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The mission of NCPDP is clear: to create and promote data interchange standards for the pharmacy services sector of the health care industry, and to provide information and resources that educate the industry and support the diverse needs of our members. As needs within the industry are identified, standards are updated to a new version or release. The following is a high-level overview of the latest version/release and/or the most commonly used of those standards and implementation guides, as well as NCPDP’s Data Dictionary and External Code List. Additionally, this document provides version/release/publication reference charts for approved and draft NCPDP standards/implementation guides.

**Legend for the reference charts:**

- **Column 1**
  - Contains the Name of the Standard or Implementation Guide document.

- **Ballot Info**
  - Contains the ballot period and ballot number in which the Standard or Implementation Guide appeared for review by the NCPDP membership and materially affected parties.

- **“DRAFT”**
  - D = Any level of work in progress
  - Blank = (not applicable)
  - F = Failed Ballot

- **“Approved NCPDP”**
  - NCPDP Board of Trustees approved and date of approval

- **“Approved ANSI”**
  - ANSI = American National Standards Institute approved and date of approval

**APPENDIX A. STANDARDS/GUIDES/FORMATS NO LONGER MAINTAINED OR SUPPORTED**

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<td>NCPDP-HL7 ELECTRONIC PRESCRIBING COORDINATION</td>
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</table>
“Comment”
Contains applicable information.
Republication pertains to a new issuance of the same version/release of the standard/implementation guide with minor changes.

“Data Dictionary/ECL/X12 Version”
Contains the effective date of the NCPDP Data Dictionary and the publication date of the External Code List (ECL) that supports the Standard, and/or the X12 Version that should be referenced.

Version Identification System
A version/release level scheme is in place for the NCPDP documents. Publication changes to implementation guides do not impact a version enumeration. Publication changes are so noted on the publication page of the document, in the appendix of changes in the document, and within this matrix. Any additions, deletions, or modifications to the implementation guide that makes a substantive difference must be approved by process of a ballot. Changes/addition/deletion of values that reside in the External Code List do not require the ballot process and do not have any impact on the version enumeration.

Versions in Standards without Model-driven Schemas
The scheme consists of either a two-digit or four-digit sequential enumerator depending on the standard. Effective April 2014, versioning was changed in appropriate NCPDP standards to exclude the use of the decimal that separated the “version” and “release” indication. The version and the release are now considered a “version”. For example, new versions will now reflect “Version XX” rather than “Version X Release X” or “Version X.X”. NCPDP implementation-only guides or reference documents will still maintain the decimal distinction. See the NCPDP Standards Version Usage by ECL Release to identify the versioning that applies to each standard.

Generally, the right character will be incremented through the full cycle of values before incrementing the left character and restarting the right character at 0. Large-scale changes or intentional designation of a new version for HIPAA implementation (for example) may be indicated by advancing the enumerator to the next combination ending with a 0.

Versions in Model-driven Schemas
Versioning for standards with model-driven schemas are date assignments of CCYYMM that are based on the NCPDP Board of Trustees approval date and a single digit sequence number. The sequence number is the unique identification for publications of a standard with the same approval date and adds uniqueness within a date. It will start at “1” for every published version. It is ONLY incremented when multiple publications must occur at the same date and is assigned after the standard completes the ballot process and is approved by the Board. (Format: CCYYMM# where C=Century, Y=Year, M=Month, and #=Sequence Number)

For ease of identification during the ballot process, the draft standards are assigned a temporary version that aligns with the ballot number. Ballot numbers are 8-digit assignments. The first four digits identify the work group that maintains the standard or initiated the ballot and the last four digits are the sequential
Standards Matrix

enumeration of ballots held within the work group. For example, ballot WG110056 is a ballot held by Work Group 11, ePrescribing and Related Transactions, and is the 56th ballot held to date by that work group.

A standard in ballot would have a temporary version of CCYxxx#XXXX###. The CCYxxx# would mimic the known values for the final version assignment number and keep the unknown values as x and # (#=sequence number of the schema) respectively. The XXX### represents the ballot number assigned. Using the example of ballot WG110056 above, the draft standard would appear as version 201xxx1WG110056 (“x” in this case represent the unknown year and month of approval and “1” representing the initial iteration of the schema files; where 2, etc. would represent updates to the schema for the same version of the standard). Upon Board of Trustees approval, the reference to the ballot is dropped and the permanent version of the standard is assigned, 201xxx1 (CCYYMM#). This string CCYYMM# is the version that will be used in the Version fields for the transport, structures, specialized, and “Standard” schemas.

An update to the schema within a version of a standard will be indicated by including an additional sequence number at the end of the version. For example, a schema update for a version 2017071 of a standard would change only the version of the schema to 20170711 and any additional schema updates for that version would result in an incremental change to the last sequence number of the schema.

An exception to this versioning assignment applies to the Benefit Integration Standard which incorporates the xml implementation and instructions within the implementation guide. Since Benefit Integration Standard utilizes the two-digit version level reference scheme, the version of the standard remains as “xx” but the version used in the xml Version fields for datatypes, transport, structures, transaction is Blvxx (Bl=Benefit Integration; v=Version; and xx=the applicable version of the Benefit Integration Standard Implementation Guide.) No sequence number of the schema is applicable.

Beta Versions
A version/release level scheme for beta versions of newly created standards is in place for the NCPDP standards. This version of a standard is intended for pilot purposes and is not intended for widespread adoption. Beta versions of new standards would allow feedback to NCPDP, as needed, from pilot participants on potential changes to the standard to allow/enhance its adoptability.

Beta version assignment in standards without model-driven schemas would be BT or BT.BT, dependent on the standard’s versioning format and field length. For standards with model-driven schemas, a version assignment convention of CCYYBT (2020BT) would be used.
Audit Transaction Standard Implementation Guide

The NCPDP Audit Transaction Standard defines the record layout for batch audit transactions between Auditors and Providers. Since the communication between these parties is two-way, the record layout for both the transmitted request and the response to the audit are defined by the standard. The standard supports an electronic audit transaction that facilitates requests, responses, and final outcomes transmissions for both “Desk Top” claim audits and for in-store audit notices. This standard addresses the types of communication between Auditors and Providers and allows that communication to occur in an electronic environment rather than paper-based.

File exchanges include:

- Initial Audit Request/Acknowledgement of Initial Audit Request
- Audit Response with Data/Acknowledgement of Response Data
- Preliminary Audit Findings/Acknowledgement of Preliminary Audit Findings
- Submission of Dispute Data/Acknowledgement of Dispute Data
- Final Audit Findings/Acknowledgement of Final Audit Findings
- Notice of Intent to Appeal/Acknowledgement of Intent to Appeal
- Submission of Audit Appeal with Data/Acknowledgement of Audit Appeal Data
- Identification of Hearing Date/Acknowledgement of Hearing Date
- Post Audit Determination/Acknowledgement of Post Audit Determination
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Batch Standard Implementation Guide

The NCPDP Batch Format provides practical guidelines and ensures consistent implementation throughout the industry of a file submission standard to be used between pharmacies and processors, or pharmacies, switches, and processors when using the Telecommunication Standard framework. The batch file is to be submitted in a non-real-time mode. The standard eliminates the many proprietary formats by providing one standardized file submission format to be submitted in a non-real-time mode: allows a batch to contain claims from multiple pharmacies at a centralized site to multiple processors via a switch. It allows a batch to contain claims from multiple pharmacies at a centralized site to multiple processors via a switch. This standard utilizes the Telecommunication Standard Version 3.2 or higher as the detail record, therefore supporting one parsing routine for implementers for real-time or batch transmissions of the transactions within this standard.

Detail record exchanges include: Any of the Telecommunication Standard transactions (Eligibility, Claim Billing, Information Reporting, etc.)
Medicaid Subrogation Standard transactions (Claim Billing, etc.)
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</table>
Batch Standard Subrogation Implementation Guide

Subrogation occurs when a payer has paid a claim that is subsequently determined to be the responsibility of another payer. This is commonly referred to as “pay and chase”. The NCPDP Batch Standard Subrogation Implementation Guide provides guidelines for the process whereby payers and PBMs can communicate to other payers reimbursement requests for covered services paid to pharmacy providers for which the other payers are responsible. This implementation uses the Telecommunication Standard and the Batch Standard as frameworks for exchange.

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Benefit Integration Standard Implementation Guide

The NCPDP Benefit Integration Standard Implementation Guide is intended to meet an industry need to facilitate the integration and exchange of accumulators between Benefit Partners to administer integrated benefits. It supports the communication of accumulator data in a standard format via transactions that are used to facilitate the delivery and receipt of this information. These transactions provide administrative efficiencies and allow for an industry standard to be used to share accumulator data (such as deductible and out of pocket) between Benefit Partners to administer integrated benefits for a member. The accumulator data is exchanged between trading partners in agreed upon intervals. The exchange is either in batch or real time.

Examples Guide

The Examples Guide contains examples messages based on the Implementation Guide of a specified NCPDP standard and is version dependent on the standard’s Implementation Guide. The specified version of the Examples Guide is applicable only to the same version of the Implementation Guide of the standard. The Examples Guide is a standalone document that is incorporated by reference within the Standards Implementation Guide. The Examples Guide requires neither approval through the balloting process or ANSI approval.
<table>
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Billing Unit Standard Implementation Guide

Due to the number of processors, fiscal intermediaries, plan administrators, and Medicaid programs, the billing unit standard was created to promote a "common billing unit language" for the submission of prescription claims.

The principal rule of the standard is that there are only three billing units necessary to describe any and all drug products. These billing units are "each", "ml", and "gm". The use of "tablet", "capsule", "kit" and others is not appropriate, since these are dosage forms or package descriptions. Breaking billing units into dosage forms does not add value to the model and violates the goals of the standard. Whether an "each" refers to a tablet, a capsule, a suppository, or a transdermal patch, the price will be the same for each billing unit. Once this definition is in place, the remainder of the standard describes how the various types of pharmaceutical products fit into one of the standard billing units.

The standard addresses billing unit inconsistencies within the health care delivery industry that may result in incorrect reimbursement or difficulties defining what constitutes a billing unit. The standard provide a consistent and well-defined billing unit for use in pharmacy transactions, a method to assign a standard billing unit, reduces the time it takes for a pharmacist to accurately bill a prescription and get paid correctly, provides a standard billing unit for use in calculation of accurate reimbursement and provides a standard size unit of measure for use in drug utilization use/review.

Transaction exchanges include:

Not applicable in this standard, but is used in other standards

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January 2021

National Council for Prescription Drug Programs, Inc.
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Comments Only on Standards from other Accredited Standards Developers (ASD)

External to the NCPDP Data Maintenance process is the need to provide NCPDP membership the opportunity to review and comment on Standards and Implementation Guides jointly developed by NCPDP and other ASDs in which the Standard and/or Implementation Guide is based on the other ASD’s standard. NCPDP Membership approval of the Standard/Implementation Guides is not the intention and is not sought.

**HL7® FHIR® Specialty Medication Prescribing Implementation Guide**

The implementation guide describes the exchange of data (patient demographic and coverage, prescription, and clinical) for dispensing specialty medications by pharmacies as well as facilitating enrollment of patients in programs offered by third parties such as, but not limited to, hub vendors and pharmaceutical manufacturers. This document represents the collaborative efforts of NCPDP and HL7 to be co-branded between HL7® and NCPDP.

<table>
<thead>
<tr>
<th>HL7® FHIR® Specialty Medication Prescribing Implementation Guide</th>
<th>DRAFT</th>
<th>NCPDP Comments Sent to Other ASD</th>
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**X12 852 Product Activity Report Specification**

The X12 852 transaction set is used to advise a trading partner of inventory, sales, and other product activity information which enables a trading partner to plan and ship, or propose inventory replenishment quantities, for distribution centers, warehouses or retail outlets. NCPDP/X12 jointly developed an implementation guidance document on the sharing of pharmacy inventory data among stakeholders using the X12 852 Product Activity Report Specification.

<table>
<thead>
<tr>
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**HL7 CDA Pharmacist Care Plan**

This document represents the collaborative efforts of NCPDP and HL7 for an electronic care plan with enhanced medication management content based on the templates in the HL7 Implementation Guide for C-CDA Release 2.1: Consolidated CDA for Clinical Notes and C-CDA on FHIR® R4. The Pharmacist Care Plan serves as a standardized, interoperable document for exchange of consensus-driven prioritized medication-related activities, plans and goals for an individual needing care. Pharmacists work in multiple environments (community, hospital, long term care, clinics, etc.) and increasingly participate in patient-centered care teams providing essential clinically oriented patient care services such as medication therapy management, clinical reconciliation (medication, allergies and problems), patient immunization management, disease state monitoring, and therapy adherence programs.

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<th>CDA Pharmacist Care Plan</th>
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Data Dictionary

The Data Dictionary contains names, definitions and other information on all of the data elements used in all NCPDP Standards. The definitions support the various file and telecommunication formats that have been approved by the NCPDP membership.

The data element definitions should be used by all persons who want to know when, where and how specific data elements are used in the approved file formats.

Please see the External Code List for a list of value codes with descriptions for data elements used within specified NCPDP Standards.

Please see within this document the Data Dictionary/ECL/X12 Version column for use of the appropriate release of the Data Dictionary and External Code List for applicable standards. The release of a Data Dictionary is directly related to a version/release of a standard and that release must be used for that particular version/release of the standard. The External Code List is republished with each new release of the Data Dictionary but allows for use of the values from a certain release date forward except where limited use is specifically stated.

Note: If you are looking for the NCPDP Adjustment/Reason Codes for payment information cited in the X12 HIPAA implementation guides, these are called “Reject Codes” in NCPDP vernacular. The codes are contained in the External Code List under data element Reject Code (S11-FB).
External Code List (ECL)

The External Code List is a list of value codes with descriptions for data elements used within specified NCPDP Standards. The actual data elements appear in the main Data Dictionary. The codes with descriptions appear in the External Code List. A reference to the ECL is made in the Values column of the Data Dictionary for applicable fields. Data Element values contained in the External Code List may be added to, modified, and/or deleted by the submission of a Data Element Request Form (DERF). DERFs approved for such requests will result in a new release of the ECL and will not require a version/release change to applicable NCPDP Standards. (See Process Overview for External Code List)

Note: If you are looking for the NCPDP Adjustment/Reason Codes for payment information cited in the X12 HIPAA implementation guides, these are called “Reject Codes” in NCPDP vernacular. The codes are contained in the External Code List under data element Reject Code (S11-FB).

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When a new standard or a new Version/Release of an existing standard is released, an ECL release occurs, when applicable, that contains the additions and/or modifications of data elements and/or values for all affected standards. For a specific Version/Release of a standard, the ECL releases are upwardly compatible but not downwardly compatible.

For example, applicable field and value additions and modifications for Version/Release 10.0 of the SCRIPT Standard were made to the ECL of October 2006. Implementers of SCRIPT v10.0 cannot use ECL releases earlier than October 2006 since those SCRIPT v10.0 data elements and value additions and/or modifications would not be reflected in earlier ECL releases. Besides the October 2006 ECL, implementers of the SCRIPT v10.10 may also use later ECL release that could reflect new data element values applicable to SCRIPT v10.10.

The table below reflects the initial release of the ECL for applicable NCPDP Standards and Implementation Guides and usage moving forward.

January 2021

National Council for Prescription Drug Programs, Inc.
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### Emergency Telecommunication External Code List Value Addendum

An ECL implementation process applied strictly to the Telecommunication Standard Version D.0 and above was developed by the Maintenance and Control (MC) ECL Implementation Task Group to facilitate consistent adoption of the approved ECL versions within a reasonable, workable timeframe, across all industry participants. An annual implementation is recommended and consideration of expedited implementation of regulatory-required values provided in the Emergency Telecommunication External Code List Value Addendum. New releases of the Addendum follow the ECL release process (see the ECL Process Overview on the NCPDP website). The most current Addendum release is available on the NCPDP website.

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January 2021
The Financial Information Reporting is a process whereby a patient, under one plan sponsor, has changed from one benefit plan PBM to another benefit plan PBM and point-in-time financial information is moved from the previous PBM to the new PBM. This information is necessary for the new PBM to accurately process claims and attribute plan balances and status for reporting to the plan sponsor. Specifically, under the Medicare Prescription Drug Benefit, Improvement and Modernization Act (MMA), when a patient changes to a new Part D plan during a plan year, the previous Part D plan is no longer the plan of record that is responsible for maintaining the current overall True Out-Of-Pocket (TrOOP) and Gross Covered Drug Cost balance for the patient for that plan year. The new plan then becomes the current plan that is responsible for maintaining the overall TrOOP and Gross Covered Drug Cost balance for the patient. These accumulated financial balances for the plan year need to be sent from the previous Part D plan to the new Part D plan. Patients may move between multiple Part D plans including moving back to one of the prior Plans. This standard addresses the industry need to standardize the exchange of this information between plans.

Transaction exchanges include:
- Financial Information Reporting Inquiry
- Financial Information Reporting Update
- Financial Information Reporting Exchange
- Financial Information Reporting Suspense
- Financial Information Reporting Release

This document provides a consolidated reference point for questions that have been posed based on the review and implementation of the NCPDP Financial Information Reporting Standard Implementation Guide Version 1.0 and above, the Data Dictionary, and the External Code List. This document also addresses editorial changes made to these documents. As members review the documents, questions arise which are not specifically addressed in the guides or could be clarified further. These questions are addressed in the Work Group 9 Government Program meetings. Editorial changes include typographical errors, comments that do not match a field value, a reference pointer in error. This document is updated as questions are approved, which may be quarterly or less.

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Formulary and Benefit Standard Implementation Guide

This NCPDP Formulary And Benefit Standard Implementation Guide provides a standard means for pharmacy benefit payers (including health plans and Pharmacy Benefit Managers) to communicate formulary and benefit information to prescribers via technology vendor systems. It enables the physician to consider the following kinds of information during the prescribing process, so that he/she could make the most appropriate drug choice for the patient.

- Information about which drugs are considered to be “on formulary,” and alternative medications for those drugs not on formulary.
- Limitations that may impact whether the patient’s benefit will cover a drug being considered (such as age limits, gender limits, step therapy rules, benefit-specific coverage exclusions, etc.)
- The cost to the patient for one drug option versus another.

File exchanges include:
- Formulary Status List
- Cross Reference List
- Formulary Alternatives List
- Benefit Coverage List

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Functional Profiles for Electronic Health Record (EHR) Systems

In order to facilitate the capture and sharing of point of care prescription and medication related clinical data by Electronic Health Record (EHR) systems in a standard manner across the Health Care Industry, the EHR-S Standalone Electronic Prescribing Functional Profile and the Pharmacy/Pharmacist Provider Functional Profile and the Standalone Electronic Prescription EHR-S Functional Profile were developed jointly by NCPDP and HL7. These profiles indicate which functions are required, desired or implemented for certain EHR systems, Health Care Delivery settings, or other purposes. The profiles detail functions of systems, rather than the usual transaction exchange implementation guides normally published by NCPDP. They will be used to support the development of interoperable EHR systems and the certification of those systems by the Certification Commission for Health Information Technology (CCHIT).

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Manufacturer Rebate, Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard and Implementation Guide

The NCPDP Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard provides a standardized format for the electronic submission of rebate information from Pharmacy Management Organizations (PMOs) to Pharmaceutical Industry Contracting Organizations (PICOs). The five (5) file formats are intended to be used in an integrated manner, with the utilization file being supported by the plan and formulary files. However, any of the five (5) files may be used independently. The flat file standard layouts provide detailed information on the file design and requirements for each of the five (5) files.

File exchanges include:
- **Utilization Flat File**
- **Plan Flat File**
- **Formulary Flat File**
- **Market Basket Flat File**
- **Reconciliation Flat File**

### Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard Implementation Guide

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Medicaid Subrogation Implementation Guide

The NCPDP Medicaid Subrogation Implementation Guide provides guidelines for the process whereby a Medicaid agency can communicate to a processor for reimbursement. The state has reimbursed the pharmacy provider for covered services and now is pursuing reimbursement from other payers for these services. This implementation uses the Telecommunication Standard and the Batch Standard as frameworks for exchange.

Detail record exchanges include:
See Batch Standard Implementation Guide

Medicaid Subrogation Version 3.0 Questions, Answers and Editorial Updates

This document provides a consolidated reference point for questions that have been posed based on the review and implementation of the NCPDP Medicaid Subrogation Standard Implementation Guide Version 3.0, and the Data Dictionary and External Code List only as they apply to Medication Subrogation. This document also addresses an editorial change made to the implementation guide in October 2010. As members review the documents, questions arise which are not specifically addressed in the guides or could be clarified further. These questions are addressed in the Work Group 9 Government Programs meetings. Editorial changes include typographical errors, comments that do not match a field value, a reference pointer in error.

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Medical Rebate Data Submission Standard Implementation Guide

The NCPDP Medical Rebate Data Submission Standard provides a standardized format for health plans’ rebate submissions to multiple manufacturers throughout the industry. Implementation of the medical also eliminates the need for manufacturers to create internal mapping processes to standardize unique data formats from each health plan or third party administrator.

File exchanges include:

Medical Rebate Data Submission File

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NCPDP XML Schemas

All the NCPDP XML schemas are contained in an NCPDP XML zip file (“the file”) for the applicable standards. The file contains the transport, structures, datatypes, *pa-structures (*for SCRIPT and Specialized ONLY through Version 2016041) and applicable specialized, script, benefit integration with their associated ecl schemas. Each release of this file follows the versioning for standards with model-driven schemas (see section “Versions in Model-driven Schemas”). The NCPDP XML file is republished when any schema of the associated standard is modified, or a new schema added.

Standards Matrix

Operating Rules

Operating Rules for the X12 270/271 Transactions in Electronic Prescribing

This document provides for consistent implementation of necessary business rules and guidelines for the electronic exchange of information used in pharmacy and electronic prescribing industry exchanges for the X12 Standards for Electronic Data Interchange Technical Report 3 (TR3) - Health Care Eligibility Benefit Inquiry and Response (270/271) transactions that are not defined by a standard or its implementation specifications as adopted.

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Operating Rules for Connectivity

This document provides for consistent implementation of necessary business rules and guidelines for the electronic exchange of information used in pharmacy and electronic prescribing industry exchanges for NCPDP standards and the X12 Standards transactions that are not defined by a standard or its implementation specifications as adopted.

In addition to this guidance, NCPDP provides a ConnectivityBase.wsdl to be used as a base for connectivity implementation and a PayloadEnvelope.xsd. The PayloadEnvelope.xsd is to be followed for the exchange of NCPDP and X12 transactions in the pharmacy and electronic prescribing industries. Other standards or transactions are considered out of scope. See the Connectivity document for use of these documents.

<table>
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Operating Rules for the Formulary and Benefit Standard

This document provides for consistent implementation of best practices and guidelines for the provision and electronic transmission of a current payer’s drug product formulary and prescription benefit information. This information is transmitted by payers to prescriber EHR and e-prescribing system technology vendors to inform prescribers and their patients about the patient’s prescription benefit. This document must be used only in conjunction with the NCPDP Formulary and Benefit Standard Version 50 and later version files. This document complements but does not supersede the Formulary and Benefit Standard itself.

January 2021

National Council for Prescription Drug Programs, Inc.
<table>
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Pharmacy and/or Combination ID Card Implementation Guide

The Pharmacy and/or Combination ID Card Implementation Guide is intended to provide guidelines for organizations or entities producing member identification (ID) cards for use in the pharmaceutical drug claim industry and to promote a consistent implementation of the NCPDP adopted ID card standard throughout the industry.

Transaction exchanges include:

Not applicable

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Post Adjudication Standard Implementation Guide

The Post Adjudication Standard Implementation Guide meets the industry need to supply detailed drug or utilization claim information after the claim has been adjudicated.

Client Groups, Pharmacy Benefit Managers (PBM’s), Fiscal Agents, Vendors, and Administrative Oversight Organizations require the ability to share post-adjudicated pharmacy claim data. The data is used to support:

1. Auditing of services
2. Retrospective DUR review
3. Statistical reporting
4. Evaluation of Health Care
5. Evaluation of Contractor performance
6. Development and evaluation of Capitation rates
7. Payment reinsurance (stop loss) to contractors, and
8. Development of fee for service payment rates.

File exchanges include:
- Post Adjudication History file
- Post Adjudication Utilization file

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Prescription Drug Monitoring Programs (PDMP) Standard Implementation Guide

The NCPDP Prescription Drug Monitoring Programs (PDMP) Reporting Standard Implementation Guide was developed to facilitate the exchange of information supporting PDMP reporting and general communications between Dispensing Providers and PDMP Facilitators. The initial version of the standard was developed for the use of batch electronic submission.

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</table>
Prescription Transfer Standard Implementation Guide

The Prescription Transfer Standard Implementation Guide was developed to create file formats for the purpose of electronically transferring prescriptions between pharmacies. Traditionally, prescriptions are transferred orally from one pharmacy to another. While this is efficient on a single-prescription basis, transfers of large sets of prescriptions could not be accomplished in this manner. Therefore, a standard format was needed that would allow compliance with regulatory requirements for the transfer of a prescription while at the same time introducing economies of scale.

File exchanges include:

- Fixed length file
- Variable length file

**Standards Matrix**

<table>
<thead>
<tr>
<th>Prescription File Transfer</th>
<th>Ballot Info</th>
<th>DRAFT</th>
<th>Approved NCPDP</th>
<th>Approved ANSI</th>
<th>Comment</th>
<th>Data Dictionary /ECL/X12 Version</th>
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<td>08/2019 WGO10084</td>
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<tr>
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<td>DRAFT</td>
<td>01/2013</td>
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Prior Authorization Transfer Standard Implementation Guide

January 2021

National Council for Prescription Drug Programs, Inc.
This standard was developed to define the file format and correct usage for electronically transferring existing prior authorization data between payer/processors when transitioning clients, performing system database or platform changes, or other scenarios where an existing prior authorization record is stored in one location and needs to be moved to another.

File exchanges include:

**Prior Authorization Transfer file**

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<td>08/2012</td>
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</table>

*Republished on the website 20100726 due to critical formatting corrections. USE THIS PUBLICATION*
Product Identifiers Standard Implementation Guide

The Product Identifier Standard Implementation Guide was developed to provide education and general guidance for consistent formatting and utilization of product identifiers in healthcare. Additionally, it provides rules to avoid changes to identifiers that would disrupt the provision of healthcare and have negative effects on patient care.

Transaction exchanges include:

Not applicable in this standard

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Real-Time Prescription Benefit Standard Implementation Guide

The NCPDP Real-Time Prescription Benefit (RTPB) Standard Implementation Guide is intended to meet the industry needs within the pharmacy services sector to facilitate the ability for pharmacy benefit payers/processors to communicate to providers and to ensure a consistent implementation of the standard throughout the industry. The RTPB Standard enables the exchange of patient eligibility, product coverage, and benefit financials for a chosen product and pharmacy, and identifies coverage restrictions, and alternatives when they exist. The Standard supports two formats, EDI and XML, within a single implementation guide and common data content.

Real-Time Prescription Benefit (RTPB) Implementation Recommendations

This document provides further clarification on the use of specific data elements, segments and communication protocol in order to facilitate standardization in implementation of the Standard and achieve the expected outcomes. The recommendations in this document are expected to be followed by the industry for consistent and complete transactions of the NCPDP RTPB Standard. It is recommended that a transaction that does not follow the recommendations be rejected as incomplete. These recommendations provide a bridge to future versions. Following the NCPDP Standards Development process, these recommendations will be incorporated in future versions of the RTPB Standard.

Examples Guide

The Examples Guide contains examples messages based on the Implementation Guide of a specified NCPDP standard and is version dependent on the standard’s Implementation Guide. The specified version of the Examples Guide is applicable only to the same version of the Implementation Guide of the standard. The Examples Guide is a standalone document that is incorporated by reference within the Standards Implementation Guide. The Examples Guide requires neither approval through the balloting process or ANSI approval.

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<td>01/2020</td>
<td>12/2019</td>
<td>This version of the standard is intended for pilot purposes. It is not intended for widespread adoption as more feedback is needed.</td>
<td>NCPDP DD 01/2020 NCPDP ECL 01/2020 through most current NCPDP 2020BT1.RTPB.zip (SCHEMAS): RTPBtransport.xsd RTPBstructures.xsd RTPPBdatatypes.xsd RTPB.xsd RTPBcl.xsd XML Standard v2020011</td>
<td></td>
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Retiree Drug Subsidy Standard Implementation Guide

The NCPDP *Retiree Drug Subsidy Standard Implementation Guide* assists in the automation of summarized drug cost and related data transfer from one processor/pharmacy benefit manager to another processor/pharmacy benefit manager. It allows for the continuation of CMS Retiree Drug Subsidy (RDS) cost data reporting by the receiving entity for a given application ID plan year.

File exchanges include:
- Retiree Drug Subsidy file

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<th>Retiree Drug Subsidy</th>
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<th>DRAFT</th>
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<td>NCPDP DD 01/2013 NCPDP ECL 01/2013 through most current</td>
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SCRIPT Standard Implementation Guide

The SCRIPT Implementation Guide was developed for transmitting prescription information electronically between prescribers, providers, and other entities. The standard addresses the electronic transmission of new prescriptions, changes of prescriptions, prescription refill requests, prescription fill status notifications, cancellation notifications, relaying of medication history, and transactions for long-term care.

Transaction exchanges include:
- New Prescription
- Change Request/Response
- Refill/Resupply (Renewal) Request/Response
- Cancel Request/Response
- Fill Status Notification
- Medication History Request/Response
- Drug Administration Request/Response
- Query (NewRxRequest, NewRxRequestDenied)
- Prior Authorization functions

SCRIPT Implementation Recommendations

This document provides recommendations expected to be followed by the industry for consistent and complete prescription transactions of the NCPDP SCRIPT Standard. As the electronic prescribing industry has matured, more robust requirements have been added to the transaction standards. It is recommended that a transaction that does not follow the recommendations be rejected as incomplete. These recommendations will be brought forward, and it is anticipated that they will be reflected in future versions of the SCRIPT Standard. These recommendations provide a bridge to the future versions. This document contains questions, clarifications, and corrections. This document is updated as often as quarterly.

Examples Guide

The Examples Guide contains examples messages based on the Implementation Guide of a specified NCPDP standard and is version dependent on the standard's Implementation Guide. The specified version of the Examples Guide is applicable only to the same version of the Implementation Guide of the standard. The Examples Guide is a standalone document that is incorporated by reference within the Standards Implementation Guide. The Examples Guide requires neither approval through the balloting process or ANSI approval.

Table of SCRIPT Versions in Model-driven Schemas

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specialized.xsd  
script.xsd  
ecl.xsd  
XML Standard v2020101 |
specialized.xsd  
script.xsd  
ecl.xsd  
XML Standard v2020101 |
specialized.xsd  
script.xsd  
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NCPDP DD 04/2018 NCPDP ECL 04/2018 through most current NCPDP 20180413.XML.zip (SCHEMAS):
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<td>V2018041 SCRIPT Standard Examples Guide V10</td>
<td>11/2017 WG110077R 08/2017 WG110077</td>
<td>04/2018 05/2018</td>
<td>As of this version, the ecl.xsd was dissociated from the SCRIPT/Specialized schema to be used to create the SCRIPT/Specialized ecl.xsd which allows new values to be implemented without moving to a new version of the SCRIPT/Specialized standard. The ecl.xsd will</td>
<td>NCPDP DD 04/2018 NCPDP ECL 04/2018 through most current NCPDP 20180411.XML.zip (SCHEMAS):</td>
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</table>
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V2017071 SCRIPT Standard Examples Guide V10 | 02/2017  
WG110072 | 07/2017 | 07/2017 | Republication of the Implementation Guide  
March 2019 |
| NCPDP DD 07/2017  
NCPDP ECL07/2017 through most current  
NCPDP 20170715.XML.zip (SCHEMAS):  
transport.xsd  
structures.xsd  
datatypes.xsd  
specialized.xsd  
script.xsd  
ecl.xsd  
XML Standard v2018041 |
| SCRIPT Standard Implementation Guide v2017071  
V2017071 SCRIPT Standard Examples Guide V13 | 02/2017  
WG110072 | 07/2017 | 07/2017 | Republication of the XML Schema  
(v20170715) December 2018  
Republication of the Examples Guide to move to V13 |
| NCPDP DD 07/2017  
NCPDP ECL 07/2017 through most current  
NCPDP 20170714.XML.zip (SCHEMAS):  
transport.xsd  
structures.xsd  
datatypes.xsd  
specialized.xsd  
script.xsd  
ecl.xsd  
XML Standard v2017071 |
| SCRIPT Standard Implementation Guide v2017071  
V2017071 SCRIPT Standard Examples Guide V12 | 02/2017  
WG110072 | 07/2017 | 07/2017 | Republication of the XML Schema  
(v20170713) May 2018 and an update to the  
Examples Guide to move to V12 |
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NCPDP ECL 07/2017 through most current  
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transport.xsd  
structures.xsd  
datatypes.xsd  
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|                                             | WG110066R  
|                                             | 08/2015  
|                                             | WG110066 | 04/2016 | 04/2016 | This version of the standard removes the pa-structures.xsd from the xml schema | transport.xsd  
|                                              | structures.xsd  
|                                              | datatypes.xsd  
|                                              | specialized.xsd  
|                                              | script.xsd  
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| SCRIPT Standard Implementation Guide v2015071 | 02/2015  
|                                              | NCPDP ECL07/2015 through most current NCPDP 2015071.XML.zip (SCHEMAS):  
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| SCRIPT Standard Implementation Guide v2015071 | 02/2015  
|                                              | WG110064 | 07/2015 | 08/2015 | NCPDP DD 07/2015  
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|                                              | XML Standard v2015071 |
|                                              | WG110062R  
|                                              | 08/2014  
|                                              | WG110062 | 04/2015 | 05/2015 | NCPDP DD 04/2015  
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| 05/2013 05/2013 05/2013 05/2013              |             |       |                |               |         | pa-structures.xsd transport.xsd structures.xsd datatypes.xsd specialized.xsd script.xsd ecl.xsd XML Standard v2014041 |

January 2021

National Council for Prescription Drug Programs, Inc.
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## Standards Matrix

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See “XML Standard” information.

### Table of SCRIPT Versions Prior to Model-driven Schemas

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January 2021

National Council for Prescription Drug Programs, Inc.
### Standards Matrix

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January 2021

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January 2021

National Council for Prescription Drug Programs, Inc.
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Signature Log

This one-page form, which is used by pharmacies, is a standard signature log (third party insurance/counseling claim log). It can be pulled down from the website and copied as needed. The form is free of charge. This form has been requested in the past in paper form; NCPDP is making it available electronically.

Transaction exchanges include:

Not applicable
Specialized Standard Implementation Guide

The Specialized Standard Implementation Guide document was developed for transmitting information electronically between prescribers, providers, and other entities. The standard addresses the electronic transmission of census information about a patient between a facility and a pharmacy, medication therapy management transactions between providers, payers, pharmacies, and other entities. It includes transactions for clinical information exchanges. It will include other transactions for electronic exchanges between these entities in the future.

Examples Guide

The Examples Guide contains examples messages based on the Implementation Guide of a specified NCPDP standard and is version dependent on the standard's Implementation Guide. The specified version of the Examples Guide is applicable only to the same version of the Implementation Guide of the standard. The Examples Guide is a standalone document that is incorporated by reference within the Standards Implementation Guide. The Examples Guide requires neither approval through the balloting process or ANSI approval.

See “XML Standard” information.

Transaction exchanges include:
- Census
- Medication Management Therapy and Other Patient Care Service Request/Response
- Query (Clinical Information Request/Response)

Table of Specialized Versions in Model-driven Schemas

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**Data Dictionary /ECL/SCHEMA/XML Standard Release Dates**

- ECL.xsd
- XML Standard v2020101
- XML Standard v2020011
- XML Standard v2019071
- XML Standard v2019011
- XML Standard v2018071

**Comment**

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National Council for Prescription Drug Programs, Inc.
Specialty Pharmacy Data Reporting Standard Implementation Guide

The Specialty Pharmacy Data Reporting Standard Implementation Guide document was developed to support the communication of specialty pharmacy dispensing data from a pharmacy to multiple manufacturers throughout the industry in a standard format.

The implementation of a specialty pharmacy data reporting standard would result in:

- faster processing and payments
- increased efficiency and accuracy of data submission and payments
- one data submission format for multiple manufacturers
- increased data quality and improve data correction process
- consistent contract negotiations across manufacturers for data layout
- elimination of the need for pharmacies to create internal mapping processes to standardize unique data formats from each manufacturer

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State Medicaid Provider File Standard Implementation Guide

This NCPDP State Medicaid Provider File Standard Implementation Guide is intended to provide practical guidelines for state Medicaid agencies or entities producing Medicaid Provider files for use in the pharmacy industry and to promote a consistent, streamlined implementation of the NCPDP adopted State Medicaid Provider File standard throughout the industry. The standard allows state Medicaid agencies or other entities to communicate their provider data with the MCOs/PBMs in a consistent and streamlined manner.

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# Structured and Codified Sig Format

This NCPDP *Structured and Codified Sig Format Implementation Guide* is intended to standardize the portion of an electronic prescription containing the directions for use using existing, accepted electronic transmission standards, such as NCPDP SCRIPT, Health Level 7 (HL7) (such as messaging, or the Continuity of Care Document (CCD)), and ASTM Continuity of Care Records (CCR). This document is intended to facilitate communication between prescribers and pharmacists, to improve the efficiency of the prescribing and dispensing activities and to help reduce the opportunity for errors. This document may also be appropriate for other business cases where the Sig is used. The NCPDP *Structured and Codified Sig Format Implementation Guide* is not an ANSI-accredited Standard, and it is not intended to be. Organizations responsible for standards such as those above are expected to incorporate the contents and structure of this implementation guide into their standards.

Transaction exchanges include:
- Not applicable

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Telecommunication Standard Implementation Guide

The Telecommunication Standard was developed to provide a standard format for the electronic submission of third-party drug claims. The development of the standard was to accommodate the eligibility verification process at the point-of-sale and to provide a consistent format for electronic claims processing. The Telecommunication Standard includes transactions for eligibility verification, claim and service billing, predetermination of benefits, prior authorization, information reporting, and controlled substance (general and regulated) transaction exchanges.

NCPDP recommends the use of a standardized format for electronic communication of claims and other transactions between pharmacy providers, insurance carriers, third-party administrators, and other responsible parties. This standard addresses the data format and content, the transmission protocol, and other appropriate telecommunication requirements.

Usage of a common transaction format brings advantages to participants in the pharmacy industry. There are significant advantages to both the Originator of the transaction and the Processor of the transaction by adopting this version of the standard, such as:

- Common syntax and dictionary
- Adaptability
- Reduced system development expense
- Reduced equipment requirements
- Reduced errors

Transaction exchanges include:

- Eligibility Verification
- Claim Billing
- Claim Reversal
- Claim Rebill
- Predetermination of Benefits
- Service Billing
- Service Reversal
- Service Rebill
- Prior Authorization Request And Billing
- Prior Authorization Request Only
- Prior Authorization Inquiry
- Prior Authorization Reversal
- Information Reporting
- Information Reporting Reversal
- Information Reporting Rebill

Telecommunication Version D and Above Questions, Answers and Editorial Updates

This document provides a consolidated reference point for questions that have been posed based on the review and implementation of the NCPDP Telecommunication Standard Implementation Guide Version D and above, the Data Dictionary, and the External Code List. This document also addresses editorial changes made to these documents.
Standards Matrix

As members review the documents, questions arise which are not specifically addressed in the guides or could be clarified further. These questions are addressed in the Work Group 1 Telecommunication meetings. Editorial changes include typographical errors, comments that do not match a field value, a reference pointer in error. This document is updated as often as quarterly and is available at https://ncpdp.org/NCPDP/media/pdf/VersionDQuestions.pdf

NCPDP Emergency Preparedness
This document provides guidance for the pharmacy industry for resources available during a declared emergency. The intended audience is healthcare industry providers who would need resource information for eligibility and claims processing affecting displaced individuals. It is available at https://ncpdp.org/Resources.aspx (Topics: Emergency Preparedness).

Examples Guide
The Examples Guide contains examples messages based on the Implementation Guide of a specified NCPDP standard and is version dependent on the standard’s Implementation Guide. The specified version of the Examples Guide is applicable only to the same version of the Implementation Guide of the standard. The Examples Guide is a standalone document that is incorporated by reference within the Standards Implementation Guide. The Examples Guide requires neither approval through the balloting process or ANSI approval.

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## Standards Matrix

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Uniform Healthcare Payer Data Standard Implementation Guide

The NCPDP Uniform Healthcare Payer Data Standard Implementation Guide is used by Client Groups, Pharmacy Benefit Managers (PBMs), Fiscal Agents, Vendors, and Administrative Oversight Organizations and State entities to share pharmacy claim data that is used to support statistical reporting, evaluation of healthcare, and State or regional reporting requirements. This standard should only be used for data submission to a state agency or to a state-sponsored healthcare payer data collection initiative.

File exchanges include:

Uniform Healthcare Payer Data file
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Universal Claim Form

The Universal Claim Form provides a standard format for the paper submission of third party drug claims. The Universal Claim Form does adhere to the data elements found in the Telecommunication Standard and Data Dictionary. For information about the use of the form for multi-ingredient compounds, go to https://ncpdp.org/Universal-Claim-Forms.aspx.

The Workers’ Compensation/Property and Casualty Universal Claim Form provides a standard format for the paper submission of Workers’ Compensation/Property and Casualty drug claims. This form was designed for payers to quickly determine claim type, state of jurisdiction and process accordingly. The Workers’ Compensation/Property and Casualty UCF supports the Telecommunication Standard Version D.0 and above, but can be used in today’s business.

Manual Claim Forms Reference

This implementation guide was created to support the implementation of the Universal Claim Form and the Workers’ Compensation/Property and Casualty Universal Claim Form that align to the Telecommunication Standard Implementation Guide Versions D.0 and greater. It provides the essential features of paper submission of claims and guidance information for completing and processing these forms.

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Universal Claim Form Purchase

The NCPDP Universal Claim Forms may be purchased from our vendor, CommuniForm. See http://www.ncpdp.org/products.aspx under Universal Claim Form for guidance on the forms and ordering information. CommuniForm supports the:

- “Credit Card” style form (old name DAH 3-97) (new name PUCFCC)
- “Version 5” continuous feed form (old name DAH 2PT) (new name (PUCF2PT)
- “Version 5” laser form (old name UCF L1) (new name PUCF1PT)
Standards Matrix

- "Version D.0" continuous feed form (PUCF-D02PT)
- "Version D.0" laser form (PUCF-D01PT)

Also Offered:

- Pharmacy Workers' Compensation/Property and Casualty laser form (WUCF-1PT) – Fall 2011
XML Standard

The XML Standard is an integral piece of the NCPDP XML-based standards. The XML Standard document provides the basis for XML-based transactions used in NCPDP and supports the general transactions that may be used in implementation guides. See the “SCRIPT Standard Implementation Guide”, “Specialized Standard Implementation Guide” and “Real-Time Prescription Benefit Standard Implementation Guide” sections.

Important Versioning for Model-Based Environment

The standard moves via date (CCYYMM) with a one-digit numeric sequence. This sequence will always be 1 unless two ballots for the same implementation guide are approved for publication at the same time. In this unique instance, there will be a sequence of 1 for the first publication approved on that date, and a sequence of 2 for the second publication approved on that same date.

The implementation guides for the XML Standard move via date (CCYYMM) with the same one-digit numeric sequence, with the same rules for the sequence.

The transport, datatypes, structures, specialized and script schemas move via date (CCYYMM) with the same one-digit numeric sequence, with the same rules for the sequence.

The ecl schema moves via date only (CCYYMM) with no one-digit numeric sequence. (NCPDP Dictionaries and external code lists are published quarterly reflecting all changes that quarter.)

Transaction exchanges include:
- Get Message
- Status
- Error
- Verify
- Password Change

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January 2021

National Council for Prescription Drug Programs, Inc.
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Note:

Republication of the XML Schema (v2017071) March 2018
Republication of the XML Schema (v2017071) November 2017
Republication of the XML Schema September 2014
Republication of the XML Schema September 2014

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See “SCRIPT Standard Implementation Guide”.
See “Specialized Standard Implementation Guide”.
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See “SCRIPT Standard Implementation Guide”.
See “Specialized Standard Implementation Guide”.
See “SCRIPT Standard Implementation Guide”.
See “Specialized Standard Implementation Guide”.
Appendix A. Standards/Guides/Formats No Longer Maintained or Supported

**NCPDP Operating Rules For the X12 835 Transaction and EFT in Pharmacy Industry**
This document provides the necessary business rules and guidelines used in pharmacy industry exchanges for the consistent implementation of the X12 Standards for Electronic Data Interchange Technical Report 3 (TR3) – Health Care Claim Payment/Advice (835) version ØØ5Ø1ØX221A1 that are not defined by a standard or its implementation specifications as adopted.

**Compound Transaction Implementation Guide**
The Compound Transaction Implementation Guide was intended to provide practical guidelines for software developers throughout the industry and to ensure a consistent implementation of the standard throughout the industry.


**Version 2 Release 0 - October 1997**
The Compound Transaction Implementation Guide Version 2 was for the implementation of the Telecommunication Standard Version 4 Release 0.

**Component of the Telecommunication Standard Version 5 Release 6 – August 2002. The Compound Transaction Implementation Guide was incorporated into the Telecommunication Standard Version 5.6 and is no longer a separately supported document.**

**Diskette Standard Format**
The Diskette Billing Format was intended for processing prescription drug claims via eight-inch diskette. The billing format does not attempt to define the methodology used to create and submit floppy disks for submission to claims processors. The format does address an industry accepted standard format for billing and reimbursing prescription drug claims for pharmacy users. The diskette format incorporates standard data elements that have been defined by NCPDP.

**Version 2 Release 0 - September 1993**
The Diskette Standard Format has not been updated since 1993 and is no longer supported.

**Member Enrollment Standard and Implementation Guide**
The introduction of managed care concepts to Pharmacy Management Organizations (PMOs) required various business entities to actively monitor and support the flow of member eligibility information in an accurate and timely manner. The successful transfer and maintenance of this eligibility data provides the foundation for cost containment by limiting claim payment liability.

Eligibility information originates from a large variety of sources due to the diversity of companies providing prescription benefits in their medical insurance coverage programs. The record formats, and data elements supplied by the eligibility source provide a unique challenge to PMOs in the maintenance of these enrollment files.
This Standard was designed in a segment architecture to allow for variation dictated by the business partners using this information. The format is intended to be easily implemented and provides flexibility for modifications based on new requirements for changes in technology (i.e., ANSI X12 implementation). NCPDP recommends the use of this Standard for the transfer of enrollment information between business entities and enrollment administrators. The Member Enrollment Standard Format v2.0 supports the Telecommunication Standard Version 5.0.

Version 2 Release 0 - June 2000

The Member Enrollment Standard and Implementation Guide was last updated in 2000. With the naming of the X12 834 in HIPAA as the standard for Enrollment and Disenrollment, maintenance of the NCPDP Member Enrollment Standard was discontinued and is no longer supported.

ORDUR Application Manual

The purpose of this manual is to facilitate the performance of ORDUR as a component of an ECM system because inappropriate drug therapy can cause patient injury leading to the provision of additional health care services resulting in increased total health care expenditures. In an attempt to solve this problem, the U.S. Congress enacted federal legislation in 1990 that requires pharmacy providers that participate in state Medicaid programs to perform prospective drug utilization review (DUR) and to provide patient counseling before each Medicaid prescription is dispensed. Presumably, prospective DUR can identify and prevent drug therapy problems, using various drug, patient and provider databases that make up the DUR system. The Omnibus Budget Reconciliation Act (OBRA '90) required that outpatient prospective DUR be performed for all Medicaid patients by January 1, 1993. Under OBRA '90 and HCFA's guidelines, prospective DUR can be performed manually by the dispensing pharmacist or physician, as a component of his store's computerized drug delivery and screening software, or through an on-line real-time drug utilization review (ORDUR) program administered via a data modem by a third party claims processor.

Publication Date - October 1995
NCPDP responded to this legal mandate by developing an ORDUR manual to be used with the Telecommunication Standard Version 3 Release 2.


Payment Reconciliation Payment Tape Format

The document is intended to provide guidance for the reconciliation of payments for claims. The NCPDP 3.0 Payment Reconciliation Standard defines the layout for the claims payment tape used to convey payment, adjustment, rejection, or the pending of submitted claims transactions by the processor/payer and the pharmacy services provider. This format supports the Telecommunication Standard Version 5.0.

Version 4 Release 0 - January 2002

The Payment Reconciliation Payment Tape Format was last updated in 2002 and is no longer maintained or supported.

Prior Authorization Implementation Guide

With the advent of federal and state Health Care Reform initiatives, NCPDP has developed a Prior Authorization Transaction Standard. To date, the prior authorization process has largely been a manual process for the pharmacist, the medical consultant, the processor and the client. The benefits of the standard include: the use in an interactive environment with either an immediate response or delayed response; includes the current claim format with the addition of the prior authorization fields in the optional portion for ease of
implementation as well as allowing for the adjudication of the claim; eliminates the majority of paper prior authorizations and provides a standardized format for submittal of prior authorizations.


**Version 1 Release 0 - June 1996 (Revised April 2000)**
The NCPDP Prior Authorization Transaction Implementation Guide Version 1 is intended to provide a practical guideline for software developers throughout the industry as they develop and implement the Telecommunication Standard Version 3.4.

**Component of the Telecommunication Standard Version 5 Release 6 – August 2002.** The Prior Authorization Standard was incorporated into the Telecommunication Standard Version 5.6 and is no longer a separately supported document.

**Professional Pharmacy Services (PPS) Implementation Guide**
The document is intended to support the efficient documentation and transmission of information related to professional services provided by pharmacists.

The adoption and use of this standard in the industry will result in several beneficial effects, including (1) improved quality and continuity of care delivered to patients; (2) enhanced accountability of pharmacists and pharmacy provider organizations to their clients, and (3) the creation of an electronic documentation and billing infrastructure to support the creation of efficient compensation mechanisms for the delivery of professional services by pharmacists to their patients who are enrolled in third-party pharmacy service benefit plans.

**Version 1 Release 0 approved as a guide to be used with the Telecommunication Standard Version 3 Release 2.**

**Component of the Telecommunication Standard Version 5 and above - November 2003.** The PPS Implementation Guide was incorporated into the Telecommunication Standard Version B.0 and above and is no longer a separately supported document.

**NCPDP-HL7 Electronic Prescribing Coordination**
This document provides a consistent mapping that can be used to improve patient safety and enable semantic interoperability between e-prescribing standards by NCPDP and HL7. The document correlates relevant portions of the NCPDP SCRIPT Standard Version 4.2 and above and the HL7 Version 2.3 through 2.6 to facilitate e-Prescribing messages for new prescriptions, changes to prescriptions, refills (renewals), cancellation of a prescription, compliance notification, and the sharing of medication history information. The NCPDP SCRIPT Standard is the messaging standard used in the US for communicating prescriptions and related information electronically between prescribers, community pharmacies, and payers. HL7 medication orders are used by healthcare organizations, such as hospitals and acute care facilities, for both inpatient and outpatient information. This document is considered sunset.