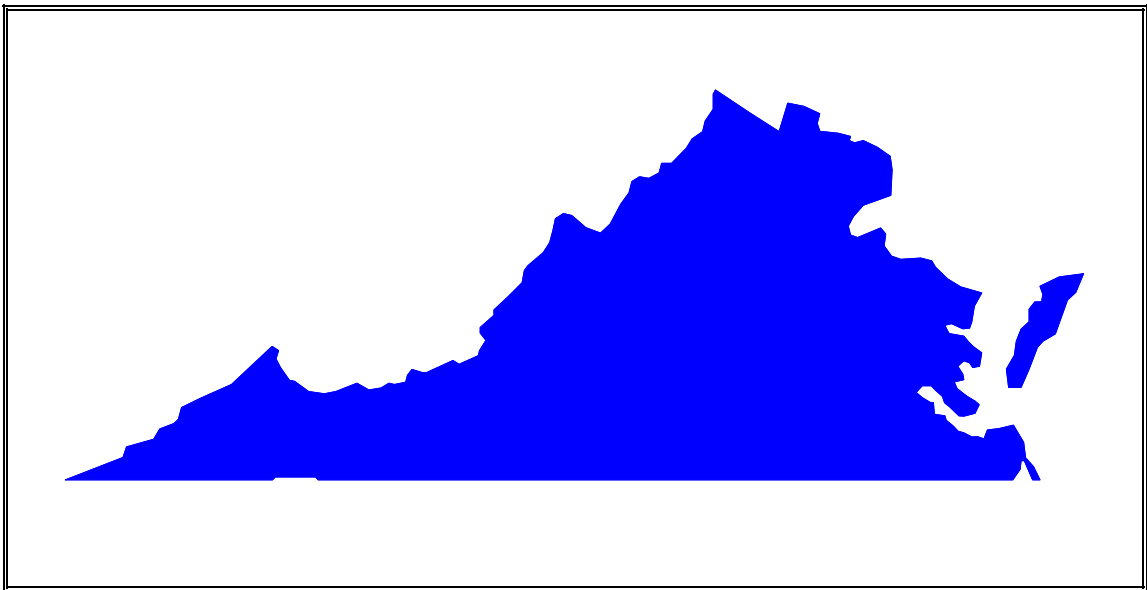


Virginia Department of Medical Assistance Services

# Companion Guide

For Payer Specification Sheet for Virginia Medicaid  
Version 5.1

Document Version 1.5 Updated 06/18/2010



NCPDP Transaction  
**VERSION 5.1**

## CONTACT INFORMATION

**Mail Original to:** ACS State Healthcare, LLC  
EDI Coordinator  
Virginia Medicaid Fiscal Agent Services  
P.O. Box 26228  
Richmond, VA 23260-6228  
1-866-352-0766

**Fax to:** 1-888-335-8460

**Email to:** [Virginia.EDISupport@acs-inc.com](mailto:Virginia.EDISupport@acs-inc.com)

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid</b>	Page 2 of 20
<b>Version 5.1</b>	Date 06/15/2010

**VERSION CHANGE SUMMARY**

VERSION NO.	DESCRIPTION	DATE
Version 1.0 –	Original Implementation	
Version 1.1 - <b>NPI modifications</b>	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	03/09/07
Version 1.2 –	Changed for Contingency Dual use Period.	06/06/2007
Version 1.3 –	Changed for NPI Compliance Removed highlighting from previous version. Modified NPI Notes in the <i>Virginia Medicaid Claims SPECIAL CONSIDERATIONS for NCPDP Version 5.1</i> 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
Version 1.4 –	ACS VAMMIS Fiscal Agent Implementation Change Re-branded documentation for ACS 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
Version 1.5 –	ACS VAMMIS Fiscal Agent Implementation Change Re-branded documentation for ACS 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	06/18/2010

**INTRODUCTION**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services.

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid</b>	Page 3 of 20
<b>Version 5.1</b>	Date 06/15/2010

The NCPDP Telecommunications Standard Version 5.1 implementation guide has been established as the standards of compliance for Point-of-Sale claim transactions.

The following information is intended to serve only as a companion guide to the NCPDP Telecommunications Standard Version 5.1 implementation guide. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the NCPDP Telecommunications Standard Version 5.1 implementation guide.

To request a copy of the NCPDP Standard Formats or for more information contact the National Council for Prescription Drug Programs, Inc. The HIPAA implementation guide can be accessed at: [www.ncdp.org](http://www.ncdp.org) The contact information is as follows:

**National Council for Prescription Drug Programs, Inc.**

4201 North 24<sup>th</sup> Street  
Suite 365  
Phoenix, Arizona 85016  
(602) 957-9105  
[www.ncdp.org](http://www.ncdp.org)

***PURPOSE***

This guide is concerned with the processing of batch requests and responses submitted to Affiliated Computer Services, Inc. (ACS) as the Fiscal Agent and information source for Virginia Medicaid. ACS adheres to all HIPAA standards and this guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments.

This 5.1 guide is intended to provide guidelines to software vendors, switching companies and pharmacy providers as they implement the 5.0 standard. The information included in the Companion Guide defines the record layout for real-time (Point-of-Sale) claims transactions.

***SPECIAL NOTES***

ACS uses the MOVEit® DMZ application to transmit batch EDI data into the Virginia Medicaid system. All Service Centers must have applied and been authorized by the Virginia EDI Coordinators office before using MOVEit® DMZ.

- **How to use MOVEit® DMZ Application tool for secure file Drop off and Pick up**

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid</b>	Page 4 of 20
<b>Version 5.1</b>	Date 06/15/2010

MOVEit® DMZ is a secure file transfer and secure message server. It is a vital component of the [MOVEit® family](#) of secure file processing, storage, and transfer products developed by [Ipswitch, Inc.](#) Additional help on using MOVEit® DMZ can be located at web page: <https://grabit.acs-shc.com/doc/en/help.htm>

These products provide comprehensive, integrated, standards-based solutions for secure handling of sensitive information, including financial files, medical records, legal documents, and personal data.

Providers or Service Centers can elect to pick up or drop off your EDI files (batches) for the batch staging queue. This requires a User Id and Password be allocated by the EDI Coordinators office. You can use either of the following methods to access MOVEit® DMZ:

- a. A Web browser can be used to obtain access to the MOVEit® DMZ repository at web site <http://grabit.acs-shc.com>.
- b. Using an SFTP Client application referencing the URL [grabit.acs-shc.com](http://grabit.acs-shc.com).

Note: If you have trouble connecting with the URL [grabit.acs-shc.com](http://grabit.acs-shc.com), you should talk with your technical staff about using the DOS command “nslookup” to get the [grabit.acs-shc.com](http://grabit.acs-shc.com) IP Address and drop this value into your URL to connect to MOVEit® DMZ.

Next you will have to make sure and use the correct port depending on the protocol your company uses. The following table will help identify the port required based on the protocol being used by your company.

<b>IF</b>	<b>THEN</b>
SFTP over SSH	use port 22
SFTP over TLS-P*	use ports 21 and 20
SFTP over TLS-Implicit*	use port 990
SFTP over SSL	use port 443

*\*NOTE: Both TLS options will use ports 3000 to 3008, but their firewalls should automatically allow this if the initial connections are made to the ports specified above.*

***System Availability***

The Virginia Medicaid NCPDP transaction submission system is available to providers’ 24 hours a day, seven days a week, except for scheduled downtime.

<b>DMAS</b> <small>DEPARTMENT OF MEDICAL ASSISTANCE SERVICES</small>	<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid</b>	Page 5 of 20
	<b>Version 5.1</b>	Date 06/15/2010

### ***Transaction Format Information***

#### ***Transaction Format***

Virginia Medicaid will only accept NCPDP Standard Format Version 5.1 with the implementation of the new Virginia Medicaid system.

### ***Virginia Medicaid Claims Transactions***

#### **Transaction Header Segment**

Field: 101-A1  
Field Name: BIN Number  
Program Specific: Value = 010900

Field: 102-A2  
Field Name: Version/Release  
Program Specific: Value = 51

Field: 104-A4  
Field Name: Processor Control Number  
Program Specific: Value = DRVAPROD  
**As of June 28, 2010**

Field: 201-B1  
Field Name: Service Provider ID  
Program Specific: Value =  
**As of May 23, 2008, only the 10 Digit Pharmacy NPI Number allowed.**

Field: 202-B2  
Field Name: Service Provider ID Qualifier  
Program Specific: Value =  
**As of May 23, 2008, 01 (NPI) Only**

#### **Patient Segment**

Field: 331-CX  
Field Name: Patient ID Qualifier  
Program Specific: Value = 02 (Medicaid ID)

Field: 335-2C  
Field Name: Pregnancy Indicator  
Program Specific: Value = 2 (to be used when requesting to bypass copay for reasons of pregnancy)

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid</b>	Page 6 of 20
<b>Version 5.1</b>	Date 06/15/2010

**Claim Segment**

Field: 447-E7  
Field Name: Quantity Dispensed  
Program Specific: Format = 9999999.999

Field: 600-28  
Field Name: Unit of Measure  
Program Specific: EA = Each  
GM = Grams  
ML = Milliliters

Field: 418-DI  
Field Name: Level of Service  
Program Specific: Value = 03 (to be used for "EMERGENCY")

Field: 461-EU  
Field Name: Prior Authorization Type Code  
Program Specific: Value = 5 (Anti-Ulcer Prior Authorization)

Field: 462-EV  
Field Name: Prior Authorization Number Submitted  
Program Specific: Values to override the Denial for Payment of Anti-Ulcer Drugs used beyond Acute Treatment Limits.

**DUR/PPS Segment**

Field: 473-7E  
Field Name: DUR/PPS Code Counter  
Program Specific: Counter # for each DUR/PPS response set/logical setting

Field: 439 E-4  
Field Name: Reason for Service Code  
Program Specific: Code identifying the type of utilization conflict detected (Values defined in NCPDP Data Dictionary)

Field: 440-E5  
Field Name: Professional Service Code  
Program Specific: Code identifying pharmacist intervention when a conflict code has been identified (Values defined in NCPDP Data Dictionary)

Field: 441-E6  
Field Name: Result of Service Code  
Program Specific: Action (outcome) taken by a pharmacist in response to a conflict (Values defined in NCPDP Data Dictionary)

**DMAS**

DEPARTMENT  
OF MEDICAL  
ASSISTANCE  
SERVICES

**COMPANION GUIDE FOR Payer Specification Sheet for  
Virginia Medicaid  
Version 5.1**

Page 7 of 20

Date  
06/15/2010

**Pricing Segment**

Field: 430-DU  
Field Name: Usual and Customary Charge  
Program Specific: Format = s\$\$\$\$\$cc

**Compound Segment**

For specific instructions on how to submit a COMPOUND PAYMENT REQUEST, refer to NCPDP Standards.

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 8 of 20
	Date 06/15/2010

**General Information:**

<b>PAYER: &lt;VIRGINIA MEDICAID&gt;</b>	
Processor: <b>ACS</b>	Information Source: <b>ACS</b>
Effective as of: July 01, 2010	Document Date: May 24, 2010
Transaction ID : FHS8	POS Application ID: P.888910001012100001

➤ Version 5.1 Transactions:

<b>NCPDP Lower Version Transaction Code</b>	<b>NCPDP Lower Version Transaction Name</b>	<b>NCPDP V.5.1 Transaction Code</b>	<b>NCPDP V.5.1 Transaction Name</b>	<b>&lt;VIRGINIA MEDICAID&gt; Transaction Support Requirements</b>
00	Eligibility Verification	E1	Eligibility Verification	Required.
01 – 04	Rx Billing	B1	Billing	Required.
11	Rx Reversal	B2	Reversal	Required.
21 – 24	Rx Downtime Billing	N/A	N/A	Not supported in v.5.1.
31 – 34	Rx Re-billing	B3	Rebill	Required.
41	Prior Authorization Request with Request for Payment	P1	Prior Authorization Request and Billing	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
45	Prior Authorization Inquiry	P3	Prior Authorization Inquiry	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
46	Prior Authorization Reversal	P2	Prior Authorization Reversal	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
51	Prior Authorization Request Only	P4	Prior Authorization Request Only	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
81 – 84	Rx DUR	N1	Information Reporting	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
91 – 94	Rx Refill	N/A		Not supported in v.5.1.
N/A	N/A	N2	Information Reporting Reversal	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a



<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 9 of 20
	Date 06/15/2010

<b>NCPDP Lower Version Transaction Code</b>	<b><u>NCPDP</u> Lower Version Transaction Name</b>	<b>NCPDP V.5.1 Transaction Code</b>	<b>NCPDP V.5.1 Transaction Name</b>	<b>&lt;VIRGINIA MEDICAID&gt; Transaction Support Requirements</b>
N/A	N/A	N3	Information Reporting Rebill	future date. No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
N/A	N/A	C1	Controlled Substance Reporting	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
N/A	N/A	C2	Controlled Substance Reporting Reversal	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
N/A	N/A	C3	Controlled Substance Reporting Rebill	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.

➤ **Version 5.1 Transaction Segments Mandatory/ Situational/ Not Sent:**

<b><u>NCPDP Request Segment Matrix</u></b>			<b>&lt;VIRGINIA MEDICAID&gt; Segment Support Requirements</b>
<b>Transaction Code</b>	<b>B1</b>	<b>B2</b>	
<b>Segment</b>			
Header	M	M	Required.
Patient	O	O	Required.
Insurance	M	O	Required.
Claim	M	M	Required.
Pharmacy Provider	O	N	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 10 of 20
	Date 06/15/2010

			<b>&lt;VIRGINIA MEDICAID&gt; Segment Support Requirements</b>
Prescriber	O	N	Required.
COB/ Other Payments	O	N	Required (Required when there is COB activity).
Worker's Comp	O	N	Not required.
DUR/ PPS	O	O	Required (Required when there is DUR activity).
Pricing	M	O	Required.
Coupon	O	N	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
Compound	O	N	Required (Required when submitting a compound claim).
PA	O	N	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
Clinical	O	N	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.

**NCPDP Designations:** M= Mandatory; O = Optional; N = Not Sent.

➤ **Important program highlights for v. 5.1:**

<b>Virginia Medicaid</b>
Partial Fills will be supported.
Compounds will be processed using the Compound Segment.
Product Service ID qualifier supported is 03 (NDC).

➤ **Field requirement legend:**

<b>Code</b>	<b>Description</b>
M	Designated as <b>MANDATORY</b> in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1. These fields must be sent if the segment is required for the transaction.
R	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as <b>REQUIRED</b> by this program. These fields must be sent if the segment is required for the transaction.
RW	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as <b>REQUIRED WHEN</b> by this program. These fields must be sent if the condition described is met and the segment is required for the transaction.
O	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as <b>NOT REQUIRED</b> by this program. It is not necessary to send these fields.

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 11 of 20
	Date 06/15/2010

**Virginia Department of Medical Assistance  
(Virginia Medicaid)  
June 21, 2003**

**Transaction Header Segment**

<b>TRANSACTION HEADER SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required Required When Optional/Not Required</b>	<b>Values Supported</b>
101-A1	BIN NUMBER	M	010900
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	E1 = Eligibility Verification B1 = Billing B2 = Reversal B3 = Rebill
104-A4	PROCESSOR CONTROL NUMBER	M	DRVAPROD
109-A9	TRANSACTION COUNT	M	1 = One occurrence 2 = Two occurrences 3 = Three occurrences 4 = Four occurrences
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01 = NPI
201-B1	SERVICE PROVIDER ID	M	Pharmacy NPI
401-D1	DATE OF SERVICE	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	BLANKS are accepted

**Insurance Segment**

<b>INSURANCE SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required Required When Optional/Not Required</b>	<b>Values Supported</b>
111-AM	SEGMENT IDENTIFICATION	M	04
302-C2	CARDHOLDER ID	M	Medicaid ID
312-CC	CARDHOLDER FIRST NAME	R	REQUIRED; Cardholder is Patient
313-CD	CARDHOLDER LAST NAME	R	REQUIRED; Cardholder is Patient
314-CE	HOME PLAN	O	
524-FO	PLAN ID	O	
309-C9	ELIGIBILITY CLARIFICATION CODE.	O	
336-8C	FACILITY ID	O	
301-C1	GROUP ID	O	
303-C3	PERSON CODE	O	
306-C6	PATIENT RELATIONSHIP CODE	O	

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 12 of 20
	Date 06/15/2010

**Patient Segment**

<b>PATIENT SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required Required When Optional/Not Required</b>	<b>Values Supported</b>
111-AM	SEGMENT IDENTIFICATION	M	Ø1
331-CX	PATIENT ID QUALIFIER	O	
332-CY	PATIENT ID	O	
3Ø4-C4	DATE OF BIRTH	R	REQUIRED Format = CCYYMMDD
3Ø5-C5	PATIENT GENDER CODE.	O	
31Ø-CA	PATIENT FIRST NAME	O	
311-CB	PATIENT LAST NAME.	O	
322-CM	PATIENT STREET ADDRESS	O	
323-CN	PATIENT CITY ADDRESS	O	
324-CO	PATIENT STATE / PROVINCE ADDRESS	O	
325-CP	PATIENT ZIP/POSTAL ZONE	O	
326-CQ	PATIENT PHONE NUMBER	O	
3Ø7-C7	PATIENT LOCATION	O	
333-CZ	EMPLOYER ID	O	
334-1C	SMOKER / NON-SMOKER CODE	O	
335-2C	PREGNANCY INDICATOR	RW	REQUIRED WHEN specific drug coverage consideration and/or to waive copay. 2 = Pregnant

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 13 of 20
	Date 06/15/2010

**Claim Segment**

<b>CLAIM SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required When Optional/Not Required</b>	<i>Values Supported</i>
111-AM	SEGMENT IDENTIFICATION	M	Ø
455-EM	PRESCRIPTION NUMBER QUALIFIER	M	1 = Rx Billing
4Ø2-D2	PRESCRIPTION NUMBER	M	
436-E1	PRODUCT ID QUALIFIER	M	Ø3 = NDC
4Ø7-D7	PRODUCT ID	M	
456-EN	ASSOCIATED PRESCRIPTION NUMBER	RW	REQUIRED WHEN "Partial Fill" situation.
457-EP	ASSOCIATED PRESCRIPTION DATE	RW	REQUIRED WHEN "Partial Fill" situation.
458-SE	PROCEDURE MODIFIER CODE COUNT.	O	
459-ER	PROCEDURE MODIFIER CODE	O	
442-E7	QUANTITY DISPENSED	R	REQUIRED
4Ø3-D3	FILL NUMBER	R	REQUIRED Ø = Original dispensing Ø1-99 = Refill number
4Ø5-D5	DAYS SUPPLY	R	REQUIRED
4Ø6- D6	COMPOUND CODE	R	REQUIRED Ø = Not Specified 1 = Not a compound 2 = Compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R	REQUIRED
414-DE	DATE PRESCRIPTION WRITTEN.	R	REQUIRED
415-DF	NUMBER OF REFILLS AUTHORIZED	O	
419-DJ	PRESCRIPTION ORIGIN CODE	O	
42Ø-DK	SUBMISSION CLARIFICATION CODE	O	
46Ø-ET	QUANTITY PRESCRIBED	O	
3Ø8-C8	OTHER COVERAGE CODE.	R	REQUIRED Ø = Not Specified Ø1 = No Other Coverage Ø2 = Other coverage exists – payment collected Ø3 = Other coverage exists – claim not covered Ø4 = Other coverage exists – payment not collected Ø5 = Managed care plan denial Ø6 = Other coverage denied – not participating provider Ø7 = Other coverage exists – not in effect on DOS Ø8 = Claim is billing for copay.
429-DT	UNIT DOSE INDICATOR	RW	REQUIRED WHEN dispensing Manufacturer Unit Dose 2 = <i>Manufacturer Unit Dose</i>
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	
446-EB	ORIGINALLY PRESCRIBED QUANTITY	O	
33Ø-CW	ALTERNATE ID.	O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>		Page 14 of 20
		Date 06/15/2010

<b>CLAIM SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required Required When Optional/Not Required</b>	<i>Values Supported</i>
600-28	UNIT OF MEASURE	O	
0418-DI	LEVEL OF SERVICE	RW	REQUIRED WHEN identifying emergency conditions. 03 = Emergency
461-EU	PRIOR AUTHORIZATION TYPE CODE	RW	REQUIRED WHEN overriding the "Dosage Limit Exemption" for Anti-Ulcer medication. 5 = Exemption from Rx.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	RW	REQUIRED WHEN overriding the "Dosage Limit Exemption" for Anti-Ulcer medications.  5555555520= Initial Therapy  5555555521= Gastroesophageal Reflux Disease (GERD)  5555555522= Pathological Hypersecretory Syndrome  5555555523= Zollinger-Ellison Syndrome  5555555524= Unhealed Ulcer (gastric, duodenal, peptic)  5555555525= History of Upper GI Bleeding  5555555526= Erosive Esophagitis
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID.	O	
464-EX	INTERMEDIARY AUTHORIZATION ID.	O	
343-HD	DISPENSING STATUS	RW	REQUIRED WHEN "Partial Fill" situation. Blank = Not Specified P = Partial Fill C = Completion of Partial Fill
344-HF	QUANTITY INTENDED TO BE DISPENSED	RW	REQUIRED WHEN "Partial Fill" situation. This is the <b>Metric Decimal Quantity</b> 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	REQUIRED WHEN "Partial Fill" situation. This is the <b>Days Supply</b> 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.

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 15 of 20
	Date 06/15/2010

**Pricing Segment**

<b>PRICING SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required Required When Optional/Not Required</b>	<b>Values Supported</b>
111-AM	SEGMENT IDENTIFICATION	M	11
409-D9	INGREDIENT COST SUBMITTED	O	
412-DC	DISPENSING FEE SUBMITTED	O	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O	
433-DX	PATIENT PAID AMOUNT SUBMITTED	O	
438-E3	INCENTIVE AMOUNT SUBMITTED	O	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	O	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	O	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	O	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED.	O	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O	
426-DQ	USUAL AND CUSTOMARY CHARGE	R	REQUIRED. Format = s\$\$\$\$\$cc
430-DU	GROSS AMOUNT DUE.	O	
423-DN	BASIS OF COST DETERMINATION.	O	

**Prescriber Segment**

<b>PRESCRIBER SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required Required When Optional/Not Required</b>	<b>Values Supported</b>
111-AM	SEGMENT IDENTIFICATION	M	03
466-EZ	PRESCRIBER ID QUALIFIER	M	01 = NPI
411-DB	PRESCRIBER ID	R	Prescriber NPI
467-1E	PRESCRIBER LOCATION CODE.	O	
427-DR	PRESCRIBER LAST NAME.	O	
498-PM	PRESCRIBER PHONE NUMBER	O	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	O	
421-DL	PRIMARY CARE PROVIDER ID	O	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE.	O	
470-4E	PRIMARY CARE PROVIDER LAST NAME	O	

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 16 of 20
	Date 06/15/2010

**COB/Other Payments Segment**

<b>COB/OTHER PAYMENTS SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required When Optional/Not Required</b>	<b>Values Supported</b>
111-AM	SEGMENT IDENTIFICATION	M	Ø5
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	Defined as "Count of other payment occurrences".
338-5C	OTHER PAYER COVERAGE TYPE	M***R*** (Max = 1)	BLANK = Not Specified Ø1 = Primary Ø2 = Secondary Ø3 = Tertiary  Maximum # of occurrences supported = 1
339-6C	OTHER PAYER ID QUALIFIER	RW	REQUIRED WHEN other coverage code = 02 or 08
34Ø-7C	OTHER PAYER ID	RW	REQUIRED WHEN other coverage code = 02 or 08
443-E8	OTHER PAYER DATE	RW	REQUIRED WHEN other coverage code = 02 or 08
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW	REQUIRED WHEN amount collected from other payer.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW	REQUIRED WHEN Other Payer Amount Paid Count and Other Payer Amount Paid are used. Ø8= Sum of All Reimbursements
431-DV	OTHER PAYER AMOUNT PAID	RW	REQUIRED WHEN Other Payer Amount Paid Count and Other Payer Amount Paid Qualifier are used.  Maximum # of occurrences supported = 1 Format = s\$\$\$\$\$cc
471-5E	OTHER PAYER REJECT COUNT.	O	
472-6E	OTHER PAYER REJECT CODE	O	



<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 17 of 20
	Date 06/15/2010

**DUR/PPS Segment**

<b>DUR/PPS SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required When Optional/Not Required</b>	<b>Values Supported</b>
111-AM	SEGMENT IDENTIFICATION	M	Ø8
473-7E	DUR/PPS CODE COUNTER	RW***R*** (Max = 2)	REQUIRED WHEN identifying a drug utilization review or professional pharmacy service occurrence.  Maximum # of occurrences supported = 2
439-E4	REASON FOR SERVICE CODE	RW***R*** (Max = 2)	REQUIRED WHEN identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.  Maximum # of occurrences supported = 2  AD=Additional Drug Needed AN=Prescription Authentication AR=Adverse Drug Reaction AT=Additive Toxicity CD=Chronic Disease Management CH=Call Help Desk 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 ED=Patient Education/Instruction ER=Overuse EX=Excessive Quantity HD=High Dose IC=Iatrogenic Condition ID=Ingredient Duplication LD=Low Dose LK=Lock In Recipient LR=Underuse MC=Drug-Disease (Reported) MN=Insufficeint Duration MS=Missing Information/Clarification MX=Excessive Duration NA=Drug Not Available NC=Non-covered Drug Purchase ND=New Disease/Diagnosis NF=Non-Formulary Drug NN=Unnecessary Drug NP=New Patient Processing NR=Lactation/Nursing Interaction NS=Insufficient Quantity OH=Alcohol Conflict PA=Drug-Age PC=Patient Question/Concern PG=Drug-Pregnancy PH=Preventive Health Care PN=Prescriber Consultation PP=Plan Protocol PR=Prior Adverse Reaction PS=Product Selection Opportunity

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 18 of 20
	Date 06/15/2010

DUR/PPS SEGMENT			
Field	Field Name	Mandatory Required When Optional/Not Required	Values Supported
			RE=Suspected Environmental Risk RF=Health Provider Referral
44Ø-E5	PROFESSIONAL SERVICE CODE	RW***R*** (Max = 2)	<p>REQUIRED WHEN identifying the pharmacist intervention when a conflict code has been identified or service has been rendered.</p> <p>Maximum # of occurrences supported = 2</p> <p>If the provider enters any INTERVENTION CODES <b><i>NOT SPECIFIED as ONE OF THE FOLLOWING</i></b>, the system will capture and report them, but will <b><i>NOT</i></b> override the edit. Values supported are:</p> <p>ØØ=No intervention AS=Patient assessment CC=Coordination of care DE=Dosing evaluation/determination FE=Formulary enforcement GP=Generic product selection MA=Medication administration MØ=Prescriber consulted MR=Medication review PE=Patient education/instruction PH=Patient medication history PM=Patient monitoring PØ=Patient consulted PT=Perform laboratory test RØ=Pharmacist consulted other source RT=Recommend laboratory test SC=Self-care consultation SW=Literature search/review TC=Payer/processor consulted TH=Therapeutic product interchange</p>
441-E6	RESULT OF SERVICE CODE	RW***R*** (Max = 2)	<p>REQUIRED WHEN describing action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.</p> <p>Maximum # of occurrences supported = 2</p> <p>All OUTCOME CODES will be captured and reported. The values are:</p> <p>ØØ=Not Specified 1A=Filled As Is, False Positive 1B=Filled Prescription As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, With Prescriber Approval 1H=Brand-to-Generic Change 1J=Rx-to-OTC Change 1K=Filled with Different Dosage Form 2A=Prescription Not Filled 2B=Not Filled, Directions Clarified 3A=Recommendation Accepted 3B=Recommendation Not Accepted 3C=Discontinued Drug 3D=Regimen Changed 3E=Therapy Changed</p>

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>		Page 19 of 20
		Date 06/15/2010

<b>DUR/PPS SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required Required When Optional/Not Required</b>	<b>Values Supported</b>
			3F=Therapy Changed-cost increased acknowledged 3G=Drug Therapy Unchanged 3H=Follow-Up/Report 3J=Patient Referral 3K=Instructions Understood 3M=Compliance Aid Provided 3N=Medication Administered
474-8E	DUR/PPS LEVEL OF EFFORT	O	
475-J9	DUR CO-AGENT ID QUALIFIER	O	
476-H6	DUR CO-AGENT ID	O	

**Compound Segment**

<b>COMPOUND SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required Required When Optional/Not Required</b>	<b>Values Supported</b>
111-AM	SEGMENT IDENTIFICATION	M	1Ø
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R*** (Max = 13)	Maximum # of occurrences supported = 13 Ø3 = NDC
489-TE	COMPOUND PRODUCT ID	M***R*** (Max = 13)	Maximum # of occurrences supported = 13
448-ED	COMPOUND INGREDIENT QUANTITY	M***R*** (Max = 13)	Maximum # of occurrences supported = 13
449-EE	COMPOUND INGREDIENT DRUG COST	O	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O	

<b>COMPANION GUIDE FOR Payer Specification Sheet for Virginia Medicaid Version 5.1</b>	Page 20 of 20
	Date 06/15/2010

**Prior Authorization Segment**

<b>PRIOR AUTHORIZATION SEGMENT</b>			
<b>Field</b>	<b>Field Name</b>	<b>Mandatory Required When Optional/Not Required</b>	<b>Values Supported</b>
111-AM	SEGMENT IDENTIFICATION	M	12
498-PA	REQUEST TYPE	M	
498-PB	REQUEST PERIOD DATE-BEGIN	M	
498-PC	REQUEST PERIOD DATE-END	M	
498-PD	BASIS OF REQUEST	M	
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	RW	No planned requirements at this time.
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	RW	No planned requirements at this time.
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	RW	No planned requirements at this time.
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	RW	No planned requirements at this time.
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	RW	No planned requirements at this time.
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	RW	No planned requirements at this time.
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	RW	No planned requirements at this time.
503-F3	AUTHORIZATION NUMBER	RW	No planned requirements at this time.
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	RW	No planned requirements at this time.