Section 3: Pharmacy Billing Request - Compound and Non-Compound

The standard drug billing transactions can be built by completing the following segments once:

- Header
- Patient
- Insurance

For each claim detail line, submit the following segments as a set: (up to four per transmission)

- Claim
- Prescriber
- Coordination of Benefits/Other Payments
- Pricing
- Coupon
- Compound
- Prior Authorization

ISDH will process NCPDP requests at the transaction set level. All the transactions that are noncompliant in a transmission will be rejected and the valid transactions will be processed.

Billing Transaction Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field	Field Name	Format	Size	Usage	Values/Comments
101-A1	BIN Number	N	6	M	636104
102-A2	Version/Release Number	A/N	2	M	**51**
103-A3	Transaction Code	A/N	2	M	B1 = Billing Request B2 = Reversal B3 = Rebill
104-A4	Processor Control Number	A/N	10	O	Optional, National Provider ID if available.
109-A9	Transaction Count	A/N	1	M	This field indicates the number of transactions being submitted. Valid values are '1' through '4'.

202-B2	Service Provider ID Qualifier	A/N	2	M	14 = Plan Specific
201-B1	Service Provider ID	A/N	15	M	ID assigned by Program
401-D1	Date Of Service	N	8	M	Field format is CCYYMMDD.
110-AK	Software Vendor Certification ID	A/N	10	M	="NCPDP5.1"

Patient Segment

Field	Field Name	Format	Size	Usage	Values/Comments
111-AM	Segment Identification	A/N	2	M	01 = Patient Segment
331-CX	Patient ID Qualifier	A/N	2	O	99 = Other
332-CY	Patient ID	A/N	20	O	The 6 digits number assigned by ISDH program
304-C4	Date Of Birth	N	8	O	Field format is 'CCYYMMDD'.
305-C5	Patient Gender Code	N	1	O	Not used by ISDH
310-CA	Patient First Name	A/N	12	O	
311-CB	Patient Last Name	A/N	15	O	
322-CM	Patient Street Address	A/N	1-30	O	Not used by ISDH
323-CN	Patient City Address	A/N	1-20	O	Not used by ISDH
324-CO	Patient State / Province Address	A/N	2	O	Not used by ISDH
325-CP	Patient Zip/Postal Zone	A/N	1-15	O	Not used by ISDH
326-CQ	Patient Phone Number	N	10	O	Not used by ISDH
3Ø7-C7	Patient Location	N	1-2	O	Not used by ISDH
333-CZ	Employer Id	A/N	1-15	O	Not used by ISDH
334-1C	Smoker / Non-Smoker Code	A/N	1	O	Not used by ISDH
335-2C	Pregnancy Indicator	A/N	1	O	Blank = Not Specified 1 = Not Pregnant 2 = Pregnant

Insurance Segment

Field	Field Name	Format	Size	Usage	Values/Comments
111-AM	Segment Identification	A/N	2	R	04 = Insurance

302-C2	Cardholder Identification Number	A/N	20	R	This is the Patient ID number. assigned by ISDH program
312-CC	Cardholder First Name	A/N	1-12	O	
313-CD	Cardholder Last Name	A/N	1-15	O	
314-CE	Home Plan	A/N	1-3	O	Not used by ISDH
524-FO	Plan Id	A/N	0-8	O	Not used by ISDH
309-C9	Eligibility Clarification Code	N	1	O	2 = Override
336-8C	Facility Id	A/N	0-10	O	Not used by ISDH
301-C1	Group ID	A/N	15	O	Not used by ISDH
303-C3	Person Code	A/N	3	O	Not used by ISDH
306-C6	Patient Relationship Code	N	1	O	Not used by ISDH

Claim Segment

Field	Field Name	Format	Size	Usage	Values/Comments
111-AM	Segment Identification	A/N	2	M	07 = Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	A/N	1	M	Blank = Not Specified 1 = Rx Billing 2 = Service Billing
402-D2	Prescription/Service Reference Number	N	1-7	M	
436-E1	Product/Service ID Qualifier	A/N	2	M	03 = National Drug Code (NDC)
407-D7	Product/Service ID	A/N	1 - 19	M	Enter the 11-digit National Drug Code (NDC) for the drug dispensed in this field.
456-EN	Associated Prescription/Service Reference#	N	7	O	Not used by ISDH
457-EP	Associated Prescription/Service Date	N	8	O	CCYYMMDD
458-SE	Procedure Modifier Code Count	N	1	O	Not used by ISDH
459-ER	Procedure Modifier Code	A/N	2	O	Not used by ISDH
442-E7	Quantity Dispensed	N	1-10	R	Implied Format = 9999999.999.

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403-D3	Fill Number	N	1-2	O	Not used by ISDH
405-D5	Days Supply	N	1-3	R	Enter the estimated day's supply of the drug dispensed.
406-D6	Compound Code	N	1	S	0 = Not Specified 1 = Not a Compound 2 = Compound
408-D8	Dispense As Written (DAW)/ Product Selection Code	A/N	1	O	5, 6, 7, 8 or 9
414-DE	Date Prescription Written	N	8	O	CCYYMMDD
415-DF	Number of Refills Authorized	N	2	O	00 - Not Specified 01-98, 99 - Unlimited
419-DJ	Prescription Origin Code	N	1	O	Not used by ISDH
420-DK	Submission Clarification Code	N	2	O	Not used by ISDH
460-ET	Quantity Prescribed	N	1-10	O	Not used by ISDH
3Ø8-C8	Other Coverage Code	N	1-2	O	Not used by ISDH
429-DT	Unit Dose Indicator	N	1	O	Not used by ISDH
453-EJ	Orig Prescribed Product/Service Id Qualifier	A/N	2	O	Not used by ISDH
445-EA	Originally Prescribed Product/Service Code	A/N	1-19	O	Not used by ISDH
446-EB	Originally Prescribed Quantity	N	1-10	O	Not used by ISDH
330-CW	Alternate Id	A/N	1-20	O	Not used by ISDH
454-EK	Scheduled Prescription Id Number	A/N	1-12	O	Not used by ISDH
600-28	Unit Of Measure	A/N	2	O	Not used by ISDH
418-DI	Level of Service	N	2	O	Not used by ISDH
461-EU	Prior Authorization Type Code	N	2	O	1 = Prior Authorization
462-EV	Prior Authorization Number Submitted	N	11	S	
463-EW	Intermediary Authorization Type ID	N	1-2	O	Not used by ISDH
464-EX	Intermediary Authorization ID	A/N	1-11	O	Not used by ISDH

343-HD	Dispensing Status	A/N	1	O	Not used by ISDH
344-HF	Quantity Intended To Be Dispensed	N	1-10	O	Not used by ISDH
345-HG	Days Supply Intended To Be Dispensed	N	1-3	O	Not used by ISDH

Prescriber Segment

Field	Field Name	Format	Size	Req	Values/Comments
111-AM	Segment Identification	A/N	2	M	03 = Prescriber Segment
466-EZ	Prescriber ID Qualifier	A/N	2	O	14 = Plan Specific
411-DB	Prescriber ID	A/N	1 - 15	O	ID assigned to the prescriber
467-1E	Prescriber Location Code	A/N	1 - 3	O	Not used by ISDH
427-DR	Prescriber Last Name	A/N	1 - 15	O	Not used by ISDH
498-PM	Prescriber Phone Number	N	10	O	Not used by ISDH
468-2E	Primary Care Provider ID Qualifier	A/N	2	O	Not used by ISDH
421-DL	Primary Care Provider ID	A/N	1 - 15	O	Not used by ISDH
469-H5	Primary Care Provider Location Code	A/N	1 - 3	O	Not used by ISDH
470-4E	Primary Care Provider Last Name	A/N	1 - 15	O	Not used by ISDH

COB/Other Payments Segment

Optional: Only send if there is Other Payment Information to be sent.

Field	Field Name	Format	Size	Usage	Values/Comments
111-AM	Segment Identification	A/N	2	M	05 = COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	N	1	M	

338-5C	Other Payer Coverage Type	A/N	2	M	
339-6C	Other Payer ID Qualifier	A/N	2	O	Not used by ISDH
340-7C	Other Payer ID	A/N	1 - 10	O	Not used by ISDH
443-E8	Other Payer Date	N	8	O	Not used by ISDH
341-HB	Other Payer Amount Paid Count	N	1	O	Not used by ISDH
342-HC	Other Payer Amount Paid Qualifier	A/N	2	R	08 = Sum of All Reimbursement
431-DV	Other Payer Amount Paid	D	1 - 8	R	Enter the amount paid by other payer(s) including coupons. Enter the sum of all reimbursement received from all other payers.
471-5E	Other Payer Reject Count	N	2	O	Not used by ISDH
472-6E	Other Payer Reject Code	A/N	1 - 3	O	Not used by ISDH

Pricing Segment

Field	Field Name	Format	Size	Usage	Values/Comments
111-AM	Segment Identification	A/N	2	M	11= Pricing Segment
409-D9	Ingredient Cost Submitted	N	1 - 8	O	Not used by ISDH
412-DC	Dispensing Fee Submitted	N	1 - 8	O	Not used by ISDH
477-BE	Professional Service Fee Submitted	N		O	Not used by ISDH
433-DX	Patient Paid Amount Submitted	N		O	Not used by ISDH
438-E3	Incentive Amount Submitted	N		O	Not used by ISDH
478-H7	Other Amount Claimed Submitted Count	N		O	Not used by ISDH
479-H8	Other Amount Claimed Submitted Qualifier	A/N	2 - 2	O	Not used by ISDH
480-H9	Other Amount Claimed Submitted	A/N		O	Not used by ISDH

481-HA	Flat Sales Tax Amount Submitted	N	1 - 8	O	Not used by ISDH
482-GE	Percentage Sales Tax Amount Submitted	N	1 - 8	O	Not used by ISDH
483-HE	Percentage Sales Tax Rate Submitted	N	1 - 7	O	Not used by ISDH
484-JE	Percentage Sales Tax Basis Submitted	A/N	1 - 2	O	Not used by ISDH
426-DQ	Usual and Customary Charge	N	1 - 8	R	Total charge amount of the claim.
430-DU	Gross Amount Due	N	1 - 8	O	Not used by ISDH
423-DN	Basis of Cost Determination	A/N	1 - 2	O	Not used by ISDH

Compound Segment: This segment is required if Compound Code (406-D6) field in Claim Segment is equal to "2"

Field	Field Name	Format	Size	Usage	Values/Comments
111-AM	Segment Identification	A/N	2	M	10 = Coupon Segment
450-EF	Compound Dosage Form Description Code	A/N	1 - 2	M	
451-EG	Compound Dispensing Unit Form Indicator	N	1	M	
452-EH	Compound Route of Administration	N	2	M	
447-EC	Compound Ingredient Component Count	N	2	M	
488-RE	Compound Product ID Qualifier	A/N	2	M	Code qualifying the type of product dispensed.
489-TE	Compound Product ID	A/N	1 - 19	M	Product identification of an ingredient used in a compound.
448-ED	Compound Ingredient Quantity	D	1 - 10	M	Format = 9999999.999
449-EE	Compound Ingredient Drug Cost			O	Not used by ISDH
490-UE	Compound Ingredient Basis of Cost Determination			O	Not used by ISDH

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Examples

The following are the examples of NCPDP request and 835 response transactions:

Billing Request – Non-Compound:

Input Data:

Transaction Header Segment:

Service Provider ID	= 590003931391
Service Provider ID Qualifier	= 14
Date of Service	= 08-29-2003

Patient Segment (AM04):

Patient ID	= 170283742
Date of Birth	= 10-23-1980
Patient First Name	= EVELYN
Patient Last Name	= CBESTEL

Claim Segment (AM07):

Prescription/Service Reference Number	= 23
Product/Service ID Qualifier	= 03
Product/Service ID	= 7301
Quantity Dispensed	= 123
Days Supply	= 30
Compound Code	= 1
Dispense As Written (DAW)/ Product Selection Code	= 30

COB/Other Payments Segment (AM11):

Other Payer Amount Paid Qualifier	= 07
Other Payer Amount Paid	= 14

Pricing Segment (AM11):

Usual and Customary Charge	= 100

NCPDP Message:

```
 00T170543840        00001200308290923T51     G1123456789011111101B1OKAT1    110590003931391 20030829
- AM04 C224904235 CCEVELYN CDESTEL FOA2303 C91 C1STAR C61- AM01 CX01 CY170283742 C52
  CAEVELYN CBESTEL C711 2C1 - AM07 EM1 D223 E103 D77301 EP20030829 D31 D530 D62 D81
DF5 ET20000 DT2 28GM HF30000 HG30- AM11 H8203512 DN03- AM02 EY04 E9RX PHARMACY
INC- AM03 EZ06 DBCROWLEY
MD DRCROWLEY PM5614881242- AM13 VE1 WE2304592    99123450000000001SECURITY DE IDENTIFIED
TEST FILE
```

Billing Request – Compound:

Input Data:

Transaction Header Segment:
Service Provider ID	= 590003931391
Service Provider ID Qualifier	= 14
Date of Service	= 08-29-2003

Patient Segment (AM04):
Patient ID	= 170283742
Date of Birth	= 10-23-1980
Patient First Name	= EVELYN
Patient Last Name	= CBESTEL

Claim Segment (AM07):
Prescription/Service Reference Number	= 23
Product/Service ID Qualifier	= 03
Product/Service ID	= 7301
Quantity Dispensed	= 123
Days Supply	= 30
Compound Code	= 2
Dispense As Written (DAW)/ Product Selection Code	= 30

COB/Other Payments Segment (AM11):
Other Payer Amount Paid Qualifier	= 07
Other Payer Amount Paid	= 14

Pricing Segment (AM11):
Usual and Customary Charge	= 100

Compound Segment (AM10):
Compound Product ID Qualifier	= 15
Compound Product ID	= 123456
Compound Ingredient Quantity	= 55

NCPDP Message:

```
  00T170543840          00001200308290923T51    G1123456789011111101B1OKAT1
110590003931391   20030829
- AM04  C224904235  CCEVELYN  CDESTEL  FOA2303  C91  C1STAR  C61- AM01  CX01
  CY170283742  C419801023  C52  CAEVELYN  CBESTEL  C711  2C1  -  AM07  EM1  D223
  E103  D77301  EP20030829  E7123  D31  D530  D62  D81  DF5  ET20000  DT2  28GM  DI0
3  HF30000  HG30-  AM05  4C1  5C01  HC07  DV14-  AM11  H8203512  DQ100  DN03-  AM
02  EY04  E9RX PHARMACY INC-  AM03  EZ06  DBCROWLEY
```

MD   DRCROWLEY PM5614881242- AM10 EF10 EG1 EH2 EC1 RE15 TE123456 ED55-
   AM13 VE1 WE2304592   99123450000000001SECURITY DE IDENTIFIED TEST FILE

835 Response:

Please refer to 835 companion guide.