

New Mexico Medicaid

D.0 FFS Payer Sheet B1-B3

Expert Mode (EM)

Project Management Methodology

June 10, 2025

Version 6.0



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Revision History

Version Number	Date	Description	Author
1.0	10/01/14	Initial document with the incentive amount included for Naloxone (438E3 and 440-E5 updated)	Christine Marshall
2.0	09/10/20	Added notes to 440-E5 for opioid prescriptions	Barb Sullivan
3.0	02/04/21	Updated for Covid Vaccine	Barbara Sullivan
4.0	5/11/2021	Updated Incentive Fee for Covid Vaccines to \$40 for first and second doses. Field 438-E3.	Marvin Boyd
5.0	6/4/2025	Updated to Include Clinical Segment	Lorin Meskin
6.0	06/09/2025	Removed COVID references Updated fields 409 -D9, 420-DK, 423-DN, 424-DØ, 440-E5,	Brad Stevens

Configuration of This Document

This document is under full configuration management. See Configuration Items List.

1.0 Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet

Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet

GENERAL INFORMATION

Payer Name: New Mexico Medicaid		
Plan Name/Group Name: NM Medicaid Fee For Service	BIN: 610084	PCN: DRNMPROD
Plan Name/Group Name: NM Medicaid Fee For Service (test)	BIN: 610084	PCN: DRNMACCP (after 1/1/2012) PCN: DRNMDV5S (thru 12/31/2011 for D.Ø testing)
Processor: Conduent		
Effective as of: 02/11/21	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: October, 2007	NCPDP External Code List Version Date: March, 2010	
Contact/Information Source: Other references such as Provider Manuals, Payer phone number, web site, etc.		
Certification Testing Window: Certification is not required		
Certification Contact Information: Certification phone number and information		
Provider Relations Help Desk Info: 800-365-4944		
Other versions supported: 5.1 supported through 12/31/2011		

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing
B3	Rebilling

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No

QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
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Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	610084	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	Claim Billing, Claim Rebill
104-A4	PROCESSOR CONTROL NUMBER	DRNMPROD = Production DRNMDV5S = D.0 test DRNMACCP = Test	M	Use DRNMDV5S for D.0 testing through 12/31/2011
109-A9	TRANSACTION COUNT	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 – National Provider Identifier	M	NPI mandated 02/01/2008
201-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	NPI mandated 02/01/2008
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	0000000000	M	Populate with zeros

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME	12 characters	R	
313-CD	CARDHOLDER LAST NAME	15 Characters	R	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	Ø=Not specified 1=No Override 2=Override	RW	Enter '2' when the claim has been denied for eligibility but the provider has documentation showing eligibility has recently been determined. Claim will be held for up to 40 days for eligibility to be updated.
3Ø1-C1	GROUP ID	NEWMEXMED	R	
3Ø6-C6	PATIENT RELATIONSHIP CODE	1 = Cardholder	R	

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH	CCYYMMDD	R	
3Ø5-C5	PATIENT GENDER CODE	Ø=Not specified 1=Male 2=Female	R	
335-2C	PREGNANCY INDICATOR	Blank=Not Specified 1=Not pregnant 2=Pregnant	RW	Required if pregnant
384-4X	PATIENT RESIDENCE	Ø=Not specified 3=Nursing Facility 9=Intermediate Care Facility/Mentally Retarded 11=Hospice 15=Correctional Institution	RW	Required to indicate patient residence in any of the facilities indicated

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	

	Claim Segment Segment Identification (111AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code	M	
4Ø7-D7	PRODUCT/SERVICE ID	National Drug Code (NDC)	M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	Rx number of the associated partial fill claim	RW	Required for the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C").
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	Used when submitting a claim for a partial fill	RW	Date of the Associated Prescription/Service Reference Number.

442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
4Ø3-D3	FILL NUMBER	Ø = Original Dispensing 1-99 = Refill number	R	
4Ø5-D5	DAYS SUPPLY		R	'1'
4Ø6-D6	COMPOUND CODE	Ø = Not specified 1= Not a compound 2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø=Default, no product selection indicated 1=Physician request 7=brand mandated by law	R	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Value '1' may be used when physician requests meet the Medicaid Program standards for a brand being medically necessary.
414-DE	DATE PRESCRIPTION WRITTEN	CCYYMMDD	R	
419-DJ	PRESCRIPTION ORIGIN CODE	1=Written 2=Telephone 3=Electronic 4=Facsimile 5=Transfer	R	Required effective 09/01/2009 Value Ø (not specified) will not be accepted by NM.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	08 – Compound Override	RW	Required when overriding compound ingredient not covered
3Ø8-C8	OTHER COVERAGE CODE	Ø=Not Specified 1=No other Coverage 2=Other coverage exists - payment collected 3=Other coverage billed - claim not covered 4=Other coverage exists - payment not collected	RW	Required when other coverage exists

	Claim Segment Segment Identification (111AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Code of the initially prescribed product or service. Effective 07/01/2010 used to indicate when Product Selection has occurred. See notes regarding Product Selection on page 1Ø.
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø=Not Specified 1=Prior Authorization 2=Medical Certification	RW	Use '1' in this field when submitting claims for Children's Medical Services Use '2' in this field for early Refill override – when authorized by the POS help desk
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required if valid value in Field 461-EU is '1' and a number is required to be submitted
343-HD	DISPENSING STATUS	P = Initial Fill C = Completion Fill	RW	Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Required when submitting a claim for a partial fill
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Required when submitting a claim for a partial fill
995-E2	ROUTE OF ADMINISTRATION	SNOMED Values Required	RW	Required when submitting compounds

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	Pricing Segment Segment Identification (111AM) = "11"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if necessary as component part of Gross Amount Due

438-E3	INCENTIVE AMOUNT SUBMITTED		R	Required when submitting for vaccine administration or Naloxone Rescue Kit. Format=\$\$\$\$\$\$cc Example: If the incentive amt submitted is \$37.50, this field would reflect: 375.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	Imp Guide: Required if Other Amount Claimed Submitted Qualifier (479H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Ø9=Compound Preparation Cost Submitted	RW	If a compounding fee is being requested in addition to the dispensing fee enter Ø9. New qualifier value added in D.0
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	NM providers enter compound fee in this field.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.
43Ø-DU	GROSS AMOUNT DUE		R	This field is required to be submitted in D.0 which is a change from 5.1
423-DN	BASIS OF COST DETERMINATION		R	Use Ø8 to indicate a 340B claim. Otherwise, use appropriate Basis of Cost code

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1=National Provider Identifier (NPI)	R	Prescriber NPI is required effective 05/23/2008.
411-DB	PRESCRIBER ID	National Provider Identifier (NPI)		Pharmacist or Pharmacy ID if not prescribed by a physician

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

	Coordination of Benefits/Other Payments Segment Segment Identification (111AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	Blank=Not Specified Ø1=Primary Ø2=Secondary - Second Ø3=Tertiary - Third Ø4=Quaternary - Fourth Ø5=Quinary - Fifth	M	
339-6C	OTHER PAYER ID QUALIFIER	Ø3=Bank Information Number (BIN) 99=Other	RW	Submit value "99" and NM Carrier code in 340-7C if known. Otherwise use "Ø3" and submit BIN of previous payer in 340-7C.
34Ø-7C	OTHER PAYER ID		RW	Submit NM Carrier Code if known, otherwise submit BIN of previous payer
443-E8	OTHER PAYER DATE	CCYYMMDD	RW	Required when there is payment or denial from another source
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Required if Other Payer Amount Paid Qualifier (342HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø9=Compound	RW	Required when there is payment from another source <i>Payer Requirement:</i> Required when 308-C8 = '2'

	Coordination of Benefits/Other Payments Segment Segment Identification (111AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		Preparation Cost 1Ø=Sales Tax		
431-DV	OTHER PAYER AMOUNT PAID		RW	Required if other payer has approved payment for some/all of the billing.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Required if Other Payer Reject Code (472-6E) is used. <i>Payer Requirement:</i> Required if OCC = 3
472-6E	OTHER PAYER REJECT CODE		RW	Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8C8) = 3 (Other Coverage Billed – claim not covered).
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.

351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø1=Amt Applied to Periodic Deductible Ø2=Amt Attributed to Product Selection/Brand Drug Ø3=Amt Attributed to Sales Tax Ø4=Amt Exceeding Periodic Benefit Maximum Ø5=Amount of Copay Ø6=Patient Pay Amount Ø7=Amount of Coinsurance Ø8=Amt Attributed to Product Selection/Non-Pref Formulary Ø9=Amt Attributed to Health Plan Funded Assistance Amount 1Ø= Amt Attributed to Provider Network Selection 11=Amt Attributed to Product Selection/Brand Non-Preferred	RW	Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. Use to indicate patient responsibility amount when 308-C8 = '2' or '4' Submission of Ø3, 09, 13 will result in a Denial Submission of 02, 08, 11 will pay only if DAW=1 Submission of 12 will deny if Medicare Part D, pay if other non-Medicare insurer Submission of 10 will return to patient for payment
		Formulary Selection 12=Amt Attributed to Coverage Gap 13=Amt Attributed to Processor Fee		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Required when Other Coverage Code 308-C8 = '2' or '4'

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is situational	X	

	Clinical Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "13"			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used
492-WE	DIAGNOSIS CODE QUALIFIER	02	RW	Required if Diagnosis Code (424-DO) is used. 02- International Classification of Diseases (ICD10)
424-DO	DIAGNOSIS CODE		RW	Required for GLP1 medications

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	DUR/PPS Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "08"			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		O	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.
440-E5	PROFESSIONAL SERVICE CODE	MA = Medication administration Use 'MA' for vaccine administration	RW	Must equal a value of MA (Medication Administered) when Incentive Amount Submitted (438-E3) is greater than zero (Ø). <i>Payer Requirement:</i> Enter one professional service code only, indicating the type of service. NM Medicaid Valid Values: MA = Medication Administration for Vaccines
441-E6	RESULT OF SERVICE CODE		O	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.

474-8E	DUR/PPS LEVEL OF EFFORT	Ø=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5	RW	Code indicating the level of effort as determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service.
475-J9	DUR CO-AGENT ID QUALIFIER		RW	Required if DUR Co-Agent ID (476-H6) is used.
476-H6	DUR CO-AGENT ID		RW	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).

**** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template****