

MN-ITS Help – Pharmacy (NCPDP) – Claim Information

The table below describes the individual fields on the claim information screens used to report the required information for this claim.

- Fields identified with one red asterisk are required fields and must be completed to advance to the next screen or to validate.
- Fields with two red asterisks are situational fields, and if one field is completed in a section, all fields in that section must be completed.
- Fields with no asterisks are also situational and must be completed when specific information is needed to identify specific requirements.

Field Name	Field Description
Date of Service	The date of service will auto-populate with the date the claim is created. If the date of service is different from the date the prescription was dispensed, delete the auto-populated date and Enter the date the prescription was dispensed in the 8-digit MMDDCCYY format.
Prescriber ID	Enter the 10 digit NPI of the health care provider who prescribed this medication.
Prescription/Service Reference Number	Enter the prescription number for this medication.
Date Prescription Written	Enter the date the prescription was written in the 8 digit MMDDCCYY format.
Compound Code	From the drop down, Select the appropriate option for this claim. * If Compound code 2 is selected, a collapsed accordion screen identified as Compound Claim Information will display. You must complete the compound information screen when submitting a compound drug claim to MHCP.
Product Service ID (NDC)	Enter the NDC that identifies this drug. * For compound drugs, if code 2 was selected for compound code, then this field will be shaded and you will enter in all NDC numbers on the compound screen.
Fill Number	Enter the number that identifies the number of "fills" this prescription is (i.e.: 1 = first fill, 2 = second fill).
Dispense As Written	From the drop down, Select the appropriate code that indicates whether you followed the prescriber's instructions regarding generic substitutions.
Quantity Dispensed	Enter the number of units dispensed. A decimal point must be placed at the fourth digit from the end followed by three remaining numbers *For compound drugs enter the number of finished bags, vials, etc.
Days' Supply	Enter the number of days that this dispensing should last.
Ingredient Cost Submitted	Enter the cost of the ingredient for this prescription. Must use a decimal.
Gross Amount Due	Enter the total of all costs associated with this claim. Must use a decimal.
Basis of Cost Determination	From the drop down, Select the appropriate qualifier that identifies how the cost or submitted charge was determined.
Usual and Customary Charge	Enter your usual and customary charge for this medication.
Other Coverage Code	When other insurance is available this is a required field. From the drop down, Select the appropriate code to identify if the other insurance accepted or denied the claim and what was determined to be the patient responsibility.

	<p>Select 0 or 1 if it is unknown or if other insurance is not available.</p> <p>* At the bottom of the screen a collapsed COB Information screen will display if other coverage code 2, 3 or 4 is selected. The COB screen must be completed when other insurance is identified.</p>
Action Buttons	<p>Select the appropriate Action Button from the bottom of this screen if no other information needs to be reported on the collapsed accordion screens.</p> <ul style="list-style-type: none"> • Back – will bring you back to the last screen you viewed or entered information • Cancel – will delete the entire claim • Validate – will allow the claim to go through our system to verify if there are errors on the claim • Submit – will submit the claim for processing
Collapsed Accordion Screens	<p>Select the appropriate closed accordion screen at the bottom of this screen to report situational information.</p> <p>Depending on the information provided on the claim information screen there are three possible options:</p> <ul style="list-style-type: none"> • Additional Claim Information – Will always display • Compound Claim Information – Will display if Compound code 2 is selected • COB (Coordination of Benefits) – Will display if other coverage code 2, 3 or 4 is selected. You must submit the claim to the other payer and report the response from the other payer when other insurance is available
Additional Claim Information: Select this collapsed accordion screen to report situational information.	
Field Name	Field Description
Place of Service	This field is not required, but the provider can use this field to identify the place where a drug or service is dispensed or administered.
Compound Type	<p>This field is not required unless billing criteria requires a compound type on this claim.</p> <p>If reporting a compound type, from the drop down Select the appropriate compound type.</p>
Professional Service Code	<p>This field is not required unless a pharmacist intervention is needed when a conflict code is identified.</p> <p>If reporting a professional service code, from the drop down Select the appropriate professional service code.</p>
Route of Administration	<p>This field is required when reporting a compound drug claim.</p> <p>Enter the SNOMED value that corresponds with the route the compounded prescription is being administered.</p>
Unit of Measure	<p>This field is not required unless billing criteria requires the unit of measure to be identified.</p> <p>If reporting a unit of measure, Select the appropriate unit of measure from the drop down.</p>
Special Packaging ID	<p>This field is not required unless billing criteria requires a special packaging ID on this claim.</p> <p>If reporting a special packaging ID, from the drop down Select the appropriate unit of measure.</p>

Prior Authorization	When required Enter the 11- digit prior authorization number assigned for this prescription.
Result of Service Code	This field is not required unless drug utilization review is necessary. Select the appropriate code from the drop down.
Number of Refills Authorized	When required enter the number of refills that have been authorized for this prescription. Enter the appropriate refill count using a 2-digit format.
Submission Clarification Code	This field is not required unless billing criteria requires an explanation of why this prescription is being filled for one of these reasons: Select either of these two reasons from the drop down <ul style="list-style-type: none"> • If billing for a compound, use value 8 to allow payment for approved ingredients. • Use value 20 to indicate the product is purchased under Section 340B <p>Action Buttons Select Add to add the submission clarification code to the claim. When the submission clarification code is added, that code will display in the Submission Clarification Description field.</p> <p>A Delete button will display next to the submission code entry. Select Delete to remove that entry if the wrong code was selected.</p>
Diagnosis Code	When required, Enter the diagnosis code that describes the medical condition that requires the use of this medication. Select Add to add the diagnosis code to the claim. The diagnosis code will display below the field in the display table. A Delete button will display next to the diagnosis code. Select Delete to remove the entry if the wrong diagnosis code was entered.
Action Buttons	Select the appropriate Action Button from the bottom of this screen if no other information needs to be reported on the collapsed accordion screens. <ul style="list-style-type: none"> • Back – will bring you back to the last screen you viewed or entered information • Cancel – will delete the entire claim • Validate – will allow the claim to go through our system to verify if there are errors on the claim • Submit – will submit the claim for processing
Compound Claim Information: Select this collapsed accordion screen to report the required fields for a compound drug claim. A compound claim must have two or more ingredients.	
Compound Dosage Form Description Code	Refer to the Compound Drugs section of the MHCP Provider Manual to review billing criteria for billing compound drug claims. From the drop down, Select the indicator that describes the type of compound.
Compound Dispensing Unit Form Indicator	From the drop down, Select the unit of measure for this compound.
Compound drug claim information - Repeat the fields below for each of the ingredients being sent.	
Product ID	Enter the 11-digit NDC for each ingredient of the compound. Enter the main

	ingredient first, even if it has been entered on the claim information screen.
Quantity	Enter the total quantity of units used of the NDC that was reported in the product ID field. A decimal point must be placed at the fourth digit from the end followed by three remaining numbers.
Drug Cost	Enter the total cost of the NDC reported in the Product ID field for this drug.
Basis of Cost Determination	From the drop down, Select the appropriate qualifier that identifies how the cost or submitted charge was determined.
Component Count	This field will auto-fill for each line entry of the compound. *Maximum count is 25
Action Buttons	Select Add to add the compound information for each ingredient. When the compound information is added to the claim, the information will display in a table below the compound ingredient fields with the information that was added. A Delete button will display after each entry. Select the Delete button to remove an entry if the information displayed is not needed or is incorrect. If needed, enter the correct information and add the new information to the claim. If no other information needs to be reported on other collapsed accordion screens, Select the appropriate Action Button from bottom of the screen <ul style="list-style-type: none"> • Back – will bring you back to the last screen you viewed or entered information • Cancel – will delete the entire claim • Validate – will allow the claim to go through our system to verify if there are errors on the claim • Submit – will submit the claim for processing.
Coordination of Benefits (COB): Select this collapsed accordion screen to report other payer information.	
Field Name	Field Description
Coverage Type	Refer to the Billing Coordination of Benefits (COB) section of the MHCP Provider Manual to review billing criteria and the Minnesota Medicaid Version of the D.) NCPDP Payer Sheets From the drop down, Select the other payer's level of responsibility for this cardholder (i.e., primary, secondary).
ID	Enter ID of the payer. *This ID is often called the "Carrier ID" and can be found on the eligibility response in MN-ITS.
Date	Enter the date the other payer processed this claim.
Other Payer Amount - Repeat the fields listed below for each qualifier identified by the other payer	
Paid Qualifier	From the drop down, Select the qualifier that was indicated by the other payer that describes the benefit or additional cost that was paid by the other payer.
Paid	Enter the amount that was paid by the other payer for the paid amount qualifier.
Paid Count	This field will auto-populate the numeric count for each qualifier and dollar amount entered as paid.
Other Payer Reject - *Repeat the fields listed below for each reject code sent by the other payer.	
Reject Code	Enter the reject code(s) that were indicted by the other payer, describing the reason the claim was denied.
Count	This field will auto-populate the numeric count for each reject code entered.

Other Payer Patient Responsibility - *Repeat the fields listed below for each qualifier identified and sent by the other payer.	
Amount Qualifier	From the drop down, Select the qualifier that was indicated by the other payer that describes the amount being applied as patient responsibility.
Amount	Enter the dollar amount that was applied to the patient responsibility.
Amount Count	This field will populate the numeric count for each qualifier and dollar amount entered as patient responsibility.
Action Buttons	<p>Select the appropriate Action if you need to remove the COB entry or add another payer.</p> <ul style="list-style-type: none"> • Delete this Other Payer – will delete the other payer information entered on the COB screen. If the COB entry was deleted because it was entered in error and is being removed from the claim, you must also change the other coverage code on the Claim Information screen and remove/delete the route of administration from the Additional Claim information screen • Add Other Payer – will allow you to start a new screen to report additional payers if necessary <p>If no other information needs to be reported on other collapsed accordion screens, Select the appropriate Action Button from bottom of the screen</p> <ul style="list-style-type: none"> • Back – will bring you back to the last screen you viewed or entered information • Cancel – will delete the entire claim • Validate – will allow the claim to go through our system to verify if there are errors on the claim • Submit – will submit the claim for processing