

NCPDP Batch Standard

To implement the Batch Standard for HIPAA, the Batch Standard Implementation Guide Version 1.2 is used. Since the Batch Standard uses the data elements, parsing routine and many of the rules of the Telecommunication Standard, the following are used:

- Telecommunication Standard Implementation Guide (for transactions, segments, fields, rules)
- Data Dictionary (for field definitions and formats)
- External Code List (for field values)

These documents are available to NCPDP members at the Standards Download page http://www.ncdp.org/members/members_download.aspx. Information on becoming an NCPDP member which includes all documents published is available at <http://www.ncdp.org/signup.aspx>.

Many of the pharmacy transactions today are processed online, real-time; hence the NCPDP Telecommunication Standard is used. There was a business need to support the same functionality as the Telecommunication Standard, except in a batch environment.

The NCPDP Batch Standard was created to use the functionality of the Telecommunication Standard. The Batch Standard uses the same syntax, formatting, data set, and rules as the Telecommunication Standard. The Batch Standard “wraps” the Telecommunication Standard around a detail record; then adds a batch header and trailer. This allows implementers to “code once”. It was intended that once a NCPDP Data Record (containing the Telecommunication Standard transaction) was built, it could then be “wrapped” with the Detail Data Record. Then the Transmission Header Record and the Transmission Trailer Record are created. The Batch consisting of Header, Detail Data Records, and Trailer are formed into a batch file. The creation of the Detail Data Record could be processed in the same manner as the online, real-time transaction, since they both began as the Telecommunication Standard transaction.

Detailed information of the transactions, segments, fields, rules, syntax is found in the Telecommunication Standard Implementation Guide. While there is much more information for a developer contained in the guide, for purposes of this information, note that the Transaction Header Segment in the request, and the Response Header Segment in the response are fixed length segments containing fixed length fields. The rest of the segments in the request or response (such as Patient Segment, Insurance Segment, Claim Segment, Response Status Segment, Response Claim Segment, etc) are variable segments with variable fields (where applicable) and variable field lengths.

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Batch N Transaction Request File Format

The naming convention for the request file is 10000120120125180432S where 100001 represents the supplemental payer (sender's) BIN, 20120125180432 is the current timestamp, at time of file creation, in CCYYMMDDHHMMSS format, and S is a constant. An optional filename suffix is allowed, such as 10000120120125180432S.txt or 10000120120125180432S_xyz however one is not required.

Note: The request batch file is allowed to have line feeds between records, however the Transaction Facilitator batch response file will not contain line feeds between records.

Header						
Field	Field Name	Type	Length	Start	End	Value
88Ø-K4	TEXT INDICATOR	A/N	1	1	1	Start of Text (STX) = x'02' (NOTE: this is the hex 02 NOT ASCII).
7Ø1	SEGMENT IDENTIFIER	A/N	2	2	3	00=File Control (header)
88Ø-K6	TRANSMISSION TYPE	A/N	1	4	4	T=Transaction
88Ø-K1	SENDER ID	A/N	24	5	28	Recommend that this value be a concatenation of the Supplemental payers BIN and PCN
8Ø6-5C	BATCH NUMBER	N	7	29	35	Assigned by Sender. Must match Trailer
88Ø-K2	CREATION DATE	N	8	36	43	Format=CCYYMMDD
88Ø-K3	CREATION TIME	N	4	44	47	Format=HHMM
7Ø2	FILE TYPE	A/N	1	48	48	P=Production, T=Test
1Ø2-A2	VERSION/RELEASE NUMBER	A/N	2	49	50	Must = 12 (v1.2)
88Ø-K7	RECEIVER ID	A/N	24	51	74	TROOPBATCH
88Ø-K4	TEXT INDICATOR	A/N	1	75	75	End of Text (ETX) = X'03'. (NOTE: this is the hex 03 NOT ASCII)

DETAIL HEADER: MANDATORY FOR N1, N2, AND N3						
Field	Field Name	Type	Length	Start	End	Value
88Ø-K4	TEXT INDICATOR	A/N	1	1	1	Start of Text (STX) = x'02' (NOTE: this is the hex 02 NOT ASCII)
7Ø1	SEGMENT IDENTIFIER	A/N	2	2	3	G1=Detail Data Record
88Ø-K5	TRANSACTION REFERENCE NUMBER	A/N	10	4	13	Supplemental payer defined number that allows the payer to match the Transaction Facilitator's response. Ideally this should be the same value as 88Ø-K5 in the claim segment

Batch N Transaction Request File Format

REQUEST HEADER SEGMENT: MANDATORY FOR N1, N2, AND N3						
Field	Field Name	Type	Length	Start	End	Value
1Ø1-A1	BIN NUMBER	N	6	1	6	Must be Ø11735- Transaction Facilitator BIN
1Ø2-A2	VERSION/RELEASE NUMBER	A/N	2	7	8	D0
1Ø3-A3	TRANSACTION CODE	A/N	2	9	10	N1, N2, or N3
1Ø4-A4	PROCESSOR CONTROL NUMBER	A/N	10	11	20	Enter 1Ø spaces
1Ø9-A9	TRANSACTION COUNT	A/N	1	21	21	1
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	A/N	2	22	23	This should be an Ø1-NPI however Ø7=NCPDP Provider ID will also be used, but the N may not be accepted by the Part D Plan
2Ø1-B1	SERVICE PROVIDER ID	A/N	15	24	38	Actual NPI or NCPDP ID must be padded on the right to 15 spaces if significant values are less than 15. Note: If your NPI/NCPDP ID starts with leading zero(s) they are significant and must be sent
4Ø1-D1	DATE OF SERVICE	N	8	39	46	Format=CCYYMMDD, CC=Century, YY=Year, MM=Month, DD=Day
11Ø-AK	SOFTWARE VENDOR/	A/N	10	47	56	Enter 1Ø spaces

Note the fields listed in the following segments are required for batch N transactions. While the length for these fields is variable, if a field length in the batch file exceeds the standard field length, the record will be rejected and the appropriate reject code will be provided.

Additionally, the transmission must be in NCPDP format. For example the Insurance Segment must start with "<SS><FS>AM04" where <SS> (segment separator) is hex 1E, <FS> (field separator) is hex 1C, and "04" is the insurance segment indicator. Also each field must have a <FS> followed by the field code. For example: "<FS>C2CardId" for 302-C2. In addition there must be a group separator (hex 1D) between the Patient and Claim segments, but not between the other segments.

INSURANCE SEGMENT: MANDATORY FOR N1, N2 AND N3					
Field	Field Name	Type	Maximum Bytes	M/O	Required Value
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	Ø4=Insurance
3Ø2-C2	CARDHOLDER ID	A/N	20	M	This field is ignored by the Transaction Facilitator, however due to some system limitations, it may need to be sent. If sent, it must contain 20 or less characters and ideally should match the Other Payer Cardholder ID. This field is not passed on in the N transaction
312-CC	CARDHOLDER FIRST NAME	A/N	12	R	First name of the beneficiary from the Supplemental plans eligibility database. Sending this may help the Part D Plan with matching

Batch N Transaction Request File Format

313-CD	CARDHOLDER LAST NAME	A/N	15	R	Last name of the beneficiary from the Supplemental plans eligibility database. Sending this may help the Part D plan with matching
99Ø-MG	OTHER PAYER BIN	N	6	M	Supp Payer BIN- must match what is submitted on CMS eligibility file sent to COBC. Required for N1, N2, N3
991-MH	OTHER PAYER PCN	A/N	10	M	Supp Payer PCN- must match what is submitted on CMS eligibility file sent to COBC. If field is not sent, it is treated as blank/spaces
356-NU	OTHER PAYER CARDHOLDER ID	A/N	20	M	Supp Payer Cardholder ID- must match what is submitted on CMS eligibility file sent to COBC
992-MJ	OTHER PAYER GROUP ID	A/N	15	O	This field is ignored (but passed through) by the Transaction Facilitator. However it may be used to match by the Part D Plan. Therefore Supp Payer Group ID must match what is submitted on CMS eligibility file sent to COBC

PATIENT SEGMENT: MANDATORY

Field	Field Name	Type	Bytes	M/O	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	Ø1=Patient
304-C4	DATE OF BIRTH	N	8	M	Format=CCYYMMDD, CC=Century, YY=Year, MM=Month, DD=Day. This is used for tiebreakers only if your plan does not assign unique cardholder ID to an individual. For example if you use the same cardholder ID for a family and use the person code to distinguish the individual, the COBC file does not contain person code therefore we need the DOB to ensure that we are associating the claim with the correct OHI record. If two people in the same family have the same cardholder ID and DOB, an N transaction cannot be generated

CLAIM SEGMENT: MANDATORY FOR N1, N2 AND N3

Field	Field Name	Type	Maximum Bytes	M/O	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	Ø7=Claim
455-EM	PRESCRIPTION/ SERVICE REF NUMBER QUALIFIER	A/N	1	M	Blank=Not Specified, 1=Rx Billing, 2=Service Billing
4Ø2-D2	PRESCRIPTION/ SERVICE REF NUMBER	N	12	M	Use field as defined by NCPDP
436-E1	PRODUCT/SERVI CE ID QUALIFIER	A/N	2	M	Use field as defined by NCPDP
407-D7	PRODUCT /SERVICE ID	A/N	19	M	Use field as defined by NCPDP
442-E7	QUANTITY DISPENSED	9(7)v999	10	O	Use field as defined by NCPDP

Batch N Transaction Request File Format

403-D3	FILL NUMBER	N	2	O	Ø=Original dispensing, 1 to 99 = Refill number. Highly recommended that this field be included. N2 (reversal) needs to match the original N1
405-D5	DAYS SUPPLY	N	3	O	Use field as defined by NCPDP
88Ø-K5	TRANSACTION REFERENCE NUMBER	A/N	10	O	This number should be the same as in the detail header. This is used to populate the response file so that submitted can match response to original batch submission

PRICING SEGMENT: MANDATORY for N1 AND N3 only

Field	Field Name	Type	Maximum Bytes	M/O	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	11=Pricing
433-DX	PATIENT PAID AMOUNT SUBMITTED	N	8	O	Format=s\$\$\$\$\$cc. This field represents the amount that the patient paid after the supplemental adjudicated the claim. Even though the field is signed, the sign is not indicated at the beginning. The last character indicates the sign using overpunch characters as described in the NCPDP spec. For example "10A" represents \$1.01 and "10J" represents -\$1.01. should not put decimal points, positive, or negative signs should not be used in this field. (This amount is subtracted from the Part D patient liability to determine the amount considered as payment by the supplemental payer and applied to Other TrOOP or PLRO.) This field is not validated by the Transaction Facilitator, please make sure that it contains the correct values/format

88Ø-K4	TEXT INDICATOR	Varies	1	Varies	End of Text (ETX) = X'03'. Every detail records ends with this. (NOTE: this is the hex 03 NOT ASCII)
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TRAILER

Field	Field Name	Type	Length	Start	End	Value
88Ø-K4	TEXT INDICATOR	A/N	1	1	1	Start of Text (STX) = x'02' (NOTE: this is the hex 02 NOT ASCII)
7Ø1	SEGMENT IDENTIFIER	A/N	2	2	3	99=File Trailer
8Ø6-5C	BATCH NUMBER	N	7	4	10	Assigned by Sender. Matches Header
751	RECORD COUNT	N	10	11	20	This count includes the total number of records including the Header and Trailer record
5Ø4-F4	MESSAGE	A/N	35	21	55	
88Ø-K4	TEXT INDICATOR	A/N	1	56	56	End of Text (ETX) = X'03' (NOTE: this is the hex 03 NOT ASCII)

Batch N Transaction Response File Format

Any request filename that contains an optional filename suffix such as 10000120120125180432S.txt or 10000120120125180432S_xyz, will have the S (following the current date-timestamp) changed to an R and any suffix after the S is retained in the response file name. For request file names without an optional suffix, the response filename will be the same as the request except that ".Troop.response" will be appended to the end.

Note: The Transaction Facilitator batch response file will not contain line feeds between records even if the request batch file contained line feeds.

Header						
Field	Field Name	Type	Length	Start	End	Value
880-K4	TEXT INDICATOR	A/N	1	1	1	Start of Text (STX) = x'02' (NOTE: this is the hex 02 NOT ASCII)
701	SEGMENT IDENTIFIER	A/N	2	2	3	00=File Control (header)
880-K6	TRANSMISSION TYPE	A/N	1	4	4	R=Response, E=Error
880-K1	SENDER ID	A/N	24	5	28	TROOPBATCH
806-5C	BATCH NUMBER	N	7	29	35	Batch number from the request files is used in this field.
880-K2	CREATION DATE	N	8	36	43	Format=CCYYMMDD
880-K3	CREATION TIME	N	4	44	47	Format=HHMM
702	FILE TYPE	A/N	1	48	48	P=Production, T=Test
102-A2	VERSION/RELEASE NUMBER	A/N	2	49	50	Must = 12 (v1.2)
880-K7	RECEIVER ID	A/N	24	51	74	Recommend that this value be a concatenation of the Supplemental payers BIN and PCN, however whatever is sent on the supplemental batch file is what the Transaction Facilitator returns
880-K4	TEXT INDICATOR	A/N	1	75	75	End of Text (ETX) = X'03' (NOTE: this is the hex 03 NOT ASCII)

DETAIL HEADER: MANDATORY FOR N1, N2, AND N3

Field	Field Name	Type	Length	Start	End	Value
880-K4	TEXT INDICATOR	A/N	1	1	1	Start of Text (STX) = x'02' (NOTE: this is the hex 02 NOT ASCII)
701	SEGMENT IDENTIFIER	A/N	2	2	3	G1=Detail Data Record
880-K5	TRANSACTION REFERENCE NUMBER	A/N	10	4	13	This matches the transaction number sent by the sender

RESPONSE HEADER SEGMENT: MANDATORY

Field	Field Name	Type	Length	Start	End	Value
102-A2	VERSION/RELEASE NUMBER	A/N	2	1	2	D0
103-A3	TRANSACTION CODE	A/N	2	3	4	N1, N2, or N3
109-A9	TRANSACTION COUNT	N	1	5	5	1

Batch N Transaction Response File Format

501-F1	HEADER RESPONSE STATUS	A/N	1	6	6	A
202-B2	SERVICE PROVIDER ID QUALIFIER	A/N	2	7	8	Qualifier provided on the N Request Transaction
201-B1	SERVICE PROVIDER ID	A/N	15	9	23	ID provided on the N Request Transaction
401-D1	DATE OF SERVICE	N	8	24	31	DOS provided on the N Request Transaction

Note the fields listed in the following segments are required for batch N transaction Response File. The length of these fields are variable and will not exceed the maximum length.

The Response Status Segment will start with "<SS><FS>AM21" where <SS> (segment separator) is hex 1E , <FS> (field separator) is hex 1C, and "21" is the Response Status segment indicator. Also each field will have a <FS> followed by the field code. For example: "<FS>ANC" for 112-AN. In addition there must be a group separator (hex 1D) between the Response Status and Claim segments.

RESPONSE STATUS SEGMENT: MANDATORY

Field	Field Name	Type	Maximum Bytes	M/O	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	21=Response Status
112-AN	TRANSACTION RESPONSE STATUS	A/N	1	M	C=Captured (passed required fields), R=Rejected
510-FA	REJECT COUNT	N	2	O	Use field as defined by NCPDP. Only sent if 112-AN = R
511-FB	REJECT CODE	A/N	3	O	See NCPDP D.0 Reject Code list (if required field is missing or syntax error if response status is R, otherwise field is not sent. If 510-FA >1 then this field repeats
880-K5	TRANSACTION REFERENCE NUMBER	A/N	10	O	Same information as provided on batch N file from supplemental payer

RESPONSE CLAIM SEGMENT: MANDATORY

Field	Field Name	Type	Maximum Bytes	M/O	Comments
111-AM	IDENTIFICATION	A/N	2	M	22=Response Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	A/N	1	M	Same information as provided on batch N file from supplemental payer
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	N	12	M	Same information as provided on batch N file from supplemental payer

880-K4	TEXT INDICATOR	Varies	1	Varies	End of Text (ETX) = X'03'. Every detail records ends with this. (NOTE: this is the hex 03 NOT ASCII)
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Batch N Transaction Response File Format

TRAILER						
Field	Field Name	Type	Length	Start	End	Value
880-K4	TEXT INDICATOR	A/N	1	1	1	Start of Text (STX) = x'02' (NOTE: this is the hex 02 NOT ASCII)
701	SEGMENT IDENTIFIER	A/N	2	2	3	99=File Trailer
806-5C	BATCH NUMBER	N	7	4	10	Batch number from the request files is used in this field and should match the request file header
751	RECORD COUNT	N	10	11	20	This count includes the total number of records including the Header and Trailer record.
504-F4	MESSAGE	A/N	35	21	55	If 880-K6 = E this field will contain a reject message, otherwise it will contain spaces
880-K4	TEXT INDICATOR	A/N	1	56	56	End of Text (ETX) = X'03' (NOTE: this is the hex 03 NOT ASCII)