



D.O. TEST PACKET

Transaction Header			
Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1 (Unless otherwise noted)	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01-NPI
201-B1	Service Provider ID	Use your NPI or Test NPI Provided upon request	
401-D1	Date of Service	Test Date <CCYYMMDD>	
	Software		
110-AK	Vendor/Certification ID		BLANK

Test Claim 1 - Basic claim with Rx number 7 (claim will pay)

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01-NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	
305-C5	Patient Gender Code	2	1-M 2-F 0-Not Specify
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx0101	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990284	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num	4661693987	RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	68180051503	NDC
442-E7	Quantity Dispensed	30.000	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	30	Integer
406-D6	Compound Code	1	1-Not 2-Compound
408-D8	Dispense as Written (DAW)	0	0-Not 1-No Sub 2-Sub
414-DE	Date Prescription Written		Test Date<CCYYMMDD>
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electron 4-Fax 5-Pharmacy
308-C8	Other Coverage Code	0	0-Not Spec 1-None

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1386643096	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$31.60	
412-DC	Dispensing Fee Submitted	\$2.25	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$15.69	
430-DU	Gross Amount Due	\$33.85	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&Cust

PLEASE NOTE: claim submitted for testing is expected to contain the segments, fields and values specified. If additional segments and/or fields are transmitted it is required they match the NCPDP D.0 specification and are germane to this claim or the claim will be rejected.

Test Claim 2 - Duplicate Claim Test 1. Claim will return a duplicate response

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01-NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx0101	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990284	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
455-EM	Prescription/Service Ref Num Qualifier	1	1-RX 2-Service
402-D2	Prescription/Service Ref Num	4661693987	RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	68180051503	NDC
442-E7	Quantity Dispensed	30.000	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	30	
406-D6	Compound Code	1	1-Not 2-Compound
408-D8	Dispense as Written (DAW)	0	0-Not Spec 1-No 2-Sub
414-DE	Date Prescription Written		Test Date<CCYMMDD>
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electron 4-Fax 5-Pharmacy
308-C8	Other Coverage Code	0	0-not specified 1-none

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1386643096	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$31.60	
412-DC	Dispensing Fee Submitted	\$2.25	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$15.69	
430-DU	Gross Amount Due	\$33.85	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&C

PLEASE NOTE: claim submitted for testing is expected to contain the segments, fields and values specified. If additional segments and/or fields are transmitted it is required they match the NCPDP D.0 specification and are germane to this claim or the claim will be rejected.

Test Claim 3 - Basic Claim Reversal of Test Claim 1. Claim will be reversed.

Transaction Header		Required	
Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B2	
104-A4	Processor Control Number	PDMITEST	
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01-NPI Use your NPI or Test NPI Provided upon request
201-B1	Service Provider ID		Test Date <CCYMMDD>
401-D1	Date of Service Software		
110-AK	Vendor/Certification ID		BLANK

Claim Segment		Required	
Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
455-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num	46616963987	RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	68180051503	NDC
403-D3	Fill Number	1	
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Test Claim 4 - Coordination of Benefits/COB 8 Claim - PAID CLAIM

Transaction Header			
Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment			
Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	
305-C5	Patient Gender Code	2	1 - M 2 - F 3 - Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx0401	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990512	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
455-EM	Prescription/Service Ref Num Qualifier	1	
402-D2	Prescription/Service Ref Num	88043099876	RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	54092047612	NDC
442-E7	Quantity Dispensed	60.000	
403-D3	Fill Number	1	
405-D5	Days Supply	30	
406-D6	Compound Code	1	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	0	0=Sub 1= Not Allowed
414-DE	Date Prescription Written		Today's Date
419-DJ	Prescription Origin Code	3	1-Paper 2-Tel 3-Electronic 4-Fax 5-Pharmacy
308-C8	Other Coverage Code	8	

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1831103506	

Coordination of Benefits/Other Payer Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	05	
337-4C	Coordination of Benefits Count	1	
338-5C	Other Payer Coverage Type	01	
339-6C	Other Payer ID Qualifier	03	
340-7C	Other Payer ID	111222	
443-E8	Other Payer Date		Test Date
353-NR	Other Payer Pat Resp Amt Count	1	
351-NP	Other Payer Pat Resp Amt Qual	06	06-Patient Pay Amount
352-NQ	Other Payer Pat Resp Amount	\$171.82	
392-MU	Benefit Stage Count		
393-MV	Benefit Stage Qualifier		
394-MW	Benefit Stage Amount		

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$171.82	
412-DC	Dispensing Fee Submitted	0	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$393.32	
430-DU	Gross Amount Due	\$171.82	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&C

Test Claim 5 - Coordination of Benefits/COB 2 Claim - PAID CLAIM

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01-NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx0501	Where "xxxxxxx" is NABP.
301-C1	Group ID	99991065	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
455-EM	Prescription/Service Ref Num Qualifier	1	
402-D2	Prescription/Service Ref Num	6215914321	RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	3161112	NDC
442-E7	Quantity Dispensed	30.000	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	30	
406-D6	Compound Code	1	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	0	0-Not Spec 1-No Sub 2-Sub Allow
414-DE	Date Prescription Written		Test Date
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electronic 4-Fax 5-Pharmacy
308-C8	Other Coverage Code	2	

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1275570988	

Coordination of Benefits/Other Payer Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	05	
337-4C	Coordination of Benefits Count	1	
338-5C	Other Payer Coverage Type	01	
339-6C	Other Payer ID Qualifier	03	
340-7C	Other Payer ID	111222	
443-E8	Other Payer Date		Test Date
341-HB	Other Payer Amt Paid Count	1	
342-HC	Other Payer Amt Paid Qualifier	07	
431-DV	Other Payer Amount Paid	\$810.72	
392-MU	Benefit Stage Count		
393-MV	Benefit Stage Qualifier		
394-MW	Benefit Stage Amount		

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$859.22	
412-DC	Dispensing Fee Submitted	0	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$989.02	
430-DU	Gross Amount Due	\$859.22	
423-DN	Basis of Cost Determination	1	00-Default 01-AWP 06-MAC 07-U&C

Test Claim 6 - Coordination of Benefits/COB 4 Claim - PAID CLAIM

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PMD
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01-NPI Use your NPI or Test NPI Provided upon request
201-B1	Service Provider ID		
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx0601	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990611	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
455-EM	Prescription/Service Ref Num Qualifier	1	
402-D2	Prescription/Service Ref Num	62477734444	RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	74612390	NDC
442-E7	Quantity Dispensed	30.000	
403-D3	Fill Number	1	
405-D5	Days Supply	30	
406-D6	Compound Code	1	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	0	0-Not Specify 1-No Sub 2-Sub Allow
414-DE	Date Prescription Written		Test Date
419-DJ	Prescription Origin Code	3	1-Paper 2-Tel 3-Electron 4-Fax 5-Pharmacy
308-C8	Other Coverage Code	4	

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1609910132	

Coordination of Benefits/Other Payer Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	05	
337-4C	Coordination of Benefits Count	1	
338-5C	Other Payer Coverage Type	01	
339-6C	Other Payer ID Qualifier	03	
340-7C	Other Payer ID	111222	
443-E8	Other Payer Date		Test Date
993-A7	Internal Control Number		
341-HB	Other Payer Amt Paid Count	1	
342-HC	Other Payer Amt Paid Qualifier		
431-DV	Other Payer Amount Paid	\$0.00	
392-MU	Benefit Stage Count	0	
393-MV	Benefit Stage Qualifier	0	
394-MW	Benefit Stage Amount	0	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$154.68	
412-DC	Dispensing Fee Submitted	0	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$168.52	
430-DU	Gross Amount Due	\$154.68	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&C

Test Claim 7 - Coordination of Benefits/COB 2 Claim - REVERSAL

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B2	
104-A4	Processor Control Number	PDMITEST	
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01-NPI Use your NPI or Test NPI Provided upon request
201-B1	Service Provider ID		
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	
402-D2	Prescription/Service Ref Num	9874326511	RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	3161112	
403-D3	Fill Number	1	
308-C8	Other Coverage Code	2	

Coordination of Benefits/Other Payer Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	05	
337-4C	Coordination of Benefits Count	1	
338-5C	Other Payer Coverage Type	01	

Test Claim 8 - Compound Multi-Ingredient; PAID CLAIM

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01 - NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	PDM to Create
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx0801	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990366	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num		RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	0	NDC
442-E7	Quantity Dispensed	217.200	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	4	
406-D6	Compound Code	2	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	0	0-Not Specified 1-None
414-DE	Date Prescription Written		Today's date
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electron 4-Fax 5-Phar
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1386643096	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$20.03	
412-DC	Dispensing Fee Submitted	\$3.00	
481-HA	Flat Sales Tax Submitted	0	
	Percentage Sales Tax Amount Submitted	0	
482-GE	Percentage Sales Tax Rate Submitted	0	
483-HE	Percentage Sales Tax Basis Submitted	0	
484-JE	Usual and Customary Charge	\$161.98	
426-DQ	Gross Amount Due	\$23.03	
430-DU	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&Cust
423-DN			

Compound Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	10	
450-EF	Compound Dosage Form Desc Code	7	(2-Oint 3-Cream 5-Pwd 7-Liq)
451-EG	Compound Dosage Unit Form Indicator	3	ml (1-ea 2-gm)
447-EC	Compound Ingred Componet Count	4	
488-RE	Compound Product ID Qualifier	03	1
489-TE	Compound Product ID	713010901	NDC
448-ED	Compound Ingredient Quantity	5.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$0.99	
490-UE	Compound Ingredient Basis of Cost	0	
488-RE	Compound Product ID Qualifier	03	2
489-TE	Compound Product ID	228207650	NDC
448-ED	Compound Ingredient Quantity	15.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$10.59	
490-UE	Compound Ingredient Basis of Cost	0	
488-RE	Compound Product ID Qualifier	03	3
489-TE	Compound Product ID	149075215	NDC
448-ED	Compound Ingredient Quantity	1.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$8.00	
490-UE	Compound Ingredient Basis of Cost	0	
488-RE	Compound Product ID Qualifier	03	4
489-TE	Compound Product ID	904404073	NDC
448-ED	Compound Ingredient Quantity	15.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$0.45	
490-UE	Compound Ingredient Basis of Cost	0	

Test Claim 9 - Reversal of Multi-Ingredient Compound Test Case 8; Reversal Accepted

Transaction Header: Required

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B2	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01 - NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Claim Segment: Required

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num		RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	0	NDC
403-D3	Fill Number	1	
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Test Claim 10 - Compound Claim that will receive a 70/A5 reject. (Part D)

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01 - NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	PDM to Create
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx1001	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990435	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num		RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	0	NDC
442-E7	Quantity Dispensed	6000.000	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	30	
406-D6	Compound Code	2	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	0	0-Not Specified 1-None
414-DE	Date Prescription Written		Today's date
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electron 4-Fax 5-Phar
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1386643096	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$757.50	
412-DC	Dispensing Fee Submitted	\$3.00	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$785.50	
430-DU	Gross Amount Due	\$760.50	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&Cust

Compound Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	10	
450-EF	Compound Dosage Form Desc Code	7	2-Oint 3-cream 5-Pwd 7-Liq
451-EG	Compound Dosage Unit Form Indicator	2	ml (1-ea 2 –gm
447-EC	Compound Ingred Componet Count	3	
488-RE	Compound Product ID Qualifier	03	1
489-TE	Compound Product ID	45802011222	NDC
448-ED	Compound Ingredient Quantity	2000.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$450.00	
490-UE	Compound Ingredient Basis of Cost	0	
488-RE	Compound Product ID Qualifier	03	2
489-TE	Compound Product ID	378400101	NDC
448-ED	Compound Ingredient Quantity	3.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$152.00	
490-UE	Compound Ingredient Basis of Cost	0	
488-RE	Compound Product ID Qualifier	03	3
489-TE	Compound Product ID	51991045758	NDC
448-ED	Compound Ingredient Quantity	255.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$155.00	
490-UE	Compound Ingredient Basis of Cost	0	

Test Claim 11 - Resubmit Test Case 10 with the D6 Compound Code Corrected.

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01 - NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	PDM to Create
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx1101	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990435	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num		RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	0	NDC
442-E7	Quantity Dispensed	6000.000	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	30	
406-D6	Compound Code	2	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	0	0-Not Specified 1-None
414-DE	Date Prescription Written		Today's date
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electron 4-Fax 5-Phar
420-DK	Submission Clarification Code	08	
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1386643096	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$757.50	
412-DC	Dispensing Fee Submitted	\$3.00	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$758.50	
430-DU	Gross Amount Due	\$760.50	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&Cust

Compound Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	10	
450-EF	Compound Dosage Form Desc Code	7	2-Oint 3-Cream 5-Pwd 7-Liq
451-EG	Compound Dosage Unit Form Indicator	2	ml (1-ea 2-gm)
447-EC	Compound Ingred Componet Count	3	
488-RE	Compound Product ID Qualifier	03	1
489-TE	Compound Product ID	45802011222	NDC
448-ED	Compound Ingredient Quantity	2000.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$450.50	
490-UE	Compound Ingredient Basis of Cost	0	
488-RE	Compound Product ID Qualifier	03	2
489-TE	Compound Product ID	378400101	NDC
448-ED	Compound Ingredient Quantity	3.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$152.00	
490-UE	Compound Ingredient Basis of Cost	0	
488-RE	Compound Product ID Qualifier	03	3
489-TE	Compound Product ID	51991045758	NDC
448-ED	Compound Ingredient Quantity	255.000	3 decimal required.
449-EE	Compound Ingredient Drug Cost	\$155.00	
490-UE	Compound Ingredient Basis of Cost	0	

Test Claim 12 - Medicare Part D will return benefit stages; Paid claim

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01 – NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	PDM to Create
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx1201	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990435	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num		RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	69098038	NDC
442-E7	Quantity Dispensed	28.000	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	28	
406-D6	Compound Code	1	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	0	0-Not Specified 1-None
414-DE	Date Prescription Written		Today's date
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electron 4-Fax 5-Phar
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1477727683	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$11,366.00	
412-DC	Dispensing Fee Submitted	\$2.25	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$11,370.59	
430-DU	Gross Amount Due	\$11,368.85	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&Cust

Test Claim 13 - Reverse test case 12.

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B2	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01 - NPI
201-B1	Service Provider ID		Use your NPI or Test NPI Provided upon request
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num		RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	69098038	NDC
403-D3	Fill Number	1	
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Test Claim 14 - Medicare Part D non-covered drug; Rejected Claim

Transaction Header			
Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01 - NPI Use your NPI or Test NPI Provided upon request
201-B1	Service Provider ID		
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment			
Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	PDM to Create
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment			
Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx1401	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990435	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num		RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	8373076510	NDC
442-E7	Quantity Dispensed	1.000	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	30	
406-D6	Compound Code	1	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	0	0-Not Specified 1-None
414-DE	Date Prescription Written		Today's date
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electron 4-Fax 5-Phar
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1487865044	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$12.84	
412-DC	Dispensing Fee Submitted	\$2.25	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$22.97	
430-DU	Gross Amount Due	\$15.09	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&Cust

Test Claim 15 - Medicare Part D claim with a DAW code of 1 with estimated generic savings response.

Transaction Header

Field	Field Name	Test Value	Notes Test Value
101-A1	Bin Number	610020	PDM
102-A2	Version Release Number	D0	
103-A3	Transaction Code	B1	
104-A4	Processor Control Number	PDMITEST	PDM
109-A9	Transaction Count	1	
202-B2	Service Provider/ID Qualifier	01	01 - NPI Use your NPI or Test NPI Provided upon request
201-B1	Service Provider ID		
401-D1	Date of Service		Test Date <CCYYMMDD>
110-AK	Software Vendor/Certification ID		BLANK

Patient Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	01	
304-C4	Date of Birth	19610217	PDM to Create
305-C5	Patient Gender Code	2	1-M 2-F 3-Not Specified
310-CA	Patient First Name	LUCY	
311-CB	Patient Last Name	DIAMOND	

Insurance Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	04	
302-C2	Cardholder ID	xxxxxxx1501	Where "xxxxxxx" is NABP.
301-C1	Group ID	99990435	
303-C3	Person Code		BLANK
306-C6	Patient Relationship Code	1	1-Member 2-Spouse 3-Child 4-Other

Claim Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	07	
445-EM	Prescription/Service Ref Num Qualifier	1	1-Rx 2-Service
402-D2	Prescription/Service Ref Num		RX number > 7
436-E1	Product/Service ID Qualifier	03	Required 3 is NDC
407-D7	Product/Service ID	63481062370	NDC
442-E7	Quantity Dispensed	180.000	3 decimal required
403-D3	Fill Number	1	
405-D5	Days Supply	30	
406-D6	Compound Code	1	1=Not 2=Compound
408-D8	Dispense as Written (DAW)	1	0-Not Specified 1-None
414-DE	Date Prescription Written		Today's date
419-DJ	Prescription Origin Code	1	1-Paper 2-Tel 3-Electron 4-Fax 5-Phar
308-C8	Other Coverage Code	0	0-Not Specified 1-None

Prescriber Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	03	
466-EZ	Prescriber ID Qualifier	01	01-NPI 12-DEA
411-DB	Prescriber ID	1356358444	

Pricing Segment

Field	Field Name	Test Value	Notes Test Value
111-AM	Segment Identification	11	
409-D9	Ingredient Cost Submitted	\$829.48	
412-DC	Dispensing Fee Submitted	\$2.25	
481-HA	Flat Sales Tax Submitted	0	
482-GE	Percentage Sales Tax Amount Submitted	0	
483-HE	Percentage Sales Tax Rate Submitted	0	
484-JE	Percentage Sales Tax Basis Submitted	0	
426-DQ	Usual and Customary Charge	\$884.84	
430-DU	Gross Amount Due	\$815.73	
423-DN	Basis of Cost Determination	01	00-Default 01-AWP 06-MAC 07-U&Cust