

Oregon DHS Companion Guide for Pharmacy Encounter Data Submission

These supplemental instructions are issued to help contractors submit pharmacy encounter data to the Oregon Department of Human Services.

Please Note: Fee-for-service claims have different data requirements.

Every effort has been made to prevent errors in this document. However if there is a discrepancy between this document and the Implementation Guide, the Implementation Guide is the final authority.

The following is an explanation of required fields for pharmacy encounter data. If you have questions about pharmacy encounter data, please call your Encounter Data Liaison.

Key: A/N = Alpha/Numeric N = Unsigned Numeric D = Signed Numeric (see page 1 Data Dictionary, below.)

- > 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.

Adjustment Process

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

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 plan number (524-FO), 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).

THE OREGON DHS MMIS
 PHARMACY
 COMPANION GUIDE

Oregon DHS Companion Guide for Encounter Pharmacy Data Submission
 DATA DICTIONARY, Page 1

The following field format values are supported.

"N" = Unsigned Numeric, always right justified, zero filled and when used for dollar fields, have default values of zeros.
 Batch Reporting March 2004 Example: 9(7)v999 represents 999999999.

"D" = Signed Numeric, sign is internal and trailing (see section *Internal Representation of Overpunch Signs*), zero always positive, always right justified, zero filled dollar-cents amount with 2 positions to the right of the implied decimal point, all other positions to the left of the implied decimal point and when used for dollar fields, have default values of zeros.
 Example: "D" fields of length 8 represent \$\$\$\$\$\$cc

"A/N" = Alpha/Numeric, upper case when alpha, always left justified, space filled, printable characters and default values of spaces.
 Example: x14 represents "1234ABC44bbbb"

"NX" = Numeric Extended, are always right justified and zero filled, with the right most position reserved for the sign. The field must be blank when not reported. The symbol "b" indicates a "blank" or a "positive" value. The symbol "-" indicates a negative value.
 Zeros represent a valid numeric value and do not mean "null". All decimals are implied not explicit.
 Example: 9999v99- represents a negative 9999.99
 9999v99b represents a positive 9999.00

There are certain data fields that allow an explicit decimal point in the Alpha/Numeric representation. See *Implementation Guide* for decimal discussion for specific data elements.

INTERNAL REPRESENTATION OF OVERPUNCH SIGNS

UNITS		SIGNED POSITIVE			SIGNED NEGATIVE		
Digit	Graphics	Oct	Dec	Hex	Graphics	Oct	Dec
0	{	173	123	7B	}	175	125
1	A	101	65	41	J	112	74
2	B	102	66	42	K	113	75
3	C	103	67	43	L	114	76
4	D	104	68	44	M	115	77
5	E	105	69	45	N	116	78
6	F	106	70	46	O	117	79
7	G	107	71	47	P	120	80
8	H	110	72	48	Q	121	81
9	I	111	73	49	R	122	82

NOTE: If you are not implementing Telecommunication Version 5.0 or higher, please refer to the appropriate data dictionary version to ensure the appropriate field length and definitions are applied.

THE OREGON DHS MMIS
 PHARMACY
 COMPANION GUIDE

TRANSACTION HEADER SECTION

FIELD	NAME	USE	ATTRIBUTES					CODES/VALUE
			DATA TYPE	LENGTH	START	END		
880-K4	Text Indicator	M	A/N	1	1	1	Start of Text (Stx) = X'02'	
701	Segment Identifier	M	A/N	2	2	3	00 = File Control (Header)	
880-K6	Transmission Type	M	A/N	1	4	4	T=Transaction	
880-K1	Sender ID	M	A/N	24	5	28	The sender's trading partner (mailbox) number. The letters "TP" should be in upper-case (i.e., TP#####).	
806-5C	Batch Number	M	N	7	29	35	Matches Trailer (assigned by sender)	
880-K2	Creation Date	M	N	8	36	43	Format = CCYYMMDD	
880-K3	Creation Time	M	N	4	44	47	Format = HHMM	
702	File Type	M	A/N	1	48	48	P=Production; T=Test	
102-A2	Version/Release Number	M	A/N	2	49	50	Version/Release of Header Data (Currently 11)	
880-K7	Receiver ID	M	A/N	24	51	74	ORDHS	
880-K4	Text Indicator	M	A/N	1	75	75	End of Text (Ext) = X'03'	

DETAIL DATA RECORD

(Beginning of each individual record information segment)

FIELD	NAME	USE	ATTRIBUTES					CODES/VALUE
			DATA TYPE	LENGTH	START	END		
880-K4	Text Indicator	M	A/N	1	1	1	Start of Text (Stx) = X'02'	
701	Segment Identifier	M	A/N	2	2	3	G1= Detail Data Record	
880-K5	Transaction Reference Number	M	A/N	10	4	13	A unique reference number assigned by the Pre-paid Health Plan (PHP) to each data record in the batch. The purpose of this number is to facilitate the process of matching the claim response to the claim. The transaction reference number assigned to the claim will be returned with the claim's corresponding reference number. Cannot be zero filled.	
	NCPDP Data Record is inserted here (See corresponding section below)			Varies	14	Varies		
880-K4	Text Indicator	M	A/N	1	Varies	Varies	End of Text (Ext) = X'03'	

THE OREGON DHS MMIS
 PHARMACY
 COMPANION GUIDE

TRAILER RECORD

(Required at end of submission)

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
880-K4	Text Indicator	M	A/N	1	1	1	Start of Text (Stx) = X'02'
701	Segment Identifier	M	A/N	2	2	3	99 = File Trailer
806-5C	Batch Number	M	N	7	4	10	Matches Header
751	Record Count	M	N	10	11	20	Total # of Segments; including header section and trailer record.
880-K4	Text Indicator	M	A/N	1	56	56	End of Text (Etx) = X'03'

NCPDP DATA RECORD

Transaction Header Segment

This segment is mandatory

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
101-A1	BIN NUMBER	M	N	6			014203
102-A2	VERSION/RELEASE NUMBER	M	A/N	2			Version/Release Number (Currently 51)
103-A3	TRANSACTION CODE	M	A/N	2			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			ORDHSENC
109-A9	TRANSACTION COUNT	M	A/N	1			1=One Occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	M	A/N	2			01=National Provider ID (NPI)
201-B1	SERVICE PROVIDER ID	M	A/N	15			National Provider ID (NPI)
401-D1	DATE OF SERVICE	M	CCYYMMDD	8			Dispense Date
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	A/N	10			Trading Partner number.

Insurance Segment

This segment is mandatory

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			04=Insurance
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 - Required
313-CD	CARDHOLDER LAST NAME	O	A/N	15			Medicaid Recipient Last Name - Required
524-FO	PLAN ID	O	A/N	8			Contractor's DMAP Prepaid Health Plan Provider Number

THE OREGON DHS MMIS
 PHARMACY
 COMPANION GUIDE

Claim Segment

This segment is mandatory

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			07=Claim
455-EM	PRESCRIPTION REFERENCE NUMBER QUALIFIER	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 compound claims
407-D7	PRODUCT/SERVICE ID	M	A/N	19			Format=MMMMDDDDPP (NDC Number) MMMM=Manufacturer's Assigned Number DDDD=Drug ID PP=Package Size use 0 or 0000000000 when sending compound claims
442-E7	QUANTITY DISPENSED	O	N	10			Format=9999999V999 - Required
403-D3	FILL NUMBER	O	N	2			00=original, 01-99=refill number - Required
405-D5	DAYS SUPPLY	O	N	3			Days Supplied (000) - Required
406-D6	COMPOUND INDICATOR	D	N	1			0 = Not Identified 1 = Not a Compound 2 = Compound. If value is 2, you must use the compound information.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	O	A/N	1			0=No Product Selection Indicated - This is the field default value that is appropriately used for prescriptions when production selection is not an issue. Examples include prescriptions written for single source brand products and prescriptions written using the generic name and a generic product is dispensed. 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed - Patient Requested Product Dispensed 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

THE OREGON DHS MMIS
 PHARMACY
 COMPANION GUIDE

Compound Segment

This segment is Optional

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

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
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	A/N	2			03=NDC
489-TE	COMPOUND PRODUCT ID	M	A/N	19			
448-ED	COMPOUND INGREDIENT QUANTITY	M	N	10			
449-EE	COMPOUND INGREDIENT DRUG COST	O	N	8			
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O	A/N	2			

Pricing Segment

This segment is mandatory

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			Required for DHS
426-DQ	USUAL AND CUSTOMARY CHARGE	O	D	8			Required for DHS
430-DU	GROSS AMOUNT DUE	O	D	8			Required (Should be Total Billed Amount)

Oregon DHS Companion Guide for Encounter Pharmacy Data Submission: Response

The objectives of this document are:

*To clarify what information is being sent by Dept. of Human Services (OR-DHS)

TRANSACTION HEADER SECTION

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
880-K4	Text Indicator	M	A/N	1	1	1	Start of Text (Stx) = X'02'
701	Segment Identifier	M	A/N	2	2	3	00 = File Control (Header)
880-K6	Transmission Type	M	A/N	1	4	4	R=Response, E=Error
880-K1	Sender ID	M	A/N	24	5	28	The sender's trading partner (mailbox) number. The letters "TP" should be in upper-case (i.e., TP#####).
806-5C	Batch Number	M	N	7	29	35	Matches Trailer
880-K2	Creation Date	M	N	8	36	43	Format = CCYYMMDD
880-K3	Creation Time	M	N	4	44	47	Format = HHMM
702	File Type	M	A/N	1	48	48	P=Production, T=Test
102-A2	Version/Release Number	M	A/N	2	49	50	Version/Release of Header Data (Currently 11)
880-K7	Receiver ID	M	A/N	24	51	74	ORDHS
880-K4	Text Indicator	M	A/N	1	75	75	End of Text (Ext) = X'03'

THE OREGON DHS MMIS
PHARMACY
COMPANION GUIDE

DETAIL DATA RECORD

(Beginning of each individual record information segment)

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
880-K4	Text Indicator	M	A/N	1	1	1	Start of Text (Stx) = 'X'02'
701	Segment Identifier	M	A/N	2	2	3	G1= Detail Data Record
880-K5	Transaction Reference Number	M	A/N	10	4	13	The unique reference number submitted by the PHP to facilitate matching the claim response to the claim.
	NCPDP Data Record is inserted here (See corresponding section below)			Varies	14	Varies	
880-K4	Text Indicator	M	A/N	1	Varies	Varies	End of Text (Ext) = 'X'03'

TRAILER RECORD

(Required at end of submission)

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
880-K4	Text Indicator	M	A/N	1	1	1	Start of Text (Stx) = 'X'02'
701	Segment Identifier	M	A/N	2	2	3	99 = File Trailer
806-5C	Batch Number	M	N	7	4	10	Matches Header
751	Record Count	M	N	10	11	20	Total # of Segments; including header section and trailer record.
880-K4	Text Indicator	M	A/N	1	56	56	End of Text (Etx) = 'X'03'

NCPDP DATA RECORD

Transaction Header Segment

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
102-A2	VERSION/RELEASE NUMBER	M	A/N	2			Version/Release Number (Currently 51)
103-A3	TRANSACTION CODE	M	A/N	2			B1=Billing, B2=Reversal (Delete), B3=Rebilling (Adjustment which contains reversal and corrected claim, see adjustment
109-A9	TRANSACTION COUNT	M	A/N	1			1=One Occurrence
501-F1	HEADER RESPONSE STATUS	M	A	1			Code indicating the status of the transmission A=Accepted, R=Rejected
202-B2	SERVICE PROVIDER ID QUALIFIER	M	A/N	2			01=National Provider ID (NPI)
201-B1	SERVICE PROVIDER ID	M	A/N	15			National Provider Id (NPI)
401-D1	DATE OF SERVICE	M	CCYYMMDD	8			Dispense Date

Response Message Segment

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			20
504-F4	MESSAGE	S	A/N	Variable			EOBs will be returned. Please use 511-FB for accurate claim information.

Response Status Segment

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			21
112-AN	TRANSACTION RESPONSE STATUS	M	A	1			A = Approved R with ICN = Denied R without ICN = Rejected, not processed P = Paid
503-F3	AUTHORIZATION NUMBER	O	A/N	20			ICN assigned by OR-DHS
510-FA	REJECT COUNT	O***R***	N	2			Quantity of Errors
511-FB	REJECT CODE	O***R***	A/N	3			Error codes, Repeating 3 bytes

THE OREGON DHS MMIS
 PHARMACY
 COMPANION GUIDE

Response Claim Segment

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			22
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	A/N	1			1 = Rx Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	N	7			Prescription Number

Response Pricing Segment

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE
			DATA TYPE	LENGTH	START	END	
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			23
506-F6	ALLOWED AMOUNT	O	D	9			DHS Allowed Amount
509-F9	PAID AMOUNT	O	D	9			0{