Number		M	Not used by ForwardHealth.
109-A9	Transaction Count	1 = 1 Occurrence	M	<i>Note:</i> Only one PA request transaction will be accepted per transmission.
202-B2	Service Provider ID Qualifier	01 = National Provide Identifier (NPI) 05 = Medicaid	M	<i>Note:</i> "05" is only valid for "atypical" providers
201-B1	Service Provider ID		M	Enter the 10-digit NPI. "Atypical" providers should enter their eight-digit or nine-digit ForwardHealth interChange Provider ID. <i>Note:</i> Field must be 15 characters; pad with spaces to the right.
401-D1	Date of Service		M	Not used by ForwardHealth.
110-AK	Software Vendor/Certification ID		M	Enter the nine-digit numeric Trading Partner identification number assigned by ForwardHealth interChange. <i>Note:</i> Field must be 10 characters; pad with spaces to the right.

Patient Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01 = Patient	M	
310-CA	Patient First Name		R	Enter the member's first name.
311-CB	Patient Last Name		R	Enter the member's last name.
307-C7	Patient Location	0 = Not specified 1 = Home	R	

M/R/RW = Mandatory/Required/Required When

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Field Number	Field Name	Value	M/R/RW	Comment
		4 = Long Term/Extended Care 7 = Skilled Care Facility 10 = Outpatient		

Insurance Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04 = Insurance	M	
302-C2	Cardholder ID		M	Enter the 10-digit member ID.
524-FO	Plan ID	TXIX WCDP	R	Enter value "TXIX" to indicate Wisconsin Medicaid, BadgerCare Plus, and SeniorCare or "WCDP" to indicate Wisconsin Chronic Disease Program.

Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07 = Claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	Not used by ForwardHealth.
402-D2	Prescription/Service Reference Number		M	Not used by ForwardHealth.
436-E1	Product/Service ID Qualifier	03 = National Drug Code (NDC)	M	
407-D7	Product/Service ID		M	Enter the 11-digit NDC of the requested drug.
405-D5	Days Supply		R	Enter the requested days' supply.

Prescriber Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	03 = Prescriber	M	
466-EZ	Prescriber ID Qualifier	01 = National Provider Identifier (NPI)	R	
411-DB	Prescriber ID		R	Enter the prescribers' 10-digit NPI. <i>Note:</i> Providers may use the prescriber's NPI or the pharmacy's NPI if the prescriber's NPI is not

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Field Number	Field Name	Value	M/R/RW	Comment
				available.

Prior Authorization Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	12 = Prior Authorization	M	
498-PA	Request Type		M	Not used by ForwardHealth.
498-PB	Request Period Date-Begin		M	Enter the requested first date of service.
498-PC	Request Period Date-End		M	Enter the requested end date of service.
498-PD	Basis of Request		M	Not used by ForwardHealth.

Clinical Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13 = Clinical	M	
491-VE	Diagnosis Code Count	1 - 2	R	Enter when fields 492-WE and 424-DO are submitted. Indicates the number of repetitions that follow for the fields in the grouping: <ul style="list-style-type: none"> • Diagnosis Code Qualifier (492-WE). • Diagnosis Code (424-DO). <i>Note:</i> Up to two sets of diagnosis code fields will be processed. If more than two occurrences are submitted, the remaining occurrence(s) will be ignored.
492-WE	Diagnosis Code Qualifier	01 = <i>International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)</i>	R	Enter when field 424-DO is submitted. <i>Note:</i> Up to two sets of diagnosis code fields will be processed. If more than two occurrences are submitted, the remaining occurrence(s) will be ignored.
424-DO	Diagnosis Code		R	Enter an ICD-9-CM diagnosis code most relevant to the drug requested

M/R/RW = Mandatory/Required/Required When

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Field Number	Field Name	Value	M/R/RW	Comment
				for PA. <i>Note:</i> Up to two sets of diagnosis code fields will be processed. If more than two occurrences are submitted, the remaining occurrence(s) will be ignored.

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P4 PA Request Only Accepted Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	C = Captured Q = Duplicate of Captured R = Rejected	M	
510-FA	Reject Count	1 - 10	RW	Indicates the number of repetitions that follow for the Reject Code (511-FB) field. <i>Note:</i> This field will only display when field 112-AN = "R".
511-FB	Reject Code		RW	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values. <i>Note:</i> This field will only display when field 112-AN = "R".
526-FQ	Additional Message Information		O	See Attachment 5 of this document for a description of the message.

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Response Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22 = Response Claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	This field contains the same value as submitted on the request.
402-D2	Prescription/Service Reference Number		M	This field contains the same value as submitted on the request.

Response Prior Authorization Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	26 = Response Prior Authorization	M	
498-PY	Prior Authorization Number -- Assigned		R	The 10-digit PA number assigned by ForwardHealth when field 112-AN = "C".

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P4 PA Request Only Rejected Response

Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response Status	M	
112-AN	Transaction Response Status	R = Rejected	M	
510-FA	Reject Count	1 - 10	R	Indicates the number of repetitions that follow for the Reject Code (511-FB) field.
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.
526-FQ	Additional Message Information		R	See Attachment 5 of this document for a description of the message.

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Attachment 1

Field 526-FQ on a Paid or Duplicate of Paid Response When the
 AT DUR Alert Has Not Set

Position	Description	Comments
1 – 4	EOB #1	Will display the 1st Explanation of Benefit (EOB) number.
5	(Space)	Format as a constant space.
6 – 9	EOB #2	Will display the 2nd EOB number.
10	(Space)	Format as a constant space.
11 – 14	EOB #3	Will display the 3rd EOB number.
15	(Space)	Format as a constant space.
16 - 19	EOB #4	Will display the 4th EOB number.
20	(Space)	Format as a constant space.
21 – 24	EOB #5	Will display the 5th EOB number.
25	(Space)	Format as a constant space.
26 - 29	EOB #6	Will display the 6th EOB number.
30	(Space)	Format as a constant space.
31 - 32	<i>RS</i>	Format as a constant.
33 - 38	Remaining spenddown \$ amount	Will display the amount the member has left to pay before his/her spenddown is satisfied. Format: 9999v99. If more than \$9,999.99 of spenddown remains, the field will be filled with dollar signs. <i>Note:</i> This field will only be populated on SeniorCare claims.
39	(Space)	Format as a constant space.
40 - 41	<i>RD</i>	Format as a constant.
42 - 46	Remaining deductible \$ amount	Will display the amount the member has left to pay before his/her deductible is satisfied. Format: 999v99. <i>Note:</i> This field will only be populated on SeniorCare claims.
47 - 200	(Spaces)	Format as constant spaces.

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Field 526-FQ on a Paid or Duplicate of Paid Response When the AT DUR Alert
 Has Set

Position	Description	Comments
1 – 4	EOB #1	Will display the 1st EOB number.
5	(Space)	Format as a constant space.
6 – 9	EOB #2	Will display the 2nd EOB number.
10	(Space)	Format as a constant space.
11 – 14	EOB #3	Will display the 3rd EOB number.
15	(Space)	Format as a constant space.
16 – 19	EOB #4	Will display the 4th EOB number.
20	(Space)	Format as a constant space.
21 – 24	EOB #5	Will display the 5th EOB number.
25	(Space)	Format as a constant space.
26 – 29	EOB #6	Will display the 6th EOB number.
30	(Space)	Format as a constant space.
31 - 32	<i>RS</i>	Format as a constant.
33 - 38	Remaining spenddown \$ amount	Will display the amount the member has left to pay before his/her spenddown is satisfied. Format: 9999v99. If more than \$9,999.99 of spenddown remains, the field will be filled with dollar signs. <i>Note:</i> This field will only be populated on SeniorCare claims.
39	(Space)	Format as a constant space.
40 – 41	<i>RD</i>	Format as a constant.
42 – 46	Remaining deductible \$ amount	Will display the amount the member has left to pay before his/her deductible is satisfied. Format: 999v99. <i>Note:</i> This field will only be populated on SeniorCare claims.
47	(Space)	Format as a constant space.
48 – 73	Drug label name 1	
74	(Asterisk)	Format as a constant asterisk.
75 – 100	Drug label name 2	
101	(Asterisk)	Format as a constant asterisk.
102 - 127	Drug label name 3	
128	(Asterisk)	Format as a constant asterisk.
129 - 200	(Spaces)	Format as constant spaces.

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Attachment 2

Field 526-FQ on a Rejected Response When the Claim Denies for a DUR Alert

Position	Descriptions	Comments
1 – 4	EOB #1	Will display the 1st EOB number.
5	(Space)	Format as a constant space.
6 – 9	EOB #2	Will display the 2nd EOB number.
10	(Space)	Format as a constant space.
11 - 14	EOB #3	Will display the 3rd EOB number
15	(Space)	Format as a constant space.
16 – 19	EOB #4	Will display the 4th EOB number.
20	(Space)	Format as a constant space.
21 – 24	EOB #5	Will display the 5th EOB number.
25	(Space)	Format as a constant space.
26 – 29	EOB #6	Will display the 6th EOB number.
30	(Space)	Format as a constant space.
31 - 56	Drug label name 1	
57	(Asterisk)	Format as a constant asterisk.
58 – 83	Drug label name 2	
84	(Asterisk)	Format as a constant asterisk.
85 – 110	Drug label name 3	
111	(Asterisk)	Format as a constant asterisk.
112 – 137	Drug label name 4	
138	(Asterisk)	Format as a constant asterisk.
139 – 164	Drug label name 5	
165	(Asterisk)	Format as a constant asterisk.
166 - 191	Drug label name 6	
192	(Asterisk)	Format as a constant asterisk.
193 - 200	(Spaces)	Format as constant spaces.

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Field 526-FQ on a Rejected Response When the Claim Does Not Deny for a DUR
 Alert

Position	Description	Comments
1 – 4	EOB #1	Will display the 1st EOB number.
5	(Space)	Format as a constant space.
6 – 9	EOB #2	Will display the 2nd EOB number.
10	(Space)	Format as a constant space.
11 -14	EOB #3	Will display the 3rd EOB number.
15	(Space)	Format as a constant space.
16 – 19	EOB #4	Will display the 4th EOB number.
20	(Space)	Format as a constant space.
21 – 24	EOB #5	Will display the 5th EOB number.
25	(Space)	Format as a constant space.
26 – 29	EOB #6	Will display the 6th EOB number.
30	(Space)	Format as a constant space.
31 – 38	<i>DUP ICN:</i>	Format as a constant.
39 – 51	ICN	Will display the duplicate ICN when EOB 0100 is displayed in one of the six EOB fields.
52	(Space)	Format as a constant space.
53 – 60	Date	Will display the paid date of the duplicate ICN. Format: CCYYMMDD
61	(Space)	Format as a constant space.
62 – 65	<i>MCP:</i>	Format as a constant.
66 - 86	MCP name	Will display the managed care program (MCP) name when EOB 0287 is displayed in one of the six EOB fields.
87	(Space)	Format as a constant space.
88 - 97	MCP phone number	Will display the MCP telephone number when EOB 0287 is displayed in one of the six EOB fields.
98	(Space)	Format as a constant space.
99 - 101	MCP provider specialty	Will display the MCP provider specialty when EOB 0287 is displayed in one of the six EOB fields.
102	(Space)	Format as a constant space.
103 – 106	<i>TPL:</i>	Format as a constant.
107 – 113	TPL carrier code	Will display the third-party liability (TPL — also known as private insurance or other insurance) carrier code when EOB 0278 is displayed in one of the six EOB fields.
114	(Space)	
115	TPL relationship code	Will display the TPL relationship code when EOB 0278 is displayed in one of the six EOB fields.

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Position	Description	Comments
116	(Space)	
117 – 132	TPL policy number	Will display the TPL policy number when EOB 0278 is displayed in one of the six EOB fields.
133	(Space)	
134 – 149	TPL group number	Will display the TPL group number when EOB 0278 is displayed in one of the six EOB fields.
150	(Space)	
151 – 158	TPL policy start date	Will display the TPL policy start date when EOB 0278 is displayed in one of the six EOB fields. Format of CCYYMMDD
159	(Space)	
160 – 167	TPL policy end date	Will display the TPL policy end date when EOB 0278 is displayed in one of the six EOB fields. Format of CCYYMMDD
168	(Space)	
169 – 176	<i>LOCK-IN:</i>	Format as a constant.
177 – 184	Lock-in period start date	Will display the lock-in period start date when EOB 0631 is displayed in one of the six EOB fields. Format of CCYYMMDD
185	(Space)	
186 – 193	Lock-in period end date	Will display the lock-in period end date when EOB 0631 is displayed in one of the six EOB fields. Format of CCYYMMDD
194	(Space)	
195 - 199	Lock-in coverage type	Will display the lock-in coverage type (CSRX = pharmacy; HOSPC = hospice) when EOB 0631 is displayed in one of the six EOB fields. <i>Note:</i> CSRX will be returned when date of service is on or after April 1 st , 2011 and LIRX will be returned when the date of service is before April 1 st , 2011.
200	(Spaces)	Format as constant spaces.

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Attachment 3

Messages Displayed in Field 544-FY

Conflict Code	Conflict Name	Message
AT	Additive Toxicity	"(ICD-9-CM code from history claim indicating side effect)/(history drug name)."
DC	Drug-Disease (Inferred)	"(Disease description of contraindication)."
DD	Drug-Drug Interaction	"(Brand name of drug in history causing alert)."
ER	Overutilization	"XX DAYS OF RX REMAINING"
HD	High Dose	"MAXIMUM RECOMMENDED DOSE IS XXX"
LR	Underutilization	"REFILL IS XX DAYS LATE"
MC	Drug-Disease (Reported)	"(Disease description of contraindication)."
NS	Insufficient Quantity	"THREE MONTH SUPPLY OPPORTUNITY"
PA	Drug-Age	"AGE WARNING/CONTRAINDICATION"
PG	Drug-Pregnancy	"PREGNANCY CONTRAINDICATION"
SR	Suboptimal Regimen	Either "TABLET SPLITTING OPPORTUNITY" or "DOSE CONSOLIDATION OPPORTUNITY".
TD	Therapeutic Duplication	"(Name of most recent history drug – trade or generic)."

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Attachment 4

Field 504-F4 on a Reversal Response

Position	Description	Comments
1 - 4	EOB	Will display an EOB number.
5	(Space)	Format as a constant space.
6 - 11	<i>REV SD</i>	Format as a constant.
12	(Space)	Format as a constant space.
13 - 18	Reversed spenddown \$ amount	Will display the amount added back to the member's spenddown. Format: 9999v99 <i>Note:</i> This field will only be populated for SeniorCare claims.
19	(Space)	Format as a constant space.
20 - 26	<i>REV DED</i>	Format as a constant.
27	(Space)	Format as a constant space.
28 - 32	Reversed deductible \$ amount	Will display the amount added back to the member's deductible. Format: 999v99 <i>Note:</i> This field will only be populated for SeniorCare claims.
33	(Space)	Format as a constant space.
34 - 45	<i>REMAINING SD</i>	Format as a constant.
46	(Space)	Format as a constant space.
47 - 52	Remaining Spenddown \$ Amount	Will display the amount the member has left to pay before his/her spenddown has been satisfied. Format: 9999v99 If more than \$9,999.99 of spenddown remains, the field will be filled with dollar signs. <i>Note:</i> This field will only be populated on SeniorCare claims.
53	(Space)	Format as a constant space.
54 - 66	<i>REMAINING DED</i>	Format as a constant.
67	(Space)	Format as a constant space.

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Position	Description	Comments
68 - 72	Remaining deductible \$ amount	Will display the amount the member has left to pay before his/her deductible has been satisfied. Format: 999v99 <i>Note:</i> This field will only be populated on SeniorCare claims.
73 – 200	(Spaces)	Format as constant spaces.

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Attachment 5

Field 526-FQ on a Rejected PA Response

Field 526-FQ for P2, P3, and P4 rejected transactions is formatted with the following structure:
 "verification error ERROR CODE – DESCRIPTION [ATTRIBUTE]"

Position	Descriptions	Comments
1 – 18	verification error	Format as a constant.
19	(Space)	Format as a constant space.
20 - 21	##	Error Code — List of values follow this table.
22 - 22	(Space)	Format as a constant space.
23 - 23	–	Format as a constant hyphen.
24 - 24	(Space)	Format as a constant space.
25 - 200	Description & Attribute are variable length – their structure is defined as follows:	
	DESCRIPTION	DESCRIPTION of error code is a variable text string — List of values follow this table.
	(Space)	Format as a constant space.
	[Format as a constant left bracket.
		The value of the attribute in error — it will either be the value received in the transaction related to the problem (i.e., provider ID, member ID, PA number) if available, or an attribute name (i.e., "provider").
]	Format as a constant right bracket.

Example: verification error 01 - Provider Number missing [provider]

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List of Error Codes, Descriptions and Corrective Actions:

P2 - NCPDP PA Reversal		
Code	Description	Corrective Action
01	Provider missing	Add Service Provider ID and resubmit.
01	Member missing	Add Cardholder ID and resubmit.
01	Prior Authorization Number missing	Add PA number and resubmit.
3X	Reversal not processed – Authorization not found	Correct PA Number — Assigned and resubmit.
87	Reversal not processed – The Prior Authorization requested cannot be reversed since services have been used	No action for this PA.
87	Reversal not processed – The Prior Authorization requested is not in a reversible status	No action for this PA.
99	Unable to access database	Host system error — retain this information and contact the EDI Help Desk.
99	“Variable text string system error message”	Host system error — retain this information and contact the EDI Help Desk.

P3 - NCPDP PA Inquiry		
Code	Description	Corrective Action
01	Provider Number Missing	Add Provide ID and resubmit.
21	Invalid Date	Correct Date of Service and resubmit.
31	Processing payer not found	Correct processing payer and resubmit.
40	Prior Authorization Number not found	Correct PA number and resubmit.
3X	Member, Drug Code, and Date required for inquiry type 4	Verify Cardholder ID, Product/Service ID, and Date of Service are correct and resubmit.
99	Unable to access database	Host system error — retain this information and contact the EDI Help Desk.
99	Unable to access AIM_PSWD	Host system error — retain this information and contact the EDI Help Desk.
99	Unable to connect to database using AIM_PSWD	Host system error — retain this information and contact the EDI Help Desk.
99	Unable to assign verification number	Host system error — retain this information and contact the EDI Help Desk.
99	Unable to add request to T_EVS_INQUIRY	Host system error — retain this information and contact the EDI Help Desk.
99	“Variable text string system error message”	Host system error — retain this information and contact the EDI Help Desk.

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P4 – NCPDP PA Request		
Code	Description	Corrective Action
01	System Error – Unable to Process	Host system error — retain this information and contact the EDI Help Desk.
01	System Error – Unable to assign Prior Authorization number	Host system error — retain this information and contact the EDI Help Desk.
99	Unable to access database	Host system error — retain this information and contact the EDI Help Desk.
99	Error during validate and prepare of prior authorization	Host system error — retain this information and contact the EDI Help Desk.