

**Wyoming Department of Health**  
NCPDP 5.1 PAYER SHEET

**General Information:**

Date: 4/21/2009  
 Payer Name: Wyoming Department of Health  
 Processor: Goold Health Systems (GHS)  
 Telecommunication Switches: Emdeon, ERX, McKesson, QS1  
 Effective Date: **5/28/2009**  
 Version/Release Number: 5.1  
 Payer Sheet/Technical Contact: 877-553-8455  
 Provider Relations Help Desk Info: 887-205-8083  
 Other Versions Supported: None

**BILLING REQUEST SEGMENTS**

M=Mandatory per the NCPDP Version 5.1 Claim Format Standard. These fields must be populated in order for the claim to be processed.  
 R=Required above the Standard. These data fields must also be populated in order to have the claim processed  
 RW=Required When. These fields depend on other claim information or eligibility information to determine if they are required.  
 NR=Not Required. These fields do not have to be populated for the claim to be processed. However, submitted values must be valid NCPDP 5.1 Telecommunication values.  
 NS=Not Supported. These fields are not supported by GHS and do not have to be populated.

**Billing Transactions Header Segment: Mandatory**

(see above for definition)

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
101-A1	Bin Number	014293	6	M	
102-A2	Version Release Number	51	2	M	51=NCPDP Version 5.1
103-A3	Transaction Code	B1 = Billing, B2=Reversal, B3 = Rebill	2	M	
104-A4	Processor Control Number	WYOPOP	10	M	
109-A9	Transaction Count	1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences	1	M	Only 1 occurrence allowed on compound claim
202-B2	Service Provider ID Qualifier	01=National Provider Identifier (NPI)	2	M	
201-B1	Service Provider ID	National Provider Identifier	15	M	
401-D1	Date of Service		8	M	CCYYMMDD
110-AK	Software Vendor /Certification ID		10	M	Populate with 10 zeros

**Patient Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	01=Patient	2	M	
304-C4	Date of Birth		8	R	CCYYMMDD
305-C5	Gender Code	1=Male 2=Female	1	NR	
307-C7	Patient Location		2	NR	
335-2C	Pregnancy Indicator	Blank=Not Specified 1=Not Pregnant 2=Pregnant	1	NR	Patient must be female if 2 submitted

**Insurance Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	04=Insurance	2	M	
302-C2	Cardholder ID	Recipient's Medicaid Number	20	M	
312-CC	Cardholder First Name		12	NR	
313-CD	Cardholder Last Name		15	NR	
524-FO	Plan Id		8	NS	
309-C9	Eligibility Clarification Code	0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	1	NR	
301-C1	Group ID		15	NR	
303-C3	Person Code	Blank or 000 = Not specified 001=Self	3	NR	
306-C6	Patient Relationship Code	0=Not Specified 1=Cardholder	1	NR	

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**Claim Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	07=Claim	2	M	
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	1	M	
402-D2	Prescription /Service Reference Number	Number assigned by the pharmacy	7	M	
436-E1	Product/Service ID Qualifier	01=UPC (Universal Product Code) 02=HRI (Health Related Item) 03=NDC (National Drug Code)	2	M	
407-D7	Product/Service ID	Product Number	19	M	Must be zero on compound claim
442-E7	Quantity Dispensed	Metric Decimal Quantity	10	R	
403-D3	Fill Number	0=Original Dispensing 1 to 99=Refill Number	2	R	
405-D5	Days Supply		3	R	
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	1	RW	Required when submitting a claim for a compound with value '2'.
408-D8	Dispense as Written (DAW)	0=No Product Selection Indicated	1	NR	
414-DE	Date Prescription Written		8	R	CCYYMMDD
415-DF	Number of Refills Authorized			R	
419-DJ	Prescription Origin Code	0=Not Specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	1	NR	
420-DK	Submission Clarification Code	0=Not specified, Default 4=Lost prescription 5=Therapy change 8=Process compound for Approved Ingredients	2	RW	4 or 5 Required when submitting early refill override  8-Required when submitting a claim for a compound that has non-approved or ingredients without an NDC number
308-C8	Other Coverage Code	0=Not Specified 1=No other coverage identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected	2	RW	Required when there is presence of other insurance
429-DT	Unit Dose Indicator	0=Not Specified	1	NR	
600-28	Unit of Measure		2	NR	
461-EU	Prior Authorization Type Code	0=Not Specified 2=Medical Certification 3=EPSDT 4=Exemption from Copay	2	RW	2-Required when submitting medical certification for pregnancy or emergency fill 3-Required when submitting Early Periodic Screening Diagnosis 4-Required when submitting reason for exemption from Copay
462-EV	Prior Authorization Number Submitted	4=Patient is Pregnant 8=Emergency Supply		RW	Required when submitting medical certification for pregnancy or emergency fill

**Pharmacy Provider Segment: Not Used**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	02=Pharmacy Provider	2	NS	

**Prescriber Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	03=Prescriber	2	M	
466-EZ	Prescriber ID Qualifier	01 = National Provider Identifier (NPI)	2	R	
411-DB	Prescriber ID	National Provider ID	15	R	

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**COB/Other Payment Segment: Situational – Required when submitting Other Coverage Code of 2, 3 or 4**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	05=COB/Other Payments	2	M	
337-4C	Coordination of Benefits/Other Payments Count		1	M	
338-5C	Other Payer Coverage Type	Blank=Not specified 01=Primary 02=Secondary 03=Tertiary	2	M	(Repeating) Required when submitting other payer information with other coverage codes 2, 3, or 4
339-6C	Other Payer ID Qualifier		2	RW	(Repeating)
340-7C	Other Payer ID		10	RW	Required when submitting other payer information with other coverage codes 2, 3, or 4
443-E8	Other Payer Date	Payment or denial date of the claim submitted to the other payer.	8	RW	
341-HB	Other Payer Amount Paid Count		1	RW	
342-HC	Other Payer Amount Paid Qualifier	Blank=Not specified 01=Delivery 02=Shipping 03=Postage 04=Administrative 05=Incentive 06=Cognitive Service 07=Drug Benefit 08=Sum of all reimbursement 98=Coupon 99=Other	2	RW	(Repeating) Required when submitting other coverage code = 2
431-DV	Other Payer Amount Paid	SSSSSScc	8	RW	(Repeating) Required when submitting other coverage code = 2
471-5E	Other Payer Reject Count		2	RW	Required when submitting OCC=3
472-6E	Other Payer Reject Code		3	RW	(Repeating) Required when submitting OCC=3

**DUR/PPS Segment: Optional**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	08=DUR/PPS	2	M	
473-7E	DUR/PPS Code Counter		1	M	
439-E4	Reason for Service Code	DD=Drug-Drug Interaction HD=High Dose TD=Therapeutic Duplication	2	RW	(Repeating) Required when there is a conflict to resolve or reason for service to be explained
440-E5	Professional Service Code		2	RW	(Repeating) Required when there as a professional service to be identified
441-E6	Result of Service Code		2	RW	(Repeating) Required when there is a result of service to be submitted
474-8E	DUR/PPS Level of Effort		2	NR	
475-J9	DUR Co-Agent ID Qualifier		2	NR	
476-H6	DUR Co-Agent ID		19	NR	

**Pricing Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	11=Pricing	2	M	
409-D9	Ingredient Cost Submitted		8	R	
412-DC	Dispensing Fee Submitted		8	NR	
433-DX	Patient Paid Amount Submitted		8	NR	
426-DQ	Usual and Customary Charge		8	R	
430-DU	Gross Amount Due		8	R	
423-DN	Basis of Cost Determination		2	NR	

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**Compound Segment: Situational**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	10=Compound	2	M	
450-EF	Compound Dosage Form Descriptor Code		2	M	
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	1	M	
452-EH	Compound Route of Administration		2	M	
447-EC	Compound Ingredient Component Count		2	M	
488-RE	Compound Product ID Qualifier	01=UPC (Universal Product Code) 02=HRI (Health Related Item) 03=NDC (National Drug Code)	2	M	(Repeating)
489-TE	Compound Product ID	Product Number	19	M	(Repeating)
448-ED	Compound Ingredient Quantity		10	M	(Repeating)
449-EE	Compound Ingredient Drug Cost		8	R	(Repeating)
490-UE	Compound Ingredient Basis of Cost Determination		2	NR	(Repeating)

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**BILLING RESPONSE SEGMENTS**

**Response Header Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
102-A2	Version Release Number	51=Version 5.1	2	M	
103-A3	Transaction Code	B1, B3	2	M	
109-A9	Transaction Count	1= One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences	1	M	
501-FI	Header Response Status	A=Accepted R=Rejected	1	M	
202-B2	Service Provider ID Qualifier	01=National Provider Identifier (NPI)	2	M	01=NPI
201-B1	Service Provider ID	National Provider Identifier	15	M	
401-D1	Date of Service		8	M	CCYYMMDD

**Response Message Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	20=Response Message	2	M	
504-F4	Message	Free Form Message	1-200	M	

**Response Insurance Segment: Not Used**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	04=Insurance	2	M	

**Response Status Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	21=Response Status	2	M	
112-AN	Transaction Response Status	P=Paid R=Rejected D=Duplicate of Paid	1	M	
503-F3	Authorization Number		20	M	
510-FA	Reject Count	Required if Transaction Response Status=R	2	M	
511-FB	Reject Code	Required if Transaction Response Status =R	3	M	
546-4F	Reject Field Occurrence Indicator		2	M	
547-5F	Approved Message Code Count		1	M	
548-6F	Approved Message Code	Blank=Not specified 001=Generic Available 002=Non formulary drug 003=Maintenance drug	3	M	
526-FQ	Additional Message Info	Free Text Information	200	M	
549-7F	Help Desk Phone Number Qualifier	03=Processor/PBM	2	M	
550-8F	Help Desk Phone Number	877-205-8083	18	M	

**Response Claim Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	22=Response Claim	2	M	
455-EM	Prescription/Service Reference Number Qualifier	1=RX Billing	1	M	
402-D2	Prescription/Service Reference Number		9	M	
551-9F	Preferred Product Count	0=Not Supported	1	M	

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**Response Pricing Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	23=Response Pricing	2	M	
505-F5	Patient Pay Amount		8	M	
506-F6	Ingredient Cost Paid		8	M	
507-F7	Dispensing Fee Paid		8	M	
565-J4	Other Amount Paid		8	RW	Other Coverage Code = 2
509-F9	Total Amount Paid		8	RW	Transaction Response Status = P-Paid
522-FM	Basis of Reimbursement Determination	00=Not Specified 01=Ingr Cost Paid as submitted 04=Usual & Customary Paid as submitted 05=Paid lower of (Ingr Cost + Fee) vs. U&C 06=Mac Pricing Ingr Cost Paid 07=Submitted reduced to DOJ pricing 09=Acquisition Pricing	2	M	

**Response DUR/PPS Segment: Situational**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	24 = Response DUR/PPS	2	M	
567-J6	DUR/PPS Response Code Counter		1	M	
439-E4	Reason for Service Code	DD=Drug-Drug Interaction HD=High Dose TD=Therapeutic Duplication	2	M	
528-FS	Clinical Significance Code		1	M	
529-FT	Other Pharmacy Indicator		1	RW	
530-FU	Previous Date of Fill		8	RW	
531-FV	Quantity of Previous Fill		10	RW	
532-FW	Database Indicator		1	RW	
533-FX	Other Prescriber Indicator		1	RW	
544-FY	DUR Free Text Message		30	RW	

**Response Prior Authorization Segment: Not Used**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	26= Response Prior Authorization	2	NS	

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**REVERSAL REQUEST SEGMENT**

**Reversal Header Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
101-A1	Bin Number	014293	6	M	
102-A2	Version Release Number	51=NCPDP Version 5.1	2	M	
103-A3	Transaction Code	B2=Reversal	2	M	
104-A4	Processor Control Number	WYOPOP	10	M	
109-A9	Transaction Count	1= One Occurrence	1	M	Limited to 1 occurrence
202-B2	Service Provider ID Qualifier	01=National Provider Identifier	2	M	01=NPI
201-B1	Service Provider ID	National Provider Identifier	15	M	
401-D1	Date of Service		8	M	CCYYMMDD
110-AK	Software/Vendor/Certification ID	0000000000	10	M	

**Insurance Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	04		M	
302-C2	Cardholder ID	Recipient's Medicaid Number		M	

**Claim Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	07=Claim	2	M	
445-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	1	M	
402-D2	Prescription/Service Reference Number		9	M	
436-E1	Product/Service ID Qualifier	01=UPC (Universal Product Code) 02=HRI (Health Related Item) 03=NDC (National Drug Code)	2	M	
407-D7	Product Service ID	Product Number	19	M	

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**REVERSAL RESPONSE SEGMENT**

**Reversal Header Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
102-A2	Version/Release Number	51=Version 5.1	2	M	
103-A3	Transaction Code	B2=Reversal	2	M	
109-A9	Transaction Count	1= One Occurrence	1	M	
501-F1	Header Response Status	A=Accepted R=Rejected	1	M	
202-B2	Service Provider ID Qualifier	01=National Provider Identifier (NPI)	2	M	01=NPI
201-B1	Service Provider ID	National Provider Identifier	15	M	
401-D1	Date of Service		8	M	CCYYMMDD

**Message Response Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	20=Response Message	2	M	
504-F4	Message	Free Form Message	1-200	M	

**Status Response Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	21=Response Status	2	M	
112-AN	Transaction Response Status	A=Approved R=Rejected S=Duplicate of Approved	2	M	
510-FA	Reject Count	Required if Transaction Response Status=R	2	M	
511-FB	Reject Code	Required if Transaction Response Status=R	3	M	
549-7F	Help Desk Phone Number Qualifier	03=Processor/PBM Telephone Number	2	M	
550-8F	Help Desk Phone Number	877-205-8083	18	M	
526-FQ	Additional Message Information	Free Text Message	200	M	

**Claim Response Segment: Mandatory**

FIELD #	FIELD NAME	VALUE	FIELD LENGTH	M / R RW	COMMENTS
111-AM	Segment Identification	22=Response Claim	2	M	
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	1	M	
402-D2	Prescription/Service Ref #		9	M	