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# Oregon Health Plan Provider Web Portal

## Pharmacy Claim

General instructions



September 2015

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# Providers Page

Claims menu,  
click Pharmacy

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Warning: Use of this network is restricted to authorized users. All users must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.

# Pharmacy Claim

Sections:

1. Pharmacy Claim (header)
2. Detail
3. Claim Status Information

**1 Pharmacy Claim**

**Billing Information**

ICN  
 Provider ID 1891792313 NPI  
 Client ID\* [ Search ]  
 Last Name  
 First Name, MI  
 Date of Birth  
 Patient Gender Code\* 0 - Unknown  
 Patient Residence  
 Prescriber ID [ Search ]  
 Prescriber Name  
 Pregnancy Unknown  
 Emergency No  
 Nursing Facility  
 Insurance Denied

**Prescription Information**

Claim Type\* P - PHARMACY CLAIMS  
 Prescription #\*  
 Date Dispensed\*  
 Date Prescribed\*  
 New/Refill\*  
 Days Supply\* 0  
 Dispense/Written\* 0 - No Product Selection Indicated  
 Prior Auth Number [ Search ]  
 Diagnosis [ Search ]  
 Diagnosis Code Qualifier 01 - International Classification of Diseases (ICD9) - Code  
 Route of Administration

**Charges**

Total Charges \$0.00  
 TPL Amount \$0.00  
 Usual and Customary \$0.00  
 Gross Amount Due \$0.00  
 Ingredient Cost Submitted  
 Dispensing Fee \$0.00

**DUR Overrides**

Intervention Not Specified  
 Outcome Not Specified  
 Conflict Code Not Specified

**Submission/Clarification Codes**

11 - Certification on File  
 11 - Certification on File  
 11 - Certification on File

Patient Location Not specified  
 Rendering Physician [ Search ]  
 Signature  
 Basis of Cost Not specified  
 Plan Payment Amount  
 Place of Service Code  
 Other Coverage Code 00 - NOT SPECIFIED BY PATIENT

**2 Detail**

Item	NDC Code	Quantity	Allowed Amount
A 1		0	\$0.00

Type data below for new record.

Item 1 NDC Code\* [ Search ]  
 Quantity\* 0 Charges\* \$0.00  
 Allowed Amount \$0.00 Adjustment Reason Code [ Search ]

**3 Claim Status Information**

Claim Status Not Submitted yet

Coversheet for supporting documentation

submit cancel

# Pharmacy Claim (Header)

The screenshot shows a 'Pharmacy Claim' form with two main sections: 'Billing Information' and 'Prescription Information'. The form is annotated with numbered callouts (1-9) and several callout boxes:

- Assigned by the pharmacy**: Points to the 'Prescription #' field (5).
- Never required**: Points to the 'Submission/Clarification Codes' section.
- Compound only**: Points to the 'Other Coverage Code' field.
- DUR override only**: Points to the 'DUR Overrides' section.
- Required only for third-party payments; includes Medicare**: Points to the 'Intervention' field.

**Required fields:**

- Client ID
- Patient Gender Code
- Prescriber ID
- Claim Type
- Prescription #
- Dates: dispensed and prescribed
- New (0)/Refill (1, 2, etc.)
- Days Supply
- Dispense/Written

# Detail

Detail			
Item	NDC Code	Quantity	Allowed Amount
1	54868-5262-01	42.000	\$0.00

Type changes below.

<b>1</b> Item	1	<b>2</b> NDC Code*	54868526201 [ Search ]
Quantity*	42.000	<b>3</b> Charges*	\$0.00
Allowed Amount	\$0.00	Adjustment Reason Code	[ Search ]

delete add

Required fields:

1. Quantity
2. NDC Code (National Drug Code)
3. Charges

# Claim Status Information

Claim Status Information	
Claim Status	Not Submitted yet
<a href="#">Supporting documentation</a>	

Not Submitted yet claim; provider may

- Submit
- Cancel

submit

cancel

Submits the claim for processing

Clears changes made during this session

# Claim Status PAID

**PAID** claim; provider may

- Cancel
- Adjust
- Void
- Copy claim

Claim Status Information		
Claim Status	PAID	
Claim ICN	5012011705001	
Paid Date	01/12/2012	
Allowed Amount	\$90.00	

Coversheet for supporting documentation

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
2	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

Clears changes made during this session

cancel   adjust   void   copy claim

Adjusts the existing claim with changes made during this session

Cancels the existing claim; previous payments will be recouped

Duplicates the existing claim; status will change back to Not Submitted Yet

# Claim Status DENIED

**DENIED** claim; provider may

- Re-submit
- Cancel

Claim Status Information		
Claim Status	DENIED	
Claim ICN	2213364000010	
Denied Date	12/30/2013	
Allowed Amount	\$0.00	

[Coversheet for supporting documentation](#)

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
0	146	Diagnosis was invalid for the date(s) of service reported.
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

re-submit

cancel

Submits a new claim with changes made during this session

Clears changes made during this session

\*Claim status **SUSPENDED**: In some cases, a claim may suspend for internal review when our system is unable to determine if a claim should pay or deny. Providers may take *no* action on suspended claims. Claims are given a PAID or DENIED status after internal review. This process should never take longer than two weeks.



# Do You Need Further Assistance?

## Pharmacy Call Center

888-202-2126

## Medicaid Provider Training

[Medicaid.Provider-Training@state.or.us](mailto:Medicaid.Provider-Training@state.or.us)