

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

Oregon DHS Companion Guide for Fee-For-Service Pharmacy Point of Sale - Claim

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 mandatory

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	Trading Partner number

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			4=Long Term/Extended Care
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 mandatory

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)
407-D7	PRODUCT/SERVICE ID	M	A/N	19		Format=MMMMMDDDDPP (NDC Number)
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		
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
420-DK	SUBMISSION CLARIFICATION CODE	O	N	2		0= <u>Not Specified</u> , Default 1= <u>No Override</u> 2= <u>Other Override</u> 3= <u>Vacation Supply</u> - The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine. 4= <u>Lost Prescription</u> - The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost. 5= <u>Therapy Change</u> - 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= <u>Starter Dose</u> - The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment. 7= <u>Medically Necessary</u> - The pharmacist is indicating that this medication has been determined by the physician to be medically necessary. 8= <u>Process Compound for Approved Ingredients</u> 9= <u>Encounters</u> 99= <u>Other</u>

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308-C8	OTHER COVERAGE CODE	O	N	2			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-DI	LEVEL OF SERVICE	O	N	2			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	N	2			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	N	11			Prior Authorization Number
343-HD	DISPENSING STATUS	O	A/N	1			Blank = Not Specified P = Partial Fill C = Completion of Partial Fill
344-HF	QUANTITY INTENDED TO BE DISPENSED	O	N	10			
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	O	N	10			

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 mandatory

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
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		

The Oregon DHS Companion Guide for FFS Pharmacy POS Data - Response

The objectives of this document are:

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

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 Programs (NCPDP) Standards, the NCPDP Standards are the final authority.

**The Oregon DHS MMIS NCPDP Pharmacy Payer Sheet Point of Sale Data - Response
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**NCPDP DATA RECORD
Transaction Header Segment**

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH	START	END	
102-A2	VERSION/RELEASE NUMBER	M	A/N	2	1	2	Version/Release Number (Currently 51)
103-A3	TRANSACTION CODE	M	A/N	2	3	4	B1=Billing, B2=Reversal (Delete), B3=Rebilling (Adjustment which contains reversal and corrected claim, see adjustment process)
109-A9	TRANSACTION COUNT	M	A/N	1	5	5	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences
501-F1	HEADER RESPONSE STATUS	M	A	1	6	6	Code indicating the status of the transmission A=Accepted, R= Rejected
202-B2	SERVICE PROVIDER ID QUALIFIER	M	A/N	2	7	8	01=National Provider ID (NPI)
201-B1	SERVICE PROVIDER ID	M	A/N	15	9	23	National Provider Id (NPI)
401-D1	DATE OF SERVICE	M	CCYYMMDD	8	24	31	Dispense Date

Response Message Segment

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH			
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			20
504-F4	MESSAGE	S	A/N	Variable			1-200 byte message used when text is needed for clarification or detail. Will contain NDC and information as to exact duplicate or suspect duplicate status.

Response Status Segment

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH			
111-AM	SEGMENT IDENTIFICATION	M	A/N	2			21
112-AN	TRANSACTION RESPONSE STATUS	M	A	x(1)			P=Paid D=Duplicate of Paid R=Rejected
503-F3	AUTHORIZATION NUMBER	O	A/N	20			Claim ICN
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

Response Claim Segment

FIELD	NAME	USE	ATTRIBUTES				CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH			
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	M	N	7			Prescription Number

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REFERENCE NUMBER				
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Response Pricing Segment

FIELD	NAME	USE	ATTRIBUTES			CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH		
111-AM	SEGMENT IDENTIFICATION	M	A/N	2		23
505-F5	PATIENT PAY AMOUNT	O	N	8		
506-F6	INGREDIENT COST PAID	O	N	8		
507-F7	DISPENSING FEE PAID	O	N	8		
521-FL	INCENTIVE AMOUNT PAID	O	N	8		
509-F9	TOTAL AMOUNT PAID	O	N	8		
518-FI	AMOUNT OF COPAY	O	N	8		

Response DUR/PPS Segment

FIELD	NAME	USE	ATTRIBUTES			CODES/VALUE/COMMENTS
			DATA TYPE	LENGTH		
111-AM	SEGMENT IDENTIFICATION	M	A/N	2		24
567-J6	DUR RESPONSE CODE COUNTER	O***R***	N	1		
439-E4	REASON FOR SERVICE CODE	O***R***	A/N	2		
528-FS	CLINICAL SIGNIFICANCE CODE	O***R***	A/N	1		Blank=Not specified 1=Major 2=Moderate 3=Minor
529-FT	OTHER PHARMACY INDICATOR	O***R***	N	1		0=Not specified 1=Your pharmacy 2=Other pharmacy in same chain 3=Other pharmacy
530-FU	PREVIOUS DATE OF FILL	O***R***	N	8		
531-FV	QUANTITY OF PREVIOUS FILL	O***R***	N	10		
532-FW	DATABASE INDICATOR	O***R***	A/N	1		1=First DataBank 4=Processor developed
533-FX	OTHER PRESCRIBER INDICATOR	O***R***	N	1		0=Not specified 1=Same prescriber 2=Other prescriber
544-FY	DUR FREE TEXT MESSAGE	O***R***	A/N	30		