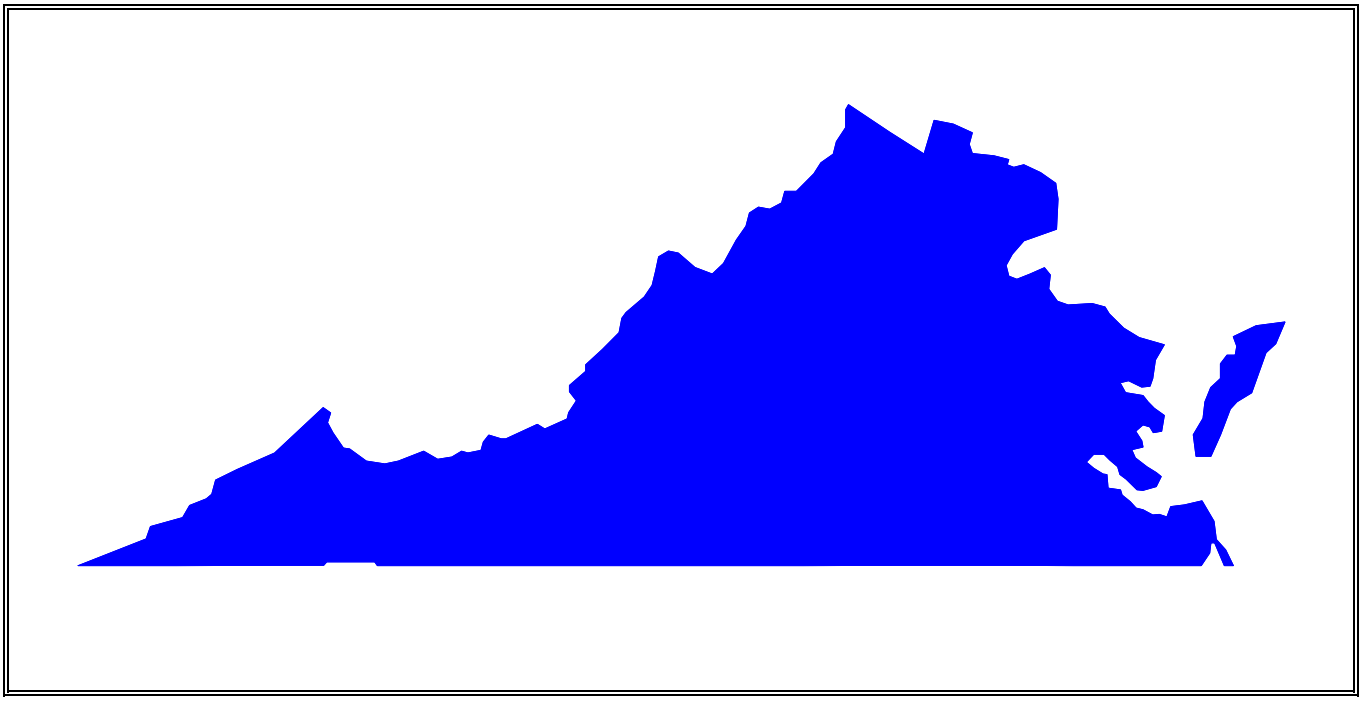
Virginia Department of Medical Assistance Services

Companion Guide

Payer Specification Sheet for Virginia Medicaid
NCPDP Transaction Version D.0
Document Version 2.0 Updated 05/19/2017



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VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
1.0	Original Implementation	
1.1	**NPI modifications** Modified comments regarding provider number and qualifier - Transaction Header Segment – Service Provider ID Qualifier - Transaction Header Segment – Service Provider ID - Prescriber Segment – Prescriber ID Qualifier - Prescriber Segment – Prescriber ID	03/09/2007
1.2	Changed for Contingency Dual use Period.	06/06/2007
1.3	Changed for NPI Compliance - Removed highlighting from previous version. - Modified NPI Notes in the ***Virginia Medicaid Claims SPECIAL CONSIDERATIONS for NCPDP Version 5.1*** Section. - Modified comments regarding provider number and qualifier - Transaction Header Segment – Service Provider ID Qualifier - Transaction Header Segment – Service Provider ID - Prescriber Segment – Prescriber ID Qualifier - Prescriber Segment – Prescriber ID	03/19/2008
1.4	Xerox VAMMIS Fiscal Agent Implementation Change - Re-branded documentation for Xerox - Modified Special Notes to include File Transfer Protocol information - Changed value of Processor Control Number (PCN) - Transaction Header Segment - Changed Effective Date in General Information section	06/15/2010
1.5	Changed for NCPDP D.0 Compliance - Noted Dual Use period for NCPDP 5.1 and D.0 effective 10/31/2011 until 12/31/2011. - Included Transaction/Segment Matrix. - Included specifications for Prescription Billing Reversal (B2) - Included specifications for Service Billing Transactions (S1/S2/S3) - Included additional fields in the Prescriber Segment as Required.	06/17/2011
1.6	- Updated VAMMIS notes for 995-E2 Route of Administration. - Updated VAMMIS notes for 426-DQ Usual and Customary. - Updated VAMMIS notes for 423-DN Basis of Cost Determination - Updated VAMMIS notes for 471-5E Other Payer Reject Count - Updated VAMMIS notes for 472-6E Other Payer Reject Code - Added 430-DU Gross Amount Due as a Required field. - Updated COB Segment to include all necessary fields when COB information is submitted. - Included clarification in VAMMIS notes for compound claim submission.	12/02/2011
1.7	Xerox Rebranding	06/15/2012
1.8	Updates for ProDur	12/19/2013
1.9	Updates for 340B Claim processing	06/20/2014
2.0	Conduent Rebranding	05/19/2017

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1.0 GENERAL INFORMATION

Payer Name: Virginia Medicaid		Date: 01/01/2014	
Processor: Conduent	Information Source: Conduent	BIN: 010900	PCN: DRVAPROD
Effective as of: 01/01/2014		NCPDP Telecommunication Standard Version/Release #: D.0	
Contact/Information Source: Provider Manuals - https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual General website - https://www.virginiamedicaid.dmas.virginia.gov			
Certification Testing Window: Monday-Friday 8 am ET – 5 pm ET			
EDI Help Desk Info: 866-352-0766			
Email: Virginia.EDIsupport@Conduent.com			

2.0 SEGMENTS

Each segment is listed as mandatory, situational, or not used for a given transaction in the Virginia Medicaid NCPDP Payer Sheet. If the segment is mandatory for a given transaction, that segment must be sent. If the segment is situational, the situations outlined in the guide must be followed for use. If the segment is not used, Virginia Medicaid currently does not support the use of the segment but does reserve the right to use the segment in the future.

Transaction/Segment Matrix

SEGMENT	ID	Elig	RX Billing	RX Rev	RX Rebill	Service Billing	Service Rev	Service Rebill
Transaction Code	**AM**	**E1**	**B1**	**B2**	**B3**	**S1**	**S2**	**S3**
Header	--	M	M	M	M	M	M	M
Patient	01	M	M	N	M	M	N	M
Insurance	04	M	M	N	M	M	N	M
Claim	07	N	M	M	M	M	M	M
Pharmacy Provider	02	S	S	N	S	S	N	S
Prescriber	03	N	M	N	M	M	N	M
Pricing	11	N	M	N	M	M	N	M
COB/Other Payments	05	N	S	N	S	S	N	S
Prior Authorization	12	N	S	N	S	S	N	S
DUR/PPS	08	N	S	S	S	S	S	S
Clinical	13	N	S	N	S	S	N	S
Compound	10	N	S	N	S	N	N	N
Coupon	09	N	S	N	S	S	N	S
Worker's Comp	06	N	S	N	S	S	N	S
Additional Documentation	14	S	S	N	S	S	N	S
Facility	15	N	S	N	S	S	N	S
Narrative	16	N	S	N	S	S	N	S

	Description
M	Mandatory
S	Situational; based on data content
N	Not Used
	Segment Not Supported

3.0 PRESCRIPTION BILLING TRANSACTION (B1/B3)/ SEGMENTS AND FIELDS

The following tables list the segments available in a Billing Transaction. The table also lists values as defined under Version D.0. The segment summaries included below list the mandatory data fields.

	Description
M	MANDATORY as defined by NCPDP
R	REQUIRED as defined by this Program
RW	REQUIRED WHEN as defined by this Program
O	NOT REQUIRED as defined by this Program

3.1 Transaction Header Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
101-A1	Bin Number	M	9(6)	010900
102-A2	Version Release Number	M	X(2)	D0
103-A3	Transaction Code	M	X(2)	B1 = Prescription Billing B3 = Prescription Rebill
104-A4	Processor Control Number	M	X(10)	DRVAPROD
109-A9	Transaction Count	M	X(1)	1 = One occurrence 2 = Two occurrences 3 = Three occurrences 4 = Four occurrences
202-B2	Service Provider Id Qualifier	M	X(2)	01 = NPI
201-B1	Service Provider Id	M	X(15)	Pharmacy NPI
401-D1	Date of Service	M	9(8)	FORMAT=CCYYMMDD
110-AK	Software Vendor/Certification ID	M	X(10)	BLANKS are accepted

3.2 Patient Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	01
304-C4	Date of Birth	R	9(8)	REQUIRED Format = CCYYMMDD
332-CY	Patient ID	O	X(20)	OPTIONAL
305-C5	Gender Code	O	X(1)	OPTIONAL
307-C7	Place of Service	O	X(2)	OPTIONAL
335-2C	Pregnancy Indicator	RW	X(1)	REQUIRED WHEN specific drug coverage consideration and/or to waive copay. 2 = Pregnant
384-4X	Patient Residence	O	9(2)	OPTIONAL

3.3 Insurance Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	04
302-C2	Cardholder ID	M	X(20)	Medicaid ID
312-CC	Cardholder First Name	R	X(12)	REQUIRED; Cardholder is Patient
313-CD	Cardholder Last Name	R	X(15)	REQUIRED; Cardholder is Patient
309-C9	Eligibility Clarification Code	O	9(1)	OPTIONAL

3.4 Claim Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	07
455-EM	Prescription/ Service Reference # Qualifier	M	X(1)	1 = Prescription Billing
402-D2	Prescription/ Service Reference #	M	9(12)	
436-E1	Product/ Service Id Qualifier	M	X(2)	03 = National Drug Code 00 = Not Specified (Compound Claims)
407-D7	Product/ Service Id	M	X(19)	REQUIRED Submit zeroes for Compound Claims.
456-EN	Associated Rx/Service Reference #	RW	9(12)	REQUIRED WHEN "Partial Fill" situation.
457-EP	Associated Rx/Service Date	RW	9(8)	REQUIRED WHEN "Partial Fill" situation.
442-E7	Quantity Dispensed	R	9(7)v999	REQUIRED
403-D3	Fill Number	R	9(2)	REQUIRED 00 = Original dispensing 01-99 = Refill number
405-D5	Days Supply	R	9(3)	REQUIRED
406-D6	Compound Code	R	9(1)	REQUIRED 0 = Not Specified 1 = Not a Compound 2 = Compound
408-D8	Dispense as Written/ Product Selection Code	R	X(1)	REQUIRED
414-DE	Date Prescription Written	R	9(8)	REQUIRED Format = CCYYMMDD
354-NX	Submission Clarification Code Count	RW	9(1)	REQUIRED WHEN 420-DK is submitted on the claim
420-DK	Submission Clarification Code	O	9(2)	OPTIONAL 20 = 340B Max # of occurrences supported = 1
308-C8	Other Coverage Code	R	9(2)	REQUIRED 00 = Not Specified 01 = No Other Coverage 02 = Other coverage exists – payment collected

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
				03 = Other coverage exists – claim not covered 04 = Other coverage exists – payment not collected 08 = Claim is billing for copay.
429-DT	Unit Dose Indicator	RW	9(1)	REQUIRED WHEN dispensing Manufacturer Unit Dose 2 = Manufacturer Unit Dose
418-DI	Level of Service	RW	9(2)	REQUIRED WHEN identifying emergency conditions. 03 = Emergency
461-EU	Prior Auth Type Code	RW	9(2)	REQUIRED WHEN overriding the "Dosage Limit Exemption" for Anti-Ulcer medication. 05 = Exemption from RX.
462-EV	Prior Auth Number Submitted	RW	9(11)	REQUIRED WHEN overriding the "Dosage Limit Exemption" for Anti-Ulcer medications.
343-HD	Dispensing Status	RW	X(1)	REQUIRED WHEN "Partial Fill" situation. Blank = Not Specified P = Partial Fill C = Completion of Partial Fill
344-HF	Quantity Intended to be Dispensed	RW	9(7)v999	REQUIRED WHEN "Partial Fill" situation. This is the Metric Decimal Quantity of medication that would be dispensed on an original fill if inventory were available. It is used in association with a "P" or "C" in DISPENSING STATUS field.
345-HG	Days Supply Intended to be Dispensed	RW	9(3)	REQUIRED WHEN "Partial Fill" situation. This is the Days Supply for the Metric Decimal Quantity of medication that would be dispensed on an original fill if inventory were available. It is used in association with a "P" or "C" in DISPENSING STATUS field.
995-E2	Route Of Administration	RW	X(11)	REQUIRED WHEN Compound Only
996-G1	Compound Type	O	X(2)	OPTIONAL Clarifies the type of Compound.

3.5 Prescriber Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	03

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
466-EZ	Prescriber Id Qualifier	R	X(2)	REQUIRED 01 = NPI
411-DB	Prescriber Id	R	X(15)	REQUIRED Prescribing Provider NPI
427-DR	Prescriber Last Name	O	X(15)	REQUIRED
498-PM	Prescriber Phone Number	O	9(10)	REQUIRED
364-2J	Prescriber First Name	O	X(12)	REQUIRED
365-2K	Prescriber Street Address	O	X(30)	REQUIRED
366-2M	Prescriber City	O	X(20)	REQUIRED
367-2N	Prescriber State	O	X(2)	REQUIRED
368-2P	Prescriber Zip	O	X(15)	REQUIRED

3.6 Pricing Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	11
426-DQ	Usual and Customary Charge	R	s9(6)v99	REQUIRED Total Charges or The undiscounted price individuals without coverage would pay.
430-DU	Gross Amount Due	R	s9(6)v99	REQUIRED Total Price claimed from all sources.
423-DN	Basis of Cost Determination	O	X(2)	OPTIONAL 08 = 340B Drug Pricing Program

3.7 COB/Other Payments Segment (Situational)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	05
337-4C	Coordination of Benefits/ Other Payments Count	M	9(1)	Defined as “Count of other payment occurrences”.
338-5C	Other Payer Coverage Type	M	X(2)	BLANK = Not Specified 01 = Primary 02 = Secondary 03 = Tertiary Max # of occurrences supported = 1
339-6C	Other Payer ID Qualifier	RW	X(2)	REQUIRED WHEN other coverage code = 02 or 08
340-7C	Other Payer ID	RW	X(10)	REQUIRED WHEN other coverage code = 02 or 08
443-E8	Other Payer Date	RW	9(8)	REQUIRED WHEN other coverage code = 02 or 08
341-HB	Other Payer Amount Paid Count	RW	9(1)	REQUIRED WHEN amount collected from other payer.

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
342-HC	Other Payer Amount Paid Qualifier	RW	X(2)	REQUIRED WHEN Other Payer Amount Paid Count and Other Payer Amount Paid are used. 08 = Sum of All Reimbursements
431-DV	Other Payer Amount Paid	RW	s9(6)v99	REQUIRED WHEN Other Payer Amount Paid and Other Payer Amount Paid Qualifier are used. Max # of occurrences supported = 1
471-5E	Other Payer Reject Count	RW	9(2)	REQUIRED WHEN Other Coverage Code = 3 Other Coverage Billed – claim not covered.
472-6E	Other Payer Reject Code	RW	X(3)	REQUIRED WHEN Other Coverage Code = 3 Other Coverage Billed – claim not covered Max # of occurrences supported = 5

3.8 DUR/PPS Segment (Situational)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	08
473-7E	DUR/PPS Code Counter	RW***R*** (Max = 2)	9(1)	REQUIRED WHEN identifying a drug utilization review. Max # of occurrences supported = 9
439-E4	Reason for Service Code	RW***R*** (Max = 2)	X(2)	REQUIRED WHEN identifying the type of utilization conflict detected. Max # of occurrences supported = 9
440-E5	Professional Service Code	RW***R*** (Max = 2)	X(2)	REQUIRED WHEN identifying the pharmacist intervention when a conflict code has been identified. Max # of occurrences supported = 9
441-E6	Result of Service Code	RW***R*** (Max = 2)	X(2)	REQUIRED WHEN describing action taken by a pharmacist in response to a conflict. Max # of occurrences supported = 9

3.9 Clinical Segment (Situational)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	13
491-VE	Diagnosis Code Count	M	9(1)	
492-WE	Diagnosis Code Qualifier	M	X(2)	
424-DO	Diagnosis Code	M	X(15)	

3.10 Compound Segment (Situational)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	10
447-EC	Compound Ingredient Component Count	M	9(2)	
488-RE	Compound Product id Qualifier	M	X(2)	Max # of occurrences supported = 13 03 = NDC
489-TE	Compound Product Id	M	X(19)	Max # of occurrences supported = 13
448-ED	Compound Ingredient Quantity	M	9(7)v999	Max # of occurrences supported = 13
449-EE	Compound Ingredient Drug Cost	M	S9(6)v2	

4.0 PRESCRIPTION REVERSAL TRANSACTION (B2)/ SEGMENTS AND FIELDS

The following tables list the segments available in a Reversal Transaction. The table also lists values as defined under Version D.0. The segment summaries included below list the mandatory data fields.

	Description
M	MANDATORY as defined by NCPDP
R	REQUIRED as defined by this Program
RW	REQUIRED WHEN as defined by this Program
O	NOT REQUIRED as defined by this Program

4.1 Transaction Header Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
101-A1	Bin Number	M	9(6)	010900
102-A2	Version Release Number	M	X(2)	D0
103-A3	Transaction Code	M	X(2)	B2 = Prescription Reversal
104-A4	Processor Control Number	M	X(10)	DRVAPROD
109-A9	Transaction Count	M	X(1)	1 = One occurrence
202-B2	Service Provider Id Qualifier	M	X(2)	01 = NPI
201-B1	Service Provider Id	M	X(15)	Pharmacy NPI
401-D1	Date of Service	M	9(8)	FORMAT=CCYYMMDD
110-AK	Software Vendor/Certification ID	M	X(10)	BLANKS are accepted

4.2 Claim Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	07
455-EM	Prescription/ Service Reference # Qualifier	M	X(1)	1 = Prescription Billing
402-D2	Prescription/ Service Reference #	M	9(12)	
436-E1	Product/ Service Id Qualifier	M	X(2)	03 = National Drug Code
407-D7	Product/ Service Id	M	X(19)	REQUIRED

5.0 SERVICE BILLING TRANSACTION (S1/S3)/ SEGMENTS AND FIELDS

The following tables list the segments available in a Billing Transaction. The table also lists values as defined under Version D.0. The segment summaries included below list the mandatory data fields.

	Description
M	MANDATORY as defined by NCPDP
R	REQUIRED as defined by this Program
RW	REQUIRED WHEN as defined by this Program
O	NOT REQUIRED as defined by this Program

5.1 Transaction Header Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
101-A1	Bin Number	M	9(6)	010900
102-A2	Version Release Number	M	X(2)	D0
103-A3	Transaction Code	M	X(2)	S1 = Service Billing S3 = Service Rebill
104-A4	Processor Control Number	M	X(10)	DRVAPROD
109-A9	Transaction Count	M	X(1)	1 = One occurrence 2 = Two occurrences 3 = Three occurrences 4 = Four occurrences
202-B2	Service Provider Id Qualifier	M	X(2)	01 = NPI
201-B1	Service Provider Id	M	X(15)	Pharmacy NPI
401-D1	Date of Service	M	9(8)	FORMAT=CCYYMMDD
110-AK	Software Vendor/Certification ID	M	X(10)	BLANKS are accepted

5.1 Patient Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	01
304-C4	Date of Birth	R	9(8)	REQUIRED Format = CCYYMMDD
332-CY	Patient ID	O	X(20)	OPTIONAL
305-C5	Gender Code	O	X(1)	OPTIONAL
307-C7	Patient Location	O	X(2)	OPTIONAL
335-2C	Pregnancy Indicator	O	X(1)	OPTIONAL
384-4X	Patient Residence	O	9(2)	OPTIONAL

5.2 Insurance Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	04
302-C2	Cardholder ID	M	X(20)	Medicaid ID
312-CC	Cardholder First Name	R	X(12)	REQUIRED; Cardholder is Patient
313-CD	Cardholder Last Name	R	X(15)	REQUIRED; Cardholder is Patient
309-C9	Eligibility Clarification Code	O	9(1)	OPTIONAL

5.3 Claim Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	07
455-EM	Prescription/ Service Reference # Qualifier	M	X(1)	2 = Service Billing
402-D2	Prescription/ Service Reference #	M	9(12)	
436-E1	Product/ Service Id Qualifier	M	X(2)	09 = HCPCS 99 = Other (NDC)
407-D7	Product/ Service Id	M	X(19)	REQUIRED
442-E7	Quantity Dispensed	R	9(7)v999	REQUIRED
403-D3	Fill Number	R	9(2)	REQUIRED 00 = Original dispensing 01-99 = Refill number
414-DE	Date Prescription Written	R	9(8)	REQUIRED Format = CCYYMMDD
308-C8	Other Coverage Code	R	9(2)	REQUIRED 00 = Not Specified 01 = No Other Coverage 02 = Other coverage exists – payment collected 03 = Other coverage exists – claim not covered 04 = Other coverage exists – payment not collected 08 = Claim is billing for copay.
147-U7	Pharmacy Service Type	R	9(2)	REQUIRED

5.4 Prescriber Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	03
466-EZ	Prescriber Id Qualifier	R	X(2)	REQUIRED 01 = NPI
411-DB	Prescriber Id	R	X(15)	REQUIRED Prescribing Provider NPI

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
427-DR	Prescriber Last Name	R	X(15)	REQUIRED
498-PM	Prescriber Phone Number	R	9(10)	REQUIRED
364-2J	Prescriber First Name	R	X(12)	REQUIRED
365-2K	Prescriber Street Address	R	X(30)	REQUIRED
366-2M	Prescriber City	R	X(20)	REQUIRED
367-2N	Prescriber State	R	X(2)	REQUIRED
368-2P	Prescriber Zip	R	X(15)	REQUIRED

5.5 Pricing Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	11
477-BE	Professional Service Fee Submitted	R	s9(6)v99	REQUIRED for Service Transaction
426-DQ	Usual and Customary Charge	R	s9(6)v99	REQUIRED Total Charge
430-DU	Gross Amount Due	R	s9(6)v99	REQUIRED Total Price claimed from all sources.

5.6 COB/Other Payments Segment (Situational)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	05
337-4C	Coordination of Benefits/ Other Payments Count	M	9(1)	Defined as "Count of other payment occurrences".
338-5C	Other Payer Coverage Type	M	X(2)	BLANK = Not Specified 01 = Primary 02 = Secondary 03 = Tertiary Max # of occurrences supported = 1
339-6C	Other Payer ID Qualifier	RW	X(2)	REQUIRED WHEN other coverage code = 02 or 08
340-7C	Other Payer ID	RW	X(10)	REQUIRED WHEN other coverage code = 02 or 08
443-E8	Other Payer Date	RW	9(8)	REQUIRED WHEN other coverage code = 02 or 08
341-HB	Other Payer Amount Paid Count	RW	9(1)	REQUIRED WHEN amount collected from other payer.
342-HC	Other Payer Amount Paid Qualifier	RW	X(2)	REQUIRED WHEN Other Payer Amount Paid Count and Other Payer Amount Paid are used. 08 = Sum of All Reimbursements

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
431-DV	Other Payer Amount Paid	RW	s9(6)v99	REQUIRED WHEN Other Payer Amount Paid and Other Payer Amount Paid Qualifier are used. Max # of occurrences supported = 1
471-5E	Other Payer Reject Count	RW	9(2)	REQUIRED WHEN Other Coverage Code = 3 Other Coverage Billed – claim not covered.
472-6E	Other Payer Reject Code	RW	X(3)	REQUIRED WHEN Other Coverage Code = 3 Other Coverage Billed – claim not covered Max # of occurrences supported = 5

5.7 DUR/PPS Segment (Situational)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	08 REQUIRED for Service Transaction
473-7E	DUR/PPS Code Counter	RW***R*** (Max = 2)	9(1)	REQUIRED WHEN professional pharmacy service occurrence. Max # of occurrences supported = 1
439-E4	Reason for Service Code	RW***R*** (Max = 2)	X(2)	REQUIRED WHEN identifying the reason for the pharmacist's professional service. Max # of occurrences supported = 1
440-E5	Professional Service Code	RW***R*** (Max = 2)	X(2)	REQUIRED WHEN identifying the pharmacist intervention when a service has been rendered. Max # of occurrences supported = 1
441-E6	Result of Service Code	RW***R*** (Max = 2)	X(2)	REQUIRED WHEN describing action taken by a pharmacist in response to a result of a pharmacist's professional service. Max # of occurrences supported = 1

5.8 Clinical Segment (Situational)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	13
491-VE	Diagnosis Code Count	M	9(1)	
492-WE	Diagnosis Code Qualifier	M	X(2)	
424-DO	Diagnosis Code	M	X(15)	

6.0 SERVICE REVERSAL TRANSACTION (S2)/ SEGMENTS AND FIELDS

The following tables list the segments available in a Reversal Transaction. The table also lists values as defined under Version D.0. The segment summaries included below list the mandatory data fields.

	Description
M	MANDATORY as defined by NCPDP
R	REQUIRED as defined by this Program
RW	REQUIRED WHEN as defined by this Program
O	NOT REQUIRED as defined by this Program

6.1 Transaction Header Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
101-A1	Bin Number	M	9(6)	010900
102-A2	Version Release Number	M	X(2)	D0
103-A3	Transaction Code	M	X(2)	S2 = Service Reversal
104-A4	Processor Control Number	M	X(10)	DRVAPROD
109-A9	Transaction Count	M	X(1)	1 = One occurrence
202-B2	Service Provider Id Qualifier	M	X(2)	01 = NPI
201-B1	Service Provider Id	M	X(15)	Pharmacy NPI
401-D1	Date of Service	M	9(8)	FORMAT=CCYYMMDD
110-AK	Software Vendor/Certification ID	M	X(10)	BLANKS are accepted

6.2 Claim Segment (Mandatory)

NCPDP Field Number	NCPDP Field Name	VAMMIS Usage	Format	VAMMIS Notes
111-AM	Segment Identification	M	X(2)	07
455-EM	Prescription/ Service Reference # Qualifier	M	X(1)	2 = Service Billing
402-D2	Prescription/ Service Reference #	M	9(12)	
436-E1	Product/ Service Id Qualifier	M	X(2)	09 = HCPCS 99 = Other (NDC)
407-D7	Product/ Service Id	M	X(19)	REQUIRED