RHODE ISLAND MEDICAL ASSISTANCE

Standard Companion Guide Transaction Information

Instructions related to NCPDP Post Adjudication Transactions based on NCPDP Post Adjudication Standard Implementation Guide Version 3.1

Encounter Data
Companion Guide Version Number 1.91
October 2013

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Revision History

Version	Changed Date	Changed By	Reason
1.0	March 2013	Chris Ramirez	Initial Entry
1.1	April 2013	Chris Ramirez	Changed Trading Partner ID description from 10 digits to 9 digits on page 5. Removed node (O/R/V) from file naming convention on page 5. Added MMIS Legacy ID's for Health Plans on page 8. Updated valid values for Field 398 Record Indicator on page 10.
1.2	April 2013	Chris Ramirez	304-C4 DATE OF BIRTH and 305-C5 PATIENT GENDER CODE on page 13 has been moved to fields 214 CARDHOLDER DATE OF BIRTH and 721-MD GENDER CODE on page 12 in the Card holder Information Section. 308-C8 OTHER COVERAGE CODE added corresponding COB fields must be sent if OCC is sent on page 15. Added detail to field 228 COB PRIMARY PAYER AMOUNT PAID on page 47. Updated 981-JV TRANSMISSION ACTION on page 9. Revised RI accepted values for field 408-D8 on page 24. Changed Response Report Section to Response Dataset section starting on page 125.
1.3	April 17, 2013	Chris Ramirez	Revised response dataset section to include the addition of 3 new fields. (Health Plan Unique Claim Transaction ID, Claim Status, Record Indicator) pages 126 – 129 Revised RI requirement for field 897 to indicate where submitting Health Plans will include their unique claim transaction ID. Page 47 Field 225 has been revised to indicate it will not be loaded to the MMIS. Page 47 Table of contents update on page 4.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

1.4	April 19, 2013	Chris Ramirez	Revised field 888 – Submission Number on page 10. Revised field 343-HD to include space as an accepted value if the claim is not a partial or completion of a partial. Page 26 Revised 498-PY to indicate it is where the Health Plans Prior Authorization number used to adjudicate the claim will go. page 47 Revised field 393-MV to include statement. If this information was used in claim adjudication it should be sent and will be loaded to the MMIS. Otherwise it is an optional field. Page 50 Revised field 230 to be read similar to 231 and 229. Page 49 Added instruction on self-managing ftp accounts. Page 131 Table of contents update on page 4.
1.5	April 25, 2013	Chris Ramirez	Revised field 299 Processor Defined Prior Authorization Reason Code to indicate the field is optional and should be sent if available in the detail record and compound records. Pg. 47 Revised field 254 Fill Number Calculated to indicate should be sent if available. Pg. 26 Revised field 253 Federal Upper Limit Unit Price to indicate should be sent if available. Pg. 40 Revised field 260 Generic Indicator for ingredients of a compound claims to be sent if available. Pg. 67 Revised field 211 Average Wholesale Unit Price for ingredients to indicate should be sent if available. Pg. 67
1.6	April 30, 2013	Chris Ramirez	Revised field 253 to include previous change in version 1.5 for ingredients. Pg. 68, 76, 84, 92, 102, 110, 118, & 126. Renamed field 477-EC for Compound Records 1 & 2 to 447-EC. 447-EC is the current field used to submit Compound Ingredient Component Count in Fee for Service. 477-EC appears to be a typo in the NCPDP Post adjudication Implementation Guide 3.1. Pg. 60 & 94

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

1.7	May 15, 2013	Chris Ramirez	Updated Response Report to indicate that all claims will be listed on the report. Pg. 6, Pg. 130, Pg. 131 Neighborhood Rite Care MMIS Legacy ID updated to NH11278. Pg. 10 Updated table of contents. Pg. 5
1.8	July 10, 2013	Chris Ramirez	Updated Response Report to include how claims with multiple edits will be reported. Also included totals at the end of the report. Pg. 130-134
1.9	August 28, 2013	Chris Ramirez	Updated Response report to include that each row will be a fixed length of 130. Pg. 130 Claim Status description was changed to Edit Disposition/Claim Status. Added possible claim scenarios. Pg. 131
1.91	October 1, 2013	Chris Ramirez	Field 420-DK Submission Clarification Code will accept all valid NCPDP defined values. Those values are 00 through 36 and 99. Pg. 34-35

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Table of Contents

1. Introduction 6
1.1. Purpose 6
2. NCPDP Post Adjudication Standard Batch File Information 7
Instructions on accessing the RI Title XIX hosted by Hewlett Packard SFTP site can be found in Appendix 4.1 7
2.1. Post Adjudication History Header Record 10
2.2. Post Adjudication History Detail Record 12
2.3. Post Adjudication History Compound Record 1 61
2.4. Post Adjudication History Compound Record 2 95
2.5. Post Adjudication Trailer Record 129
3. NCPDP Post Adjudication Encounter Submission File Response Dataset 130
3.1. Example of a Rejected File 133
3.2. Example of a Successful File 134
4. Appendix 135
4.1. Instructions on accessing the RI Title XIX hosted by Hewlett Packard SFTP site 135
4.2. Instructions on self-managing user accounts at the RI Title XIX hosted by Hewlett Packard SFTP site 136

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

1. Introduction

The intent of this guide is to provide direction to participating RI Managed Care Organizations (MCO) with regard to the submission of NCPDP Pharmacy claim utilization information in the Post Adjudication format. These submissions will be placed on the RI Medical Assistance secure FTP server for processing. Upon completion of MMIS processing, response reporting back to the submitting health plan will be placed on the secure FTP server within twenty four hours, or next business day. This response reporting will contain information specific to the results of the processing, and will include whether the file itself met compliance, and if so, the report will detail all claim utilization records that were rejected due to error and were accepted without error. The report will also detail any informational edits that may have set on a claim record; these informational edits will not result in a claim record rejection (unless the claim has set other edits that are defined as requiring the claim to be rejected).

1.1. Purpose

These specifications are to be used in conjunction with the NCPDP Post Adjudication standard. The RI Medical Assistance NCPDP Post Adjudication Pharmacy Claim Utilization Companion Guide provides supplemental information specific to RI Medical Assistance as permitted within the NCPDP Post Adjudication transaction set. Specifications may be updated as necessary.

Detailed information on Program Rules, Covered Services, and Billing Guidelines are part of the Title XIX Provider Reference Guides and Provider Update Newsletter. Both are available on the Department of Human Services (DHS) website.

It should be noted that the NCPDP Post Adjudication standard is the only format accepted by the RI Medical Assistance program for the purpose of submitting NCPDP Pharmacy claims utilization data by participating Managed Care Organizations.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

2. NCPDP Post Adjudication Standard Batch File Information

A Post Adjudicated Standard Batch file should consist of a series of records: one header record, one trailer record, and a maximum of 25,000 transaction details.

- Post Adjudication History **Header Record** (Occurs 1 time)
  - Post Adjudication History **Detail Record** (Occurs 1 to 25,000 times)
  - Post Adjudication History **Compound Detail Record 1** (Occurs 1 time if it applies to the Detail Record)
  - Post Adjudication History **Compound Detail Record 2** (Occurs 1 time if it applies to the Detail Record)
- Post Adjudication History **Trailer Record** (Occurs 1 time)

File Naming Convention

TPID.NCPDPENC.DATE.SEQUENCENUMBER.DAT

- TPID – 9 digit Trading Partner ID for the submitting Health Plan Program
- DATE – CCYYMMDD
- SEQUENCE NUMBER – 6 Digit Number that indicates the order the file was submitted

Example: 123456789.NCPDPENC.20130306.000010.DAT

File Communication

This section will describe how Trading Partners can send NCPDP Transactions:

- Secure File Transfer Protocol (SFTP)

The following accounts will be established for each program.

Account	Description
nhcareusr	Neighborhood Rite Care Encounter
nhrhodyusr	Neighborhood Rhody Health Partners Encounter
uhcareusr	United Rite Care Encounter
uhrhodyusr	United Rhody Health Partners Encounter
uhsmilesusr	United Rite Smiles Encounter

Instructions on accessing the RI Title XIX hosted by Hewlett Packard SFTP site can be found in Appendix 4.1.

Record Delimiter

Carriage-return only - Unix-based systems (makes record length n+1)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

The following is a list of each field, field id, field name, format, size, start position, end position, and the Rhode Island requirement for submitting NCPDP Post Adjudication Encounter Claim Batch Files. The following requirements for Rhode Island were made based on the NCPDP Post Adjudication Standard Implementation Guide Version 3.1 and Telecommunication Standard Version D.0. Health Plans may submit any fields that are currently not required however the information may or may not be loaded to the MMIS. In the future additional fields may be required.

The following definitions are included to ensure consistency of interpretation.

- Field – The Post Adjudication Implementation Guide Version 3.1 field number
- Field ID – The Post Adjudication Implementation Guide Version 3.1 field ID
- Field Name - The Post Adjudication Implementation Guide Version 3.1 field name
- Format – Field format values

    - A/N – Alpha/Numeric, uppercase when alpha, always left justified with spaces as a filler to the right, printable characters and default values of spaces.
      Example: X(14) represents “1234ABC44bbbbb“

    - N – Unsigned Numeric, always right justified with zeros as fillers to the left.
      Example: 9(7)v999 represents 9999999.999

    - D – Signed Numeric, sign is internal and trailing (see section Internal Representation of Overpunch Signs), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and when used for dollar fields, have default values of zeros.
      Example: "D" fields of length 8 represent $$$$$$cc

Over Punch Sign Requirements

Positive Signed		Negative Signed	
Numeric	Graphic	Numeric	Graphic
Ø	{	0	}
1	A	1	J
2	B	2	K
3	C	3	L
4	D	4	M
5	E	5	N
6	F	6	O
7	G	7	P
8	H	8	Q
9	I	9	R

Examples
1. 10} is -100
2. 45A is 451

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Decimal points are usually implied not explicit in the text. Using numbers with two decimal digits: 1000} is -100.00

- Size – The field length size.
- Start – The starting position in the record of the field.
- End – The ending position in the record of the field.
- Rhode Island Requirements - Defines the Rhode Island required values or default for each field.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

2.1. Post Adjudication History Header Record

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
POST ADJUDICATION HISTORY HEADER RECORD							
6Ø1	Ø4	RECORD TYPE	A/N	2	1	2	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit 'PA' for Post Adjudication History Header Record. RI Accepted Values: PA
1Ø2	A2	VERSION/RELEASENUMBER	A/N	2	3	4	Mandatory for RI processing. Field will not be loaded to the MMIS. RI Accepted Values: 31 31 - Post Adjudication Version
879		SENDING ENTITY IDENTIFIER	A/N	24	5	28	Required for Post Adjudication Standard and will be loaded to the MMIS. 7 Digit MMIS Legacy ID with an additional 17 spaces assigned to the Health Plan. Submitting Health Plan will submit a separate file for each program. (i.e.: RodyHealth, RiteCare will be separate files) The following MMIS Legacy ID's are to be used by the corresponding Health Plans. Neighborhood Rite Care = NH11278 Neighborhood Rhody Health = NH00097 United Rite Care = UH08257 United Rhody Health = UH00097
8Ø6	5C	BATCH NUMBER	N	7	29	35	Required for Post Adjudication Standard. Field will be loaded to the MMIS. A number generated by the sender to uniquely identify this batch from others, especially when multiple batches may be sent in one day. (must match Batch Number on Trailer Record) 7 digits, NNNNNNN Right justified with Zeros to the left. Ex. 0000100 would indicate Batch 100.
88Ø	K2	CREATION DATE	N	8	36	43	Required for Post Adjudication Standard. Field will be loaded to the MMIS. Format: CCYYMMDD
88Ø	K3	CREATION TIME	N	4	44	47	Required for Post Adjudication Standard. Field will be loaded to the MMIS. Format: HHMM (1915=7:15pm)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
88Ø	K7	RECEIVER ID	A/N	24	48	71	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '056000522bbbbbbbbbbbbbb' for the RI EIN. Left justified with spaces to the right.
6Ø1	Ø6	REPORTING PERIOD START DATE	N	8	72	79	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Format: CCYYMMDD
6Ø1	Ø5	REPORTING PERIOD END DATE	N	8	8Ø	87	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Format: CCYYMMDD
7Ø2	MC	FILE TYPE	A/N	1	88	88	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. RI Accepted Values: P,T P=Production, T=Test
981	JV	TRANSMISSION ACTION	A/N	1	89	89	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. For RI always send 'O' for any new day claims or claim voids. New day claims and claim voids can be sent in the same file in chronological order. RI Accepted Values: O O=Original
888		SUBMISSION NUMBER	A/N	2	9Ø	91	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. 2 digit Numeric Value RI Accepted Values: 00 – 99 Using a submission number of ‘00’ for every file is acceptable.
		FILLER	A/N	36Ø9	92	37ØØ	Filler send 'b' (3609 spaces).

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

2.2. Post Adjudication History Detail Record

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
Post Adjudication History Detail Record							
6Ø1	Ø4	RECORD TYPE	A/N	2	1	2	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit 'DE' for Post Adjudication Detail Record. RI ACCEPTED VALUE: DE DE = Post Adjudication Detail Record
398		RECORD INDICATOR	A/N	1	3	3	Mandatory for RI processing. Field will not be loaded to the MMIS. RI Accepted Values: 0,1 0 = All new day claims. New Records. Insert new record (this value should be assigned to most records in an original submission 1 = All claim reversals. An error was discovered in a previously sent version of this record; therefore the receiver should delete the previously sent version. Note: The previously sent version may be identified by the Health Plan ID, Claim Number, Prescription #, and Payment Status. To correct a claim, a reversal of the claim must be submitted followed up by a new claim. This process mimics the current Fee for Service process. A file may contain new day claims and reversal claims however must be in chronological order of occurrence.
Section: Eligibility							
248		ELIGIBLE COVERAGE CODE	A/N	3	4	6	Field will not be loaded to the MMIS. 'b' (3 spaces)
898		USER BENEFIT ID	A/N	1Ø	7	16	Field will not be loaded to the MMIS. ‘b’ (10 spaces)
899		USER COVERAGE ID	A/N	1Ø	17	26	Field will not be loaded to the MMIS. 'b' (10 spaces)
246		ELIGIBILITY GROUP ID	A/N	15	27	41	Field will not be loaded to the MMIS. ‘b’ (15 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
27Ø		LINE OF BUSINESS CODE	A/N	6	42	47	Field will not be loaded to the MMIS. 'b' (6 spaces)
267		INSURANCE CODE	A/N	2Ø	48	67	Field will not be loaded to the MMIS. 'b' (20 spaces)
22Ø		CLIENT ASSIGNED LOCATION CODE	A/N	2Ø	68	87	Field will not be loaded to the MMIS. 'b' (20 spaces)
222		CLIENT PASS THROUGH	A/N	2ØØ	88	287	Field will not be loaded to the MMIS. 'b' (200 spaces)
Sub-section: Card Holder Information							
3Ø2	C2	CARDHOLDER ID	A/N	2Ø	288	3Ø7	Mandatory for RI processing and will be used to match the recipient in the file with a valid recipient on the MMIS . Will not be loaded to the MMIS. Send the 9 character Medicaid Identification Number (MID) followed by 11 spaces. MID will be matched with what is currently in the MMIS. Left justified with spaces to the right.
716	SY	LAST NAME	A/N	35	3Ø8	342	Mandatory for RI processing and will be used to match the recipient in the file with a valid recipient on the MMIS . Will not be loaded to the MMIS. Send Last Name of the recipient that should correspond to the Cardholder ID (MID). Last name will be validated with the Cardholder ID. Left justified with spaces to the right.
717	SX	FIRST NAME	A/N	25	343	367	Mandatory for RI processing and will be used to match the recipient in the file with a valid recipient on the MMIS . Will not be loaded to the MMIS. Send First Name of the recipient that should correspond to the Cardholder ID (MID). First name will be validated with the Cardholder ID. Left justified with spaces to the right.
718	SZ	MIDDLE INITIAL	A/N	1	368	368	Field will not be loaded to the MMIS. 'b' (1 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
28Ø		NAME SUFFIX	A/N	1Ø	369	378	Field will not be loaded to the MMIS. 'b' (10 spaces)
726	SR	ADDRESS LINE 1	A/N	55	379	433	Field will not be loaded to the MMIS. 'b' (55 spaces)
727	SS	ADDRESS LINE 2	A/N	55	434	488	Field will not be loaded to the MMIS. 'b' (55 spaces)
728	SU	CITY	A/N	3Ø	489	518	Field will not be loaded to the MMIS. 'b' (30 spaces)
729	TA	STATE	A/N	2	519	52Ø	Field will not be loaded to the MMIS. 'b' (2 spaces)
73Ø	TC	ZIP/POSTAL CODE	A/N	15	521	535	Field will not be loaded to the MMIS. 'b' (15 spaces)
214		CARDHOLDER DATE OF BIRTH	N	8	536	543	Mandatory for RI processing and will be used to match the recipient in the file with a valid recipient on the MMIS. Will not be loaded to the MMIS. Patient Date of Birth Format: CCYYMMDD
721	MD	GENDER CODE	N	1	544	544	Mandatory for RI processing and will be used to match the recipient in the file with a valid recipient on the MMIS. Will not be loaded to the MMIS. Accepted RI values: 0,1,2 '0'-Unknown '1'-Male '2'-Female
274		MEDICARE PLAN CODE	A/N	1	545	545	Field will not be loaded to the MMIS. 'b' (1 space)
288		PAYROLL CLASS	A/N	1	546	546	Field will not be loaded to the MMIS. 'b' (1 space)
Sub-section: Patient Information							
331	CX	PATIENT ID QUALIFIER	A/N	2	547	548	Field will not be loaded to the MMIS. 'b' (2 spaces) This information is not required for reporting of NCPDP Post adjudication claims however if this field were to be used in the future the '06' would be the accepted value.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
332	CY	PATIENT ID	A/N	2Ø	549	568	Field will not be loaded to the MMIS. 'b' (20 spaces) This information is not required for reporting of NCPDP Post adjudication claims however if this field were to be used in the future the MID would be the accepted value.
716		LAST NAME	A/N	35	569	6Ø3	Field will not be loaded to the MMIS. 'b' (35 spaces)
717		FIRST NAME	A/N	25	6Ø4	628	Field will not be loaded to the MMIS. 'b' (25 spaces)
718		MIDDLE INITIAL	A/N	1	629	629	Field will not be loaded to the MMIS. 'b' (1 space)
28Ø		NAME SUFFIX	A/N	1Ø	63Ø	639	Field will not be loaded to the MMIS. 'b' (10 spaces)
726		ADDRESS LINE 1	A/N	55	64Ø	694	Field will not be loaded to the MMIS. 'b' (55 spaces)
727		ADDRESS LINE 2	A/N	55	695	749	Field will not be loaded to the MMIS. 'b' (55 spaces)
728		CITY	A/N	3Ø	75Ø	779	Field will not be loaded to the MMIS. 'b' (30 spaces)
729		STATE	A/N	2	78Ø	781	Field will not be loaded to the MMIS. 'bb' (2 spaces)
73Ø		ZIP/POSTAL CODE	A/N	15	782	796	Field will not be loaded to the MMIS. 'b' (15 spaces)
3Ø4	C4	DATE OF BIRTH	N	8	797	8Ø4	Field will not be loaded to the MMIS. '00000000'
3Ø5	C5	PATIENT GENDER CODE	N	1	8Ø5	8Ø5	Field will not be loaded to the MMIS. '0'
247		ELIGIBILITY/PATIENT RELATIONSHIP CODE	N	2	8Ø6	8Ø7	Field will not be loaded to the MMIS. '00'
2Ø8		AGE	N	3	8Ø8	81Ø	Field will not be loaded to the MMIS. '000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
3Ø3	C3	PERSON CODE	A/N	3	811	813	Field will not be loaded to the MMIS. '`b' (3 spaces)
3Ø6	C6	PATIENT RELATIONSHIP CODE	N	1	814	814	Field will not be loaded to the MMIS. '0'
3Ø9	C9	ELIGIBILITY CLARIFICATION CODE	A/N	1	815	815	Field will not be loaded to the MMIS. 'b' (1 space)
336	8C	FACILITY ID	A/N	1Ø	816	825	Field will not be loaded to the MMIS. 'b' (10 spaces)
Section: Benefit Category							
3Ø1	C1	GROUP ID	A/N	15	826	84Ø	Required for Post Adjudication Standard and will be loaded to the MMIS. Send the Trading Partner ID assigned to the submitting Health Plan. Left justified with spaces to the right.
215		CARRIER NUMBER	A/N	9	841	849	Field will not be loaded to the MMIS 'b' (9 spaces)
757	U6	BENEFIT ID	A/N	15	85Ø	864	Field will not be loaded to the MMIS. ‘b’ (15 spaces)
24Ø	U1	CONTRACT NUMBER	A/N	8	865	872	Field will not be loaded to the MMIS. ‘b' (8 spaces)
212		BENEFIT TYPE	A/N	1	873	873	Field will not be loaded to the MMIS. 'b' (1 space)
279		MEMBER SUBMITTED CLAIM PROGRAM CODE	A/N	1	874	874	Field will not be loaded to the MMIS. 'b' (1 space)
282		NON-POS CLAIM OVERRIDE CODE	A/N	1	875	875	Field will not be loaded to the MMIS. 'b' (1 space)
282		NON-POS CLAIM OVERRIDE CODE	A/N	1	876	876	Field will not be loaded to the MMIS. 'b' (1 space)
282		NON-POS CLAIM OVERRIDE CODE	A/N	1	877	877	Field will not be loaded to the MMIS. 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
241		COPAY MODIFIER ID	A/N	1Ø	878	887	Field will not be loaded to the MMIS. ‘b' (10 spaces)
292		PLAN CUTBACK REASON CODE	A/N	1	888	888	Field will not be loaded to the MMIS. '1' (1 space)
293		PREFERRED ALTERNATIVE FILE ID	A/N	1Ø	889	898	Field will not be loaded to the MMIS. ‘b' (10 spaces)
3Ø8	C8	OTHER COVERAGE CODE	N	2	899	9ØØ	Required for RI processing and will be loaded to the MMIS. Code indicating whether or not the patient has other insurance coverage. RI Accepted Values: 00,01,02,03,04,08 00 = Not Specified by patient 01 = No other coverage 02 = Other coverage exists-payment collected 03 = Other Coverage Billed – claim not covered 04 = Other coverage exists-payment not collected 08 = Claim is billing for patient financial responsibility only Right justified with zeros to the left. If Other Coverage Code is sent then corresponding COB segment must be sent.
291		PLAN BENEFIT CODE	A/N	2	9Ø1	9Ø2	Field will not be loaded to the MMIS. ‘b’ (2 spaces)
6Ø1	Ø1	PLAN TYPE	A/N	4	9Ø3	9Ø6	Field will not be loaded to the MMIS. 'b' (4 spaces)
Section: Pharmacy							
2Ø2	B2	SERVICE PROVIDER ID QUALIFIER	A/N	2	9Ø7	9Ø8	Mandatory for RI processing. Will not loaded to the MMIS. Send '01' for NPI. RI Accepted Values: 01

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
2Ø1	B1	SERVICE PROVIDER ID	A/N	15	9Ø9	923	Mandatory for RI processing and will be loaded to the MMIS. Send the Valid 10 Digit Pharmacy NPI with 5 spaces that corresponds to the billing Pharmacy.. Valid Value = '000000000bbbbb' Left justified with spaces to the right.
2Ø2	B2	SERVICE PROVIDER ID QUALIFIER (ALTERNATE)	A/N	2	924	925	Field will not be loaded to the MMIS. '`b' (2 spaces)
2Ø1	B1	SERVICE PROVIDER ID (ALTERNATE)	A/N	15	926	94Ø	Field will not be loaded to the MMIS. ‘b’ (15 spaces)
886		SERVICE PROVIDER CHAIN CODE	A/N	7	941	947	Field will not be loaded to the MMIS. ‘b’ (7 spaces)
833	5P	PHARMACY NAME	A/N	35	948	982	Field will not be loaded to the MMIS. 'b' (35 spaces)
726		ADDRESS LINE 1	A/N	55	983	1Ø37	Field will not be loaded to the MMIS. 'b' (55 spaces)
727		ADDRESS LINE 2	A/N	55	1Ø38	1Ø92	Field will not be loaded to the MMIS. 'b' (55 spaces)
728		CITY	A/N	3Ø	1Ø93	1122	Field will not be loaded to the MMIS. 'b' (30 spaces)
729		STATE	A/N	2	1123	1124	Field will not be loaded to the MMIS. 'b' (2 spaces)
73Ø		ZIP/POSTAL CODE	A/N	15	1125	1139	Field will not be loaded to the MMIS. 'b' (15 spaces)
887		SERVICE PROVIDER COUNTRY CODE	A/N	3	114Ø	1142	Field will not be loaded to the MMIS. 'b' (3 spaces)
732		TELEPHONE NUMBER	N	1Ø	1143	1152	Field will not be loaded to the MMIS. '0000000000'
146		PHARMACY DISPENSER TYPE QUALIFIER	A/N	1	1153	1153	Field will not be loaded to the MMIS. 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
29Ø		PHARMACY DISPENSER TYPE	A/N	2	1154	1155	Required if available on the claim and will be loaded to the MMIS. Type of pharmacy dispensing product. RI Accepted Values: 'bb',01,04-09,11-18 00 No longer allowed for new provider entries. Existing value “00" entries will be converted over time by NCPDP. 01 Community/Retail Pharmacy 02 No longer used. Value “02” converted to “01” by NCPDP. 03 No longer used. Value "03" converted to "01" by NCPDP. 04 Long Term Care Pharmacy 05 Mail order pharmacy 06 Home Infusion Therapy Provider 07 Non-pharmacy dispensing site 08 Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy 09 Department of Veterans Affairs (VA) Pharmacy 10 No longer used. Value “10” converted to “11” by NCPDP. 11 Institutional pharmacy 12 Managed Care Organization (MCO) Pharmacy 13 DME 14 Clinic Pharmacy 15 Specialty Pharmacy 16 Nuclear Pharmacy 17 Military/US Coast Guard Pharmacy 18 Compounding Pharmacy
15Ø		PHARMACY CLASS CODE QUALIFIER	A/N	1	1156	1156	Field will not be loaded to the MMIS. 'b' (1 space)
289		PHARMACY CLASS CODE	A/N	1	1157	1157	Field will not be loaded to the MMIS. ‘b’ (1 space)
266		IN NETWORK INDICATOR	A/N	1	1158	1158	Field will not be loaded to the MMIS. 'b' (1 space)
545	2F	NETWORK REIMBURSEMENT ID	A/N	1Ø	1159	1168	Field will not be loaded to the MMIS. 'b' (10 spaces)
Section: Prescriber							

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
466	EZ	PRESCRIBER ID QUALIFIER	A/N	2	1169	117Ø	Mandatory for RI processing. Will not be loaded to the MMIS. Send '01' for NPI. RI Accepted Value: 01 01 = National Provider Identifier (NPI), a standard unique health identifier for health care providers.
411	DB	PRESCRIBER ID	A/N	15	1171	1185	Mandatory for RI processing and will be loaded to the MMIS. Use Valid NPI number assigned to prescriber The NPI is a 1Ø position numeric identifier with a check digit in the 1Øth position and is assigned by the National Provider System (NPS). Valid NPI + 'b' (5 spaces) NPI must be a valid NPI regardless if provider is known to the Health Plan. Left justified with spaces to the right.
466	EZ	PRESCRIBER ID QUALIFIER (ALTERNATE)	A/N	2	1186	1187	Field will not be loaded to the MMIS. ‘bb’ (2 spaces)
411	DB	PRESCRIBER ID (ALTERNATE)	A/N	15	1188	12Ø2	Field will not be loaded to the MMIS. ‘b’ (15 spaces)
296		PRESCRIBER TAXONOMY	A/N	1Ø	12Ø3	1212	Field will not be loaded to the MMIS. ‘b’ (10 spaces)
295		PRESCRIBER CERTIFICATION STATUS	A/N	2	1213	1214	Field will not be loaded to the MMIS. 'b' (2 spaces)
716		LAST NAME	A/N	35	1215	1249	Field will not be loaded to the MMIS. 'b' (35 spaces)
717		FIRST NAME	A/N	25	125Ø	1274	Field will not be loaded to the MMIS. 'b' (25 spaces)
732		TELEPHONE NUMBER	N	1Ø	1275	1284	Field will not be loaded to the MMIS. '00000000'
468	2E	PRIMARY CARE PROVIDER ID QUALIFIER	A/N	2	1285	1286	Field will not be loaded to the MMIS. 'b' (2 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
421	DL	PRIMARY CARE PROVIDER ID	A/N	15	1287	1301	Field will not be loaded to the MMIS. 'b' (15 spaces)
716		Last Name	AN	35	1302	1336	Field will not be loaded to the MMIS. 'b' (35 spaces)
717		First Name	AN	25	1337	1361	Field will not be loaded to the MMIS. 'b' (25 spaces)
Section Claim Category							
399		RECORD STATUS CODE	A/N	1	1362	1362	Required for Post Adjudication Standard. Will not be loaded to the MMIS. RI Accepted Value: 1 1 = Paid
218		CLAIM MEDIA TYPE	A/N	1	1363	1363	Required for Post Adjudication Standard and will be loaded to MMIS. Claim submission type code. How the claim was submitted to the health plan originally. RI Accepted Values: 1,2,3,5 1 = POS Claim A Point-Of-Sale transaction submitted in a real-time mode. 2 = Batch Claim A non real-time transaction submitted when an immediate response is not available or required. 3 = Pharmacy Submitted Paper Claim (UCF) A non-electronic transaction submitted via an NCPDP-developed Universal Claim Form. 4 = Member Submitted Paper Claim (Direct Member Reimbursement (DMR)) A claim submitted by the member requesting reimbursement. 5 = Other - Different from the codes already specified Different from the codes already specified
395		PROCESSOR PAYMENT CLARIFICATION CODE	A/N	2	1364	1365	Required for Post Adjudication Standard. Will not be loaded to the MMIS. Provides additional information of the status of the payment of the claim. RI Accepted Value: 01 01 = Paid

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
455	EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	A/N	1	1366	1366	Mandatory for RI processing. Will not be loaded to the MMIS RI Accepted values: 1 1 = Rx Billing
4Ø2	D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	N	12	1367	1378	Mandatory for RI processing and will be loaded to the MMIS. This is the prescription number assigned by the Pharmacy for the dispense. NNNNNNNNNNNN Right justified with Zeros to the left. Ex. 001234567891 Would indicate RX number 1234567891
436	E1	PRODUCT/SERVICE ID QUALIFIER	A/N	2	1379	138Ø	Mandatory for RI processing. Will not be loaded to the MMIS. Code qualifying the value in 'Product/Service ID' (407-D7). RI Accepted Values: 00, 03 00 = Multiple National Drug Codes (NDC) 03 = National Drug Code (NDC) Value 00 is sent to indicate a compound. If indicated as compound then Field 407-D7 is sent with all zeros. (19 zeros) Ingredients will be sent in Compound File 1 and 2.
4Ø7	D7	PRODUCT/SERVICE ID	A/N	19	1381	1399	Mandatory for RI processing and will be loaded to the MMIS. Applicable NDC Code OR 19 zeros for a compound If indicated as compound then Field 407-D7 is sent with all zeros. (19 zeros) Ingredient will be sent in Compound File 1 and 2.
4Ø1	D1	DATE OF SERVICE	N	8	14Ø Ø	14Ø7	Mandatory for RI processing and will be loaded to the MMIS. Pharmacy Vendor supplied for Date Filled. Format: CCYYMMDD Dispense date/from date of service.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
578		ADJUDICATION DATE	N	8	14Ø8	1415	Required for Post Adjudication Standard and will be loaded to the MMIS. Date the claim was approved to pay by the Health Plan. Format: CCYYMMDD
2Ø3		ADJUDICATION TIME	N	6	1416	1421	Field will not be loaded to the MMIS. '000000'
283		ORIGINAL CLAIM RECEIVED DATE	N	8	1422	1429	Field will not be loaded to the MMIS. '00000000'
219		CLAIM SEQUENCE NUMBER	N	5	143Ø	1434	Field will not be loaded to the MMIS. '00000'
213		BILLING CYCLE END DATE	N	8	1435	1442	Field will not be loaded to the MMIS. '00000000'
239		COMMUNICATION TYPE INDICATOR	A/N	2	1443	1444	Field will not be loaded to the MMIS. 'b' (2 spaces)
3Ø7	C7	PLACE OF SERVICE	N	2	1445	1446	This information is required if a Place of Service is submitted on the claim and will be loaded to the MMIS. Code identifying the place where a drug or service is dispensed or administered. Accepted RI Values: 00,01,03,04,05,06,07,08,11,12,13,14,15,16,20,21,22,23,24,25,26,31,32,33,34,41,42,49,50,51,52,53,54,55,56,57,60,61,62,65,71,72,81,99 00 = Not Specified 01 = Pharmacy Please refer to NCPDP Data Dictionary for value definitions. Right justified with Zeros to the left.
384	4X	PATIENT RESIDENCE	N	2	1447	1448	Field will not be loaded to the MMIS. '00'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
419	DJ	PRESCRIPTION ORIGIN CODE	N	1	1449	1449	Required for RI processing and will be loaded to MMIS. Code indicating the origin of the prescription. RI Accepted Values: 0,1,2,3,4,5 0 = Not Known 1 = Written 2 = Telephone 3 = Electronic Standard transactions. 4 = Facsimile 5 = Pharmacy
278		MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE	N	8	145Ø	1457	Field will not be loaded to the MMIS. '00000000'
217		CLAIM DATE RECEIVED IN THE MAIL	N	8	1458	1465	Field will not be loaded to the MMIS. '00000000'
268		INTERNAL MAIL ORDER PRESCRIPTION/SERVICE REFERENCE NUMBER	A/N	15	1466	148Ø	Field will not be loaded to the MMIS. 'b' (15 spaces)
1Ø2	A2	VERSION/RELEASE NUMBER (OF THE CLAIM)	A/N	2	1481	1482	Required for RI processing. Version/Release Number of the claim. Accepted RI Values: D0 'D0' - Version D.0
216		CHECK DATE	N	8	1483	149Ø	Required for RI processing and will be loaded to the MMIS. Required and needs to be the date the claim was paid by the Health Plan. Format: CCYYMMDD
287		PAYMENT/REFERENCE ID	A/N	3Ø	1491	152Ø	Field will not be loaded to the MMIS. '`b' (30 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
456	EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	N	12	1521	1532	Field will not be loaded to the MMIS. '000000000000'
457	EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	N	8	1533	154Ø	Field will not be loaded to the MMIS. ‘00000000’
442	E7	QUANTITY DISPENSED	N	1Ø	1541	155Ø	Required for RI if information is available and will be loaded to the MMIS. Quantity dispensed expressed in metric decimal units. OR '0000000000' Right justified with zeros to the left.
4Ø3	D3	FILL NUMBER	N	2	1551	1552	Required for RI if information is available and will be loaded to the MMIS. RI Accepted values: 00 - 99 00 = Original dispensing 01-99 = Refill number Right justified with zeros to the left.
4Ø5	D5	DAYS SUPPLY	N	3	1553	1555	Required for RI if information is available and will be loaded to the MMIS. Estimated number of days the prescription will last OR ‘000’ Right justified with zeros to the left.
414	DE	DATE PRESCRIPTION WRITTEN	N	8	1556	1563	Required for RI processing and will be loaded to the MMIS. Date prescription was written Format: CCYYMMDD

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
4Ø8	D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	A/N	1	1564	1564	Required for RI processing and will be loaded to the MMIS. RI Accepted values: 0-9 0 = No Product Selection Indicated This is the field default value that is appropriately used for prescriptions for single source brand, co-branded/co-licensed, or generic products. For a multi-source branded product with available generic(s), DAW 0 is not appropriate, and may result in a reject. 1 = Substitution Not Allowed by Prescriber This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is Medically Necessary to be Dispensed As Written. DAW 1 is based on prescriber instruction and not product classification.
415	DF	NUMBER OF REFILLS AUTHORIZED	N	2	1565	1566	Required for RI processing and will be loaded to the MMIS. RI Accepted Values: 00 - 99 00 = No refills authorized 01-99 = Authorized Refill number Right justified with zeros to the left.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	1567	1567	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
6ØØ	28	UNIT OF MEASURE	A/N	2	1568	1569	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters
418	DI	LEVEL OF SERVICE	N	2	157Ø	1571	Field will not be loaded to the MMIS.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
343	HD	DISPENSING STATUS	A/N	1	1572	1572	Required for RI processing and will be loaded to the MMIS. Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed. RI Accepted Values: ‘ ‘,C, P 1 space = Not part of a partial or partial completion P = Partial Fill C = Completion of Partial Fill
344	HF	QUANTITY INTENDED TO BE DISPENSED	N	1Ø	1573	1582	If 343-HD (Dispending Status) is equal to a 'P' (Partial Fill) then 344-HF is required and will be loaded to the MMIS. Right justified with zeros to the left.
46Ø	ET	QUANTITY PRESCRIBED	N	1Ø	1583	1592	Field will not be loaded to the MMIS. '000000000'
345	HG	DAYS SUPPLY INTENDED TO BE DISPENSED	N	3	1593	1595	Field will not be loaded to the MMIS. '000'
254		FILL NUMBER CALCULATED	N	2	1596	1597	Health Plans should submit if available and will be loaded to the MMIS. Code identifying whether the prescription is an original (00) or by refill number (01-99) as calculated by system based on historical claims data. This field represents the Fill Number as calculated (not submitted by pharmacy) RI Accepted Values: 00 - 99 Fill number as determined by the Health Plan. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
4Ø6	D6	COMPOUND CODE	N	1	1598	1598	Mandatory for RI processing and will be loaded to the MMIS. Code indicating whether or not the prescription is a compound. RI Accepted Values: 1, 2 1 = Not a Compound 2 = Compound
996	G1	COMPOUND TYPE	A/N	2	1599	16ØØ	Field will not be loaded to the MMIS. 'b' (2 spaces)
452	EH	COMPOUND ROUTE OF ADMIN	A/N	2	1601	1602	Field will not be loaded to the MMIS. 'b' (2 spaces) Field will not be used since all submitted claims will be version D.0. Went away in D.0.
995	E2	ROUTE OF ADMINISTRATION	A/N	11	16Ø3	1613	Required for RI if information is available and will be loaded to the MMIS. This is an override to the "default" route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture. Must be a valid SNOMED Code. OR 'b' (11 spaces) Left justified with spaces to the right.
492	WE	DIAGNOSIS CODE QUALIFIER	A/N	2	1614	1615	Field will not be loaded to the MMIS. 'b' (2 spaces)
424	DO	DIAGNOSIS CODE	A/N	15	1616	163Ø	Field will not be loaded to the MMIS. 'b' (15 spaces)
492	WE	DIAGNOSIS CODE QUALIFIER	A/N	2	1631	1632	Field will not be loaded to the MMIS. 'b' (2 spaces)
424	DO	DIAGNOSIS CODE	A/N	15	1633	1647	Field will not be loaded to the MMIS. 'b' (15 spaces)
492	WE	DIAGNOSIS CODE QUALIFIER	A/N	2	1648	1649	Field will not be loaded to the MMIS. 'b' (2 spaces)
424	DO	DIAGNOSIS CODE	A/N	15	1650	1664	Field will not be loaded to the MMIS. 'b' (15 spaces)
492	WE	DIAGNOSIS CODE QUALIFIER	A/N	2	1665	1666	Field will not be loaded to the MMIS. 'b' (2 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
424	DO	DIAGNOSIS CODE	A/N	15	1667	1681	Field will not be loaded to the MMIS. 'b' (15 spaces)
492	WE	DIAGNOSIS CODE QUALIFIER	A/N	2	1682	1683	Field will not be loaded to the MMIS. 'b' (2 spaces)
424	DO	DIAGNOSIS CODE	A/N	15	1684	1698	Field will not be loaded to the MMIS. 'b' (15 spaces)
439	E4	REASON FOR SERVICE CODE	A/N	2	1699	17ØØ	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	17Ø1	17Ø2	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	17Ø3	17Ø4	Field will not be loaded to the MMIS. 'b' (2 spaces)
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	17Ø5	17Ø6	Field will not be loaded to the MMIS. '00'
439	E4	REASON FOR SERVICE CODE	A/N	2	17Ø7	17Ø8	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	17Ø9	171Ø	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	1711	1712	Field will not be loaded to the MMIS. 'b' (2 spaces)
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	1713	1714	Field will not be loaded to the MMIS. '00'
439	E4	REASON FOR SERVICE CODE	A/N	2	1715	1716	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	1717	1718	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	1719	1720	Field will not be loaded to the MMIS. 'b' (2 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	1721	1722	Field will not be loaded to the MMIS. '00'
439	E4	REASON FOR SERVICE CODE	A/N	2	1723	1724	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	1725	1726	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	1727	1728	Field will not be loaded to the MMIS. 'b' (2 spaces)
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	1729	1730	Field will not be loaded to the MMIS. '00'
439	E4	REASON FOR SERVICE CODE	A/N	2	1731	1732	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	1733	1734	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	1735	1736	Field will not be loaded to the MMIS. 'b' (2 spaces)
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	1737	1738	Field will not be loaded to the MMIS. '00'
439	E4	REASON FOR SERVICE CODE	A/N	2	1739	1740	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	1741	1742	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	1743	1744	Field will not be loaded to the MMIS. 'b' (2 spaces)
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	1745	1746	Field will not be loaded to the MMIS. '00'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
439	E4	REASON FOR SERVICE CODE	A/N	2	1747	1748	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	1749	1750	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	1751	1752	Field will not be loaded to the MMIS. 'b' (2 spaces)
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	1753	1754	Field will not be loaded to the MMIS. '00'
439	E4	REASON FOR SERVICE CODE	A/N	2	1755	1756	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	1757	1758	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	1759	1760	Field will not be loaded to the MMIS. 'b' (2 spaces)
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	1761	1762	Field will not be loaded to the MMIS. '00'
439	E4	REASON FOR SERVICE CODE	A/N	2	1763	1764	Field will not be loaded to the MMIS. 'b' (2 spaces)
44Ø	E5	PROFESSIONAL SERVICE CODE	A/N	2	1765	1766	Field will not be loaded to the MMIS. 'b' (2 spaces)
441	E6	RESULT OF SERVICE CODE	A/N	2	1767	1768	Field will not be loaded to the MMIS. 'b' (2 spaces)
474	8E	DUR/PPS LEVEL OF EFFORT	N	2	1769	1770	Field will not be loaded to the MMIS. '00'
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	1771	1772	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	1773	1791	Field will not be loaded to the MMIS. 'b' (19 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
878		REJECT OVERRIDE CODE	A/N	1	1792	1792	Field will not be loaded to the MMIS. 'b' (1 space)
511	FB	REJECT CODE	A/N	3	1793	1795	Field will not be loaded to the MMIS. 'b' (3 spaces) RI NCPDP Encounter will only be accepting paid claims, denied claims are not to be submitted.
511	FB	REJECT CODE	A/N	3	1796	1798	Field will not be loaded to the MMIS. 'b' (3 spaces) RI NCPDP Encounter will only be accepting paid claims, denied claims are not to be submitted.
511	FB	REJECT CODE	A/N	3	1799	18Ø1	Field will not be loaded to the MMIS. 'b' (3 spaces) RI NCPDP Encounter will only be accepting paid claims, denied claims are not to be submitted.
511	FB	REJECT CODE	A/N	3	18Ø2	18Ø4	Field will not be loaded to the MMIS. 'b' (3 spaces) RI NCPDP Encounter will only be accepting paid claims, denied claims are not to be submitted.
511	FB	REJECT CODE	A/N	3	18Ø5	18Ø7	Field will not be loaded to the MMIS. 'b' (3 spaces) RI NCPDP Encounter will only be accepting paid claims, denied claims are not to be submitted.
Section Worker's Compensation Category							
435	DZ	CLAIM/REFERENCE ID	A/N	3Ø	18Ø8	1837	Field will not be loaded to the MMIS. 'b' (30 spaces)
434	DY	DATE OF INJURY	N	8	1838	1845	Field will not be loaded to the MMIS. '00000000'
Section Product Category							

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
532	FW	Database indicator	A/N	1	1846	1846	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company
397		PRODUCT/SERVICE NAME	A/N	3Ø	1847	1876	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.
261		GENERIC NAME	A/N	3Ø	1877	19Ø6	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	15	19Ø7	1921	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	1922	1925	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (4 spaces) Left justified with spaces to the right.
		FILLER	A/N	8	1926	1933	Filler 'b' (8 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	DP	DRUG TYPE	N	1	1934	1934	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
273		MAINTENANCE DRUG INDICATOR	A/N	1	1935	1935	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
244		DRUG CATEGORY CODE	A/N	1	1936	1936	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	1937	1937	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
297		PRESCRIPTION OVER THE COUNTER INDICATOR	A/N	1	1938	1938	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
42Ø	DK	SUBMISSION CLARIFICATION CODE	N	2	1939	194Ø	Required for RI processing if available from Health Plan. Field will be loaded to the MMIS. If the Pharmacy purchased the drug as part of a 340B the Health Plan must send a value of '20'. RI Accepted Values: 00-36, 99 1 No Override 2 Other Override 3 Vacation Supply 4 Lost Prescription 5 Therapy Change 6 Starter Dose 7 Medically Necessary 8 Process Compound For Approved Ingredients 9 Encounters 20 340B Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
42Ø	DK	SUBMISSION CLARIFICATION CODE	N	2	1941	1942	Required for RI processing if available from Health Plan. Field will be loaded to the MMIS. If the Pharmacy purchased the drug as part of a 340B the Health Plan must send a value of '20'. RI Accepted Values: 00-36, 99 1 No Override 2 Other Override 3 Vacation Supply 4 Lost Prescription 5 Therapy Change 6 Starter Dose 7 Medically Necessary 8 Process Compound For Approved Ingredients 9 Encounters 20 340B Right justified with zeros to the left.
42Ø	DK	SUBMISSION CLARIFICATION CODE	N	2	1943	1944	Required for RI processing if available from Health Plan. Field will be loaded to the MMIS. If the Pharmacy purchased the drug as part of a 340B the Health Plan must send a value of '20'. RI Accepted Values: 00-36, 99 1 No Override 2 Other Override 3 Vacation Supply 4 Lost Prescription 5 Therapy Change 6 Starter Dose 7 Medically Necessary 8 Process Compound For Approved Ingredients 9 Encounters 20 340B Right justified with zeros to the left.
25Ø		FDA DRUG EFFICACY CODE	A/N	1	1945	1945	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	1946	1946	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	1947	1963	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	1964	1964	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	1965	1981	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	1982	1982	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	1983	1999	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	2ØØØ	2ØØØ	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
294		PRESCRIBED DAYS SUPPLY	N	3	2ØØ1	2ØØ3	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '000' Right justified with zeros to the left.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	2ØØ4	2ØØ4	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	2ØØ5	2Ø21	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	2Ø22	2Ø22	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	2Ø23	2Ø39	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	2Ø4Ø	2Ø4Ø	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	2Ø41	2Ø57	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	2Ø58	2Ø58	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	2Ø59	2Ø75	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
Section Formulary Category							
257		FORMULARY STATUS	A/N	1	2Ø76	2Ø76	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
221		CLIENT FORMULARY FLAG	A/N	1	2Ø77	2Ø77	Field will not be loaded to the MMIS. Indicates that client has a formulary.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
889		THERAPEUTIC CHAPTER	A/N	8	2Ø78	2Ø85	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
256		FORMULARY FILE ID	A/N	15	2Ø86	21Ø Ø	Field will not be loaded to the MMIS.
255		FORMULARY CODE TYPE	A/N	1	21Ø1	21Ø1	Field will not be loaded to the MMIS.
Section Pricing Category							
5Ø6	F6	INGREDIENT COST PAID	D	8	21Ø2	21Ø9	Required for Post Adjudication Standard and will be loaded to the MMIS. Drug ingredient cost paid included in the 'Total Amount Paid' (5Ø9-F9). Right justified with zeros to the left.
5Ø7	F7	DISPENSING FEE PAID	D	8	211Ø	2117	Required for Post Adjudication Standard and will be loaded to the MMIS. Dispensing fee paid included in the 'Total Amount Paid' (5Ø9-F9). Right justified with zeros to the left.
894		TOTAL AMOUNT PAID BY ALL SOURCES	D	8	2118	2125	Required for Post Adjudication Standard and will be loaded to the MMIS. Total amount of the prescription regardless of party responsible for payment. Right justified with zeros to the left.
523	FN	AMOUNT ATTRIBUTED TO SALES TAX	D	8	2126	2133	Field will not be loaded to the MMIS. '00000000'
5Ø5	F5	PATIENT PAY AMOUNT	D	8	2134	2141	Required for Post Adjudication Standard and will be loaded to the MMIS if used in claim adjudication. If this is not applicable, health plan should populate with '00000000' Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
518	FI	AMOUNT OF COPAY	D	8	2142	2149	Required for RI processing and will be loaded to the MMIS if used in claim adjudication. If this is not applicable, health plan should populate with '00000000' Amount to be collected from the patient that is included in 'Patient Pay Amount' (5Ø5-F5) that is due to a per prescription copay. Right justified with zeros to the left.
572	4U	AMOUNT OF COINSURANCE	D	8	215Ø	2157	Required for RI processing and will be loaded to the MMIS if used in claim adjudication. If this is not applicable, health plan should populate with '00000000' Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription coinsurance. Right justified with zeros to the left.
519	FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	D	8	2158	2165	Field will not be loaded to the MMIS. '00000000' Field was used for Version 5.1 went away in version D.0.
517	FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	D	8	2166	2173	Required for RI processing and will be loaded to the MMIS if used in claim adjudication. If this is not applicable, health plan should populate with '00000000' Amount to be collected from a patient that is included in 'Patient Pay Amount' (505-F5) that is applied to a periodic deductible. Right justified with zeros to the left.
571	NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	D	8	2174	2181	Field will not be loaded to the MMIS. '00000000'
133	UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	D	8	2182	2189	Field will not be loaded to the MMIS. '00000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
134	UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	D	8	219Ø	2197	Field will not be loaded to the MMIS. '00000000'
135	UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION	D	8	2198	22Ø5	Field will not be loaded to the MMIS. '00000000'
136	UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION	D	8	22Ø6	2213	Field will not be loaded to the MMIS. '00000000'
137	UP	AMOUNT ATTRIBUTED TO COVERAGE GAP	D	8	2214	2221	Field will not be loaded to the MMIS. '00000000'
272		MAC REDUCED INDICATOR	A/N	1	2222	2222	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	2223	2224	Field will not be loaded to the MMIS. 'b' (2 spaces)
260		GENERIC INDICATOR	A/N	1	2225	2225	Required for RI processing and will be loaded to the MMIS. Distinguishes if product priced as Generic or Branded product: As defined by processor.
284		OUT OF POCKET APPLY AMOUNT	D	8	2226	2233	Field will not be loaded to the MMIS. '00000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	2234	2242	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	2243	2251	Field will not be loaded to the MMIS. '000000000'
211		AVERAGE WHOLESALE UNIT PRICE	D	9	2252	226Ø	Required for RI processing and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor. Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	2261	2269	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
43Ø	DU	GROSS AMOUNT DUE	D	8	227Ø	2277	Required for RI processing and will be loaded to the MMIS. This is the original billed amount by the pharmacy. Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (4Ø9-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Incentive Amount Submitted' (438-E3), 'Other Amount Claimed' (48Ø-H9). For service claim request, field represents a sum of 'Professional Services Fee Submitted' (477-BE), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' (482-GE), 'Other Amount Claimed' (48Ø-H9). Right justified with zeros to the left.
271		MAC PRICE	D	9	2278	2286	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
4Ø9	D9	INGREDIENT COST SUBMITTED	D	8	2287	2294	Required if this information is available and will be loaded to the MMIS if used in claim adjudication. Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (43Ø-DU). Right justified with zeros to the left.
426	DQ	USUAL AND CUSTOMARY CHARGE	D	8	2295	23Ø2	Required if this information is available and will be loaded to the MMIS if used in claim adjudication. Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed. Right justified with zeros to the left.
558	AW	FLAT SALES TAX AMOUNT PAID	D	8	23Ø3	231Ø	Field will not be loaded to the MMIS. '00000000'
559	AX	PERCENTAGE SALES TAX AMOUNT PAID	D	8	2311	2318	Field will not be loaded to the MMIS. '00000000'
56Ø	AY	PERCENTAGE SALES TAX RATE PAID	D	7	2319	2325	Field will not be loaded to the MMIS. '0000000'
561	AZ	PERCENTAGE SALES TAX BASIS PAID	A/N	2	2326	2327	Field will not be loaded to the MMIS. 'b' (2 spaces)
521	FL	INCENTIVE AMOUNT PAID	D	8	2328	2335	Field will not be loaded to the MMIS. '00000000'
562	J1	PROFESSIONAL SERVICE FEE PAID	D	8	2336	2343	Field will not be loaded to the MMIS. '00000000'
564	J3	OTHER AMOUNT PAID QUALIFIER	A/N	2	2344	2345	Field will not be loaded to the MMIS. 'b' (2 spaces) This information is part of the response that the Health Plan would have sent back to the billing Pharmacy.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
565	J4	OTHER AMOUNT PAID	D	8	2346	2353	Field will not be loaded to the MMIS. This information is part of the response that the Health Plan would have sent back to the billing Pharmacy. Right justified with zeros to the left.
564	J3	OTHER AMOUNT PAID QUALIFIER	A/N	2	2354	2355	Field will not be loaded to the MMIS. 'b' (2 spaces) This information is part of the response that the Health Plan would have sent back to the billing Pharmacy.
565	J4	OTHER AMOUNT PAID	D	8	2356	2363	Field will not be loaded to the MMIS. This information is part of the response that the Health Plan would have sent back to the billing Pharmacy. Right justified with zeros to the left.
564	J3	OTHER AMOUNT PAID QUALIFIER	A/N	2	2364	2365	Field will not be loaded to the MMIS. 'b' (2 spaces) This information is part of the response that the Health Plan would have sent back to the billing Pharmacy.
565	J4	OTHER AMOUNT PAID	D	8	2366	2373	Field will not be loaded to the MMIS. This information is part of the response that the Health Plan would have sent back to the billing Pharmacy. Right justified with zeros to the left.
566	J5	OTHER PAYER AMOUNT RECOGNIZED	D	8	2374	2381	This information is required if it was reported on the original claim and will be loaded to the MMIS. Total amount recognized by the processor of any payment from another source. Right justified with zeros to the left.
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	2382	2383	This information is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	2384	2393	This information is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	2394	2395	This information is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	2396	24Ø5	This information is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.
281		NET AMOUNT DUE	D	8	24Ø6	2413	Required for Post Adjudication Standard and will be loaded to the MMIS. Send paid amount by the Health Plan. According to the NCPDP Post Adjudication Guide this field is "Net amount paid to provider by the payer or net amount due from the client to the payer, determined by trading partner agreement." Right justified with zeros to the left.
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	2414	2415	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
512	FC	ACCUMULATED DEDUCTIBLE AMOUNT	D	8	2416	2423	Field will not be loaded to the MMIS. '00000000'
513	FD	REMAINING DEDUCTIBLE AMOUNT	D	8	2424	2431	Field will not be loaded to the MMIS. '00000000'
514	FE	REMAINING BENEFIT AMOUNT	D	8	2432	2439	Field will not be loaded to the MMIS. '00000000'
242		COST DIFFERENCE AMOUNT	D	8	244Ø	2447	Field will not be loaded to the MMIS. '00000000'
249		EXCESS COPAY AMOUNT	D	8	2448	2455	Field will not be loaded to the MMIS. '00000000'
277		MEMBER SUBMIT AMOUNT	D	8	2456	2463	Field will not be loaded to the MMIS. '00000000'
265		HOLD HARMLESS AMOUNT	D	8	2464	2471	Field will not be loaded to the MMIS. '00000000'
52Ø	FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	D	8	2472	2479	Field will not be loaded to the MMIS. '00000000'
346	HH	BASIS OF CALCULATION – DISPENSING FEE	A/N	2	248Ø	2481	Field will not be loaded to the MMIS. 'b' (2 spaces)
347	HJ	BASIS OF CALCULATION – COPAY	A/N	2	2482	2483	Field will not be loaded to the MMIS. 'b' (2 spaces)
348	HK	BASIS OF CALCULATION – FLAT SALES TAX	A/N	2	2484	2485	Field will not be loaded to the MMIS. 'b' (2 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
349	HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	A/N	2	2486	2487	Field will not be loaded to the MMIS. 'b' (2 spaces)
573	4V	BASIS OF CALCULATION – COINSURANCE	A/N	2	2488	2489	Field will not be loaded to the MMIS. 'b' (2 spaces)
557	AV	TAX EXEMPT INDICATOR	A/N	1	249Ø	249Ø	Field will not be loaded to the MMIS. 'b' (1 space)
285		PATIENT FORMULARY REBATE AMOUNT	D	8	2491	2498	Field will not be loaded to the MMIS. '00000000'
276		MEDICARE RECOVERY INDICATOR	A/N	1	2499	2499	Field will not be loaded to the MMIS. 'b' (1 space)
275		MEDICARE RECOVERY DISPENSING INDICATOR	A/N	1	25Ø Ø	25Ø Ø	Field will not be loaded to the MMIS. 'b' (1 space)
286		PATIENT SPEND DOWN AMOUNT	D	8	25Ø1	25Ø8	Field will not be loaded to the MMIS. '00000000'
263		HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT APPLIED	D	8	25Ø9	2516	Field will not be loaded to the MMIS. '00000000'
264		HEALTH CARE REIMBURSEMENT ACCOUNT AMOUNT REMAINING	D	8	2517	2524	Field will not be loaded to the MMIS. '00000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
2Ø7		ADMINISTRATIVE FEE EFFECT INDICATOR	A/N	1	2525	2525	Field will not be loaded to the MMIS. 'b' (1 space)
2Ø6		ADMINISTRATIVE FEE AMOUNT	D	4	2526	2529	Field will not be loaded to the MMIS. '0000'
269		INVOICED AMOUNT	D	11	253Ø	254Ø	Field will not be loaded to the MMIS. '00000000000'
		FILLER	A/N	1Ø	2541	255Ø	Filler 'b' (10 spaces)
128	UC	SPENDING ACCOUNT AMOUNT REMAINING	D	8	2551	2558	Field will not be loaded to the MMIS. '00000000'
129	UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT	D	8	2559	2566	Field will not be loaded to the MMIS. '00000000'
Section Prior Authorization Category							
461	EU	PRIOR AUTHORIZATION TYPE CODE	N	2	2567	2568	Required for RI processing if a Prior Authorization Number was used to adjudicate the claim. Field will be loaded to the MMIS. RI Accepted Values: 0 - 9 1 Prior Authorization 2 Medical Certification 3 EPSDT (Early Periodic Screening Diagnosis Treatment) 4 Exemption from Copay and/or Coinsurance Code 5 Exemption from RX Code 6 Family Planning Indicator Code 7 TANF (Temporary Assistance for Needy Families) 8 Payer Defined Exemption 9 Emergency Preparedness Code
462	EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	N	11	2569	2579	Field will not be loaded to the MMIS. Number submitted by the provider to identify the prior authorization.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
498	PY	PRIOR AUTHORIZATION NUMBER – ASSIGNED	N	11	258Ø	259Ø	Required for RI processing if Prior Authorization is used to adjudicate the claim. Field will be loaded to MMIS. The prior authorization number used by the Health Plan to adjudicate the claim. Provided to the pharmacy by the processor to be used by the pharmacy for billing, and if applicable, reversal purposes.
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	2591	2592	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
Section Adjustment Category							
2Ø4		ADJUSTMENT REASON CODE	N	3	2593	2595	Field will not be loaded to the MMIS. '000'
2Ø5		ADJUSTMENT TYPE	A/N	1	2596	2596	Field will not be loaded to the MMIS. 'b' (1 space)
897		TRANSACTION ID CROSS REFERENCE	A/N	3Ø	2597	2626	Field will be loaded to the MMIS. Health Plan unique claim ID. This field will be used to capture the Health Plans unique ID for the claim.
Section Coordination of Benefits Category							
225		COB CARRIER SUBMIT AMOUNT	D	8	2627	2634	Field will not be loaded to the MMIS. '00000000'
245		ELIGIBILITY COB INDICATOR	A/N	1	2635	2635	This information is required if an other insurance payment is made by a insurance carrier who is not the payer reported at the header of this file.
226		COB PRIMARY CLAIM TYPE	A/N	1	2636	2636	Field will not be loaded to MMIS. 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
232		COB PRIMARY PAYER ID	A/N	1Ø	2637	2646	This information is required if an other insurance payment is made by a insurance carrier who is not the payer reported at the header of this file. Will be loaded to the MMIS. Send MMIS Carrier Code assigned to the primary payer.
		FILLER	A/N	8	2647	2654	Filler 'b' (8 spaces)
228		COB PRIMARY PAYER AMOUNT PAID	D	8	2655	2662	This information is required if an other insurance payment is made by a insurance carrier who is not the payer reported at the header of this file. Will be loaded to the MMIS. Amount paid by primary payer for product or service also known as the first OTHER PAYER AMOUNT PAID field (431-DV) from the D.0. Standard. Right justified with zeros to the left.
231		COB PRIMARY PAYER DEDUCTIBLE	D	8	2663	2670	This information is required if this was reported to the Health Plan. Will be loaded to the MMIS. Deductible amount according to primary payer for product or service. Right justified with zeros to the left.
229		COB PRIMARY PAYER COINSURANCE	D	8	2671	2678	This information is required this was reported to the Health Plan. Will be loaded to the MMIS. Coinsurance amount according to primary payer for product or service. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
23Ø		COB PRIMARY PAYER COPAY	D	8	2679	2686	This information is required if this was reported to the Health Plan. Will be loaded to the MMIS. Co-pay amount according to primary payer for product or service. Right justified with zeros to the left.
238		COB SECONDARY PAYER ID	A/N	1Ø	2687	2696	This information is required if an other insurance payment is made by a insurance carrier who is not the payer reported at the header of this file. Will be loaded to the MMIS. ID assigned to secondary payer.
0		FILLER	A/N	8	2697	27Ø4	Filler 'b' (8 spaces)
234		COB SECONDARY PAYER AMOUNT PAID	D	8	27Ø5	2712	This information is required if an other insurance payment is made by a insurance carrier who is not the payer reported at the header of this file. Will be loaded to the MMIS. Amount paid by secondary payer for product or service. Right justified with zeros to the left.
237		COB SECONDARY PAYER DEDUCTIBLE	D	8	2713	272Ø	This information is required if an other insurance payment is made by a insurance carrier who is not the payer reported at the header of this file. Field will be loaded to the MMIS. Deductible amount according to secondary payer for product or service. Right justified with zeros to the left.
235		COB SECONDARY PAYER COINSURANCE	D	8	2721	2728	This information is required if an other insurance payment is made by a insurance carrier who is not the payer reported at the header of this file. Field will be loaded to the MMIS. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
236		COB SECONDARY PAYER COPAY	D	8	2729	2736	This information is required if an other insurance payment is made by a insurance carrier who is not the payer reported at the header of this file. Field will be loaded to the MMIS. Co-pay amount according to secondary payer for product or service. Right justified with zeros to the left.
Section Reference Category							
896		TRANSACTION ID	A/N	3Ø	2737	2766	Required for RI processing and loaded to the MMIS. Internally assigned unique claim ID by the payer. This field will be used to capture the Health Plans ICN for the claim.
5Ø3	F3	AUTHORIZATION NUMBER	A/N	2Ø	2767	2786	Field will not be loaded to the MMIS. 'b' (20 spaces)
224		CLIENT SPECIFIC DATA	A/N	5Ø	2787	2836	Field will not be loaded to the MMIS. 'b' (50 spaces)
396		PROCESSOR SPECIFIC DATA	A/N	5Ø	2837	2886	Field will not be loaded to the MMIS. 'b' (50 spaces)
997	G2	CMS PART D DEFINED QUALIFIED FACILITY	A/N	1	2887	2887	Field will not be loaded to the MMIS. Y,N Indicates that the patient resides in a facility that qualifies for the CMS Part D benefit.
393	MV	BENEFIT STAGE QUALIFIER	A/N	2	2888	2889	If Benefit Stage Qualifier is submitted a corresponding Benefit Stage Amount is required. Field will be loaded to the MMIS. RI Accepted Values: 01,02,03,04 01 Deductible Ø2 Initial Benefit Ø3 Coverage Gap (donut hole) Ø4 Catastrophic Coverage If this information was used in claim adjudication it should be sent and will be loaded to the MMIS. Otherwise it is an optional field.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
394	MW	BENEFIT STAGE AMOUNT	D	8	289Ø	2897	If Benefit Stage Qualifier is submitted a corresponding Benefit Stage Amount is required. Field will be loaded to the MMIS. The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV). Right justified with zeros to the left.
393	MV	BENEFIT STAGE QUALIFIER	A/N	2	2898	2899	If Benefit Stage Qualifier is submitted a corresponding Benefit Stage Amount is required. Field will be loaded to the MMIS. RI Accepted Values: 01,02,03,04 01 Deductible Ø2 Initial Benefit Ø3 Coverage Gap (donut hole) Ø4 Catastrophic Coverage If this information was used in claim adjudication it should be sent and will be loaded to the MMIS. Otherwise it is an optional field.
394	MW	BENEFIT STAGE AMOUNT	D	8	29Ø Ø	29Ø7	If Benefit Stage Qualifier is submitted a corresponding Benefit Stage Amount is required. Field will be loaded to the MMIS. The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV). Right justified with zeros to the left.
393	MV	BENEFIT STAGE QUALIFIER	A/N	2	29Ø8	29Ø9	If Benefit Stage Qualifier is submitted a corresponding Benefit Stage Amount is required. Field will be loaded to the MMIS. RI Accepted Values: 01,02,03,04 01 Deductible Ø2 Initial Benefit Ø3 Coverage Gap (donut hole) Ø4 Catastrophic Coverage If this information was used in claim adjudication it should be sent and will be loaded to the MMIS. Otherwise it is an optional field.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
394	MW	BENEFIT STAGE AMOUNT	D	8	291Ø	2917	If Benefit Stage Qualifier is submitted a corresponding Benefit Stage Amount is required. Field will be loaded to the MMIS. The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV). Right justified with zeros to the left.
393	MV	BENEFIT STAGE QUALIFIER	A/N	2	2918	2919	If Benefit Stage Qualifier is submitted a corresponding Benefit Stage Amount is required. Field will be loaded to the MMIS. RI Accepted Values: 01,02,03,04 01 Deductible Ø2 Initial Benefit Ø3 Coverage Gap (donut hole) Ø4 Catastrophic Coverage If this information was used in claim adjudication it should be sent and will be loaded to the MMIS. Otherwise it is an optional field.
394	MW	BENEFIT STAGE AMOUNT	D	8	292Ø	2927	If Benefit Stage Qualifier is submitted a corresponding Benefit Stage Amount is required. Field will be loaded to the MMIS. The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV). Right justified with zeros to the left.
69Ø	ZG	INVOICED DATE	N	8	2928	2935	Field will not be loaded to the MMIS. '00000000'
691	ZH	OUT OF POCKET REMAINING AMOUNT	D	8	2936	2943	Field will not be loaded to the MMIS. '00000000'
3Ø2	C2	CARDHOLDER ID (ALTERNATE)	A/N	2Ø	2944	2963	Field will not be loaded to the MMIS. 'b' (20 spaces)
692	ZJ	NUMBER OF GENERIC MANUFACTURERS	N	3	2964	2966	Field will not be loaded to the MMIS. '000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	2967	2968	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	2969	2987	Field will not be loaded to the MMIS. 'b' (19 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	2988	2989	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	2990	3008	Field will not be loaded to the MMIS. 'b' (19 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	3009	3010	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	3011	3029	Field will not be loaded to the MMIS. 'b' (19 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	3030	3031	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	3032	3050	Field will not be loaded to the MMIS. 'b' (19 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	3051	3052	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	3053	3071	Field will not be loaded to the MMIS. 'b' (19 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	3072	3073	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	3074	3092	Field will not be loaded to the MMIS. 'b' (19 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	3093	3094	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	3095	3113	Field will not be loaded to the MMIS. 'b' (19 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	3114	3115	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	3116	3134	Field will not be loaded to the MMIS. 'b' (19 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3135	3136	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3137	3146	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3147	3148	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3149	3158	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3159	3160	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3161	3170	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3171	3172	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3173	3182	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3183	3184	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3185	3194	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3195	3196	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3197	3206	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3207	3208	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3209	3218	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3219	3220	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3221	3230	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3231	3232	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3233	3242	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.
351	NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	A/N	2	3243	3244	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. RI Accepted Values: 01,02,03,04,05,06,07,08,09,10,11,12,13 Edit will set if a qualifier of 06 is sent with any other qualifier.
352	NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	D	1Ø	3245	3254	If more than 2 other payer-patient amounts are to be reported than allowed in the pricing section this field should be used and is required if it was reported on the original claim and will be loaded to the MMIS. The patient's cost share from a previous payer. Right justified with zeros to the left.
A37		SPECIALTY CLAIM INDICATOR	A/N	1	3255	3255	Field will not be loaded to the MMIS. 'b' (1 space)
A38		MEMBER SUBMITTED CLAIM REJECT CODE	A/N	3	3256	3258	Field will not be loaded to the MMIS. 'b' (3 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
A38		MEMBER SUBMITTED CLAIM REJECT CODE	A/N	3	3259	3261	Field will not be loaded to the MMIS. 'b' (3 space)
A38		MEMBER SUBMITTED CLAIM REJECT CODE	A/N	3	3262	3264	Field will not be loaded to the MMIS. 'b' (3 space)
A38		MEMBER SUBMITTED CLAIM REJECT CODE	A/N	3	3265	3267	Field will not be loaded to the MMIS. 'b' (3 space)
A38		MEMBER SUBMITTED CLAIM REJECT CODE	A/N	3	3268	3270	Field will not be loaded to the MMIS. 'b' (3 space)
A39		COPAY WAIVER AMOUNT	D	8	3271	3278	Field will not be loaded to the MMIS. '00000000'
A33	ZX	CMS PART D CONTRACT ID	A/N	5	3279	3283	Field will not be loaded to the MMIS. 'b' (5 space)
A34	ZY	MEDICARE PART D PLAN BENEFIT PACKAGE (PBP)	N	3	3284	3286	Field will not be loaded to the MMIS. 'b' (3 space)
		FILLER	A/N	414	3287	37Ø Ø	Filler 'b' (414 spaces)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

2.3. Post Adjudication History Compound Record 1

This record is for the first eight ingredients and is to be included in the batch file only when a claim is indicated as a compound on field 4Ø6-D6. Ingredients nine through fifteen should be included on Post Adjudication History Compound Record 2.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
Post Adjudication History Compound Record 1							
6Ø1	Ø4	RECORD TYPE	A/N	2	1	2	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit 'CD' for Post Adjudication History Compound Detail.
455	EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	A/N	1	3	3	Mandatory for RI processing. Will not be loaded to the MMIS RI Accepted values: 1 1 = Rx Billing
4Ø2	D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	N	12	4	15	Mandatory for RI processing and will be loaded to the MMIS. This is the prescription number assigned by the Pharmacy for the dispense. NNNNNNNNNNNN Right justified with Zeros to the left. Ex. 001234567891 Would indicate RX number 1234567891
447	EC	COMPOUND INGREDIENT COMPONENT COUNT	N	2	16	17	Mandatory for RI processing and will be loaded to the MMIS. Submit the count of compound product IDs (both active and inactive) in the compound mixture submitted.
Section First Ingredient							
488	RE	COMPOUND PRODUCT ID QUALIFIER	A/N	2	18	19	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '03' for National Drug Code. RI Accepted Value: 03
489	TE	COMPOUND PRODUCT ID	A/N	19	2Ø	38	Mandatory for RI processing and will be loaded to the MMIS. Applicable NDC Code Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
448	ED	COMPOUND INGREDIENT QUANTITY	N	1Ø	39	48	Required for RI and will be loaded to the MMIS. Amount expressed in metric decimal units of the product included in the compound mixture. Right justified with zeros to the left.
449	EE	COMPOUND INGREDIENT DRUG COST	D	8	49	56	Required for RI and will be loaded to the MMIS. Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity 448-ED Field. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
49Ø	UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	A/N	2	57	58	This information is required of it is available on the original claim. Field will be loaded to MMIS. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated. RI Accepted Values: 00-13 00 Default 01 AWP (Average Wholesale Price) 02 Local Wholesaler 03 Direct 04 EAC (Estimated Acquisition Cost) 05 Acquisition 06 MAC (Maximum Allowable Cost) 07 Usual & Customary 08 340B /Disproportionate Share Pricing/Public Health Service Price 09 Other Different from those implied or specified. 10 ASP (Average Sales Price) 11 AMP (Average Manufacturer Price) 12 WAC (Wholesale Acquisition Cost) 13 Special Patient Pricing Right justified with zeros to the left.
221		CLIENT FORMULARY FLAG	A/N	1	59	59	Field will not be loaded to the MMIS. Indicates that client has a formulary.
397		PRODUCT/SERVICE NAME	A/N	3Ø	6Ø	89	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
261		GENERIC NAME	A/N	3Ø	9Ø	119	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	1Ø	12Ø	129	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	13Ø	133	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (4 spaces) Left justified with spaces to the right.
532	FW	DATABASE INDICATOR	A/N	1	134	134	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	PD	DRUG TYPE	N	1	135	135	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
257		FORMULARY STATUS	A/N	1	136	136	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
244		DRUG CATEGORY CODE	A/N	1	137	137	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	138	138	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
25Ø		FDA DRUG EFFICACY CODE	A/N	1	139	139	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	14Ø	14Ø	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	141	157	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	158	158	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	18	PRODUCT CODE	A/N	17	159	175	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	176	176	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	177	193	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	194	194	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	195	195	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	196	212	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	213	213	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	214	23Ø	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	231	231	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	232	248	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	249	249	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	25Ø	266	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	267	267	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
6ØØ	28	UNIT OF MEASURE	A/N	2	268	269	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	27Ø	271	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
272		MAC REDUCED INDICATOR	A/N	1	272	272	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	273	274	Field will not be loaded to the MMIS. 'b' (2 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	275	276	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	277	295	Field will not be loaded to the MMIS. 'b' (19 spaces)
26Ø		GENERIC INDICATOR	A/N	1	296	296	Should be sent if available to the Health Plan and will be loaded to the MMIS. Distinguishes if product priced as Generic or Branded product: As defined by processor.
292		PLAN CUTBACK REASON CODE	A/N	1	297	297	Field will not be loaded to the MMIS. '1' (1 space)
889		THERAPEUTIC CHAPTER	A/N	8	298	3Ø5	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	3Ø6	314	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	315	323	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
211		AVERAGE WHOLESALE UNIT PRICE	D	9	324	332	Health Plan should send this if available and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor. Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	333	341	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
271		MAC PRICE	D	9	342	35Ø	Field will not be loaded to the MMIS. '000000000'
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	351	352	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.
285		PATIENT FORMULARY REBATE AMOUNT	D	8	353	36Ø	Field will not be loaded to the MMIS. '00000000'
Section Second Ingredient							
488	RE	COMPOUND PRODUCT ID QUALIFIER	A/N	2	361	362	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '03' for National Drug Code. RI Accepted Value: 03
489	TE	COMPOUND PRODUCT ID	A/N	19	363	381	Mandatory for RI processing and will be loaded to the MMIS. Applicable NDC Code Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
448	ED	COMPOUND INGREDIENT QUANTITY	N	1Ø	382	391	Required for RI and will be loaded to the MMIS. Amount expressed in metric decimal units of the product included in the compound mixture. Right justified with zeros to the left.
449	EE	COMPOUND INGREDIENT DRUG COST	D	8	392	399	Required for RI and will be loaded to the MMIS. Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity 448-ED Field. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
49Ø	UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	A/N	2	400	401	This information is required of it is available on the original claim. Field will be loaded to MMIS. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated. RI Accepted Values: 00-13 00 Default 01 AWP (Average Wholesale Price) 02 Local Wholesaler 03 Direct 04 EAC (Estimated Acquisition Cost) 05 Acquisition 06 MAC (Maximum Allowable Cost) 07 Usual & Customary 08 340B /Disproportionate Share Pricing/Public Health Service Price 09 Other Different from those implied or specified. 10 ASP (Average Sales Price) 11 AMP (Average Manufacturer Price) 12 WAC (Wholesale Acquisition Cost) 13 Special Patient Pricing Right justified with zeros to the left.
221		CLIENT FORMULARY FLAG	A/N	1	402	402	Field will not be loaded to the MMIS. Indicates that client has a formulary.
397		PRODUCT/SERVICE NAME	A/N	3Ø	403	432	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
261		GENERIC NAME	A/N	3Ø	433	462	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	1Ø	463	472	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	473	476	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (4 spaces) Left justified with spaces to the right.
532	FW	DATABASE INDICATOR	A/N	1	477	477	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	PD	DRUG TYPE	N	1	478	478	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
257		FORMULARY STATUS	A/N	1	479	479	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
244		DRUG CATEGORY CODE	A/N	1	480	480	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	481	481	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
25Ø		FDA DRUG EFFICACY CODE	A/N	1	482	482	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	483	483	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	484	500	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	501	501	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	18	PRODUCT CODE	A/N	17	502	518	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	519	519	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	520	536	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	537	537	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	538	538	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	539	555	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	556	556	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	557	573	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	574	574	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	575	591	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	592	592	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	593	609	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	610	610	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
6ØØ	28	UNIT OF MEASURE	A/N	2	611	612	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	613	614	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
272		MAC REDUCED INDICATOR	A/N	1	615	615	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	616	617	Field will not be loaded to the MMIS. 'b' (2 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	618	619	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	620	638	Field will not be loaded to the MMIS. 'b' (19 spaces)
26Ø		GENERIC INDICATOR	A/N	1	639	639	Should be sent if available to the Health Plan and will be loaded to the MMIS. Distinguishes if product priced as Generic or Branded product: As defined by processor.
292		PLAN CUTBACK REASON CODE	A/N	1	640	640	Field will not be loaded to the MMIS. '1' (1 space)
889		THERAPEUTIC CHAPTER	A/N	8	641	648	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	649	657	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	658	666	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
211		AVERAGE WHOLESALE UNIT PRICE	D	9	667	675	Health Plan should send this if available and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor. Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	676	684	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
271		MAC PRICE	D	9	685	693	Field will not be loaded to the MMIS. '000000000'
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	694	695	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.
285		PATIENT FORMULARY REBATE AMOUNT	D	8	696	703	Field will not be loaded to the MMIS. '00000000'
Section Third Ingredient							
488	RE	COMPOUND PRODUCT ID QUALIFIER	A/N	2	704	705	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '03' for National Drug Code. RI Accepted Value: 03
489	TE	COMPOUND PRODUCT ID	A/N	19	706	724	Mandatory for RI processing and will be loaded to the MMIS. Applicable NDC Code Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
448	ED	COMPOUND INGREDIENT QUANTITY	N	1Ø	725	734	Required for RI and will be loaded to the MMIS. Amount expressed in metric decimal units of the product included in the compound mixture. Right justified with zeros to the left.
449	EE	COMPOUND INGREDIENT DRUG COST	D	8	735	742	Required for RI and will be loaded to the MMIS. Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity 448-ED Field. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
49Ø	UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	A/N	2	743	744	This information is required of it is available on the original claim. Field will be loaded to MMIS. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated. RI Accepted Values: 00-13 00 Default 01 AWP (Average Wholesale Price) 02 Local Wholesaler 03 Direct 04 EAC (Estimated Acquisition Cost) 05 Acquisition 06 MAC (Maximum Allowable Cost) 07 Usual & Customary 08 340B /Disproportionate Share Pricing/Public Health Service Price 09 Other Different from those implied or specified. 10 ASP (Average Sales Price) 11 AMP (Average Manufacturer Price) 12 WAC (Wholesale Acquisition Cost) 13 Special Patient Pricing Right justified with zeros to the left.
221		CLIENT FORMULARY FLAG	A/N	1	745	745	Field will not be loaded to the MMIS. Indicates that client has a formulary.
397		PRODUCT/SERVICE NAME	A/N	3Ø	746	775	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
261		GENERIC NAME	A/N	3Ø	776	805	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	1Ø	806	815	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	816	819	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (4 spaces) Left justified with spaces to the right.
532	FW	DATABASE INDICATOR	A/N	1	820	820	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	PD	DRUG TYPE	N	1	821	821	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
257		FORMULARY STATUS	A/N	1	822	822	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
244		DRUG CATEGORY CODE	A/N	1	823	823	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	824	824	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
25Ø		FDA DRUG EFFICACY CODE	A/N	1	825	825	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	826	826	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	827	843	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	844	844	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	18	PRODUCT CODE	A/N	17	845	861	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	862	862	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	863	879	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	880	880	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	881	881	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	882	898	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	899	899	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	900	916	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	917	917	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	918	934	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	935	935	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	936	952	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	953	953	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
6ØØ	28	UNIT OF MEASURE	A/N	2	954	955	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	956	957	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
272		MAC REDUCED INDICATOR	A/N	1	958	958	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	959	960	Field will not be loaded to the MMIS. 'b' (2 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	961	962	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	963	981	Field will not be loaded to the MMIS. 'b' (19 spaces)
26Ø		GENERIC INDICATOR	A/N	1	982	982	Should be sent if available to the Health Plan and will be loaded to the MMIS. Distinguishes if product priced as Generic or Branded product: As defined by processor.
292		PLAN CUTBACK REASON CODE	A/N	1	983	983	Field will not be loaded to the MMIS. '1' (1 space)
889		THERAPEUTIC CHAPTER	A/N	8	984	991	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	992	1000	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	1001	1009	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
211		AVERAGE WHOLESALE UNIT PRICE	D	9	1010	1018	Health Plan should send this if available and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor. Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	1019	1027	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
271		MAC PRICE	D	9	1028	1036	Field will not be loaded to the MMIS. '000000000'
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	1037	1038	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.
285		PATIENT FORMULARY REBATE AMOUNT	D	8	1039	1046	Field will not be loaded to the MMIS. '00000000'
Section Fourth Ingredient							
488	RE	COMPOUND PRODUCT ID QUALIFIER	A/N	2	1Ø47	1Ø48	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '03' for National Drug Code. RI Accepted Value: 03
489	TE	COMPOUND PRODUCT ID	A/N	19	1Ø49	1Ø67	Mandatory for RI processing and will be loaded to the MMIS. Applicable NDC Code Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
448	ED	COMPOUND INGREDIENT QUANTITY	N	1Ø	1Ø68	1Ø77	Required for RI and will be loaded to the MMIS. Amount expressed in metric decimal units of the product included in the compound mixture. Right justified with zeros to the left.
449	EE	COMPOUND INGREDIENT DRUG COST	D	8	1Ø78	1Ø85	Required for RI and will be loaded to the MMIS. Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity 448-ED Field. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
49Ø	UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	A/N	2	1Ø86	1Ø87	This information is required of it is available on the original claim. Field will be loaded to MMIS. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated. RI Accepted Values: 00-13 00 Default 01 AWP (Average Wholesale Price) 02 Local Wholesaler 03 Direct 04 EAC (Estimated Acquisition Cost) 05 Acquisition 06 MAC (Maximum Allowable Cost) 07 Usual & Customary 08 340B /Disproportionate Share Pricing/Public Health Service Price 09 Other Different from those implied or specified. 10 ASP (Average Sales Price) 11 AMP (Average Manufacturer Price) 12 WAC (Wholesale Acquisition Cost) 13 Special Patient Pricing Right justified with zeros to the left.
221		CLIENT FORMULARY FLAG	A/N	1	1Ø88	1Ø88	Field will not be loaded to the MMIS. Indicates that client has a formulary.
397		PRODUCT/SERVICE NAME	A/N	3Ø	1Ø89	1118	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
261		GENERIC NAME	A/N	3Ø	1119	1148	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	1Ø	1149	1158	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	1159	1162	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (4 spaces) Left justified with spaces to the right.
532	FW	DATABASE INDICATOR	A/N	1	1163	1163	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	PD	DRUG TYPE	N	1	1164	1164	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
257		FORMULARY STATUS	A/N	1	1165	1165	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
244		DRUG CATEGORY CODE	A/N	1	1166	1166	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	1167	1167	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
25Ø		FDA DRUG EFFICACY CODE	A/N	1	1168	1168	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	1169	1169	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	117Ø	1186	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	1187	1187	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	18	PRODUCT CODE	A/N	17	1188	12Ø4	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	12Ø5	12Ø5	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	12Ø6	1222	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	1223	1223	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	1224	1224	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	1225	1241	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	1242	1242	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	1243	1259	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	126Ø	126Ø	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	1261	1277	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	1278	1278	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	1279	1295	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	1296	1296	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
6ØØ	28	UNIT OF MEASURE	A/N	2	1297	1298	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	1299	13ØØ	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
272		MAC REDUCED INDICATOR	A/N	1	13Ø1	13Ø1	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	13Ø2	13Ø3	Field will not be loaded to the MMIS. 'b' (2 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	13Ø4	13Ø5	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	13Ø6	1324	Field will not be loaded to the MMIS. 'b' (19 spaces)
26Ø		GENERIC INDICATOR	A/N	1	1325	1325	Should be sent if available to the Health Plan and will be loaded to the MMIS. Distinguishes if product priced as Generic or Branded product: As defined by processor.
292		PLAN CUTBACK REASON CODE	A/N	1	1326	1326	Field will not be loaded to the MMIS. '1' (1 space)
889		THERAPEUTIC CHAPTER	A/N	8	1327	1334	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	1335	1343	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	1344	1352	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
211		AVERAGE WHOLESALE UNIT PRICE	D	9	1353	1361	Health Plan should send this if available and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor. Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	1362	137Ø	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
271		MAC PRICE	D	9	1371	1379	Field will not be loaded to the MMIS. '000000000'
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	138Ø	1381	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.
285		PATIENT FORMULARY REBATE AMOUNT	D	8	1382	1389	Field will not be loaded to the MMIS. '00000000'
0		Section Fifth Ingredient	0	343	139Ø	1732	If more than 4 Ingredients are used repeat fields for ingredients 5, 6, 7 and 8. Ingredients 9 through 15 will be submitted on Post Adjudication History Compound Record 2.
0		Section Sixth Ingredient	0	343	1733	2Ø75	If more than 4 Ingredients are used repeat fields for ingredients 5, 6, 7 and 8. Ingredients 9 through 15 will be submitted on Post Adjudication History Compound Record 2.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
0		Section Seventh Ingredient	0	343	2Ø76	2418	If more than 4 Ingredients are used repeat fields for ingredients 5, 6, 7 and 8. Ingredients 9 through 15 will be submitted on Post Adjudication History Compound Record 2.
0		Section Eight Ingredient	0	343	2419	2761	If more than 4 Ingredients are used repeat fields for ingredients 5, 6, 7 and 8. Ingredients 9 through 15 will be submitted on Post Adjudication History Compound Record 2.
0		Filler	0	939	2762	3700	0

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

2.4. Post Adjudication History Compound Record 2

This record is for ingredients nine through fifteen and is to be included only when a claim is indicated as a compound on field 4Ø6-D6. If the compound does not include more than eight ingredients it should not be included.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
Post Adjudication History Compound Record 2							
6Ø1	Ø4	RECORD TYPE	A/N	2	1	2	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit 'CE' for Post Adjudication History Compound Detail.
455	EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	A/N	1	3	3	Mandatory for RI processing. Will not be loaded to the MMIS RI Accepted values: 1 1 = Rx Billing
4Ø2	D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	N	12	4	15	Mandatory for RI processing and will be loaded to the MMIS. This is the prescription number assigned by the Pharmacy for the dispense. NNNNNNNNNNNN Right justified with Zeros to the left. Ex. 001234567891 Would indicate RX number 1234567891
447	EC	COMPOUND INGREDIENT COMPONENT COUNT	N	2	16	17	Mandatory for RI processing and will be loaded to the MMIS. Submit the count of compound product IDs (both active and inactive) in the compound mixture submitted.
Section Ninth Ingredient							
488	RE	COMPOUND PRODUCT ID QUALIFIER	A/N	2	18	19	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '03' for National Drug Code. RI Accepted Value: 03

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
489	TE	COMPOUND PRODUCT ID	A/N	19	2Ø	38	Mandatory for RI processing and will be loaded to the MMIS. Applicable NDC Code Left justified with spaces to the right.
448	ED	COMPOUND INGREDIENT QUANTITY	N	1Ø	39	48	Required for RI and will be loaded to the MMIS. Amount expressed in metric decimal units of the product included in the compound mixture. Right justified with zeros to the left.
449	EE	COMPOUND INGREDIENT DRUG COST	D	8	49	56	Required for RI and will be loaded to the MMIS.Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity 448-ED Field.Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
49Ø	UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	A/N	2	57	58	This information is required of it is available on the original claim. Field will be loaded to MMIS. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated. RI Accepted Values: 00-13 00 Default 01 AWP (Average Wholesale Price) 02 Local Wholesaler 03 Direct 04 EAC (Estimated Acquisition Cost) 05 Acquisition 06 MAC (Maximum Allowable Cost) 07 Usual & Customary 08 340B /Disproportionate Share Pricing/Public Health Service Price 09 Other Different from those implied or specified. 10 ASP (Average Sales Price) 11 AMP (Average Manufacturer Price) 12 WAC (Wholesale Acquisition Cost) 13 Special Patient Pricing Right justified with zeros to the left.
221		CLIENT FORMULARY FLAG	A/N	1	59	59	Field will not be loaded to the MMIS. Indicates that client has a formulary.
397		PRODUCT/SERVICE NAME	A/N	3Ø	6Ø	89	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
261		GENERIC NAME	A/N	3Ø	9Ø	119	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (30 spaces)Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	1Ø	12Ø	129	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	13Ø	133	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (4 spaces) Left justified with spaces to the right.
532	FW	DATABASE INDICATOR	A/N	1	134	134	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	PD	DRUG TYPE	N	1	135	135	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
257		FORMULARY STATUS	A/N	1	136	136	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
244		DRUG CATEGORY CODE	A/N	1	137	137	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	138	138	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
25Ø		FDA DRUG EFFICACY CODE	A/N	1	139	139	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	14Ø	14Ø	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	141	157	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	158	158	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	18	PRODUCT CODE	A/N	17	159	175	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	176	176	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	177	193	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (17 spaces)Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	194	194	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	195	195	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	196	212	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	213	213	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	214	23Ø	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	231	231	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	232	248	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	249	249	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	25Ø	266	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	267	267	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
6ØØ	28	UNIT OF MEASURE	A/N	2	268	269	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	27Ø	271	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
272		MAC REDUCED INDICATOR	A/N	1	272	272	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	273	274	Field will not be loaded to the MMIS. 'b' (2 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	275	276	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	277	295	Field will not be loaded to the MMIS. 'b' (19 spaces)
26Ø		GENERIC INDICATOR	A/N	1	296	296	Should be sent if available to the Health Plan and will be loaded to the MMIS. Distinguishes if product priced as Generic or Branded product: As defined by processor.
292		PLAN CUTBACK REASON CODE	A/N	1	297	297	Field will not be loaded to the MMIS. '1' (1 space)
889		THERAPEUTIC CHAPTER	A/N	8	298	3Ø5	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	3Ø6	314	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	315	323	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
211		AVERAGE WHOLESALE UNIT PRICE	D	9	324	332	Health Plan should send this if available and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor. Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	333	341	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
271		MAC PRICE	D	9	342	35Ø	Field will not be loaded to the MMIS. '000000000'
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	351	352	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.
285		PATIENT FORMULARY REBATE AMOUNT	D	8	353	36Ø	Field will not be loaded to the MMIS. '00000000'
Section Tenth Ingredient							
488	RE	COMPOUND PRODUCT ID QUALIFIER	A/N	2	361	362	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '03' for National Drug Code. RI Accepted Value: 03

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
489	TE	COMPOUND PRODUCT ID	A/N	19	363	381	Mandatory for RI processing and will be loaded to the MMIS.Applicable NDC CodeLeft justified with spaces to the right.
448	ED	COMPOUND INGREDIENT QUANTITY	N	1Ø	382	391	Required for RI and will be loaded to the MMIS. Amount expressed in metric decimal units of the product included in the compound mixture. Right justified with zeros to the left.
449	EE	COMPOUND INGREDIENT DRUG COST	D	8	392	399	Required for RI and will be loaded to the MMIS. Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity 448-ED Field. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
49Ø	UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	A/N	2	400	401	This information is required of it is available on the original claim. Field will be loaded to MMIS. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated. RI Accepted Values: 00-13 00 Default 01 AWP (Average Wholesale Price) 02 Local Wholesaler 03 Direct 04 EAC (Estimated Acquisition Cost) 05 Acquisition 06 MAC (Maximum Allowable Cost) 07 Usual & Customary 08 340B /Disproportionate Share Pricing/Public Health Service Price 09 Other Different from those implied or specified. 10 ASP (Average Sales Price) 11 AMP (Average Manufacturer Price) 12 WAC (Wholesale Acquisition Cost) 13 Special Patient Pricing Right justified with zeros to the left.
221		CLIENT FORMULARY FLAG	A/N	1	402	402	Field will not be loaded to the MMIS. Indicates that client has a formulary.
397		PRODUCT/SERVICE NAME	A/N	3Ø	403	432	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (30 spaces)Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
261		GENERIC NAME	A/N	3Ø	433	462	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	1Ø	463	472	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	473	476	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (4 spaces) Left justified with spaces to the right.
532	FW	DATABASE INDICATOR	A/N	1	477	477	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	PD	DRUG TYPE	N	1	478	478	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'0'
257		FORMULARY STATUS	A/N	1	479	479	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
244		DRUG CATEGORY CODE	A/N	1	480	480	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	481	481	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
25Ø		FDA DRUG EFFICACY CODE	A/N	1	482	482	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	483	483	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	484	500	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	501	501	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	18	PRODUCT CODE	A/N	17	502	518	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	519	519	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	520	536	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	537	537	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	538	538	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	539	555	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	556	556	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	557	573	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	574	574	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	575	591	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (17 spaces)Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	592	592	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	593	609	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	610	610	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
6ØØ	28	UNIT OF MEASURE	A/N	2	611	612	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	613	614	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
272		MAC REDUCED INDICATOR	A/N	1	615	615	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	616	617	Field will not be loaded to the MMIS. 'b' (2 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	618	619	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	620	638	Field will not be loaded to the MMIS. 'b' (19 spaces)
26Ø		GENERIC INDICATOR	A/N	1	639	639	Should be sent if available to the Health Plan and will be loaded to the MMIS.Distinguishes if product priced as Generic or Branded product: As defined by processor.
292		PLAN CUTBACK REASON CODE	A/N	1	640	640	Field will not be loaded to the MMIS. '1' (1 space)
889		THERAPEUTIC CHAPTER	A/N	8	641	648	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	649	657	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	658	666	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
211		AVERAGE WHOLESALE UNIT PRICE	D	9	667	675	Health Plan should send this if available and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor. Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	676	684	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
271		MAC PRICE	D	9	685	693	Field will not be loaded to the MMIS. '000000000'
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	694	695	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.
285		PATIENT FORMULARY REBATE AMOUNT	D	8	696	703	Field will not be loaded to the MMIS. '00000000'
Section Eleventh Ingredient							
488	RE	COMPOUND PRODUCT ID QUALIFIER	A/N	2	704	705	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '03' for National Drug Code.RI Accepted Value: 03

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
489	TE	COMPOUND PRODUCT ID	A/N	19	706	724	Mandatory for RI processing and will be loaded to the MMIS. Applicable NDC Code Left justified with spaces to the right.
448	ED	COMPOUND INGREDIENT QUANTITY	N	1Ø	725	734	Required for RI and will be loaded to the MMIS. Amount expressed in metric decimal units of the product included in the compound mixture. Right justified with zeros to the left.
449	EE	COMPOUND INGREDIENT DRUG COST	D	8	735	742	Required for RI and will be loaded to the MMIS. Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity 448-ED Field. Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
49Ø	UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	A/N	2	743	744	This information is required of it is available on the original claim. Field will be loaded to MMIS. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.RI Accepted Values: 00-1300 Default 01 AWP (Average Wholesale Price) 02 Local Wholesaler 03 Direct 04 EAC (Estimated Acquisition Cost) 05 Acquisition 06 MAC (Maximum Allowable Cost) 07 Usual & Customary 08 340B /Disproportionate Share Pricing/Public Health Service Price 09 Other Different from those implied or specified. 10 ASP (Average Sales Price) 11 AMP (Average Manufacturer Price) 12 WAC (Wholesale Acquisition Cost) 13 Special Patient Pricing Right justified with zeros to the left.
221		CLIENT FORMULARY FLAG	A/N	1	745	745	Field will not be loaded to the MMIS. Indicates that client has a formulary.
397		PRODUCT/SERVICE NAME	A/N	3Ø	746	775	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
261		GENERIC NAME	A/N	3Ø	776	805	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	1Ø	806	815	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	816	819	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (4 spaces)Left justified with spaces to the right.
532	FW	DATABASE INDICATOR	A/N	1	820	820	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	PD	DRUG TYPE	N	1	821	821	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
257		FORMULARY STATUS	A/N	1	822	822	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
244	Ø9	DRUG CATEGORY CODE	A/N	1	823	823	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	824	824	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
25Ø		FDA DRUG EFFICACY CODE	A/N	1	825	825	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (1 space)
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	826	826	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	827	843	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	844	844	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	18	PRODUCT CODE	A/N	17	845	861	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	862	862	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	863	879	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	880	880	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	881	881	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	882	898	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	899	899	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	900	916	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	917	917	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	918	934	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	935	935	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	936	952	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	953	953	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'0'
6ØØ	28	UNIT OF MEASURE	A/N	2	954	955	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	956	957	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
272		MAC REDUCED INDICATOR	A/N	1	958	958	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	959	960	Field will not be loaded to the MMIS. 'b' (2 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	961	962	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	963	981	Field will not be loaded to the MMIS. 'b' (19 spaces)
26Ø		GENERIC INDICATOR	A/N	1	982	982	Should be sent if available to the Health Plan and will be loaded to the MMIS. Distinguishes if product priced as Generic or Branded product: As defined by processor.
292		PLAN CUTBACK REASON CODE	A/N	1	983	983	Field will not be loaded to the MMIS. '1' (1 space)
889		THERAPEUTIC CHAPTER	A/N	8	984	991	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	992	1000	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	1001	1009	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
211		AVERAGE WHOLESALE UNIT PRICE	D	9	1010	1018	Health Plan should send this if available and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor.Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	1019	1027	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
271		MAC PRICE	D	9	1028	1036	Field will not be loaded to the MMIS. '000000000'
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	1037	1038	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.
285		PATIENT FORMULARY REBATE AMOUNT	D	8	1039	1046	Field will not be loaded to the MMIS. '00000000'
Section Twelfth Ingredient							
488	RE	COMPOUND PRODUCT ID QUALIFIER	A/N	2	1Ø47	1Ø48	Required for Post Adjudication Standard. Field will not be loaded to the MMIS. Submit '03' for National Drug Code. RI Accepted Value: 03

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
489	TE	COMPOUND PRODUCT ID	A/N	19	1Ø49	1Ø67	Mandatory for RI processing and will be loaded to the MMIS. Applicable NDC Code Left justified with spaces to the right.
448	ED	COMPOUND INGREDIENT QUANTITY	N	1Ø	1Ø68	1Ø77	Required for RI and will be loaded to the MMIS. Amount expressed in metric decimal units of the product included in the compound mixture. Right justified with zeros to the left.
449	EE	COMPOUND INGREDIENT DRUG COST	D	8	1Ø78	1Ø85	Required for RI and will be loaded to the MMIS.Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity 448-ED Field.Right justified with zeros to the left.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
49Ø	UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	A/N	2	1Ø86	1Ø87	This information is required of it is available on the original claim. Field will be loaded to MMIS. Code indicating the method by which the drug cost of an ingredient used in a compound was calculated. RI Accepted Values: 00-13 00 Default 01 AWP (Average Wholesale Price) 02 Local Wholesaler 03 Direct 04 EAC (Estimated Acquisition Cost) 05 Acquisition 06 MAC (Maximum Allowable Cost) 07 Usual & Customary 08 340B /Disproportionate Share Pricing/Public Health Service Price 09 Other Different from those implied or specified. 10 ASP (Average Sales Price) 11 AMP (Average Manufacturer Price) 12 WAC (Wholesale Acquisition Cost) 13 Special Patient Pricing Right justified with zeros to the left.
221		CLIENT FORMULARY FLAG	A/N	1	1Ø88	1Ø88	Field will not be loaded to the MMIS. Indicates that client has a formulary.
397		PRODUCT/SERVICE NAME	A/N	3Ø	1Ø89	1118	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (30 spaces) Left justified with spaces to the right.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
261		GENERIC NAME	A/N	3Ø	1119	1148	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (30 spaces)Left justified with spaces to the right.
6Ø1	24	PRODUCT STRENGTH	A/N	1Ø	1149	1158	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (15 spaces) Left justified with spaces to the right.
243		DOSAGE FORM CODE	A/N	4	1159	1162	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (4 spaces) Left justified with spaces to the right.
532	FW	DATABASE INDICATOR	A/N	1	1163	1163	Required for RI processing and will be loaded to MMIS. Code identifying the source of drug information used for DUR processing or to define the database used for identifying the product. 1 First DataBank a drug database company 2 Medi-Span Product Line a drug database company 3 Micromedex/Medical Economics a drug database company 4 Processor Developed a proprietary drug file 5 Other Different from those implied or specified 6 Redbook a Micromedex publication of drug information 7 Multum a drug database company

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
425	PD	DRUG TYPE	N	1	1164	1164	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
257		FORMULARY STATUS	A/N	1	1165	1165	Field will not be loaded to the MMIS. Indicates the Formulary status of the Drug.
244		DRUG CATEGORY CODE	A/N	1	1166	1166	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (1 space)
252		FEDERAL DEA SCHEDULE	A/N	1	1167	1167	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
25Ø		FDA DRUG EFFICACY CODE	A/N	1	1168	1168	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	1169	1169	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	117Ø	1186	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	1187	1187	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	18	PRODUCT CODE	A/N	17	1188	12Ø4	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	19	PRODUCT CODE QUALIFIER	A/N	1	12Ø5	12Ø5	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	18	PRODUCT CODE	A/N	17	12Ø6	1222	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (17 spaces)Left justified with spaces to the right.
251		FEDERAL UPPER LIMIT INDICATOR	A/N	1	1223	1223	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	1224	1224	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	1225	1241	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	1242	1242	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	1243	1259	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	126Ø	126Ø	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	1261	1277	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
6Ø1	26	THERAPEUTIC CLASS CODE QUALIFIER	A/N	1	1278	1278	Required for RI if available from Health Plan. Field will be loaded to the MMIS.OR'b' (1 space)
6Ø1	25	THERAPEUTIC CLASS CODE	A/N	17	1279	1295	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR 'b' (17 spaces) Left justified with spaces to the right.
429	DT	SPECIAL PACKAGING INDICATOR	N	1	1296	1296	Required for RI if available from Health Plan. Field will be loaded to the MMIS. OR '0'
6ØØ	28	UNIT OF MEASURE	A/N	2	1297	1298	Required for RI processing and will be loaded to the MMIS. NCPDP standard product billing codes. RI Accepted Values: EA, GM, ML EA = Each GM = Grams ML = Milliliters

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
299		PROCESSOR DEFINED PRIOR AUTHORIZATION REASON CODE	N	2	1299	13ØØ	Field is not used for MMIS processing and is optional. Health Plans should send this data if available on the claim. Field will be loaded to MMIS. Processor Defined Prior Authorization Reason Code Value Set
272		MAC REDUCED INDICATOR	A/N	1	13Ø1	13Ø1	Field will not be loaded to the MMIS. 'b' (1 space)
223		CLIENT PRICING BASIS OF COST	A/N	2	13Ø2	13Ø3	Field will not be loaded to the MMIS. 'b' (2 spaces)
475	J9	DUR CO-AGENT ID QUALIFIER	A/N	2	13Ø4	13Ø5	Field will not be loaded to the MMIS. 'b' (2 spaces)
476	H6	DUR CO-AGENT ID	A/N	19	13Ø6	1324	Field will not be loaded to the MMIS. 'b' (19 spaces)
26Ø		GENERIC INDICATOR	A/N	1	1325	1325	Should be sent if available to the Health Plan and will be loaded to the MMIS. Distinguishes if product priced as Generic or Branded product: As defined by processor.
292		PLAN CUTBACK REASON CODE	A/N	1	1326	1326	Field will not be loaded to the MMIS. '1' (1 space)
889		THERAPEUTIC CHAPTER	A/N	8	1327	1334	Field will not be loaded to the MMIS. The therapeutic chapter; from formulary file as defined by processor
2Ø9		AVERAGE COST PER QUANTITY UNIT PRICE	D	9	1335	1343	Field will not be loaded to the MMIS. '000000000'
21Ø		AVERAGE GENERIC UNIT PRICE	D	9	1344	1352	Field will not be loaded to the MMIS. '000000000'

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
211		AVERAGE WHOLESALE UNIT PRICE	D	9	1353	1361	Health Plan should send this if available and will be loaded to the MMIS. Average Wholesale Price per unit for the drug as defined by processor. Right justified with zeros to the left.
253		FEDERAL UPPER LIMIT UNIT PRICE	D	9	1362	137Ø	Health Plan should send this if available and will be loaded to the MMIS. Federal Upper Limit Unit Price as defined by processor. Right justified with zeros to the left.
271		MAC PRICE	D	9	1371	1379	Field will not be loaded to the MMIS. '000000000'
522	FM	BASIS OF REIMBURSEMENT DETERMINATION	N	2	138Ø	1381	Required for RI processing, when this claim is part of a 340B arrangement. Field will be loaded to MMIS for any 340B arrangement. This information should be sent if it is part of the response to the pharmacy. Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6). Right justified with zeros to the left.
285		PATIENT FORMULARY REBATE AMOUNT	D	8	1382	1389	Field will not be loaded to the MMIS. '00000000'
		Section Thirteenth Ingredient		343	139Ø	1732	If more than 12 ingredients are used repeat fields for ingredients 13, 14, and 15.
		Section Fourteenth Ingredient		343	1733	2Ø75	If more than 12 ingredients are used repeat fields for ingredients 13, 14, and 15.
		Section Fifteenth Ingredient		343	2Ø76	2418	If more than 12 ingredients are used repeat fields for ingredients 13, 14, and 15.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
		Filler		1282	2419	3700	1282 spaces.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

2.5. Post Adjudication Trailer Record

Post Adjudication Standard Implementation Guide Version 3.1							Rhode Island Requirements
Field	Field ID	Field Name	Format	Size	Start	End	Rhode Island Requirements
Post Adjudication History Trailer Record							
6Ø1	Ø4	RECORD TYPE	A/N	2	1	2	Mandatory by Post Adjudication Standard. Field will not be loaded to the MMIS. Submit 'PT' for Post Adjudication History Trailer Record. RI Accepted Values: PT
6Ø1	Ø9	TOTAL RECORD COUNT	N	1Ø	3	12	Mandatory by Post Adjudication Standard. Field will not be loaded to the MMIS Submit the total number of records being submitted, including header and trailer. Right justified with zeros to the left.
895		TOTAL NET AMOUNT DUE	D	12	13	24	Mandatory by Post Adjudication Standard. Field will not be loaded to the MMIS. Submit the sum of all NET AMOUNT DUE 281 fields on the claim records. Right justified with zeros to the left.
693		TOTAL GROSS AMOUNT DUE	D	12	25	36	Mandatory for RI processing. Field will not be loaded to the MMIS. Submit the sum of all GROSS AMOUNT DUE 43Ø-DU fields on the claim records. Right justified with zeros to the left.
694		TOTAL PATIENT PAY AMOUNT	D	12	37	48	Mandatory for RI processing. Field will not be loaded to the MMIS. Submit the sum of all PATIENT PAY AMOUNT 5Ø5-F5 fields on the claim records. Right justified with zeros to the left.
		FILLER	A/N	3652	49	37ØØ	Filler 3652 Spaces

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

3. NCPDP Post Adjudication Encounter Submission File Response Dataset

A fixed length response dataset will be created for each NCPDP Post Adjudication file submitted by a Health Plan. Each row will be a fixed length of 130 bytes. The response dataset will be named the same as the Health Plans originally submitted file except it will include .RESPONSE.TXT appended to the end of the file name. A file with a status of 'rejected' at the file level for errors such as invalid file length will be indicated as such on the report and will not list denied, rejected, informational, or accepted claims. A post adjudication file rejected at the file level will not apply submitted claims to the MMIS (3.1 Rejected File).

A submitted file with a status of successful will list four types of claims: claims that are accepted but set informational edits, denied claims, rejected claims, and accepted claims without any errors in the fixed length response dataset. Informational claims, claims with a status of A for accepted, are those that have set informational edits and require no further action. Denied claims, claims with a claim status of D, are expected to be corrected and resubmitted by the Health Plan in a timely manner. Denied claims will have been processed by the claims engine and will receive an MMIS ICN. Rejected Claims, claims with a claim status of R, are expected to be corrected and resubmitted by the Health Plan in a timely manner. Rejected claims will not have an MMIS ICN as they are identified as not being processed by the claims engine. Claims with an accepted status that do not reject, deny or post informational edits will be listed in the response dataset with no data in the error fields. Informational, rejected, and denied claims that set multiple edits will be displayed in multiple rows. For example if a claim sets 3 edits it will be listed in 3 separate rows each row will display the set error status code and its corresponding error status description.

Claim submission totals will be included at the end of the report. It should be noted that these totals are at the claim level and do not include duplication should a claim set multiple edits. For example a claim that sets multiple edits will only be calculated once in the totals.

Should the submitting Health Plan require correction to a claim already processed by and loaded to the MMIS, the original claim must first be voided and then a new replacement claim must be submitted. This process will mimic the current fee for service process.

If no file is submitted for the day no report will be generated. Files will be processed within 24 hours and/or the next business day of submission.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

Dataset Field Descriptions

HEALTH PLAN ICN (30 characters)
The ICN submitted on an encounter claim, as reported by the Health Plan

HEALTH PLAN UNIQUE CLAIM TRANSACTION ID (30 characters)
The Health Plans Unique Claims transaction ID as reported on field 897 – Transaction ID Cross Reference.

MMIS ICN (15 characters)
The MMIS ICN created by the MMIS Claims Engine. The ICN is in RRCCYYJJJBBBSSS format. R = Region, C = Century, Y = Year, J = Julian Date, B = Batch, and S = Sequence.

EDIT DISPOSITION/CLAIM STATUS (1 character)
Indicates the status of a claim and the edit disposition. Accepted = A, Denied = D, and Rejected = R. Denied and Rejected claims must be resubmitted by the Health Plan. Accepted claims are listed as setting informational edits and require no further action. Accepted claims with no errors will not list data for Error Status Code and Error Status Code Description. Claims that DO NOT pass upfront field validation will not receive an MMIS ICN and will have a claim status of R for Rejected. Below are the possible scenarios for a claim.

1. A claim that is accepted and does not set an edit will be written on 1 row with an 'A' for accepted.
2. A claim that is accepted and sets Post Informational Edits will have a row for each Post Informational edit set with a 'P' for Post Informational. Note: It will **not** have a row with an 'A' indicator as it is understood that claims with **only** Post Information edits are in a accepted status.
3. A claim that sets an edit with a denied disposition will be listed with a 'D' for denied. Each edit set on a claim with a denied disposition will have its own row.
4. Denied and Post Informational edits can be set on the same claim. Each edit set will be written on a row with its corresponding disposition.
5. Rejected claims will only include the status of R. Each rejection for a claim will be written on a row.

RECORD INDICATOR (1 character)
The record indicator of a claim as reported on field 398 – Record Indicator by the Health Plan. 0 = new day claim, 1 = Claim Void

ERROR STATUS CODE(3 characters)
The error status code (edit) that was set on the claim

ERROR STATUS CODE DESCRIPTION(50 characters)
The description associated to the error status code (edit) set on the claim

TOTAL RECEIVED CLAIMS
The total number of encounter claims received in the NCPDP Post Adjudication file submitted by the Health Plan.

TOTAL REJECTED CLAIMS
The total number of encounter claims that were rejected with a status of R in the NCPDP Post Adjudication file submitted by the Health Plan.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

TOTAL DENIED CLAIMS
The total number of encounter claims that were denied with a status of D in the NCPDP Post Adjudication file submitted by the Health Plan

TOTAL INFORMATIONAL CLAIMS
The total number of encounter claims that were accepted however set information edits in the file submitted by the Health Plan

TOTAL CLAIMS WITHOUT EDITS

The total number of encounter claims that were accepted and were edit free in the file submitted by the Health Plan.

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

3.1. *Example of a Rejected File*

(filename in the fromhp directory would be 123456789.NCPDPENC.20130306.000010.DAT.RESPONSE.TXT)

123456789.NCPDPENC.20130306.000010.DAT INVALID FILE SIZE

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

3.2. *Example of a Successful File*

The following fixed length columns correspond to the following headings/fields: HEALTH PLAN ICN, HEALTH PLAN UNIQUIE CLAIM TRANSACTION ID, MMIS ICN, EDIT DISPOSITION/CLAIM STATUS, ERROR STATUS CODE, and STATUS CODE DESCRIPTION. Note: All claims submitted by the Health Plan in the NCPDP Post Adjudication File will be listed. The first three rows in the response file example below demonstrate what a claim that sets multiple edits will look like within a report.

```
12345678901234567890123456789012345678901234567890123456789071201233200100 1D0068NDC MISSING/NOT ON FILE
12345678901234567890123456789012345678901234567890123456789071201233200100 1D0004PROVIDER MISSING/NOT ON
FILE
12345678901234567890123456789012345678901234567890123456789071201233200100 1D0068NDC MISSING/NOT ON FILE
23456780975443453453456576575623456780975443453453456576575671201233200100 2A0321INFORMATIONAL ONLY
34345646643453476475675678678734345646643453476475675678678 7            R0169PRESCRIPTION NUMBER MISSING
44456780975443453453456576575623456780975443453453456576575671201233200100 2A
```

TOTAL RECEIVED CLAIMS 10,000
TOTAL REJECTED CLAIMS 300
TOTAL DENIED CLAIMS 200
TOTAL INFORMATIONAL CLAIMS 1,000
TOTAL CLAIMS WITHOUT EDITS 8,500

* * * END OF REPORT * * *

Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

4. Appendix

4.1. *Instructions on accessing the RI Title XIX hosted by Hewlett Packard SFTP site*

RI HP has changed and defined a process for electronic file transfers. The new process will require the use of an FTP client to be installed on the client's computer in order to access the Secure FTP site.

The instructions for the FTP client are outlined below. The new tool does not require any additional cost to your organization. The links to download are provided below for your convenience.

The RI HP Customer Support department is not responsible for supporting these products or training users on how to use them. However the steps, listed below, for installing these new products have been provided to streamline the process and allow a smooth transition to accessing the Secure FTP site.

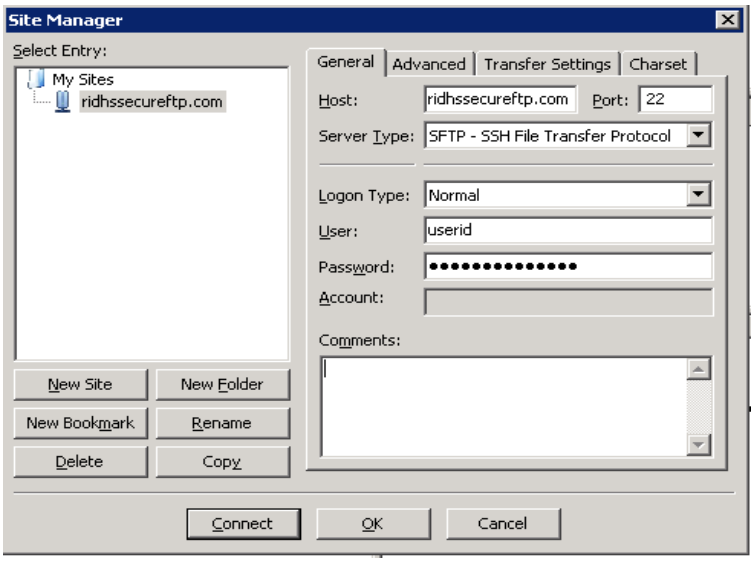
FTP client Installation

There is a free FTP client available for download at the following location:
http://filezilla-project.org/download.php?type=client

Select the correct file for your operating system (OS) typically clients have a Windows 32-bit OS. The file would then be ***filenamehere_win32-setup.exe.*** Once the download starts select *RUN* in order to start the installation process or save the file and initiate the installation from the downloaded file. There are a few options that are available during the installation, such as desktop icons and directory path.

FTP Client Configuration

The following steps will allow you configure access to the RI HP Secure SFTP site:
1. Click on *File* and select *Site Manager.*
2. Click *New Site* and type in a site name (i.e. *ridhssecureftp.com*)
3. Type *ridhssecureftp.com* in the *Host* box.
4. Enter 22 for the *Port.*
5. Choose SFTP – SSH File Transfer Protocol in the *Servertype.*
6. Choose Normal in the *Logontype.*
7. Type your assigned username in the *User* field.
8. Type your assigned password in the *Password* field.
9. Click *Connect* to access the SFTP site. That would save the profile setting and try to connect the SFTP site.

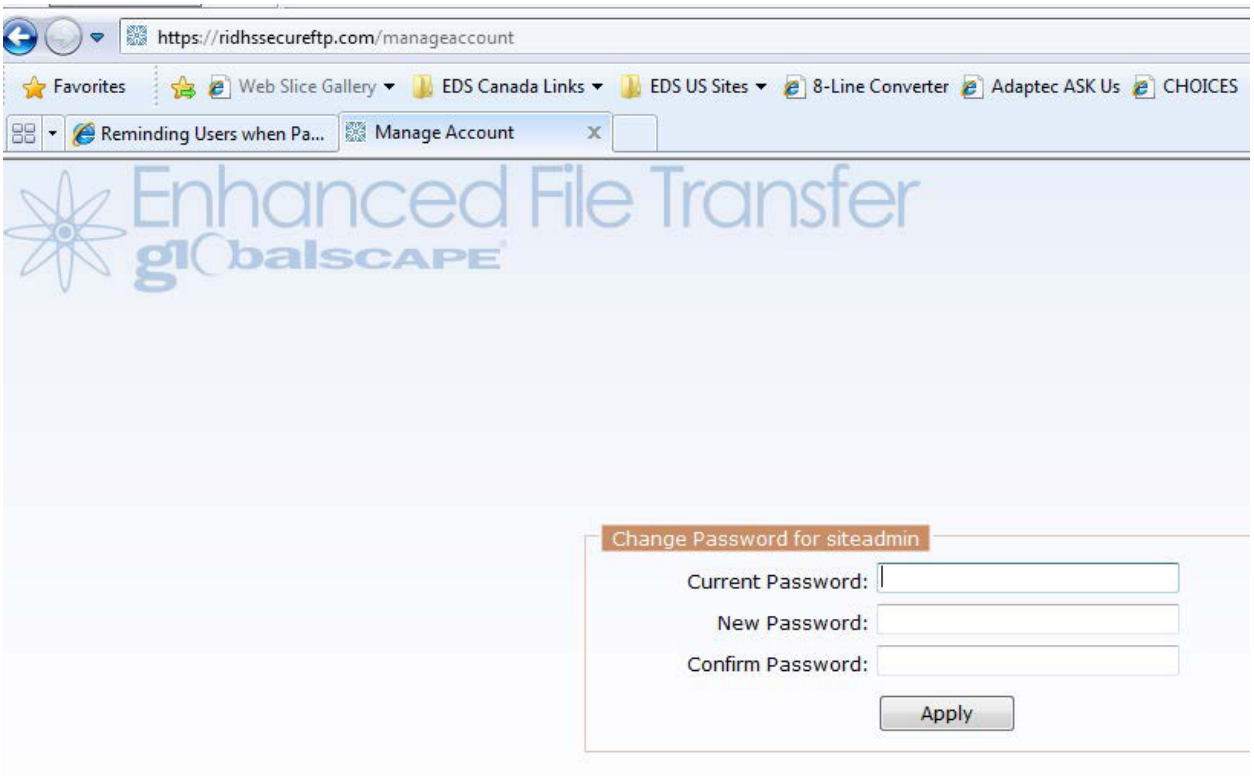


Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

4.2. *Instructions on self-managing user accounts at the RI Title XIX hosted by Hewlett Packard SFTP site*

A. Changing your ftp account user passwords

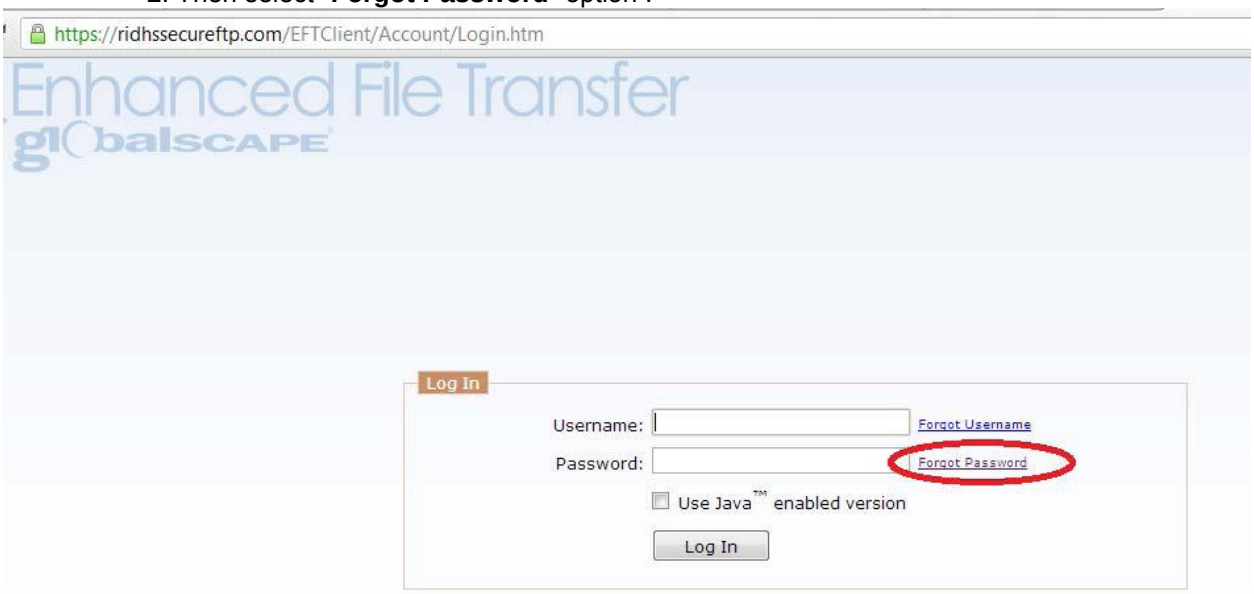
1. Go to the site : https://ridhssecureftp.com/manageaccount
2. Then you'll be asked to enter your current password and to enter the new password and confirm it.



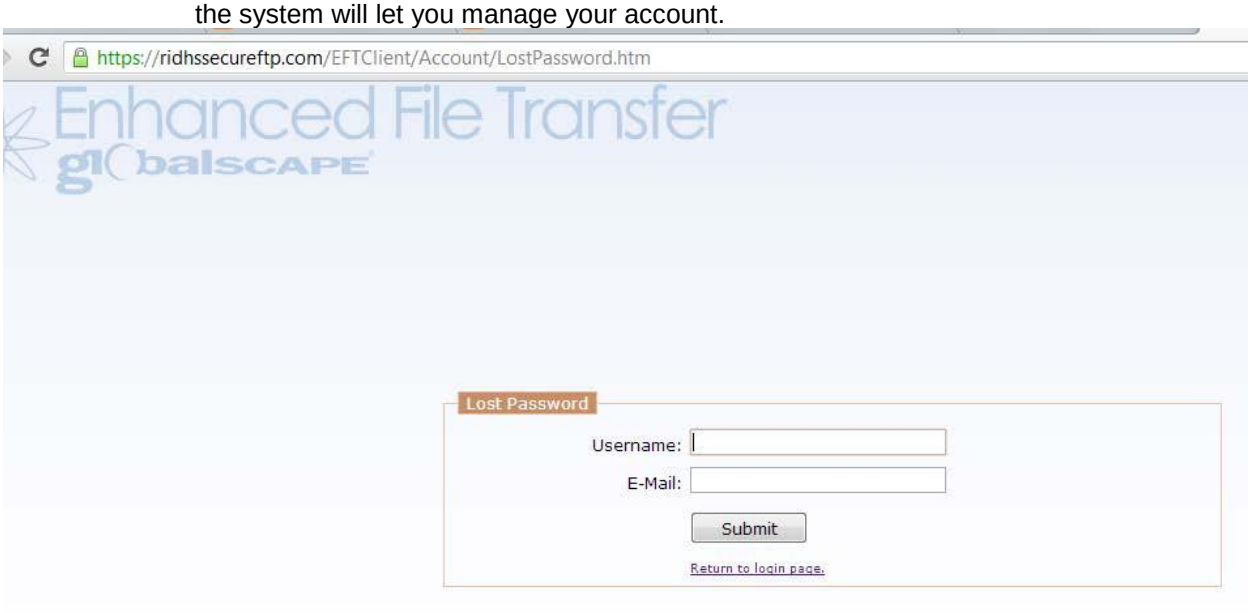
Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

B. Recovering your ftp account user passwords.

1. Go to the site https://ridhssecureftp.com/
2. Then select "**Forgot Password**" option .



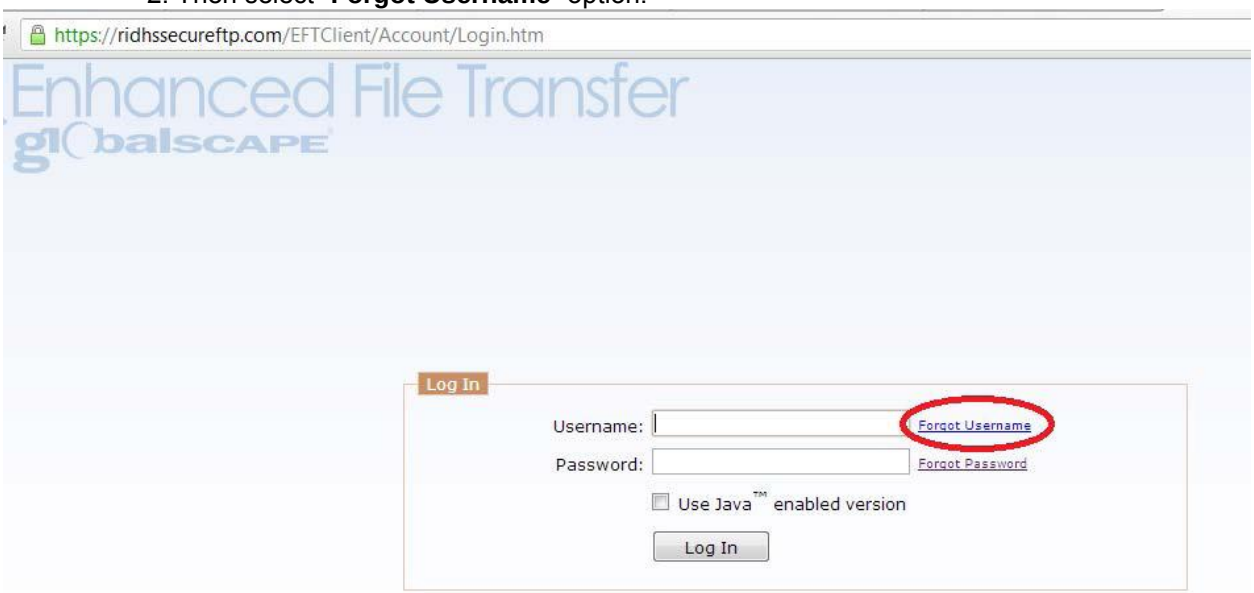
3. Fill in with your existing Username and E-mail in the boxes provided. This is normally the information that was given to HP when they created your account. That's the only way the system will let you manage your account.



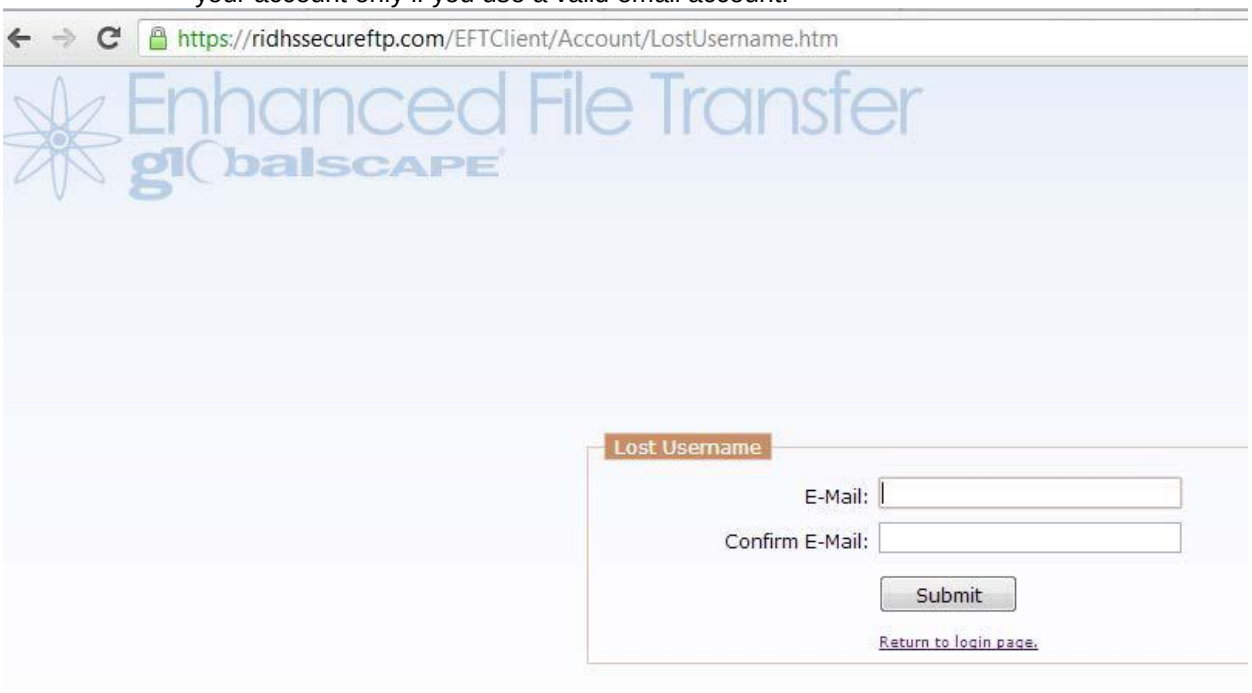
Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.

C. Recovering your ftp username

1. Go to the site https://ridhssecureftp.com/
2. Then select "**Forgot Username**" option.



3. Fill in boxes with your existing E-mail on file with HP. This is normally the information that you provided to HP when they created your account. The system will let you manage your account only if you use a valid email account.



Copyright © 2011 HP Enterprise Services, LLC
All rights reserved.