

NCPDP Common File Error Log 5.20.22

NCPDP transactions follow the NCPDP Telecommunication Standard Implementation Guide, Version D, Release 0 (Version D.0), August 2007 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 considered invalid are being temporarily accepted. Structural errors (in bold below) cannot be accepted and must be corrected. See KMAP General Bulletin 22087 for additional information.



NCPDP COMMON FILE ERRORS				
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
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
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 E21 - 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 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	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 E5, E4, 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 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
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
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

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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 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	Cardholder First Name	x(12)	Reject Code: 237 Cardholder First Name is not used for this Transaction Code
	313-CD	Cardholder Last Name	x(15)	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
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
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