

State of Washington
Department of Labor and Industries

NCPDP Payer Sheet for the State Fund
Version D.0 (Variable Format)

Update Effective January 1, 2012

Transaction Header Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
BIN NUMBER	101-A1	Required	610566 [L&I Bin#]
VERSION/RELEASE NUMBER	102-A2	Required	D0 [NCPDP D.0]
TRANSACTION CODE	103-A3	Required	Valid Values: B1 – Billing B2 – Reversal (Only transactions L&I currently accepts)
PROCESSOR CONTROL NUMBER	104-A4	Required	Blank
TRANSACTION COUNT	109-A9	Required	Valid Values: 1, 2, 3, 4 Enter the number of bills submitted for individual claim number.
SERVICE PROVIDER ID QUALIFIER	202-B2	Required	01 [NPI (National Provider Identifier)] 07 [NCPDP Provider ID] 13 [State Issued (3 rd Party Billers only)]
SERVICE PROVIDER ID	201-B1	Required	Enter the Pharmacy, NPI , or NCPDP Number, or 7-digit L&I Dispensing Pharmacy Provider ID Number (associated to the Third Party Pharmacy Biller)
DATE OF SERVICE	401-D1	Required	Date dispensed. Format: CCYYMMDD
SOFTWARE VENDOR/CERTIFICATION ID	110-AK	Required	Blank

Patient Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used.	

Pharmacy Provider Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	

Prescriber Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Required	Valid Value: 03 [Prescriber]
PRESCRIBER ID QUALIFIER	466-EZ	Required	Valid Values: 01 [NPI (National Provider Identifier)] 08 [State License] 12 [Drug Enforcement Administration (DEA)] 13 [State Issued(L&I Provider ID)]
PRESCRIBER ID	411-DB	Required	NPI – enter 10-digit National Provider Identifier State License – enter 10-digit WA State License Number DEA – enter 9-digit Federal Drug Enforcement Admin number State Issue – enter the 7-digit L&I Provider ID number
PRESCRIBER LAST NAME	427-DR	Not used	
PRESCRIBER PHONE NUMBER	498-PM	Not used	
PRIMARY CARE PROVIDER ID QUALIFIER	468-2E	Not used	
PRMARY CARE PROVIDER ID	421-DL	Not used	
PRIMARY CARE PROVIDER LAST NAME	470-4E	Not used	
PRESCRIBER FIRST NAME	364-2J	Not used	

Prescriber Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
PREScriBER STREET ADDRESS	365-2K	Not used	
PREScriBER CITY ADDRESS	366-2M	Not used	
PREScriBER STATE/PROVINCE ADDRESS	367-2N	Not used	
PREScriBER ZIP/POSTAL ZONE	368-2P	Not used	

Insurance Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Required	Valid Value: 04 [Insurance]
CARDHOLDER ID	302-C2	Required	Enter 7-digit Claim ID Number
CARDHOLDER FIRST NAME	312-CC	Optional	
CARDHOLDER LAST NAME	313-CD	Required	
HOME PLAN	314-CE	Not used	
PLAN ID	524-FO	Not used	
ELIGIBILITY CLARIFICATION CODE	309-C9	Not used	
GROUP ID	301-C1	Not used	
PERSON CODE	303-C3	Not used	
PATIENT RELATIONSHIP CODE	306-C6	Not used	
MEDIGAP ID	359-2A	Not used	
MEDICARE INDICATOR	360-2B	Not used	
PROVIDER ACCEPT ASSIGNMENT INDICATOR	361-2D	Not used	
CMS PART D DEFINED QUALIFIED FACILITY	997-G2	Not used	
MEDICAID ID NUMBER	115-N5	Not used	

COB/Other Payments Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	

Workers' Compensation Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	

Claim Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Required	Valid Value: 07 [Claim]
PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	455-EM	Required	Valid Value: 1 [Rx Billing]
PRESCRIPTION/SERVICE REFERENCE NUMBER	402-D2	Required	
PRODUCT/SERVICE ID QUALIFIER	436-E1	Required	Valid Value: 03 [NDC]
PRODUCT/SERVICE ID	407-D7	Required	NDC Number
ASSOCIATED PRESCRIPTION/SERVICE REFERENCE#	456-EN	Not used	
ASSOCIATED PRESCRIPTION/SERVICE DATE	457-EP	Not used	
PROCEDURE MODIFIER CODE COUNT	458-SE	Not used	
PROCEDURE MODIFIER CODE	459-ER	Not used	
QUANTITY DISPENSED	442-E7	Required	Enter fractional units as appropriate. Format: 9999999.999
FILL NUMBER	403-D3	Optional	Valid values: 00 - original dispensing 01 - 99 Refill Number
DAYS SUPPLY	405-D5	Required	
COMPOUND CODE	406-D6	Not used	

Claim Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
DISPENSE AS WRITTEN(DAW)/PRODUCT SELECTION CODE	408-D8	Required	Valid Values: Ø = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 6 = Override for Emergency Supply. This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.
DATE PRESCRIPTION WRITTEN	414-DE	Required	
NUMBER OF REFILLS AUTHORIZED	415-DF	Conditional	
PRESCRIPTION ORIGIN CODE	419-DJ	Not used	
SUBMISSION CLARIFICATION CODE COUNT	354-NX	Conditional	Maximum count is 3
SUBMISSION CLARIFICATION CODE	420-DK	Conditional	Use for Reject Code 79 - Refill Too Soon. Valid Values: 3 = Vacation Supply 4 = Lost Prescription 5 = Therapy Change 6 = Starter Dose 7 = Medically Necessary 13 =Payer Recognized Emergency/Disaster Assistance Request
OTHER COVERAGE CODE	308-C8	Not used	
UNIT DOSE INDICATOR	429-DT	Not used	
ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	453-EJ	Not used	
ORIG PRESCRIBED PRODUCT/SERVICE CODE	445-EA	Not used	
ORIG PRESCRIBED QUANTITY	446-EB	Not used	
UNIT OF MEASURE	600-28	Not used	

Claim Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
LEVEL OF SERVICE	418-DI	Not used	
PRIOR AUTHORIZATION TYPE CODE	461-EU	Optional	Valid Value: 08 – Payer Defined Exemption For use with Reject Code 52
PRIOR AUTHORIZATION NUMBER SUBMITTED	462-EV	Optional	Valid Value: Enter prior auth # 46484254557 after verifying claim number from ROA or claim ID card for first fill
INTERMEDIARY AUTHORIZATION TYPE ID	463-EW	Not used	
INTERMEDIARY AUTHORIZATION ID	464-EX	Not used	
DISPENSING STATUS	343-HD	Not used	
QUANTITY INTENDED TO BE DISPENSED	344-HF	Not used	
DAYS SUPPLY INTENDED TO BE DISPENSED	345-HG	Not used	
DELAY REASON CODE	357-NV	Not used	
PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)	391-MT	Not used	
ROUTE OF ADMINISTRATION	995-ET	Not used	
COMPOUND TYPE	996-G1	Not used	
PHARMACY SERVICE TYPE	147-U7	Optional	Valid Values: 1- Community/Retail Pharmacy 2- Compounding Pharmacy Svcs 3- Home Infusion Therapy Provider Services 4- Institutional Pharmacy Services 5- Long Term Care Pharmacy Services 6- Mail Order Pharmacy Services 7- Managed Care Organization Pharmacy Services 8- Specialty Care Pharmacy Svcs 99- Other

DUR/PPS Segment - Optional			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Required	Valid Value: 08 [DUR/PPS]
DUR/PPS CODE COUNTER	473-7E	Conditional	
REASON FOR SERVICE CODE	439-E4	Conditional	Valid Values: DD = Drug-Drug Interaction HD = High Dose TD = Therapeutic Duplication
PROFESSIONAL SERVICE CODE	440-E5	Conditional	Valid Values: MØ = Prescriber consulted PØ = Patient consulted RØ = Pharmacist consulted other source
RESULT OF SERVICE CODE	441-E6	Conditional	Valid Values: 1A = Filled As Is, False Positive 1B = Filled Prescription As Is 1C = Filled, With Different Dose 1D = Filled, With Different Directions 1F = Filled, With Different Quantity 1G = Filled, With Prescriber Approval
DUR/PPS LEVEL OF EFFORT	474-8E	Not used	
DUR CO-AGENT ID QUALIFIER	475-J9	Not used	
DUR CO-AGENT ID	476-H6	Not used	

Coupon Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	

Compound Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	

Pricing Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Required	Valid Value: 11 [Pricing]
INGREDIENT COST SUBMITTED	409-D9	Not used	
DISPENSING FEE SUBMITTED	412-DC	Not used	
PATIENT PAID AMOUNT SUBMITTED	433-DX	Conditional	When the claim is rejected with Reject codes 52 or 67, enter the amount the injured worker paid, not to exceed the maximum allowable. Resubmit the claim. L&I will capture the claim and reimburse the worker if and when the L&I claim is allowed.
INCENTIVE AMOUNT SUBMITTED	438-E3	Not used	
OTHER AMOUNT CLAIMED SUBMITTED COUNT	478-H7	Not used	
OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	479-H8	Not used	
OTHER AMOUNT CLAIMED SUBMITTED	480-H9	Not used	
FLAT SALES TAX AMOUNT SUBMITTED	481-HA	Not used	
PERCENTAGE SALES TAX AMOUNT SUBMITTED	482-GE	Not used	
PERCENTAGE SALES TAX RATE SUBMITTED	483-HE	Not used	
PERCENTAGE SALES TAX BASIS SUBMITTED	484-JE	Not used	
USUAL AND CUSTOMARY CHARGE	426-DQ	Not used	
GROSS AMOUNT DUE	430-DU	Required	Enter the total of the drug cost and professional fee.
BASIS OF COST DETERMINATION	423-DN	Not used	

Clinical Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	

Additional Documentation Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	

Facility Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	

Narrative Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
SEGMENT IDENTIFICATION	111-AM	Not used	