### Revision History

Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. If the Revised Pages column lists “All”, replace the existing manual with the reissued manual. If the Revised Pages column lists individual entries (e.g., 25, 32), either update the existing manual with the Change Pages Document or print the entire new manual.

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<th>Patch Number</th>
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| 11/13  | 149, 150h, 150p, 150q, 197, 198, , 203, 205, 206, 207, 211, 213, 213a, 213b, 214, 217, 218, 220, 236, 237, 238, 244a1, 244a2, 276, 278, 292s, 292t, 299 - 302 | PSO*7*421 | Updated Revision History and Table of Contents  
Multiple format fixes (doc corruption problem).  
Fixed page count problem (p. 3). Changed NCPDP number (p. 158, elsewhere).  
Added content to record Reject Resolution Required, changes to ePharmacy Site Parameters screen, and the change from PSORPH to ePHARMACY SITE MANAGER security key, added term to glossary.  
(S. Taubenfeld, PM; K. McGarghan, Tech. Writer) |
Updated Table of Contents  
Modified [PSO PROVIDER EDIT], [PSO PROVIDER ADD], and [PSO PROVIDER INQUIRE].  
Added [PSORXDL] option.  
Modified [PSO EXPIRE INITIALIZE]  
Modified [PSO RELEASE REPORT].  
Modified [PSO LMOE FINISH].  
New security key named "PSDRPH" introduced.  
Added Changes to Processing a Prescription section.  
Added Hash Counts and DEA Certification section  
Added two System Error messages  
Updated Index  
(Niha Goyal, PM; John Owczarzak, Tech. Writer) |
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<td>PSO<em>7</em>390</td>
<td>Updated Revision History Updated Table of Contents Added new option Check Drug Interaction Added Creatinine Clearance (CrCL) and Body Surface Area (BSA), when available, to the header area of Patient and Medication Profile displays Added new option Check Drug Interaction Added information regarding clinic orders Added drug allergy changes Update Hidden Actions Fix page numbering Update Glossary Update Index (G. Tucker, PM; S. Heiress, Tech Writer)</td>
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<tr>
<td>09/12</td>
<td>i- iiia, ix, xi, 169a – 169d, 175 – 177b, 187, 195a, 292s</td>
<td>PSO<em>7</em>386</td>
<td>Updated TOC Added section on HOLD and UNHOLD functionality. Updated Flagging and Unflagging Pending Orders. Updated Activity Log for HOLD/UNHOLD comments. Added PSO TECH ADV key information. (Niha Goyal, PM; John Owczarzak, Tech Writer)</td>
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<td>i, 59, 62, 195a-195b, 248a-248b, 268, 269, 270, 270a-270b, 293-297</td>
<td>PSO<em>7</em>354</td>
<td>Add an option to the Maintenance menu Added Site Parameter Added Domain Name Server (DNS) and mail tracking information A file named PHARMACY AUTOMATED DISPENSING DEVICES added. A new multiple named OPAI added to DISPENSING SYSTEM PRINTER sub-file. Added the acronym and definition of ADD and OPAI to the Glossary (Niha Goyal, PM; John Owczarzak, Tech Writer)</td>
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| 02/2012 | i-ii, iia-iib, v-xi, 12, 18, 30-31, 107, 126a-126b, 128, 133, 150, 150a-150n, 159, 198, 204-206, 209-211, 211a-211b, 212-213, 213a-213b, 215-216, 218, 218a-218b, 219-220, 220a-220b, 221-222, 222a-222b, 223-226, 226a-226b, 227-229, 229a-229b, 230-233, 234-236, 236a-236b, 237, 237a-237b, 238-240, 242-243, 244a-244b, 245-246, 276-277, 277a-277b, 278, 292s-292t, 293-297, 300-301 | PSO*7*385 | Removed incorrect listing of View Additional Reject Info (ARI) action  
Added new actions Submit Multiple Actions (SMA) and Suspense Date Calculation (SMA)  
Added new option View ePharmacy Rx (VER)  
Added TRICARE and CHAMPVA examples of rejects on a new order  
Corrected earlier formatting errors  
Added signature alert  
Corrected typos  
Updated Service Code values  
Updated changed security key names  
Updated name of TRICARE CHAMPVA  
Bypass/Override Report  
Updated screen shots related to patch changes  
Updated wording based on reviewer feedback  
Added CHAMPVA functionality  
Added separate section to list changes to security keys  
Added wording for ¾ Days Supply Hold  
Added rounding functionality for ¾ Days Supply Hold  
Added CHAMPVA to Glossary  
(S. Spence, PM; C. Smith, Tech Writer) |
Expanded ECME Numbers to twelve digits  
Updated screen shots related to patch changes  
Added TRICARE to Glossary  
Corrected typos  
Corrected formatting errors from 11/10 reissue  
(S. Spence, PM; C. Smith, Tech Writer) |
| 09/2011 | i, ii, v-xii, 85a-85f | PSO*7*382 | Added information regarding the new [PSO HRC PROFILE/REFILL] option.  
(N. Goyal, PM; J. Owczarzak, Tech Writer) |
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<td></td>
<td>v-xii</td>
<td></td>
<td>Updated Table of Contents</td>
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<td></td>
<td>7</td>
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<td>Added Order Status</td>
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<td>9</td>
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<td>Add the word “prompt”</td>
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<td>Added site parameter</td>
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<td></td>
<td>66</td>
<td></td>
<td>Added example of site parameter</td>
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<td>83</td>
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<td>New example</td>
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<td></td>
<td>85</td>
<td></td>
<td>Added information regarding Intervention Menu Hidden Actions</td>
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<tr>
<td></td>
<td>106</td>
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<td>Added blank page</td>
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<td></td>
<td>121-122ddd</td>
<td></td>
<td>Allergy/ADR Order Checks and Drug-Drug Interaction Enhancements</td>
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<td>132-132r</td>
<td></td>
<td>Enhanced Order Checks</td>
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<td></td>
<td>CPRS Order Checks</td>
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<td></td>
<td>137-138</td>
<td></td>
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<tr>
<td></td>
<td>285-285b</td>
<td></td>
<td>Incorporate dosing checks in verification process</td>
</tr>
<tr>
<td></td>
<td>292-292d</td>
<td></td>
<td>Incorporate dosing checks in verification process</td>
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<td>examples</td>
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<td>299-302</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td>Added API, DATUP, DIF, &amp; FDB to the Glossary, and updated page numbering</td>
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<tr>
<td></td>
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<td></td>
<td>Updated Index to include Enhanced Drug-Drug Interactions, Duplicate Drug Order Check, Allergy/ADR</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Order Check Display and CPRS Order Checks, and updated page numbering</td>
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<td></td>
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<td>(G. Tucker, PM, H. Whitney, Developer, S. Heiress and G. Scorca, Tech Writer)</td>
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<tr>
<td>11/10</td>
<td>All</td>
<td>PSO<em>7</em>358</td>
<td>Added information regarding TRICARE Active Duty Bypass/Override details</td>
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<td></td>
<td></td>
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<td>(S. Spence, PM; G. Johnson, Tech Writer)</td>
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Preface

This user manual describes the functional characteristics of Outpatient Pharmacy V. 7.0. It is intended for pharmacists and technicians who are familiar with the functioning of Outpatient Pharmacy in a Veterans Affairs Medical Center (VAMC).
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View of RX:

<table>
<thead>
<tr>
<th>#</th>
<th>RX #</th>
<th>DRUG</th>
<th>QTY ST</th>
<th>DATE</th>
<th>FILL REM SUP</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>10003840e</td>
<td>PREDNISONE 5MG TAB</td>
<td>30 A&gt; 11-02</td>
<td>11-02</td>
<td>5  30</td>
</tr>
</tbody>
</table>

If a new order is rejected due to a Drug Utilization Review (DUR), Refill Too Soon, or Reject Resolution Required, the prescription will be marked as “REJECTED”, and the user will have the opportunity to resolve the reject before continuing.

The following example shows a sample ECME transmission rejection, and how to resolve the rejection.

**Example: Handling a Rejected New Order for ePharmacy Billing**

Prescription 999999 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Waiting for transmit
IN PROGRESS-Transmitting
E REJECTED

*** REJECT RECEIVED FROM THIRD PARTY PAYER ***

<table>
<thead>
<tr>
<th>Division : ALBANY</th>
<th>NPI#: 1234567890</th>
<th>NCID#: 4150001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient : OPPATIENT, FOUR (000-01-1322P) Sex: M</td>
<td>DOB: JAN 13,1922 (83)</td>
<td></td>
</tr>
<tr>
<td>Prescription : 99999999/0 - TESTOSTERONE (ANDRODERM) ECME#: 000001234567</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reject Type : 88 - DUR REJECT received on FEB 27, 2006010:58:25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payer Message: DUR Reject Error</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason : ER (OVERUSE PRECAUTION)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUR Text : ANDRODERM DIS 5MG/24HR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance : TEST INS Contact: 800 555-5555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Name : RXINS Group Number: 12454</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardholder ID: 000011322P</td>
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<td></td>
</tr>
</tbody>
</table>

--- example continues ---
Example: Handling a CHAMPVA Rejected New Order for ePharmacy Billing

Rejected CHAMPVA claims will be denoted with “CHAMPVA” during submission to ECME and within the subsequent reject notification screen. Also, the reject codes will be displayed in both places. The following example shows a prescription being submitted to ECME and this process occurs directly following the “Is this correct? YES/” prompt during finish. Where either DUR or RTS is one of the reject codes, the user will be able to select from (D)iscontinue the prescription, submit (O)verride codes, or (Q)uit, which sends the rejection to the Third Party Payer Rejects – Worklist. A CHAMPVA rejection may not be (I)gnored unless the user holds the PSO TRICARE/CHAMPVA security key.

---

**CHAMPVA** Prescription 101110 submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED
79 - Refill Too Soon
14 - M/I Eligibility Clarification Code

*** REJECT RECEIVED FOR CHAMPVA PATIENT ***

-------------------------------------------------------------------------
Division : ALBANY ISC            NPI#: 5000000021   NCPDP:1234567
Patient  : OPCHAMPVA,ONE(666-55-4789)  Sex: M        DOB: OCT 18,1963(44)
Rx/Drug  : 101110/0 - NAPROXEN 250MG S.T.          ECME#: 000000112303
Reject(s): REFILL TOO SOON (79), 14 - M/I Eligibility Clarification Code (14). Received on MAR 03, 2008@14:40:57.

Insurance    : CHAMPVA                         Contact: 
Group Name   : CHAMPVA PRIME              Group Number: 123123
Cardholder ID: SI9844532

-------------------------------------------------------------------------

Select one of the following:

O        (O)VERRIDE - RESUBMIT WITH OVERRIDE CODES
D        (D)iscontinue - DO NOT FILL PRESCRIPTION
Q        (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(O)verride,(D)iscontinue,(Q)uit: Q//
Example: Handling a Reject Resolution Required rejected New Prescription for ePharmacy Billing

For VETERAN prescriptions, a reject code can be specified in the Reject Resolution Required section of the ePharmacy Site Parameter screen to stop a prescription from being filled. The Reject Resolution Required reject codes will prevent a prescription from being filled during any claims processing under the following conditions:

- VETERAN eligibility
- The prescription is an original fill
- The prescription is not released
- The reject is on the Reject Resolution Required list for the division
- The total gross amount of the prescription is at or above the specified threshold amount

For VETERAN prescription rejections that have Reject Resolution Required rejects, the user will be able to select from (I)gnore which bypasses claims processing and allows the prescription to be filled, or (Q)uit which sends it to the Third Party Payer Rejects – Worklist. Prescriptions with these type of rejects cannot be filled until the reject is resolved.

Example: Handling a Reject Resolution Required rejected New Order for ePharmacy Billing (continued)

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
IN PROGRESS-Processing response
E REJECTED

*** REJECT RECEIVED FROM THIRD PARTY PAYER ***

Division : ALBANY            NPI: 1234567890      NCPDP: 4150001
Patient  : OP,FOUR       (000-01-1322P)  Sex: M      DOB: JAN 13, 1922(83)
Rx/Drug  : 99999999/0 – TESTOSTERONE (ANDROD       ECME#: 000001234567
Reject(s): 76 - Plan Limitations Exceed Received on JUN 07, 2013@11:26:05

Payer Message: DAYS SUPPLY IS MORE THAN ALLOWED BY PLAN
Insurance    : TEST INS                          Contact: 800-555-5555
Group Name   : RXINS                          Group Number: 12454
Cardholder ID: 0000011322P

Reject Resolution Required
Gross Amount Due ($34.42) is greater than or equal to
Threshold Dollar Amount ($0)
Please select Quit to resolve this reject on the Reject Worklist.

Select one of the following:
I        (I)GNORE - FILL Rx WITHOUT CLAIM SUBMISSION
Q        (Q)UIT - SEND TO WORKLIST (REQUIRES INTERVENTION)

(I)gnore,(Q)uit: Q//
(This page inserted for two-page copying.)
When a prescription is discontinued, the software checks for any unresolved ECME rejections for that prescription. If a DUR REJECT, REJECT RESOLUTION REQUIRED, or REFILL TOO SOON REJECT is found, it will be marked resolved with the reason PRESCRIPTION DISCONTINUED.

When an ePharmacy prescription is discontinued, the software checks for any unreleased fills with a PAYABLE claim. If found, a reversal request is sent to ECME, which forwards it on to the third party payer.

When a pending renewal order is discontinued, Outpatient Pharmacy verifies if there is an active prescription for the same drug. If an active prescription is found, you are prompted with “There is an active Rx for this pending order, Discontinue both (Y/N)?” If you respond YES, both the pending order and the active order are discontinued. If you respond NO, only the pending order is discontinued and the active order is not discontinued.

**Edit Prescriptions**

[PSO RXEDIT]

This option allows changes to be made to entered orders. Newly entered orders can be edited before release by typing in the corresponding field number. Previously entered orders can be edited by entering the prescription number, then specifying the field to be edited. An asterisk or star (*) is shown in front of each field that will create a new order if it is changed. See the section “Editing an Order” for an example.

When editing fields preceded by an asterisk (*) in an ePharmacy order (or electronically third party billable prescription), upon acceptance of the edited order the original prescription will be discontinued and a new order created. If the latest fill of the original order has not been released and is E Payable, the claim for that fill will be reversed. A new claim is submitted for the new prescription. See “Editing an ePharmacy Order” for an example of editing ePharmacy orders.
ePharmacy Menu

[PSO EPHARMACY MENU]

The following menu items are locked with the PSORPH key: ePharmacy Medication Profile Division Preferences, Third Party Payer Rejects – View/Process and Third Party Payer Rejects – Worklist. The following menu item is locked with the PSO TRICARE/CHAMPVA MGR key: TRICARE CHAMPVA Bypass/Override Report. The following menu item is locked with the PSO EPHARMACY SITE MANAGER key: ePharmacy Site Parameters.

The following menu items allow the user to perform ePharmacy specific functions:

- Ignored Rejects Report
- ePharmacy Medication Profile (View Only)
- NDC Validation
- ePharmacy Medication Profile Division Preferences
- ePharmacy Site Parameters
- Third Party Payer Rejects – View/Process
- Third Party Payer Rejects – Worklist
- TRICARE CHAMPVA Bypass/Override Report
- View ePharmacy Rx

DURs can occur when a third party determines there are safety issues involved with an Rx claim submission, and they can be due to high dose, drug interaction, and excessive utilization. The third party payer returns an NCPDP rejection code of 88 to indicate a DUR.

Refill Too Soon rejections happen when a third party payer determines that a prescription is being processed too early compared to the last time the prescription was filled. This can occur for several reasons, including third party payer’s policy differs from VA policy, patient receiving medication at another pharmacy, or the provider may have increased the dosage or frequency of the medication. The third party payer returns an NCPDP rejection code of 79 to indicate a Refill Too Soon.

Prescriptions rejected as DUR and Refill Too Soon are moved to the REFILL TOO SOON/DUR REJECTS (Third Party) section of the Medication Profile. Prescriptions rejected as Reject Resolution Required, TRICARE and CHAMPVA are displayed in the OTHER REJECTS PENDING RESOLUTION section of the Medication Profile. The user must resolve a rejected prescription before other actions such as release, label print, renew, and refill, among others, can be performed on it. Actions may still be taken on these prescriptions through CPRS.

Ignored Rejects Report

[PSO IGNORED REJECTS REPORT]

This option gives the user the ability to run a report for third-party rejects that have been ignored and consequently closed by the pharmacy users.

The user can select one of the following parameters to filter the data in the report:

- **DIVISION**: Allows the user to select one, some or all divisions.
- **DATE RANGE**: Allows the user to select a date range.
NDC Validation

The initial validation of the NDC can be performed by a pharmacy technician. This functionality only applies to local fills that are not sent to OPAI. This function provides a pharmacy technician the ability to manually enter the prescription number or scan the bar code of the existing prescription label. Then the user may manually enter or scan the NDC of the stock bottle used to fill the prescription. When the system matches the NDC, confirmation is provided to the pharmacy tech and allows the technician to continue processing. However, if the system detects a mismatch and the NDC of the stock bottle has an associated entry in the synonym file, the NDC will be updated in Prescription file (#52) for the fill. The system will then prompt the technician to press enter to continue, a new label will be printed, the original electronic claim reversed, and a new claim submission will be transmitted with the new NDC. In the event that the revised NDC prompts a RTS/DUR rejection or a Reject Resolution Required rejection, the system will immediately send the item to the Reject Worklist.

In a case where the NDC entered is not defined for the drug in the Drug File, the system prompts the technician that a mismatch has occurred and the prescription needs to be validated by a pharmacist. The system notes that the NDC had not been validated and allows the pharmacy tech to move to the next prescription. In the event of a change of NDC prompted a rejection, the system immediately sends the item to the Reject Worklist.

The releasing pharmacist will receive a notation that NDC has been validated by technician when processing. If the NDC change has prompted a claim reversal and produced a RTS/DUR rejection or a Reject Resolution Required rejection, which gives screens for reject processing, the pharmacist will be presented with a Reject Processing screen at release.

Example: Matched NDC:

Select ePharmacy Menu Option: NV NDC Validation

| Prescription: 101310 DIPYRIDAMOLE 25MG TAB |
| Rx: 101310 Fill: 0 Patient: OPPATIENT,ONE |
| Drug: DIPYRIDAMOLE 25MG TAB NDC: 00597-0017-10 |
| Prescription label NDC: 00597-0017-10 |
| Stock NDC: 00597001710 |

NDC match confirmed

Example: Non-matched NDC:

| Prescription: 101341 BIPERIDEN 2MG TAB |
| Rx: 101341 Fill: 0 Patient: OPPATIENT,ONE |
| Drug: BIPERIDEN 2MG TAB NDC: 00044-0120-05 |
| Prescription label NDC: 00044-0120-05 |
| Stock NDC: 00044012006 |

Due to a change in NDC, a claims reversal and resubmission will be performed.

Prescription 101341 successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE
ePharmacy Site Parameters

The ePharmacy Site Parameters file (#52.86) stores the ePharmacy Site parameters by division. The EPHARMACY SITE PARAMETERS [PSO ePHARM SITE PARAMETERS] option can be accessed from the ePharmacy Menu [PSO EPHARMACY MENU].

This option requires the PSO EPHARMACY SITE MANAGER security key.

The following site parameters are definable in the General Parameters section:

- **REJECT WORKLIST DAYS**: This is the number of days an unresolved reject can remain on the Third Party Payer Rejects – Worklist without being included in the nightly reject worklist alert mail message.

In the Transfer Reject Parameters section, the user may enter as many reject codes as they desire along with the manner in which each will be allowed to be placed on the Third Party Payer Rejects – Worklist. This is what appears in the Transfer Reject Parameters section:

- **REJECT CODE**: A valid third party claim reject code should be entered. A listing of these codes is provided when double question marks (?) are entered for this prompt. Valid codes are contained within the BPS NCPDP REJECT CODES file (#9002313.93). Also, a value defined in this field triggers definition of USER field (#2) and DATE OF LAST UPDATE field (#3).

- **AUTO SEND**: This prompt is a companion to the REJECT CODE prompt. Enter YES to allow the entered REJECT CODE to be automatically placed on the Pharmacy Reject Worklist or NO to require Outpatient Pharmacy Electronic Claims Coordinator (OPECC) intervention to do so. A null value will be treated the same as entering NO in this field.

In the Reject Resolution Required Parameters section, the user may enter as many reject codes as they desire along with the manner in which each will be allowed to be placed on the Third Party Payer Rejects – Worklist. This is what appears in the Reject Resolution Required Parameters section:

- **REJECT RESOLUTION REQUIRED CODE**: A valid third party claim reject code should be entered. A listing of these codes is provided when double question marks (?) are entered for this prompt. Valid codes are contained within the BPS NCPDP REJECT CODES file (#9002313.93).

- **THRESHOLD AMOUNT**: This prompt is a companion to the Reject Resolution Required Code prompt. The threshold amount is compared to the gross amount due for the prescription. If the gross amount due is equal to or greater than the threshold amount, then the gross amount due has met the threshold.

If a reject code is specified as a reject resolution required code, and that reject code is received from a third party payer, the system will evaluate the prescription for Reject Resolution Required processing. The prescription will not be filled if these criteria are met: original fill, Veteran eligibility, not released, the reject is on the Reject Resolution Required list for the current division, and the total gross amount of the prescription is at or above the specified threshold.
The short format displays the status in an abbreviated form. The following is an explanation of the Site Parameter codes:

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit All Parameters [EA]</td>
<td>Edit all parameters on the screen. This action is a compilation of Edit General Parameters [EG], Edit Transfer Reject Code [ET], and Edit Rej. Resolution Required Code [ER].</td>
</tr>
<tr>
<td>Edit General Parameters [EG]</td>
<td>Edit the General Parameters section of the screen. Add, edit, or delete data.</td>
</tr>
<tr>
<td>Edit Transfer Reject Code [ET]</td>
<td>Edit the Transfer Reject Code section of the screen. Add, edit or delete reject codes and the associated auto-send parameter.</td>
</tr>
<tr>
<td>Edit Rej. Resolution Required Code</td>
<td>Edit the Rej. Resolution Required Code section of the screen. Add, edit or delete reject codes and the associated threshold parameter.</td>
</tr>
<tr>
<td>Copy Parameters [CP]</td>
<td>The parameters for the division displayed on the screen will be copied to one or more selected divisions. All parameters for the destination divisions are overwritten when the copy action is used.</td>
</tr>
<tr>
<td>Display Site Parameters [DP]</td>
<td>Select multiple divisions to display parameters</td>
</tr>
<tr>
<td>Change Division [CD]</td>
<td>Select a division to display on the screen</td>
</tr>
<tr>
<td>Exit [EX]</td>
<td>Exit the ePharmacy Site Parameters option</td>
</tr>
</tbody>
</table>

The following is an example of definitions for ePharmacy Site Parameters:

Bingo Board Display: WAITING ROOM/

All transfer rejects will automatically be placed on the Third Party Payer Rejects - Worklist if the reject code is defined in the site parameter file and the AUTO SEND parameter is set to yes. The OPECC must manually transfer the reject if the reject code is defined in the site parameter file and the AUTO SEND parameter is set to no. (To be used when Pharmacy can possibly correct a locally filled Rx.)

All Reject Resolution Required reject codes will automatically be placed on the Third Party Payer Rejects - Worklist. This parameter applies to rejects for original unreleased fills only. Prescriptions will not be filled until the rejects are resolved.
Transfer Reject Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Auto-Send</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>M/I Dispense As Written (DAW)/Product Selection Code</td>
<td>YES</td>
</tr>
<tr>
<td>70</td>
<td>Product/Service Not Covered - Plan/Benefit Exclusion</td>
<td>NO</td>
</tr>
</tbody>
</table>

Reject Resolution Required Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>M/I Days Supply</td>
<td>$50</td>
</tr>
<tr>
<td>21</td>
<td>M/I Product/Service ID</td>
<td>$0</td>
</tr>
</tbody>
</table>

All transfer rejects will automatically be placed on the Third Party Payer Rejects - Worklist if the reject code is defined in the site parameter file and the AUTO SEND parameter is set to yes. The OPECC must manually transfer the reject if the reject code is defined in the site parameter file and the AUTO SEND parameter is set to no. (To be used when Pharmacy can possibly correct a locally filled Rx.)

TRANSFER REJECT CODE: 22  
M/I Dispense As Written (DAW)/Product Selection Code

You are editing an existing transfer reject code - 22.

TRANSFER REJECT CODE: 22/
AUTO SEND: YES/

ANOTHER TRANSFER REJECT CODE:

Select Action: Next Screen// ET  Edit Transfer Reject Code

All Reject Resolution Required reject codes will automatically be placed on the Third Party Payer Rejects - Worklist. This parameter applies to rejects for original unreleased fills only. Prescriptions will not be filled until the rejects identified by the Reject Resolution parameter are resolved.

RESOLUTION REQUIRED REJECT CODE: 19  
M/I Days Supply

You are editing an existing resolution required reject code - 19.

RESOLUTION REQUIRED REJ CODE: 19/
DOLLAR THRESHOLD: 50/

ANOTHER RESOLUTION REQUIRED REJECT CODE:
The following two sets of characters denote the order by which the list is being sorted: [^] for ascending and [v] for descending. The order inverts every time the user selects the same column by which the list is already ordered. Thus, if the list is currently ordered by Patient in an ascending order ([^]) and the user types “PA”, the list will be re-sorted in descending order and the order indicator will change to ([v]).

The user selects a specific record to display all relevant information about the prescription and the claim submitted to the payer.

Example: Viewing and Resolving Open Rejects (continued)

```
Reject Information(UNRESOLVED) Nov 21, 2005@08:29:30 Page: 1 of 2
Division: ALBANY NPI#: 1234567890 NCPDP: 4150001P
Patient: OPPATIENT,FOUR (000-01-1322P) Sex: M DOB: JAN 13,1922(83)
Rx#: 100003873/0 ECME#: 000000504455 Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA NDC Code: 54629-0600-01
________________________________________________________________________________
REJECT
Information
Reject Type: 79 - REFILL TOO SOON received on NOV 15, 2005@14:13:51
Reject Status: OPEN/UNRESOLVED
Next Avail Fill: NOV 20, 2005
Payer Addl Msg: NEXT RFL 111805, DAYS TO RFL 3, LAST FILL 101805 AT YOUR PHARM, REFILL TOO SOON
Reason Code: ER (OVERUSE PRECAUTION)
DUR Text: RETAIL
________________________________________________________________________________
OTHER REJECTS
29 - M/I Number Refills Authorized
39 - M/I Diagnosis Code
________________________________________________________________________________
INSURANCE Information
Insurance: TEST INS
Contact: 1-800-555-5050
BIN: RXINS
+ Enter ?? for more actions
VW View Rx IGN Ignore Reject OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense Date
Select: Next Screen// IGN Ignore Reject
```

These options are available on the screen above:

- VW (View Rx) – Takes the user to the View Prescription option to review details for that prescription.
- MP (Medication Profile) – Invokes the patient’s list of medication.
- IGN (Ignore Reject) – Allows the user to close or resolve the DUR/REFILL TOO SOON Reject or the Reject Resolution Required Reject without resubmission to the payer. The user will be required to enter a free-text comment and his/her electronic signature.
- RES (Resubmit Claim) – Allows the user to re-submit the claim to the payer. This will automatically mark the reject resolved.
- OVR (Submit Override Codes) – Allows the user to re-submit the claim by entering NCPDP override codes, which shall trigger a new claim submission be sent to the payer.
- CSD (Change Suspense Date) – Allows the user to change the fill date for suspended prescriptions. The user will not be allowed to enter a suspense date that is greater than the fill date plus 90 days. Dates where the fill date plus 90 days is greater than the expiration date will not be allowed entry, and dates prior to issue date will not be allowed.
**Third Party Payer Rejects – Worklist**  
*PSO REJECTS WORKLIST*

This option gives the user the ability to process Third Party Payer Rejects, CHAMPVA Non-billable rejects and TRICARE Non-billable rejects for one, multiple, or all Outpatient Pharmacy Divisions. Only OPEN/UNRESOLVED rejects that have clinical significance, such as DUR, Reject Resolution Required, and Refill Too Soon, and rejects transferred from the ECME User Screen, are added to the Worklist. Once the reject is marked CLOSED/RESOLVED, it is automatically removed from the Worklist.

**Example: Resolving Open Rejects**

<table>
<thead>
<tr>
<th># Rx#</th>
<th>PATIENT(ID)</th>
<th>DRUG</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OPPATIENT,TWELVE(5444)</td>
<td>ACETYLCYSTEINE 20%</td>
<td>3 79 :REFILL TOO SOON</td>
</tr>
<tr>
<td>2</td>
<td>OPPATIENT,TWELVE(5444)</td>
<td>ACETYLCYSTEINE 20%</td>
<td>3 79 :REFILL TOO SOON</td>
</tr>
<tr>
<td>3</td>
<td>OPPATIENT,FOUR(1322P)</td>
<td>A AND Z OINTMENT</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>4</td>
<td>OPCVACARE,ONE(7895)</td>
<td>BACLOFEN 10MG TABS</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>5</td>
<td>OPCVACARE, TWO(4933)</td>
<td>LORAZEPAM 1MG TAB</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>6</td>
<td>OPTRICARE, ONE(7894)</td>
<td>BACLOFEN 10MG TABS</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>7</td>
<td>OPTRICARE, TRI(4932)</td>
<td>LORAZEPAM 1MG TAB</td>
<td>07 :M/I Cardholde</td>
</tr>
<tr>
<td>8</td>
<td>OPPATIENT,THREE(9877)</td>
<td>FENOPROFEN 300MG CAP</td>
<td>08 :M/I Person Co</td>
</tr>
</tbody>
</table>

Manager’s User Manual  
Outpatient Pharmacy V. 7.0  
PSO*7*421
9 101130 OPPATIENT,ONE(4589) CHLORAMBUCIL 2MG TAB NN :Transaction R
Payer Message:
+ Select the entry # to view or ?? for more actions
DR Sort by Drug RE Sort by Reason RX Sort by Prescription
PA Sort by Patient RF Screen Refresh GI Group by Insurance
Select: Next Screen//
    Select the entry # to view or ?? for more actions
DR Sort by Drug RE Sort by Reason RX Sort by Prescription
PA Sort by Patient RF Screen Refresh GI Group by Insurance
Select: Quit// 3

---------------------------------example continues---------------------------------------
These options are available on the following screen:

- **VW (View Rx)** – Takes the user to the *View Prescription* option to review details for that prescription.
- **MP (Medication Profile)** – Invokes the patient’s list of medication.
- **IGN (Ignore Reject)** – Allows the user to close or resolve the DUR/REFILL TOO SOON Reject or the Reject Resolution Required Reject without resubmission to the payer. The user will be required to enter a free-text comment and his/her electronic signature.
- **RES (Resubmit Claim)** – Allows the user to re-submit the claim to the payer. This will automatically mark the reject resolved.
- **OVR (Submit Override Codes)** – Allows the user to re-submit the claim by entering NCPDP override codes, which shall trigger a new claim submission be sent to the payer.
- **CSD (Change Suspense Date)** – Allows the user to change the fill date for suspended prescriptions.

**Example: Resolving Open Rejects (continued)**

Reject Information (UNRESOLVED) Nov 21, 2005@09:51:15 Page: 1 of 1

<table>
<thead>
<tr>
<th>Division</th>
<th>NPI#: 1234567890</th>
<th>NCPDP: 4150001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>OPPATIENT,FOUR(000-01-1322P)</td>
<td>Sex: M DOB: JAN 13,1922(83)</td>
</tr>
<tr>
<td>Rx#</td>
<td>100003872/0</td>
<td>ECME#: 000000504454 Date of Service: Nov 15, 2005</td>
</tr>
<tr>
<td>CMOP Drug</td>
<td>DOCUSATE NA 100MG CA</td>
<td>NDC Code: 54629-0600-01</td>
</tr>
</tbody>
</table>

**REJECT Information BACK-BILL**

- **Reject Type**: 88 - DUR REJECT received on NOV 15, 2005@14:11:51
- **Reject Status**: OPEN/UNRESOLVED
- **Next Avail Fill**: NOV 18, 2005
- **Payer Addl Msg**: DUR Reject Error
- **Reason Code**: UNNECESSARY DRUG
- **DUR Text**: RETAIL

**INSURANCE Information**

- **Insurance**: TEST INS
- **Contact**: BIN:741852
- **Group Number**: 12454
- **Cardholder ID**: 000011322P

Enter ?? for more actions

<table>
<thead>
<tr>
<th>VW View Rx</th>
<th>IGN Ignore Reject</th>
<th>OVR Submit Override Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MP Medication Profile</td>
<td>RES Resubmit Claim</td>
<td>CSD Change Suspense Date</td>
</tr>
</tbody>
</table>

**When a claim is rejected, typically the Payer returns a “Reason for Service Code”, which becomes the default for the “Reason for Service Code” prompt. The user can use this reason to then select which code is entered for “Professional Service Code” and “Result of Service Code”.*
The following is an example of a prescription being resolved for prior authorization submission.

**Example: Prior Authorization Submission**

```
Reject Information (UNRESOLVED) Nov 21, 2005 09:51:15 Page: 1 of 1
Division: ALBANY  NPI#: 1234567890  NCPDP: 4150001
Patient: OPPATIENT,FOUR (000-01-1322P) Sex: M  DOB: JAN 13, 1922 (83)
Rx#: 100003872/0  ECME#: 000000504454 Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA  NDC Code: 54629-0600-01

REJECT Information
Reject Type: 88 - DUR REJECT received on NOV 15, 2005 14:11:51
Reject Status: OPEN/UNRESOLVED
Reason Code: UNNECESSARY DRUG
DUR Text: RETAIL

INSURANCE Information
Insurance: TEST INS
Contact: 
BIN: 741852
Group Number: 12454
Cardholder ID: 000011322P

Enter ?? for more actions
VW View Rx  IGN Ignore Reject  OVR Submit Override Codes
MP Medication Profile  RES Resubmit Claim  CSD Change Suspense
Select: Quit// ??

The following actions are also available:
COM Add Comments  DN Down a Line  PS Print Screen
CLA Submit Clarif. Code  UP Up a Line  PT Print List
ED Edit Rx  FS First Screen  SL Search List
FA Submit Prior Auth.  LS Last Screen  ADPL Auto Display(On/Off)
+ Next Screen  GO Go to Page  QU Quit
- Previous Screen  RD Re Display Screen  ARI View Addtl Rej Info

Select: Quit// PA  Send Prior Auth.

Prior Authorization Type: 0// ?
Choose from:
0  NOT SPECIFIED
1  PRIOR AUTHORIZATION #
2  ML-MEDICAL CERTIFIED
3  EPSDT
4  EXEMPT FROM COPAY
5  EXEMPT FROM RX LIMITS
6  FAMILY PLANNING
7  AFDC
8  PAYER DEFINED EXEMPTION
```

---example continues---
Example: Prior Authorization Submission (continued)

Prior Authorization Type: 0//1 PRIOR AUTHORIZATION #

When you confirm, a new claim will be submitted for the prescription and this REJECT will be marked resolved.

Confirm? ?? YES// <Enter>

Prescription 787480 successfully submitted to ECME for claim generation.

Example: Clarification Code Submission

The following is an example of a prescription being resolved for clarification code submission.

Reject Information(UNRESOLVED)Nov 21, 2005@09:51:15 Page: 1 of 1
Division : ALBANY NPI#: 1234567890 NCPDP: 4150001
Patient : OPPATIENT,FOUR (000-01-1322P) Sex: M DOB: JAN 13,1922(83)
Rx# : 100003872/0 ECME#: 000000504454 Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA NDC Code: 54629-0600-01

REJECT Information
Reject Type : 88 - DUR REJECT received on NOV 15, 2005@14:11:51
Reject Status : OPEN/UNRESOLVED
Payer Addl Msg : DUR Reject Error
Reason Code : UNNECESSARY DRUG
DUR Text : RETAIL

INSURANCE Information
Insurance : TEST INS
Contact :
BIN : 741852
Group Number : 12454
Cardholder ID : 000011322P

Enter ?? for more actions

The following actions are also available:

VW View Rx IGN Ignore Reject OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense
Select: Quit??

---example continues---
Example: Rejected Prescription – Adding Comments

The following is an example of comments added to a rejected prescription.

Select: Quit

The following actions are also available:
COM Add Comments  DN  Down a Line  PS  Print Screen
CLA Submit Clarif. Code  UP  Up a Line  PT  Print List
ED Edit Rx  FS  First Screen  SL  Search List
FA Submit Prior Auth.  LS  Last Screen  ADPL  Auto Display(On/Off)
+  Next Screen  GO  Go to Page  QU  Quit
-  Previous Screen  RD  Re Display Screen  ARI  View Addtnl Rej Info
Select: Quit

Comment: ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET BACK TO ME ON MONDAY.

Reject Information (UNRESOLVED) Nov 21, 2005@09:51:15  Page:  1 of 1
Division : ALBANY  NPI#: 1235467890  NCPDP: 4150001
Patient : OPPATIENT,FOUR(000-01-1322P)  Sex: M  DOB: JAN 13,1922(83)
Rx# : 100003872/0  ECME#: 00000504454 Date of Service: Nov 15, 2005
CMOP Drug: DOCUSATE NA 100MG CA  NDC Code: 54629-0600-01

Reject Information
Reject Type : 88 - DUR REJECT received on NOV 15, 2005@14:11:51
Reject Status : OPEN/UNRESOLVED
Payer Addl Msg : DUR Reject Error
Reason : UNNECESSARY DRUG
DUR Text : RETAIL

COMMENTS
- JUN 2, 2007@2:30:10 – ALREADY CALLED INSURANCE COMPANY AND THEY WILL GET BACK TO ME ON MONDAY (OPUSER,ONE)

INSURANCE Information
Insurance : TEST INS
Contact :
Group Name : RXINS
Group Number : 12454
Cardholder ID : 000011322P

Enter ?? for more actions
VW View Rx  IGN Ignore Reject  OVR Submit Override Codes
MP Medication Profile  RES Resubmit Claim  CSD Change Suspense
Select: Quit
Example of Non-Billable Product Reject Information Screen

Reject Information (TRICARE)  Oct 30, 2010@10:15:01  Page: 1 of 1
Division: DAYTON  NPI: 4050000015  NCPDP: 4150001
Patient: TRICARE,TWO(XXX-XX-XXXX)  Sex: M  DOB: JUL 1,19XX(XX)
Rx#: 49428/0  ECME#: 100MG CAP
CMOP Drug: Docusate NA 100MG CAP  NDC Code: 54629-0600-01

REJECT Information (TRICARE)
Reject Type: TRICARE DRUG NOT BILLABLE(eT) received on OCT 17, 2010@13:19:22
Reject Status: NO CLAIM SUBMITTED
Payer Addl Msg: Not ECME Billable: DRUG NOT BILLABLE
Reason Code:

COMMENTS
- AUG 25, 2010@13:25:07 - Transferred by OPECC. (OPCLERK,ONE)

INSURANCE Information

Insurance:
Contact:
BIN:
Group Number:
Cardholder ID:

Enter ?? for more actions
VW View Rx  FIL Fill Rx  CSD Change Suspense Date
MP Medication Profile  DC Discontinue Rx  IGN Ignore Reject
RES Resubmit Claim  OVR Submit Override Codes
Select Item(s): Next Screen//

Example of Non-Billable Product Reject Information Screen displaying the action RES (Resubmit Claim) error message

Reject Information (TRICARE)  Nov 11, 2010@12:37:30  Page: 1 of 2
Division: DAYTON  NPI: 4050000015  NCPDP: 4150001
Patient: OPPATIENT,TRICARE(XXX-XX-XXXX)  Sex: F  DOB: OCT 7,19XX(XX)
Rx#: 27XXXXX/0  ECME#: 100MG CAP
Drug: aluminum hydroxide gel 320mg/5ml susp  NDC Code: 00054-3035-63

REJECT Information (TRICARE)
Reject Type: TRICARE DRUG NOT BILLABLE(eT) received on SEP 16, 2010@13:07:12
Reject Status: NO CLAIM SUBMITTED
Payer Addl Msg: Not ECME Billable: DRUG NOT BILLABLE
Reason Code:

COMMENTS
- SEP 16, 2010@13:07:12 - Transferred by (XXXXXXXX,XXXX)

INSURANCE Information

Insurance:
Contact:
BIN:
Group Number:

RES not allowed for TRICARE Non-Billable claim.

VW View Rx  FIL Fill Rx  CSD Change Suspense Date
MP Medication Profile  DC Discontinue Rx  IGN Ignore Reject
RES Resubmit Claim  OVR Submit Override Codes
Select Item(s): Next Screen//
A user must hold the “PSO TRICARE/CHAMPVA” security key to perform the Fill Rx (FIL) and Ignore Reject (IGN) actions on the Third Party Payer Rejects – Worklist and the “Ignore” action on the TRICARE or CHAMPVA Reject Notification screen. If the user holds the security key “PSO TRICARE/CHAMPVA”, the prompt will display: “You are bypassing claims processing. Do you wish to continue?” If the user enters (No=Default), the user will return to the reject notification screen. If the user selects Yes to continue, the system will mimic the current Ignore action/functionality and allow processing of the prescription. The user will be prompted to enter their electronic signature code and asked to enter data into the TRICARE Justification or CHAMPVA Justification field, which is required. The user will be allowed to “^” out of the process. If the user opts to “^” out of the process, they will be taken back to the Reject Information screen prompt.

In the following example a TRICARE patient with Outpatient status submits a prescription for processing and a rejected response is received from the TRICARE payer/PBM. The pharmacist initially sends the prescription to the Third Party Payer Rejects – Worklist then later decides to finish processing the prescription and chooses the FIL action.

**Example of Reject Information Screen – Electronic Signature and TRICARE Justification**

```
Reject Information (TRICARE) Sep 30, 2010@10:25:13 Page: 1 of 1
Division : DAYTON NPI: 4050000015 NCPDP: 4150001
Patient : TRICARE,TWO(XXX-XX-XXXX) Sex: M DOB: JAN 1,19XX(XX)
Rx# : XXX4928/0 ECME#: 000001231234 Date of Service: Feb 08, 2009
CMOP Drug: ACARBOSE 25MG TAB NDC Code: 00026-2863-52

REJECT Information (TRICARE)
Reject Type : M/I Cardholder ID (07) 
Reject Status : OPEN/UNRESOLVED - E REJECTED
Payer Addl Msg : 
Reason Code : 
DUR Text : 

COMMENTS 
- AUG 25, 2010@13:25:07 - Transferred by OPECC. (OPCLERK,ONE)

INSURANCE Information
Insurance : EXPRESS SCRIPTS 
Contact : 
BIN : 741852 
Group Number : DODA 
Cardholder ID : XXXXXXX

Enter ?? for more actions
VW View Rx FIL Fill Rx CSD Change Suspense Date
MP Medication Profile DC Discontinue Rx IGN Ignore Reject
RES Resubmit Claim OVR Submit Override Codes
Select Item[s]: Quit/FIL

You are bypassing claims processing. Do you wish to continue (Y/N)? No//Yes
Enter your Current Signature Code: SIGNATURE VERIFIED
TRICARE Justification: Patient required medication
```
The person that resolves TRICARE and CHAMPVA non-DUR/RTS rejects is dependent upon the type of reject. Dispense As Written (DAW) reject code 22 can be resolved by the pharmacy staff by editing the prescription and entering the appropriate DAW code that results in a claims resubmission. Other insurance-related rejects (missing eligibility or cardholder ID number) are resolved by the Outpatient Pharmacy Electronic Claims Coordinator (OPECC). Once the rejection has been resolved, the Reject Information screen under the pharmacy reject worklist shows the status of the prescription as E PAYABLE. At this point the user may select the FIL action, which will prompt for label print.
REJECT RESOLUTION REQUIRED Rejects
[PSO REJECTS WORKLIST]

Rejects under the REJECT RESOLUTION REQUIRED section of the screen are resolved in the same manner as DUR/RTS rejects. The comments section will denote that the reject was transferred automatically to the Third Party Payer Rejects – Worklist for resolution.

The following is an example of the Reject Information Screen for Reject Resolution Required rejects.

```
Reject Information (UNRESOLVED) Jun 05, 2013@07:46:18   Page: 1 of 1
Division: DAYTON NPI: 4050700015 NCPDP: 4150001
Patient: COPORVET, J-CNF(061P) Sex: M DOB: Nov 20, 1961(51)
Rx#: 2720321/0 ECME#: 000004317186 Date of Service: May 28, 2013
Drug: AMPICILLIN 1GM INJ NDC Code: 00015-7404-99

REJECT Information BACK-BILL
Reject Type: 76 - Plan Limitations Exceeded received on MAY 28, 2013@08:59
Reject Status: OPEN/UNRESOLVED - E PAYABLE
PCN:TEST
Reason Code:
+DUR Text:

INSURANCE Information
Insurance: EPORE Coord. Of Benefits: PRIMARY
Contact: 333-444-5555
BIN: 610144
Group Number: 777
Cardholder ID: 152364859

Enter ?? for more actions

VW View Rx IGN Ignore Reject OVR Submit Override Codes
MP Medication Profile RES Resubmit Claim CSD Change Suspense Date
(I)gnore, (Q)uit: Q/

COMMENTS
- Jun 11, 2013@11:181 - Automatically transferred due to Reject Resolution Required reject Code. (POSTMASTER)
```
(This page included for two-sided copying.)
Labels can be sorted by the patient name, the SSN, or the DEA Special Handling code. If sorted by DEA, the labels must then sort by patient name or SSN. Sorting by DEA will send the labels to the printer in three groups:

- **First group** – will contain all the prescriptions with drugs that contain an “A” (narcotics and alcoholics) or a “C” (controlled substances-non narcotic) in the DEA Special Handling field.
- **Second group** – will contain all the prescriptions with drugs containing an “S” (supply) in the DEA Special Handling field.
- **Third group** – will contain all others. If a patient has prescriptions in suspense that fall in all three categories, that patient's labels will be printed three times, once in each group.

Only one job is tasked for all of the prescriptions in the batch; therefore, if the job is queued by mistake, only one tasked job must be undone. Any prescription that is put in suspense for the "Print Through Date" between the times the job was queued until the time it actually runs will be included in the job.

Labels for each job printed from suspense will be part of a batch. Each batch is identified by the Division, the user who queued the batch, and the date/time that the job was queued to begin.

Prescriptions pulled early from suspense will not be part of a batch, so they will not be able to be reprinted through the *Reprint Batches from Suspense* option.

A short profile for every patient for whom a label for a new prescription is being printed will also be printed if the local Profile with New Prescriptions site parameter is set to Yes.

If a patient has partial prescriptions with regular fills, only one set of trailing documents will print for that patient. (In V. 6.0 trailer documents were printed after each partial.)

If the patient has remote prescriptions, then the text “THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES” will appear on the report as shown in the following example.

<table>
<thead>
<tr>
<th>PRESCRIPTION PROFILE AS OF 12/30/2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: PSOPATIENT,ONE</td>
</tr>
<tr>
<td>THIS PATIENT HAS PRESCRIPTIONS AT OTHER FACILITIES</td>
</tr>
<tr>
<td>PHARMACIST: __________________  DATE: ________</td>
</tr>
</tbody>
</table>

If a prescription is determined to be an ePharmacy prescription (e.g., third party electronically billable), an electronic claim will be sent by ECME to the third party payer. TRICARE and CHAMPVA prescriptions are exceptions, as noted in the TRICARE and CHAMPVA section. The communication events between Outpatient Pharmacy and ECME are recorded in the ECME Log section of each prescription. The ECME log can be viewed in the patient Medication Profile screen (Activity Log option – AL) and also from the View Prescriptions option. If the claim submission returns a Refill Too Soon (79) reject, a Reject Resolution Required reject, or a Drug Utilization Review (88) reject, the label is not printed for the prescription and it is moved to the Refill Too Soon/DUR or the Reject Resolution Required section of the patient Medication Profile screen until the user resolves the reject. The prescription will also display on the Third Party Payer Reject – Worklist.
Pull Early from Suspense
[PSO PNDRX]

This option is used to pull a specific prescription or all prescriptions for a patient early. If a prescription is pulled early using this option, it will not be associated with any printed batch, and the user will not be able to reprint a label with the Reprint Batches from Suspense option. Since prescriptions that are pulled early from suspense do not belong to any printed batch and cannot be reprinted from suspense, there is no reason to leave them in suspense.

The user may also edit the “Method of Pickup”. For the prompt "Pull Rx(s) and delete from Suspense", the user should answer YES to pull the prescriptions, and they will always be deleted from suspense.

If the routing is changed to “Window” when pulling from suspense early and the bingo board is being used, those prescriptions will be sent to the bingo board.

If a prescription is determined to be an ePharmacy prescription (e.g., third party electronically billable), an electronic claim will be sent by ECME to the third party payer. The communication events between Outpatient Pharmacy and ECME are recorded in the ECME Log section of each prescription. The ECME log can be viewed in the patient Medication Profile screen (Activity Log option – AL) and also from the View Prescriptions option. If the claim submission returns a Refill Too Soon (79), Reject Resolution Required, or Drug Utilization Review (88) reject, the label is not printed for the prescription and it is moved to the Refill Too Soon/DUR or the Reject Resolution Required section of the patient Medication Profile screen until the user resolves the reject. The prescription will also display on the Third Party Payer Reject worklist.

Queue CMOP Prescription
[PSO RX QUEUE CMOP]

The Queue CMOP Prescription option allows the users (including pharmacy technicians) to put mail-routed prescription(s) for CMOP drugs on suspense for CMOP.

Example: Queue CMOP Prescription

Select Suspense Functions Option: QUEUE CMOP Prescription
Enter the Rx # to queue to CMOP: 300486

If the prescription does not have a routing of Mail, has already been released, or is not for a CMOP drug, and does not pass all the other normal checks for CMOP, it will not be put on suspense for CMOP.
Chapter 29: Security Keys

A security key is a unique entry in the Security Key file (^DIC(19,1,) which may prevent access to a specific option or action by including the key as part of the option’s entry in the Option file (^DIC(19,). Only users entered in the Holder field of the Security Key file may access the option or action.

Security Keys

PSO TRICARE/CHAMPVA
PSO*7*385 renamed the PSO TRICARE security key to PSO TRICARE/CHAMPVA. Please see TRICARE/CHAMPVA Eligible Outpatient Override Function for further information on this security key.

PSO TRICARE/CHAMPVA MGR
PSO*7*385 renamed the PSO TRICARE MGR security key to PSO TRICARE/CHAMPVA MGR. Please see TRICARE CHAMPVA Bypass/Override Report for further information on this security key.

PSO TECH ADV
PSO*7*386 added the PSO TECH ADV security key for use of holding and unholding prescriptions. Please see Holding and Unholding a Prescription for further information on this security key.

PSO EPHARMACY SITE MANAGER
PSO*7*421 added the PSO EPHARMACY SITE MANAGER security key for use of changing ePharmacy Site Parameters. Please see ePharmacy Site Parameters for further information on this security key.
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