EPIC   NEW YORK STATE SENIOR PRESCRIPTION PLAN

P.O. BOX 15018, ALBANY, NY 12212-5018   **1-800-634-1340**

March 22, 2006

Dear Supervising Pharmacist,

This notice is to advise all *New York State Elderly Pharmaceutical Insurance Coverage Program (EPIC)* enrolled providers about changes that are being made to the EPIC Point-of-Sale processing system. EPIC will be making changes to the format used to submit Coordination of Benefit Claims. New functionality will allow for the submission of claims utilizing the CoPay Only form of Coordination of Benefits. This will allow for a more effective submission of claims eligible for Medicare Part D wrap around benefits. The change will be effective on April 15, 2006. A Payer Specification Sheet is attached and additional instructions appear below.

Currently, 25% of EPIC enrollees are participating in a Medicare Part D plan, which is primary coverage. These participants will be mailed a new ID card indicating EPIC and Medicare, working together. The necessary billing information will be displayed on this card, including the following BIN and Processor Control Number which must be used for all claims submitted as secondary to a Medicare Part D plan. These BIN and Processor Control Numbers will enable Medicare Part D claims to pass through the TrOOP Facilitator and ensure the senior receives credit toward their out-of-pocket costs.

NY EPIC and Medicare Part D
BIN 012345 / Processor Control Number P024012345

All other claims should be submitted utilizing the current NY EPIC BIN and Processor Control Number:

NY EPIC ONLY
BIN 009704 / Processor Control Number P014009704

The following are the NCPDP Version 5.1 fields which will be required to properly process all Coordination of Benefits claims for all other insurances including Medicare Part D, **where the primary insurer returns a patient responsibility on a covered claim**, as of April 15, 2006:

Segment	Field Number	Field Name	Directions
Claims	308-C8	Other Coverage Code	Value "8" will be the only acceptable value.

Segment	Field Number	Field Name	Directions
Pricing	409-D9	Ingredient Cost Submitted	Blank or Zero (0)
Pricing	479-H8	Other Amount Claimed Submitted Qualifier	Enter "99"- Other
Pricing	480-H9	Other Amount Claimed Submitted	(>0) Enter the amount of the patient responsibility to the primary carrier. Include CoPay and Deductible.
Pricing	430-DU	Gross Amount Due	(>0) This amount must be identical to the amount appearing in field 480-H9 "Other Amount Claimed Submitted"

The following items in the COB segment are requested, but not required.

Segment	Field Number	Field Name	Directions
COB	338-5C	Other Payer Coverage Type	Required for this program. 01 = Primary 02 = Secondary 03 = Tertiary

Segment	Field Number	Field Name	Directions
COB	341-HB	Other Payer Amount Paid Count	Value should be 1
COB	342-HC	Other Payer Amount Paid Qualifier	If possible to submit while using the Other Coverage Code of "8", Please do so.
COB	431-DV	Other Payer Amount Paid	If possible to submit while using the Other Coverage Code of "8", Please do so.

In instances where the claim submitted to the primary carrier is not covered for reasons such as (3) Other Coverage Exists, This Claim Not Covered, (5) Managed Care Plan Denial, (6) Other Coverage Denied, Not A Participating Provider, or (7) Other Coverage Exists, Not In Effect On Date Of Service, the COB segment is required to provide the Other Payer Reject Count and Codes.

Your software vendor will need to make the necessary changes under NCPDP V5.1 for all point-of-sale claims submitted for Coordination of Benefits on or after April 15, 2006. The current process will remain available for a short period after April 15, 2006 for providers requiring additional time to update their systems.

To facilitate this conversion, the enclosed Payer Specification Sheet has been sent to all software vendors known to support EPIC provider pharmacies. You should contact your vendor to confirm they received this information and that your system will be able to handle the changes on April 15, 2006.

Your cooperation is greatly appreciated. Please contact the EPIC Provider Helpline at (800) 634-1340 should you have any questions or concerns in regard to meeting this implementation date. We look forward to working with you to ensure a smooth transition.

Sincerely,

Richard Brown
Provider Services/Claims

<table>
<tr><td colspan="2" align="center">PAYER:
NYS EPIC</td></tr>
<tr><td>Processor: **First Health Services**</td><td>Information Source: **First Health Services**</td></tr>
<tr><td>Effective as of: **April 15, 2006**</td><td>Document Date: March 22, 2006</td></tr>
<tr><td>Provider Help Desk Contact Information:
800-634-1340</td><td>Vendor Certification Help Number:
Vendor_Certification@fhsc.com</td></tr>
</table>

➤ **Version 5.1 Transactions** (some transactions may be required at a future date to be determined)**:**

NCPDP Lower Version Transaction Code	NCPDP Lower Version Transaction Name	NCPDP V.5.1 Transaction Code	NCPDP V.5.1 Transaction Name	Transaction Support Requirements
00	Eligibility Verification	E1	Eligibility Verification	Required **<future date>**.
01 – 04	Rx Billing	B1	Billing	Required **<12/16/2004>**.
11	Rx Reversal	B2	Reversal	Required **<12/16/2004>**.
21 – 24	Rx Downtime Billing	N/A	N/A	Not supported in v.5.1.
31 – 34	Rx Re-billing	B3	Rebill	Required **<12/16/2004>**.
41	Prior Authorization Request with Request for Payment	P1	Prior Authorization Request and Billing	Required **<future date>**.
45	Prior Authorization Inquiry	P3	Prior Authorization Inquiry	Required **<future date>**.
46	Prior Authorization Reversal	P2	Prior Authorization Reversal	Required **<future date>**.
51	Prior Authorization Request Only	P4	Prior Authorization Request Only	Required **<future date>**.
81 – 84	Rx DUR	N1	Information Reporting	No planned requirements at this time;
91 – 94	Rx Refill	N/A		Not supported in v.5.1.
N/A	N/A	N2	Information Reporting Reversal	No planned requirements at this time;
N/A	N/A	N3	Information Reporting Rebill	No planned requirements at this time;
N/A	N/A	C1	Controlled Substance Reporting	No planned requirements at this time;
N/A	N/A	C2	Controlled Substance Reporting Reversal	No planned requirements at this time;
N/A	N/A	C3	Controlled Substance Reporting Rebill	No planned requirements at this time;

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

NCPDP : Request Segment Matrix									Segment Support Requirements
Transaction Code **Segment**	E1	B1	B2	B3	P1	P2	P3	P4	Some segments may be required at a future date to be determined.
Header	M	M	M	M	M	M	M	M	Required **<12/16/2004>**.
Patient	S	S	S	S	S	S	S	S	Required **<12/16/2004>**.
Insurance	M	M	S	M	M	S	M	M	Required **<12/16/2004>**.
Claim	N	M	M	M	M	M	M	M	Required **<12/16/2004>**.
Pharmacy Provider	S	S	N	S	S	S	S	S	No planned requirements at this time; **may be required at a future date.**
Prescriber	N	M	N	M	S	S	S	S	Required **<12/16/2004>**.
COB/ Other Payments	N	S	N	S	S	N	S	S	Required **<12/16/2004>**.
Worker's Comp	N	S	N	S	S	S	S	S	Not required.
DUR/ PPS	N	S	S	S	S	S	S	S	Required **<12/16/2004>**.
Pricing	N	M	S	M	M	S	S	S	Required **<12/16/2004>**.
Coupon	N	S	N	S	S	S	S	S	No planned requirements at this time; **may be required at a future date.**
Compound	N	S	N	S	S	S	S	S	Required **<future date>**.
PA	N	S	N	S	M	S	M	M	Required **<future date>**.
Clinical	N	S	N	S	S	N	N	S	Required **<12/16/2004>**.

NCPDP Designations: M = Mandatory; **S** = Situational; **N** = Not Sent.
NOTE: Some segments indicated as "Situational" by NCPDP, may be "Required" to support specific transactions for this program.

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

The software/certification ID will control whether 5.1 claims will be accepted by the production system. Your software vendor will receive a number upon certification with First Health. This number must be included on the transaction header segment.	
On 12/16/2004 on-line compounds will be processed using the Compound Segment.	
In cases where a repeating field is Required or Required When, the maximum number of iterations has been indicated.	
FIRST HEALTH will edit any/all data elements submitted for valid format and values.	
Partial Fills are supported.	

> **Field requirement legend:**

Code	Description
M	Designated as **MANDATORY** in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1. These fields must be sent if the segment is required for the transaction.
S	Designated as situational in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1. It is necessary to send these fields in noted situations. Some fields designated as situational by NCPDP may be required for all New York State EPIC transactions.
X***R***	The "R***" indicates that the field is repeating. One of the other designators, 'M', 'or 'S' will precede it.

NOTES:
1. Specific field values that are required for the program are identified as "**NYS EPIC VALUES SUPPORTED".**
2. There may be additional information regarding field values in the Provider Manual.

> **Request segment and field requirements:**

TRANSACTION HEADER SEGMENT		Segment MANDATORY for all transactions.	
Field	**Field Name**	**Mandatory/ Situational**	**NYS EPIC VALUES SUPPORTED**
1Ø1-A1	BIN NUMBER	M	**ØØ97Ø4** NYS EPIC, **Ø12345 Medicare D Secondary Claims**
1Ø2-A2	VERSION/RELEASE NUMBER	M	51
1Ø3-A3	TRANSACTION CODE	M	B1, B2, B3
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	**P014009704** NYS EPIC, **P024012345 Medicare D Secondary Claims**
1Ø9-A9	TRANSACTION COUNT	M	B1 = 1-4 B2 = 1-4 B3 = 1-4
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Ø7 = NCPDP (NABP) Provider ID
2Ø1-B1	SERVICE PROVIDER ID	M	NCPDP (NABP) Provider Number <provider specific>
4Ø1-D1	DATE OF SERVICE	M	Format = CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Assigned when software vendor is certified with FIRST HEALTH; will reject if missing or not valid.

PATIENT SEGMENT		Segment MANDATORY for these transactions: B1 and B3.	
Field	**Field Name**	**Mandatory Situational**	**NYS EPIC VALUES SUPPORTED**
111-AM	**SEGMENT IDENTIFICATION**	**M**	**Ø1 = Patient Segment**
331-CX	PATIENT ID QUALIFIER	S	
332-CY	PATIENT ID	S	
3Ø4-C4	**DATE OF BIRTH**	**M**	**Required for this program for eligibility validation.**
3Ø5-C5	**PATIENT GENDER CODE**	**S**	**Required for this program.**
31Ø-CA	**PATIENT FIRST NAME**	**M**	**Required for this program.**
311-CB	**PATIENT LAST NAME**	**M**	**Required for this program.**
322-CM	PATIENT STREET ADDRESS	S	
323-CN	PATIENT CITY ADDRESS	S	
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	
325-CP	PATIENT ZIP/POSTAL ZONE	S	
326-CQ	PATIENT PHONE NUMBER	S	
3Ø7-C7	PATIENT LOCATION	S	
333-CZ	EMPLOYER ID	N	
334-1C	SMOKER / NON-SMOKER CODE	N	
335-2C	PREGNANCY INDICATOR	N	

INSURANCE SEGMENT			
		Segment MANDATORY for these transactions: E1, B1, and B3.	
Field	Field Name	Mandatory Situational	NYS EPIC VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø4 = Insurance Segment
3Ø2-C2	CARDHOLDER ID	M	Required for this program. NYS EPIC Participant Number <patient specific>
312-CC	CARDHOLDER FIRST NAME	S	Required for this program.
313-CD	CARDHOLDER LAST NAME	S	Required for this program.
314-CE	HOME PLAN	S	
524-FO	PLAN ID	S	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	S	
336-8C	FACILITY ID	S	
3Ø1-C1	GROUP ID	M	Required for this program. NYEPIC
3Ø3-C3	PERSON CODE	S	
3Ø6-C6	PATIENT RELATIONSHIP CODE	S	

CLAIM SEGMENT			
		Segment MANDATORY for these transactions: B1, B2, and B3.	
Field	Field Name	Mandatory Situational	NYS EPIC VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø7 = Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	1 = Rx billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Ø3 = NDC
4Ø7-D7	PRODUCT/SERVICE ID	M	NDC
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)) and the Prescription/Service Reference Number (4Ø2-D2) changed from the "P" (Partial Fill). Required when the "P" (Partial Fill) is not the original fill and the Prescription/Service Reference Number (4Ø2-D2) has not changed.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when Associated Prescription/Service Reference Number (456-EN) is used. Required when the "P" (Partial Fill) transaction is not the original fill.
458-SE	PROCEDURE MODIFIER CODE COUNT	S	
459-ER	PROCEDURE MODIFIER CODE	S***R***	
442-E7	QUANTITY DISPENSED	M	Required for this program; expressed in metric decimal units.
4Ø3-D3	FILL NUMBER	M	Required for this program.
4Ø5-D5	DAYS SUPPLY	M	Required for this program.
4Ø6-D6	COMPOUND CODE	M	Required for this program. Ø= Not specified 1 = Not a compound 2 = Compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	Required for this program.
414-DE	DATE PRESCRIPTION WRITTEN	M	Required for this program.
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Required for this program.
419-DJ	PRESCRIPTION ORIGIN CODE	S	
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	Required when needed to provide additional information for coverage purposes. '2 – Other Override' required to override select Plan Limitation Exceeded for Maximum Quantity / Day Supply edits as of 11/01/04,
46Ø-ET	QUANTITY PRESCRIBED	S	
3Ø8-C8	OTHER COVERAGE CODE	S	Required for this program for COB.

	CLAIM SEGMENT		
		Segment MANDATORY for these transactions: B1, B2, and B3.	
Field	**Field Name**	Mandatory Situational	**NYS EPIC VALUES SUPPORTED**
			Value of 8 to be used for claims covered by primary insurer. **Values of 1,3,6 and 7 to be used for claims not covered by primary insurer**
429-DT	UNIT DOSE INDICATOR	S	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	
33Ø-CW	ALTERNATE ID	S	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	
6ØØ-28	UNIT OF MEASURE	S	
418-DI	LEVEL OF SERVICE	S	
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	Required when needed to identify designated prior authorization and/or override conditions.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	
464-EX	INTERMEDIARY AUTHORIZATION ID	S	
343-HD	**DISPENSING STATUS**	**S**	**Required when submitting a partial fill or the completion of a partial fill.**
344-HF	**QUANTITY INTENDED TO BE DISPENSED**	**S**	**Required when submitting a partial fill or the completion of a partial fill.**
345-HG	**DAYS SUPPLY INTENDED TO BE DISPENSED**	**S**	**Required when submitting a partial fill or the completion of a partial fill.**

	PRICING SEGMENT		
		Segment MANDATORY for these transactions: B1 and B3.	
Field	**Field Name**	Mandatory Situational	**NYS EPIC VALUES SUPPORTED**
111-AM	**SEGMENT IDENTIFICATION**	**M**	**11 = Pricing Segment**
4Ø9-D9	**INGREDIENT COST SUBMITTED**	**S**	**Required for this program EXCEPT for COB – CoPay only Billing - Not submitted or zero.**
412-DC	**DISPENSING FEE SUBMITTED**	**S**	**Required for this program EXCEPT for COB – CoPay only Billing - Not submitted or zero.**
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	
438-E3	INCENTIVE AMOUNT SUBMITTED	S	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S***R*** Max = 3	
479-H8	**OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER**	S***R*** Max = 3	**Required for this program.** **Use when COB is indicated by 308-C8 = "8". Value = "99" Other**
48Ø-H9	**OTHER AMOUNT CLAIMED SUBMITTED**	S***R*** Max = 3	**Required for this program.** **Use when COB is indicated by 308-C8 = "8".** **Must equal Gross Amount Due (430-DU).**
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	
426-DQ	**USUAL AND CUSTOMARY CHARGE**	**M**	**Required for this program.**
43Ø-DU	**GROSS AMOUNT DUE**	**M**	**Required for this program.** *** Must Match field 480-H9 (Other Amount Claimed Submitted) when COB is indicated by 308-C8 = "8".**
423-DN	BASIS OF COST DETERMINATION	S	

	PHARMACY PROVIDER SEGMENT		Segment NOT REQUIRED at this time; fields intentionally not listed. Possible future use.

PRESCRIBER SEGMENT			
			Segment MANDATORY for these transactions: B1 and B3.
Field	**Field Name**	Mandatory Situational	**NYS EPIC VALUES SUPPORTED**
111-AM	**SEGMENT IDENTIFICATION**	**M**	**Ø3 = Prescriber Segment**
466-EZ	**PRESCRIBER ID QUALIFIER**	**M**	**Required for this program.** **Ø8 = State License Number** **12 = DEA Number**
411-DB	**PRESCRIBER ID**	**M**	**Required for this program.** **DEA Number or** **NYS State License Number**
467-1E	PRESCRIBER LOCATION CODE	S	
427-DR	PRESCRIBER LAST NAME	S	
498-PM	PRESCRIBER PHONE NUMBER	S	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	
421-DL	PRIMARY CARE PROVIDER ID	S	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME	S	

COB SEGMENT			
			Segment not required for CoPay Only Billing (Value "8" in 308-C8) for transactions: B1 and B3. Segment is required for claims denied by primary carrier (308-C8 = 3,5,6,or 7) **Where possible this segment is requested for all COB claims to allow for proper Manufacturer Rebate processing.** .
Field	**Field Name**	Mandatory Situational	**NYS EPIC VALUES SUPPORTED**
111-AM	**SEGMENT IDENTIFICATION**	**M**	**Ø5 = Coordination of Benefits/ Other Payments Segment**
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	**M** **Max = 3**	
338-5C	**OTHER PAYER COVERAGE TYPE**	**M***R***** **Max = 3**	**Required when 431-DV is populated.** **Ø1 = Primary** **Ø2 = Secondary** *Ø3 = Tertiary*
339-6C	OTHER PAYER ID QUALIFIER	S***R*** Max = 3	
34Ø-7C	OTHER PAYER ID	S***R*** Max = 3	
443-E8	OTHER PAYER DATE	S***R*** Max = 3	
341-HB	**OTHER PAYER AMOUNT PAID COUNT**	**S**	**Required for this program when 431-DV is populated.**
342-HC	**OTHER PAYER AMOUNT PAID QUALIFIER**	**S***R***** **Max = 3**	**Required for this program when 431-DV is populated.**
431-DV	**OTHER PAYER AMOUNT PAID**	**S***R***** **Max = 3**	**Provided if possible.**
471-5E	**OTHER PAYER REJECT COUNT**	**S**	**Required for this program when 308-C8 = "3,5,6 and 7"**
472-6E	**OTHER PAYER REJECT CODE**	**S**	**Required for this program when 308-C8 = "3,5,6 and 7"**

	WORKERS' COMP SEGMENT		Segment NOT REQUIRED; fields intentionally not listed.

DUR / PPS SEGMENT			
			Segment MANDATORY for these transactions: B1 and B3 if there is DUR information.
Field	**Field Name**	Mandatory Situational	**NYS EPIC VALUES SUPPORTED**
111-AM	**SEGMENT IDENTIFICATION**	**M**	**Ø8 = DUR/ PPS Segment**
473-7E	**DUR/PPS CODE COUNTER**	**S***R** **Max = 9**	**Required when needed to communicate DUR information.**
439-E4	**REASON FOR SERVICE CODE**	**S***R** **Max = 9**	**Required when needed to communicate DUR information.** *See "ProDUR" section in Provider Manual.*
44Ø-E5	**PROFESSIONAL SERVICE CODE**	**S***R** **Max = 9**	**Required when needed to communicate DUR information.** *See "ProDUR" section in Provider Manual.*
441-E6	**RESULT OF SERVICE CODE**	**S***R**	**Required when needed to communicate DUR information.** *See*

DUR / PPS SEGMENT			
			Segment MANDATORY for these transactions: B1 and B3 if there is DUR information.
Field	Field Name	Mandatory Situational	**NYS EPIC VALUES SUPPORTED**
		Max = 9	*"ProDUR" section in Provider Manual.*
474-8E	DUR/PPS LEVEL OF EFFORT	S***R Max = 9	
475-J9	DUR CO-AGENT ID QUALIFIER	S***R Max = 9	
476-H6	DUR CO-AGENT ID	S***R Max = 9	

CLINICAL SEGMENT			
			Segment MANDATORY for these transactions: B1 and B3 if there is Clinical information.
Field	Field Name	Mandatory Situational	**NYS EPIC VALUES SUPPORTED**
111-AM	SEGMENT IDENTIFICATION	M	
491-VE	DIAGNOSIS CODE COUNT	S	
492-WE	DIAGNOSIS CODE QUALIFIER	S***R***	
424-DO	DIAGNOSIS CODE	S***R***	
493-XE	CLINICAL INFORMATION COUNTER	S***R***	
494-ZE	MEASUREMENT DATE	S***R***	
495-H1	MEASUREMENT TIME	S***R***	
496-H2	MEASUREMENT DIMENSION	S***R***	
497-H3	MEASUREMENT UNIT	S***R***	
499-H4	MEASUREMENT VALUE	S***R***	

COMPOUND SEGMENT			
			Segment MANDATORY for these transactions: B1 and B3 if there is Compound information.
Field	Field Name	Mandatory Situational	**NYS EPIC VALUES SUPPORTED**
111-AM	**SEGMENT IDENTIFICATION**	**M**	**10 = Compound Segment**
45Ø-EF	**COMPOUND DOSAGE FORM DESCRIPTION CODE**	**M**	**Must use valid NCPDP values in this field.**
451-EG	**COMPOUND DISPENSING UNIT FORM INDICATOR**	**M**	**1 = Each 2 = Grams 3 = Milliliters**
452-EH	**COMPOUND ROUTE OF ADMINISTRATION**	**M**	**Must use valid NCPDP values in this field.**
447-EC	**COMPOUND INGREDIENT COMPONENT COUNT**	**M**	**Count of compound product IDs (both active and inactive) in the compound mixture submitted.**
488-RE	**COMPOUND PRODUCT ID QUALIFIER**	**M***R***	**Must use valid NCPDP values in this field.**
489-TE	**COMPOUND PRODUCT ID**	**M***R***	**Product identification used in compound.**
448-ED	**COMPOUND INGREDIENT QUANTITY**	**M***R***	**Amount in metric decimal units of the product included in the compound mixture.**
449-EE	**COMPOUND INGREDIENT DRUG COST**	**S***R***	**Required when used to arrive at final reimbursement.**
49∅-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	

COUPON SEGMENT	Segment NOT REQUIRED at this time; fields intentionally not listed.

PRIOR AUTHORIZATION SEGMENT	
	Segment NOT REQUIRED at this time; fields intentionally not listed.

➢ **Response segment and field requirements:**
➢ **PAID (or DUPLICATE OF PAID) Response:**

TRANSACTION HEADER SEGMENT			
			Segment MANDATORY for all transactions.
Field	Field Name	Mandatory	**<NYS EPIC> VALUES SUPPORTED**
1Ø2-A2	VERSION/RELEASE NUMBER	M	Same value as in request billing
1Ø3-A3	TRANSACTION CODE	M	Same value as in request billing
1Ø9-A9	TRANSACTION COUNT	M	Same value as in request billing

TRANSACTION HEADER Segment			
		Segment MANDATORY for all transactions.	
Field	**Field Name**	**Mandatory**	**<NYS EPIC> VALUES SUPPORTED**
5Ø1-F1	HEADER RESPONSE STATUS	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Same value as in request billing
2Ø1-B1	SERVICE PROVIDER ID	M	Same value as in request billing
4Ø1-D1	DATE OF SERVICE	M	Same value as in request billing

RESPONSE MESSAGE Segment			
		Segment SITUATIONAL.	
Field	**Field Name**	**Mandatory Situational**	**<NYS EPIC> VALUES SUPPORTED**
111-AM	SEGMENT IDENTIFICATION	M	2Ø = Response Message Segment
5Ø4-F4	MESSAGE	S	Required when text is needed for clarification or detail.

RESPONSE INSURANCE Segment			
		Segment SITUATIONAL.	
Field	**Field Name**	**Mandatory Situational**	**<NYS EPIC> VALUES SUPPORTED**
111-AM	SEGMENT IDENTIFICATION	M	25 = Response Insurance Segment
3Ø1-C1	GROUP ID	S	Required when needed to identify the cardholder or employer group, to identify appropriate group number for billing.
524-FO	PLAN ID	S	
545-2F	NETWORK REIMBURSEMENT ID	S	
568-J7	PAYER ID QUALIFIER	S	
569-J8	PAYER ID	S	

RESPONSE STATUS Segment			
		Segment SITUATIONAL.	
Field	**Field Name**	**Mandatory Situational/ Repeating**	**<NYS EPIC> VALUES SUPPORTED**
111-AM	SEGMENT IDENTIFICATION	M	21 = Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	M	P = Paid D = Duplicate
5Ø3-F3	AUTHORIZATION NUMBER	S	Returned when needed to identify the transaction.
51Ø-FA	REJECT COUNT	S	
511-FB	REJECT CODE	S***R***	
546-4F	REJECT FIELD OCCURRENCE INDICATOR	S***R***	
547-5F	APPROVED MESSAGE CODE COUNT	S	
548-6F	APPROVED MESSAGE CODE	S***R***	
526-FQ	ADDITIONAL MESSAGE INFORMATION	S	Required when additional text is needed for clarification or detail.
549-7F	HELP DESK PHONE NUMBER QUALIFIER	S	Required when the Help Desk Phone Number is used. Ø3 = Processor/ PBM
55Ø-8F	HELP DESK PHONE NUMBER	S	Required when needed to provide a support telephone number.

RESPONSE CLAIM Segment			
		Segment SITUATIONAL.	
Field	**Field Name**	**Mandatory Situational/ Repeating**	**<NYS EPIC> VALUES SUPPORTED**
111-AM	SEGMENT IDENTIFICATION	M	22 = Response Claim Segment
455-EM	PRESCRIPTION/ SERVICE REFERNCE NUMBER QUALIFIER	M	1 = Rx billing <client>
4Ø2-D2	PRESCRIPTION/ SERVICE REFERNCE NUMBER	M	
551-9F	PREFERRED PRODUCT COUNT	S	
552-AP	PREFERRED PRODUCT ID QUALIFIER	S***R***	
553-AR	PREFERRED PRODUCT ID	S***R***	
554-AS	PREFERRED PRODUCT INCENTIVE	S***R***	
555-AT	PREFERRED PRODUCT COPAY INCENTIVE	S***R***	
556-AU	PREFERRED PRODUCT DESCRIPTION	S***R***	

RESPONSE PRICING SEGMENT		Segment OPTIONAL.	
Field	**Field Name**	**Mandatory Situational/ Repeating**	**<NYS EPIC> VALUES SUPPORTED**
111-AM	SEGMENT IDENTIFICATION	M	23 = Response Pricing Segment
5Ø5-F5	PATIENT PAY AMOUNT	S	Returned when the processor determines that the patient has payment responsibility for part/ the entire claim.
5Ø6-F6	INGREDIENT COST PAID	S	Required when this value is used to arrive at the final reimbursement.
5Ø7-F7	DISPENSING FEE PAID	S	Required when this value is used to arrive at the final reimbursement.
557-AV	TAX EXEMPT INDICATOR	S	
558-AW	FLAT SALES TAX AMOUNT PAID	S	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S	
56Ø-AY	PERCENTAGE SALES TAX RATE PAID	S	
561-AZ	PERCENTAGE SALES TAX BASIS PAID	S	
521-FL	INCENTIVE AMOUNT PAID	S	
562-J1	PROFESSIONAL SERVICE FEE PAID	S	
563-J2	OTHER AMOUNT PAID COUNT	S	
564-J3	OTHER AMOUNT PAID QUALIFIER	S***R***	
565-J4	OTHER AMOUNT PAID	S***R***	
566-J5	OTHER PAYER AMOUNT RECOGNIZED	S	Required if Other Payer Amount Submitted is greater than zero (Ø) and COB/Other Payments Segment is supported.
5Ø9-F9	TOTAL AMOUNT PAID	S	Required when this value is used to arrive at the final reimbursement.
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	Required when this value is used to arrive at the final reimbursement.
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	S	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	S	Required when this value is used to arrive at the final reimbursement.
513-FD	REMAINING DEDUCTIBLE AMOUNT	S	Required when this value is used to arrive at the final reimbursement.
514-FE	REMAINING BENEFIT AMOUNT	S	Required when this value is used to arrive at the final reimbursement.
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	S	Required when this value is used to arrive at the final reimbursement.
518-FI	AMOUNT OF COPAY/CO-INSURANCE	S	Required when this value is used to arrive at the final reimbursement.
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	S	
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	S	
346-HH	BASIS OF CALCULATION – DISPENSING FEE	S	
347-HJ	BASIS OF CALCULATION – COPAY	S	
348-HK	BASIS OF CALCULATION – FLAT SALES TAX	S	
349-HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	S	
RESPONSE DUR/ PPS SEGMENT		Segment OPTIONAL.	
Field	**Field Name**	**Mandatory Situational/ Repeating**	**<NYS EPIC> VALUES SUPPORTED**
111-AM	SEGMENT IDENTIFICATION	M	24 = Response DUR/ PPS Segment
567-J6	DUR/ PPS RESPONSE CODE COUNTER	S***R***	
439-E4	REASON FOR SERVICE CODE	S***R***	*See Provider Manual for allowed values.*
528-FS	CLINICAL SIGNIFICANCE CODE	S***R***	Blank = Not specified 1 = Major 2 = Moderate 3 = Minor 9 = Undetermined
529-FT	OTHER PHARMACY INDICATOR	S***R***	Ø = Not specified 1 = Your pharmacy 2 = Other pharmacy in same chain 3 = Other pharmacy
53Ø-FU	PREVIOUS DATE OF FILL	S***R***	
531-FV	QUANTITY OF PREVIOUS FILL	S***R***	
532-FW	DATABASE INDICATOR	S***R***	1 = First DataBank 4 = Processor developed
533-FX	OTHER PRESCRIBER INDICATOR	S***R***	Ø = Not specified 1 = Same prescriber 2 = Other prescriber
544-FY	DUR FREE TEXT MESSAGE	S***R***	Required when text is needed for additional clarification.

> **Response segment and field requirements:**
> **REJECT Response:**
> **No Changes have been made to the Reject Response Segment.**