

Addendum 13

PRMMIS_PHASE_I_837D_Companion_Guide_v
7.0

me

ADMINISTRACION DE
SEGUROS DE SALUD,

23 - 000446

Contrato Número

ADP



GOVERNMENT OF PUERTO RICO
Department of Health
Medicaid Program

Puerto Rico Medicaid Management Information System Fiscal Agent Services

PRMMIS_NCPDP_Post_Adjudication_Companion_Guide

Puerto Rico Medicaid Program Post Adjudication Companion Guide

HIPAA Transaction Standard Companion Guide
Refers to the NCPDP Post Adjudication Standard
V4.2

Companion Guide

Version 4.0 – November 2020

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Contrato Número

Disclosure Statement

This template is based on the CORE v5010 Master Companion Guide Template and adapted from the CAQH/WEDI Best Practices Companion Guide Template originally published January 1, 2003.

All rights reserved. It may be freely redistributed in its entirety provided that this copyright notice is not removed. It may not be sold for profit or used in commercial documents without the written permission of the copyright holder. This document is provided "as is" without any express or implied warranty.

2020 © Companion Guide copyright by Puerto Rico Medicaid Program



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Contrato Número



Preface

This Companion Guide to the NCPDP Post Adjudication 4.2 Implementation Guide clarifies and specifies the data content when exchanging electronically with Puerto Rico Medicaid Program. Transmissions based on this Companion Guide, used in tandem with the Post Adjudication 4.2 Implementation Guides, are compliant with NCPDP. This Companion Guide is intended to convey information that is within the framework of the Post Adjudication 4.2 Implementation Guides. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

2020 © Puerto Rico Medicaid Program All rights reserved.

This document may be copied



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000449

Contrato Número



This page is intentionally left blank.

me

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000449

.Contrato Número

ADP

Contents

1 Introduction..... 1

 1.1 Scope..... 2

2 NCPDP Post Adjudication Transaction Standard Version 4.2 File Information..... 3

 2.1 Record Delimiter 3

 2.2 Over Punch Sign Requirements..... 3

 2.3 Additional NCPDP Post Adjudication Transaction Standard Version 4.2 File Information..... 4

3 Naming Convention Rules for NCPDP V4.2 Post Adjudication File:..... 6

4 Transaction Specific Information..... 7

 4.1 POST ADJUDICATION HISTORY HEADER RECORD..... 7

 4.2 POST ADJUDICATION HISTORY DETAIL RECORD 9

 4.2.1 POST ADJUDICATION HISTORY COMPOUND DETAIL RECORD1..... 68

 4.2.2 POST ADJUDICATION HISTORY COMPOUND DETAIL RECORD2..... 94

 4.3 POST ADJUDICATION HISTORY TRAILER RECORD..... 95

Appendix A: Discussion of MAO COB/TPL Reporting When:..... 96

 MAO Only Paid..... 96

 MAO Paid & Wraparound Picked Up Copay..... 106

 Wraparound Paid (Medicaid Only)..... 115

 Commercial Insurance as Primary and MAO as Secondary..... 124

Appendix B: Change Summary..... 135

Tables

Table 1 – Example NCPDP Post Adjudication 4.2 Implementation Guides Table..... 2

Table 2 – Over Punch Sign Requirements..... 3

Table 3 – Post Adjudication History Header Record..... 7

Table 4 – Post Adjudication History Detail Record..... 9

Table 5 – Post Adjudication History Compound Detail Record1..... 68

Table 6 – Post Adjudication History Compound Detail Record2..... 94

Table 7 – Post Adjudication History Trailer Record..... 95

Table 8 – MAO Only Paid..... 96

Table 9 – MAO Paid & Wraparound Picked Up Copay..... 106

Table 10 – Wraparound Paid (Medicaid Only)..... 115

Table 11 – Commercial Insurance as Primary and MAO as Secondary..... 124

ADMINISTRACION DE
 SEGUROS DE SALUD

23 - 000442

1 Introduction

NCPDP - NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and issuers. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

The National Council for Prescription Drug Programs (NCPDP) is a non-profit organization formed in 1976. It is dedicated to the development and dissemination of voluntary consensus standards that are necessary to transfer information that is used to administer the prescription drug benefit program.

Refer to the NCPDP Post Adjudication Version 4.2 documents (NCPDP Post Adjudication Standard Implementation Guide (IG), Data Dictionary, and External Code List) for more detailed information on field values and segments.

The following information is intended to serve only as a Companion Guide to the aforementioned NCPDP Post Adjudication Standard Version 4.2 documents. The use of this Companion Guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This Companion Guide supplements, but does not contradict, any requirements in the NCPDP Post Adjudication Standard Version 4.2 Implementation Guide and related documents.

To request a copy of the NCPDP Standard Formats or for more information contact the National Council for Prescription Drug Programs, Inc. at www.ncpdp.org. The contact information is as follows:

National Council for Prescription Drug Programs
9240 East Raintree Drive Scottsdale, AZ 85260
Phone: (480) 477-1000
Fax (480) 767-1042

Materials Reproduced with the Consent of National Council for Prescription Drug Programs, Inc., 2010 NCPDP

This section describes how the NCPDP Post Adjudication (4.2) Implementation Guides (IGs) will be detailed with the use of a table. The table contains a row for each element/field of the NCPDP Post Adjudication V4.2 records.

Each row will indicate whether the element/field is required or is not required by PRMMIS.

The following table is an example:

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000449

Table 1 – Example NCPDP Post Adjudication 4.2 Implementation Guides Table

SHADED Rows represent "sections" in the NCPDP Post Adjudication Implementation Guide.
NON-SHADED Rows represent "data elements" in the NCPDP Post Adjudication Implementation Guide.

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
601-04	RECORD TYPE	Type of record being submitted.	PA – Post Adjudication History Header Record	M	P	A	2	1	2	Required
601-09	TOTAL RECORD COUNT	Total number of records being submitted, including header and trailer.		M	P	N	10	3	12	Required
895	TOTAL NET AMOUNT DUE	Summarization of Net Amount Due (281).		M	P	D	12	13	24	Required

1.1 Scope

This Companion Guide is to be used in addition to the NCPDP Post Adjudication 4.2 Implementation Guide, Data Dictionary, and External Code List.

This Companion Guide contains supplemental information for creating transactions for PRMP while ensuring compliance with the associated Post Adjudication 4.2 Implementation Guide.

The Transaction Instruction component of this Companion Guide must be used in conjunction with an associated NCPDP Post Adjudication 4.2 Implementation Guide, Data Dictionary, and External Code List.

The instructions in this Companion Guide are not intended to be stand-alone requirements documents. This Companion Guide conforms to all the requirements of any associated NCPDP Post Adjudication 4.2 Implementation Guide, Data Dictionary, and External Code List, and is in conformance with NCPDP's Fair Use and Copyright statements.

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000446

Contrato Número

2 NCPDP Post Adjudication Transaction Standard Version 4.2 File Information

The batch specifications contained in this document include the header, detail, compound, and trailer segments. Batch files should contain one header record, one trailer record, and a maximum of 200,000 transaction details.

- Post Adjudication History Header (Occurs 1)
- Post Adjudication History Detail (Occurs 1 to 200,000)
- Post Adjudication History Compound Detail 1 (Occurs 1 as Applicable with Detail Record)
- Post Adjudication History Compound Detail 2 (Occurs 1 as Applicable with Detail Record)
- Post Adjudication History Trailer (Occurs 1)

Note: All ingredients in a Compound detail should be consecutive and contiguous to each other; gaps or holes in the sequence are not accepted. Also, only send a Compound Detail 2 record if and only if Compound Detail 1 has all 8 ingredients already set up, and more ingredients or components are required.

Batch files should have a creation date in the batch header that is valid and less than 30 days old from the submission date of the file, or the file will be rejected. Values in the header and trailer will be edited to verify that they contain appropriate values.

2.1 Record Delimiter

The V4.2 Post Adjudication V4.2 record is 3,700 characters followed by a Carriage return only – UNIX-based system (record length n+1).

2.2 Over Punch Sign Requirements

Table 2 – Over Punch Sign Requirements

Positive Signed		Negative Signed	
Numeric	Graphic	Numeric	Graphic
0	(0)
1	A	1	J
2	B	2	K
3	C	3	L
4	D	4	M
5	E	5	N

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000449

Contrato Número

Positive Signed		Negative Signed	
Numeric	Graphic	Numeric	Graphic
6	F	6	O
7	G	7	P
8	H	8	Q
9	I	9	R

POS

Examples.

1. 100 (is 100)
2. 45A (is 451)

Decimal points are usually implied, not explicit in the text. Using numbers with two decimal digits: 10000 (is 100.00).

2.3 Additional NCPDP Post Adjudication Transaction Standard Version 4.2 File Information

The following definitions are given to ensure consistency of interpretation:

- **Field** – The Post Adjudication Transaction Standard Version 4.2 field number
- **Field Name** – The Post Adjudication Transaction Standard Version 4.2 field name
- **Description** – A short description of field
- **Values** – Required or default value(s) for each field
- **Usage** – Field designation – indicates whether a field is mandatory, situational, or not used. Mandatory fields are made mandatory by the NCPDP Post Adjudication Transaction Standard Version 4.2 and/or required by the processor. If a field is situational and data does not exist for the field, the field **MUST** be populated with the appropriate padding (default value). If a field is not required, note that PRMMIS will not process any data submitted.

me

ADMINISTRACION DB
SEGUROS DE SALUD ;

- **Source** – Data source
 - o M – Mandatory field
 - o S – Situational field
 - o NU – Not used (PRMMIS will not use information sent in this field)

23 - 000446

- o C – Submitted Claim or the Processor's response to the Submitted Claim
- o P – Processor/Payer

Contrato Número

- **Format – Field format values**
 - **A – Alpha Numeric – upper case when alpha, always left justified, space filled, printable characters and default values of spaces**
 - **Example: X(14) represents '1234ABC44bbbb'**
 - **N – Unsigned Numeric – always right justified, zero filled and default values of zeros**
 - **Example: B(7)000 represents '000000000'**
 - **D – Signed Numeric – sign is internal and trailing (see Section Over Punch Sign Requirements), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and default values of positive zeros**
 - **Example: "D" fields of length 6 represent \$\$\$\$\$\$**
- **Size – The field length**
- **Start – The starting position of the field in the record**
- **End – The ending position of the field in the record**
- **PRMP Comment – Notes/comments about specific fields**

RF

me

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000449

Contrato Número

3. Naming Convention Rules for NCPDP V4.2 Post Adjudication File:

- Position 1 - 4 = 4 byte abbreviation of PBM/MAO's name
- Position 5 - 6 = sequence number of file (each file limited to 200,000 claims)
- Position 7 = underscore
- Position 8 - 20 = Always use PRIM_ClaimData
- Position 21 = underscore
- Position 22 - 29 = Date file was created (YYYYMMDD format)
- Position 30 - 33 = use .dat or .zip



Example #1:

Submission Date: 11/01/2019
Total Number of Claims: 300,000

ABRV01_PRIM_ClaimData_20191101.dat [First 200,000 claims]
ABRV02_PRIM_ClaimData_20191101.dat [Last 100,000 claims]

Example #2:

Submission Date: 11/15/2019
Total No of Claims: 500,000

ABRV01_PRIM_ClaimData_20191115.dat [First 200,000 claims]
ABRV02_PRIM_ClaimData_20191115.dat [Second 200,000 claims]
ABRV03_PRIM_ClaimData_20191115.dat [Last 100,000 claims]



ADMINISTRACION DB
SEGUROS DE SALUD ,

23 - 0 0 0 4 4 6

Contrato Número

4 Transaction Specific Information

This section describes how the NCPDP Post Adjudication 4.2 Implementation Guide (IG), Data Dictionary, and the External Code List will be used. The tables contain a row for each data element that PRMP has something additional, over and above, the information in the IGs in addition to any other information filed directly to a data element pertinent to trading electronically with PRMP.

4.1 POST ADJUDICATION HISTORY HEADER RECORD

Table 3 - Post Adjudication History Header Record

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
801-04	RECORD TYPE	Type of record being submitted	PA - Post Adjudication History Header Record	M	P	A	2	1	2	Required
102-A2	VERSION/RELEASE NUMBER	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	4.2 - Version 4.2	M	P	A	2	3	4	Required
879	SENDING ENTITY IDENTIFIER	Party creating the data enclosed or the entity for whom the data is being enclosed.	PRMP assigned six-digit trading partner ID	M	P	A	24	5	28	Required
808-5C	BATCH NUMBER	This number is assigned by the processor/sender. A number generated by the sender to uniquely identify this batch from others, especially when multiple batches may be sent in one day.		M	P	N	7	29	35	Required
802-K2	CREATION DATE	Date that the file was created. Not older than 30 days from the actual submission date.	Format CCYYMMDD	M	P	N	8	38	43	Required
802-K3	CREATION TIME	Time that the file was created.	Format HHMM	M	P	N	4	44	47	Required

ADMINISTRACION DE
SEGUROS DE SALUD

23-000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
800-K	RECEIVER ID	An identification number of the endpoint receiver of the data file.	PRMIMIS	M	P	A	24	48	71	Required
801-06	REPORTING PERIOD START DATE	The first day of the period being reported in the file.	Format CCYYMMDD	M	P	N	8	72	79	Required
801-05	REPORTING PERIOD END DATE	The last day of the period being reported in the file.	Format CCYYMMDD	M	P	N	8	80	87	Required
702-MC	FILE TYPE	Code identifying whether the file contained test or production data.	T - Test - In processing systems, the test environment P - Production - In processing systems, the live environment	M	P	A	1	88	88	Required
801-JV	TRANSMISSION ACTION	Indicates whether this is a replacement file, file updates, or a file delete.	0 - Original Submission (New) - a new file	M	P	A	1	89	89	Required
908	SUBMISSION NUMBER	Indicates the number of times that a data set has been resent.	Blank - Not Specified 00 - First Submission 01 - First Resubmission 02 - Second Resubmission 03 - 99 - Number of Resubmission	M	P	A	2	90	91	Required
	FILLER			NU	P	A	3600	92	3700	

ROS

me

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 00044 Sa

Contrato Número

23 - 000446

Contrato Número

4.2 POST ADJUDICATION HISTORY DETAIL RECORD

Table 4 - Post Adjudication History Detail Record

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
501-04	RECORD TYPE	Type of record being submitted.	DE - Post Adjudication History Detail Record	M	P	A	2	1	2	Required
398	RECORD INDICATOR	Action to be taken on the record.	Ø - New Record	S	P	A	1	3	3	Required
SECTION DENOTES ELIGIBILITY CATEGORY:										
248	ELIGIBLE COVERAGE CODE	Coverage Level Code. Code indicating the level of coverage being provided for the insured.	IND - Individual	S	P	A	3	4	B	Required
898	USER BENEFIT ID	Member's benefit ID based upon User Group Number from Eligibility which submitted by Client.		NU	P	A	10	7	16	
899	USER COVERAGE ID	Member's coverage ID based upon User Group Number submitted by Client on eligibility data.		NU	P	A	10	17	20	
248	ELIGIBILITY GROUP ID	Identifier of the group that determines eligibility parameters for the member when submitted by the client.		NU	P	A	15	27	41	
270	LINE OF BUSINESS CODE	Line of Business Code from Client eligibility or as defined by trading partner agreement.		NU	P	A	6	42	47	
267	INSURANCE CODE	Social group/member data as supplied on eligibility record when supplied by the client.		NU	P	A	20	48	67	

POS

nr

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Contrato Número

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
220	CLIENT ASSIGNED LOCATION CODE	The location of the member within the Client's Company from Client eligibility when submitted by the client.		NU	P	A	20	88	87	
222	CLIENT PASS THROUGH	Information from Client eligibility when submitted by the client.		NU	P	A	200	88	287	
SUBSECTION DENOTES CARDHOLDER INFORMATION:										
302-C2	CARDHOLDER ID	Insurance ID assigned to the cardholder or identification number used by the plan.		M	CP	A	20	288	307	Required PRMIS will only use the last 11 digits of the Puerto Rico Medicaid Program's member identification number.
716-SY	LAST NAME	Last name.		S	P	A	35	308	342	Required when available in the payer's adjudication system
717-SX	FIRST NAME	First name.		S	P	A	35	343	377	Required when available in the payer's adjudication system
718	MIDDLE INITIAL	Middle initial		NU	P	A	1	378	378	
280	NAME SUFFIX	Individual name suffix.		NU	P	A	10	379	388	
726-SR	ADDRESS LINE 1	First line of address information.		NU	P	A	40	389	428	
727-SS	ADDRESS LINE 2	Second line of address information.		NU	P	A	40	429	468	
728	CITY	Five-keyst text for city name.		NU	P	A	30	469	498	

Handwritten initials

Handwritten initials

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
72B-TA	STATE/ PROVINCE ADDRESS	The State/Province Code of the address.		N/U	P	A	2	499	500	
730	ZIP/POSTAL CODE	Code defining international postal code excluding punctuation.		N/U	P	A	15	501	515	
928-1W	ENTITY COUNTRY CODE	Code of the country.		N/U	P	A	2	516	517	
214	CARDHOLDER DATE OF BIRTH	Date of Birth of Member.		N/U	P	N	8	518	525	
721-MD	GENDER CODE	Code identifying the gender of the individual.	Blank - Unknown or Unspecified 1 - Male 2 - Female	S	P	N	1	526	528	Required when available in the payer's adjudication system
274	MEDICARE PLAN CODE	This represents if the member is eligible for Medicare coverage as provided in eligibility data.		N/U	P	A	1	527	527	
288	PAYROLL CLASS	A field defined by the client indicating the payroll class of the member.		N/U	P	A	1	528	528	
SECTION DEMOTES PATIENT INFORMATION:										
331-CX	PATIENT ID QUALIFIER	Code qualifying the Patient ID (332-CY).	06 - Medicaid ID - A number assigned by a state Medicaid agency	S	P	A	2	529	530	Required
332-CY	PATIENT ID	ID assigned to the patient.	ADMINISTRACION DE SEGUROS DE SALUD	S	P	A	20	531	550	Required PRMMS will only use the last 11 digits of the Puerto Rico Medicaid Program's member identification number.

Handwritten initials: VOS

Handwritten initials: ME

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
716-SY	LAST NAME	Last name.		N/U	P	A	35	551	585	
717-SX	FIRST NAME	First name.		N/U	P	A	35	586	620	
718	MIDDLE INITIAL	Middle initial.		N/U	P	A	1	621	621	
280	NAME SUFFIX	Individual name suffix.		N/U	P	A	10	622	631	
726-SR	ADDRESS LINE 1	First line of address information.		N/U	P	A	40	632	671	
727-SS	ADDRESS LINE 2	Second line of address information.		N/U	P	A	40	672	711	
728	CITY	Free-form text for city name.		N/U	P	A	30	712	741	
729-TA	STATE/PROVINCE ADDRESS	The State/Province Code of the address.		N/U	P	A	2	742	743	
730	ZIP/POSTAL CODE	Code defining international postal code excluding punctuation.		N/U	P	A	15	744	758	
A43-1K	PATIENT COUNTRY CODE	Code of the country.		N/U	P	A	2	759	760	
304-C4	DATE OF BIRTH	Date of Birth of Member.	Default 00000000	S	P	N	8	761	768	Required when available in the payer's adjudication system
305-C5	PATIENT GENDER CODE	Code identifying the gender of the patient.	Default 0	N/U	P	N	1	769	769	
247	ELIGIBILITY/PATIENT RELATIONSHIP CODE	Individual Relationship Code. Code indicating the relationship between two individuals or entities.	00 - Not Applicable	N/U	P	N	2	770	771	
209	AGE	Calculated from Date of Birth (304-C4)	Default 000	N/U	P	N	3	772	774	

Handwritten initials

Handwritten initials

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
303-C3	PERSON CODE	Code assigned to a specific person within a family.		NUJ	P	A	3	775	777	
306-C6	PATIENT RELATIONSHIP CODE	Code indicating relationship of patient to careholder.	0 - Not Specified	NUJ	C	N	1	778	778	
309-C9	ELIGIBILITY CLARIFICATION CODE	Code indicating that the pharmacy is clarifying eligibility for a patient.		NUJ	C	A	1	779	779	
336-BC	FACILITY ID	ID assigned to the patient's clinic/hospital party.		NUJ	P	A	10	780	780	
SECTION DEMOTES BENEFIT CATEGORY:										
301-C1	GROUP ID	ID assigned to the careholder group or employer group.		NUJ	P	A	15	790	804	
215	CARRIER NUMBER	Account Number assigned during installation.		M	P	A	9	805	813	Required PRMP assigned trading partner ID of MCO/MAO
757-U6	BENEFIT ID	Assigned by processor to identify a set of parameters, benefits, or coverage criteria used to adjudicate a claim.		NUJ	P	A	15	814	828	
240	CONTRACT NUMBER	Account Number assigned during installation for segments of business.		NUJ	P	A	8	829	835	
212	BENEFIT TYPE	Indicates the type of acceptable claims for the group based on the Benefit setup.		NUJ	P	A	1	837	837	
279	MEMBER SUBMITTED	A one-position field indicating the type of member submitted to the ADMINISTRACION DE SEGUROS DE SALUD .		NUJ	P	A	1	838	838	

Handwritten signature

Handwritten signature

23-000449

23 - 00044G

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Contrato-Número Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRAMP Requirement
	CLAIM PROGRAM CODE	program used to process this claim.								
282	NON-POS CLAIM OVERRIDE CODE	Used for bypassing system edits for non-Point of Sale (POS) claims and/or modifying pricing logic.		N/U	P	A	1	839	839	
282	NON-POS CLAIM OVERRIDE CODE	Used for bypassing system edits for non-Point of Sale (POS) claims and/or modifying pricing logic.		N/U	P	A	1	840	840	
282	NON-POS CLAIM OVERRIDE CODE	Used for bypassing system edits for non-Point of Sale (POS) claims and/or modifying pricing logic.		N/U	P	A	1	841	841	
241	COPAY MODIFIER ID	Unique drug list ID that is coordinated for use with the clients copay setup. Processor defined codes.		N/U	P	A	10	842	851	
292	PLAN CUTBACK REASON CODE	Indicates the type of cutback, if any, imposed by plan.		N/U	P	A	1	852	852	
293	PREFERRED ALTERNATIVE FILE ID	Indicates the preferred alternative file ID number used to determine processing.		N/U	P	A	10	853	862	
308-CB	OTHER COVERAGE CODE	Code indicating whether or not the patient has other insurance coverage.	00 - Not Specified by patient 01 - No other coverage - Code used in coordination of benefits transactions to convey that no	S	C	N	2	863	864	If available, report the appropriate value that represents other coverage for the drug/product. COBITPL

POS

me

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRAMP Requirement
			<p>other coverage is available.</p> <p>02 - Other coverage exists - payment collected - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed, and payment received</p> <p>03 - Other Coverage Billed - claim not covered - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed, and payment denied because the service is not covered.</p> <p>04 - Other coverage exists - payment not collected - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed.</p>							

ROS

me

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

NCPDP Post Adjudication 4.2 Standard

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
			and payment has not been received. Q16 - Claim is billing for patient financial responsibility only. Copay is a form of cost sharing that holds the patient responsible for a fixed dollar amount for each product/service received and regardless of the patient's current benefit status, product selection, or network selection.							
281	PLAN BENEFIT CODE	Determines the method by which insulin and OTC claims are paid. Defined by processor.		NUJ	P	A	2	865	866	
601-01	PLAN TYPE	Identifies the type of plan.	1020 - Medicaid 1030 - Medicare If neither MAO nor Wraparound is the primary payer, enter four spaces.	M	P	A	4	867	870	Use 1030 (Medicare) when only MAO funding is used to pay the drug/product. Use 1020 (Medicaid) when only Puerto Rico Medicaid funds are used to pay the drug/product. If neither, enter spaces
	ADMINISTRACION DE SEGUROS DE SALUD									

ROS

me

23 - 000440
NCPDP Post Adjudication 4.2 Standard

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value*	Usage	Source	Format	Size	Start	End	PRMP Requirement
SECTION DENOTES PHARMACY CATEGORY:										
202-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the 'Service Provider ID' (201-B1).	01 - National Provider Identifier (NPI) 05 - Medicaid ID if atypical	M	C	A	2	871	872	Required
201-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.		M	C	A	15	873	887	Required
202-B2	SERVICE PROVIDER ID QUALIFIER (ALTERNATE)	Code qualifying the 'Service Provider ID' (201-B1).		N/U	P	A	2	888	889	
201-B1	SERVICE PROVIDER ID (ALTERNATE)	ID assigned to a pharmacy or provider.		N/U	P	A	15	890	904	
886	SERVICE PROVIDER CHAIN CODE	Processor specific ID assigned to a chain by processor.		N/U	P	A	7	905	911	
833-5P	PHARMACY NAME	Pharmacy name.		M	P	A	70	912	981	Required
726-SR	ADDRESS LINE 1	First line of address information.		M	P	A	40	982	1021	Required
727-SS	ADDRESS LINE 2	Second line of address information.		N/U	P	A	40	1022	1081	
728	CITY	Free-form text for city name.		M	P	A	30	1082	1091	Required
729-TA	STATE/PROVINCE ADDRESS	The State/Province Code of the address.		M	P	A	2	1092	1093	Required
730	ZIP/POSTAL CODE	Code defining international postal code excluding punctuation.		M	P	A	15	1094	1108	Required
887	ADDITIONAL PHARMACY INFORMATION	Indicates the county of pharmacy.		N/U	P	A	3	1109	1111	

ROS

me

23-00446
NCPDP Post Adjudication 4.2 Standard

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PAMP Requirement
AB3	SERVICE PROVIDER COUNTRY CODE	Indicates the country code of the provider		NU	P	A	2	1112	1113	
732	TELEPHONE NUMBER	Telephone Number.		NU	P	N	10	1114	1123	
810-8A	TELEPHONE NUMBER EXTENSION	Extension of the telephone number.		NU	P	N	8	1124	1131	
146	PHARMACY DISPENSER TYPE QUALIFIER	Code qualifying the 'Pharmacy Dispenser Type' (290).		NU	P	A	1	1132	1132	
290	PHARMACY DISPENSER TYPE	Type of pharmacy dispensing product.		NU	P	A	2	1133	1134	
150	PHARMACY CLASS CODE QUALIFIER	Code qualifying the 'Pharmacy Class Code' (200).		NU	P	A	1	1135	1135	
200	PHARMACY CLASS CODE	Indicates class of the pharmacy.		NU	P	A	1	1136	1136	
206	IN NETWORK INDICATOR	Indicates if the pharmacy dispensing the prescription is considered in network.		NU	F	A	1	1137	1137	
545-2F	NETWORK REIMBURSEMENT ID	Field defined by the processor. It identifies the network, for the covered member, used to calculate the reimbursement to the pharmacy.		NU	P	A	10	1138	1147	
SECTION DENOTES PRESCRIBER CATEGORY:										
456-EZ	PRESCRIBER ID QUALIFIER	Code qualifying the 'Prescriber ID' (411-DB).	01 - National Provider Identifier (NPI) 05 - Medicaid ID if atypical	M	C	A	2	1148	1149	Required
ADMINISTRACION DE SEGUROS DE SALUD										

ROS

me

23-000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
411-DB	PRESCRIBER ID	ID assigned to the prescriber.		M	C	A	15	1150	1154	Required
488-EZ	PRESCRIBER ID QUALIFIER (ALTERNATE)	Code qualifying the 'Prescriber ID' (411-DB).		NUJ	P	A	2	1165	1166	
411-DB	PRESCRIBER ID (ALTERNATE)	ID assigned to the prescriber.		NUJ	P	A	15	1167	1181	
288	PRESCRIBER TAXONOMY	The taxonomy is defined as a classification scheme that codifies provider type and provider area of specialization.		S	P	A	10	1182	1181	Required when available in the payer's adjudication system.
295	PRESCRIBER CERTIFICATION STATUS	Indicates a provider's certification in the health plan program.		NUJ	P	A	2	1192	1193	
716-SY	LAST NAME	Last name.		M	P	A	35	1194	1228	Required
717-SX	FIRST NAME	First name.		M	P	A	35	1229	1263	Required
732	TELEPHONE NUMBER	Telephone Number		M	P	N	10	1284	1273	Required
B10-BA	TELEPHONE NUMBER EXTENSION	Extension of the telephone number.		NUJ	C/P	N	8	1274	1281	
488-2E	PRIMARY CARE PROVIDER ID QUALIFIER	Code qualifying the 'Primary Care Provider ID' (421-DL).		NUJ	C/P	A	2	1282	1283	
421-DL	PRIMARY CARE PROVIDER ID	ID assigned to the primary care provider. Used when the patient is referred to a secondary care provider.		NUJ	C/P	A	15	1284	1288	
716-SY	LAST NAME	Last name.		NUJ	P	A	35	1289	1333	

POS

me

ADMINISTRACION DE
SEGUROS DE SALUD

NCPDP Post Adjudication Standard
23-00044

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
717-SX	FIRST NAME	First name.		N/A	P	A	35	1334	1358	
SECTION DENOTES CLAIM CATEGORY:										
388	RECORD STATUS CODE	Identif as the transaction status as assigned by the processor.	<p>1 - Paid - Code indicating that the transaction was adjudicated using plan rules and was payable.</p> <p>2 - Rejected - Code indicating that the transaction was denied/rejected.</p> <p>3 - Reversed - Code indicating that the paid transaction was cancelled.</p> <p>4 - Adjusted - Code indicating that the previous transaction was changed.</p> <p>5 - Captured - Code indicating the receipt of the transaction, but no judgment has been made regarding eligibility of the patient or payment.</p> <p>6 - Reverse - Captured - Code indicating that the captured transaction was canceled.</p>	M	P	A	1	1359	1369	Required
		<p>ADMINISTRACION DB SEGUROS DE SALUD</p> <p>23 - 000446</p>								

ROS

me

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Sbs	Start	End	PRMP Requirement
216	CLAIM MEDIA TYPE	Claim submission type code.	Blank - Not Specified 1 - POS Claim - A Point-Of-Sale transaction submitted in a real-time mode. 2 - Batch Claim - A non-real-time transaction submitted when an immediate response is not available or required. 3 - Pharmacy Submitted Paper Claim (UCF) - A non-electronic transaction submitted via an NCPDP-developed Universal Claim Form. 4 - Member Submitted Paper Claim (Direct Member Reimbursement (DMR)) - A claim submitted by the member requesting reimbursement. 5 - Other - Different from the codes already specified.	M	P	A	1	1370	1370	Required
217	ADMINISTRACION DE SEGUROS DE SALUD	Provides additional information of the status	Blank - Not Specified	M	P	A	2	1371	1372	PRMP requires "blank" for this data element

POS

ME

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
455-EM	CLARIFICATION CODE PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER	of the payment of the claim. Prescription/Service Reference Number Qualifier	1 - Rx Billing Transaction -- A billing for a prescription or OTC drug product. 2 - Service Billing -- Transaction B B billing for a professional service performed.	M	C	A	1	1373	1373	Required
402-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER	Reference number assigned by the provider for the dispensed drug/product and/or service provided.		M	C	N	12	1374	1385	Required
435-E1	PRODUCT/ SERVICE ID QUALIFIER	Code qualifying the value in Product/Service ID (407-D7).	35 - NDC	M	C	A	2	1386	1387	Required
407-D7	PRODUCT/ SERVICE ID	ID of the product dispensed or service provided.		M	C	A	18	1388	1406	Required NDC drug code if a compound drug is being reported; this field should be all zeros.
401-D1	DATE OF SERVICE	Identifies date that the prescription was filled or professional service rendered or subsequent payer began coverage following Part A expiration in a long-term care setting only.		M	C	N	8	1407	1414	Required CCYYMMDD
578	ADJUDICATION DATE	Date that the claim or adjustment is processed.		M	F	N	8	1415	1422	Required

Handwritten signature

Handwritten signature

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
203	ADJUDICATION TIME	Time that the claim or adjustment is processed.		NU	P	N	8	1423	1428	
283	ORIGINAL CLAIM RECEIVED DATE	The date that the pharmacy submitted the claim electronically for a paper claim-matching program.		NU	P	N	8	1429	1436	
219	CLAIM SEQUENCE NUMBER	Indicates the sequence of this claim within the set of claims submitted.		NU	P	N	5	1437	1441	
213	BILLING CYCLE END DATE	Cycle end date.		NU	P	N	8	1442	1449	
239	COMMUNICATION TYPE INDICATOR	For Mail Service Claims Only - Identifies the type of communication used by either prescriber or patient to initiate the request for the fill.		NU	P	A	2	1450	1451	
307-C7	PLACE OF SERVICE	Code identifying the place where a drug or service is dispensed or administered.		NU	C	N	2	1452	1453	
384-4X	PATIENT RESIDENCE	Code identifying the patient's place of residence.	00 - Not Specified	NU	C	N	2	1454	1455	
419-DJ	PRESCRIPTION ORIGIN CODE	Code indicating the origin of the prescription.	0 - Not Known	NU	C	N	1	1456	1456	
278	MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE	Indicates the date that the member-submitted claim became payable, which could differ from the check date.		NU	P	N	8	1457	1464	
217	CLAIM DATE RECEIVED IN THE MAIL	Date that the paper claim was received in the mail.		NU	P	N	8	1465	1472	

ADMINISTRACION DE
SEGUROS DE SALUD

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
268	INTERNAL MAIL ORDER PRESCRIPTION/ SERVICE REFERENCE NUMBER	Field designating the internal prescription number assigned by pharmacies.		NUJ	P	A	15	1473	1487	
102-A2	VERSION/ RELEASE NUMBER (OF THE CLAIM)	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.		NUJ	C	A	2	1488	1489	
216	CHECK DATE	Member Claims - Actual member check date. Nonmember Claims - Pharmacy check date.		NUJ	P	N	8	1490	1497	
287	PAYMENT/ REFERENCE ID	Identifies ID assigned by sender to reference individual pharmacy and member reimbursement. Check of EFT trace number.		NUJ	P	A	30	1498	1527	
455-EN	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE NUMBER	Related 'Prescription/Service Reference Number' (402-D2) to which the service is associated.		NUJ	C	N	12	1528	1539	
457-EP	ASSOCIATED PRESCRIPTION/ SERVICE DATE	Date of the 'Associated Prescription/Service Reference Number' (456-EN).		NUJ	C	N	8	1540	1547	
442-E7	QUANTITY DISPENSED	Quantity dispensed, expressed in metric decimal units.	ADMINISTRACION DE SEGUROS DE SALUD	M	C	N	10	1548	1557	Required Quantity dispensed - if a compound drug is being reported, this field should be all zeros.

POS

me

23 - 000446

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
403- D3	FILL NUMBER	The code indicating whether the prescription is an original or a refill.	00 - Original dispensing - The first dispensing 01 - 99 - Refill number - Number of the replenishment	M	C	N	2	1558	1569	Required Indicates how Rx (zero) or number of refills used
405- D5	DAYS SUPPLY	Estimated number of days that the prescription will last.		M	C	N	3	1560	1562	Required
414- DE	DATE PRESCRIPTION WRITTEN	Date that the prescription was written.		M	C	N	8	1563	1570	Required CCYYMMDD
408- D8	DISPENSE AS WRITTEN (DAY) PRODUCT SELECTION CODE	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	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 6 - Override 7 - Substitution Not Allowed 8 - Substitution Allowed	M	C	A	1	1571	1571	Required

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post-Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
415-DF	NUMBER OF REFILLS AUTHORIZED	Number of refills authorized by the prescriber	9 - Substitution Allowed By Prescriber, but Plan Requests Brand ØØ - No refills authorized Ø1 - 99 - Authorized Refill number - with '99' being refills being refills unlimited	M	C	N	2	1572	1573	Required
429-DT	SPECIAL PACKAGING INDICATOR	Code indicating the type of dispensing dose.		NUJ	C	N	1	1574	1574	
6ØØ-28	UNIT OF MEASURE	NCPDP standard product billing codes.	EA - Each GM - Grams ML - Milliliters	M	C	A	2	1575	1576	Required
418-DI	LEVEL OF SERVICE	Code indicating the type of service that the provider rendered.	ØØ - Not Specified Ø1 - Patient consultation Ø2 - Home delivery Ø3 - Emergency service Ø4 - 24 hour service Ø5 - Patient consultation regarding generic product selection Ø6 - In-Home Service	M	C	N	2	1577	1578	Required
343-HD	DISPENSING STATUS	Code indicating that the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory	Blank - Not Specified P - Partial Fill ADMINISTRACION DB SEGUROS DE SALUD	M	C	A	1	1579	1579	Required

Handwritten signature

Handwritten signature

23-000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PAMP Requirement
		shortages do not allow the full quantity to be dispensed.								
344-HF	QUANTITY INTENDED TO BE DISPENSED	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).		NUJ	C	N	10	1580	1589	
450-ET	QUANTITY PRESCRIBED	Amount expressed in metric decimal units.		NUJ	C	N	10	1590	1599	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).		S	C	N	3	1600	1602	Required
254	FILL NUMBER CALCULATED	Code identifying whether the prescription is an original (00) or by refill number (01 - 99).		NUJ	P	N	2	1603	1604	
406-DB	COMPOUND CODE	Code indicating whether or not the prescription is a compound.	0 - Not Specified 1 - Not a Compound 2 - Compound	M	C	N	1	1605	1605	Required
998-G1	COMPOUND TYPE	Clarifies the type of compound.		NUJ	C	A	2	1606	1607	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	Code for the route of administration of the complete compound mixture.		NUJ	C	M	2	1608	1608	

ADMINISTRACION DE
SEGUROS DE SALUD

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
995-E2	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.		M	C	A	11	1610	1620	Required
492-WE	DIAGNOSIS CODE QUALIFIER	Code qualifying the 'Diagnosis Code' (424-DO).	00 - Not Specified 01 - International Classification of Diseases (ICD9) 02 - International Classification of Diseases-10 (ICD10)	S	C	A	2	1621	1622	Required
424-DO	DIAGNOSIS CODE	Code identifying the diagnosis of the patient.		S	C	A	15	1623	1637	Required
492-WE	DIAGNOSIS CODE QUALIFIER	Code qualifying the 'Diagnosis Code' (424-DO).		NU	C	A	2	1638	1639	
424-DO	DIAGNOSIS CODE	Code identifying the diagnosis of the patient.		NU	C	A	15	1640	1654	
492-WE	DIAGNOSIS CODE QUALIFIER	Code qualifying the 'Diagnosis Code' (424-DO).		NU	C	A	2	1655	1656	
424-DO	DIAGNOSIS CODE	Code identifying the diagnosis of the patient.		NU	C	A	15	1657	1671	
492-WE	DIAGNOSIS CODE QUALIFIER	Code qualifying the 'Diagnosis Code' (424-DO).		NU	C	A	2	1672	1673	
424-DO	DIAGNOSIS CODE	Code identifying the diagnosis of the patient.		NU	C	A	15	1674	1688	
492-WE	DIAGNOSIS CODE QUALIFIER	Code qualifying the 'Diagnosis Code' (424-DO).		NU	C	A	2	1689	1690	

ADMINISTRACION DE
SEGUROS DE SALUD

[Handwritten Signature]

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
424-DO	DIAGNOSIS CODE	Code identifying the diagnosis of the patient.		NUJ	C	A	15	1691	1705	
439-E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		NUJ	C	A	2	1706	1707	
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.		NUJ	C	A	2	1708	1709	
441-E6	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		NUJ	C	A	2	1710	1711	
474-BE	DURPPS 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.		NUJ	C	N	2	1712	1713	
439-E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		NUJ	C	A	2	1714	1715	
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.		NUJ	C	A	2	1716	1717	

me

POS
 23 - 00044G

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Contrato Número

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
441- E0	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		NUJ	C	A	2	1718	1719	
474- RE	DUR/PPS 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.		NUJ	C	N	2	1720	1721	
439- E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		NUJ	C	A	2	1722	1723	
440- E6	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.		NUJ	C	A	2	1724	1725	
441- E8	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		NUJ	C	A	2	1726	1727	
474- 8E	DUR/PPS LEVEL OF EFFORT	Code indicating the level of effort as determined by the complexity of decision-making or resources utilized by a		NUJ	C	N	2	1728	1729	

me

PPS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
439-E4	REASON FOR SERVICE CODE	pharmacist to perform a professional service. Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		NUJ	C	A	2	1730	1731	
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.		NUJ	C	A	2	1732	1733	
441-E6	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		NUJ	C	A	2	1734	1735	
474-BE	DUR/PPS 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.		NUJ	C	N	2	1738	1737	
439-E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		NUJ	C	A	2	1738	1739	
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	ADMINISTRACION DE SEGUROS DE SALUD	NUJ	C	A	2	1740	1741	

23 - 00044

me

ADP

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
441-EB	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		NUU C	C	A	2	1742	1743	
474-BE	DURPPS 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.		NUU C	C	N	2	1744	1745	
439-E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		NUU C	C	A	2	1746	1747	
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.		NUU C	C	A	2	1748	1749	
441-EB	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		NUU C	C	A	2	1750	1751	
474-BE	DURPPS 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.	ADMINISTRACION DE SEGUROS DE SALUD	NUU C	C	N	2	1752	1753	

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
439-E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		M/U	C	A	2	1754	1755	
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.		M/U	C	A	2	1756	1757	
441-E6	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		M/U	C	A	2	1758	1759	
474-8E	QUIPPS 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.		M/U	C	N	2	1760	1761	
439-E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		M/U	C	A	2	1762	1763	
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	ADMINISTRACION DE SEGUROS DE SALUD	M/U	C	A	2	1764	1765	

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
441-E5	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		NU	C	A	2	1766	1767	
474-8E	DURPPS 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.		NU	C	N	2	1768	1769	
439-E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service.		NU	C	A	2	1770	1771	
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.		NU	C	A	2	1772	1773	
441-E6	RESULT OF SERVICE CODE	Action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service.		NU	C	A	2	1774	1775	
474-8E	DURPPS 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.		NU	C	N	2	1776	1777	

Handwritten signature

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 00044G

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
475-JB	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in 'DUR Co-Agent ID' (475-HB).		NUJ	C	A	2	1779	1779	
476-HB	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or the prescribing pharmacist professional service).		NUJ	C	A	18	1780	1788	
578	REJECT OVERRIDE CODE	Indicates the reason for paying a claim when override is used.		NUJ	P	A	1	1799	1799	
511-FB	REJECT CODE	Code indicating the error encountered.		NUJ	C	A	3	1800	1802	
511-FB	REJECT CODE	Code indicating the error encountered.		NUJ	C	A	3	1803	1805	
511-FB	REJECT CODE	Code indicating the error encountered.		NUJ	C	A	3	1806	1808	
511-FB	REJECT CODE	Code indicating the error encountered.		NUJ	C	A	3	1809	1811	
511-FB	REJECT CODE	Code indicating the error encountered.		NUJ	C	A	3	1812	1814	
SECTION DENOTES WORKER'S COMPENSATION CATEGORY:										
435-DZ	CLAIM/REFEREN CE ID	Identifies the claim number assigned by Worker's Compensation Program.		NUJ	C	A	30	1815	1844	
434-DY	DATE OF INJURY	Date on which the injury occurred.		NUJ	C	N	8	1845	1852	
SECTION DENOTES PRODUCT CATEGORY:										
532-FW	DATABASE INDICATOR	Code identifying the source of drug information used for DUR processing or to define		NUJ	P	A	1	1853	1853	

Handwritten signature

23-000449

NCPDP Post Adjudication 4.2 Standard

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
397	PRODUCT SERVICE NAME	The database used for identifying the product.		NU	P	A	30	1854	1883	
261	GENERIC NAME	Product or Service Description or Product Label Name.		NU	P	A	30	1884	1913	
601-24	PRODUCT STRENGTH	Generic name of the product identified in Product/Service Name.		NU	P	A	15	1914	1928	
243	DOSEAGE FORM CODE	The strength of the product.		NU	P	A	4	1929	1937	
	FILLER	Dosage form code for product identified.		NU	P	A	8	1933	1940	
425-DP	DRUG TYPE	Code to indicate the type of drug dispensed.		NU	P	M	1	1941	1947	
273	MAINTENANCE DRUG INDICATOR	Indicates if the drug is a maintenance drug under the client's benefit plan.		NU	P	A	1	1942	1942	
244	DRUG CATEGORY CODE	The drug category to which a specified drug belongs. Each drug category code is associated with a specific drug category.		NU	P	A	1	1943	1943	
252	FEDERAL DEA SCHEDULE	The controlled substance schedule as defined by the Drug Enforcement Administration.		NU	P	A	1	1944	1944	
287	PRESCRIPTION OVER THE COUNTER INDICATOR	The indicator that specifies this prescription is a federal-regulated (Rx prescription only) or non-prescription drug (OTC).		NU	P	A	1	1945	1945	

me

POS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00044

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
420-DK	SUBMISSION CLARIFICATION CODE	Code indicating that the pharmacist is clarifying the submission.	Ø9 - Encounters	M	C	N	2	1948	1947	Required
420-DK	SUBMISSION CLARIFICATION CODE	Code indicating that the pharmacist is clarifying the submission.		N/U	C	N	2	1948	1949	
420-DK	SUBMISSION CLARIFICATION CODE	Code indicating that the pharmacist is clarifying the submission.		N/U	C	N	2	1950	1951	
250	FDA DRUG EFFICACY CODE	A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration.		N/U	P	A	1	1952	1952	
601-19	PRODUCT CODE QUALIFIER	Identifies the type of data being submitted in the Product Code (601-18) field.		N/U	P	A	1	1953	1953	
601-18	PRODUCT CODE	Code identifying the product being reported.		N/U	P	A	17	1954	1970	
601-19	PRODUCT CODE QUALIFIER	Identifies the type of data being submitted in the Product Code (601-18) field.		N/U	P	A	1	1971	1971	
601-18	PRODUCT CODE	Code identifying the product being reported.		N/U	P	A	17	1972	1989	
601-19	PRODUCT CODE QUALIFIER	Identifies the type of data being submitted in the Product Code (601-18) field.		N/U	P	A	1	1989	1989	
601-18	PRODUCT CODE	Code identifying the product being reported.		N/U	P	A	17	1990	2000	
251	FEDERAL UPPER LIMIT INDICATOR	Indicates if a Federal Upper Limit exists for the drug.		N/U	P	A	1	2007	2007	

ADMINISTRACION DE SEGUROS DE SALUD /

23 - 00044A

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
294	PRESCRIBED DAYS SUPPLY	Indicates the original days' supply of the prescription. Applies to internal Mail Service only.		N/U	P	N	3	2008	2010	
601-26	THERAPEUTIC CLASS CODE QUALIFIER	Identifies type of data being submitted in the Therapeutic Class Code (601-25) field.		N/U	P	A	1	2011	2011	
601-25	THERAPEUTIC CLASS CODE	Code assigned to product being reported.		N/U	P	A	17	2012	2028	
601-26	THERAPEUTIC CLASS CODE QUALIFIER	Identifies type of data being submitted in the Therapeutic Class Code (601-25) field.		N/U	P	A	1	2029	2029	
601-25	THERAPEUTIC CLASS CODE	Code assigned to product being reported.		N/U	P	A	17	2030	2048	
601-26	THERAPEUTIC CLASS CODE QUALIFIER	Identifies type of data being submitted in the Therapeutic Class Code (601-25) field.		N/U	P	A	1	2047	2047	
601-25	THERAPEUTIC CLASS CODE	Code assigned to product being reported.		N/U	P	A	17	2048	2064	ADMINISTRACION DE SEGUROS DE SALUD
601-26	THERAPEUTIC CLASS CODE QUALIFIER	Identifies type of data being submitted in the Therapeutic Class Code (601-25) field.		N/U	P	A	1	2065	2065	23-000446
601-25	THERAPEUTIC CLASS CODE	Code assigned to product being reported.		N/U	P	A	17	2066	2082	Contrato Número
SECTION DENOTES FORMULARY CATEGORY:										
257	FORMULARY STATUS	Indicates the Formulary status of the Drug.		N/U	P	A	1	2003	2003	
221	CLIENT FORMULARY FLAG	Indicates that the client has a formulary.		N/U	P	A	1	2004	2004	

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
888	THERAPEUTIC CHAPTER	An eight position field representing the therapeutic chapter from formulary file as defined by processor		N/U	P	A	8	2085	2092	
258	FORMULARY FILE ID	Identifies the formulary ID used during adjudication of the claim.		N/U	P	A	15	2093	2107	
255	FORMULARY CODE TYPE	Indicates how the Formulary Benefit is set up. As defined by processor.		N/U	P	A	1	2108	2108	
SECTION DENOTES PRICING CATEGORY:										
526-F6	INGREDIENT COST PAID	Drug ingredient cost paid included in the "Total Amount Paid" (528-F8).		M	C	D	8	2109	2118	Required
527-F7	DISPENSING FEE PAID	Total amount to be paid by the claims processor.		M	C	D	8	2117	2124	Required
894	TOTAL AMOUNT PAID BY MCO or MAO	Total amount of the prescription regardless of party responsible for payment.		M	P	D	8	2125	2132	Required
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to sales tax paid.		N/U	C	D	8	2133	2140	
505-F5	PATIENT PAY AMOUNT	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy, the patient's total cost share, including copayments, amounts applied to deductible, over		M	C	D	8	2141	2148	Required
ADMINISTRACION DB SEGUROS DE SALUD 23-000446										

me

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
518-FI	AMOUNT OF COPY	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to per prescription coinsurance.		S	C	D	8	2149	2158	Required
572-4U	AMOUNT OF COINSURANCE	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to the patient's selection of a brand product.		S	C	D	8	2157	2164	Required
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to per prescription copay.		NU	C	D	8	2165	2172	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to a periodic deductible.		NU	C	D	8	2173	2180	
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to the processing fee imposed by the processor.		NU	C	D	8	2181	2188	
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to the patient's provider network selection.		NU	C	D	8	2189	2196	

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Contrato Número

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/ BRAND DRUG	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to the patient's selection of Brand product.		NUJ	C	D	8	2197	2204	
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to the patient's selection of Non-Preferred Formulary product.		NUJ	C	D	8	2205	2212	
136-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/ BRAND NON-PREFERRED FORMULARY SELECTION	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to the patient's selection of a Brand Non-Preferred Formulary product.		NUJ	C	D	8	2213	2220	
137-UJ	AMOUNT ATTRIBUTED TO COVERAGE GAP	Amount to be collected from the patient that is included in "Patient Pay Amount" that is due to the patient being in the coverage gap (i.e., donut hole). A coverage gap is defined as the period or amount during which the previous coverage ends and before an additional coverage begins.		NUJ	C	D	8	2221	2228	
272	MAC REDUCED INDICATOR	Indicates if a claim payment was reduced due to a Maximum Allowable Cost (MAC) program.		NUJ	P	A	1	2229	2229	

me

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000449

Puerto Rico Medicaid Program
NCPPD Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRIMP Requirement
223	CLIENT PRICING BASIS OF COST	Code indicating the method by which ingredient cost submitted is calculated based on client pricing		NIU	P	A	2	2230	2231	
260	GENERIC INDICATOR	Distinguishes if product priced as Generic or Branded product as defined by processor.		NIU	P	A	1	2232	2232	
284	OUT OF POCKET APPLY AMOUNT	Amount applied to the out of pocket expense.		NIU	P	D	9	2233	2240	
209	AVERAGE COST PER QUANTITY UNIT PRICE	Average Cost Per Quantity as defined by processor.		NIU	P	D	9	2241	2249	
210	AVERAGE GENERIC UNIT PRICE	Average Generic Price per unit as defined by processor.		NIU	P	D	9	2250	2250	
211	AVERAGE WHOLESALE UNIT PRICE	Average Wholesale Price per unit for the drug as defined by processor.		NIU	P	D	9	2259	2267	
253	FEDERAL UPPER LIMIT UNIT PRICE	Federal Upper Limit Unit Price as defined by processor.		NIU	P	D	9	2268	2275	
430-DU	GROSS AMOUNT DUE	Total price claimed from all sources.		M	C	D	9	2277	2284	Required Amount billed to the MCO (Amount being billed by the provider to the MCO).
271	MAC PRICE	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.		NIU	P	D	9	2285	2293	MASK 8999999999 zero lead, no sign.

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000446

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
409- D8	INGREDIENT COST SUBMITTED	Submitted product component cost of the dispensed prescription. This amount is included in the "Gross Amount Due" (408-DU).		S	C	D	B	2294	2301	Send if Available
426- D0	USUAL AND CUSTOMARY CHARGE	Amount charged to cash customers for the prescription exclusive of sales tax or other amounts claimed.		S	C	D	B	2302	2309	Send if Available
559- AW	FLAT SALES TAX AMOUNT PAID	Flat sales tax paid which is included in the "Total Amount Paid" (509-F9).		S	C	D	B	2310	2317	Send if Available
559- AX	PERCENTAGE SALES TAX AMOUNT PAID	Amount of percentage sales tax paid which is included in the "Total Amount Paid" (509-F9).		NULL	C	D	B	2316	2325	
560- AY	PERCENTAGE SALES TAX RATE PAID	Percentage sales tax rate used to calculate "Percentage Sales Tax Amount Paid" (559-AX).		NULL	C	D	T	2320	2332	
561- AZ	PERCENTAGE SALES TAX BASIS PAID	Code indicating the percentage sales tax.		NULL	C	A	Z	2333	2334	
521- FL	INCENTIVE AMOUNT PAID	Amount represents the contractually agreed upfront incentive fee paid for specific services rendered. Amount is included in the "Total Amount Paid" (509-F9).		NULL	C	D	B	2335	2342	
562- J1	PROFESSIONAL SERVICE FEE PAID	Amount representing the contractually agreed upfront fee for professional services rendered. This amount is included in the		NULL	C	D	B	2343	2350	

me

ROS

ADMINISTRACIÓN DE
SEGUROS DE SALUD

23 - 000449

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
564-J3	OTHER AMOUNT PAID QUALIFIER	Total Amount Paid (50B-F9). Code clarifying the value in the 'Other Amount Paid' (565-J4).	01 - Delivery Cost 02 - Shipping Cost 03 - Postage 04 - Administrative Cost 05 - Incentive 06 - Cognitive Service 07 - Drug Benefit 08 - Compound Preparation Cost Submitted 09 - Sales Tax 10 - Medication Administration	M	C	A	2	2351	2352	Requires
565-J4	OTHER AMOUNT PAID	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (480-HB).		S	C	D	8	2353	2360	Requires
564-J3	OTHER AMOUNT PAID QUALIFIER	Code clarifying the value in the 'Other Amount Paid' (565-J4).	See first occurrence of 564-J3 above.	S	C	A	2	2361	2362	Requires
565-J4	OTHER AMOUNT PAID	Amount paid for additional costs claimed in 'Other Amount Claimed Submitted' (480-HB).		S	C	D	8	2363	2370	Requires
564-J3	OTHER AMOUNT PAID QUALIFIER	Code clarifying the value in the 'Other Amount Paid' (565-J4).	See first occurrence of 564-J3 above.	S	C	A	2	2371	2372	Requires
565-J4	OTHER AMOUNT PAID	Amount paid for additional costs claimed in 'Other Amount		S	C	D	8	2373	2380	Requires

Handwritten signature/initials

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000446

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format Size	Start	End	PRMP Requirement
565-J5	OTHER PAYER AMOUNT RECOGNIZED	Claimed 'Submitted' (MS0-H9). Total amount recognized by the processor of any payment from another source.		NW	C	D	2381	2388	Not Required
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the 'Other Payer-Patient Responsibility Amount' (352-NQ)	Blank - NM Specified 01 - Amount Applied to Periodic Deductible (517-FH) as reported by previous payer. 02 - Amount Attributed to Product Selection (Brand) (134-LK) as reported by previous payer. 03 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer. 04 - Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer. 05 - Amount of Copay (518-FI) as reported by previous payer. 06 - Patient Pay Amount (505-F5) as reported by previous payer.	S	C	A	2380	2390	Required COBTPL

nr

POS

ADMINISTRACION DB
SEGUROS DE SALUD

23-000446
NCPDP Post Adjudication 4.2 Standard

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement	
			<p>07 - Amount of Coinsurance (572-40) as reported by previous payer.</p> <p>08 - Amount Attributed to Product Selection/Non-Preferred Formulary</p> <p>Selection (135-UM) as reported by previous payer.</p> <p>09 - Amount Attributed to Health Plan Assistance Amount (173-LID) as reported by previous payer.</p> <p>10 - Amount Attributed to Provider Network Selection (133-LU) as reported by previous payer.</p> <p>11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (130-LM) as reported by previous payer.</p> <p>12 - Amount Attributed to Coverage Gap (137-LP) that was to be collected from the patient due to a coverage gap as</p>								
											<p>ADMINISTRACION DB SEGUROS DE SALUD</p> <p>23-000449</p>

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
			reported by previous payer. 13 - Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.							
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.	\$	S	C	D	10	2391	2402	Required COBTPL
35-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount" (352-NQ)	Same Values as Above.	S	C	A	2	2401	2402	Required COBTPL
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.	\$	S	C	D	10	2403	2412	Required COBTPL
28*	NET AMOUNT DUE	Net amount paid to provider by the payer or net amount due from the client to the payer, determined by tracing partner agreement.	M	M	P	D	8	2413	2420	Required
52-FM	BASIS OF REIMBURSEMENT DETERMINATION	Code identifying how the reimbursement amount was calculated for "Integrated Cost Paid" (52S-F5).		NR	C	N	2	2421	2422	
52-FC	ACCUMULATED DEDUCTIBLE AMOUNT	Amount in dollars met by the patient/family in a deductible plan.		NA	C	D	8	2423	2430	
53-FD	REMAINING DEDUCTIBLE AMOUNT	Amount not met by the patient/family in the deductible plan.		NA	C	D	8	2431	2438	
INU C D ADMINISTRACION DB SEGUROS DE SALUD										

me

23-000449

POS

Contrato Número

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRIMP Requirement
514- FE	REMAINING BENEFIT AMOUNT	Amount remaining in a patient/family plan with a periodic maximum benefit.		NUJ	C	D	8	2439	2448	
242	COST DIFFERENCE AMOUNT	Difference between client contracted amount and the pharmacy or member submitted amount.		NUJ	P	D	8	2447	2454	
249	EXCESS COPAY AMOUNT	Amount of the copay that exceeds the approved amount for this claim.		NUJ	P	D	8	2455	2462	
277	MEMBER SUBMIT AMOUNT	Ingredient cost as submitted by member (paper claims only).		NUJ	P	D	8	2463	2470	
285	HOLD HARMLESS AMOUNT	Amount payable to member when paper claims amount exceeds Pharmacy Network Reimbursement.		NUJ	P	D	8	2471	2478	
520- FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	Amount to be collected from the patient that is included in "Patient Pay Amount" (5205-F5) that is due to the patient exceeding a periodic benefit maximum.		NUJ	C	D	8	2479	2486	
346- HH	BASIS OF CALCULATION - DISPENSING FEE	Code indicating how the reimbursement amount was calculated for "Dispensing Fee Paid" (5207-F7).		NUJ	C	A	2	2487	2488	
347- HJ	BASIS OF CALCULATION - COPAY	Code indicating how the copay reimbursement amount was calculated for "Dispensing Fee Paid" (5205-F5).		NUJ	C	A	2	2489	2490	

ADMINISTRACION DE
 SEGUROS DE SALUD

23 - 000449

me

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
348-HK	BASIS OF CALCULATION - FLAT SALES TAX	Code indicating how the reimbursement amount was calculated for "Flat Sales Tax Amount Field" (558-AW).		NUJ	C	A	2	2491	2492	
349-HM	BASIS OF CALCULATION - PERCENTAGE SALES TAX	Code indicating how the reimbursement amount was calculated for "Percentage Sales Tax Amount Field" (559-AX).		NUJ	C	A	2	2493	2494	
573-4V	BASIS OF CALCULATION - COINSURANCE	Code indicating how the coinsurance reimbursement amount was calculated for "Patient Pay Amount" (558-AX).		NUJ	C	A	2	2495	2496	
557-AV	TAX EXEMPT INDICATOR	Code indicating that the payer and/or the patient is exempt from taxes.		NUJ	C	A	1	2497	2497	
286	PATIENT FORMULARY REBATE AMOUNT	Credit that the patient receives on this claim from the drug manufacturer.		NUJ	P	D	8	2498	2505	
276	MEDICARE RECOVERY INDICATOR	Field to indicate if Medicare was billed in order to recover funds for current or previous claims billed to the client.		NUJ	P	A	1	2506	2506	
275	MEDICARE RECOVERY DISPENSING INDICATOR	Field to indicate if egypt supply on prescription was reduced due to claim limits.		NUJ	P	A	1	2507	2507	
286	PATIENT SPEND DOWN AMOUNT	Claim dollars applied to patient's spend down account (example: Flexible Spending Account).		NUJ	P	D	8	2508	2515	

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Volume	Usage	Source	Format	Size	Start	End	PRMP Requirement
263	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED	Health Care Reimbursement Account Amount Applied		NU	P	D	8	2516	2523	
564	HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING	Client-defined benefit that provides funds to patients that can be used to offset Out of Pocket expenses.		NU	P	D	8	2524	2531	
207	ADMINISTRATIVE FEE EFFECT INDICATOR	Indicates how the transaction should be counted for administrative fee determination.		NU	P	A	1	2532	2532	
206	ADMINISTRATIVE FEE AMOUNT	Administrative fee charge per claim.		NU	P	D	4	2533	2536	
269	INVOICED AMOUNT	Amount invoiced for this transaction. Determined by Processor		NU	P	D	17	2537	2547	
126-UC	FILLER			NU	P	A	10	2548	2557	
126-UC	SPENDING ACCOUNT AMOUNT REMAINING	The balance from the patient's spending account after this transaction was applied.		NU	C	D	8	2558	2566	
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT	The amount from the health plan-funded assistance account for the patient that was applied to reduce patient Pay Amount (50%-5%). This amount is used in Healthcare Reimbursement Account (HRA) benefits only. This		NU	C	D	6	2566	2573	

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
SECTION DENOTES PRIOR AUTHORIZATION CATEGORY:										
461-EV	PRIOR AUTHORIZATION TYPE CODE	Code clarifying the Prior Authorization Number System filed (462-EV) or beneficiary exemption.		NUJ	C	N	2	2574	2575	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Number submitted by the provider to identify the prior authorization.		NUJ	C	N	11	2576	2596	
499-PV	PRIOR AUTHORIZATION NUMBER - ASSIGNED	Unique number identifying the prior authorization assigned by the processor.		NUJ	P	N	11	2587	2597	
205	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	Code clarifying the Prior Authorization Number.		NUJ	P	N	2	2598	2599	
SECTION DENOTES ADJUSTMENT CATEGORY:										
204	ADJUSTMENT REASON CODE	Reason for adjustment.		NUJ	P	N	3	2600	2602	
205	ADJUSTMENT TYPE	Type of adjustment.		NUJ	P	A	1	2603	2603	
897	TRANSACTION ID CROSS REFERENCE	For reversals, ID associated with original claim.		M	P	A	30	2604	2633	Required The TCN of the encounter being voided by this reversal is entered here.
SECTION DENOTES COORDINATION OF BENEFITS CATEGORY:										
225	COB CARRIER SUBMIT AMOUNT	The amount submitted by the COB carrier.		S	P	O	8	2634	2641	If available in payor's system.

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000494

NCPDP Post Adjudication 4.2 Standard

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRAMP Requirement
245	ELIGIBILITY COB INDICATOR	COB code as provided on Client eligibility.	Blank - Not Specified 1 - Payer is Primary - Plan is first payer for patient. 2 - Payer is Secondary - Plan is second payer for patient. 3 - Payer is Tertiary - Plan is third payer for patient.	S	P	A	1	2042	2042	COBTPL Required when available in the payer's adjudication system. COBTPL
225	COB PRIMARY CLAIM TYPE	For secondary COB claims. Indicates the claim type of the primary claim.	Blank - Not Specified 1 - Secondary Claims Not Processed - Supplemental claims are not eligible for COB. J - Major Medical - Supplemental health care claims, excluding pharmaceutical claims are eligible for COB M - Mail Service - Pharmaceutical claims dispensed out of a Mail Order Facility. R - Retail - Pharmaceutical claims dispensed	S	P	A	1	2043	2043	COBTPL If the MAC/DCO has COB Carried Amount available. COBTPL

Handwritten signature

Handwritten signature

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	FRMP Requirement	
232	COB PRIMARY PAYER ID	ID assigned to primary payer.	<p>out of a retail pharmacy.</p> <p>MAOSNP = When MAO pays for a drug.</p> <p>MEDICAID = When PR Medicaid funding is used to pay for the drug.</p> <p>MEDB = Medicare Part B (in the event that Part D does not cover).</p> <p>MEDD = Medicare Part D</p> <p>MEDIGAP = An insurance plan that covers only Medicare/MAO cost sharing.</p> <p>COMMERCIAL = When the MAO member has a private health insurance plan that must consider payment of a drug before the MAO can consider payment of the drug/product.</p> <p>TRICARE = If the MAO member is a veteran where TRICARE must pay or deny the pharmacy claim before the MAO can consider paying for the drug</p>	M	CIP	A	10	2644	2553	Required	COBTPL
										ADMINISTRACION DE SEGUROS DE SALUD	
										23 - 000449	
										Contrato Número	

me

POS

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
	FILLER			MU	P	A	8	2654	2654	
226	COB PRIMARY PAYER AMOUNT PAID	Amount paid by primary payer for product or service.		S	CIP	D	8	2652	2659	Required - report the payment associated to the primary payer. The MAC-SNP would be considered the primary payer when the Primary Member has an MAO and Puerto Rico Medicaid (i.e. dual eligibility).
231	COB PRIMARY PAYER DEDUCTIBLE	Deductible amount according to primary payer for product or service.		S	CIP	D	8	2670	2677	COB/TPL Required
229	COB PRIMARY PAYER COINSURANCE	Coinsurance amount according to primary payer for product or service.		S	CIP	D	8	2678	2685	COB/TPL Required
230	COB PRIMARY PAYER COPAY	Copay amount according to primary payer for product or service.		S	CIP	D	8	2686	2693	COB/TPL Required
238	COB SECONDARY PAYER ID	ID assigned to secondary payer.	MAC-SNP = When the MAC pays for a drug as a secondary payer to a Commercial insurance plan or TRICARE. MEDIGAP = When the MAC member has a Medicare gap insurance as a commercial	S	CIP	A	10	2694	2703	Required when the MAC/SNP and another insurance plan or Medicaid paid for the drug or cost sharing. ADMINISTRACION DE SEGUROS DE SALUD / 23 - 0 0 0 4 4 6

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRIMP Requirement
			<p>insurance plan that covers Medicare or MAO cost sharing. Medicare gap insurance is always secondary to Medicare or an MAO.</p> <p>MEDICAID = When the MAO does not cover the drug and Puerto Rico Medicaid funding is used to pay for the drug. MEDICAID represents that the Puerto Rico Medicaid paid for the drug/product. The only time that MEDICAID is primary is when the MAO does not cover payment of the drug/product and the Plan member does not have a Commercial insurance or TRICARE primary that must be billed for consideration of payment of the drug/product.</p> <p>COMMERCIAL = When the Plan member has a private health insurance plan that must consider payment of a drug/product, report</p>							
										<p>ADMINISTRACION DE SEGUROS DE SALUD ;</p> <p>23 - 0 0 0 4 46</p>

me

POS

Puerto Rico Medical Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
	FILLER		COMMERCIAL as the Secondary Payer ID in Field #236. TRICARE = When the Pinalo Member is a veteran where TRICARE must pay or deny the pharmacy claim	NHU	P	A	3	2704	2711	
234	COB SECONDARY PAYER AMOUNT PAID	Amount paid by secondary payer for product or service.		S	C/P	D	9	2712	2719	Required when the Secondary Payer paid for the drug/product or the Pinalo Member's cost sharing. COB/TPL
237	COB SECONDARY PAYER DEDUCTIBLE	Deductible amount according to secondary payer for product or service.		S	C/P	D	4	2720	2727	Required when there is a Secondary Payer deductible that was assessed on the drug/product. COB/TPL
235	COB SECONDARY PAYER COINSURANCE	Coinsurance amount according to secondary payer for product or service.		S	C/P	D	8	2728	2735	Required when there is a Secondary Payer coinsurance that was assessed on the drug/product. COB/TPL
236	COB SECONDARY PAYER COPAY	Copay amount according to secondary payer for product or service.		S	C/P	D	3	2736	2743	Required when there is a Secondary Payer copay amount. COB/TPL

ADMINISTRACION DE
SEGUROS DE SALUD
del Gobierno de Puerto Rico

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
SECTION DENOTES REFERENCE CATEGORY:										
895	TRANSACTION ID	Internally assigned unique claim ID by the payer		M	P	A	503	2744	2773	Required Every claim in the file must contain the unique internal Transaction ID (TCN) assigned by CBM during adjudication.
503-F3	AUTHORIZATION NUMBER	Number assigned by the processor to identify an authorized transaction.		NU	P	A	20	2774	2793	
224	CLIENT SPECIFIC DATA	Trading partners mutually agreed upon specific data defined by client.		NU	P	A	50	2794	2843	
396	PROCESSOR SPECIFIC DATA	Trading partners mutually agreed upon specific data defined by processor.		NU	P	A	50	2844	2893	
897-02	CMS PART D DEFINED QUALIFIED FACILITY	Indicates that the patient resides in a facility that qualifies for the CMS Part D benefit.		NU	C	A	1	2894	2894	
SECTION DENOTES FIELDS ADDED IN VERSIONS CATEGORY:										
393-MV	BENEFIT STAGE QUALIFIER	Code qualifying the Benefit Stage Amount (394-MV).	01 - Deductible 02 - Initial Benefit 03 - Coverage Gap (out of pocket) 04 - Catastrophic Coverage	M	C	A	2	2895	2896	Required COBITPL ADMINISTRACION DE SEGUROS DE SALUD I

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
			<p>50 - Not paid under Part D; paid under Part C benefit (for MA-PO plan).</p> <p>60 - Not paid under Part D.</p> <p>61 - Part D drug not paid by Part D plan benefit, paid as or under a co-administered insured benefit only.</p> <p>62 - Non-Part D non-qualified drug not paid by Part D plan benefit. Paid as or under a co-administered benefit only.</p> <p>63 - Non-Part D non-qualified drug not paid by Part D plan benefit. Paid under Medicaid benefit only of the Medicare/Medicaid (MMP) plan.</p> <p>70 - Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-associated negotiated pricing.</p> <p>80 - Non-Part D non-qualified drug not paid by Part D plan benefit.</p>							
										<p>ADMINISTRACION DE SEGUROS DE SALUD,</p> <p>23-000446</p>

nr

208

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRAMP Requirement
394-MV	BENEFIT STAGE AMOUNT	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).	hospice benefit, or any other component of Medicare; paid by the beneficiary under plan-sponsored negotiated pricing 90% - Full retail or OTC drug (PDE value of EIO); not applicable to the Part B drug special but is covered by the Part D plan	M	C	D	B	2007	2024	Required
393-MV	BENEFIT STAGE QUALIFIER	Code qualifying the 'Benefit Stage Amount' (394-MV).	NU	NU	C	A	2	2005	2025	
394-MV	BENEFIT STAGE AMOUNT	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).	NU	NU	C	D	5	2007	2014	
393-MV	BENEFIT STAGE QUALIFIER	Code qualifying the 'Benefit Stage Amount' (394-MV)	NU	NU	C	A	2	2015	2018	
394-MV	BENEFIT STAGE AMOUNT	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).	NU	NU	C	D	5	2017	2024	
393-MV	BENEFIT STAGE QUALIFIER	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV).	NU	NU	C	A	2	2025	2025	
ADMINISTRACION DE SEGUROS DE SALUD										
23 - 00044										

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
394-NW	BENEFIT STAGE AMOUNT	Benefit Stage Qualifier (393-NV).								
394-NW	BENEFIT STAGE AMOUNT	The amount of claim allocated to the Medicare stage identified by the Benefit Stage Qualifier (393-NV).		NW	C	D	8	2927	2934	
692-ZG	INVOICED DATE	The date that the claim was included on an invoice.		NW	F	N	8	2935	2942	
691-ZH	OUT OF POCKET REMAINING AMOUNT	Dollars remaining until patient is fully in benefit, paying no out of pocket expenses.		NW	P	D	8	2943	2950	
302-C2	CARDHOLDER ID (ALTERNATE)	Insurance ID assigned to the cardholder or identification number used by the plan.		NW	F	A	20	2951	2970	
692-Z3	NUMBER OF GENERIC MANUFACTURERS	Number of manufacturers that produce this generic drug provided by drug compendium.		NW	F	N	9	2971	2973	
475-J9	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in DUR Co-Agent ID (476-H6).		NW	C	A	2	2974	2975	
476-H6	DUR CO-AGENT ID	Identifies the co-prescribing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prescriber pharmacist professional service).		NW	C	A	19	2976	2994	
475-J9	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in DUR Co-Agent ID (476-H6).		NW	C	A	2	2995	2996	

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000449

Contrato #

NCPDP Post Adjudication 4.2 Standard

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
476-H5	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		NU	C	A	19	2997	3015	
475-J8	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in 'DUR Co-Agent ID' (476-H6).		NU	C	A	2	3016	3017	
476-H5	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		NU	C	A	19	3018	3036	
475-J8	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in 'DUR Co-Agent ID' (476-H6).		NU	C	A	2	3037	3038	
476-H5	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		NU	C	A	19	3039	3057	
475-J9	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in 'DUR Co-Agent ID' (476-H6).		NU	C	A	2	3058	3059	
476-H5	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		NU	C	A	19	3060	3078	

me

RF

ADMINISTRACION DB
SEGUROS DE SALUD

23-000449
Page 61

NCPDP Post Adjudication 4.2 Standard

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Usage	Source	Format	Size	Start	End	PRMP Requirement
475-J5	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in DUR Co-Agent ID (476-H6).		NU	C	A	2	3079	3080	
476-H6	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		NU	C	A	19	3081	3099	
475-J6	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in DUR Co-Agent ID (476-H6).		NU	C	A	2	3100	3101	
476-H6	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		NU	C	A	19	3102	3120	
475-J3	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in DUR Co-Agent ID (476-H6).		NU	C	A	2	3121	3122	
476-H6	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		NU	C	A	19	3123	3141	
354-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the Other Payer-Patient Responsibility Amount (352-NQ).	Blank - No: Specified 01 - Amount Applied to Periodic Deductible (BIT-FH) as reported by previous payer.	S	C	A	2	3142	3143	Required when received as part of the original claim from the provider or as part of the Provider's ADMINISTRACION DE SEGUROS DE SALUD,

Handwritten signature/initials

23 - 000449
Page 62

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Start	End	PRMP Requirement
			<p>02 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>03 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>04 - Amount Excessing Periodic Benefit Maximum (520-FK) as reported by previous payer.</p> <p>05 - Amount of Copay (516-FI) as reported by previous payer.</p> <p>06 - Patient Pay Amount (505-F5) as reported by previous payer.</p> <p>07 - Amount of Coinsurance (572-4U) as reported by previous payer.</p> <p>08 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer.</p> <p>09 - Amount Attributed to Health</p>						COBTPL
									ADMINISTRACION DE SEGUROS DE SALUD

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
			Plan Assistance Amount (128-UD) as reported by previous payer. 10 - Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer. 11 - Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (138-UN) as reported by previous payer. 12 - Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer. 13 - Amount Attributed to Processor Fee (S71-MZ) as reported by previous payer.	S	C	D	10	3144	3153	Required
352- NP	OTHER PAYER- PATIENT RESPONSIBILITY	The patient's cost share from a previous payer		S	C	A	2	3154	3155	Required
353- NP	ADMINISTRACION DE SEGUROS DE SALUD	Other Payer-Patient	See 351-NP above for codes	S	C	A	2	3154	3155	Required

me
POS

23 - 000449

Puerto Rico Medical Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
	RESPONSIBILITY AMOUNT QUALIFIER	Responsibility Amount (352-NQ)†								COBTPL
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3156	3155	Required COBTPL
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)†".	See 351-NP above for codes.	S	C	A	2	3165	3167	Required COBTPL
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3168	3177	Required COBTPL
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)†".	See 351-NP above for codes.	S	C	A	2	3178	3179	Required COBTPL
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3180	3180	Required COBTPL
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)†".	See 351-NP above for codes.	S	C	A	2	3190	3191	Required COBTPL
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3192	3200	Required COBTPL
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)†".	See 351-NP above for codes.	S	C	A	2	3202	3202	Required COBTPL

ADMINISTRACION DE
 SEGUROS DE SALUD
 23-000446

Handwritten signatures in blue ink.

Contrato **Autógrafa**

NCPDP Post Adjudication 4.2 Standard

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
	AMOUNT QUALIFIER	Responsibility Amount (352-NQ)								
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3204	3213	Required
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)"	See 351-NP above for codes	S	C	A	2	3214	3215	COBITPL
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3216	3225	Required
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)"	See 351-NP above for codes	S	C	A	2	3226	3227	Required
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3228	3237	Required
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)"	See 351-NP above for codes	S	C	A	2	3238	3239	Required
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3240	3249	Required
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)"	See 351-NP above for codes	S	C	A	2	3250	3251	Required

ADMINISTRACION DB
 SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
	AMOUNT QUALIFIER									
352	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.		S	C	D	10	3252	3255	Required COBITPL
A37	SPECIALTY CLAIM INDICATOR	Indicates whether a claim was filled by a specialty pharmacy or a specialty drug.		NU	P	A	1	3262	3262	
A38	MEMBER SUBMITTED CLAIM REJECT CODE	For member submitted claims, a processor-specified list.		NU	P	A	3	3263	3265	
A38	MEMBER SUBMITTED CLAIM REJECT CODE	For member submitted claims, a processor-specified list.		NU	P	A	3	3266	3268	
A38	MEMBER SUBMITTED CLAIM REJECT CODE	For member submitted claims, a processor-specified list.		NU	P	A	3	3269	3271	
A38	MEMBER SUBMITTED CLAIM REJECT CODE	For member submitted claims, a processor-specified list.		NU	P	A	3	3272	3274	
A38	MEMBER SUBMITTED CLAIM REJECT CODE	For member submitted claims, a processor-specified list.		NU	P	A	3	3275	3277	
A39	COPY WAIVER AMOUNT	Dollar amount funded by third party for a copy-waiver program where a client funds a portion of their copy amount if they select a certain drug.		NU	P	D	8	3278	3285	ADMINISTRACION DBS SEGUROS DE SALUD

me

POS

Field	Field Name	Description	Values	Usage	Source	Format	Size	Start	End	PRMP Requirement
A33-ZX	CMS PART D CONTRACT ID	Designation assigned by CMS that identifies a specific Medicare Part D sponsor.		NUJ	P	A	5	3286	3292	
A34-ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	Identifier assigned by CMS of a particular plan benefit package (Benefit Category) within a Medicare Part D contract.		NUJ	P	N	3	3291	3293	
A73	MEDICARE DRUG COVERAGE CODE	Code to indicate if the claim was processed under the Part D Drug Benefit, the Part B Drug Benefit, or does not apply.		NUJ	P	A	2	3294	3295	
	FILLER			NUJ	P	A	123	3296	3700	

me

Note: "COBTPL" indicates that further directions can be found in Appendix A: Discussion of MAC COBTPL Reporting.

4.2.1 POST ADJUDICATION HISTORY COMPOUND DETAIL RECORD1

Table 5 - Post Adjudication History Compound Detail Record1

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
621-04	RECORD TYPE	Type of record being submitted.	CD - Post Adjudication History Compound Detail Record1.	M	P	A	2	4	2	Required
755-05	PRESCRIPTION SERVICE REFERENCE NUMBER QUALIFIER	Prescription/Service Reference Number Qualifier	1 - Rx Billing Transaction - A billing for a prescription or OTC drug product.	M	C	A	1	3	3	Required

ADJ

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
402-D7	PRESCRIPTION SERVICE REFERENCE NUMBER	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	2 - Service Billing - Transaction is a billing for a professional service performed.	M	C	N	12	4	15	Required
477-EC	COMPOUND INGREDIENT COMPONENT COUNT	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		M	C	N	2	15	17	Required
SECTION DENOTES FIRST INGREDIENT:										
488-RE	COMPOUND PRODUCT ID QUALIFIER	Code qualifying the type of product dispensed.	Blank - Not Specified 01 - UPC 02 - HRI 03 - NDC 04 - HIBCC 11 - NAPPI 12 - GTIN 15 - GCN 28 - FDB Med Name ID 29 - FDB Routed Med ID 30 - FDB Routed Dosage Form Med ID 31 - FDB Med ID	M	C	A	2	18	19	Required

me

POS

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Start	End	PRMP Requirement
			32 - GCN_SEQ_NO 35 - HICL_SEQ_NO 99 - Other						
489-UE	COMPOUND PRODUCT ID	Product identification of an ingredient used in a compound.	M	C	A	1B	30	38	Required If a compound drug is being reported, this is the NDC of the FIRST component of the compound drug.
448-ED	COMPOUND INGREDIENT QUANTITY	Amount expressed in metric decimal units of the product included in the compound mixture.	S	C	N	14	30	52	Required Amount expressed in metric decimal units of the product included in the compound mixture. MASK: 917M999 zero filled, no sign.
449-EE	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).	S	C	D	8	53	60	Required
490-UE	COMPOUND INGREDIENT	Code indicating the method by which the drug cost of an ingredient	00 - Default	S	C	N	81		ADMINISTRACION DE SEGUROS DE SALUD

me

POG

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
	BASIS OF COST DETERMINATION	used in a compound was calculated.	01 - AMP (Average Wholesale Price) 02 - Local Wholesaler 03 - Direct 04 - CAC (Estimated Acquisition Cost) 05 - Acquisition 06 - MAC (Maximum Allowable Cost) 07 - Usual & Customary 08 - 340B Disproportionate Share Pricing/Public Health Service 09 - Other - Different from those implied or specified. 10 - ASP (Average Sales Price) 11 - AMP (Average Manufacturer Price) 12 - WAC (Wholesale Acquisition Cost) 13 - Special Patient Pricing 14 - Cost basis on non-reportable quantities							

me

POS

ADMINISTRACION DB
 SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Start	End	PRMP Requirement
221	CLIENT FORMULARY FLAG	Indicates that the client has a formulary.	15 - Free product, or no associated cost Blank - Not specified Y - Yes N - No	S	P	A	63	63	Indicates that the NDC for the FIRST component of the compound drug is not recognized by PRMP but the MCO covered the drug Value 'Y'
397	PRODUCT SERVICE NAME	Product or Service Description or Product Label Name.		N/U	P	A	84	93	
261	GENERIC NAME	Generic name of the product identified in Product/Service Name.		N/U	P	A	94	102	
501-24	PRODUCT STRENGTH	The strength of the product		N/U	P	A	124	133	
243	DOSE FORM CODE	Dosage form code for product identified.		N/U	P	A	134	137	
532-FW	DATABASE INDICATOR	Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product.	1 - First Database 2 - Medi-Span Product Line 3 - Micromedex/Medical Economics 4 - Processor Developed 5 - Other 6 - Redbook 7 - Multum	S	P	N	138	138	Required

Handwritten signature

ADMINISTRACION DB
SEGUROS DE SALUD

23-000449

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Formal	Size	Start	End	PRMP Requirement
425-DP	DRUG TYPE	Code to indicate the type of drug dispensed.	0 - Not specified 1 - Single Source 2 - Authorized Generic (aka "Branded Generic") 3 - Generic 4 - Over-the-Counter 5 - Multi-source Brand	S	P	N	1	139	139	
257	FORMULARY STATUS	Indicates the Formulary status of the Drug.	Blank - Not Specified I - Drug on Formulary; Non-Preferred J - Drug not on Formulary; Non-Preferred K - Drug not on Formulary; Preferred M - Drug not on Formulary; Neutral P - Drug on Formulary Q - Drug not on Formulary T - Drug on Formulary; Preferred Y - Drug on Formulary; Neutral	S	P	A	1	140	140	
244	DRUG CATEGORY CODE	The drug category to which a specified drug belongs. Each drug category code is		S	P	A	1	ADMINISTRACION DB SEGUROS DE SALUD 23 - 000449		

me
POS

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Mandatory or Situational	Source	Format	Size	Start	End	PUMP Requirement
252	FEDERAL DEA SCHEDULE	associated with a specific drug category. the controlled substance schedule as defined by the Drug Enforcement Administration.	Blank - Not Specified 1 - Schedule I Substance (no known use) 2 - Schedule II Narcotic Substances 3 - Schedule III Narcotic Substances 4 - Schedule IV Substances 5 - Schedule V Substances	S	P	A	1	142	142	
250	FDA DRUG EFFICACY CODE	A one-position field which marks a particular drug as being declared less than effective by the Food and Drug Administration	Blank - Not Specified 0 - Was Drug Efficacy Study Implementation (DES) - At One Time But No Longer 1 - Drug Efficacy Study Implementation (DES) Drug	S	P	A	1	143	143	
60%-10	PRODUCT CODE QUALIFIER	Identifies the type of data being submitted in the Product Code (60%-10) field	Blank - Not Specified 1 - First DataBank Formulation ID 2 - Medi-Span Product Line	S	P	A	1	144	144	

ADMINISTRACION DE
 SEGUROS DE SALUD I

23-000446

Contrato Número

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
			Generic Product Identifier 3 - First DataBank 4 - Medi-Span Product Line Drug Descriptor ID 5 - First DataBank Medication Name Identifier 6 - First DataBank Routed Medication Identifier 7 - First DataBank Routed Dosage Form Medication Identifier 8 - First DataBank Medication Identifier 9 - Nine-digit NDC A - American Hospital Formulary Service C - Contracting Organization G - First DataBank GCN Sequence Number H - First DataBank HICL Sequence Number M - Manufacturer (PICO) Assigned Code N - Eleven-digit NDC O - UPC							
										ADMINISTRACION DE SEGUROS DE SALUD 23 - 0004 49

Contrato Número

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PUMP Requirement
621-18	PRODUCT CODE	Code identifying the product being reported.	P - Product group T - First DataBank Therapeutic Class Code, Specific U - Universal System of Classification Code W - All products used Z - Mutually Agreed Upon Code	S	P	A	17	148	161	
621-19	PRODUCT CODE QUALIFIER	Identifies the type of data being submitted in the Product Code (621-18) field.	Blank - Not Specified 1 - First DataBank Formulation ID 2 - Medo-Span Product Line Generic Product Identifier 3 - First DataBank 4 - Medo-Span Product Line Drug Descriptor ID 5 - First DataBank Medication Name Identifier 6 - First DataBank Routed Medication Identifier 7 - First DataBank Routed Dosage Form Identifier	S	P	A	1	162	162	

ADMINISTRACION DE
SÉGUROS DE SALUD

23 - 000444
Page 76

me
POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
6021-18	PRODUCT CODE	Code identifying the product being reported	8 - First Databank Medication Identifier 9 - Nine-digit NDC A - American Hospital Formulary Service C - Contracting Organization G - First Databank GDM Sequence Number H - First Databank HCL Sequence Number M - Manufacturer (PICO) Assigned Code N - Eleven-digit NDC O - UPC P - Product group T - First Databank Therapeutic Class Code, Specific U - Universal System of Classification Code V - All products used Z - Mutually Agreed Upon Code	S	P	A	17	153		
6021-19	PRODUCT CODE QUALIFIER	Identifies the type of data being submitted in the	Blank = Not Specified	S	P	A	1	150		
ADMINISTRACION DE SALUD SEGUROS DE SALUD 23 - 000449										
<u>Contrato Número</u>										

me
RF

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
		Product Code (621-8) Field.	1 - First DataBank Formulation ID 2 - Medi-Span Product Line Generic Product Identifier 3 - First DataBank 4 - Medi-Span Product Line Drug Descriptor ID 5 - First DataBank Medication Name Identifier 6 - First DataBank Routed Medication Identifier 7 - First DataBank Routed Dosage Form Medication Identifier 8 - First DataBank Medication Identifier 9 - Nine-digit NDC A - Antiepileptic Hospital Pharmacy Service C - Contracting Organization G - First DataBank GCN Sequence Number H - First DataBank HICL Sequence Number							

me

POS

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Start	End	PRMP Requirement
001-08	PRODUCT CODE	Code identifying the product being reported.	M - Manufacturer (NDC) Assigned Code N - Eleven-digit NDC O - UPC P - Product group T - First DataBank Therapeutic Class Code, Specific U - Universal System of Classification Code V - All products used Z - Mutually Agreed Upon Code	S	P	A	181	187	
251	FEDERAL UPPER LIMIT INDICATOR	Indicates if a Federal Upper Limit exists for the drug	Blank - No specified 1 - Yes 2 - No	S	P	A	188	188	
001-26	THERAPEUTIC CLASS CODE QUALIFIER	Identifies type of data being submitted in the Therapeutic Class Code (501-25) field.	Blank - Not Specified 1 - First DataBank Formulation ID 2 - Medi-Span Product Line Generic Product Identifier 3 - First DataBank 4 - Medi-Span Product Line Drug Descriptor ID	S	P	A	189	189	

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000449

Handwritten signatures in blue ink.

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
			5 - First DataBank Medication Name Identifier 6 - First DataBank Routed Medication Identifier 7 - First DataBank Routed Dosage Form Medication Identifier 8 - First DataBank Medication Identifier 9 - First DataBank Enhanced Therapeutic Class Codes A - American Hospital Formulary Service C - Contracting Organization D - First DataBank Therapeutic Class Code - Generic F - First DataBank Therapeutic Class code - Standard M - Manufacturer (PDC) Assigned Code U - Universal System of Classification Code Z - Mutually Agreed Upon Code							

me

POS

ADMINISTRACION DE
 SEGUROS DE SALUD,

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format Size	Start	End	PRMP Requirement
B01-25	THERAPEUTIC CLASS CODE	Code assigned to product being repeated		S	P	A	202	215	
B01-26	THERAPEUTIC CLASS CODE QUALIFIER	Identifies type of data being submitted in the 'Therapeutic Class Code' (B01-25) field.	Blank - Not Specified 1 - First DataBank Formulation ID 2 - Med-Span Product Line Generic Product Identifier 3 - First DataBank Med-Span Product Line Drug Descriptor ID 4 - First DataBank Medication Name Identifier 5 - First DataBank Routed Medication Identifier 6 - First DataBank Routed Dosage Form Medication Identifier 7 - First DataBank Medication Identifier 8 - First DataBank Enhanced Therapeutic Class Codes 9 - American Hospital Formulary Service C - Contracting Organization	S	P	A	217	217	

nr

POS

ADMINISTRACION DE
SEGUROS DE SALUD

NCPDP Post Adjudication 4.2 Standard

23 - P-0-010 4 4 9

Contrato Número

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
601-25	THERAPEUTIC CLASS CODE	Code assigned to product being reported.	D - First DataBank Therapeutic Class Code, Generic E - First DataBank Therapeutic Class Code, Standard M - Manufacturer (PICC) Assigned Code U - Universal System of Classification Code Z - Mutually Agreed Upon Code	S	P	A	17	218	234	
601-26	THERAPEUTIC CLASS CODE QUALIFIER	Identifies type of data being submitted in the Therapeutic Class Code (601-25) field.	Blank - Not Specified 1 - First DataBank Formulation ID 2 - Med-Span Product Line Generic Product Identifier 3 - First DataBank 4 - Med-Span Product Line Drug Descriptor ID 5 - First DataBank Medication Name Identifier 6 - First DataBank Reputed Medication Identifier 7 - First DataBank Routed Usage	S	P	A	1	235	235	

me
ADG

ADMINISTRACION DE
 SEGUROS DE SALUD,
 23-000444

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
			Form Medication Identifier 8 - First DataBank Medication Identifier 9 - First DataBank Enhanced Therapeutic Class Codes A - American Hospital Formulary Service C - Contracting Organization D - First DataBank Therapeutic Class Code, Generic E - First DataBank Therapeutic Class Code, Standard M - Manufacturer (PIC) Assigned Code U - Universal System of Classification Code Z - Mutually Agreed Upon Code							
001-25	THERAPEUTIC CLASS CODE	Code assigned to product being reported.		B	P	A	17	238	252	
001-26	THERAPEUTIC CLASS CODE QUALIFIER	Identifies type of data being submitted in the "Therapeutic Class Code (501-25)" field.	Blank - Not Specified 1 - First DataBank Formulation ID 2 - Med-Span Product Line	B	P	A	1	253	253	
										ADMINISTRACION DE SEGUROS DE SALUD

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
			Generic Product Identifier 3 - First DataBank 4 - Medi-Span Product Line Drug Descriptor ID 5 - First DataBank Medication Name Identifier 6 - First DataBank Routed Medication Identifier 7 - First DataBank Routed Dosage Form Medication Identifier 8 - First DataBank Medication Identifier 9 - First DataBank Enhanced Therapeutic Class Codes A - American Hospital Formulary Service C - Contracting Organization D - First DataBank Therapeutic Class code, Generic E - First DataBank Therapeutic Class code, Standard M - Manufacturer (PIC) Assigner Code							
										ADMINISTRACION DE SEGUROS DE SALUD

me

POS

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
001-25	THERAPEUTIC CLASS CODE	Code assigned to product being reported.	U - Universal System of Classification Code Z - Mutually Agreed Upon Code	S	P	A	17	254	270	
428-DT	SPECIAL PACKAGING INDICATOR	Code indicating the type of dispensing dose.	0 - Not Specified 1 - Not Unit Dose - Indicates that the product is not being dispensed in special unit dose packaging. 2 - Manufacturer Unit Dose - A code used to indicate a distinct dose as determined by the manufacturer. 3 - Pharmacy Unit Dose - Used to indicate when the pharmacy has dispensed the drug in a unit of use "loaded" at the pharmacy - not purchased from the manufacturer as a unit dose. 4 - Pharmacy Unit Dose Patient Compliance Packaging 5 - Pharmacy Multi-dose Patient	S	C	N	1	271	275	

me

POS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000449
Page 85

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
			<p>Compliance Packaging.</p> <p>5 - Remote Device Unit Dose - Drug is dispensed at the facility, via a remote device, in a unit of use package.</p> <p>7 - Remote Device Multi-dose Compliance - Drug is dispensed at the facility, via a remote device, with packaging that may contain drugs from multiple manufacturers combined to ensure compliance and ease administration.</p> <p>8 - Manufacturer Unit of Use Package (not unit dose) - Drug is dispensed by pharmacy in original manufacturer's package and relabeled for use. Applicable in long term care claims only (as defined in Telecommunication Editorial Document).</p>							

me

POS

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
0020-28	UNIT OF MEASURE	NCPDP standard product billing codes	EA - Each GM - Grams ML - Milliliters	S	C	A	2	272	273	
200	PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	Code clarifying the Prior Authorization Number.	00 - Not Specified 01 - Prior Authorization 02 - Medical Certification 03 - EPSDT (Early Periodic Screening Diagnosis Treatment) 04 - Exemption from Copay and/or Coinsurance 05 - Exemption from RX 06 - Family Planning Indicator 07 - TANF (Temporary Assistance for Needy Families) 08 - Payer Defined Exemption Blank - Not Specified Y - Reduced to MAC pricing N - Not reduced to MAC pricing	S	P	N	2	274	275	
272	MAC REDUCED INDICATOR	Indicates if a claim payment was reduced due to a MAC (Maximum Allowable Cost) program.	Blank - Not Specified Y - Reduced to MAC pricing N - Not reduced to MAC pricing	S	P	A	1	276	276	
223	CLIENT PRICING BASIS OF COST	Code indicating the method by which ingredient cost submitted	Blank - Not Specified 01 - Average Wholesale Price	S	P	A	2	277	278	

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 0004 4
Page 81

Contrato Número

NCPDP Post Adjudication 4.2 Standard

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
475- J9	DUR CO-AGENT ID QUALIFIER	is calculated based on agent pricing.	02 - Acquisition Cost (ACD) 03 - Manufacturer Direct Price 04 - Federal Upper Limit (FUL) 05 - Average Generic Price 06 - Usual & Customary 07 - Submitted Ingredient Cost 08 - State MAC 09 - Unit 10 - Usual & Customary or Copy Blank - Not Specified 01 - UPC 02 - HRI 03 - NDC 04 - HIBCC 06 - DURIPPS 07 - CPT4 08 - CPT5 09 - HCPCS 11 - NAPI 12 - GTIN 14 - GPI 15 - GCN 16 - GFC 17 - DDD	S	G	A	2	279	280	
										ADMINISTRACION DE SEGUROS DE SALUD
										23-000446

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
			18 - First Databank SmartKey 19 - Toucheit Micromedex Generic Master (GMA) 20 - ICDB 21 - ICOTIP 23 - NCCI 24 - SNOMED 25 - CDT 26 - DSM IV 27 - ICD10-PCS 28 - FDB Med Name ID 29 - FDB Routed Med ID 30 - FDB Routed Dosage Form Med ID 31 - FDB Med ID 32 - GCN_SEQ_NO 33 - HICL_SEQ_NO 35 - LOINC 37 - AHFS 38 - SCD 39 - SBD 40 - GPCK 41 - BPCK 99 - Other							
										ADMINISTRACION DE SEGUROS DE SALUD

me

RF

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Mandatory of Situational	Source	Format	Size	Start	End	PRMP Requirement
426-H6	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).		S	C	A	18	281	298	
260	GENERIC INDICATOR	Distinguishes if product priced as Generic or Branded product as defined by processor.		S	P	A	1	300	300	
202	PLAN CUTBACK REASON CODE	Indicates the type of cutback, if any, imposed by plan.	Blank - Not Specified 1 - Medicare Part B (Plan Cutback) - A reduction in a quantity of a medical service covered by Medicare Part B. 2 - Medicare Part B with days' supply reduction in the days' supply of a service/drug covered by Medicare Part B. C - Net Check limit cutback - A reduction in the net amount of a check. D - Days' Supply cutback - A reduction in the days' supply. I - Ingredient Cost cutback - A	S	P	A	1	301	301	

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PUMP Requirement
889	THERAPEUTIC CHAPTER	An eight position field representing the therapeutic chapter, from formulary file as defined by processor.	reduction in the ingredient cost. Q - Quantity cutback - A reduction in the quantity.	S	P	A	8	302	309	
209	AVERAGE COST PER QUANTITY UNIT PRICE	Average Cost Per Quantity as defined by processor.		S	P	D	9	310	318	
210	AVERAGE GENERIC UNIT PRICE	Average Generic Price per unit as defined by processor.		S	P	D	9	319	327	
211	AVERAGE WHOLESALE UNIT PRICE	Average Wholesale Price per unit for the drug as defined by processor.		S	P	D	9	328	336	
253	FEDERAL UPPER LIMIT UNIT PRICE	Federal Upper Limit Unit Price as defined by processor.		S	P	D	9	337	345	
27*	MAC PRICE	Indicates the unit maximum allowable cost price for the product/service as defined by the processor.		S	P	D	9	346	354	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Pct' (522-FM).	00 - Not Specified 01 - Ingredient Cost Paid as Submitted 02 - Ingredient Cost Reduced to AMP Pricing	S	C	N	2	355	358	Translator will have to crosswalk the four values below to a 'C'.

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000449 Page 91

Contrato Número

NCPDP Post Adjudication 4.2 Standard

me

2008

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRAMP Requirement
			<p>03 - Ingredient Cost Reduced to AMP Less X% Pricing</p> <p>04 - Usual & Customary Paid as Submitted</p> <p>05 - Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary</p> <p>06 - MAC Pricing Ingredient Cost Paid</p> <p>07 - MAC Pricing Ingredient Cost Reduced to MAC</p> <p>08 - Contract Pricing</p> <p>09 - Acquisition Pricing</p> <p>10 - ASP (Average Sales Price)</p> <p>11 - AMP (Average Manufacturer Price)</p> <p>12 - 340B</p> <p>Diapropionate Shampoo/Pubic Health Service Pricing</p> <p>13 - WAC (Wholesale Acquisition Cost)</p> <p>14 - Other Payer-Patient Responsibility Amount</p>							<p>file created by the translator.</p> <p>03 = 'C' which is for capitated</p> <p>04 = 'F' which is for FFS</p> <p>05 = 'T' which is TPL</p> <p>06 = 'Z' which is for Zero billed/Provider did not charge</p>
										<p>ADMINISTRACION DE SEGUROS DE SALUD</p> <p>23 - 000449</p>

me

POS

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Field	Field Name	Description	Value	Mandatory or Situational	Source	Format	Size	Start	End	PRMF Requirement
285	PATIENT FORMULARY REBATE AMOUNT	Credit that the patient receives on this claim from the drug manufacturer	15 - Patient Pay Amount 16 - Coupon Payment 17 - Special Patient Reimbursement 18 - Direct Price (DP) 19 - State Fee Schedule (SFS) Reimbursement 20 - National Average Drug Acquisition Cost (NADAC) 21 - State Average Acquisition Cost (AAC) 22 - Ingredient cost paid based on submitted Basis of Cost Free Product	S	P	D	8	357	364	

me

ROS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
		SECTION DENOTES SECOND INGREDIENT: SAME AS THE FIRST INGREDIENT								
		SECTION DENOTES THIRD INGREDIENT:								
		SECTION DENOTES FOURTH INGREDIENT:								
		SECTION DENOTES FIFTH INGREDIENT:								
		SECTION DENOTES SIXTH INGREDIENT:								
		SECTION DENOTES SEVENTH INGREDIENT:								
		SECTION DENOTES EIGHTH INGREDIENT:								

me

4.2.2 POST ADJUDICATION HISTORY COMPOUND DETAIL RECORD2

Table 6 -- Post Adjudication History Compound Detail Record2

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	PRMP Requirement
		PRMP only accepts Compound Detail Record1. DO NOT SEND Compound Detail Record2.								
		SECTION DENOTES NINTH INGREDIENT:								
		SECTION DENOTES TENTH INGREDIENT:								
		SECTION DENOTES ELEVENTH INGREDIENT:								
		SECTION DENOTES TWELVTH INGREDIENT:								
		SECTION DENOTES THIRTEENTH INGREDIENT:								
		SECTION DENOTES FOURTEENTH INGREDIENT:								
		SECTION DENOTES FIFTEENTH INGREDIENT:								

POS

ADMINISTRACION DE
 SEGUROS DE SALUD,

23 - 00044G

4.3 POST ADJUDICATION HISTORY TRAILER RECORD

Table 7 - Post Adjudication History Trailer Record

Field	Field Name	Description	Values	Mandatory or Situational	Source	Format	Size	Start	End	FRMP Requirement
801-00	RECORD TYPE	Type of record being submitted.	PT - Post Adjudication History Trailer Record	M	P	A	2	1	2	
801-00	TOTAL RECORD COUNT	Total number of records being submitted, including header and trailer.		N	P	N	10	3	12	
890	TOTAL NET AMOUNT DUE	Summarization of Net Amount Due (281).		N	P	D	12	13	24	
893	TOTAL GROSS AMOUNT DUE	Total sum of the gross amount due fields on the claim level.		S	P	D	12	25	36	
894	TOTAL PATIENT PAY AMOUNT	Total sum of the patient pay amount fields on the claim level.		M	P	D	12	37	48	
	FILLER			MU		A	3852	49	3100	

me

POS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Contrato Número

Appendix A: Discussion of MAO COBTPL Reporting When:

MAO Only Paid

Table 3 – MAO Only Paid

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMIS	PRIMIS Instructions
225	COB CARRIER SUBMIT AMOUNT		The amount submitted by the COB carrier.	If the MAO has COB Carrier Amount available, report Field #225 (COB CARRIER SUBMIT AMOUNT). If the MAO does not store the COB Carrier Amount, the field does not need to be completed.
245	ELIGIBILITY COB INDICATOR	Code as provided on Client eligibility.	Blank – Not Specified 1 – Payer is Primary – Plan is first payer for patient 2 – Payer is Secondary – Plan is second payer for patient 3 – Payer is Tertiary – Plan is third payer for patient NCPDP 4.2: Required when available in the payer's adjudication system	Field #245 is REQUIRED. If the MAO paid the drug in full, report '1'.
226	COB PRIMARY CLAIM TYPE	For secondary COB claims indicates the claim type of the primary claim.	Blank – Not Specified I – Secondary Claims Not Processed – Supplemental claims are not eligible for COB. J – Major Medical – Supplemental health care claims, excluding pharmaceutical claims, are eligible for COB M – Mail Service – Pharmaceutical claims dispensed out of a Mail Order Facility. R – Retail – Pharmaceutical claims dispensed out of a retail pharmacy.	Field #226 is situational. If the MAO has COB Carrier Amount available, report Field #228 (COB PRIMARY CLAIM TYPE).
232	COB PRIMARY PAYER ID	Primary Payer ID associated with the Primary Payer.	Use one of the following Primary Payer IDs when submitting encounter claims to the PRIMIS for Paying Members: MAOSNP If the MAO pays for a drug, Field #232 must indicate Primary Payer ID MAOSNP	Field #232 (COB PRIMARY PAYER ID) is REQUIRED. If the MAO paid the drug in full, report MAOSNP.

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRMMIS	PRMMIS Instructions
			<p>MAOSNP represents that the MAO paid for the drug/product</p> <p>MEDICAID</p> <p>If the MAO does not cover the drug and Puerto Rico Medicaid funding is used to pay for the drug, Field #238 must indicate Secondary Payer ID 'MEDICAID'.</p> <p>MEDICAID represents that Puerto Rico Medicaid paid for the drug</p> <p>The only time that MEDICAID is primary is when the MAO does not cover payment of the drug/product and the Pasing member does not have a Commercial insurance or TRICARE primary that must be billed for consideration of payment of the drug/product</p> <p>COMMERCIAL</p> <p>(This scenario from a COB Primary Payer ID standpoint may or may not apply to the Puerto Rico Medicare Advantage Organizations.)</p> <p>If the Pasing Member has a private health insurance plan that must consider payment of a drug before the MAO can consider payment of the drug/product, report 'COMMERCIAL' as the Primary Payer ID in Field #232</p> <p>A commercial insurance plan is insurance coverage that is not Medicare Part D, Medicare Part B, Medicare Advantage Organization - Special Needs Plan, or Medicaid. This scenario may or may not apply to each MAO</p> <p>TRICARE</p> <p>(This scenario from a COB Primary Payer ID standpoint may or may not apply to the Puerto Rico Medicare Advantage Organizations)</p> <p>If the Pasing Member is a veteran where TRICARE must pay or deny the pharmacy claim before the MAO can consider paying for the drug, Field #232 must indicate Primary Payer ID 'TRICARE'</p>	<p>Field #238 is REQUIRED. Report the payment assigned to the primary payer reported in Field #232</p>
ADMINISTRATIVE	EXPERIMENTAL	Amount paid by primary payer for product or service.		

me

ADJ

ADMINISTRATIVE
EXPERIMENTAL
SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMIS	PRIMIS Instructions
231	COB PRIMARY PAYER DEDUCTIBLE	Deductible amount according to primary payer for product or service		Field #231 is situational. If the MAO paid the drug in full and the MAO cost sharing is negated (\$0) or replaced by a nominal copay for a generic (\$1) or brand name drug (\$2) do not report.
232	COB PRIMARY PAYER COINSURANCE	Coinsurance amount according to primary payer for product or service		Field #232 is situational. If the MAO paid the drug in full and the MAO cost sharing is negated (\$0) or replaced by a nominal copay for a generic (\$1) or brand name drug (\$2), do not report.
233	COB PRIMARY PAYER COPAY	Copay amount according to primary payer for product or service		Field #233 is situational. If the MAO paid the drug in full and the MAO cost sharing is negated (\$0) or replaced by a nominal copay for a generic (\$1) or brand name drug (\$2) and the Payer number was changed a copayment, enter the nominal copay amount.
238	COB SECONDARY PAYER ID	ID assigned to secondary payer.	MAOSNP If the MAO pays for a drug as a secondary payer to a Commercial insurance plan or TRICARE, Field #238 must indicate Secondary Payer ID 'MAOSNP'. MAOSNP represents that the MAO paid for the drug. MEDGAP If the Payer Member has a 'Medicare gap' insurance as a commercial insurance plan that covers Medicare or MAO cost sharing.	Field #238 (COB SECONDARY PAYER ID) is situational. If the MAO paid the drug in full as the primary payer, do not report.

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000446

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMMS	PRIMMS Instructions
			<p>Medicare gap insurance is always secondary to Medicare or MAO.</p> <p>MEDIGAP represents an insurance plan that covers only Medicare/MAO cost sharing.</p> <p>MEDICAID</p> <p>If the MAO does not cover the drug and Puerto Rico Medicaid funding is used to pay for the drug, Field #238 must indicate Secondary Payer ID 'MEDICAID'.</p> <p>MEDICAID represents that the Puerto Rico Medicaid paid for the drug/product.</p> <p>The only time that MEDICAID is primary is when the MAO does not cover payment of the drug/product and the Puerto Rico member does not have a Commercial insurance or TRICARE primary that must be listed for consideration of payment of the drug/product.</p> <p>COMMERCIAL</p> <p>(This scenario, from a COB Secondary Payer ID standpoint may or may not apply to the Puerto Rico Medicare Advantage Organizations.)</p> <p>If the Puerto Member has a private health insurance plan that must consider payment of a drug/product, report 'COMMERCIAL' as the Secondary Payer ID in Field #238.</p> <p>A commercial insurance plan is insurance coverage that is not Medicare Part D, Medicare Part B, Med Care Advantage Organization - Special Needs Plan, or Medicaid. This scenario may or may not apply to each MAO.</p> <p>TRICARE</p> <p>(This scenario, from a COB Secondary Payer ID standpoint, may or may not apply to the Puerto Rico Medicare Advantage Organizations.)</p> <p>If the Puerto Member is a veteran where TRICARE must pay or deny the pharmacy claim, Field #238 must indicate Secondary Payer ID 'TRICARE'.</p>	

me

WPS

ADMINISTRACION DE
 SEGUROS DE SALUD

23 - 000449

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMMS	PRIMMS Instructions
234	COB SECONDARY PAYER AMOUNT PAID	Amount paid by secondary payer for product or service.		Field #234 is situational. If the MAC paid the drug in full as the primary payer, do not report.
237	COB SECONDARY PAYER DEDUCTIBLE	Deductible amount according to secondary payer for product or service.		Field #237 is situational. If the MAC paid the drug in full as the primary payer, do not report.
235	COB SECONDARY PAYER COINSURANCE	Coinsurance amount according to secondary payer for product or service.		Field #235 is situational. If the MAC paid the drug in full as the primary payer, do not report.
236	COB SECONDARY PAYER COWAY	Coway amount according to secondary payer for product or service.		Field #236 is situational. If the MAC paid the drug in full as the primary payer, do not report.
308-C8	OTHER COVERAGE CODE	Code indicating whether or not the patient has other insurance coverage.	<p>00 - Not Specified by patient</p> <p>01 - No other coverage -- Code used in coordination of benefits transactions to convey that no other coverage is available.</p> <p>02 - Other coverage exists -- payment collected -- Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment received</p> <p>03 - Other Coverage failed -- claim not covered -- Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed, and payment denied because the service is not covered</p> <p>04 - Other coverage exists -- payment not collected -- Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment has not been received.</p> <p>08 - Claim is billing for patient financial responsibility only -- Coway is a form of cost sharing that holds the patient responsible for a fixed dollar amount for each product/service received and regardless of the patient's current benefit status, product selection, or network selection.</p>	Field #308-C8 is REQUIRED. If the MAC paid the drug in full, report 01.
ADMINISTRACION DE SEGUROS DE SALUD				
23 - 000446				

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for FRMMIS	FRMMIS Instructions
501-01	PLAN TYPE	Identifies the type of plan. 1820 = Medicaid 1830 = Medicare	1830 - MEDICARE - The federal program providing health insurance for people aged 65 and older and for disabled people of all ages.	Field #501-01 is REQUIRED. If only MAO funding is used to pay the drug/product report 1830 (MEDICARE). If the drug is a wraparound paid drug (Puerto Rico Medicaid funds are used to pay the drug/product), then report 1820 (Medicaid).
393-MV	MV BENEFIT STAGE QUALIFIER	Code qualifying the Benefit Stage Amount' (384-MVW).	<p>Blank - Not Specified</p> <p>01 - Deductible - The amount of covered expenses that must be incurred and paid by the insured before benefits become payable by the insurer.</p> <p>02 - Initial Benefit - The first monthly benefit, or the first monthly benefit following any break in participation.</p> <p>03 - Coverage Gap (donut hole) - Commonly referred to as the "donut hole." Amount paid for Medicare prescription drug coverage, with a PDP or an MAPD, after the initial coverage limit and until the total out-of-pocket paid for covered prescription drugs reaches a certain amount.</p> <p>04 - Catastrophic Coverage - Once a total maximum is reached, the insured pays a small amount for a drug claim until the end of the calendar year.</p> <p>50 - Not paid under Part D, paid under Part C benefit (for MA-PD plan).</p> <ul style="list-style-type: none"> This qualifier applies to MA-PD plans where the claim is submitted under the Part D BNYPCM. The claim is NOT paid by the Part D plan benefit. The claim IS paid for by Part C benefit (MA portion of the MA-PD). When the qualifier value of 50 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 384-MV Benefit Stage Amount should be populated with the total amount total of 505-F5. 	Field #393 is situational. Use the applicable MV Benefit Stage Qualifier in Column D.

ADMINISTRACION DE
SEGUROS DE SALUD

23-000446

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRMMS Instructions
		<p>NCPDP 4.2 Valid Values or Guidance for PRMMS</p> <p>Patient Pay Amount, 509-F9 Total Amount Paid, and 506-J5 Other Payer Amount (Recognized) of the claim.</p> <ul style="list-style-type: none"> A Medicare Advantage Prescription Drug Plan (MA-PD) is a Medicare Advantage (Part C) plan that includes prescription drug coverage. Not paid under Part D; paid as or under a supplemental benefit only. This qualifier applies to co-administered plans, where the claim is submitted under the Part D BIN/PCN and where one pharmacy response is provided. This qualifier also applies to Primary claims submitted under the Part D BIN/PCN when a supplemental benefit is provided (drugs covered outside of the allowable Part D benefit). The claim is NOT paid by the Part D plan benefit but is paid under the supplemental benefit. When the qualifier value of 02 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MY Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 506-J5 Other Payer Amount (Recognized) of the claim). Stage 02 is not specific to a Part D covered drug versus a non-Part D drug/non-qualified, either of the following situations may occur: <ol style="list-style-type: none"> For Part D drugs not paid by the Part D plan benefit, the Approved Message Code field (548-BF) must be returned with a value of 3 - Provide Notice: Medicare Prescription Drug Coverage and Your Rights. For non-Part D drug/non-qualified drugs Benefit Stage Qualifier 02 will be returned without the Approved Message Code value of 018. <p>(Note: Non-qualified drugs are defined as not meeting the definition of a Part D drug.)</p>	<p>ADMINISTRACION DE SEGUROS DE SALUD</p> <p>23-000446</p>

nr

POS

MCPDP Field ID	MCPDP Field Description	MCPDP 4.2 Instructions	PRMMIS Instructions
51	Part D drug not paid by Part D plan benefit; paid as or under a co-administered insured benefit only	<p>This qualifier applies to co-administered plans, where the claim is submitted under the Part D BIN/PCN and where one pharmacy response is provided.</p> <ul style="list-style-type: none"> This claim is NOT paid by the Part D plan benefit but is paid under the co-administered insured benefit. When the qualifier value of 61 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MC-Benefit Stage Amount should be populated with the total amount (total of 525-F5 Patient Pay Amount, 529-F9 Total Amount Paid, and 588-J5 Other Payer Amount Recognized) of the claim. 	
62	Non-Part D/non-qualified drug not paid by Part D plan benefit; Paid as or under a co-administered benefit only.	<p>This qualifier applies to co-administered plans, where the claim is submitted under the Part D BIN/PCN and where one pharmacy response is provided. The claim is NOT paid by the Part D plan benefit but is paid under the co-administered benefit.</p> <ul style="list-style-type: none"> When the qualifier value of 62 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MC-Benefit Stage Amount should be populated with the total amount (total of 525-F5 Patient Pay Amount, 529-F9 Total Amount Paid, and 588-J5 Other Payer Amount Recognized) of the claim. 	
70	Part D drug not paid by Part D plan benefit; paid by the beneficiary under plan-sponsored negotiated pricing.	<p>This qualifier applies to a plan sponsor that offers negotiated pricing to the beneficiary when the Part D drug is not covered by the plan (e.g., nonformulary, quantity limit, etc.).</p>	

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRMMIS Instructions
		<p>When the qualifier value of 70 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used.</p> <p>The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 555-J5 Other Payer Amount Recognized) of the claim.</p> <p>For Part D drugs not paid by the Part D plan benefit, paid by the beneficiary under plan sponsored negotiated pricing, the Approved Message Code field (548-05) must be returned with a value of 99 - Provide Notice: Medicare Prescription Drug Coverage and Your Rights.</p> <p>80 - Non-Part D/non-qualified drug not paid by Part D plan benefit, hospice benefit, or any other component of Medicare; paid by the beneficiary under plan-sponsored negotiated pricing.</p> <p>This qualifier applies to a plan sponsor that offers negotiated pricing to the beneficiary when drug is not covered under Part D law (i.e., excluded drugs).</p> <p>When the qualifier value of 80 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used.</p> <p>The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 555-J5 Other Payer Amount Recognized) of the claim.</p> <p>90 - Enhance or OTC drug (NDE value of E10); not applicable to the Part D drug spend, but is covered by the Part D plan.</p> <p>When the qualifier value of 90 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used.</p> <p>The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 555-J5 Other Payer Amount Recognized) of the claim.</p>	
ADMINISTRACION DE SEGUROS DE SALUD	237000446		Contrato Número

me

ROS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRMMS Instructions
351-NP	OTHER PAYER- PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Occurs 2 times. Code values as specified in the NCPDP. Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim.	Blank - Not Specified 01 - Amount Applied to Periodic Deductible (517-FI) as reported by previous payer 02 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer 03 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer 04 - Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer 05 - Amount of Copay (518-FI) as reported by previous payer 06 - Patient Pay Amount (505-F5) as reported by previous payer 07 - Amount of Coinsurance (572-UI) as reported by previous payer 08 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (F35-LJM) as reported by previous payer 09 - Amount Attributed to Health Plan Assistance Amount (129-LD) as reported by previous payer 10 - Amount Attributed to Provider Network Selection

me

ROS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000449

Contrato Número

MAO Paid & Wraparound Picked Up Copay

Table 9 – MAO Paid & Wraparound Picked Up Copay

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMIS	PRIMIS Instructions
225	COB CARRIER SUBMIT AMOUNT	The amount submitted by the COB carrier.		If the MAO has COB Carrier Amount available, report Field #225 (COB CARRIER SUBMIT AMOUNT).
245	ELIGIBILITY COB INDICATOR	Code as provided on Client eligibility	Blank – Not Specified 1 – Payer is Primary – Plan is first payer for patient 2 – Payer is Secondary – Plan is second payer for patient 3 – Payer is Tertiary – Plan is third payer for patient NCPDP 4.2: Required when available in the payer's adjudication system.	Field #245 is REQUIRED. The MAO SNP would be considered the primary payer when the Picking Member has an MAO and Puerto Rico Medicaid (i.e., dual eligible) and Puerto Rico Medicaid would be considered the second payer when no other insurance coverage exists.
226	COB PRIMARY CLAIM TYPE	For secondary COB claims, indicates the claim type of the primary claim	Blank – Not Specified I – Secondary Claims Not Processed – Supplemental claims are not eligible for COB. J – Major Medical – Supplemental health care claims, excluding pharmaceutical claims, are eligible for COB. M – Mail Service – Pharmaceutical claims dispensed out of a Mail Order Facility. R – Retail – Pharmaceutical claims dispensed out of a retail pharmacy.	Field #226 is situational. If the MAO has COB Carrier Amount available, report Field #226 (COB PRIMARY CLAIM TYPE).
232	COB PRIMARY PAYER ID	Primary Payer ID associated with the Primary Payer.		Field #232 (COB PRIMARY PAYER ID) is REQUIRED when both MAO funds and Medicaid funds were used to pay a drug/biolog cal item. Enter MAOSNP in Field #232 to represent that the MAO is the primary payer.

ADMINISTRACION DB
 SEGUROS DE SALUD

23 - 000446

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMIS	PRIMIS Instructions
228	COB PRIMARY PAYER AMOUNT PAID	Amount paid by primary payer for product or service.		Field #228 is REQUIRED. Report the payment associated to the primary payer report in Field #232 (COB PRIMARY PAYER ID). The MAO SNP would be considered the primary payer when the Picking Member has an MAO and Puerto Rico Medicaid (i.e., dual eligible).
231	COB PRIMARY PAYER DEDUCTIBLE	Deductible amount according to primary payer for product or service.		Field #231 is required when the Primary Payer reported in Field #232 assessed deductible. Report the deductible associated to the primary payer reported in Field #232 (COB PRIMARY PAYER ID). If the Primary Payer reported in Field #232 did not assess deductible, leave blank.
229	COB PRIMARY PAYER COINSURANCE	Coinsurance amount according to primary payer for product or service.		Field #229 is required when the Primary Payer reported in Field #232 assessed coinsurance. Report the coinsurance associated with the primary payer reported in Field #232 (COB PRIMARY PAYER ID).
230	COB PRIMARY PAYER COPAY	Copay amount according to primary payer for product or service.	ADMINISTRACION DE SEGUROS DE SALUD ; 23 - 000446	Field #230 is required when the Primary Payer reported in Field #232 assessed copayment. Report the copayment associated with the primary payer reported in Field #232 (COB PRIMARY PAYER ID).

Handwritten initials

Handwritten initials

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMMIS	PRIMMIS Instructions
238	COB SECONDARY PAYER ID	ID assigned to secondary payer.		Field #238 (COB SECONDARY PAYER ID) is required when the MAO and another insurance plan or Medicaid paid for the drug or cost sharing. Enter MEDICAID when Medicaid funds were used secondary to the MAO funds to cover any portion of the payment for a drug/biological item.
234	COB SECONDARY PAYER AMOUNT PAID	Amount paid by secondary payer for product or service.		Field #234 is required when the Secondary Payer paid for the drug/product or the Plineo Members cost sharing (e.g., copayment).
237	COB SECONDARY PAYER DEDUCTIBLE	Deductible amount according to secondary payer for product or service.		Field #237 is required when there is a Secondary Payer deductible that was assessed on the drug/product. Report the deductible amount, if applicable.
235	COB SECONDARY PAYER COINSURANCE	Coinsurance amount according to secondary payer for product or service.		Field #235 is required when there is a Secondary Payer coinsurance that was assessed on the drug/product. Report the coinsurance amount, if applicable.
236	COB SECONDARY PAYER COPAY	Copay amount according to secondary payer for product or service.		Field #236 is required when there is a Secondary Payer copayment that was assessed on the drug/product. Report the copayment amount, if applicable.

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMMS	PRIMMS Instructions
308-C8	OTHER COVERAGE CODE	Code indicating whether or not the patient has other insurance coverage.	<p>00 - No: Specified by patient</p> <p>01 - No other coverage - Code used in coordination of benefits transactions to convey that no other coverage is available.</p> <p>02 - Other coverage exists - payment collected - Code used in coordination of benefits transactions to convey that other coverage is available; the payer has been billed, and payment received</p> <p>03 - Other coverage billed - claim not covered - Code used in coordination of benefits transactions to convey that other coverage is available; the payer has been billed, and payment denied because the service is not covered</p> <p>04 - Other coverage exists - payment not collected - Code used in coordination of benefits transactions to convey that other coverage is available; the payer has been billed and payment has not been received.</p> <p>08 - Claim is billing for patient financial responsibility only - Code is a form of cost sharing that holds the patient responsible for a fixed dollar amount for each product/service received and regardless of the patient's current benefit status, product selection or network selection.</p>	<p>Field #308-C8 is REQUIRED. Report the appropriate code from Column D that represents other coverage for the drug/product.</p>
800-01	PLAN TYPE	Identifies the type of plan: 1920 = Medicaid 1930 = Medicare Blank = Neither	<p>1930 - MEDICARE - The federal program providing health insurance for people aged 65 and older, and for disabled people of all ages</p>	<p>Field #800-01 is REQUIRED. If the MAC paid as the primary payer and Medicaid was reported as the secondary payer, enter 1930. This field should be completed based on primary payer when more than one funding source is used in payment related to MAC/Medicaid dual eligible coverage (i.e., Plating members)</p>
393-MV	MV BENEFIT STAGE QUALIFIER	Code qualifying the Benefit Stage Amount (394-MV). Blank = MEDICARE SEGUROS DE SALUD	<p>393-MV BENEFIT STAGE QUALIFIER Code qualifying the Benefit Stage Amount (394-MV). Blank = MEDICARE SEGUROS DE SALUD</p>	<p>Field #393-MV is REQUIRED. Use the applicable MV Benefit Stage Qualifier in Column D.</p>

ml

POS

23 - 000446

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRMMS Instructions
		<p>NCPDP 4.2 Valid Values or Guidance for PRMMS</p> <p>01 - Deductible - The amount of covered expenses that must be incurred and paid by the insured before benefits become payable by the insurer</p> <p>02 - Initial Benefit - The first monthly benefit, or the first monthly benefit following any break in participation.</p> <p>03 - Coverage Gap (donut hole) - Commonly referred to as the "donut hole," Amount paid for Medicare prescription drug coverage, with a PDP or an MAPD, after the initial coverage limit and until the total out of pocket paid for covered prescription drugs reaches a certain amount</p> <p>04 - Catastrophic Coverage - Once a total maximum is reached, the insured pays a small amount for a drug claim until the end of the calendar year</p> <p>50 - Not paid under Part D, paid under Part C benefit (for MA-PD plan):</p> <ul style="list-style-type: none"> This qualifier applies to MA-PD plans where the claim is submitted under the Part D BIN/PIN The claim is NOT paid by the Part D plan benefit. The claim IS paid for by Part C benefit (MA portion of the MA-PD). When the qualifier value of 50 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 39-44V Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount 503-F9 Total Amount Paid and 506-J5 Other Payer Amount Recognized) of the claim. A Medicare Advantage Prescription Drug plan (MA-PD) is a Medicare Advantage (Part C) plan that includes prescription drug coverage <p>60 - Not paid under Part D; paid as or under a supplemental benefit only</p> <ul style="list-style-type: none"> This qualifier applies to co-administered plans where the claim is submitted under the Part D BIN/PIN and where one pharmacy residence is provided. This qualifier also applies to Primary claims submitted under the Part D BIN/PIN where a supplemental 	
ADMINISTRACION DB SEGUROS DE SALUD,	23-00044G		

Handwritten initials: ml and POS

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRMMIS Instructions
ADMINISTRACION DE SEGUROS DE SALUD 23 - 000446		<p>benefit is provided (drugs covered outside of the allowable Part D benefit).</p> <ul style="list-style-type: none"> The claim is NOT paid by the Part D plan benefit but is paid under the supplemental benefit. When the qualifier value of 60 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MC Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 506-L5 Other Payer Amount Recognized) of the claim. Since 60 is not specific to a Part D covered drug versus a non-Part D drug/non-qualified either of the following situations may occur. <ol style="list-style-type: none"> For Part D drugs not paid by the Part D plan benefit, the Approved Message Code field (548-BF) must be returned with a value of 18 - "Provider Notice: Medicare Prescription Drug Coverage and Your Rights." For non-Part D non-qualified drugs Benefit Stage Qualifier 60 will be returned without the Approved Message Code value of 015. <p>Note: Non-qualified drugs are defined as not meeting the definition of a Part D drug.</p> <p>01 - Part D drug not paid by Part D plan benefit; paid as or under a co-administered insured benefit only.</p> <ul style="list-style-type: none"> This qualifier applies to co-administered plans, where the claim is submitted under the Part D BIMPON and where one pharmacy response is provided. The claim is NOT paid by the Part D plan benefit but is paid under the co-administered insured benefit. When the qualifier value of 61 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MC Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 	

me

POS

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRMMS Instructions
		<p>566-J5 Other Payer Amount (Recognized) of the claim.</p> <p>52 - Non-Part D non-qualified drug not paid by Part D plan benefit. Paid as or under a co-administered benefit only.</p> <ul style="list-style-type: none"> This qualifier applies to co-administered plans where the claim is submitted under the Part D BIN/PCN and where one pharmacy response is provided. The claim is NOT paid by the Part D plan benefit but is paid under the co-administered benefit. When the qualifier value of 02 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MC Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount (Recognized) of the claim. <p>Note: Non-qualified drugs are defined as not meeting the definition of a Part D drug.</p> <p>70 - Part D drug not paid by Part D plan benefit paid by the beneficiary under plan-sponsored negotiated pricing.</p> <ul style="list-style-type: none"> This qualifier applies to a plan sponsor that offers negotiated pricing to the beneficiary when the Part D drug is not covered by the plan (e.g. non-formulary, quantity limit, etc.) When the qualifier value of 70 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount (Recognized) of the claim. For Part D drugs not paid by the Part D plan benefit, paid by the beneficiary under plan sponsored negotiated pricing, the Approved Message Code field 548-F7 must be returned with a value of 10 - 	
ADMINISTRACION DE SEGUROS DE SALUD			
23-000449			

me

408

Contrato Número

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRMMIS	PRMMIS Instructions
			<p>Provide Notice: Medicare Prescription Drug Coverage and Your Rights."</p> <p>B2 - Non-Part D non-qualifier drug not paid by Part D plan benefit, hospice benefit, or any other component of Medicare; paid by the beneficiary under plan-sponsored negotiated pricing.</p> <ul style="list-style-type: none"> This qualifier applies to a plan sponsor that offers negotiated pricing to the beneficiary when drug is not covered under Part D law (i.e., excluded drugs). When the qualifier value of B2 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 525-F5 Patient Pay Amount, 529-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim. <p>U2 - Enhance or OTC drug (PDE value of E10) not applicable to the Part D drug spend, but is covered by the Part D plan.</p> <ul style="list-style-type: none"> When the qualifier value of U2 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 525-F5 Patient Pay Amount, 529-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim. 	

me

POS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000449

Contrato Número

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instrucciones	NCPDP 4.2 Valid Values or Guidance for PRMMIS	PRMMIS Instructions
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Occurs 2 times. Code values as specified in the NCPDP. Required when received as part of the original claim from the provider or as part of the processor's response to the Submitted Claim.	Blank - Not Specified 01 - Amount Applied to Periodic Deductible (S17-FH) as reported by previous payer 02 - Amount Attributed to Product Selection B and Drug (I34-LK) as reported by previous payer 03 - Amount Attributed to Sales Tax (S23-FN) as reported by previous payer 04 - Amount Exceeding Periodic Benefit Maximum (S28-FKI) as reported by previous payer 05 - Amount of Copay (S16-FI) as reported by previous payer 06 - Patient Pay Amount (S05-F5) as reported by previous payer 07 - Amount of Coinsurance (S72-4U) as reported by previous payer 08 - Amount Attributed to Product Selection Non-Preferred Formulary Selection (I35-LM) as reported by previous payer 09 - Amount Attributed to Health Plan Assistance Amount (I29-LD) as reported by previous payer 10 - Amount Attributed to Provider Network Selection	Field #351-NP is REQUIRED. Report the applicable value from Column D

me

RFJ

ADMINISTRACION DB
 SEGUROS DE SALUD

23 - 000449

Contrato Número

Wraparound Paid (Medicaid Only)

Table 10 - Wraparound Paid (Medicaid Only)

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMMIS	PRIMMIS Instructions
225	COB CARRIER SUBMIT AMOUNT	The amount submitted by the COB carrier		If the MAQ has COB Carrier Amount available, report Field #225 (COB CARRIER SUBMIT AMOUNT) if the MAQ does not store the COB Carrier Amount, the field does not need to be completed
245	ELIGIBILITY COB INDICATOR	Code as provided on Client eligibility.	Blank - Not Specified 1 - Payer is Primary - Plan is first payer for patient 2 - Payer is Secondary - Plan is second payer for patient 3 - Payer is Tertiary - Plan is third payer for patient NCPDP 4.2: Required when available in the payer's adjudication system	Field #245 is REQUIRED. If Medicaid Wraparound paid the drug in full, report "1"
226	COB PRIMARY CLAIM TYPE	For secondary COB claims, indicates the claim type of the primary claim	Blank - Not Specified I - Secondary Claims Not Processed - Supplemental claims are not eligible for COB J - Major Medical - Supplemental health care claims, excluding pharmaceutical claims, are eligible for COB M - Mail Service - Pharmaceutical claims dispensed out of a Mail Order Facility R - Retail - Pharmaceutical claims dispensed out of a retail pharmacy.	Field #226 is situational. If the MAQ has COB Carrier Amount available, report Field #226 (COB PRIMARY CLAIM TYPE).
228	COB PRIMARY PAYER AMOUNT PAID	Amount paid by primary payer for product or service.	ADMINISTRACION DB SEGUROS DE SALUD 23 - 000 4 46	Field #228 is REQUIRED. Report the payment associated to the primary payer report in Field #232 (COB PRIMARY PAYER ID). If the Medicaid Wraparound paid the drug in full, report the MAQ paid amount.

me

POS

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMIS	PRIMIS Instructions
231	COB PRIMARY PAYER DEDUCTIBLE	Deduction amount according to primary payer for product or service.		Field #231 is situational. If Medicaid/Wraparound paid the drug deductible is not applicable. Do not report.
228	COB PRIMARY PAYER COINSURANCE	Coinsurance amount according to primary payer for product or service.		Field #228 is situational. If Medicaid/Wraparound paid the drug coinsurance is not applicable. Do not report.
230	COB PRIMARY PAYER COWAY	Coway amount according to primary payer for product or service.		Field #230 is situational. If Medicaid/Wraparound paid the drug and a copayment is applied, report the copayment amount. If no copayment was applied, do not report.
238	COB SECONDARY PAYER ID	ID assigned to secondary payer.	<p>MAOSNP If the MAO pays for a drug as a secondary payer to a Commercial insurance plan or TRICARE, Field #238 must indicate Secondary Payer ID 'MAOSNP'. MAOSNP represents that the MAO paid for the drug.</p> <p>MEDIGAP If the Plan Member has a Medicare gap insurance as a commercial insurance plan that covers Medicare or MAO cost sharing. Medicare gap insurance is always secondary to Medicare or an MAO. MEDIGAP represents an insurance plan that covers only Medicare/MAO cost sharing.</p> <p>MEDICAID If the MAO does not cover the drug and Puerto Rico Medicaid funding is used to pay for the drug, Field #238 must indicate Secondary Payer ID 'MEDICAID'. MEDICAID represents that the Puerto Rico Medicaid paid for the drug/product.</p>	<p>Field #238 (COB SECONDARY PAYER ID) is situational. If Medicaid/Wraparound paid the drug, in full as the primary payer, do not report.</p>
	ADMINISTRACION DB SEGUROS DE SALUD			
	23 - 00044G			

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMIS	PRIMIS Instructions
			<p>The only time that MEDICAID is primary is when the MAO does not cover payment of the drug/product and the Pleading member does not have a Commercial insurance or TRICARE primary that must be billed for consideration of payment of the drug/product.</p> <p>COMMERCIAL (This scenario, from a COB Secondary Payer ID standpoint, may or may not apply to the Puerto Rico Medicare Advantage Organizations.) If the Pleading Member has a private health insurance plan that must consider payment of a drug/product, report 'COMMERCIAL' as the Secondary Payer ID in Field #238. A commercial insurance plan is insurance coverage that is not Medicare Part D, Medicare Part B, Medicare Advantage Organization - Special Needs Plan or Medicaid. This scenario may or may not apply to each MAO.</p>	
234	COB SECONDARY PAYER AMOUNT PAID	Amount paid by secondary payer for product or service.	<p>TRICARE (This scenario, from a COB Secondary Payer ID standpoint, may or may not apply to the Puerto Rico Medicare Advantage Organizations.) If the Pleading Member is a veteran where TRICARE must pay or deny the pharmacy claim, Field #238 must indicate Secondary Payer ID 'TRICARE'.</p>	Field #234 is situational. If Medicaid Wraparound paid the drug in full as the primary payer, do not report.
237	COB SECONDARY PAYER DEDUCTIBLE	Deductible amount according to secondary payer for product or service.		Field #237 is situational. If the Medicaid Wraparound paid the drug in full as the primary payer, do not report.
235	COB SECONDARY PAYER COINSURANCE	Coinsurance amount according to secondary payer for product or service.	<p>ADMINISTRACION DE SEGUROS DE SALUD</p>	Field #235 is situational. If Medicaid Wraparound paid the drug in full as the primary payer, do not report.

me

POS

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMIS	PRIMIS Instructions
238	COB SECONDARY PAYER CO-PAY	Copy amount according to secondary payer for product or service.		Field #238 is situational. If Medicaid Wraparound paid the drug in full as the primary payer, do not report.
308- C8	OTHER COVERAGE CODE	Code indicating whether or not the patient has other insurance coverage.	<p>Ø0 – Not Specified by patient.</p> <p>Ø1 – No other coverage – Code used in coordination of benefits transactions to convey that no other coverage is available</p> <p>Ø2 – Other coverage exists – payment collected – Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed, and payment received.</p> <p>Ø3 – Other Coverage billed – claim not covered – Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed, and payment denied because the service is not covered.</p> <p>Ø4 – Other coverage exists-payment not collected – Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed, and payment not been received</p> <p>Ø8 – Claim is billing for patient financial responsibility only – Copay is a form of cost sharing that holds the patient responsible for a fixed dollar amount for each product/service received and regardless of the patient's current benefit status product selection, or network selection?</p>	Field #308-C8 is REQUIRED. If Medicaid Wraparound paid the drug in full, report Ø1.
601- Ø1	PLAN TYPE	Identifies the type of plan. 102Ø = Medicaid 103Ø = Medicare Blank = Neither	102Ø – MEDICAID – A program, financed jointly by the federal government and the states, that provides health coverage for mostly low-income women and children as well as nursing home care for low-income elderly.	Field #601-Ø1 is required if the drug is a Medicaid Wraparound paid drug (Puerto Rico Medicaid funds are used to pay the drug/product). Then report 102Ø (Medicaid).
303- MV	BENEFIT STAGE QUALIFIER	Code qualifying the 'Benefit Stage Amount' (304-MW).	<p>100-MV BENEFIT STAGE QUALIFIER</p> <p>Code qualifying the 'Benefit Stage Amount' (304-MW)</p> <p>Blank – Not Specified</p> <p>Ø1 – Deductible – The amount of covered expenses that must be incurred and paid by the insured before benefits become payable by the insurer.</p>	Field #303-MV is situational. If Medicaid Wraparound paid the drug in full, do not report.

me

POS

ADMINISTRACION DE SEGUROS DE SALUD
23 - 000446

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRMMS Instructions
02		<p>02 - Init of Benefit - The first monthly benefit or the first monthly benefit following any break in participation.</p>	
03		<p>03 - Coverage Gap (donut hole) - Commonly referred to as the "donut hole." Amount paid for Medicare prescription drug coverage with a PDP or an MAPD, after the initial coverage limit and until the total out of your pocket paid for covered prescription drugs reaches a certain amount.</p>	
04		<p>04 - Catastrophic Coverage - Once a total maximum is reached, the insured pays a small amount for a drug claim until the end of the calendar year.</p>	
50		<p>50 - Not paid under Part D; paid under Part C benefit (for MA-PD plan):</p> <ul style="list-style-type: none"> • This qualifier applies to MA-PD plans where the claim is submitted under the Part D BIN/PCN. • The claim is NOT paid by the Part D plan benefit. • The claim IS paid for by Part C benefit (MA portion of the MA-PD). • When the qualifier value of 50 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. 	
51		<p>51 - Not paid under Part D; said as or under a supplemental benefit only:</p> <ul style="list-style-type: none"> • The field 364-MV Benefit Stage Amount should be populated with the total amount (total of 52S-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 509-J5 Other Payer Amount Recognized) of the claim. • Medicare Advantage Prescription Drug plan (MA-PD) is a Medicare Advantage (Part C) plan that includes prescription drug coverage. 	
60		<p>60 - Not paid under Part D; said as or under a supplemental benefit only:</p> <ul style="list-style-type: none"> • This qualifier applies to co-administered plans, where the claim is submitted under the Part D BIN/PCN and where <u>one</u> primary response is provided. • This qualifier also applies to Primary claims submitted under the Part D BIN/PCN when a supplemental benefit is provided (drugs covered outside of the allowable Part D benefit). 	

me

DFG

ADMINISTRACION D^B
 SEGUROS DE SALUD

23 - 000449

Contrato Número

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRIMUMS Instructions
		<p>NCPDP 4.2 Valid Values of Guidance for PRIMUMS</p> <ul style="list-style-type: none"> The claim is NOT paid by the Part D plan benefit but is paid under the supplemental benefit. When the qualifier value of 60 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 354-MC Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim. Since 60 is not specific to a Part D covered drug versus a non-Part D drug/brand-qualified, either of the following situations may occur: <ol style="list-style-type: none"> For Part D drugs not paid by the Part D plan benefit, the Approved Message Code field (548-6F) must be returned with a value of 18 - "Provide Notice, Medicare Prescription Drug Coverage and Your Rights." For non-Part D drug-qualified drugs, Benefit Stage Qualifier 60 will be returned without the Approved Message Code value of 18. <p>Note: Non-qualified drugs are defined as not meeting the definition of a Part D drug.</p> <p>61 - Part D drug not paid by Part D plan benefit, paid as or under a co-administered insured benefit only.</p> <ul style="list-style-type: none"> This qualifier applies to co-administered plans, where the claim is submitted under the Part D BIRPCN and where one pharmacy response is provided. The claim is NOT paid by the Part D plan benefit, but is paid under the co-administered insured benefit. When the qualifier value of 61 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 354-MC Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim. 	
	<p>ADMINISTRACION DB SEGUROS DE SALUD</p> <p>23 - 000446</p> <p>Contrato Número</p>		

me

POS

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRIMMIS Instructions
62		<p>62 - Non-Part D/non-qualified drug not paid by Part D plan benefit. Paid as or under a co-administered benefit only.</p> <ul style="list-style-type: none"> This qualifier applies to co-administered plans, where the claim is submitted under the Part D BIN/PCN and where the pharmacy response is provided. The claim is NOT paid by the Part D plan benefit, but is paid under the co-administered benefit. When the qualifier value of 62 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-WC Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim. <p>Note: Non-qualified drugs are defined as not meeting the definition of a Part D drug.</p> <p>70 - Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing.</p> <ul style="list-style-type: none"> This qualifier applies to a plan sponsor that offers negotiated pricing to the beneficiary when the Part D drug is not covered by the plan (e.g., nonformulary, quantity limit, etc.). When the qualifier value of 70 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-WV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim. 	
ADMINISTRACION DB SEGUROS DE SALUD			
23 - 000446			
Contrato Número			

ml

POS

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values or Guidance for PRIMIS	PRIMIS Instructions
			<p>paid by the beneficiary under plan-sponsored negotiated pricing</p> <ul style="list-style-type: none"> This qualifier applies to a plan sponsor that offers negotiated pricing to the beneficiary whose drug is not covered under Part D law (i.e., excluded drugs) When the qualifier value of 00 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 506-J6 Other Payer Amount Recognized) of the claim. <p>00 - Enhance or OTC drug (PDE value of E10) not applicable to the Part D drug spend, but is covered by the Part D plan.</p> <ul style="list-style-type: none"> When the qualifier value of 90 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 506-J6 Other Payer Amount Recognized) of the claim. 	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Occurs 2 times. Code values as specified in the NCPDP. Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim.	<p>Blank - Not Specified</p> <p>01 - Amount Applied to Periodic Deductible (517-F1) as reported by previous payer.</p> <p>02 - Amount Attributed to Product Selections and Drug (134-UK) as reported by previous payer.</p> <p>03 - Amount Attributed to Sales Tax (523-FM) as reported by previous payer.</p> <p>04 - Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer.</p> <p>05 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>06 - Patient Pay Amount (505-F5) as reported by previous payer.</p> <p>07 - Amount of Coinsurance (572-FU) as reported by previous payer.</p>	Field 351-NP is situational. Report the applicable value from Columns D, E, Medicaid Wraparound paid the drug in full, leave blank.
ADMINISTRACION DE SEGUROS DE SALUD				
23-000446				

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP Field ID	NCPDP Field Description	NCPDP 4.2 Instructions	PRMMIS Instructions
		<p>08 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer.</p> <p>09 - Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer.</p> <p>10 - Amount Attributed to Provider Network Selection.</p>	

nr

POS

ADMINISTRACION DE
SEGUROS DE SALUD,

23 - 000446

Contrato Número

Commercial Insurance as Primary and MAO as Secondary

Table 11 – Commercial Insurance as Primary and MAO as Secondary

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values and Guidance	PRMMS Instructions
225	COB CARRIER SUBMIT AMOUNT	The amount submitted by the COB carrier.		If the MAO has COB Carrier Amount available, report Field #225 (COB CARRIER SUBMIT AMOUNT)
245	ELIGIBILITY COB INDICATOR	Code as provided on Client eligibility.	Blank – Not Specified 1 – Payer is Primary – Plan is first payer for patient 2 – Payer is Secondary – Plan is second payer for patient 3 – Payer is Tertiary – Plan is third payer for patient	Field #245 is REQUIRED. When a Commercial Health Insurance Plan is a primary payer to Medicare Advantage, report '1'.
226	COB PRIMARY CLAIM TYPE	For secondary COB claims indicates the claim type of the primary claim.	NCPDP 4.2: Required when available in the payer's adjudication system Blank – Not Specified 1 – Secondary Claims Not Processed – Supplemental claims are not eligible for COB J – Major Medical – Supplemental health care claims, excluding pharmaceutical claims, are eligible for COB. M – Mail Service – Pharmaceutical claims dispensed out of a Mail Order Facility. R – Retail – Pharmaceutical claims dispensed out of a retail pharmacy.	Field #226 is optional. If the MAO has COB Carrier Amount available, report Field #226 (COB PRIMARY CLAIM TYPE).
232	COB PRIMARY PAYER ID	Primary Payer ID associated with the Primary Payer.	MAOSNP If the MAO pays for a drug, Field #232 must indicate Primary Payer ID MAOSNP. MAOSNP represents that the MAO paid for the drug/product MEDICAID If the MAO does not cover the drug and Puerto Rico Medicaid funding is used to pay for the drug, Field #238 must indicate Secondary Payer ID MEDICAID. MEDICAID represents that Puerto Rico Medicaid paid for the drug.	Field #232 (COB PRIMARY PAYER ID) is REQUIRED. If a Commercial Health Insurance Plan is primary to Medicare Advantage, report 'COMMERCIAL'.
ADMINISTRACION DE SEGUROS DE SALUD				
23 - 000449				

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values and Guidance	PRMIS Instructions
			<p>The only time that MEDICAID is primary is when the MAO does not cover payment of the drug/product and the Puerto member does not have a Commercial Insurance or TRICARE primary that must be billed for consideration of payment of the drug/product</p> <p>COMMERCIAL (This scenario, from a COB Primary Payer ID standpoint, may or may not apply to the Puerto Rico Medicare Advantage Organizations.) If the Plan Member has a private health insurance plan that must consider payment of a drug before the MAO can consider payment of the drug/product, report 'COMMERCIAL' as the Primary Payer ID in field #232. A commercial insurance plan is insurance coverage that is not Medicare Part D, Medicare Part B, Medicare Advantage Organization - Special Needs Plan, or Medicaid. This scenario may or may not apply to each MAO</p> <p>TRICARE (This scenario, from a COB Primary Payer ID standpoint, may or may not apply to the Puerto Rico Medicare Advantage Organizations.) If the Plan Member is a veteran where TRICARE must pay or deny the pharmacy claim before the MAO can consider paying for the drug, Field #232 must indicate Primary Payer ID TRICARE</p>	
22B	COB PRIMARY PAYER AMOUNT PAID	Amount paid by primary payer for product or service.		Field #22B is REQUIRED. Report the Commercial Health Insurance Plan payment.
23*	COB PRIMARY PAYER DEDUCTIBLE	Deductible amount according to primary payer for product or service.	<p>ADMINISTRACION DE SEGUROS DE SALUD</p> <p>23 - 000449</p>	Field #231 is required when the Primary Payer reported in Field #232 assigned deductible. Report the deductible associated to the Commercial Health Insurance Plan reported in Field #232

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values and Guidance	PRMMS Instructions
229	COB PRIMARY PAYER COINSURANCE	Coinsurance amount according to primary payer for product or service.		<p>(COB PRIMARY PAYER ID) If the Commercial Health Insurance Plan did not assess deductible, do not report.</p> <p>Field #229 is required when the Primary Payer reported in Field #232 assessed coinsurance. Report the coinsurance associated with the Commercial Health Insurance Plan reported in Field #232 (COB PRIMARY PAYER ID). If the Commercial Health Insurance Plan did not assess coinsurance, do not report.</p>
230	COB PRIMARY PAYER COPAY	Copay amount according to primary payer for product or service.		<p>Field #230 is required when the Primary Payer reported in Field #232 assessed a copayment. Report the copayment associated with the Commercial Health Insurance Plan reported in Field #232 (COB PRIMARY PAYER ID). If the Commercial Health Insurance Plan did not assess a copayment, do not report.</p>
238	COB SECONDARY PAYER ID	ID assigned to secondary payer.	<p>MAOSNP If the MAO pays for a drug as a secondary payer to a Commercial Insurance plan or TRICARE, Field #238 must indicate Secondary Payer ID 'MAOSNP'. MAOSNP represents that the MAO paid for the drug.</p> <p>MEDIGAP If the Plan Member has a 'Medicare gap' insurance as a commercial insurance plan that covers Medicare or MAO cost sharing.</p>	<p>Field #238 is required when the MAO is the secondary payer to a Commercial Health Insurance Plan to report payment of Commercial Health Insurance deductible, coinsurance, and/or copayment. If Medicare Advantage paid any portion of the Commercial Health Insurance cost sharing, then</p>

me

DPG

ADMINISTRACION DB
SEGUROS DE SALUD
23 - 000446

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values and Guidance	PRMIS Instructions
			<p>Medicare gap insurance is always secondary to Medicare or an MAO</p> <p>MEDGAP represents an insurance plan that covers only Medicare/MAO cost sharing</p> <p>MEDICAID</p> <p>If the MAO does not cover the drug and Puerto Rico Medicaid funding is used to pay for the drug, Field #238 must indicate Secondary Payer ID 'MEDICAID.'</p> <p>MEDICAID represents that the Puerto Rico Medicaid paid for the drug/product.</p> <p>The only time MEDICAID is primary is when the MAO does not cover payment of the drug/product and the Planino member does not have a Commercial insurance or TRICARE primary that must be billed for consideration of payment of the drug/product</p> <p>COMMERCIAL</p> <p>(This scenario, from a GOB Secondary Payer ID standpoint, may or may not apply to the Puerto Rico Medicare Advantage Organizations.)</p> <p>If the Planino Member has a private health insurance plan that must consider payment of a drug/product report 'COMMERCIAL' as the Secondary Payer ID in Field #238</p> <p>A commercial insurance plan is insurance coverage that is not Medicare Part D, Medicare Part B, Medicare Advantage Organization - Special Needs Plan, or Medicaid. This scenario may or may not apply to each MAO.</p> <p>TRICARE</p> <p>(This scenario, from a GOB Secondary Payer ID standpoint, may or may not apply to the Puerto Rico Medicare Advantage Organizations.)</p> <p>If the Planino Member is a veteran where TRICARE must pay or deny the primary claim, Field #238 must indicate Secondary Payer ID 'TRICARE.'</p>	<p>report the secondary payer ID as 'MAOENP.'</p>

ADMINISTRACION DE
 SEGUROS DE SALUD

23 - 000449

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values and Guidance	PRAMIS Instructions
234	COB SECONDARY PAYER AMOUNT PAID	Amount paid by secondary payer for product or service.		Field #234 is required when the Secondary Payer paid any portion of the drug or Commercial Health Insurance Plan cost sharing (i.e., deductible, coinsurance, and/or copayment). Report the amount that Medicare Advantage paid.
237	COB SECONDARY PAYER DEDUCTIBLE	Deductible amount according to secondary payer for product or service.		Field #237 is required when there is a Secondary Payer deductible that was assessed on the drug/product. When Medicare Advantage pays secondary to a primary Commercial Health Plan where no deductible is assessed, leave blank.
235	COB SECONDARY PAYER COINSURANCE	Coinsurance amount according to secondary payer for product or service.		Field #235 is required when there is a Secondary Payer coinsurance that was assessed on the drug/product. When Medicare Advantage pays secondary to a primary Commercial Health Plan where no coinsurance is assessed, leave blank.
236	COB SECONDARY PAYER COPAY	Copay amount according to secondary payer for product or service.	ADMINISTRACION DE SEGUROS DE SALUD 1	Field #236 is required when there is a Secondary Payer copayment that was assessed on the drug/product. When Medicare Advantage pays secondary to a primary Commercial Health Plan where no copayment is assessed, leave blank.

23 - 000446

Puerto Rico Medicaid Program
 NCPDP Post Adjudication Companion Guide

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values and Guidance	FRAMIS Instructions
308-CB	OTHER COVERAGE CODE	Code indicating whether or not the patient has other insurance coverage	<p>00 - Not Specified by patient.</p> <p>01 - No other coverage - Code used in coordination of benefits transactions to convey that no other coverage is available</p> <p>02 - Other coverage exists - payment collected - Code used in coordination of benefits transactions to convey that other coverage is available; the payer has been billed, and payment received</p> <p>03 - Other coverage billed - claim not covered - Code used in coordination of benefits transactions to convey that other coverage is available; the payer has been billed, and payment denied because the service is not covered</p> <p>04 - Other coverage exists - payment not collected - Code used in coordination of benefits transactions to convey that other coverage is available; the payer has been billed, and payment has not been received</p> <p>08 - Claim is billing for patient financial responsibility only - Copy is a form of cost sharing that holds the patient responsible for a fixed dollar amount for each procedure/service received and regardless of the patient's current benefit status, product selection, or network selection</p>	<p>Field #308-CB is REQUIRED. Report the appropriate code from Column D that represents other coverage for the drug/product. When Medicare Advantage is secondary to a primary Commercial Health Insurance, report 02 when reporting the Commercial Health Insurance Plan as the primary payer.</p>
01	PLAN TYPE	Identifies the type of plan: 1020 = Medicaid 1930 = Medicare Blank = Neither	Four spaces	<p>Field #01-01 is REQUIRED. When Medicare Advantage is a secondary payer to a primary Commercial Health Insurance Plan, report 1030 (MEDICARE).</p>
383-MV	MV BENEFIT STAGE QUALIFIER	Code qualifying the Benefit Stage Amount (394-MV)	<p>383-MV BENEFIT STAGE QUALIFIER</p> <p>Blank - Not Specified</p> <p>01 - Deductible - The amount of covered expenses that must be incurred and paid by the insured before benefits become payable by the insurer.</p> <p>02 - Initial Benefit - The first monthly benefit or the first monthly benefit following any break in participation.</p> <p>03 - Coverage Gap (donut hole) - Commonly referred to as the "donut hole." Amount paid for Medicare prescription drug coverage, with a PDP or an MAPD, after the initial coverage</p>	<p>Field #383-MV is REQUIRED. Use the applicable MV Benefit Stage Qualifier in Column D. When Medicare Advantage is responsible to pay Commercial Health Insurance cost sharing only as a secondary payer, report 03 (03 Total Amount Paid, and 588-J6 Other Payer Amount Recognized of the claim).</p>

ADMINISTRACION DE
 SEGUROS DE SALUD,
 23 - 00044

me

POS

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	PROGRAMS Instructions
		<p>NCPDP 4.2 Valid Values and Guidance</p> <p>limit and until the total out of your pocket paid for covered prescription drugs reaches a certain amount.</p> <p>04 - Catastrophic Coverage - Once a total maximum is reached, the insurer pays a small amount for a drug claim until the end of the calendar year.</p> <p>50 - Not paid under Part D; paid under Part C benefit (for MA-PD plan):</p> <ul style="list-style-type: none"> * This qualifier applies to MA-PD plans where the claim is submitted under the Part D BIMP/PCN * The claim is NOT paid by the Part D plan benefit * The claim IS paid for by Part C benefit (MA portion of the MA-PD). * When the qualifier value of 50 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used * The field 304-WV Benefit Stage Amount should be populated with the total amount (total of 525-F5 Patient Pay Amount, 525-F6 Total Amount Paid, and 560-J5 Other Payer Amount Recognized) of the claim * A Medicare Advantage Prescription Drug plan (MA-PD) is a Medicare Advantage (Part C) plan that includes prescription drug coverage <p>50 - Not paid under Part D; paid as or under a supplemental benefit only.</p> <ul style="list-style-type: none"> * This qualifier applies to co-administered plans where the claim is submitted under the Part D BIMP/PCN and where no pharmacy response is provided * This qualifier also applies to Part C claims submitted under the Part D BIMP/PCN when a supplemental benefit is provided (drugs covered outside of the allowable Part D benefit). * The claim is NOT paid by the Part D plan benefit but is paid under the supplemental benefit. 	
<p>ADMINISTRACION DB SEGUROS DE SALUD 23-000446</p>			

me

POS

Contrato Número

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	PRMMIS Instructions
	<p>ADMINISTRACION DB SEGUROS DE SALUD</p> <p>23 - 000446</p> <p>Contrato Número</p>	<p>NCPDP 4.2 Valid Values and Guidance</p> <ul style="list-style-type: none"> When the qualifier value of 60 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim. Since 60 is not specific to a Part D covered drug versus a non-Part D drug/non-qualified either of the following situations may occur: <ol style="list-style-type: none"> For Part D drugs not paid by the Part D plan benefit, the Approved Message Code field (548-6F) must be returned with a value of "3 - Provide Notice: Medicare Prescription Drug Coverage and Your Rights." For non-Part D drug/non-qualified drugs Benefit Stage Qualifier 60 will be returned without the Approved Message Code value of 018. <p>Note: Non-qualified drugs are defined as not meeting the definition of a Part D drug</p> <p>61 - Part D drug not paid by Part D plan benefit; paid as or under a co-administered insured benefit only.</p> <ul style="list-style-type: none"> This qualifier applies to co-administered plans, where the claim is submitted under the Part D BIN/PCN and where one pharmacy response is provided. The claim is NOT paid by the Part D plan benefit but is paid under the co-administered insured benefit. When the qualifier value of 61 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim. 	

me

POS

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values and Guidance	PRMMS Instructions
<p>ADMINISTRACION DE SEGUROS DE SALUD</p> <p>23 - 000446</p>			<p>62 – Non-Part D non-qualified drug not paid by Part D plan benefit. Paid as or under a co-administered benefit only</p> <ul style="list-style-type: none"> This qualifier applies to co-administered plans, where the claim is submitted under the Part D B1MPCN and where one pharmacy response is provided. The claim is NOT paid by the Part D plan benefit but is paid under the co-administered benefit. When the qualifier value of 62 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used The field 354-NC Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 508-J5 Other Payer Amount Recognized) of the claim <p>70 – Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing.</p> <ul style="list-style-type: none"> This qualifier applies to a plan sponsor that offers negotiated pricing to the beneficiary when the Part D drug is not covered by the plan (e.g., nonformulary, quantity limit, etc.). When the qualifier value of 70 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 354-MY Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 508-J5 Other Payer Amount Recognized) of the claim For Part D drugs not paid by the Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing, the Approved Message Code field (548-6F) must be returned with a value of 10 – "Provide Notice, Medicare Prescription Drug Coverage and Your Rights." 	

Contrato Número

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	PRMIS Instructions
		<p>800 - Non-Part C/non-qualified drug not paid by Part D plan benefit, hospice benefit, or any other component of Medicare; paid by the beneficiary under plan-sponsored negotiated pricing:</p> <ul style="list-style-type: none"> This qualifier applies to a plan sponsor that offers negotiated pricing to the beneficiary when drug is not covered under Part D law (i.e., excluded drugs) When the qualifier value of 800 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 334-MV Benefit Stage Amount should be populated with the total amount (total of 503-F5 Patient Pay Amount, 503-F9 Total Amount Paid, and 505-J5 Other Payer Amount Recognized) of the claim. <p>801 - Enhance or OTC drug (PDE value of E10) not applicable to the Part D drug spend, but is covered by the Part D plan.</p> <ul style="list-style-type: none"> When the qualifier value of 801 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used. The field 354-MV Benefit Stage Amount should be populated with the total amount (total of 503-F5 Patient Pay Amount, 503-F9 Total Amount Paid, and 505-J5 Other Payer Amount Recognized) of the claim. Code qualifying the 'Benefit Stage Amount' (394-MW). 	

me

POS

ADMINISTRACION DB
 SEGUROS DE SALUD

23 - 000446

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

NCPDP 4.2 Other Payer	NCPDP 4.2 Field Description	NCPDP 4.2 Instructions	NCPDP 4.2 Valid Values and Guidance	PRMMIS Instructions
351-NP	OTHER PAYER- PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Occurs 2 times. Code values as specified in the NCPDP. Required when received as part of the original claim from the provider or as part of the processor's response to the Submitted Claim.	<p>Blank - Not Specified</p> <p>01 - Amount Applied to Periodic Deductible (511-FH) as reported by previous payer.</p> <p>02 - Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.</p> <p>03 - Amount Attributed to Sales Tax (523-FN) as reported by previous payer.</p> <p>04 - Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer.</p> <p>05 - Amount of Copay (518-FI) as reported by previous payer.</p> <p>06 - Patient Pay Amount (525-F5) as reported by previous payer.</p> <p>07 - Amount of Coinsurance (572-LJ) as reported by previous payer.</p> <p>08 - Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-LM) as reported by previous payer.</p> <p>09 - Amount Attributed to Health Plan Assistance Amount (179-LD) as reported by previous payer.</p> <p>10 - Amount Attributed to Provider Network Selection.</p>	<p>Field #351-NP is REQUIRED when Medicare Advantage is a secondary payer to a Commercial Health Insurance Plan and only responsible to pay Commercial Health Insurance cost sharing only as a secondary payer, report 06.</p>

me

POS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Contrato Número

Appendix B: Change Summary

Version	Issue Date	Modified By	Comments/Reason
1.0	02/16/2017	WJ Joslyn	Original document with formatting updates.
2.0	06/30/2017	WJ Joslyn	<p>Page 159: Added the following text to the 897 - TRANSACTION ID CROSS REFERENCE field (PRMP Requirement column): "The 18-digit transaction ID of the NC [03] encounter that is being voided by this reversal is entered here."</p> <p>Page 162: Updated the 896 - TRANSACTION ID field (PRMP Requirement column) with "Every claim in the file must contain the unique 18-digit transaction ID assigned by NC-21 during adjudication."</p> <p>Page 193: Removed "ORIGINAL TRANSACTION ID" and "VOIDED TRANSACTION IDENTIFIER" rows</p> <p>Changed the following FILLER row values to: Length to 423. Start position from 3314 to 3296.</p>
3.0	12/15/2019	WJ Joslyn	Update for "Other Payer" reworking for MAOs and general clean up.
		Page 1	Text added to Section 1 Introduction.
		Page 3	Text added to Section 2 NCPDP Post Adjudication Transaction Standard Version 4.2 File Information
		Page 4	Text added to Section 2.3 Additional NCPDP Post Adjudication Transaction Standard Version 4.2 File Information
		Page 4	Transaction Specific Information Column header "Mandatory or Situational" changed to "Usage" and new usage type added "NU" for "Fields Not Used" by PRMMIS. All fields that are used by PRMMIS during processing are identified as "Required". Column header "PROH Requirement" changed to "PRMP Comment".
		Page 7	Header Record Field 879 "Sending entity Identifier" value changed to "PRMP assigned six-digit trading partner ID." Field 880-K "Receiver ID" value changed to "PRMMIS".
		Page 9	Detail Record starts.

ADMINISTRACION DB
 SEGUROS DE SALUD

23 - 000446

Contrato-Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Version	Issue Date	Modified By	Comments/Reason
		Page 10	Field 302-C2 comment changed to "PRMMIS will only use the last 4 digits of the Puerto Rico Medicaid Program's member identification number."
		Page 10	Field 715-SY comment changed to "Required when available in the payer's adjudication system."
		Page 10	Field 717-SX comment changed to "Required when available in the payer's adjudication system."
		Page 11	Field 729-TA is not used by PRMMIS.
		Page 11	Field 214 is not used by PRMMIS.
		Page 11	Field 723-MD comment changed to "Required when available in the payer's adjudication system."
		Page 11	Field 274 is not used by PRMMIS.
		Page 11	Field 288 is not used by PRMMIS.
		Page 11	Field 531-CX has only one valid value (06).
		Page 11	Field 332-CY comment changed to "PRMMIS will only use the last 4 digits of the Puerto Rico Medicaid Program's member identification number."
		Page 12	Field 715-SY is not used by PRMMIS.
		Page 12	Field 717-SX is not used by PRMMIS.
		Page 12	Field 729-TA is not used by PRMMIS.
		Page 12	Field 304-C4 comment changed to "Required when available in the payer's adjudication system."
		Page 12	Field 305-C5 is not used by PRMMIS.
		Page 12	Field 247 is not used by PRMMIS.
		Page 12	Field 203 is not used by PRMMIS.
		Page 13	Field 303-C3 is not used by PRMMIS.
		Page 13	Field 306-C6 is not used by PRMMIS.
		Page 13	Field 309-C9 is not used by PRMMIS.
		Page 13	Field 215 Comment changed to "PRMP assigned trading partner ID of MCDMAD."

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 000446

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Version	Issue Date	Modified By	Comments/Reason
		Page 13	Field 212 is not used by PRMMIS.
		Page 13	Field 279 is not used by PRMMIS.
		Page 14	Field 282 is not used by PRMMIS - as above.
		Page 14	Field 292 is not used by PRMMIS.
		Page 14	Field 308-C8 Comment changed to "If available, report the appropriate value that represents other coverage for the drug/product."
		Page 16	Field 601-01 addso value "If neither MAO nor Wraparound is the primary payer, enter four spaces" and Comment changed to "Use 1932 (Medicare) when only MAO funding is used to pay the drug/product. Use 1920 (Medicaid) when only Puerto Rico Medicaid funds are used to pay the drug/product. If neither, enter spaces."
		Page 17	Field 202-B2 Value shortened to "01 - National Provider Identifier (NPI), 05 - Medicaid ID if atypical" and Comment shortened to "Required."
		Page 17	Field 201-B1 Comment shortened to "Required."
		Page 17	Field 202-B2 is not used by PRMMIS.
		Page 17	Field 201-B1 is not used by PRMMIS.
		Page 17	Field 727-S5 is not used by PRMMIS.
		Page 18	Field 732 is not used by PRMMIS.
		Page 19	Field 10-0A is not used by PRMMIS.
		Page 19	Field 150 is not used by PRMMIS.
		Page 18	Field 200 is not used by PRMMIS.
		Page 18	Field 400-EZ is not used by PRMMIS.
		Page 19	Field 411-DB is not used by PRMMIS.
		Page 19	Field 296 comment changed to "Required when available in the payer's adjudication system."
		Page 19	Field 295 is not used by PRMMIS.
		Page 19	Field 715-SY is required by PRMMIS.
		Page 19	Field 717-SX is required by PRMMIS.
		Page 19	Field 810-0A is required by PRMMIS.

ADMINISTRACION DB
SEGUROS DE SALUD

23-000446

Contrato Número

me

POS

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Version	Issue Date	Modified by	Comment/Reason
		Page 22	Field 425-IE1 has only one valid value.
		Page 23	Field 230 is not used by PRMMIS.
		Page 23	Field 307-C7 is not used by PRMMIS.
		Page 23	Field 304-EX is not used by PRMMIS.
		Page 23	Field 418-DJ is not used by PRMMIS.
		Page 23	Field 278 is not used by PRMMIS.
		Page 23	Field 217 is not used by PRMMIS.
		Page 24	Field 258 is not used by PRMMIS.
		Page 24	Field 102-A2 is not used by PRMMIS.
		Page 24	Field 216 is not used by PRMMIS.
		Page 26	Field 429-DT is not used by PRMMIS.
		Page 26	Field 500-26 is not used by PRMMIS.
		Page 27	Field 254 is not used by PRMMIS.
		Page 27	Field 386-C1 is not used by PRMMIS.
		Page 28	Field 492-WE PRMMIS will only use one Diagnosis Code.
		Page 28	Field 424-DO PRMMIS will only use one diagnosis Code.
		Pages 29 - 35	All 438-E4, 440-E5, 441-E6, & 474-8E fields are not used by PRMMIS.
		Page 35	All 511-FB fields are not used by PRMMIS.
		Page 35 - 72	Fields 435-DZ, 434-DY, 532-FW 387, & 261 are not used by PRMMIS.
		Page 36	Field 146 is not used by PRMMIS.
		Page 36	Field 297 is not used by PRMMIS.
		Page 37	Only one field, 420-OK, is used by PRMMIS.
		Page 38 - 73	Fields 501-24, 243, & 425-OP are not used by PRMMIS.
		Page 35 - 74	Fields 273, 244, & 292 are not used by PRMMIS.
		Page 37 - 79	All occurrences of fields 501-19 & 501-15 are not used by PRMMIS.
		Page 38 - 85	All 501-26 & 501-25 fields are not used by PRMMIS.
		Page 38 - 81	Fields 267, 221, 869, 256, & 255 are not used by PRMMIS.

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 0 - 0 - 4 4 4

Contrato Número

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Version	Issue Date	Modified By	Comments/Reason
		Page 40 - 91	Fields 572-4U, 519-FJ, 517-FH, 571-NZ, 134-UJ, 134-UK, 135-UM, 136-UN, 137-LP, 272, 223, 283, 284, 289, 210, 217, & 253 are not used by PRMMIS
		Page 43	Field 561-AZ is not used by PRMMIS.
		Page 45	Field 555-J5 is not used by PRMMIS.
		Page 47 - 91	Fields 522-FM, 348-HH, 347-HJ, 348-HK, 349-HM, 573-4V, 557-AY, 275, 297, 461-EU, 462-EV, & 298 are not used by PRMMIS.
		Page 51	Field 225 has a new comment, "If swisscye in payer's system."
		Page 52	Field 226 has a new comment, "If the MAO has COB Carrier Amount available."
		Page 53	Field 232 has new possible values.
		Page 54	Field 229 has a new comment, "Required - report the payment associated to the primary payer. The MAO-SMP would be considered the primary payer when the Payer Member has an MAO and Puerto Rico Medicaid (i.e. dual eligibility)."
		Page 54	Field 239 has new possible values and a new comment, "Required when the MAO and another insurance plan or Medicaid paid for the drug or cost sharing."
		Page 56	Field 234 has a new comment, "Required when the Secondary Payer paid for the drug/product or the Payer Member's cost sharing."
		Page 56	Field 237 has a new comment, "Required when there is a Secondary Payer deductible that was assessed on the drug/product."
		Page 56	Field 235 has a new comment, "Required when there is a Secondary Payer coinsurance that was assessed on the drug/product."
		Page 56	Field 236 has a new comment, "Required when there is a Secondary Payer copayment that was assessed on the drug/product."
		Page 58	Field 957-G2 is not used by PRMMIS.
		Page 58 - 59	Only the first pair of fields 393-HV & 394-HW are used by PRMMIS.
		Page 60	Field 372-C2 is not used by PRMMIS.
		Page 60	Field 475-I9 is not used by PRMMIS.

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Puerto Rico Medicaid Program
NCPDP Post Adjudication Companion Guide

Version	Issue Date	Modified By	Comments/Reason
		Page 82	Field 351-APP has a new comment. "Required when received as part of the original claim from the provider or as part of the Processor's response to the Submitted Claim."
		Page 87	Field A37 is not used by PRIMMIS.
		Page 88	Field A73 is not used by PRIMMIS.
		Page 88	New note added to end of detail record. "Note: "CQBTPL" Indicates that further directions can be found in Appendix A, Discussion of MAO CQBTPL Reporting When."
		Page 74	Field 250 is not used by PRIMMIS.
		Page 79	Field 251 is not used by PRIMMIS.
		Page 88	Field 475-JB is not used by PRIMMIS.
		Page 80	Fields 475-HB & 87B are not used by PRIMMIS.
		Page 86	New Appendix A added: "Discussion of MAO CQBTPL Reporting When"
		DXC Technology	Formatting updated.
		DXC Technology	Appendix "Frequently Asked Questions" deleted
4.0	11/19/2020	Samwell Technologies	Samwell Rebranding

me

POS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000446

Contrato Número