

NCPDP transactions follow the most current version of the NCPDP Telecommunication Standard Implementation Guide, Version D, Release 0 (Version D.0) and Kansas specific NCPDP Payer Sheets.

With the implementation of the Kansas Modular Medicaid System (KMMS) and the adherence of the NCPDP national translation standards, KMAP has seen an increase in NCPDP file rejections within the translation process. This document is intended to help providers identify and reduce future transaction errors.

All electronic NCPDP billers should work with their software vendor and Point of Sale (POS) clearinghouses to ensure the transactions are following the aforementioned NCPDP Telecommunication Standard Implementation Guide and Kansas specific NCPDP Payer Sheets before submission of the transactions.

NOTE: Some values are considered invalid and are being temporarily accepted until 10/09/2022. After this date, these values will be invalid again and a rejection response will be sent. Structural errors (in bold below) cannot be accepted and must be corrected. See KMAP General Bulletin 22087 for additional information.

Updates are highlighted in yellow.



NCPDP COMMON FILE ERRORS					
TYPE OF ERROR Error Encountered During the Translation Process Which may Include a Segment Identifier, Field, and Error Identification	FIELD Possible Field Number(s) In Error	FIELD NAME Name of the Field Number(s)	FIELD FORMAT Field Number(s) Format Expectations	NOTIFICATION MESSAGE Additional Information Communicated to Pharmacy Providers who Have Encountered a Specific Error	
B1 - BILLING TRANSACTIONS					
Interactive header 202-B2 had 1<space> -- space not allowed	202-B2	Service Provider ID Qualifier	x(2)	Reject Code: B2 Missing/Invalid Service Provider ID Qualifier	
AM01 has CY with no CX: 331-CX (Patient ID Qualifier) is required if 332-CY (Patient ID) is used	332-CX	Patient ID Qualifier	x(2)	Reject Code: 465 Patient ID Qualifier Does Not Precede Patient ID	
AM01 C4 contained 00000000 - date is required - 00000000 not allowed	304-C4	Date of Birth	x(8)	Reject Code: 09 M/I Date of Birth	
AM03 2N<Space> -- <spaces> not allowed in 2N	367-2N	Prescriber State/Province Address	X(2)	Reject Code: 544 Prescriber State/Province Address Value Not Supported	
AM03 EZ1 - Value should be 2 character	466-EZ	Prescriber ID Qualifier	x(2)	Reject Code: 543 Prescriber ID Qualifier Value Not Supported	
AM03 PM<space> -- spaces not allowed in this field	498-PM	Prescriber Phone Number	x(10)	Reject Code: 3M M/I Prescriber Phone Number	
AM04 C2 Mandatory field missing	302-C2	Cardholder ID	x(20)	Reject Code: 07 Missing/Invalid Cardholder ID	
AM04 C9 "V" value code submitted -- valid values are 0-6	309-C9	Eligibility Clarification Code	9(1)	Reject Code: 14 M/I Eligibility Clarification Code	
AM05 HC<Blank> -- Blank not valid value	342-HC	Other Payer Amount Paid Qualifier	x(2)	Reject Code: 480 Other Payer Amount Paid Qualifier Does Not Precede Other Payer Amount Paid.	
AM05 E8 precedes 6C (Other Payer ID Qualifier), 7C (Other Payer ID)	443-E8	Other Payer Date	x(8)	Refer to Telecommunication Standard Implementation Guide for formatting rules.	
AM05 missing 5C -- 5C is required	338-5C	Other Payer Coverage Type	x(2)	Reject Code: 5C M/I Other Payer Coverage Type	
AM05 - 5E and 6E before HB, HC and DV - not allowed	471-5E 472-6E 341-HB 342-HC 431-DV	Other Payer Reject Count Other Payer Reject Code Other Payer Amount Paid Count Other Payer Amount Paid Qualifier Other Payer Amount Paid	9(2) x(3) 9(1) x(2) s9(6)v99	Refer to Telecommunication Standard Implementation Guide for formatting rules of the 5E, 6E, HB, HC and DV fields.	
AM05 E8 occurs after HB	443-E8	Other Payer Date	9(8)	Reject Code: E8 M/I Invalid Other Payer Date	
AM05 HC08 Not Allowed (01-07, 10 Allowed)	342-HC	Other Payer Amount Paid Qualifier	x(2)	Reject Code: HC Missing/Invalid Other Payer Amount Paid Qualifier	
AM05 HC<Blank> -- Blank not valid value	342-HC	Other Payer Amount Paid Qualifier	x(2)	Reject Code: HC Missing/Invalid Other Payer Amount Paid Qualifier	
AM05 NR Count Not Equal NP/NQ Fields	353-NR 351-NP 352-NQ	Other Payer - Patient Responsibility Amount Count Other Payer - Patient Responsibility Amount Qualifier Other Payer - Patient Responsibility Amount	9(2) X(2) S9(8)v99	Reject Code: SH Other Payer Patient Responsibility Amount Count Does Not Match Number of Repetitions	
AM07 D8 - Required & Missing	408-D8	Dispense as Written	x(1)	Reject Code: 22 Missing/Invalid Dispense As Written (DAW)/Product Selection Code	
AM07 "DK00" -- 0 not allowed in this field after C.4	420-DK	Submission Clarification Code	9(2)	Reject Code: 8R Submission Clarification Code Value Not Supported	
AM07 EV is not numeric - letters and <space> are not allowed	462-EV	Prior Authorization Number Submitted	9(2)	Reject Code: EV M/I Prior Authorization Number Submitted	
AM07 C8 - Values 5-7 Not Allowed	308-C8	Other Coverage Code	9(2)	Reject Code: 535 Other Coverage Code Value Not Supported	
AM07 D8 - Required & Missing	408-D8	Dispense as Written (DAW) / Product Selection Code	x(1)	Reject Code: 22 M/I Dispense as Written (DAW) Product Selection Code	
AM07 D8B - B is not a valid value (valid values are 0 - 9)	408-D8	Dispense as Written (DAW) / Product Selection Code	x(1)	Reject Code: 22 M/I Dispense as Written (DAW) Product Selection Code	
AM07 E13 - Value should be 2 character or blank	436-E1	Product/Service ID Qualifier	x(2)	Reject Code: E1 M/I Product/Service ID Qualifier	
AM07 missing required E1 field	436-E1	Product/Service ID Qualifier	x(2)	Reject Code: E1 M/I Product/Service ID Qualifier	
AM07 EX w/o EW	464-EX 463-EW	Intermediary Authorization ID Intermediary Authorization Type ID	x(11) 9(2)	Reject Code: R8 Syntax Error	
AM08 E4, E5, E6 - not in correct order	439-E4 440-E5 441-E6	Reason for Service Code Professional Service Code Result Of Service Code	x(2) x(2) x(2)	Reject Code: E4 Missing/Invalid Reason for Service Code Refer to Telecommunication Standard Implementation Guide for formatting rules of the E4, E5, and E6 fields.	
AM08 E4<Space>E5<Space>E6<Space> -- Blank is not a valid value and <Space> not allowed for any of the three	439-E4	Reason for Service Code	x(2)	Reject Code: E4 Missing/Invalid Reason for Service Code	
AM08 E4M0 (zero) - M0 (zero) is not a valid value	439-E4	Reason for Service Code	x(2)	Reject Code: E4 Missing/Invalid Reason for Service Code	
AM08 E4OU submitted -- OU is not a valid value	439-E4	Reason for Service Code	x(2)	Reject Code: E4 Missing/Invalid Reason for Service Code	

NCPDP Common File Error Log 9.13.2022

TYPE OF ERROR	FIELD	FIELD NAME	FIELD FORMAT	NOTIFICATION MESSAGE
Error Encountered During the Translation Process Which may Include a Segment Identifier, Field, and Error Identification	Possible Field Number(s) in Error	Name of the Field Number(s)	Field Number(s) Format Expectations	Additional Information Communicated to Pharmacy Providers who Have Encountered a Specific Error
AM08 E5<Space> and E6<Space> -- Blank not valid, <space> not allowed	440-E5 441-E6	Professional Service Code Result Of Service Code	x(2) x(2)	Reject Code: E5 M/I Professional Service Code Reject Code: E6 M/I Result of Service Code
AM10 Missing required TE or RE fields	489-TE 488-RE	Compound Product ID Compound Product ID Qualifier	x(19) x(2)	Reject Code: 21 M/I Product/Service ID Refer to Telecommunication Standard Implementation Guide for rules.
AM11 Missing required DU field	412-DC	Dispensing Fee Submitted	s9(6)v99	Reject Code: DC M/I Dispensing Fee Submitted
AM11 DN<space> -- spaces not allowed in this field	423-DN	Basis of Cost Determination	x(2)	Reject Code: DN M/I Basis of Cost Determination
B2 - REVERSAL TRANSACTIONS				
Interactive header 202-B2 had 1<space> -- space not allowed	202-B2	Service Provider ID Qualifier	x(2)	Reject Code: B2 Missing/Invalid Service Provider ID Qualifier
AM02 segment is not allowed in B2 (Reversal) transactions	111-AM	Segment Identification	x(2)	Reject Code: 204 Pharmacy Provider Segment is not used for this Transaction Code
AM02 EY - spaces not allowed	465-EY	Provider ID Qualifier	x(2)	Reject Code: EY M/I Provider ID Qualifier
AM03 PM with 11-digit phone number -- limit is 10 digits and allow space up to field length	498-PM	Prescriber Phone Number	x(10)	Reject Code: 3M M/I Prescriber Phone Number
AM03 EZ submitted with a value of 1 - value should be 2 characters	466-EZ	Prescriber ID Qualifier	x(2)	Reject Code: EZ M/I Prescriber ID Qualifier
AM04 CC and CD - Not Allowed	312-CC 313-CD	Cardholder First Name Cardholder Last Name	x(12) x(15)	Reject Code: 237 Cardholder First Name is not used for this Transaction Code Reject Code: 238 Cardholder Last Name is not used for this Transaction Code
AM04 C3 - Not Allowed	303-C3	Person Code	x(3)	Reject Code: 243 Person Code is not used for this Transaction Code
AM07 DI - Not Allowed	418-DI	Level of Service	9(2)	Reject Code: 278 Level of Service is not used for this Transaction Code
AM07 D60 -- 0 not allowed in D6 field	406-D6	Compound Code	9(1)	Reject Code: 262 Compound Code is not used for this Transaction Code
AM11 "JE" -- spaces not Allowed in JE field	484-JE	Percentage Sales Tax Basis Submitted	x(2)	Reject Code: 370 Percentage Sales Tax Basis Submitted not used for this Transaction Code