



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

INFORMATIONAL LETTER NO. 1012

TO: Iowa Medicaid Pharmacy Providers
FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)
DATE: May 18, 2011
SUBJECT: Iowa Medicaid Pharmacy NCPDP 5.1 Payersheet Changes
EFFECTIVE: July 11, 2011

- Changes to the NCPDP 5.1 Payersheet effective July 11, 2011, are outlined below. Complete payersheet instructions can be found on the www.iowamedicaidpos.com website on the [Provider Information page](#).

Field Name	Field Number	Previous Status	New Status
BILLING TRANSACTION HEADER SEGMENT			
Software Vendor/Certification ID	110-AK	Situational	Mandatory
INSURANCE SEGMENT			
Cardholder First Name	312-CC	Situational	Not Used
Cardholder Last Name	313-CD	Situational	Not Used
Home Plan	314-CE	Situational	Not Used
Plan ID	524-FO	Situational	Not Used
Person Code	303-C3	Situational	Not Used
Patient Relationship Code	306-C6	Situational	Not Used
PATIENT SEGMENT			
Patient ID	332-CY	Situational	Not Used
Patient ID Qualifier	331-CX	Situational	Not Used
Gender Code	305-C5	Situational	Mandatory
Patient First Name	310-CA	Situational	Mandatory
Patient Last Name	311-CB	Situational	Mandatory
Employer ID	333-CZ	Situational	Not Used
Smoker/Non-Smoker Code	334-1C	Situational	Not Used
CLAIM SEGMENT			
Associated Prescription/Service Reference #	456-EN	Situational	Not Used
Associated Prescription/Service Reference Date	457-EP	Situational	Not Used
Procedure Modifier Code Count	458-SE	Situational	Not Used
Procedure Modifier Code	459-ER	Situational	Not Used
Fill Number	403-D3	Situational	Mandatory
Alternate ID	330-CW	Situational	Not Used

Scheduled Prescription ID Number	454-EK	Situational	Not Used
Intermediary Authorization Type ID	463-EW	Situational	Not Used
Intermediary Authorization ID	464-EX	Situational	Not Used
Dispensing Status	343-HD	Situational	Not Used
Quantity Intended to be Dispensed	344-HF	Situational	Not Used
Days Supply Intended to be Dispensed	345-HG	Situational	Not Used
PRESCRIBER SEGMENT			
Primary Care Provider ID Qualifier	468-2E	Situational	Not Used
Primary Prescriber Number	421-DL	Situational	Not Used
Primary Care Provider Location Code	469-H5	Situational	Not Used
Primary Care Provider Last Name	470-4E	Situational	Not Used
COMPOUND SEGMENT			
Segment Identification	111-AM	Mandatory	Situational
DUR/PPS SEGMENT			
DUR/PPS SEGMENT	SEGMENT	Situational	Not Used
COUPON SEGMENT			
COUPON SEGMENT	SEGMENT	Situational	Not Used
PRIOR AUTHORIZATION SEGMENT			
PRIOR AUTHORIZATION SEGMENT	SEGMENT	Situational	Not Used
CLINICAL SEGMENT			
CLINICAL SEGMENT	SEGMENT	Situational	Not Used
RESPONSE PRICING SEGMENT			
Incentive Amount Paid	521-FL	Not Used	Situational

2. Changes to the paper claim instructions effective July 11, 2011, are outlined below. Complete instructions can be found in the [Prescribed Drugs Provider Manual](#) posted on the www.dhs.state.ia.us website, which will be updated in the near future.

Field Name	Previous Status	New Status
Group ID	Leave Blank	Situational
Cardholder Name	Required	Not Used
Plan Name	Leave Blank	Mandatory
Person Code	Leave Blank	Not Used
Patient's Name	Leave Blank	Mandatory
Patient Gender Code	No Entry Required	Mandatory
Relationship to Cardholder	Leave Blank	Not Used
Qual (5)	Leave Blank	Mandatory
Phone Number	Optional	Mandatory
Fax Number	Optional	Mandatory
Worker's Comp Information	Leave Blank	Not Used
Qual (8)	Leave Blank	Mandatory
Qual (10)	Leave Blank	Mandatory
DAW Code	Leave Blank	Mandatory
Prescriber ID	Conditional	Mandatory
Prescriber ID Qual (12)	Leave Blank	Mandatory
DUR/PPS Codes	Leave Blank	Not Used

Provider ID	Leave Blank	Not Used
Provider ID Qual (15)	Leave Blank	Not Used
Diagnosis Code	Leave Blank	Not Used
Dx Code Qualifier (16)	Leave Blank	Not Used
Other Payer ID	Leave Blank	Situational
Qual (17)	Leave Blank	Situational
Dispensing Fee Submitted	Required	Situational
Incentive Amount Submitted	Leave Blank	Situational
Other Amount Submitted	Leave Blank	Situational
Sales Tax Submitted	Leave Blank	Situational
Patient Paid Amount	Leave Blank	Situational

We encourage providers to go to the website at www.iowamedicaidpos.com to view all recent changes to the payersheet. If you have questions, please contact the Pharmacy Point of Sale (POS) Helpdesk at 877-463-7671 or 515-256-4608 (local in Des Moines) or e-mail info@iowamedicaidpos.com.