

DRUG UTILIZATION REVIEW (DUR) – Data Availability

DHCF – December 2006
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Overview

What data is available?

- Pharmacy, Medical and Institutional Claim Information
- Recipient Eligibility
- Provider Certification
- Procedure Information
- Additional Information
- Questions

Claim Information

Who provided the service?

Provider Name	If the provider is an individual, the full name includes first name, middle initial, last name, and title. If the provider is a group or institution, the full group name or institution name is presented.
Provider Address	The provider's mailing address. A separate payment address may also be available.
Provider ID	The Medicaid number assigned to a provider. The provider may be an individual or a group (i.e. clinic or institution). On a claim, the billing provider may be different from the performing provider, which is the individual that actually performed the service.
Type of Provider	A code indicating the general type of medical services the Medicaid provider who billed the claim was certified for when the claim processed.
Specialty of Provider	A code indicating the specific medical services the Medicaid provider who billed the claim was certified for when the claim processed.

Claim Information (continued)

Who received the service?

Recipient Name	The full name of the recipient.
Date of Birth	The recipient's date of birth.
Recipient ID	The Medicaid identification number for a recipient.
Gender	The gender of a recipient.
Other Coverage	The type of insurance coverage the recipient has along with the effective begin and end dates for the coverage. Also contains recipient's Medicare and Buy-in information.
Type of Eligibility	A medical status code is assigned to the recipient for each period of Medicaid eligibility. This code identifies the reason for eligibility.

Claim Information (continued)

Pharmacy Claim - What service was provided?

National Drug Code	The National Drug Code (NDC) assigned by the manufacturer for a product.
NDC Description	The narrative description of the National Drug Code (NDC).
Prescription Number	The number indicated by a pharmacy assigned to the prescription order from the prescriber.
Prescriber	The Drug Enforcement Agency (DEA) narcotics license for the prescribing provider.
Date of Prescription	The date the provider indicated a drug prescription was written by the prescriber.
Date Filled	The date on which the prescription was filled. This is the date of service for a drug claim.
Days Supply	The length the dispensed prescription is expected to last.
Quantity	The total quantity billed.
Brand Medically Necessary	This indicates whether the drug dispensed was dispensed as written or a generic substitution.
Patient Location	This identifies the place where the service was performed.

Claim Information (continued)

Medical and Institutional Claim – What service was provided?

Procedure Code	The code defining a medical procedure performed.
Procedure Description	The narrative description of the procedure code, revenue code, ancillary code or ICD-9 surgical procedure code.
Prescriber	The attending (or referring) provider. This may contain a Medicaid provider ID, UPIN, license number, or last name.
Date of Service	The date on which the service was received.
Quantity	The total quantity billed.
Diagnosis	The diagnosis code(s) indicated on the claim.

Claim Information (continued)

Was there an enhanced dispensing fee or provider intervention on the pharmacy claim?

Pharmaceutical Care

Codes that provide pharmacies an enhanced dispensing fee for additional actions they take beyond the standard dispensing and counseling for a prescription drug on pharmacy claims.

Prospective DUR

Identifiers used for clinically significant potential drug therapy problems generated through claims processing or indicators from the provider to bypass alerts for drug therapy problems on pharmacy claims.

Claim Information (continued)

Who billed and/or performed the service?

Provider Name	If the provider is an individual, the full name includes first name, middle initial, last name, and title. If the provider is a group or institution, the full group name or institution name is presented.
Provider Address	The provider's mailing address. A separate payment address may also be available.
Provider ID	The Medicaid number assigned to a provider. The provider may be an individual or a group (i.e. clinic or institution). On a claim, the billing provider may be different from the performing provider, which is the individual that actually performed the service.
Type of Provider	A code indicating the general type of medical services the Medicaid provider who billed the claim was certified for when the claim processed.
Specialty of Provider	A code indicating the specific medical services the Medicaid provider who billed the claim was certified for when the claim processed.

Claim Information (continued)

What is the status of the claim?

Payment	The amount of payment issued for a specific drug/dispensing.
Denial	The reason for denial of a specific service.
Patient Share	The total dollar amount of patient responsibility towards a claim (e.g., copay, deductible, spenddown).
Other Coverage	The total dollar amount paid by other insurance.

Recipient Eligibility

What patient data is available?

Recipient Name	The full name of the recipient.
Recipient ID	The Medicaid identification number for a recipient.
Dates of Eligibility	The dates of Medicaid coverage for a recipient for a particular eligibility segment.
Date of Birth	The recipient's date of birth.
Date of Death	This recipient's date of death.
Gender	The gender of a recipient.
Other Coverage	Information regarding what type of insurance coverage the recipient has along with the effective begin and end dates for the coverage. Contains recipient's Medicare and Buyin information.
Medicaid HMO Coverage	The HMO that a recipient is enrolled in for the specified period of eligibility.

Recipient Eligibility (continued)

What patient data is available?

Type of Eligibility	A medical status code is assigned to the recipient for each period of Medicaid eligibility. This code identifies the reason for eligibility.
Lock-in Status	Information about why a recipient is locked in, the lock-in provider(s) and lock-in dates. The effective date from which the recipient becomes locked into an assigned provider for their medical services.
Nursing Home Status	The level of care that a recipient is authorized for during a specific period of Medicaid eligibility, such as skilled nursing facility (SNF), intermediate care facility (ICF), etc. This information also include the Medicaid Provider number of the nursing home authorized to provide services to the recipient.
Patient Share	The total dollar amount of patient responsibility towards a claim (e.g., copay, deductible, spenddown).

Provider Certification

What provider data is available?

Provider Name	If the provider is an individual, the full name includes first name, middle initial, last name, and title. If the provider is a group or institution, the full group name or institution name is presented.
Provider ID	The Medicaid number assigned to a provider. The provider may be an individual or a group (i.e. clinic or institution). On a claim, the billing provider may be different from the performing provider, which is the individual that actually performed the service.
Provider Address	The provider's mailing address. A separate payment address may also be available.
Specialty of Provider	A code indicating the specific medical services the Medicaid provider who billed the claim was certified for when the claim processed.
Type of Provider	A code indicating the general type of medical services the Medicaid provider who billed the claim was certified for when the claim processed.
Certification Dates	The dates of service a Medicaid provider is eligible for participation.

Procedure Information

What procedure data is available?

Procedure Code	The code defining a medical procedure performed.
Procedure Description	The narrative description of the procedure code, revenue code, ancillary code or ICD-9 surgical procedure code.
Procedure Modifiers	An indicator defining the primary procedure code on a claim. On dental claims the procedure modifier contains the tooth number.
Limitations (age, provider type, quantity)	Limitations can include: Medicare Part B coverage, gender restrictions, age restrictions, family planning restrictions, Medicaid HMO coverage, allowable provider types and specialties, allowable place of services, prior authorization information, diagnosis restrictions, quantity limits and thresholds on frequency of services.
National Drug Code	The National Drug Code (NDC) assigned by the manufacturer for a product.
NDC Description	The narrative description of the National Drug Code (NDC).

Data Utilization

How can the data be used?

Data is stored in categories of information (e.g., pharmacy claim, provider certification, recipient eligibility). Some of the categories may include duplicate information from other categories (e.g., provider, recipient).

A point and click software application is used to develop queries. More complex queries can be developed by advanced users or SQL experts.

Categories can be linked to each other to develop useful analysis tools (e.g., what type of eligible recipients are receiving Triptans).

Refining the information allows users to filter more specific answers (e.g., for recipients receiving Triptans, what other medication therapy is in use).



Questions?

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