A xerox Company

Department of Health Care Services

CA-MMIS

National Council for Prescription Drug Programs (NCPDP) D.0

Real-Time Testing

V 1.0

04/16/2012

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Steps Before Submitting Point of Service (POS) Network test cases

The National Council for Prescription Drug Programs (NCPDP) D.0 is the existing standard process used by providers and software vendors to submit real-time pharmacy claims. For a provider or vendor to be activated to test a new version of NCPDP, the provider or vendor would need to have completed and been approved for two agreements: the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* (DHCS 6153) and the *Medi-Cal Point of Service (POS) Network/Internet Agreement* (PROPubs 11/11). The provider or vendor can download these forms from the Forms page on the Medi-Cal website (www.medi-cal.ca.gov).

If the provider or vendor has completed these applications, then the provider or vendor will have been assigned a Submitter ID of three characters (such as "1JV"), and the provider must have a National Provider Identifier (NPI) or Legacy Provider Number (if atypical provider). The provider or vendor can then submit the set of pre-defined test cases using software that has been validated and authorized by the POS/Internet Help Desk. Once testing has been successfully completed, the software will be approved for pharmacy transactions, including eligibility and prior authorization transactions. A test response will be returned for each test case transaction. For each pharmacy test case, use the table value in the service provider ID field as the key for submitting this claim. If the specific key is not found on the test verification file, the error message "ERROR UNABLE TO DETERMINE TEST CASE" will be returned.

Software Validation Process

Software developers interested in validating their software must contact the POS/Internet Help Desk by calling the Telephone Service Center (TSC) at 1-800-541-5555 (border providers and out-of-state billers billing for in-state providers, call [916] 636-1200) and selecting the option for Technical Help Desk, then the option for POS/Internet Help Desk, and finally, the option for submitter. If claims are currently submitted through Computer Media Claims (CMC), developers will not be assigned another submitter ID. Developers will need to supply the POS/Internet Help Desk with a four-character version number, which, in combination with the Submitter ID, will be the PC/POS version number used in all transactions submitted to the POS Network. The POS/Internet Help Desk will verify this number to ensure the software has been validated and is authorized to submit transactions. Prior to testing each new software release/upgrade, the POS/Internet Help Desk will need to be notified of the new four-character version number for that software.

When the POS/Internet Help Desk determines that all tests have achieved successful results, then the test submitter will be approved for submitting NCPDP D.0.

Pre-defined Test Cases for POS Transmission

This section only reflects values for required fields. All examples show a version number of XXX0100AAA for illustration purposes only (AAA is submitter ID). Include the version number communicated to the POS/Internet Help Desk as outlined in the Section "Software Validation Process" of this document. In addition, all spaces in the examples are indicated by a period (.), as are non-displayable hexadecimal characters.

NCPDP D.0 Pharmacy Claim Test Case 1:
Claim without DUR information filled in. The claim is paid.

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	'1'
202-B2	Service Provider ID Qualifier	'01'
201-B1	Service Provider ID	'0000000071'
401-D1	Date of Service (CCYYMMDD)	'20120101'
110-AK	Software Vendor/Certification ID	'XXX0100AAA'
302-C2	Cardholder ID	'333224444931101'
304-C4	Date of Birth (CCYYMMDD)	'19220402'
305-C5	Patient Gender Code	'1'
307-C7	Place of Service	'01'
455-EM	Prescription/Service Reference Qualifier	'1'
402-D2	Prescription Number	'123450234567'
436-E1	Product/Service Id Qualifier	'03'
407-D7	Product/Service ID	'00078010409'
442-E7	Quantity Dispensed [Qty. = 100]	'0000100000' **or** '100000' **
405-D5	Days Supply	'030' **or** '30'
406-D6	Compound Code	'1'
420-DK	Submission Clarification Code	'07'
308-C8	Other Coverage Code	'02'
461-EU	Prior Authorization Type Code	'01'
462-EV	Prior Authorization Number (TCN)	'11111111111'
433-DX	Patient Paid Amount [$10.00]	'00001000' **or** '1000' *
430-DU	Gross Amount Due [$22.00]	'00002200' **or** '2200' *
423-DN	Basis of Cost Determination	'00'
466-EZ	Prescriber ID Qualifier	'01'
411-DB	Prescriber ID	'1234567893'
337-4C	Coordination of Benefits /Other Payments Count	'1'
338-5C	Other Payer Coverage Type	'01'
341-HB	Other Payer Amount Paid Count	'1'
342-HC	Other Payer Amount Paid Qualifier	'01'
431-DV	Other Payer Amount Paid [$11.00]	'00001100' **or** '1100' *

* ***Implied decimal, two places***
** ***Implied decimal, three places***

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

Example:

```
610442D0B1..........1010000000071...20120101XXX0100AAA....AM04.C2333224444931
101..AM01.C419220402.C51.C701~..AM07.EM1.D2123450234567.E103.D700078010409.E7
0000100000.D5030.D61.DK07.C802.EU01.EV11111111111..AM11.DX00001000.DU0000220.
DN00..AM03.EZ01.DB1234567893....AM05.4C1.5C01.HB1.HC01.DV00001100
```

OR

```
610442D0B1..........1010000000071...20120101XXX0100AAA....AM04.C2333224444931
101..AM01.C419220402.C51.C701~..AM07.EM1.D2123450234567.E103.D700078010409.E710
0000.D530.D61.DK07.C802.EU01.EV11111111111..AM11.DX1000.DU2200.DN00..AM03.EZ01.
DB1234567893.AM05.4C1.5C01.HB1.HC01.DV1100
```

Response:

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	'1'
501-F1	Response Status (trailer)	'A'
202-B2	Service Provider ID Qualifier	'01'
201-B1	Service Provider ID	'0000000071'
401-D1	Date of Service	'20120101'
112-AN	Transaction Response Status	'P'
310-CA	Patient First Name	'FRANK'
311-CB	Patient Last Name	'JONES'
455-EM	Prescription/Service Ref. Num. Qualifier	'1'
402-D2	Prescription/Service Ref Num	'123450234567'
505-F5	Patient Pay Amount	'00000000'
506-F6	Ingredient Cost Paid	'00000000'
509-F9	Total Paid Amount [$12.00]	'00001200' *

Example:

```
610442EDSH01IZ513U......D0B11A010000000071.....20120101..AM29.CAFRANK.CBJONES
...AM21.ANP..AM22.EM1.D2123450234567..AM23.F50000000{.F60000000{.F90000120{
```

* ***Implied decimal, two places***

** ***Implied decimal, three places***

Medi-Cal POS NCPDP Pharmacy Transaction Specifications Third Party Vendors (Dial-Up / Leased-Line)

NCPDP D.0 Pharmacy Claim Test Case 2:
Claim Reversal

Field Number	Field Name	Field Value
101-A1	BIN Number	‘610442’
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B2
109-A9	Transaction Count	‘1’
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000071'
401-D1	Date Filled (CCYYMMDD)	'20120101'
110-AK	Software Vendor/Certification ID	‘XXX0100AAA’
302-C2	Cardholder ID	'333224444931101'
455-EM	Prescription/Service Ref. Num. Qualifier	‘1’
402-D2	Prescription/Service Ref Num	‘123450234567’
436-E1	Product/Service ID Qualifier	‘03’
407-D7	Product/Service ID	'00078010409'

Example:

```
610442D0B2..........1010000000071...20120101XXX0100AAA~..AM04.C2333224444931101
AM07.EM1.D2123450234567.E103.D700078010409
```

Response:

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Type	'B2’
109-A9	Transaction Count	‘1’
501-F1	Response Status (trailer)	'A'
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000071'
401-D1	Date Filled (CCYYMMDD)	'20120101'
112-AN	Transaction Response Status	‘A’
455-EM	Prescription/Service Ref. Num. Qualifier	‘1’
402-D2	Prescription Number	'123450234567'

Example:

```
610442EDSH01IZ513U......D0B21A010000000071.....
20120101...AM21.ANA..AM22.EM1.D2123450234567
```

Medi-Cal POS NCPDP Pharmacy Transaction Specifications Third Party Vendors (Dial-Up / Leased-Line)

NCPDP D.0 Pharmacy Claim Test Case 3:
Claim without DUR information filled in. Claim is rejected

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	‘1’
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000089'
401-D1	Date of Service (CCYYMMDD)	'20120102'
110-AK	Software Vendor/Certification ID	‘XXX0100AAA’
302-C2	Cardholder ID	'333224445931101'
304-C4	Date of Birth (CCYYMMDD)	'19110502'
305-C5	Patient Gender Code	'1'
307-C7	Place of service	'01'
455-EM	Prescription/Service Ref. Num. Qualifier	‘1’
402-D2	Prescription/Service Ref. Num.	'123450234567'
436-E1	Product Service ID Qualifier	‘03’
407-D7	Product/Service ID	'00078126088'
442-E7	Quantity Dispensed [Qty = 250]	'0000250000' **or** ‘250000’
405-D5	Days Supply	'030' **or** ‘30’
406-D6	Compound Code	'1'
420-DK	Submission Clarification Code	'07'
308-C8	Other Coverage Code	‘1’
461-EU	Prior Authorization Type Code	‘01’
462-EV	Prior Authorization Number (TCN)	‘11111111112’
430-DU	Gross Amount Due [$14.50]	‘00001450’ **or** ‘1450’ *
423-DN	Basis of Cost Determination	‘00’
466-EZ	Prescriber ID Qualifier	‘01’
411-DB	Prescriber ID	‘1234567893‘ **or** ‘1234567893’

Example:

```
610442D0B1..........1010000000089...20120102XXX0100AAA.....AM04.C23332244459311
01..AM01.C419110502.C51.C701~..AM07.EM1.D2123450234567.E103.D700078126088.E7000
0250000.D5030.D61.DK07.C801.EU01.EV11111111112..AM11.DU00001450.DN00..AM03.EZ01
.DB123456893...
```

OR

```
610442D0B1..........1010000000089...20120102XXX0100AAA.....AM04.C233322444593
1101..AM01.C419110502.C51.C701~..AM07.EM1.D2123450234567.E103.D700078126088.E
7250000.D530.D61.DK07.C801.EU01.EV11111111112..AM11.DU1450.DN00..AM03.EZ01.DB
1234567893
```

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

Response:

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	‘1’
501-F1	Response Status (trailer)	'R'
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000089'
401-D1	Date of Service (CCYYMMDD)	'20120102'
112-AN	Transaction response Status	‘R’
510-FA	Reject Count	‘02’
511-FB	Reject Code	‘65’
511-FB	Reject Code	‘21’
130-UF	Additional Message Information Count	‘02’
132-UH	Additional Message Information Qualifier	‘01’
526-FQ	Additional Message Information	‘ ’
131-UG	Additional Message Information Continuity	‘+’
132-UH	Additional Message Information Qualifier	‘02’
526-FQ	Additional Message Information	‘03140034’
549-7F	Help Desk Phone Number Qualifier	‘01’
55Ø-8F	Help Desk Phone Number	‘8005415555'

Example:

```
610442EDSH01IZ513U......D0B11R010000000089.....20120102...AM21.ANR.FA02. FB65.
FB21.UF02.UH01.FQ.........................................UG+.UH02.FQ.....03140
034............................7F01.8F8005415555
```

* ***Implied decimal, two places***
** ***Implied decimal, three places***

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

NCPDP D.0 Pharmacy Claim Test Case 4:
Claim without DUR information filled in. Claim is rejected for DUR Alert

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	‘1’
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000097'
401-D1	Date of Service (CCYYMMDD)	'20120103' was 110908
110-AK	Software Vendor/Certification ID	‘XXX0100AAA’
302-C2	Cardholder ID	'123456789931101'
304-C4	Date of Birth (CCYYMMDD)	'19921001'
305-C5	Patient Gender Code	'2'
307-C7	Place of service	'01'
455-EM	Prescription/Service Reference Qualifier	‘1’
402-D2	Prescription Number	'123450234567'
436-E1	Product/Service Id Qualifier	‘03’
407-D7	Product/Service ID	'00062133215'
442-E7	Quantity Dispensed [Qty. = 100]	'0000030000' **or** ‘30000’ **
405-D5	Days Supply	'030' **or** ‘30’
406-D6	Compound Code	'1'
420-DK	Submission Clarification Code	'07'
308-C8	Other Coverage Code	‘1’
461-EU	Prior Auth Type Code	‘01’
462-EV	Prior Auth Number (TCN)	‘11111111113’
430-DU	Gross Amount Due [$21.00]	‘00002100’ **or** ‘2100’ *
423-DN	Basis of Cost Determination	‘00’
466-EZ	Prescriber ID Qualifier	‘01’
411-DB	Prescriber ID	'1234567893'

Example:

```
610442D0B1..........1010000000097...20120103XXX0100AAA..AM04.C2123456789931
101..AM01.C419921001.C52.C701~..AM07.EM1.D2123450234567.E103.D700062133215.E7
0000030000.D5030.D61.DK07.C801.EU01.EV11111111113..AM11.DU00002100.DN00..AM03
.EZ01.DB1234567893
```

OR

```
610442D0B1..........105AAAPROV00009...20120103XXX0100AAA..AM04.C2123456789931
101..AM01.C419921001.C52.C701~..AM07.EM1.D2123450234567.E103.D700062133215.E7
30000.D530.D61.DK07.C801.EU01.EV11111111113..AM11.DU2100.DN00..AM03.EZ01.DB12
34567893
```

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

Response:

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	‘1’
501-F1	Response Status (Header)	'A'
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000097'
401-D1	Date of Service (CCYYMMDD)	'20120103'
112-AN	Transaction Response Status	'R'
510-FA	Reject Count	'01'
511-FB	Reject Code	'88'
130-UF	Additional Message Information Count	‘02’
132-UH	Additional Message Information Qualifier	‘01’
526-FQ	Additional Message Information	' ‘
131-UG	Additional Message Information Continuity	‘+’
132-UH	Additional Message Information Qualifier	‘02’
526-FQ	Additional Message Information	'1030'
549-7F	Help Desk Phone Number Qualifier	‘01’
550-8F	Help Desk Phone Number	‘8005415555’
455-EM	Prescription/Service Reference Qualifier	‘1’
402-D2	Prescription Number	'123450234567'
567-J6	DUR/PPS Response Code Counter	'1'
439-E4	Reason for Service Code	‘PA’
528-FS	Clinical Significance Code	‘1’
529-FT	Other Pharmacy Indicator	‘0’
530-FU	Previous Date of Fill	‘00000000’
531-FV	Quantity of Previous Fill [Qty = 0]	‘0000000000’
532-FW	Database Indicator	‘1’
533-FX	Other Prescriber Indicator	‘0’
544-FY	DUR Free Text Message	‘AGE WARNING’

Example:

```
610442EDSH01IZ513U......D0B11A010000000097.....20120103...AM21.ANR.FA01. FB88.
UF02.UH01.FQ.........................................UG+.UH02.FQ.....1030......
.........................7F01.8F8005415555..AM22.EM1.D2123450234567..AM24.J61.
E4PA.FS1.FT0.FU00000000.FV0000000000.FW1.FX0.FYAGE WARNING
```

* ***Implied decimal, two places***

** ***Implied decimal, three places***

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

NCPDP D.0 Pharmacy Claim
Test Case 5: Claim DUR Override.
Claim is paid

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	'1'
202-B2	Service Provider ID Qualifier	'01'
201-B1	Service Provider ID	'0000000097'
401-D1	Date of Service (CCYYMMDD)	'20120103'
110-AK	Software Vendor/Certification ID	'XXX0100AAA '
302-C2	Cardholder ID Num	'123456789931101'
304-C4	Date of Birth (CCYYMMDD)	'19921001'
305-C5	Patient Gender Code	'2'
307-C7	Place of service	'01'
455-EM	Prescription/Service Reference Qualifier	'1'
402-D2	Prescription Number	'123450234567'
436-E1	Product/Service Id Qualifier	'03'
407-D7	Product/Service ID	'00045012124'
442-E7	Quantity Dispensed [Qty = 100]	'0000030000' **or** '030000'
405-D5	Days Supply	'030' **or** '30'
406-D6	Compound Code	'1'
420-DK	Submission Clarification Code	'07'
308-C8	Other Coverage Code	'1'
461-EU	Prior Authorization Type Code	'01'
462-EV	Prior Authorization Number (TCN)	'11111111114'
430-DU	Gross Amount Due [$14.50]	'00002100' **or** '2100' *
423-DN	Basis of Cost Determination	'00'
466-EZ	Prescriber ID Qualifier	'01'
411-DB	Prescriber ID	'1234567893'
473-7E	DUR/PPS Code Counter	'1'
439-E4	Reason of Service Code	'PA'
440-E5	Professional Service Code	'M0'
441-E6	Result of Service Code	'1E'

Example:

```
610442D0B1..........1010000000097...20120103XXX0100AAA....AM04.C2123456789931
101..AM01.C419921001.C52.C701~..AM07.EM1.D2123450234567.E103.D700045012124.E7
0000030000.D5030.D61.DK07.C801.EU01.EV11111111114..AM11.DU00002100.DN00..AM03
.EZ01.DB1234567893.AM08.7E1.E4PA.E5M0.E61E
```

OR

```
610442D0B1..........1010000000097...20120103XXX0100AAA....AM04.C2123456789931
101..AM01.C419921001.C52.C700~..AM07.EM1.D2123450234567.E103.D700045012124.E7
30000.D530.D61.DK07.C801.EU01.EV11111111114..AM11.DU2100.DN00..AM03.EZ01.DB12
34567893.AM08.7E1.E4PA.E5M0.E61E
```

Response:

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Type	'B1'
109-A9	Transaction Count	‘1’
501-F1	Response Status (Header)	'A'
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000097'
401-D1	Date of Service (CCYYMMDD)	‘20120103’
501-F1	Response Status (Claim)	'P'
310-CA	Patient First Name	'JENNIFER’
311-CB	Patient Last Name	'SMITH'
455-EM	Prescription/Service Ref. Num. Qualifier	‘1’
402-D2	Prescription/Service Ref. Num.	'123450234567'
505-F5	Patient Pay Amount	‘00000000’
506-F6	Ingredient Cost Paid	‘00000000’
509-F9	Total Paid Amount [$21.00]	'00002100'

Example:

```
610442EDSH01IZ513U......D0B11A010000000097......20120103..AM29.CAJENNIFER....
.CBSMITH.............AM21.ANP..AM22.EM1.D2123450234567..AM23.F50000000{
.F60000000{.F90000210{
```

***** ***Implied decimal, two places***

****** ***Implied decimal, three places***

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

NCPDP D.0 Pharmacy Claim Test Case 6:
Claim without DUR information filled in. Claim is rejected for DUR Alert

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	‘1’
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000105'
401-D1	Date of Service (CCYYMMDD)	‘20120103’
110-AK	Software Vendor/Certification ID	‘XXX0100AAA’
302-C2	Cardholder ID	'123456789931101'
304-C4	Date of Birth (CCYYMMDD)	'19921001'
305-C5	Patient Gender Code	'2'
307-C7	Place of service	'01'
455-EM	Prescription/Service Reference Qualifier	‘1’
402-D2	Prescription Number	'123450234567'
436-E1	Product Service ID Qualifier	‘03’
407-D7	Product/Service ID	'00062133215'
442-E7	Quantity Dispensed [Qty = 100]	'0000030000' **or** ‘30000’ **
405-D5	Days Supply	'030' **or** ‘30’
406-D6	Compound Code	'1'
420-DK	Submission Clarification Code	'07'
308-C8	Other Coverage Code	‘1’
461-EU	Prior Authorization Type Code	‘01’
462-EV	Prior Authorization Number (TCN)	‘11111111115’
430-DU	Gross Amount Due [$21.00]	‘00002100’ **or** ‘2100’ *
423-DN	Basis of Cost Determination	‘00’
466-EZ	Prescriber ID Qualifier	‘01’
411-DB	Prescriber ID	'1234567893'

Example:

```
610442D0B1..........1050000000105...20120103XXX0100AAA....AM04.C2123456789931
101..AM01.C419921001.C52.C701~..AM07.EM1.D2123450234567.E102.D700062133215.E7
0000030000.D5030.D61.DK07.C801.EU01.EV11111111115..AM11.DU00002100.DN00..AM03
.EZ01.DB1234567893
```

OR

```
610442D0B1..........1050000000105...20120103XXX0100AAA....AM04.C2123456789931
101..AM01.C419921001.C52.C701~..AM07.EM1.D2123450234567.E102.D700062133215.E7
30000.D530.D61.DK07.C801.EU01.EV11111111115..AM11.DU2100.DN00..AM03.EZ01.DB12
34567893
```

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

Response:

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	‘1’
501-F1	Response Status (Header)	'A'
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000105'
401-D1	Date of Service (CCYYMMDD)	‘20120103’
112-AN	Transaction Response Status	'R'
510-FA	Reject Count	'01'
511-FB	Reject Code	'88'
130-UF	Additional Message Information Count	‘02’
132-UH	Additional Message Information Qualifier	‘01’
526-FQ	Additional Message Information	' '
131-UG	Additional Message Information	‘+’
132-UH	Additional Message Information Qualifier	‘02’
526-FQ	Additional Message Information	'1030'
549-7F	Help Desk Phone Number Qualifier	‘01’
550-8F	Help Desk Phone Number	‘8005415555’
455-EM	Prescription/Service Ref. Num. Qualifier	‘1’
402-D2	Prescription/Service Ref. Num.	'123450234567'
567-J6	DUR/PPS Response Code Counter	'1'
439-E4	Reason for Service Code	‘PA’
528-FS	Clinical Significance Code	‘1’
529-FT	Other Pharmacy Indicator	‘0’
530-FU	Previous Date of Fill	‘00000000’
531-FV	Quantity of Previous Fill [Qty = 0]	‘0000000000’
532-FW	Database Indicator	‘1’
533-FX	Other Prescriber Indicator	‘0’
544-FY	DUR Free Text Message	‘AGE WARNING’

Example:

```
610442EDSH01IZ513U......D0B11A010000000105.....20120103...AM21.ANR.FA01. FB88.
UF02.UH01.FQ.........................................UG+.UH02.FQ.....1030....
...........................7F01.8F8005415555..AM22.EM1.D2123450234567..AM24.
J61.E4PA.FS1.FT0.FU00000000.FV0000000000.FW1.FX0.FYAGE WARNING
```

***** ***Implied decimal, two places***
****** ***Implied decimal, three places***

Medi-Cal POS NCPDP Pharmacy Transaction Specifications Third Party Vendors (Dial-Up / Leased-Line)

NCPDP D.0 Pharmacy Claim Test Case 7:
Claim Cancelled Claim is not paid

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B1'
109-A9	Transaction Count	‘1’
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	‘0000000105’
401-D1	Date of Service (CCYYMMDD)	'20120103'
110-AK	Software Vendor/Certification ID	‘XXX0100AAA’
302-C2	Cardholder ID	'123456789931101'
304-C4	Date of Birth (CCYYMMDD)	'19921001'
305-C5	Patient Gender Code	'2'
307-C7	Place of service	'01'
455-EM	Prescription/Service Reference Qualifier	‘1’
402-D2	Prescription Number	'123450234567'
436-E1	Product Service ID Qualifier	‘03’
407-D7	Product/Service ID	'00045012124'
442-E7	Quantity Dispensed [Qty = 100]	'0000030000' **or** ‘030000’
405-D5	Days Supply	'030' **or** ‘30’
406-D6	Compound Code	'1'
420-DK	Submission Clarification Code	'07'
308-C8	Other Coverage Code	‘1’
461-EU	Prior Auth Type Code	‘01’
462-EV	Prior Auth Number (TCN)	‘11111111116’
430-DU	Gross Amount Due [$21.00]	‘00002100’ **or** ‘2100’ *
423-DN	Basis of Cost Determination	‘00’
466-EZ	Prescriber ID Qualifier	‘01’
411-AM	Prescriber ID	'1234567893’
473-7E	DUR/PPS Code Counter	‘1’
439-E4	Reason for Service Code	‘PA’
440-E5	Professional Service Code	‘M0’
441-E6	Result of Service Code	‘2A’

Example:

```
610442D0B1..........1010000000105...20120103XXX0100AAA....AM04.C2123456789931
101..AM01.C419921001.C52.C701~..AM07.EM1.D2123450234567.E103.D700045012124.
E70000030000.D5030.D61.DK07.C801.EU01.EV11111111116..AM11.DU00002100.DN00..
AM03.EZ01.DB1234567893.AM08.7E1.E4PA.E5M0.E62A
```

OR

```
610442D0B1..........1010000000105...20120103XXX0100AAA....AM04.C2123456789931
101..AM01.C419921001.C52.C701~..AM07.EM1.D2123450234567.E103.D700045012124.E
730000.D530.D61.DK07.C801.EU01.EV11111111116..AM11.DU2100.DN00..AM03.EZ01.DB
1234567893.AM08.7E1.E4PA.E5M0.E62A
```

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

Response:

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Type	'B1'
109-A9	Transaction Count	‘1’
501-F1	Response Status (Header)	'A'
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	‘0000000105’
401-D1	Date of Service (CCYYMMDD)	'20120103'
112-AN	Transaction Response Status	'C'
310-CA	Patient First Name	'JENNIFER’
311-CB	Patient Last Name	'SMITH'
455-EM	Prescription/Service Ref. Num. Qualifier	‘1’
402-D2	Prescription/Service Ref. Num.	'123450234567'

Example:

```
610442EDSH01IZ513U......D0B11A010000000105.....20120103..AM29.CAJENNIFER.....
CBSMITH.............AM21.ANC..AM22.EM1.D2123450234567
```

***** ***Implied decimal, two places***
****** ***Implied decimal, three places***

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

NCPDP D.0 Pharmacy Claim Test Case 8:
Claim Reversal The claim is not reversed

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Type	'B2'
109-A9	Transaction Count	‘1’
202-B2	Service Provider ID Qualifier	‘01’
201-B1	Service Provider ID	'0000000105'
401-D1	Date of Service (CCYYMMDD)	'20120101'
110-AK	Software Vendor/Certification ID	‘XXX0100AAA’
302-C2	Cardholder ID	'333224444931101'
455-EM	Prescription/Service Reference Qualifier	‘1’
402-D2	Prescription Number	'123450234567'
436-E1	Product/Service ID Qualifier	‘03’
407-D7	Product/Service ID	'00045012124'

Example:

```
610442D0B250032.....1010000000105.....20120101XXX0100AAA..AM04.C2333224444931
101...AM07.EM1.D2123450234567.E103 .D700045012124
```

Medi-Cal POS NCPDP Pharmacy
Transaction Specifications
Third Party Vendors (Dial-Up / Leased-Line)

Response:

Field Number	Field Name	Field Value
102-A2	Version/Release Number	'D0'
103-A3	Transaction Code	'B2'
109-A9	Transaction Count	'1'
501-F1	Response Status (Header)	'R'
202-B2	Service Provider ID Qualifier	'01'
201-B1	Service Provider ID	'0000000105'
401-D1	Date of Service (CCYYMMDD)	'20120101'
112-AN	Transaction response Status	'R'
510-FA	Reject Count	'01'
511-FB	Reject Code	'16'
130-UF	Additional Message Information Count	'02'
132-UH	Additional Message Information Qualifier	'01'
526-FQ	Additional Message Information	' '
131-UG	Additional Message Information Continuity	+
132-UH	Additional Message Information Qualifier	'02'
526-FQ	Additional Message Information	' 0867'
549-7F	Help Desk Phone Number Qualifier	'01'
55Ø-8F	Help Desk Phone Number	'8005415555'

Example:

```
610442EDSH01IZ513U......D0B21R010000000105.....20120101...AM21.ANR.FA01. FB16.
UF02.UH01.FQ.........................................UG+.UH02.FQ.............
....................0867....7F01.8F8005415555
```

Eligibility Verification

There are no test cases for NCPDP Eligibility Verification transactions. Once testing for NCPDP Pharmacy Claims is successfully completed, a provider or vendor will also be approved to submit NCPDP Eligibility Verification requests.