

# Recommended Use of Quantity Prescribed (460-ET) in NCPDP Telecommunication Standard Version D.0

*Version 12*

July 2020



The purpose of this paper is to provide information and guidance on the use of the Quantity Prescribed (460-ET) field to address the issues with state requirements related to CII's for dispensing of medication in increments less than the amount prescribed.

## Recommended Use of Quantity Prescribed (460-ET) in NCPDP Telecommunication Standard Version D.0

Version 12

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**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
STANDARD VERSION D.0**

## **I. PURPOSE**

The purpose of this paper is to provide information and guidance on the use of the Quantity Prescribed (460-ET) field for all Schedule II controlled substance claims exchanged between HIPAA covered entities. It is based upon Final Rule CMS-0055-F: Modification of the Requirements for the Use of Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Council for Prescription Drug Programs (NCPDP) D.0 Standard. The use of the Quantity Prescribed (460-ET) field is intended to address the inability to identify a Schedule II controlled substance claim that is a partial or incremental fill versus a prescription refill. This conflict was recognized in the September 2012 OIG report which identified Schedule II controlled substances that they thought were being billed as refills, and within federal and state requirements related to [section 702 of the Comprehensive Addiction and Recovery Act \(CARA\)](#), in support of dispensing Schedule II medications in increments less than the amount prescribed.

## II. BACKGROUND

The following section provides the background of when and by whom the issues originated and were identified.

### A. MEDICARE PART D

CMS Medicare Part D 2014 Final Call Letter dated April 1, 2013<sup>1</sup>:

#### ***“Incremental Fills of Schedule II Controlled Substances Prescriptions***

*As part of their compliance plans to detect, prevent, and correct fraud, waste, and abuse, sponsors must have internal controls in place that prevent Part D payment for illegal refills of Schedule II controlled substances prescriptions. In addition, these internal controls must ensure that any PDEs that are submitted for actual illegal refills of Schedule II drugs are promptly adjusted or deleted. The Drug Enforcement Agency (DEA) regulates Schedule II drugs, and the Controlled Substance Act prohibits the refilling of prescriptions for them. (See 21 U.S.C. § 829(a)). Schedule II controlled substances have the highest potential for abuse of any prescription drugs legally available in the United States.*

*We encourage the industry to promptly address the known limitation of the current HIPAA prescription drug billing standard with respect to distinguishing partial or incremental fills of an original prescription from refills. CMS understands that this limitation may currently result in partial fills of Schedule II controlled substances being billed in a manner that cannot be distinguished from refills, particularly in the LTC setting. Partial fills of Schedule II controlled substances are permissible under Federal law under certain circumstances and occur when a pharmacist does not dispense all doses of the prescribed medication at one time. Partial fills are not considered refills. A September 2012 OIG report found that three-quarters of Part D sponsors inappropriately paid \$25 million for Schedule II controlled substances that were billed as refills in 2009. The OIG acknowledged that some of these drugs may have been inaccurately billed, and CMS believes these claims more likely represent legally dispensed partial fills as opposed to illegal refills. (See <https://oig.hhs.gov/oei/reports/oei-02-09-00605.asp>).*

*CMS understands from comments received on the draft version of this Call Letter that the industry is actively addressing the limitation in the billing standard through the National Council for Prescription Drug Programs. Nevertheless, the limitation in the billing standard does not obviate the requirement for sponsors to have internal controls in place that prevent Part D payment for illegal refills of Schedule II controlled substances prescriptions. Until a billing solution is implemented by the industry that permits sponsors to compare the amounts billed to the total amount prescribed on the original prescription at the time of claim processing, CMS expects sponsors to ensure compliance through retrospective auditing. We also expect sponsors to ensure that any PDEs that have been erroneously submitted for illegal refills of Schedule II drugs are promptly adjusted or deleted.”*

### B. FEDERAL AND STATE REGULATIONS

In an effort to mitigate the opioid epidemic and to support the Comprehensive Addiction and Recovery Act (CARA) of 2016<sup>2</sup> for partial/incremental fills for Schedule II controlled substances, policy makers have passed or are considering rules that may apply to the original fill or an incremental fill.

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<sup>1</sup> <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2014.pdf>

<sup>2</sup> <https://www.congress.gov/bill/114th-congress/senate-bill/524>

### III. IDENTIFICATION OF THE PROBLEM

#### A. MEDICARE PART D

As stated in Final Rule CMS-0055-F dated January 24, 2020, there were conflicts in the interpretation of use of the Fill Number (403-D3) field, that led to the problem of assuming Schedule II prescription claims with a Fill Number greater than '00' were invalid.

*"In September 2012, the HHS Office of the Inspector General (OIG) issued a report titled 'Inappropriate Medicare Part D Payments for Schedule II Drugs Billed as Refills' that analyzed all of the 2009 program year prescription drug event (PDE) records for refills of Schedule II drugs. PDE records are claim summary records that contain data elements from prescription drug claims, submitted by prescription drug plan sponsors to the Centers for Medicare & Medicaid Services (CMS) for every prescription a provider fills for a Medicare Part D beneficiary. One of those data element fields is titled 'Fill Number (403-D3)', which identifies refills. The Version D.0 implementation specifications require that a "0" be entered in the Fill Number (403-D3) field for a new prescription and that the number be sequentially increased by "1" for each refill. The OIG analyzed 20.1 million records for Schedule II drugs and, focusing on the Fill Number (403-D3) field, identified what it concluded were refills. The OIG concluded that the Medicare Part D program had inappropriately paid \$25 million for 397,203 Schedule II drug refills and that LTC facility pharmacies billed for 75 percent of such refills. The OIG stated that the Medicare Part D plan sponsors should not have paid for those drugs because Federal law prohibits Schedule II drug refills, and concluded that '[p]aying for such drugs raises public health concerns and may contribute to the diverting of controlled substances and their being resold on the street'*

*CMS took a different interpretation of the OIG's findings. In its written response to the OIG report, CMS expressed concern that the OIG's strict interpretation of PDE data did not support the OIG's findings. CMS believed the OIG's findings were based, in part, on a misinterpretation of Schedule II drug partial fills dispensed to LTC facility residents as refills."*

#### B. FEDERAL AND STATE REGULATIONS

Existing and newly enacted controlled substance regulations provide specific conditions under which the incremental dispensing of a Schedule II medication is permitted. The 2007 publication of the Telecommunication vD.0 Standard that was named under HIPAA does not contain the necessary information for the payer to determine the claim to be an incremental fill. The Quantity Prescribed (460-ET) field is needed in order to:

- Identify fills dispensed as shortened days supply (i.e., original or incremental dispensing)
- Prorate patient responsibility/copayment amounts for incremental fills
- Validate total quantity dispensed does not exceed quantity prescribed
- Provide the information necessary to ensure that the prescribed Schedule II medications when dispensed do not exceed regulatory limitations

#### C. INCREMENTAL VERSUS PARTIAL FILL CLAIM BILLING CONCEPTS

The use of the term partial fill in the CARA Act is defined by NCPDP as an incremental fill. CARA "partial fill" should not be equated to the NCPDP partial fill. Incremental fill and partial fill as applied within NCPDP standards are very different concepts that should not be confused and are not interchangeable.

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“Incremental fill” is used to represent the dispensing of incremental quantities of the total amount ordered specifically for Schedule II medications, as allowed under federal and state regulations.

“Partial Fill” is defined by NCPDP to represent an optional claim billing process for when a prescription cannot be filled for the full quantity ordered due to insufficient inventory on-hand at the dispensing pharmacy.

This distinction is available within the definition of the fields used for partial and completion fills. For example, Quantity Intended to be Dispensed (344-HF) represents the “metric decimal quantity that would have been dispensed if adequate inventory were available.”



## IV. SOLUTION

### A. REGULATORY CHANGES

On January 24, 2020, Health and Human Services published the Final Rule: Administrative Simplification: Modification of the Requirements for the Use of Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Council for Prescription Drug Programs (NCPDP) D.0 Standard: CMS-0055-F. This rule requires a modification to how the Quantity Prescribed (460-ET) field is used in the 2007 publication of the NCPDP Telecommunication Version D.0 Standard.

*“This final rule adopts a modification of the requirements for the use of the Telecommunication Standard Implementation Guide, Version D, Release 0 (Version D.0), August 2007, National Council for Prescription Drug Programs, by requiring covered entities to use the Quantity Prescribed (460–ET) field for retail pharmacy transactions for Schedule II drugs. The modification enables covered entities to distinguish whether a prescription is a “partial fill,” where less than the full amount prescribed is dispensed, or a refill, where the full amount prescribed is dispensed, in the HIPAA retail pharmacy transactions. This modification is important to ensure the availability of a greater quantum of data that may help prevent impermissible refills of Schedule II drugs, which will help to address the public health concerns associated with prescription drug abuse in the United States.”*

*“§ 162.1102 Standards for health care claims or equivalent encounter information transaction.*

*\*\*\*\*\**

*(d) For the period on and after September 21, 2020, the Quantity Prescribed (460–ET) field, as set forth in the Telecommunication Standard Implementation Guide, Version D, Release 0 (Version D.0), August 2007 and equivalent Batch Standard Implementation Guide, Version 1, Release 2 (Version 1.2), National Council for Prescription Drug Programs, must be treated as required where the transmission meets both of the following:*

- (1) Is for a Schedule II drug, as defined in 21 CFR 1308.12.*
- (2) Uses the standard identified in paragraph (b)(2)(i) of this section.”*

*“§ 162.1302 Standards for referral certification and authorization transaction.*

*\*\*\*\*\**

*(d) For the period on and after September 21, 2020, the Quantity Prescribed (460–ET) field, as set forth in the Telecommunication Standard Implementation Guide, Version D, Release 0 (Version D.0), August 2007 and equivalent Batch Standard Implementation Guide, Version 1, Release 2 (Version 1.2), National Council for Prescription Drug Programs, must be treated as required where the transmission meets both of the following:*

- (1) Is for a Schedule II drug, as defined in 21 CFR 1308.12.*
- (2) Uses the standard identified in paragraph (b)(2)(i) of this section.”*

*“§ 162.1802 Standards for coordination of benefits information transaction.*

*\*\*\*\*\**

*(d) For the period on and after September 21, 2020, the Quantity Prescribed (460–ET) field, as set forth in the Telecommunication Standard Implementation Guide, Version D, Release 0 (Version D.0), August 2007 and equivalent Batch Standard Implementation Guide, Version 1, Release 2 (Version 1.2), National Council for Prescription Drug Programs, must be treated as required where the transmission meets both of the following:*

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- (1) Is for a Schedule II drug, as defined in 21 CFR 1308.12.  
 (2) Uses the standard identified in paragraph (b)(2)(i) of this section.”

**B. NCPDP GUIDANCE**  
**1. CLAIM REQUEST**

NCPDP recommends the use of the following fields in the development of point of service edits for Schedule II controlled substance claims:

| Field  | Field Name                            | Definition   | Processing Recommendations  |
|--------|---------------------------------------|--|---|
| 460-ET | Quantity Prescribed                   | Amount expressed in metric decimal units.<br><br>Editorial Note: This field is intended to communicate the maximum quantity authorized by the prescriber to be dispensed.  | <ul style="list-style-type: none"> <li>Can be used to identify incremental fills by validating the quantity dispensed is less than the quantity prescribed.</li> <li>The accumulated quantity dispensed cannot exceed the value contained in the quantity prescribed field for Schedule II prescriptions as refills are not allowed.</li> </ul>                         |
| 442-E7 | Quantity Dispensed                    | Quantity dispensed expressed in metric decimal units.  | <ul style="list-style-type: none"> <li>The accumulated quantity dispensed cannot exceed the value contained in the quantity prescribed field for Schedule II prescriptions.</li> </ul>  |
| 403-D3 | Fill Number                           | vD.0: The code indicating whether the prescription is an original or a refill.<br><br>vEB and higher: The code indicating whether the prescription fill is an original or a subsequent fill as it relates to the Prescription Service Reference Number.<br><br>Editorial Note: D.0 cannot be changed until the next HIPAA Standard. What is indicated in vEB is consistent with industry practice. | <ul style="list-style-type: none"> <li>For incremental fills, the number will increment each time the medication is dispensed. Note: In LTC post-consumption billing and with NCPDP inventory shortage partial fills, the fill number will not increment each time the medication is dispensed.</li> <li>Payers should not reject solely due to fill number.</li> </ul> |
| 402-D2 | Prescription/Service Reference Number | Reference number assigned by the provider for the dispensed drug/product and/or service provided.  | <ul style="list-style-type: none"> <li>Can be used to match an incremental fill claim by using the Prescription/Service Reference Number and Service Provider ID to a history claim.</li> </ul>   |

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| Field  | Field Name                   | Definition                                      | Processing Recommendations  |
|--------|------------------------------|---|---|
| 201-B1 | Service Provider ID          | ID assigned to a pharmacy or provider.          | <ul style="list-style-type: none"> <li>Can be used to match an incremental fill claim by using the Prescription/Service Reference Number and Service Provider ID to a history claim.</li> </ul> |
| 415-DF | Number of Refills Authorized | Number of refills authorized by the prescriber. | <ul style="list-style-type: none"> <li>If sent, this must always be zero for a Schedule II prescription.</li> </ul>   |

## 2. CLAIM RESPONSE

Leveraging the fields outlined above, the following Reject Codes (511-FB) may be used to clearly communicate the specific conflict to the pharmacy. Rejections for failure to submit the Quantity Prescribed field (460-ET) are limited to Schedule II controlled substance claims.

| Reject Code | Description  | Comment   |
|-------------|--|---|
| ET          | M/I Quantity Prescribed  | <p>Recommended use is for when a Quantity Prescribed value is not submitted for a Schedule II controlled substance or if the Quantity Prescribed value submitted is not in the specified format.</p> <p>Note: This reject code should not be used, unless per trading partner agreement, prior to the 09/21/2020 compliance date to CMS-0055-F.</p> |
| E7          | M/I Quantity Dispensed   | Recommended use is for when a Quantity Dispensed value is not submitted for a Schedule II controlled substance or if the Quantity Dispensed value submitted is not in the specified format.   |
| 648         | Quantity Prescribed Does Not Match Quantity Prescribed On Original CII Dispensing                      | Quantity Prescribed on incremental fill does not match the Quantity Prescribed transmitted on prior claims.   |
| 649         | Cumulative Quantity For This CII Rx Number Exceeds Quantity Prescribed                                 | Quantity Dispensed for all Prescription/Service Reference Number and Service Provider ID fills exceeds the Quantity Prescribed.   |
| 650         | Date Of Service Greater Than 60 Days From CII Date Prescription Written For LTC/Terminally Ill Patient | To be used when the Schedule II claim for a patient known to be Long Term Care and/or terminally ill patient is   |

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| Reject Code | Description  | Comment  |
|-------------|--|--|
|             |  | being incrementally filled more than 60 days after the RX was written.   |
| 981         | Date of Service for Incremental Fill Exceeds Regulatory Timeframe for Dispensing | To be used when RX is being incrementally filled outside of dispensing timeframe allowed by regulation or law (federal or state). Not to be used when Reject Code 650 applies. |

Note: Reject Code value 647 Quantity Prescribed Required For CII Prescription was sunset for use as of 01/01/2020. Reject Code ET should be used to designate the required status of this field for Schedule II medications.

The Additional Message Information Qualifier (132-UH) and Additional Message Information (526-FQ) fields may be used to communicate on either a Paid or Rejected claim response the remaining quantity that can be dispensed. This additional detail will allow the pharmacy to prevent a conflict on a future dispensing or better address the current reject by coordinating the necessary patient and prescriber discussions.

| Field  | Field Name                               | Value | Value Definition  | Processing Recommendations   |
|--------|--|-------|---|--|
| 132-UH | Additional Message Information Qualifier | 19    | Remaining Quantity: Remaining amount to a maximum quantity limit based on quantity amounts accumulated. | <ul style="list-style-type: none"> <li>Determine the Remaining Quantity based on the Prescribed Quantity minus the accumulated Dispensed Quantity values.</li> </ul> |

## V. PROCESSING RECOMMENDATIONS FOR TIME LIMITS ON INCREMENTAL FILLS

Regulations under Title 21 CFR Part 1306.13 (DEA) and Title 21 CSA Section 829 (CARA) allow for Schedule II controlled substances to be dispensed in an amount less than the prescribed quantity. The remaining prescribed quantity can be dispensed within certain time periods, based on the incremental fill reason. Data elements within the NCPDP Telecommunication Standard claim billing transaction allows the receiver of the transaction to determine the incremental fill reason and the associated incremental fill time limit.

The following charts summarize the conditions and time periods for each regulation and provide the associated NCPDP data elements and reject codes that may be used in validation of the time limit in claim billing transactions.

### DEA:

Title 21 CFR Part 1306.13

[https://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306\\_13.htm](https://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_13.htm)

| Incremental Fill Condition | Time Allowed Before RX Expires | Time Allowed Start Date | NCPDP Data Elements Used for Time Limit Validation  | Processing Recommendations   | NCPDP Reject Code (511-FB) Value for Validation Failure  |
|----------------------------|--------------------------------|-------------------------|---|--|--|
| LTCF                       | 60 Days                        | RX Issue Date           | <ul style="list-style-type: none"> <li>384-4X Patient Residence Code</li> <li>147-U7 Pharmacy Service Type</li> <li>401-D1 Date of Service</li> <li>414-DE Date RX Written</li> </ul> | Treat as LTCF if Patient Residence Code and Pharmacy Service Type indicate LTC, Diagnosis Code and DUR codes may be Null   | 650 - Date Of Service Greater Than 60 Days From CII Date Prescription Written For LTC/Terminally Ill Patient |
| Terminally Ill             | 60 Days                        | RX Issue Date           | <ul style="list-style-type: none"> <li>424-D0 Diagnosis Code</li> <li>441-E6 Result of Service Code</li> <li>401-D1 Date of Service</li> <li>414-DE Date RX Written</li> </ul>        | <p>Treat as Terminally Ill if Patient Residence Code and Pharmacy Service Type do not indicate LTC, and Diagnosis Code or DUR codes indicate terminal illness</p> <p>If claim does not contain the applicable terminally ill indicator, incremental fill dates of service beyond 30 days of the RX Written Date would reject due to the date span. Pharmacy may resubmit the claim with the terminally ill</p> | 650 - Date Of Service Greater Than 60 Days From CII Date Prescription Written For LTC/Terminally Ill Patient |

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| Incremental Fill Condition | Time Allowed Before RX Expires | Time Allowed Start Date | NCPDP Data Elements Used for Time Limit Validation | Processing Recommendations              | NCPDP Reject Code (511-FB) Value for Validation Failure |
|----------------------------|--------------------------------|-------------------------|--|---|---|
|                            |                                |                         |  | value to override the date span reject. |   |

Note: The conditions of inventory shortage and emergency referenced in the DEA regulation were not included in this chart as they do not meet the NCPDP definition of incremental fill.

**CARA:**

Title 21 CSA Section 829

<https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>

| Incremental Fill Condition | Time Allowed Before RX Expires | Time Allowed Start Date | NCPDP Data Elements Used for Time Limit Validation  | Processing Recommendations  | NCPDP Reject Code (511-FB) Value for Validation Failure                                |
|----------------------------|--------------------------------|-------------------------|---|---|--|
| Patient Requested          | 30 Days                        | RX Written Date         | <ul style="list-style-type: none"> <li>• 384-4X Patient Residence Code</li> <li>• 147-U7 Pharmacy Service Type</li> <li>• 424-D0 Diagnosis Code</li> <li>• 441-E6 Result of Service Code</li> <li>• 401-D1 Date of Service</li> <li>• 414-DE Date RX Written</li> </ul> | Treat as CARA if Patient Residence Code and Pharmacy Service Type do not indicate LTC, and Diagnosis Code or DUR codes do not indicate terminally illness | 981 - Date of Service for Incremental Fill Exceeds Regulatory Timeframe for Dispensing |
| Prescriber Requested       | 30 Days                        | RX Written Date         | <ul style="list-style-type: none"> <li>• 384-4X Patient Residence Code</li> <li>• 147-U7 Pharmacy Service Type</li> <li>• 424-D0 Diagnosis Code</li> <li>• 441-E6 Result of Service Code</li> <li>• 401-D1 Date of Service</li> <li>• 414-DE Date RX Written</li> </ul> | Treat as CARA if Patient Residence Code and Pharmacy Service Type do not indicate LTC, and Diagnosis Code or DUR codes do not indicate terminally illness | 981 - Date of Service for Incremental Fill Exceeds Regulatory Timeframe for Dispensing |

Note: The condition of emergency referenced in the CARA regulation was not included in this chart as it does not meet the NCPDP definition of incremental fill.

## VI. PRORATION OF COPAYS

With the availability of Quantity Prescribed (460-ET), Submission Clarification Codes (420-DK) are no longer necessary to calculate proration of copays.

Both Quantity Dispensed (442-E7) and the Quantity Prescribed (460-ET) should be used when a predefined month supply is not used to prorate the copay.

If proration is based on a predefined month supply, only the Quantity Dispensed (442-E7) should be used in the copay calculation.

## VII. ADDITIONAL CLARIFICATIONS/FREQUENTLY ASKED QUESTIONS

1. **Question:** What happens if the Quantity Prescribed (460-ET) field is submitted for non-Schedule II drugs?

**Response:** The NCPDP SNIP Committee strongly recommends for any claim that contains Quantity Prescribed (460-ET) but is not for a Schedule II drug (as defined by state/federal/regulatory agency programs), the field should be ignored for point of service claim adjudication.

2. **Question:** What should happen during the transition period when Schedule II claims history with the same Service Provider ID and Prescription/Service Reference Number were processed prior to the required use of the Quantity Prescribed (460-ET) field and did not contain the Quantity Prescribed?

**Response:** It must be assumed that the Quantity Prescribed on the current claim is correct and it applies to all previous claims from the same Service Provider ID and Prescription/Service Reference Number. Therefore, the accumulated Quantity Dispensed from all claims, current and previous, must not exceed the value in Quantity Prescribed. Claims should not be rejected because the prior claims for the same Prescription/Service Reference Number did not have the Quantity Prescribed. For Example:

| Date of Service (401-D1) | Service Provider ID (201-B1) | Prescription Service Reference Number (402-D2) | Fill Number (403-D3) | Quantity Dispensed (442-E7) | Quantity Prescribed (460-ET) | Days Supply (405-D5) | Payer Calculated Accumulated Dispensed Quantity |
|--------------------------|------------------------------|--|----------------------|-----------------------------|------------------------------|----------------------|---|
| 09/01/2020               | 1234567890                   | 1112223  | 00                   | 20                          |                              | 10                   | 20  |
| 09/10/2020               | 1234567890                   | 1112223  | 01                   | 20                          |                              | 10                   | 40  |
| 09/21/2020               | 1234567890                   | 1112223  | 02                   | 20                          | 60                           | 10                   | 60  |

3. **Question:** Should Quantity Prescribed be submitted on a compound claim containing one or more Schedule II ingredients?

**Response:** If under the most stringent applicable law, the final compounded product is a Schedule II, then the quantity prescribed should be submitted. Also refer to trading partner agreements, as Quantity Prescribed (460-ET) may be required based on the payer’s determination that a single compound ingredient is a Schedule II drug. Note, the Quantity Prescribed (460-ET) value submitted represents the prescribed quantity for the final compounded product and not the quantity for the Schedule II ingredient.

4. **Question:** After the compliance date, at which time all Schedule II claims will contain the Quantity Prescribed (460-ET), how does a payer calculate the accumulated dispensed quantity when the payer does not receive all fill numbers for an associated prescription number?

**Response:** The payer can only base their accumulated dispensed quantity calculations on the fill data they have within their system for the specific prescription number. Refer to the example below.



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| Date of Service (401-D1) | Service Provider ID (201-B1) | Payer | Prescription Service Reference Number (402-D2) | Fill Number (403-D3) | Quantity Dispensed (442-E7) | Quantity Prescribed (460-ET) | Days Supply (405-D5) | Payer Calculated Accumulated Dispensed Quantity |
|--------------------------|------------------------------|-------|--|----------------------|-----------------------------|------------------------------|----------------------|---|
| 10/01/2020               | 1234567890                   | ABC   | 1112223  | 00                   | 20                          | 60                           | 10                   | 20  |
| 10/10/2020               | 1234567890                   | XYZ   | 1112223  | 01                   | 20                          | 60                           | 10                   | 20  |
| 10/20/2020               | 1234567890                   | ABC   | 1112223  | 02                   | 20                          | 60                           | 10                   | 40  |

In this scenario, Payer XYZ (such as a cash discount program) has no visibility to the prescription filled on 10/1; therefore, they cannot include it in their total accumulated calculation. Payer ABC for the 10/20 fill would only have visibility to the 10/1 previously dispensed quantity.

Note: In future versions, the pharmacy would submit the Total Prescribed Quantity Remaining (D02-KW) field.

5. **Question:** Is the partial fill (inventory shortage) scenario mutually exclusive of the incremental fill scenario?

**Response:** No, they are not mutually exclusive. Incremental fill could have been requested but the pharmacy also has an inventory shortage. Quantity Prescribed (460-ET) should be submitted as well as the partial fill fields. Please refer to Section 28.1.9.1 Partial Fill of the Telecommunication Standard Version D.0 Implementation Guide for partial fill guidance.

6. **Question:** After the compliance date, if a payer receives multiple claims for a Schedule II drug for the same patient and prescription, are these considered refills?

**Response:** No. Provided the Rx number is still the same, these are counted as incremental fills. Refills on Schedule IIs are not allowed.

To reduce the confusion about the use of the Fill Number (403-D3) field, the definition has been clarified for the next HIPAA named version of the Telecommunication Standard. The updated definition is: The code indicating whether the prescription fill is an original or a subsequent fill as it relates to the Prescription Service Reference Number.

7. **Question:** How many incremental fills are allowed for a Schedule II?

**Response:** Neither CARA nor the Quantity Prescribed Final Rule dictate the number of incremental fills allowed. As long as the total of all fills does not exceed the quantity prescribed the fill will be allowed barring any other reason the claim might be rejected (e.g., safety edits, non-formulary etc.).

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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## VIII. BILLING EXAMPLES FOR QUANTITY PRESCRIBED (460-ET)

In order to assist pharmacies, vendors, processors and payers, the use of **Quantity Prescribed** (460-ET) and the supporting Reject Codes is outlined in the example scenarios below. These examples are based upon CARA and DEA limits. Any state limits that may be enacted will not be addressed in this white paper.

| #  | Source | Drug DEA Class | Time Between Initial / Incremental Fill (s) | Payer Type      | Patient Condition / Terminally Ill | Long Term Care (LTC) Facility | QTY dispensed exceeds QTY prescribed | Status | Situation   |
|----|--------|----------------|---|-----------------|------------------------------------|-------------------------------|--------------------------------------|--------|---|
| 1  | CARA   | Schedule II    | 30 days                                     | All             | No                                 | No                            | No                                   | Paid   | Retail  |
| 2  | CARA   | Schedule II    | 30 days                                     | All             | No                                 | No                            | Yes                                  | Denied | Retail  |
| 3  | CARA   | Schedule II    | unknown                                     | All             | No                                 | Yes                           | No                                   | Paid   | LTC Post Consumption Billing                            |
| 4  | CARA   | Schedule II    | unknown                                     | All             | No                                 | Yes                           | Yes                                  | Denied | LTC Post Consumption Billing                            |
| 5  | CARA   | Schedule II    | 30 days                                     | Medicare Part D | No                                 | Yes                           | No                                   | Paid   | LTC Short Cycle Dispensing                              |
| 6  | CARA   | Schedule II    | 30 days                                     | Medicare Part D | No                                 | Yes                           | Yes                                  | Denied | LTC Short Cycle Dispensing                              |
| 7  | CARA   | Schedule II    | 30 days                                     | All             | No                                 | Yes                           | No                                   | Paid   | LTC Split Billing                                       |
| 8  | CARA   | Schedule II    | 30 days                                     | All             | No                                 | Yes                           | Yes                                  | Denied | LTC Split Billing                                       |
| 9  | CARA   | Schedule II    | 30 days                                     | All             | No                                 | Yes                           | No                                   | Paid   | LTC Discharge Fills                                     |
| 10 | CARA   | Schedule II    | 30 days                                     | All             | No                                 | Yes                           | Yes                                  | Denied | LTC Discharge Fills                                     |
| 11 | DEA    | Schedule II    | 60 days*                                    | All             | No                                 | Yes                           | No                                   | Paid   | LTC   |
| 12 | DEA    | Schedule II    | 60 days*                                    | All             | No                                 | Yes                           | Yes                                  | Denied | LTC   |
| 13 | CARA   | Schedule II    | 30 days                                     | All             | No                                 | No                            | Missing                              | Denied | Missing Quantity Prescribed                             |
| 14 | CARA   | Schedule II    | 30 days                                     | All             | No                                 | No                            | Different                            | Denied | Quantity Different                                      |
| 15 | CARA   | Schedule II    | 30 days                                     | All             | No                                 | No                            | Less Than                            | Denied | Quantity Prescribed is less than what is being dispense |

Note:

*These examples are highlighted for the purposes of showing how to use the Telecommunication Standard Version D.0 Quantity Prescribed field as well as associated fields and reject codes to streamline the processing of Schedule II incremental fills as allowed under Controlled Substance Act and Comprehensive Addiction Recovery Act (CARA). The fields specified in the examples below are not a comprehensive list of required/optional Telecommunication Standard Version D.0 fields.*

*LTC is exempt from CARA 30-day restriction and is limited to 60 days. Please refer to the [letter](#) from the DEA to the American Society of Consultant Pharmacists (ASCP) on this topic.*

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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**Scenario 1 – Retail prescription with an incremental fill, dispensed within fill window and within prescribed quantity**

| <b>Prescriber / Order Information</b> |                                       |                                   |          |
|---------------------------------------|---------------------------------------|-----------------------------------|----------|
|                                       | Attribute                             | Value                             | Comments |
|                                       | RX Written Date                       | 11/1/2019                         |          |
|                                       | Drug DEA Class                        | Schedule II                       |          |
|                                       | Prescribed Quantity                   | 60                                |          |
|                                       | Directions                            | One tablet by mouth twice per day |          |
|                                       | Days Supply                           | 30                                |          |
|                                       | # of authorized refills               | 0                                 |          |
|                                       |                                       |                                   |          |
| <b>Initial Fill Claim Billing</b>     |                                       |                                   |          |
| Field                                 | Field Name                            | Value                             | Comments |
| 102-A2                                | Version Release Number                | D0                                |          |
| 401-D1                                | Date of Service                       | 11/1/2019                         |          |
| 384-4X                                | Patient Residence                     | 1                                 | Home     |
| 402-D2                                | Prescription/Service Reference Number | 1234567                           |          |
| 403-D3                                | Fill Number                           | 00                                |          |
| 460-ET                                | Quantity Prescribed                   | 60                                |          |
| 442-E7                                | Quantity Dispensed                    | 30                                |          |
| 415-DF                                | Number of Refills Authorized          | 0                                 |          |
| 405-D5                                | Days Supply                           | 15                                |          |
| 414-DE                                | Date Prescription Written             | 11/1/2019                         |          |
| 420-DK                                | Submission Clarification Code         | (blank)                           |          |
| 429-DT                                | Special Packaging Indicator           | (blank)                           |          |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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| <b>Initial Fill Claim Response</b>    |  |            |  |
|---------------------------------------|--|------------|--|
| Field                                 | Field Name                               | Value      | Comments   |
| 112-AN                                | Transaction Response Status              | P          | Paid   |
| 132-UH                                | Additional Message Information Qualifier | 19         | 19 = Remaining Quantity  |
| 526-FQ                                | Additional Message Information           | 30         | CII Quantity Remaining<br>Calculation =<br>Qty Prescribed -<br>Accumulated Qty Dispensed |
| 548-6F                                | Approved Message Code                    | (blank)    |  |
| <b>Incremental Fill Claim Billing</b> |  |            |  |
| Field                                 | Field Name                               | Value      | Comments   |
| 102-A2                                | Version Release Number                   | D0         |  |
| 401-D1                                | Date of Service                          | 11/16/2019 |  |
| 384-4X                                | Patient Residence                        | 1          |  |
| 402-D2                                | Prescription/Service Reference Number    | 1234567    |  |
| 403-D3                                | Fill Number                              | 01         | Incremental Fill   |
| 460-ET                                | Quantity Prescribed                      | 60         |  |
| 442-E7                                | Quantity Dispensed                       | 30         |  |
| 415-DF                                | Number of Refills Authorized             | 0          |  |
| 405-D5                                | Days Supply                              | 15         |  |
| 414-DE                                | Date Prescription Written                | 11/1/2019  |  |
| 420-DK                                | Submission Clarification Code            | (blank)    |  |
| 429-DT                                | Special Packaging Indicator              | (blank)    |  |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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| <b>Incremental Fill Claim Response</b> |  |         |          |
|--|--|---------|----------|
| Field                                  | Field Name                               | Value   | Comments |
| 112-AN                                 | Transaction Response Status              | P       | Paid     |
| 132-UH                                 | Additional Message Information Qualifier | (blank) |          |
| 526-FQ                                 | Additional Message Information           | (blank) |          |
| 548-6F                                 | Approved Message Code                    | (blank) |          |

**Scenario 2 – Retail prescription with an incremental fill, dispensed within fill window but exceeds prescribed quantity**

| <b>Conditions</b>                     |   |                                   |          |
|---------------------------------------|---|-----------------------------------|----------|
|                                       | Attribute                                 | Value                             | Comments |
|                                       | Drug DEA Class                            | Schedule II                       |          |
|                                       | Time Between Initial and Incremental Fill | 30 days                           |          |
|                                       | Payer Type                                | All                               |          |
|                                       | Patient's Condition                       | Unknown                           |          |
|                                       | Patient resides in LTC Facility           | No                                |          |
| <b>Prescriber / Order Information</b> |   |                                   |          |
|                                       | Attribute                                 | Value                             | Comments |
|                                       | RX Written Date                           | 11/1/2019                         |          |
|                                       | Drug DEA Class                            | Schedule II                       |          |
|                                       | Prescribed Quantity                       | 60                                |          |
|                                       | Directions                                | One tablet by mouth twice per day |          |
|                                       | Days Supply                               | 30                                |          |
|                                       | # of authorized refills                   | 0                                 |          |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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| <b>Initial Fill Claim Billing</b>  |  |           |   |
|------------------------------------|--|-----------|---|
| Field                              | Field Name                               | Value     | Comments  |
| 102-A2                             | Version Release Number                   | D0        |   |
| 401-D1                             | Date of Service                          | 11/1/2019 |   |
| 384-4X                             | Patient Residence                        | 1         | Home  |
| 402-D2                             | Prescription/Service Reference Number    | 1234567   |   |
| 403-D3                             | Fill Number                              | 00        |   |
| 460-ET                             | Quantity Prescribed                      | 60        |   |
| 442-E7                             | Quantity Dispensed                       | 30        |   |
| 415-DF                             | Number of Refills Authorized             | 0         |   |
| 405-D5                             | Days Supply                              | 15        |   |
| 414-DE                             | Date Prescription Written                | 11/1/2019 |   |
| 420-DK                             | Submission Clarification Code            | (blank)   |   |
| 429-DT                             | Special Packaging Indicator              | (blank)   |   |
| <b>Initial Fill Claim Response</b> |  |           |   |
| Field                              | Field Name                               | Value     | Comments  |
| 112-AN                             | Transaction Response Status              | P         | Paid  |
| 132-UH                             | Additional Message Information Qualifier | 19        | 19 = Remaining Quantity   |
| 526-FQ                             | Additional Message Information           | 30        | CII Quantity Remaining<br>Calculation =<br>Qty Prescribed -<br>Accumulated Qty<br>Dispensed |
| 548-6F                             | Approved Message Code                    | (blank)   |   |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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| <b>Incremental Fill Claim Billing</b> |                                       |            |                  |
|---------------------------------------|---------------------------------------|------------|------------------|
| Field                                 | Field Name                            | Value      | Comments         |
| 102-A2                                | Version Release Number                | D0         |                  |
| 401-D1                                | Date of Service                       | 11/16/2019 |                  |
| 384-4X                                | Patient Residence                     | 1          |                  |
| 402-D2                                | Prescription/Service Reference Number | 1234567    |                  |
| 403-D3                                | Fill Number                           | 01         | Incremental Fill |
| 460-ET                                | Quantity Prescribed                   | 60         |                  |
| 442-E7                                | Quantity Dispensed                    | 45         |                  |
| 415-DF                                | Number of Refills Authorized          | 0          |                  |
| 405-D5                                | Days Supply                           | 15         |                  |
| 414-DE                                | Date Prescription Written             | 11/1/2019  |                  |
| 420-DK                                | Submission Clarification Code         | (blank)    |                  |
| 429-DT                                | Special Packaging Indicator           | (blank)    |                  |

| <b>Incremental Fill Claim Response</b> |  |         |  |
|--|--|---------|--|
| Field                                  | Field Name                               | Value   | Comments   |
| 112-AN                                 | Transaction Response Status              | R       | Rejected   |
| 132-UH                                 | Additional Message Information Qualifier | (blank) |  |
| 526-FQ                                 | Additional Message Information           | (blank) |  |
| 511-FB                                 | Reject Code                              | 649     | Cumulative Quantity For This CII Rx Number Exceeds Quantity Prescribed |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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**Scenario 3 – LTC Post-Consumption Billing prescription dispensed within prescribed quantity but occurs as a single billing transaction therefore the processor has no visibility into the time between the initial and incremental fills.**

| <b>Conditions</b>                     |   |                                  |                                    |
|---------------------------------------|---|----------------------------------|------------------------------------|
|                                       | Attribute                                 | Value                            | Comments                           |
|                                       | Drug DEA Class                            | Schedule II                      |                                    |
|                                       | Time Between Initial and Incremental Fill | Unknown                          |                                    |
|                                       | Payer Type                                | All                              |                                    |
|                                       | Patient's Condition                       | Unknown                          | LTC Post Consumption Billing       |
|                                       | Patient resides in LTC Facility           | Yes                              |                                    |
| <b>Prescriber / Order Information</b> |   |                                  |                                    |
|                                       | Attribute                                 | Value                            | Comments                           |
|                                       | RX Written Date                           | 11/1/2019                        |                                    |
|                                       | Drug DEA Class                            | Schedule II                      |                                    |
|                                       | Prescribed Quantity                       | 31                               |                                    |
|                                       | Directions                                | One tablet by mouth once per day |                                    |
|                                       | Days Supply                               | 31                               |                                    |
|                                       | # of authorized refills                   | 0                                |                                    |
| <b>Fill Claim Billing</b>             |   |                                  |                                    |
| Field                                 | Field Name                                | Value                            | Comments                           |
| 102-A2                                | Version Release Number                    | D0                               |                                    |
| 401-D1                                | Date of Service                           | 11/1/2019                        | Earliest date in the billing cycle |
| 384-4X                                | Patient Residence                         | 3                                | Nursing Facility                   |
| 402-D2                                | Prescription/Service Reference Number     | 1234567                          |                                    |
| 403-D3                                | Fill Number                               | 00                               |                                    |
| <b>Fill Claim Billing</b>             |   |                                  |                                    |



**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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| Field                      | Field Name                               | Value     | Comments |
|----------------------------|--|-----------|----------|
| 460-ET                     | Quantity Prescribed                      | 31        |          |
| 442-E7                     | Quantity Dispensed                       | 31        |          |
| 415-DF                     | Number of Refills Authorized             | 0         |          |
| 405-D5                     | Days Supply                              | 31        |          |
| 414-DE                     | Date Prescription Written                | 11/1/2019 |          |
| 420-DK                     | Submission Clarification Code            | (blank)   |          |
| 429-DT                     | Special Packaging Indicator              | (blank)   |          |
| <b>Fill Claim Response</b> |  |           |          |
| Field                      | Field Name                               | Value     | Comments |
| 112-AN                     | Transaction Response Status              | P         | Paid     |
| 132-UH                     | Additional Message Information Qualifier | (blank)   |          |
| 526-FQ                     | Additional Message Information           | (blank)   |          |
| 548-6F                     | Approved Message Code                    | (blank)   |          |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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**Scenario 5 – LTC Short Cycle Dispensing dispensed within fill window and within prescribed quantity.**

| <b>Conditions</b>                     |   |                                   |                  |
|---------------------------------------|---|-----------------------------------|------------------|
|                                       | Attribute                                 | Value                             | Comments         |
|                                       | Drug DEA Class                            | Schedule II                       |                  |
|                                       | Time Between Initial and Incremental Fill | 30 days                           |                  |
|                                       | Payer Type                                | Medicare Part D                   |                  |
|                                       | Patient's Condition                       | Unknown                           |                  |
|                                       | Patient resides in LTC Facility           | Yes                               |                  |
| <b>Prescriber / Order Information</b> |   |                                   |                  |
|                                       | Attribute                                 | Value                             | Comments         |
|                                       | RX Written Date                           | 11/1/2019                         |                  |
|                                       | Drug DEA Class                            | Schedule II                       |                  |
|                                       | Prescribed Quantity                       | 32                                |                  |
|                                       | Directions                                | One tablet by mouth twice per day |                  |
|                                       | Days Supply                               | 16                                |                  |
|                                       | # of authorized refills                   | 0                                 |                  |
| <b>Initial Fill Claim Billing</b>     |   |                                   |                  |
| Field                                 | Field Name                                | Value                             | Comments         |
| 102-A2                                | Version Release Number                    | D0                                |                  |
| 401-D1                                | Date of Service                           | 11/1/2019                         |                  |
| 384-4X                                | Patient Residence                         | 3                                 | Nursing Facility |
| 402-D2                                | Prescription/Service Reference Number     | 1234567                           |                  |
| 403-D3                                | Fill Number                               | 00                                |                  |
| 460-ET                                | Quantity Prescribed                       | 32                                |                  |
| 442-E7                                | Quantity Dispensed                        | 28                                |                  |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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| <b>Initial Fill Claim Billing</b>     |  |            |   |
|---------------------------------------|--|------------|---|
| Field                                 | Field Name                               | Value      | Comments  |
| 415-DF                                | Number of Refills Authorized             | 0          |   |
| 405-D5                                | Days Supply                              | 14         |   |
| 414-DE                                | Date Prescription Written                | 11/1/2019  |   |
| 420-DK                                | Submission Clarification Code            | 34         | LTC dispensing: 14 day or less  |
| 429-DT                                | Special Packaging Indicator              | 1          | Not Unit Dose - Indicates the product is not being dispensed in special unit dose packaging |
|                                       |  |            |   |
| <b>Initial Fill Claim Response</b>    |  |            |   |
| Field                                 | Field Name                               | Value      | Comments  |
| 112-AN                                | Transaction Response Status              | P          | Paid  |
| 132-UH                                | Additional Message Information Qualifier | 19         | 19 = Remaining Quantity   |
| 526-FQ                                | Additional Message Information           | 4          | CII Quantity Remaining<br>Calculation =<br>Qty Prescribed -<br>Accumulated Qty<br>Dispensed |
| 548-6F                                | Approved Message Code                    | (blank)    |   |
|                                       |  |            |   |
| <b>Incremental Fill Claim Billing</b> |  |            |   |
| Field                                 | Field Name                               | Value      | Comments  |
| 102-A2                                | Version Release Number                   | D0         |   |
| 401-D1                                | Date of Service                          | 11/14/2019 |   |
| 384-4X                                | Patient Residence                        | 3          |   |
| 402-D2                                | Prescription/Service Reference Number    | 1234567    |   |
| 403-D3                                | Fill Number                              | 01         | Incremental Fill  |
| <b>Incremental Fill Claim Billing</b> |  |            |   |

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| Field  | Field Name                    | Value     | Comments  |
|--------|-------------------------------|-----------|---|
| 460-ET | Quantity Prescribed           | 32        |   |
| 442-E7 | Quantity Dispensed            | 4         |   |
| 415-DF | Number of Refills Authorized  | 0         |   |
| 405-D5 | Days Supply                   | 2         |   |
| 414-DE | Date Prescription Written     | 11/1/2019 |   |
| 420-DK | Submission Clarification Code | 25        | LTC dispensing: 2 days  |
| 429-DT | Special Packaging Indicator   | 1         | Not Unit Dose - Indicates the product is not being dispensed in special unit dose packaging |

| <b>Incremental Fill Claim Response</b> |  |         |          |
|--|--|---------|----------|
| Field                                  | Field Name                               | Value   | Comments |
| 112-AN                                 | Transaction Response Status              | P       | Paid     |
| 132-UH                                 | Additional Message Information Qualifier | (blank) |          |
| 526-FQ                                 | Additional Message Information           | (blank) |          |
| 548-6F                                 | Approved Message Code                    | (blank) |          |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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**Scenario 6 – LTC Short Cycle Dispensing within fill window time frame but exceeds prescribed quantity.**

| <b>Conditions</b>                     |   |                                   |                  |
|---------------------------------------|---|-----------------------------------|------------------|
|                                       | Attribute                                 | Value                             | Comments         |
|                                       | Drug DEA Class                            | Schedule II                       |                  |
|                                       | Time Between Initial and Incremental Fill | 30 days                           |                  |
|                                       | Payer Type                                | Medicare Part D                   |                  |
|                                       | Patient's Condition                       | Unknown                           |                  |
|                                       | Patient resides in LTC Facility           | Yes                               |                  |
| <b>Prescriber / Order Information</b> |   |                                   |                  |
|                                       | Attribute                                 | Value                             | Comments         |
|                                       | RX Written Date                           | 11/1/2019                         |                  |
|                                       | Drug DEA Class                            | Schedule II                       |                  |
|                                       | Prescribed Quantity                       | 32                                |                  |
|                                       | Directions                                | One tablet by mouth twice per day |                  |
|                                       | Days Supply                               | 16                                |                  |
|                                       | # of authorized refills                   | 0                                 |                  |
| <b>Initial Fill Claim Billing</b>     |   |                                   |                  |
| Field                                 | Field Name                                | Value                             | Comments         |
| 102-A2                                | Version Release Number                    | D0                                |                  |
| 401-D1                                | Date of Service                           | 11/1/2019                         |                  |
| 384-4X                                | Patient Residence                         | 3                                 | Nursing Facility |
| 402-D2                                | Prescription/Service Reference Number     | 1234567                           |                  |
| 403-D3                                | Fill Number                               | 00                                |                  |
| 460-ET                                | Quantity Prescribed                       | 32                                |                  |
| <b>Initial Fill Claim Billing</b>     |   |                                   |                  |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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| Field                                 | Field Name                               | Value      | Comments  |
|---------------------------------------|--|------------|---|
| 442-E7                                | Quantity Dispensed                       | 28         |   |
| 415-DF                                | Number of Refills Authorized             | 0          |   |
| 405-D5                                | Days Supply                              | 14         |   |
| 414-DE                                | Date Prescription Written                | 11/1/2019  |   |
| 420-DK                                | Submission Clarification Code            | 34         | LTC dispensing: 14 day or less  |
| 429-DT                                | Special Packaging Indicator              | 1          | Not Unit Dose - Indicates the product is not being dispensed in special unit dose packaging |
| <b>Initial Fill Claim Response</b>    |  |            |   |
| Field                                 | Field Name                               | Value      | Comments  |
| 112-AN                                | Transaction Response Status              | P          | Paid  |
| 132-UH                                | Additional Message Information Qualifier | 19         | 19 = Remaining Quantity   |
| 526-FQ                                | Additional Message Information           | 4          | CII Quantity Remaining Calculation = Qty Prescribed - Accumulated Qty Dispensed             |
| 548-6F                                | Approved Message Code                    | (blank)    |   |
| <b>Incremental Fill Claim Billing</b> |  |            |   |
| Field                                 | Field Name                               | Value      | Comments  |
| 102-A2                                | Version Release Number                   | D0         |   |
| 401-D1                                | Date of Service                          | 11/14/2019 |   |
| 384-4X                                | Patient Residence                        | 3          | Nursing Facility  |
| 402-D2                                | Prescription/Service Reference Number    | 1234567    |   |
| <b>Incremental Fill Claim Billing</b> |  |            |   |
| Field                                 | Field Name                               | Value      | Comments  |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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|        |                               |           |   |
|--------|-------------------------------|-----------|---|
| 403-D3 | Fill Number                   | 01        | Incremental Fill  |
| 460-ET | Quantity Prescribed           | 32        |   |
| 442-E7 | Quantity Dispensed            | 28        |   |
| 415-DF | Number of Refills Authorized  | 0         |   |
| 405-D5 | Days Supply                   | 14        |   |
| 414-DE | Date Prescription Written     | 11/1/2019 |   |
| 420-DK | Submission Clarification Code | 34        | LTC dispensing: 14 day or less  |
| 429-DT | Special Packaging Indicator   | 1         | Not Unit Dose - Indicates the product is not being dispensed in special unit dose packaging |

| <b>Incremental Fill Claim Response</b> |  |         |  |
|--|--|---------|--|
| Field                                  | Field Name                               | Value   | Comments   |
| 112-AN                                 | Transaction Response Status              | R       | Rejected   |
| 132-UH                                 | Additional Message Information Qualifier | (blank) |  |
| 526-FQ                                 | Additional Message Information           | (blank) |  |
| 511-FB                                 | Reject Code                              | 649     | Cumulative Quantity For This CII Rx Number Exceeds Quantity Prescribed |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
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**Scenario 13 – Retail prescription with an incremental fill, dispensed within fill window but missing Quantity Prescribed (460-ET)**

| <b>Conditions</b>                     |   |                                      |          |
|---------------------------------------|---|--------------------------------------|----------|
|                                       | Attribute                                 | Value                                | Comments |
|                                       | Drug DEA Class                            | Schedule II                          |          |
|                                       | Time Between Initial and Incremental Fill | 30 days                              |          |
|                                       | Payer Type                                | Medicare Part D                      |          |
|                                       | Patient's Condition                       | Unknown                              |          |
|                                       | Patient resides in LTC Facility           | No                                   |          |
| <b>Prescriber / Order Information</b> |   |                                      |          |
|                                       | Attribute                                 | Value                                | Comments |
|                                       | RX Written Date                           | 11/1/2019                            |          |
|                                       | Drug DEA Class                            | Schedule II                          |          |
|                                       | Prescribed Quantity                       | 60                                   |          |
|                                       | Directions                                | Take one tablet by mouth twice a day |          |
|                                       | Days Supply                               | 30                                   |          |
|                                       | # of authorized refills                   | 0                                    |          |
| <b>Initial Fill Claim Billing</b>     |   |                                      |          |
| Field                                 | Field Name                                | Value                                | Comments |
| 102-A2                                | Version Release Number                    | D0                                   |          |
| 401-D1                                | Date of Service                           | 11/1/2019                            |          |
| 384-4X                                | Patient Residence                         | 1                                    | Home     |
| 402-D2                                | Prescription/Service Reference Number     | 1234567                              |          |
| 403-D3                                | Fill Number                               | 00                                   |          |
| 460-ET                                | Quantity Prescribed                       | (blank)                              |          |
| 442-E7                                | Quantity Dispensed                        | 30                                   |          |



**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
STANDARD VERSION D.0**

| <b>Initial Fill Claim Billing</b> |                               |           |          |
|-----------------------------------|-------------------------------|-----------|----------|
| Field                             | Field Name                    | Value     | Comments |
| 415-DF                            | Number of Refills Authorized  | 0         |          |
| 405-D5                            | Days Supply                   | 15        |          |
| 414-DE                            | Date Prescription Written     | 11/1/2019 |          |
| 420-DK                            | Submission Clarification Code | (blank)   |          |
| 429-DT                            | Special Packaging Indicator   | (blank)   |          |

| <b>Initial Fill Claim Response</b> |  |         |                         |
|------------------------------------|--|---------|-------------------------|
| Field                              | Field Name                               | Value   | Comments                |
| 112-AN                             | Transaction Response Status              | R       | Rejected                |
| 132-UH                             | Additional Message Information Qualifier | (blank) |                         |
| 526-FQ                             | Additional Message Information           | (blank) |                         |
| 511-FB                             | Reject Code                              | ET      | M/I Quantity Prescribed |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
STANDARD VERSION D.0**

**Scenario 14 – Retail prescription with an incremental fill, dispensed within fill window but Quantity Dispensed (442-E7) is different from Quantity Prescribed (460-ET)**

| <b>Conditions</b>                     |   |  |          |
|---------------------------------------|---|--|----------|
|                                       | Attribute                                 | Value                                      | Comments |
|                                       | Drug DEA Class                            | Schedule II                                |          |
|                                       | Time Between Initial and Incremental Fill | 30 days                                    |          |
|                                       | Payer Type                                | All  |          |
|                                       | Patient's Condition                       | Unknown                                    |          |
|                                       | Patient resides in LTC Facility           | No   |          |
| <b>Prescriber / Order Information</b> |   |  |          |
|                                       | Attribute                                 | Value                                      | Comments |
|                                       | RX Written Date                           | 11/1/2019                                  |          |
|                                       | Drug DEA Class                            | Schedule II                                |          |
|                                       | Prescribed Quantity                       | 60   |          |
|                                       | Directions                                | Take one tablet<br>by mouth twice a<br>day |          |
|                                       | Days Supply                               | 30   |          |
|                                       | # of authorized refills                   | 0  |          |
| <b>Initial Fill Claim Billing</b>     |   |  |          |
| Field                                 | Field Name                                | Value                                      | Comments |
| 102-A2                                | Version Release Number                    | D0   |          |
| 401-D1                                | Date of Service                           | 11/1/2019                                  |          |
| 384-4X                                | Patient Residence                         | 1  | Home     |
| 402-D2                                | Prescription/Service Reference Number     | 1234567                                    |          |
| 403-D3                                | Fill Number                               | 00   |          |
| 460-ET                                | Quantity Prescribed                       | 60   |          |
| 442-E7                                | Quantity Dispensed                        | 30   |          |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
STANDARD VERSION D.0**

| <b>Initial Fill Claim Billing</b>     |  |            |   |
|---------------------------------------|--|------------|---|
| Field                                 | Field Name                               | Value      | Comments  |
| 415-DF                                | Number of Refills Authorized             | 0          |   |
| 405-D5                                | Days Supply                              | 15         |   |
| 414-DE                                | Date Prescription Written                | 11/1/2019  |   |
| 420-DK                                | Submission Clarification Code            | (blank)    |   |
| 429-DT                                | Special Packaging Indicator              | (blank)    |   |
| <b>Initial Fill Claim Response</b>    |  |            |   |
| Field                                 | Field Name                               | Value      | Comments  |
| 112-AN                                | Transaction Response Status              | P          | Paid  |
| 132-UH                                | Additional Message Information Qualifier | 19         | 19 = Remaining Quantity   |
| 526-FQ                                | Additional Message Information           | 30         | CII Quantity Remaining<br>Calculation =<br>Qty Prescribed -<br>Accumulated Qty<br>Dispensed |
| 548-6F                                | Approved Message Code                    | (blank)    |   |
| <b>Incremental Fill Claim Billing</b> |  |            |   |
| Field                                 | Field Name                               | Value      | Comments  |
| 102-A2                                | Version Release Number                   | D0         |   |
| 401-D1                                | Date of Service                          | 11/16/2019 |   |
| 384-4X                                | Patient Residence                        | 1          |   |
| 402-D2                                | Prescription/Service Reference Number    | 1234567    |   |
| 403-D3                                | Fill Number                              | 01         | Incremental Fill  |
| 460-ET                                | Quantity Prescribed                      | 30         | Original Quantity<br>Prescribed 60  |
| 442-E7                                | Quantity Dispensed                       | 30         |   |
| 415-DF                                | Number of Refills Authorized             | 0          |   |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
STANDARD VERSION D.0**

| <b>Incremental Fill Claim Billing</b> |                               |           |          |
|---------------------------------------|-------------------------------|-----------|----------|
| Field                                 | Field Name                    | Value     | Comments |
| 405-D5                                | Days Supply                   | 15        |          |
| 414-DE                                | Date Prescription Written     | 11/1/2019 |          |
| 420-DK                                | Submission Clarification Code | (blank)   |          |
| 429-DT                                | Special Packaging Indicator   | (blank)   |          |

| <b>Incremental Fill Claim Response</b> |  |         |   |
|--|--|---------|---|
| Field                                  | Field Name                               | Value   | Comments  |
| 112-AN                                 | Transaction Response Status              | R       | Rejected  |
| 132-UH                                 | Additional Message Information Qualifier | (blank) |   |
| 526-FQ                                 | Additional Message Information           | (blank) |   |
| 511-FB                                 | Reject Code                              | 648     | Quantity Prescribed Does Not Match Quantity Prescribed On Original CII Dispensing |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
STANDARD VERSION D.0**

**Scenario 15 – Retail prescription with an incremental fill dispensed within fill window but Quantity Prescribed (460-ET) is less than Quantity Dispensed (442-E7)**

| <b>Conditions</b>                     |   |  |          |
|---------------------------------------|---|--|----------|
|                                       | Attribute                                 | Value                                      | Comments |
|                                       | Drug DEA Class                            | Schedule II                                |          |
|                                       | Time Between Initial and Incremental Fill | 30 days                                    |          |
|                                       | Payer Type                                | All  |          |
|                                       | Patient's Condition                       | Unknown                                    |          |
|                                       | Patient resides in LTC Facility           | No   |          |
| <b>Prescriber / Order Information</b> |   |  |          |
|                                       | Attribute                                 | Value                                      | Comments |
|                                       | RX Written Date                           | 11/1/2019                                  |          |
|                                       | Drug DEA Class                            | Schedule II                                |          |
|                                       | Prescribed Quantity                       | 60   |          |
|                                       | Directions                                | Take one tablet<br>by mouth twice a<br>day |          |
|                                       | Days Supply                               | 30   |          |
|                                       | # of authorized refills                   | 0  |          |
| <b>Initial Fill Claim Billing</b>     |   |  |          |
| Field                                 | Field Name                                | Value                                      | Comments |
| 102-A2                                | Version Release Number                    | D0   |          |
| 401-D1                                | Date of Service                           | 11/1/2019                                  |          |
| 384-4X                                | Patient Residence                         | 1  | Home     |
| 402-D2                                | Prescription/Service Reference Number     | 1234567                                    |          |
| 403-D3                                | Fill Number                               | 00   |          |
| 460-ET                                | Quantity Prescribed                       | 30   |          |
| 442-E7                                | Quantity Dispensed                        | 60   |          |

**RECOMMENDED USE OF QUANTITY PRESCRIBED (460-ET) IN NCPDP TELECOMMUNICATION  
STANDARD VERSION D.0**

| <b>Initial Fill Claim Billing</b>  |  |           |                         |
|------------------------------------|--|-----------|-------------------------|
| Field                              | Field Name                               | Value     | Comments                |
| 415-DF                             | Number of Refills Authorized             | 0         |                         |
| 405-D5                             | Days Supply                              | 15        |                         |
| 414-DE                             | Date Prescription Written                | 11/1/2019 |                         |
| 420-DK                             | Submission Clarification Code            | (blank)   |                         |
| 429-DT                             | Special Packaging Indicator              | (blank)   |                         |
| <b>Initial Fill Claim Response</b> |  |           |                         |
| Field                              | Field Name                               | Value     | Comments                |
| 112-AN                             | Transaction Response Status              | R         | Rejected                |
| 132-UH                             | Additional Message Information Qualifier | (blank)   |                         |
| 526-FQ                             | Additional Message Information           | (blank)   |                         |
| 511-FB                             | Reject Code                              | ET        | M/I Quantity Prescribed |
|                                    |  | E7        | M/I Quantity Dispensed  |

## IX. HISTORY OF CHANGES

History of changes for Quantity Prescribed can be found on the NCPDP HIPAA Information page at: <https://ncdp.org/Resources/HIPAA-Information>

## X. APPENDIX A: DOCUMENT REVISIONS

### Version 10

- Original Publication

### Version 11

- Updated opening paragraph of IV Solution
- Changed LTCF to LTC throughout document
- VII Billing Examples for Quantity Prescribed
  - Updated chart including removal of Examples 11 and 12; re-ordered remaining example numbers
  - Updated note below chart
  - Examples 15 to 17 were renumbered to be 13 to 15
  - Added Directions and Day Supply to the Prescriber/Order Information for each Scenario
  - Updated the Dates in each Scenario
  - Added a note below Scenario 3

### Version 12

- Modified Disclaimer, Purpose, Identification of Problem and Solution sections following the release of the final rule
- Modified NCPDP Guidance in sub-section of the Solution section
- Added two additional reject codes to and removed a reject code from the chart in the Rejection sub-section of the Solution section
- Removed Industry Timeline section
- Added section for Processing Recommendations for Time Limits on Incremental Fills
- Added section for Proration of Copays
- Modified FAQ section
- Modified the Payer Type column in the chart in Billing Examples for Quantity Prescribed
- Removed the Regulatory References to CII Partial/Incremental Fills because content was duplicated in the Processing Recommendations for Time Limits on Incremental Fills section
- Changed CII to Schedule II

### Version 12 Republication July 2020

- Updated to clarify the processing recommendation for Number of Refills Authorized (415-DF) in IV. Solution B. NCPDP Guidance 1. Claim Request



**National Council for Prescription Drug Programs**

9240 East Raintree Drive, Scottsdale, AZ 85260

phone: 480.477.1000 | fax: 480.767.1042

ncpdp@ncpdp.org | www.ncpdp.org

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