Oregon DHS Companion Guide for Pharmacy Encounter Data

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 = 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.

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).

Companion Guide 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		00 = File Control (Header)
880-K6	Transmission Type	M		A/N	1	4	4		T=Transaction, R=Response, E=Error
880-K1	Sender ID	M		A/N	24	5	28		To be defined by processor when mailbox is established (NCPDPxxx).
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		ORDHSDMAP
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'

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.
504-F4	Message	O		A/N	35	21	55		
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		DATA TYPE	LENGTH	START	END		CODES/VALUE
				ATTRIBUTES					
101-A1	BIN NUMBER	M		N	6				DMAP's Bin Number is 009729
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				P007009729
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

Insurance Segment
This segment is mandatory

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

Claim Segment

This segment is mandatory

FIELD	NAME	USE		DATA TYPE	LENGTH	START	END		CODES/VALUE
					ATTRIBUTES				
111-AM	SEGMENT IDENTIFICATION	M		A/N	2				For Claim Segment, use 07
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)
407-D7	PRODUCT/SERVICE ID	M		A/N	19				Format=MMMMMDDDDPP (NDC Number) MMMMM=Manufacturer's Assigned Number DDDD=Drug ID PP=Package Size
442-E7	QUANTITY DISPENSED	O		N	10				Format=9999999V999 - Required per Exhibit M
403-D3	FILL NUMBER	O		N	2				00=original, 01-99=refill number - Required per Exhibit M
405-D5	DAYS SUPPLY	O		N	3				Days Supplied (000) - Required per Exhibit M
408-D8	DISPENSE AS WRITTEN (DAW)/ PRODUCT SELECTION CODE (continued on next page)	O		A/N	1				Required per Exhibit M 0=No Product Selection Indicated-This is the field default value that is appropriately used for prescriptions where product 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-This value is used when the prescriber indicates, in a manner specified by prevailing law, that the product is to be Dispensed As Written. 2=Substitution Allowed-Patient Requested Product Dispensed-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the patient requests the brand product. This situation can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. 3=Substitution Allowed-Pharmacist Selected Product Dispensed-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist determines that the brand product should be dispensed. This can occur when the prescriber writes the prescription using either the brand or generic name and the product is available from multiple sources. 4=Substitution Allowed-Generic Drug Not in Stock-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since a currently marketed generic is not stocked in the pharmacy. This situation exists due to the buying habits of the pharmacist, not because of the unavailability of the generic product in the marketplace. 5=Substitution Allowed-Brand Drug Dispensed as a Generic-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the pharmacist is utilizing the brand product as the generic entity.

FIELD	NAME	USE		ATTRIBUTES					CODES/VALUE
				DATA TYPE	LENGTH	START	END		
408-D8	DISPENSE AS WRITTEN (DAW)/ PRODUCT SELECTION CODE	O		A/N	1				(Continued from previous page) 6=Override-This value is used by claims processors in very specific instances as defined by that claims processor and/or its client(s). 7=Substitution Not Allowed-Brand Drug Mandated by Law-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted but prevailing law or regulation prohibits the substitution of a brand product even though generic versions of the product may be available in the marketplace. 8=Substitution Allowed-Generic Drug Not Available in Marketplace-This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted and the brand product is dispensed since the generic is not currently manufactured, distributed, or is temporarily unavailable
330-CW	ALTERNATE ID	O		N	20				External PHP ID number (Plan Tracking Number).

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				For Pricing Segment, Use 11
426-DQ	USUAL AND CUSTOMARY CHARGE	O		N	9				Format=s$$$$$$cc - Required per Exhibit M

Prescriber Segment
This Segment is situational.

FIELD	NAME	USE		ATTRIBUTES					CODES/VALUE
				DATA TYPE	LENGTH	START	END		
111-AM	SEGMENT IDENTIFICATION	M		A/N	2				For Prescriber Segment, use 03
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)

NOTE: Following this Data Record information, utilize Field 880-K4 to end that Data Record and either move on to another Data Record or End Submission by using Trailer Record.

Oregon DHS Companion Guide for Encounter Pharmacy Data Submission: Response

The objectives of this document are:
      *To clarify what information is needed by Dept. of Human Services (OR-DHS)
       where the guide indicates that the choice is dependent on the Payer.
      *To point out preferred selections for data elements where multiple alternatives exist.

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.

**OR-DHS
PHARMACY
COMPANION GUIDE**

TRANSACTION HEADER SECTION

FIELD	NAME	USE		DATA TYPE	LENGTH	START	END		CODES/VALUE
						ATTRIBUTES			
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, R=Response, E=Error
880-K1	Sender ID	M		A/N	24	5	28		To be defined by OR-DHS when mailbox is established.
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		To be defined by OR-DHS.
880-K4	Text Indicator	M		A/N	1	75	75		

DETAIL DATA RECORD
(Beginning of each individual record information segment)

FIELD	NAME	USE		DATA TYPE	LENGTH	START	END		CODES/VALUE
						ATTRIBUTES			
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 PHP plan 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'

TRAILER RECORD
(Required at end of submission)

FIELD	NAME	USE		DATA TYPE	LENGTH	START	END		CODES/VALUE
						ATTRIBUTES			
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.
504-F4	Message	O		A/N	35	21	55		
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 process)
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 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	x(1)				A = Approved, R = Rejected
503-F3	AUTHORIZATION NUMBER	O	A/N	20				Plan Tracking Number
510-FA	REJECT COUNT	O	N	2				Quantity of Errors
511-FB	REJECT CODE	O	A/N	3				Error codes, Repeating 3 bytes

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 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				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.

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 9999999999.

"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 "1234ABC44bbbbb"

"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	Hex
0	{	173	123	7B	}	175	125	7D
1	A	101	65	41	J	112	74	4A
2	B	102	66	42	K	113	75	4B
3	C	103	67	43	L	114	76	4C
4	D	104	68	44	M	115	77	4D
5	E	105	69	45	N	116	78	4E
6	F	106	70	46	O	117	79	4F
7	G	107	71	47	P	120	80	50
8	H	110	72	48	Q	121	81	51
9	I	111	73	49	R	122	82	52

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.

Oregon DHS Companion Guide for Encounter Pharmacy Data Submission
DATA DICTIONARY, Page 2

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS/EXAMPLES
880-KD	Transaction Type		9 (2)	P	2	01=Payment 02= Adjustment 03=Rejection 04=Passthru 05=Capture 07=In Cycle Reversal 08=Pending Payment 09=Partial Claim Payment 10=Partial Claim Adjustment	
601-56	Transmission Control Number	Unique number identifying the whole transmission.	x(9)	R	9		
601-10	Transmission Date	Date the file was created.	9(8)	R	8		Format =CCYYMMDD CC=Century YY=Year MM=Month DD=Day
880-K6	Transmission Type	A value to define the type of transmission being sent.	x(1)	B	1	T=Transaction R=Response E=Error	
429-DT	Unit Dose Indicator	Code indicating the type of unit dose dispensing.	9(1)	C,D,P,T	1	0=Not Specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose 4=Custom Packaging	REQUEST CLAIM SEGMENT.
600-28	Unit of Measure	NCPDP standard product billing codes.	x(2)	R,T	2	EA=Each GM=Grams ML=Milliliters	REQUEST CLAIM SEGMENT.
426-DQ	Usual and Customary Charge	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	s9(6)v99	T	8		Format=s$$$$$$cc Examples: If the usual and customary charge is $32.56, this field would reflect: 325F. REQUEST PRICING SEGMENT.