

E1 Specifications for Medicare Part A&B – Effective Date 01/01/2011

NCPDP VD.0

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 E1:01/01/2011 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 ID QUALIFIER	"Ø1" or "07"	M – NCPDP Provider ID or NPI Number of Requesting Pharmacy
2Ø1-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Left justified, space filled
4Ø1-D1	DATE OF SERVICE	20060101	M – Must be within 90 days of current date
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	bbbbbbbbbb	M – Field must be submitted but is not 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 of patient 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

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	"04"	M – Insurance Segment
302-C2	CARDHOLDER ID	998877665	M – Must include one of the following: – ID from Medicare Part A card – ID from Medicare Part B card – Full HICN – Full SSN – Railroad Board Number – Last 4 digits of the SSN

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 Facilitator			
Field	Field Name	Value	Comment
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" or "07"	M – NCPDP Provider ID or NPI Number of Requesting Pharmacy
201-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request
401-D1	DATE OF SERVICE	ccymmdd	M – i.e., 20060101 Contains the same value provided in the Request

Response Message Segment: Always Returned by Facilitator			
Field	Field Name	Value	Comment
111-AM	SEGMENT IDENTIFICATION	"20"	M – Response Status Segment
504-F4	MESSAGE	" MEDICARE A/B CHECK:" + standardized response"	R

Mandatory Segment

Response Status Segment: Always Returned by Facilitator			
Field	Field Name	Value	Comment
111-AM	SEGMENT IDENTIFICATION	"21"	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	"A"	M – Approved
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 504-F4
549-7F	HELP DESK PHONE NUMBER QUALIFIER	"99"	R – Medicare (CMS) will support these calls.

Response Status Segment: Always Returned by Facilitator			
Field	Field Name	Value	Comment
55Ø-8F	HELP DESK PHONE NUMBER	"8006334227"	R – Medicare (CMS) Help Desk Number

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 ID QUALIFIER	"Ø1" or "07"	M – NCPDP Provider ID or NPI Number of Requesting Pharmacy
2Ø1-B1	SERVICE PROVIDER ID	1234567890bbbb	M – Contains the same value provided in the Request.
4Ø1-D1	DATE OF SERVICE	ccyymmdd	M – i.e., 20110101 Contains the same value provided in the Request

Response Status Segment: Always Returned by Facilitator			
Field	Field Name	Value	Comment
111-AM	SEGMENT IDENTIFICATION	"21"	M – Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	"R"	M – Rejected
51Ø-FA	REJECT COUNT	"1"	R
511-FB	REJECT CODE	"62"	R – Patient Cardholder ID Name Mismatch
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	"1"	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	"1"	
526-FQ	ADDL MESSAGE INFORMATION		O – Used for overflow from 5Ø4-F4
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	"+"	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	"99"	R – 99 means that Medicare (CMS) will support these calls
55Ø-8F	HELP DESK PHONE NUMBER	"8668357595"	

Standardized Messaging on Medicare Part A/B Eligibility Response

Messaging should be returned in field 504-F4 (Message field) AFTER processor message of **MEDICARE A/B CHECK**: Field 504-F4 (Message field) is a 200-byte field. If additional bytes are needed the Additional Message field (526-FQ) should be used.

Message Definition

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
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.

Message Example

*MEDICARE A/B CHECK;
ID:123456789;DOB:19190101;LN:JONES;FN:JOHN;ZIP:12345;AB:A*