

Device System Transactions: Pharmacy

This section details the procedures for submitting pharmacy claims, pharmacy claim reversals and drug price inquiries using the Point of Service (POS) device. These transactions comprise the pharmacy suite of POS device transactions.

If you have questions regarding the operation of the POS device, please call the Telephone Service Center (TSC) at 1-800-541-5555 and select the option for POS/Internet inquiries.

Beginning a Transaction

Use the following two steps to begin any transaction that is part of the pharmacy suite. This includes pharmacy claims, pharmacy claim reversals and drug price inquiries. Next, refer to the instructions for the specific pharmacy transaction you wish to perform.

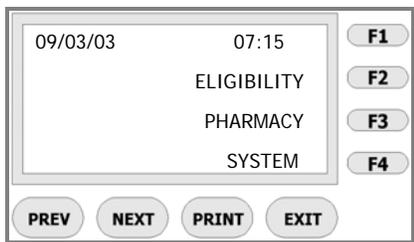


1. The first screen on the POS device is the Welcome screen. You can either swipe a Benefits Identification Card (BIC) through the card reader or press any key to get started.

If you swipe a BIC, the subscriber information coded on the magnetic stripe automatically displays in certain screens as you advance through the transaction. To accept the information, press <ENTER> when you reach the screen.

If you do not swipe a BIC, you must type the requested information in each screen and press <ENTER>.

Note: You need to obtain the issue date from the BIC to successfully enter a pharmacy transaction.

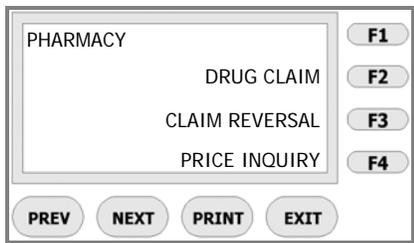


2. After swiping a BIC or pressing any key, the Main Menu screen displays. Press the function <F> key corresponding to "PHARMACY." In this example, press F3. If the "PHARMACY" option is not displayed and you see the (↓) character on the screen, press <NEXT> until the "PHARMACY" option displays, then press the corresponding <F> key.

Submitting a Pharmacy Claim

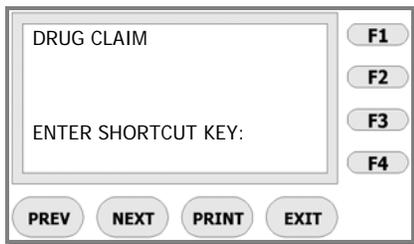
This section contains instructions for submitting pharmacy claims using the POS device. A 10-cent fee will be deducted from the reimbursed amount of each approved pharmacy claim submitted using the POS device. Only Pharmacy providers can submit and be reimbursed for claims using a POS device.

Note: Remarks and/or documentation cannot be included with claims submitted using the POS device. Claims that require remarks/documentation must be billed on a hard copy *Pharmacy Claim Form (30-1)* or as a Computer Media Claim (CMC).



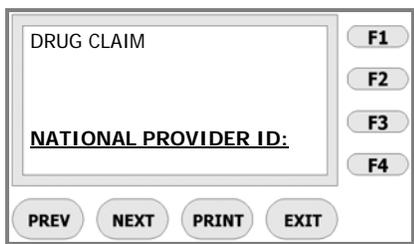
1. Pharmacy Menu

After performing the steps of “Beginning a Transaction” (refer to page 1), the Pharmacy menu displays. Press the F-key corresponding to DRUG CLAIM. In this example, press F2.



2. Shortcut Key

The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. If the shortcut key entered is associated with a National Provider ID (NPI), the next screen displayed will be the NPI screen. If the shortcut key entered is associated with a Medicaid Provider ID, the next screen displayed will be the Medicaid Provider ID screen. Otherwise, press <ENTER> to bypass this screen and the NPI entry screen will be displayed. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.



3. National Provider Identifier

If you entered a shortcut key associated with an NPI in the previous step, this screen will automatically display your NPI; press <ENTER> to accept the displayed value, or you may type in another NPI value and press <ENTER>. Otherwise, with the NPI field blank, press <ENTER> to display the Medicaid Provider ID screen.

DRUG CLAIM

MEDICAID PROVIDER ID:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

3.1. Medicaid Provider Identifier

If you entered a shortcut key associated with a Medicaid Provider ID in the Shortcut Key screen, this screen will automatically display your Medicaid Provider ID. Press <ENTER> to accept the displayed value, or you may type in another Medicaid Provider ID and press <ENTER>.

If the NPI screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value, press the <PREV> key to go to the NPI entry screen. If this screen has been validated and you would rather use an NPI value, leave the value in this screen as is. Press the <PREV> function key to go to the NPI entry screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

DRUG CLAIM

SUBMITTER ID:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

4. Submitter ID

The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

Press the <PREV> key to go to the prior field entered. If valid data was entered in the Medicaid Provider ID field, pressing the <PREV> key displays the Medicaid Provider ID. If valid data was entered in the National Provider ID field, pressing the <PREV> key displays the National Provider ID.

DRUG CLAIM

CARDHOLDER ID:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

5. Cardholder ID

The POS device will prompt you to enter the Cardholder ID number. If you swiped a BIC to begin the transaction, this screen will automatically display the Cardholder ID. Press <ENTER> to accept the displayed value. Otherwise, type the Cardholder ID and press <ENTER>.

DRUG CLAIM

MALE (M)
FEMALE (F)

GENDER:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

6. Subscriber Gender

The POS device will prompt you to enter the subscriber's gender. If you swiped a BIC to begin the transaction, this screen will automatically display the gender; press <ENTER> to accept the displayed value. Otherwise, type the subscriber's gender and press <ENTER>.

DRUG CLAIM

BIRTH DATE: CCYYMMDD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

7. Birth Date

The POS device will prompt you to enter the subscriber's birth date. If you swiped a BIC to begin the transaction, this screen will automatically display the birth date. Press <ENTER> to accept the displayed value. Otherwise, type the subscriber's birth date in the CCYYMMDD format and press <ENTER>. For example, if the subscriber's birth date is September 29, 1970, type "19700929".

Note: If you are billing for services to a newborn infant using the mother's ID number, **you must type the mother's birth date at this prompt, not the infant's.**

DRUG CLAIM

ISSUE DATE: YYMMDD

F1 F2 F3 F4

PREV NEXT PRINT EXIT

8. Issue Date

This screen only displays if you entered a Cardholder ID that is not a 14 character BIC in step 5. If this screen displays, enter the issue date shown on the BIC. If the screen already displays the issue date, press <ENTER> to accept the displayed value. Otherwise, type the issue date in the format YYMMDD and press <ENTER>. For example, if the issue date is August 26, 1998, type "980826".

DRUG CLAIM

INTER-CARE	(2)
SKILLED CARE	(7)
SUBACUTE CARE	(8)

F1
F2
F3
F4

PREV NEXT PRINT EXIT

9. Place of Service

The POS device will prompt you to enter the Place of Service code. If the subscriber is in a facility, type the appropriate Place of Service code and press <ENTER>. Otherwise, press <ENTER> to bypass this screen.

Press the <PREV> key to go to the prior field entered. If data present in the Issue Date field, pressing the <PREV> key displays the Issue Date else the Birth Date field will be displayed.

DRUG CLAIM

SERVICE DATE: CCYYMMDD

F1
F2
F3
F4

PREV NEXT PRINT EXIT

10. Service Date

The POS device will prompt you to enter the service date. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the service date is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the service date is June 23, 2003, type "20030623".

DRUG CLAIM

TRANSACTION COUNT:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

11. Transaction Count

The POS device will prompt you for the transaction count (the number of Pharmacy claim lines you will be sending in this transaction). Type the transaction count and press <ENTER>.

Note: You can submit up to four claims lines per transaction.

DRUG CLAIM

CLAIM LINE 01

F1
F2
F3
F4

PREV NEXT PRINT EXIT

12. Claim Line Number

Data entry for each transaction begins with a screen identifying the claim line number. Press <ENTER> to begin entering claim detail information for the claim line. The claim line number will display at the top of each subsequent screen pertaining to the claim line.

The screenshot shows a POS device screen with a white background and a black border. At the top left, it says "DRUG CLAIM - 01". Below that is a large empty rectangular box for text entry. Underneath the box, it says "PRESCRIPTION NUMBER:". To the right of the screen are four function keys labeled F1, F2, F3, and F4. At the bottom of the screen are four buttons labeled PREV, NEXT, PRINT, and EXIT.

13. Prescription Number

The POS device will prompt you to enter the prescription number. Type the prescription number and press <ENTER>.

Note: You cannot have identical prescription numbers for the same service date. If you do have identical numbers, Pharmacy claim reversals may not work. It is recommended that you modify your system if it generates identical prescription numbers for the same service date.

The screenshot shows a POS device screen with a white background and a black border. At the top left, it says "DRUG CLAIM - 01". Below that is a large empty rectangular box for text entry. Underneath the box, it says "NDC/UPC:". To the right of the screen are four function keys labeled F1, F2, F3, and F4. At the bottom of the screen are four buttons labeled PREV, NEXT, PRINT, and EXIT.

14. NDC/UPC

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

The screenshot shows a POS device screen with a white background and a black border. At the top left, it says "DRUG CLAIM - 01". Below that is a large empty rectangular box for text entry. Underneath the box, it says "QUANTITY DISPENSED:" followed by "0000000.000". To the right of the screen are four function keys labeled F1, F2, F3, and F4. At the bottom of the screen are four buttons labeled PREV, NEXT, PRINT, and EXIT.

15. Quantity Dispensed

The POS device will prompt you to enter the quantity dispensed. Type the quantity dispensed and press <ENTER>. The correct measurement unit is listed beside each item in the *Drugs: Contract Drugs List* sections of the *Pharmacy* manual. You must use this measurement unit.

Note: You must enter the quantity dispensed in metric decimal quantities. The device adds a decimal point in the correct position. For example:

- If the quantity dispensed is 22.51, type "22510". The screen will display "22.510".
- If the quantity dispensed is 10, type "10000". The screen will display "10.000".

The screenshot shows a POS device screen with a white background and a black border. At the top left, it says "DRUG CLAIM - 01". Below that is a large empty rectangular box for text entry. Underneath the box, it says "DAYS SUPPLY:". To the right of the screen are four function keys labeled F1, F2, F3, and F4. At the bottom of the screen are four buttons labeled PREV, NEXT, PRINT, and EXIT.

16. Days Supply

The POS device will prompt you to enter the days supply. Type the estimated days supply of the drug and press <ENTER>.

DRUG CLAIM - 01

CHARGE: \$ 0.00

F1 F2 F3 F4

PREV NEXT PRINT EXIT

17. Charge

The POS device will prompt you to type the charge. Type your usual and customary charge for the drug **in dollars and cents** (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

For example, if the charge is \$25, type “2500”. The screen will display “\$25.00”. If you only type “25,” you are entering 25¢, not \$25. You may enter up to \$999,999.99.

DRUG CLAIM - 01

PATIENT PAID AMOUNT:
_ \$ 0.00

F1 F2 F3 F4

PREV NEXT PRINT EXIT

18. Patient Paid Amount

The POS device will prompt you to enter the patient’s (subscriber’s) paid amount. If the subscriber does not have a Share of Cost (SOC), press <ENTER> to bypass this screen. Otherwise, type the amount that the subscriber has paid toward the SOC liability **in dollars and cents** (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

For example, if the Patient Paid Amount is \$25, type “2500”. The screen will display “\$25.00”. If you only type “25,” you are entering 25¢, not \$25. You may enter up to \$999,999.99.

If you skip this screen but the subscriber has a Patient Paid Amount, your claim will be denied and you must perform an Eligibility Verification transaction to determine the paid amount.

DRUG CLAIM - 01

NON-SPEC (00)
OTHER (09)
BASIS OF COST:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

19. Basis of Cost

The POS device will prompt you for the basis of cost. If the basis of cost is Disproportionate Share/Public Health Service, type “09” (which indicates “Other”). Otherwise, type “00” (which indicates “Not specified”).

DRUG CLAIM - 01

CODE 1 RESTRICT MET: N

F1 F2 F3 F4

PREV NEXT PRINT EXIT

20. Code 1 Restriction Met

This screen is used to indicate whether the Code 1 restriction has been met and displays “N” (No) by default. If the drug does not have a Code 1 restriction, press <ENTER> to accept the default value. If the Code 1 restriction has been met, type “Y” and press <ENTER>.

DRUG CLAIM - 01

- NOT SPECIFIED (0)
- NONE IDENTIFIED (1)
- PAYMENT COLLECTED (2)
- ▼ CLAIM NOT COVERED (3)

OTHER COVERAGE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

21. Other Coverage Code

The POS device will prompt you to enter the appropriate other coverage code and press <ENTER>.

If you type "2" (PAYMENT COLLECTED), proceed with step 22. If you type something other than "2," proceed with step 23.

Note: If you type "2" you must enter a dollar amount in the Other Payer Amount screen in step 22.

DRUG CLAIM - 01

- ▲ PAYMT NOT COLL (4)
- CARE PLAN DENTAL (5)
- NOT IN EFFECT (7)

OTHER COVERAGE CODE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

DRUG CLAIM - 01

OTHER PAYER AMOUNT: \$

PREV NEXT PRINT EXIT

F1 F2 F3 F4

22. Other Payer Amount

This screen only displays if you typed an other coverage code of "2" in step 21. If this screen displays, type the Other Health Coverage (OHC) amount paid (up to \$999,999.99) and press <ENTER>.

Note: You must enter a valid dollar amount. If you enter zero dollars in this screen, the claim will be denied.

DRUG CLAIM - 01

- PRIOR AUTH (1)
- EPSDT (3)
- FAMILY PLAN IND (6)

PRIOR AUTH TYPE:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

23. Prior Authorization Type

The POS device will prompt you to enter the prior authorization type. Type the appropriate authorization type and press <ENTER>. If there is no prior authorization type, press <ENTER> to bypass this screen.

DRUG CLAIM - 01

PRIOR AUTHORIZATION NUMBER (TCN):

PREV NEXT PRINT EXIT

F1 F2 F3 F4

24. Prior Authorization Number (TCN)

This screen only displays if you typed a prior authorization type of "1" in step 23. If this screen displays, type the Treatment Authorization Request (TAR) Control Number, known as a TAR Control Number (TCN). Type the entire 11-digit TCN and press <ENTER>. If no prior authorization type was entered in step 23, the device automatically bypasses this screen.

25. Prescriber Identifier

The POS device will prompt you to enter the prescriber's National Provider ID, Medicaid Provider ID or State license number. Type the Prescriber ID and press <ENTER>.

Note: Do not enter the prescriber's DEA number. Warning message(s) will be sent to the provider mail if the prescriber's Medicaid Provider ID or state license number is entered, or the National Provider ID is not valid.

26. DUR Conflict Code

The POS device will prompt you to enter a Drug Use Review (DUR) conflict code. If one of the DUR problems listed below was identified and resolved during the filling of the prescription, type the applicable DUR conflict code and press <ENTER>. Otherwise, press <ENTER> to bypass this screen.

DUR Conflict Codes:

LD	Low Dose	SX	Drug-gender
HD	High Dose	DA	Drug-allergy
LR	Underutilization	PG	Drug-pregnancy
PA	Drug-age		

Note: Only the above codes can be submitted with the **initial** transaction.

If you bypass this screen but the Medi-Cal host computer detects one or more DUR conflicts, the host will respond with one or more of the following code(s):

LD	Low Dose	MX	Incorrect Duration
HD	High Dose	DA	Drug-allergy
LR	Underutilization	PG	Drug-pregnancy
PA	Drug-age	DD	Drug-drug Interaction
SX	Drug-gender	TD	Therapeutic Duplication
ID	Ingredient Duplication	MC	Drug (Actual)-disease
ER	Over utilization	DC	Drug (Inferred)-disease
AT	Additive Toxicity		

DRUG CLAIM - 01

DUR INTERVENTION CODE:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

27. DUR Intervention Code

This screen only displays if you typed a DUR conflict code in step 26. The POS device will prompt you to enter a DUR intervention code. If a DUR problem was identified and resolved during the filling of the prescription, type one of the following DUR intervention codes and press <ENTER>:

M0 Prescriber consulted
P0 Patient consulted
R0 Pharmacist consulted other source

(For the above codes, 0 = zero.)

Note: This screen cannot be bypassed. You must enter an intervention code or the claim will be denied.

If you are responding to one or more DUR alerts from a previous claim submission, choose one alert at a time and respond to it.

DRUG CLAIM - 01

DUR OUTCOME CODE:

F1 F2 F3 F4

PREV NEXT PRINT EXIT

28. DUR Outcome Code

This screen only displays if you typed a DUR conflict code in step 26. The POS device will prompt you to enter a DUR outcome code. If a DUR problem was identified and resolved during the filling of the prescription, type one of the following DUR outcome codes and press <ENTER>:

1A Filled, false positive
1B Filled prescription as is
1C Filled with different dose
1D Filled with different directions
1E Filled with different drug
1F Filled with different quantity
1G Filled with prescriber approval

2A Prescription not filled
2B Prescription not filled – directions clarified

Note: This screen cannot be bypassed. You must enter an outcome code or the claim will be denied.

If you are responding to one or more DUR alerts from a previous claim submission, type the applicable DUR outcome code for the alert to which you are responding and press <ENTER>.

Refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy* manual or the Medi-Cal Web site (www.medi-cal.ca.gov) for additional information about DUR.

29. Diagnosis Code Count

Type the number of diagnosis codes for this claim line and press <ENTER>, or press <ENTER> to bypass this screen.

Because you can enter up to two diagnosis codes per claim line (a primary diagnosis code and a secondary diagnosis code), this screen accepts a "1" or "2."

30. Primary Diagnosis Code

Type the primary diagnosis code and press < ENTER>.

Note: The following rules apply to diagnosis code entries:

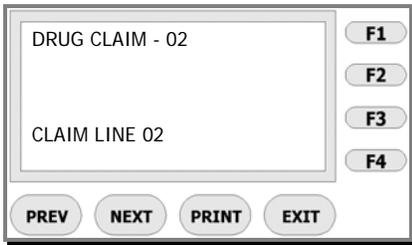
- They must contain four to six characters and include a decimal point (which is counted as a character).
- The decimal point must be entered by the user; one is not automatically inserted by the POS device.
- If the diagnosis code contains only numeric characters, the decimal point must be the fourth character entered. For example, "123.4" is a correct entry; "12.34" is not.
- If the diagnosis code begins with an alpha character, the decimal point must be the fifth character entered. For example, "E123.4" is a correct entry; "E12.34" is not.
- If an alpha character is entered in any position other than the first position, the claim will be denied. For example, "12E3.4" is an incorrect entry and will result in a denied claim.

31. Secondary Diagnosis Code

This screen only displays if you typed "2" in the Diagnosis Code Count screen in step 29.

If this screen displays, type the secondary diagnosis code and press <ENTER>.

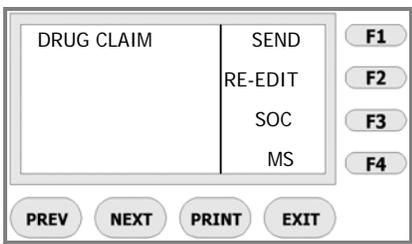
Note: Refer to step 30 for the rules that apply to diagnosis code entries.



32. Claim Line Number

This screen only displays if you typed something other than “1” in the Transaction Count screen in step 11.

If you indicated multiple claim lines in step 11 (you may submit up to four claim lines per transaction), the POS device progresses through the same series of screens as it did for Claim Line 01. You must repeat steps 13 – 31 for each claim line.

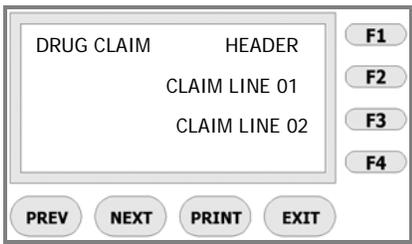


33. Send/Re-Edit Screen

After you have completed steps 11 – 31 for all claim lines, the device displays the Send/Re-Edit screen.

The “SEND” option allows you to submit the transaction. The “RE-EDIT” option allows you to change your transaction data. For more information on the SOC or MS options, refer to the *Eligibility Transaction Procedures* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

To submit the Pharmacy claim, press F1 (SEND). To change any of your entries, press F2 (RE-EDIT), then refer to step 34.



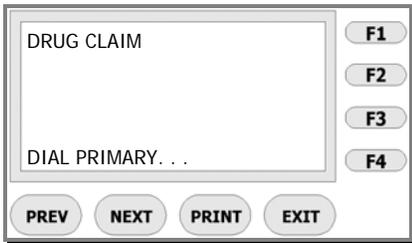
34. If you pressed F2 (RE-EDIT) in step 33, the screen lists the claim line numbers next to corresponding function <F> key. In this example, the transaction contains two claim lines.

To change an entry pertaining to a claim line, press the <F> key corresponding to the claim line. The device will display the header screen for the selected claim line. Scroll through the screen pertaining to the claim line by pressing <NEXT> or <PREV> until you reach the entry you wish to change.

To change an entire entry, type in a new entry and press <ENTER>. The new entry replaces the previous entry.

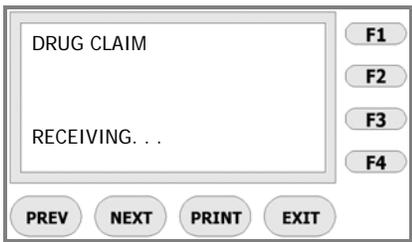
To change single characters in an entry, press <BACKSPACE> on the keyboard or keypad to delete the entry one character at a time until you delete the incorrect character. Re-type the entry from that character forward.

When all edits have been verified and are correct, repeatedly press <NEXT> or <ENTER> until the Send/Re-Edit screen again displays, then press F1 (SEND) to submit the pharmacy claim.

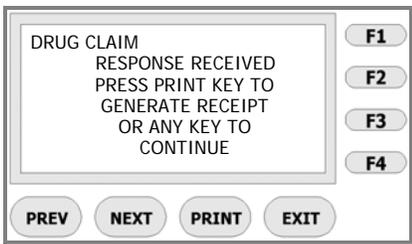


35. After you submit the claim by pressing <F1>, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.

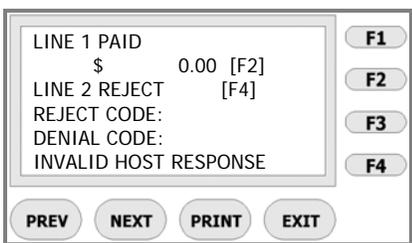


Response Received



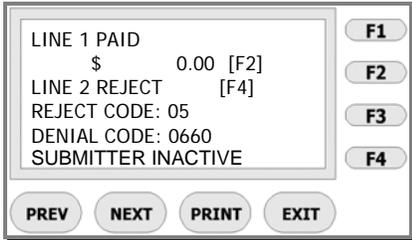
36. Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.



- 37 After you press any key, the device displays the response to your claim.

More Than One Line Billed



38. If you billed more than one claim line, the response will address each claim line and will extend over multiple screens. Press <NEXT> or <ENTER> to scroll down the screen to view each response. Press <PREV> to scroll up.

The response references a specific function <F> key for each claim line. Press the indicated <F> key to review the information for that particular claim line. In this example, you would press <F2> to view the information for claim line 1 and <F4> to view the information for claim line 2.

Note: It is possible for one claim line to be reimbursed, one to be denied and one to generate a DUR alert, or any combination of the three.

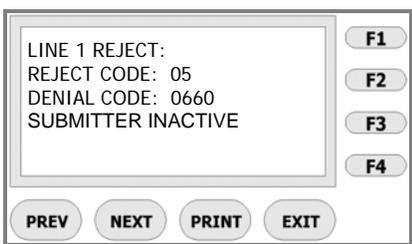
Paid Claim



39. If the claim is reimbursed, the screen will indicate the reimbursed amount.

Note: The actual reimbursed amount will vary depending on the drug and amount billed.

Denied Claim



40. If the claim is denied, the screen will display denial information.

To locate the denial reason(s), press <NEXT> or <ENTER> to scroll through the screens.

One or more screens may contain two-character National Council for Prescription Drug Programs (NCPDP) reject codes. This indicates that your claim denied for a reason associated with the entry in that screen(s).

NCPDP Reject Codes	To determine the reason for a denied claim line, look up the two-digit NCPDP reject code in the <i>Reject Codes for the Medi-Cal-Supplied POS Device and Real Time Internet Pharmacy (RTIP)</i> section of the <i>Pharmacy</i> manual.
From the Send/Re-Edit Menu	The re-edit after response will highlight the populated Provider ID field: a. If a Medicaid Provider ID was entered, the Re-Edit Menu will display the populated Medicaid Provider ID screen. Pressing <PREV> and entering the NPI in the NPI field will purge the data on the Medicaid Provider ID field. b. If a National Provider ID was entered, the Re-Edit Menu will display the populated National Provider ID screen. Clearing this field and pressing <ENTER> will take you to the Medicaid Provider ID screen.
More Than One Line Billed	If you billed more than one claim line, continue to scroll through the screens (by pressing <NEXT> or <ENTER>) until you have reviewed all entries for all claim lines. Note: It is possible for one claim line to be reimbursed, one to be denied and one to generate a DUR alert, or any combination of the three.
Correcting Errors	After reviewing your entries, if you determine that the claim was denied due to an entry error, press <EXIT> to return to the Send/Re-Edit screen, then press <F2> (RE-EDIT). Press <NEXT> or <ENTER> to scroll through the screens until you reach the screen that contains the error. Correct the error, then press <NEXT> or <ENTER> to return to the Send/Re-Edit screen. Finally, press <F1> to re-submit the claim. If the denied claim was not the result of an entry error (for example, the subscriber has Other Health Coverage or has not yet cleared a Share of Cost liability), take the appropriate action before attempting to re-submit the claim. For example, you may need to first submit the claim to an Other Health Coverage carrier.

DUR Alert

If the claim line(s) generates a DUR alert, you will encounter the following screen as you scroll through your entries.

This screen indicates that DUR input is now necessary. One or more of the examples on the next page will display for input.

DRUG CLAIM

DUR CONFLICT CODE: (I)

F1
F2
F3
F4

PREV NEXT PRINT EXIT

Press <NEXT> or <ENTER> to view each DUR information screen. Examples of DUR information screens that you may encounter are as follows:

DRUG CLAIM 01 REJECT
DUR INFORMATION:

DUR CONFLICT CODE: XX

F1
F2
F3
F4

PREV NEXT PRINT EXIT

DRUG CLAIM 01 REJECT
DUR INFORMATION:

SEVERITY INDEX CODE: X

F1
F2
F3
F4

PREV NEXT PRINT EXIT

DRUG CLAIM 01 REJECT
DUR INFORMATION:

OTHER PHARMACY IND: X

F1
F2
F3
F4

PREV NEXT PRINT EXIT

DRUG CLAIM 01 REJECT
DUR INFORMATION:

DATABASE INDICATOR: X
OTHER PRESCRIBER IND: X

F1
F2
F3
F4

PREV NEXT PRINT EXIT

DRUG CLAIM 01 REJECT
DUR INFORMATION:

PREVIOUS FILL DATE: XXXX-XX-XX
PREVIOUS FILL AMOUNT: 0.00

F1
F2
F3
F4

PREV NEXT PRINT EXIT

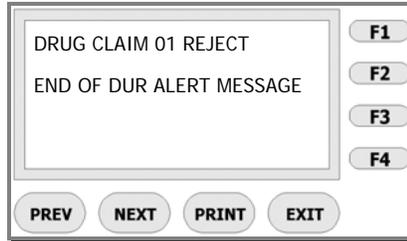
DRUG CLAIM 01 REJECT

ADDITIONAL MESSAGE TEXT:
MAX DOSE = XXXX.XX
ML/DAY

F1
F2
F3
F4

PREV NEXT PRINT EXIT

Examples of DUR information screens (continued):



More Than Nine DUR Alerts

The POS device displays up to nine DUR alerts per claim line and will inform you if more than nine alerts have been generated. If this occurs, call the TSC at 1-800-541-5555 to inquire about the additional alerts.

DUR Codes and Messages

The following codes and messages apply to DUR alerts:

<u>Severity Index Code</u>		<u>Other Pharmacy Indicator</u>	
0	N/A	0	N/A
1	Major Significance	1	Same Pharmacy

<u>Previous Fill Date</u>		<u>Database Indicator</u>	
00000000	N/A	1	First DataBank
CCYYMMDD	Previous Fill Date		

<u>Other Prescriber Indicator</u>	
0	N/A
1	Same Prescriber
2	Other Prescriber

Note: If you are unsure of the meaning of a message, refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy* manual or call the TSC at 1-800-541-5555.

Responding to DUR Alerts After reviewing all DUR alerts, press <ENTER> to display the Send/Re-Edit screen, then press <F2> (RE-EDIT). Press <NEXT> or <ENTER> to scroll through the claim. Type the applicable DUR conflict, intervention and outcome codes in the appropriate screens.

DUR Conflict Codes and Messages When you reach the DUR Conflict Code screen, type the applicable DUR conflict code for the alert you are responding to, then press <ENTER>. DUR conflict codes are as follows:

LD	Low Dose	HD	High Dose
MX	Incorrect Duration	DA	Drug/Allergy
LR	Under-Utilization	PG	Drug/Pregnancy DUR Alerts
PA	Drug/Age	DD	Drug-Drug Interaction
SX	Drug/Gender	TD	Therapeutic Duplication
ID	Ingredient Duplication	MC	Drug (Actual)-Disease
ER	Over-Utilization	AT	Additive Toxicity
DC	Drug (Inferred)-Disease		

DUR Intervention Codes and Messages When you reach the DUR Intervention screen, type the applicable DUR intervention code for the alert you are responding to, then press <ENTER>. DUR intervention codes are as follows:

M0 Prescriber consulted
P0 Patient consulted
R0 Pharmacist consulted other source

(For the above codes, 0 = zero.)

DUR Outcome Codes and Messages When you reach the DUR Outcome Code screen, type the applicable DUR outcome code and press <ENTER>. DUR outcome codes are as follows:

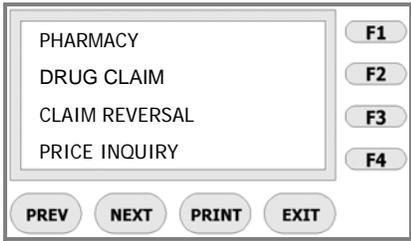
1A Filled, false positive
1B Filled prescription as is
1C Filled with different dose
1D Filled with different directions
1E Filled with different drug
1F Filled with different quantity
1G Filled with prescriber approval

2A Prescription not filled
2B Prescription not filled – directions clarified

Refer to the *Drug Use Review (DUR) Program* section of the *Pharmacy* manual or the Medi-Cal Web site (www.medi-cal.ca.gov) for additional information about DUR.

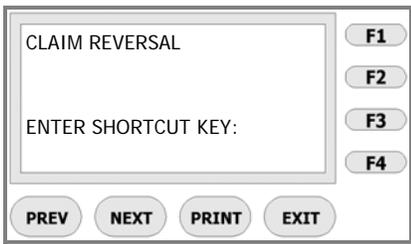
Pharmacy Claim Reversal

If you wish to reverse a pharmacy claim that has been submitted and reimbursed, you can submit a claim reversal using your POS device.



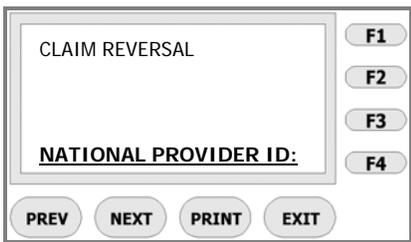
1. Pharmacy Menu

After performing the steps of “Beginning a Transaction” (refer to page 1), the Pharmacy Menu displays. Press the function <F> key corresponding to “Claim Reversal.”



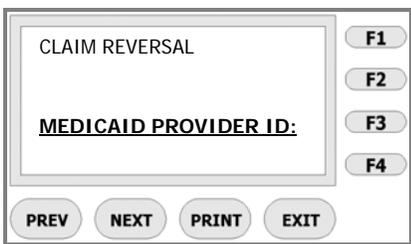
2. Shortcut Key

The POS device will prompt you to enter your shortcut key. If you have activated this feature, type your shortcut key and press <ENTER>. If the shortcut key entered is associated with a National Provider ID, the next screen displayed will be the National Provider ID screen. If the shortcut key entered is associated with a Medicaid Provider ID, the next screen displayed will be the Medicaid Provider ID screen. Otherwise, press <ENTER> to bypass this screen and the NPI entry screen will be displayed. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.



3. National Provider Identifier

If you entered a shortcut key associated with an NPI in the previous step, this screen will automatically display your NPI. Press <ENTER> to accept the displayed value, or you may type in another NPI value and press <ENTER>. Otherwise, with the NPI field blank, press <ENTER> to display the Medicaid Provider ID screen.



3.1. Medicaid Provider Identifier

If you entered a shortcut key associated with a Medicaid Provider ID in the shortcut key screen, this screen will automatically display your Medicaid Provider ID. Press <ENTER> to accept the displayed value, or you may type in another Medicaid Provider ID and press <ENTER>.

The NPI screen must have a value before proceeding. If you would like to enter an NPI value, press the <PREV> key to go to the NPI entry screen. If this screen was validated and you would rather use a NPI value, leave the value in this screen as is. Press the <PREV> key to go to the NPI entry screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

CLAIM REVERSAL

SUBMITTER ID:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

4. Submitter ID

The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

Press the <PREV> key to go to the prior field entered. If valid data was entered in the Medicaid Provider ID field, pressing the <PREV> key displays the Medicaid Provider ID. If valid data was entered in the National Provider ID field, pressing the <PREV> key displays the National Provider ID.

CLAIM REVERSAL

SERVICE DATE: CCYYMMDD

PREV NEXT PRINT EXIT

F1 F2 F3 F4

5. Service Date

The POS device will prompt you to enter the service date. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the service date is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the service date is June 23, 2003, type "20030623."

CLAIM REVERSAL

PRESCRIPTION NUMBER:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

6. Prescription Number

The POS device will prompt you to enter your prescription number. Type the prescription number of the claim you wish to reverse and press <ENTER>.

CLAIM REVERSAL

NDC/UPC:

PREV NEXT PRINT EXIT

F1 F2 F3 F4

7. NDC/UPC Number

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

CLAIM REVERSAL

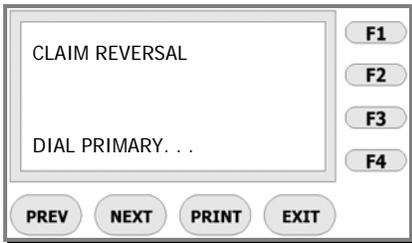
SEND
RE-EDIT
SOC
MS

PREV NEXT PRINT EXIT

F1 F2 F3 F4

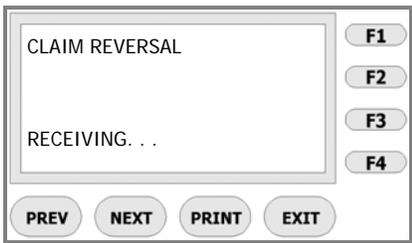
8. Send/Re-Edit Screen

After entering the NDC/UPC number, the Send/Re-Edit screen displays. Press <F1> (SEND) to submit the pharmacy reversal transaction.

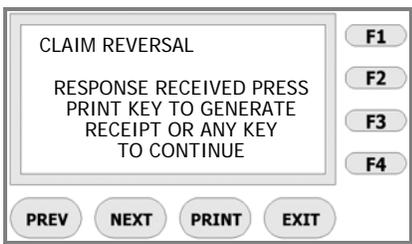


9. After you press <F1>, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.

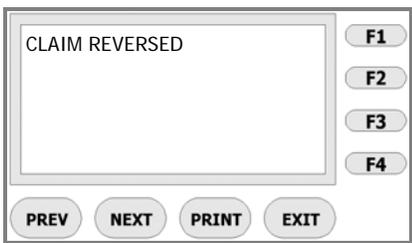


Response Received



1. Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.



2. After you press any key, the device displays the response to your Pharmacy reversal transaction.

Note: If you are unsure of the meaning of a POS message, call the TSC at 1-800-541-5555.

Drug Price Inquiry

In addition to pharmacy claim and claim reversal transactions, you can perform drug price inquiries using your POS device.

PHARMACY

DRUG CLAIM F1

CLAIM REVERSAL F2

PRICE INQUIRY F3

F4

PREV NEXT PRINT EXIT

1. Pharmacy Menu

After performing the steps of “Beginning a Transaction” (refer to page 1), the Pharmacy menu displays. Press the function <F> key corresponding to “PRICE INQUIRY.”

PRICE INQUIRY F1

ENTER SHORTCUT KEY: F2

F3

F4

PREV NEXT PRINT EXIT

2. Shortcut Key

The POS device will prompt you to enter your shortcut key. If you have activated this feature. Type your shortcut key and press <ENTER>. If the shortcut key entered is associated with a National Provider ID, the next screen displayed will be the National Provider ID screen. If the shortcut key entered is associated with a Medicaid Provider ID, the next screen displayed will be the Medicaid Provider ID screen. Otherwise, press <ENTER> to bypass this screen and the NPI entry screen will be displayed. For information about the shortcut key, refer to the *Device System Transactions* section of the *POS Device User Guide* for the VeriFone Omni 3300 device.

PRICE INQUIRY F1

NATIONAL PROVIDER ID: F2

F3

F4

PREV NEXT PRINT EXIT

3. National Provider Identifier

If you entered a shortcut key associated with an NPI in the previous step, this screen will automatically display your NPI. Press <ENTER> to accept the displayed value, or you may type in another NPI value and press <ENTER>. Otherwise, with the NPI field blank, press <ENTER> to display the Medicaid Provider ID screen.

PRICE INQUIRY F1

MEDICAID PROVIDER ID: F2

F3

F4

PREV NEXT PRINT EXIT

3.1. Medicaid Provider Identifier

If you entered a shortcut key associated with a Medicaid Provider ID in the Shortcut Key screen, this screen will automatically display your Medicaid Provider ID. Press <ENTER> to accept the displayed value, or you may type in another Medicaid Provider ID and press <ENTER>.

If the NPI screen had an empty entry, this screen must have a value before proceeding. If you would like to enter an NPI value, press the <PREV> key to go to the NPI entry screen.

If this screen has been validated and you would rather use an NPI value, leave the value in this screen as is. Press the <PREV> key to go to the NPI entry screen. After you validate an NPI entry by pressing <ENTER>, the value in this screen will be purged.

4. Submitter ID

The POS device will prompt you to enter your submitter ID. Type your submitter ID number and press <ENTER>.

Press the <PREV> key to go to the prior field entered. If valid data was entered in the Medicaid Provider ID field, pressing the <PREV> key displays the Medicaid Provider ID. If valid data was entered in the National Provider ID field, pressing the <PREV> key displays the National Provider ID.

5. Cardholder ID Number

The POS device will prompt you to enter the cardholder ID number. If you swiped a BIC to begin the transaction, this screen will automatically display the cardholder ID. Press <ENTER> to accept the displayed value. Otherwise, type the cardholder ID and press <ENTER>.

Note: For drug price inquiries, a Client Index Number (CIN), MEDS ID number, Social Security Number (SSN) or nine-digit “dummy” number are acceptable subscriber IDs.

6. Issue Date

This screen only displays if you entered a Cardholder ID that is not a 14 character BIC in step 5. If this screen displays, enter the issue date shown on the BIC. If the screen already displays the issue date, press <ENTER> to accept the displayed value. Otherwise, type the issue date in the format YYMMDD and press <ENTER>. For example, if the issue date is August 26, 1998, type “980826”.

Note: Any date is acceptable as long as it is in the correct format.

7. Service Date

The POS device will prompt you to enter the service date. The screen displays the current date by default. If the current date is the correct date, press <ENTER> to accept the displayed value. If the service date is something other than the current date, type the date in the format CCYYMMDD and press <ENTER>. For example, if the service date is June 23, 2003, type “20030623”.

Press the <PREV> key to go to the prior field entered. If data present in the Issue Date field, pressing the <PREV> key displays the Issue Date else the Cardholder ID field will be displayed.

8. Transaction Count

The device will prompt you for the transaction count (the number of price inquiries you will be sending in this transaction). Type the transaction count and press <ENTER>.

Note: You can submit up to four price inquiries per transaction.

PRICE INQUIRY - 01

CLAIM LINE 01

F1
F2
F3
F4

PREV NEXT PRINT EXIT

9. Claim Line Number

Data entry for each transaction begins with a screen identifying the claim line number. Press <ENTER> to begin entering claim detail information for the claim line. The claim line number will display at the top of each subsequent screen pertaining to the claim line.

PRICE INQUIRY - 01

PRESCRIPTION NUMBER:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

10. Prescription Number

The POS device will prompt you to enter the prescription number. Type the prescription number and press <ENTER>.

Note: You cannot have identical prescription numbers for the same service date. If you do have identical numbers, drug price inquiries may not work. It is recommended that you modify your system if it generates identical prescription numbers for the same service date.

PRICE INQUIRY - 01

NDC/UPC:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

11. NDC/UPC

The POS device will prompt you to enter the National Drug Code (NDC) or Universal Product Code (UPC). Type the appropriate 11-digit NDC or UPC and press <ENTER>. Use the code on the package of the drug being dispensed.

PRICE INQUIRY - 01

QUANTITY DISPENSED:

F1
F2
F3
F4

PREV NEXT PRINT EXIT

12. Quantity Dispensed

The POS device will prompt you to enter the quantity dispensed. Type the quantity dispensed and press <ENTER>. The correct measurement unit is listed beside each item in the *Drugs: Contract Drugs List* sections of the *Pharmacy* manual. You must use this measurement unit.

Note: You must enter the quantity dispensed in metric decimal quantities. The screen adds a decimal point in the correct position. For example:

- If the quantity is 22.51, type "22510". The screen will display "22.510".
- If the quantity is 10, type "10000". The screen will display "10.000".

13. Charge

The POS device will prompt you to enter the charge. Type your usual and customary charge for the drug **in dollars and cents** (even for whole dollar amounts) and press <ENTER>. Do not include a decimal point.

For example, if the charge is \$25, type “2500”. The screen will display “\$25.00”. If you only type “25,” you are entering 25¢, not \$25. You may enter up to \$999,999.99.

14. Prior Authorization Type

The POS device will prompt you to enter the prior authorization type. Type the appropriate authorization type and press <ENTER>. If there is no prior authorization type, enter “0” or press <ENTER> to bypass this screen.

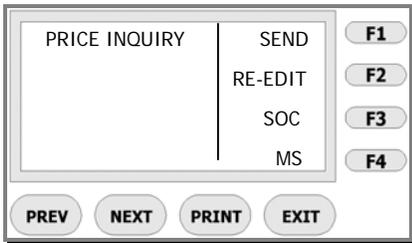
15. Prior Authorization Number (TCN)

This screen only displays if you typed a prior authorization type of “1” in step 14. If this screen displays, type the Treatment Authorization Request (TAR) Control Number, known as a TAR Control Number (TCN). Type the entire 11-digit TCN and press <ENTER>. If no prior authorization type was entered in step 14, the device automatically bypasses this screen.

16. Claim Line Number

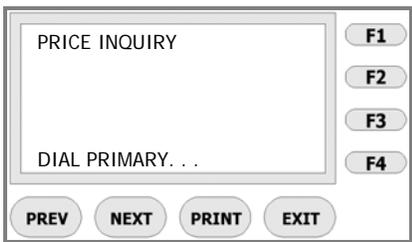
This screen only displays if you typed something other than “1” in the Transaction Count screen in step 8.

If you indicated multiple price inquiries in step 8 (you may submit up to four price inquiries per transaction), the POS device progresses through the same series of screens as it did for Price Inquiry 01. You must repeat steps 10 – 15 for each claim line.



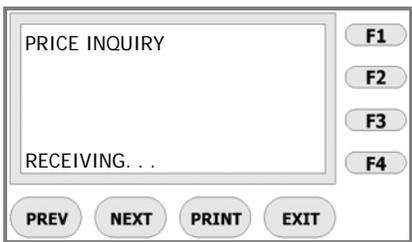
17. Send/Re-Edit Screen

After completing step 16, the Send/Re-Edit screen displays. Press <F1> (SEND) to submit the drug price inquiry transaction.

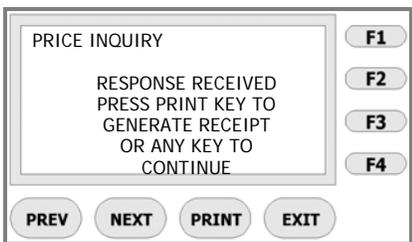


18. After you press <F1>, the POS device sends the transaction to the Medi-Cal claims processing system.

These screens display while the transaction is processing.



Response Received



19. Shortly after submitting the transaction, the POS device will display a message indicating that it has received a response from the Medi-Cal claims processing system.

Press any key to view the response. To print the response, press <PRINT> on the keypad or <F7> on the keyboard.