MANUAL CLAIM FORMS REFERENCE

IMPLEMENTATION GUIDE
VERSION 1.1

Guidance information for completing and processing the NCPDP manual claim forms, which include

- *The Universal Claim Form that aligns with NCPDP Telecommunication Standard Version D.Ø and above*
- *The Workers' Compensation/Property and Casualty Universal Claim Form that aligns with NCPDP Telecommunication Standard Version D.Ø and above*

March 2Ø12

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MANUAL CLAIM FORMS
REFERENCE IMPLEMENTATION GUIDE
Version 1.1

NCPDP recognizes the confidentiality of certain information exchanged electronically through the use of its standards. Users should be familiar with the federal, state, and local laws, regulations and codes requiring confidentiality of this information and should utilize the standards accordingly.

NOTICE: In addition, this NCPDP Standard contains certain data fields and elements that may be completed by users with the proprietary information of third parties. The use and distribution of third parties' proprietary information without such third parties' consent, or the execution of a license or other agreement with such third party, could subject the user to numerous legal claims. **All users are encouraged to contact such third parties to determine whether such information is proprietary and if necessary, to consult with legal counsel to make arrangements for the use and distribution of such proprietary information**.

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1. INTRODUCTION TO BOTH FORMS

This NCPDP *Manual Claim Forms Reference Implementation Guide* is intended to provide guidance information for completing and processing

- The NCPDP Universal Claim Form that aligns with NCPDP Telecommunication Standard Version D.Ø and above
- The NCPDP Workers' Compensation/Property and Casualty Universal Claim Form that aligns with NCPDP Telecommunication Standard Version D.Ø and above

If you have any questions regarding the availability or content of the NCPDP *Manual Claim Forms Reference Implementation Guide*, see www.ncpdp.org, or contact the Council office at (48Ø) 477-1ØØØ or via e-mail at ncpdp@ncpdp.org.

1.1 DOCUMENT SCOPE

This document contains the specification and implementation guide. Users of this document should consult the NCPDP documents listed below for further information and clarification.

TELECOMMUNICATION STANDARD IMPLEMENTATION GUIDE

Specifies transmission formats for claim submission and response. Refer to NCPDP *Telecommunication Standard Implementation Guide Version D.Ø* and above.

DATA DICTIONARY

Full reference to all fields used in NCPDP standards.

EXTERNAL CODE LIST

Full reference to all values used in NCPDP standards.

BILLING UNIT STANDARD

Standardized billing units used for claim submission.

These documents are available to NCPDP members in the "Members" section of the website at www.ncpdp.org. Non-members may purchase the documents; please see www.ncpdp.org or contact the NCPDP office at 48Ø-477-1ØØØ, or via Internet e-mail at ncpdp@ncpdp.org.

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2. BACKGROUND OF BOTH FORMS

This document is intended to provide the essential features of paper submission of claims and serve as a guide for software developers and others who must implement the forms.

To understand the development and intent of this format and implementation, it is necessary to first review its background and objective, the framework within which it has been developed, and its intended use in the third party environment.

This document has been developed as guidance for the use of manual submission of claim forms. It is the next logical step in an evolutionary process marked by the following key events:

- Submission of manual claims using claim forms unique to each carrier or administrator.
- Development of a Universal Claim Form by NCPDP (198Ø).
- Submission of claims via magnetic tape and diskette using a format unique to each carrier or administrator (1984).
- Direct electronic submission and adjudication of claims in an on-line, real-time environment using processor-specific formats (1988).
- Development of a telecommunication standard format (version 1.Ø) by NCPDP (1989).
- Development of an enhanced telecommunication standard format (version 3.2) by NCPDP (1992).
- Development of on-line, real-time compound claim submission within the telecommunication standard format (version 3.3) by NCPDP (1996).
- Development of prior authorization transaction sets within the telecommunication standard format (version 3.4) by NCPDP (1996).
- Development of enhanced, variable telecommunication standard format (version 5.Ø) by NCPDP (June 1999).
- The naming of the Telecommunication Standard Version 5.1 in the Health Information Portability and Accountability Act (HIPAA) (2ØØØ).
- Development of an updated telecommunication standard format (version D.Ø) by NCPDP (2ØØ7).
- Development of an updated Universal Claim Form by NCPDP (2ØØ8) to support the telecommunication standard format (version D.Ø).
- Development of a Workers' Compensation/Property and Casualty Universal Claim Form by NCPDP (2ØØ8) to support the standardized submission of these claims.

Usage of a common format brings advantages to participants in the pharmacy industry. There are significant advantages to both the Originator of the claim and the Processor of the claim by adopting this version of the form, such as:

- Common syntax and dictionary
- Adaptability
- Reduced system development expense
- Reduced equipment requirements
- Reduced errors

2.1 BENEFITS OF THE UPDATED UNIVERSAL CLAIM FORM

1. Aligns with Telecommunication Standard D.Ø – All fields on the Universal Claim Form align with the field format and definitions of fields defined to Telecommunication Standard Version D.Ø.
2. Support the BIN Number and Processor Control Number to facilitate claim processing.
3. Supports documentation of Multi-Ingredient Compounds – The Universal Claim Form supports automated printing for up to 7 ingredients of a multi-ingredient compound.

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4. Expands Service Billing Capabilities – "DUR/PPS Level of Effort", "Procedure Modifier Code", and "Professional Service Fee Paid" fields were added to the Universal Claim Form to facilitate the billing of services.
5. Improves Usability – Fields on the Universal Claim Form are logically grouped with identifiers to facilitate usage.
6. Improves Coordination of Benefits Processing – "Other Payer-Patient Responsibility Amount" was added to the Universal Claim Form to support enhanced Coordination of Benefits (COB) documentation.
7. Added an additional COB Segment.
8. Supports Additional Content – "Submission Clarification Code", "Level of Service", "Prescriber Last Name" and "Provider Last Name" are new fields added to the Universal Claim Form to align with proprietary state requirements for this information.
9. Reference Implementation Manual – The new Universal Claim Form supports this companion Reference Implementation Manual to improve usability and development programming.
10. OCR Ink – The Universal Claim Form and Workers' Compensation/Property & Casualty Claim Form supports OCR readable ink for automated scanning.

2.2 LIMITATIONS OF THE UPDATED UNIVERSAL CLAIM FORM

The following are designed limitations of the updated Universal Claim Form for the reader to be aware.

1. Supports the documentation of one claim per form.
2. Supports the documentation of a single DUR/PPS Code Set.
3. Supports the documentation of a single Procedure Modifier Code.
4. Supports the documentation of a single Diagnosis Code.
5. Supports the documentation of a single Submission Clarification Code.
6. Supports the documentation of up to 7 individual ingredients for a Compound.
7. Supports a summarized "Other Payer Amount Paid" and does not support the identification of component amounts.
8. Supports a summarized "Other Payer-Patient Responsibility Amount" and does not support the identification of component amounts (i.e. the "Patient Pay Amount" fields).

2.3 BENEFITS OF THE WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM

1. Distinguishes Type of Claim – As workers' compensation and property and casualty are exclusively unique from claims filed on the standard UCF form, the Workers' Compensation/Property & Casualty Claim Form has been cleanly designed for payer's to quickly determine claim type, state of jurisdiction and process accordingly.
2. Aligns with Telecommunication Standard D.Ø – All fields on the Workers' Compensation/Property and Casualty Universal Claim Form align with the field format and definitions of fields defined to Telecommunication Standard Version D.Ø.
3. Supports documentation of Multi-Ingredient Compounds – The Workers' Compensation/Property and Casualty Universal Claim Form supports automated printing for up to 7 ingredients of a multi-ingredient compound.
4. Service Billing Capabilities – "DUR/PPS Level of Effort" and "Procedure Modifier Code" facilitate the billing of services.
5. Improves Usability – Fields on the Workers' Compensation/Property and Casualty Universal Claim Form are logically grouped with identifiers to facilitate usage.
6. Coordination of Benefits Processing – "Other Payer-Patient Responsibility Amount" supports enhanced Coordination of Benefits (COB) documentation.
7. Reference Implementation Manual – The new Workers' Compensation/Property and Casualty Universal Claim Form supports this companion Reference Implementation Manual to improve usability and development programming.
8. OCR Ink – The Workers' Compensation/Property & Casualty Claim Form supports OCR readable ink for automated scanning.

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9. Supports Jurisdiction Specific Content – The Workers' Compensation/Property & Casualty Claim Form data fields align with jurisdictional specific requirements providing for the ability to utilize and program for one standard billing form vs. multiple state proprietary forms.
10. Supports the identification of Carrier information.
11. Supports the identification of Employer information.
12. Supports the identification of Payee information.
13. Supports an expanded set of Prescriber information.

2.4 LIMITATIONS OF THE WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM

The following are designed limitations of the Workers' Compensation/Property and Casualty Universal Claim Form for the reader to be aware.

1. Supports the documentation of one claim per form.
2. Supports the documentation of a single DUR/PPS Code Set.
3. Supports the documentation of a single Procedure Modifier Code.
4. Supports the documentation of a single Submission Clarification Code.
5. Supports the documentation of up to 7 individual ingredients for a Compound.
6. Supports a summarized "Other Payer Amount Paid" and does not support the identification of component amounts.
7. Supports a summarized "Other Payer-Patient Responsibility Amount" and does not support the identification of component amounts (i.e. the "Patient Pay Amount" fields).

2.5 JURISDICTIONAL REQUIREMENTS FOR THE WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM

Each state develops and adopts billing rules associated with the completion of a billing claim form for workers' compensation. Some states have no specific rules; others have very specific rules that determine what data elements are required or situational for the billing form to be considered payable. One should review the specific jurisdictional state rules associated with the claim to ascertain the specific requirements for that jurisdiction.

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3. BUSINESS ENVIRONMENT OF BOTH FORMS

3.1 OBJECTIVES

The NCPDP *Manual Claim Forms Reference Implementation Guide* is intended to ensure a consistent implementation of the claim forms developed by NCPDP.

This document facilitates a specific type of business communication among diverse parties within the third party environment. To do this successfully, it must accomplish the following goals:

- Support the needs of a wide base of potential users.
- Maximize use of existing relevant standards wherever possible.
- Be flexible enough to change as needs and technology change.
- Be unambiguous.
- Be easy to implement by pharmacies, carriers and vendors.

All fields on both forms are "Optional" and the provider/payer business agreement determines which fields are required for processing. It is important to note that for workers' compensation sometimes the fields are not optional but are driven by the published state specific billing rules.

3.2 PARTICIPANTS

A 'PROVIDER' may be a retail pharmacy, mail order pharmacy, doctor's office, clinic, hospital, long-term care facility, or any other entity which dispenses prescription drugs and submits those prescriptions to a payer for reimbursement.

The 'ADJUDICATOR' (hereinafter referred to as the 'PROCESSOR') is often a third-party administrator of prescription drug programs on behalf of insurers. The Adjudicator also may be an insurer, a governmental program or any other entity which receives prescription drug claims, makes a decision regarding the level of reimbursement to the provider, and responds to the provider.

The 'SWITCH' also receives transactions from providers and intermediaries as claims pass from providers to adjudicators. Switching companies accept claims, optionally perform format conversions, may perform pre-editing, and then pass the claims to the appropriate processor. The response from the processor also may pass through the switch on its return to the provider.

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4. INSTRUCTIONS FOR USE OF BOTH FORMS

4.1 INTRODUCTION

The next sections discuss the

- NCPDP Universal Claim Form that aligns with NCPDP Telecommunication Standard Version D.Ø and above
  - with subsections for
    - *Sample Universal Claim Form*
    - *Field Definitions for the Universal Claim Form*
- NCPDP Workers' Compensation/Property and Casualty Universal Claim Form that aligns with NCPDP Telecommunication Standard Version D.Ø and above
  - with subsections for
    - *Sample Workers' Compensation/Property and Casualty Universal Claim Form*
    - *Field Definitions for the Workers' Compensation/Property and Casualty Universal Claim Form*

4.1.1 UNIVERSAL CLAIM FORM

The NCPDP Universal Claim Form (UCF) is filled out by the pharmacy or provider of care. Guidance in this document is given from the pharmacy's perspective.

The UCF is not intended to be filled out by the patient or caregiver.

The UCF is not to be used with Workers' Compensation/Property and Casualty claims; the Workers' Compensation/Property and Casualty Universal Claim Form (WC/PC UCF) is to be used for this business need.

4.1.2 WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM

The NCPDP Workers' Compensation/Property and Casualty Universal Claim Form (WC/PC UCF) is filled out by the pharmacy, third party biller who has assignment for the claim or PBM. Guidance in this document is given from the pharmacy's perspective.

The WC/PC UCF is not intended to be filled out by the patient or caregiver.

The WC/PC UCF is not to be used with standard pharmacy claims; the Universal Claim Form (UCF) is to be used for this business need.

4.2 CODE VALUES

Fields that appear on the UCF or WC/PC UCF with a box may denote fields that have values listed on the back of the form. For fields that support a large list of values, to save space on the back of the form, the more commonly used values are shown.

Code values for these and other fields are also provided in this guide.

New values may be added as part of the NCPDP standards development process. See the NCPDP *External Code List* for new values or updates to values.

Note: It is not a compliant use of the form to use a value that is not part of the list of NCPDP valid values for that field.

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4.3 PUNCTUATION

See section "*Character Sets Designation*" for more information.

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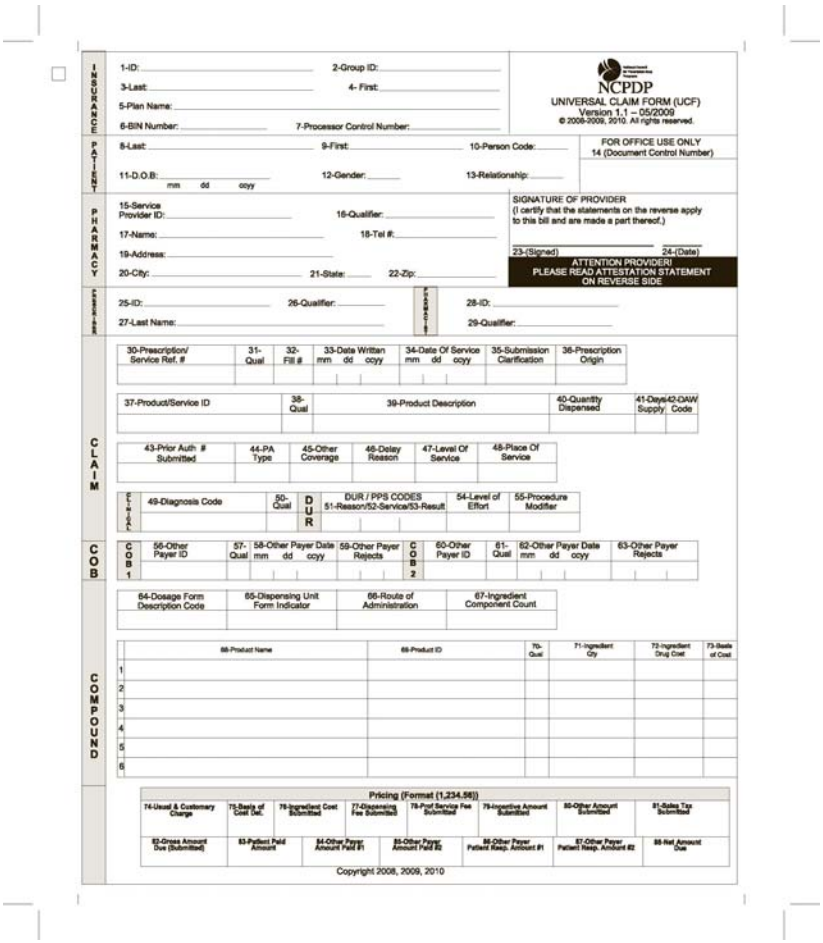
5. UNIVERSAL CLAIM FORM SAMPLE

Universal Claim Form (Front) - This is a visual sample. This is not to be used as printable or electronic form. The form is subject to updates.



INSURANCE
1-ID: 2-Group ID:
3-Last: 4- First:
5-Plan Name:
6-BIN Number: 7-Processor Control Number:

NCPDP
UNIVERSAL CLAIM FORM (UCF)
Version 1.1 – 05/2009
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PATIENT
8-Last: 9-First: 10-Person Code:
11-D.O.B: mm dd ccyy 12-Gender: 13-Relationship:
FOR OFFICE USE ONLY
14 (Document Control Number)

PHARMACY
15-Service Provider ID: 16-Qualifier:
17-Name: 18-Tel #:
19-Address:
20-City: 21-State: 22-Zip:
SIGNATURE OF PROVIDER
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)
23-(Signed) 24-(Date)
ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PRESCRIBER
25-ID: 26-Qualifier:
27-Last Name:
28-ID:
29-Qualifier:

CLAIM

30-Prescription/ Service Ref. #	31-Qual	32-Fill #	33-Date Written mm dd ccyy	34-Date Of Service mm dd ccyy	35-Submission Clarification	36-Prescription Origin

37-Product/Service ID	38-Qual	39-Product Description	40-Quantity Dispensed	41-Days Supply	42-DAW Code

43-Prior Auth # Submitted	44-PA Type	45-Other Coverage	46-Delay Reason	47-Level Of Service	48-Place Of Service

PRIOR REF	49-Diagnosis Code	50-Qual	DUR	DUR / PPS CODES 51-Reason/52-Service/53-Result	54-Level of Effort	55-Procedure Modifier

COB

COB 1	56-Other Payer ID	57-Qual	58-Other Payer Date mm dd ccyy	59-Other Payer Rejects	COB 2	60-Other Payer ID	61-Qual	62-Other Payer Date mm dd ccyy	63-Other Payer Rejects

COMPOUND

64-Dosage Form Description Code	65-Dispensing Unit Form Indicator	66-Route of Administration	67-Ingredient Component Count

	68-Product Name	68-Product ID	70-Qual	71-Ingredient Qty	72-Ingredient Drug Cost	73-Basis of Cost
1						
2						
3						
4						
5						
6						

Pricing (Format (1,234.56))

74-Usual & Customary Charge	75-Basis of Cost Det.	76-Ingredient Cost Submitted	77-Dispensing Fee Submitted	78-Prof Service Fee Submitted	79-Incentive Amount Submitted	80-Other Amount Submitted	81-Sales Tax Submitted

82-Gross Amount Due (Submitted)	83-Patient Paid Amount	84-Other Payer Amount Paid #1	85-Other Payer Amount Paid #2	86-Other Payer Patient Resp. Amount #1	87-Other Payer Patient Resp. Amount #2	88-Net Amount Due

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Universal Claim Form (Reverse) - This is a visual sample. This is not to be used as printable or electronic form. The form is subject to updates.

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Universal Claim Form (Reverse)

The provider agrees to the following:
- Certifies that required beneficiary signatures, or legally authorized signatures of beneficiaries, are on file;
- That the submitted claim is accurate, complete, and truthful; and
- That it will research and correct claim discrepancies.

For more instructions on this form, see the NCPDP *Manual Claim Forms Reference Implementation Guide* available at www.ncpdp.org

Code List

For fields not listed below, or more values which may be available, see the *NCPDP Manual Claim Forms Reference Implementation Guide* or the NCPDP *External Code List*.

12 - Patient Gender Code
- "0" - Not Specified
- "1" - Male
- "2" - Female

13 - Patient Relationship Code
- "0" - Not Specified
- "1" - Cardholder
- "2" - Spouse
- "3" - Child
- "4" - Other

16 - Service Provider ID Qualifier
- "blank" - Not Specified
- "01" - NPI
- "06" - Medicaid
- "07" - NCPDP
- "99" - Other

26 - Prescriber ID Qualifier
- "01" - NPI
- "08" - State License
- "12" - DEA
- "99" - Other

29 - Provider ID Qualifier
- "01" - DEA
- "02" - State License
- "03" - Social Security Number
- "04" - Name
- "05" - NPI
- "06" - HIN
- "07" - State Issued
- "99" - Other

31 - Prescription/Service Reference # Qualifier
- "1" - Rx Billing
- "2" - Service Billing

35 - Submission Clarification Code
- "1" - No Override
- "2" - Other Override
- "3" - Vacation Supply
- "4" - Lost Prescription
- "5" - Therapy Change
- "6" - Starter Dose
- "7" - Medically Necessary
- "8" - Process Compound for Approved Ingredients
- "9" - Encounters
- "10" - Meets Plan Limitations
- "11" - Certification on File
- "12" - DME Replacement Indicator
- "13" - Payer-Recognized Emergency/Disaster Assistance Request
- "14" - Long Term Care Leave of Absence
- "15" - Long Term Care Replacement Medication
- "16" - Long Term Care Emergency Box or Automated Dispensing Machine

35 - Submission Clarification Code (Continued)
- "17" - Long Term Care Emergency Supply Remainder
- "18" - Long Term Care Patient Admit / Readmit Indicator
- "19" - Split Billing
- "99" - Other

36 - Prescription Origin Code
- "0" - Not Known
- "1" - Written
- "2" - Telephone
- "3" - Electronic
- "4" - Facsimile
- "5" - Pharmacy

38 & 70 - Product/Service ID Qualifier
- "00" - Not Specified
- "01" - UPC
- "02" - HRI
- "03" - NDC
- "04" - HIBCC
- "09" - DUR/PPS
- "07" - CPT4
- "08" - CPT5
- "09" - HCPCS
- "10" - PPAC
- "11" - NAPPI
- "12" - GTIN
- "15" - GCN
- "28" - FDB Med Name ID
- "29" - FDB Routed Med ID
- "30" - FDB Routed Dosage Form Med ID

42 - Dispense as Written (DAW) / Product Selection
- "0" - No Product Selection Indicated
- "1" - Substitution Not Allowed by Prescriber
- "2" - Substitution Allowed - Patient Requested Product Dispensed
- "3" - Substitution Allowed - Pharmacist Selected Product Dispensed
- "4" - Substitution Allowed - Generic Drug Not In Stock
- "5" - Substitution Allowed - Brand Drug Dispensed as a Generic
- "6" - Override
- "7" - Substitution Not Allowed - Brand Drug Mandated by Law
- "8" - Substitution Allowed - Generic Drug not Available In Marketplace
- "9" - Substitution Allowed by Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product to be Dispensed

44 - Prior Authorization Type Code
- "0" - Not Specified
- "1" - Prior Authorization
- "2" - Medical Certification
- "3" - EPSDT
- "4" - Exemption from Copay and/or Coinsurance
- "5" - Exemption from Rx
- "6" - Family Planning Indicator
- "7" - TANF (Temporary Assistance for Needy Families)
- "8" - Payer Defined Exemption
- "9" - Emergency Preparedness

45 - Other Coverage Code
- "0" - Not Specified by patient
- "1" - No Other Coverage
- "2" - Other Coverage Exists - Payment Collected
- "3" - Other Coverage Billed - Claim Not Covered
- "4" - Other Coverage Exists - Payment Not Collected
- "5" - Claim is billing for patient financial responsibility only

46 - Delay Reason Code
- "1" - Proof of eligibility unknown or unavailable
- "2" - Litigation
- "3" - Authorization delays
- "4" - Delay in certifying provider
- "5" - Delay in supplying billing forms
- "6" - Delay in delivery of custom-made appliances
- "7" - Third party processing delay
- "8" - Delay in eligibility determination
- "9" - Original claims rejected or denied due to a reason unrelated to the billing limitation rules
- "10" - Administration delay in the prior approval process
- "11" - Other
- "12" - Received late with no exceptions
- "13" - Submitted damage by fire, etc to provider records
- "14" - Theft, sabotage/other willful acts by employee

47 - Level of Service
- "0" - Not Specified
- "1" - Patient Consultation
- "2" - Home delivery
- "3" - Emergency
- "4" - 24 Hour Service
- "5" - Patient consultation regarding generic product selection
- "9" - In-Home service

48 - Place of Service (For values refer to NCPDP Reference Guide or current External Code List)

50 - Diagnosis Code Qualifier
- "00" - Not Specified
- "01" - ICD9
- "02" - ICD10
- "03" - NCCI
- "04" - SNOMED
- "05" - CDT
- "06" - Medi-Span Product Line Diagnosis Code
- "07" - DSM IV
- "08" - First DataBank Disease Code (FDBDX)
- "09" - First DataBank FML Disease Identifier (FDB DMD)
- "99" - Other

51 - Reason for Service & 52 - Professional Service Code & 53 - Result of Service Code (For values refer to NCPDP Reference Guide or current External Code List)

54 - DUR/PPS Level of Effort
- "0" - Not Specified
- "1" - Level 1 (Lowest)
- "12" - Level 2
- "13" - Level 3
- "14" - Level 4
- "15" - Level 5 (Highest)

55 - Procedure Modifier Code (For values Centers for Medicare & Medicaid Services 7500 Security Blvd. Baltimore, MD 21244)

57 - Other Payer ID Qualifier & 61 - National Payer ID
- "01" - National Payer ID
- "02" - HIN
- "03" - BIN
- "04" - HAIC
- "05" - Medicare Carrier Number
- "99" - Other

59 - Other Payer Reject Codes & 65 - NCPDP External Code List) (For values refer to current

60 - Route of Administration Systemized Nomenclature of Medicine Clinical Terms® (SNOMED CT) SNOMET CT® terminology which is available from the College of American Pathologists, Northfield, IL http://www.snomed.org

73 - Compound Basis of Cost Determination & 75 - Basis of Cost Determination (For values refer to NCPDP Reference Guide or current External Code List)

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6. UNIVERSAL CLAIM FORM FIELD DEFINITIONS

Note: N/A is Not Applicable

6.1 INSURANCE SECTION

Instructions: This section contains information about the cardholder and their plan identification.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
1	ID of Cardholder	Insurance ID assigned to the cardholder or identification number used by the plan.	A/N	2Ø	3Ø2-C2
2	Group ID	ID assigned to the cardholder group or employer group.	A/N	15	3Ø1-C1
3	Last Name of Cardholder	Individual last name.	A/N	15	313-CD
4	First Name of Cardholder	Individual first name.	A/N	12	312-CC
5	Plan Name	The name of the plan.	A/N	3Ø	6ØØ-96
6	BIN Number	Card Issuer ID or Bank ID Number used for network routing.	N	6	1Ø1-A1
7	Processor Control Number	Number assigned by the processor.	A/N	1Ø	1Ø4-A4

If the submitter of the claim form has knowledge of the BIN and optionally, the Processor Control Number of the plan which are used in electronic processing of claims, the inclusion of these fields will assist the processor with identification. Some processors research this information when they receive a claim form; the provision of this information would be a benefit for the data entry operators.

6.2 PATIENT SECTION

Instructions: This section contains information about the patient. If the cardholder is the patient, fill in the patient demographic information (name, date of birth, gender).

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
8	Last Name of Patient	Individual last name.	A/N	15	311-CB
9	First Name of Patient	Individual first name.	A/N	12	31Ø-CA
1Ø	Person Code	Code assigned to a specific person within a family.	A/N	3	3Ø3-C3
11	Date of Birth (D.O.B.)	Date of birth of patient. Format: MMDDCCYY	N	8	3Ø4-C4
12	Gender Code	Code indicating the gender of the individual.	N	1	3Ø5-C5

Values:

CODE	DESCRIPTION
Ø	Not Specified
1	Male
2	Female

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
13	Relationship Code	Code indicating relationship of patient to cardholder.	N	1	3Ø6-C6

Values:

CODE	DESCRIPTION
Ø	Not Specified
1	Cardholder - The individual that is enrolled in and receives benefits from a health plan
2	Spouse - Patient is the husband/wife/partner of the cardholder
3	Child - Patient is a child of the cardholder
4	Other - Relationship to cardholder is not precise

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6.3 OFFICE USE

Instructions: This section may be used by the receiver/payer of the form. It is not to be used by the submitter of the form.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
14	Document Control Number	Internal number used by the payer or processor to further identify the claim for imaging purposes - Document archival, retrieval and storage. Not to be used by pharmacy.	A/N	2Ø	682

6.4 PHARMACY SECTION

Instructions: This section contains information about the pharmacy or dispenser of the product/service.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
15	Service Provider ID	ID assigned to a pharmacy or provider.	A/N	15	2Ø1-B1
16	Qualifier	Code qualifying the 'Service Provider ID' (2Ø1-B1).	A/N	2	2Ø2-B2

Values:

CODE	DESCRIPTION
Ø1	**National Provider Identifier (NPI)** = a standard unique health identifier for health care providers. The NPI is a 1Ø position numeric identifier with a check digit in the 1Øth position and is assigned by the National Provider System (NPS).
Ø2	**Blue Cross** = a number assigned by a Blue Cross health plan which is a nonprofit hospital expense prepayment plan primarily designed to provide benefits for hospitalization coverage, with certain restrictions on the accommodations to be used.
Ø3	**Blue Shield** = a number assigned by a Blue Shield health plan which is a prepayment plan offered by voluntary nonprofit organizations that cover medical and surgical expenses.
Ø4	**Medicare** = a number assigned by the carrier or intermediary which administers the Medicare health insurance program for people age 65 or older, some people with disabilities under age 65, and people with end-stage renal disease. Medicare has two parts, hospital insurance (Part A) and medical insurance (Part B).
Ø5	**Medicaid** = a number assigned to a provider by a state Medicaid agency. Each state has a unique identifier. Medicaid is a program established pursuant to Title XIX of the Social Security Act to provide medical benefits for certain categories of low-income individuals. The program provides benefits to indigent and disabled individuals and members of families receiving Aid to Families with Dependent Children. States have the option to provide benefits to a broader range of individuals. The program is a cooperative arrangement between the federal government and the states, under which both the federal government and a participating state contribute financial support. The state, however, retains a considerable amount of discretion over the operation and administration of the program, and has the right to determine the benefits to be provided, rules for eligibility, rates of payment for services and other matters, as long as broad regulatory guidelines established by the federal government are followed.
Ø6	**UPIN (Unique Physician/Practitioner Identification Number)** = a number assigned to each Medicare physician/practitioner to identify the referring or ordering physician on Medicare claims. UPINs consist of an alpha character and five numerics and are assigned by CMS.
Ø7	**NCPDP Provider Identification Number** (National Council for Prescription Drug Programs Provider Identification Number) = a number that provides pharmacies with a unique, 7 digit national identifying number that assists pharmacies in their interactions with federal agencies and third party providers. The NCPDP Provider Identification Number was formerly known as the NABP (National Board of Pharmacy) number. NCPDP also enumerates licensed dispensing sites in the United States as part of its Alternate Site Enumeration Program Numbering System (ASEP). The purpose of this system is to enable a site to identify itself to all third part processors by one standard number, in order to adjudicate claims and receive reimbursement from prescription card programs.
Ø8	**State License** = the number assigned and required by a State Board or other State regulatory agency that uniquely identifies a pharmacy by category, as defined by each State or Territory or a prescriber by practice specialty for which they reside/practice.
Ø9	**CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)** = a number that uniquely identifies a provider that participates in the CHAMPUS program which is a federal medical benefits program that helps pay for civilian medical care rendered to the spouses and children of active duty and retired personnel.
1Ø	**Health Industry Number (HIN)** = a 9 digit alphanumeric number used to identify health care entities such as veterinarians, animal clinics, and health care provider facilities. The number is assigned by HIBCC.
11	**Federal Tax ID** = a 9-digit number assigned by the Internal Revenue Service to sole proprietors, corporations, partnerships, estates, trusts, and other entities for the purpose of tax filing and reporting.

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12	**Drug Enforcement Administration (DEA) Number** = the number assigned by the DEA to all businesses that manufacture or distribute controlled pharmaceuticals, all health professionals who dispense, administer, or prescribe controlled pharmaceuticals and all pharmacies that fill prescriptions.
13	**State Issued** = a unique number issued by a state program or organization other than Medicaid, to a provider of service.
14	**Plan Specific** = a unique proprietary number assigned by a commercial health care plan to a provider of service.
15	**HCID (HC IDea)** = A 1Ø-character, alphanumeric identifier assigned by NCPDP to identify authorized prescribers of drugs.
16	**Combat Methamphetamine Epidemic Act (CMEA) Certificate ID** = a unique number assigned by the DEA to a business for the purpose of identifying the business that has given the training program.
99	**Other** = used to identify other health plans and enumerating organizations not listed above.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
17	Name	Name of pharmacy.	A/N	2Ø	833-5P
18	Phone Number	Telephone number of pharmacy.	N	1Ø	834-5Q
19	Address	The street address for a pharmacy.	A/N	2Ø	829-5L
2Ø	City	City of pharmacy.	A/N	18	831-5N
21	State	State abbreviation of pharmacy.	A/N	2	832-6F

Values:
See *"Appendix D. United States Postal Service Abbreviations."*

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
22	ZIP	This field identifies the expanded zip code of the pharmacy. Note: Excludes punctuation and blanks.	A/N	9	835-5R

6.5 SIGNATURE OF PROVIDER SECTION

Instructions: Enter the legal signature of the pharmacy or dispenser of product or service representative,
"Signature on File," or "SOF." Enter either the 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or alphanumeric date (e.g., January 1, 2ØØ8) the form was signed.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
23	Signature				N/A
24	Date				N/A

6.6 PRESCRIBER SECTION

Instructions: This section contains information about the prescriber of the medication or service.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
25	Prescriber ID	ID assigned to the prescriber.	A/N	15	411-DB
26	Qualifier	Code qualifying the 'Prescriber ID' (411-DB).	A/N	2	466-EZ

Values:

CODE	DESCRIPTION
Ø1	**National Provider Identifier (NPI)** = a standard unique health identifier for health care providers. The NPI is a 1Ø position numeric identifier with a check digit in the 1Øth position and is assigned by the National Provider System (NPS).
Ø2	**Blue Cross** = a number assigned by a Blue Cross health plan which is a nonprofit hospital expense prepayment plan primarily designed to provide benefits for hospitalization coverage, with certain restrictions on the accommodations to be used.
Ø3	**Blue Shield** = a number assigned by a Blue Shield health plan which is a prepayment plan offered by voluntary nonprofit organizations that cover medical and surgical expenses.
Ø4	**Medicare** = a number assigned by the carrier or intermediary which administers the Medicare health insurance program for people age 65 or older, some people with disabilities under age 65, and people with end-stage renal disease. Medicare has two parts, hospital insurance (Part A) and medical insurance (Part B).

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CODE	DESCRIPTION
Ø5	**Medicaid** = a number assigned to a provider by a state Medicaid agency. Each state has a unique identifier. Medicaid is a program established pursuant to Title XIX of the Social Security Act to provide medical benefits for certain categories of low-income individuals. The program provides benefits to indigent and disabled individuals and members of families receiving Aid to Families with Dependent Children. States have the option to provide benefits to a broader range of individuals. The program is a cooperative arrangement between the federal government and the states, under which both the federal government and a participating state contribute financial support. The state, however, retains a considerable amount of discretion over the operation and administration of the program, and has the right to determine the benefits to be provided, rules for eligibility, rates of payment for services and other matters, as long as broad regulatory guidelines established by the federal government are followed.
Ø6	**UPIN (Unique Physician/Practitioner Identification Number)** = a number assigned to each Medicare physician/practitioner to identify the referring or ordering physician on Medicare claims. UPINs consist of an alpha character and five numerics and are assigned by CMS.
Ø8	**State License** = the number assigned and required by a State Board or other State regulatory agency that uniquely identifies a pharmacy by category, as defined by each State or Territory or a prescriber by practice specialty for which they reside/practice.
Ø9	**CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)** = a number that uniquely identifies a provider that participates in the CHAMPUS program which is a federal medical benefits program that helps pay for civilian medical care rendered to the spouses and children of active duty and retired personnel.
1Ø	**Health Industry Number (HIN)** = a 9 digit alphanumeric number used to identify health care entities such as veterinarians, animal clinics, and health care provider facilities. The number is assigned by HIBCC.
11	**Federal Tax ID** = a 9-digit number assigned by the Internal Revenue Service to sole proprietors, corporations, partnerships, estates, trusts, and other entities for the purpose of tax filing and reporting.
12	**Drug Enforcement Administration (DEA) Number** = the number assigned by the DEA to all businesses that manufacture or distribute controlled pharmaceuticals, all health professionals who dispense, administer, or prescribe controlled pharmaceuticals and all pharmacies that fill prescriptions.
13	**State Issued** = a unique number issued by a state program or organization other than Medicaid, to a provider of service.
14	**Plan Specific** = a unique proprietary number assigned by a commercial health care plan to a provider of service.
15	**HCID (HC IDea)** = A 1Ø-character, alphanumeric identifier assigned by NCPDP to identify authorized prescribers of drugs.
99	Other = used to identify other health plans and enumerating organizations not listed above.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
27	Last Name of Prescriber	Individual last name.	A/N	15	427-DR

6.7 PHARMACIST SECTION

Instructions: This section contains information about the pharmacist who dispensed the medication or provided the service.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
28	Provider ID (Pharmacist)	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.	A/N	15	444-E9
29	Qualifier	Code qualifying the 'Provider ID' (444-E9).	A/N	2	465-EY

Values:

CODE	DESCRIPTION
Ø1	Drug Enforcement Administration (DEA)- The number assigned by the DEA to all businesses that manufacturer or distribute controlled pharmaceuticals, all health professionals who dispense, administer, or prescribe controlled pharmaceuticals an all pharmacies that fill prescriptions.
Ø2	State License - The number assigned and required by a State Board or other State regulatory agency that uniquely identifies a pharmacy by category, as defined by each State or Territory or a prescriber by practice specialty for which they reside/practice.
Ø3	Social Security Number (SSN) - Code indicating that the information to follow is the 9-digit number assigned to an individual by the Social Security Administration for various purposes, including paying and reporting taxes.
Ø4	Name – Indicates the provider's name is used as the ID for the provider.
Ø5	National Provider Identifier (NPI) –A HIPAA-mandated standard unique health identifier for health care providers

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CODE	DESCRIPTION
Ø6	Health Industry Number (HIN) - a 9 digit alphanumeric number used to identify health care entities such as veterinarians, animal clinics, and health care provider facilities. The number is assigned by HIBCC.
Ø7	State Issued - a unique number issued by a state program or organization other than Medicaid, to a provider of service.
99	Other –Different from those implied or specified.

6.8 CLAIM SECTION

6.8.1 GENERAL INFORMATION

Instructions: This section contains information about the medication or service.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
3Ø	Prescription/Service Reference Number	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	N	12	4Ø2-D2
31	Qualifier	Indicates the type of billing submitted.	A/N	1	455-EM

Values:

CODE	DESCRIPTION
1	Rx Billing
2	Service Billing

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
32	Fill Number	The code indicating whether the prescription is an original or a refill.	N	2	4Ø3-D3

Values:

CODE	DESCRIPTION
Ø	Original dispensing
1-99	Refill number

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
33	Date Prescription Written	Date prescription was written. Format: MMDDCCYY	N	8	414-DE
34	Date of Service	Identifies date the prescription was filled or professional service rendered or subsequent payer began coverage following Part A expiration in a long-term care setting only. Format: MMDDCCYY	N	8	4Ø1-D1
35	Submission Clarification Code	Code indicating that the pharmacist is clarifying the submission.	N	2	42Ø-DK

Values:

CODE	DESCRIPTION
1	No Override
2	Other Override
3	Vacation Supply-The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine.
4	Lost Prescription-The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost.
5	Therapy Change-The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc.
6	Starter Dose-The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment.
7	Medically Necessary-The pharmacist is indicating that this medication has been determined by the physician to be medically necessary.
8	Process Compound For Approved Ingredients

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CODE	DESCRIPTION
9	Encounters
1Ø	Meets Plan Limitations -The pharmacy certifies that the transaction is in compliance with the program's policies and rules that are specific to the particular product being billed.
11	Certification on File – The supplier's guarantee that a copy of the paper certification, signed and dated by the physician, is on file at the supplier's office.
12	DME Replacement Indicator – Indicator that this certification is for a DME item replacing a previously purchased DME item.
13	Payer-Recognized Emergency/Disaster Assistance Request - The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer.
14	Long Term Care Leave of Absence - The pharmacist is indicating that the cardholder requires a short-fill of a prescription due to a leave of absence from the Long Term Care (LTC) facility.
15	Long Term Care Replacement Medication - Medication has been contaminated during administration in a Long Term Care setting.
16	Long Term Care Emergency box (kit) or automated dispensing machine – Indicates that the transaction is a replacement supply for doses previously dispensed to the patient after hours.
17	Long Term Care Emergency supply remainder - Indicates that the transaction is for the remainder of the drug originally begun from an Emergency Kit.
18	Long Term Care Patient Admit/Readmit Indicator - Indicates that the transaction is for a new dispensing of medication due to the patient's admission or readmission status.
19	Split Billing - indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings.
2Ø	34ØB - Indicates that, prior to providing service, the pharmacy has determined the product being billed is purchased pursuant to rights available under Section 34ØB of the Public Health Act of 1992 including sub-ceiling purchases authorized by Section 34ØB (a)(1Ø) and those made through the Prime Vendor Program (Section 34ØB(a)(8)).
21	LTC dispensing: 14 days or less not applicable - Fourteen day or less dispensing is not applicable due to CMS exclusion and/or manufacturer packaging may not be broken or special dispensing methodology (i.e vacation supply, leave of absence, ebox, spitter dose). Medication quantities are dispensed as billed
22	LTC dispensing: 7 days - Pharmacy dispenses medication in 7 day supplies
23	LTC dispensing: 4 days - Pharmacy dispenses medication in 4 day supplies
24	LTC dispensing: 3 days - Pharmacy dispenses medication in 3 day supplies
25	LTC dispensing: 2 days - Pharmacy dispenses medication in 2 day supplies
26	LTC dispensing: 1 day - Pharmacy or remote (multiple shifts) dispenses medication in 1 day supplies
27	LTC dispensing: 4-3 days - Pharmacy dispenses medication in 4 day, then 3 day supplies
28	LTC dispensing: 2-2-3 days - Pharmacy dispenses medication in 2 day, then 2 day, then 3 day supplies
29	LTC dispensing: daily and 3-day weekend - Pharmacy or remote dispensed daily during the week and combines multiple days dispensing for weekends
3Ø	LTC dispensing: Per shift dispensing - Remote dispensing per shift (multiple med passes)
31	LTC dispensing: Per med pass dispensing - Remote dispensing per med pass
32	LTC dispensing: PRN on demand - Remote dispensing on demand as needed
33	LTC dispensing: 7 day or less cycle not otherwise represented
34	LTC dispensing: 14 days dispensing - Pharmacy dispenses medication in 14 day supplies
35	LTC dispensing: 8-14 day dispensing method not listed above - 8-14-Day dispensing cycle not otherwise represented
36	LTC dispensing: dispensed outside short cycle - Claim was originally submitted to a payer other than Medicare Part D and was subsequently determined to be Part D.
99	Other

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
36	Prescription Origin Code	Code indicating the origin of the prescription.	N	1	419-DJ

Values:

CODE	DESCRIPTION
Ø	Not Known
1	Written - Prescription obtained via paper.

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CODE	DESCRIPTION
2	Telephone - Prescription obtained via oral instructions or interactive voice response using a phone.
3	Electronic - Prescription obtained via SCRIPT or HL7 Standard transactions.
4	Facsimile - Prescription obtained via transmission using a fax machine.
5	Pharmacy - This value is used to cover any situation where a new Rx number needs to be created from an existing valid prescription such as traditional transfers, intrachain transfers, file buys, software upgrades/migrations, and any reason necessary to "give it a new number." This value is also the appropriate value for “Pharmacy dispensing” when applicable such as BTC (behind the counter), Plan B, etc.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
37	Product/Service ID	ID of the product dispensed or service provided. When the claim is for a compound where individual ingredients are submitted, this field must not be populated.	A/N	19	4Ø7-D7
38	Product/Service ID Qualifier	Code qualifying the value in 'Product/Service ID' (4Ø7-D7). When the claim is for a compound where individual ingredients are submitted, this field must not be populated.	A/N	2	436-E1

Values:

CODE	DESCRIPTION
Ø1	Universal Product Code (UPC)
Ø2	Health Related Item (HRI)
Ø3	National Drug Code (NDC)
Ø4	Health Industry Business Communications Council (HIBCC)
11	National Pharmaceutical Product Interface Code (NAPPI)
12	Global Trade Identification Number (GTIN)
15	First DataBank Formulation ID (GCN)
28	First DataBank Medication Name ID (FDB Med Name ID)
29	First DataBank Routed Medication ID (FDB Routed Med ID)
3Ø	First DataBank Routed Dosage Form ID (FDB Routed Dosage Form Med ID)
31	First DataBank Medication ID (FDB MedID)
32	First DataBank Clinical Formulation ID Sequence Number (GCN_SEQ_NO)
33	First DataBank Ingredient List ID (HICL_SEQ_NO)
34	Universal Product Number (UPN)
99	Other

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
39	Product Description	Description of product being submitted.	A/N	3Ø	6Ø1-2Ø
4Ø	Quantity Dispensed	Quantity dispensed expressed in metric decimal units. Format: 9999999.999	N	1Ø	442-E7
41	Days Supply	Estimated number of days the prescription will last.	N	3	4Ø5-D5
42	Dispense as Written (DAW)/Product Selection Code	Code indicating whether or not the prescriber’s instructions regarding generic substitution were followed.	A/N	1	4Ø8-D8

Values:

CODE	DESCRIPTION
Ø	No Product Selection Indicated - This is the field default value that is appropriately used for prescriptions for single source brand, co-branded/co-licensed, or generic products. For a multi-source branded product with available generic(s), DAW Ø is not appropriate, and may result in a reject.

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CODE	DESCRIPTION
1	Substitution Not Allowed by Prescriber – This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is Medically Necessary to be Dispensed As Written. DAW 1 is based on prescriber instruction and not product classification.
2	Substitution Allowed-Patient Requested Product Dispensed-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.
3	Substitution Allowed-Pharmacist Selected Product Dispensed-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.
4	Substitution Allowed-Generic Drug Not in Stock-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace.
5	Substitution Allowed-Brand Drug Dispensed as a Generic-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist is utilizing the brand product as the generic entity.
6	Override-This value is used by various claims processors in very specific instances as defined by that claims' processor and/or its client(s).
7	Substitution Not Allowed-Brand Drug Mandated by Law-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted but prevailing law or regulation prohibits the substitution of a brand product even though generic versions of the product may be available in the marketplace.
8	Substitution Allowed-Generic Drug Not Available in Marketplace-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable.
9	Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the plan's formulary requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
43	Prior Authorization Number Submitted	Number submitted by the provider to identify the prior authorization.	N	11	462-EV
44	Prior Authorization Type	Code clarifying the 'Prior Authorization Number Submitted' (462-EV) or benefit/plan exemption.	N	2	461-EU

Values:

CODE	DESCRIPTION
Ø	Not Specified
1	Prior Authorization – a) Code assigned for use with claim billing to allow processing of a claim which would otherwise reject based upon benefit or program design. b) Indicator to convey that coverage of the specified product is dependant upon the prescriber submitting the request (including required documentation) to the payer/plan or designated utilization management organization for approval/authorization prior to ordering/dispensing the product.
2	Medical Certification-A code indicating that a health care provider practitioner certifies to an incapacitation, examination, or treatment or to a period of disability while a patient was or is receiving professional treatment.
3	EPSDT (Early Periodic Screening Diagnosis Treatment)-Code indicating information about services involving preventative health measures for children, e.g., screening assessments, tests and their subsequent results and findings, immunization information, guidance and education given, and follow-up care required.
4	Exemption from Copay and/or Coinsurance - Code used to classify the reason for the prior authorization request as one used when the member has qualified for an exemption from copay and/or coinsurance payments according to the benefit design.
5	Exemption from RX-Code used to classify the reason for the prior authorization request as one used when the member has qualified for an exemption from limitations on the number of prescriptions covered by the program/plan in a specified period of time.
6	Family Planning Indicator-Code to indicate the drug prescribed is for management of reproduction.
7	TANF (Temporary Assistance for Needy Families) – An organization that provides assistance and work opportunities to needy families by granting states the federal funds and the flexibility to develop and implement their own welfare programs.
8	Payer Defined Exemption – Used to indicate the provider is submitting the prior authorization for the purpose of utilizing a

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	payer defined exemption not covered by one of the other type codes.
9	Emergency Preparedness=Code used to override claim edits during an emergency situation.

***For value "9=Emergency Preparedness" Field *462-EV Prior Authorization Number Submitted* supports the following values when an emergency healthcare disaster has been officially declared by the appropriate U.S. government agency.**	
911ØØØØØØØØ	Emergency Preparedness (EP) Refill Extension Override
911ØØØØØØØ1	Emergency Preparedness (EP) Refill Too Soon Edit Override
911ØØØØØØØ2	Emergency Preparedness (EP) Prior Authorization Requirement Override
911ØØØØØØØ3	Emergency Preparedness (EP) Accumulated Quantity Override
911ØØØØØØØ4	Emergency Preparedness (EP) Step Therapy Override
911ØØØØØØØ5	Emergency Preparedness (EP) override all of the above

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
45	Other Coverage Code	Code indicating whether or not the patient has other insurance coverage.	N	2	3Ø8-C8

Values: See section "*Other Coverage Code*".

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
46	Delay Reason Code	Code to specify the reason that submission of the transactions has been delayed.	N	2	357-NV

Values:

CODE	DESCRIPTION
1	Proof of eligibility unknown or unavailable
2	Litigation
3	Authorization delays
4	Delay in certifying provider
5	Delay in supplying billing forms
6	Delay in delivery of custom-made appliances
7	Third party processing delay
8	Delay in eligibility determination
9	Original claims rejected or denied due to a reason unrelated to the billing limitation rules
1Ø	Administration delay in the prior approval process
11	Other
12	Received late with no exceptions
13	Substantial damage by fire, etc to provider records
14	Theft, sabotage/other willful acts by employee

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
47	Level of Service	Coding indicating the type of service the provider rendered.	N	2	418-DI

Values:

CODE	DESCRIPTION
Ø	Not Specified
1	Patient consultation—professional service involving provider/patient discussion of disease, therapy or medication regimen, or other health issues
2	Home delivery—provision of medications from pharmacy to patient's place of residence
3	Emergency—urgent provision of care
4	24 hour service—provision of care throughout the day and night
5	Patient consultation regarding generic product selection—professional service involving discussion of alternatives to brand-name medications

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6	In-Home Service—provision of care in patient's place of residence

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
48	Place of Service	Code identifying the place where a drug or service is dispensed or administered.	N	2	3Ø7-C7

Values:

CODE AND DESCRIPTION
The Centers for Medicare and Medicaid Services (CMS) maintains this code set. The complete code set is available at http://www.cms.gov/place-of-service-codes/

6.8.1.1 OTHER COVERAGE CODE

This information is adapted from the NCPDP *Telecommunication Standard Implementation Guide*.

This is a code representing a summation of other coverage information that has been collected from other payers. The "Usage/Segment/Clarification" column provides rules for which values to use in summation.

CODE	DESCRIPTION	Usage/Segment/Clarification
Ø	Not specified by patient	COB1 or COB2 section **must not** be sent. Zero is the default value.
1	No other coverage	This value must only be submitted AFTER the provider has exhausted all means of determining pharmacy benefit coverage and no other coverage was identified. COB1 or COB2 section **must not** be sent. This value **must not** be used as a default.
2	Other coverage exists/billed-payment collected	Used when Total Amount Paid (5Ø9-F9) from a prior payer is greater than zero. COB1 or COB2 section is **required.** If multiple payers have been billed and at least one has paid with Total Amount Paid (5Ø9-F9) greater than Ø, Other Coverage Code will be 2 regardless of additional payer responses.
3	Other Coverage Billed – claim not covered	Populated when claim is rejected. COB1 or COB2 section is **required.** Supporting Coordination of Benefits Reject Code(s) is **required**.
4	Other coverage exists/billed-payment not collected	If multiple payers have been billed and none have returned Total Amount Paid (5Ø9-F9) >Ø, but at least one has returned Total Amount Paid <= Ø, Other Coverage Code will be 4 regardless of any additional payer rejections. COB1 or COB2 section is **required.**
8	Claim is billing for patient financial responsibility	COB1 or COB2 section is **required.** It is used to provide Patient Responsibility detail fields as determined by payer sheet.

See the NCPDP ***Telecommunication Version D and Above Questions, Answers, and Editorial Updates*** at http://www.ncpdp.org/public_documents.aspx#vDed document for more information on the Other Coverage Code.

6.8.2 CLINICAL INFORMATION

Instructions: This section contains information about the primary diagnosis, if known.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
49	Diagnosis Code	Code identifying the diagnosis of the patient.	A/N	15	424-DO

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UCF Field	Name	Definition	Type	Length	NCPDP Field ID
5Ø	Qualifier	Code qualifying the 'Diagnosis Code' (424-DO).	A/N	2	492-WE

Values:

CODE	DESCRIPTION
Ø1	International Classification of Diseases (ICD9) - Code indicating the diagnosis is defined according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is a statistical classification system that arranges diseases and injuries into groups according to established criteria. Most codes are numeric and consist of 3, 4, or 5 numbers and a description. The codes are maintained by the World Health Organization and published by the Centers for Medicare and Medicaid Services.
Ø2	International Classification of Diseases-1Ø-Clinical Modifications (ICD-1Ø-CM) - Code indicating that the following information is a diagnosis as defined by ICD-1Ø-CM. As of January 1, 1999, the ICD-1Ø is used to code and classify mortality data from death certificates. The International Classification of Diseases, 1Øth Revision, Clinical Modification (ICD-9-CM) is a statistical classification system that arranges diseases and injuries into groups according to established criteria. The codes are 3 to 7 digits with the first digit alpha, the second and third numeric and the remainder A/N. The codes are maintained by the World Health Organization and published by the Centers for Medicare and Medicaid Services.
Ø3	National Criteria Care Institute (NCCI) - The CMS-developed Correct Coding Initiative (CCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.
Ø4	The Systematized Nomenclature of Medicine Clinical Terms® (SNOMED) - A clinical health care terminology and infrastructure that provides a common language that enables a consistent way of capturing, sharing and aggregating health data across specialties and sites of care.
Ø5	Common Dental Terminology (CDT) - Current Dental Terminology (CDT) is the published Code on Dental Procedures and Nomenclature (the Code) providing descriptive terms, codes and guidance for the accurate reporting of dental procedures. The Code is maintained by the Code Revision Committee and published by the American Dental Association. The procedure codes and descriptions are also published as part of the Healthcare Common Procedure System (HCPCS) Level II through agreement with Centers for Medicare and Medicaid Services.
Ø6	Medi-Span Product Line Diagnosis Code - Proprietary code used by Medi-Span product line to specify diagnosis
Ø7	American Psychiatric Association Diagnostic Statistical Manual of Mental Disorders (DSM IV) - Diagnostic criteria for the most common mental disorders including: description, diagnosis, treatment, and research findings. Comments: The Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV) is published by the American Psychiatric Association, Washington D.C.
Ø8	First DataBank Disease Code (FDBDX) Proprietary code used by First DataBank product line to specify diagnosis
Ø9	First DataBank FML Disease Identifier (FDB DxID) - Proprietary code used by First DataBank product line to specify diagnosis
99	Other - Different from those implied or specified

6.8.3 DRUG UTILIZATION REVIEW (DUR) INFORMATION

Instructions: This section contains information about the service provided.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
51	Reason for Service Code	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	A/N	2	439-E4

Values:

CODE	DESCRIPTION
AD	Additional Drug Needed - Code indicating optimal treatment of the patient's condition requiring the addition of a new drug to the existing drug therapy
AN	Prescription Authentication –Code indicating that circumstances required the pharmacist to verify the validity and/or authenticity of the prescription.
AR	Adverse Drug Reaction – Code indicating an adverse reaction by a patient to a drug.
AT	Additive Toxicity – Code indicating a detection of drugs with similar side effects when used in combination could exhibit a toxic potential greater than either agent by itself.

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CODE	DESCRIPTION
CD	Chronic Disease Management – The patient is participating in a coordinated health care intervention program.
CH	Call Help Desk – Processor message to recommend the receiver contact the processor/plan
CS	Patient Complaint/Symptom- Code indicating that in the course of assessment or discussion with the patient, the pharmacist identified an actual or potential problem when the patient presented to the pharmacist complaints or symptoms suggestive of illness requesting evaluation and treatment.
DA	Drug-Allergy – Indicates that an adverse immune event may occur due to the patient's previously demonstrated heightened allergic response to the drug product in question.
DC	Drug-Disease (Inferred)-Indicates that the use of the drug may be inappropriate in light of a specific medical condition that the patient has. The existence of the specific medical condition is inferred from drugs in the patient's medication history.
DD	Drug-Drug Interaction-Indicates that drug combinations in which the net pharmacologic response may be different from the result expected when each drug is given separately.
DF	Drug-Food interaction-Indicates interactions between a drug and certain foods.
DI	Drug Incompatibility-Indicates physical and chemical incompatibilities between two or more drugs.
DL	Drug-Lab Conflict –Indicates that laboratory values may be altered due to the use of the drug, or that the patient's response to the drug may be altered due to a condition that is identified by a certain laboratory value.
DM	Apparent Drug Misuse – Code indicating a pattern of drug use by a patient in a manner that is significantly different than that prescribed by the prescriber.
DR	Dose Range Conflict – Code indicating that the prescription does not follow recommended medication dosage.
DS	Tobacco Use – Code indicating that a conflict was detected when a prescribed drug is contraindicated or might conflict with the use of tobacco products.
ED	Patient Education/Instruction –Code indicating that a cognitive service whereby the pharmacist performed a patient care activity by providing additional instructions or education to the patient beyond the simple task of explaining the prescriber's instructions on the prescription.
ER	Overuse – Code indicating that the current prescription refill is occurring before the days supply of the previous filling should have been exhausted.
EX	Excessive Quantity-Code that documents the quantity is excessive for the single time period for which the drug is being prescribed.
HD	High Dose-Detects drug doses that fall above the standard dosing range.
IC	Iatrogenic Condition-Code indicating that a possible inappropriate use of drugs that are designed to amerliorate complications caused by another medication has been detected.
ID	Ingredient Duplication- Code indicating that simultaneous use of drug products containing one or more identical generic chemical entities has been detected.
LD	Low Dose –Code indicating that the submitted drug doses fall below the standard dosing range.
LK	Lock In Recipient – Code indicating that the professional service was related to a plan/payer constraint on the member whereby the member is required to obtain services from only one specified pharmacy or other provider type, hence the member is "locked in" to using only those providers or pharmacies.
LR	Underuse – Code indicating that a prescription refill that occurred after the days supply of the previous filling should have been exhausted.
MC	Drug-Disease (Reported)- Indicates that the use of the drug may be inappropriate in light of a specific medical condition that the patient has. Information about the specific medical condition was provided by the prescriber, patient or pharmacist.
MN	Insufficient Duration – Code indicating that regimens shorter than the minimal limit of therapy for the drug product, based on the product's common uses, has been detected.
MS	Missing Information/Clarification-Code indicating that the prescription order is unclear, incomplete, or illegible with respect to essential information.
MX	Excessive Duration- Detects regimens that are longer than the maximal limit of therapy for a drug product based on the product's common uses.
NA	Drug Not Available-Indicates the drug is not currently available from any source.
NC	Non-covered Drug Purchase-Code indicating a cognitive service whereby a patient is counseled, the pharmacist's recommendation is accepted and a claim is submitted to the processor requesting payment for the professional pharmacy service only, not the drug.

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CODE	DESCRIPTION
ND	New Disease/Diagnosis-Code indicating that a professional pharmacy service has been performed for a patient who has a newly diagnosed condition or disease.
NF	Non-Formulary Drug-Code indicating that mandatory formulary enforcement activities have been performed by the pharmacist when the drug is not included on the formulary of the patient's pharmacy benefit plan.
NN	Unnecessary Drug – Code indicating that the drug is no longer needed by the patient.
NP	New Patient Processing-Code indicating that a pharmacist has performed the initial interview and medication history of a new patient.
NR	Lactation/Nursing Interaction-Code indicating that the drug is excreted in breast milk and may represent a danger to a nursing infant.
NS	Insufficient Quantity- Code indicating that the quantity of dosage units prescribed is insufficient.
OH	Alcohol Conflict - Detects when a prescribed drug is contraindicated or might conflict with the use of alcoholic beverages
PA	Drug-Age- Indicates age-dependent drug problems.
PC	Patient Question/Concern –Code indicating that a request for information/concern was expressed by the patient, with respect to patient care.
PG	Drug-Pregnancy-Indicates pregnancy related drug problems. This information is intended to assist the healthcare professional in weighing the therapeutic value of a drug against possible adverse effects on the fetus.
PH	Preventive Health Care – Code indicating that the provided professional service was to educate the patient regarding measures mitigating possible adverse effects or maximizing the benefits of the product(s) dispensed; or measures to optimize health status, prevent recurrence or exacerbation of problems.
PN	Prescriber Consultation –Code indicating that a prescriber has requested information or a recommendation related to the care of a patient.
PP	Plan Protocol – Code indicating that a cognitive service whereby a pharmacist, in consultation with the prescriber or using professional judgment, recommends a course of therapy as outlined in the patient's plan and submits a claim for the professional service provided.
PR	Prior Adverse Reaction – Code identifying the patient has had a previous atypical reaction to drugs.
PS	Product Selection Opportunity – Code indicating that an acceptable generic substitute or a therapeutic equivalent exists for the drug. This code is intended to support discretionary drug product selection activities by pharmacists.
RE	Suspected Environmental Risk- Code indicating that the professional service was provided to obtain information from the patient regarding suspected environmental factors.
RF	Health Provider Referral-Patient referred to the pharmacist by another health care provider for disease specific or general purposes.
SC	Suboptimal Compliance – Code indicating that professional service was provided to counsel the patient regarding the importance of adherence to the provided instructions and of consistent use of the prescribed product including any ill effects anticipated as a result of non-compliance.
SD	Suboptimal Drug/Indication- Code indicating incorrect, inappropriate, or less than optimal drug prescribed for the patient's condition.
SE	Side Effect – Code reporting possible major side effects of the prescribed drug.
SF	Suboptimal Dosage Form – Code indicating incorrect, inappropriate, or less than optimal dosage form for the drug.
SR	Suboptimal Regimen – Code indicating incorrect, inappropriate, or less than optimal dosage regimen specified for the drug in question.
SX	Drug-Gender- Indicates the therapy is inappropriate or contraindicated in either males or females.
TD	Therapeutic – Code indicating that a simultaneous use of different primary generic chemical entities that have the same therapeutic effect was detected.
TN	Laboratory Test Needed –Code indicating that an assessment of the patient suggests that a laboratory test is needed to optimally manage a therapy.
TP	Payer/Processor Question Code indicating that a payer or processor requested information related to the care of a patient.
UD	Duplicate Drug – Code indicating that multiple prescriptions of the same drug formulation are present in the patient's current medication profile.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID

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UCF Field	Name	Definition	Type	Length	NCPDP Field ID
52	Professional Service Code	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	A/N	2	44Ø-E5

Values:

CODE	DESCRIPTION
ØØ	No intervention
AS	Patient assessment – Code indicating that an initial evaluation of a patient or complaint/symptom for the purpose of developing a therapeutic plan.
CC	Coordination of care – Case management activities of a pharmacist related to the care being delivered by multiple providers.
DE	Dosing evaluation/determination –Cognitive service whereby the pharmacist reviews and evaluates the appropriateness of a prescribed medication's dose, interval, frequency and/or formulation.
DP	Dosage evaluated – Code indicating that dosage has been evaluated with respect to risk for the patient.
FE	Formulary enforcement-Code indicating that activities including interventions with prescribers and patients related to the enforcement of a pharmacy benefit plan formulary have occurred. Comment: Use this code for cross-licensed brand products or generic to brand interchange.
GP	Generic product selection-The selection of a chemically and therapeutically identical product to that specified by the prescriber for the purpose of achieving cost savings for the payer.
MØ	Prescriber consulted – Code indicating prescriber communication related to collection of information or clarification of a specific limited problem.
MA	Medication administration – Code indicating an action of supplying a medication to a patient through any of several routes—oral, topical, intravenous, intramuscular, intranasal, etc.
MB	Overriding benefit - Benefits of the prescribed medication outweigh the risks.
MP	Patient will be monitored - Prescriber is aware of the risk and will be monitoring the patient.
MR	Medication review-Code indicating comprehensive review and evaluation of a patient's entire medication regimen.
PA	Previous patient tolerance - Patient has taken medication previously without issue.
PE	Patient education/instruction – Code indicating verbal and/or written communication by a pharmacist to enhance the patient's knowledge about the condition under treatment or to develop skills and competencies related to its management.
PH	Patient medication history – Code indicating the establishment of a medication history database on a patient to serve as the foundation for the ongoing maintenance of a medication profile.
PM	Patient monitoring – Code indicating the evaluation of established therapy for the purpose of determining whether an existing therapeutic plan should be altered.
PØ	Patient consulted – Code indicating patient communication related to collection of information or clarification of a specific limited problem.
PT	Perform laboratory test – Code indicating that the pharmacist performed a clinical laboratory test on a patient.
RØ	Pharmacist consulted other source -Code indicating communication related to collection of information or clarification of a specific limited problem.
RT	Recommend laboratory test –Code indicating that the pharmacist recommends the performance of a clinical laboratory test on a patient.
SC	Self-care consultation – Code indicating activities performed by a pharmacist on behalf of a patient intended to allow the patient to function more effectively on his or her own behalf in health promotion and disease prevention, detection, or treatment.
SW	Literature search/review – Code indicating that the pharmacist searches or reviews the pharmaceutical and/or medical literature for information related to the care of a patient.
TC	Payer/processor consulted – Code indicating communication by a pharmacist to a processor or payer related to the care of the patient.
TH	Therapeutic product interchange – Code indicating that the selection of a therapeutically equivalent product to that specified by the prescriber for the purpose of achieving cost savings for the payer.
ZZ	Other Acknowledgement. When ZZ is used, the textual DUE Acknowledgment Reason must be used to provide additional detail.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
53	Result of Service Code	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's	A/N	2	441-E6

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UCF Field	Name	Definition	Type	Length	NCPDP Field ID
		professional service.			

Values:

CODE	DESCRIPTION
ØØ	Not Specified
1A	Filled As Is, False Positive-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and determines the alert is incorrect for that prescription for that patient and fills the prescription as originally written.
1B	Filled Prescription As Is-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and determines the alert is not relevant for that prescription for that patient and fills the prescription as originally written.
1C	Filled, With Different Dose- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different dose than was originally prescribed.
1D	Filled, With Different Directions – Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with different directions than were originally prescribed.
1E	Filled, With Different Drug- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different drug than was originally prescribed.
1F	Filled, With Different Quantity – Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different quantity than was originally prescribed.
1G	Filled, With Prescriber Approval Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription after consulting with or obtaining approval from the prescriber.
1H	Brand-to-Generic Change – Action whereby a pharmacist dispenses the generic formulation of an originally prescribed branded product. Allowed, often mandated, unless the prescriber indicates “Do Not Substitute” on the prescription
1J	Rx-to-OTC Change – Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert) fills the prescription with an over-the-counter product in lieu of the originally prescribed prescription-only product.
1K	Filled with Different Dosage Form- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different dosage form than was originally prescribed.
2A	Prescription Not Filled - Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert) and determines that the prescription should not be filled as written.
2B	Not Filled, Directions Clarified-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert), consults with the prescriber or using professional judgment, does not fill the prescription and counsels the patient as to the prescriber’s instructions.
3A	Recommendation Accepted – Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen then dispenses the alternative after consultation with the prescriber.
3B	Recommendation Not Accepted - Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen but the prescriber does not concur.
3C	Discontinued Drug- Cognitive service involving the pharmacist’s review of drug therapy that results in the removal of a medication from the therapeutic regimen.
3D	Regimen Changed - Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate regimen then dispenses the recommended medication(s) after consultation with the prescriber.
3E	Therapy Changed – Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen then dispenses the alternative after consultation with the prescriber.
3F	Therapy Changed-cost increased acknowledged - Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen acknowledging that a cost increase will be incurred, then dispenses the alternative after consultation with the prescriber.
3G	Drug Therapy Unchanged-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert), consults with the prescriber or uses professional judgment and subsequently fills the prescription as originally written.
3H	Follow-Up/Report – Code indicating that additional follow through by the pharmacist is required
3J	Patient Referral – Code indicating the referral of a patient to another health care provider following evaluation by the pharmacist.
3K	Instructions Understood – Indicator used to convey that the patient affirmed understanding of the instructions provided by the pharmacist regarding the use and handling of the medication dispensed.

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CODE	DESCRIPTION
3M	Compliance Aid Provided – Cognitive service whereby the pharmacist supplies a product that assists the patient in complying with instructions for taking medications.
3N	Medication Administered-Cognitive service whereby the pharmacist performs a patient care activity by personally administering the medication.
4A	Prescribed with acknowledgements - Physician is prescribing this medication with knowledge of the potential conflict.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
54	Level of Effort	Code indicating the level of effort as determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service.	N	2	474-8E

Values:

CODE	DESCRIPTION
Ø	Not Specified
11	Level 1 (Lowest)
12	Level 2
13	Level 3
14	Level 4
15	Level 5 (Highest)

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
55	Procedure Modifier Code	Identifies special circumstances related to the performance of the service.	A/N	2	459-ER

Values:
Available from:
Centers for Medicare & Medicaid Services
75ØØ Security Blvd.
Baltimore, MD 21244

6.8.4 COORDINATION OF BENEFITS 1

Instructions: This section contains information about the primary payer if multiple payers were involved in the adjudication of this claim.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
56	Other Payer ID	ID assigned to the payer.	A/N	1Ø	34Ø-7C
57	Qualifier	Code qualifying the 'Other Payer ID' (34Ø-7C).	A/N	2	339-6C

Values:

CODE	DESCRIPTION
Ø1	National Payer ID-Code indicating that the information to follow is the National Payer Identifier mandated under HIPAA. This identification system is currently under development; therefore this Code is not in use.
Ø2	Health Industry Number (HIN)-A 9 digit alphanumeric number used to identify health care entities such as veterinarians, animal clinics, and health care provider facilities. The number is assigned by HIBCC.
Ø3	Bank Information Number (BIN) Card Issuer ID or Bank ID Number assigned by ANSI used for network routing. Now defined by ANSI as the Issuer Identification Number (IIN). This may also be the Processor ID, assigned by NCPDP.
Ø4	National Association of Insurance Commissioners (NAIC)-A unique number for each company that does business in the United States as assigned by NAIC. A company may have multiple NAIC Codes to represent subsidiary companies under a main company.
Ø5	Medicare Carrier Number–A number assigned by the carrier or intermediary which administers the Medicare health insurance program.
99	Other-Different from those implied or specified.

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UCF Field	Name	Definition	Type	Length	NCPDP Field ID
58	Other Payer Date	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits. Format: MMDDCCYY	N	8	443-E8
59	Other Payer Rejects	The error encountered by the previous "Other Payer" in 'Reject Code' (511-FB). Three reject codes may be sent. Three reject codes (each with a length of 3) may be entered.	A/N	3	472-6E

Values: Must use valid NCPDP Reject Code(s) (511-FB) from previous payers.

6.8.5 COORDINATION OF BENEFITS 2

Instructions: This section contains information about the secondary payer if multiple payers were involved in the adjudication of this claim. See section "*Coordination of Benefits 1*" above.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
6Ø	Other Payer ID				34Ø-7C
61	Qualifier				339-6C
62	Other Payer Date				443-E8
63	Other Payer Rejects				472-6E

6.8.6 COMPOUND INFORMATION

Instructions: This section contains information about a customized medication prepared in a pharmacy by combining, mixing, or altering of ingredients (but not reconstituting) for an individual patient in response to a licensed practitioner's prescription. This section is not used if the medication is not a compound.

Note: The appropriate *Claim Section* fields must be completed for the final compound information.

When billing for multiple ingredients:

Product/Service ID (field 37) (4Ø7-D7) must not be populated.

Product/Service ID Qualifier (field 38) (436-E1) must not be populated.

Quantity Dispensed (field 3Ø) (442-E7) contains the quantity of entire multi-ingredient product.

Ingredient Cost Submitted (field 76) (4Ø9-D9) contains the sum of all individual ingredient costs.

6.8.6.1 COMPOUND GENERAL INFORMATION

Instructions: This section describes information about the final result of the compound.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
64	Dosage Form Description Code	Dosage form of the complete compound mixture.	A/N	2	45Ø-EF

Values:

Values:

CODE	DESCRIPTION
Blank	Not Specified
Ø1	Capsule
Ø2	Ointment
Ø3	Cream
Ø4	Suppository
Ø5	Powder
Ø6	Emulsion
Ø7	Liquid
1Ø	Tablet

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CODE	DESCRIPTION
11	Solution
12	Suspension
13	Lotion
14	Shampoo
15	Elixir
16	Syrup
17	Lozenge
18	Enema

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
65	Dispensing Unit Form Indicator	NCPDP standard product billing codes.	N	1	451-EG

Values:

CODE	DESCRIPTION
1	Each - Being one or individual.
2	Grams - A metric unit of mass equal to one thousandth of a kilogram.
3	Milliliters - A metric measure of volume equal to one thousandth of a liter.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
66	Route of Administration	This is an override to the "default" route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture.	A/N	11	995-E2

Values:
Available from:

Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT)
SNOMED CT® terminology which is available from the College of American Pathologists, Northfield, Illinois http://www.snomed.org/

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
67	Compound Ingredient Component Count	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	N	2	447-EC

6.8.6.2 COMPOUND INGREDIENT INFORMATION

Instructions: This section describes information about the ingredients of the compound.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
68	Compound Ingredient Product Name	Description of the ingredient being submitted.	A/N	3Ø	689
69	Compound Product ID	Product identification of an ingredient used in a compound.	A/N	19	489-TE
7Ø	Compound Product ID Qualifier	Code qualifying the type of product dispensed.	A/N	2	488-RE

Values:
See Product/Service ID Qualifier (field 38) above.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
71	Compound Ingredient Quantity	Amount expressed in metric decimal units of the product included in the compound mixture. Format: 9999999.999	N	1Ø	448-ED
72	Compound Ingredient Drug Cost	Ingredient cost for the metric decimal quantity of the product included in the compound	N	8	449-EE

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UCF Field	Name	Definition	Type	Length	NCPDP Field ID
		mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED). Format: 999999.99			
73	Compound Basis of Cost Determination	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	A/N	2	49Ø-UE

Values:

CODE	DESCRIPTION
ØØ	Default
Ø1	AWP (Average Wholesale Price) – A pricing benchmark for prescription drugs.
Ø2	Local Wholesaler – A legitimate supplier from the surrounding area who resells drugs.
Ø3	Direct - – Represents the manufacturer's published catalog or list price for any item to non-wholesalers. It does not represent actual transaction prices and does not include prompt pay or other discounts, rebates or reductions.
Ø4	EAC (Estimated Acquisition Cost)-A formula-driven estimate of an entity's actual acquisition cost of a product, typically using as a percentage of AWP, derived by applying a discount to AWP. Various EAC methodologies may exist to estimate acquisition costs.
Ø5	Acquisition – Used to indicate the provided ingredient cost is the actual cost as paid by the provider to the supplier for the specific item.
Ø6	MAC (Maximum Allowable Cost) - Maximum reimbursable ingredient cost amount according to a payer's price list.
Ø7	Usual & Customary – The pharmacy's price for the medication for a cash paying person on the day of dispensing.
Ø8	34ØB /Disproportionate Share Pricing/Public Health Service - Price available under Section 34ØB of the Public Health Service Act of 1992 including sub-ceiling purchases authorized by Section 34ØB (a)(1Ø) and those made through the Prime Vendor Program (Section 34ØB(a)(8)). Applicable only to submissions to fee for service Medicaid programs when required by law or regulation.
Ø9	Other – Different from those implied or specified.
1Ø	ASP (Average Sales Price) - The average sales price (ASP) is a cost basis required by and reported to CMS for pricing Medicare Part B drugs.
11	AMP (Average Manufacturer Price) - The average price paid to manufacturers by wholesalers for drugs distributed to the retail class of trade; calculated net of chargebacks, discounts, rebates, and other benefits tied to the purchase of the drug product, regardless of whether these incentives are paid to the wholesaler or the retailer.
12	WAC (Wholesale Acquisition Cost) – A cost as defined in Title XIX, Section 1927 of the Social Security Act.
13	Special Patient Pricing – The cost calculated by the pharmacy for the drug for this special patient.

6.8.7 PRICING SECTION

Instructions: This section contains information about the cost of the medication or service, any fees associated, and patient financial responsibility amounts. **See section "*Pricing Formulae*" for information about claim versus service formulas. See important scenarios in section "*Calculate Net Amount Due*".** See section "*Character Sets Designation*" for more information.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
74	Usual and Customary Charge	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed. Format: 999999.99	N	8	426-DQ
75	Basis of Cost Determination	Code indicating the method by which 'Ingredient Cost Submitted' (Field 4Ø9-D9) was calculated.	A/N	2	423-DN

Values:
See Compound Basis of Cost Determination above.

UCF Field	Name	Definition	Type	Length	NCPDP Field ID
76	Ingredient Cost Submitted	Submitted product component cost of the	N	8	4Ø9-D9

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UCF Field	Name	Definition	Type	Length	NCPDP Field ID
		dispensed prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU). Format: 999999.99			
77	Dispensing Fee Submitted	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (43Ø-DU). Format: 999999.99	N	8	412-DC
78	Professional Service Fee Submitted	Amount submitted by the provider for professional services rendered. Format: 999999.99	N	8	477-BE
79	Incentive Amount Submitted	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due' (43Ø-DU). Format: 999999.99	N	8	438-E3
8Ø	Other Amount Submitted	Amount representing the additional incurred costs for a dispensed prescription or service. Format: 999999.99	N	8	48Ø-H9
81	Sales Tax Submitted	Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU) or Percentage sales tax submitted. Format: 999999.99	N	8	481-HA & 482-GE
82	Gross Amount Due (Submitted)	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (4Ø9-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (48Ø-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' (477-BE), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Other Amount Claimed' (48Ø-H9). Format: 999999.99	N	8	43Ø-DU
83	Patient Paid Amount	Amount the pharmacy received from the patient for the prescription dispensed. Format: 999999.99	N	8	433-DX
84	Other Payer Amount Paid 1	Amount of any payment known by the pharmacy from other sources. Format: 999999.99	N	8	431-DV
85	Other Payer Amount Paid 2	Amount of any payment known by the pharmacy from other sources. Format: 999999.99	N	8	431-DV
86	Other Payer-Patient Responsibility Amount 1	The patient's cost share from a previous payer. Format: 99999999.99	N	1Ø	352-NQ
87	Other Payer-Patient Responsibility Amount 2	The patient's cost share from a previous payer. Format: 99999999.99	N	1Ø	352-NQ
88	Net Amount Due	Total of all pharmacy services amount due less any other paid amounts. Format: 99999999.99	N	1Ø	684

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7. UNIVERSAL CLAIM FORM – BACKSIDE

7.1 CODE VALUES

Fields that appear on the UCF or WC/PC UCF with a box may denote fields that have values listed on the back of the form. For fields that support a large list of values, to save space on the back of the form, the more commonly used values are shown.

Code values for these and other fields are also provided in this guide.

New values may be added as part of the NCPDP standards development process. See the NCPDP *External Code List* for new values or updates to values.

Note: It is not a compliant use of the form to use a value that is not part of the list of NCPDP valid values for that field.

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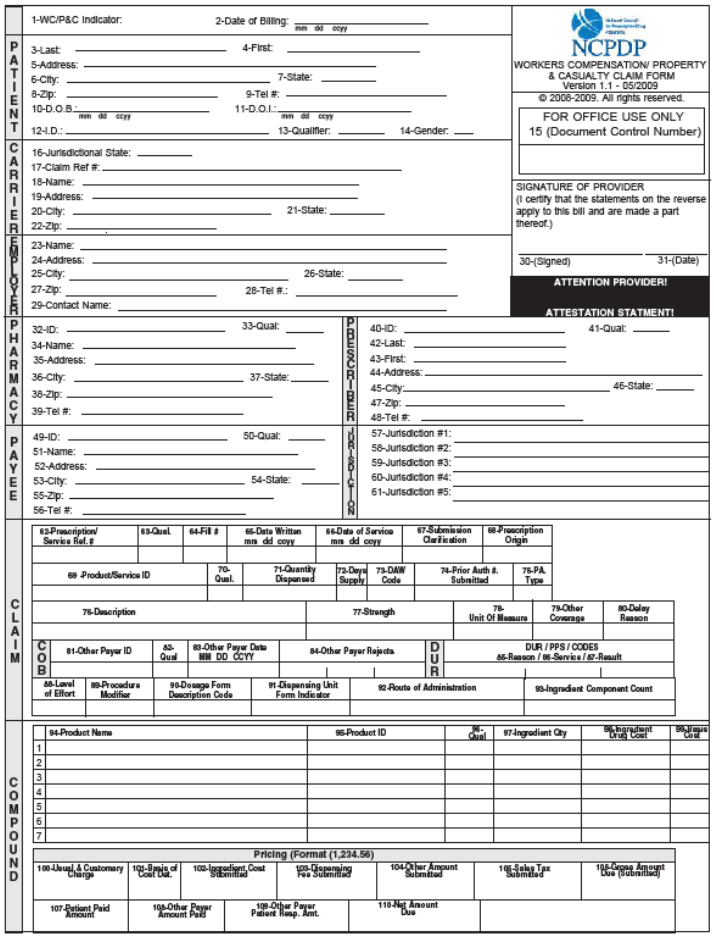
8. WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM SAMPLE

Workers' Compensation/Property and Casualty Universal Claim Form (Front) - This is a visual sample. This is not to be used as printable or electronic form. The form is subject to updates.



NCPDP

WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

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1-WC/P&C Indicator: 2-Date of Billing: (mm dd ccyy)

PATIENT
3-Last: 4-First:
5-Address:
6-City: 7-State:
8-Zip: 9-Tel #:
10-D.O.B.: (mm dd ccyy) 11-D.O.I.: (mm dd ccyy)
12-I.D.: 13-Qualifier: 14-Gender:

CARRIER
16-Jurisdictional State:
17-Claim Ref #:
18-Name:
19-Address:
20-City: 21-State:
22-Zip:

EMPLOYER
23-Name:
24-Address:
25-City: 26-State:
27-Zip: 28-Tel #.:
29-Contact Name:

FOR OFFICE USE ONLY
15 (Document Control Number)

SIGNATURE OF PROVIDER
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)
30-(Signed) 31-(Date)

ATTENTION PROVIDER!
ATTESTATION STATMENT!

PHARMACY
32-ID: 33-Qual:
34-Name:
35-Address:
36-City: 37-State:
38-Zip:
39-Tel #:

PRESCRIBER
40-ID: 41-Qual:
42-Last:
43-First:
44-Address:
45-City: 46-State:
47-Zip:
48-Tel #:

PAYEE
49-ID: 50-Qual:
51-Name:
52-Address:
53-City: 54-State:
55-Zip:
56-Tel #:

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA Type

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Unit Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56))

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due

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Workers' Compensation/Property and Casualty Universal Claim Form (Reverse) - This is a visual sample. This is not to be used as printable or electronic form. The form is subject to updates.

Workers' Compensation/Property and Casualty Universal Claim Form (Reverse)

The provider agrees to the following:
- Certifies that required beneficiary signatures, or legally authorized signatures of beneficiaries, are on file;
- That the submitted claim is accurate, complete, and truthful; and
- That it will research and correct claim discrepancies.

Hawaii - "Charges are in accordance with Chapter 256, HRS, and any related rules."
New Hampshire - "I certify that the narrative descriptions of the principal and secondary diagnosis and the major procedures performed are accurate and complete to the best of my knowledge."

For more instructions on this form, see the NCPDP *Manual Claim Forms Reference Implementation Guide* available at www.ncpdp.org

Code List

For fields not listed below, or more values which may be available, see the *NCPDP Manual Claim Forms Reference Implementation Guide* or the NCPDP *External Code List*.

01 - Workers Compensation/Property & Casualty indicator
"WC" - Workers' Compensation
"PC" - Property & Casualty

13 - Patient ID Qualifier
"blank" - Not Specified
"01" - SSN
"02" - Driver's License
"03" - US Military ID
"99" - Other

14 - Patient Gender Code
"0" - Not Specified
"1" - Male
"2" - Female

33 - Service Provider ID Qualifier
"blank" - Not Specified
"01" - NPI
"08" - Medicaid
"07" - NCPDP
"99" - Other

41 - Prescriber ID Qualifier
"01" - NPI
"08" - State License
"12" - DEA
"99" - Other

50 - Pay To Qualifier
"00" - Not Specified
"01" - NPI
"11" - Federal Tax ID

63 - Prescription/Service Reference # Qualifier
"1" - Rx Billing
"2" - Service Billing

67 - Submission Clarification Code
"1" - No Override
"2" - Other Override
"3" - Vacation Supply
"4" - Lost Prescription
"5" - Therapy Change
"6" - Starter Dose
"7" - Medically Necessary
"8" - Process Compound for Approved Ingredients
"9" - Encounters
"10" - Meets Plan Limitations
"11" - Certification on File
"12" - DME Replacement Indicator
"13" - Payer Recognized Emergency/Disaster Assistance Request
"14" - Long Term Care Leave of Absence
"15" - Long Term Care Replacement Medication
"16" - Long Term Care Emergency Box or Automated Dispensing Machine

67 - Submission Clarification Code (Continued)
"17" - Long Term Care Emergency Supply Reminder
"18" - Long Term Care Patient Admit / Readmit Indicator
"19" - Split Billing
"99" - Other

68 - Prescription Origin Code
"0" - Not Known
"1" - Written
"2" - Telephone
"3" - Electronic
"4" - Facsimile
"5" - Pharmacy

70 & 96 - Product/Service ID Qualifier
"00" - Not Specified
"01" - UPC
"02" - HRI
"03" - NDC
"04" - HIBCC
"06" - DUR/PPS
"07" - CPT4
"08" - CPT5
"09" - HCPCS
"10" - PPAC
"11" - NAPPI
"12" - GTIN
"15" - GCN
"28" - FDB Med Name ID
"29" - FDB Routed Med ID
"30" - FDB Routed Dosage Form Med ID

73 - Dispense as Written (DAW) / Product Selection
"0" - No Product Selection Indicated
"1" - Substitution Not Allowed by Prescriber
"2" - Substitution Allowed - Patient Requested Product Dispensed
"3" - Substitution Allowed - Pharmacist Selected Product Dispensed
"4" - Substitution Allowed - Generic Drug Not In Stock
"5" - Substitution Allowed - Brand Drug Dispensed as a Generic
"6" - Override
"7" - Substitution Not Allowed - Brand Drug Mandated by Law
"8" - Substitution Allowed - Generic Drug not Available in Marketplace
"9" - Substitution Allowed by Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product to be Dispensed

75 - Prior Authorization Type Code
"0" - Not Specified
"1" - Prior Authorization
"2" - Medical Certification
"3" - EPSDT
"4" - Exemption from Copay and/or Coinsurance
"5" - Exemption from Rx
"6" - Family Planning Indicator
"7" - TANF (Temporary Assistance for Needy Families)
"8" - Payer Defined Exemption
"9" - Emergency Preparedness

78 - Unit of Measure
"EA" - Each
"GM" - Gram
"ML" - Milliliter

79 - Other Coverage Code
"0" - Not Specified by patient
"1" - No Other Coverage
"2" - Other Coverage Exists - Payment Collected
"3" - Other Coverage Billed - Claim Not Covered
"4" - Other Coverage Exists - Payment Not Collected
"8" - Claim is billing for patient financial responsibility only

80 - Delay Reason Code
"1" - Proof of eligibility unknown or unavailable
"2" - Litigation
"3" - Authorization delays
"4" - Delay in certifying provider
"5" - Delay in supplying billing forms
"6" - Delay in delivery of custom-made appliances
"7" - Third party processing delay
"8" - Delay in eligibility determination
"9" - Original claims rejected or denied due to a reason unrelated to the billing limitation rules
"10" - Administration delay in the prior approval process
"11" - Other
"12" - Received late with no exceptions
"13" - Substantial damage by fire, etc to provider records
"14" - Theft, sabotage/other willful acts by employee

82 - Other Payer ID Qualifier
"01" - National Payer ID
"02" - HIN
"03" - BIN
"04" - NAIC
"05" - Medicare Carrier Number
"99" - Other

84 - Other Payer Reject Codes (For values refer to current External Code List)

85 - Reason for Service &
86 - Professional Service Code &
87 - Result of Service Code (For values refer to current NCPDP External Code List)

88 - DUR/PPS Level of Effort
"0" - Not Specified
"11" - Level 1 (Lowest)
"12" - Level 2
"13" - Level 3
"14" - Level 4
"15" - Level 5 (Highest)

89 - Procedure Modifier (values Centers for Medicare & Medicaid Services 7500 Security Blvd. Baltimore, MD 21244)

92 - Route of Administration (Systemized Nomenclature of Medicine Clinical Terms® SNOMED CT) SNOMET CT® terminology which is available from the College of American Pathologists, Northfield, IL: http//www.snomed.org

99 - Compound Ingredient Basis of Cost Determination &
101 - Basis of Cost Determination (For values refer to NCPDP Reference Guide or current External Code List)

Version 1.1

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May 2Ø09

9. WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM FIELD DEFINITIONS

Note: N/A is Not Applicable

9.1 WC/PC UCF GENERAL INFORMATION

Instructions: This section contains information specific for the form.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
1	Workers' Compensation/Property and Casualty Indicator	Code qualifying whether the claim submitted is for Workers' Compensation or Property & Casualty.	A/N	2	588

Values:

CODE	DESCRIPTION
WC	Workers' Compensation
PC	Property and Casualty

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
2	Date of Billing	Date the invoice was created. Used only by those entities creating the paper invoice and submitting for payment. Format: MMDDCCYY	N	8	589

9.2 WC/PC UCF PATIENT SECTION

Instructions: This section contains information about the patient. If the cardholder is the patient, fill in the patient demographic information (name, date of birth, gender).

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
3	Last Name of Patient	Individual last name.	A/N	15	311-CB
4	First Name of Patient	Individual first name.	A/N	12	31Ø-CA
5	Patient Street Address	Free-form text for address information.	A/N	3Ø	322-CM
6	Patient City Address	Free-form text for city name.	A/N	2Ø	323-CN
7	Patient State/Province Address	Standard State/Province Code as defined by appropriate government agency.	A/N	2	324-CO

Values:
See *"Appendix D. United States Postal Service Abbreviations."*

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
8	Patient Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US).	A/N	15	325-CP
9	Patient Phone Number	Ten-digit phone number of patient.	N	1Ø	326-CQ
1Ø	Date of Birth (D.O.B.)	Date of birth of patient. Format: MMDDCCYY	N	8	3Ø4-C4
11	Date of Injury (D.O.I.)	Date on which the injury occurred. Format: MMDDCCYY	N	8	434-DY
12	Patient ID	ID assigned to the patient.	A/N	2Ø	332-CY
13	Patient ID Qualifier	Code qualifying the 'Patient ID' (332-CY). Valid values for WC/PC UCF are blank, 1, 2, 3, and 99	A/N	2	331-CX

Values:

CODE	DESCRIPTION

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CODE	DESCRIPTION
Ø1	Social Security Number – Code indicating that the information to follow is the 9-digit number assigned to an individual by the Social Security Administration for various purposes, including paying and reporting taxes.
1J	Facility ID Number - ID number assigned by the LTC Facility to the patient
Ø2	Driver's License Number – Indicator defining the information to follow as the patient's license to operate a motor vehicle
Ø3	U.S. Military ID – An identification number given to an active or retired member of the US Armed Services or their dependents.
Ø4	Non-SSN-based patient identifier assigned by health plan – An identification number given to a member by the health plan that is not based on the member's SSN.
Ø5	SSN-based patient identifier assigned by health plan – An identification number given to a member by the health plan that is based on the member's SSN with modifications so the number is not equal to the SSN.
Ø6	Medicaid ID-a number assigned by a state Medicaid agency
Ø7	State Issued ID - An ID issued by a state for the purpose of identifying the individual for legal requirements.
Ø8	Passport ID - A document number found within an official identification document that is supplied to an individual by a national government.
Ø9	Medicare HIC# - The identification of person assigned by Medicare.
1Ø	Employer Assigned ID - The identification of a person assigned by the employer.
11	Payer/PBM Assigned ID - The identification of a person assigned by the payer or pharmacy benefit manager.
12	Alien Number (Government Permanent Residence Residence Number) - The ID number assigned by the government for the individual in the country as a permanent resident.
13	Government Student VISA Number – The ID number assigned by the government for the individual in the country on a student VISA.
14	Indian Tribal ID - An ID assigned by an Indian Tribal Authority to identify an individual.
99	Other - Different from those implied or specified.
EA	Medical Record Identification Number (EHR) - A unique number assigned to each patient by the provider of service to assist in retrieval of medical records

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
14	Gender Code	Code indicating the gender of the individual.	N	1	3Ø5-C5

Values:

CODE	DESCRIPTION
Ø	Not Specified
1	Male
2	Female

9.3 WC/PC UCF OFFICE USE

Instructions: This section may be used by the receiver/payer of the form. It is not to be used by the submitter of the form.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
15	Document Control Number	Internal number used by the payer or processor to further identify the claim for imaging purposes - Document archival, retrieval and storage Not to be used by pharmacy.	A/N	2Ø	682

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9.4 WC/PC UCF CARRIER SECTION

Instructions: This section contains information about the entity that acts or functions as an underwriter or insurer for this claim and is responsible for the final adjudication of the pharmacy services claim.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
16	Jurisdictional State	Postal State Abbreviation identifying the state which has jurisdiction over the payment of benefits and medical claims. Typically, the Jurisdictional State is the state where the worker was injured.	A/N	2	683

Values:
See *"Appendix D. United States Postal Service Abbreviations."*

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
17	Claim/Reference ID	Identifies the claim number assigned by Worker's Compensation Program.	A/N	3Ø	435-DZ
18	Carrier Name	Name of the carrier.	A/N	25	811-1H
19	Carrier Address	Address of the carrier.	A/N	25	8Ø7-1D
2Ø	Carrier Location City	This field identifies the name of the city in which the carrier is located.	A/N	18	8Ø9-1F
21	Carrier Location State	State of the carrier.	A/N	2	81Ø-1G

Values:
See *"Appendix D. United States Postal Service Abbreviations."*

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
22	Carrier Zip Code	Zip code of the carrier, expanded. Note: Excludes punctuation and blanks.	A/N	15	813-1J

9.5 WC/PC UCF EMPLOYER SECTION

Instructions: This section contains information about the patient's place of employment for this claim.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
23	Employer Name	Complete name of employer.	A/N	3Ø	315-CF
24	Employer Street Address	Free-form text for address information.	A/N	3Ø	316-CG
25	Employer City Address	Free-form text for city name.	A/N	2Ø	317-CH
26	Employer State/Province Address	Standard State/Province Code as defined by appropriate government agency.	A/N	2	318-CI

Values:
See *"Appendix D. United States Postal Service Abbreviations."*

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
27	Employer Zip/Postal Code	Code defining international postal zone excluding punctuation and blanks (zip code for US).	A/N	15	319-CJ
28	Employer Phone Number	Ten-digit phone number of employer.	N	1Ø	32Ø-CK
29	Employer Contact Name	Employer primary contact.	A/N	3Ø	321-CL

9.6 WC/PC UCF SIGNATURE OF PROVIDER SECTION

Instructions: Enter the legal signature of the pharmacy or dispenser of product or service representative,
"Signature on File," or "SOF." Enter either the 6-digit date (MM | DD | YY), 8-digit date (MM | DD | CCYY), or alphanumeric date (e.g., January 1, 2ØØ8) the form was signed.

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WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
3Ø	Signature				N/A
31	Date				N/A

9.7 WC/PC UCF PHARMACY SECTION

Instructions: This section contains information about the pharmacy or dispenser of the product/service.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
32	Service Provider ID	ID assigned to a pharmacy or provider.	A/N	15	2Ø1-B1
33	Qualifier	Code qualifying the 'Service Provider ID' (2Ø1-B1).	A/N	2	2Ø2-B2

Values:

CODE	DESCRIPTION
Ø1	National Provider Identifier (NPI) = a standard unique health identifier for health care providers. The NPI is a 1Ø position numeric identifier with a check digit in the 1Øth position and is assigned by the National Provider System (NPS).
Ø2	Blue Cross = a number assigned by a Blue Cross health plan which is a nonprofit hospital expense prepayment plan primarily designed to provide benefits for hospitalization coverage, with certain restrictions on the accommodations to be used.
Ø3	Blue Shield = a number assigned by a Blue Shield health plan which is a prepayment plan offered by voluntary nonprofit organizations that cover medical and surgical expenses.
Ø4	Medicare = a number assigned by the carrier or intermediary which administers the Medicare health insurance program for people age 65 or older, some people with disabilities under age 65, and people with end-stage renal disease. Medicare has two parts, hospital insurance (Part A) and medical insurance (Part B).
Ø5	Medicaid = a number assigned to a provider by a state Medicaid agency. Each state has a unique identifier. Medicaid is a program established pursuant to Title XIX of the Social Security Act to provide medical benefits for certain categories of low-income individuals. The program provides benefits to indigent and disabled individuals and members of families receiving Aid to Families with Dependent Children. States have the option to provide benefits to a broader range of individuals. The program is a cooperative arrangement between the federal government and the states, under which both the federal government and a participating state contribute financial support. The state, however, retains a considerable amount of discretion over the operation and administration of the program, and has the right to determine the benefits to be provided, rules for eligibility, rates of payment for services and other matters, as long as broad regulatory guidelines established by the federal government are followed.
Ø6	UPIN (Unique Physician/Practitioner Identification Number) = a number assigned to each Medicare physician/practitioner to identify the referring or ordering physician on Medicare claims. UPINs consist of an alpha character and five numerics and is assigned by CMS.
Ø7	NCPDP Provider ID (National Council for Prescription Drug Programs Provider Identification Number) = a number that provides pharmacies with a unique, 7 digit national identifying number that assists pharmacies in their interactions with federal agencies and third party providers. The NCPDP Provider Identification Number was formerly known as the NABP (National Board of Pharmacy) number. NCPDP also enumerates licensed dispensing sites in the United States as part of its Alternate Site Enumeration Program Numbering System (ASEP). The purpose of this system is to enable a site to identify itself to all third part processors by one standard number, in order to adjudicate claims and receive reimbursement from prescription card programs.
Ø8	State License = the number assigned and required by a State Board or other State regulatory agency that uniquely identifies a pharmacy by category, as defined by each State or Territory or a prescriber by practice specialty for which they reside/practice.
Ø9	CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) = a number that uniquely identifies a provider that participates in the CHAMPUS program which is a federal medical benefits program that helps pay for civilian medical care rendered to the spouses and children of active duty and retired personnel.
1Ø	Health Industry Number (HIN) = a 9 digit alphanumeric number used to identify health care entities such as veterinarians, animal clinics, and health care provider facilities. The number is assigned by HIBCC.
11	Federal Tax ID = a 9-digit number assigned by the Internal Revenue Service to sole proprietors, corporations, partnerships, estates, trusts, and other entities for the purpose of tax filing and reporting.
12	Drug Enforcement Administration (DEA) = the number assigned by the DEA to all businesses that manufacture or distribute controlled pharmaceuticals, all health professionals who dispense, administer, or prescribe controlled pharmaceuticals and all pharmacies that fill prescriptions.
13	State Issued = a unique number issued by a state program or organization other than Medicaid, to a provider of service.

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CODE	DESCRIPTION
14	Plan Specific = a unique proprietary number assigned by a commercial health care plan to a provider of service.
15	HCID (HC IDea) = A 1Ø-character, alphanumeric identifier assigned by NCPDP to identify authorized prescribers of drugs
99	Other = used to identify other health plans and enumerating organizations not listed above.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
34	Name	Name of pharmacy.	A/N	2Ø	833-5P
35	Address	The street address for a pharmacy.	A/N	2Ø	829-5L
36	City	City of pharmacy.	A/N	18	831-5N
37	State	State abbreviation of pharmacy.	A/N	2	832-6F

Values:
See *"Appendix D. United States Postal Service Abbreviations."*

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
38	ZIP	This field identifies the expanded zip code of the pharmacy. Note: Excludes punctuation and blanks.	A/N	9	835-5R
39	Phone Number	Telephone number of pharmacy.	N	1Ø	834-5Q

9.8 WC/PC UCF PRESCRIBER SECTION

Instructions: This section contains information about the prescriber of the medication or service.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
4Ø	Prescriber ID	ID assigned to the prescriber.	A/N	15	411-DB
41	Qualifier	Code qualifying the 'Prescriber ID' (411-DB).	A/N	2	466-EZ

Values:

CODE	DESCRIPTION
Ø1	**National Provider Identifier (NPI)** = a standard unique health identifier for health care providers. The NPI is a 1Ø position numeric identifier with a check digit in the 1Øth position and is assigned by the National Provider System (NPS).
Ø2	**Blue Cross** = a number assigned by a Blue Cross health plan which is a nonprofit hospital expense prepayment plan primarily designed to provide benefits for hospitalization coverage, with certain restrictions on the accommodations to be used.
Ø3	**Blue Shield** = a number assigned by a Blue Shield health plan which is a prepayment plan offered by voluntary nonprofit organizations that cover medical and surgical expenses.
Ø4	**Medicare** = a number assigned by the carrier or intermediary which administers the Medicare health insurance program for people age 65 or older, some people with disabilities under age 65, and people with end-stage renal disease. Medicare has two parts, hospital insurance (Part A) and medical insurance (Part B).
Ø5	**Medicaid** = a number assigned to a provider by a state Medicaid agency. Each state has a unique identifier. Medicaid is a program established pursuant to Title XIX of the Social Security Act to provide medical benefits for certain categories of low-income individuals. The program provides benefits to indigent and disabled individuals and members of families receiving Aid to Families with Dependent Children. States have the option to provide benefits to a broader range of individuals. The program is a cooperative arrangement between the federal government and the states, under which both the federal government and a participating state contribute financial support. The state, however, retains a considerable amount of discretion over the operation and administration of the program, and has the right to determine the benefits to be provided, rules for eligibility, rates of payment for services and other matters, as long as broad regulatory guidelines established by the federal government are followed.
Ø6	**UPIN (Unique Physician/Practitioner Identification Number)** = a number assigned to each Medicare physician/practitioner to identify the referring or ordering physician on Medicare claims. UPINs consist of an alpha character and five numerics and are assigned by CMS.
Ø8	**State License** = the number assigned and required by a State Board or other State regulatory agency that uniquely identifies a pharmacy by category, as defined by each State or Territory or a prescriber by practice specialty for which they reside/practice.
Ø9	**CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)** = a number that uniquely identifies a provider that participates in the CHAMPUS program which is a federal medical benefits program that helps pay for

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CODE	DESCRIPTION
	civilian medical care rendered to the spouses and children of active duty and retired personnel.
1Ø	**Health Industry Number (HIN)** = a 9 digit alphanumeric number used to identify health care entities such as veterinarians, animal clinics, and health care provider facilities. The number is assigned by HIBCC.
11	**Federal Tax ID** = a 9-digit number assigned by the Internal Revenue Service to sole proprietors, corporations, partnerships, estates, trusts, and other entities for the purpose of tax filing and reporting.
12	**Drug Enforcement Administration (DEA) Number** = the number assigned by the DEA to all businesses that manufacture or distribute controlled pharmaceuticals, all health professionals who dispense, administer, or prescribe controlled pharmaceuticals and all pharmacies that fill prescriptions.
13	**State Issued** = a unique number issued by a state program or organization other than Medicaid, to a provider of service.
14	**Plan Specific** = a unique proprietary number assigned by a commercial health care plan to a provider of service.
15	**HCID (HC IDea)** = A 1Ø-character, alphanumeric identifier assigned by NCPDP to identify authorized prescribers of drugs.
99	Other = used to identify other health plans and enumerating organizations not listed above.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
42	Last Name of Prescriber	Individual last name.	A/N	15	427-DR
43	First Name of Prescriber	Individual first name.	A/N	12	364-2J
44	Prescriber Street Address	Free form text for prescriber address information.	A/N	3Ø	365-2K
45	Prescriber City Address	Free form text for prescriber city name.	A/N	2Ø	366-2M
46	Prescriber State/Province Address	Standard state /province code as defined by appropriate government agency.	A/N	2	367-2N

Values:
See *"Appendix D. United States Postal Service Abbreviations."*

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
47	Prescriber Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks.	A/N	15	368-2P

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
48	Prescriber Phone Number	Ten-digit phone number of the prescriber.	N	1Ø	498-PM

9.8.1 WC/PC UCF PAYEE SECTION

Instructions: This section contains information about entity to receive payment for the claim.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
49	Pay To ID	Identifying number of the entity to receive payment for claim.	A/N	15	119-TT
5Ø	Pay To Qualifier	Code qualifying the 'Pay To ID' (119-TT).	A/N	2	118-TS

Values:

CODE	DESCRIPTION
ØØ	Not Specified
Ø1	National Provider Identifier (NPI) = a standard unique health identifier for health care providers. The NPI is a 1Ø position numeric identifier with a check digit in the 1Øth position and is assigned by the National Provider System (NPS).
11	Federal Tax ID = a 9-digit number assigned by the Internal Revenue Service to sole proprietors, corporations, partnerships, estates, trusts, and other entities for the purpose of tax filing and reporting.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID

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WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
51	Pay To Name	Name of the entity to receive payment for claim.	A/N	2Ø	12Ø-TU
52	Pay To Street Address	Street address of the entity to receive payment for claim	A/N	3Ø	121-TV
53	Pay To City Address	City of the entity to receive payment for claim.	A/N	2Ø	122-TW
54	Pay to State/ Province Address	Standard state /province code as defined by appropriate government agency.	A/N	2	123-TX

Values:
See *"Appendix D. United States Postal Service Abbreviations."*

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
55	Pay To Zip/Postal Zone	Code defining international postal zone excluding punctuation and blanks (zip code for US)	A/N	15	124-TY
56	Pay To Phone Number	Telephone number of the payee	A/N	1Ø	685

9.8.2 WC/PC UCF JURISDICTIONAL SECTION

Instructions: This section contains information which is required if necessary for Workers' Compensation transactions when the jurisdiction state rules require specific information on the claim form not otherwise supported in a specific field. **Use of these fields beyond what is described in this guide must be approved by NCPDP before usage.**

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
57	Jurisdictional Field 1	Text field with constraints	A/N	3Ø	688
58	Jurisdictional Field 2	Text field with constraints	A/N	3Ø	688
59	Jurisdictional Field 3	Text field with constraints	A/N	3Ø	688
6Ø	Jurisdictional Field 4	Text field with constraints	A/N	3Ø	688
61	Jurisdictional Field 5	Text field with constraints	A/N	3Ø	688

9.8.2.1 FLORIDA

Populate the Jurisdictional fields for Provider ID and Qualifier when a dispensing pharmacist ID and qualifier must be submitted.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
57	Provider ID (Pharmacist)	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service. Florida - Populate the FL Dept of Health License # assigned to the dispensing PHARMACIST	A/N	15	444-E9
58	Qualifier	Code qualifying the 'Provider ID' (444-E9). Florida – value Ø7 allowed.	A/N	2	465-EY

Values:

CODE	DESCRIPTION
Ø7	State Issued - a unique number issued by a state program or organization other than Medicaid, to a provider of service.

Populate the Jurisdictional fields for Generic Equivalent Product ID only when the Patient opts to obtain the Brand medication and pay the cost difference between the Brand and Generic. **In the Pricing Section, the Net Amount Due is based upon the generic equivalent. In this situation, the payer is only liable to pay for the cost of the generic medication even though the patient received the brand.**

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WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
59	Generic Equivalent Product ID	Identifies the generic equivalent of the brand product dispensed.	A/N	19	126-UA
6Ø	Generic Equivalent Product ID Qualifier	Code qualifying the 'Generic Equivalent Product ID' (126-UA).	A/N	2	125-TZ

Values:

CODE	DESCRIPTION
Ø1	Universal Product Code (UPC)
Ø2	Health Related Item (HRI)
Ø3	National Drug Code (NDC)
Ø4	Health Industry Business Communications Council (HIBCC)
Ø6	Drug Use Review/ Professional Pharmacy Service (DUR/PPS)
Ø7	Common Procedure Terminology (CPT4)
Ø8	Common Procedure Terminology (CPT5)
Ø9	Health Care Financing Administration Common Procedural Coding System (HCPCS)
1Ø	Pharmacy Practice Activity Classification (PPAC)
11	National Pharmaceutical Product Interface Code (NAPPI)
12	Global Trade Identification Number (GTIN)
15	First DataBank Formulation ID (GCN)
28	First DataBank Medication Name ID (FDB Med Name ID)
29	First DataBank Routed Medication ID (FDB Routed Med ID)
3Ø	First DataBank Routed Dosage Form ID (FDB Routed Dosage Form Med ID)
31	First DataBank Medication ID (FDB MedID)
32	First DataBank Clinical Formulation ID Sequence Number (GCN_SEQ_NO)
33	First DataBank Ingredient List ID (HICL_SEQ_NO)
34	Universal Product Number (UPN)
99	Other

9.8.2.2 MARYLAND, MINNESOTA

Populate the Jurisdictional fields for a diagnosis code and qualifier when a diagnosis must be submitted.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
57	Diagnosis Code	Code identifying the diagnosis of the patient.	A/N	15	424-DO
58	Qualifier	Code qualifying the 'Diagnosis Code' (424-DO). All States – value Ø1 allowed.	A/N	2	492-WE

Values:

CODE	DESCRIPTION
Ø1	International Classification of Diseases (ICD9)

9.8.2.3 TEXAS

Populate the Jurisdictional fields for brand/generic medication indicator when it must be submitted.
Note: This is not permitted when the prescription is a compound.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
57	Brand/Generic Indicator	Value denoting Brand or Generic Dispensed	A/N	1	686

Values:

CODE	DESCRIPTION
B	Brand

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CODE	DESCRIPTION
G	Generic

Populate the Jurisdictional fields for Generic Equivalent Product ID only when the Patient opts to obtain the Brand medication and pay the cost difference between the Brand and Generic. **In the Pricing Section, the Net Amount Due is based upon the generic equivalent. In this situation, the payer is only liable to pay for the cost of the generic medication even though the patient received the brand**.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
58	Generic Equivalent Product ID	Identifies the generic equivalent of the brand product dispensed.	A/N	19	126-UA
59	Generic Equivalent Product ID Qualifier	Code qualifying the 'Generic Equivalent Product ID' (126-UA).	A/N	2	125-TZ

Values:

CODE	DESCRIPTION
Ø1	Universal Product Code (UPC)
Ø2	Health Related Item (HRI)
Ø3	National Drug Code (NDC)
Ø4	Health Industry Business Communications Council (HIBCC)
Ø6	Drug Use Review/ Professional Pharmacy Service (DUR/PPS)
Ø7	Common Procedure Terminology (CPT4)
Ø8	Common Procedure Terminology (CPT5)
Ø9	Health Care Financing Administration Common Procedural Coding System (HCPCS)
1Ø	Pharmacy Practice Activity Classification (PPAC)
11	National Pharmaceutical Product Interface Code (NAPPI)
12	Global Trade Identification Number (GTIN)
15	First DataBank Formulation ID (GCN)
28	First DataBank Medication Name ID (FDB Med Name ID)
29	First DataBank Routed Medication ID (FDB Routed Med ID)
3Ø	First DataBank Routed Dosage Form ID (FDB Routed Dosage Form Med ID)
31	First DataBank Medication ID (FDB MedID)
32	First DataBank Clinical Formulation ID Sequence Number (GCN_SEQ_NO)
33	First DataBank Ingredient List ID (HICL_SEQ_NO)
34	Universal Product Number (UPN)
99	Other

Populate the Jurisdictional fields for Generic Equivalent Product ID only when the Patient opts to obtain the Brand medication and pay the cost difference between the Brand and Generic.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
6Ø	Generic Available	Denotes availability of a generic product in the store/facility when brand was dispensed	A/N	1	687

Values:

CODE	DESCRIPTION
Y	Yes - generic is available
N	No generic is available
U	Generic is unavailable

9.8.2.4 KANSAS, KENTUCKY, MONTANA, NORTH DAKOTA, OHIO, RHODE

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ISLAND, TENNESSEE, VERMONT, WEST VIRGINIA, WISCONSIN, WYOMING

Populate the Jurisdictional fields for Generic Equivalent Product ID only when the Patient opts to obtain the Brand medication and pay the cost difference between the Brand and Generic. **In the Pricing Section, the Net Amount Due is based upon the generic equivalent. In this situation, the payer is only liable to pay for the cost of the generic medication even though the patient received the brand.**

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
57	Generic Equivalent Product ID	Identifies the generic equivalent of the brand product dispensed.	A/N	19	126-UA
58	Generic Equivalent Product ID Qualifier	Code qualifying the 'Generic Equivalent Product ID' (126-UA).	A/N	2	125-TZ

Values:

CODE	DESCRIPTION
Ø1	Universal Product Code (UPC)
Ø2	Health Related Item (HRI)
Ø3	National Drug Code (NDC)
Ø4	Health Industry Business Communications Council (HIBCC)
Ø6	Drug Use Review/ Professional Pharmacy Service (DUR/PPS)
Ø7	Common Procedure Terminology (CPT4)
Ø8	Common Procedure Terminology (CPT5)
Ø9	Health Care Financing Administration Common Procedural Coding System (HCPCS)
1Ø	Pharmacy Practice Activity Classification (PPAC)
11	National Pharmaceutical Product Interface Code (NAPPI)
12	Global Trade Identification Number (GTIN)
15	First DataBank Formulation ID (GCN)
28	First DataBank Medication Name ID (FDB Med Name ID)
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3Ø	First DataBank Routed Dosage Form ID (FDB Routed Dosage Form Med ID)
31	First DataBank Medication ID (FDB MedID)
32	First DataBank Clinical Formulation ID Sequence Number (GCN_SEQ_NO)
33	First DataBank Ingredient List ID (HICL_SEQ_NO)
34	Universal Product Number (UPN)
99	Other

9.8.2.5 ORIGINAL/UNDERLYING NDC - ALL APPLICABLE STATES

UCF Field 61, Jurisdictional Field 5 is defined for all applicable states as the NDC of the original or underlying medication product that has been repackaged for distribution/dispensing. Directions for use: Use Jurisdictional Field 5 – Original NDC when billing for a repackaged drug and the state workers' compensation regulation requires the reporting of the NDC of the original or underlying medication product that was repackaged for distribution/dispensing.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
61	Originally Prescribed Product/Service Code	Code of the initially prescribed product or service. *Contains the actual (original)/underlying NDC of the product dispensed or service provided.*	A/N	19	445-EA

The Product/Service ID Qualifier (436-E1) (field 7Ø) contains the value of "Ø3" (National Drug Code (NDC)) and Product/Service ID (4Ø7-D7) (field 69) contains the actual dispensed (repackaged) NDC.

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9.9 WC/PC UCF CLAIM SECTION

9.9.1 WC/PC UCF GENERAL INFORMATION

Instructions: This section contains information about the medication or service.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
62	Prescription/Service Reference Number	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	N	12	4Ø2-D2
63	Qualifier	Indicates the type of billing submitted.	A/N	1	455-EM

Values:

CODE	DESCRIPTION
1	Rx Billing
2	Service Billing

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
64	Fill Number	The code indicating whether the prescription is an original or a refill.	N	2	4Ø3-D3

Values:

CODE	DESCRIPTION
Ø	Original dispensing
1-99	Refill number

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
65	Date Prescription Written	Date prescription was written. Format: MMDDCCYY	N	8	414-DE
66	Date of Service	Identifies date the prescription was filled or professional service rendered or subsequent payer began coverage following Part A expiration in a long-term care setting only. Format: MMDDCCYY	N	8	4Ø1-D1
67	Submission Clarification Code	Code indicating that the pharmacist is clarifying the submission.	N	2	42Ø-DK

Values:

CODE	DESCRIPTION
1	No Override
2	Other Override
3	Vacation Supply-The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine.
4	Lost Prescription-The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost.
5	Therapy Change-The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, etc.
6	Starter Dose-The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment.
7	Medically Necessary-The pharmacist is indicating that this medication has been determined by the physician to be medically necessary.
8	Process Compound For Approved Ingredients
9	Encounters
1Ø	Meets Plan Limitations -The pharmacy certifies that the transaction is in compliance with the program's policies and rules that are specific to the particular product being billed.
11	Certification on File – The supplier's guarantee that a copy of the paper certification, signed and dated by the physician, is on file at the supplier's office.

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CODE	DESCRIPTION
12	DME Replacement Indicator – Indicator that this certification is for a DME item replacing a previously purchased DME item.
13	Payer-Recognized Emergency/Disaster Assistance Request - The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer.
14	Long Term Care Leave of Absence - The pharmacist is indicating that the cardholder requires a short-fill of a prescription due to a leave of absence from the Long Term Care (LTC) facility.
15	Long Term Care Replacement Medication - Medication has been contaminated during administration in a Long Term Care setting.
16	Long Term Care Emergency box (kit) or automated dispensing machine – Indicates that the transaction is a replacement supply for doses previously dispensed to the patient after hours.
17	Long Term Care Emergency supply remainder - Indicates that the transaction is for the remainder of the drug originally begun from an Emergency Kit.
18	Long Term Care Patient Admit/Readmit Indicator - Indicates that the transaction is for a new dispensing of medication due to the patient's admission or readmission status.
19	Split Billing - indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings.
2Ø	34ØB - Indicates that, prior to providing service, the pharmacy has determined the product being billed is purchased pursuant to rights available under Section 34ØB of the Public Health Act of 1992 including sub-ceiling purchases authorized by Section 34ØB (a)(1Ø) and those made through the Prime Vendor Program (Section 34ØB(a)(8)).
21	LTC dispensing: 14 days or less not applicable - Fourteen day or less dispensing is not applicable due to CMS exclusion and/or manufacturer packaging may not be broken or special dispensing methodology (i.e vacation supply, leave of absence, ebox, spitter dose). Medication quantities are dispensed as billed
22	LTC dispensing: 7 days - Pharmacy dispenses medication in 7 day supplies
23	LTC dispensing: 4 days - Pharmacy dispenses medication in 4 day supplies
24	LTC dispensing: 3 days - Pharmacy dispenses medication in 3 day supplies
25	LTC dispensing: 2 days - Pharmacy dispenses medication in 2 day supplies
26	LTC dispensing: 1 day - Pharmacy or remote (multiple shifts) dispenses medication in 1 day supplies
27	LTC dispensing: 4-3 days - Pharmacy dispenses medication in 4 day, then 3 day supplies
28	LTC dispensing: 2-2-3 days - Pharmacy dispenses medication in 2 day, then 2 day, then 3 day supplies
29	LTC dispensing: daily and 3-day weekend - Pharmacy or remote dispensed daily during the week and combines multiple days dispensing for weekends
3Ø	LTC dispensing: Per shift dispensing - Remote dispensing per shift (multiple med passes)
31	LTC dispensing: Per med pass dispensing - Remote dispensing per med pass
32	LTC dispensing: PRN on demand - Remote dispensing on demand as needed
33	LTC dispensing: 7 day or less cycle not otherwise represented
34	LTC dispensing: 14 days dispensing - Pharmacy dispenses medication in 14 day supplies
35	LTC dispensing: 8-14 day dispensing method not listed above - 8-14-Day dispensing cycle not otherwise represented
36	LTC dispensing: dispensed outside short cycle - Claim was originally submitted to a payer other than Medicare Part D and was subsequently determined to be Part D.
99	Other

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
68	Prescription Origin Code	Code indicating the origin of the prescription.	N	1	419-DJ

Values:

CODE	DESCRIPTION
Ø	Not Known
1	Written - Prescription obtained via paper.
2	Telephone - Prescription obtained via oral instructions or interactive voice response using a phone.
3	Electronic - Prescription obtained via SCRIPT or HL7 Standard transactions.
4	Facsimile - Prescription obtained via transmission using a fax machine.

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CODE	DESCRIPTION
5	Pharmacy - This value is used to cover any situation where a new Rx number needs to be created from an existing valid prescription such as traditional transfers, intrachain transfers, file buys, software upgrades/migrations, and any reason necessary to "give it a new number." This value is also the appropriate value for “Pharmacy dispensing” when applicable such as BTC (behind the counter), Plan B, etc.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
69	Product/Service ID	ID of the product dispensed or service provided. When the claim is for a compound where individual ingredients are submitted, this field must not be populated.	A/N	19	4Ø7-D7
7Ø	Product/Service ID Qualifier	Code qualifying the value in 'Product/Service ID' (4Ø7-D7). When the claim is for a compound where individual ingredients are submitted, this field must not be populated.	A/N	2	436-E1

Values:

CODE	DESCRIPTION
Ø1	Universal Product Code (UPC)
Ø2	Health Related Item (HRI)
Ø3	National Drug Code (NDC)
Ø4	Health Industry Business Communications Council (HIBCC)
11	National Pharmaceutical Product Interface Code (NAPPI)
12	Global Trade Identification Number (GTIN)
15	First DataBank Formulation ID (GCN)
28	First DataBank Medication Name ID (FDB Med Name ID)
29	First DataBank Routed Medication ID (FDB Routed Med ID)
3Ø	First DataBank Routed Dosage Form ID (FDB Routed Dosage Form Med ID)
31	First DataBank Medication ID (FDB MedID)
32	First DataBank Clinical Formulation ID Sequence Number (GCN_SEQ_NO)
33	First DataBank Ingredient List ID (HICL_SEQ_NO)
34	Universal Product Number (UPN)
99	Other

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
71	Quantity Dispensed	Quantity dispensed expressed in metric decimal units. Format: 9999999.999	N	1Ø	442-E7
72	Days Supply	Estimated number of days the prescription will last.	N	3	4Ø5-D5
73	Dispense as Written (DAW)/Product Selection Code	Code indicating whether or not the prescriber’s instructions regarding generic substitution were followed.	A/N	1	4Ø8-D8

Values:

CODE	DESCRIPTION
Ø	No Product Selection Indicated - This is the field default value that is appropriately used for prescriptions for single source brand, co-branded/co-licensed, or generic products. For a multi-source branded product with available generic(s), DAW Ø is not appropriate, and may result in a reject.
1	Substitution Not Allowed by Prescriber – This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is Medically Necessary to be Dispensed As Written. DAW 1 is based on prescriber instruction and not product classification.

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CODE	DESCRIPTION
2	Substitution Allowed-Patient Requested Product Dispensed-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.
3	Substitution Allowed-Pharmacist Selected Product Dispensed-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.
4	Substitution Allowed-Generic Drug Not in Stock-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace.
5	Substitution Allowed-Brand Drug Dispensed as a Generic-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist is utilizing the brand product as the generic entity.
6	Override-This value is used by various claims processors in very specific instances as defined by that claims' processor and/or its client(s).
7	Substitution Not Allowed-Brand Drug Mandated by Law-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted but prevailing law or regulation prohibits the substitution of a brand product even though generic versions of the product may be available in the marketplace.
8	Substitution Allowed-Generic Drug Not Available in Marketplace-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable.
9	Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed - This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the plan's formulary requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
74	Prior Authorization Number Submitted	Number submitted by the provider to identify the prior authorization.	N	11	462-EV
75	Prior Authorization Type	Code clarifying the 'Prior Authorization Number Submitted' (462-EV) or benefit/plan exemption.	N	2	461-EU

Values:

CODE	DESCRIPTION
Ø	Not Specified
1	Prior Authorization – a) Code assigned for use with claim billing to allow processing of a claim which would otherwise reject based upon benefit or program design. b) Indicator to convey that coverage of the specified product is dependant upon the prescriber submitting the request (including required documentation) to the payer/plan or designated utilization management organization for approval/authorization prior to ordering/dispensing the product.
2	Medical Certification-A code indicating that a health care provider practitioner certifies to an incapacitation, examination, or treatment or to a period of disability while a patient was or is receiving professional treatment.
3	EPSDT (Early Periodic Screening Diagnosis Treatment)-Code indicating information about services involving preventative health measures for children, e.g., screening assessments, tests and their subsequent results and findings, immunization information, guidance and education given, and follow-up care required.
4	Exemption from Copay and/or Coinsurance - Code used to classify the reason for the prior authorization request as one used when the member has qualified for an exemption from copay and/or coinsurance payments according to the benefit design.
5	Exemption from RX-Code used to classify the reason for the prior authorization request as one used when the member has qualified for an exemption from limitations on the number of prescriptions covered by the program/plan in a specified period of time.
6	Family Planning Indicator-Code to indicate the drug prescribed is for management of reproduction.
7	TANF (Temporary Assistance for Needy Families) – An organization that provides assistance and work opportunities to needy families by granting states the federal funds and the flexibility to develop and implement their own welfare programs.
8	Payer Defined Exemption – Used to indicate the provider is submitting the prior authorization for the purpose of utilizing a payer defined exemption not covered by one of the other type codes.

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CODE	DESCRIPTION
9	Emergency Preparedness=Code used to override claim edits during an emergency situation.

***For value "9=Emergency Preparedness" Field *462-EV Prior Authorization Number Submitted* supports the following values when an emergency healthcare disaster has been officially declared by the appropriate U.S. government agency.**	
911ØØØØØØØØØ	Emergency Preparedness (EP) Refill Extension Override
911ØØØØØØØ1	Emergency Preparedness (EP) Refill Too Soon Edit Override
911ØØØØØØØ2	Emergency Preparedness (EP) Prior Authorization Requirement Override
911ØØØØØØØ3	Emergency Preparedness (EP) Accumulated Quantity Override
911ØØØØØØØ4	Emergency Preparedness (EP) Step Therapy Override
911ØØØØØØØ5	Emergency Preparedness (EP) override all of the above

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
76	Product Description	Description of product being submitted.	A/N	3Ø	6Ø1-2Ø
77	Product Strength	The strength of the product.	A/N	15	6Ø1-24
78	Unit of Measure	NCPDP standard product billing codes.	A/N	2	6ØØ-28

Values:

CODE	DESCRIPTION
EA	Each - Being one or individual.
GM	Grams - A metric unit of mass equal to one thousandth of a kilogram.
ML	Milliliters - A metric measure of volume equal to one thousandth of a liter.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
79	Other Coverage Code	Code indicating whether or not the patient has other insurance coverage.	N	2	3Ø8-C8

Values: See section "*Other Coverage Code*".

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
8Ø	Delay Reason Code	Code to specify the reason that submission of the transactions has been delayed.	N	2	357-NV

Values:

CODE	DESCRIPTION
1	Proof of eligibility unknown or unavailable
2	Litigation
3	Authorization delays
4	Delay in certifying provider
5	Delay in supplying billing forms
6	Delay in delivery of custom-made appliances
7	Third party processing delay
8	Delay in eligibility determination
9	Original claims rejected or denied due to a reason unrelated to the billing limitation rules
1Ø	Administration delay in the prior approval process
11	Other
12	Received late with no exceptions
13	Substantial damage by fire, etc to provider records
14	Theft, sabotage/other willful acts by employee

9.9.2 WC/PC UCF COORDINATION OF BENEFITS 1

Instructions: This section contains information about the primary payer if multiple payers were involved in the adjudication of this claim.

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WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
81	Other Payer ID	ID assigned to the payer.	A/N	1Ø	34Ø-7C
82	Qualifier	Code qualifying the 'Other Payer ID' (34Ø-7C).	A/N	2	339-6C
83	Other Payer Date	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits. Format: MMDDCCYY	N	8	443-E8
84	Other Payer Rejects	The error encountered by the previous "Other Payer" in 'Reject Code' (511-FB). Three reject codes (each with a length of 3) may be entered.	A/N	3	472-6E

Values: Must use valid NCPDP Reject Code(s) (511-FB) from previous payers.

9.9.3 WC/PC UCF DRUG UTILIZATION REVIEW (DUR) INFORMATION

Instructions: This section contains information about the service provided.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
85	Reason for Service Code	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	A/N	2	439-E4

Values:

CODE	DESCRIPTION
AD	Additional Drug Needed - Code indicating optimal treatment of the patient's condition requiring the addition of a new drug to the existing drug therapy
AN	Prescription Authentication –Code indicating that circumstances required the pharmacist to verify the validity and/or authenticity of the prescription.
AR	Adverse Drug Reaction – Code indicating an adverse reaction by a patient to a drug.
AT	Additive Toxicity – Code indicating a detection of drugs with similar side effects when used in combination could exhibit a toxic potential greater than either agent by itself.
CD	Chronic Disease Management – The patient is participating in a coordinated health care intervention program.
CH	Call Help Desk – Processor message to recommend the receiver contact the processor/plan
CS	Patient Complaint/Symptom- Code indicating that in the course of assessment or discussion with the patient, the pharmacist identified an actual or potential problem when the patient presented to the pharmacist complaints or symptoms suggestive of illness requesting evaluation and treatment.
DA	Drug-Allergy – Indicates that an adverse immune event may occur due to the patient's previously demonstrated heightened allergic response to the drug product in question.
DC	Drug-Disease (Inferred)-Indicates that the use of the drug may be inappropriate in light of a specific medical condition that the patient has. The existence of the specific medical condition is inferred from drugs in the patient's medication history.
DD	Drug-Drug Interaction-Indicates that drug combinations in which the net pharmacologic response may be different from the result expected when each drug is given separately.
DF	Drug-Food interaction-Indicates interactions between a drug and certain foods.
DI	Drug Incompatibility-Indicates physical and chemical incompatibilities between two or more drugs.
DL	Drug-Lab Conflict –Indicates that laboratory values may be altered due to the use of the drug, or that the patient's response to the drug may be altered due to a condition that is identified by a certain laboratory value.
DM	Apparent Drug Misuse – Code indicating a pattern of drug use by a patient in a manner that is significantly different than that prescribed by the prescriber.
DR	Dose Range Conflict – Code indicating that the prescription does not follow recommended medication dosage.
DS	Tobacco Use – Code indicating that a conflict was detected when a prescribed drug is contraindicated or might conflict with the use of tobacco products.

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CODE	DESCRIPTION
ED	Patient Education/Instruction –Code indicating that a cognitive service whereby the pharmacist performed a patient care activity by providing additional instructions or education to the patient beyond the simple task of explaining the prescriber's instructions on the prescription.
ER	Overuse – Code indicating that the current prescription refill is occurring before the days supply of the previous filling should have been exhausted.
EX	Excessive Quantity-Code that documents the quantity is excessive for the single time period for which the drug is being prescribed.
HD	High Dose-Detects drug doses that fall above the standard dosing range.
IC	Iatrogenic Condition-Code indicating that a possible inappropriate use of drugs that are designed to amerliorate complications caused by another medication has been detected.
ID	Ingredient Duplication- Code indicating that simultaneous use of drug products containing one or more identical generic chemical entities has been detected.
LD	Low Dose –Code indicating that the submitted drug doses fall below the standard dosing range.
LK	Lock In Recipient – Code indicating that the professional service was related to a plan/payer constraint on the member whereby the member is required to obtain services from only one specified pharmacy or other provider type, hence the member is "locked in" to using only those providers or pharmacies.
LR	Underuse – Code indicating that a prescription refill that occurred after the days supply of the previous filling should have been exhausted.
MC	Drug-Disease (Reported)- Indicates that the use of the drug may be inappropriate in light of a specific medical condition that the patient has. Information about the specific medical condition was provided by the prescriber, patient or pharmacist.
MN	Insufficient Duration – Code indicating that regimens shorter than the minimal limit of therapy for the drug product, based on the product's common uses, has been detected.
MS	Missing Information/Clarification-Code indicating that the prescription order is unclear, incomplete, or illegible with respect to essential information.
MX	Excessive Duration- Detects regimens that are longer than the maximal limit of therapy for a drug product based on the product's common uses.
NA	Drug Not Available-Indicates the drug is not currently available from any source.
NC	Non-covered Drug Purchase-Code indicating a cognitive service whereby a patient is counseled, the pharmacist's recommendation is accepted and a claim is submitted to the processor requesting payment for the professional pharmacy service only, not the drug.
ND	New Disease/Diagnosis-Code indicating that a professional pharmacy service has been performed for a patient who has a newly diagnosed condition or disease.
NF	Non-Formulary Drug-Code indicating that mandatory formulary enforcement activities have been performed by the pharmacist when the drug is not included on the formulary of the patient's pharmacy benefit plan.
NN	Unnecessary Drug – Code indicating that the drug is no longer needed by the patient.
NP	New Patient Processing-Code indicating that a pharmacist has performed the initial interview and medication history of a new patient.
NR	Lactation/Nursing Interaction-Code indicating that the drug is excreted in breast milk and may represent a danger to a nursing infant.
NS	Insufficient Quantity- Code indicating that the quantity of dosage units prescribed is insufficient.
OH	Alcohol Conflict - Detects when a prescribed drug is contraindicated or might conflict with the use of alcoholic beverages
PA	Drug-Age- Indicates age-dependent drug problems.
PC	Patient Question/Concern –Code indicating that a request for information/concern was expressed by the patient, with respect to patient care.
PG	Drug-Pregnancy-Indicates pregnancy related drug problems. This information is intended to assist the healthcare professional in weighing the therapeutic value of a drug against possible adverse effects on the fetus.
PH	Preventive Health Care – Code indicating that the provided professional service was to educate the patient regarding measures mitigating possible adverse effects or maximizing the benefits of the product(s) dispensed; or measures to optimize health status, prevent recurrence or exacerbation of problems.
PN	Prescriber Consultation –Code indicating that a prescriber has requested information or a recommendation related to the care of a patient.

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CODE	DESCRIPTION
PP	Plan Protocol – Code indicating that a cognitive service whereby a pharmacist, in consultation with the prescriber or using professional judgment, recommends a course of therapy as outlined in the patient's plan and submits a claim for the professional service provided.
PR	Prior Adverse Reaction – Code identifying the patient has had a previous atypical reaction to drugs.
PS	Product Selection Opportunity – Code indicating that an acceptable generic substitute or a therapeutic equivalent exists for the drug. This code is intended to support discretionary drug product selection activities by pharmacists.
RE	Suspected Environmental Risk- Code indicating that the professional service was provided to obtain information from the patient regarding suspected environmental factors.
RF	Health Provider Referral-Patient referred to the pharmacist by another health care provider for disease specific or general purposes.
SC	Suboptimal Compliance – Code indicating that professional service was provided to counsel the patient regarding the importance of adherence to the provided instructions and of consistent use of the prescribed product including any ill effects anticipated as a result of non-compliance.
SD	Suboptimal Drug/Indication- Code indicating incorrect, inappropriate, or less than optimal drug prescribed for the patient's condition.
SE	Side Effect – Code reporting possible major side effects of the prescribed drug.
SF	Suboptimal Dosage Form – Code indicating incorrect, inappropriate, or less than optimal dosage form for the drug.
SR	Suboptimal Regimen – Code indicating incorrect, inappropriate, or less than optimal dosage regimen specified for the drug in question.
SX	Drug-Gender- Indicates the therapy is inappropriate or contraindicated in either males or females.
TD	Therapeutic – Code indicating that a simultaneous use of different primary generic chemical entities that have the same therapeutic effect was detected.
TN	Laboratory Test Needed –Code indicating that an assessment of the patient suggests that a laboratory test is needed to optimally manage a therapy.
TP	Payer/Processor Question Code indicating that a payer or processor requested information related to the care of a patient.
UD	Duplicate Drug – Code indicating that multiple prescriptions of the same drug formulation are present in the patient's current medication profile.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
86	Professional Service Code	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	A/N	2	44Ø-E5

Values:

CODE	DESCRIPTION
ØØ	No intervention
AS	Patient assessment – Code indicating that an initial evaluation of a patient or complaint/symptom for the purpose of developing a therapeutic plan.
CC	Coordination of care – Case management activities of a pharmacist related to the care being delivered by multiple providers.
DE	Dosing evaluation/determination –Cognitive service whereby the pharmacist reviews and evaluates the appropriateness of a prescribed medication's dose, interval, frequency and/or formulation.
DP	Dosage evaluated – Code indicating that dosage has been evaluated with respect to risk for the patient.
FE	Formulary enforcement-Code indicating that activities including interventions with prescribers and patients related to the enforcement of a pharmacy benefit plan formulary have occurred. Comment: Use this code for cross-licensed brand products or generic to brand interchange.
GP	Generic product selection-The selection of a chemically and therapeutically identical product to that specified by the prescriber for the purpose of achieving cost savings for the payer.
MØ	Prescriber consulted – Code indicating prescriber communication related to collection of information or clarification of a specific limited problem.
MA	Medication administration – Code indicating an action of supplying a medication to a patient through any of several routes—oral, topical, intravenous, intramuscular, intranasal, etc.
MB	Overriding benefit - Benefits of the prescribed medication outweigh the risks.

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CODE	DESCRIPTION
MP	Patient will be monitored - Prescriber is aware of the risk and will be monitoring the patient.
MR	Medication review-Code indicating comprehensive review and evaluation of a patient's entire medication regimen.
PA	Previous patient tolerance - Patient has taken medication previously without issue.
PE	Patient education/instruction – Code indicating verbal and/or written communication by a pharmacist to enhance the patient's knowledge about the condition under treatment or to develop skills and competencies related to its management.
PH	Patient medication history – Code indicating the establishment of a medication history database on a patient to serve as the foundation for the ongoing maintenance of a medication profile.
PM	Patient monitoring – Code indicating the evaluation of established therapy for the purpose of determining whether an existing therapeutic plan should be altered.
PØ	Patient consulted – Code indicating patient communication related to collection of information or clarification of a specific limited problem.
PT	Perform laboratory test – Code indicating that the pharmacist performed a clinical laboratory test on a patient.
RØ	Pharmacist consulted other source -Code indicating communication related to collection of information or clarification of a specific limited problem.
RT	Recommend laboratory test –Code indicating that the pharmacist recommends the performance of a clinical laboratory test on a patient.
SC	Self-care consultation – Code indicating activities performed by a pharmacist on behalf of a patient intended to allow the patient to function more effectively on his or her own behalf in health promotion and disease prevention, detection, or treatment.
SW	Literature search/review – Code indicating that the pharmacist searches or reviews the pharmaceutical and/or medical literature for information related to the care of a patient.
TC	Payer/processor consulted – Code indicating communication by a pharmacist to a processor or payer related to the care of the patient.
TH	Therapeutic product interchange – Code indicating that the selection of a therapeutically equivalent product to that specified by the prescriber for the purpose of achieving cost savings for the payer.
ZZ	Other Acknowledgement. When ZZ is used, the textual DUE Acknowledgment Reason must be used to provide additional detail.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
87	Result of Service Code	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	A/N	2	441-E6

Values:

CODE	DESCRIPTION
ØØ	Not Specified
1A	Filled As Is, False Positive-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and determines the alert is incorrect for that prescription for that patient and fills the prescription as originally written.
1B	Filled Prescription As Is-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and determines the alert is not relevant for that prescription for that patient and fills the prescription as originally written.
1C	Filled, With Different Dose- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different dose than was originally prescribed.
1D	Filled, With Different Directions – Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with different directions than were originally prescribed.
1E	Filled, With Different Drug- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different drug than was originally prescribed.
1F	Filled, With Different Quantity – Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different quantity than was originally prescribed.
1G	Filled, With Prescriber Approval Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription after consulting with or obtaining approval from the prescriber.
1H	Brand-to-Generic Change – Action whereby a pharmacist dispenses the generic formulation of an originally prescribed branded product. Allowed, often mandated, unless the prescriber indicates "Do Not Substitute" on the prescription

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CODE	DESCRIPTION
1J	Rx-to-OTC Change – Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert) fills the prescription with an over-the-counter product in lieu of the originally prescribed prescription-only product.
1K	Filled with Different Dosage Form- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different dosage form than was originally prescribed.
2A	Prescription Not Filled - Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert) and determines that the prescription should not be filled as written.
2B	Not Filled, Directions Clarified-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert), consults with the prescriber or using professional judgment, does not fill the prescription and counsels the patient as to the prescriber's instructions.
3A	Recommendation Accepted – Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen then dispenses the alternative after consultation with the prescriber.
3B	Recommendation Not Accepted - Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen but the prescriber does not concur.
3C	Discontinued Drug- Cognitive service involving the pharmacist's review of drug therapy that results in the removal of a medication from the therapeutic regimen.
3D	Regimen Changed - Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate regimen then dispenses the recommended medication(s) after consultation with the prescriber.
3E	Therapy Changed – Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen then dispenses the alternative after consultation with the prescriber.
3F	Therapy Changed-cost increased acknowledged - Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen acknowledging that a cost increase will be incurred, then dispenses the alternative after consultation with the prescriber.
3G	Drug Therapy Unchanged-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert), consults with the prescriber or uses professional judgment and subsequently fills the prescription as originally written.
3H	Follow-Up/Report – Code indicating that additional follow through by the pharmacist is required
3J	Patient Referral – Code indicating the referral of a patient to another health care provider following evaluation by the pharmacist.
3K	Instructions Understood – Indicator used to convey that the patient affirmed understanding of the instructions provided by the pharmacist regarding the use and handling of the medication dispensed.
3M	Compliance Aid Provided – Cognitive service whereby the pharmacist supplies a product that assists the patient in complying with instructions for taking medications.
3N	Medication Administered-Cognitive service whereby the pharmacist performs a patient care activity by personally administering the medication.
4A	Prescribed with acknowledgements - Physician is prescribing this medication with knowledge of the potential conflict.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
88	Level of Effort	Code indicating the level of effort as determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service.	N	2	474-8E

Values:

CODE	DESCRIPTION
Ø	Not Specified
11	Level 1 (Lowest)
12	Level 2
13	Level 3
14	Level 4
15	Level 5 (Highest)

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WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
89	Procedure Modifier Code	Identifies special circumstances related to the performance of the service.	A/N	2	459-ER

Values:
Available from:
Centers for Medicare & Medicaid Services
75ØØ Security Blvd.
Baltimore, MD 21244

9.9.4 WC/PC UCF COMPOUND INFORMATION

Instructions: This section contains information about a customized medication prepared in a pharmacy by combining, mixing, or altering of ingredients (but not reconstituting) for an individual patient in response to a licensed practitioner's prescription. This section is not used if the medication is not a compound.

Note: The appropriate *Claim Section* fields must be completed for the final compound information.

When billing for multiple ingredients:

Product/Service ID (field 69) (4Ø7-D7) must not be populated.
Product/Service ID Qualifier (field 7Ø) (436-E1) must not be populated.
Quantity Dispensed (field 71) (442-E7) contains the quantity of entire multi-ingredient product.
Ingredient Cost Submitted (field 1Ø2) (4Ø9-D9) contains the sum of all individual ingredient costs.

9.9.4.1 WC/PC UCF COMPOUND GENERAL INFORMATION

Instructions: This section describes information about the final result of the compound.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
9Ø	Dosage Form Description Code	Dosage form of the complete compound mixture.	A/N	2	45Ø-EF

Values:

CODE	DESCRIPTION
Blank	Not Specified
Ø1	Capsule
Ø2	Ointment
Ø3	Cream
Ø4	Suppository
Ø5	Powder
Ø6	Emulsion
Ø7	Liquid
1Ø	Tablet
11	Solution
12	Suspension
13	Lotion
14	Shampoo
15	Elixir
16	Syrup
17	Lozenge
18	Enema

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WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
91	Dispensing Unit Form Indicator	NCPDP standard product billing codes.	N	1	451-EG

Values:

CODE	DESCRIPTION
1	Each - Being one or individual.
2	Grams - A metric unit of mass equal to one thousandth of a kilogram.
3	Milliliters - A metric measure of volume equal to one thousandth of a liter.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
92	Route of Administration	This is an override to the "default" route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture.	A/N	11	995-E2

Values:
Available from:

Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT)
SNOMED CT® terminology which is available from the College of American Pathologists, Northfield, Illinois
http://www.snomed.org/

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
93	Compound Ingredient Component Count	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	N	2	447-EC

9.9.4.2 WC/PC UCF COMPOUND INGREDIENT INFORMATION

Instructions: This section describes information about the ingredients of the compound.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
94	Compound Ingredient Product Name	Description of the ingredient being submitted.	A/N	3Ø	689
95	Compound Product ID	Product identification of an ingredient used in a compound.	A/N	19	489-TE
96	Compound Product ID Qualifier	Code qualifying the type of product dispensed.	A/N	2	488-RE

Values:
See Product/Service ID Qualifier (field 7Ø) above.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
97	Compound Ingredient Quantity	Amount expressed in metric decimal units of the product included in the compound mixture. Format: 9999999.999	N	1Ø	448-ED
98	Compound Ingredient Drug Cost	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED). Format: 999999.99	N	8	449-EE
99	Compound Basis of Cost Determination	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	A/N	2	49Ø-UE

Values:

CODE	DESCRIPTION

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CODE	DESCRIPTION
ØØ	Default
Ø1	AWP (Average Wholesale Price) – A pricing benchmark for prescription drugs.
Ø2	Local Wholesaler – A legitimate supplier from the surrounding area who resells drugs.
Ø3	Direct - – Represents the manufacturer's published catalog or list price for any item to non-wholesalers. It does not represent actual transaction prices and does not include prompt pay or other discounts, rebates or reductions.
Ø4	EAC (Estimated Acquisition Cost)-A formula-driven estimate of an entity's actual acquisition cost of a product, typically using as a percentage of AWP, derived by applying a discount to AWP. Various EAC methodologies may exist to estimate acquisition costs.
Ø5	Acquisition – Used to indicate the provided ingredient cost is the actual cost as paid by the provider to the supplier for the specific item.
Ø6	MAC (Maximum Allowable Cost) - Maximum reimbursable ingredient cost amount according to a payer's price list.
Ø7	Usual & Customary – The pharmacy's price for the medication for a cash paying person on the day of dispensing.
Ø8	34ØB /Disproportionate Share Pricing/Public Health Service - Price available under Section 34ØB of the Public Health Service Act of 1992 including sub-ceiling purchases authorized by Section 34ØB (a)(1Ø) and those made through the Prime Vendor Program (Section 34ØB(a)(8)). Applicable only to submissions to fee for service Medicaid programs when required by law or regulation.
Ø9	Other – Different from those implied or specified.
1Ø	ASP (Average Sales Price) - The average sales price (ASP) is a cost basis required by and reported to CMS for pricing Medicare Part B drugs.
11	AMP (Average Manufacturer Price) - The average price paid to manufacturers by wholesalers for drugs distributed to the retail class of trade; calculated net of chargebacks, discounts, rebates, and other benefits tied to the purchase of the drug product, regardless of whether these incentives are paid to the wholesaler or the retailer.
12	WAC (Wholesale Acquisition Cost) – A cost as defined in Title XIX, Section 1927 of the Social Security Act.
13	Special Patient Pricing – The cost calculated by the pharmacy for the drug for this special patient.

9.9.5 WC/PC UCF PRICING SECTION

Instructions: This section contains information about the cost of the medication or service, any fees associated, and patient financial responsibility amounts. **See section "*Pricing Formulae*" for information about claim versus service formulas. See important scenarios in section "*Calculate Net Amount Due*".** See section "*Character Sets Designation*" for more information.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
1ØØ	Usual and Customary Charge	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed. Format: 999999.99	N	8	426-DQ
1Ø1	Basis of Cost Determination	Code indicating the method by which 'Ingredient Cost Submitted' (Field 4Ø9-D9) was calculated.	A/N	2	423-DN

Values:
See Compound Basis of Cost Determination above.

WC/PC UCF Field	Name	Definition	Type	Length	NCPDP Field ID
1Ø2	Ingredient Cost Submitted	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU). Format: 999999.99	N	8	4Ø9-D9
1Ø3	Dispensing Fee Submitted	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (43Ø-DU).	N	8	412-DC

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		Format: 999999.99			
1Ø4	Other Amount Submitted	Amount representing the additional incurred costs for a dispensed prescription or service. Format: 999999.99	N	8	48Ø-H9
1Ø5	Sales Tax Submitted	Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU) or Percentage sales tax submitted. Format: 999999.99	N	8	481-HA & 482-GE
1Ø6	Gross Amount Due (Submitted)	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (4Ø9-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (48Ø-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' (477-BE), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Other Amount Claimed' (48Ø-H9). Format: 999999.99	N	8	43Ø-DU
1Ø7	Patient Paid Amount	Amount the pharmacy received from the patient for the prescription dispensed. Format: 999999.99	N	8	433-DX
1Ø8	Other Payer Amount Paid	Amount of any payment known by the pharmacy from other sources. Format: 999999.99	N	8	431-DV
1Ø9	Other Payer-Patent Responsibility Amount	The patient's cost share from a previous payer. Format: 99999999.99	N	1Ø	352-NQ
11Ø	Net Amount Due	Total of all pharmacy services amount due less any other paid amounts. Format: 99999999.99	N	1Ø	684

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10. WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM – BACKSIDE

10.1 CODE VALUES

Fields that appear on the UCF or WC/PC UCF with a box may denote fields that have values listed on the back of the form. For fields that support a large list of values, to save space on the back of the form, the more commonly used values are shown.

Code values for these and other fields are also provided in this guide.

New values may be added as part of the NCPDP standards development process. See the NCPDP *External Code List* for new values or updates to values.

Note: It is not a compliant use of the form to use a value that is not part of the list of NCPDP valid values for that field.

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11. SPECIFIC TOPIC DISCUSSION FOR BOTH FORMS

11.1 COORDINATION OF BENEFITS

See important scenarios in section "*Calculate Net Amount Due*".

11.2 PRICING FORMULAE

Prescription Formula Claim Request:

Ingredient Cost Submitted (4Ø9-D9)
+ Dispensing Fee Submitted (412-DC)
+ Incentive Amount Submitted (438-E3)
+ Other Amount Claimed Submitted (48Ø-H9)
+ Flat Sales Tax Amount Submitted (481-HA)
+ Percentage Sales Tax Amount Submitted (482-GE)

= Gross Amount Due (43Ø-DU)
- Patient Paid Amount Submitted (433-DX)
- Other Payer Amount Paid (431-DV)
(Result is Net Amount Due (684))

Note: Net Amount Due (684) as defined above is applicable to primary and COB claims in which Other Payer Amount Paid (431-DV) is submitted. Net Amount Due (684) for COB claim billings for Other Payer-Patient Responsibility Amount equals sum of the payable components of other payer-patient responsibility amount(s) provided from the last payer.

Prescription Formula Response:

Ingredient Cost Paid (5Ø6-F6)
+ Dispensing Fee Paid (5Ø7-F7)
+ Incentive Amount Paid (521-FL)
+ Other Amount Paid (565-J4)
+ Flat Sales Tax Amount Paid (558-AW)
+ Percentage Sales Tax Amount Paid (559-AX)
- Patient Pay Amount (5Ø5-F5)
- Other Payer Amount Recognized (566-J5)

= Total Amount Paid (5Ø9-F9)

Service formulas only apply to the Universal Claim Form. At this point, they do not apply to the Workers' Compensation/Property & Casualty Claim Form.

Service Claim Request Formula:

Professional Service Fee Submitted (477-BE)
+ Flat Sales Tax Amount Submitted (481-HA)
+ Percentage Sales Tax Amount Submitted (482-GE)
+ Other Amount Claimed Submitted (48Ø-H9)

= Gross Amount Due (43Ø-DU)
- Patient Paid Amount Submitted (433-DX)
- Other Payer Amount Paid (431-DV)
(Result is Net Amount Due (684))

Note: Net Amount Due (684) as defined above is applicable to primary and COB services in which Other Payer Amount Paid (431-DV) is submitted. Net Amount Due (684) for COB service

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billings for Other Payer-Patient Responsibility Amount equals the sum of the payable components of other payer-patient responsibility amount(s) provided from the last payer.

Service Response Formula:

Professional Service Fee Paid (562-J1)
+ Flat Sales Tax Amount Paid (558-AW)
+ Percentage Sales Tax Amount Paid (559-AX)
+ Other Amount Paid (565-J4)
- Patient Pay Amount (5Ø5-F5)
- Other Payer Amount Recognized (566-J5)

= Total Amount Paid (5Ø9-F9)

See important scenarios in section "*Calculate Net Amount Due*".

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12. STANDARD CONVENTIONS FOR BOTH FORMS

12.1 FIELD DEFINITIONS AND VALUES

A definition of each data element and appropriate values is provided in the NCPDP *Data Dictionary*. The NCPDP *Data Dictionary* identifies and defines the information that is specified in the NCPDP Standard Formats. Each data element that is presented in a transaction data set is identified in the NCPDP *Data Dictionary*.

12.2 CHARACTER SETS DESIGNATION

12.2.1.1 ALPHANUMERIC

"A/N" = Alpha/Numeric, always left justified, space filled, printable characters.
Example: A/N with a length of 8 represents “ABCD1234”
Truncation: “1234ABC44*bbbbb*“ becomes “1234ABC44”

12.2.1.2 NUMERIC

"N" = Unsigned Numeric, always right justified.
Example: 9(7)v999 represents 9999999999
Truncation: ØØØØØØØ4ØØ becomes 4ØØ

12.2.1.3 DECIMALS

12.2.1.3.1 Dollar

In section “*Field Definitions*”, dollar fields are shown with the “Format:” statement. The field length designates the actual size, without the decimal point (or commas) included in the size.

On the manual claim forms, when dollars **and** cents are submitted, they **must** be delineated with the decimal point. The optional comma may be entered. Leading zeroes should not be entered. Dollars will be assumed to be whole numbers if no numbers to the right of the decimal point is submitted.

For example:

Format	Length	Example1	Example2	Example3
999999.99	8	143559 (*is the same as* 143559.ØØ)	325.99	2,3ØØ.5Ø
9999999.99	9	12.ØØ (*is the same as* 12)	.55	1Ø,823.45
99999999.99	1Ø	175 *(is the same as* 175.ØØ*)*	845.45	13,225,5ØØ.99

12.2.1.3.2 Quantity

In section “*Field Definitions*”, quantity fields are shown with the “Format:” statement. The field length designates the actual size, without the decimal point included in the size. When entering a fractional quantity, the decimal point must be entered. Trailing zeroes may be excluded, as long as the decimal point and all significant digits are entered. Leading zeroes should not be entered.

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Quantity amounts will be assumed to be whole numbers if no decimal is submitted.

For example:

Format	Length	Example1	Example2	Example3
99.999	5	.55Ø	.Ø25	25.ØØ5
999.999	6	821.335	2.255	25Ø *(is the same as 25Ø.ØØØ)*
999999.999	9	14355Ø (*is the same as* 14355Ø.ØØØ)	325.998	.85 (*is the same as* .85Ø)

12.2.1.3.3 Diagnosis Code

Diagnosis Code punctuation must adhere to the owner's code set rules and formats. It is recommended to use what was provided.

12.3 DEFAULT VALUES

The NCPDP *Data Dictionary* defines values and default values for the fields contained in this specification. In general, unless otherwise specified by the *Data Dictionary*,

- Alpha-Numeric ("A/N") fields have default values of *spaces*
- Numeric ("N") and Signed Numeric ("D"), used for dollar fields, have default values of *zeros.*

12.4 DATE FORMAT

All dates are in the format "MMDDCCYY" where
MM = Ø1-12 for the month
DD = Ø1-31 for the day of the month
CCYY = Four digit year (century and year, for example 1965, 2ØØ8)

12.5 QUALIFIERS

Some data elements are further defined with the use of qualifiers. Qualifier fields must be entered with the field qualified. If the field is not needed, both the qualifier and the field qualified are not entered.

For example
- Service Provider ID and Qualifier
- Prescriber ID and Qualifier
- Prescription/Service Reference Number and Qualifier

12.6 REPETITION AND MULTIPLE OCCURRENCES

NCPDP *Manual Claim Forms Reference Implementation Guide* includes the ability to repeat certain fields and groups of fields.

For example, fields below are some of the fields that repeat.
- Submission Clarification Code (two occurrences)
- Other Payer Amount Paid (#1 and #2)
- Other Payer-Patient Responsibility Amount (#1 and #2)

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For example, groups of fields which repeat.

- Coordination of Benefits (#1 and #2)
- Compound ingredients (#1 through #7)

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13. FREQUENTLY ASKED QUESTIONS FOR BOTH FORMS

13.1 CALCULATE NET AMOUNT DUE

Question: How Do I Calculate The Net Amount Due On A Billing?
Response: Although the net amount due is not an actual data field in the pricing formulae, it can be derived by subtracting the Patient Paid Amount Submitted and the Other Payer Amount Paid, if these apply to the billing, from the Gross Amount Due.

Net Amount Due is applicable to primary and COB claims/services in which Other Payer Amount Paid (431-DV) is submitted. Net Amount Due for COB claim/service billings for Other Payer-Patient Responsibility Amount equals the sum of the payable components of other payer-patient responsibility amount(s) provided from the last payer. See section "*Pricing Formulae*".

Note: In the Scenarios below, the Workers' Compensation/Property & Casualty Claim Form does not use the field Incentive Amount Submitted.
N/A = Not Applicable

Note: In the Scenarios below, in the event that the Other Coverage Code = 3 (Other Coverage Billed – claim not covered), use the non-COB transaction for pricing guidance.

13.1.1 SCENARIO #1 – NON COB TRANSACTION

The following financial field considerations apply when processing a Universal Claim Form for a non COB Transaction scenario. In this scenario, which may occur in Workers' Compensation/Property and Casualty claims, the pharmacist has knowledge of an amount to collect ahead of time from the patient, before submitting to the payer. The pharmacist does collect it and this amount is put in Patient Paid Amount.:

1. Gross Amount Due = Ingredient Cost Submitted + Dispensing Fee Submitted + Incentive Amount Submitted + Other Amount Submitted + Sales Tax Amount Submitted
2. Patient Paid Amount = Financial amount collected from the patient
3. Other Payer Amount Paid = N/A
4. Other Payer-Patient Responsibility Amount = N/A
5. Net Amount Due = "Gross Amount Due" – "Patient Paid Amount"

13.1.2 SCENARIO #2 – COB TRANSACTION/PRESCRIPTION CLAIM REQUEST FOR "PATIENT PAY AMOUNT" ONLY

The following financial field considerations apply when processing a Universal Claim Form for a COB Transaction scenario in which the payer requests the identification of the patient's financial responsibility (i.e. Copay Only Billing) from the previous payer:

1. Gross Amount Due = Ingredient Cost Submitted + Dispensing Fee Submitted + Incentive Amount Submitted + Other Amount Submitted + Sales Tax Amount Submitted – ***This calculation is not applicable***.
2. Patient Paid Amount = N/A
3. Other Payer Amount Paid = N/A
4. Other Payer-Patient Responsibility Amount = "Patient Pay Amount" from previous payer
5. Net Amount Due = "Gross Amount Due" – "Other Payer-Patient Responsibility Amount"

13.1.3 SCENARIO #3 – COB TRANSACTION/PRESCRIPTION CLAIM REQUEST FOR "TOTAL AMOUNT PAID" ONLY

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The following financial field considerations apply when processing a Universal Claim Form for a COB Transaction scenario in which the payer requests the identification of the payer financial responsibility (i.e. Total Amount Paid) from the previous payer:

1. Gross Amount Due = Ingredient Cost Submitted + Dispensing Fee Submitted + Incentive Amount Submitted + Other Amount Submitted + Sales Tax Amount Submitted
2. Patient Paid Amount = N/A
3. Other Payer Amount Paid = "Total Amount Paid" from previous payer
4. Other Payer-Patient Responsibility Amount = N/A
5. Net Amount Due = "Gross Amount Due" – "Other Payer Amount Paid"

13.1.4 SCENARIO #4 – COB TRANSACTION/PRESCRIPTION CLAIM REQUEST FOR "PATIENT PAY AMOUNT" AND "TOTAL AMOUNT PAID"

Note: From review during creation of the guide, it appears this scenario does not occur in Workers' Compensation/Property and Casualty claims.

Note: This scenario is **only allowed** for state/federal regulatory agency programs that have a business need to know information reported from previous payers, which includes *both* the other payer amounts (shipping, delivery, incentive, cognitive service, et cetera), *and* the patient's responsibility amounts.

The following financial field considerations apply when processing a Universal Claim Form for a COB Transaction scenario in which the payer requests the identification of the patient's and payer's financial responsibilities (i.e. "Patient Pay Amount" and "Total Amount Paid") from the previous payer:

1. Gross Amount Due = Ingredient Cost Submitted + Dispensing Fee Submitted + Incentive Amount Submitted + Other Amount Submitted + Sales Tax Amount Submitted
2. Patient Paid Amount = N/A
3. Other Payer Amount Paid = "Total Amount Paid" from previous payer
4. Other Payer-Patient Responsibility Amount = "Patient Pay Amount" from previous payer
5. Net Amount Due = Typical business practice is that payers use either
    - Net Amount Due = Gross Amount Due – Other Payer Amount Paid, or
    - Net Amount Due = Other Payer-Patient Responsibility Amount

13.2 INVOICE NUMBER

Question: Where is the Invoice Number on the form?
Response: The Invoice Number is not supported on the manual claim forms. The Prescription/Service Reference Number (4Ø2-D2) (field 3Ø on the Universal Claim Form or field 62 on the Workers' Compensation/Property and Casualty Universal Claim Form) must be used for this purpose. Other fields such as the Service Provider ID (2Ø1-B1) (field 15 on the Universal Claim Form or field 32 on the Workers' Compensation/Property and Casualty Universal Claim Form) can be used for uniqueness.

13.3 JURISDICTIONAL SECTION ON WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM

Question: Can a state use the Jurisdictional Section on the Workers' Compensation/Property and Casualty Universal Claim Form?
Response: Yes, if the jurisdictional state rules have been identified in this guide. If the jurisdictional state rules are not identified in this guide, the request must be submitted to NCPDP before usage is allowed. Whenever possible, states should use existing fields on the form and not create undue burden

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by requiring data that may/may not be available to the submitter of the claim that would have to be populated in the jurisdictional fields.

Use of these fields beyond what is described in this guide must be approved by NCPDP before usage. See section "*Updates and Corrections to Standards*".

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14. UNIVERSAL CLAIM FORM EXAMPLES (EXCERPTS)

14.1 PRICING EXAMPLE WITH OTHER AMOUNT SUBMITTED

Basis of Cost Determination is "Ø3" (Direct). Other Amount Submitted might contain a delivery cost, for example. This uses **Scenario #1 – Non COB Transaction** above.

UCF Field	Name	NCPDP Field ID	Example	As written on form
74	Usual and Customary Charge	426-DQ	$86.7Ø	86.7Ø
75	Basis of Cost Determination	423-DN	Ø3 (Direct)	Ø3
76	Ingredient Cost Submitted	4Ø9-D9	$55.7Ø	55.7Ø
77	Dispensing Fee Submitted	412-DC	$1Ø.ØØ	1Ø.ØØ
8Ø	Other Amount Submitted	48Ø-H9	$15.ØØ	15.ØØ
82	Gross Amount Due (Submitted)	43Ø-DU	$8Ø.7Ø	8Ø.7Ø
88	Net Amount Due	684	$8Ø.7Ø	8Ø.7Ø

14.2 PRICING EXAMPLE 2 WITHOUT OTHER AMOUNT SUBMITTED

This example does not include any other amounts submitted. This uses **Scenario #1 – Non COB Transaction** above.

UCF Field	Name	NCPDP Field ID	Example	As written on form
74	Usual and Customary Charge	426-DQ	$7Ø.7Ø	7Ø.7Ø
75	Basis of Cost Determination	423-DN	Ø3 (Direct)	Ø3
76	Ingredient Cost Submitted	4Ø9-D9	$56.7Ø	56.7Ø
77	Dispensing Fee Submitted	412-DC	$4.5Ø	4.5Ø
82	Gross Amount Due (Submitted)	43Ø-DU	$61.2Ø	61.2Ø
88	Net Amount Due	684	$61.2Ø	61.2Ø

14.3 COMPOUND EXAMPLE FOR THREE INGREDIENTS

This example is for a prescription that consists of three ingredients.

Compound Information:

UCF Field	Name	NCPDP Field ID	Example	As written on form
64	Dosage Form Description Code	45Ø-EF	11 (Solution)	11
65	Dispensing Unit Form Indicator	451-EG	3 (Milliliters)	3
66	Compound Ingredient Component Count	447-EC	3 (ingredients)	3

Compound Ingredient Information:

UCF Field	Name	NCPDP Field ID	Example	As written on form
68	Compound Ingredient Product Name	689	Tetracycline 5ØØ mg cap	Tetracycline 5ØØ mg cap
69	Compound Product ID	489-TE	11845Ø139Ø1	11845Ø139Ø1
7Ø	Compound Product ID Qualifier	488-RE	Ø3	Ø3
71	Compound Ingredient Quantity	448-ED	12ØØØ (12 capsules)	12
72	Compound Ingredient Drug Cost	449-EE	$1.2Ø	1.2Ø
73	Compound Basis of Cost Determination	49Ø-UE	Ø1 (AWP)	Ø1
68	Compound Ingredient Product Name	689	Nystatin 1ØØØØØu/ml Susp	Nystatin 1ØØØØØu/ml Susp
69	Compound Product ID	489-TE	ØØ6Ø3148Ø49	ØØ6Ø3148Ø49
7Ø	Compound Product ID Qualifier	488-RE	Ø3	Ø3
71	Compound Ingredient Quantity	448-ED	12ØØØ (12 capsules)	12
72	Compound Ingredient Drug Cost	449-EE	$8.4Ø	8.4Ø
73	Compound Basis of Cost Determination	49Ø-UE	Ø1 (AWP)	Ø1
68	Compound Ingredient Product Name	689	Diphenhydramine 5Ømg cap	Diphenhydramine 5Ømg cap
69	Compound Product ID	489-TE	6Ø8Ø9Ø31Ø55	6Ø8Ø9Ø31Ø55
7Ø	Compound Product ID Qualifier	488-RE	Ø3	Ø3
71	Compound Ingredient Quantity	448-ED	24ØØØ (24 capsules)	24
72	Compound Ingredient Drug Cost	449-EE	$4.6Ø	4.6Ø

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UCF Field	Name	NCPDP Field ID	Example	As written on form
73	Compound Basis of Cost Determination	49Ø-UE	Ø1 (AWP)	Ø1

14.4 COORDINATION OF BENEFITS EXAMPLE FOR SCENARIO #4

This is an example of an excerpt of a claim for a patient with two coverages. This example shows how to fill out the claim form for the secondary payer after the primary payer has responded with their payment information. This method of coordination of benefits uses the Other Payer Amount Paid to designate the primary payment information. This uses **Scenario #4 – COB Transaction/Prescription Claim Request for "Patient Pay Amount" and "Total Amount Paid"** above. This would be coordination of benefits with a government program involved.

UCF Field	Name	NCPDP Field ID	Example	As written on form
45	Other Coverage Code	3Ø8-C8	2 (Other coverage exists/billed-payment collected)	2
56	Other Payer ID	34Ø-7C	123456	123456
57	Qualifier	339-6C	Ø3 (BIN)	Ø3
58	Other Payer Date	443-E8	3/1Ø/2ØØ8	3/1Ø/2ØØ8
59	Other Payer Rejects	472-6E	N/A	
74	Usual and Customary Charge	426-DQ	$5Ø.8Ø	5Ø.8Ø
75	Basis of Cost Determination	423-DN		
76	Ingredient Cost Submitted	4Ø9-D9	$47.ØØ	47.ØØ
77	Dispensing Fee Submitted	412-DC	$5.ØØ	5.ØØ
78	Professional Service Fee Submitted	477-BE		
79	Incentive Amount Submitted	438-E3		
8Ø	Other Amount Submitted	48Ø-H9		
81	Sales Tax Submitted	481-HA & 482-GE	$1.ØØ	1.ØØ
82	Gross Amount Due (Submitted)	43Ø-DU	$53.ØØ	53.ØØ
83	Patient Paid Amount	433-DX		
84	Other Payer Amount Paid 1	431-DV	$3Ø.ØØ	3Ø.ØØ
85	Other Payer Amount Paid 2	431-DV		
86	Other Payer-Patient Responsibility Amount 1	352-NQ	$2Ø.ØØ	2Ø.ØØ
87	Other Payer-Patient Responsibility Amount 2	352-NQ		
88	Net Amount Due	684	$23.ØØ	23.ØØ

14.5 COORDINATION OF BENEFITS EXAMPLE FOR SCENARIO #2

This is an example of an excerpt of a claim for a patient with two coverages. This example shows how to fill out the claim form for the secondary payer after the primary payer has responded with their payment information. This method of coordination of benefits uses the Other Payer-Patient Responsibility to designate the primary payment information. This uses **Scenario #2 – COB Transaction/Prescription Claim Request for "Patient Pay Amount" Only** above.

UCF Field	Name	NCPDP Field ID	Example	As written on form
45	Other Coverage Code	3Ø8-C8	8 (Claim is billing for patient financial responsibility)	8
56	Other Payer ID	34Ø-7C	123456	123456
57	Qualifier	339-6C	Ø3 (BIN)	Ø3
58	Other Payer Date	443-E8	3/1Ø/2ØØ8	3/1Ø/2ØØ8
59	Other Payer Rejects	472-6E		
74	Usual and Customary Charge	426-DQ	$5Ø.8Ø	5Ø.8Ø
75	Basis of Cost Determination	423-DN		
76	Ingredient Cost Submitted	4Ø9-D9		
77	Dispensing Fee Submitted	412-DC		
78	Professional Service Fee Submitted	477-BE		
79	Incentive Amount Submitted	438-E3		
8Ø	Other Amount Submitted	48Ø-H9		
81	Sales Tax Submitted	481-HA & 482-GE		

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UCF Field	Name	NCPDP Field ID	Example	As written on form
82	Gross Amount Due (Submitted)	43Ø-DU		
83	Patient Paid Amount	433-DX		
84	Other Payer Amount Paid 1	431-DV		
85	Other Payer Amount Paid 2	431-DV		
86	Other Payer-Patient Responsibility Amount 1	352-NQ	$2Ø.ØØ	2Ø.ØØ
87	Other Payer-Patient Responsibility Amount 2	352-NQ		
88	Net Amount Due	684	$2Ø.ØØ	2Ø.ØØ

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15. WORKERS' COMPENSATION/PROPERTY AND CASUALTY UNIVERSAL CLAIM FORM EXAMPLES (EXCERPTS)

15.1 PRICING EXAMPLE 1WITH OTHER AMOUNT SUBMITTED

Basis of Cost Determination is "Ø3" (Direct). Other Amount Submitted might contain a delivery cost, for example. This uses **Scenario #1 – Non COB Transaction** above.

WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
1ØØ	Usual and Customary Charge	426-DQ	$86.7Ø	86.7Ø
1Ø1	Basis of Cost Determination	423-DN	Ø3 (Direct)	Ø3
1Ø2	Ingredient Cost Submitted	4Ø9-D9	$55.7Ø	55.7Ø
1Ø3	Dispensing Fee Submitted	412-DC	$1Ø.ØØ	1Ø.ØØ
1Ø4	Other Amount Submitted	48Ø-H9	$15.ØØ	15.ØØ
1Ø5	Gross Amount Due (Submitted)	43Ø-DU	$8Ø.7Ø	8Ø.7Ø
11Ø	Net Amount Due	684	$8Ø.7Ø	8Ø.7Ø

15.2 PRICING EXAMPLE 2 WITHOUT OTHER AMOUNT SUBMITTED

This example does not include any other amounts submitted. This uses **Scenario #1 – Non COB Transaction** above.

WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
1ØØ	Usual and Customary Charge	426-DQ	$7Ø.7Ø	7Ø.7Ø
1Ø1	Basis of Cost Determination	423-DN	Ø3 (Direct)	Ø3
1Ø2	Ingredient Cost Submitted	4Ø9-D9	$56.7Ø	56.7Ø
1Ø3	Dispensing Fee Submitted	412-DC	$4.5Ø	4.5Ø
1Ø6	Gross Amount Due (Submitted)	43Ø-DU	$61.2Ø	61.2Ø
11Ø	Net Amount Due	684	$61.2Ø	61.2Ø

15.3 COMPOUND EXAMPLE FOR THREE INGREDIENTS

This example is for a prescription that consists of three ingredients.

Compound Information:

WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
9Ø	Dosage Form Description Code	45Ø-EF	11 (Solution)	11
91	Dispensing Unit Form Indicator	451-EG	3 (Milliliters)	3
93	Compound Ingredient Component Count	447-EC	3 (ingredients)	3

Compound Ingredient Information:

WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
94	Compound Ingredient Product Name	689	Tetracycline 5ØØ mg cap	Tetracycline 5ØØ mg cap
95	Compound Product ID	489-TE	11845Ø139Ø1	11845Ø139Ø1
96	Compound Product ID Qualifier	488-RE	Ø3 (NDC)	Ø3
97	Compound Ingredient Quantity	448-ED	12ØØØ (12 capsules)	12
98	Compound Ingredient Drug Cost	449-EE	$1.2Ø	1.2Ø
99	Compound Basis of Cost Determination	49Ø-UE	Ø1 (AWP)	Ø1
94	Compound Ingredient Product Name	689	Nystatin 1ØØØØØu/ml Susp	Nystatin 1ØØØØØu/ml Susp
95	Compound Product ID	489-TE	ØØ6Ø3148Ø49	ØØ6Ø3148Ø49
96	Compound Product ID Qualifier	488-RE	Ø3 (NDC)	Ø3
97	Compound Ingredient Quantity	448-ED	12ØØØ (12 capsules)	12
98	Compound Ingredient Drug Cost	449-EE	$8.4Ø	8.4Ø

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WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
99	Compound Basis of Cost Determination	49Ø-UE	Ø1 (AWP)	Ø1
94	Compound Ingredient Product Name	689	Diphenhydramine 5Ømg cap	Diphenhydramine 5Ømg cap
95	Compound Product ID	489-TE	6Ø8Ø9Ø31Ø55	6Ø8Ø9Ø31Ø55
96	Compound Product ID Qualifier	488-RE	Ø3 (NDC)	Ø3
97	Compound Ingredient Quantity	448-ED	24ØØØ (24 capsules)	24
98	Compound Ingredient Drug Cost	449-EE	$4.6Ø	4.6Ø
99	Compound Basis of Cost Determination	49Ø-UE	Ø1 (AWP)	Ø1

15.4 COORDINATION OF BENEFITS EXAMPLE FOR SCENARIO #2

This is an example of an excerpt of a claim for a patient with two coverages. This example shows how to fill out the claim form for the secondary payer after the primary payer has responded with their payment information. This method of coordination of benefits uses the Other Payer-Patient Responsibility to designate the primary payment information. This uses **Scenario #2 – COB Transaction/Prescription Claim Request for "Patient Pay Amount" Only** above.

WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
79	Other Coverage Code	3Ø8-C8	8 (Claim is billing for patient financial responsibility)	8
81	Other Payer ID	34Ø-7C	123456	123456
82	Qualifier	339-6C	Ø3 (BIN)	Ø3
83	Other Payer Date	443-E8	3/1Ø/2ØØ8	3/1Ø/2ØØ8
84	Other Payer Rejects	472-6E		
1ØØ	Usual and Customary Charge	426-DQ	$5Ø.8Ø	5Ø.8Ø
1Ø1	Basis of Cost Determination	423-DN		
1Ø2	Ingredient Cost Submitted	4Ø9-D9		
1Ø3	Dispensing Fee Submitted	412-DC		
1Ø4	Other Amount Submitted	48Ø-H9		
1Ø5	Sales Tax Submitted	481-HA & 482-GE		
1Ø6	Gross Amount Due (Submitted)	43Ø-DU		
1Ø7	Patient Paid Amount	433-DX		
1Ø8	Other Payer Amount Paid 1	431-DV		
1Ø9	Other Payer-Patient Responsibility Amount 1	352-NQ	$2Ø.ØØ	2Ø.ØØ
11Ø	Net Amount Due	684	$2Ø.ØØ	2Ø.ØØ

15.5 JURISDICTIONAL FIELDS EXAMPLE FLORIDA

This is an excerpt of an example of a claim for a patient who was injured in the state of Florida, showing how to fill in the Jurisdictional fields.

WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
57	Provider ID (Pharmacist)	444-E9	FL1885778	FL1885778
58	Qualifier	465-EY	Ø7 (State Issued)	Ø7
59	Generic Equivalent Product ID	126-UA	55555444422	5555444422
6Ø	Generic Equivalent Product ID Qualifier	125-TZ	Ø3 (NDC)	Ø3

15.6 JURISDICTIONAL FIELDS EXAMPLE MARYLAND

This is an excerpt of an example of a claim for a patient who was injured in the state of Maryland, showing how to fill in the Jurisdictional fields.

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WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
57	Diagnosis Code	424-DO	7169Ø	Osteoarthritis
58	Qualifier	492-WE	Ø1 (ICD9)	Ø1

15.7 JURISDICTIONAL FIELDS EXAMPLE TEXAS

This is an excerpt of an example of a claim for a patient who was injured in the state of Texas, showing how to fill in the Jurisdictional fields.

WC/PC UCF Field	Name	NCPDP Field ID	Example	As written on form
57	Brand/Generic Indicator	686	B(Brand)	B
58	Generic Equivalent Product ID	126-UA	5555444422	5555444422
59	Generic Equivalent Product ID Qualifier	125-TZ	Ø3 (NDC)	Ø3

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16. UPDATES AND CORRECTIONS TO STANDARDS

The Data Element Request Form (DERF) provides the mechanism for changing NCPDP standards and using or requesting new data elements and new code set values in business functions. To request a change in NCPDP standards, complete an NCPDP Data Element Request Form, available at www.ncpdp.org. Appropriate NCPDP Work Groups and Committees consider information submitted on the DERF. The Data Element Request Form process makes it possible for NCPDP working committees to adequately address these concerns before accepting or approving new information requests into a standard. The final acceptance of new requests into the standard is made by NCPDP at the suggestion or recommendation of the Work Group or Committee, and must be approved by consensus or consensus ballot of the membership.

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17. APPENDIX A. HISTORY OF IMPLEMENTATION GUIDE CHANGES

17.1 VERSION 1.1

In this version, the Universal Claim Form was modified to include the Prescription Origin Code (419-DJ) as field 36. The Workers' Compensation/Property and Casualty Universal Claim Form was modified to include as field 68. The form samples were updated. The field definitions have renumbered as appropriate for the inclusion of the fields. The cross-reference charts were updated.

17.2 VERSION 1.1 2Ø11Ø3

Once the Universal Claim Form and Workers' Compensation/Property and Casualty Universal Claim Form went to the printers, updated copies of the sample forms were included in this document.

17.3 VERSION 1.1 2Ø111Ø

An error was found on the back page of the Universal Claim Form for field 26 - Prescriber ID Qualifier. Value "Ø8" is State License, not value "Ø6" as listed on the back page. It has been corrected in the next run of the forms.
The same error was found on the back page of the Workers' Compensation/Property and Casualty Universal Claim Form for field 41 - Prescriber ID Qualifier. Value "Ø8" is State License, not value "Ø6" as listed on the back page. It has been corrected in the next run of the forms.

On the back page of the Workers' Compensation/Property and Casualty Universal Claim Form

Field 14 - Patient Gender Code - value "3" = Female; should be "2" = Female
Field 41 - Prescriber ID Qualifier - value "Ø6" = State License; should be "Ø8" = State License
Field 67 - Submission Clarification Code - value "1Ø" = Meets Play Limitations; should be "1Ø" = Meets Plan Limitations
Field 76 - Unit of Measure - should be field 78 - Unit of Measure
Field 86 - DUR/PPS Level of Effort - should be 88 – DUR/PPS Level of Effort
Field 57 and 61 occur on the backer; these fields do not exist. The reference has been removed.

On the front page of the Workers' Compensation/Property and Casualty Universal Claim Form

Field 6Ø – Jurisdiction #4 – Jurisdiction was misspelled.

These have been corrected in the next run of the forms.

17.4 VERSION 1.1 2Ø12Ø3

Section "*Original/Underlying NDC – All Applicable States*" was added to define UCF Field 61, Jurisdictional Field 5 for reporting an Original NDC. "*Appendix C. Cross-Reference of Workers' Compensation/Property and Casualty UCF Field Number to NCPDP Field ID*" was updated to include the entry in the Jurisdictional table.

US Military State Abbreviations was added to "*Appendix D. United States Postal Service Abbreviations*".

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18. APPENDIX B. CROSS-REFERENCE OF UCF FIELD NUMBER TO NCPDP FIELD ID

Note: N/A is Not Applicable – the field is on the UCF but is not used in electronic transmissions.

More information about the NCPDP fields is found in the NCPDP *Data Dictionary* and the NCPDP *External Code List*.

UCF Field Number	NCPDP Field Name	NCPDP Field ID
1	Cardholder ID	3Ø2-C2
2	Group ID	3Ø1-C1
3	Cardholder Last Name	313-CD
4	Cardholder First Name	312-CC
5	Plan Name	6ØØ-96
6	BIN Number	1Ø1-A1
7	Processor Control Number	1Ø4-A4
8	Patient Last Name	311-CB
9	Patient First Name	31Ø-CA
1Ø	Person Code	3Ø3-C3
11	Date of Birth	3Ø4-C4
12	Gender Code	3Ø5-C5
13	Patient Relationship Code	3Ø6-C6
14	Document Control Number	682
15	Service Provider ID	2Ø1-B1
16	Service Provider ID Qualifier	2Ø2-B2
17	Pharmacy Name	833-5P
18	Pharmacy Telephone Number	834-5Q
19	Pharmacy Address	829-5L
2Ø	Pharmacy Location City	831-5N
21	Pharmacy Location State	832-6F
22	Pharmacy ZIP Code	835-5R
23	Signature	N/A
24	Signature Date	N/A
25	Prescriber ID	411-DB
26	Prescriber ID Qualifier	466-EZ
27	Prescriber Last Name	427-DR
28	Provider ID	444-E9
29	Provider ID Qualifier	465-EY
3Ø	Prescription/Service Reference Number	4Ø2-D2
31	Prescription/Service Reference Number Qualifier	455-EM
32	Fill Number	4Ø3-D3
33	Date Prescription Written	414-DE
34	Date of Service	4Ø1-D1
35	Submission Clarification Code	42Ø-DK
36	Prescription Origin Code	419-DJ
37	Product/Service ID	4Ø7-D7
38	Product/Service ID Qualifier	436-E1
39	Product Description	6Ø1-2Ø
4Ø	Quantity Dispensed	442-E7
41	Days Supply	4Ø5-D5
42	Dispense as Written/Product Selection Code	4Ø8-D8
43	Prior Authorization Number Submitted	462-EV
44	Prior Authorization Type Code	461-EU
45	Other Coverage Code	3Ø8-C8
46	Delay Reason Code	357-NV
47	Level of Service	418-DI
48	Place of Service	3Ø7-C7
49	Diagnosis Code	424-DO
5Ø	Diagnosis Code Qualifier	492-WE
51	Reason for Service Code	439-E4
52	Professional Service Code	44Ø-E5
53	Result of Service Code	441-E6
54	Level of Effort	474-8E

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UCF Field Number	NCPDP Field Name	NCPDP Field ID
55	Procedure Modifier Code	459-ER
56	Other Payer ID (#1)	34Ø-7C
57	Other Payer ID Qualifier (#1)	339-6C
58	Other Payer Date (#1)	443-E8
59	Other Payer Rejects (#1)	472-6E
6Ø	Other Payer ID (#2)	34Ø-7C
61	Other Payer ID Qualifier (#2)	339-6C
62	Other Payer Date (#2)	443-E8
63	Other Payer Rejects (#2)	472-6E
64	Compound Dosage Form Description Code	45Ø-EF
65	Compound Dispensing Unit Form Indicator	451-EG
66	Route of Administration	995-E2
67	Compound Ingredient Component Count	447-EC
68	Compound Ingredient Product Name	689
69	Compound Product ID	489-TE
7Ø	Compound Product ID Qualifier	488-RE
71	Compound Ingredient Quantity	448-ED
72	Compound Ingredient Drug Cost	449-EE
73	Compound Ingredient Basis of Cost Determination	49Ø-UE
74	Usual and Customary Charge	426-DQ
75	Basis of Cost Determination	423-DN
76	Ingredient Cost Submitted	4Ø9-D9
77	Dispensing Fee Submitted	412-DC
78	Professional Service Fee Submitted	477-BE
79	Incentive Amount Submitted	438-E3
8Ø	Other Amount Claimed Submitted	48Ø-H9
81	Sales Tax Submitted	481-HA & 482-GE
82	Gross Amount Due (Submitted)	43Ø-DU
83	Patient Paid Amount Submitted	433-DX
84	Other Payer Amount Paid (#1)	431-DV
85	Other Payer Amount Paid (#2)	431-DV
86	Other Payer-Patient Responsibility Amount (#1)	352-NQ
87	Other Payer-Patient Responsibility Amount (#2)	352-NQ
88	Net Amount Due	684

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19. APPENDIX C. CROSS-REFERENCE OF WORKERS' COMPENSATION/PROPERTY AND CASUALTY UCF FIELD NUMBER TO NCPDP FIELD ID

Note: N/A is Not Applicable – the field is on the Workers' Compensation/Property and Casualty UCF but is not used in electronic transmissions.

More information about the NCPDP fields is found in the NCPDP *Data Dictionary* and the NCPDP *External Code List*.

Workers' Compensation/Property and Casualty UCF Field Number	NCPDP Field Name	NCPDP Field ID
1	Workers' Compensation/Property and Casualty Indicator	588
2	Date of Billing	589
3	Patient Last Name	311-CB
4	Patient First Name	31Ø-CA
5	Patient Street Address	322-CM
6	Patient City Address	323-CN
7	Patient State/Province Address	324.CO
8	Patient Zip/Postal Zone	325-CP
9	Patient Phone Number	326-CQ
1Ø	Date of Birth	3Ø4-C4
11	Date of Injury	434-DY
12	Patient ID	332-CY
13	Patient ID Qualifier	331-CX
14	Gender Code	3Ø5-C5
15	Document Control Number	682
16	Jurisdictional State	683
17	Claim/Reference ID	435-DZ
18	Carrier Name	811-1H
19	Carrier Address	8Ø7-1D
2Ø	Carrier Location City	8Ø9-1F
21	Carrier Location State	81Ø-1G
22	Carrier Zip Code	813-1J
23	Employer Name	315-CF
24	Employer Street Address	316-CG
25	Employer City Address	317-CH
26	Employer State/Province Address	318-CI
27	Employer Zip/Postal Code	319-CJ
28	Employer Phone Number	32Ø-CK
39	Employer Contact Name	321-CL
3Ø	Signature	N/A
31	Date	N/A
32	Service Provider ID	2Ø1-B1
33	Service Provider ID Qualifier	2Ø2-B2
34	Pharmacy Name	833-5P
35	Pharmacy Address	829-5L
36	Pharmacy Location City	831-5N
37	Pharmacy Location State	832-6F
38	Pharmacy ZIP Code	835-5R
39	Pharmacy Telephone Number	834-5Q
4Ø	Prescriber ID	411-DB
41	Prescriber ID Qualifier	466-EZ
42	Prescriber Last Name	427-DR
43	Prescriber First Name	364-2J
44	Prescriber Street Address	365-2K
45	Prescriber City Address	366-2M

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Workers' Compensation/Property and Casualty UCF Field Number	NCPDP Field Name	NCPDP Field ID
46	Prescriber State/Province Address	367-2N
47	Prescriber Zip/Postal Zone	368-2P
48	Prescriber Phone Number	498-PM
49	Pay To ID	119-TT
5Ø	Pay To Qualifier	118-TS
51	Pay To Name	12Ø-TU
52	Pay To Street Address	121-TV
53	Pay To City Address	122-TW
54	Pay To State/Province Address	123-TX
55	Pay To Zip/Postal Zone	124-TY
56	Pay To Phone Number	685
57	Jurisdictional Field 1	688
58	Jurisdictional Field 2	688
59	Jurisdictional Field 3	688
6Ø	Jurisdictional Field 4	688
61	Jurisdictional Field 5	688
62	Prescription/Service Reference Number	4Ø2-D2
63	Prescription/Service Reference Number Qualifier	455-EM
64	Fill Number	4Ø3-D3
65	Date Prescription Written	414-DE
66	Date of Service	4Ø1-D1
67	Submission Clarification Code	42Ø-DK
68	Prescription Origin Code	419-DJ
69	Product/Service ID	4Ø7-D7
7Ø	Product/Service ID Qualifier	436-E1
71	Quantity Dispensed	442-E7
72	Days Supply	4Ø5-D5
73	Dispense as Written (DAW)/Product Selection Code	4Ø8-D8
74	Prior Authorization Number Submitted	462-EV
75	Prior Authorization Type Code	461-EU
76	Product Description	6Ø1-2Ø
77	Product Strength	6Ø1-24
78	Unit of Measure	6ØØ-28
79	Other Coverage Code	3Ø8-C8
8Ø	Delay Reason Code	357-NV
81	Other Payer ID (#1)	34Ø-7C
82	Other Payer ID Qualifier (#1)	339-6C
83	Other Payer Date (#1)	443-E8
84	Other Payer Rejects (#1)	472-6E
85	Reason for Service Code	439-E4
86	Professional Service Code	44Ø-E5
87	Result of Service Code	441-E6
88	Level of Effort	474-8E
89	Procedure Modifier Code	459-ER
9Ø	Compound Dosage Form Description Code	45Ø-EF
91	Compound Dispensing Unit Form Indicator	451-EG
92	Route of Administration	995-E2
93	Compound Ingredient Component Count	447-EC
94	Compound Ingredient Product Name	689
95	Compound Product ID	489-TE
96	Compound Product ID Qualifier	488-RE
97	Compound Ingredient Quantity	448-ED
98	Compound Ingredient Drug Cost	449-EE
99	Compound Ingredient Basis of Cost Determination	49Ø-UE
1ØØ	Usual and Customary Charge	426-DQ
1Ø1	Basis of Cost Determination	423-DN
1Ø2	Ingredient Cost Submitted	4Ø9-D9
1Ø3	Dispensing Fee Submitted	412-DC
1Ø4	Other Amount Claimed Submitted	48Ø-H9

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Workers' Compensation/Property and Casualty UCF Field Number	NCPDP Field Name	NCPDP Field ID
1Ø5	Sales Tax Submitted	481-HA & 482-GE
1Ø6	Gross Amount Due (Submitted)	43Ø-DU
1Ø7	Patient Paid Amount Submitted	433-DX
1Ø8	Other Payer Amount Paid	431-DV
1Ø9	Other Payer-Patient Responsibility Amount	352-NQ
11Ø	Net Amount Due	684

Fields allowed in Jurisdictional Field (688) according to established rules in this guide:

Workers' Compensation/Property and Casualty UCF Field Number	NCPDP Field Name	NCPDP Field ID
688	Brand/Generic Indicator	686
688	Generic Available	687
688	Provider ID (Pharmacist)	444-E9
688	Qualifier	465-EY
688	Generic Equivalent Product ID	126-UA
688	Generic Equivalent Product ID Qualifier	125-TZ
688	Diagnosis Code	424-DO
688	Qualifier	492-WE
688	Originally Prescribed Product/Service Code	445-EA

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20. APPENDIX D. UNITED STATES POSTAL SERVICE ABBREVIATIONS

STATES		
State Code	**State/Territory**	**NCPDP State Code**
AL	Alabama	Ø1
AK	Alaska	Ø2
AZ	Arizona	Ø3
AR	Arkansas	Ø4
AS	American Samoa	
CA	California *(see Additional State Code)	Ø5
CO	Colorado	Ø6
CT	Connecticut	Ø7
DE	Delaware	Ø8
DC	District Of Columbia	Ø9
FM	Federated States Of Micronesia	
FL	Florida *(see Additional State Code)	1Ø
GA	Georgia	11
GU	Guam	54
HI	Hawaii	12
ID	Idaho	13
IL	Illinois	14
IN	Indiana	15
IA	Iowa	16
KS	Kansas	17
KY	Kentucky	18
LA	Louisiana	19
ME	Maine	2Ø
MH	Marshall Islands	
MD	Maryland	21
MA	Massachusetts	22
MI	Michigan	23
MN	Minnesota	24
MS	Mississippi	25
State Code	**State/Territory**	**NCPDP State Code**
MO	Missouri	26
MT	Montana	27
NE	Nebraska	28
NV	Nevada	29
NH	New Hampshire	3Ø
NJ	New Jersey	31
NM	New Mexico	32
NY	New York *(see Additional State Code)	33
NC	North Carolina	34
ND	North Dakota	35

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MP	Northern Mariana Islands	
OH	Ohio	36
OK	Oklahoma	37
OR	Oregon	38
PW	Palau	
PA	Pennsylvania	39
PR	Puerto Rico	4Ø
RI	Rhode Island	41
SC	South Carolina	42
SD	South Dakota	43
TN	Tennessee	44
TX	Texas *(see Additional State Code)	45
UT	Utah	46
VT	Vermont	47
VA	Virginia	48
VI	Virgin Islands	53
WA	Washington	49
WV	West Virginia	5Ø
WI	Wisconsin	51
WY	Wyoming	52

US Military State Abbreviations (from ISO 3166-2:US)

Abbreviation	Military "State"
AA	Armed Forces Americas (except Canada)
AE	Armed Forces Africa
AE	Armed Forces Canada
AE	Armed Forces Europe
AE	Armed Forces Middle East
AP	Armed Forces Pacific

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