



**NATIONAL COUNCIL FOR
PRESCRIPTION DRUG PROGRAMS
(NCPDP) TELECOMMUNICATION
VERSION D.0 AND BATCH
TRANSACTION STANDARD VERSION
1.2 COMPANION GUIDE**

**Instructions Related to Transactions
in NCPDP Telecommunication D.0
and Batch Transaction Standard
VERSION 1.2**

Companion Guide Version 2.4

December 2018

Disclosure Statement

The information in this document is intended for billing providers and technical staff who wish to exchange electronic transactions with MO HealthNet. This document is to be used in conjunction with the NCPDP Telecommunication Implementation Guide Version D.0 and the NCPDP Batch Standard Implementation Guide Version 1.2 to define transaction requirements. It does not define MO HealthNet policy billing issues. These types of issues can be found in the MO HealthNet Provider Manuals through the MO HealthNet Division's website at <http://dss.mo.gov/mhd/providers/>. For information concerning NCPDP Telecommunication Standard Version 5.1 please review the MO HealthNet Companion Guide listed on <https://www.emomed.com>.

Please note that any fees associated with obtaining any implementation guides are the responsibility of the biller.

Preface

This Companion Guide to the NCPDP Implementation Guides adopted under the Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content being requested when data is transmitted electronically to the MO HealthNet fiscal agent. Transmissions based on this companion document, used in tandem with the NCPDP Implementation Guides, are compliant with both NCPDP syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the NCPDP Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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Transaction Instructions (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance According to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.2 Intended Use

This document is intended to be used as a “companion” to the NCPDP implementation guides. This Companion Guide conforms to all the requirements of the associated NCPDP Telecommunication Standard Version D.0 Implementation Guide and the NCPDP Batch

Standard Version 1.2 Implementation Guide Fair Use and Copyright Statements.

1.3 Scope

This Companion Guide provides information for populating data elements that are defined as payer or trading partner specific. In addition, it provides explanation of how claims are processed within the Missouri Medicaid Management Information System (MMIS) when specific data elements are populated with each of the valid choices (e.g., claim frequency type).

2. Communications/Connectivity Introduction (CCI)

2.1 Scope

The NCPDP Transaction Standard Companion Guide explains the procedures necessary for trading partners to successfully exchange transactions electronically with MO HealthNet in standard HIPAA compliant forms. These transactions include the following:

- NCPDP Telecommunication Standard Version D.0
- NCPDP Batch Standard Version 1.2
- NCPDP External Code List (ECL); January 2012
- NCPDP Emergency Telecommunication External Code List Value (ECL) Addendum; July 2011

This Companion Guide is intended to convey information that is within the framework and structure of the NCPDP Implementation Guides and not to contradict or exceed them.

2.2 Overview

This Companion Guide includes information needed to commence and maintain communication exchange with MO HealthNet. This information is organized in the sections listed below:

- Getting Started: This section provides information for the completion of the necessary paperwork to begin testing with MO HealthNet.
- Testing with the Payer: This section provides a detailed description of the testing phase.
- Connectivity with the Payer: This section provides connectivity information.

- Contact Information: This section provides the contact information for technical assistance and billing issues.
- Data Stream Headers/Batch Envelopes: This section describes use of data stream headers and batch envelopes.
- Payer Specific Business Rules and Limitations: This section describes how to send transactions that have business rules specific to MO HealthNet and MORx.

2.3 References

The NCPDP Implementation Guides adopted under HIPAA that this document supplements can be found at <http://ncpdp.org/>. The MO HealthNet Provider Manuals can be accessed through the MO HealthNet Division's website at <http://dss.mo.gov/mhd/providers/>.

2.4 Additional Information

Users of this Companion Guide must understand general Electronic Data Interchange (EDI) terminology. In addition, an understanding of the segment structure within the NCPDP Implementation Guides is helpful.

3. Getting Started

3.1 Working with MO HealthNet

To begin exchanging EDI transactions with MO HealthNet, a biller must select one of four options for the exchange of electronic transactions.

1. Point of Sale (POS) Switching Companies. Billers opting to use a switching company should be aware that they are responsible for all setup and on-going costs involved in the purchase and maintenance of all software and licensing as well as any transaction fees assessed by the switching company. Information regarding available switching companies can be obtained by calling the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.
2. Internet Connection. Billers opting to use the Internet connection option are responsible for any costs involved in obtaining and use of the ISP to connect to the Internet. No additional cost is charged by MO HealthNet or its fiscal agent to use the Internet connection solution. A biller choosing this option must complete the Application for MO HealthNet Internet Access Account, which can be obtained at

<http://dss.mo.gov/mhd/providers/>. For assistance with this form, call the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.

3. Direct Connect. Billers opting to use the Connect:Direct software solution should be aware that they are responsible for all setup and on-going cost involved in the purchasing and maintaining of the software, as well as for paying a monthly port charge to Wipro as long as the connection is available for use. Billers should complete, sign and mail the Application for MO HealthNet Connect:Direct Access Account and be contacted by technical support before purchasing the software. This application is available at <http://dss.mo.gov/mhd/providers/> or by calling the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com. Upon receipt of the signed application, a Wipro technical support person will contact the biller with the information needed to ensure the correct software is purchased.
4. Secure File Transfer Protocol (SFTP). Billers opting to use SFTP connection are responsible for any cost involved with obtaining a SFTP server. For new SFTP billers, be aware that they are responsible for all setup and on-going cost involved in the purchasing and maintaining of the software, as well as for paying a monthly charge to Wipro as long as the connection is available for use. A biller choosing to use SFTP should contact the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.

3.2 Trading Partner Registration

In addition to selecting a connection method, a biller must complete a Trading Partner Agreement form. The Trading Partner Agreement form is used to communicate trading partner identifiers and to indicate which transactions the biller wishes to exchange. The form is available at <http://dss.mo.gov/mhd/providers/>. For assistance with this form call the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.

An EDI Trading Partner is defined as any MO HealthNet customer (provider, billing service, software vendor, etc.) that transmits to, or receives electronic data from MO HealthNet. When a switching company is the transmitting entity, the Trading Partner Agreement form is not required. It is not necessary for the provider or software vendor to send the agreement unless the provider or software vendor

wishes to directly send or receive another type of electronic transaction from MO HealthNet (e.g., the X12N-835 Health Care Claim Payment Advice).

Any contingencies outside of this Companion Guide can be found at <https://www.emomed.com>.

3.3 Certification and Testing Overview

Certification from a third party is not required to exchange EDI with MO HealthNet; however, doing so can help to speed the process of approval of the billers' transactions. Each type of transaction an EDI Trading Partner wishes to send to MO HealthNet must pass test requirements before the Trading Partner is set up to send production transactions. Successful completion of test requirements requires, at a minimum, that the transactions are HIPAA compliant.

4. Testing with the Payer

To test with MO HealthNet, the appropriate access account application and Trading Partner Agreement form must be complete and on file with Wipro.

Following completion of these forms, the Wipro Help Desk notifies the biller that they are approved to send test transactions for those transactions they indicated on the Trading Partner Agreement form. In addition, the Trading Partner's User ID and password (where applicable) is given to them at this time.

Trading Partners may be required to send an additional test file for each transaction before being moved to production.

4.1 Point of Sale (POS) Switching Company Option

If the biller has chosen to exchange data through a POS switching company:

- The biller should contact the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com for information regarding which switching companies have an existing connection with MO HealthNet.
- The biller must contact the switching company for start-up procedures.

4.2 Internet Option

If the biller has chosen to exchange data through the Internet option:

- The biller logs on to <https://www.emomed.com>.
- The biller selects "Send HIPAA Test Files" link.

- The biller populates the window with the test file name.
- The biller submits the information. Note: MORx cannot be submitted via eMOMED.
- A window appears either confirming successful receipt or notifying non-receipt of the test file.
- If receipt was successful, the biller should check for appropriate responses in the "Receive HIPAA test files" area of the www.emomed.com website. NCPDP response files. (NCPDP(TEST)) are generated automatically for all test NCPDP claim files.
- If receipt was not successful and the biller is unable to determine the reason for the non-receipt, the biller contacts the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.
- If no NCPDP response file is available after two complete business days, the biller contacts the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.
- When the biller is satisfied with the results of the test (i.e., test claims are not rejected), the biller contacts the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com to be moved to production for each specific transaction.

4.3 Connect:Direct Option

For information on Connect:Direct, please contact the Wipro Technical Help desk at (573) 635-3559 or by email at internethelpdesk@momed.com.

4.4 Secure File Transfer Protocol (SFTP)

If the biller has chosen to exchange data through SFTP option:

- The biller must contact the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.
- When the biller is satisfied with the results of the test (i.e., test claims are not rejected) and wants a specific transaction to be moved to production, the biller sends an e-mail to Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com. The biller must state in the e-mail what transaction they want to be moved to production and their user ID. When Wipro verifies that the biller has successfully submitted test claims, Wipro moves the biller to production. Wipro then returns the e-mail letting the biller know that they can send claims to production.

5. Connectivity with the Payer

5.1 Transmission Administrative Procedures

MO HealthNet processes batch transactions and Internet direct data entry (DDE) submissions every week night. Any expected response transactions can be accessed the following business day. Billers experiencing problems with sending or receiving files may contact the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.

5.2 Communication Protocol Specifications

The MO HealthNet website, <https://www.emomed.com>, uses https (secured http) to send and receive transactions. Switching companies and billers using Connect:Direct both have a direct link to the fiscal agent, resulting in a secure connection.

5.3 Passwords

In order to submit a batch transmission, a biller needs either their Internet User ID and password or their Network Data Mover (NDM) ID and password. Passwords are not required for switching companies or within a transaction.

6. Contact Information

6.1 EDI Customer Service

For questions pertaining to EDI processes, billers should first reference the appropriate Implementation Guide at <http://ncpdp.org/> or the MO HealthNet NCPDP D.0 Companion Guide at <http://dss.mo.gov/mhd/providers/>. If answers are not available within these guides, billers may contact the Wipro Help Desk at (573) 635-3559 or by email at internethelpdesk@momed.com.

6.2 Provider Service Number

Billers with questions pertaining to MO HealthNet policies should first access the MO HealthNet Provider Manuals and MO HealthNet Electronic Billing Layout Manuals found through the MO HealthNet Division's website at <http://dss.mo.gov/mhd/providers/>. If answers are not available from these manuals, billers may contact the MO HealthNet Provider Relations hotline at (573) 751-2896.

6.3 Applicable Websites

- NCPDP Implementation Guides are located at www.ncpdp.org
- This MO HealthNet NCPDP D.0 Companion Guide is located at <http://dss.mo.gov/mhd/providers/>
- MO HealthNet transaction and DDE submission and receipts are located at <https://www.emomed.com>
- MO HealthNet Provider Manuals and MO HealthNet Electronic Billing Layout Manuals are located at <http://dss.mo.gov/mhd/providers/>

7. Data Stream Headers/Batch Envelopes

7.1 Real-time Data Stream Header

This section describes MO HealthNet's use of data stream headers in the real-time environment.

Table 1, Real-time Data Stream Header

Field Name	Field Position (Start – Stop)	Field Length	Comments
Transaction ID	1 – 4	4	This is the unique CICS transaction ID assigned to each switching company. Contact Wipro Help Desk.
User Identification	5 – 10	6	Unique number that may be used by the switching company to ensure accurate terminal return.

7.2 Transaction Header, Detail, and Trailer

This section describes MO HealthNet's use of the batch enveloping segments. It includes a description of expected sender and receiver codes.

Table 2, Transaction Header, Detail, and Trailer

Segment	Field	Field Name	Comments
Transaction Header	88Ø-K1	Sender ID	Use the eMOMED Website User ID
Transaction Header	88Ø-K7	Receiver ID	Use '43-1754897' for MO HealthNet (the hyphen is required)
Transaction Detail Definition		NCPDP Data Record	Use Version D.0 Telecommunication Standard

8. Government Coordination of Benefits (COB) Method

With the implementation of NCPDP D.0 MO HealthNet will start using the Government Coordination of Benefits (COB) method to process Third Party Liability (TPL) Claims. The Government COB method requires providers to submit Other Payer Amount [431-DV], Other Payer-Patient Responsibility Amount [352-NQ] (even if the amount is zero), and Benefit Stage Amount [394-MW] repetitions (if applicable). Using this method allows MO HealthNet to reimburse claims based on the lower of Other Payer Paid Amount or Other Payer-Patient Responsibility Amount calculations.

9. Instruction Tables

Through the use of tables, this section describes how to bill or interpret MO HealthNet specific business rules. MO HealthNet includes all program submissions unless exceptions are noted. It also describes how to populate or interpret trading partner or payer specific data elements. The tables contain a row for each segment or data element where MO HealthNet has something additional to convey.

Table 3, Transaction Detail

Segment	Field	Field Name	Comments
Transaction Header Segment	1Ø1-A1	BIN Number	MO HealthNet's BIN number is '004047'.
Transaction Header Segment	1Ø3-A3	Transaction Code	MO HealthNet does not support the following transactions: P1-P4 Prior Authorization Transactions C1-C3 Controlled Substance Reporting Transactions E1 Eligibility Verification S1 – S3 Service Request/Reversal/Rebill Transactions B2 (Reversal) and B3 (Rebill) are not supported for MO HealthNet Managed Care health plans billing encounters. B1-B3 transactions are supported for fee-for-service billing.N1-N2 transactions are supported for Preferred Drug Plans (PDP) billing.
Transaction Header Segment	1Ø4-A4	Processor Control Number	MO HealthNet processor control number is '43-1754897' (the hyphen is required). For MO HealthNet Managed Care health plans billing encounters, this field should contain the plan's MO HealthNet Managed Care Health Plan Number.

Segment	Field	Field Name	Comments
			MORx processor control number is 'P021011511'. Note: the 'P' in the first position is the only alpha character, all others are numeric.
Transaction Header Segment	109-A9	Transaction Count	Maximum transaction count for MO HealthNet PCN is 4. Maximum transaction count for MORx PCN is 1.
Transaction Header Segment	201-B1	Service Provider ID	As of May 12, 2008, the MO HealthNet provider number is no longer allowed and the National Provider Identifier (NPI) must be submitted. MO HealthNet Managed Care health plans billing encounters must submit the 7-digit National Association of Boards of Pharmacy (NABP) identification number assigned to the pharmacy in this field.
Transaction Header Segment	110-AK	Software Vendor/ Certification ID	MO HealthNet does not require vendor certification; therefore no specific value is required in this field. Since this field is part of a fixed length record, the spaces must still be sent even though no specific value is required. However, the switching company may require certification and may have a specific value requirement for this field.
Insurance Segment	302-C2	Cardholder ID	MO HealthNet uses Participant ID. For MORx, Medicare Beneficiary ID is the member's Cardholder ID.
Insurance Segment	312-CC	Cardholder First Name	MO HealthNet requires this optional field for billing and rebilling transactions. MORx requires this optional field for billing and rebilling transactions.
Insurance Segment	313-CD	Cardholder Last Name	MO HealthNet requires this optional field for billing and rebilling transactions. MORx requires this optional field for billing and rebilling transactions.
Patient Segment	384-4X	Patient Residence	For certain billing situations, this is a required field. Consult the MO HealthNet Provider Manuals for more information. MORx does not support the Patient Segment.
Claim Segment	455-EM	Prescription/Service Reference Number Qualifier	MO HealthNet does not support the following: <ul style="list-style-type: none"> • 2 -Service Billing
Claim Segment	442-E7	Quantity Dispensed	MO HealthNet requires this optional field for billing and rebilling transactions. MORx requires this optional field for billing and rebilling transactions.
Claim Segment	403-D3	Fill Number	MO HealthNet requires this optional field for

Segment	Field	Field Name	Comments
			billing and rebilling transactions. MORx requires this optional field for billing and rebilling transactions.
Claim Segment	405-D5	Days Supply	MO HealthNet requires this optional field for billing and rebilling transactions. MORx requires this optional field for billing and rebilling transactions
Claim Segment	406-D6	Compound Code	To bill MO HealthNet for a compound requires the following: <ul style="list-style-type: none"> • Compound code = 2, and • At least 2 ingredients for the Compound Ingredient Component Count (447-EC) field.
Claim Segment	420-DK	Submission Clarification Code	MO HealthNet recognizes the following values: <ul style="list-style-type: none"> • 8 – Process Compound for Approved Ingredients’ in this field. • 20 – 340b
Claim Segment	308-C8	Other Coverage Code	MO HealthNet is using Government Coordination of Benefits (COB) method to process Third Party Liability (TPL). For claims billed to MO HealthNet as the primary payer, the following values are supported: <ul style="list-style-type: none"> • 00 – Not specified by patient • 01 – No other coverage For claims billed to MO HealthNet as the secondary, tertiary, and etc. payer, or MORx the following values are supported: <ul style="list-style-type: none"> • 02 – Other coverage exists/billed – patient collected. • 03 – Other coverage billed – claim not covered. • 04 – Other coverage exists/billed – payment not collected.
Claim Segment	429-DT	Special Packaging Indicator	For certain billing situations, this is a required field. Consult the MO HealthNet Provider Manuals for more information.
Claim Segment	461-EU	Prior Authorization Type Code	For certain billing situations, this is a required field. Consult the MO HealthNet Provider Manuals for more information.
Claim Segment	462-EV	Prior Authorization Number Submitted	For certain billing situations, this is a required field. Consult the MO HealthNet Provider Manuals for more information.

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Claim Segment	343-HD	Dispensing Status	MO HealthNet supports partial fill functionality with the following constraints: <ul style="list-style-type: none">• Multiple "P" transactions for a single dispensing are not supported.• "P" and "C" transactions for the same date of service are
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Segment	Field	Field Name	Comments
			supported.
Pricing Segment	426-DQ	Usual and Customary Charge	MO HealthNet requires this optional field for billing and rebilling transactions.
Pricing Segment	43Ø-DU	Gross Amount Due	Beginning March 22, 2008, the MO HealthNet Fee-For-Service (FFS) Pharmacy Program began using the Gross Amount Due (GAD) field (43Ø-DU) along with the Usual and Customary (U&C) field (426-DH) to determine the total submitted charge for MO HealthNet Fee-For-Service Pharmacy Point of Sale (POS) claims. The Gross Amount Due field is not a required field for MO HealthNet claims; however, if the biller chooses to submit a dollar amount in this field the total submitted charge is interpreted as the lesser of the two fields.
Pricing Segment	423-DN	Basis of Cost Determination	MO HealthNet requires this field for billing and rebilling transactions. All values are supported.
Prescriber Segment	411-DB	Prescriber ID	MO HealthNet requires this optional field for billing and rebilling transactions. MORx requires this optional field for billing and rebilling transactions.
Coordination of Benefits (COB)/Other Payments Segment	337-4C	Coordination of Benefits/Other Payments Count	Count of other payment occurrences. MO HealthNet has adopted the recommendation to support a maximum count of 9. For MO HealthNet Managed Care health plans billing encounters, at least one occurrence is required. Additional occurrences can be used to report payments from private insurance. For MORx at least one occurrence is required.
Coordination of Benefits (COB)/Other Payments Segment	338-5C	Other Payer Coverage Type	MO HealthNet does not support the following values: <ul style="list-style-type: none"> • Spaces • Blank For MO HealthNet Managed Care health plans billing encounters, at least one occurrence is required and should be used to report the MO HealthNet Managed Care health plan's payment.
Coordination of Benefits (COB)/Other Payments Segment	339-6C	Other Payer ID Qualifier	For MO HealthNet Managed Care health plans billing encounters, this is a required field in the occurrence being used to report the MO HealthNet Managed Care health plan's payment. Use a value of '99' to qualify the Payer ID.
Coordination of	34Ø-7C	Other Payer ID	For MO HealthNet Managed Care health

Segment	Field	Field Name	Comments
Benefits (COB)/Other Payments Segment			plans billing encounters, this is a required field in the occurrence being used to report the MO HealthNet Managed Care health plan's payment. Use the MO HealthNet Managed Care health plan's MO HealthNet Health Plan Number.
Coordination of Benefits (COB)/Other Payments Segment	443-E8	Other Payer Date	For MO HealthNet Managed Care health plans billing encounters, this is a required field in the occurrence being used to report the MO HealthNet Managed Care health plan's payment.
Coordination of Benefits (COB)/Other Payments Segment	341-HB	Other Payer Amount Paid Count	MO HealthNet has adopted the recommendation to support a maximum count of 9. For certain billing situations, this is a required field. Consult the MO HealthNet Provider Manuals for more information. For MO HealthNet Managed Care health plans billing encounters, at least one occurrence is required to report the MO HealthNet Managed Care health plan's payment. A second occurrence can be used to report dispensing fee. For MORx at least one occurrence is required.
Coordination of Benefits (COB)/Other Payments Segment	342-HC	Other Payer Amount Paid Qualifier	This is a required field. Consult the MO HealthNet Provider Manuals for more information. All values of this qualifier are supported.
Coordination of Benefits (COB)/Other Payments Segment	431-DV	Other Payer Amount Paid	This is a required field. Consult the MO HealthNet Provider Manuals for more information. For MO HealthNet Managed Care health plans billing encounters, this is a required field. At least one occurrence must be used to report the MO HealthNet Managed Care health plan's payment. A second occurrence can be used to report a dispensing fee. For MORx, when billing for copay (Other Coverage Code = 2), amount paid by a PDP is required. For MORx, when billing for deductible (Other Coverage Code=4), any amount paid by PDP should be reported. This field must be submitted, even if it is equal to zero.
Coordination of Benefits (COB)/Other Payments Segment	471-5E	Other Payer Reject Count	MO HealthNet has adopted the recommendation to support a maximum count of 5. Also applies to MORx claims.

Segment	Field	Field Name	Comments
Coordination of Benefits (COB)/Other Payments Segment	472-6E	Other Payer Reject Code	For MO HealthNet and MORx, submit reject codes received from primary payer or PDP.
COB/Other Payments Segment	351-NP	Other Payer-Patient Responsibility Amount Qualifier	MO HealthNet supports the value of '06'. MORx supports all values except '06'.
COB/Other Payments Segment	352-NQ	Other Payer-Patient Responsibility Amount	MO HealthNet and MORx require this field (even if the amount is zero) when OCC (308-C8) is submitted with a 2 or 4.
COB/Other Payments Segment	392-MU	Benefit Stage Count	MORx has adopted the recommendation to support a maximum count of 4.
COB/Other Payments Segment	393-MV	Benefit Stage Qualifier	MORx requires this field.
COB/Other Payments Segment	394-MW	Benefit Stage Amount	MORx requires this field.
Coupon Segment	485-KE	Coupon Type	MO HealthNet does not support any type of billing with a coupon. Coupon Segment is not supported for MORx.
Compound Segment	447-EC	Compound Ingredient Component Count	MO HealthNet has adopted the recommendation to support a maximum count of 25. Minimum number of ingredients is 2. MO HealthNet supports Multi-Ingredient Compound functionality with the following constraints: <ul style="list-style-type: none"> Claims submitted in a real-time environment with more than 4 ingredients are captured for processing in a batch environment. The response contains a captured status. Those with 4 or less ingredients are adjudicated real-time. Claims submitted as compounds with more than one ingredient are split into multiple claims, but will have a single combined response for all the ingredients that are part of the compound drug. This segment is not supported for MORx.
Clinical Segment	491-VE	Diagnosis Code Count	MO HealthNet has adopted the recommendation to support a maximum count of 5.
Response Header Segment	1Ø2-A2	Version/Release Number	Response version equals the value submitted in the Request Header Segment.
Response Header Segment	1Ø3-A3	Transaction Code	Response value equals the value submitted in the Request Header Segment.
Response Header	1Ø9-A9	Transaction Count	Response value equals the value submitted

Segment	Field	Field Name	Comments
Segment			in the Request Header Segment.
Response Header Segment	501-F1	Header Response Status	All values supported.
Response Message Segment	504-F4	Message	MO HealthNet and MORx populate this field with various messages when
Response Insurance Segment	302-C2	Cardholder ID	For MORx, if DCN is submitted then Medicare Beneficiary ID is returned.
Response Status Segment	112-AN	Transaction Response Status	MO HealthNet supports the following values: <ul style="list-style-type: none"> • A - Approved • C - Captured • D - Duplicate of Paid • P - Paid • R - Rejected • S - Duplicate of Approved
Response Status Segment	503-F3	Authorization Number	MO HealthNet and MORx populate this optional field when the Response Status Segment is sent.
Response Status Segment	510-FA	Reject Count	MO HealthNet supports a maximum count of 5. This also applies to MORx.
Response Status Segment	547-5F	Approved Message Code Count	MO HealthNet does not populate this optional field.
Response Status Segment	549 -7F	Help Desk Phone Number Qualifier	MO HealthNet populates this optional field with a value of '03' in certain situations. MORx does not populate this field.
Response Status Segment	550-8F	Help Desk Phone Number	MO HealthNet populates this optional field with the MO HealthNet Managed Care health plan help desk number in certain situations. MORx does not populate this field.
Response Claim Segment	455-EM	Prescription/Service Reference Number Qualifier	Response value equals the value submitted in the Request Header Segment.
Response Claim Segment	402-D2	Prescription/Service Reference Number	Response value equals the value submitted in the Request Header Segment.
Response Claim Segment	551-9F	Preferred Product Count	MO HealthNet does not populate this optional field. This also applies to
Response Pricing Segment	505-F5	Patient Pay Amount	MO HealthNet populates this optional field in applicable payment situations. This also applies to MORx.
Response Pricing Segment	506-F6	Ingredient Cost Paid	MO HealthNet populates this optional field in applicable payment situations. This also applies to MORx.
Response Pricing Segment	507-F7	Dispensing Fee Paid	MO HealthNet populates this optional field in applicable payment situations. This also applies to MORx.
Response Pricing Segment	566-J5	Other Payer Amount Recognized	MO HealthNet populates this optional field in applicable payment situations. This also applies to MORx.

Segment	Field	Field Name	Comments
Response Pricing Segment	5Ø9-F9	Total Amount Paid	MO HealthNet populates this optional field in applicable payment situations. This also applies to MORx.
Response Pricing Segment	346-HH	Basis of Calculation – Dispensing Fee	MO HealthNet supports the following values: <ul style="list-style-type: none"> • 02 for Partial Fill • 04 for Complete
Response Pricing Segment	347-HJ	Basis of Calculation – Copay	MO HealthNet supports the following values: <ul style="list-style-type: none"> • 02 for Partial Fill • 04 for Complete
Response Pricing Segment	573-4V	Basis of Calculation-Coinsurance	MO HealthNet supports the following values: <ul style="list-style-type: none"> • 02 for Partial Fill • 04 for Complete
Response DUR/PPS Segment	567-J6	DUR/PPS Response Code Counter	MO HealthNet has adopted the recommendation to support a maximum of 9 occurrences. This also applies to MORx.
Response DUR/PPS Segment	439-E4	Reason For Service Code	MO HealthNet populates this optional field in applicable situations. This also applies to MORx.
Response DUR/PPS Segment	528-FS	Clinical Significance Code	MO HealthNet populates this optional field in applicable situations. This also applies to MORx.
Response DUR/PPS Segment	529-FT	Other Pharmacy Indicator	MO HealthNet populates this optional field in applicable situations. This also applies to MORx.
Response DUR/PPS Segment	531-FV	Quantity of Previous Fill	MO HealthNet populates this optional field in applicable situations. This also applies to MORx.
Response DUR/PPS Segment	53Ø-FU	Previous Date of Fill	MO HealthNet populates this optional field in applicable situations. This also applies to MORx.
Response DUR/PPS Segment	532-FW	Database Indicator	MO HealthNet populates this optional field in applicable situations. This also applies to MORx.
Response DUR/PPS Segment	533-FX	Other Prescriber Indicator	MO HealthNet populates this optional field in applicable situations. This also applies to MORx.
Response DUR/PPS Segment	544-FY	DUR Free Text Message	MO HealthNet populates this optional field in applicable situations. This also applies to MORx.

10. Appendices

10.1 Appendix A – Change Summary

Updates to this guide can be accessed by clicking on the folder that says "Updated Manual List" in the table of contents. Then click on the "UPDATED MANUAL LIST" text underneath the folder to see a list of

the Electronic Billing Layout Manuals in the document window. A link exists on a manual name if a revision has been made to that manual in approximately the last 6 months. After clicking on the manual name link, the sections with revisions show up in a "hit list" in the document window. Click on the section title in the hit list to jump to the revision. The revision is shown in green text. Click on the browser's back button to go back to the hit list. If there is just one section in the manual with a change in the last 6 months, then the link on the manual name in the Updated Manual List goes directly to the section with the revision (rather than showing the hit list first.)