NCPDP CLAIM

NCPDP 5.1	NCPDP D.0 Claim Billing
	Based on External Code List of 07/2007
Transmission Header Segment	**Transmission Header Segment**
Valid values are spaces, '01' through '14', '99'	Service Provider ID Qualifier (202-B2) – value '15' added
Transmission Insurance Segment	**Transmission Insurance Segment**
Facility ID is present	Facility ID (336-8C) removed, moved to new Facility Segment
Group ID currently used to identify claim-based Medicaid crossover claims	Group ID (301-C1) functionality replaced by new Medicaid Indicator (360-2B)
Not available	Medigap ID (359-2A) added
Not available	Medicaid Indicator (360-2B) added
Not available	Provider Accept Assignment Indicator (361-2D) added
Not available	CMS Part D Defined Qualified Facility (997-G2) added
Not available	Medicaid ID Number (115-N5) added
Not available	Medicaid Agency Number (116-N6) added – This field is not allowed in Claim Billing, only in Medicaid Subrogation Claim Billing.
Transmission Patient Segment	**Transmission Patient Segment**
Valid values are spaces, '01' through '03', '99'	Patient ID Qualifier (331-CX) – values '04', '05', '06' added
Valid values are '01' through '11'	Patient Location (307-C7) is renamed to Place of Service and now uses the standard CMS Place of Service values
Smoker/Non-Smoker Code (334-1C) is present	Smoker/Non-Smoker Code (334-1C) not allowed
Not available	Patient E-mail Address (350-HN) added
Not available	Patient Residence (384-4X) added
Transaction Prescriber Segment	**Transaction Prescriber Segment**
Valid values are spaces, '01' through '14', '99'	Prescriber ID Qualifier (466-EZ) – value '15' added
Prescriber Location Code is present	Prescriber Location Code (467-1E) removed
Valid values are spaces, '01' through '14', '99'	Primary Care Provider ID Qualifier (468-2E) – value '07' removed, '15' added
Primary Care Location Code is present	Primary Care Provider Location Code (469-H5) removed
Not available	Prescriber First Name (364-2J) added
Not available	Prescriber Street Address (365-2K) added
Not available	Prescriber City Address (366-2M) added
Not available	Prescriber State / Province Address (367-2N) added
Not available	Prescriber Zip/Postal Zone (368-2P) added
Transaction COB/Other Payments Segment	**Transaction COB/Other Payments Segment**
Valid values are spaces, '01' through '03', '98', '99'	Other Payer Coverage Type (338-5C) – values '04' through '09' added, '98' and '99' removed
Valid values are spaces, '01' through '04', '09', '99'	Other Payer ID Qualifier (339-6C) – value '05' added, value '09' removed
Not available	Internal Control Number (993-A7) added
Valid values are spaces, '01' through '08', '98', '99'	Other Payer Amount Paid Qualifier (342-HC) – values '08', '98', '99' removed

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Not available	Other Payer–Patient Responsibility Amount Paid Count (353-NR) added
Not available	Other Payer-Patient Responsibility Amount Paid Qualifier (351-NP) added
Not available	Other Payer–Patient Responsibility Amount (352-NQ) added
Not available	Benefit Stage Count (392-MU) added
Not available	Benefit Stage Qualifier (393-MV) added
Not available	Benefit Stage Amount (394-MW) added
Transaction Workers' Compensation Segment	**Transaction Workers' Compensation Segment**
Not available	Billing Entity Type Indicator (117-TR) added
Not available	Pay To Qualifier (118-TS) added
Not available	Pay To ID (119-TT) added
Not available	Pay To Name (120-TU) added
Not available	Pay To Street Address (121-TV) added
Not available	Pay To City Address (122-TW) added
Not available	Pay To State / Province Address (123-TX) added
Not available	Pay To Zip/Postal Zone (124-TY) added
Not available	Generic Equivalent Product ID Qualifier (125-TZ) added
Not available	Generic Equivalent Product ID (126-UA) added
Transaction Claim Segment	**Transaction Claim Segment**
Prescription / Service Reference Number format is 9(07)	Prescription / Service Reference Number (402-D2) format is 9(12)
Valid values are spaces, '01' through '13', '99'	Product / Service ID Qualifier (436-E1) – value '05' and '13' removed, values '15', '27' through '34' added
Associated Prescription / Service Reference Number format is 9(07)	Associated Prescription / Service Reference Number (456-EN) format is 9(12)
Not available	Submission Clarification Code Count (354-NX) added
Valid values are '00' through '09', '99'	Submission Clarification Code (420-DK) – values '11' through '19' added
Quantity Prescribed is present	Quantity Prescribed (460-ET) not allowed
Valid values are '00' through '08'	Other Coverage Code (308-C8) – values '05', '06', '07' are not valid
Valid values are '0' through '3'	Unit Dose Indicator renamed to Special Packaging Indicator (429-DT) – values '4' and '5' added
Alternate ID is present	Alternate ID (330-CW) not allowed, but inbound functionality will be addressed by the new Medigap ID (359-2A) in Insurance Segment, and outbound by the new Internal Control Number (993-A7) in the COB/Other Payments Segment
Scheduled Prescription ID Number is present	Scheduled Prescription ID Number (454-EK) not allowed
Valid values are '00' through '08'	Prior Authorization Type Code (461-EU) – value '09' added
Not available	Delay Reason Code (357-NV) added
Not available	Patient Assignment Indicator (391-MT) added
Not available	Route of Administration (995-E2) added
Not available	Compound Type (996-G1) added
Not available	Pharmacy Service Type (147-U7) added

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Transaction Compound Segment	**Transaction Compound Segment**
Compound Route of Administration is present	Compound Route of Administration (452-EH) removed and replaced by Route of Administration (995-E2) in the Claim Segment
Valid values are spaces, '01' through '07', '09'	Compound Ingredient Basis of Cost Determination (490-UE) – values '08', '10' through '12' added (Uses same values as Basis Of Cost Determination (423-DN))
Not available	Compound Ingredient Modifier Code Count (362-2G) added
Not available	Compound Ingredient Modifier Code (363-2H) added
Transaction Pricing Segment	**Transaction Pricing Segment**
Professional Service Fee Submitted is present	Professional Service Fee Submitted (447-BE) not allowed
Transaction Prior Authorization Segment	**Transaction Prior Authorization Segment**
Prior Authorization Segment fields are present	Segment no longer valid for the Billing Transaction. See pages 45-59 in the NCPDP 5.1 to D0 Comparison Document for the fields in other segments that will replace the functionality of the fields in this segment.
Transaction Clinical Segment	**Transaction Clinical Segment**
Valid values are spaces, '00' through '07', '99'	Diagnosis Code Qualifier (492-WE) – values '08' and '09' added
Valid values are spaces, '00' through '17', '99'	Measurement Dimension (496-H2) – values '18' through '34' added
Valid values are spaces, '00' through '18'	Measurement Unit (497-H3) – values '19' through '27' added
	Transaction Additional Documentation Segment
Not available	This is a new situational segment
	Transaction Facility Segment
Not available	This is a new situational segment
	Transaction Narrative Segment
Not available	This is a new situational segment