

NCPDP RECORD SPECIFICATIONS
September 06, 2005

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 All Pharmacy Encounters must be submitted using the NCPDP Telecommunication Standard Format Version 3 Release 2 in the Medicaid Claim Format (3C) for single prescription response. This version can be obtained from the following:

NCPDP
 9240 E Raintree Dr
 Scottsdale, AZ 85260-7518
 Phone: (480) 477-1000
 Fax: (480) 767-1042
<http://www.ncdp.org>

<u>Field Number¹</u>	<u>Name/Description</u>	<u>Requirement</u>
102	VERSION/RELEASE NUMBER: Value of '3C'.	R
103	TRANSACTION CODE: Please note that this is an additional requirement for the NCPDP record format. Only required if deleting a previously submitted encounter. To delete a claim from the Ohio Encounter System, enter the value '11', otherwise leave blank.	O
104	PROCESSOR CONTROL NUMBER: It is the 3 digit Numeric Submitter Id followed by the 7 digit Medicaid MCP provider number for the recipient's county of residence.	R
302	CARDHOLDER ID NUMBER: The 12 digit Medicaid Recipient number (left justified).	R

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<u>Field Number¹</u>	<u>Name/Description</u>	<u>Requirement</u>
311	<p>PATIENT LAST NAME (UNIQUE ENCOUNTER ID): Please note that this is an additional requirement for the NCPDP record format. This field is an identifier assigned by the MCP to uniquely identify the claim. This uniqueness must be across all claims and claim types (i.e.: NSF and UB). It must also span all time frames not just a particular submission. It must only re-occur in the case of a deletion or replacement. The identifier can be up to 15 bytes (left justified) padded with spaces. This field was chosen due to a lack of any other available space in the record for "local use".</p>	R
401	<p>DATE FILLED: 8 digit field in the format CCYYMMDD.</p>	R
404	<p>METRIC QUANTITY: A 5 digit field containing the quantity (right justified with leading zeros).</p>	R
407	<p>NDC NUMBER: An 11 digit field containing the National Drug Code for the prescribed item.</p>	R
411	<p>PRESCRIBER ID: The 7 digit Medicaid provider number assigned to the prescriber (left justified).</p>	R
414	<p>DATE PRESCRIPTION WRITTEN (DATE PAID): Please note that this is an additional requirement for the NCPDP record format. 8 digit field in the format CCYYMMDD. Use this field to report the date paid.</p>	R

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<u>Field Number</u>¹	<u>Name/Description</u>	<u>Requirement</u>
426	USUAL & CUSTOMARY CHARGE (AMOUNT PAID) Please note that this is an additional requirement for the NCPDP record format. A 6 digit field containing the amount paid (right justified with leading zeros). This is an integer, therefore any cents must be rounded up to the nearest dollar, therefore 000001<=AMOUNT PAID<=999998. A value of 999999 denotes a capitated payment. It can never be zeros.	R

O: Optional field
 R: Required field

1: From the NCPDP Telecommunication Standard Format Version 3 Release 2 in the Medicaid Claim Format (3C) for single prescription.