

THE OREGON DHS MMIS
NCPDP PHARMACY PAYER SHEET
Point of Sale - Claim
Version 5.1

Oregon DHS Payer Sheet for Fee for Service POS Pharmacy

The objectives of this document are:

*To clarify what information is needed by Dept. of Human Services (OR-DHS) to process Pharmacy POS claims.

Every effort has been made to prevent errors in this document. However if there is a discrepancy between this document and the National Council for Prescription Drug Program (NCPDP) Standards, the NCPDP Standards are the final authority.

Key: A/N = Alphanumeric N = Numeric

- > Zero-fill and right justify all numeric fields.
- > Left justify all alphanumeric fields.
- > All alphanumeric fields require UPPER case letters only.
- > File should contain no symbols, punctuation marks, i.e., hyphens, commas, decimals, apostrophes, etc. other than those required in the NCPDP 5.1 standard transaction.

Batch Reporting

- A. If a client did not receive the prescription.
- B. If the claim was sent to DMAP in error.
- C. Information change.

Adjustment Process

If A or B apply, do a **reversal** of the original claim – 103-A3 (Transaction code), B2 (Reversal), Pharmacy Companion Guide, page 2.

If C applies, **re-bill** the claim for correction – 103-A3 (Transaction Code). B3 (rebilling) contains the reversal and corrected claim in one record.

The adjustments will match the prescription number (402-D2), dispense date (401-D1), the NDC (407-D7), and the prime (302-C2) to find the original. When a correction is required for the prescription number, dispense date, and/or NDC number, you must do a reversal (B2) and re-bill as a new billing (B1).

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NCPDP DATA RECORD
Transaction Header Segment

This segment is Required

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH	START	END	
101-A1	BIN NUMBER	M	N	6	1	6	014203
102-A2	VERSION/RELEASE NUMBER	M	A/N	2	7	8	Version/Release Number (Currently 51)
103-A3	TRANSACTION CODE	M	A/N	2	9	11	B1=Billing, B2=Reversal (Delete), B3=Rebilling (Adjustment which contains reversal and corrected claim, see adjustment process)
104-A4	PROCESSOR CONTROL NUMBER	M	A/N	10	11	20	ORDHSFFS (Spaces allowed)
109-A9	TRANSACTION COUNT	M	A/N	1	21	21	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences
202-B2	SERVICE PROVIDER ID QUALIFIER	M	A/N	2	22	23	01=National Provider ID (NPI)
201-B1	SERVICE PROVIDER ID	M	A/N	15	24	38	National Provider ID (NPI) (Spaces allowed)
401-D1	DATE OF SERVICE	M	CCYYMMDD	8	39	46	Dispense Date
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	A/N	10	47	56	Space Fill (Not edited on by DHS)

Patient Segment

Note: Segment is Optional however following fields are Required for B1 and B3 transactions.

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH			
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			01=Patient Segment
304-C4	DATE OF BIRTH	O	N	8			
307-C7	PATIENT LOCATION	O	N	2			04=Long Term/Extended Care (use for LTC patients only)
335-2C	PREGNANCY INDICATOR	O	A/N	1			

Insurance Segment

This segment is mandatory

Note: Mandatory for B1 and B3 Transactions

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH			
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			04=Insurance Segment
302-C2	CARDHOLDER ID	M	A/N	20			Medicaid Recipient Number (DMAP Prime Number)
312-CC	CARDHOLDER FIRST NAME	O	A/N	12			Medicaid Recipient First Name
313-CD	CARDHOLDER LAST NAME	O	A/N	15			Medicaid Recipient Last Name

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Claim Segment

This segment is Required

FIELD	NAME	USE	ATTRIBUTES			CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH		
111-AM	SEGMENT IDENTIFICATION	M	A/N	2		07=Claim Segment
455-EM	PRESCRIPTION REFERENCE	M	A/N	1		1=Rx Billing
402-D2	PRESCRIPTION REFERENCE NUMBER	M	N	7		Prescription Number
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	A/N	2		03= National Drug Code (NDC) (Use 00 when sending a compound claim)
407-D7	PRODUCT/SERVICE ID	M	A/N	19		Format=MMMMMDDDDPP (NDC Number) (Use 0 or 00000000000 when sending a compound claim)
456-EN	ASSOCIATED PRESCRIPTION / SERVICE REFERENCE NUMBER	O	N	7		
457-EP	ASSOCIATED PRESCRIPTION / SERVICE DATE	O	N	8		Date Format CCYYMMDD
442-E7	QUANTITY DISPENSED	O	N	10		(Use sum of all details when sending a compound claim)
403-D3	FILL NUMBER	O	N	2		00=original, 01-99=refill number
405-D5	DAYS SUPPLY	O	N	3		
406-D6	COMPOUND CODE	O	N	1		Required for Compound Processing. 0=Not Specified 1=Not a compound 2=Compound
408-D8	DISPENSE AS WRITTEN (DAW) / PRODUCT SELECTION CODE	O	A/N	1		0=No product selection indicated 1=Substitution not allowed by prescriber 2=Substitution allowed - patient requested brand 3=Substitution allowed - pharmacist selected product dispensed 4=Substitution allowed - generic drug not in stock 5=Substitution allowed - brand drug dispensed as generic 6=override 7=Substitution not allowed - brand drug mandated by law 8=Substitution allowed - generic drug not available in marketplace 9=other
414-DE	DATE PRESCRIPTION WRITTEN	O	N	8		Date Format CCYYMMDD

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420-DK	SUBMISSION CLARIFICATION CODE	O	N	2			<p>0=Not Specified, Default 1=No Override 2=Other Override 3=Vacation Supply - The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine. 4=Lost Prescription - The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost. 5=Therapy Change - The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a different dosage form is needed, ect. 6=Starter Dose - The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment. 7=Medically Necessary - The pharmacist is indicating that this medication has been determined by the physician to be medically necessary. 8=Process Compound for Approved Ingredients 9=Encounters</p>
308-C8	OTHER COVERAGE CODE	O	N	2			<p>01=no other coverage 02=other coverage exists - payment collected 03=other coverage exists - claim not covered 04=Other coverage exists - payment not collected 07=Other coverage exists - not in effect on DOS</p>
418-DI	LEVEL OF SERVICE	O	N	2			<p>00=Not Specified 01=Patient Consultation 02=Home Delivery 03=Emergency 04=24 Hour Service 05=Patient Consultation Regarding Generic Product Selection 06=In-Home Service</p>
461-EU	PRIOR AUTHORIZATION TYPE CODE	O	N	2			<p>0=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from Copay 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) 8=Payer Defined Exemption</p>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	O	N	11			Prior Authorization Number
343-HD	DISPENSING STATUS	O	A/N	1			<p>Blank = Not Specified P = Partial Fill C = Completion of Partial Fill</p>
344-HF	QUANTITY INTENDED TO BE DISPENSED	O	N	10			
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	O	N	10			

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Prescriber Segment

This Segment is situational.

Note: Mandatory for B1 and B3 Transactions

			ATTRIBUTES				
FIELD	NAME	USE	DATA TYPE	LENGTH			CODES/VALUE/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			03=Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	O	A/N	2			01=National Provider ID (NPI)
411-DB	PRESCRIBER ID	O	A/N	15			National Provider ID (NPI)

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COB/Other Payments Segment

This Segment is situational.

Note: Mandatory for B1 and B3 Transactions if there is OTHER PAYER information.

FIELD	NAME	USE	ATTRIBUTES			CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH		
111-AM	SEGMENT IDENTIFICATION	M	A/N	2		05=Coordination of Benefits/Other Payments
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M Max=3	N	1		
338-5C	OTHER PAYER COVERAGE TYPE	M***R*** Max=3	A/N	2		01=Primary <client> 02=Secondary 03=Tertiary
339-6C	OTHER PAYER ID QUALIFIER	O***R*** Max=3	A/N	2		Required for this program to qualify the Other Payer ID. 99=Other.
340-7C	OTHER PAYER ID	O***R*** Max=3	A/N	10		
443-E8	OTHER PAYER DATE	O***R*** Max=3	N	8		
341-HB	OTHER PAYER AMOUNT PAID COUNT	O	N	1		
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	O***R*** Max=3	A/N	2		Required for this program. 08=Sum of all reimbursement
431-DV	OTHER PAYER AMOUNT PAID	O***R*** Max=3	N	8		
471-5E	OTHER PAYER REJECT COUNT	O	N	2		
472-6E	OTHER PAYER REJECT CODE	O***R*** Max=3	AN	3		

DUR Segment

This Segment is situational.

Note: Mandatory for B1 and B3 Transactions if there is OTHER PAYER information.

FIELD	NAME	USE	ATTRIBUTES			CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH		
111-AM	SEGMENT IDENTIFICATION	M	A/N	2		08=DUR/PPS Segment
473-7E	DUR/PPS CODE COUNTER	O***R*** Max=9	N	1		
439-E4	REASON FOR SERVICE CODE	O***R*** Max=9	A/N	2		
440-E5	PROFESSIONAL SERVICE CODE	O***R*** Max=9	A/N	2		
441-E6	RESULT OF SERVICE CODE	O***R*** Max=9	A/N	2		

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Pricing Segment

This segment is Required

FIELD	NAME	USE	ATTRIBUTES			CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH		
111-AM	SEGMENT IDENTIFICATION	M	A/N	2		11=Pricing Segment
423-DN	BASIS OF COST DETERMINATION	O	A/N	2		Blank=Not Specified 00=Not Specified 01=AWP (Average Wholesale Price) 02=Local Wholesaler 03=Direct 04=EAC (Estimated Acquisition Cost) 05=Acquisition 06=MAC (Maximum Allowable Cost) 07=Usual & Customary 09=Other/340B
426-DQ	USUAL AND CUSTOMARY CHARGE	O	N	9		Format=s\$\$\$\$\$cc
430-DU	GROSS AMOUNT DUE	O	N	8		Format=s\$\$\$\$\$cc

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Compound Segment

This segment is Required

Note: Required when compound indicator in field 406-D6 is a value of 2.

FIELD	NAME	USE	ATTRIBUTES			CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH		
111-AM	SEGMENT IDENTIFICATION	M	A/N	2		10=Compound Segment
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	A/N	2		
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	N	1		1=Each 2=Grams 3=Millimeters
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	N	2		
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	N	2		
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R*** Max=25	A/N	2		03=NDC
489-TE	COMPOUND PRODUCT ID	M***R*** Max=25	A/N	19		
448-ED	COMPOUND INGREDIENT QUANTITY	M***R*** Max=25	N	10		
449-EE	COMPOUND INGREDIENT DRUG COST	O***R*** Max=25	N	8		
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O***R***	A/N	2		

Clinical Segment

This segment is Required

FIELD	NAME	USE	ATTRIBUTES			CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH		
111-AM	SEGMENT IDENTIFICATION	M	A/N	2		13=Clinical Segment
491-VE	DIAGNOSIS CODE COUNT	O	N	1		
492-WE	DIAGNOSIS CODE QUALIFIER	O***R***	A/N	2		
424-DO	DIAGNOSIS CODE	O***R***	A/N	15		
493-XE	CLINICAL INFORMATION COUNTER	O***R***	N	1		
494-ZE	MEASUREMENT DATE	O***R***	N	8		
495-H1	MEASUREMENT TIME	O***R***	N	4		
496-H2	MEASUREMENT DIMENSION	O***R***	A/N	2		
497-H3	MEASUREMENT UNIT	O***R***	A/N	2		
499-H4	MEASUREMENT VALUE	O***R***	A/N	15		