

# NCPDP Version D.0 E1 Specifications for Medicare Part D

## Effective Date: 10/16/2023

Includes MA and QMB values. Last updated 2.7.23

**Note:** If a "Value" contains quotation marks around it, then the value is a literal character 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 Medicare Part D** ***Transaction Header Segment: Mandatory***

Field	Field Name	Value	Comments
101-A1	BIN NUMBER	"011727"	M – Facilitator BIN
102-A2	VERSION/RELEASE	"D0"	M – D.0 Transaction Format
103-A3	TRANSACTION CODE	"E1"	M – Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	"222222222"	M – Must be as indicated for E1
109-A9	TRANSACTION COUNT	"1"	M – One occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	"01"	M –NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled
401-D1	DATE OF SERVICE	20060101	M – Must be within 9 months prior to the current date or within 4 months after the current date
110-AK	SOFTWARE VENDOR /	bbbbbbbbbb	M - Field must be submitted but is not validated

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

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	"01"	M – Patient Segment
304-C4	DATE OF BIRTH	19400615	R – Field must be populated
305-C5	PATIENT GENDER CODE	1	O – 1 = Male, 2 = Female
310-CA	PATIENT FIRST NAME	JOHN	R - Must submit at least first digit of patient first name
311-CB	PATIENT LAST NAME	DOE	R - Must submit complete patient last name
325-CP	PATIENT ZIP/POSTAL ZONE	34567	O – inclusion of the zip code fields increases the chances for a match

**Insurance Segment: Mandatory**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	"04"	M – INSURANCE SEGMENT
302-C2	CARDHOLDER ID	998877665	M – Must include one of the following: <ul style="list-style-type: none"><li>– Full SSN</li><li>– Last 4 digits of the SSN</li><li>– Full MBI</li></ul>

Note: Effective 1-1-2020 HICN AND RRB will no longer be allowed on the request

**vD.0 E1: Accepted Response for Medicare Part D**

The Facilitator sends this response when the data provided in the E1 Request enables the Facilitator to find exactly one matching patient who has Part D coverage that is active on the requested Date of Service. The MBI that will be returned is the MBI that is effective as of the receipt date of the E1 transaction. There may be instances where a pharmacy has submitted a MBI that is no longer active for the patient. In that instance the facilitator will crosswalk to the current MBI and will return the current MBI (based on receipt date) in the formatted Message field (504-F4) on the response.

**Response Header Segment: Mandatory**

Field	Field Name	Value	Comments
102-A2	VERSION/RELEASE NUMBER	"D0"	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	"E1"	M – Eligibility Verification
109-A9	TRANSACTION COUNT	"1"	M – One occurrence
501-F1	HEADER RESPONSE	"A"	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	"01"	M –NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	Pharmacy provided in the Request
401-D1	DATE OF SERVICE	ccyymmdd	M – Contains the same value provided in the Request

**Response Message Segment: Mandatory**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	"20"	M – Response Message Segment
504-F4	MESSAGE	Structured messaging	See Structure Message information below. This field will contain data elements that will always be present as well as values that will be populated based on the existence of data in the CMS Eligibility File.

Below is an example of how the structured response will be provided in the Messaging Field, 504-F4.

Field Name	Field ID	Data Start	Max Bytes/Max Data Length	Values
LICS Level	LISLVL:	8	1	1 digit numeric (e.g. 0, 1, 2, 3,4, 5) blank (none)
Terminator	;	9	1	
LICS Effective Date	LISEFF:	17	8	CCYYMMDD blank (none)
Terminator	;	25	1	
LICS Termination Date	LISTERM:	34	8	CCYYMMDD blank (none)
Terminator	;	42	1	
Plan Type	PLAN:	48	4	MAPD, LINT, etc  Note: "MA " (MA followed by two blank spaces) will be used for MA plans
Terminator	;	52	1	
Active MBI	MBI:	57	11	Patient's Current / Active MBI
Terminator	;	68	1	
Active MBI Effective Date	ED:	72	8	CCYYMMDD:20170101
Terminator	;	80	1	

<b>QMB</b>	QMB:	85	1	Y (yes) or N (no)
<b>Terminator</b>	;	86	1	
<b>QMB Effective date</b>	QED:	91	8	CCYYMMDD (blank if QMB is N (no))
<b>Terminator</b>	;	99	1	
<b>QMB Term date</b>	QTERM:	106	8	CCYYMMDD (blank if QMB is N (no))
<b>Terminator</b>	;	114	1	

**Structured Messaging Field 504-F4 Examples:**

1. MAPD Example with terminated LIS, no QMB

LISLVL:3;LISEFF:20120701;LISTERM:20120831;PLAN:MAPD;MBI:1EG4TE5MK73;ED:20170101;  
QMB:N;QED: ;QTERM: ;

2. LINET Example with no LIS level, no QMB

LISLVL: ;LISEFF: ;LISTERM: ;PLAN:LINT; MBI:1EG4TE5MK73;ED: 20170101;QMB:N  
;QED: ;QTERM: ;

3. PDP example with active LIS, no QMB

LISLVL:1;LISEFF:20120601;LISTERM: ;PLAN:PDP ; MBI:1EG4TE5MK73;ED: 20170101;  
;QMB:N;QED: ;QTERM: ;

4. MA plan Example with no LIS, no QMB

LISLVL: ;LISEFF: ;LISTERM: ;PLAN:MA ; MBI:1EG4TE5MK73;ED: 20170101;  
QMB:N;QED: ;QTERM: ;

5. MAPD Example with active LIS, with active QMB

LISLVL:1;LISEFF:20120601;LISTERM: ;PLAN:MAPD;MBI:1EG4TE5MK73;ED:  
20170101;QMB:Y;QED:20210101;QTERM:20211231;

**Response Insurance: Always Returned by the Facilitator**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	"27"	M – Response Insurance Segment
139-UR	MEDICARE PART D COVERAGE CODE	1	R – Indicates the position of Medicare Part D in the billing order
138-UQ	CMS LOW INCOMECOST SHARING (LICS) LEVEL	N	R – Y for Yes or N for No
240-U1	CONTRACT NUMBER	TESTZ	R – Contract Number of Coverage
757-U6	BENEFIT ID	001	R – PBP Number of the coverage
140-US	NEXT MEDICARE PART D EFFECTIVE DATE	ccyymmdd	This field will not be returned if beneficiary does not have a future Part D plan relative to the submitted Date of Service.
141-UT	NEXT MEDICARE PART D TERMINATION DATE	ccyymmdd	This field will not be returned if beneficiary does not have a future Part D plan relative to the submitted Date of Service. If the beneficiary has a future plan and the termination date is blank in the CMS database, this field will not be returned

**Response Patient Segment: Always Returned by the Facilitator**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	"29"	M – Response Patient Segment
310-CA	PATIENT FIRST NAME	JOHN	R – Will contain the first name of the patient the eligibility query matched on in the TrOOP Database
311-CB	PATIENT LAST NAME	DOE	R - Will contain the last name of the patient the eligibility query matched on in the TrOOP Database
304-C4	DATE OF BIRTH	19650615	R - Will contain the Date of Birth of the patient the eligibility query matched on in the TrOOP Database

**Response Status Segment: Always Returned by the Facilitator**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	"21"	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	"A"	M – Approved

**Response Coordination of Benefits Segment: Always Returned by the Facilitator**

Field	Field Name	Value	Comments
111-AM	SEGMENT IDENTIFICATION	"28"	M – Response Coordination of Benefits Segment
355-NT	OTHER PAYER ID COUNT	1	R – Will contain the count of the number of occurrences of Other Payer Information.
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	"03" Or "10"	O – 03 (BIN) for plan types other than MA plans or 10 (Payer Name) for MA plans
340-7C	OTHER PAYER ID	123456 Or Payer Name	O – BIN Number for plan types other than MA plans or The first 10 bytes of the Payer Name for MA Plans
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	TESTBENEPD	O – PCN of Other payer; N/A for MA plans
356-NU	OTHER PAYER CARDHOLDER ID	TEST00001 Or "NOTAVAILABLE"	O – Cardholder ID for plan types other than MA plans Or "NOTAVAILABLE" is the default for MA Plans
992-MJ	OTHER PAYER GROUP ID	TEST00001	O – Group Number of Other payer; N/A for MA plans
142-UV	OTHER PAYER PERSON CODE	01	O – Patient Person Code for coverage. Provided if on file
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	O – Patient Relationship Code for Coverage, Provided if on file

Field	Field Name	Value	Comments
127-UB	OTHER PAYER HELP DESK NUMBER		O – Payer Helpdesk for coverage. Provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20110101	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	20111231	O – Termination Date of Coverage. Provided if on file
338-5C	OTHER PAYER COVERAGE TYPE	02	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	“03”	R – Always 03 for BIN
340-7C	OTHER PAYER ID	456789	R – BIN Number for Coverage
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	TESTBENEP2	R – Processor Control Number for Coverage
356-NU	OTHER PAYER CARDHOLDER ID	TEST00002	R – Cardholder ID
992-MJ	OTHER PAYER GROUP ID	TEST00002	R – Group Number
142-UV	OTHER PAYER PESON CODE	010	O –Patient Person Code for Coverage, Provided if on file
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	O– Patient Relationship Code for Coverage, Provided if on file
127-UB	OTHER PAYER HELP DESK NUMBER		O – Payer Helpdesk for coverage- provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20110101	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE.	20111231	O – Termination Date of Coverage- provided if on file
338-5C	OTHER PAYER COVERAGE TYPE	03	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	“03”	R – Always 03 for BIN
340-7C	OTHER PAYER ID	789123	R – BIN Number
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	TESTBENEP3	R – PCN
356-NU	OTHER PAYER CARDHOLDER ID	TEST00003	R – Cardholder ID
992-MJ	OTHER PAYER GROUP ID	TEST00003	R – Group Number

Field	Field Name	Value	Comments
142-UV	OTHER PAYER PESON CODE	010	O –Patient Person Code for coverage. Provided if on file
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	1	O– Patient Relationship Code for Coverage, Provided if on file
127-UB	OTHER PAYER HELP DESK NUMBER		O – Payer Helpdesk for coverage. Provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20110101	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	20111231	O – Termination Date of Coverage. Provided if on file.

### **Response Coordination of Benefits Segment for MA Plans**

NOTE: 4Rx information is not available for MA Plans. Only one loop of Response Coordination of Benefit segment data is returned and only the following fields will be populated in that segment for MA plan beneficiaries:

Field	Field Name	Value	Comments
355-NT	OTHER PAYER ID COUNT	1	R – Will contain the count of the number of occurrences of Other Payer Information
338-5C	OTHER PAYER COVERAGE TYPE	01	R – Indicates whether Coverage is Primary, secondary, tertiary, etc.
339-6C	OTHER PAYER ID QUALIFIER	10	10 (Payer Name) for MA plans
340-7C	OTHER PAYER ID	Payer Name	Will include the first 10 bytes of the Plan/Payer Name for MA Plans
356-NU	OTHER PAYER CARDHOLDER ID	“NOTAVAILBLE”	Will return “NOTAVAILABLE” as a default for MA Plans
127-UB	OTHER PAYER HELP DESK NUMBER		O – Payer Helpdesk for coverage. Provided if on file
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	20110101	R – Effective Date of Coverage
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	20111231	O – Termination Date of Coverage. Provided if on file



## **vD.0 E1: Rejected Response for Medicare Part D**

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***

<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comments</b>
102-A2	VERSION/RELEASE NUMBER	"D0"	M – D.0 Transaction Standard
103-A3	TRANSACTION CODE	"E1"	M – Eligibility Verification
109-A9	TRANSACTION COUNT	"1"	M – One occurrence
501-F1	HEADER RESPONSE STATUS	"A"	M – Accepted
202-B2	SERVICE PROVIDER ID QUALIFIER	"01"	M –NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	Pharmacy Request
401-D1	DATE OF SERVICE	ccyymmdd	M – Contains the same value provided in the Request

### ***Response Message Segment: Always Returned by the Facilitator***

<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comments</b>
111-AM	SEGMENT IDENTIFICATION	"20"	M – Response Status Segment
504-F4	MESSAGE	See below	Structured manner as outlined below.

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

<b>Field</b>	<b>Field Name</b>	<b>Value</b>	<b>Comments</b>
111-AM	SEGMENT IDENTIFICATION	"21"	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M – Rejected
510-FA	REJECT COUNT	1	R
511-FB	REJECT CODE	See “Non-Matched Reject Codes and Messages” section	R – Varies; three different codes depending on reject reason. See “Reject Codes and Messages”

Field	Field Name	Value	Comments
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		R– If 526-FQ is returned
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		R – If 526-FQ is returned
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 504-F4, if needed (need for overflow not expected)

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

For accessibility please note that cells in the headers are intentionally left blank as prescribed in the NCPDP Payer Sheet Template Version 1.5

## Reject Codes and Messages

### **Reject Message General Structure**

A Reject (Non-Matched) Eligibility Response complies with the following general rules:

- The Reject Code field (511-FB) will contain an appropriate reject code based on the cause of the reject (see table below).  
The Message field (504-F4) will contain appropriate descriptive rejection information; this will be a free text message that does not contain parsable information (see table below).
- If needed, overflow rejection information can be placed in Additional Message Information (526- FQ). However, such an overflow is highly unlikely.

### **E1 Reject Conditions and associated Codes and Messages**

The Facilitator system will return the following reject codes and messages for each condition listed:

Condition	Reject Code	Reject Description	Comments/Message (526-FQ)
Service Provider ID Qualifier is not a National Provider Identifier (NPI)	7B	Service Provider ID Qualifier Value Not Supported for Processor/Payer	QUALIFIER MUST BE AN NPI
Not all the required information is provided, even if the submitted Cardholder ID information is correct.	07	M/I Cardholder ID	MCARE ELIG;MISSING REQUIRED FIELD

<b>Condition</b>	<b>Reject Code</b>	<b>Reject Description</b>	<b>Comments/Message (526-FQ)</b>
Full Cardholder ID matches exactly but first 4 characters of Last Name do not match	62	Patient/Card Holder ID Name Mismatch	MCARE ELIG;PATIENT NOT FOUND: CARDHOLDER ID MATCHED BUT LAST NAME DID NOT
Patient not found	52	Non-Matched Cardholder ID	MCARE ELIG;NO PATIENT MATCH FOUND
Patient found but Part D coverage is not active during the submitted Date of Service	15	M/I Date of Service	MCARE ELIG;PATIENT FOUND BUT PART D COVERAGE OUTSIDE SUBMITTED DATE OF SERVICE
OS on the E1 exceeds the allowable "look back or look forward" timeframe	VD	Eligibility Search Time Frame Exceeded	MCARE ELIG;DATE OF SERVICE OUT OF RANGE or LASTKNOWN MM/YY TOO OLD  Note: this reject code and LASTKNOWN MM/YY TOO OLD MSG will be used temporarily until 9-31-2020 for Last Known 4Rx MM and YY combination is outside of CMS allowed timeframe
Pharmacy not Contracted with Transaction Facilitator	50	Non-matched pharmacy number	MCARE ELIG;SUBMITTER IS NOT CONTRACTED FOR E1
NPI does not appear to be valid	05	M/I Service Provider Number	MCARE ELIG;INVALID NPI
Provider is on the OIG sanction list	559	ID Submitted is associated with a excluded Pharmacy	MCARE ELIG;PROVIDER ON SANCTION LIST
Provider is not active on the NPPES file	877	Service Provider ID Terminated on NPPES File	MCARE ELIG;PROVIDER TERMINATED ON NPPES FILE
Provider is not enrolled with CMS	878	Service Provider ID Not Found On NPPES File	MCARE ELIG;PROVIDER NOT ON NPPES
Pharmacy is on the CMS precluded list	930	ID Submitted Is Associated To A Precluded Pharmacy	MCARE ELIG;PHARMACY IS ON CMS PRECLUDED LIST
NPI is does not have an NPPES taxonomy code = pharmacy	879	Service Provider ID Excluded From Receiving CMS Enrollment Data	MCARE ELIG;NPI IS NOT A PHARMACY
CMS does not allow this provider to receive eligibility data	879	Service Provider ID Excluded From Receiving CMS Enrollment Data	PROVIDER QUESTIONS-CONTACT PARTD_COB@CMS.HHS.GOV

Condition	Reject Code	Reject Description	Comments/Message (526-FQ)
The combination of B60-3J YEAR OF LAST PAID CLAIM and B61-3K MONTH OF LAST PAID CLAIM exceeds the timeframe allowed by CMS	946	Last Known Rx Claim Date Submitted Too Old	Note: Available for use 10-1-2019. Prior to 10-1-2019 reject code VD will be used.
LASTKNOWN is sent in Cardholder ID however Last Known 4Rx Segment is not sent		M/I Last Known 4Rx Segment	This reject code has not been approved at NCPDP yet, until it is available we will use reject code 85- Claim not paid and will return: M/I Last Known Segment in 504-F4

### **Rejected Response Message Text Field Examples**

Key: b=blank

Example 1: Eligibility Rejected Response resulting from Cardholder ID matching but Name not matching

Reject Code (511-FB) will be "62" (Patient/Cardholder ID Name Mismatch)  
Message (504-F4)

MCARE ELIG;PATIENT NOT FOUND: CARDHOLDER ID MATCHED BUT LAST NAME DID NOT

Example 2: Eligibility Rejected Response resulting from inability to match the supplied request data to the database

Reject Code (511-FB) will be "52" (Non-matched Cardholder ID)  
Message (504-F4)

MCARE ELIG;NO PATIENT MATCH FOUND

Example 3: Eligibility Rejected Response resulting from a found patient not having active Part D coverage on the Date of Service submitted but subsequent coverage exists

Reject Code (511-FB) will be "15" (M/I Date of Service)  
Message (504-F4)

MCARE ELIG;PATIENT FOUND BUT PART D COVERAGE OUTSIDE SUBMITTED DATE OF SERVICE

Example 4: Eligibility Rejected Response resulting from a found patient not having active Part D coverage on the Date Of Service submitted and no subsequent coverage exists

Reject Code (511-FB) will be "52" (Non-matched Cardholder ID)  
Message (504-F4)

MCARE ELIG;NO PATIENT MATCH FOUND