



## Pennsylvania PACE and Ancillary Programs Payer Specification

<b>Payer Name:</b> Pennsylvania PACE	
<b>Processor:</b> Magellan Health Services	<b>Information Source:</b> Magellan Health Services
<b>Effective as of:</b> November 12, 2011	<b>Document Date:</b> July 22, 2011
<b>Provider Help Desk Number:</b> 800-835-4080	<b>Segments supported:</b> Header, Patient, Insurance, Claim, Pharmacy Provider, Prescriber, COB, Compound, Worker's Compensation and Pricing. Additional segments may be required at a future date to be determined.
<b>Versions supported:</b> v 5.1	
<b>Transactions supported:</b> E1, B1, B2, and B3. Additional transactions may be required at a future date to be determined.	

Program Highlights for v 5.1:
Multi-ingredient compounds are supported using the Compound Segment.
Partial fills are supported.
Coordination of Benefits will be supported using the COB segment only.
In cases where multiple iterations of a field (“repeating fields”) are allowed, the maximum number of iterations has been indicated.
Reversals match on Provider Number, Group ID, Cardholder ID, RX Number, and date of service (DOS.)
Some fields indicated as required may not be used for adjudication purposes.
Any/all submitted data elements will be edited for valid format and values.
Provider software should support any/all data elements on the required segments.

*✍ The following specification fields are identified with a “Y” indicating they are requested and used by the Program but not currently edited except for format. The “E” designation identifies those fields that are edited by the Program. If the Program elects to begin editing fields currently identified with a “Y,” providers will be sent written notification. Providers are encouraged to populate all fields indicated, either identified as used (Y) or edited (E) with valid data.*

*✍ \*The Group ID (field 301-C1) and Cardholder ID (field 302 –C2) must be included in the reversal transaction. See pages 10 – 11.*

**PACE v 5.1 Data Fields**

TRANSACTION HEADER SEGMENT		Segment MANDATORY for all Transactions		
Field	Field Name	Values	Used = Y Edited = E	Comments
1Ø1-A1	BIN NUMBER	ØØ2286	E	
1Ø2-A2	VERSION/RELEASE NUMBER	51	E	
1Ø3-A3	TRANSACTION CODE		E	B1, B2, B3, E1
1Ø4-A4	PROCESSOR CONTROL NUMBER	TrOOP Claims: <ul style="list-style-type: none"> <li>▪ ØØØØ1Ø2286</li> </ul> Non-TrOOP Claims: <ul style="list-style-type: none"> <li>▪ ØØØØ6822Ø1</li> </ul>	E	<b>IMPORTANT: USE THE CORRECT PCN:</b> <ul style="list-style-type: none"> <li>▪ TrOOP claims include the following programs:                              – PACE, CRDP, SPBP1, and SPBP 2</li> <li>▪ Non-TrOOPclaims include:                              – CF, SB, MSUD, PKU, PAP, AUTOCAT, WCSF</li> </ul>
1Ø9-A9	TRANSACTION COUNT	<ul style="list-style-type: none"> <li>▪ 1-4 = B1, B3</li> <li>▪ 1 = B2, E1</li> </ul>	E	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = NPI	E	
2Ø1-B1	SERVICE PROVIDER ID		E	<ul style="list-style-type: none"> <li>▪ Providers are to submit all 10 digits of their National Provider Identifier (NPI); e.g., 9099999000.</li> <li>▪ The same 10-digit NPI is used for ALL programs.</li> </ul>
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	E	Format = CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/ CERTIFICATION ID		Y	Assigned when vendor is certified.

PATIENT SEGMENT		Segment REQUIRED for these Transactions: B1 and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	Ø1	E	Patient Segment
3Ø4-C4	DATE OF BIRTH		Y	Required for eligibility validation.
3Ø5-C5	PATIENT GENDER CODE		E	“Ø” = Not Specified will deny

PATIENT SEGMENT		Segment REQUIRED for these Transactions: B1 and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
31Ø-CA	PATIENT FIRST NAME		E	
311-CB	PATIENT LAST NAME		E	
3Ø7-C7	PATIENT LOCATION		E	“Ø” = Not Specified will deny

INSURANCE SEGMENT		Segment REQUIRED for these Transactions: E1, B1, and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	Ø4	E	Insurance Segment
3Ø2-C2	CARDHOLDER ID	Use program specific ID	E	<ul style="list-style-type: none"> <li>▪ PACE through PAP - 9 character ID</li> <li>▪ AUTOCAT and WCSF # that appears on the card.</li> <li>▪ IMPORTANT: AUTOCAT ID'S MAY CONTAIN A DASH (-). THE DASH MUST BE INCLUDED.</li> </ul>
*3Ø1-C1	GROUP ID	<ul style="list-style-type: none"> <li>▪ PACE</li> <li>▪ CRDP</li> </ul>	E	<ul style="list-style-type: none"> <li>▪ PACE = PACE/PACENET</li> <li>▪ CRDP = Chronic Renal Disease Program</li> </ul>
		<b>SPBP Program:</b> <ul style="list-style-type: none"> <li>▪ ADAP</li> <li>▪ SPBP</li> </ul>		<ul style="list-style-type: none"> <li>▪ SP1 claims use ADAP as GROUP ID as of 01/01/11.</li> <li>▪ SP2 claims use SPBP as GROUP ID as of 01/01/11.</li> </ul>
		<ul style="list-style-type: none"> <li>▪ CF</li> <li>▪ SB</li> <li>▪ MSUD</li> <li>▪ PKU</li> <li>▪ PAP</li> <li>▪ AUTOCAT</li> <li>▪ WCSF</li> </ul>		<ul style="list-style-type: none"> <li>▪ CF = Cystic Fibrosis</li> <li>▪ SB = Spina Bifida</li> <li>▪ MSUD = Maple Syrup Urine Disease</li> <li>▪ PKU = Phenylketonuria</li> <li>▪ PAP =PA Patient Assistance Program</li> <li>▪ AUTOCAT = Catastrophic Loss Benefits Continuation Fund</li> <li>▪ WCSF = Workers' Compensation Security Fund</li> </ul>
3Ø6-C6	PATIENT RELATIONSHIP CODE	1	Y	1 = Cardholder

WORKERS COMPENSATION SEGMENT		This Segment is MANDATORY ONLY for AUTOCAT OR WCSF CLAIMS		
Field	Field Name	Values	Used = Y Edited = E	Comments
111-AM	SEGMENT IDENTIFICATION	Ø6	E	Worker's Comp Segment
434-DY	DATE OF INJURY	CCYYMMDD	E	Format = CCYYMMDD
315-CF	EMPLOYER NAME		Y	
316-CG	EMPLOYER STREET ADDRESS		Y	
317-CH	EMPLOYER CITY ADDRESS		Y	
318-CI	EMPLOYER STATE		Y	
319-CJ	EMPLOYER ZIP CODE		Y	
32Ø-CK	EMPLOYER PHONE NUMBER		Y	AREA CODE + NUMBER
327-CR	CARRIER ID		Y	
435-DZ	CLAIM/ REFERENCE ID		E	<ul style="list-style-type: none"> <li>▪ Enter the AUTOCAT # or WCSF # that appears on the ID card in this field</li> <li>▪ <b>IMPORTANT: AUTOCAT IDS MAY CONTAIN A DASH (-). THE DASH MUST BE INCLUDED.</b></li> </ul>

CLAIM SEGMENT		Segment MANDATORY for these Transactions: B1, B2, and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	Ø7	E	Claim Segment
455-EM	PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER	1	Y	Rx billing
4Ø2-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER		E	Numbers only, must be greater than 0.
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3	Y	NDC
4Ø7-D7	PRODUCT/SERVICE ID	NDC	E	

CLAIM SEGMENT		Segment MANDATORY for these Transactions: B1, B2, and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
456-EN	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE #		Y	
457-EP	ASSOCIATED PRESCRIPTION/ SERVICE DATE		Y	
442-E7	QUANTITY DISPENSED	Metric decimal quantity	E	
403-D3	FILL NUMBER		E	
405-D5	DAYS SUPPLY	Maximum of 30	E	PACE maximum of 30 when primary. Other Program's days supply may differ.
406-D6	COMPOUND CODE		E	Value must be 0, 1, or 2.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0-5	E	<ul style="list-style-type: none"> <li>▪ PACE, CRDP, AUTOCAT, WCSF</li> <li>▪ DAW 1 subject to M.E. process for PACE and CRDP.</li> <li>▪ DAW 1 accepted for AUTOCAT and WCSF.</li> <li>▪ DAW 5 used only when submitted U&amp;C is equal to or less than generic.</li> <li>▪ DAW 5 not accepted in lieu of a Medical Exception for an A Rated brand products when PACE, CRDP, AUTOCAT, or WCSF is primary payer.</li> </ul>
414-DE	DATE PRESCRIPTION WRITTEN		E	
415-DF	NUMBER OF REFILLS AUTHORIZED	MAXIMUM OF 5	Y	
419-DJ	PRESCRIPTION ORIGIN CODE	1 TO 4 ACCEPTED	Y	<ul style="list-style-type: none"> <li>▪ 1 = Written, 2 = Telephone, 3 = Electronic, 4 = Fax</li> <li>▪ Value of "0" will deny as Invalid.</li> </ul>

CLAIM SEGMENT		Segment MANDATORY for these Transactions: B1, B2, and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
42Ø-DK	SUBMISSION CLARIFICATION CODE		Y	May be used for multi-ingredient compounds. 8 = Process compound for Approved Ingredients
3Ø8-C8	OTHER COVERAGE CODE	ØØ Ø1 Ø2 Ø3 Ø4	E	Values ØØ – Ø4 currently supported. <ul style="list-style-type: none"> <li>▪ ØØ = Not specified.</li> <li>▪ Ø1 = No other coverage.</li> <li>▪ Ø2 = Other coverage exists – payment collected.</li> <li>▪ Ø3 = Other coverage exists – claim not covered.</li> <li>▪ Ø4 = Other coverage exists – payment not collected.</li> <li>▪ <b>Ø5 to Ø8 not supported</b></li> </ul>
33Ø-CW	ALTERNATE ID		Y	Full name required if someone other than the cardholder picks up the prescription.
343-HD	DISPENSING STATUS		Y	
344-HF	QUANTITY INTENDED TO BE DISPENSED		Y	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		Y	

PHARMACY PROVIDER SEGMENT		Segment REQUIRED for these Transactions: B1 and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	Ø2	Y	Pharmacy Provider Segment
465-EY	PROVIDER ID QUALIFIER	Ø2, Ø4	Y	<ul style="list-style-type: none"> <li>▪ Ø2 = State License</li> <li>▪ Ø4 = Name (Durable Medical Equipment)</li> </ul>
444-E9	PROVIDER ID		Y	Pharmacist license number

PRESCRIBER SEGMENT		Segment REQUIRED for these Transactions: B1 and B3		
Field	Field Name	Values	Used= Y Edited=E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	Ø3	E	Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	<ul style="list-style-type: none"> <li>▪ Ø1</li> <li>▪ 12</li> </ul>	E	<ul style="list-style-type: none"> <li>▪ Ø1 = NPI</li> <li>▪ 12 = DEA (DEA when required by primary)</li> </ul>
411-DB	PRESCRIBER ID	<ul style="list-style-type: none"> <li>▪ NPI</li> <li>▪ DEA</li> </ul>	E	<ul style="list-style-type: none"> <li>▪ Providers must submit the NPI when known</li> <li>▪ AUTOCAT and WCSF must use the prescriber NPI</li> <li>▪ Claims received when Program is secondary may continue to contain the DEA if required by primary payer.</li> <li>▪ The correct Prescriber ID Qualifier must be used.</li> </ul>
427-DR	PRSCBR LAST NAME		E	

COB SEGMENT		Segment REQUIRED for these Transactions: B1 and B3 if there is OTHER PAYER information.		
Segment Not Used for AutoCAT or WCSF Claims				
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	Ø5	E	Coordination of Benefits/Other Payments Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT		Y	Maximum of three occurrences will be reviewed.
338-5C	OTHER PAYER COVERAGE TYPE	Blank = Not specified, <ul style="list-style-type: none"> <li>▪ Ø1 = Primary</li> <li>▪ Ø2 = Secondary</li> <li>▪ Ø3 = Tertiary</li> </ul>	E	This field must be included on COB claims.
339-6C	OTHER PAYER ID QUALIFIER	Ø3	Y	Ø3 = BIN#
34Ø-7C	OTHER PAYER ID		E	BIN # Enter primary payer(s) BIN.
443-E8	OTHER PAYER DATE		Y	

COB SEGMENT		Segment REQUIRED for these Transactions: B1 and B3 if there is OTHER PAYER information.		
Segment Not Used for AutoCAT or WCSF Claims				
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
341-HB	OTHER PAYER AMOUNT PAID COUNT		Y	Only one iteration per grouping supported.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	▪ Ø7	Y	▪ Ø7 = Drug Benefit
431-DV	OTHER PAYER AMOUNT PAID		E	▪ Multiple iterations per grouping supported. This field must be populated when using Other Coverage Code of "2."
471-5E	OTHER PAYER REJECT COUNT		Y	
472-6E	OTHER PAYER REJECT CODE		E	This field must contain the primary plan's reject code if billing with an Other Coverage Code of "3."

COMPOUND SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is Compound information.		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	10	E	Compound Segment

COMPOUND SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is Compound information.		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	<ul style="list-style-type: none"> <li>▪ 01</li> <li>▪ 02</li> <li>▪ 03</li> <li>▪ 04</li> <li>▪ 05</li> <li>▪ 06</li> <li>▪ 07</li> <li>▪ 10</li> <li>▪ 11</li> <li>▪ 12</li> <li>▪ 13</li> <li>▪ 14</li> <li>▪ 15</li> <li>▪ 16</li> <li>▪ 17</li> <li>▪ 18</li> </ul>	E	01=Capsule 02=Ointment 03=Cream 04=Suppository 05=Powder 06=Emulsion 07=Liquid 10=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	<ul style="list-style-type: none"> <li>▪ 1</li> <li>▪ 2</li> <li>▪ 3</li> </ul>	E	1=Each 2=Grams 3=Milliliters

COMPOUND SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is Compound information.		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
452-EH	COMPOUND ROUTE OF ADMINISTRATION	1 through 22	E	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Interperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 10=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 20=Urethral 21=Vaginal 22=Enteral
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		E	Maximum of 25 iterations
488-RE	COMPOUND PRODUCT ID QUALIFIER		E	03=National Drug Code (NDC)
489-TE	COMPOUND PRODUCT ID		E	NDC Number
448-ED	COMPOUND INGREDIENT QUANTITY		E	
449-EE	COMPOUND INGREDIENT DRUG COST		Y	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		Y	

PRICING SEGMENT		Segment MANDATORY for these Transactions: B1 and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	11	Y	Pricing Segment
409-D9	INGREDIENT COST SUBMITTED		E	Required for all claim submissions.
412-DC	DISPENSING FEE SUBMITTED		Y	
433-DX	PATIENT PAID AMOUNT SUBMITTED		E	<ul style="list-style-type: none"> <li>▪ Enter amount/copay indicated by payer(s); i.e., other third-party prescription drug plans/Part D plans, that cardholder is to pay.</li> <li>▪ <b>DO NOT ENTER PACE/PACENET or CRDP CO-PAY IN THIS FIELD!</b></li> </ul>
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT		Y	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		Y	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		Y	
426-DQ	USUAL AND CUSTOMARY CHARGE		E	
430-DU	GROSS AMOUNT DUE		Y	.

PRICING SEGMENT		Segment MANDATORY for these Transactions: B1 and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
423-DN	BASIS OF COST DETERMINATION	<ul style="list-style-type: none"> <li>▪ Blank</li> <li>▪ ØØ</li> <li>▪ Ø1</li> <li>▪ Ø2</li> <li>▪ Ø3</li> <li>▪ Ø4</li> <li>▪ Ø5</li> <li>▪ Ø6</li> <li>▪ Ø7</li> <li>▪ Ø8**</li> <li>▪ Ø9</li> </ul>	E	<p>Required for all claim submissions.</p> <ul style="list-style-type: none"> <li>▪ Not Specified</li> <li>▪ AWP (Average Wholesale Price)</li> <li>▪ Local Wholesaler</li> <li>▪ Direct</li> <li>▪ Estimated Acquisition Cost (EAC)</li> <li>▪ Acquisition</li> <li>▪ Maximum Allowable Cost (MAC)</li> <li>▪ Usual &amp; Customary</li> <li>▪ (**Version D.0 and above) Will be accepted to identify 340B/Disproportionate Share Pricing/Public Health Service = The 340B Drug Pricing Program from the Public Health Service Act, sometimes referred to as “PHS Pricing” or “602 Pricing” is a federal program that requires drug manufacturers to provide outpatient drugs to eligible health care centers, clinics, and hospitals (termed “covered entities”) at a reduced price.</li> <li>▪ (Other) Program assigned code to identify 340B claims.</li> </ul>

TRANSACTION HEADER SEGMENT		REVERSAL Transaction Code B2		
Field	Field Name	Values	Used = Y Edited = E	Comments
1Ø1-A1	BIN NUMBER	ØØ2286	E	
1Ø2-A2	VERSION/RELEASE NUMBER	51	E	
1Ø3-A3	TRANSACTION CODE		E	B2

TRANSACTION HEADER SEGMENT		REVERSAL Transaction Code B2		
Field	Field Name	Values	Used = Y Edited = E	Comments
104-A4	PROCESSOR CONTROL NUMBER	TrOOP Claims: <ul style="list-style-type: none"> <li>0000102286</li> </ul> Non-TrOOP Claims: <ul style="list-style-type: none"> <li>0000682201</li> </ul>	E	<b>IMPORTANT: USE THE CORRECT PCN:</b> <ul style="list-style-type: none"> <li>TrOOP claims include the following programs: <ul style="list-style-type: none"> <li>PACE, CRDP, SPBP1 and SPBP 2</li> </ul> </li> <li>Non-TrOOP claims include: <ul style="list-style-type: none"> <li>CF, SB, MSUD, PKU, PAP, AUTOCAT, WCSF</li> </ul> </li> </ul>
109-A9	TRANSACTION COUNT	1	E	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = NPI	E	
201-B1	SERVICE PROVIDER ID		E	<ul style="list-style-type: none"> <li>Providers are to submit all 10 digits of their NPI; e.g., 9099999000.</li> <li>The same 10-digit NPI is used for ALL programs.</li> </ul>
401-D1	DATE OF SERVICE	CCYYMMDD	E	Format = CCYYMMDD <b>Note:</b> Date of service cannot exceed six months from the prescription written date
110-AK	SOFTWARE VENDOR/ CERTIFICATION ID		Y	Assigned when vendor is certified.

CLAIM SEGMENT		Segment MANDATORY for these Transactions: E1, B1, B2, and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	07	E	Claim Segment
455-EM	PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER	1	Y	Rx billing
402-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER		E	Numbers only, must be greater than 0.
436-E1	PRODUCT/SERVICE ID	03	Y	NDC

CLAIM SEGMENT		Segment MANDATORY for these Transactions: E1, B1, B2, and B3		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
	QUALIFIER			
407-D7	PRODUCT/SERVICE ID	NDC	E	

INSURANCE SEGMENT		Segment MANDATORY for these Transactions: B2		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	04	E	Insurance Segment
302-C2	CARDHOLDER ID	Use program specific ID	E	
301-C1	GROUP ID	<ul style="list-style-type: none"> <li>▪ PACE</li> <li>▪ CRDP</li> </ul>	E	<ul style="list-style-type: none"> <li>▪ PACE = PACE/PACENET</li> <li>▪ CRDP = Chronic Renal Disease Program</li> </ul>
		<p><b>*SPBP Program:</b></p> <ul style="list-style-type: none"> <li>▪ ADAP</li> <li>▪ SPBP</li> </ul>		<ul style="list-style-type: none"> <li>▪ SP1 claims use ADAP as GROUP ID as of 01/01/11.</li> <li>▪ SP2 claims use SPBP as GROUP ID as of 01/01/11.</li> </ul>
		<ul style="list-style-type: none"> <li>▪ CF</li> <li>▪ SB</li> <li>▪ MSUD</li> <li>▪ PKU</li> <li>▪ PAP</li> <li>▪ AUTOCAT</li> <li>▪ WCSF</li> </ul>		<ul style="list-style-type: none"> <li>▪ CF = Cystic Fibrosis</li> <li>▪ SB = Spina Bifida</li> <li>▪ MSUD = Maple Syrup Urine Disease</li> <li>▪ PKU = Phenylketonuria</li> <li>▪ PAP =PA Patient Assistance Program</li> <li>▪ AUTOCAT = Catastrophic Loss Benefits Continuation Fund</li> <li>▪ WCSF = Workers' Compensation Security Fund</li> </ul>

**PACE v 5.1 Response Data Fields**

RESPONSE TRANSACTION HEADER SEGMENT		Segment MANDATORY for all Responses		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
102-A2	VERSION/RELEASE NUMBER		Y	Same value as in request billing.
103-A3	TRANSACTION CODE		Y	Same value as in request billing.
109-A9	TRANSACTION COUNT		Y	Same value as in request billing.
501-F1	HEADER RESPONSE STATUS		Y	A or R
202-B2	SERVICE PROVIDER ID QUALIFIER		Y	Same value as in request billing.
201-B1	SERVICE PROVIDER ID		Y	Same value as in request billing.
401-D1	DATE OF SERVICE		Y	Same value as in request billing.

RESPONSE MESSAGE SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	20	Y	Response Message Segment
504-F4	MESSAGE		Y	Required when text is needed for clarification or detail.

RESPONSE INSURANCE SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	25	Y	Response Insurance Segment

RESPONSE INSURANCE SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
301-C1	GROUP ID	Same as submitted	Y	<ul style="list-style-type: none"> <li>▪ PACE = PACE/PACENET</li> <li>▪ CRDP = Chronic Renal Disease Program</li> <li>▪ <b>SP1 claims: ADAP as GROUP ID as of 01/01/11.</b></li> <li>▪ <b>SP2 claims: SPBP as GROUP ID as of 01/01/11.</b></li> <li>▪ CF = Cystic Fibrosis</li> <li>▪ SB = Spina Bifida</li> <li>▪ MSUD = Maple Syrup Urine Disease</li> <li>▪ PKU = Phenylketonuria</li> <li>▪ PAP = PA Patient Assistance Program</li> <li>▪ AUTOCAT = Catastrophic Loss Benefits Continuation Fund</li> <li>▪ WCSF = Workers' Compensation Security Fund</li> </ul>

RESPONSE STATUS SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	21	Y	Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	<ul style="list-style-type: none"> <li>▪ P</li> <li>▪ D</li> <li>▪ R</li> </ul>	Y	<ul style="list-style-type: none"> <li>▪ P = Paid</li> <li>▪ D = Duplicate</li> <li>▪ R = Reject</li> </ul>
503-F3	AUTHORIZATION NUMBER		Y	
510-FA	REJECT COUNT		Y	
511-FB	REJECT CODE		Y	
546-4F	REJECTED FIELD OCCURRENCE INDICATOR		Y	
547-5F	APPROVED MESSAGE COUNT		Y	

RESPONSE STATUS SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
548-6F	APPROVED MESSAGE CODE		Y	
526-FQ	ADDITIONAL MESSAGE INFORMATION		Y	

RESPONSE CLAIM SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	22	Y	Response Claim Segment
455-EM	PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER		Y	
402-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER		Y	Same as in submission

RESPONSE PRICING SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	23	Y	Response Pricing Segment
505-F5	PATIENT PAY AMOUNT		Y	
506-F6	INGREDIENT COST PAID		Y	
507-F7	DISPENSING FEE PAID		Y	
509-F9	TOTAL AMOUNT PAID		Y	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		Y	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		Y	
513-FD	REMAINING DEDUCTIBLE AMOUNT		Y	
514-FE	REMAINING BENEFIT AMOUNT		Y	Used in plans with a maximum benefit limit.

RESPONSE PRICING SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used = Y Edited = E	PACE Values Supported Comments
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		Y	
518-FI	AMOUNT OF CO-PAY/COINSURANCE		Y	
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION		Y	
346-HH	BASIS OF CALCULATION – DISPENSING FEE		Y	
347-HJ	BASIS OF CALCULATION – CO-PAY		Y	

RESPONSE DUR/PPS SEGMENT		Segment OPTIONAL		
Field	Field Name	Values	Used =Y Edited = E	PACE Values Supported Comments
111-AM	SEGMENT IDENTIFICATION	24	Y	Response DUR
567-J6	DUR/PPS RESPONSE CODE COUNTER		Y	Up to three Occurrences
439-E4	REASON FOR SERVICE CODE		Y	
528-FS	CLINICAL SIGNIFICANCE CODE		Y	
529-FT	OTHER PHARMACY INDICATOR		Y	
530-FU	PREVIOUS DATE OF FILL		Y	
531-FV	QUANTITY OF PREVIOUS FILL		Y	
532-FW	DATA BASE INDICATOR		Y	
533-FX	OTHER PRESCRIBER INDICATOR		Y	
544-FY	DUR FREE TEXT MESSAGE		Y	