# E1 Specifications for Medicare Part A/B – NCPDP VD.0 Effective Date 12/22/2020

**Note.** If a "Value" contains quotation marks around it, then the value are literal characters that must be included in the transaction. If a "Value" is listed but does not contain quotation marks, then the value is an example.

M= Mandatory | O = Optional | R= Required

## vD.0 E1: Request for Part A/B

### **Transaction Header Segment: Mandatory Segment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 1Ø1-A1 | BIN NUMBER | “012361” | M – Facilitator BIN |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | “D0” | M – D.0 Transaction Format |
| 1Ø3-A3 | TRANSACTION CODE | “E1” | M – Eligibility Verification |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | “2222222222” | M – Must be as indicated for E1 |
| 1Ø9-A9 | TRANSACTION COUNT | “1” | M – One occurrence |
| 2Ø2-B2 | SERVICE PROVIDER IDQUALIFIER | "Ø1" or “07” | M – NCPDP Provider ID or NPINumber of Requesting Pharmacy |
| 2Ø1-B1 | SERVICE PROVIDER ID | 1234567890bbbbb | M – Left justified, space filled |
| 4Ø1-D1 | DATE OF SERVICE | 20060101 | M – Current date only |
| 11Ø-AK | SOFTWAREVENDOR/CERTIFICATION ID | bbbbbbbbbb | M – Field must be submitted but isnot validated |

### **Patient Segment: Required for Proper Matching**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 111-AM | SEGMENT IDENTIFICATION | “01” | M – Patient Segment |
| 3Ø4-C4 | DATE OF BIRTH | 19400615 | R – Field must be populated |
| 3Ø5-C5 | PATIENT GENDER CODE | 1 | O – 1= Male, 2 = Female |
| 31Ø-CA | PATIENT FIRST NAME | JOHN | R – Must submit at least first digit ofpatient name |
| 311-CB | PATIENT LAST NAME | DOE | R – Must submit complete patient lastname |
| 325-CP | PATIENT ZIP/POSTAL ZONE | 34567 | O – inclusion of the zip code – increases chances for a match |

**Note:** Other optional fields not shown in these segments are not used.

### **Insurance Segment: Mandatory Segment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 111-AM | SEGMENT IDENTIFICATION | “Ø4” | M – Insurance Segment |
| 3Ø2-C2 | CARDHOLDER ID | 998877665 | M – Must include one of the following (without hyphens):* Full SSN
* Last 4 digits of the SSN
* Full MBI
 |

## vD.0 E1:01/01/2011 Response: Accepted for Medicare Part A/B

The Facilitator sends this response when the data provided in the E1 Request enables the Facilitator to find exactly one matching patient who has Medicare Part A or B coverage that is active on the requested Date of Service.

M= Mandatory | O = Optional | R= Required

### **Response Header Segment: Always returned by the Facilitator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | “D0” | M – D.0 Transaction Standard |
| 1Ø3-A3 | TRANSACTION CODE | “E1” | M – Eligibility Verification |
| 1Ø9-A9 | TRANSACTION COUNT | “1” | M – One occurrence |
| 5Ø1-F1 | HEADER RESPONSE STATUS | “A” | M – Accepted |
| 2Ø2-B2 | SERVICE PROVIDER IDQUALIFIER | "Ø1" or “07” | M – NCPDP Provider ID or NPINumber of Requesting Pharmacy |
| 2Ø1-B1 | SERVICE PROVIDER ID | 1234567890bbbbb | M – Contains the same valueprovided in the Request |
| 4Ø1-D1 | DATE OF SERVICE | ccyymmdd | M – i.e., 20060101Contains the same value provided in the Request |

### **Response Message Segment: Mandatory Segment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 111-AM | SEGMENT IDENTIFICATION | “20” | M – Response Status Segment |
| 5Ø4-F4 | MESSAGE | " **MEDICARE A/B CHECK;**” + standardized response" | R – Standardized Messaging on Medicare Part A/B Eligibility Response section |

### **Response Status Segment: Always returned by the Facilitator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 111-AM | SEGMENT IDENTIFICATION | “21” | M – Response Status Segment |
| 112-AN | TRANSACTION RESPONSESTATUS | “A” | M – Approved |
| 130-UF | ADDITIONAL MESSAGE INFORMATION | “1” | M |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIER | “01” | M |
| 526-FQ | ADDL MESSAGE INFORMATION |  | Example: MBI:1EG4TE5MK73;ED:20170101;  |

**Note.** Other optional fields not shown in these segments are not used.

## vD.0 E1:01/01/2011 Response: Rejected for Medicare Part A/B

The Facilitator sends this response when the data provided in the E1 Request does not enable the Facilitator to find one unique patient.

M= Mandatory | O = Optional | R= Required

### **Response Header Segment: Mandatory Segment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | “D0” | M – D.0 Transaction Standard |
| 1Ø3-A3 | TRANSACTION CODE | “E1” | M – Eligibility Verification |
| 1Ø9-A9 | TRANSACTION COUNT | “1” | M – One occurrence |
| 5Ø1-F1 | HEADER RESPONSE STATUS | “A” | M – Accepted |
| 2Ø2-B2 | SERVICE PROVIDER IDQUALIFIER | "Ø1" or “07” | M – NCPDP Provider ID or NPINumber of Requesting Pharmacy |
| 2Ø1-B1 | SERVICE PROVIDER ID | 1234567890bbbbb | M – Contains the same valueprovided in the Request. |
| 4Ø1-D1 | DATE OF SERVICE | ccyymmdd | M – i.e., 20110101Contains the same value provided in the Request |

### **Response Status Segment: Always returned by the Facilitator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comment** |
| 111-AM | SEGMENT IDENTIFICATION | “21” | M – Response Status Segment |
| 112-AN | TRANSACTION RESPONSESTATUS | “R” | M – Rejected |
| 51Ø-FA | REJECT COUNT | “1” | R |
| 511-FB | REJECT CODE | “62” | R – Patient Cardholder ID NameMismatch |
| 130-UF | ADDITIONAL MESSAGEINFORMATION COUNT | “1” |  |
| 132-UH | ADDITIONAL MESSAGEINFORMATION QUALIFIER | “1” |  |
| 526-FQ | ADDL MESSAGE INFORMATION |  | O – Used for overflow from 5Ø4-F4 |
| 131-UG | ADDITIONAL MESSAGEINFORMATION CONTINUITY | “+” |  |

## Standardized Messaging on Medicare Part A/B Eligibility Response

***504-F4 Message Example***

Field 504-F4 will contain a string in the following Format. Field Identifier: Field Value; The Field Identifier describes what the Field Value means. For example, the Field Identifier could be “ID,” which means that the Field Value represents the beneficiaries ID.

The Field Value contains the actual value for the beneficiary. For example, the Field Value could be “123456,”which means that the beneficiary’s ID is 123456.

Field Identifiers are followed by a colon. Field Values are followed by a semicolon. The Field Identifiers are, in order:

|  |  |
| --- | --- |
| **Field Identifier****Name** | **Field Identifier Description** |
| ID | Patient ID for Part A or Part B coverage (THIS WILL CONTAIN THE FIELD IDENTIFIER NAME FOLLOWED BY A SEMI COLON) |
| DOB | Date of Birth of the beneficiary |
| LN | Last Name of the beneficiary |
| FN | First Name of the beneficiary |
| ZIP | ZIP code of the beneficiary |
| AB | Contains “A” if the beneficiary is covered by Part A. Contains “B” if the beneficiary is covered by Part B. Contains “AB” if the beneficiary is covered by both Part A and Part B. |

*MEDICARE A/B CHECK;ID:;DOB:19190101;LN:JONES;FN:JOHN;ZIP:12345;AB:A;*

***526-FQ Message Example***

|  |  |
| --- | --- |
| **Field Identifier****Name** | **Field Identifier Description** |
| MBI | Medicare Beneficiary Identifier |
| MBI EFFECTIVE DATE | Effective date of the MBI |

*MBI:1EG4TE5MK73;ED:20170101;*