

**Oregon Medicaid NCPDP Pharmacy Payer Sheet
Point of Sale Claim
Version 5.1**

PAYER: OREGON MEDICAID	
BIN NUMBER:	014203
PROCESSOR:	OHA MMIS
INFORMATION SOURCE: MMIS	
FORMAT:	NCPDP 5.1
OREGON PHARMACY CALL CENTER HELP DESK: 1-888-202-2126	

Only the COB segment will support Coordination of Benefits. In cases where a repeating field is "Mandatory" or "Situational," the payer sheet indicates the maximum number of iterations. Provider software should support any and all data elements on the required segments.

The objectives of this document are:

- To clarify what information is needed by the Oregon Health Authority (OHA) 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 OHA in error.
- C. Information changed.

Adjustment Process:

- If A or B apply, do a reversal of the original claim - 103-A3 (Transaction Code), B2 (Reversal), pharmacy payer sheet page 1.
- 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).

CODE	DESCRIPTION
M	Designated as Mandatory in accordance with the NCPDP Telecommunications Implementation Guide version 5.1. These fields must be sent if the segment is required for the transaction.
S	Designated as Situational in accordance with the NCPDP Telecommunications Implementation Guide version 5.1. It is necessary to send these fields in noted situations. Some fields designated as situational by NCPDP may be required for DMAP transactions.
X***R***	The "R****" indicates that the field is repeating. One of the other designators 'M' or 'S' will precede it.
NOTE: Specific field values that are required for the program are identified as "OREGON VALUES SUPPORTED".	

TRANSACTION HEADER SEGMENT		Note: Segment is Mandatory for all transactions.	
FIELD	FIELD NAME	STATUS	(OREGON) VALUES SUPPORTED
101-A1	BIN NUMBER	M	014203 (OREGON Medicaid)
102-A2	VERSION/RELEASE NUMBER	M	Version/Release Number (Currently 51)
103-A3	TRANSACTION CODE	M	B1= Billing B2= Reversal (delete) B3= Rebilling (adjustment which contains reversal and corrected claim, see adjustment process).
104-A4	PROCESSOR CONTROL NUMBER	M	ORDHSFFS (spaces allowed)
109-A9	TRANSACTION COUNT	M	1= One Occurrence 2= Two Occurrences 3= Three Occurrences 4= Four Occurrences For B1-B3 (Billing and Rebill) transactions, transaction count must be a value of 1, 2, 3, or 4.
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01= National Provider ID (NPI)
201-B1	SERVICE PROVIDER ID	M	National Provider ID (NPI) (spaces allowed)
401-D1	DATE OF SERVICE	M	Format = CCYYMMDD Dispense Date
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Space fill (not edited on by OHA).

PATIENT SEGMENT		Note: Segment is Optional however the following fields are required for B1 and B3 Transactions.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	01 = Patient Segment
304-C4	DATE OF BIRTH	O	
307-C7	PATIENT LOCATION	O	
335-2C	PREGNANCY INDICATOR	O	

INSURANCE SEGMENT		NOTE: This segment is Mandatory for B1 and B3 transactions.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	04 = Insurance Segment
302-C2	CARDHOLDER ID	M	Medicaid Recipient Number (DMAP, OHA Prime number)
312-CC	CARDHOLDER FIRST NAME	O	Medicaid Recipient First name (Required)
313-CD	CARDHOLDER LAST NAME	O	Medicaid Recipient Last name (Required)

CLAIM SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	07 = Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	1 = Rx billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Prescription Number
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03 = National Drug Code (NDC) (Use 00 when sending a compound claim).
407-D7	PRODUCT/SERVICE ID	M	Format=MMMMMDDDDPP (NDC) (Use 0 or 00000000000 when sending a compound claim).
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	O	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	O	Date Format CCYYMMDD
442-E7	QUANTITY DISPENSED	O	(Use sum of all details when sending a compound claim)
403-D3	FILL NUMBER	O	00= original, 01-99= refill number
405-D5	DAYS SUPPLY	O	

CLAIM SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
406-D6	COMPOUND CODE	O	Required for Compound Processing: 0= Not specified 1= Not a compound 2= Compound
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	O	0= No product selection indicated 1= Substitution not allowed by prescriber 2= Substitution allowed - pateint 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 not allowed - generic drug not available in marketplace 9= Other
414-DE	DATE PRESCRIPTION WRITTEN	O	Date Format CCYYMMDD
420-DK	SUBMISSION CLARIFICATION CODE	O	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 medication. 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 the medication was used faster than expected or a different dosage form is needed, etc. 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= Encounter.

CLAIM SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
308-C8	OTHER COVERAGE CODE	O	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
418-D1	LEVEL OF SERVICE	O	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
461-EU	PRIOR AUTHORIZATION TYPE CODE	O	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
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	O	Prior Authorization Number
343-HD	DISPENSING STATUS	O	Blank = Not Specified P= Partial Fill C= Completion of partial fill.
344-HF	QUANTITY INTENDED TO BE DISPENSED	O	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	O	

PRESCRIBER SEGMENT		NOTE: This segment is situational however mandatory for B1 and B3 transactions.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	03 = Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	O	01= National Provider ID (NPI) (Required)

PRESCRIBER SEGMENT		NOTE: This segment is situational however mandatory for B1 and B3 transactions.	
FIELD	FIELD NAME	STATUS	VALUES
411-DB	PRESCRIBER ID	O	National Provider ID (NPI) (Required)

COB/OTHER PAYMENTS SEGMENT		NOTE: This Segment is situational however Mandatory for B1 and B3 Transactions if there is OTHER PAYER information.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	05 = Coordination of Benefits/ Other Payments Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M Max=3	
338-5C	OTHER PAYER COVERAGE TYPE	M***R*** Max=3	01= Primary <client> 02= Secondary 03= Tertiary
339-6C	OTHER PAYER ID QUALIFIER	O***R*** Max=3	Required for this program to qualify the Other Payer ID. 99= Other
340-7C	OTHER PAYER ID	O***R*** Max=3	
443-E8	OTHER PAYER DATE	O***R*** Max=3	
341-HB	OTHER PAYER AMOUNT PAID COUNT	O	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	O***R*** Max=3	Required for this program. 08= Sum of all reimbursement.
431-DV	OTHER PAYER AMOUNT PAID	O***R*** Max=3	
471-5E	OTHER PAYER REJECT COUNT	O	
472-6E	OTHER PAYER REJECT CODE	O***R*** Max=3	

DUR/PPS SEGMENT		NOTE: This segment is Situational however Mandatory for B1 and B3 Transactions if there is OTHER PAYER information.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	08 = DUR/ PPS Segment
473-7E	DUR/PPS CODE COUNTER	O***R*** Max = 9	

DUR/PPS SEGMENT		NOTE: This segment is Situational however Mandatory for B1 and B3 Transactions if there is OTHER PAYER information.	
FIELD	FIELD NAME	STATUS	VALUES
439-E4	REASON FOR SERVICE CODE	O***R*** Max = 9	
440-E5	PROFESSIONAL SERVICE CODE	O***R*** Max = 9	
441-E6	RESULT OF SERVICE CODE	O***R*** Max = 9	

PRICING SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	11 = Pricing Segment
423-DN	BASIS OF COST DETERMINATION	O	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
426-DQ	USUAL AND CUSTOMARY CHARGE	O	Format=s\$\$\$\$\$cc
430-DU	GROSS AMOUNT DUE	O	Format=s\$\$\$\$\$cc

COMPOUND SEGMENT		NOTE: This segment is Required when compound indicator in filed 406-D6 is a value of 2.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	10 = Compound Segment
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNITFORM INDICATOR	M	1= Each 2= Grams 3= Millimeters
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	

COMPOUND SEGMENT		NOTE: This segment is Required when compound indicator in filed 406-D6 is a value of 2.	
FIELD	FIELD NAME	STATUS	VALUES
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R*** Max=25	03= NDC
489-TE	COMPOUND PRODUCT ID	M***R*** Max=25	
448-ED	COMPOUND INGREDIENT QUANTITY	M***R*** Max=25	
449-EE	COMPOUND INGREDIENT DRUG COST	O***R*** Max=25	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O***R***	

CLINICAL SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
111-AM	SEGMENT IDENTIFICATION	M	13 = Clinical Segment
491-VE	DIAGNOSIS CODE COUNT	O	
492-WE	DIAGNOSIS CODE QUALIFIER	O***R***	
424-DO	DIAGNOSIS CODE	O***R***	
493-XE	CLINICAL INFORMATION COUNTER	O***R***	
494-ZE	MEASUREMENT DATE	O***R***	
495-H1	MEASUREMENT TIME	O***R***	
496-H2	MEASUREMENT DIMENSION	O***R***	
497-H3	MEASUREMENT UNIT	O***R***	
499-H4	MEASUREMENT VALUE	O***R***	