

**Oregon Medicaid NCPDP Pharmacy Payer Sheet
Point of Sale Claim
Version D.0**

PAYER: OREGON MEDICAID	
BIN NUMBER:	014203
PROCESSOR:	OHA MMIS
INFORMATION SOURCE: MMIS	
FORMAT:	NCPDP D.0
ECL:	EXTERNAL CODE LIST VERSION - OCTOBER 2019
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", "Required", or "Required When," 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 D.0 standard transaction.

Adjustment Process:

- A. If a client did not receive the prescription.
- B. If the claim was sent to OHA in error.

C. Information changed.

- If A or B apply, do a reversal of the original claim - 1Ø3-A3 (Transaction Code), B2 (Reversal), pharmacy payer sheet page 1.
- If C applies and original claim was in NCPDP D.0 format, re-bill the claim for correction - 1Ø3-A3 (Transaction Code). B3 (rebilling) contains the reversal and corrected claim in one record.
- The adjustments will match the prescription number (4Ø2-D2), dispense date (4Ø1-D1), the NDC (4Ø7-D7), and the prime (3Ø2-C2) to find the original.

CODE	DESCRIPTION
M	Designated as Mandatory in accordance with the NCPDP Telecommunications Implementation Guide version D.0. These fields must be sent if the segment is required for the transaction.
R	Designated as Required in accordance with the NCPDP Telecommunications Implementation Guide version D.0. It is necessary to send these fields as they are required for DMAP transactions.
RW	Designated as Required When in accordance with the NCPDP Telecommunications Implementation Guide version D.0. It is necessary to send these fields in situations designated to have qualifications for usage as defined by DMAP.
X***R***	The "R***" indicates that the field is repeating. One of the other designators 'M', 'R', or 'RW' will precede it.
O	Designated as Optional in accordance with the NCPDP Telecommunications Implementation Guide version D.0.
	NOTE: Specific field values that are required for the program are identified as "OREGON VALUES SUPPORTED".

For B1 Transactions:

TRANSACTION HEADER SEGMENT		Note: Segment is Mandatory for all transactions.	
FIELD	FIELD NAME	STATUS	(OREGON) VALUES SUPPORTED
1Ø1-A1	BIN NUMBER	M	014203 (OREGON Medicaid)
1Ø2-A2	VERSION/RELEASE NUMBER	M	Version/Release Number (Currently D.0)
1Ø3-A3	TRANSACTION CODE	M	B1 = Billing B2 = Reversal (delete) B3 = Rebilling (adjustment which contains reversal and corrected claim, see adjustment process)
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	ORDHSFFS (spaces allowed)
1Ø9-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.

TRANSACTION HEADER SEGMENT		Note: Segment is Mandatory for all transactions.	
FIELD	FIELD NAME	STATUS	(OREGON) VALUES SUPPORTED
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	R	
305-C5	PATIENT GENDER CODE	R	
310-CA	PATIENT FIRST NAME	R	
311-CB	PATIENT LAST NAME	R	

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	R	Medicaid Recipient First name (Required)
313-CD	CARDHOLDER LAST NAME	R	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 0000000000 when sending a compound claim)
442-E7	QUANTITY DISPENSED	R	(Use sum of all details when sending a compound claim)
403-D3	FILL NUMBER	R	00 = Original, 01-99 = Refill Number

CLAIM SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
405-D5	DAYS SUPPLY	R	
406-D6	COMPOUND CODE	RW	Required for Compound Processing: 1 = Not a Compound 2 = Compound
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R	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 Not Allowed – Generic Drug Not Available in Marketplace 9 = Substitution Allowed by Prescriber but Plan Requests Brand – Patient’s Plan Requested Brand Product to be Dispensed
414-DE	DATE PRESCRIPTION WRITTEN	R	Date Format CCYYMMDD
419-DJ	PRESCRIPTION ORIGIN	O	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy

CLAIM SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
42Ø-DK	SUBMISSION CLARIFICATION CODE	RW	<p>0 = Not Specified, Default</p> <p>1 = No Override</p> <p>2 = Other Override – To be used with first COVID vaccine administration.</p> <p>3 = Vacation Supply – The pharmacist is indicating that the cardholder has requested a vacation supply of the medication.</p> <p>4 = Lost Prescription – The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost.</p> <p>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.</p> <p>6 = Starter Dose – The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment. To be used with second COVID vaccine administration.</p> <p>7 = Medically Necessary – The pharmacist is indicating that this medication has been determined by the physician to be medically necessary.</p> <p>8 = Process Compound for Approved Ingredients</p> <p>9 = Encounter</p> <p>10 = Meets Plan Limitations – The pharmacy certifies that the transaction is in compliance with the program’s policies and rules that are specific to the particular product being billed.</p> <p>11 = Certification on File – The supplier’s guarantee that a copy of the paper certification, signed and dated by the physician, is on file at the supplier’s office.</p> <p>12 = DME Replacement Indicator – Indicator that this certification is for a DME item replacing a previously purchased DME item.</p> <p>13 = Payer – recognized emergency/disaster assistance request – The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer.</p>

CLAIM SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
42Ø-DK (cont.)	SUBMISSION CLARIFICATION CODE (cont.)	RW	<p>14 = <u>Long Term Care Leave of Absence</u> – The pharmacist is indicating that the cardholder requires a short-fill of a prescription due to a leave of absence from the Long Term Care (LTC) facility.</p> <p>15 = <u>Long Term Care Replacement Medication</u> – Medication has been contaminated during administration in a Long Term Care setting.</p> <p>16 = <u>Long Term Care Emergency box (kit) or automated dispensing machine</u> – Indicates that the transaction is a replacement supply for doses previously dispensed to the patient after hours.</p> <p>17 = <u>Long Term Care Emergency supply remainder</u> – Indicates that the transaction is for the remainder of the drug originally begun from an Emergency Kit.</p> <p>18 = <u>Long Term Care Patient Admit/Readmit Indicator</u> – Indicates that the transaction is for a new dispensing of medication due to the patient’s admission or readmission status.</p> <p>19 = <u>Split Billing</u> – Indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in Long Term care settings.</p> <p>20 = <u>340B</u> – Indicates that, prior to providing service, the pharmacy has determined the product being billed is purchased pursuant to rights available under Section 340B of the Public Health Act of 1992 including sub-ceiling purchases authorized by Section 340B (a)(10) and those made through the Prime Vendor Program (Section 340B(a)(8)).</p> <p>99 = <u>Other</u></p>
354-NX	SUBMISSION CLARIFICATION CODE COUNT	RW	MAX COUNT OF 3
3Ø8-C8	OTHER COVERAGE CODE	RW	<p>02 = Other Coverage Exists – Payment Collected</p> <p>03 = Other Coverage Exists – Claim Not Covered</p> <p>04 = Other Coverage Exists – Payment Not Collected</p>

CLAIM SEGMENT		NOTE: This segment is required.	
FIELD	FIELD NAME	STATUS	VALUES
460-ET	QUANTITY PRESCRIBED	RW	Amount expressed in metric decimal units. Can be used to identify incremental fills by validating the quantity dispensed is less than the quantity prescribed. The accumulated quantity dispensed cannot exceed the value contained in the quantity prescribed field for Schedule II prescriptions as refills are not allowed.
461-EU	PRIOR AUTHORIZATION TYPE CODE	RW	01 = Prior Authorization
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	RW	Prior Authorization Number

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	R	01 = National Provider ID (NPI) (Required)
411-DB	PRESCRIBER ID	R	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 = 9
338-5C	OTHER PAYER COVERAGE TYPE	M***R***	01 = Primary <client> 02 = Secondary 03 = Tertiary
339-6C	OTHER PAYER ID QUALIFIER	RW	03 = BIN, 99 = OTHER
340-7C	OTHER PAYER ID	RW**R***	Max = 9
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW	Max = 9
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW**R***	Required for this program 07 = Drug Benefit
431-DV	OTHER PAYER AMOUNT PAID	RW**R***	
443-E8	OTHER PAYER DATE	RW	

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
471-5E	OTHER PAYER REJECT COUNT	RW	Max = 5
472-6E	OTHER PAYER REJECT CODE	RW**R***	Required when submitting for Medicaid secondary with an OCC = 03

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	RW**R***	Max = 9
439-E4	REASON FOR SERVICE CODE	RW**R***	ER and PG values will permit override consideration. HD or LD values will allow submission of corrected claim on same day. You will also have to give corresponding entries for Fields 440 and 441 (DUR description).
440-E5	PROFESSIONAL SERVICE CODE	RW**R***	M0 = Prescriber Consulted MA = Medication Administered – For use with COVID vaccine administration R0 = Pharmacist Consulted – Other Source P0 = Patient Consulted
441-E6	RESULT OF SERVICE CODE	RW**R***	For ER and PG, these values will permit override consideration: 1A = Filled as is – False Positive 1B = Filled as is 1C = Filled with Different Dose 1D = Filled with Different Directions 1E = Filled with Different Drug 1F = Filled with Different Quantity 1G = Filled with Prescriber Approval 2A = Not Filled 2B = Not Filled – Directions Clarified

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	O	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 08 = 340B/Disproportionate Share Pricing/Public Health Service 10 = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing 15 = Free Product or No Associated Cost – To be used for COVID vaccines 17 = Federal Supply Schedule
426-DQ	USUAL AND CUSTOMARY CHARGE	R	Format = s\$\$\$\$\$cc
430-DU	GROSS AMOUNT DUE	R	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 UNIT FORM INDICATOR	M	1 = Each 2 = Grams 3 = Millimeters
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	Max = 25 Ingredients
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	03 = NDC Max = 25 Lines
489-TE	COMPOUND PRODUCT ID	M***R***	NDC = 11 Characters Max = 25 Lines
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Max = 25 Lines

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	RW	
492-WE	DIAGNOSIS CODE QUALIFIER	RW	01 = ICD-10
424-DO	DIAGNOSIS CODE	RW	15-digit alphanumeric code

For B2 (Reversal) Transactions:

INSURANCE SEGMENT		NOTE: This segment is Mandatory for B2 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)

CLAIM SEGMENT		NOTE: This segment is required for B2 transactions.	
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 0000000000 when sending a compound claim)

****Above are the only required segments for reversals. Pricing, DUR, and COB segments are optional and data in these segments will not reject a reversal. Any other segments besides the 5 listed will cause the reversal to reject. The best method is to send only the required header, insurance segment, and claims segments on any reversal.**