Michigan Department of Health and Human Services

EDI Companion Guide for NCPDP Transactions based on Post Adjudication History Detail Standard Implementation Guide Version 4.2

Effective July 1, 2015

<u>Introduction</u>

This document is the property of the Michigan Department of Health and Human Services (MDHHS). The information contained in this document is for the use of Trading Partners engaging in electronic data interchange (EDI) health care transactions with the State of Michigan.

This document is intended as a companion to the National Council of Prescription Drug Programs (NCPDP) Post-Adjudication History Detail Standard Version 4.2, dated April 10, 2013. The NCPDP Post-Adjudication Standard Implementation Guide can be downloaded from the NCPDP web site at https://standards.ncpdp.org/ Note that access to the Implementation guide requires an NCPDP membership.

This document provides MDHHS-specific instructions regarding certain elements within the Implementation Guide but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDHHS rules regarding:

- Identifiers to use when a national standard has not been adopted

- Parameters in the Implementation Guide that provide options

In addition, MDHHS Trading Partners participating in the Integrated Care demonstration must follow the CMS Standard Companion Guide for NCPDP Transaction Information, which is located at http://www.csscoperations.com/internet/cssc3.nsf/files/MMP%20NCPDP%20Companion%20Guide_11042014.pdf/$FIle/MMP%20NCPDP%20Companion%20Guide_11042014.pdf.

To successfully submit NCPDP encounters to the State of Michigan, it is necessary to comply with the information contained in the MDHHS Electronic Submission Manual. The most current version of this manual can be downloaded from the MDHHS web site at the following location: http://www.michigan.gov/tradingpartners >> HIPAA – Companion Guides

Transaction Description

NCPDP encounter transactions are used to report health care products and services for prescription drugs and certain durable medical equipment health care products covered by MDHHS supported benefit programs.

Notes

This document uses several text conventions to distinguish MDHHS data elements from the Implementation Guide data elements. The following table lists the text conventions used in this document:

Convention used	Explanation
< >	Text included within < > describes what will be transmitted by MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>.
" "	Text with " " around a value represents NCPDP Implementation Guide values.
( )	The NCPDP Implementation Guide description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items that are pending guidance from MDCH

Post-Adjudication History Detail Standard Version 4.2 Companion Guide Rules

Field ID	Field Name	Format	Size	Start	End	Companion Guide Rule
				4.2 Post Adjudication History Header Record		
601-04	RECORD TYPE	A/N	2	1	2	"PA" (Post Adjudication History Header Record)
102-A2	VERSION/RELEASE NUMBER	A/N	2	3	4	"42"
879	SENDING ENTITY IDENTIFIER	A/N	24	5	28	Four-character FTS billing agent ID assigned by MDHHS
806-5C	BATCH NUMBER	N	7	29	35	Use a unique health plan created batch identification number. ICOs: Must be 7 digits
880-K2	CREATION DATE	N	8	36	43	CCYYMMDD
880-K3	CREATION TIME	N	4	44	47	HHMM
880-K7	RECEIVER ID	A/N	24	48	71	"D00111" for MDHHS

Field ID	Field Name	Format	Size	Start	End	Companion Guide Rule
601-06	REPORTING PERIOD START DATE	N	8	72	79	Extract start date-CCYYMMDD
601-05	REPORTING PERIOD END DATE	N	8	80	87	Extract End date-CCYYMMDD
702-MC	FILE TYPE	A/N	1	88	88	"P" for Production, "T" for Test
981-JV	TRANSMISSION ACTION	A/N	1	89	89	"O" for Original file "C" for Resubmission
888	SUBMISSION NUMBER	A/N	2	90	91	Submit appropriate number
4.2 Post Adjudication History Detail						
601-04	RECORD TYPE	A/N	2	1	2	"DE" (Post Adjudication History Detail Record)
398	RECORD INDICATOR	A/N	1	3	3	"0" for New record "1" Overwrite existing record "2" Delete existing record
248	ELIGIBLE COVERAGE CODE	A/N	3	4	6	"IND"
898	USER BENEFIT ID	A/N	10	7	16	"D00111" for MDHHS
246	ELIGIBILITY GROUP ID	A/N	15	27	41	"MIMEDICAID" Michigan Medicaid "MICHILD" Children enrolled in MIChild program
267	INSURANCE CODE	A/N	20	48	67	ICOs: Medicare Health Insurance Claim Number (HICN)
302-C2	CARDHOLDER ID	A/N	20	288	307	10-digit beneficiary ID number assigned by MDCH. MIChild enrollees use the Client Identification Number (CIN) assigned by the enrollment broker; necessary for Overwrite/Delete logic
331-CX	PATIENT ID QUALIFIER	A/N	2	529	530	"O6" (Medicaid ID) "04" (MIChild)
332-CY	PATIENT ID	A/N	20	531	550	10-digit beneficiary ID number assigned by MDHHS. MIChild enrollees use the Client Identification Number (CIN) assigned by the enrollment broker.
247	ELIGIBILITY/PATIENT RELATIONSHIP CODE	N	2	770	771	"18" (Self)
306-C6	PATIENT RELATIONSHIP CODE	N	1	778	778	"1" (Self)
301-C1	GROUP ID	A/N	15	790	804	"MIMEDICAID" Michigan Medicaid "MICHILD" Children enrolled in MIChild program
215	CARRIER NUMBER	A/N	9	805	813	Health plan ID number

Field ID	Field Name	Format	Size	Start	End	Companion Guide Rule
240	CONTRACT NUMBER	A/N	8	829	836	ICOs: 829-833 Contract number assigned by CMS to identify the plan 834-836 Three digit code identifying the PBP
212	BENEFIT TYPE	A/N	1	837	837	"5" (Standard Program)
601-01	PLAN TYPE	A/N	4	867	870	"1920" for Medicaid "9901" for MIChild
202-B2	SERVICE PROVIDER ID QUALIFIER	A/N	2	871	872	Must be "1"-NPI
201-B1	SERVICE PROVIDER ID	A/N	15	873	887	10-digit NPI
466-EZ	PRESCRIBER ID QUALIFIER	A/N	2	1148	1149	Must be "1"-NPI
411-DB	PRESCRIBER ID	A/N	15	1150	1164	10-digit NPI
436-E1	PRODUCT/SERVICE ID QUALIFIER	A/N	2	1386	1387	If compound, then submit "00" Else submit "03"
407-D7	PRODUCT/SERVICEID	A/N	19	1388	1406	If compound, then zero-fill Else submit NDC code
278	MEMBER SUBMITTED CLAIM PAYMENT RELEASE DATE	N	8	1457	1464	Hardcode '00000000'
217	CLAIM DATE RECEIVED IN THE MAIL	N	8	1465	1472	Hardcode '00000000'
216	CHECK DATE	S	N	1490	1497	The date that the payment was issued to the pharmacy
424-DO	DIAGNOSIS CODE	A/N	15	1623	1637	MDHHS requires this field if available. Do not use decimal points.
506-F6	INGREDIENT COST PAID	D	8	2109	2116	Drug ingredient cost paid by the health plan. If the health plan did not pay, amount should be $0.
507-F7	DISPENSING FEE PAID	D	8	2117	2124	Dispensing fee paid by the health plan. If the health plan did not pay, amount should be $0.
894	TOTAL AMOUNT PAID BY ALL SOURCES	D	8	2125	2132	MDHHS requires this field. This field should include paid amounts from all sources including primary/secondary payors, patient pay amounts, sales tax, etc. Per NCPDP data dictionary the definition of this field is "Total amount of the prescription regardless of party responsible for payment." Total amount paid (894) = Ingredient Cost Paid (5Ø6-F6) + Dispensing Fee Paid (5Ø7-F7) + Incentive Amount Paid(521-FL) + Flat Sales Tax Amount Paid (558-AW) + Professional Service Fee Paid (562-J1) + Patient Pay Amount (5Ø5-F5) ,COB Primary Payer Paid Amount (228) + COB Secondary Payer Paid Amount (234)

Field ID	Field Name	Format	Size	Start	End	Companion Guide Rule
558-AW	Flat Sales Tax Amount Paid	D	8	2310	2317	Sales tax should not be reported on prescriptions filled in Michigan. If the prescription was filled out of state MDHHS expects to see the sales tax amount reported in this field.
521-FL	INCENTIVE AMOUNT PAID	D	8	2335	2342	Amount represents the contractually agreed upon incentive fee paid for specific services rendered. If the health plan did not pay, amount should be $0.
281	NET AMOUNT DUE	D	8	2413	2420	This is the total amount paid by health plan to the pharmacy. Net amount due = Ingredient Cost Paid (506-F6) + Dispensing Fee Paid (507-F7) + Incentive Amount Paid (521-FL) + Flat Sales Tax Amount Paid (558-AW) + Professional Service Fee Paid (562-J1)
204	ADJUSTMENT REASON CODE	N	3	2600	2602	These fields are N/A.
205	ADJUSTMENT TYPE	A/N	1	2603	2603	These fields are N/A.
897	TRANSACTION ID CROSS REFERENCE	A/N	30	2604	2633	If 398-Record Indicator equals "1" or "2", then put the 896-Transaction ID of the **previous** submission here
226	COB PRIMARY CLAIM TYPE	A/N	1	2643	2643	R" (Retail)
232	COB PRIMARY PAYER ID	A/N	10	2644	2653	MDHHS requires this field if there is COB payer
896	TRANSACTION ID	A/N	30	2744	2773	Must be limited to the first 10 characters of the allotted 30
224	CLIENT SPECIFIC DATA	A/N	50	2794	2843	ICOs: The original ICN is required in this field when field 398 = 1 or 2

4.2 Post Adjudication Compound Detail-1 & 2 Records
(Values in this section pertain to both Compound Detail records and ingredient instructions apply to all seven ingredients)

Field ID	Field Name	Format	Size	Start	End	Companion Guide Rule
601-04	RECORD TYPE	A/N	2	1	2	"CD" (Post Adjudication History Compound) in Detail 1 "CE" (Post Adjudication History Compound) in Detail 2
	SECTION DENOTES FIRST INGREDIENT					**This section only required if drug is a compound.**
488-RE	COMPOUND PRODUCT IDQUALIFIER	A/N	2	18	19	"3" (National Drug Code)
489-TE	COMPOUND PRODUCTID	A/N	19	20	38	11-digit NDC
601-19	PRODUCT CODE QUALIFIER	A/N	1	144	144	"N" (11-digit NDC)
601-18	PRODUCT CODE	A/N	17	145	161	11-digit NDC

Field ID	Field Name	Format	Size	Start	End	Companion Guide Rule
449-EE	COMPOUND INGREDIENT DRUG COST	D	8	53	60	Compound Ingredient Drug Cost. Actual cost of the drug needs to be submitted in this field. Individual compound ingredient costs for each ingredient as reported on the claim.
889	THERAPEUTIC CHAPTER	D	8	302	309	889 field is being used/mapped for Compound Ingredient Cost Paid
4.2 Post Adjudication History Trailer Record						
601-04	RECORD TYPE	A/N	2	1	2	"PT"(Post Adjudication History Trailer Record)

Revision Log

Version Date	Effective Date	Revision Description
May 7, 2015 (draft v3)	July 1, 2015	• The column "Usage" has been removed • The rule for 215-Carrier Number has been clarified • The rule for 466-EZ Prescriber ID Qualifier has changed to "01" from "P"
June 16, 2015 (draft v4)	July 1, 2015	• Field 281-Net Amount Due is the field where health plans should submit the amount that they paid • Field 894-Total Amount Paid by all Sources is required
June 24, 2015 (draft v5)	July 1, 2015	• 896-Transaction ID must be limited to 10 characters • 302-C2 Cardholder ID was added. It is necessary for delete/overwrite logic. • The comments of 897-Transaction ID Cross Reference were changed. It now states that "If 398-Record Indicator equals "1" or "2", then put the 896-Transaction ID of the previous submission here"
March 15, 2018 (draft v6)	March 15, 2018	• Changed MDCH to MDHHS • Specified that Net Amount Due is the amount paid to the pharmacy
May 11, 2020 (draft v7)	May 11, 2020	• Added Check Date to specify that it is the date that the pharmacy was paid
June 05, 2023 (draft v8)	June 05, 2023	• 448-ED Compound Ingredient Quantity field. Length is 14 characters with 3 digits of precision to the right of the decimal and left padded 0.

Version Date	Effective Date	Revision Description
December 04, 2023 (draft v9)	December 04, 2023	889 THERAPEUTIC CHAPTER 889 is a loop field, being reproposed to receive COMPOUND INGREDIENT DRUG COST PAID. 449-EE COMPOUND INGREDIENT DRUG COST Actual cost of the drug needs to be submitted in this field. Individual compound ingredient costs for each ingredient as reported on the claim.
April 02, 2025 (draft v10)	April 02, 2025	- Ingredient Cost paid was added - Dispensing Fee Paid was added - Incentive Fee Paid was added - Added comments to Net Amount Due to specify the calculation - Added comments to Total Amount Paid by All Sources to indicate that it should include the amount paid for the prescription regardless of the source that paid. - Flat Sales Tax Paid was added