

Appendix F – Adjudication Claim Submission Fields

Provider ID Code:	This is the unique identifier (i.e. Provider Number) that has been assigned to the provider by the NLPDP and must be submitted on each claim.
Group Number or Code:	‘AUTO’ is to be submitted as the Group Number/Code for all NLPDP claim submissions. This will initiate the adjudication engine’s program of choice functionality which will automatically select the best NLPDP plan based on a combination of the beneficiary’s eligibility and the DIN’s coverage status.
Provincial Health Number (PHN):	The 12 digit number noted on the beneficiary’s drug card must be entered in the Provincial Health Care ID field of the claim.
Patient Date of Birth:	Mandatory for all claims.
Patient First Name:	Mandatory for all claims.
Patient Last Name:	Mandatory for all claims.
Patient Gender:	A gender of Male or Female must be provided on all claims.
New/Refill Code:	The appropriate code (N=New, R=Refill) must be provided in this field indicating if the claim is for a new prescription, re-fill or partial fill.
Original Prescription Number:	The local pharmacy system must fill this field on each claim to link the original fill to each of its repeat fills and to assist in claim identification for audit purposes. This value must be unique to the pharmacy and the client for the life of the data. This value must be first assigned to the original dispense.

Refill/Repeat Authorizations:

The local pharmacy system must provide the correct number of authorized refills/repeats as part of the original dispense. Subsequent fills of the same prescription must use an updated value on each submission. When a reversal is requested, this value must match that field of the previously submitted dispense. The provider must not submit more than a single dispense claim for the same prescription using the same refill/repeat value.

Current Prescription Number:

The current prescription field may change from one dispense to another, even for the same client. When a dispense claim is submitted, this value must be retained in the event that a reversal is required. When a reversal is submitted, this value must match the value that was supplied in the previously submitted dispense.

DIN/PIN Number:

The claim must contain a valid Drug Identification Number (DIN) or Product Identification Number (PIN) for the product to be dispensed. A list of Product Identification Numbers is attached in Appendix G for your convenience.

Quantity:

The quantity must be provided using an implied decimal (e.g. 10 is entered as 100).

Days Supply:

The correct days supply represented by the quantity dispensed must be provided for all claims.

Prescriber ID:

The license number of the prescriber (physician, nurse practitioner, dentist, optometrist, or pharmacist) must be provided on the claim. For an out-of-province prescriber the value P0000 may be used.

Unlisted Compound Code:

For compound claim submissions (as identified by the use of the special PIN 00999997) a valid compound code must be provided as per the CPhA standard (a numeric value between 0 and 9) if the pharmacy is claiming a compounding charge in addition to the normal professional fee. Refer to the Compounding section of the Guide for current compound codes.

Intervention / Exception Codes:

A claim submission or re-submission may contain specific CPhA Intervention / Exception Codes, particularly in response to warnings or alerts from the Drug Utilization Review process. Only codes supported by the Program will be accepted – submission of claims with an invalid intervention code will cause the claim to be rejected. Providers must ensure that the circumstances for the use of specific intervention codes are documented on the beneficiary prescription or profile in case of audit. Appendix E provides the specific codes supported by the Program.

Drug Cost / Product Value:

This is the calculated value for the drug or ingredient cost, based on the quantity dispensed and the per unit cost. For claims under the NLPDP the price field within the claim will represent the price inclusive of any approved markups on manufacturer's list price. Markups are not to be provided in the Cost Upcharge Field – see below.

Professional Fee:

This field is used to submit any applicable professional (dispensing) fee for the specific DIN/PIN being dispensed, as established by Government, and which may be indicated in any Agreement that may be valid and in place between Government and PANL.

Compounding Charge:

On claims for compounds comprised of three or more ingredients, and where a professional fee is applicable to the claim, an additional charge may be claimed using the Compounding Charge field. This charge shall be in accordance with the allowable amount established by Government, and which may be indicated in any Agreement that may be valid and in place between Government and PANL. If this fee is claimed then the Unlisted Compound Code must be provided on the claim.

Previously Paid:

If the cardholder has other insurance coverage the NLPDP will require that the claim be adjudicated by the other payer prior to submission to the NLPDP. These claims should have the CPhA Intervention Code "DB" placed on the claim to indicate prior adjudication, and the amount paid by the other payer placed in the Previously Paid Field.

Pharmacist ID:

This field should contain the dispensing pharmacist's license number.