

Claim Segment: Mandatory

| Field # | NCPDP Field Name | Value | Req | Comment |
|---------|---|----------|-----|---|
| 111-AM | Segment Identification | 07 | M | Claim Segment |
| 455-EM | Prescription/Service Reference Number Qualifier | 1 | M | 1 – Rx Billing |
| 402-D2 | Prescription/Service Reference Number | | M | Rx Number |
| 436-E1 | Product/Service ID Qualifier | 03 | M | If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero (00) |
| 407-D7 | Product/Service ID | | M | If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero (0) |
| 442-E7 | Quantity Dispensed | | R | |
| 403-D3 | Fill Number | | R | |
| 405-D5 | Days Supply | | R | |
| 406-D6 | Compound Code | 1 or 2 | R | 1 – Not a Compound 2 – Compound |
| 408-D8 | DAW / Product Selection Code | | R | |
| 414-DE | Date Prescription Written | | R | CCYYMMDD |
| 415-DF | Number of Refills Authorized | | R | |
| 419-DJ | Prescription Origin Code | | RW | Required when necessary for plan benefit administration |
| 354-NX | Submission Clarification Code Count | Max of 3 | RW | Required when Submission Clarification Code (420-DK) is used |
| 420-DK | Submission Clarification Code | | RW | Required for specific overrides or when requested by processor |
| 460-ET | Quantity Prescribed | | RW | Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug. Effective 09/21/2020 |
| 308-C8 | Other Coverage Code | | RW | 00 – Not specified by patient (Value may not be accepted by all health plans.) 01 – No other coverage |
| 418-DI | Level of Service | | RW | Required when requested by processor |
| 454-EK | Scheduled Prescription ID Number | | RW | Required for State of NY Medicaid Beneficiaries |