

Oregon Medicaid Management Information System (OR-MMIS)
Technical Specification
ENCOUNTER PHARMACY
NCPDP 1.2/D.0

These supplemental instructions are issued to help contractors submit pharmacy encounter data to the OR-MMIS.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the NCPDP Telecommunication Standard Implementation Guide Version D.0 and the Telecommunication Standard Implementation Guide Version 1.2, the Implementation Guides are the final authority.

Adjustment Process needs to be followed when:

- 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).

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 must match the plan number (301-C1), 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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TRANSMISSION HEADER SECTION

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUES/COMMENTS
			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 mailbox number MB##### (upper - case MB)
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 = 12
880-K7	Receiver ID	M	A/N	24	51	74	ORDHS
880-K4	Text Indicator	M	A/N	1	75	75	End of Text (Etx) = X'03'

TRANSACTION DETAIL RECORD

NOTE: One transaction detail record required for each detail data record included.

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUES/COMMENTS
			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						
880-K4	Text Indicator	M	A/N	1			End of Text (Etx) = X'03'

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NCPDP DATA RECORD

This segment is mandatory

FIELD	NAME	USE	CODES/VALUES/COMMENTS
101-A1	BIN NUMBER	M	014203
102-A2	VERSION/RELEASE NUMBER	M	Version/Release Number = D0
103-A3	TRANSACTION CODE	M	B1= Billing, B2= Reversal (Delete), B3= Rebilling
104-A4	PROCESSOR CONTROL NUMBER	M	ORDHSENC
109-A9	TRANSACTION COUNT	M	1= One Occurrence
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01= National Provider ID (NPI)
201-B1	SERVICE PROVIDER ID	M	National Provider ID (NPI)
401-D1	DATE OF SERVICE	M	Dispense Date
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	The sender's trading partner mailbox number MB##### (upper-case MB)

Patient Segment

FIELD	NAME	USE	CODES/VALUES/COMMENTS
NOTE: Segment is optional however the following fields are required for B1 and B3 Transactions			
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

This segment is mandatory

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	04=Insurance
302-C2	CARDHOLDER ID	M	Medicaid Recipient Number (DMAP Prime Number)
312-CC	CARDHOLDER FIRST NAME	R	Medicaid Recipient First Name - Required
313-CD	CARDHOLDER LAST NAME	R	Medicaid Recipient Last Name - Required
301-C1	Group ID	R	Contractor's DMAP Prepaid Health Plan Provider Number

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Claim Segment

This segment is mandatory

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	07=Claim
455-EM	PRESCRIPTION REFERENCE NUMBER QUALIFIER	M	1=Rx Billing
402-D2	PRESCRIPTION REFERENCE NUMBER	M	Prescription Number
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03= National Drug Code (NDC) use 00 when sending compound claims
407-D7	PRODUCT/SERVICE ID	M	Format=MMMMMDDDDPP (NDC Number) MMMMM=Manufacturer's Assigned Number DDDD=Drug ID PP=Package Size use 0 or 0000000000 when sending compound claims
442-E7	QUANTITY DISPENSED	R	Format=9999999V999 - Required
403-D3	FILL NUMBER	R	00=original, 01-99=refill number - Required
405-D5	DAYS SUPPLY	R	Days Supplied (000) - Required
406-D6	COMPOUND CODE	R	1 = Not a Compound 2 = Compound. If value is 2, you must send the compound information.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R	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

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Prescriber Segment

This Segment is Required

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	03=Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	R	01=National Provider ID (NPI)
411-DB	PRESCRIBER ID	R	National Provider ID (NPI)

COB/Other Payments Segment

This Segment is required for pharmacy encounters where a payment was made by the Plan.

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	05=Coordination of Benefits/Other Payments
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M Max=9	
338-5C	OTHER PAYER COVERAGE TYPE	M***R*** Max=3	01 = Primary 02 = Secondary 03 = Tertiary
339-6C	OTHER PAYER ID QUALIFIER	R***R*** Max =3	99 = Other
340-7C	OTHER PAYER ID	R***R*** Max =3	Enter the Plan's DMAP ID number or other payer identification.
443-E8	OTHER PAYER DATE	R***R*** Max =3	
341-HB	OTHER PAYER AMOUNT PAID COUNT	R	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	R***R*** Max =3	07= Drug Benefit
431-DV	OTHER PAYER AMOUNT PAID	R***R*** Max =3	
471-5E	OTHER PAYER REJECT COUNT	R	
472-6E	OTHER PAYER REJECT CODE	R***R*** Max =3	

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Compound Segment

This segment is Optional

NOTE: Required when fields 406-D6, 436-E1, and 407-D7 indicate compound.

FIELD	NAME	USE	CODES/VALUES/COMMENTS
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=Milliliters
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	Maximum count of 25 ingredients
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	03=NDC
489-TE	COMPOUND PRODUCT ID	M***R***	
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	

Pricing Segment

This segment is mandatory

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	11= Pricing Segment
426-DQ	USUAL AND CUSTOMARY CHARGE	R	Required (Total Billed Amount)
430-DU	GROSS AMOUNT DUE	R	Required

TRANSMISSION TRAILER RECORD

This Record is Mandatory

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUES/COMMENTS
			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'

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Encounter Pharmacy Data Submission: RESPONSE

The objective of this document is:

*To clarify what information is being sent by OR-MMIS.

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FIELD	NAME	USE	ATTRIBUTES				CODES/VALUES/COMMENTS
			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	ORDHS
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 - 12
880-K7	Receiver ID	M	A/N	24	51	74	The receiver's mailbox number MB##### (upper-case MB)
880-K4	Text Indicator	M	A/N	1	75	75	End of Text (Etx) = X'03'

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TRANSACTION DETAIL RECORD

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUES/COMMENTS
			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						
880-K4	Text Indicator	M	A/N	1			End of Text (Etx) = X'03'

NCPDP DATA RECORD

FIELD	NAME	USE	CODES/VALUES/COMMENTS
102-A2	VERSION/RELEASE NUMBER	M	Version/Release Number D0
103-A3	TRANSACTION CODE	M	B1=Billing, B2=Reversal (Delete), B3=Rebilling
109-A9	TRANSACTION COUNT	M	1=One Occurrence
501-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission A=Accepted, R= Rejected
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01=National Provider ID (NPI)
201-B1	SERVICE PROVIDER ID	M	National Provider ID (NPI)
401-D1	DATE OF SERVICE	M	Dispense Date

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Response Message Segment

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	20 = Response Message
504-F4	MESSAGE	Q	EOBs will be returned here. 511-FB contains adjudication information.

Response Status Segment

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	21= Response Status
112-AN	TRANSACTION RESPONSE STATUS	M	A = Approved R with ICN = Denied R without ICN = Rejected, not processed P = Paid
503-F3	AUTHORIZATION NUMBER	O	ICN assigned by OR-MMIS
510-FA	REJECT COUNT	O***R***	
511-FB	REJECT CODE	O***R***	

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Response Claim Segment

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	22 = Response Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	1 = Rx Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Prescription Number

Response Pricing Segment

FIELD	NAME	USE	CODES/VALUES/COMMENTS
111-AM	SEGMENT IDENTIFICATION	M	23 = Response Pricing
506-F6	INGREDIENT COST PAID	O	DMAP Allowed Amount, if applicable.
509-F9	TOTAL AMOUNT PAID	R	

TRANSMISSION TRAILER RECORD

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUES/COMMENTS
			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'