

MMIS/MCO Workgroup – Encounter Claim Discussion – Pharmacy Claims  
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The following National Council on Pharmacy Drug Programs (NCPDP) 1.1 standard fields are NOT currently used by Oregon Medicaid for pharmacy encounter claims:

- 11Ø-AK Software Vendor/ Certification ID
- 42Ø-DK Submission Clarification Code
- 111-AM Segment Identification
- 465-EY Provider ID Qualifier
- 444-E9 Provider ID

Effective July 1, 2007, the following fields WILL be required on pharmacy encounter claims:

- 11Ø-AK Software Vendor/ Certification ID
- 42Ø-DK Submission Clarification Code

Discussion:

**Software Vendor/ Certification ID** is identified in the implementation guide as a mandatory field. It is used to identify the original submitter of the file. This is the last field in the header segment. The addition of this field should not require significant effort.

**Submission Clarification Code** is identified as situational in the implementation guide. This is the field that identifies a claim as an encounter as opposed to a Fee For Service (FFS) claim, and is required for encounter claims. The default value for this field, if left blank or omitted, is FFS, which would be clearly incorrect in the case of encounter claims submitted by MCOs to DHS for Oregon Medicaid.

**Segment Identification, Provider ID Qualifier, Provider ID** fields must be used together and are optional. Because Oregon Medicaid uses the submitter field to identify the MCO, these fields will not be used for encounter claim reporting in the new Oregon MMIS. Therefore no changes will be required to support these fields.

The following is from the NCPDP Telecommunication Standard Implementation Guide Version 5 Release 1:

FIELD	NAME OF FIELD	DEFINITION OF FIELD	FIELD FORMAT	STANDARD FORMATS	FIELD LENGTH	VALUES	COMMENTS / EXAMPLES
11Ø-AK	Software Vendor/ Certification ID	ID assigned by the switch or processor to identify the software source.	x(1Ø)	T	1Ø		TRANSACTION HEADER SEGMENT.
42Ø-DK	Submission Clarification Code	Code indicating that the pharmacist is clarifying the submission.	9(2)	T	2	<p><u>Ø=Not Specified</u>, Default</p> <p><u>1=No Override</u></p> <p><u>2=Other Override</u></p> <p><u>3=Vacation Supply</u>-The pharmacist is indicating that the cardholder has requested a vacation supply of the medicine.</p> <p><u>4=Lost Prescription</u>-The pharmacist is indicating that the cardholder has requested a replacement of medication that has been lost.</p> <p><u>5=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, etc.</p> <p><u>6=Starter Dose</u>-The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment.</p> <p><u>7=Medically Necessary</u>-The pharmacist is indicating that this medication has been determined by the physician to be medically necessary</p> <p><u>8=Process Compound For Approved Ingredients</u></p> <p><u>9=Encounters</u></p> <p><u>99=Other</u></p>	<p><u>Examples</u>: Since the patient will be out of state for the next three months, they have requested a three month supply of their medication. This situation can cause the claim to reject, because it was refilled too soon. By indicating an Ø3, the processor is made aware of the situation, and can properly adjudicate the claim.</p> <p>REQUEST CLAIM SEGMENT.</p>