Medmonk

General Information

Payer/Processor Name: Medmonk
BIN: Ø16664
PCN: MEDMONK
Plan Name/Group Name: All
Effective as of: October, 2Ø15
NCPDP Telecommunication Standard Version/Release #: D.Ø
NCPDP External Code List (ECL) Version Date: October, 2013
NCPDP Data Dictionary Version Date: October, 2013
Contact/Information Source: www.medmonk.com, 1-866-ADHERE2, support@medmonk.com
Provider Relations Help Desk Info: 1-866-ADHERE2, support@medmonk.com

Legend

M	Mandatory as defined by NCPDP
R	Required as defined by the Processor
RW	Situational as defined by Plan

General Information 1

Request Claim Billing/Claim Re-Bill Transaction 4

Transaction Header Segment: Mandatory (Request Claim Billing/Claim Re-Bill Transaction) 4

Insurance Segment: Mandatory (Request Claim Billing/Claim Re-Bill Transaction) 5

Patient Segment: Required (Request Claim Billing/Claim Re-Bill Transaction) 5

Pricing Segment: Mandatory (Request Claim Billing/Claim Re-Bill Transaction) 7

Pharmacy Provider Segment: Required (Request Claim Billing/Claim Re-Bill Transaction) 7

Coordination of Benefits: Required (Request Claim Billing/Claim Re-Bill Transaction) 8

Prescriber Segment: Required (Request Claim Billing/Claim Re-Bill Transaction) 9

Clinical Segment: Required (Request Claim Billing/Claim Re-Bill Transaction) 10

Response Claim Billing/Re-Bill: Paid or Duplicate of Paid 11

Response Header Segment: Mandatory (Response: Paid or Duplicate of Paid) 11

Response Status Segment: Required (Response: Paid or Duplicate of Paid) 12

Response Claim Segment: Mandatory (Response: Paid or Duplicate of Paid) 13

Response Pricing Segment: Mandatory (Response: Paid or Duplicate of Paid) 14

Response Reject: Claim Billing/Re-Bill 15

Response Header Segment: Mandatory (Reject Response) 15

Response Status Segment: Mandatory (Reject Response) 16

Response Claim Segment: Mandatory (Reject Response) 17

Request Reversal Transaction 18

Transaction Header Segment: Mandatory (Request Reversal Transaction) 18

Coordination of Benefits: Required (Request Reversal Transaction) 19

Claim Segment: Mandatory (Request Reversal Transaction) 19

Response Reversal: Approved or Duplicate of Approved 20

Response Header Segment: Mandatory (Response: Reversal Approved) 20

Response Status Segment: Required (Response: Reversal Approved) 21

Response Claim Segment: Mandatory (Response: Reversal Approved) 22

Response Reversal: Rejected 23

Response Header Segment: Mandatory (Response: Reversal Rejected) 23

Response Status Segment: Required (Response: Reversal Rejected) 24

Response Claim Segment: Mandatory (Response: Reversal Rejected) 25

Response Transmission Reject: Claim Billing/Re-Bill AND Claim Reversal 25

Response Header Segment: Mandatory (Transmission Reject Response) 25

Response Message Segment: Required (Transmission Reject Response) 26

Response Status Segment: Mandatory (Transmission Reject Response) 27

Request Claim Billing/Claim Re-Bill Transaction

Transaction Header Segment: Mandatory (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN Number	Ø16664	M	
1Ø2-A2	Version Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code	B1, B3	M	Claim Billing, Claim Re-Bill.
1Ø4-A4	Processor Control Number	MEDMONK	M	
1Ø9-A9	Transaction Count	1	M	One occurrence
2Ø2-B2	Service Provider ID Qualifier	Ø1	M	Ø1 = NPI
2Ø1-B1	Service Provider ID		M	National Provider ID assigned to dispensing pharmacy. 15 bytes.
4Ø1-D1	Date of Service		M	CCYYMMDD
11Ø-AK	Software Vendor/Certification ID	All spaces	M	10 bytes.

Insurance Segment: Mandatory (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	Ø4	M	Insurance segment.
3Ø2-C2	Cardholder ID	MEDMONK	M	

Patient Segment: Required (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	Ø1	M	Patient segment.
3Ø4-C4	Date of Birth		R	CCYYMMDD
3Ø5-C5	Patient Gender Code		R	
31Ø-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
322-CM	Patient Street Address		RW	Required for unique identification.
323-CN	Patient City Address		RW	Required for unique identification.
324-CO	Patient State or Province		RW	Required for unique identification.
325-CP	Patient Zip/Postal Code		RW	Required for unique identification.
326-CQ	Patient Phone number		RW	Required for unique identification.
35Ø-HN	Patient E-Mail Address		RW	Required for healthcare communications when provided.

Claim Segment: Mandatory (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Cat	Payer Situation
111-AM	Segment Identification	Ø7	M	Claim segment.
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 = Rx Billing.
4Ø2-D2	Prescription/Service Reference Number		M	Rx number
436-E1	Product/Service ID Qualifier	Ø3	M	Ø3 = National Drug Code (NDC)
4Ø7-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	1	R	1 = Not a compound.
4Ø8-D8	Dispense As Written (DAW) / Product Selection Code		R	
414-DE	Date Prescription Written		R	CCYYMMDD
414-DF	Number of Refills Authorized		RW	Required for plan benefit administration.
419-DJ	Prescription Origin Code		RW	Required for plan benefit administration.
354-NX	Submission Clarification Code Count	Maximum of 3	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	Submission Clarification Code		RW	Required for specific overrides.

Field #	NCPDP Field Name	Value	Cat	Payer Situation
3Ø8-C8	Other Coverage Code		RW	Required for Coordination of Benefits.
6ØØ-28	Unit Of Measure		RW	Required for plan benefit administration.
147-U7	Pharmacy Service Type		RW	Required for plan benefit administration.

Pricing Segment: Mandatory (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Cat	Payer Situation
111-AM	Segment Identification	11	M	Pricing segment.
4Ø9-D9	Ingredient Cost Submitted		R	
43Ø-DU	Gross Amount Due		R	

Pharmacy Provider Segment: Required (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Cat	Payer Situation
111-AM	Segment Identification	Ø2	M	Pharmacy provider segment.
465-EY	Provider ID Qualifier	Ø2	R	Ø2 = State License Number
444-E9	Provider ID		R	Pharmacist State License number.

Coordination of Benefits: Required (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Cat	Payer Situation
111-AM	Segment Identification	Ø5	M	Coordination of Benefits segment.
337-4C	Coordination of Benefits/Other Payments Count	Maximum of 9	M	Count of other payment occurrences.
338-5C	Other Payer Coverage Type		M	Blank: Not Specified Ø1 Primary – First Ø2 Secondary – Second up to Ø9 Nonary – Ninth
339-6C	Other Payer ID Qualifier	Ø3 - BIN	RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	Other Payer ID	BIN	RW	Required for the identification of the Other Payer. Necessary for adjudication.
443-E8	Other Payer Date		RW	
341-HB	Other Payer Amount Paid Count	Maximum of 9	RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	Other Payer Amount Paid Qualifier		RW	Required if Other Payer Amount Paid (431-DV) is used.
431-DV	Other Payer Amount Paid		RW	Required if other payer has approved payment for some/all of the billing.
471-5E	Other Payer Reject Count	Maximum of 5	RW	Required if Other Payer Reject Code (472-6E) is used.
472-6E	Other Payer Reject Code		RW	Required when the other payer has denied the payment for the billing.
353-NR	Other Payer Patient Responsibility Amount Count	Maximum count of 25.	RW	Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.

Field #	NCPDP Field Name	Value	Cat	Payer Situation
351-NP	Other Payer Patient Responsibility Amount Qualifier		RW	Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	Other Payer Patient Responsibility Amount		RW	Required

Prescriber Segment: Required (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Cat	Payer Situation
111-AM	Segment Identification	Ø3	M	Prescriber segment.
466-EZ	Prescriber ID Qualifier		R	Ø1 = National Provider Identifier (NPI)
411-DB	Prescriber ID		R	
427-DR	Prescriber Last Name		R	
364-2J	Prescriber First Name		R	
365-2K	Prescriber Street Address		R	
366-2M	Prescriber City Address		R	
367-2N	Prescriber State/Province Address		R	
368-2P	Prescriber ZIP/Postal Zone		R	

Clinical Segment: Required (Request Claim Billing/Claim Re-Bill Transaction)

Field #	NCPDP Field Name	Value	Cat	Payer Situation
111-AM	Segment Identification	13	M	Clinical segment.
491-VE	Diagnosis Code Count	Max 5	R	Required when segment sent.
492-WE	Diagnosis Code Qualifier	Ø1 or Ø2	R	Ø1 = International Classification of Diseases (ICD9) Ø2 = International Classification of Diseases (ICD10)
424-DO	Diagnosis Code		R	Required when segment sent.

Response Claim Billing/Re-Bill: Paid or Duplicate of Paid

Response Header Segment: Mandatory (Response: Paid or Duplicate of Paid)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version Release Number	DØ	M	
1Ø3-A3	Transaction Code		M	Same as in request billing.
1Ø9-A9	Transaction Count		M	Same as in request billing.
5Ø1-F1	Header Response Status	A	M	A = Accepted.
2Ø2-B2	Service Provider ID Qualifier		M	Same as in request billing.
2Ø1-B1	Service Provider ID		M	Same as in request billing.
4Ø1-D1	Date of Service		M	Same as in request billing.

Response Status Segment: Required (Response: Paid or Duplicate of Paid)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	21	M	Response Status Segment.
112-AN	Transaction Response Status		M	P = Paid, D = Duplicate of Paid
5Ø3-F3	Authorization Number		RW	Will contain a claim tracking number.
13Ø-UF	Additional Message Information Count	Maximum of 25	RW	
132-UH	Additional Message Information Qualifier		RW	
526-FQ	Additional Message Information		RW	Required if text is needed for clarification or detail.
131-UG	Additional Message Information Continuity	+	RW	Current text continues.
549-7F	Help Desk Phone Number Qualifier	Ø3	RW	Ø3 = Processor/PBM
55Ø-8F	Help Desk Phone Number		RW	

Response Claim Segment: Mandatory (Response: Paid or Duplicate of Paid)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	22	M	Response Claim Segment.
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 = Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx number from request

Response Pricing Segment: Mandatory (Response: Paid or Duplicate of Paid)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	23	M	Response Pricing Segment.
5Ø5-F5	Patient Pay Amount		R	
5Ø6-F6	Ingredient Cost Paid		R	
566-J5	Other Payer Amount Recognized		RW	Imp Guide: Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/ Other Payments Segment is supported.
5Ø9-F9	Total Amount Paid		R	
514-FE	Remaining Benefit Amount			
52Ø-FK	Amount Exceeding Periodic Benefit Maximum			Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.
522-FM	Basis Of Reimbursement Determination			Imp Guide: Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing.

Response Reject: Claim Billing/Re-Bill

Response Header Segment: Mandatory (Reject Response)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version Release Number	DØ	M	
1Ø3-A3	Transaction Code		M	Same as in request billing.
1Ø9-A9	Transaction Count		M	Same as in request billing.
5Ø1-F1	Header Response Status	A	M	A = Accepted.
2Ø2-B2	Service Provider ID Qualifier		M	Same as in request billing.
2Ø1-B1	Service Provider ID		M	Same as in request billing.
4Ø1-D1	Date of Service		M	Same as in request billing.

Response Status Segment: Mandatory (Reject Response)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	21	M	Response Status Segment.
112-AN	Transaction Response Status	R	M	R = Reject
51Ø-FA	Reject Count	Max 5	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Omitted if a field is designated as not repeating and this field has an error.
13Ø-UF	Additional Message Information Count	Max 25	RW	Count of the 'Additional Message Information' (526-FQ) occurrences that follow. 9(2)
132-UH	Additional Message Information Qualifier		RW	Format qualifier of the 'Additional Message Information' (526-FQ) that follows. Each value may occur only once per transaction and values must be ordered sequentially (numeric characters precede alpha characters, i.e., Ø-9, A-Z). x(2)
526-FQ	Additional Message Information		RW	Free text message. x(1)-x(4Ø)
131-UG	Additional Message Information Continuity	"+" Current text continues	RW	Indicates continuity of the text found in the current repetition of 'Additional Message Information' (526-FQ) with the text found in the next repetition that follows. x(1)
549-7F	Help Desk Phone Number Qualifier	Ø3	RW	Ø3 = Processor/PBM
55Ø-8F	Help Desk Phone Number		RW	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
987-MA	URL		RW	Will return link to provide guidance to the receiver.

Response Claim Segment: Mandatory (Reject Response)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	22	M	Response Claim Segment.
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 = Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx number from request.

Request Reversal Transaction

Transaction Header Segment: Mandatory (Request Reversal Transaction)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN Number	Ø16664	M	
1Ø2-A2	Version Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code	B2	M	Claim Reversal
1Ø4-A4	Processor Control Number	MEDMONK	M	MEDMONK
1Ø9-A9	Transaction Count	1	M	One occurrence
2Ø2-B2	Service Provider ID Qualifier	Ø1	M	Ø1 = NPI
2Ø1-B1	Service Provider ID		M	National Provider ID assigned to dispensing pharmacy.
4Ø1-D1	Date of Service		M	CCYYMMDD
11Ø-AK	Software Vendor/Certification ID	All spaces	M	

Coordination of Benefits: Required (Request Reversal Transaction)

Field #	NCPDP Field Name	Value	Cat	Payer Situation
111-AM	Segment Identification	Ø5	M	Coordination of Benefits segment.
337-4C	Coordination of Benefits/Other Payments Count	Maximum of 9	M	Count of other payment occurrences.
338-5C	Other Payer Coverage Type		M	Blank: Not Specified Ø1 Primary – First Ø2 Secondary – Second up to Ø9 Nonary – Ninth

Claim Segment: Mandatory (Request Reversal Transaction)

Field #	NCPDP Field Name	Value	Cat	Payer Situation
111-AM	Segment Identification	Ø7	M	Claim segment.
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 = Rx Billing.
4Ø2-D2	Prescription/Service Reference Number		M	Same value as in request billing.
436-E1	Product/Service ID Qualifier		M	Same value as in request billing.
4Ø7-D7	Product/Service ID		M	Same value as in request billing.
4Ø3-D3	Fill Number		R	Same value as in request billing.
3Ø8-C8	Other Coverage Code		RW	Same value as in request billing.

Response Reversal: Approved or Duplicate of Approved

Response Header Segment: Mandatory (Response: Reversal Approved)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	B2 = Reversal. Same as in request billing.
1Ø9-A9	Transaction Count		M	Same as in request billing.
5Ø1-F1	Header Response Status	A	M	A = Accepted.
2Ø2-B2	Service Provider ID Qualifier		M	Same as in request billing.
2Ø1-B1	Service Provider ID		M	Same as in request billing.
4Ø1-D1	Date of Service		M	Same as in request billing.

Response Status Segment: Required (Response: Reversal Approved)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	21	M	Response Status Segment.
112-AN	Transaction Response Status		M	A = Approved, S = Duplicate of Approved
5Ø3-F3	Authorization Number		RW	Will contain a claim tracking number from the original request.
13Ø-UF	Additional Message Information Count	Maximum of 25	RW	
132-UH	Additional Message Information Qualifier		RW	
526-FQ	Additional Message Information		RW	Required if text is needed for clarification or detail.
131-UG	Additional Message Information Continuity	+	RW	Current text continues.
549-7F	Help Desk Phone Number Qualifier	Ø3	RW	Ø3 = Processor/PBM
55Ø-8F	Help Desk Phone Number		RW	

Response Claim Segment: Mandatory (Response: Reversal Approved)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	22	M	Response Claim Segment.
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 = Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx number from request

Response Reversal: Rejected

Response Header Segment: Mandatory (Response: Reversal Rejected)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	B2 = Reversal. Same as in request billing.
1Ø9-A9	Transaction Count		M	Same as in request billing.
5Ø1-F1	Header Response Status	A	M	A = Accepted.
2Ø2-B2	Service Provider ID Qualifier		M	Same as in request billing.
2Ø1-B1	Service Provider ID		M	Same as in request billing.
4Ø1-D1	Date of Service		M	Same as in request billing.

Response Status Segment: Required (Response: Reversal Rejected)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	21	M	Response Status Segment.
112-AN	Transaction Response Status	R	M	R = Rejected
5Ø3-F3	Authorization Number		RW	Will contain a claim tracking number from the original request.
51Ø-FA	Reject Count	Max 5	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Omitted if a field is designated as not repeating and this field has an error.
13Ø-UF	Additional Message Information Count	Maximum of 25	RW	
132-UH	Additional Message Information Qualifier		RW	
526-FQ	Additional Message Information		RW	Required if text is needed for clarification or detail.
131-UG	Additional Message Information Continuity	+	RW	Current text continues.
549-7F	Help Desk Phone Number Qualifier	Ø3	RW	Ø3 = Processor/PBM
55Ø-8F	Help Desk Phone Number		RW	

Response Claim Segment: Mandatory (Response: Reversal Rejected)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	22	M	Response Claim Segment.
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 = Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx number from request

Response Transmission Reject: Claim Billing/Re-Bill AND Claim Reversal

Response Header Segment: Mandatory (Transmission Reject Response)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version Release Number	DØ	M	
1Ø3-A3	Transaction Code		M	Same as in request billing.
1Ø9-A9	Transaction Count		M	Same as in request billing.
5Ø1-F1	Header Response Status	R	M	R = Rejected
2Ø2-B2	Service Provider ID Qualifier		M	Same as in request billing.
2Ø1-B1	Service Provider ID		M	Same as in request billing.
4Ø1-D1	Date of Service		M	Same as in request billing.

Response Message Segment: Required (Transmission Reject Response)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	2Ø	M	Response Message Segment.
5Ø4-F4	Message		RW	Sent if text clarification needs to be sent.

Response Status Segment: Mandatory (Transmission Reject Response)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	21	M	Response Status Segment.
112-AN	Transaction Response Status	R	M	R = Reject
51Ø-FA	Reject Count	Max 5	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Omitted if a field is designated as not repeating and this field has an error.
13Ø-UF	Additional Message Information Count	Max 25	RW	
132-UH	Additional Message Information Qualifier		RW	
526-FQ	Additional Message Information		RW	
131-UG	Additional Message Information Continuity		RW	
549-7F	Help Desk Phone Number Qualifier	Ø3	RW	Ø3 = Processor/PBM
55Ø-8F	Help Desk Phone Number		RW	
987-MA	URL		RW	Will return link to provide guidance to the receiver.