

Basic Guide To Standards

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Basic Guide to Standards

NCPDP recognizes the confidentiality of certain information exchanged electronically through the use of its standards. Users should be familiar with the federal, state, and local laws, regulations and codes requiring confidentiality of this information and should utilize the standards accordingly.

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A BASIC GUIDE TO NCPDP STANDARDS

The mission of NCPDP is clear: to create and promote data interchange standards for the pharmacy services sector of the health care industry, and to provide information and resources that educate the industry and support the diverse needs of our members. As needs within the industry are identified, standards are updated to a new version or release. The following is a high-level overview of the latest version/release and/or the most commonly used of those standards and implementation guides, as well as NCPDP's Data Dictionary and External Code List.

Note: The standards and implementation guides (the work) shown within this document are owned by National Council for Prescription Drug Programs, Inc., 9240 E. Raintree Drive, Scottsdale, AZ 85260, (480) 477-1000, ncpdp@ncpdp.org, and protected by the copyright laws of the United States. 17 U.S.C. §101, et. seq. Permission is given to Council members to copy and use the work or any part thereof in connection with the business purposes of the Council members. The work may not be changed or altered.

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Batch Transaction Standard Implementation Guide

The NCPDP Batch Transaction Format provides practical guidelines and ensures consistent implementation throughout the industry of a file submission standard to be used between pharmacies and processors, or pharmacies, switches, and processors. The batch file is to be submitted in a non-real-time mode.

What business problem is this standard trying to overcome?

The standard eliminates the many proprietary formats by providing one standardized file submission format to be submitted in a non-real-time mode: allows a batch to contain claims from multiple pharmacies at a centralized site to multiple processors via a switch.

How is/could this standard be used in practical, day-to-day applications?

It allows a batch to contain claims from multiple pharmacies at a centralized site to multiple processors via a switch. This standard utilizes the Telecommunication Standard as the detail record, therefore supporting one parsing routine for real-time or batch transmissions.

To who is this standard useful (i.e. target markets)?

Anyone who wants to communicate an electronic pharmacy transaction.

Version 1 Release 2 - January 2006

This standard is for use with the Telecommunication Version 3.2 or higher transaction data set (which is the format for the Detail Record). A new release of this standard guide provides clarifications and error corrections. For example, clarification was made that the Sender ID and Receiver ID values are reversed in the response batch file. The examples were also modified to correctly reflect this. The Transaction Header and Transaction Trailer records were renamed to Transmission Header and Transmission Trailer to correctly reflect that they are at the transmission level.

Version 1 Release 1 – Republication December 2003

This standard is for use with the Telecommunication Version 3.2 or higher transaction data set (which is the format for the Detail Record). A new publication of this standard guide was released to incorporate the Specification and Implementation Guide into one document using the Standard Implementation Guide Template. This incorporation did not change text or subject matter.

Version 1 Release 1 - January 2000 (HIPAA-Named Implementation Guide)

This standard is for use with the Telecommunication Version 3.2 or higher transaction data set (which is the format for the Detail Record).

The Batch Transaction Standard Version 1.1 was named in the *Federal Register* from the Department of Health and Human Services, the Office of the Secretary for the revisions (2/20/2003) of the final rule of transaction sets of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Version 1 Release 0 - February 1996

The Batch Transaction Standard Version 1.0 was named in the *Federal Register* from the Department of Health and Human Services, the Office of the Secretary regarding the final rule of transaction sets of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This was later revised to Version 1.1 above.

This standard is for use with the Telecommunication Version 3.2 transaction data set (which is the format for the Detail Record).

Billing Unit Standard Implementation Guide

Due to the number of processors, fiscal intermediaries, plan administrators, and Medicaid programs, the billing unit standard was created to promote a "common billing unit language" for the submission of prescription claims.

The principal rule of the standard is that there are only three billing units necessary to describe any and all drug products. These billing units are "each", "ml", and "gm". The use of "tablet", "capsule", "kit" and others is not appropriate, since these are dosage forms or package descriptions. Breaking billing units into dosage forms does not add value to the model and violates the goals of the standard. Whether an "each" refers to a tablet, a capsule, a suppository, or a transdermal patch, the price will be the same for each billing unit. Once this definition is in place, the remainder of the standard describes how the various types of pharmaceutical products fit into one of the standard billing units.

What business problem is this standard trying to overcome?

- Billing unit inconsistencies within the health care delivery industry
- Incorrect reimbursement
- Difficulties defining what constitutes a billing unit

How is/could this standard be used in practical, day to day applications?

- Provide a consistent and well-defined billing unit for use in pharmacy transactions
- Provide a method to assign a standard billing unit
- Reduce the time it takes for a pharmacist to accurately bill a prescription and get paid correctly
- Provides a standard billing unit for use in calculation of accurate reimbursement
- Provides a standard size unit of measure for use in DUR

To who is this standard useful (i.e. target markets)?

- Anyone in the health care delivery industry
- Pharmacies and pharmacists
- Manufacturers
- Payers/processors
- HCFA
- Wholesalers/distributors
- Pricing compendia
- Billing agents
- Software vendors
- EMR
- Physicians

Version 3 Release 0 - October 2009

This new version of the standard provides updates to the standard in regards to billing of control solutions and epinephrine single dose injection devices.

Version 2 Release 0 - February 2009, ANSI approved 1/12/05

This republication of Version 2.0 of the Standard Implementation Guide provides for added clarity to Section 5 *Assigning A Billing Unit* and three new FAQs.

Version 2 Release Ø - January 2007

This republication of Version 2.0 of the Standard Implementation Guide provides additional clarification and updates on “Exceptions”, the addition of five new FAQs, and an update of one FAQ within the Standard.

Compound Transaction Implementation Guide

The Compound Transaction Implementation Guide was intended to provide practical guidelines for software developers throughout the industry and to ensure a consistent implementation of the standard throughout the industry.

For information about implementing Compound Transactions in Telecommunication Standard Version 5 and above (or Batch Standard Version 1 Release 1 and above), please see the Telecommunication Implementation Guide Version 5.1, Version 5.6, and the Version 5 Editorial document.

Version 2 Release Ø - October 1997

The Compound Transaction Implementation Guide Version 2 was for the implementation of the Telecommunication Standard Version 4 Release Ø.

Data Dictionary

The document contains names, definitions and other information on all of the data elements used in all NCPDP Standards. The definitions support the various file and telecommunication formats that have been approved by the NCPDP membership.

The data element definitions should be used by all persons who want to know when, where and how specific data elements are used in the approved file formats.

What business problem is the Data Dictionary trying to overcome?

The Data Dictionary provides the information on the specific data elements for all of NCPDP's standards.

How is/could this standard be used in practical, day-to-day applications?

Assists in the seamless implementation of NCPDP standards.

To whom is this standard useful (i.e. target markets)?

Anyone who wants to communicate an electronic pharmacy transaction.

Please see the External Code List for a list of value codes with descriptions for data elements used within specified NCPDP Standards.

Note: If you are looking for the NCPDP Adjustment/Reason Codes for payment information cited in the ASC X12N HIPAA implementation guides, these are called “Reject Codes” in NCPDP vernacular. The codes are contained in the appendix of the External Code List – “Telecommunication Reject Codes”.

Publication Date – October 2009

This release contains the most current additions and modifications to the data elements and reflects which values for applicable data elements appear in the External Code List (ECL).

Diskette Standard Format

Version 2 Release Ø - September 1993

The Diskette Billing Format is intended for processing prescription drug claims via eight-inch diskette. The billing format does not attempt to define the methodology used to create and submit floppy disks for submission to claims processors. The format does address an industry accepted standard format for billing and reimbursing prescription drug claims for pharmacy users. The diskette format incorporates standard data elements that have been defined by NCPDP.

External Code List (ECL)

The External Code List is a list of value codes with descriptions for data elements used within specified NCPDP Standards. The actual data elements still appear in the main Data Dictionary. However, the codes with descriptions are removed from the main Data Dictionary and appear in the **External Code List** document. A reference to the ECL document is made in the values column of the Data Dictionary for applicable fields. Data Element values contained in the External Code List document may be added to, modified, and/or deleted by the submission of a Data Element Request Form (DERF). DERFs approved for such requests will result in a new publication of the ECL document and will not require a version/release change to applicable NCPDP Standards. (See Process Overview for External Code List)

Note: If you are looking for the NCPDP Adjustment/Reason Codes for payment information cited in the ASC X12N HIPAA implementation guides, these are called “Reject Codes” in NCPDP vernacular. The codes are contained in the appendix of the External Code List – “Telecommunication Reject Codes”.

Publication Date –October 2ØØ9

This publication reflects the most current modifications to the ECL and lists these modifications in Section IV of the document.

Financial Information Reporting Standard Implementation Guide

The Financial Information Reporting is a process where by a patient, under one plan sponsor, has changed from one benefit plan PBM to another benefit plan PBM and point-in-time financial information is moved from the previous PBM to the new PBM. This information is necessary for the new PBM to accurately process claims and attribute plan balances and status for reporting to the plan sponsor. Specifically, under the Medicare Prescription Drug Benefit, Improvement and Modernization Act (MMA), when a patient changes to a new Part D plan during a plan year, the previous Part D plan is no longer the plan of record that is responsible for maintaining the current overall True Out-Of-Pocket (TrOOP) and Gross Covered Drug Cost balance for the patient for that plan year. The new plan then becomes the current plan that is responsible for maintaining the overall TrOOP and Gross Covered Drug Cost balance for the patient. These accumulated financial balances for the plan year need to be sent from the previous Part D plan to the new Part D plan. Patients may move between multiple Part D plans including moving back to one of the prior Plans. This standard addresses the industry need to standardize the exchange of this information between plans.

Version 1 Release 1 - October 2009, ANSI approved 10/27/09

This release added the Financial Information Reporting Suspense and Release transactions to the standard.

Formulary and Benefit Standard Implementation Guide

This NCPDP Formulary And Benefit Standard Implementation Guide provides a standard means for pharmacy benefit payers (including health plans and Pharmacy Benefit Managers) to communicate formulary and benefit information to prescribers via technology vendor systems. It enables the physician to consider the following kinds of information during the prescribing process, so that he/she could make the most appropriate drug choice for the patient.

- Information about which drugs are considered to be “on formulary,” and alternative medications for those drugs not on formulary.
- Limitations that may impact whether the patient's benefit will cover a drug being considered (such as age limits, gender limits, step therapy rules, benefit-specific coverage exclusions, etc.)
- The cost to the patient for one drug option versus another.

Version 2 Release 1 - October 2008, ANSI approved 9/23/08

This version of the standard provides a dependable base of information for Formulary and Benefit transmissions by requiring the Formulary Status List. Additionally, the Formulary Status List Header provides fields that allow the sender to specify a default formulary status for non-listed drugs. Verbiage was added to allow omission of Formulary Status Detail records when the non-listed formulary policies are used exclusively to convey the drugs' formulary statuses.

Manufacturer Rebates, Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard and Implementation Guide

The NCPDP Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard provides a standardized format for the electronic submission of rebate information from Pharmacy Management Organizations (PMOs) to Pharmaceutical Industry Contracting Organizations (PICOs). The five (5) file formats are intended to be used in an integrated manner, with the utilization file being supported by the plan and formulary files. However, any of the five (5) files may be used independently. The flat file standard layouts provide detailed information on the file design and requirements for each of the five (5) files.

What business problem is this standard trying to overcome?

Lack of standardization

Current use of multiple file formats

Large amount of data with large dollar impact

Provide standard electronic format to adjudicate rebate claims; more efficient to implement one standard than multiple formats

Improve/build good relations with trading partners

Communication link ("common language")

Keep customers happy by cutting down time for payment of rebates

Build/improve trading partner relationships

How is/could this standard be used in practical, day-to-day applications?

Lack of standardization

- Current use of multiple file formats
 - Large amount of data with large dollar impact
 - Provide standard electronic format to adjudicate rebate claims; more efficient to implement one standard than multiple formats
 - Improve/build good relations with trading partners
 - Communication link ("common language")
 - Keep customers happy by cutting down time for payment of rebates
 - Build/improve trading partner relationships
- To who is this standard useful?
- Manufacturers and PBMs
 - Data vendors (e.g. NDC, Source Informatics)
 - Buying groups
 - State Medicaid agencies if they don't have their own format
 - Contracting folks administrations writers
 - Marketing folks to be within loop
 - Government programs
 - Insurance companies, HMO's, etc.
 - State pharmacy associations
 - Chain/retail pharmacies
 - Systems vendors
 - PBMs
 - Consultants

Version Ø4 Release Ø1 – April 2ØØ7, ANSI approved 3/22/Ø7

This version incorporates the Specification and Implementation Guide into one document with the following modifications to the Implementation Guide:

- Standardized Segment elements to allow trading partners to share proprietary data levels within a standard field location vs. custom placement within Filler spaces. These segments will also accommodate specifications arising from the Medicare D program.
- Additional Elements added to assist with the review of coordination of benefit indicators for the resolution of Primary payer. Many Manufacturers require controls to ensure a claim is only processed for the Primary entity.
- Synchronization of data levels between the Utilization and Reconciliation formats to enhance financial reconciliations between trading partners. Trading partners will have the ability to share summary or detailed calculation elements within both sections of the standards.
- Revisions to common fields also contained within the Telecommunication Standard to enhance field mapping and consistency within the standards.

Version Ø3 Release Ø2, ANSI approved 1/3Ø/Ø2

Standard - November 2ØØ3, Implementation Guide –June 2ØØ4

This version contains the latest updates. In November 2ØØ3 the Standard and Implementation Guide for Version Ø3 Release Ø2 were updated in preparation for use with the External Code List by removing all applicable values resulting in a new publication of the documents. In June 2ØØ4 the Implementation Guide was republished since a new question/answer was added to the guide.

Medicaid Subrogation Implementation Guide

The NCPDP Medicaid Subrogation Implementation Guide provides guidelines for the process whereby a Medicaid agency can communicate to a processor for reimbursement. The state has

reimbursed the pharmacy provider for covered services and now is pursuing reimbursement from other payers for these services.

Version 3 Release 0 - July 2007, ANSI approved 7/2/07

This implementation guide provides subrogation support for the Telecommunication Standard Version D.0. New fields were added that clearly define the Medicaid ICN/TCN, the Medicaid Patient ID assigned, the Medicaid Agency ID, and the Medicaid Amount Paid. Additionally, this version of the Implementation Guide has been requested to be moved forward as a new HIPAA standard.

Version 2 Release 0 – Republication February 2004

This implementation guide provides subrogation support for the Telecommunication Standard Version 5.1. A new publication of this implementation guide was released to incorporate it into the Standard Implementation Guide Template. This incorporation did not change text or subject matter.

Version 2 Release 0 - November 2003

This implementation guide provides subrogation support for the Telecommunication Standard Version 5.1. This Implementation Guide was updated in preparation for use with the External Code List by removing all applicable values resulting in a new publication of the document.

Version 1 Release 1 - June 2000

This implementation guide provides subrogation support for the Telecommunication Standard Versions 3.2.

Member Enrollment Standard and Implementation Guide

Version 2 Release 0 - June 2000

The introduction of managed care concepts to Pharmacy Management Organizations (PMOs) has required various business entities to actively monitor and support the flow of member eligibility information in an accurate and timely manner. The successful transfer and maintenance of this eligibility data provides the foundation for cost containment by limiting claim payment liability.

Eligibility information originates from a large variety of sources due to the diversity of companies providing prescription benefits in their medical insurance coverage programs. The record formats, and data elements supplied by the eligibility source provide a unique challenge to PMOs in the maintenance of these enrollment files.

This Standard was designed in a segment architecture to allow for variation dictated by the business partners using this information. The format is intended to be easily implemented, and provides flexibility for modifications based on new requirements for changes in technology (i.e., ANSI ASC X12N implementation). NCPDP recommends the use of this Standard for the transfer of enrollment information between business entities and enrollment administrators. The Member Enrollment Standard Format v2.0 supports the Telecommunication Standard Version 5.0.

What business problem is this standard trying to overcome?

Allows business partners to actively monitor and support the flow of member eligibility information in an accurate and timely manner. The successful transfer and maintenance of this eligibility data provides the foundation for cost containment by limiting claim payment liability.

How is/could this standard be used in practical, day-to-day applications?

Would be used by anyone with a large eligibility base with frequent changes. Facilitates timely, accurate application of benefits (coverage)

To whom is this standard useful (i.e. target markets)?

Processors, PBMs, Government, Blue Cross/Blue Shield, Employers, Insurers, HMOs, TPAs, Unions

ORDUR Application Manual

The purpose of this manual is to facilitate the performance of ORDUR as a component of an ECM system because inappropriate drug therapy can cause patient injury leading to the provision of additional health care services resulting in increased total health care expenditures. In an attempt to solve this problem, the U.S. Congress enacted federal legislation in 1990 that requires pharmacy providers that participate in state Medicaid programs to perform prospective drug utilization review (DUR) and to provide patient counseling before each Medicaid prescription is dispensed. Presumably, prospective DUR can identify and prevent drug therapy problems, using various drug, patient and provider databases that make up the DUR system. The Omnibus Budget Reconciliation Act (OBRA '90) required that outpatient prospective DUR be performed for all Medicaid patients by January 1, 1993. Under OBRA '90 and HCFA's guidelines, prospective DUR can be performed manually by the dispensing pharmacist or physician, as a component of his store's computerized drug delivery and screening software, or through an on-line real-time drug utilization review (ORDUR) program administered via a data modem by a third party claims processor.

ORDUR processing can be expected to evolve very quickly. Standards help assure that this evolution occurs in a manageable way. The NCPDP's standards for ORDUR processing will also help assure that implementation of DUR messages from multiple ECM processors will be administratively uniform from the pharmacist's perspective. This will help pharmacy computer system vendors in developing optimum system support for pharmacist DUR activity. This means that the resulting DUR activity will help the pharmacist identify and prevent improper drug therapy, but will not excessively impact the pharmacist's operational capacity, cost, or efficiency.

Added to Telecommunication Standard - June 2006

The updated ORDUR Application Manual was added to Version C.2 of the Telecommunication Standard Implementation Guide as an appendix.

Publication Date - October 1995

NCPDP responded to this legal mandate by developing an ORDUR component for the Telecommunication Standard Version 3 Release 2.

Payment Reconciliation Payment Tape Format

Version 4 Release 0 - January 2002

The document is intended to provide guidance for the reconciliation of payments for claims. The NCPDP 3.0 Payment Reconciliation Standard defines the layout for the claims payment tape used to convey payment, adjustment, rejection, or the pending of submitted claims transactions by the processor/payer and the pharmacy services provider. This format supports the Telecommunication Standard Version 5.0.

Pharmacy and/or Combination ID Card Implementation Guide

The Pharmacy ID Card Implementation Guide is intended to provide guidelines for organizations or entities producing member identification (ID) cards for use in the pharmaceutical drug claim industry and to promote a consistent implementation of the NCPDP adopted ID card standard throughout the industry.

Version 3 Release 0 –October 2009

This release of the guide provides minor editorial changes, adds new information about the Card Issuer Identifier, adds a requirement for the issuer, adds content about machine-readable technology, modifies the PDF417 Data Record layout to align with the WEDI Health ID Card Implementation Guide, updates ID Card samples, and adds a new FAQ.

Post Adjudication Standard Implementation Guide

The Post Adjudication Standard Implementation Guide meets the industry need to supply detailed drug or utilization claim information after the claim has been adjudicated.

Client Groups, Pharmacy Benefit Managers (PBM's), Fiscal Agents, Vendors, and Administrative Oversight Organizations require the ability to share post-adjudicated pharmacy claim data. The data is used to support:

1. Auditing of services
2. Retrospective DUR review
3. Statistical reporting
4. Evaluation of Health Care
5. Evaluation of Contractor performance
6. Development and evaluation of Capitation rates
7. Payment reinsurance (stop loss) to contractors, and
8. Development of fee for service payment rates.

Version 2 Release 1 - June 2009 Republication, ANSI approved 4/1/09

This guide was updated to provide notes to dollar fields for clarification of default values.

Version 2 Release 1 - March 2009, ANSI approved 4/1/09

This guide was updated to provide clarification in the History Detail and Utilization Detail Records for the processing of multi-ingredient compounds and add iterations to the Benefit Stage fields.

Prescription Transfer Standard Implementation Guide

The Prescription Transfer Standard Implementation Guide was developed to create file formats for the purpose of electronically transferring prescriptions between pharmacies. Traditionally, prescriptions are transferred orally from one pharmacy to another. While this is efficient on a single-prescription basis, transfers of large sets of prescriptions could not be accomplished in this manner. Therefore, a standard format was needed that would allow compliance with regulatory requirements for the transfer of a prescription while at the same time introducing economies of scale.

Version 1 Release 0 - January 2008, ANSI approved 1/30/08

Prior Authorization Implementation Guide

With the advent of federal and state Health Care Reform initiatives, NCPDP has developed a Prior Authorization Transaction Standard. To date, the prior authorization process has largely been a manual process for the pharmacist, the medical consultant, the processor and the client. The benefits of the standard include: the use in an interactive environment with either an immediate response or delayed response; includes the current claim format with the addition of the prior authorization fields in the optional portion for ease of implementation as well as allowing for the adjudication of the claim; eliminates the majority of paper prior authorizations and provides a standardized format for submittal of prior authorizations

For information about implementing Prior Authorization Transactions in Telecommunication Standard Version 5 and above (or Batch Standard Version 1 Release 1 and above), please see the Telecommunication Implementation Guide Version 5.1, Version 5.6, and the Version 5 Editorial document.

Version 1 Release 0 - June 1996 (Revised April 2000)

The NCPDP Prior Authorization Transaction Implementation Guide Version 1 is intended to provide a practical guideline for software developers throughout the industry as they develop and implement the Telecommunication Standard Version 3.4.

Prior Authorization Transfer Standard Implementation Guide

This standard was developed to define the file format and correct usage for electronically transferring existing prior authorization data between payer/processors when transitioning clients, performing system database or platform changes, or other scenarios where an existing prior authorization record is stored in one location and needs to be moved to another.

Version 1 Release 0 - June 2009, ANSI approved 6/18/09

Professional Pharmacy Services (PPS) Implementation Guide

Component for the Telecommunication Standard Version 5 and above - November 2003

(Note: The PPS Implementation Guide was incorporated into the Telecommunication Standard Version B.0 and above)

The document is intended to support the efficient documentation and transmission of information related to professional services provided by pharmacists.

The adoption and use of this standard in the industry will result in several beneficial effects, including (1) improved quality and continuity of care delivered to patients; (2) enhanced accountability of pharmacists and pharmacy provider organizations to their clients, and (3) the creation of an electronic documentation and billing infrastructure to support the creation of efficient compensation mechanisms for the delivery of professional services by pharmacists to

their patients who are enrolled in third-party pharmacy service benefit plans. The implementation guide supports the Telecommunication Standard Version 5 and above.

This Implementation Guide was updated in preparation for use with the External Code List by removing all applicable values. Additionally, the format of this document was moved into a Standard Document Template. These updates resulted in a new publication of the document.

SCRIPT Standard Implementation Guide

The SCRIPT document was developed for transmitting prescription information electronically between prescribers, providers, and other entities. The standard addresses the electronic transmission of new prescriptions, changes of prescriptions, prescription refill requests, prescription fill status notifications, cancellation notifications, relaying of medication history, and transactions for long-term care.

What business problem is this standard trying to overcome?

- Time/Quicker Response
- Can't reach physician/pharmacist
- Legible writing
- Medication errors
- Modifications
- Refill Communication
- Security
- Forgery (fake, modifications)
- Trackable
- Patient Compliance
- Right drug to the right patient at the right time
- Dual data entry

How is/could this standard be used in practical, day-to-day applications?

Participating parties would be able to communicate according to their schedule/availability.

Reference Implementation Guide sections on the introduction to transaction and use other categories/descriptions mentioned.

For additional information, see Implementation Guide sections on "Transaction Discussion" and get MSG: Pharmacy System.

To whom is this standard useful (i.e. target markets)?

- Pharmacies
 - Chains
 - Independent
 - Internet
 - Mail Order
 - Long Term Care
- Pharmacy Buying Groups
- Pharmacy Software Vendors
- Wholesalers
- Manufacturers
- PBMs
- MCOs
- PBM s/w vendors
- Pharmacy Claims Processors
- Drug database vendors
- Physician Practice Management Systems
- Electronic Medical Records
- Prescription Writing and EDI vendors
- Internet portal vendors

Medical Claims processors and systems
Medical Member Organizations
Pharmacy Organizations

Version 10 Release 9 – June 2009, ANSI approved 6/18/09

This version of the standard provides clarity and consistent use of reference fields for Long Term Care use and for the reduction of drug waste by the creation of a new transaction to notify the pharmacy of suspended or resumed administration of a drug order.

Version 10 Release 5 – June 2008, ANSI approved 9/19/08

This version of the standard includes *XML guidance* in the document. All versions moving forward will include the XML guidance and there is no longer a need for a standalone XML guidance document.

XML Companion Guide for Version 8.1 only – January 2008

This XML Companion Guide for the NCPDP SCRIPT Implementation Guide, Version 8.1 provides guidelines for consistent XML implementation of the SCRIPT Standard for the purpose of transmitting electronic prescription messages.

NCPDP-HL7 Electronic Prescribing Coordination

This is a mapping guidance document which provides a consistent mapping that can be used to improve patient safety and enable semantic interoperability between e-prescribing standards by NCPDP and HL7. The document correlates relevant portions of the NCPDP SCRIPT Standard Version 4.2 and above and the HL7 Version 2.3 through 2.6 to facilitate e-Prescribing messages for new prescriptions, changes to prescriptions, refills (renewals), cancellation of a prescription, compliance notification, and the sharing of medication history information.

The NCPDP SCRIPT Standard is the messaging standard used in the US for communicating prescriptions and related information electronically between prescribers, community pharmacies, and payers. HL7 medication orders are used by healthcare organizations, such as hospitals and acute care facilities, for both inpatient and outpatient information.

Signature Log

This one page form, which is used by pharmacies, is a standard signature log (third party insurance/counseling claim log). It can be pulled down from the website and copied as needed. The form is free of charge. This form has been requested in the past in paper form; NCPDP is making it available electronically.

Telecommunication Standard Implementation Guide

NCPDP recommends the use of a standardized format for electronic communication of claims and other transactions between pharmacy providers, insurance carriers, third-party administrators, and other responsible parties. This standard addresses the data format and content, the transmission protocol, and other appropriate telecommunication requirements.

Usage of a common transaction format brings advantages to participants in the pharmacy industry. There are significant advantages to both the Originator of the transaction and the Processor of the transaction by adopting this version of the standard, such as:

- Common syntax and dictionary
- Adaptability
- Reduced system development expense
- Reduced equipment requirements
- Reduced errors

Version D Release 2 – Republication October 2009, ANSI approved 7/08/09

This publication corrects editorial errors on Controlled Substance Reporting.

Version D Release 0 – July 2007, ANSI approved 8/7/07

In the continuation of member driven improvements: Since the Telecommunication Standard Implementation Guide Version 5.1 was named in Health Insurance Portability and Accountability Act, the industry has brought forward enhancements and modifications, based on business needs. The HIPAA Privacy regulations caused a review of standards for optional data elements and situations for use were defined. Some of the other additions, changes and modifications to the standard, include: consistent references to the term 'copay', new pricing fields, new values, and new reject codes for Medicare Part D, support repetition of the free text field, support of only the Compound Segment when billing for compound transactions, a new transaction of Predetermination of Benefits, support of the Payer-to-Payer business environment, an enhanced Eligibility Transaction response from the Medicare Part D Facilitator, clarification and support for Coupon processing, new and deleted values and clarification for standardized Coordination of Benefits processing, new fields for Workers' Compensation processing, and new fields and values for transactions reimbursed based on the Patient Responsibility Amount. Additionally, this version of the standard has been requested to be named as the next version of the HIPAA-named standard for Retail Drug.

Version 5 Release 1 - September 1999

Telecommunications Standard Version 5.1 was named in the *Federal Register* from the Department of Health and Human Services, the Office of the Secretary regarding the final rule of transaction sets of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Version 5 Release 0 - June 1999

This version of the standard has been developed recognizing the growing use of direct electronic submission and adjudication of transactions in an on-line, real-time environment.

This version of the standard facilitates a specific type of business communication among diverse parties within the third party environment. To do this successfully, it must accomplish the following goals:

- Support the needs of a wide base of potential users.
- Maximize use of existing relevant standards wherever possible.
- Be flexible enough to change as needs and technology change.
- Be unambiguous.
- Be easy to implement by carriers and vendors.

Version 3 Release 2 - February 1992 (Standard) and October 1999 (Implementation Guide)

The Telecommunication Standard was developed to provide a standard format for the electronic submission of third party drug claims. The standard format will be revised as industry requirements change and as new technology becomes available.

The development of the standard was to accommodate the eligibility verification process at the point-of-sale and to provide a consistent format for electronic claims processing. All aspects of the prescription drug program administration industry were considered, and the standard was designed to be easy to implement and yet flexible enough to respond as the needs and technology change. The format design will be maintained to continually review as needs arise and recommended revisions completed that are appropriate.

The standard also fulfills other requirements in the telecommunication industry including a standard format for encoding information on the magnetic strips that are placed on the back of plastic identification cards.

Universal Claim Form

The Universal Claim Form provides a standard format for the paper submission of third party drug claims. The Universal Claim Form does adhere to the data elements found in the Telecommunication Standard and Data Dictionary. NCPDP has an agreement with [CommuniForm](http://www.CommuniForm.com) to distribute the UCF. Information on purchasing the forms is available at www.CommuniForm.com/NCPDP or (800) 869-6508

The NCPDP Universal Claim Forms may be purchased from CommuniForm as of 04/01/2009. CommuniForm will continue to support the

- **"Credit Card" style form** (old name DAH 3-97) (**new name PUCFCC**)
- **"Version 5" continuous feed form** (old name DAH 2PT) (**new name PUCF2PT**)
- **"Version 5" laser form** (old name UCF L1) (**new name PUCF1PT**)

In the future, CommuniForm will offer the "Version D.0" Universal Claim Form and the Workers' Compensation Universal Claim Form. They will be working with the industry to offer electronic solutions for submission of claim forms as well. To discuss electronic solutions, please contact Alex Pallas at the number above.

The Workers' Compensation/Property and Casualty Universal Claim Form provides a standard format for the paper submission of Workers' Compensation/Property and Casualty drug claims. This form was designed for payer's to quickly determine claim type, state of jurisdiction and process accordingly. The Workers' Compensation/Property and Casualty UCF supports the Telecommunication Standard Version D.0 and above, but can be used in today's business.

Manual Claim Forms Reference

Version 1 Release 1 - June 2009

This version of the guide added the Prescription Origin Code field to the Universal Claim Form and to the Workers' Compensation/Property and Casualty Universal Claim Form.

Version 1 Release 0 - October 2008

This implementation guide was created to support the implementation of the Universal Claim Form and the Workers' Compensation/Property and Casualty Universal Claim Form that align to the Telecommunication Standard Implementation Guide Versions D.0 and greater. It provides the essential features of paper submission of claims and guidance information for completing and processing these forms. This version is no longer distributed and is replaced by Version 1 Release 1.

The Universal Claim Forms may be purchased from [CommuniForm](#). Contact is [Alex Pallas, \(480\) 517-1790](#) or for Customer Service please call 800-869-6508.