

(1,1)

BPS_CLAIMS_9002313_02_9002313_0201

- ◆ TRANSACTION_ORDER
- ◆ MEDICATION_NAME
- ◆ PRESCRIPTION_NUMBER
- ◆ MEDICAID_PAID_AMOUNT
- ◆ BILLING_ENTITY_TYPE_INDICATOR
- ◆ PAY_TO_QUALIFIER
- ◆ PAY_TO_ID
- ◆ PAY_TO_NAME
- ◆ PAY_TO_STREET_ADDRESS
- ◆ PAY_TO_CITY_ADDRESS
- ◆ PAY_TO_STATE/PROVINCE_ADDRESS
- ◆ PAY_TO_ZIP/POSTAL_ZONE
- ◆ GENERIC_EQVLNT_PRODUCT_ID_QLFR
- ◆ GENERIC_EQUIVALENT_PRODUCT_ID
- ◆ PHARMACY_SERVICE_TYPE
- ◆ OTHER_COVERAGE_CODE
- ◆ EMPLOYER_NAME
- ◆ EMPLOYER_STREET_ADDRESS
- ◆ EMPLOYER_CITY_ADDRESS
- ◆ EMPLOYER_STATE_PROV_ADDRESS
- ◆ EMPLOYER_ZIP_POSTAL_ZONE
- ◆ EMPLOYER_PHONE_NUMBER
- ◆ EMPLOYER_CONTACT_NAME
- ◆ CARRIER_ID
- ◆ ALTERNATE_ID

(1,2)

BPS_RESPONSES_9002313_03_9002313_03

◆ TRANSACTION_ORDER
◆ TRANSACTION_RESPONSE_STATUS
◆ MEDICAID_SUBROGATION_ICN/TCN
◆ SPENDING_ACCOUNT_AMT_REMAINING
◆ HEALTH_PLAN-FUNDED_ASSTNCE_AMT
◆ ADDITIONAL_MESSAGE_INFO_COUNT
◆ ADDITIONAL_MESSAGE_MLTP
◆ AMT_ATTRIB_TO_PRVDR_NTWK_SEL
◆ AMT_ATTR_PROD_SEL_BRAND_DRUG
◆ AMT_ATTR_PRD_NON-PREF_FRMLRY
◆ AMT_ATTR_BRAND_NON-PREF_FRMLR'
◆ AMOUNT_ATTRIB_TO_COVERAGE_GAP
◆ CMS_LICS_LEVEL
◆ MEDICARE_PART_D_COVERAGE_CODE
◆ NEXT_MEDICARE_PART_D_EFFECTV_DT
◆ NEXT_MEDICARE_PART_D_TERM_DATE
◆ INGRED_COST_CNTRCTD_REIMB_AMT
◆ DISP_FEE_CNTRCTD_REIMB_AMOUNT
◆ CONTRACT_NUMBER
◆ BASIS_OF_CALC-DISPENSING_FEE
◆ BASIS_FOR_COPAY
◆ BASIS_OF_CALC-FLAT_SALES_TAX
◆ BASIS_FOR_PERCENTAGE_TAX
◆ OTHER_PAYER_ID_COUNT

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◆ COB_OTHER_PAYMENTS_COUNT
◆ COB_OTHER_PAYMENTS
◆ DISPENSING_STATUS
◆ QUANTITY_ORDERED
◆ DAYS_SUPPLY_ORDERED
◆ SUBM_CLARIFICATION_CODE_COUNT
◆ SUBMISSION_CLARIFICATION_MLTPL
◆ DELAY_REASON_CODE
◆ PRESCRIBER_FIRST_NAME
◆ PRESCRIBER_STREET_ADDRESS
◆ PRESCRIBER_CITY_ADDRESS
◆ PRESCRIBER_STATE/PROV_ADDRESS
◆ PRESCRIBER_ZIP/POSTAL_ZONE
◆ ADDITIONAL_DOCUMNTN_TYPE_ID
◆ LENGTH_OF_NEED
◆ LENGTH_OF_NEED_QUALIFIER
◆ PRESCRIBER/SUPPLIER_DT_SIGNED
◆ REQUEST_STATUS
◆ REQUEST_PERIOD_BEGIN_DATE
◆ REQUEST_PD_RECERT/REVISED_DATE
◆ SUPPORTING_DOCUMENTATION
◆ QUESTION_NUMBER/LETTER_COUNT
◆ QUESTION_NUMBER/LETTER_MLTPL
◆ FACILITY_NAME
◆ FACILITY_STREET_ADDRESS
◆ FACILITY_STATE/PROV_ADDRESS
◆ FACILITY_CITY_ADDRESS
◆ FACILITY_ZIP/POSTAL_ZONE
◆ NARRATIVE_MESSAGE
◆ PATIENT_ASSIGNMENT_INDICATOR
◆ PRESCRIPTION/SERVICE_REF_NO
◆ FILL_NUMBER
◆ DAYS_SUPPLY
◆ COMPOUND_CODE
◆ PRODUCT_SERVICE_ID
◆ DISPENSE_AS_WRITTEN
◆ INGREDIENT_COST_SUBMITTED
◆ PRESCRIBER_ID
◆ DISPENSING_FEE_SUBMITTED
◆ DATE_PRESCRIPTION_WRITTEN
◆ NUMBER_OF_REFILLS_AUTHORIZED
◆ LEVEL_OF_SERVICE
◆ PRESCRIPTION_ORIGIN_CODE
◆ PRIMARY_CARE_PROVIDER_ID
◆ BASIS_OF_COST_DETERMINATION
◆ DIAGNOSIS_CODE
◆ USUAL_AND_CUSTOMARY_CHARGE
◆ PRESCRIBER_LAST_NAME
◆ SPECIAL_PACKAGING_INDICATOR
◆ GROSS_AMOUNT_DUE
◆ OTHER_PAYER_AMOUNT
◆ PATIENT_PAID_AMOUNT_SUBMITTED
◆ DATE_OF_INJURY
◆ CLAIM_REFERENCE_ID
◆ PRODUCT_SERVICE_ID_QUALIFIER
◆ INCENTIVE_AMOUNT_SUBMITTED

(2,2)

BPS_RESPONSES_9002313_03_9002313_39999

◆ RAW_DATA_RECEIVED

BPS_RESPONSES_9002313_03

◆ BPS_CLAIM
◆ DATE_RESPONSE_RECEIVED
◆ VERSION_RELEASE_NUMBER
◆ TRANSACTION_CODE
◆ TRANSACTION_COUNT
◆ MEDICAID_ID_INDICATOR
◆ MEDICAID_AGENCY_NUMBER
◆ SERVICE_PROVIDER_ID
◆ SERVICE_PROVIDER_ID_QUALIFIER
◆ GROUP_ID
◆ CARDHOLDER_ID
◆ DATE_OF_BIRTH
◆ PATIENT_FIRST_NAME
◆ PATIENT_LAST_NAME
◆ DATE_OF_SERVICE
◆ RESPONSE_STATUS
◆ MESSAGE

◆ OTHER_PAYER_ID_MLTPL
◆ BENEFIT_STAGE_COUNT
◆ BENEFIT_STAGE_INFO
◆ PRESCRIPTION_REFERENCE_NUMBER
◆ RX_REFERENCE_NUMBER_QUALIFIER
◆ PRIOR_AUTH_NUMBER-ASSIGNED
◆ DATE_OF_PRIOR_AUTHORIZATION
◆ PRIOR_AUTHORIZATION_START
◆ PRIOR_AUTHORIZATION_END
◆ PRIOR_AUTH_NO_REFILLS_AUTHRZD
◆ PRIOR_AUTH_QTY_ACCUMULATED
◆ PRIOR_AUTHORIZATION_QUANTITY
◆ PRIOR_AUTHORIZATION_AMOUNT
◆ HEADER_RESPONSE_STATUS
◆ AUTHORIZATION_NUMBER
◆ MESSAGE
◆ PATIENT_PAY_AMOUNT
◆ INGREDIENT_COST_PAID
◆ DISPENSING_FEE_PAID
◆ TOTAL_AMOUNT_PAID
◆ REJECT_COUNT
◆ REJECT_CODE
◆ ACCUMULATED_DEDUCTIBLE_AMOUNT
◆ REMAINING_DEDUCTIBLE_AMOUNT
◆ REMAINING_BENEFIT_AMOUNT
◆ AMT_APPLD_PERIODIC_DEDUCTIBLE
◆ AMOUNT_OF_COPAY
◆ AMT_ATTRIB_TO_PROD_SELECTION
◆ AMT_EXCEEDING_PERIOD_BNFT_MAX
◆ INCENTIVE_AMOUNT_PAID
◆ BASIS_OF_REIMB_DETERMINATION
◆ AMOUNT_ATTRIBUTED_TO_SALES_TAX
◆ DUR_RESPONSE_DATA
◆ *ADDITIONAL_MESSAGE_INFORMATIO
◆ APPROVED_MESSAGE_CODE_COUNT
◆ APPROVED_MESSAGE_CODE
◆ HELP_DESK_PHONE_QUALIFIER
◆ HELP_DESK_PHONE_NUMBER
◆ PREFERRED_PRODUCT_COUNT
◆ PREFERRED_PRODUCT_REPEATING
◆ TAX_EXEMPT_INDICATOR
◆ FLAT_SALES_TAX_PAID
◆ PERCENTAGE_SALES_TAX_PAID
◆ PERCENTAGE_SALES_TAX_RATE_PAID
◆ PERCENTAGE_SALES_TAX_BASIS_PD
◆ PROFESSIONAL_SERVICE_FEE_PAID
◆ OTHER_AMOUNT_PAID_COUNT
◆ OTHER_AMOUNTS_PAID
◆ OTHER_PAYER_AMOUNT_RECOGNIZED
◆ DUR_PPS
◆ AMOUNT_ATTRIBUTED_TO_PROC_FEE
◆ AMOUNT_OF_COINSURANCE
◆ BASIS_OF_CALC-COINSURANCE
◆ PLAN_SALES_TAX_AMOUNT
◆ PATIENT_SALES_TAX
◆ ESTIMATED_GENERIC_SAVINGS

BILL/CLAIMS_399

◆ BILL_NUMBER

INSURANCE_COMPANY_36

NAME

BPS_CERTIFICATION_9002313_31

◆ NAME

GROUP_INSURANCE_PLAN_355_3

◆ INSURANCE_COMPANY

BPS_NCPDP_FORMATS_9002313_92

◆ RECORD_FORMAT_NAME

RATE_TYPE_399_3**BPS_TRANSACTION_9002313_59_9002313**

◆ PLAN_ID
◆ B1_PAYER_SHEET
◆ BIN
◆ PCN
◆ GROUP_ID
◆ CARDHOLDER_ID
◆ PATIENT_RELATIONSHIP_CODE
◆ CARDHOLDER_FIRST_NAME
◆ CARDHOLDER_LAST_NAME
◆ PERSON_CODE
◆ HOME_PLAN_STATE
◆ DISPENSING_FEE_SUBMITTED
◆ BASIS_OF_COST_DETERMINATION
◆ USUAL_CUSTOMARY_CHARGE
◆ GROSS_AMOUNT_DUE
◆ ADMINISTRATIVE_FEE
◆ VA_FILL_NUMBER
◆ SOFTWARE_VENDOR_CERT_ID
◆ B2_PAYER_SHEET
◆ INGREDIENT_COST
◆ B3_PAYER_SHEET
◆ CERTIFY_MODE
◆ CERTIFICATION
◆ INSURANCE_NAME
◆ GROUP_NAME
◆ INSURANCE_CO_PHONE
◆ PHARMACY_PLAN_ID
◆ ELIGIBILITY
◆ RATE_TYPE
◆ PRIMARY_PAYER_BILL
◆ PRIOR_PAYMENT
◆ PLAN_COB
◆ INSURANCE_COMPANY
◆ E1_PAYER_SHEET
◆ POLICY_NUMBER
◆ MAXIMUM_NCPDP_TRANSACTIONS

(2,4)

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(3,1)

◆ QUANTITY_DISPENSED
◆ OTHER_PAYER_DATE
◆ PROVIDER_ID
◆ ORIGINAL_PRESCRIBED_PROD_CODE
◆ ORIGINALLY_PRESCRIBED_QUANTITY
◆ COMPOUND_INGREDIENT_COUNT
◆ COMPOUND_REPEATING_FIELDS
◆ COMPOUND_DOSAGE_DESCRIPTION
◆ COMPOUND_DISPENSING_INDICATOR
◆ COMPOUND_ROUTE_OF_ADMIN
◆ ORIGINAL_PRODUCT_SERVICE_ID
◆ SCHEDULED_RX_ID_NUMBER
◆ PRESCRIPTION_SERVICE_REFERENCE
◆ ASSOCIATED_RX/SERVICE_REF_NO
◆ ASSOCIATED_PRESCRIPTION_DATE
◆ PROCEDURE_MODIFIER_CODE_COUNT
◆ PROCEDURE_MODIFIER_CODE
◆ QUANTITY_PRESCRIBED
◆ PRIOR_AUTHORIZATION_TYPE_CODE
◆ PRIOR_AUTHORIZATION_SUBMITTED
◆ INTERMEDIARY_AUTH_TYPE_ID
◆ INTERMEDIARY_AUTHORIZATION_ID
◆ PROVIDER_ID_QUALIFIER
◆ PRESCRIBER_ID_QUALIFIER
◆ PRESCRIBER_LOCATION_CODE
◆ PC_PROVIDER_ID_QUALIFIER
◆ PC_PROVIDER_LOCATION_CODE
◆ PC_PROVIDER_LAST_NAME
◆ OTHER_PAYER_REJECT_COUNT
◆ DUR_PPS_REPEATING_FIELDS
◆ PROFESSIONAL_FEE_SUBMITTED
◆ OTHER_AMT_CLAIMED_SUBMITTED_CNT
◆ OTHER_AMT_CLAIMED_MULTIPLE
◆ FLAT_SALES_TAX_SUBMITTED
◆ PERCENTAGE_SALES_TAX_SUBMITTED
◆ PERCENTAGE_SALES_TAX_RATE
◆ PERCENTAGE_SALES_TAX_BASIS
◆ COUPON_TYPE
◆ COUPON_NUMBER
◆ COUPON_VALUE_AMOUNT
◆ DIAGNOSIS_CODE_COUNT
◆ CLINICAL_DIAGNOSIS
◆ CLINICAL_INFORMATION_COUNT
◆ CLINICAL_INFORMATION
◆ REQUEST_TYPE
◆ REQUEST_PERIOD_END_DATE
◆ BASIS_OF_REQUEST
◆ AUTHORIZED_REP_FIRST_NAME
◆ AUTHORIZED_REP_LAST_NAME
◆ AUTHORIZED_REP_STREET_ADDRESS
◆ AUTHORIZED_REP_CITY_ADDRESS
◆ AUTHORIZED_REP_STATE_PROV
◆ AUTHORIZED_REP_ZIP
◆ PRESCRIBER_PHONE_NUMBER
◆ PRIOR_AUTH_SUPPORTING_DOCUMENTN
◆ PRIOR_AUTH_NUMBER_ASSIGNED
◆ AUTHORIZATION_NUMBER

(3,2)

- ◆ PLAN_IDENTIFICATION
- ◆ NETWORK_REIMBURSEMENT_ID
- ◆ PAYER_ID_QUALIFIER
- ◆ PAYER_ID
- ◆ RESPONSES
- ◆ RAW_DATA_RECEIVED

- ◆ BENEFIT_ID
- ◆ TRANSACTION_REFERENCE_NUMBER
- ◆ FORMULARY_ID
- ◆ URL
- ◆ INTERNAL_CONTROL_NUMBER
- ◆ DUPLICATE_RESPONSE_DATA
- ◆ ADJUDICATED_PAYMENT_TYPE
- ◆ NEXT_AVAIL_FILL_DATE

CLAIMS_TRACKING_NON-BILLABLE_REASONS_356_8

◆ NAME

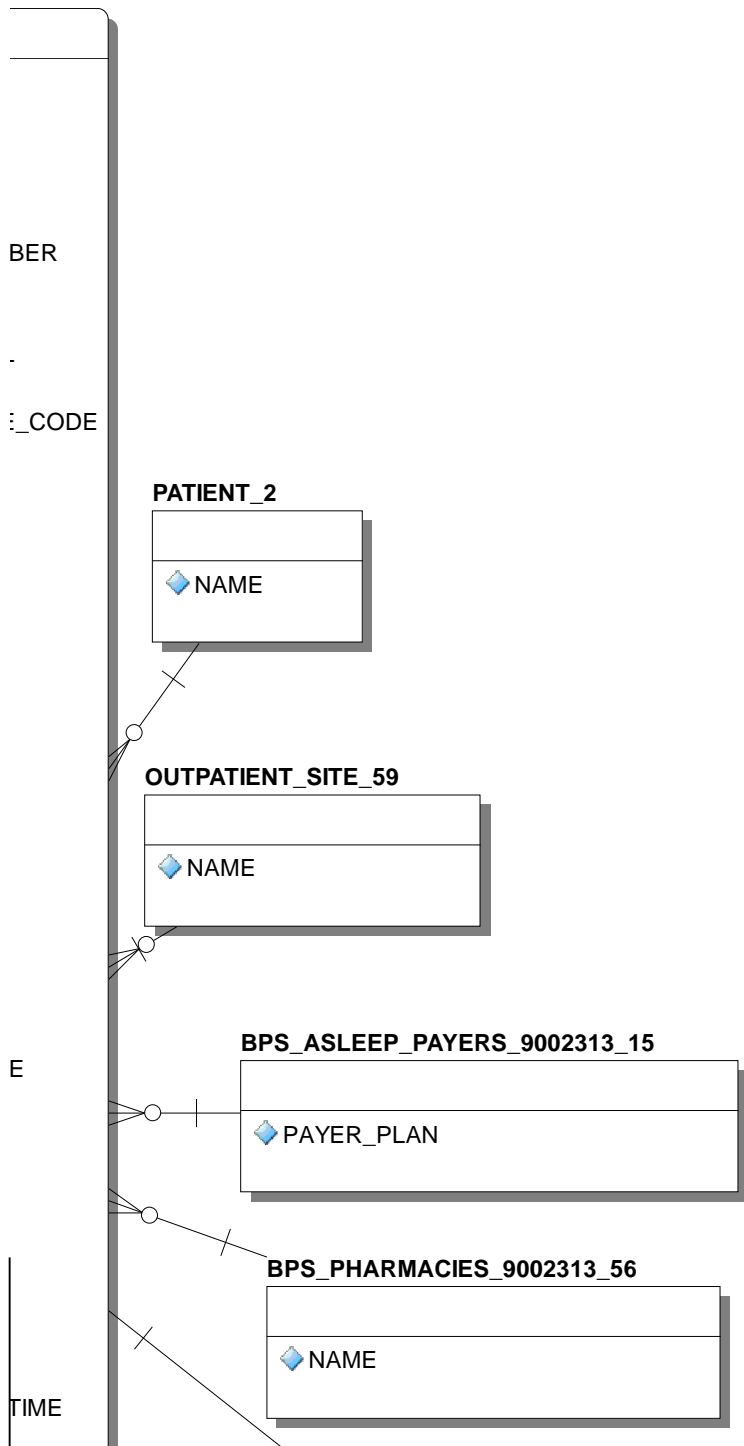
BPS_CLAIMS_9002313_02

- ◆ CLAIM_ID
- ◆ ELECTRONIC_PAYER
- ◆ TRANSMIT_FLAG
- ◆ TRANSMITTED_ON
- ◆ CREATED_ON
- ◆ AUTO_REVERSE_FLAG
- ◆ TRANSACTION
- ◆ PATIENT_NAME
- ◆ GROUP_INSURANCE_PLAN
- ◆ BIN_NUMBER
- ◆ VERSION_RELEASE_NUMBER
- ◆ TRANSACTION_CODE
- ◆ PROCESSOR_CONTROL_NUMBER
- ◆ TRANSACTION_COUNT
- ◆ SOFTWARE_VENDER_CERT_ID
- ◆ MEDICAID_SUBROGATION_ICN/TCN
- ◆ MEDICAID_ID_NUMBER
- ◆ MEDICAID_AGENCY_NUMBER
- ◆ SERVICE_PROVIDER_ID
- ◆ SERVICE_PROVIDER_ID_QUAL
- ◆ GROUP_ID
- ◆ CARDHOLDER_ID
- ◆ PERSON_CODE
- ◆ DATE_OF_BIRTH
- ◆ PATIENT_GENDER_CODE
- ◆ PATIENT_RELATIONSHIP_CODE
- ◆ PLACE_OF_SERVICE
- ◆ ELIGIBILITY_CLARIFICATION_CODE
- ◆ PATIENT_FIRST_NAME
- ◆ PATIENT_LAST_NAME
- ◆ CARDHOLDER_FIRST_NAME
- ◆ CARDHOLDER_LAST_NAME
- ◆ HOME_PLAN
- ◆ PATIENT_STREET_ADDRESS
- ◆ PATIENT_CITY_ADDRESS
- ◆ PATIENT_STATE_PROV_ADDRESS
- ◆ PATIENT_ZIP_POSTAL_ZONE
- ◆ PATIENT_PHONE_NUMBER
- ◆ PATIENT_ID_QUALIFIER
- ◆ PATIENT_ID
- ◆ EMPLOYER_ID
- ◆ SMOKER_INDICATOR
- ◆ PREGNANCY_INDICATOR
- ◆ FACILITY_ID

BPS_CLAIMS_9002313_02_9002313_29999

◆ RAW_DATA_SENT

(3,4)



(4,1)

▲ AUTHORIZATION_NUMBER
◆ SERVICE_PROVIDER_ID_QUALIFIER
◆ SERVICE_PROVIDER_ID
◆ SERVICE_REFERENCE_NUMBER_QUAL
◆ SERVICE_FILL_NUMBER
◆ SERVICE_PROVIDER_NAME
◆ SERVICE_PROVIDER_STREET
◆ SERVICE_PROVIDER_CITY
◆ SERVICE_PROVIDE_STATE/PROVINCE
◆ SERVICE_PROVIDER_ZIP/POST_CODE
◆ SELLER_INITIALS
◆ PURCHASER_ID_QUALIFIER
◆ PURCHASER_ID
◆ PURCHASER_ID_STATE/PROVINCE
◆ PURCHASER_DATE_OF_BIRTH
◆ PURCHASER_GENDER_CODE
◆ PURCHASER_FIRST_NAME
◆ PURCHASER_LAST_NAME
◆ PURCHASER_STREET_ADDRESS
◆ PURCHASER_CITY_ADDRESS
◆ UNIT_OF_MEASURE
◆ PURCHASER_STATE/PROVINCE_CODE
◆ PURCHASER_ZIP/POSTAL_CODE
◆ PURCHASER_COUNTRY_CODE
◆ TIME_OF_SERVICE
◆ SELLER_ID
◆ SELLER_ID_QUALIFIER
◆ SALES_TRANSACTION_ID
◆ TRANSACTION_REFERENCE_NUMBER
◆ ROUTE_OF_ADMINISTRATION
◆ COMPOUND_TYPE
◆ PURCHASER_RELATIONSHIP_CODE
◆ PRESCRIBER_ID_STATE/PROVINCE
◆ PRESCRIBER_ALTERNATE_ID_QUAL
◆ PRESCRIBER_ALTERNATE_ID
◆ PRESCRIBER_ALTERNATE_STATE
◆ REPORTED_PAYMENT_TYPE
◆ RELEASED_DATE
◆ RELEASED_TIME
◆ COMPOUND_PREPARATION_TIME

(4,2)

- ◆ PATIENT_E-MAIL_ADDRESS
- ◆ OTHER_PAYER_CARDHOLDER_ID
- ◆ MEDIGAP_ID
- ◆ MEDICAID_INDICATOR
- ◆ PROVIDER_ACCEPT_ASSGNMT_IN
- ◆ PATIENT_RESIDENCE
- ◆ TRANSACTIONS
- ◆ DATE_OF_SERVICE
- ◆ PLAN_ID
- ◆ CLOSED
- ◆ DATE_CLOSED
- ◆ CLOSED_BY
- ◆ CLOSED_REASON
- ◆ DROP_TO_PAPER
- ◆ DATE_REOPENED
- ◆ REOPENED_BY
- ◆ REOPENED_COMMENT
- ◆ OTHER_PAYER_BIN_NUMBER
- ◆ OTHER_PAYER_PROCESSOR_CNT
- ◆ OTHER_PAYER_GROUP_ID
- ◆ CMS_PART_D_DEFINED_QLFD_FAC
- ◆ PATIENT_ID_STATE/PROVINCE
- ◆ PATIENT_COUNTRY_CODE
- ◆ VETERINARY_USE_INDICATOR
- ◆ RAW_DATA_SENT

PRESCRIPTION_52

◆ RX_#

DCTR

RL_NO

CLTY

DATE

USER

COMMENT

- UNIT_PRICE
- SUBTOTAL
- DISPENSING_FEE
- TOTAL_PRICE
- ADMINISTRATIVE_FEE
- UNIT_OF_MEASURE
- BILLING_QUANTITY
- BILLING_UNIT
- ASLEEP_PAYER
- CURRENT_VA_INSURER
- ELIGIBILITY
- PATIENT_INSURANCE_MULTIP
- RX_ACTION
- DATE_OF_SERVICE
- SUBMISSION_CLARIFICATION_
- COB_OTHER_PAYMENTS_COL
- OTHER_COVERAGE_CODE
- DUR_DATA
- COB_OTHER_PAYERS
- NET_PAID_BY_INSURER
- ELAPSED_TIME_(PRINTABLE)
- ELAPSED_TIME_(SECONDS)
- RESULT_CATEGORY

BPS_TRANSACTION_9002313_59_9002313_5913

<div><div></div>DUR_COUNTER</div> <div><div></div>DUR_PROFESSIONAL_SERVICE_CODE</div> <div><div></div>DUR_REASON_FOR_SERVICE_CODE</div> <div><div></div>DUR_RESULT_OF_SERVICE_CODE</div>

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