

RI Medical Assistance Payer Sheet

Mandatory Field	Field Name	Definition of Field	RI Usage Requirement	Field Length	Values Accepted by Rhode Island	Note
Transaction Header Segment - Version D.0						
101-A1	BIN NUMBER	Card Issuer ID or Bank ID Number used for network routing.	M	6	610471	
102-A2	VERSION/ RELEASE NUMBER	Code uniquely identifying the transmission syntax and corresponding Data Dictionary	M	2	D0	Add Value: D0=Version D.0 Standard Format update
103-A3	TRANSACTION CODE	Code identifying the type of transaction.	M	2	Valid Values = B1,B2,S1,S2	B1=Billing B2=Reversal S1=Service Billing S2=Service Billing Reversal
104-A4	PROCESSOR CONTROL NUMBER	Number assigned by the processor.	M	10	RIPAE0706 = RIPAE MCAID1293 = Medicaid DOH0107 = Dept Health (ADAP)	
109-A9	TRANSACTION COUNT	Count of transactions in the transmission.	M	1	Valid Values = 1, 2, 3, 4	Blank=Not Specified '1' = One Occurrence '2' = Two Occurrences '3' = Three Occurrences '4' = Four Occurrences
110-AK	SOFTWARE VENDOR/ CERTIFICATION ID	ID assigned by the switch or processor to identify the software source.	M	10	RIMAXXXXXX	As Assigned by HP Enterprise Services: Field Necessary For RI Claims Processing
201-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.	M	15	Valid Value = XXXXXXXXXXXX	NPI Number - enter the 10-digit National Provider ID number; Pharmacy Vendor supplied Field Required For RI Claims Processing
202-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the 'Service Provider ID' (201-B1).	M	2	Valid Value = 01	01=NPI Number
401-D1	DATE OF SERVICE	Identifies date the prescription was filled or professional service rendered.	M	8	CCYYMMDD	Pharmacy Vendor supplied for Date Filled. Field Necessary For RI Claims Processing
Insurance Segment "04"						
111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	M	2	Valid Value = 04	04=Insurance
302-C2	CARDHOLDER ID	Insurance ID assigned to the cardholder.	M	20	NNNNNNNNNN	Pharmacy Vendor supplied Member Identification Number (MID) Field Required for RI Claims Processing
312-CC	CARDHOLDER FIRST NAME	Individual first name.	M - RI	12	XXXXXXXXXXXX	Pharmacy Vendor supplied Field Required For RI Claims Processing
313-CD	CARDHOLDER LAST NAME	Individual last name.	M - RI	15	XXXXXXXXXXXXXXXXXX	Pharmacy Vendor supplied Field Required For RI Claims Processing

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384-4X	PATIENT RESIDENCE	Identifies patient's place of residence	M	2	Valid Values = 00,01,02,03,04,05,06,07,08 09, 10, 11,12,13,14,15	00 = Not specified 01 = Home 02 = Skilled Nursing Facility 03 = Nursing Facility 04 = Assisted Living Facility 05 = Custodial Care Facility 06 = Group Home 07 = Inpatient Psychiatric Facility 08 = Psychiatric Facility 09 = Intermediate Care Facility 10 = Residential Substance Abuse Facility 11 = Hospice 12 = Psychiatric Residential Treatment Facility 13 = Comprehensive Inpatient Rehabilitation Facility 14 = Homeless Shelter 15 = Correctional Facility

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Claim Segment "07"						
111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	M	2	Valid Value = 07	07=Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Indicates the type of billing submitted.	M	1	Valid Value = 1,2	Blank=Not Specified 1=Rx Billing 2=Service Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	M	12	NNNNNNNNNNNN	Pharmacy Vendor supplied Field Necessary For RI Claims Processing
436-E1	PRODUCT/ SERVICE ID QUALIFIER	Code qualifying the value in 'Product/Service ID' (407-D7).	M	2	Valid Values = 00, 03,09	00 - Multiple National Drug Codes (NDC) 03 - National Drug Code (NDC) 09 - HCPCS Code
407-D7	PRODUCT/ SERVICE ID	ID of the product dispensed or service provided.	M	19	NNNNNNNNNNNN	Applicable NDC/HCPCS Code
442-E7	QUANTITY DISPENSED	Quantity dispensed expressed in metric decimal units.	M - RI	10	Valid Value = NNNNNNNNNN	Pharmacy Vendor supplied Field Necessary For RI Claims Processing
403-D3	FILL NUMBER	The code indicating whether the prescription is an original or a refill.	M	2	Valid Values = 00, 01, 02, 03, 04, 05	00-Original Script 01 - Refill number 1 02 - Refill number 2 03 - Refill number 3 04 - Refill number 4 05 - Refill number 5
405-D5	DAYS SUPPLY	Estimated number of days the prescription will last.	M	3	Valid Value = NNN	Pharmacy Vendor supplied Field Necessary For RI Claims Processing
406-D6	COMPOUND CODE	Code indicating whether or not the prescription is a compound.	M	1	Valid Values = ' 1', ' 2 '	Field Necessary For RI Claims Processing: 0=Not Specified 1=Not a Compound 2=Compound
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	M	1	Valid Values = '0', '1', '8', '9'	0=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9=Substitution Allowed By Prescriber but Plan Requests Brand-Patient's Plan Requested Brand Product To Be Dispensed
414-DE	DATE PRESCRIPTION WRITTEN	Date prescription was written.	M	8	CCYYMMDD	

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420-DK	SUBMISSION CLARIFICATION CODE	Code indicating that the pharmacist is clarifying the submission.	O	2	Valid Values = 0, 4, 5	Field Necessary For RI Claims Processing: 0=Not Specified 4=Lost Prescription & 5=Therapy Change
460-ET	QUANTITY PRESCRIBED	Quantity prescribed expressed in metric decimal units.	M	10	Valid Value = NNNNNNNNNN	RI Medicaid requires this field when Product/Service ID (407-D7) is a schedule II medication
308-C8	OTHER COVERAGE CODE	Code indicating whether or not the patient has other insurance coverage.	O	2	Valid Values = 00, 01, 02, 03, 04, 08	0=Not specified by patient 1=No other coverage 2=Other coverage exists-payment collected 3=Other coverage billed- claim not covered 4=Other coverage exists-payment not collected 8=Claim is billing for patient financial responsibility only
343-HD	DISPENSING STATUS	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	O	1	Valid Values = Blank, P, C	Blank=not specified or When P or C are used, fields 344-HF and 345-HG are mandatory P=partial refill & C=completion of partial fill
995-E2	ROUTE OF ADMINISTRATION	Code for the route of administration of the completed compound drug product.	O	11		Systemized Nomenclature of Medicine - Clinical Terms (SNOMED) codes
Pharmacy Provider Segment "02"						
111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	O	2	Valid Value = 02	02=Pharmacy Provider
465-EY	PROVIDER ID QUALIFIER	Code qualifying the 'Provider ID' (444-E9).	O	x(2)	Valid Value = 05	05=National Provider Identifier (NPI)
444-E9	PROVIDER ID	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.	O	x(15)	Use Valid NPI number assigned to pharmacy provider	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.
Prescriber Segment "03"						
111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	M	2	Valid Value = 03	03=Prescriber
466-EZ	PRESCRIBER ID QUALIFIER		M	2	Valid Value = 01	01=NPI Number
411-DB	PRESCRIBER ID	ID assigned to the prescriber.	M	15	Use Valid NPI number assigned to prescriber	10 digit field required for RI Claims Processing when 466-EZ Prescriber ID Qualifier is entered.

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Coordination of Benefits "05"						
111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	M	2	Valid Value = 05	05=Coordination of Benefits/Other Payments
338-5C	OTHER PAYER COVERAGE TYPE	Code identifying the type of 'Other Payer ID' (340-7C).	M	2	Valid Values = Blank, 01, 02, 03, 04, 05, 06, 07, 08, 09	Mandatory if segment 05=Coordination of Benefits/Other Payments is sent. Blank=Not Specified 01=Primary 02=Secondary 03=Tertiary 04=Quaternary - Fourth 05=Quinary - Fifth 06= Senary - Sixth 07=Septenary - Seventh 08=Octonary - Eighth 09=Nonary - Ninth
339-6C	OTHER PAYER ID QUALIFIER	Code qualifying the 'Other Payer ID' (340-7C)	O***R***	2	Valid Values = Blank, 01,02,03,04,09,99	Mandatory if segment 05=Coordination of Benefits/Other Payments is sent. Blank=Not Specified 01=National Payer ID 02=Health Industry Number (HIN) 03=Bank Information Number (BIN) 04=National Association of Insurance Commissioners (NAIC) 09=Coupon 99=Other
340-7C	OTHER PAYER ID	ID Assigned to the payer.	O***R***	10	NNNNNNNNNN	Mandatory if segment 05=Coordination of Benefits/Other Payments is sent. Pharmacy Vendor supplied Necessary for RI Claims Processing Field
443-E8	OTHER PAYER DATE	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	M	8	Mandatory - Use valid date	Mandatory if segment 05=Coordination of Benefits/Other Payments is sent. Pharmacy Vendor supplied Field Necessary For RI Claims Processing
341-HB	OTHER PAYER AMOUNT PAID COUNT	Count of the payer amount paid occurrences.	O***R***	1	Valid Values= 0,1,2,3,4,5,6,7,8,9	Mandatory if segment 05=Coordination of Benefits/Other Payments is sent. Pharmacy Vendor supplied Field Necessary For RI Claims Processing
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Code qualifying the 'Other Payer Amount Paid' (431-DV).	O***R***	2	Valid Value = 07	Mandatory if segment 05=Coordination of Benefits/Other Payments is sent. 01=Delivery 02=Shipping 03=Postage 04=Administrative 05=Incentive 06=Cognitive Service 07=Drug Benefit
431-DV	OTHER PAYER AMOUNT PAID	Amount of any payment known by the pharmacy from other sources (including coupons).	O***R***	8	s9(6)v99	Mandatory if segment 05=Coordination of Benefits/Other Payments is sent. Pharmacy Vendor supplied

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472-6E	OTHER PAYER REJECT CODE	The error encountered by the previous "Other Payer" in Reject Code (511-FB)	Q***R***	20		Required when billing barbiturates for dual eligibles. Submit the Other Coverage Code (308-C8) using a value of '03' and a valid Other Payer Reject Code.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Code qualifying the "Other Payer-Patient Responsibility Amount (352-NQ)".	Q***R***	2		Benefits/Other Payments is sent. Blank Not Specified 01 Amount Applied to Periodic Deductible (517-FH) as reported by previous payer. 02 Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer. 03 Amount Attributed to Sales Tax (523-FN) as reported by previous payer. 04 Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer. 05 Amount of Copay (518-FI) as reported by previous payer. 06 Patient Pay Amount (505-F5) as reported by previous payer. 07 Amount of Coinsurance (572-4U) as reported by previous payer. 08 Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer 09 Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer 10 Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer. 11 Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer. 12 Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	The patient's cost share from a previous payer.	Q***R***	10		Replaces RI current usage within 433-DX field (Pricing Segments)
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Count of "Other Payer-Patient Responsibility Amount" (352-NQ) and "Other Payer-Patient Responsibility Amount Qualifier" (351-NP) occurrences	Q	2		
392-MU	BENEFIT STAGE COUNT	Count of 394-MW "Benefit Stage Amount" occurrences	Q	9(1)		
393-MV	BENEFIT STAGE QUALIFIER	Code qualifying 394-MW 'Benefit Stage Amount'.	Q***R***	2	Valid Values = 01,02,03,04	Required if 394-MW 'Benefit Stage Amount' is sent. Valid Values are: 01=Deductible 02=Initial Benefit 03=Coverage Gap (donut hole) 04=Castastropic Coverage
394-MW	BENEFIT STAGE AMOUNT	The amount of claim allocated to the Medicare stage identified by the 'Benefit Stage Qualifier' (393-MV)	Q***R***	8		

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DUR/PPS Segment "08"						
111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	M	2		08=DUR/PPS - Mandatory if overriding hard alerts
439-E4	REASON FOR SERVICE CODE		O***R***	2	RI VALUES: ER, TD, DD, SX, HD, LD, LR, PA	Mandatory if segment 06 = DUR / PPS segment is sent.
440-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	O***R***	2	Valid Values = M0, MR, PH, PM, P0	Mandatory if segment 06 = DUR / PPS segment is sent.
441-E6	RESULT OF SERVICE CODE	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	O***R***	2	Valid Values = 1C, 1D, 1E, 1G, 3C, 3D,3E, 3H	Mandatory if segment 06 = DUR / PPS segment is sent.
Pricing Segment "11"						
111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	M	2	11	11=Pricing
409-D9	INGREDIENT COST SUBMITTED	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU).	R	8		
426-DQ	USUAL AND CUSTOMARY CHARGE	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	M - RI	8		Field Necessary For RI Claims Processing
430-DU	Gross Amount Due	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-D9),'Dispensing Fee Submitted' (412-DC),'Flat Sales Tax Amount Submitted'(481-HA),'Percentage Sales Tax Amount Submitted' (4	M - RI	8		Field Necessary For RI Claims Processing

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Compound Segment "10"						
111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	M	2	10	Valid Value: 10=Compound Mandatory if Claims segment 406-D6 = 2.
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	M	2	Valid Values = 01 through 25	M - RI will accept up to a Maximum of 25 ingredients.
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Dosage form of the complete compound mixture.	M	2	Valid Values = 01 through 18	Mandatory if segment 10 = Compound segment is sent. Accepted RI Values: M01=Capsule, 02=Ointment, 03=Cream, 04=Suppository, 05=Powder 06=Emulsion, 07=Liquid, 10=Tablet 11=Solution, 12=Suspension, 13=Lotion 14=Shampoo, 15=Elixir, 16=Syrup
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	NCPDP standard product billing codes.	M	1	Valid Values = 1, 2, 3	Mandatory if segment 10 = Compound segment is sent. 1=Each, 2=Grams 3=Milliliters
488-RE	COMPOUND PRODUCT ID QUALIFIER	Code qualifying the type of product dispensed.	M***R***	2	Valid Value = 03	Blank=Not Specified 01=Universal Product Code (UPC) 02=Health Related Item (HRI) 03=National Drug Code (NDC) 04=Health Industry Business Communications Council (HIBCC) 11=National Pharmaceutical Product Interface Code (NAPPI) 12=Global Trade Identification Number (GTIN) 15=First DataBank Formulation ID (GCN) 28=First DataBank Medication Name ID (FDB Med Name ID) 29=First DataBank Routed Medication ID (FDB Routed Med ID) 30=First DataBank Routed Dosage Form ID (FDB Routed Dosage Form Med ID) 31=First DataBank Medication ID (FDB MedID) 32=First DataBank Medication ID (FDB MedID) 33=First DataBank Ingredient List ID (HICL_SEQ_NO) 99=Other

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489-TE	COMPOUND PRODUCT ID	Product identification of an ingredient used in a compound.	M***R***	19	NNNNN NNNN NN	NDC Code
448-ED	COMPOUND INGREDIENT QUANTITY	Amount expressed in metric decimal units of the product included in the compound mixture.	M***R***	10	NNNNNNNNNN	
449-EE	COMPOUND INGREDIENT DRUG COST	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	M***R***	8	NNNNNNNN	Field Necessary For RI Claims Processing
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	O	2	NN	00= Default 01=AWP (Average Wholesale Price) 02=Local Wholesaler 03=Direct 04=EAC (Estimated Acquisition Cost) 05=Acquisition 06=MAC (Maximum Allowable Cost) 08= 340B /Disproportionate Share Pricing/Public Health Service 09 Other – Different from those implied or specified. 07=Usual & Customary 09=Other 10= ASP (Average Sales Price) 11=AMP (Average Manufacturer Price) 12= WAC (Wholesale Acquisition Cost) 13=Special Patient Pricing