# Medicare Part A/B E1 Transaction NCPDP vD.0 Test Cases

**NOTE: The Service Provider ID must be an NPI contracted for services. All other information must be submitted EXACTLY as provided.**

**M= Mandatory | O = Optional | R= Required**

## T**est** Case 1A: MEDICARE A/B E1 REQUEST

### Transaction Header Segment: Mandatory Segment

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 101-A1 | BIN NUMBER | 012361 | M – Facilitator BIN |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M – D.0 Transaction Format |
| 103-A3 | TRANSACTION CODE | E1 | M – Eligibility Verification |
| 104-A4 | PROCESSOR CONTROL NUMBER | ABINQUIRY | M – Must be as indicated |
| 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 | SEND PHARMACY NPI | M – Left justified, space filled Use a contracted NPI |
| 401-D1 | DATE OF SERVICE | 20191011 | M – Must be within 9 months before or 4 months after current date |
| 110-AK | SOFTWARE VENDOR / CERTIFICATION ID | ABELIG | 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 | D0TEST1A | R - Must submit at least first digit of patient first name |
| 311-CB | PATIENT LAST NAME | D0TEST1A | R - Must submit complete patient last name |
| 325-CP | PATIENT ZIP/POSTAL ZONE | 34567 | R – Zip Code (5 digit zip) |

### Insurance Segment: Mandatory Segment

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 04 | M – INSURANCE SEGMENT |
| 302-C2 | CARDHOLDER ID | 1SS1SS1SS11 | M – Must include one of the following:  -MBI |

**Test Case 1A Request String:**

012361D0E1ABINQUIRY 1010000000006 20191011ABELIG ‑AM01C419400615C51CAD0TEST1ACBD0TEST1ACP34567‑AM04C21SS1SS1SS11

Note:0000000006 is used to represent your pharmacy NPI and the actual request string will return your NPI

## Test Case 1A: MEDICARE A/B E1 RESPONSE: ACCEPTED

The Facilitator sends this response when the data provided in the E1 Request results in an exact match to a patient who has Part D coverage that is active on the requested Date of Service.

### Response Header Segment: Always Returned by the Transaction Facilitator

|  |  |  |  |
| --- | --- | --- | --- |
| **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 STATUS | A | M – Accepted |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | M – NPI Number of Requesting Pharmacy |
| 201-B1 | SERVICE PROVIDER ID | SEND PHARMACY NPI | M – Contains the same value provided in the Request |
| 401-D1 | DATE OF SERVICE | 20191011 | M – Contains the same value provided in the Request |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 20 | M – Response Patient Segment |
| 504-F4 | MESSAGE |  | R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the patient does not have LIS. The response will be structured as indicated below. |

MEDICARE A/B CHECK;ID:;DOB:19400615;LN:D0TEST1A;FN:D0TEST1A;ZIP:34567 ;AB:AB;

### Response Status: Always Returned by the Transaction Facilitator

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 21 | M – Response Status Segment |
| 112-AN | TRANSACTION RESPONSE STATUS | A | M – Approved |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | 1 |  |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | 01 |  |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | MBI:1SS1SS1SS11;ED:20180101; | As of 2020 CMS will no longer return the MBI on any eligibility transactions. This will always be populated with MBI:;ED:; |

**Test Case 1 Response String:**

D0E11A010000000006 20201222‑AM20F4MEDICARE A/B CHECK;ID:;DOB:19400615;LN:D0TEST1;FN:D0TEST1;ZIP:34567;AB:AB;‑AM21ANAUF1UH01FQMBI:1SS1SS1SS11;ED:20180101;

Note:0000000006 is used to represent your pharmacy NPI and the actual response string will return your NPI

## Test Case 1B: Medicare A/B E1 REQUEST

### Transaction Header Segment: Mandatory Segment

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 101-A1 | BIN NUMBER | 012361 | M – Facilitator BIN |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M – D.0 Transaction Format |
| 103-A3 | TRANSACTION CODE | E1 | M – Eligibility Verification |
| 104-A4 | PROCESSOR CONTROL NUMBER | ABINQUIRY | M – Must be as indicated |
| 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 | SEND PHARMACY NPI | M – Left justified, space filled Use a contracted NPI |
| 401-D1 | DATE OF SERVICE | 20191011 | M – Must be within 9 months before or 4 months after current date |
| 110-AK | SOFTWARE VENDOR / CERTIFICATION ID | ABELIG | 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 | D0TEST1B | R - Must submit at least first digit of patient first name |
| 311-CB | PATIENT LAST NAME | D0TEST1B | R - Must submit complete patient last name |
| 325-CP | PATIENT ZIP/POSTAL ZONE | 34567 | R – Zip Code (5 digit zip) |

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

### Insurance Segment: Mandatory

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 04 | M – INSURANCE SEGMENT |
| 302-C2 | CARDHOLDER ID | 2LL2LL2LL22 | M – Must include one of the following:  – MBI |

**Test Case 1B Request String:**

012361D0E1ABINQUIRY 1010000000006 20191011ABELIG ‑AM01C419400615C51CAD0TEST1BCBD0TEST1BCP34567‑AM04C22LL2LL2LL22

Note:0000000006 is used to represent your pharmacy NPI and the actual request string will return your NPI

## Test Case 1B: MEDICARE A/B E1 RESPONSE: ACCEPTED

The Facilitator sends this response when the data provided in the E1 Request results in an exact match to a patient who has Part D coverage that is active on the requested Date of Service.

### Response Header Segment: Always Returned by the Transaction Facilitator

|  |  |  |  |
| --- | --- | --- | --- |
| **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 STATUS | A | M – Accepted |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | M – NPI Number of Requesting Pharmacy |
| 201-B1 | SERVICE PROVIDER ID | SEND PHARMACY NPI | M – Contains the same value provided in the Request |
| 401-D1 | DATE OF SERVICE | 20191011 | M – Contains the same value provided in the Request |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 20 | M – Response Patient Segment |
| 504-F4 | MESSAGE |  | R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the patient does not have LIS. The response will be structured as indicated below. |

MEDICARE A/B CHECK;ID:D0TEST001A;DOB:19400615;LN:D0TEST1B;FN:D0TEST1B;ZIP:34567 ;AB:AB;

### Response Status: Always Returned by the Transaction Facilitator

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 21 | M – Response Status Segment |
| 112-AN | TRANSACTION RESPONSE STATUS | A | M – Approved |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | 1 |  |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | 01 |  |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | MBI:2LL2LL2LL22;ED:20180101; | As of 2020 CMS will no longer return the MBI on any eligibility transactions. This will always be populated with MBI:;ED:; |

**Test Case 1B Response String:**

D0E11A010000000006 20201222‑AM20F4MEDICARE A/B CHECK;ID:;DOB:19400615;LN:D0TEST1B;FN:D0TEST1B;ZIP:34567;AB:AB;‑AM21ANAUF1UH01FQMBI:2LL2LL2LL22;ED:20180101;

Note:0000000006 is used to represent your pharmacy NPI and the actual response string will return your NPI

## Test Case 2: Medicare A/B E1 REQUEST

### Transaction Header Segment: Mandatory Segment

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 101-A1 | BIN NUMBER | 012361 | M – Facilitator BIN |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M – D.0 Transaction Format |
| 103-A3 | TRANSACTION CODE | E1 | M – Eligibility Verification |
| 104-A4 | PROCESSOR CONTROL NUMBER | ABINQUIRY | M – Must be as indicated |
| 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 | SEND PHARMACY NPI | M – Left justified, space filled Use a contracted NPI |
| 401-D1 | DATE OF SERVICE | 20191011 | M – Must be within 9 months before or 4 months after current date |
| 110-AK | SOFTWARE VENDOR / CERTIFICATION ID | ABELIG | 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 | D0TEST2 | R - Must submit at least first digit of patient first name |
| 311-CB | PATIENT LAST NAME | D0TEST2 | R - Must submit complete patient last name |
| 325-CP | PATIENT ZIP/POSTAL ZONE | 30329 | R – Zip Code (5 digit zip) |

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

### Insurance Segment: Mandatory

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 04 | M – INSURANCE SEGMENT |
| 302-C2 | CARDHOLDER ID | 3OO3OO3OO33 | M – Must include one of the following:  – MBI |

**Test Case 2 Request String:**

012361D0E1ABINQUIRY 1010000000006 ABELIG ‑AM01C419400615C51CAD0TEST2CBD0TEST2CP30329‑AM04C23OO3OO3OO33

Note:0000000006 is used to represent your pharmacy NPI and the actual request string will return your NPI

## Test Case 2: MEDICARE A/B E1 RESPONSE: ACCEPTED

The Facilitator sends this response when the data provided in the E1 Request results in an exact match to a patient who has Part D coverage that is active on the requested Date of Service.

### Response Header Segment: Always Returned by the Transaction Facilitator

|  |  |  |  |
| --- | --- | --- | --- |
| **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 STATUS | A | M – Accepted |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | M – NPI Number of Requesting Pharmacy |
| 201-B1 | SERVICE PROVIDER ID | SEND PHARMACY NPI | M – Contains the same value provided in the Request |
| 401-D1 | DATE OF SERVICE | 20191011 | M – Contains the same value provided in the Request |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 20 | M – Response Patient Segment |
| 504-F4 | MESSAGE |  | R – This segment will always contain the structure message values, and if data exists for these, will contain the applicable information. In this example the patient does not have LIS. The response will be structured as indicated below. |

MEDICARE A/B CHECK;ID:;DOB:19400615;LN:D0TEST2;FN:D0TEST2;ZIP:30329 ;AB:AB;

### Response Status: Always Returned by the Transaction Facilitator

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Field Name** | **Value** | **Comments** |
| 111-AM | SEGMENT IDENTIFICATION | 21 | M – Response Status Segment |
| 112-AN | TRANSACTION RESPONSE STATUS | A | M – Approved |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | 1 |  |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | 01 |  |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | MBI:3OO3OO3OO33;ED:20180101; | As of 2020 CMS will no longer return the MBI on any eligibility transactions. This will always be populated with MBI:;ED:; |

**Test Case 1B Response String:**

D0E11A010000000006 20201222‑AM20F4MEDICARE A/B CHECK;ID:;DOB:19410610;LN:D0TEST2;FN:D0TEST2;ZIP:30329;AB:AB;‑AM21ANAUF1UH01FQMBI:3OO3OO3OO33;ED:20180101;

Note:0000000006 is used to represent your pharmacy NPI and the actual response string will return your NPI