

National Government Services, Inc.



Common Electronic Data Interchange

**National Council for Prescription Drug Programs
(NCPDP)
Version D.0
Front-End Error Code Manual
August 2024**

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CHAPTER 1 GENERAL INFORMATION

Background

The Health Insurance Portability and Accountability Act commissioned the use of the National Council for Prescription Drug Programs (NCPDP) format for retail pharmacies that electronically transmit retail drug claims. The Modifications Final Rule later mandated must use the Telecommunication Standard Version D.0 and Batch Standard Version 1.2 by January 1, 2012 for NCPDP claims.

On October 13, 2010 an announcement of maintenance changes was published in the Federal Register notifying of correction information referenced in the NCPDP Version D Editorial Document. The corrections are included in the Telecommunication D.0 guide dated August 2010.

The NCPDP standard is only accepted for Medicare Durable Medical Equipment (DME) retail pharmacy drug claims. Medicare DME claims for supplies and services must be billed using version 5010A1 of the ANSI X12 837 and must be submitted in a separate transmission from the NCPDP formatted claims.

Resources

The *[NCPDP Batch Standard Implementation Guide \(IG\) version 1.2, Telecommunication Standard Implementation Guide \(IG\) version D.0, External Code List \(ECL\) and Data Dictionary](#)* are available for NCPDP members to download from the NCPDP website (www.ncdp.org).

The *[CEDI NCPDP D.0 Companion Document](https://www.ngscedi.com/technical-specifications)* is available from the CEDI website at <https://www.ngscedi.com/technical-specifications>.

CMS Web page for X12 version 5010 and NCPDP version D.0 is available at <http://www.cms.gov/MFFS5010D0/>

National Government Services, CEDI Help Desk

Telephone: 1-866-311-9184

E-Mail: ngs.cedihelpdesk@anthem.com

Web Site: <https://www.ngscedi.com>

CEDI NCPDP Distribution of Claims

When NCPDP files are submitted, they can contain claims for any of the four DME MAC Jurisdictions within the same file. CEDI will distribute the claims to the appropriate destination payer based on the beneficiary state code submitted in field 324-CO on the NCPDP claim. Below are the Receiver Identification numbers (ID) for each DME MAC Jurisdiction:

Jurisdiction A: Noridian Healthcare Solutions - Receiver ID = 16013

CT – Connecticut	MD – Maryland	NY – New York
DE – Delaware	ME – Maine	PA – Pennsylvania
DC – District of Columbia	NH – New Hampshire	RI – Rhode Island
MA – Massachusetts	NJ – New Jersey	VT – Vermont

Jurisdiction B: CGS Administrators LLC - Receiver ID = 17013

IL – Illinois	MI – Michigan	OH – Ohio
IN – Indiana	MN – Minnesota	WI – Wisconsin
KY – Kentucky		

Jurisdiction C: CGS Administrators LLC - Receiver ID = 18003

AL – Alabama	MS – Mississippi	TN – Tennessee
AR – Arkansas	NM – New Mexico	TX – Texas
CO – Colorado	NC – North Carolina	VA – Virginia
FL – Florida	OK – Oklahoma	VI – Virgin Islands
GA – Georgia	PR – Puerto Rico	WV – West Virginia
LA – Louisiana	SC – South Carolina	

Jurisdiction D: Noridian Healthcare Solutions - Receiver ID = 19003

AK – Alaska	IA – Iowa	ND – North Dakota
AS – American Samoa	KS – Kansas	OR – Oregon
AZ – Arizona	MP – Marianna Islands	SD – South Dakota
CA – California	MO – Missouri	UT – Utah
GU - Guam	MT – Montana	WA – Washington
HI – Hawaii	NE – Nebraska	WY – Wyoming
ID – Idaho	NV – Nevada	

General Guidelines

We have provided some general guidelines for entering data. However, due to the variety of software available to DME MAC submitters, we can only provide the requirements as set forth by the NCPDP Implementation Guide and CMS requirements. For data entry assistance, please consult your software program's user manual or your software vendor.

The NCPDP Implementation Guide may be purchased from the NCPDP organization at www.ncpdp.org. The Implementation Guide will provide valid qualifier values, data requirements, and provide information on how to obtain code sources including state abbreviations, ZIP Codes, NDC codes, etc.

Dates

- As a general rule, all dates must be reported using a CCYYMMDD format where:
 - CC = Century
 - YY = Year
 - MM = Month
 - DD = Day
- All dates must be prior to the current date.

Addresses

When reporting the address, you must include a street address, a city, a state, and a ZIP Code.

- **Street Address:** Characters such as #, ., &, etc. are allowed; however, we discourage use of these symbols.
- **City:** The city name is required and must contain the city name for the address being reported. Characters such as #, ., &, etc. are allowed; however, we discourage use of these symbols.
- **State:** The state abbreviation must be submitted and must contain a valid two-position state code.
- **ZIP Code:** The U.S. Postal Service (USPS) ZIP Code must be submitted when the address is within the United States or Territory, must be a valid five or nine-digit code, and must not contain all nines in the code.

Dollar Amounts

- **Dollar Amounts:** Dollar amounts being submitted to Medicare may not exceed \$99,999.99.

For additional NCPDP claim submission guidelines, please refer to the [CEDI NCPDP D.0 Companion Document](#) found on the CEDI Web site at <https://www.ngscedi.com/technical-specifications>.

CHAPTER 2 CEDI NCPDP VERSION D.0 REPORTS

CEDI will return the TRN Acknowledgement and the NCPDP Transmission Response showing accepted and rejected files and/or claims.

Refer to the *CEDI NCPDP D.0 Companion Document* found on the CEDI Web site at <https://www.ngscedi.com/technical-specifications> for more information and details on the TRN Acknowledgement and NCPDP Transmission Response.

CHAPTER 3 CEDI NCPDP VERSION D.0 EDITS

Below are descriptions of NCPDP D.0 segments showing valid values, usage requirements, segment & field requirements, as well as the edits generated if the requirements are not met.

The ECL Values column reflects the valid code values based on the June 2010 version of the NCPDP External Code List (ECL).

The Usage Requirements column reflects Medicare's usage designation. **However, all segments and fields must conform to the NCPDP standard implementation guide as well as Medicare specific requirements.**

- Segments and fields marked as "M" are mandatory in the standard and therefore mandatory by default for Medicare.
- Segments and fields marked as "R" are required based on implementation guide and/or Medicare specific requirements.
- Segments and fields marked as "S" (situational) are those that could make a difference in Medicare payment or coordination of benefits.
- Fields marked as "O" (optional) are not necessary for Medicare claim billing but will be subjected to editing if reported.

The Requirement / Edit Condition(s) column provides an explanation of any specific requirements for each segment or field. In the event Medicare requirements restrict use of certain values, the values acceptable for Medicare are listed within this column.

The Rejection Information column provides information regarding the final level of response provided for the edit condition (TRN or Transmission Response). This column also indicates the specific edit message returned on the TRN or in the 504-F4 message field of a batch rejected transmission response. Otherwise, the NCPDP standard reject code returned in field 511-FB on the transmission response and its associated description are listed in this column.

Please note NOT all standard/syntax edits are included within this edit document. Submitters must be capable of interpreting any of the potential reject codes listed in Appendix A of the ECL in order to fully prepare for Medicare rejections. For example, the reject codes with the "missing/invalid" descriptions (i.e. "M/I_____") specific to the field in error will be used when the data content doesn't conform to the standard field formatting requirements, including lower case characters used within any field. In addition, any fields submitted in a repeated manner not designated as repeatable per the IG, will be rejected with error code "P9" (Field is Non-Repeatable). These types of errors are not itemized for each field within the edit listing.

The following optional fields will not be edited above and beyond standard requirements; therefore, these fields are also not found within the itemized listing: 333-CZ, 350-HN, 470-4E, 364-2J, 365-2K, 366-2M, 314-CE, 524-FO, 301-C1, 303-C3, 359-2A, 115-N5, 993-A7, 315-CF, 316-CG, 317-CH, 321-CL, 327-CR, 435-DZ, 446-EB, 454-EK, 487-NE, 481-HA, 482-GE, 426-DQ, 376-2X, 379-4D, 381-4H, 382-4J, 383-4K, 336-8C.

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
Batch Header Record			M		
701	Segment Identification	00	M	<p>Must be present and = 00</p> <p>Must be only one batch header/trailer combination per physical file or all batches will reject</p>	<p>TRN ("Unrecognized or Invalid File")</p> <p>Trans Response BATCH REJECT - 504-F4 message: MULT BATCHES NOT ALLOWED</p>
880-K6	Transmission Type	T	M	<p>Must be present</p> <p>Value must = T NOTE: A lower case 't' submitted in this field will trigger this same rejection</p>	<p>TRN ("Unrecognized or Invalid File")</p> <p>Trans Response BATCH REJECT - 504-F4 message: INVALID TRANSMISSION TYPE</p>
880-K1	Trading Partner ID (Submitter ID)		M	<p>Must be present in accordance with fixed length</p> <p>If the Trading Partner ID used to submit the file is not authorized to send the NCPDP D.0 format being submitted, batch will be rejected</p> <p>If 880-K1 sender ID is space filled, zero filled, contains lower case characters, or doesn't exist on file, batch will reject</p> <p>If 880-K1 Sender ID does NOT match the Trading Partner ID used to send the file the batch will reject</p>	<p>TRN ("Unrecognized or Invalid File")</p> <p>TRN ("File Format Not Valid For Submitter")</p> <p>Trans Response BATCH REJECT - 504-F4 message; INVALID SENDER ID</p> <p>Trans Response BATCH REJECT - 504-F4 message: SENDER ID & SUBMITTER UNMATCHED</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
806-5C	Batch Number		M	<p>The 806-5C batch number, 880-K1 sender ID, and 880-K2 creation date combination must not have been previously submitted and accepted</p> <p>Batch number must be present</p> <p>Must not be space filled, zero filled, or contain leading spaces</p>	<p>Trans Response BATCH REJECT - 504-F4 message: DUPLICATE FILE</p> <p>TRN ("Unrecognized or Invalid File");</p> <p>Trans Response BATCH REJECT - 504-F4 message: INVALID BATCH NUMBER</p>
880-K2	Creation Date		M	<p>Must be present</p> <p>Must be valid CCYYMMDD calendar date</p> <p>If 880-K2 Creation Date > current date the batch will reject</p>	<p>TRN ("Unrecognized or Invalid File")</p> <p>Trans Response BATCH REJECT - 504-F4 message: INVALID CREATE DATE</p> <p>Trans Response BATCH REJECT - 504-F4 message: CREATE DATE > CURRENT DATE</p>
880-K3	Creation Time		M	<p>Must be present</p> <p>Must be valid HHMM time</p> <p>Format = HHMM HH = Hour MM = Minute</p>	<p>TRN ("Unrecognized or Invalid file")</p> <p>Trans Response BATCH REJECT - 504-F4 message: INVALID CREATE TIME</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
702	File Type	P or T	M	Value must present and = "P" or "T" P = Production T = Test NOTE: A lower case 'p' or 't' submitted in this field will trigger this same rejection.	TRN ("Unrecognized or Invalid file)
102-A2	Version/Release Number	12	M	The batch version number must be "12" for NCPDP Batch Standard Version 1.2	TRN ("Unrecognized or Invalid File")
880-K7	Receiver ID	16013, 17013, 18003, 19003	M	Must = 16013, 17013, 18003, or 19003 in accordance with fixed length. No leading spaces or zeros, and no trailing zeros allowed.	Trans Response BATCH REJECT - 504-F4 message: INVALID RECEIVER ID
Batch Detail Record			M		
701	Segment Identification	G1	M	Must be present and =G1	Trans Response BATCH REJECT - 504-F4 message: DATA DETAIL RECORD ERROR
880-K5	Transaction Reference Number		M	Must be present and exactly 10 positions with at least one position > spaces AND When multiple detail records are submitted, the reference number must be unique within the batch file	Trans Response; K5; M/I TRANSACTION REFERENCE NUMBER

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
Transaction Header Segment			M		
101-A1	BIN Number		M	Must be present and in accordance with fixed length Entering all zeros or all 9's is valid for Medicare	Trans Response; 01 ; M/I BIN NUMBER
102-A2	Version/Release Number	D0	M	Must be present and a valid ECL code value Must be = "D0"	Trans Response; 02; M/I VERSION/RELEASE NUMBER Trans Response; 1R; VERSION/RELEASE NOT SUPPORTED
103-A3	Transaction Code	B1	M	Must be present and a valid ECL code value Must = B1	Trans Response; 03; M/I TRANSACTION CODE Trans Response; 1S; TRANSACTION CODE/TYPE NOT SUPPORTED
104-A4	Processor Control Number		M	Submit the Patient Account Number Must be present and > spaces	Trans Response; 04; M/I PROCESSOR CONTROL NUMBER

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
109-A9	Transaction Count	1,2,3,4	M	<p>Indicate the number of lines for the claim.</p> <p>Must match the number of 111-AM(07) segments.</p> <p>Values must = 1, 2, 3, or 4 for Non-Compound Claims</p> <p>Value must = 1 for Compound Claims</p>	<p>Trans Response; 1U; TRANSACTION COUNT DOES NOT MATCH NUMBER OF TRANSACTIONS</p> <p>Trans Response; A9; M/I TRANSACTION COUNT</p> <p>Trans Response; 1W; MULTI-INGREDIENT COMPOUND MUST BE A SINGLE TRANSACTION</p>
202-B2	Service Provider ID Qualifier	01	M	<p>Must be a valid ECL code value</p> <p>Value must = 01 National Provider Identifier (NPI)</p>	<p>Trans Response; B2; M/I SERVICE PROVIDER ID QUALIFIER</p> <p>Trans Response; 7B; SERVICE PROVIDER ID QUALIFIER VALUE NOT SUPPORTED FOR PROCESSOR/PAYER</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
201-B1	Service Provider ID		M	<p>Enter the NPI number</p> <p>Must be present and > spaces</p> <p>The NPI must be exactly 10 digits, begin with "1"</p> <p>The NPI number must be found on the NPI file and the effective date must span current date</p> <p>NPI must be on file with Sender ID.</p>	<p>Trans Response; 05; M/I SERVICE PROVIDER NUMBER</p> <p>Trans Response; 50; NON-MATCHED PHARMACY NUMBER</p> <p>Trans Response; 7A; PROVIDER DOES NOT MATCH AUTHORIZATION ON FILE</p> <p>Trans Response; 6Y; NOT AUTHORIZED TO SUBMIT ELECTRONICALLY</p>
401-D1	Date of Service		M	<p>Must be present and valid CCYYMMDD calendar date</p> <p>Must NOT be prior to the beneficiary's date of birth in 304-C4.</p>	<p>Trans Response; 15; M/I DATE OF SERVICE</p> <p>Trans Response; P6; DATE OF SERVICE PRIOR TO DATE OF BIRTH</p>
110-AK	Software Vendor/Certification ID		M	<p>Must be present in accordance with fixed length and not space filled</p>	<p>Trans Response; AK; M/I SOFTWARE VENDOR/CERTIFICATION ID</p>
Patient Segment			R		

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
111-AM	Segment Identification	01	M	Must be present and = 01 More than 1 AM01 segment may not exist per G1 transaction header	Trans Response; 6K; PATIENT SEGMENT REQUIRED FOR ADJUDICATION Trans Response; PK; M/I REQUEST PATIENT SEGMENT
331-CX	Patient ID Qualifier	01, 1J, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 99, EA	O	Must be present and = 01, 1J, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 99, or EA Must be present and > spaces when 331-CY is used	Trans Response; CX; M/I PATIENT ID QUALIFIER Trans Response; CX; M/I PATIENT ID QUALIFIER
332-CY	Patient ID		O	Must be present and > spaces when 331-CX is used	Trans Response; CY; M/I PATIENT ID
304-C4	Date of Birth		R	Must be present and valid CCYYMMDD calendar date, AND must be < current date. Must not be > 130 years past the current date.	Trans Response; 09; M/I DATE OF BIRTH Trans Response; 66; PATIENT AGE EXCEED MAXIMUM AGE
305-C5	Patient Gender Code	1,2	R	Must be present and = 1 or 2 1 – Male 2 – Female	Trans Response; 10; M/I PATIENT GENDER CODE

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
307-C7	Place of Service	01, 03, 04, 05, 06, 07, 08, 09, 11, 12, 13, 14, 15, 16, 17, 20, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 49, 50, 51, 52, 53, 54, 55, 56, 57, 60, 61, 62, 65, 71, 72, 81, 99	R	Must be present and a valid 2 digit Place of Service code	Trans Response; 12; M/I PLACE OF SERVICE
310-CA	Patient First Name		R	Must be present and > spaces	Trans Response; CA; M/I PATIENT FIRST NAME
311-CB	Patient Last Name		R	Must be present and > spaces	Trans Response; CB; M/I PATIENT LAST NAME
322-CM	Patient Street Address		R	Must be present and > spaces	Trans Response; CM; M/I PATIENT STREET ADDRESS
323-CN	Patient City Address		R	Must be present and > spaces	Trans Response; CN; M/I PATIENT CITY ADDRESS
324-CO	Patient State/Province Address		R	Must be present and valid state code in accordance with alphabetic state codes listed in ECL Appendix C	Trans Response; CO; M/I PATIENT STATE/PROVINCE ADDRESS
325-CP	Patient /Postal Zone		R	The ZIP Code must be present and a valid 5 or 9 digit USPS ZIP Code and must not include hyphens or all zeros in positions 6 through 9	Trans Response; CP; M/I PATIENT ZIP/POSTAL ZONE
326-CQ	Patient Phone Number		O	If present, must be exactly 10 numeric	Trans Response; CQ; M/I PATIENT PHONE NUMBER

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
335-2C	Pregnancy Indicator	Blank, 1, 2	O	If present, value must = space, 1, or 2	Trans Response; 2C; M/I PREGNANCY INDICATOR
384-4X	Patient Residence	0, 1, 2 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15	O	If present, value must = 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, or 15 (NOTE: two digit values 00, 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable in this numeric field)	Trans Response; 4X; M/I PATIENT RESIDENCE
Pharmacy Provider Segment			O		
111-AM	Segment Identification	02	M	Only 1 AM02 segment may exist per AM07 segment	Trans Response; PM; M/I REQUEST PHARMACY PROVIDER SEGMENT
465-EY	Provider ID Qualifier	05	O	If 444-E9 is used, 465-EY must be present and = 01, 02, 03, 04, 05, 06, 07, or 99 If present, value must = 05	Trans Response; EY; M/I PROVIDER ID QUALIFIER Trans Response; 9U; PROVIDER ID QUALIFIER SUBMITTED NOT COVERED
444-E9	Provider ID		O	Field must present and > spaces when 465-EY is used If provider ID Qualifier (465-EY) = 05, Provider ID (444-E9) must be a valid NPI format	Trans Response; E9; M/I PROVIDER ID Trans Response; E9; M/I PROVIDER ID
Prescriber Segment			R		

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
111-AM	Segment Identification	03	M	Only 1 AM03 segment may exist per AM07 segment Must be present and = 03	Trans Response; PN; M/I REQUEST PRESCRIBER SEGMENT Trans Response; 6N; PRESCRIBER SEGMENT REQUIRED FOR ADJUDICATION
466-EZ	Prescriber ID Qualifier	01	R	01 – National Provider Identifier Must be present and = 01	Trans Response; EZ; M/I PRESCRIBER ID QUALIFIER
411-DB	Prescriber ID		R	Enter the NPI number If 466-EZ is used OR If 427-DR is not present or not > spaces, 411-DB must be present and > spaces Prescriber ID (411-DB) must be a valid NPI format	Trans Response; 25; M/I PRESCRIBER ID Trans Response; 56; NON-MATCHED PRESCRIBER ID
427-DR	Prescriber Last name		O	If 411-DB not present or present and not > spaces, 427-DR must be > spaces	Trans Response; DR; M/I PRESCRIBER LAST NAME
498-PM	Prescriber Phone Number		O	If present, must be exactly 10 numeric	Trans Response; 3M; M/I PRESCRIBER PHONE NUMBER

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
468-2E	Primary Care Provider ID Qualifier	01	O	If present, value must = 01 Must be present and > spaces when 421-DL is used	Trans Response; 2E; M/I PRIMARY CARE PROVIDER ID QUALIFIER Trans Response; 2E; M/I PRIMARY CARE PROVIDER ID QUALIFIER
421-DL	Primary Care Provider ID		O	Must be present and > spaces when 468-2E is used If Primary Care Provider Qualifier (468-2E) = 01, Primary Care Provider ID (421-DL) must be a valid NPI format.	Trans Response; 35; M/I PRIMARY CARE PROVIDER ID Trans Response; 58; NON MATCHED PRIMARY PRESCRIBER
267-2N	Prescriber State/Province Address		O	If present, must be valid state code in accordance with alphabetic state codes listed in ECL Appendix C	Trans Response; 2N; M/I PRESCRIBER STATE/PROVINCE ADDRESS
268-2P	Prescriber ZIP/Postal Zone		O	If present, and state Code (367-2N) is US state/territory, 368-2P ZIP Code must be exactly 5 or 9 numeric AND first 5 positions of the ZIP Code must be valid according to USPS ZIP Code file AND last 4 positions of 9 position ZIP Code must NOT = 0000	Trans Response; 2P; M/I PRESCRIBER ZIP/POSTAL ZONE
Insurance Segment			M		

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
111-AM	Segment Identification	04	M	Must be present and = 04 Only 1 AM04 segment may exist per G1 transaction header	Trans Response; PJ; M/I REQUEST INSURANCE SEGMENT Trans Response; PJ; M/I REQUEST INSURANCE SEGMENT
302-C2	Cardholder ID		M	Must be present and a valid Beneficiary HICN or MBI	Trans Response; 07; M/I CARDHOLDER ID
312-CC	Cardholder First Name		R	Beneficiary first name must be present	Trans Response; CC; M/I CARDHOLDER FIRST NAME
313-CD	Cardholder Last Name		R	Beneficiary last name must be present The 1st 3 positions of last name must NOT = MR[space], MR., DR[space] DR., JR[space], or JR.,	Trans Response; CD; M/I CARDHOLDER LAST NAME Trans Response; CD; M/I CARDHOLDER LAST NAME
306-C6	Patient Relationship Code	1	R	Must be present and = "1"	Trans Response; 11; M/I PATIENT RELATIONSHIP CODE
309-C9	Eligibility Clarification Code	0, 1, 2, 3, 4, 5, 6	O	If present, value must = 0, 1, 2, 3, 4, 5, or 6	Trans Response; 14; M/I ELIGIBILITY CLARIFICATION CODE
360-2B	Medicaid Indicator		O	Must be present and valid state code in accordance with alphabetic state codes listed in ECL Appendix C	Trans Response; 2B; M/I MEDICAID INDICATOR

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
361-2D	Provider Accept Assignment Indicator	Y, N	R	Must be present and = Y or N	Trans Response; 2D; M/I PROVIDER ACCEPT ASSIGNMENT INDICATOR
997-G2	CMS Part D Defined Qualifier Facility	Y, N	O	If present, must = Y or N	Trans Response ; G2; M/I CMS PART D DEFINED QUALIFIED FACILITY
COB/Other Payments Segment			S	Required when other insurance processing is involved	
111-AM	Segment Identification	05	M	Only 1 AM05 segment may exist per AM07 segment	Trans Response; PE; M/I REQUEST COORDINATION OF BENEFITS/OTHER PAYMENTS SEGMENT

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
337-4C	Coordination of Benefits/Other Payments Count	1	M	<p>Must be = total number of group* occurrences that follow *(where 338-5C marks the beginning of each group)</p> <p>Must be present and < or equal to 9</p> <p>Must not be > 1</p>	<p>Trans Response; P4; COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; 4C; M/I COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT</p> <p>Trans Response; 7P; COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT EXCEEDS NUMBER OF SUPPORTED PAYERS</p>
338-5C	Other Payer Coverage Type	01, 02, 03, 04, 05, 06, 07, 08, 09	M	Must be present and = 01, 02, 03, 04, 05, 06, 07, 08, or 09	Trans Response; 5C; M/I OTHER PAYER COVERAGE TYPE

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
339-6C	Other Payer ID Qualifier	blank, 01, 02, 03, 04, 05, 99	R	<p>Must be present and = blank, 01, 02, 03, 04, 05, or 99 when 340-7C is used</p> <p>If Other Payer Coverage Type (338-5C) = 01, 02, 03, 04, 05, 06, 07, 08, or 09 then Other Payer ID Qualifier (339-6C) value must = 99</p>	<p>Trans Response; 6C; M/I OTHER PAYER ID QUALIFIER</p> <p>Trans Response; 7Q; OTHER PAYER ID QUALIFIER NOT SUPPORTED</p>
340-7C	Other Payer ID		R	<p>Must be present and > spaces when 339-6C is used</p>	<p>Trans Response; 7C; M/I OTHER PAYER ID</p>
443-E8	Other Payer Date		O	<p>If present, must be valid CCYYMMDD calendar date, AND must be < current date</p>	<p>Trans Response; E8; M/I OTHER PAYER DATE</p>
341-HB	Other payer amount Paid Count	1– 9	S	<p>If present, must be = total number of group* occurrences that follow</p> <p>*Group includes: Other Payer Amount Paid Qualifier (342-HC) and Other Payer Amount Paid (431-DV)</p> <p>If present, must not be > 9</p> <p>Must be present if 342-HC is used</p>	<p>Trans Response; SF; OTHER PAYER AMOUNT PAID COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; HB; M/I OTHER PAYER AMOUNT PAID COUNT</p> <p>Trans Response; HB; M/I OTHER PAYER AMOUNT PAID COUNT</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
342-HC	Other Payer Amount Paid Qualifier	01, 02, 03, 04, 05, 06, 07, 09, 10	S	If present, value must = 01, 02, 03, 04, 05, 06, 07, 09, or 10 Must be present when 431-DV is used	Trans Response; HC; M/I OTHER PAYER AMOUNT PAID QUALIFIER Trans Response; HC; M/I OTHER PAYER AMOUNT PAID QUALIFIER
431-DV	Other Payer Amount Paid		S	Value must not be greater than s9(5)v99 Must be present when 342-HC is used	Trans Response; DV; M/I OTHER PAYER AMOUNT PAID Trans Response; DV; M/I OTHER PAYER AMOUNT PAID
471-5E	Other Payer Reject Count	1 - 5	S	If present, must be = total number of group* occurrences that follow *Group Includes: 472-6E Other Payer Reject Code If present, must not be > 5 (NOTE: Double digit values 01, 02, 03, 04, or 05 are also acceptable). Must be present when 472-6E is used	Trans Response; R2; OTHER PAYER REJECT COUNT DOES NOT MATCH NUMBER OF REPETITIONS Trans Response; 5E; M/I OTHER PAYER REJECT COUNT Trans Response; 5E; M/I OTHER PAYER REJECT COUNT
472-6E	Other Payer Reject Code	NCPDP Reject Code values defined in ECL APPENDIX A1	S	Value must be valid according to ECL APPENDIX A1 Must be present when 308-C8 = 3	Trans Response; 6E; M/I OTHER PAYER REJECT CODE Trans Response; 6E; M/I OTHER PAYER REJECT CODE

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
353-NR	Other Payer-Patient Responsibility Amount Count	1 - 25	S	<p>If present, must be = total number of group* occurrences that follow</p> <p>*Group Includes: Other Payer-Patient Responsibility Amount Qualifier (351-NP) and Other Payer-Patient Responsibility Amount (352-NQ)</p> <p>Must be present when 351-NP is used</p> <p>If present, must not be > 25 (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable)</p>	<p>Trans Response; SH; OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; NR; M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT</p> <p>Trans Response; NR; M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT</p>
351-NP	Other Payer-Patient Responsibility Amount Qualifier	blank, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13	S	<p>If present, must = blank, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, or 13</p> <p>Must be present when 352-NQ is used</p>	<p>Trans Response; NP; M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER</p> <p>Trans Response; NP; M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
352-NQ	Other Payer-Patient Responsibility Amount		S	Must be present when 351-NP is used Value must not be greater than s9(5)v99	Trans Response; NQ; M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT Trans Response; NQ; M/I OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT
392-MU	Benefit Stage Count	1 - 4	O	If present, must be = total number of group* occurrences that follow *Group Includes: Benefit Stage Qualifier (393-MV) and Benefit Stage Amount (394-MW) Must be present when 394-MW is used If present, must not be >4	Trans Response; MX; BENEFIT STAGE COUNT DOES NOT MATCH NUMBER OF REPETITIONS Trans Response; MU; M/I BENEFIT STAGE COUNT Trans Response; MU; M/I BENEFIT STAGE COUNT
393-MV	Benefit Stage Qualifier	01, 02, 03, 04	O	If present, must = 01, 02, 03, 04, AND each iteration must be a unique value within the 392-MU group Must be present when 394-MW is used	Trans Response; MV; M/I BENEFIT STAGE QUALIFIER Trans Response; MV; M/I BENEFIT STAGE QUALIFIER
394-MW	Benefit Stage Amount		O	Must be present when 393-MV is used Value must not be greater than s9(5)v99	Trans Response; MW; M/I BENEFIT STAGE AMOUNT Trans Response; MW; M/I BENEFIT STAGE AMOUNT

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
Worker's Comp Segment			O		
111-AM	Segment Identification	06	M	Only 1 AM06 segment may exist per AM07 segment	Trans Response; PT; M/I REQUEST WORKER'S COMPENSATION SEGMENT
434-DY	Date of Injury		M	Must be present and valid CCYYMMDD calendar date, AND must be < current date	Trans Response; DY; M/I DATE OF INJURY
318-CI	Employer State/Province Address		O	If present, must be valid state code in accordance with alphabetic state codes listed in ECL Appendix C	Trans Response; CI; M/I EMPLOYER STATE/PROVINCE ADDRESS
319-CJ	Employer ZIP/Postal Code		O	If present, and state Code (318-CI) is US state/territory, 319-CJ ZIP Code must be exactly 5 or 9 numeric AND first 5 positions of ZIP Code must be valid according to USPS ZIP Code file AND last 4 positions of 9 position ZIP Code must NOT = 0000	Trans Response; CJ; M/I EMPLOYER ZIP POSTAL ZONE
320-CK	Employer Phone Number		O	If present, must be exactly 10 numeric	Trans Response; CK; M/I EMPLOYER PHONE NUMBER
117-TR	Billing Entity Type Indicator	00, 01, 02, 03	R	Must be present and = 00, 01, 02, or 03, else reject the transaction NOTE: Single digit values 0, 1, 2, 3 are also acceptable in this numeric field	Trans Response; TR; M/I BILLING ENTITY TYPE INDICATOR

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
118-TS	Pay To Qualifier	00, 01, 11	O	If present, value must = 00, 01, or 11 Must be present and > spaces if 119-TT is used	Trans Response; TS; M/I PAY TO QUALIFIER Trans Response; TS; M/I PAY TO QUALIFIER
119-TT	Pay To ID		O	Must be present and > spaces if 118-TS is used If Pay To Qualifier (118-TS) = 01, Pay To ID (119-TT) must = valid NPI format	Trans Response; TT; M/I PAY TO ID Trans Response; TT; M/I PAY TO ID
120-TU	Pay To Name		O	Must be present and > spaces if 118-TS is used	Trans Response; TU; M/I PAY TO NAME
121-TV	Pay To Street Address		O	Must be present and > spaces if 118-TS is used	Trans Response; TV; M/I PAY TO STREET ADDRESS
122-TW	Pay To City Address		O	Must be present and > spaces if 118-TS is used	Trans Response; TW; M/I PAY TO CITY ADDRESS
123-TX	Pay To State/ Province Address		O	Must be present and > spaces if 118-TS is used If present, must be valid state code in accordance with alphabetic state codes listed in ECL Appendix C	Trans Response; TX; M/I PAY TO STATE/PROVINCE ADDRESS Trans Response; TX; M/I PAY TO STATE/PROVINCE ADDRESS

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
124-TY	Pay To Zip/Postal Zone		O	<p>Must be present and > spaces if 118-TS is used</p> <p>If present, and state code (123-TX) is US state/territory, 124-TY ZIP Code must be exactly 5 or 9 numeric AND first 5 positions of the ZIP Code must be valid according to USPS ZIP Code file AND last 4 positions of 9 position ZIP Code must NOT = 0000</p>	<p>Trans Response; TY; M/I PAY TO ZIP/POSTAL ZONE</p> <p>Trans Response; TY; M/I PAY TO ZIP/POSTAL ZONE</p>
125-TZ	Generic Equivalent Product ID Qualifier	01, 02, 03, 04, 06, 07, 08, 09, 10, 11, 12, 15, 28, 29, 30, 31, 32, 33, 34, 99	O	<p>If present, value must = 01, 02, 03, 04, 06, 07, 08, 09, 10, 11, 12, 15, 28, 29, 30, 31, 32, 33, 34, or 99</p> <p>Must be present if 126-UA is used</p>	<p>Trans Response; TZ; M/I GENERIC EQUIVALENT PRODUCT ID QUALIFIER</p> <p>Trans Response; TZ; M/I GENERIC EQUIVALENT PRODUCT ID QUALIFIER</p>
126-UA	Generic Equivalent Product ID		O	<p>Must be present and > spaces if 125-TZ is used</p>	<p>Trans Response; UA; M/I GENERIC EQUIVALENT PRODUCT ID</p>
Claim Segment			R		

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
111-AM	Segment Identification	07	M	<p>At least one AM07 claim segment (111-AM = 07) must be present for each Transaction Header</p> <p>More than one AM07 segment must not exist within the same group separator</p> <p>More than 4 AM07 segments may not exist per transaction header</p>	<p>Trans Response; PC; M/I REQUEST CLAIM SEGMENT</p> <p>Trans Response; PC; M/I REQUEST CLAIM SEGMENT</p> <p>Trans Response; PB; INVALID TRANSACTION COUNT FOR THIS TRANSACTION CODE</p>
455-EM	Prescription/Service Reference Number Qualifier	1	M	Must be present and = 1	Trans Response; EM; M/I PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER
402-D2	Prescription/Service Reference Number		M	Must be present	Trans Response; 16; M/I PRESCRIPTION/SERVICE REFERENCE NUMBER

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
436-E1	Product/Service ID Qualifier	00, 03	M	<p>Must be present and = 00, 01, 02, 03, 04, 06, 07, 08, 09, 10, 11, 12, 15, 28, 29, 30, 31, 32, 33, 34, 36, or 99</p> <p>If 406-D6 = 2, then 436-E1 value must = 00</p> <p>If 406-D6 not = 2, then 436-E1 value must = 03</p>	<p>Trans Response; E1; M/I PRODUCT/SERVICE ID QUALIFIER</p> <p>Trans Response; 8Z; PRODUCT/SERVICE ID QUALIFIER VALUE NOT SUPPORTED</p> <p>Trans Response; 8Z; PRODUCT/SERVICE ID QUALIFIER VALUE NOT SUPPORTED</p>
407-D7	Product/Service ID		M	<p>Must be > spaces</p> <p>If Product/Service ID Qualifier (436-E1) = 03 (NDC), the NDC code must be found on the applicable DME MAC's drug file listing, and the 401-D1 service date must be within the effective and end dates for the NDC code on file</p>	<p>Trans Response; 21; M/I PRODUCT/SERVICE ID</p> <p>Trans Response; 54; NON-MATCHED PRODUCT/SERVICE ID NUMBER</p>
456-EN	Associated Prescription/Service Reference Number		O	<p>Must be present if 343-HD = C</p>	<p>Trans Response; EN; M/I ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
457-EP	Associated Prescription/Service Date		O	<p>Must be present if 456-EN is present or if 343-HD = C</p> <p>If present, must be valid CCYYMMDD calendar date, AND must be < current date</p>	<p>Trans Response; EP; M/I ASSOCIATED PRESCRIPTION/SERVICE DATE</p> <p>Trans Response; EP; M/I ASSOCIATED PRESCRIPTION/SERVICE DATE</p>
458-SE	Procedure Modifier Code Count	1 - 10	S	<p>If present, must = total number of group* occurrences that follow</p> <p>*Group Includes: 459-ER - Procedure Modifier Code</p> <p>If present, value must not be >10</p> <p>Must be present if 459-ER is used</p>	<p>Trans Response; R3; PROCEDURE MODIFIER CODE COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; SE; M/I PROCEDURE MODIFIER CODE COUNT</p> <p>Trans Response; SE; M/I PROCEDURE MODIFIER CODE COUNT</p>
459-ER	Procedure Modifier Code		S	<p>Must be present and > spaces if 458-SE present</p> <p>If 436-E1 = 03 (NDC), value in 459-ER must be a valid modifier and the From Service Date (401-D1) must be within the effective date range for the modifier</p>	<p>Trans Response; ER; M/I PROCEDURE MODIFIER CODE</p> <p>Trans Response; ER; M/I PROCEDURE MODIFIER CODE</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
442-E7	Quantity Dispensed		R	Must be present and > zero	Trans Response; E7; M/I QUANTITY DISPENSED
403-D3	Fill Number	0, 1-99	R	Must be present and = 0 - 99, (NOTE: Double digit values 00, 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable)	Trans Response; 17; M/I FILL NUMBER
405-D5	Days Supply		R	Must be present and > zero	Trans Response; 19; M/I DAYS SUPPLY
406-D6	Compound Code	1, 2	R	Must be present and = 1 or 2 Value must = 2 if AM10 segment present	Trans Response; 20; M/I COMPOUND CODE Trans Response; 20; M/I COMPOUND CODE
408-D8	Dispense As Written (DAW) / Product Selection Code	0, 1, 2, 3, 4, 5, 6, 7, 8, 9	R	Must be present and = 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9	Trans Response; 22; M/I DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE
414-DE	Date Prescription Written		R	Must be present and valid CCYYMMDD calendar date, AND must be < current date	Trans Response; 28; M/I DATE PRESCRIPTION WRITTEN
415-DF	Number of Refills Authorized	0, 1-99	O	If present, value must = 0 - 99 (NOTE: Double digit values 00, 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable)	Trans Response; 29; M/I NUMBER OF REFILLS AUTHORIZED
419-DJ	Prescription Origin Code	0, 1, 2, 3, 4, 5	O	If present, value must = 0, 1, 2, 3, 4, or 5	Trans Response; 33; M/I PRESCRIPTION ORIGIN CODE

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
354-NX	Submission Clarification Code Count	1-3	O	<p>If present, must be = to the total number of group* occurrences that follow</p> <p>*Group Includes: 420-DK Submission Clarification Code</p> <p>If present, must not be > 3</p> <p>Must be present if 420-DK is used</p>	<p>Trans Response; SG; SUBMISSION CLARIFICATION CODE COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; NX; M/I SUBMISSION CLARIFICATION CODE COUNT</p> <p>Trans Response; NX; M/I SUBMISSION CLARIFICATION CODE COUNT</p>
420-DK	Submission Clarification Code	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, or 99,	O	<p>If present, value must = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, or 99 (NOTE: Double digit values 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable).</p>	Trans Response; 34; M/I SUBMISSION CLARIFICATION CODE
308-C8	Other Coverage Code	0, 1, 2, 3, 4, 8	O	<p>If present, value must = 0, 1, 2, 3, 4, or 8 (NOTE: double digit values 00, 01, 02, 03, 04, 08 are also acceptable)</p>	Trans Response; 13; M/I OTHER COV ERAGE CODE
429-DT	Special Packaging Indicator	0, 1, 2, 3, 4, 5	O	<p>If present, value must = 0, 1, 2, 3, 4, or 5</p>	Trans Response; DT; M/I SPECIAL PACKAGING INDICATOR

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
453-EJ	Originally Prescribed Product/Service ID Qualifier	Blank, 01, 02, 03, 04, 06, 07, 08, 09, 11, 12, 15, 28, 29, 30, 31, 32, 33, 99	O	If present, value must = Blank, 01, 02, 03, 04, 06, 07, 08, 09, 11, 12, 15, 28, 29, 30, 31, 32, 33, or 99 Must be present if 455-EA is used	Trans Response; EJ ; M/I ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER Trans Response; EJ ; M/I ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER
445-EA	Originally Prescribed Product/Service Code		O	Must be present and > spaces if 453-EJ is used	Trans Response; EA; M/I ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE
600-28	Unit of Measure	EA, GM, ML	S	If present, value must = EA, GM, or ML If present and Product/Service ID qualifier (436-E1) = 03 (NDC), must be valid measurement for the NDC code	Trans Response; 26; M/I UNIT OF MEASURE Trans Response; 26; M/I UNIT OF MEASURE
418-DI	Level of Service	0, 1, 2, 3, 4, 5, or 6	O	If present, value must = 0, 1, 2, 3, 4, 5, or 6 (NOTE: double digit values 00, 01, 02, 03, 04, 05, or 06 are also acceptable)	Trans Response; 32; M/I LEVEL OF SERVICE

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
461-EU	Prior Authorization Type Code	0, 1, 2, 3, 4, 5, 6, 7, 8, or 9	O	If present, value must = 0, 1, 2, 3, 4, 5, 6, 7, 8, or 9 (NOTE: double digit values 00, 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable) If 461-EU = 9, value must = 91100000000, 91100000001, 91100000002, 91100000003, 91100000004, 91100000005	Trans Response; EU; M/I PRIOR AUTHORIZATION TYPE CODE Trans Response; EV; M/I PRIOR AUTHORIZATION NUMBER SUBMITTED
463-EW	Intermediary Authorization Type ID	0, 1, or 99	O	If present, value must = 0, 1, or 99 (NOTE: double digit values 00 or 01 are also acceptable) Must be present when 464-EX is used	Trans Response; EW; M/I INTERMEDIARY AUTHORIZATION TYPE ID Trans Response; EW; M/I INTERMEDIARY AUTHORIZATION TYPE ID
464-EX	Intermediary Authorization ID		O	If 463-EW does NOT = 0, 1, or 99 (or 00, 01, or 99), then 464-EX must not be present	Trans Response; EX; M/I INTERMEDIARY AUTHORIZATION ID
343-HD	Dispensing Status	P, C	NU	If present, value must = P or C 343-HD must not be reported	Trans Response; HD; M/I DISPENSING STATUS Trans Response; RK; PARTIAL FILL TRANSACTION NOT SUPPORTED

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
344-HF	Quantity Intended to be Dispensed		O	Must be present and > 0 if 343-HD = P or C	Trans Response; 7T; QUANTITY INTENDED TO BE DISPENSED REQUIRED FOR PARTIAL FILL TRANSACTION
345-HG	Days Supply Intended to be Dispensed		O	Must be present and > 0 if 343-HD = P or C	Trans Response; 7U; DAYS SUPPLY INTENDED TO BE DISPENSED REQUIRED FOR PARTIAL FILL TRANSACTION
357-NV	Delay Reason Code	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	O	If present, value must = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, or 14 (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable)	Trans Response; NV; M/I DELAY REASON CODE
391-MT	Patient Assignment Indicator	Y, N	R	Must be present and = Y or N	Trans Response MT; M/I PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)
995-E2	Route of Administration		S	If 406-D6 = 2, then field must be present and = 112239003 (inhalation), or 26643006 (oral)	Trans Response; E2; M/I ROUTE OF ADMINISTRATION
996-G1	Compound Type	01, 02, 03, 04, 05, 06, 07, 99	O	If present, value must = 01, 02, 03, 04, 05, 06, 07, or 99	Trans Response; G1; M/I COMPOUND TYPE

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
147-U7	Pharmacy Service Type	1, 2, 3, 4, 5, 6, 7, 8, 99	O	If present, value must = 1, 2, 3, 4, 5, 6, 7, 8, or 99 (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, or 08 are also acceptable)	Trans Response; U7; M/I PHARMACY SERVICE TYPE
DUR/PPS Segment			O		
111-AM	Segment Identification	08	M	Only 1 AM08 segment may exist per AM07 segment	Trans Response; PH; M/I REQUEST DUR/PPS SEGMENT

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
473-7E	DUR/PPS Code Counter	1-9	R	<p>At least one field within the logical set/group* must contain a non-space value</p> <p>*Group includes: Reason for Service Code (439-E4) and Professional Service Code (440-E5) and Result of Service Code (441-E6) and DUR/PPS Level of Effort (474-8E) and DUR Co-Agent ID Qualifier (475-J9) and DUR Co-Agent ID (476-H6)</p> <p>At least one iteration of 473-7E must exist, and value of 1st counter must =1</p> <p>Value in second & subsequent iterations must be < = 9</p> <p>When multiple 473-7E counters exist, values must be in ascending numerical order</p>	<p>Trans Response; 7E; M/I DUR/PPS CODE COUNTER</p> <p>Trans Response; 7E; M/I DUR/PPS CODE COUNTER</p> <p>Trans Response; 7E; M/I DUR/PPS CODE COUNTER</p> <p>Trans Response; P8; DUR/PPS CODE COUNTER OUT OF SEQUENCE</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
439-E4	Reason For Service Code	AD, AN, AR, AT, CD, CH, CS, DA, DC, DD, DF, DI, DL, DM, DR, DS, ED, ER, EX, HD, IC, ID, LD, LK, LR, MC, MN, MS, MX, NA, NC, ND, NF, NN, NP, NR, NS, OH, PA, PC, PG, PH, PN, PP, PR, PS, RE, RF, SC, SD, SE, SF, SR, SX, TD, TN, TP, UD	O	If present, value must = AD, AN, AR, AT, CD, CH, CS, DA, DC, DD, DF, DI, DL, DM, DR, DS, ED, ER, EX, HD, IC, ID, LD, LK, LR, MC, MN, MS, MX, NA, NC, ND, NF, NN, NP, NR, NS, OH, PA, PC, PG, PH, PN, PP, PR, PS, RE, RF, SC, SD, SE, SF, SR, SX, TD, TN, TP, or UD	Trans Response; E4; M/I REASON FOR SERVICE CODE
440-E5	Professional Service Code	00, AS, CC, DE, DP, FE, GP, M0, MA, MB, MP, MR, PA, PE, PH, PM, P0, PT, R0, RT, SC, SW, TC, TH	O	If present, value must = 00, AS, CC, DE, DP, FE, GP, M0, MA, MB, MP, MR, PA, PE, PH, PM, P0, PT, R0, RT, SC, SW, TC, or TH	Trans Response; E5; M/I PROFESSIONAL SERVICE CODE
441-E6	Result of Service Code	00, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H, 3J, 3K, 3M, 3N, 4A	O	If present, value must = 00, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H, 3J, 3K, 3M, 3N, or 4A	Trans Response; E6; M/I RESULT OF SERVICE CODE
474-8E	DUR/PPS Level Of Effort	0, 11, 12, 13, 14, 15	O	If present, value must = 0, 11, 12, 13, 14, or 15	Trans Response; 8E; M/I DUR/PPS LEVEL OF EFFORT

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
475-J9	DUR Co-agent ID Qualifier	Blank, 01, 02, 03, 04,07, 08, 09, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, 37, 99	O	If present, value must = Blank, 01, 02, 03, 04,07, 08, 09, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 35, 37, or 99 Must be present if 476-H6 is used	Trans Response; J9; M/I DUR CO-AGENT ID QUALIFIER Trans Response; J9; M/I DUR CO-AGENT ID QUALIFIER
476-H6	DUR Co-agent ID		O	Must be present and > space if 475-J9 is used	Trans Response; H6; M/I DUR CO-AGENT ID
Coupon Segment			O		
111-AM	Segment Identification	09	M	Only 1 AM09 segment may exist per AM07 segment	Trans Response; PG; M/I REQUEST COUPON SEGMENT
485-KE	Coupon Type	01, 02, 99	M	Must be present and = 01, 02, or 99	Trans Response; KE; M/I COUPON TYPE
486-ME	Coupon Number		M	Must be present	Trans Response; ME; M/I COUPON NUMBER
Compound Segment			S	Required when submitting a compounded formulation with multiple active ingredients	
111-AM	Segment Identification	10	M	Only 1 AM10 segment may exist per AM07 segment If 406-D6 = 2 then AM10 segment is required	Trans Response; PF; M/I REQUEST COMPOUND SEGMENT Trans Response; PF; M/I REQUEST COMPOUND SEGMENT

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
450-EF	Compound Dosage Form Description Code	blank, 01, 02, 03, 04, 05, 06, 07, 10, 11, 12, 13, 14, 15, 16, 17, 18	M	Must be present and = blank, 01, 02, 03, 04, 05, 06, 07, 10, 11, 12, 13, 14, 15, 16, 17, or 18	Trans Response; EF; M/I COMPOUND DOSAGE FORM DESCRIPTION CODE
451-EG	Compound Dispensing Unit Form Indicator	1, 2, 3	M	Must be present and = 1, 2, or 3	Trans Response; EG; M/I COMPOUND DISPENSING UNIT FORM INDICATOR
447-EC	Compound Ingredient Component (Count)	1–25	M	<p>If present, must be = to the total number of group* occurrences that follow</p> <p>*Group includes: Compound Product ID Qualifier (488-RE) and Compound Product ID (489-TE) and Compound Ingredient Quantity (488-ED) and Compound Ingredient Drug Cost (449-EE) and Compound Ingredient Basis of Cost Determination (490-UE) and Compound Ingredient Modifier Code Count (362-2G) and Compound Ingredient Modifier Code (363-2H)</p> <p>Must be present and value < = 25 (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable)</p>	<p>Trans Response; P3; COMPOUND INGREDIENT COMPONENT COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; EC; M/I COMPOUND INGREDIENT COMPONENT COUNT</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
488-RE	Compound Product ID Qualifier	03, 99	M	Must be present and valid value Must = 03 or 99	Trans Response; E1; M/I PRODUCT/SERVICE ID QUALIFIER Trans Response; 8Z; PRODUCT/SERVICE ID QUALIFIER VALUE NOT SUPPORTED
489-TE	Compound Product ID		M	Must be present and > spaces If Product/Service ID Qualifier (488-RE) = 03 (NDC), the NDC code must be found on the applicable DME MAC's drug file listing, and the 401-D1 service date must be within the effective and end dates for the NDC code on file	Trans Response; 21; M/I PRODUCT/SERVICE ID Trans Response; 54; NON-MATCHED PRODUCT/SERVICE ID NUMBER
448-ED	Compound Ingredient Quantity		M	Must be present and > zero	Trans Response; ED; M/I COMPOUND INGREDIENT QUANTITY

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
449-EE	Compound Ingredient Drug Cost		R	<p>If present, value must not be > s9(5)v99</p> <p>When the Dispensing Fee Submitted (412-DC) = \$24.00, the sum of all: Compound Ingredient Drug Cost (449-EE) + Dispensing Fee Submitted (412-DC) + Incentive Amount Submitted (438-E3) must equal the Gross Amount Due (430-DU)</p> <p>When the Dispensing Fee Submitted (412-DC) does NOT = \$24.00, the sum of all: Compound Ingredient Drug Cost (449-EE) + Dispensing Fee Submitted (412-DC) must equal the Gross Amount Due (430-DU)</p>	<p>Trans Response; EE; M/I COMPOUND INGREDIENT DRUG COST</p> <p>Trans Response; DU; M/I GROSS AMOUNT DUE</p> <p>Trans Response; DU; M/I GROSS AMOUNT DUE</p>
490-UE	Compound Ingredient Basis of Cost Determination	00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13	O	If present, value must = 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, or 13	Trans Response; DN; M/I BASIS OF COST DETERMINATION

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
362-2G	Compound Ingredient Modifier Code Count	1 - 10	S	<p>If present, must be = to the total number of group* occurrences that follow</p> <p>*Group includes: Compound Ingredient Modifier Code (363-2H)</p> <p>If present, must be < = 10 (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, or 09 are also acceptable)</p> <p>Must be present when 363-2H is used</p>	<p>Trans Response; 4M; COMPOUND INGREDIENT MODIFIER CODE COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; 2G; M/I COMPOUND INGREDIENT MODIFIER CODE COUNT</p> <p>Trans Response; 2G; M/I COMPOUND INGREDIENT MODIFIER CODE COUNT</p>
363-2H	Compound Ingredient Modifier Code		S	Must be a valid modifier and 401-D1 From Service Date must fall within the effective dates for the modifier	Trans Response; 2H; M/I COMPOUND INGREDIENT MODIFIER CODE
Pricing Segment					
111-AM	Segment Identification	11	M	<p>For each AM07 Claim Segment, one AM11 segment must be present</p> <p>Only 1 AM11 segment may exist per AM07 claim segment</p>	<p>Trans Response; PP; M/I REQUEST PRICING SEGMENT</p> <p>Trans Response; PP; M/I REQUEST PRICING SEGMENT</p>
409-D9	Ingredient Cost Submitted		R	Must be present	Trans Response; 23; M/I INGREDIENT COST SUBMITTED

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
412-DC	Dispensing Fee Submitted		R	Must be present Zero (0) is valid value Value cannot be greater than s9(5)v99	Trans Response; DC; M/I DISPENSING FEE SUBMITTED Trans Response; DC; M/I DISPENSING FEE SUBMITTED
433-DX	Patient Paid Amount Submitted		S	Value cannot be greater than s9(5)v99	Trans Response; DX; M/I PATIENT PAID AMOUNT SUBMITTED
438-E3	Incentive Amount		R	Must be present Zero (0) is a valid value Value cannot be greater than s9(5)v99	Trans Response; E3; M/I INCENTIVE AMOUNT SUBMITTED Trans Response; E3; M/I INCENTIVE AMOUNT SUBMITTED

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
478-H7	Other Amount Claims Submitter Count	1-3	O	<p>If present, must be = to the total number of group* occurrences that follow</p> <p>*Group includes: Other Amount Claimed Submitted Qualifier (479-H8) and Other Amount Claimed Submitted (480-H9)</p> <p>If present, must not be > 3</p> <p>Must be present if 479-H8 is used</p>	<p>Trans Response; R1; OTHER AMOUNT CLAIMED SUBMITTED COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; H7; M/I OTHER AMOUNT CLAIMED SUBMITTED COUNT</p> <p>Trans Response; H7; M/I OTHER AMOUNT CLAIMED SUBMITTED COUNT</p>
479-H8	Other Amount Claimed Submitted Qualifier	01, 02, 03, 04, 09, 99	O	<p>If present, value must = 01, 02, 03, 04, 09, or 99</p> <p>Must be present if 480-H9 is used</p>	<p>Trans Response; H8; M/I OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER</p> <p>Trans Response; H8; M/I OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER</p>
480-H9	Other Amount Claimed Submitted		O	<p>Must be present if 479-H8 is used</p> <p>Zero (0) is a valid value</p>	<p>Trans Response; H9; M/I OTHER AMOUNT CLAIMED SUBMITTED</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
483-HE	Percentage Sales Tax Rate Submitted		O	Must be present if 482-GE and 484-JE are used	Trans Response; HE; M/I PERCENTAGE SALES TAX RATE SUBMITTED
484-JE	Percentage Sales Tax Basis Submitted	Blank, 02, 03	O	If present, value must = blank, 02, or 03 Must be present if 482-GE and 483-HE are used	Trans Response; JE; M/I PERCENTAGE SALES TAX BASIS SUBMITTED Trans Response; JE; M/I PERCENTAGE SALES TAX BASIS SUBMITTED
430-DU	Gross Amount Due		R	Must be present Must be > zero Value cannot be greater than s9(5)v99	Trans Response; DU; M/I GROSS AMOUNT DUE Trans Response; 8U; GAD MUST BE GREATER THAN ZERO Trans Response; DU; M/I GROSS AMOUNT DUE
423-DN	Basis of Cost Determination	00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12.13	O	If present, value must = 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11,12, or 13	Trans Response; DN; M/I BASIS OF COST DETERMINATION
Clinical Segment			R		
111-AM	Segment Identification	13	M	Only 1 AM13 segment may exist per AM07 segment Must be present and = 13	Trans Response; PD; M/I REQUEST CLINICAL SEGMENT Trans Response; PD; M/I REQUEST CLINICAL SEGMENT

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
491-VE	Diagnosis Code Count	1-5	R	<p>If present, must be = to the total number of group* occurrences that follow</p> <p>*Group includes: Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO)</p> <p>If present, value must not be > 5</p> <p>Must be present if 492-WE and/or 424-DO is used</p>	<p>Trans Response; P7; DIAGNOSIS CODE COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; VE; M/I DIAGNOSIS CODE COUNT</p> <p>Trans Response; VE; M/I DIAGNOSIS CODE COUNT</p>
492-WE	Diagnosis Code Qualifier	02	R	<p>Value must be present and = 02</p> <p>02 – ICD10</p>	<p>Trans Response; WE; M/I DIAGNOSIS CODE QUALIFIER</p>
424-DO	Diagnosis Code		R	<p>If present, the value must be a valid ICD-10 code AND the 401-D1 service date must be within the effective date range for the value in 424-DO</p> <p>Must be present and > spaces if 492-WE is used</p>	<p>Trans Response; 39; M/I DIAGNOSIS CODE</p> <p>Trans Response; 39; M/I DIAGNOSIS CODE</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
493-XE	Clinical Information Counter	1-5	O	<p>If present, at least one field within the logical set/group* must contain a non-space value</p> <p>*Group includes: Measurement Date (494-ZE) and Measurement Time (495-H1) and Measurement Dimension (496-H2) and Measurement Unit (497-H3) and Measurement Value (499-H4)</p> <p>If present, must not be > 5</p> <p>Value of 1st counter field must = 1, and subsequent iterations must be in ascending numerical order</p>	<p>Trans Response; XE; M/I CLINICAL INFORMATION COUNTER</p> <p>Trans Response; XE; M/I CLINICAL INFORMATION COUNTER</p> <p>Trans Response; P2; CLINICAL INFORMATION COUNTER OUT OF SEQUENCE</p>
494-ZE	Measurement Date		O	<p>If present, must be a valid CCYYMMDD calendar date, AND must be < current date</p>	<p>Trans Response; ZE; M/I MEASUREMENT DATE</p>
495-H1	Measurement Time		O	<p>If present, must be valid HHMM time</p>	<p>Trans Response; H1; M/I MEASUREMENT TIME</p>

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
496-H2	Measurement Dimension	Blank, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 99	O	If present, value must = blank, 01 - 34, or 99 Must be present if 497-H3 and/or 499-H4 are used	Trans Response; H2; M/I MEASUREMENT DIMENSION Trans Response; H2; M/I MEASUREMENT DIMENSION
497-H3	Measurement Unit	Blank, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27	O	If present, value must = blank, or 01 - 27 Must be present if 496-H2 and/or 499-H4 are used If Measurement Dimension (496-H2) = 14 (weight), then the corresponding Measurement Unit (497-H3) must = 03 (pounds) If Measurement Dimension (496-H2) = 16 (height), then the corresponding Measurement Unit (497-H3) must = 01 (inches)	Trans Response; H3; M/I MEASUREMENT UNIT Trans Response; H3; M/I MEASUREMENT UNIT Trans Response; H3; M/I MEASUREMENT UNIT
499-H4	Measurement Value		O	Must be present and > spaces if both 496-H2 and 497-H3 are used	Trans Response; H4; M/I MEASUREMENT VALUE
Additional Documentation Segment			NU		

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
111-AM	Segment Identification	14	M	If the AM14 segment is sent, the transaction will reject	Trans Response; 4T; M/I ADDITIONAL DOCUMENTATION SEGMENT
369-2Q	Additional Documentation Type ID	001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, 015	M	Must be present and = 001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, or 015	Trans Response; 2Q; M/I ADDITIONAL DOCUMENTATION TYPE ID
374-2V	Request Period Begin Date		NU	If present, must be valid CCYYMMDD calendar date	Trans Response; 2V; M/I REQUEST PERIOD BEGIN DATE
375-2W	Request Period Recert/Revised Date		NU	If present, must be valid CCYYMMDD calendar date Must be present if 373-2U = 2 or 3	Trans Response; 2W; M/I REQUEST PERIOD RECERT/REVISED DATE Trans Response; 2W; M/I REQUEST PERIOD RECERT/REVISED DATE
373-2U	Request Status	0, 1, 2, 3	NU	If present, value must = 0, 1, 2, or 3	Trans Response; 2U; M/I REQUEST STATUS
371-2S	Length of Need Qualifier	0, 1, 2, 3, 4, 5, 6	NU	If present, value must = 0, 1, 2, 3, 4, 5, or 6 (NOTE: double digit values 00, 01, 02, 03, 04, 05, or 06 are also acceptable) Must be present if 370-2R is used	Trans Response; 2S; M/I LENGTH OF NEED QUALIFIER Trans Response; 2S; M/I LENGTH OF NEED QUALIFIER
370-2R	Length of Need		NU	Must be present if 371-2S is used	Trans Response; 2R; M/I LENGTH OF NEED

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
372-2T	Prescriber/Supplier Date Signed		NU	If present, must be valid CCYYMMDD calendar date	Trans Response; 2T; M/I PRESCRIBER/SUPPLIER DATE SIGNED
377-2Z	Question Number/Letter Count	1-50	NU	<p>If present, must be = to the total number of group* occurrences that follow</p> <p>*Group includes: Question Number/Letter (378-4B) and Question Percent Response (379-4D) and Question Date Response (380-4G) and Question Dollar Amount Response (381-4H) and Question Numeric Response (382-4J) and Question Alphanumeric Response (383-4K)</p> <p>If present, value must = 1 – 50 (NOTE: double digit values 01, 02, 03, 04, 05, 06, 07, 08, 09, or 10 are also acceptable)</p> <p>Must be present if 378-4B is used</p>	<p>Trans Response; 4N; QUESTION NUMBER/LETTER COUNT DOES NOT MATCH NUMBER OF REPETITIONS</p> <p>Trans Response; 2Z; M/I QUESTION NUMBER/LETTER COUNT</p> <p>Trans Response; 2Z; M/I QUESTION NUMBER/LETTER COUNT</p>
378-4B	Question Number/Letter		NU	Must be present if 377-2Z is greater than 0	Trans Response; 4B; M/I QUESTION NUMBER/LETTER

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
380-4G	Question Date Response		NU	If present, must be valid CCYYMMDD calendar date	Trans Response; 4G; M/I QUESTION DATE RESPONSE
Facility Segment			S	Required when Place of Service field 307-C7 is other than '12' (home)	
111-AM	Segment Identification	15	M	If 307-C7 does NOT = 12 then the AM15 segment must be sent Only 1 AM15 segment may exist per AM07 segment	Trans Response; AQ; M/I FACILITY SEGMENT Trans Response; AQ; M/I FACILITY SEGMENT
385-3Q	Facility Name		R	Must be present and > spaces	Trans Response; 3Q; M/I FACILITY NAME
386-3U	Facility Street Address		R	Must be present and > spaces	Trans Response; 3U; M/I FACILITY STREET ADDRESS
388-5J	Facility City		R	Must be present and > spaces	Trans Response; 5J; M/I FACILITY CITY ADDRESS
387-3V	Facility State/Province		R	If present, must be valid state code in accordance with alphabetic state codes listed in ECL Appendix C Must be present	Trans Response; 3V; M/I FACILITY STATE/PROVINCE ADDRESS Trans Response; 3V; M/I FACILITY STATE/PROVINCE ADDRESS

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
389-6D	Facility Zip/Postal Zone		R	<p>The ZIP Code must be a valid 5 or 9 digit USPS ZIP Code and must not include hyphens or all zeros in positions 6 through 9</p> <p>If present and state code (387-3V) is US state/territory, 389-6D ZIP Code must be exactly 5 or 9 numeric AND first 5 positions of ZIP Code must be valid according to USPS ZIP Code file AND last 4 positions of 9 position ZIP Code must NOT = 0000</p> <p>Must be present</p>	<p>Trans Response; 6D; M/I FACILITY ZIP/POSTAL ZONE</p> <p>Trans Response; 6D; M/I FACILITY ZIP/POSTAL ZONE</p>
Narrative Segment			O		
111-AM	Segment Identification	16	M	Only 1 AM16 segment may exist per AM07 segment	Trans Response; PQ; M/I NARRATIVE SEGMENT
390-BM	Narrative Message		R	If AM16 segment present, 390-BM must be present, and > spaces	Trans Response; BM; M/I NARRATIVE MESSAGE
Batch Trailer Record			M		
701	Segment Identification	99	M	Must be present and = 99	Trans Response (BATCH REJECT); (504-F4 message); BATCH TRAILER MISSING

Field #	NCPDP Field Name	Medicare Approved ECL Values	Usage Requirement	Requirement / Edit condition(s)	Rejection Information
806-5C	Batch Number		M	Must be present to full fixed length and match value in Batch Header 806-5C	Trans Response (BATCH REJECT); (504-F4 message); BATCH NUMBER MUST MATCH HEADER
751	Record Count		M	Must be present and = calculated records in batch (including header & trailer records)	Trans Response (BATCH REJECT); (504-F4 message); COUNT NOT EQUAL TO RECORDS SENT
504-F4	Message		M	Must be present (at least space filled to full fixed length) If 504-F4 Free Form Message >35 positions (i.e. Batch Trailer exceeds 56 bytes - including start & end of text markers), batch will be rejected	Trans Response (BATCH REJECT); (504-F4 message); BATCH TRAILER < 56 BYTES Trans Response (BATCH REJECT); (504-F4 message); BATCH TRAILER > 56 BYTES