



***West Virginia Medicaid Health PAS-Rx
Point-of-Sale NCPDP Version D.0 Vendor Specification***

Date of Publication: 01/30/2024

Document Version: 1.27

Privacy and Security Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule¹ and the American Recovery and Reinvestment Act (ARRA) of 2009 requires that covered entities protect the privacy and security of individually identifiable health information.

Protected Health Information (PHI) includes any health information and confidential information, whether verbal, written or electronic, created, received, or maintained by Gainwell Technologies. It is healthcare data plus identifying information that allows the data to tie the medical information to a particular person. PHI relates to the past, present, and future physical or mental health of any individual or member; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual. All member information including, but not limited to claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

¹ 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

Disclaimer

This document and information contains proprietary information and copyrighted works of third parties.

Authorization is hereby provided to you to copy documents published by Gainwell Technologies on the Health PAS-OnLine portal provided such copies are used for non-commercial purposes and solely for use within your organization. This authorization is specifically conditioned upon including all legends, copyright, proprietary, and other notices that appear herein on all copies you make of such documents whether they pertain to Gainwell Technologies or another party.

No license is granted herein expressly, impliedly, by estoppel or otherwise under any patent or to use any trademark of any party. No other rights under any copyrights are granted herein, except as expressly stated above.

The documents herein may refer to products and/or services that are neither available nor planned for availability in your particular locality. In referring to such products and/or services, Gainwell Technologies incurs no obligation to subsequently make them available in your locality.

DOCUMENTS PUBLISHED HEREIN ARE FURNISHED TO YOU "AS IS." THERE ARE NO WARRANTIES, EXPRESS, OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE. GAINWELL TECHNOLOGIES DISCLAIMS THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT AS TO BOTH GAINWELL TECHNOLOGIES AND NON-GAINWELL DOCUMENTS FURNISHED HEREIN.

Some states or territories do not allow the exclusion of implied warranties and the foregoing exclusions may not be applicable to you. Any communication provided by you to Gainwell Technologies relating to the documents furnished herein by Gainwell Technologies will be received only on a non-confidential basis. There shall be no obligation on the part of Gainwell Technologies with respect to use or disclosure of any information in such communication. Gainwell Technologies shall have the unrestricted right to copy, use and distribute any information you communicate including, but not limited to any ideas, concepts, know-how, techniques, software, documentation, diagrams, schematics, or blueprints.

Additionally, Gainwell Technologies may use all such information in any manner or for any purpose including, but not limited to developing products or providing services.

The documents furnished herein by Gainwell Technologies are subject to change without notice.

All brand names and product names are acknowledged to be the trademarks or registered trademarks of their respective owners.

The documents furnished herein by Gainwell Technologies are subject to change without notice. All brand names and product names are acknowledged to be the trademarks or registered trademarks of their respective owners.

The printed version of this document may not be current.
Please verify the latest version of this document on the web at
and <http://www.wvmmis.com>.

Controlled Copies Issued By: Health PAS-Rx Support Group

Revision History

Version	Date	Author	Action/Summary of Changes	Status
1.0	08/2011	BMS	Initial Release	Approved
1.1	10/2011	BMS	Added Appendix E	Draft
1.2	12/2011	BMS	Changed Route of Administration to be an optional field	Draft
1.3	01/2012	BMS	No longer use 433-DX Patient Paid Amount Submitted	Draft
1.4	10/2012	BMS	Various cleanups	Draft
1.5	05/10/2013	BMS	Adding Comments to show values needed for date, money, quantity, and day's supply fields.	Draft
1.6	06/10/2013	Molina	Changed notes for the 431-DV field to say entered value must be >= '0.00 instead of > 0.00. The sum of all 431-DV fields must be > 0.00	Draft
1.7	09/08/2016	Molina	Added in language for 340B providers to enter in a 20 for Submission Clarification Code and a 08 for Basis of Cost Determination	Draft
1.8	09/16/2016	Kim Stoudenmire	Reviewed document and reformatted. Added Acronyms and Abbreviations as Appendix A, and renamed the other appendices.	Draft
1.9	10/23/2017	Molina	RQMS6724 - Update 408-D8 Dispense As Written values to include the value '9' and update DAW descriptions	Draft
1.10	10/23/2017	Luigi Balducci	QA Review of RQMS6724 - Update 408-D8 Dispense As Written values to include the value '9' and update DAW descriptions	Draft
1.11	10/19/2018	David Thomas	RQMS17210 – Update 408-D8 Dispense As Written values to include the value '8' and update DAW descriptions	Draft
1.12	10/24/2018	Kim Stoudenmire	QA review of document for CR17210	Draft
1.13	11/26/2018	Katie Banik	DXC Rebranding	Draft
1.14	11/27/2018	Kim Stoudenmire	QA of DXC Rebranding	Draft
1.15	08/21/2020	David Thomas	Added 460-ET and 415-DF to Claim Segment	Draft
1.16	08/27/2020	Kim Stoudenmire	QA of updates for CR31363	Draft
1.17	09/03/2020	David Thomas	Moved 460-ET and 415 DF to proper claim segment location	Draft
1.18	12/07/2020	David Thomas	Added 521-FL field and 438-E3. Added comments to the 423-DN and 405-D5 fields. This is all associated to the COVID vaccine CR 34976	Draft
1.19	12/07/2020	Kim Stoudenmire	QA review of updates for CR 34976	Draft
1.20	03/31/2021	David Thomas	Gainwell Rebranding.	Draft

Version	Date	Author	Action/Summary of Changes	Status
			RQMS 34249 - Added Clinical Segment	
1.21	10/06/2021	Kim Stoudenmire	QA of Gainwell Rebranding and updates	Draft
1.22	10/13/2021	David Thomas	Updating to allow D1 transactions	Draft
1.23	10/14/2021	Kim Stoudenmire	QA of document updates	Draft
1.24	10/28/2021	David Thomas	Added explicit transaction code information for D1 transactions	Draft
1.25	11/01/2021	Kim Stoudenmire	QA of additional documentation updates	Draft
1.26	01/16/2024	Armando Gurrola	WVDHHR to WVDoHS Rebranding (CR 46681)	Draft
1.27	01/30/2024	Kim Stoudenmire	QA of WVDHHR to WVDoHS Rebranding (CR 46681)	Draft

Table of Contents

1	Introduction.....	1
1.1	Intended Audience	1
1.2	Clarification of Terms	2
2	System Description	2
3	Restrictions and Qualifications.....	3
4	Policies Affecting Submissions	4
5	Health PAS-Rx Enrollment Procedures.....	5
5.1	System Software Vendor Enrollment.....	5
5.2	Provider Enrollment.....	5
6	Help Information.....	7
6.1	POS Technical Support Help Desk.....	7
6.2	POS Claims and PA Help Desk.....	7
7	Transaction Formats.....	8
Appendix A. Acronyms and Abbreviations.....		9
Appendix B. Provider Trading Partner Agreement		11
Appendix C. NCPDP D.0 Transaction Set Information		12
C.1.	NCPDP Version D.0 Payer Sheet – B1/B2/D1 Transactions	13
C.1.1	<i>Billing Transaction – B1/D1</i>	<i>13</i>
C.1.2	<i>PAID (or Duplicate of Paid) Response.....</i>	<i>22</i>
C.1.3	<i>Claim Reject Response – Transmission Accepted/Transaction Rejected</i>	<i>25</i>
C.1.4	<i>Claim Reject Response – Transmission Accepted/Transaction Rejected</i>	<i>26</i>
C.1.5	<i>Claim Reversal Transaction – B2.....</i>	<i>29</i>
C.1.6	<i>Claim Reversal Response – Accepted or Duplicate of Reversed.....</i>	<i>30</i>
C.1.7	<i>Claim Reversal Response - Rejected.....</i>	<i>31</i>
C.2.	NCPDP Version D.0 Payer Sheet – E1 Transactions	32
C.2.1	<i>Eligibility Verification Request</i>	<i>32</i>
C.2.2	<i>Eligibility Verification Response - Accepted.....</i>	<i>33</i>
C.2.3	<i>Eligibility Verification - Rejected.....</i>	<i>34</i>
Appendix D. Edits and Messages.....		36
Appendix E. Valid Route of Administration Values.....		37
Appendix F. Place of Service Values		41

Table C.1.1-1: Transaction Header Segment: Mandatory	13
Table C.1.1-2: Insurance Segment: Mandatory	13
Table C.1.1-3: Patient Segment: Required	14
Table C.1.1-4: Claim Segment: Mandatory	16
Table C.1.1-5: Pricing Segment: Mandatory	17
Table C.1.1-6: Prescriber Segment: Required for WV	17
Table C.1.1-7: COB/Other Payments Segment: Situational	19
Table C.1.1-8: DUR/PPS Segment: Situational	20
Table C.1.1-9: Compound Segment: Situational.....	22
Table C.1.1-10: Clinical Segment: Situational.....	22
Table C.1.2-10: Response Header Segment: Mandatory	23
Table C.1.2-11: Response Message Segment: Situational.....	23
Table C.1.2-12: Response Status Segment: Mandatory	23
Table C.1.2-13: Response Claim Segment: Mandatory	23
Table C.1.2-14: Response Pricing Segment: Mandatory	24
Table C.1.2-15: Response DUR/PPS Segment: Situational.....	25
Table C.1.3-16: Response Header Segment: Mandatory	25
Table C.1.3-17: Response Message Segment: Situational.....	26
Table C.1.3-18: Response Status Segment: Mandatory	26
Table C.1.4-19: Response Header Segment: Mandatory	27
Table C.1.4-20: Response Message Segment: Situational.....	27
Table C.1.4-21: Response Status Segment: Mandatory	27
Table C.1.4-22: Response Claim Segment: Mandatory	28
Table C.1.4-23: Response DUR/PPS Segment: Situational.....	29
Table C.1.5-24: Transaction Header Segment: Mandatory	29
Table C.1.5-25: Claim Segment: Mandatory	29
Table C.1.6-26: Response Header Segment: Mandatory	30
Table C.1.6-27: Response Message Segment: Situational.....	30
Table C.1.6-28: Response Status Segment: Mandatory	30
Table C.1.6-29: Response Claim Segment: Mandatory	31
Table C.1.7-30: Response Header Segment: Mandatory	31
Table C.1.7-31: Response Header Segment Situational	32
Table C.1.7-32: Response Status Segment: Mandatory	32
Table C.1.7-33: Response Claim Segment: Mandatory	32
Table C.2.1-34: Transaction Header Segment: Mandatory	33
Table C.2.1-35: Insurance Segment: Mandatory.....	33
Table C.2.1-36: Patient Segment: Required for WV	33
Table C.2.2-37: Response Header Segment: Mandatory	33
Table C.2.2-38: Response Message Segment: Situational.....	34
Table C.2.2-39: Response Status Segment: Mandatory	34
Table C.2.3-40: Response Header Segment: Mandatory	34
Table C.2.3-41: Response Message Segment: Situational.....	34
Table C.2.3-42: Response Status Segment: Mandatory	35

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 West Virginia (WV) Medicaid fiscal agent.

The WV Health PAS-Rx 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 WV Health PAS-Rx POS only supports processing of transactions submitted in NCPDP D.0 format. There will be an interim period of support for NCPDP 5.1 as defined by the existing NCPDP Version 5.1 Vendor Specification for WV.

Currently, the following transaction types are supported for WV:

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

Pharmacy claims submitted electronically to WV 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 Provider Services during the hours of 7:00 am and 7:00 pm Eastern Time (ET), Monday through Friday:

Provider Services

In-state and border states (Kentucky, Virginia, Maryland, Ohio, Pennsylvania): (888) 483-0801

Out of State (non-bordering states): (304) 348-3360

Fax: (304) 348-3380

<http://www.wvmmis.com>

1.1 Intended Audience

This document is intended for use by telecommunication switch vendors routing pharmacy POS transactions to and from the WV Medicaid Program. Switch vendors provide the telecommunication link between the pharmacy provider and WV Health PAS-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 WV Health PAS-Rx 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 Health PAS-Rx 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 C**. WV Gainwell Technologies will provide the POS Technical Help Desk.
- **POS Claims and Prior Authorization Help Desk**: A service provided to answer questions and help resolve problems related to pharmacy claim adjudication. This support includes prior authorization (PA), DUR and claim processing associated with policy requirements, not transmission of the transaction. Rational Drug Therapy Program (RDTP) associated with the West Virginia University (WVU) located in Morgantown, WV will provide POS Claims and PA Help Desk support.

2 System Description

The Health PAS-Rx 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 WV Medicaid Health PAS-Rx 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 Health PAS-Rx 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 Health PAS-Rx 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:

1. Pharmacies using the WV Health PAS-Rx POS system are required to transmit their NCPDP D.0 formatted pharmacy claims through a telecommunication switch vendor authorized by the State.
2. Pharmacies and switch vendors must have an approved Trading Partner Agreement (TPA) with Gainwell Technologies prior to transmitting their NCPDP D.0 formatted pharmacy claims.
3. The Health PAS-Rx POS system does not support direct dial-up from an individual pharmacy.
4. New, duplicate paid, resubmitted denied, reversal claims and member pharmacy eligibility can be submitted via the WV Health PAS-Rx POS system.
5. An NCPDP transmission may contain from one to four transactions for single drug prescriptions for the same recipient/member and the same Date of Service (DOS). For a compound drug prescription, the transmission must contain only one transaction.
6. All claim records must be completed according to the record specifications in this document. All appropriate data validity is to be performed by the switch vendor before a transaction is generated.
7. Claims requiring supportive documentation or attachments cannot be submitted through the real-time Health PAS-Rx POS system.
8. Previously submitted claims can be reversed and re-submitted via the real-time WV Health PAS-Rx POS system for corrective action so long as the date of service (DOS) is within one year of data of submission. Claims with DOS greater than one year cannot be processed via WV Health PAS-Rx POS. Contact Provider Services for procedures on submitting pharmacy claims not transmitted via NCPDP D.0 format.
9. Pharmacy providers can verify eligibility and download Remittance Advice (RA) documents via the web portal. For assistance contact Provider Services or see information available via <http://www.wvmmis.com>.

4 Policies Affecting Submissions

The following policies are in addition to those outlined in the WV Medicaid Provider Manual (<http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx>) and in no way supersedes this publication.

1. The required edits, submission standards, and data specifications, as outlined in this document, must be fulfilled and maintained by all pharmacy providers submitting claims through the WV Health PAS-Rx POS system.
2. At any time, an authorized representative of the following organizations, their agents or assignees can request supportive documentation to ensure that all requirements are met:
 - WV Medicaid Program (<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/west-virginia.html>)
 - WV Attorney General (<http://www.ago.wv.gov/Pages/default.aspx>)
 - U.S. Attorney General (<http://www.justice.gov/ag>)
 - U.S. Department of Health and Human Services (<http://www.hhs.gov/>)
 - General Accounting Office (<http://www.gao.gov/>)

At any time, the regulatory agents listed above can request actual information used to bill WV Medicaid claims through the WV Health PAS-Rx POS system (e.g., provider data, member data, reference data, or pricing data). This is independent of considerations of whether the data are maintained on physical media, such as computer printout, or stored on machine-readable media, such as magnetic tape and disk storage devices. All information obtained by these regulatory agents will be held in strictest confidence.

3. The individual pharmacy provider is ultimately responsible for accuracy and valid reporting of all Medicaid claims submitted for payment. A provider using the services of a telecommunication switch vendor must ensure through legal contract that it is the responsibility of a vendor to report claim information as directed by the provider in compliance with all policies stated by WV Medicaid. The individual provider is required to maintain a record of all Medicaid claims submitted for payment, as are the telecommunication vendors.
4. All information supplied by the State or Gainwell Technologies within the computing and accounting systems of a provider (e.g., provider data, member data, reference data and statistical data) can be used only in the accurate accounting of claims containing or referencing that information. Any redistribution or dissemination of that information for any purpose other than the accurate accounting of Medicaid claims is considered an illegal use of confidential information.

5 Health PAS-Rx Enrollment Procedures

The following sections describe the Health PAS-Rx POS vendor enrollment procedures.

5.1 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 WV Health PAS-Rx POS system. Refer to **APPENDIX C** for Payer Sheet information. A list of authorized telecommunication switch vendors is available upon request from WV 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 WV 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 WV Medicaid pharmacy claim.

Once the telecommunication switch vendor has certified the system software vendor, the switch vendor should pursue the following steps:

1. Contact Gainwell Technologies Technical Support Help Desk via Provider Services to obtain test claims to be used only for switch vendor test purposes.
2. When ready to test, the switch vendor must contact Network Operation Center (NOC) to schedule the submission of the WV Health PAS-Rx POS test transactions. The NOC is available at (888) 562-5442, Ext. 111099, and is available 24 hours a day and 7 days a week (24/7). All test transactions must be uniquely identified. Gainwell Technologies identifies the appropriate processor control number and network connection (IP address) to be used by the switch vendor for testing purposes. The switch vendor must supply Gainwell Technologies the Internet Protocol (IP) of their computer system to be used for submission of test claims. Once approved, Gainwell Technologies supplies the IP of the Production computer and requests the IP from which the switch vendor will be submitting valid pharmacy claims. Test claims submitted to the Production system IP will be rejected.
3. The switch vendor should supply Gainwell Technologies with at least one hard copy and an electronic copy of the vendor user documentation so that the POS Technical Support help desk can use it to respond to switch vendor requests for assistance.

5.2 Provider Enrollment

Before a provider can submit WV Health PAS-Rx POS claims, they must be properly enrolled in the WV Medicaid system. Once enrolled, the steps for approval are as follows:

1. Enter into a TPA with Gainwell Technologies and complete the appropriate applications required by the State to be a pharmacy provider. **Appendix B**. Provider Trading Partner Agreement
2. Provider Trading Partner Agreement, provides information regarding this form. The agreement form can be obtained from <http://www.wvmmis.com> or by contacting Provider

Enrollment at (888) 483-0793, Option 3, available 7:00 a.m. to 7:00 p.m. ET, Monday through Friday.

3. Select and contract with an authorized telecommunications switch vendor. A list of the authorized telecommunication switch vendors is available upon request from Provider Enrollment at (888) 483-0793, Option 3, available 7:00 a.m. to 7:00 p.m. ET, Monday through Friday.

6 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.

6.1 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 WV Health PAS-Rx POS system. If the provider has difficulties, they should call (800) 642-4230, which is available 24/7.

6.2 POS Claims and PA Help Desk

RDTP, Morgantown, WV has been designated by the State as the WV POS Claims help desk. RDTP will provide pharmacy adjudication, DUR, and pharmacy PA assistance. They can be contacted at (800) 847-3859. Hours are 8:30 a.m. to 9:00 p.m. ET, Monday through Saturday and Sunday noon to 6:00 p.m. ET.

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

7 Transaction Formats

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

WV Health PAS-Rx 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). WV Health PAS-Rx POS does not support any lower format (e.g., NCPDP 5.3).

All input transactions submitted by telecommunications network switches to the WV Health PAS-Rx POS system must be in the following envelope. A 16-byte header must be prefixed to each Health PAS-Rx POS transaction submitted to the Health PAS-Rx 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 (800) 642-4230, 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 Health PAS-Rx 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 WV Health PAS-Rx 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 WV Health PAS-Rx 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
AWP	Average Whole Price
BIN	Bank Information Number
CFR	Code of Federal Regulations
CMHC	Community Mental Health Center
DAW	Dispense as Written
DOS	Date of Service
DUR	Drug Utilization Review
EAC	Estimated Acquisition Cost
EOT	End of Transaction
ET	Eastern Time
Health PAS	Healthcare Payer Administration Solution
HIN	Health Industry Number
HIPAA	Health Insurance Portability and Accountability Act (1996)
ICF	Intermediate Care Facility
ID	Identifier/Identification
IP	Internet Protocol
MAC	Maximum Allowable Cost
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
RDTP	Rational Drug Therapy Program
Rx	Prescription
SNF	Skilled Nursing Facility
TCN	Transaction Control Number
TPA	Trading Partner Agreement
USPHS	U.S. Public Health Service

Acronym	Definition
USTF	Uniformed Service Treatment Facilities
VSD	Vendor Specification Document
WV	West Virginia
WVU	West Virginia University
XML	Extensible Markup Language

Appendix B. Provider Trading Partner Agreement

Pharmacy switch vendors must enter into a provider TPA prior to transmitting pharmacy claim transactions in support of the WV Medicaid program. The completed agreement form is to be returned to Gainwell Technologies. Once authorized, the pharmacy switch vendor will be approved to submit claims.

The standard provider TPA can be found at www.wvmmis.com or by contacting Provider Enrollment at (888) 483-0793, Option 3, available 7:00 a.m. to 7:00 p.m. ET, Monday through Friday.

Appendix C. NCPDP D.0 Transaction Set Information

The following NCPDP D.0 transaction types are accepted:

- Billing (B1)
- Reversal (B2)
- 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:

- Rebill (B3), PA (P1-P4)
- Information Reporting (N1-N3)
- Service (S1-S3)
- Financial Information Reporting (F1-F5)
- Controlled Substance (C1-C3)

Note: The WV Health PAS-Rx POS will not be accepting partial fills. The WV Health PAS-Rx POS will accept a controlled substance submitted via a B1 transaction. Health PAS-Rx POS uses the controlled substance indicator as set by First Data Bank.

The WV Health PAS-Rx POS will not accept Worker's Compensation segments as part of the B1 transaction. The WV Health PAS-Rx POS will accept compound prescriptions.

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

C.1. NCPDP Version D.0 Payer Sheet – B1/B2/D1 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 WV 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).

C.1.1 Billing Transaction – B1/D1

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
101-A1	BIN Number	610164	M	WV 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	DRWVPROD	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	
401-D1	Date of Service	Date Filled	M	Format=CCYYMMDD D CC=Century YY=Year MM=Month DD=Day Must be >= 01/01/1800
110-AK	Software Vendor/Certification ID		M	Identifies the software source.

Table C.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

Table C.1.1-2: Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	01	M	Patient Segment

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
304-C4	Date of Birth		R	Format=CCYYMMD D CC=Century YY=Year MM=Month DD=Day Must be >= 01/01/1800
305-C5	Patient Gender Code	0=Not Specified 1=Male 2=Female	R	
310-CA	Patient First Name		O	Max length 12
311-CB	Patient Last Name		R	Max length 15
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 when the member is pregnant

Table C.1.1-3: Patient Segment: Required

Note: Partial fills are not supported in WV

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	00 03 06	M	Compound NDC & DUR/PPS DUR/PPS
407-D7	Product/Service ID	NDC (Drug Code)	M	WV: 11 characters; or 0, if Compound IF qualifier = 06 (DUR/PPS), Product/Service ID = zeroes
442-E7	Quantity Dispensed	9(7)V999	R	Must be >= .001
403-D3	Fill Number	9(2)	R	
405-D5	Days Supply	9(3)	R	Must be >= 1 OR If a COVID 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	1=Substitution Not Allowed by Prescriber 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 8=GENERIC NOT AVAILABLE IN MARKETPLACE 9=Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand	R	
414-DE	Date Prescription Written		R	Format=CCYYMMD D CC=Century YY=Year MM=Month DD=Day Must be >= 01/01/1800
415-DF	Authorized Refills	9(2)	RW	Required if drug is a CII. Must = 0
354-NX	Submission Clarification Code Count	1 – 3	RW	Required when 420-DK is submitted
420-DK	Submission Clarification Code	4=Lost Prescription Supply 99=3 Day Emergency Supply 20=340B Indicator	RW (Repeating)	When using 340B indicator 20, the value must be submitted in position 1 or 2
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	2=Other coverage exists – payment collected 3=Other coverage exists – this claim not covered 4=Other coverage exists – payment not collected	RW	Use 3 when no payment made and provide valid reject code. Use 4 when no payment made due to meeting deductible. Use 2 when payment(s) have been received.
453-EJ	Originally Prescribed Product/Service ID Qualifier	03=NDC	RW	Required When Product/Service ID Qualifier = 06 (DUR/PPS Segment submitted)
445-EA	Originally Prescribed Product/Service ID	NDC (Drug Code)	RW	Required When Product/Service ID Qualifier = 06 (DUR/PPS Segment submitted)
600-28	Unit of Measure	EA=Each GM=Grams ML=Milliliters	O	
461-EU	Prior Authorization Type Code	5=Exemption from Rx	RW	Use “5” for pharmacist edit override
462-EV	Prior Authorization Number Submitted	Prior Authorization Number	O	
995-E2	Route of Administration	See Appendix E	O	For a compound claim, it is the route of the complete mixture.

Table C.1.1-4: 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	
438-E3	Incentive Cost 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

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
423-DN	Basis Of Cost Determination	9(2)	RW	Required when submitting a 340B claim by using the value 08. Required when submitting a COVID claim by using the value 15.

Table C.1.1-5: 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=NPI	R	
411-DB	Prescriber ID	Prescriber NPI	R	

Table C.1.1-6: Prescriber Segment: Required for WV

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 by WV 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	01=National Payer ID 1C=Medicare Number 1D=Medicaid Number 02=Health Industry Number (HIN) 03=Bank Information Number (BIN) 04=National Association of Insurance Commissioners (NAIC) 05=Medicare Carrier Number	R (Repeating)	
340-7C	Other Payer ID		R (Repeating)	Must not be Blank.

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
443-E8	Other Payer Date		R (Repeating)	Payment or denial date of other payer Format=CCYYMMD D CC=Century YY=Year MM=Month DD=Day Must be >= 01/01/1800
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	01=Delivery Cost 02=Shipping Cost 03=Postage Cost 04=Administrative Cost 05=Incentive 06=Cognitive Service 07=Drug Benefit 09=Compound Preparation Cost Submitted 10=Sales Tax	RW (Repeating)	Required When Other Coverage Code (308-C8) = 2.
431-DV	Other Payer Amount Paid	s9(6)V99	RW (Repeating)	Required When Other Coverage Code is specified. Must be >= \$0.00 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
472-6E	Other Payer Reject Code	3 character reject code	RW (Repeating)	Up to five (5) Reject Codes Allowed
353-NR	Other Payer-Patient Responsibility Amount Count	1-3	RW	Required and non-zero when Other Coverage (308-C8) = 2 or 4.

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

Table C.1.1-7: COB/Other Payments Segment: Situational

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 repetitions supported by WV is three (3).
439-E4	Reason for Service Code	WV: DD=Drug-Drug Interaction ER=Early Refill HD=High Dose ID=Ingredient Duplication LD=Low Dose LR=Late Refill MX=Excessive Duration PG=Drug-Pregnancy SX=Drug Gender TD=Therapeutic	R (Repeating)	
440-E5	Professional Service Code	00=No Intervention AS=Patient Assessment CC=Coordination of Care DE= Dosing Evaluation/ Determination DP=Dosage Evaluated	R (Repeating)	

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
		FE=Formulary Enforcement GP=Generic Product Selection M0=Prescriber Consulted MA= Medication Administration MB=Overriding Benefit MP=Patient will be Monitored MR=Medication Review PA=Previous Patient Tolerance		
441-E6	Result of Service Code	00=Not Specified 1A= Filled As Is, False Positive 1B= Filled Prescription As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, with Prescriber Approval 1H=Brand-to- Generic Change 1J=Rx-to-OTC Change	R (Repeating)	

Table C.1.1-8: DUR/PPS Segment: Situational

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	10	M	Compound Segment WV supports repeating fields in this segment. WV 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	01=Capsule 02=Ointment 03=Cream 04=Suppository 05=Powder 06=Emulsion 07=Liquid 10=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	M	
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M	
447-EC	Compound Ingredient Component (Count)	2 - 25	M	WV: accepts from 2 to 25
488-RE	Compound Product ID Qualifier	03	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)	

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
490-UE	Compound Ingredient Basis of Cost Determination	01=AWP (Average Wholesale Price) 02=Local Wholesaler 03=Direct 04=icf (Estimated Acquisition Cost) 05=Acquisition 06=MAC (Maximum Allowable Cost) 07=Usual & Customary 09=Other	RW (Repeating)	

Table C.1.1-9: Compound Segment: Situational

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	10	M	
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	2	M	Required if Diagnosis Code (424-DO) is used.
424-DO	Diagnosis Code	Valid ICD-10 code	M	The value for this field is obtained from the prescriber or authorized representative.

Table C.1.1-10: Clinical Segment: Situational

C.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	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

Table C.1.2-10: 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

Table C.1.2-11: Response Message Segment: Situational

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-M	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	P=Paid D=Duplicate of	M	
503-F3	Authorization Number	Transaction Control Number (TCN)	R	Format: YYJJJPBDDDDLL YY: 2 digit year (e.g. 11=2011) JJJ: Julian Day (e.g. 213 = August 1, 2011) P = Pharmacy BB = Batch #; real time = 01 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
131-UG	Additional Message Information Continuity	+ = current text continues	RW (Repeating)	

Table C.1.2-12: 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	

Table C.1.2-13: 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	RW	Drug ingredient cost paid included in the 'Total Amount Paid' (509-F9).
507-F7	Dispensing Fee Paid	s9(6)V99	RW	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 COVID vaccine.
509-F9	Total Amount Paid	s9(6)V99	R	

Table C.1.2-14: 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 by WV is three (3) for non-compound claim; nine (9) for compound claim.
439-E4	Reason for Service Code	WV: 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)	

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

Table C.1.2-15: Response DUR/PPS Segment: Situational

C.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	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

Table C.1.3-16: 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.

Table C.1.3-17: Response Message Segment: Situational

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: YYJJPBDDDDLL YY: 2 digit year (e.g. 11=2011) JJ: Julian Day (e.g. 213 = August 1, 2011) P = Pharmacy BB = Batch #; real time = 01 DDDDD = document # LL = line #
510-FA	Reject Count	1 - 5	M	From 1 up to 5
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)	

Table C.1.3-18: Response Status Segment: Mandatory

C.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

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

Table C.1.4-19: 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.

Table C.1.4-20: Response Message Segment: Situational

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: YJJPBBDLL YY: 2 digit year (e.g. 11=2011) JJ: Julian Day (e.g. 213 = August 1, 2011) P = Pharmacy BB = Batch #; real time = 01 DDDDD = 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)	

Table C.1.4-21: 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	

Table C.1.4-22: 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 WV for non-compound claim is three (3). Maximum number of repetitions supported by WV for compound claim is nine (9).
439-E4	Reason for Service Code	WV: 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)	
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)	

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
544-FY	DUR Free Text Message		RW (Repeating)	Max length 30
570-NS	DUR Additional Text		RW (Repeating)	Max length 100

Table C.1.4-23: Response DUR/PPS Segment: Situational

C.1.5 Claim Reversal Transaction – B2

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
101-A1	BIN Number	610164	M	WV Medicaid
102-A2	Version/Release Number	D0	M	Version D.0
103-A3	Transaction Code	B2	M	Reversal
104-A4	Processor Control Number	DRWVPROD	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.

Table C.1.5-24: 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
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.

Table C.1.5-25: Claim Segment: Mandatory

C.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
401-D1	Date of Service	Date Filled	M	Same value as in reversal request Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

Table C.1.6-26: 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)

Table C.1.6-27: Response Message Segment: Situational

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

Table C.1.6-28: 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

Table C.1.6-29: Response Claim Segment: Mandatory

C1.7 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
401-D1	Date of Service	Date Filled	M	Same value as in reversal request Format=CCYYMMDD CC=Century YY=Year MM=Month DD=Day

Table C.1.7-30: Response Header Segment: Mandatory

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

Table C.1.7-31: Response Header Segment Situational

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
111-AM	Segment Identification	21	M	Response Status
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	R (Repeating)	
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)	

Table C.1.7-32: 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

Table C.1.7-33: Response Claim Segment: Mandatory

C2. NCPDP Version D.0 Payer Sheet – E1 Transactions

C2.1 Eligibility Verification Request

Field #	NCPDP Field Name	Value	M/O/R/RW	Comment
101-A1	BIN Number	610164	M	WV Medicaid
102-A2	Version/Release Number	D0	M	Version D.0
103-A3	Transaction Code	E1	M	Eligibility Verification
104-A4	Processor Control Number	DRWVPROD	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	

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

Table C.2.1-34: 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

Table C.2.1-35: 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	

Table C.2.1-36: Patient Segment: Required for WV

C2.2 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

Table C.2.2-37: 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.

Table C.2.2-38: Response Message Segment: Situational

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

Table C.2.2-39: Response Status Segment: Mandatory

C2.3 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

Table C.2.3-40: 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.

Table C.2.3-41: Response Message Segment: Situational

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

Field	NCPDP Field Name	Value	M/O/R/RW	Comment
510-FA	Reject Count	1 - 5	R	From one up to 5
511-FB	Reject Code	NCPDP Reject	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	RW (Repeating)	

Table C.2.3-42: Response Status Segment: Mandatory

Appendix D. 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 Health PAS-Rx processing, an NCPDP Reject Code may or may not be returned. Health PAS-Rx 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 WV 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 Health PAS-Rx 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 (800) 642-4230, 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 E. Valid Route of Administration Values

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	Endosinusal 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
372461007	Intracavernous route

420719007	Intracerebroventricular route
372462000	Intracervical route
418892005	Intracisternal route
418608002	Intracorneal route
418287000	Intracoronary 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
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
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 F. 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 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	

Place of Service Code(s)	Place of Service Name	Place of Service Description
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, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
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.

Place of Service Code(s)	Place of Service Name	Place of Service Description
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 new born infants.
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 mentally retarded individuals.
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.

Place of Service Code(s)	Place of Service Name	Place of Service Description
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, 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/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
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.

Place of Service Code(s)	Place of Service Name	Place of Service Description
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 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

Place of Service Code(s)	Place of Service Name	Place of Service Description
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.