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Ohio MES Medicaid Pharmacy Service
Point-of-Sale NCPDP Version D.0 Vendor Specification

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Revision History

Version	Date	Action/Summary of Changes	Status
1	4/27/2022	Initial Creation	
2	9/20/2022	B.1.1-1 COB/Other Payments Segment: Situational	
3	10/5/2022	NCPDP field 472-6E	
4	01/18/2023	OCC = 0; DAW Code = 0; Network Contact Information	

Table of Contents

1 INTRODUCTION

The purpose of this manual is to provide information necessary to electronically submit Pharmacy Point of Sale (POS) claims to Gainwell Technologies, the Ohio (OH) Medicaid SPBM.

The OH Vue360Rx POS Vendor Specification Document (VSD) provides a detailed description of the requirements needed for telecommunication switch vendors to send National Council for Prescription Drug Programs (NCPDP) D.0 formatted transactions to the pharmacy claims adjudication system. The OH Vue360Rx POS only supports processing of transactions submitted in NCPDP D.0 format.

Currently, the following transaction types are supported for OH:

- Eligibility (E1)
- Billing (B1)
- Reversal (B2)
- Predetermination of Benefits (D1)

Pharmacy claims submitted electronically to OH Medicaid must adhere to the HIPAA-compliant NCPDP transaction and code set standards as described in this manual.

All comments, suggestions and/or questions regarding this VSD should be directed to Gainwell Technologies Claims Department during the hours of 8 am and 5 pm Eastern Time (ET), Monday through Friday:

- Telephone: 833-491-0339
- https://spbm.medicaid.ohio.gov
- Fax: 833-679-5491

1.1 Intended Audience

This document is intended for use by telecommunication switch vendors routing pharmacy POS transactions to and from the OH Medicaid Program. Switch vendors provide the telecommunication link between the pharmacy provider and OH VUE 360-Rx POS system.

Some information contained in this document may also be of use to pharmacy providers and system software vendors in ensuring their products will work effectively with the switches and the OH Vue360Rx POS system.

1.2 Clarification of Terms

Within the context of this document, the following definitions are used:

- **Pharmacy provider**: A pharmacy (retail, hospital, etc.) that provides prescription medications to Medicaid members.
- **Switch vendor**: A company that provides a data telecommunications network from pharmacy providers to the Vue360Rx POS computer system.
- **System vendor:** A company which sells software to pharmacy providers that enables them to input claim data which is subsequently formatted to conform to an NCPDP D.0 standard.
- **POS Technical Support Help Desk**: A service provided to answer questions and help resolve problems submitted by switch vendors that relate to claim transmission to/from the switch vendor. This includes issues related to the NCPDP D.0 formats described in **APPENDIX** . Ohio Gainwell Technologies will provide the POS Technical Help Desk.
- **Customer Support Center:** 833-491-0344

2 SYSTEM DESCRIPTION

The Vue360Rx POS claims adjudication system is available through authorized telecommunication switch vendors. It is to be used in conjunction with pharmacy computer systems using the NCPDP telecommunications standards D.0. The copyrighted NCPDP standards can be obtained by contacting NCPDP via:

The National Council for Prescription Drug Programs
9240 East Raintree Drive
Scottsdale, AZ 85260
(480) 477-1000 (voice)
(480) 767-1042 (fax)
ncpdp@ncpdp.org (email)
www.ncpdp.org (web browser)

A pharmacy processes a prescription through the pharmacy's in-house computer system to generate a standard transaction. The transaction is transmitted via a switch vendor network to the OH Medicaid Vue360Rx POS adjudication system for processing. A paid, accepted, duplicate, or rejected response in the NCPDP D.0 format version of the original claim is returned to the pharmacy via the switch.

The Vue360Rx POS system returns information to the pharmacist that can be used in the correction of claim errors.

The system fully supports real-time claim reversal transactions. This enables the pharmacist to "back out" or credit any "return to stock" or other prescription transaction adjudicated in error.

The system supports real-time eligibility verification transactions. This enables the pharmacist to inquire via NCPDP D.0 to verify Medicaid pharmacy service eligibility of an individual prior to submitting the claim. This same verification is performed when a claim is submitted for pharmacy adjudication processing.

The Vue360Rx POS system also supports batch billing of Pharmacy claims via the NCPDP 1.2 standard. Claims contained within the NCPDP 1.2 batch must comply with the NCPDP D.0 format as described in this document.

3 RESTRICTIONS AND QUALIFICATIONS

The following restrictions or qualifications apply:

None.

4 VUE360RX ENROLLMENT PROCEDURES

The following sections describe the Vue360Rx POS vendor enrollment procedures.

4.1 System Software Vendor Enrollment

System software vendors should contact one of the State's authorized telecommunication switch vendors to obtain a payer sheet or discuss the technical specifications for implementing the OH Vue360Rx POS system. Refer to **APPENDIX** for Payer Sheet information. A list of authorized telecommunication switch vendors is available upon request from OH Gainwell Technologies Provider Services.

The telecommunication switch vendor will instruct the system software vendor on the necessary system modifications for upgrading to NCPDP Version D.0 implementation requirements as defined for submitting a OH Medicaid pharmacy claim. After completing the modifications, the system vendor will go through a certification process conducted by the telecommunication switch vendor that includes a thorough test of the transactions passing through the telecommunication switch to ensure that they are formatted properly to meet NCPDP D.0 requirements as defined for processing a OH Medicaid pharmacy claim.

4.2 Provider Enrollment and Contracting

Before a provider can submit OH Vue360Rx POS claims, they must be properly enrolled in the OH Medicaid system. Once enrolled, the steps for approval are as follows:

1. Enter into a Pharmacy Network Agreement with Gainwell Technologies and complete the appropriate applications required by the State to be a pharmacy provider. The agreement form can be obtained by contacting the Gainwell Pharmacy Network Department at OH_MCD_PBM_network@gainwelltechnologies.com, available 8 a.m. to 5 p.m. ET, Monday through Friday.
2. Select and contract with an authorized telecommunications switch vendor.

5 HELP INFORMATION

Pharmacy providers should contact the appropriate help desk when there are questions or problems relating to real time pharmacy claims adjudication. When the help desk is not available, providers should contact their system software vendor's help desk, which will contact Gainwell Technologies, if necessary.

5.1 POS Technical Support Help Desk

The POS Technical Support help desk provides information on system status if the provider is having difficulty connecting electronically with the OH Vue360Rx POS system. If the provider has difficulties, they should call 833-491-0344, which is available 24/7.

5.2 Customer Support Center

The POS help desk assists providers in pharmacy claims adjudication. The PA help desk assists providers in obtaining a PA if required to process the prescription.

6 TRANSACTION FORMATS

APPENDIX , NCPDP D.0 Transaction Set Information, defines the data elements required for Vue360Rx POS claims processing. **APPENDIX** provides information regarding code messages. Code Messages define the NCPDP reject codes that can be output from Ohio Vue360Rx POS system.

Ohio Vue360Rx POS will support the NCPDP Version D.0 standard but does not currently support any higher format (e.g., NCPDP Version D.1 and D.2). Ohio Vue360Rx POS does not support any lower format (e.g., NCPDP 5.3).

All input transactions submitted by telecommunications network switches to the OH Vue360Rx POS system must be in the following envelope. A 16-byte header must be prefixed to each Vue360Rx POS transaction submitted to the Vue360Rx POS system by any network switch. The format of the header is as follows:

- Bytes 1-3. Must be a network switch identifier. Contact the Gainwell Technologies Help Desk at 833-491-0344, available 24/7, to obtain a network switch identifier. If an ID was previously assigned to a network switch, it is not necessary to obtain an additional identifier for the Vue360Rx POS project.
- Bytes 4-9. Should contain an identifier containing any combination of the characters 0-9, A-Z, or all zeroes. The switch uses this to match up the response with the original request. This is necessary since many claims are processed in parallel, and the response to a later claim may be returned before the response to an earlier claim. If a switch does not use this identifier, it will have to single thread the claims sent to Gainwell Technologies (e.g., send one claim and wait for the response before sending another).
- Bytes 10-16. Must be spaces.

Each real-time pharmacy transaction submitted to the OH Vue360Rx POS system by any network must be terminated by an End of Transaction (EOT) flag consisting of a single byte containing the binary value 00000100, which is equal to 04 in Octal, Decimal, or Hexadecimal.

Response transactions returned to the network by the OH Vue360Rx POS system are in the following envelope:

- The same header that was prefixed to the input transaction by the telecommunications network switch will be prefixed to the response transaction returned to the network switch (with some variations depending on the requirements of the switch).
- The response transaction will be terminated with an EOT in the same way as the input transaction.

APPENDIX A ACRONYMS AND ABBREVIATIONS

Acronym	Definition
24/7	24 hours a day, 7 days a week
ARRA	American Recovery and Reinvestment Act
BIN	Bank Information Number
CFR	Code of Federal Regulations
DAW	Dispense as Written
DHHR	Department of Health and Human Resources
DOS	Date of Service
DUR	Drug Utilization Review
EAC	Estimated Acquisition Cost
EOT	End of Transaction
ET	Eastern Time
HIN	Health Industry Number
HIPAA	Health Insurance Portability and Accountability Act (1996)
ICF	Intermediate Care Facility
ID	Identifier/Identification
IP	Internet Protocol
MTF	Military Treatment Facility
N/A	Not Applicable
NAIC	National Association of Insurance Commissioners
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NOC	Network Operation Center
NPI	National Provider Identifier
PA	Prior Authorization
PHI	Protected Health Information
POS	Point of Sale
PPS	Professional Pharmacy Service
RA	Remittance Advice
Rx	Prescription
SNF	Skilled Nursing Facility
TCN	Transaction Control Number
USPHS	U.S. Public Health Service
USTF	Uniformed Service Treatment Facilities
VSD	Vendor Specification Document
OH	Ohio
ML	Extensible Markup Language

APPENDIX B NCPDP D.0 TRANSACTION SET INFORMATION

The following NCPDP D.0 transaction types are accepted:

- Billing (B1)
- Reversal (B2)
- Rebill (B3)
- Eligibility Verification (E1)
- Predetermination of Benefits (D1)

For these transaction types, only Claim Billing is supported. Encounter and Medicaid Subrogation are not supported.

The following NCPDP D.0 transaction types are not accepted:

- PA (P1-P4)
- Information Reporting (N1-N3)
- Service (S1-S3)
- Financial Information Reporting (F1-F5)
- Controlled Substance (C1-C3)

The following sections contain details of our Payer Sheet/Record Layout submission requirements.

B.1 NCPDP Version D.0 Payer Sheet – B1/B2 Transactions

Fields designed as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version D.0 and are the only fields designated mandatory.

Fields designated as “Required” (R) will always be sent, as required by OH or NCPDP.

Fields designated as “Required When” (RW), will be sent under circumstances that are explained in the Comment column.

Fields designated as “Optional” by the system are designated with an (O).

B.1.1 Billing Transaction – B1

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
101-A1	BIN Number	024251	M	OH Medicaid
102-A2	Version/Release Number	D0	M	Version D.0
103-A3	Transaction Code	B1, B2, B3, D1	M	B1=Billing, B2=Reversal, B3=Rebill, D1=Predetermination of Benefits
104-A4	Processor Control Number	OHRXPROD	M	Production
109-A9	Transaction Count	1 - 4	M	One to four occurrences. One occurrence for Compounds.
202-B2	Service Provider ID Qualifier	01 – NPI	M	
201-B1	Service Provider ID	Pharmacy NPI	M	NPI of the submitting pharmacy
401-D1	Date of Service		M	Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
110-AK	Software Vendor/Certification ID		M	Blank Fill, no other values required

B.1.1-1 Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	Cardholder ID	Member’s Medicaid Cardholder number	M	Max length 20

B.1.1-2 Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		R	Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
305-C5	Patient Gender Code	0=Not Specified 1=Male 2=Female	R	
310-CA	Patient First Name		R	Edit 7105 – Member mismatch Check first 2 letters
311-CB	Patient Last Name		R	Edit 7105 – Member mismatch Check first 4 letters
307-C7	Place of Service	See Appendix F	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility
335-2C	Pregnancy Indicator	Blank=Not Specified 1=Not Pregnant 2=Pregnant	RW	Required if needed to override copaymenton a claim for a pregnant member
384-4X	Patient Residence	3=Nursing Facility 9=Intermediate Care Facility/Intellectual Disabilities 11= Hospice	RW	Required if needed to override copaymentfor a patient in a long-term care facility or hospice program

B.1.1-3 Patient Segment: Required

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
402-D2	Prescription/Service Reference Number		M	Prescription Number –12 digits
436-E1	Product/Service ID Qualifier	00=Compound 03=NDC	M	Use 0 when submitting compounds claims
407-D7	Product/Service ID	NDC (Drug Code)	M	Product/Service ID = 00 for compound claims
456-EN	Associated Prescription/ Service Reference Number		RW	Required for the "completion" transaction or subsequent "partial" transactions in a partial fill. Used in conjunction with (343-HD – Dispensing Status)
457-EP	Associated Prescription/Service Date		RW	Required if Associated Prescription/Service Reference Number (456-EN) is used.
442-E7	Quantity Dispensed	9(7)V999	R	Must be >= .001
403-D3	Fill Number	9(2)	R	0 = Original Dispensing. 1 – 99 = Refill Number
405-D5	Days Supply	9(3)	R	Must be >= 1 or If a vaccine must = 1
406-D6	Compound Code	1=Not a Compound 2=Compound	R	

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
408-D8	Dispense As Written (DAW)/Product Selection Code	0 = Not Product Selection Indicated 1=Substitution Not Allowed by Prescriber 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 8=Generic Not Available In Marketplace 9=Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand	R	9 must be used for brand over generic medications
414-DE	Date Prescription Written		R	Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
415-DF	Authorized Refills	9(2)	R	If drug is a CII, must = 0
419-DJ	Prescription Origin Code	1= Written 2= Telephone 3= Electronic 4= Facsimile 5= Pharmacy	R	
354-NX	Submission Clarification Code Count	1 – 3	RW	Required when 420-DK is submitted

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
420-DK	Submission Clarification Code	02=Other override 04=Lost prescription Supply 05=Therapy change 06=Starter dose 07=Medically necessary 08=Process compound for approved ingredients 10=Meets plan limitations 20=340B indicator 42=Prescriber ID submitted is valid and prescribing requirements have been validated 61=Synchronization fill 99=3-day emergency supply	RW (Repeating)	02=Other override: first dose of a two-dose vaccine 06=Second dose of a two-dose vaccine 07=Boosters or additional doses 10=Boosters or additional doses 20=340B indicator (in conjunction with the Basis of Cost=08)
460-ET	Quantity Prescribed	9(7)V999	RW	Required if drug is a CII. Must be >= .001

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
308-C8	Other Coverage Code	0=Not specified 1=No other coverage exists 2=Other coverage exists – payment collected 3=Other coverage exists – this claim not covered 4=Other coverage exists – payment not collected	RW	Use 2 when payment(s) have been received. Use 3 when no payment made and provide valid reject code. Use 4 when no payment made due to meeting deductible.
600-28	Unit of Measure	EA=Each GM=Grams ML=Milliliters	R	
461-EU	Prior Authorization Type Code		O	
462-EV	Prior Authorization Number Submitted		O	
343-HD	Dispensing Status	P= Partial fill C=Completion fill	RW	Used only in situations where a partial fill is dispensed because inventory shortagesdo not allow the full quantity to be dispensed.
344-HF	Quantity Intended To Be Dispensed		RW	Required for the partial fill or the completion fill of a prescription.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
345-HG	Days Supply Intended To Be Dispensed		RW	Required for the partial fill or the completion fill of a prescription.
995-E2	Route of Administration	See Appendix E	O	For a compound claim, it is the route of the complete mixture.

B.1.1-3 Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted	s9(6)V99	R	
412-DC	Dispensing Fee Submitted		O	
438-E3	Incentive Amount Submitted	s9(6)V99	RW	Must be > 0.00 when submitting a COVID claim
426-DQ	Usual and Customary Charge	s9(6)V99	R	Must be >= 0.00
430-DU	Gross Amount Due	s9(6)V99	R	Must be > 0.00
423-DN	Basis Of Cost Determination	9(2)	RW	Required when submitting a 340B claim by using the value 08 (in conjunction with the submission clarification of 20). Required when submitting a claim by using the value 15 which identifies a free product.

B.1.1-4 Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	03	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	01=National Provider Identifier	R	
411-DB	Prescriber ID	Prescriber NPI	R	

B.1.1-5 Prescriber Segment

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	05	M	COB/other payments segment
337-4C	Coordination of Benefits/Other Payments Count	1 - 3	M	Maximum number of repetitions supported is three (3).
338-5C	Other Payer Coverage Type	Blank=Not specified 01=Primary 02=Secondary 03=Tertiary	M (Repeating)	
339-6C	Other Payer ID Qualifier		R (Repeating)	
340-7C	Other Payer ID		R (Repeating)	
443-E8	Other Payer Date		R (Repeating)	Payment or denial date of other payer format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
341-HB	Other Payer Amount Paid Count	1 – 9	RW	Maximum of nine (9). Required when Other Coverage Code (308-C8) = 2.
342-HC	Other Payer Amount Paid Qualifier		RW (Repeating)	Required when Other Coverage Code (308-C8) = 2.
431-DV	Other Payer Amount Paid	s9(6)V99	RW (Repeating)	If Other Coverage Code = 2. (Sum of all 431-DV values must be > 0.00)
471-5E	Other Payer Reject Count	1 – 5	RW	Maximum of 5

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
472-6E	Other Payer Reject Code	3-character reject code	RW (Repeating)	Up to five (5) reject codes allowed. Required if Other Coverage Code = 3. Accepted Codes: A5 70 MR 65-69
353-NR	Other Payer-Patient Responsibility Amount Count	1-3	RW	Required and non-zero when Other Coverage (308-C8) = 2 or 4.
351-NP	Other Payer-Patient Responsibility Amount Qualifier	06=Patient Pay Amount as reported by previous payer	RW (Repeating)	Required if Other Payer-Patient Responsibility Amount must be used if (352-NQ) is used.
352-NQ	Other Payer-Patient Responsibility Amount	s9(8)V99	RW (Repeating)	Required if Other Payer-Patient Responsibility Amount must be used if (353-NR) is used. (352-NQ). Must be > 0.00

B.1.1-6 COB/Other Payments Segment: Situational

**This segment is situational and is required only for secondary, tertiary, etc., claims.

COB - Scenario 3 will be supported for the coordination of benefits segment (Other payer amount paid. Other payer-patient responsibility, and benefit stage repeitions present (government programs).

The Segment is mandatory if required under provider payer contract or mandatory on claims if this information is necessary for adjudication of the claim.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	08	M	DUR/PPS Segment
473-7E	DUR/PPS Code Counter	1 – 3	R (Repeating)	Maximum number of

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
				repetitions supported is three (3).
439-E4	Reason for Service Code	DC=Drug Disease Inferred DD=Drug-Drug Interaction ER=Early Refill HD=High Dose ID=Ingredient Duplication LD=Low Dose LR=Late Refill MX=Maximum Duration PG=Pregnancy Precaution NR=Nursing Precaution TD=Therapeutic	RW (Repeating)	Required when a DUR/PPS Segment is used.
440-E5	Professional Service Code		RW (Repeating)	Use 'MA' when reimbursement includes Vaccine Administration Fee or Specimen Collection Or use 'PT' when reimbursement includes point of care
441-E6	Result of Service Code		RW (Repeating)	Required when a DUR/PPS Segment is used.

B.1.1-7 DUR/PPS Segment: Situational

Required use when DUR information or professional services are needed for the medication.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	10	M	Compound Segment supports repeating fields in this segment. supports claim submissions with up to 25 ingredients and only supports the billing of compounds for those ingredients with an NDC number.
450-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M	
447-EC	Compound Ingredient Component (Count)	2 - 25	M	accepts from 2 to 25
488-RE	Compound Product ID Qualifier	03=NDC	M (Repeating)	Indicates NDC qualifier is used
489-TE	Compound Product ID	NDC (Drug Code)	M (Repeating)	List primary ingredient as first repeating entry.
448-ED	Compound Ingredient Quantity	9(7)V999	M (Repeating)	Must be >= .001
449-EE	Compound Ingredient Drug Cost	s9(6)V99	R (Repeating)	
490-UE	Compound Ingredient Basis of Cost Determination		O (Repeating)	

B.1.1-8 Compound Segment: Situational

Required when submitting a compound medication consisting of more than one ingredient.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	13	M	Diagnosis Code Segment

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
491-VE	Diagnosis Code Count	1 - 5	M	Maximum count of 5 required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	Diagnosis Code Qualifier	02	M	Required if Diagnosis Code (424-DO) is used. Value of 2 indicates an ICD-10 code.
424-DO	Diagnosis Code	Valid ICD-10 code	M	The value for this field is obtained from the prescriber or authorized representative.

B.1.1-10 Clinical Segment: Situational

End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet

B.1.2 PAID (or Duplicate of Paid) Response

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
102-A2	Version/Release Number	D0	M	Same value as in billing request
103-A3	Transaction Code	B1, B3	M	Same value as in billing request
109-A9	Transaction Count	1 - 4	M	Same value as in billing request
501-F1	Header Response Status	A	M	Accepted
202-B2	Service Provider ID Qualifier	01 - NPI	M	Same value as in billing request
201-B1	Service Provider ID	Pharmacy NPI	M	Same value as in billing request

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
401-D1	Date of Service	Date Filled	M	Same value as in billing request Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day Must be >= 01/01/1800

B.1.2-91 Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	P=Paid D=Duplicate of Paid	M	
503-F3	Authorization Number	Transaction Control Number (TCN)	R	Format: YYJJJPBBDDD YY: 2-digit year 11=2011) JJJ: Julian Day (e.g., 213=August 1, 2011) P=Pharmacy BB=Batch # DDDDD = document # LL=line #
130-UF	Additional Message Information Count		RW	Maximum count of 25
132-UH	Additional Message Information Qualifier		RW (Repeating)	01 – 09 until further defined by NCPDP
526-FQ	Additional Message Information		RW (Repeating)	Max length 40

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
131-UG	Additional Message Information Continuity	+ = current text continues	RW (Repeating)	

B.1.2-10 Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 – Rx Billing	M	
402-D2	Prescription/Service Reference Number	Prescription Number	M	

B.1.2-11 Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	23	M	Response Pricing Segment
505-F5	Patient Pay Amount	s9(6)V99	R	Amount to be paid by the patient to the pharmacist
506-F6	Ingredient Cost Paid	s9(6)V99	R	Drug ingredient cost paid included in the 'Total Amount Paid' (509-F9).
507-F7	Dispensing Fee Paid	s9(6)V99	R	Dispensing fee paid included in the 'Total Amount Paid' (509-F9).
566-J5	Other Payer Amount Recognized	s9(6)V99	RW	Total dollar amount of any payment from another source.
521-FL	Incentive Amount Paid	S9(6)V99	RW	Incentive fee paid for drug or vaccine administration.
509-F9	Total Amount Paid	s9(6)V99	R	

B.1.2-12 Response Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR/PPS Response Code Counter	1 - 9	RW	Maximum number of repetitions supported is three (3) for non-compound claim; nine (9) for compound claim.
439-E4	Reason for Service Code	DC=Drug Disease Inferred DD=Drug-Drug Interaction ER=Early Refill HD=High Dose ID=Ingredient Duplication LD=Low Dose LR=Late Refill MX=Maximum Duration PG=Pregnancy Precaution NR=Nursing Precaution TD=Therapeutic	RW (Repeating)	
528-FS	Clinical Significance Code	Blank=Not Specified 1=Major 2=Moderate 3=Minor 9=Undetermined	RW (Repeating)	

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
529-FT	Other Pharmacy Indicator	0=Not Specified 1=Your Pharmacy 2=Other Pharmacy in Same Chain 3=Other Pharmacy	RW (Repeating)	
530-FU	Previous Date of Fill		RW (Repeating)	Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
531-FV	Quantity of Previous Fill	9(7)V999	RW (Repeating)	
532-FW	Database Indicator	1=FDB	RW (Repeating)	
533-FX	Other Prescriber Indicator	0=Not Specified 1=Same Prescriber 2=Other Prescriber	RW (Repeating)	
544-FY	DUR Free Text Message		RW (Repeating)	Max length 30
570-NS	DUR Additional Text		RW (Repeating)	Max length 100

B.1.2-13 Response DUR/PPS Segment: Situational

Send if DUR/PPS segment populated on claim.

B.1.3 Claim Reject Response – Transmission Accepted/Transaction Rejected

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
102-A2	Version/Release Number	D.0 – Version D.0	M	Same value as in billing request
103-A3	Transaction Code	B1 - Billing B3 – Rebill D1 - Predetermination of Benefits	M	Same value as in billing request
109-A9	Transaction Count	1 - 4	M	Same value as in billing request

501-F1	Header Response Status	R	M	Rejected
202-B2	Service Provider ID Qualifier	01 - NPI	M	Same value as in billing request
201-B1	Service Provider ID	Pharmacy NPI	M	Same value as in billing request
401-D1	Date of Service	Date Filled	M	Same value as in billing request Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

B.1.3-14 Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		RW	Max length 200

B.1.3-15 Response Message Segment: Situational

Sent when needed for transmission-level messaging.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	R	M	Rejected
503-F3	Authorization Number	Transaction Control Number (TCN)	RW	Format: YYJJJPBBDDDDDLL YY: 2-digit g. 11=2011) JJJ: Julian Day (e.g., 213=August 1, 2011) P=Pharmacy BB=Batch # DDDDD=document # LL=line #
510-FA	Reject Count	1 - 5	M	From 1 up to 5

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
511-FB	Reject Codes	NCPDP Reject Code	R (Repeating)	Repeating Reject Count times
546-4F	Rejected Field Occurrence Indicator	9(2)	RW (Repeating)	
130-UF	Additional Message Information Count		RW	Maximum count of 25
132-UH	Additional Message Information Qualifier		RW (Repeating)	01 – 09 until further defined by NCPDP
526-FQ	Additional Message Information		RW (Repeating)	Max length 40
131-UG	Additional Message Information Continuity	+ = current text continues	RW (Repeating)	

B.1.3-16 Response Status Segment: Mandatory

B.1.4 Claim Reject Response – Transmission Accepted/Transaction Rejected

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
102-A2	Version/Release Number	D0 – Version D.0	M	Same value as in billing request
103-A3	Transaction Code	B1- Billing	M	Same value as in billing request
109-A9	Transaction Count	1 - 4	M	Same value as in billing request
501-F1	Header Response Status	A	M	Accepted
202-B2	Service Provider ID Qualifier	01 - NPI	M	Same value as in billing request
201-B1	Service Provider ID	Pharmacy NPI	M	Same value as in billing request
401-D1	Date of Service	Date Filled	M	Same value as in billing request Format=CCYY MMDD CC=Century YY=Year MM=Month DD=Day

B.1.4-17 Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment

111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		RW	Max length 200

B.1.4-18 Response Message Segment: Situational

Sent when needed for transmission-level messaging.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	R	M	Rejected
503-F3	Authorization Number	Transaction Control Number (TCN)	RW	Format: YJJJPBBDDDDDLL YY: 2-digit year (e.g., 11=2011) JJJ: Julian Day (e.g., 213=August 1, 2011) P=Pharmacy BB=Batch # DDDDDD=document # LL=line #
510-FA	Reject Count	1 - 5	R	From 1 to 5
511-FB	Reject Code	NCPDP Reject Code	R (Repeating)	
546-4F	Rejected Field Occurrence Indicator	9(2)	RW (Repeating)	
130-UF	Additional Message Information Count		RW	Max count of 25
132-UH	Additional Message Information Qualifier		RW (Repeating)	01 – 09 until further defined by NCPDP
526-FQ	Additional Message Information		RW (Repeating)	Max length 40
131-UG	Additional Message Information Continuity	+ = current text continues	RW (Repeating)	

B.1.4-19 Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 – Rx Billing	M	
402-D2	Prescription/Service Reference Number	Prescription Number	M	

B.1.4-20 Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR/PPS Response Code Counter	1 - 9	RW (Repeating)	Maximum number of repetitions supported by OH for non-compound claim is three (3). Maximum number of repetitions supported by OH for compound claim is nine (9).

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
439-E4	Reason for Service Code	OH: DD=Drug-Drug Interaction ER=Early Refill HD=High Dose ID=Ingredient Duplication LD=Low Dose LR=Late Refill MX=Excessive Duration PG=Pregnancy Precaution SX=-Breastfeeding Precaution TD=Therapeutic Duplication	RW (Repeating)	
528-FS	Clinical Significance Code	Blank=Not Specified 1=Major 2=Moderate 3=Minor 9=Undetermined	RW (Repeating)	
529-FT	Other Pharmacy Indicator	0=Not Specified 1=Your Pharmacy 2=Other Pharmacy in Same Chain 3=Other Pharmacy	RW (Repeating)	
530-FU	Previous Date of Fill		RW (Repeating)	Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
531-FV	Quantity of Previous Fill	9(7)V999	RW (Repeating)	

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
532-FW	Database Indicator	1=First Databank	RW (Repeating)	
533-FX	Other Prescriber Indicator	0=Not Specified 1=Same Prescriber 2=Other Prescriber	RW (Repeating)	
544-FY	DUR Free Text Message		RW (Repeating)	Max length 30
570-NS	DUR Additional Text		RW (Repeating)	Max length 100

B.1.4-21 Response DUR/PPS Segment: Situational

Send if DUR/PPS segment populated on claim.

B.1.5 Claim Reversal Transaction – B2

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
101-A1	BIN Number	024251	M	OH Medicaid
102-A2	Version/Release Number	D0	M	Version D.0
103-A3	Transaction Code	B2	M	Reversal
104-A4	Processor Control Number	OHRXPROD	M	Production
109-A9	Transaction Count	1 - 4	M	1 to 4 occurrences
202-B2	Service Provider ID Qualifier	01 – NPI	M	
201-B1	Service Provider ID	Pharmacy NPI	M	
401-D1	Date of Service	Date Filled	M	Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
110-AK	Software Vendor/Certification ID		M	Identifies the software source.

B.1.5-22 Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
402-D2	Prescription/Service Reference Number		M	Prescription Number – 12 digits
436-E1	Product/Service ID Qualifier	03 00 06	M	NDC Compound DUR/PPS

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
407-D7	Product/Service ID	NDC (Drug Code)	M	Drug Code If DUR/PPS use original claim Prescribed Product/Service Code (NDC) or if Qualifier=06, then use zeroes. Compound reversal. If qualifier=03 Use NDC of 1st repeating segment in original claim submission. If qualifier=00 Use NDC of zeros.

B.1.5-23 Claim Segment: Mandatory

B.1.6 Claim Reversal Response – Accepted or Duplicate of Reversed

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
102-A2	Version/Release Number	D.0	M	Same value as in reversal request
103-A3	Transaction Code	B2	M	Same value as in reversal request
109-A9	Transaction Count	1 - 4	M	Same value as in reversal request
501-F1	Header Response Status	A	M	Accepted
202-B2	Service Provider ID Qualifier	01 - NPI	M	Same value as in reversal request
201-B1	Service Provider ID	Pharmacy NPI	M	Same value as in reversal request

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
401-D1	Date of Service	Date Filled	M	Same value as in reversal request Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

B.1.6-24 Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		RW	Transmission level Edit Number(s) /message(s)

B.1.6-25 Response Message Segment: Situational

Sent when needed for transmission-level messaging.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	21	M	Response Status nt
112-AN	Transaction Response Status	A S	M	Approved Duplicate of Approved
503-F3	Authorization Number	Transaction Control Number (TCN)		Format: YYJJJRDDDDD YY: 2-digit year 11=2011) JJJ: Julian Day (e.g., 213=August 1, 2011) R=Reversal DDDDD D=document #
130-UF	Additional Message Information Count			Maximum count of 25

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
132-UH	Additional Message Information Qualifier		RW (Repeating)	01 – 09 until further defined by NCPDP
526-FQ	Additional Message Information		RW (Repeating)	Max length 40
131-UG	Additional Message Information Continuity	+ = current text continues	RW (Repeating)	

B.1.6-26 Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 – Rx Billing	M	
402-D2	Prescription/Service Reference Number	Prescription Number	M	12 digits

B.1.6-27 Response Claim Segment: Mandatory

B.1.7 Claim Reversal Response - Rejected

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
102-A2	Version/Release Number	D.0	M	Same value as in reversal request
103-A3	Transaction Code	B2	M	Same value as in reversal request
109-A9	Transaction Count	1 - 4	M	Same value as in reversal request
501-F1	Header Response Status	A R	M	Accepted Rejected
202-B2	Service Provider ID Qualifier	01 - NPI	M	Same value as in reversal request
201-B1	Service Provider ID	Pharmacy NPI	M	Same value as in reversal request

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
401-D1	Date of Service	Date Filled	M	Same value as in reversal request Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

B.1.7-28 Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		RW	Transmission level Edit Number(s) /message(s) *Header Segment

B.1.7-29 Response Header Segment Situational

Sent when needed for transmission-level messaging.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	21	M	Response Status nt
112-AN	Transaction Response Status	R	M	Rejected
510-FA	Reject Count	1 - 5	R	From 1 to 5
511-FB	Reject Code	NCPDP Reject Code	RW (Repeating)	
546-4F	Rejected Field Occurrence Indicator	9(2)	RW (Repeating)	
130-UF	Additional Message Information Count		RW (Repeating)	Maximum count of 25
132-UH	Additional Message Information Qualifier		RW (Repeating)	01 – 09 until further defined by NCPDP
526-FQ	Additional Message Information		RW (Repeating)	Max length 40
131-UG	Additional Message Information Continuity	+ = current text continues	RW (Repeating)	

B.1.7-30 Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 – Rx Billing	M	
402-D2	Prescription/Service Reference Number	Prescription Number	M	12 digits

B.1.7-31 Response Claim Segment: Mandatory

B.2 NCPDP Version D.0 Payer Sheet – E1 Transactions

B.2.1 Eligibility Verification Request

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
101-A1	BIN Number	024251	M	OH Medicaid
102-A2	Version/Release Number	D0	M	Version D.0
103-A3	Transaction Code	E1	M	Eligibility Verification
104-A4	Processor Control Number	OHRXPROD	M	Production
109-A9	Transaction Count	1	M	One occurrence
202-B2	Service Provider ID Qualifier	01 – NPI	M	
201-B1	Service Provider ID	Pharmacy NPI	M	
401-D1	Date of Service		M	Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day
110-AK	Software Vendor/Certification ID		M	Identifies the software source

B.2.1-32 Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	Cardholder ID	Member's Medicaid Cardholder number	M	Max length 20

B.2.1-33 Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		R	Format=CCYYMMDD CC=Century

				YY=Year MM=Month DD=Day Must be >= 01/01/1800
310-CA	Patient First Name		O	Max length 12
311-CB	Patient Last Name		RW	Max length 15
305-C5	Patient Gender Code	0=Not Specified 1=Male 2=Female	R	

B.2.1-34 Patient Segment: Required for OH

B.2.2 Eligibility Verification Response - Accepted

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
102-A2	Version/Release Number	D0	M	Same value as in eligibility request
103-A3	Transaction Code	E1	M	Same value as in eligibility request
109-A9	Transaction Count	1	M	Same value as in eligibility request
501-F1	Header Response Status	A	M	Accepted
202-B2	Service Provider ID Qualifier	01 - NPI	M	Same value as in eligibility request
201-B1	Service Provider ID	Pharmacy NPI	M	Same value as in eligibility request
401-D1	Date of Service		M	Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

B.2.2-35 Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		RW	Max length 200

B.2.2-36 Response Message Segment: Situational

Sent when needed for transmission-level messaging.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	A	M	Approved

B.2.2-37 Response Status Segment: Mandatory

B.2.3 Eligibility Verification - Rejected

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
102-A2	Version/Release Number	D0	M	Same value as in eligibility request
103-A3	Transaction Code	E1	M	Same value as in eligibility request
109-A9	Transaction Count	1	M	Same value as in eligibility request
501-F1	Header Response Status	R A	M	Rejected Accepted
202-B2	Service Provider ID Qualifier	01 – NPI	M	Same value as in eligibility request
201-B1	Service Provider ID	Pharmacy NPI	M	Same value as in eligibility request
401-D1	Date of Service	Date Filled	M	Same value as in eligibility request Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

B.2.3-38 Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		RW	Max length 200

B.2.3-39 Response Message Segment: Situational

Sent when needed for transmission-level messaging.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	R	M	Rejected

510-FA	Reject Count	1 - 5	R	From one up to
511-FB	Reject Code	NCPDP Code	R (Repeating)	
546-4F	Rejected Field Occurrence Indicator	9(2)	RW	
130-UF	Additional Message Information Count		RW	Maximum count of 25
132-UH	Additional Message Information Qualifier		RW (Repeating)	01 – 09 until further defined by NCPDP
526-FQ	Additional Message Information		RW (Repeating)	Max length 40
131-UG	Additional Message Information Continuity	+ = current text continues	RW (Repeating)	

B.2.3-40 Response Status Segment: Mandatory

APPENDIX C EDITS AND MESSAGES

Messages are returned as a method of keeping the provider informed of problems and situations that occurred while attempting to process the claim and as the result of claim processing. Depending upon the point in Vue360Rx processing, an NCPDP Reject Code may or may not be returned. Vue360Rx returns an edit number and text message as deemed appropriate. A message may be returned without an edit number. Edit numbers are followed by either a 'D' or a 'W'. 'Denied (D) claims are not paid. Warnings (W) are informational messages on claims that are payable.

The edit numbers and messages reflect the OH POS configuration as of the date indicated on published document. The execution of an edit and the display of messages are subject to change. Based upon changes to business requirements as determined by the State, edits may no longer be applicable, new edits may be included, and new edits and messages may be added.

Specific edits can be overridden. As business requirements change, the State may direct that an edit can no longer be overridden, the override level changed, and other edits be allowed override capability. The edit override is identified by the entry in the PA Type Code field on the NCPDP D.0 transaction. Contact the POS Help Desk for more information if needed.

If a PA is required, an edit number, 'D' and text message indicating that a PA is required, will be returned. Claims requiring a PA will be denied until a PA has been granted. Contact the PA Help Desk to obtain a PA before resubmitting the claim. Once a PA is obtained, resubmit the claim for processing.

POS claims are electronically transferred from the pharmacy desktop's software system application to a switch vendor that forwards the claim transmission to Gainwell Technologies for processing. During the transfer and receipt of data, problems may occur that prevents the Vue360Rx application from properly processing the claim. For example, if the electronic transmission cannot be translated from Extensible Markup Language (XML) format into an NCPDP response, the message 'SERIALIZATION ERROR' will be returned, in which case call Gainwell Technologies at 833-491-0344, available 24/7. The following conditions listed are messages that may be returned and require resubmission and will be routed to the appropriate staff:

- ESN generator is down
- Host application timeout – Resubmit claim.
- Parser timeout
- Request invalidly formatted – Call your desktop software vendor.
- Parser is down
- Host Application Error

APPENDIX D VALID ROUTE OF ADMINISTRATION VALUES

Administration Values	Description
420254004	Body cavity route
54471007	Buccal route
112239003	By inhalation
47056001	By irrigation
417070009	Caudal route
418162004	Colostomy route
372449004	Dental route
372450004	Endocervical route
372451000	Endosinusial route
372452007	Endotracheopulmonary route
417985001	Enteral route
404820008	Epidural route
420163009	Esophagostomy route
17751009	External route
372453002	Extra-amniotic route
31638007	Extraluminal route
418743005	Fistula route
372454008	Gastroenteral route
418136008	Gastro-intestinal stoma route
127490009	Gastrostomy route
372457001	Gingival route
432087007	Hemodiafiltration route
421503006	Hemodialysis route
419954003	Ileostomy route
424494006	Infusion route
424109004	Injection route
429817007	Interstitial route
419396008	Intraabdominal route
372458006	Intraamniotic route
58100008	Intra-arterial route
12130007	Intra-articular route
404819002	Intrabiliary route
419778001	Intrabronchial route
372459003	Intrabursal route
418821007	Intracameral route
372460008	Intracardiac route
418331006	Intracartilaginous route

Administration Values	Description
372461007	Intracavernous route
420719007	Intracerebroventricular route
372462000	Intracervical route
418892005	Intracisternal route
418608002	Intracorneal route
418287000	Intracoronal route
372463005	Intracoronary route
418987007	Intracranial route
372464004	Intradermal route
372465003	Intradiscal route
417989007	Intraductal route
418887008	Intraduodenal route
89947002	Intraepithelial route
372466002	Intralesional route
37737002	Intraluminal route
372467006	Intralymphatic route
60213007	Intramedullary route
78421000	Intramuscular route
418133000	Intramyometrial route
372468001	Intraocular route
417255000	Intraosseous route
419631009	Intraovarian route
38239002	Intraperitoneal route
372469009	Intrapleural route
419810008	Intraprostatic route
420201002	Intrapulmonary route
419231003	Intrasinal route
418418000	Intraspinal route
372470005	Intrasternal route
418877009	Intrasynovial route
418586008	Intratendinous route
418947002	Intratesticular route
72607000	Intrathecal route
417950001	Intrathoracic route
404818005	Intratracheal route
418091004	Intratympanic route
62226000	Intrauterine route
418114005	Intravenous central route
419993007	Intravenous peripheral route

Administration Values	Description
404817000	Intravenous piggyback route
404816009	Intravenous push route
47625008	Intravenous route
420287000	Intraventricular route - cardiac
372471009	Intravesical route
418401004	Intravitreal route
419464001	Iontophoresis route
127491008	Jejunostomy route
420185003	Laryngeal route
420204005	Mucous fistula route
46713006	Nasal route
420218003	Nasoduodenal route
127492001	Nasogastric route
418730005	Nasojejunal route
54485002	Ophthalmic route
26643006	Oral route
419643005	Orbital floor route
418441008	Orogastric route
372473007	Oromucosal route
418664002	Oropharyngeal route
10547007	Otic route
418851001	Paracervical route
419165009	Paravertebral route
37161004	Per rectum (route)
16857009	Per vagina
127493006	Percutaneous gastrostomy (button) route
428191002	Percutaneous route
372474001	Periarticular route
418722009	Peribulbar route
417946008	Pericardial route
372475000	Perineural route
420047004	Periosteal route
419762003	Peritendinous route
421032001	Peritoneal dialysis route
418204005	Periurethral route
418321004	Retrobulbar route
372476004	Subconjunctival route
34206005	Subcutaneous route
419601003	Subgingival route

Administration Values	Description
37839007	Sublingual route
419874009	Submucosal route
416174007	Suborbital route
419320008	Subtendinous route
419894000	Surgical cavity route
418813001	Surgical drain route
6064005	Topical route
419243002	Transcervical route
45890007	Transdermal route
9942002	Transluminal route
404815008	Transmucosal route
418511008	Transurethral route
419021003	Tumor cavity route
419684008	Ureteral route
90028008	Urethral route
420168000	Urostomy route

APPENDIX E PLACE OF SERVICE VALUES

Place of Service Code(s)	Place of Service Name	Place of Service Description
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Unassigned	N/A
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to

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		tribal members admitted as inpatients or outpatients.
09	Prison Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
10	Unassigned	N/A
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.

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17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (This code is available for use immediately with a final effective date of May 1, 2010)
18-19	Unassigned	N/A
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants.

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26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility (SNF)	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.
33	Custodial Care Facility	A facility which provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic,

Place of Service Code(s)	Place of Service Name	Place of Service Description
		therapeutic, rehabilitative, or palliative services to outpatients only. (Effective 10/1/03)
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals with intellectual disabilities but does not provide the level of care or treatment available in a hospital or SNF.

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55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include

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		physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.