



MINNESOTA DEPARTMENT OF HEALTH
DIVISION OF HEALTH POLICY
CENTER FOR HEALTH CARE PURCHASING IMPROVEMENT

Minnesota Uniform Companion Guide

For the Implementation of the
**NCPDP Pharmacy Reversal
Submission and Response
Transaction**
[NCPDP Version 5 Release 1]

*Prepared In Consultation With
Minnesota Administrative Uniformity Committee*



MARCH, 2009
VERSION 4.0

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Disclaimer

The following Minnesota Uniform Companion Guide is intended to serve as a companion document to the corresponding HIPAA Implementation Guide NCPDP Telecommunication Standard Format, Version 5 Release 1. The corresponding NCPDP Batch Standard Version 1 Release 1 uses the same fields, segments and values as the HIPAA Implementation Guide, plus header and trailer segments which contain only mandatory fields. The document further specifies the requirements to be used when preparing, submitting, receiving and processing electronic health care administrative data. The document supplements, but does not contradict, disagree, oppose, or otherwise modify the NCPDP 5.1 Implementation Guide in a manner that will make its implementation by users to be out of compliance. Using this Companion Guide does not mean that a claim will be paid. It does not imply payment policies of payers or the benefits that have been purchased by the employer or subscriber.

Statutory Authority

Development, adoption and use of this companion guide is mandated for all group purchasers and health care providers under Minnesota Statutes, § 62J.536. The required use of this Minnesota Uniform Companion Guide was promulgated as a rule under Minnesota Statutes, § 62J.61.

Document Changes

The content of this companion guide is subject to change. The version, release and effective date of the document is included in the document, as well as a description of the process for handling future updates or changes.

About the Minnesota Department of Health

The Minnesota Department of Health is responsible for protecting, maintaining and improving the health of Minnesotans. The department operates programs in the areas of disease prevention and control, health promotion, community public health, environmental health, health care policy, and registration of health care providers. <http://www.health.state.mn.us/asa/index.html>

About the Minnesota Administrative Uniformity Committee

The Administrative Uniformity Committee (AUC) is a broad-based group representing Minnesota health care public and private payers, hospitals, health care providers and state agencies. The mission of the AUC is to develop agreement among Minnesota payers and providers on standardized administrative processes when implementation of the processes will reduce administrative costs. The AUC acts as a consulting body to various public and private entities, but does not formally report to any organization and is not a statutory committee. <http://www.health.state.mn.us/auc/index.html>

Contact for Further Information on this Companion Guide

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TABLE OF CONTENTS

	<u>Page</u>
1.0 COMPANION GUIDE REVISION HISTORY	4
2.0 STATEMENT FROM THE MINNESOTA DEPARTMENT OF HEALTH	5
3.0 STATEMENT FROM THE MINNESOTA ADMINISTRATIVE UNIFORMITY COMMITTEE (MN-AUC)	7
4.0 INTRODUCTION AND OVERVIEW	8
4.1 PURPOSE AND OVERVIEW	8
4.2 PROCESS FOR UPDATING COMPANION GUIDE DOCUMENT	13
4.3 MINNESOTA BEST PRACTICES FOR THE IMPLEMENTATION OF ELECTRONIC HEALTH CARE TRANSACTIONS	13
4.4 GENERAL INTRODUCTION TO THE COMPANION GUIDE TABLES	13
5.0 NCPDP PHARMACY REVERSAL <u>SUBMISSION</u> - COMPANION GUIDE TABLE	16
5.1 INTRODUCTION TO TABLE	16
5.2 COMPANION GUIDE TABLE	16
6.0 NCPDP PHARMACY REVERSAL <u>RESPONSE</u> - COMPANION GUIDE TABLE	20
6.1 INTRODUCTION TO TABLE	20
6.2 COMPANION GUIDE TABLE	20

1.0 Companion Guide Revision History

Ver	Revision Date	Summary Changes
1.0	March 31, 2008	Version Released for Public Comment
2.0	June 16, 2008	Final Published Version for Implementation
3.0	December 22, 2008	Technical Changes – Version Released for Public Comment
<u>4.0</u>	<u>March 23, 2009</u>	<u>Final Published Version with Technical Changes for Implementation</u>



Protecting, maintaining and improving the health of all Minnesotans

2.0 Statement from the Minnesota Department of Health

Summary Notice of Adoption of Rules Regarding Uniform, Standard Companion Guides for Health Care Claims Electronic Transactions; Pursuant to Minnesota Statutes, Section 62J.536.

Adoption: Notice is hereby given that the *Minnesota Uniform Companion Guides for the Implementation of the:*
Health Care Claim – Professional Electronic Transaction (837P);
Health Care Claim – Institutional Electronic Transaction (837I);
Health Care Claim – Dental Electronic Transaction (837D);
NCPDP Pharmacy Claim – Submission and Response [NCPDP 5.1 (and the corresponding NCPDP 1.1)]; and
NCPDP Pharmacy Reversal – Submission and Response [NCPDP 5.1 (and the corresponding NCPDP 1.1)]; as proposed at State of Minnesota State Register, Volume 32, Number 40, page 1821, dated March 31, 2008 (32 SR 1821) are adopted with modifications.

Companion Guides Available: *The Minnesota Uniform Companion Guides for the Implementation of the:*
Health Care Claim – Professional Electronic Transaction (837P);
Health Care Claim – Institutional Electronic Transaction (837I);
Health Care Claim – Dental Electronic Transaction (837D);
NCPDP Pharmacy Claim – Submission and Response [NCPDP 5.1 (and the corresponding NCPDP 1.1)]; and
NCPDP Pharmacy Reversal – Submission and Response [NCPDP 5.1 (and the corresponding NCPDP 1.1)]; as defined by the Commissioner of Health, are available on the World Wide Web at <http://www.health.state.mn.us/asa/rules.html> and at Minnesota's Bookstore at (651) 297-3000 or (800) 657-3757. The Minnesota's Bookstore TTY relay service phone number is (800) 627-3529. If you have any questions, please email Health.ASAGuides@state.mn.us.

The adopted rules differ from the rules proposed on March 31, 2008. A complete copy of the rules showing all of the changes in a strike/underline format is available at: <http://www.health.state.mn.us/asa/rules.html>. Interested parties may also obtain a printed copy of the rule showing all of the changes in a strike/underline format by contacting Colleen Morse by phone at 651-201-3570 or by fax at 651-201-3574.

Description and Statutory Reference: The Minnesota Uniform Companion Guides for Health Care Claims Electronic Transactions are the single, uniform companion guides to the implementation guide described under the Code of Federal Regulations, title 45, part 162,

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General Information: (651) 201-5000 * TDD/TTY: (651) 201-5797 * Minnesota Relay Service: (800) 627-3529 * www.health.state.mn.us
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developed pursuant to Minnesota Statutes, Section 62J.536. The statute requires that beginning July 15, 2009 all group purchasers must accept from health care providers the health care claims or equivalent encounter information transaction described under Code of Federal Regulations, title 45, part 162, subpart K. The statute also requires that beginning July 15, 2009, all health care providers must submit to group purchasers the health care claims or equivalent encounter information transaction described under Code of Federal Regulations, title 45, part 162, subpart K.

The health care claims or equivalent encounter information transaction is the transmission of either of the following:

- (a) A request to obtain payment, and the necessary accompanying information from a health care provider to a health plan, for health care.
- (b) If there is no direct claim, because the reimbursement contract is based on a mechanism other than charges or reimbursement rates for specific services, the transaction is the transmission of encounter information for the purpose of reporting health care.

Minnesota Statutes, section 62J.536, further requires that each transaction described above shall use a single, uniform companion guide to the implementation guide described under the Code of Federal Regulations, title 45, part 162. In addition, the statute requires all group purchasers and health care providers to exchange claims and eligibility information electronically using the transactions, companion guides, implementation guides, and timelines set forth in subdivision 1 of the statute. The statute requires the Commissioner of Health to promulgate rules pursuant to section 62J.61, at least 12 months prior to the timelines required in subdivision 1 of Minnesota Statutes, section 62J.536. Under Minnesota Statutes, section 62J.61, the Commissioner of Health is exempt from chapter 14, including section 14.386, in implementing sections 62J.50 to 62J.54, subdivision 3, and 62J.56 to 62J.59.

Development: The Commissioner of Health developed this rule in consultation with the Minnesota Administrative Uniformity Committee (AUC) and the following AUC Technical Advisory Groups (TAGs) and Work Groups: Claims Data Definition TAG; MN Institutional Claims (837I) and Professional Claims (837P) Work Group; MN Dental Claims (837D) Work Group; MN Pharmacy Claims (NCPDP 5.1) Work Group; and the Medical Code TAG. This rule was submitted for public comment in the State Register, Volume 32, Number 40, page 1821, dated March 31, 2008 (32 SR 1821). The comment period was from March 31, 2008 until April 29, 2008. The Minnesota Department of Health collected the public comments. Comments were received from seventy-two individuals and organizations. The Minnesota Department of Health consulted with the AUC and the following Technical Advisory Groups (TAGs) and Work Groups in reviewing comments and making modifications to the rules proposed on March 31, 2008: Claims Data Definition TAG; MN Institutional Claims (837I) and Professions Claims (837P) Work Group; MN Dental Claims (837D) Work Group; MN Pharmacy Claims (NCPDP 5.1) Work Group; and the Medical Code TAG.

Required Date of Compliance: The required date of compliance is July 15, 2009.

Dated: June 16, 2008

Sanne Magnan, M.D., Ph.D.
Commissioner
P.O. Box 64975
St. Paul, MN 55164-0975

3.0 Statement from the Minnesota Administrative Uniformity Committee (MN-AUC)

**Administrative Uniformity Committee
C/O Minnesota Department of Health
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March 2008

The 2007 Minnesota Legislature amended the Minnesota Health Care Administrative Simplification Act (Minnesota Statutes, §62J.50 -§62J.61) by adding §62J.536, entitled *Uniform Electronic Transactions and Implementation Guide Standards*. This section requires all group purchasers and health care providers to electronically transmit and accept eligibility verification, claims and remittance advice transactions using a single uniform companion guide.

The Commissioner of Health is required to base the companion guides' billing, coding rules, and standards on the Medicare program and to consult with the Minnesota Administrative Uniformity Committee (AUC) in the development of the uniform companion guides.

The AUC is a broad-based group representing Minnesota health care public and private group purchasers, hospitals, physicians, other providers and State agencies. The goal of the AUC is to reduce administrative costs for both payers and providers by standardizing their administrative processes and requirements. The AUC is made up of a Strategic Steering Committee, an Operations Committee, and various Technical Advisory Groups (TAGs), and Work Groups.

Minnesota Statutes, §62J.536 builds upon Minnesota's already significant leadership in health care administrative simplification. The AUC is confident that the Minnesota approach will provide more efficient communication of administrative health care information between payers and providers throughout the state.

This Pharmacy Reversal Submission and Response Companion Guide was developed by the Claims/Data Definitions TAG and its Pharmacy Work Group. The TAG reviewed and considered the Medicare Implementation Guide and recommended alternatives to it where Minnesota providers and payers deemed it appropriate. As part of its responsibility of consultation, the AUC Operations Committee presented recommendations for content of this Minnesota Companion Guide to the Commissioner of Health on March 11, 2008.

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The AUC also recommended that this companion guide be reviewed and updated approximately every 12 months or more often if deemed necessary by the Commissioner of Health in consultation with the AUC.

The AUC will continue to work in partnership with the Commissioner of Health to improve the clarity and usefulness of the manual.

4.0 Introduction and Overview

4.1 Purpose and Overview

4.1.1 Purpose

The purpose of this Companion Guide is to clarify, supplement and further define specific data content requirements to be used in conjunction with the HIPAA NCPDP Pharmacy Reversal Submission and Response Implementation Guides created for the electronic transaction standard mandated by the HIPAA regulations. *Please note that a separate Minnesota Companion Guide has been developed for the implementation of the NCPDP Pharmacy **Claim** Submission and Response transaction.*

The terms "companion guide", "guide", "state companion guide" and "state guide" are used interchangeably throughout this document to refer to each single, uniform companion guide being created pursuant to Minnesota Statutes, § 62J.536.

4.1.2 Applicability

Effective July 15, 2009, all group purchasers licensed or doing business in Minnesota and health care providers providing services for a fee in Minnesota must exchange health care claims electronically using the transactions, companion guides, implementation guides, and timelines required under Minnesota Statutes, section 62J.536. The only exceptions to the statutory requirements are as follow:

- The requirements do NOT apply to the submission of electronic health care claim transactions to Medicare and other payers for Medicare products; and
- See section 4.1.2.1 Exceptions to Applicability below.

Minnesota Statutes, Section 62J.03, Subd. 6 defines group purchaser as follows:

"Group purchaser" means a person or organization that purchases health care services on behalf of an identified group of persons, regardless of whether the cost of coverage or services is paid for by the purchaser or by the persons receiving coverage or services, as further defined in rules adopted by the commissioner. "Group purchaser" includes, but is not limited to, community integrated service networks; health insurance companies, health maintenance organizations, nonprofit health service plan corporations, and other health plan companies; employee health plans offered by self-insured employers; trusts established in a collective bargaining agreement under the federal Labor-Management Relations Act of 1947, United States Code, title 29, section 141, et seq.; the Minnesota Comprehensive Health Association; group health coverage offered by fraternal organizations, professional associations, or other organizations; state and federal health care programs; state and local public employee health plans; workers' compensation plans; and the medical component of automobile insurance coverage.

Minnesota Statutes, Section 62J.03, Subd. 8 defines provider or health care provider as follows:

"Provider" or "health care provider" means a person or organization other than a nursing home that provides health care or medical care services within Minnesota for a fee and is eligible for reimbursement under the medical assistance program under chapter 256B. For purposes of this subdivision, "for a fee" includes traditional fee-for-service arrangements, capitation arrangements, and any other arrangement in which a provider receives compensation for providing health care services or has the authority to directly bill a group purchaser, health carrier, or individual for providing health care services. For purposes of this subdivision, "eligible for reimbursement under the medical assistance program" means that the provider's services would be reimbursed by the medical assistance program if the services were provided to medical assistance enrollees and the provider sought reimbursement, or that the services would be eligible for reimbursement under medical assistance except that those services are characterized as experimental, cosmetic, or voluntary.

Minnesota Statutes, Section 62J.536, Subd. 3 defines "health care provider" to also include licensed nursing homes, licensed boarding care homes, and licensed home care providers.

As described in the beginning of this section, this Minnesota Uniform Companion Guide applies to all [B2 \(Claim Reversal\)](#) retail pharmacy claim reversals submitted electronically after July 15, 2009 that use the transaction standard and corresponding implementation guide described under Code of Federal Regulations, title 45, part 162, subpart K - NCPDP Telecommunication Standard Format, Version 5 Release 1, herein referred to as "Reference NCPDP 5.1 Implementation Guide." The corresponding NCPDP Batch Standard Version 1 Release 1 uses the same fields, segments and values as the Reference NCPDP 5.1 Implementation Guide plus header and trailer segments which contain only mandatory fields. [The Companion Guide applies ONLY to B2 \(Claim Reversal\) transactions and for the purposes identified and described in the NCPDP 5.1 Telecommunication Implementation Guides for which the health care claims transaction is used. For B1 \(Claim Submission\) transactions, see the "Minnesota Uniform Companion Guide for the Implementation of the NCPDP Pharmacy Reversal Submission and Response Transaction" published separately. For any transaction and all other values not referenced in the Minnesota Companion Guides \(such as rebill, prior authorization, etc.\) please follow the NCPDP 5.1 Implementation Guide.](#)

The Companion Guide may be adopted voluntarily by trading partners prior to July 15, 2009.

Entities conducting (e.g., submitting or receiving) retail pharmacy claim reversal transactions electronically via direct data entry system (e.g., internet-based interactive applications) must also comply with the data content requirements established in this Companion Guide.

This Companion Guide contains the maximum data set of values allowed to be submitted or received by health care providers and group purchasers when conducting a retail pharmacy claim reversal transaction. No other Field values will be allowed to be used in connection with this transaction.

Consistent with Minnesota Statutes, § 62J.536, no additions or modifications may be made to this Companion Guide by group purchasers or health care providers through their own companion guides or by establishing other requirements.

4.1.2.1 Exceptions to Applicability

Chapter 305, section 7, of 2008 Minnesota Laws (to be codified as Minnesota Statutes, section 62J.536, subd. 4) authorizes the Commissioner of Health to exempt group purchasers not covered by HIPAA (group purchasers not covered under United States Code, title 42, sections 1320d to 1320d-8) from one or more of the requirements to exchange information electronically as required by Minnesota Statutes, § 62J.536 if the Commissioner determines that:

- i. a transaction is incapable of exchanging data that are currently being exchanged on paper and is necessary to accomplish the purpose of the transaction; or
- ii. another national electronic transaction standard would be more appropriate and effective to accomplish the purpose of the transaction.

If group purchasers are exempt from one or more of the requirements, providers shall also be exempt from exchanging those transactions with the group purchaser.

The Commissioner has determined that **the criteria above are not met and that all health care providers and group purchasers are required to comply with these rules for the standard, electronic exchange of health care claims. No exception to these rules has been granted.**

4.1.3 Scope

This Companion Guide covers all the mandatory and optional Segments and Fields contained in the Reference NCPDP 5.1 Implementation Guide.

This Companion Guide excludes any of the EDI transmission instructions, generally defined in trading partner agreement documents.

4.1.4 Reference HIPAA Implementation Guide

The Reference HIPAA Implementation Guide for this Companion Guide is the NCPDP Telecommunication Standard Format, Version 5 Release 1. The corresponding NCPDP Batch Standard Version 1 Release 1 uses the same fields, segments and values as the Reference NCPDP 5.1 Implementation Guide plus header and trailer segments which contain only mandatory fields. A copy of the full Reference NCPDP 5.1 Implementation Guide can be obtained from the National Council ~~for~~ Prescription Drug Programs (NCPDP) at <http://www.ncdp.org>.

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4.1.5 Key Terminology Used in This Companion Guide

This Companion Guide treats the mandatory and optional Segments and Fields included in the Reference NCPDP 5.1 Implementation Guide as follows:

4.1.5.1 Mandatory Segments and Fields

In some instances, the values and conditions defined in the Reference NCPDP 5.1 Implementation Guide for mandatory Segments and Fields are further clarified by the Companion Guide. Such further clarifications are appropriately noted in the Companion Guide tables included in Section 5 and Section 6.

Under no circumstance does the Companion Guide add new or different values to those defined in the Reference NCPDP 5.1 Implementation Guide.

4.1.5.2 Optional Segments and Fields

The Companion Guide further defines or refines the conditions and values of Optional Segments and Fields into one of the following three possibilities:

- Mandatory, with further definition of condition and/or values: this means that in Minnesota, group purchasers do consider and need this data for proper adjudication of the transaction and that the Segment or Field is MANDATORY for ALL values further defined in the Minnesota Companion Guide.
- Optional, with or without further definition of condition: this means that the Segment or Field will retain in the Minnesota Companion Guide the original Optional classification given in the Reference NCPDP 5.1 Implementation Guide, and that the Minnesota Companion Guide will follow either:
 - The exact same conditions and values defined in the NCPDP 5.1 Implementation Guide (because the conditions and values are close-ended, unambiguous, and straight-forward)
 - A set of further refined conditions and values applicable to that Optional Segment or Fields
- Not Considered for Processing: see next section.

4.1.5.3 Segments and Fields Classified as Not Considered for Processing (NCFP)

Optional Segments and Fields may also be classified in the Minnesota Companion Guide as "Not Considered for Processing". This means that receivers of this transaction in Minnesota do not consider these Segments

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or Fields necessary for adjudication of the transaction for services covered under this companion guide.

With respect to NCFP Segments and Fields, the interpretation of this classification will be as follows:

- o If the Segment or Field is OPTIONAL in the NCPDP 5.1 Implementation Guide and the Minnesota Usage in the tables included in Section 5 and Section 6 of this Companion Guide is "NCFP", then the Segment or Field:
 - Will not be required by a receiver
 - May be submitted by a sender
 - Will be accepted by a receiver
 - May be ignored by the receiver for adjudication
 - The receiver will not reject transaction if sender submits this element

Deleted: <#> If the Segment or Field is MANDATORY by the NCPDP 5.1 Implementation Guide and the Minnesota Usage in the tables included in Section 5 and Section 6 of this Companion Guide is "NCFP", then the Segment or Field must be sent by the sender and received by the receiver (to meet HIPAA requirements) but the receiver may ignore it for adjudication.¶

It is important to note that the parameters of optional data elements and fields on Implementation Guides are generally written in a manner that creates a "requirement" for the elements or fields to be used (if such conditions are met).

Please refer to the disclaimer in the front matter of this guide.

4.1.6 Addressing Code Set Issues in the Companion Guide

Code sets utilized in HIPAA electronic transactions are classified as:

- Internal Transaction Codes (included and defined inside the Implementation Guides). The Companion Guide may define a set of values that are identical to or a subset of the values permitted in the Reference NCPDP 5.1 Implementation Guide. Within the Companion Guide there are situations where only a subset of values is permitted. As business needs change, additional codes may be defined and made available for use as a best practice. Please refer to Section 4.4 for information on AUC Best Practices.
- External Code Sets (referenced by Implementation Guides, defined and maintained by external bodies) including:
 - o Medical External Code Sets [such as ICD-9 (International Classification of Diseases, Ninth revision, NDC (National Drug Code)]. These values are effective based upon service date.

The Companion Guide does not redefine existing external code sets used in the transactions. Rather, the Companion Guide may identify a subset of external codes to be used in specific Segments and Fields of the transaction.

4.1.7 Trading Partner Agreements

This Companion Guide is not intended to replace the components of trading partner agreements that define other transaction parameters beyond the ones described in this companion guide (such as EDI transmission parameters or transaction header information).

Trading partner agreements may NOT expand, reduce or modify in any way the requirements established by this Companion Guide.

Claims processors in Minnesota should send all applicable messages (up to 200 characters) per claim.

4.2 Process for Updating Companion Guide Document

The process for updating Minnesota Uniform Companion Guide documents, including submitting and collecting change requests, reviewing and evaluating requests and making recommendations, adopting and publishing a new version of the guide is available from the Minnesota Department of Health's website at <http://www.health.state.mn.us/asa/index.html>

4.3 Minnesota Best Practices for the Implementation of Electronic Health Care Transactions

The Minnesota Administrative Uniformity Committee (MN AUC) is continuously working on the identification of Best Practices for the implementation of administrative transactions and processes. Although they are not required as part of this Companion Guide, they are helpful in aiding payers and providers in implementing these transactions.

Please visit the MN-AUC website at <http://www.health.state.mn.us/auc/index.html> for more information about Best Practices for implementing electronic health care transactions in Minnesota.

4.4 General Introduction to the Companion Guide Tables

All the information related to the way this Companion Guide classifies and defines mandatory and optional Segments and Fields is presented in a table format in the next sections. Tables are organized by Segments, to make it easier to review and locate.

The tables include the following:

- ALL of the Segments and Fields that are classified as MANDATORY by the NCPDP 5.1 Implementation Guide
- ALL of the Segments and Fields that are classified as OPTIONAL by the NCPDP 5.1 Implementation Guide

The tables are organized into the following columns:

- o Segment Information: The NAME and USAGE given to the Segment on the NCPDP 5.1 Implementation Guide
- o Field ID: The Field ID from the NCPDP 5.1 Implementation Guide
- o Field Name: The name given to the field in the NCPDP 5.1 Implementation Guide
- o NCPDP Usage: The usage (mandatory or optional and mandatory repeating or optional repeating) given to the field in the NCPDP 5.1 Implementation Guide
- o IG Definition of Values: The set of values defined by the NCPDP 5.1 Implementation Guide for the field
- o Minnesota Information:
 - Minnesota Usage - The only permitted values are:
 - “M” for Mandatory
 - “O” for Optional
 - “NCFP” for Not Considered for Processing
 - Value Definition and Notes: The specific values and other notes applicable to the Segment or Field to be followed in Minnesota. If Minnesota values have been limited to a subset of values, additional HIPAA compliant values will be considered NCFP.

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Deleted: <#> Minnesota Usage Same as NCPDP IG: If marked with an ‘X’, it means that the Minnesota Companion Guide conditions, values and notes for the Segment or Field are identical to the conditions, values and notes from the NCPDP 5.1 Implementation Guide¶

4.4.1 Compressing Field Rows into Segment Rows

In preparing the companion guides, some “compression” or “collapsing” of Field rows into Segment rows has been done to simplify the size and content of the document. This compression or collapsing was done as follows: If the “Minnesota Usage” classification of a Segment and its Fields are ALL IDENTICAL to the reference NCPDP 5.1 Implementation Guide, then the Field rows for that Segment are NOT included in these tables and only the Segment-level row is presented.

For example, on the Companion Guide table in Section 5.2 below, all of the FIELDS that are part of the “Claim” SEGMENT (including the fields “Prescription Service Reference Number Qualifier”, “Prescription Service Reference Number”, “Product/Service ID Qualifier”, and “Product/Service ID”) have been COMPRESSED, meaning they are NOT shown in the table. Note that this DOES NOT mean that those Fields not displayed are not required or needed. This only means that the Fields inside a ‘compressed’ Segment retain in the Minnesota Companion Guide the exact same usage classification (and notes) given to them in the reference NCPDP 5.1 Implementation Guide, and users of this companion guide will need to follow the original usage requirements given to those ‘compressed’ fields.

4.4.2 Relationship Between Condition Given to Segments and Fields in the NCPDP Telecommunication Implementation Guide and the Minnesota Usage Classification Given in the Companion Guide

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A summary of the five (5) scenarios that could occur in the companion guide when relating the following three elements are presented in the table below:

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1. The condition that a Segment or Field has in the original NCPDP 5.1 Implementation Guide (Mandatory or optional)
2. The "Minnesota Usage" as defined by the companion guide development teams (Mandatory When; optional When; Not Used for Processing)
3. Whether the Minnesota Usage/Notes are identical to the NCPDP 5.1 Implementation Guide

Table 1
Five Specific Minnesota Companion Guide Scenarios for
Minnesota-defined Usage of Segments and Fields

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Condition of Segment/Field from NCPDP 5.1 Implementation Guide	Minnesota Usage Classification Companion Guide	Minnesota Notes about Usage
1. Mandatory or Mandatory Repeating	Mandatory	Same as NCPDP 5.1 Implementation Guide
2. Optional or Optional Repeating	Mandatory	Further defines the requirements from the NCPDP 5.1 Implementation Guide
3. Optional or Optional Repeating	Optional	Same as NCPDP 5.1 Implementation Guide
4. Optional or Optional Repeating	Optional	Further refines the requirements from the NCPDP 5.1 Implementation Guide
5. Optional or Optional Repeating	NCFP (Not Considered for Processing)	Same as NCPDP 5.1 Implementation Guide

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5.0 NCPDP Pharmacy Reversal Submission
- Companion Guide Table -

5.1 Introduction to Table

The following table contains the companion guide information needed to implement the NCPDP Pharmacy Reversal SUBMISSION Transaction. A description of this table is provided in Section 4.4 of this companion guide.

5.2 Companion Guide Table ¹

Transaction: NCPDP Reversal Submission							
Segment	Field			IG Definition of Values	IG Values	Minnesota Information	
	ID	Name	NCPDP Usage			MN Usage	Value Definition and Notes
Header			M			M	
Header	101 -A1	BIN NUMBER	M	Card Issuer ID or Bank ID Number used for network routing.		M	
Header	102 -A2	VERSION/RELEASE NUMBER	M	Identifying the transmission syntax and corresponding Data Dictionary.	See the NCPDP Data Dictionary for a list of values.	M	51
Header	103 -A3	TRANSACTION CODE	M	Code identifying the type of transaction.	See the NCPDP Data Dictionary for a list of values.	M	B2 Please see Section 4.1.2 for further clarifications on applicability of this Companion Guide to B2 (Claim Reversal) transactions

Comment [W1]: "Field Length" column has been deleted; Last column "MN Usage Same as NCPDP IG" has been deleted

¹ Source: Materials Reproduced with the Consent of © National Council for Prescription Drug Programs, Inc. 1999, 2008 NCPDP.

MINNESOTA UNIFORM COMPANION GUIDE FOR THE NCPDP PHARMACY CLAIM REVERSAL TRANSACTION

Transaction: NCPDP Reversal Submission							
Segment	Field			IG Definition of Values	IG Values	Minnesota Information	
	ID	Name	NCPDP Usage			MN Usage	Value Definition and Notes
Header	104 -A4	PROCESSOR CONTROL NUMBER	M	Number assigned by the processor.		M	
Header	109 -A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	See the NCPDP Data Dictionary for a list of values.	M	
Header	202 -B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (201-B1).	See the NCPDP Data Dictionary for a list of values.	M	01 NPI
Header	201 -B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.		M	
Header	401 -D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.		M	
Header	110 -AK	SOFTWARE VENDOR/ CERTIFICATION ID	M	ID assigned by the switch or processor to identify the software source.		M	
Patient			O			O	Required for all retail prescription billing submissions
Patient	111 -AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	See the NCPDP Data Dictionary for a list of values.	M	01
Patient	331 -CX	PATIENT ID QUALIFIER	O	Code qualifying the 'Patient ID' (332-CY).	See the NCPDP Data Dictionary for a list of values.	O	
Patient	332 -CY	PATIENT ID	O	ID assigned to the patient.		O	
Patient	304 -C4	DATE OF BIRTH	O	Date of birth of patient.		O	
Patient	305 -C5	PATIENT GENDER CODE	O	Code indicating the gender of the individual.	See the NCPDP Data Dictionary for a list of values.	O	
Patient	310 -CA	PATIENT FIRST NAME	O	Individual first name.		O	

Comment [W1]: "Field Length" column has been deleted; Last column "MN Usage Same as NCPDP IG" has been deleted

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Transaction: NCPDP Reversal Submission							
Segment	Field			IG Definition of Values	IG Values	Minnesota Information	
	ID	Name	NCPDP Usage			MN Usage	Value Definition and Notes
Patient	311 -CB	PATIENT LAST NAME	O	Individual last name.		O	
Patient	322 -CM	PATIENT STREET ADDRESS	O	Free-form text for address information.		O	▼
Patient	323 -CN	PATIENT CITY ADDRESS	O	Free-form text for city name.		O	▼
Patient	324 -CO	PATIENT STATE / PROVINCE ADDRESS	O	Standard State/Province Code as defined by appropriate government agency.	See Appendix L of the NCPDP Data Dictionary for a list of United States and Canadian Province Postal Service Abbreviations	O	▼
Patient	325 -CP	PATIENT ZIP/POSTAL ZONE	O	Code defining international postal zone excluding punctuation and blanks (zip code for US).		O	▼
Patient	326 -CQ	PATIENT PHONE NUMBER	O	Ten digit phone number of patient.		O	▼
Patient	307 -C7	PATIENT LOCATION	O	Code identifying the location of the patient when receiving pharmacy services.	See the NCPDP Data Dictionary for a list of values.	O	
Patient	333 -CZ	EMPLOYER ID	O	ID assigned to employer.		O	▼
Patient	334 -1C	SMOKER / NON-SMOKER CODE	O	Code indicating the patient as a smoker or non-smoker.	See the NCPDP Data Dictionary for a list of values.	NCFP	
Patient	335 -2C	PREGNANCY INDICATOR	O	Code indicating the patient as pregnant or non-pregnant.	See the NCPDP Data Dictionary for a list of values.	NCFP	
Insurance			O			O	

Comment [W1]: "Field Length" column has been deleted; Last column "MN Usage Same as NCPDP IG" has been deleted

Deleted: Required when Workers Compensation claim

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Transaction: NCPDP Reversal Submission							
Segment	Field			IG Definition of Values	IG Values	Minnesota Information	
	ID	Name	NCPDP Usage			MN Usage	Value Definition and Notes
Claim			M			M	
DUR/PPS ²			O			O	
Pricing			O			O	

Comment [W1]: "Field Length" column has been deleted; Last column "MN Usage Same as NCPDP IG" has been deleted

² Drug Utilization Review/Prospective Payment System (DUR/PPS)

6.0 NCPDP Pharmacy Reversal Response
- Companion Guide Table -

6.1 Introduction to Table

The following table contains the companion guide information needed to implement the NCPDP Pharmacy Reversal RESPONSE Transaction. A description of this table is provided in Section 4.4 of this companion guide.

6.2 Companion Guide Table ³

Transaction: NCPDP Reversal Response							
Segment	Field			IG Definition of Values	IG Values	Minnesota Information	
	ID	Name	NCPDP Usage			MN Usage	Value Definition and Notes
Response Header			M			M	
Response Header	102 -A2	VERSION/ RELEASE NUMBER	M	Card Issuer ID or Bank ID Number used for network routing.	See the NCPDP Data Dictionary for a list of values.	M	51
Response Header	103 -A3	TRANSACTION CODE	M	Code identifying the type of transaction.	See the NCPDP Data Dictionary for a list of values.	M	B2 Please see Section 4.1.2 for further clarifications on applicability of this Companion Guide to B2 (Claim Reversal) transactions
Response Header	109 -A9	TRANSACTION COUNT	M	Count of transactions in the transmission.	See the NCPDP Data Dictionary for a list of values.	M	

Comment [W2]: "Field Length" column has been deleted; Last column "MN Usage Same as NCPDP IG" has been deleted

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Transaction: NCPDP Reversal Response							
Segment	Field			IG Definition of Values	IG Values	Minnesota Information	
	ID	Name	NCPDP Usage			MN Usage	Value Definition and Notes
Response Header	501-F1	HEADER RESPONSE STATUS	M	Code indicating the status of the transmission.	See the NCPDP Data Dictionary for a list of values.	M	
Response Header	202-B2	SERVICE PROVIDER ID QUALIFIER	M	Code qualifying the 'Service Provider ID' (201-B1)	See the NCPDP Data Dictionary for a list of values.	M	01 - NPI
Response Header	201-B1	SERVICE PROVIDER ID	M	ID assigned to a pharmacy or provider.		M	
Response Header	401-D1	DATE OF SERVICE	M	Identifies date the prescription was filled or professional service rendered.		M	
Response Message			O			O	
Response Status			M			M	
Response Status	111-AM	SEGMENT IDENTIFICATION	M	Identifies the segment in the request and/or response.	See the NCPDP Data Dictionary for a list of values.	M	21
Response Status	112-AN	TRANSACTION RESPONSE STATUS	M	Code indicating the status of the transaction.	See the NCPDP Data Dictionary for a list of values.	M	
Response Status	503-F3	AUTHORIZATION NUMBER	M	Number assigned by the processor to identify an authorized transaction.		M	
Response Status	510-FA	REJECT COUNT	O	Count of 'Reject Code' (511-FB) occurrences.	See Appendix F of the NCPDP Data Dictionary for a list of reject codes	O	
Response Status	511-FB	REJECT CODE	O ** *R **	Code indicating the error encountered.		O	

Comment [W2]: "Field Length" column has been deleted; Last column "MN Usage Same as NCPDP IG" has been deleted

Transaction: NCPDP Reversal Response							
Segment	Field			IG Definition of Values	IG Values	Minnesota Information	
	ID	Name	NCPDP Usage			MN Usage	Value Definition and Notes
			*				
Response Status	546 -4F	REJECT FIELD OCCURRENCE INDICATOR	O ** *R ** *	Identifies the counter number of occurrence of the field that is being rejected. Used to indicate rejects for repeating fields.		Q	
Response Status	547 -5F	APPROVED MESSAGE CODE COUNT	O	Count of the 'Approved Messages Code' (548-6F) occurrences.		Q	
Response Status	548 -6F	APPROVED MESSAGE CODE	O ** *R ** *	Message code, on an approved claim/service, communicating the need for an additional follow-up.	See the NCPDP Data Dictionary for a list of values.	Q	
Response Status	526 -FQ	ADDITIONAL MESSAGE INFORMATION	O	Free text message.		O	
Response Status	549 -7F	HELP DESK PHONE NUMBER QUALIFIER	O	Code qualifying the phone number in the 'HelpDesk Phone Number (550-8F).	See the NCPDP Data Dictionary for a list of values.	O	
Response Status	550 -8F	HELP DESK PHONE NUMBER	O	Ten digit phone number of the help desk.		O	
Response Claim			M			M	

Comment [W2]: "Field Length" column has been deleted; Last column "MN Usage Same as NCPDP IG" has been deleted

Deleted: NCFP

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2. Mandatory or Mandatory Repeating	Mandatory	Further clarifies the NCPDP 5.1 Implementation Guide
3. Mandatory or Mandatory Repeating	NCFP (Not Considered for Processing)	Same as NCPDP 5.1 Implementation Guide