Drug Inputs

03/29/2016

Input Forms POS-I-001 MEDWATCH (Pharmacy Prior Authorization)

General Information

This input form is used for inputting Pharmacy Prior Authorization records.

Subsystem:	Drug
Source/Originator:	N/A
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	N/A
Proc/Screen ID:	POS-S-004
Graphics:	N/A

Field Definitions

#	Field Name	Data Element Name	Element ID
1	PATIENT IDENTIFIER	Claim Patient Account Number	DE2031
2	AGE OR DATE OF BIRTH	Enrollee Birth Date	DE3005
3	SEX	Enrollee Sex Code	DE3007
4	WEIGHT		DE0000
5	ADVERSE EVENT		DE0000
6	OUTCOMES ATTRIBUTED TO ADVERSE EVENT		DE0000
7	DATE OF EVENT		DE0000
8	DATE OF THIS REPORT		DE0000
9	DESCRIBE EVENT OR PROBLEM		DE0000
10	RELEVANT TESTS/LABORATORY DATE		DE0000
11	OTHER RELEVANT HISTORY		DE0000
12	DRUG NAME	Drug Brand Name	DE5208
13	STRENGTH	Drug Strength Description	DE5070
15	DIAGNOSIS	Diagnosis Name	DE5302
16	EVENT ABATED AFTER USE STOPPED		DE0000

17	LOT #		DE0000
18	EXP DATE		DE0000
19	EVENT REAPPEARED AFTER REINTRODUCTION		DE0000
20	NDC #	Drug Code (NDC)	DE5200
21	CONCOMITANT MEDICAL PRODUCTS		DE0000
22	PRESCRIBING PHYSICIAN NAME		DE0000
23	DEA LICENSE #		DE0000
24	PHONE		DE0000
25	FAX #		DE0000
26	MEDICAID SUBSCRIBER NAME	Enrollee Full Name	DE3003
27	MEDICAID ID #	Enrollee Identification Number	DE3001
28	DATE OF BIRTH	Enrollee Birth Date	DE3005
29	SEX	Enrollee Sex Code	DE3007
30	REQUEST DATE	PA Authorized From Date	DE2610
31	REPORTER		DE0000

Forms POS-I-002 Prior Authorization Request For Exemption To On-Line Reimbursement Denial

General Information

This input form is used for inputting Pharmacy Prior Authorization records.

Subsystem:	Drug
Source/Originator:	N/A
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	N/A
Proc/Screen ID:	POS-S-004
Graphics:	N/A

Field Definitions

#	Field Name	Data Element Name	Element ID
1	PRESCRIBING PHYSICIAN NAME		DE0000
2	DEA LICENSE #		DE0000
3	PHONE		DE0000
4	FAX #		DE0000
5	MEDICAID SUBSCRIBER NAME	Enrollee Full Name	DE3003
6	MEDICAID ID #	Enrollee Identification Number	DE3001
7	DATE OF BIRTH	Enrollee Birth Date	DE3005
8	SEX	Enrollee Sex Code	DE3007
9	REQUEST DATE	PA Authorized From Date	DE2610
10	PARTICIPATING PHARMACY NAME	Provider Name	DE4085
12	PRIOR AUTHORIZATION REQUESTED FOR		DE0000
13	DRUG NAME	Drug Brand Name	DE5208
14	STRENGTH	Drug Strength Description	DE5070

16	DIAGNOSIS	Diagnosis Name	DE5302
17	MEDICAL JUSTIFICATION FOR PRODUCT USE		DE0000
18	APPROVED/DENIED		DE0000
19	DATE		DE0000
20	COMMENTS		DE0000
21	STAFF RPH		DE0000
22	NDC	Drug Code (NDC)	DE5200