



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Point of Sale

(ABSP)

Addendum to User Manual

Version 1.0 Patch 61
September 2026

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1.0 Introduction

This document provides information for the user pertaining to software enhancements and minor corrections included in Pharmacy Point of Sale (ABSP) v1.0 p61. Please distribute this addendum to your pharmacy billing staff upon installation of the patch.

1.1 Summary of Changes

FID132006: The **Mass Override** option was added to the **Pharmacy POS User Menu** (U > MOR). This option allows for creating overrides and/or sending resubmissions for multiple claims at the same time based on the following selections: patient(s), insurer(s), drug(s) and/or rejection code, and date range.

FID132323: The **Asleep Insurer Check** option (MAN > ASLP) was updated to ensure that the value populated in the 99 REJECT SLEEP OVERRIDE field of the ABSP Insurer file is not deleted. Some insurers require this field be populated.

FID138763: Updated the **Unknown Pay Status Claims Report** (U > RPT > MNT > UNKC) to ignore prescriptions that are in a status of suspended or were filled by an outside pharmacy. These prescriptions are unbillable and should not be pulled into Pharmacy Point of Sale for billing by the **UNKC** option.

2.0 Patch Details

2.1 Mass Override Option

The **Mass Override** option was added to the **Pharmacy POS User Menu** (U > MOR) to allow for creating overrides and sending resubmissions for multiple claims at the same time based on the following selections: patient(s), insurer(s), drug(s) and/or rejection code, and date range.

If you choose rejection code, you will only be able to enter one rejection code, and then you will be required to enter one drug, multiple drugs, or all drugs.

There are some restrictions on the claim selection process to prevent all claims for all patients from being selected within the specified date range unless a rejection code is selected. These restrictions are explained in the help text that is displayed upon accessing the **MOR** option and are designed to keep the selected batch of claims from being too large and overwhelming the Point of Sale application. In addition, claims that have a status of E PAYABLE or E DUPLICATE and claims that have been returned to stock will not be included in the override/resubmission process.

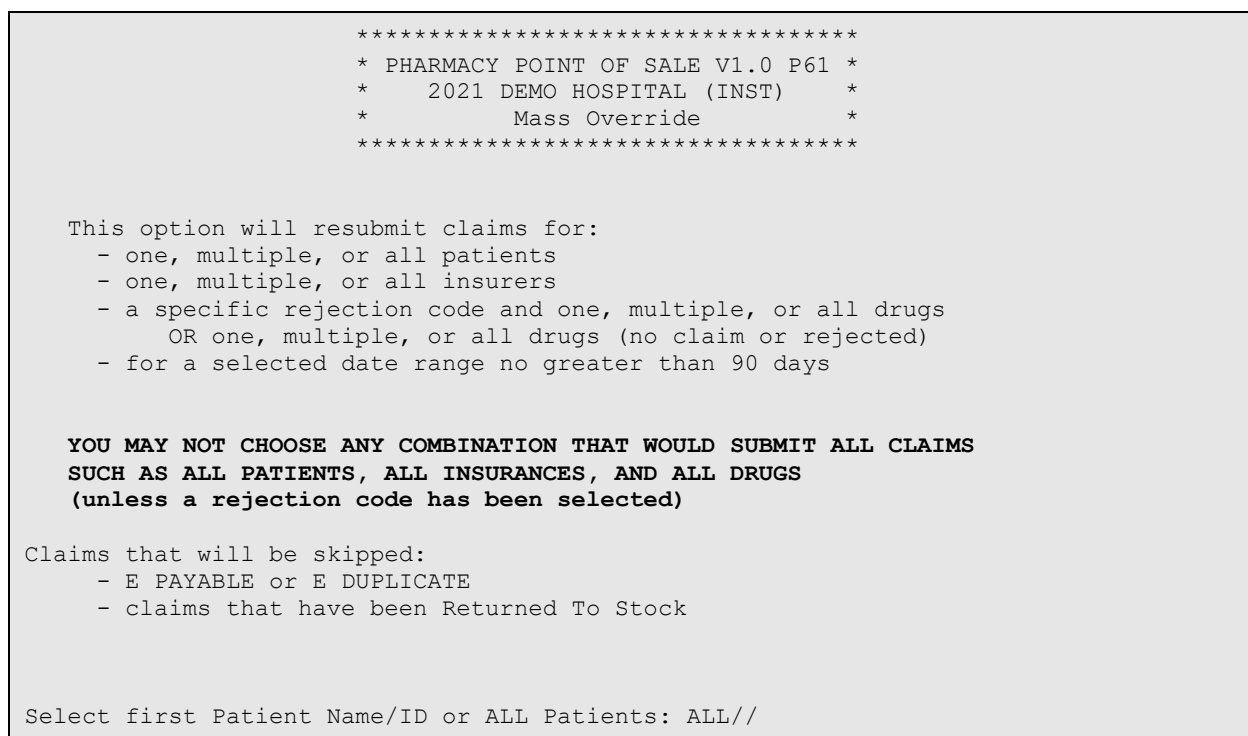


Figure 2-1: Help text displayed in the MOR option

There are also checks and error messages built into the parameter selections to alert the user if an invalid selection has been made and to prevent the entry from being accepted. For example, if the MOR option is run for all patients, all insurers, and all drugs, a message will be displayed indicated that the selection is invalid. In this scenario, the user will be taken back to the patient selection prompt.

```

*****
* PHARMACY POINT OF SALE V1.0 P61 *
* 2021 DEMO HOSPITAL (INST) *
* Mass Override *
*****

This option will resubmit claims for:
- one, multiple, or all patients
- one, multiple, or all insurers
- a specific rejection code and one, multiple, or all drugs
  OR one, multiple, or all drugs (no claim or rejected)
- for a selected date range no greater than 90 days

YOU MAY NOT CHOOSE ANY COMBINATION THAT WOULD SUBMIT ALL CLAIMS
SUCH AS ALL PATIENTS, ALL INSURANCES, AND ALL DRUGS
(unless a rejection code has been selected)

Claims that will be skipped:
- E PAYABLE or E DUPLICATE
- claims that have been Returned To Stock

Select first Patient Name/ID or ALL Patients: ALL//

Select ONE, MULTIPLE, or ALL Insurers: ALL//

    Select one of the following:

        R      Rejection
        D      Drug

Enter response: R// Drug

Select ONE, MULTIPLE, or ALL Rejected Drugs: ALL//

You can not select all patients, all insurers, and all drugs

Enter RETURN to continue or '^' to exit:

This option will resubmit claims for:
- one, multiple, or all patients
- one, multiple, or all insurers
- a specific rejection code and one, multiple, or all drugs
  OR one, multiple, or all drugs (no claim or rejected)
- for a selected date range no greater than 90 days

YOU MAY NOT CHOOSE ANY COMBINATION THAT WOULD SUBMIT ALL CLAIMS
SUCH AS ALL PATIENTS, ALL INSURANCES, AND ALL DRUGS
(unless a rejection code has been selected)

```

```

Claims that will be skipped:
- E PAYABLE or E DUPLICATE
- claims that have been Returned To Stock

Select first Patient Name/ID or ALL Patients: ALL//

```

Figure 2-2: Message displayed if the MOR option is run for all patients, all insurers, and all drugs

The Date Range selection is restricted to a maximum of 90 days. The **Starting Transaction Date**, or prescription fill date, can go back as far as two years from today but the **Ending Date** must be within 90 days of the starting date.

When a **Starting Transaction Date** is entered, the system will calculate and display the **Ending Date** that is 90 days after the **Starting Transaction Date**. The user can enter any date up to the **Ending Date** that is displayed.

If an **Ending Date** is entered that exceeds 90 days from the **Starting Transaction Date**, a message will be displayed, and the “Ending Date” prompt will be displayed again.

```

===== Entry of TRANSACTION DATE Range =====

Mass overrides and resubmissions are limited to a maximum of 90-DAY INCREMENTS

Enter STARTING TRANSACTION DATE for the Report:  (6/24/2024 - 6/24/2026): 1/1/26

End Date must not exceed 90 days from start date.

Enter ENDING DATE for the Report:  (1/1/2026 - 4/1/2026): 5/31/26

Response must not follow 4/1/2026.

End Date must not exceed 90 days from start date.

Enter ENDING DATE for the Report:  (1/1/2026 - 4/1/2026):

```

Figure 2-3: Transaction Date Range prompts

2.1.1 Creating a Batch of Claims

The first step to creating overrides or resubmitting claims is creating a batch of claims. You will need to select patient(s), insurer(s), drug(s) and/or rejection code, and date range. Keep in mind that you will not be able to select all patients, all insurers, and all drugs. For example, you could select all patients, all insurers, and one or more drugs, or you could select all patients, one or more insurers, and all drugs, etcetera.

2.1.1.1 Patient and Insurer Prompts

To begin creating a batch of claims, select one patient, multiple patients or all patients, then make the desired insurer selection(s). In the example below, two patients and all insurers were selected. To select All at either prompt, press Enter.

```

*****
* PHARMACY POINT OF SALE V1.0 P61 *
* 2021 DEMO HOSPITAL (INST) *
* Mass Override *
*****

This option will resubmit claims for:
- one, multiple, or all patients
- one, multiple, or all insurers
- a specific rejection code and one, multiple, or all drugs
  OR one, multiple, or all drugs (no claim or rejected)
- for a selected date range no greater than 90 days

YOU MAY NOT CHOOSE ANY COMBINATION THAT WOULD SUBMIT ALL CLAIMS
SUCH AS ALL PATIENTS, ALL INSURANCES, AND ALL DRUGS
(unless a rejection code has been selected)

Claims that will be skipped:
- E PAYABLE or E DUPLICATE
- claims that have been Returned To Stock

Select first Patient Name/ID or ALL Patients: ALL// DEMO,PATIENT
                                           F 07-04-2000 XXX-XX-4444   TST 127259
Select another Patient: POS,MISTER
1   POS,MISTER                           U 07-17-1980           TST 999330
2   POS,MISTER JR                        M 12-14-2012 XXX-XX-4578   TST 999386
CHOOSE 1-2: 1
POS,MISTER                               U 07-17-1980           TST 999330
Select another Patient:

Select ONE, MULTIPLE, or ALL Insurers: ALL//

```

Figure 2-4: Patient and Insurer prompts

2.1.1.2 Rejection Code Prompt

Next is the Rejection/Drug prompt. To create a batch of claims that were denied for the same reason, select Rejection. Enter the first few characters to see a list of matching rejections to choose from, or type ?? and press Enter to see a complete list of rejection codes. You may also enter the actual rejection code.

The Drug prompt will be displayed after a rejection code is entered. You may enter one drug, multiple drugs, or all drugs. The Rejection option allows for creating a batch of claims for all patients, all insurers, and all drugs.

```

Select one of the following:
R           Rejection

```

D	Drug
Enter response: R// Rejection	
You must enter a rejection code to continue	
Select One Rejection: M/I Add	
1	M/I Additional Documentation S 4T M/I Additional Documentation Segment
2	M/I Additional Documentation T 2Q M/I Additional Documentation Type ID
3	M/I Address Count MY M/I Address Count
4	M/I Address Qualifier NA M/I Address Qualifier
CHOOSE 1-3: ^	
Select One Rejection: ??	
Choose from:	
10	M/I PATIENT GENDER CODE
11	M/I PATIENT RELATIONSHIP CODE
12	M/I Patient Location
13	M/I Other Coverage Code
14	M/I Eligibility Clarification Code
15	DATE OF SERVICE
16	M/I Prescription/Service Reference Number
17	M/I Fill Number
18	M/I METRIC QUANTITY
19	M/I DAYS SUPPLY
20	M/I Compound Code
21	M/I PRODUCT/SERVICE ID
22	M/I DISPENSE AS WRITTEN (DAW) PRODUCT SELECTION CODE
23	M/I INGREDIENT COST SUBMITTED
25	M/I PRESCRIBER ID
26	M/I Unit Of Measure
27	Product Id not FDA/NSDE Listed
28	M/I DATE PRESCRIPTION WRITTEN
29	M/I Number Refills Authorized
^^ TO STOP: ^	
Select One Rejection: 85 CLAIM NOT PROCESSED	
...OK? Yes// (Yes)	
Select ONE, MULTIPLE, or ALL Rejected Drugs: ALL//	

Figure 2-5: Rejection prompt

2.1.1.3 Drug Prompt

To create a batch of claims for one drug, multiple drugs, or all drugs regardless of the rejection code, select **Drug** at the Rejection/Drug prompt. Enter one drug, multiple drugs, or press Enter to select all drugs. You will not be able to select all drugs if you selected all patients and all insurers.

Select one of the following:	
R	Rejection
D	Drug
Enter response: R// Drug	

```

Select ONE, MULTIPLE, or ALL Rejected Drugs: ALL// IBUPROFEN 800MG
  1  IBUPROFEN 800MG TAB          MS102          53746-0466-00
  2  IBUPROFEN 800MG TAB PREPACK  MS102          55111-0684-01
  3  IBUPROFEN 800MG TABLET     MS102          00009-0725-01
CHOOSE 1-3: 1  IBUPROFEN 800MG TAB          MS102          53746-0466-00

Select another Drug: LISINOPRIL 5MG
  1  LISINOPRIL 5MG TAB PREPACK    CV800          24658-0241-10
  2  LISINOPRIL 5MG TAB UD         CV800          51079-0981-20
  3  LISINOPRIL 5MG TABLET       CV800          00904-5811-80
  4  LISINOPRIL 5MG TAB           CV800          00006-0019-86
CHOOSE 1-4: 3  LISINOPRIL 5MG TABLET     CV800          00904-5811-80

Select another Drug:

```

Figure 2-6: Drug prompt

2.1.1.4 Date Range Prompts

Next, enter a **Starting Transaction Date**. You may enter a starting date going back as far as two years from today. After a **Starting Transaction Date** has been entered, the system will calculate and display the **Ending Date** that is 90 days after the **Starting Transaction Date**. You may enter any date up to and including the **Ending Date** that is displayed.

If an **Ending Date** is entered that exceeds 90 days from the **Starting Transaction Date**, a message will be displayed, and the “Ending Date” prompt will be displayed again.

```

===== Entry of TRANSACTION DATE Range =====

Mass overrides and resubmissions are limited to a maximum of 90-DAY INCREMENTS

Enter STARTING TRANSACTION DATE for the Report:  (7/6/2024 - 7/6/2026): 3/1/26

End Date must not exceed 90 days from start date.

Enter ENDING DATE for the Report:  (3/1/2026 - 5/30/2026): T

Response must not follow 5/30/2026.

End Date must not exceed 90 days from start date.

Enter ENDING DATE for the Report:  (3/1/2026 - 5/30/2026): 5/30/26

```

Figure 2-7: Transaction Date Range prompts

2.1.1.5 Mass Override Claim Selection Report

If there are claims found that fall within the selected parameters, a report will be displayed listing the claims in alphabetical order by drug along with the number of claims of claims found. If you're satisfied with the batch of claims, press Enter to proceed to the **Resubmit / Override AND Resubmit** options. If you would like to start over or exit the MOR option without proceeding, type a caret (^) and press Enter at the "Enter RETURN to continue or '^' to exit:" prompt.

Mass Override Claim Selection						06/24/2026
For Patients:						
POS, MISTER						
DEMO, PATIENT						
For Insurers: ALL						
For Dates: 03/01/2026 to 05/30/2026						
For Drugs: ALL						
For Reject: 85						
Number of Claims Found: 13						
Drug	Insurer	MRN	Patient	Fill Date	Prescription	Rej Code
ACCU-CHEK AVIVA	NM MCD	123456	POS, MISTER	05/26/26	10000114.00001	85
ACETAMINOPHEN 12	NM MCD	123456	POS, MISTER	05/19/26	10000050.00001	85
ASCORBIC ACID 50	CVS CAR	112233	DEMO, PATIENT	05/26/26	10000093.00001	85
ASPIRIN 325MG TA	CVS CAR	112233	DEMO, PATIENT	03/22/26	10000094.00001	85
CETIRIZINE 10MG	CVS CAR	112233	DEMO, PATIENT	05/28/26	10000126.00001	85
CETIRIZINE 5MG/5	NM MCD	123456	POS, MISTER	05/28/26	10000125.00001	85
DIPHENHYDRAMINE	NM MCD	123456	POS, MISTER	05/28/26	10000151.00001	85
DOCUSATE SODIUM	CVS CAR	112233	DEMO, PATIENT	05/28/26	10000152.00001	85
IBUPROFEN 200MG	CVS CAR	112233	DEMO, PATIENT	05/28/26	10000187.00001	85
IBUPROFEN 800MG	NM MCD	123456	POS, MISTER	03/04/26	10000020.00011	85
LISINOPRIL 5MG T	CVS CAR	999330	DEMO, PATIENT	05/04/26	10000026.00001	85
MAGNESIUM OXIDE	NM MCD	127259	POS, MISTER	05/28/26	10000206.00001	85
MAGNESIUM OXIDE	NM MCD	999330	POS, MISTER	05/04/26	10000014.00011	85
Enter RETURN to continue or '^' to exit:						

Figure 2-8: Mass Override Claim Selection Report

If there are no claims found for the parameters selected, a message will be displayed, and you will be taken back to the **Pharmacy POS User Menu**.

No data was found that matches that search criteria. Exiting.	
Press RETURN to continue...	
MOR	Mass Override
RPT	Pharmacy electronic claims reports ...
U	Claims data entry screen...
Select Pharmacy POS User Menu Option:	

Figure 2-9: Message displayed when no claims are found

2.1.2 Resubmitting Claims

After you have reviewed the **Mass Override Claim Selection Report**, press Enter. Select **Resubmit** at the “Resubmit / Override AND Resubmit” prompt. A message will be displayed as each claim is resubmitted. When all of the claims have been resubmitted, you will be taken into the **Claims Data Entry Screen (U)**. Select **Continuous Update** to see the status of the claims as they’re processed and the responses are received. When you’re done, type **Q** and press Enter to exit.

```

Mass Override Claim Selection                                06/24/2026
For Patients:
    POS, MISTER
    DEMO, PATIENT
For Insurers: ALL
For Dates: 03/01/2026 to 05/30/2026
For Drugs: ALL
For Reject: 85

Number of Claims Found: 13

Drug          Insurer  MRN    Patient          Fill      Prescription  Rej
              Date                               Code
ACCU-CHEK AVIVA  NM MCD  123456 POS, MISTER      05/26/26  10000114.00001  85
ACETAMINOPHEN 12 NM MCD  123456 POS, MISTER      05/19/26  10000050.00001  85
ASCORBIC ACID 50 CVS CAR  112233 DEMO, PATIENT     05/26/26  10000093.00001  85
ASPIRIN 325MG TA CVS CAR  112233 DEMO, PATIENT     03/22/26  10000094.00001  85
CETIRIZINE 10MG CVS CAR  112233 DEMO, PATIENT     05/28/26  10000126.00001  85
CETIRIZINE 5MG/5 NM MCD  123456 POS, MISTER  05/28/26  10000125.00001  85
DIPHENHYDRAMINE NM MCD  123456 POS, MISTER  05/28/26  10000151.00001  85
DOCUSATE SODIUM CVS CAR  112233 DEMO, PATIENT     05/28/26  10000152.00001  85
IBUPROFEN 800MG CVS CAR  112233 DEMO, PATIENT     05/28/26  10000187.00001  85
IBUPROFEN 800MG NM MCD  123456 POS, MISTER  05/30/26  10000020.00011  85
LISINOPRIL 5MG T CVS CAR  999330 DEMO, PATIENT     05/04/26  10000026.00001  85
MAGNESIUM OXIDE NM MCD  127259 POS, MISTER  05/02/26  10000206.00001  85
MAGNESIUM OXIDE NM MCD  999330 POS, MISTER  05/30/26  10000014.00011  85

Enter RETURN to continue or '^' to exit:

    Select one of the following:

        R      Resubmit
        O      Override AND Resubmit

Enter response: R// esubmit
resubmitting...10000114.00001
resubmitting...10000050.00001
resubmitting...10000093.00001
resubmitting...10000094.00001
resubmitting...10000126.00001
resubmitting...10000125.00001
resubmitting...10000151.00001
resubmitting...10000152.00001
resubmitting...10000187.00001
resubmitting...10000020.00011
resubmitting...10000026.00001
resubmitting...10000206.00001
resubmitting...10000014.00011

PHARMACY POINT OF SALE      Jul 06, 2026 14:43:10      Page:      1 of      1
Transmitted by TECH, SUPER
  
```

With activity in the past 15 min

#	PATIENT/PRESCRIPTION	COMMENTS
1	0% DEMO,PATIENT	- - - 6 prescriptions - - -
2	ASCORBIC ACID 50MG CA	Waiting for transmit to CVS CAR (10000093.0
3	ASPIRIN 325MG TAB	Waiting for transmit to CVS CAR (10000094.0
4	CETIRIZINE 10MG TAB	Waiting for transmit to CVS CAR (10000126.0
5	DOCUSATE SODIUM 100MG	Waiting for transmit to CVS CAR (10000152.0
6	IBUPROFEN 800MG TAB	Waiting for transmit to CVS CAR (10000187.0
7	LISINOPRIL 5MG TAB	Waiting for transmit to CVS CAR (10000026.0
8	0% POS,MISTER	- - - 7 prescriptions - - -
9	ACCU-CHEK AVIVA TEST	Waiting for transmit to NM MCD (10000114.0
10	ACETAMINOPHEN 120MG S	Waiting for transmit to NM MCD (10000050.0
11	CETIRIZINE 5MG/5ML SYR	Waiting for transmit to NM MCD (10000125.0
12	MAGNESIUM OXIDE 500MG	Waiting for transmit to NM MCD (10000163.0
13	MAGNESIUM OXIDE 500MG	Waiting for transmit to NM MCD (10000206.0

Enter ?? for more actions >>>

NEW	Send new claims	DIS	Dismiss patient	RCA	Request cancellation
CU	Continuous update	SP	Print single patient	REV	Reverse a paid claim
CLO	Close Claim	PA	Print all	RES	Resubmit a claim
EV	Edit view screen	LOG	Print claim log	REC	Print receipt/DUR info

Select Action:UD// CU Continuous update

PHARMACY POINT OF SALE Jul 06, 2026 14:43:10 Page: 1 of 1
Transmitted by TECH,SUPER
With activity in the past 15 min

#	PATIENT/PRESCRIPTION	COMMENTS
1	done DEMO,PATIENT	** FINISHED ** 1 not electronic *5 payable
**		
2	ASCORBIC ACID 50MG CA	Payable(\$5.68) (10000093.00001)
3	ASPIRIN 325MG TAB	Duplicate (10000094.0001)
4	CETIRIZINE 10MG TAB	Payable(\$22.14) (10000126.00001)
5	DOCUSATE SODIUM 100MG	Payable(\$10.23) (10000152.00001)
6	IBUPROFEN 800MG TAB	Payable(\$13.86) (10000187.00001)
7	LISINOPRIL 5MG TAB	Payable(\$8.06) (10000026.00001)
8	done POS,MISTER	** FINISHED ** 2 not electronic *5 payable
**		
9	ACCU-CHEK AVIVA TEST	Duplicate (10000114.00001)
10	ACETAMINOPHEN 120MG S	Payable(\$16.57) (10000050.00001)
11	CETIRIZINE 5MG/5ML SYR	Payable(\$32.16) (10000125.00001)
12	MAGNESIUM OXIDE 500MG	Payable(\$11.72) (10000163.00001)
13	MAGNESIUM OXIDE 500MG	Duplicate (10000206.00001)

In continuous update mode: press Q to Quit >>>

Q

PHARMACY POINT OF SALE Jul 06, 2026 14:44:53 Page: 1 of 1
Transmitted by TECH,SUPER
With activity in the past 15 min

#	PATIENT/PRESCRIPTION	COMMENTS
1	done DEMO,PATIENT	** FINISHED ** 1 not electronic *5 payable
**		
2	ASCORBIC ACID 50MG CA	Payable(\$5.68) (10000093.00001)
3	ASPIRIN 325MG TAB	Duplicate (10000094.0001)
4	CETIRIZINE 10MG TAB	Payable(\$22.14) (10000126.00001)
5	DOCUSATE SODIUM 100MG	Payable(\$10.23) (10000152.00001)
6	IBUPROFEN 800MG TAB	Payable(\$13.86) (10000187.00001)

```

7      LISINOPRIL 5MG TAB      Payable($8.06)  (10000026.00001)
8  done POS,MISTER            ** FINISHED ** 2 not electronic *5 payable
**
9      ACCU-CHEK AVIVA TEST    Duplicate  (10000114.00001)
10     ACETAMINOPHEN 120MG S   Payable($16.57)  (10000050.00001)
11     CETIRIZINE 5MG/5ML SYR Payable($32.16)  (10000125.00001)
12     MAGNESIUM OXIDE 500MG   Payable($11.72)  (10000163.00001)
13     MAGNESIUM OXIDE 500MG   Duplicate  (10000206.00001)

      In continuous update mode: press Q to Quit                >>>
NEW  Send new claims          DIS  Dismiss patient            RCA  Request cancellation
CU   Continuous update       SP   Print single patient        REV  Reverse a paid claim
CLO  Close Claim             PA   Print all                   RES  Resubmit a claim
EV   Edit view screen        LOG  Print claim log             REC  Print receipt/DUR info
Select Action:CU// Q

Press RETURN to continue...

MOR   Mass Override
RPT   Pharmacy electronic claims reports ...
U     Claims data entry screen...

Select Pharmacy POS User Menu Option:

```

Figure 2-10: Resubmitting a batch of claims

2.1.3 Override and Resubmit

Create a batch of claims by following the instructions in Section 2.1.1. After you have reviewed the **Mass Override Claim Selection Report**, press Enter. Select **Override AND Resubmit** at the “Resubmit / Override AND Resubmit” prompt.

There are three override options available: **General Override**, **NCPDP DUR Override**, and **Diagnosis Codes**. These are the same overrides that are available in the **Claims Data Entry Screen (U)** as part of the **NEW Send New Claims** option.

```

Select one of the following:

R      Resubmit
O      Override AND Resubmit

Enter response: R// Override AND Resubmit

Select one of the following:

G      General Override
N      NCPDP DUR Override
D      Diagnosis Codes

Enter response:

```

Figure 2-11: Override options

2.1.3.1 General Override

The General Override option allows for editing one or more NCPDP Fields and applying those edits to the batch of claims that was created. When you are done creating overrides, press Enter at the 'Select NCPDP FIELD' prompt. A message will be displayed to indicate the overrides are being applied and the claims will be resubmitted. When the process is complete, you will be taken into the Claims Data Entry Screen (U) as described in Section 2.1.2.

```

Select one of the following:

      R      Resubmit
      O      Override AND Resubmit

Enter response: R// Override AND Resubmit

Select one of the following:

      G      General Override
      N      NCPDP DUR Override
      D      Diagnosis Codes

Enter response: General Override
Select NCPDP FIELD: ??
'^' TO STOP:

      You may enter a new NCPDP FIELD, if you wish

Choose from:
101      BIN NUMBER
102      VERSION/RELEASE NUMBER
103      TRANSACTION CODE
104      PROCESSOR CONTROL NUMBER
109      Transaction Count
110      Software Vendor/Cert ID
111      Segment Identification
112      Transaction Response Status
113      MEDICAID PAID AMOUNT
114      MEDICAID SUBROGATION ICN
115      MEDICAID ID NUMBER
116      MEDICAID AGENCY NUMBER
117      BILLING ENTITY TYPE IND
118      PAY TO QUALIFIER
119      PAY TO ID
120      PAY TO NAME
121      PAY TO STREET ADDRESS
122      PAY TO CITY
123      PAY TO STATE
'^' TO STOP: ^

Select NCPDP FIELD: 101      BIN NUMBER
      NCPDP FIELD VALUE: 123456
Select NCPDP FIELD:

Applying overrides and resubmitting claims...
resubmitting...10000107.00001
resubmitting...10000188.00001

```

Figure 2-12:General Override option

2.1.3.2 NCPDP DUR Override

The **NCPDP DUR Override** option allows for editing one or more **Drug Utilization Review (DUR)** fields and applying those edits to the batch of claims that was created. When you are done creating overrides, press Enter at the “Enter another line??” prompt. A message will be displayed to indicate the overrides are being applied and the claims will be resubmitted. When the process is complete, you will be taken into the **Claims Data Entry Screen (U)** as described in Section 2.1.2.

```

Select one of the following:

      R      Resubmit
      O      Override AND Resubmit

Enter response: R// Override AND Resubmit

      Select one of the following:

      G      General Override
      N      NCPDP DUR Override
      D      Diagnosis Codes

Enter response: NCPDP DUR Override

      Line# 1

SrvC Cd Reason (439):  // DD
Prof SrvC Cd (440): MO
SrvC Cd Result (441): 1G
Level of Effort (474):
Co-agent ID Qual(475):
Co-agent ID (476):
Enter another line?? N// YES

      Line# 2

SrvC Cd Reason (439):  // TD
Prof SrvC Cd (440): MO
SrvC Cd Result (441): 1G
Level of Effort (474):
Co-agent ID Qual(475):
Co-agent ID (476):
Enter another line?? N// O

Applying overrides and resubmitting claims...
resubmitting...10000107.00001
resubmitting...10000188.00001

```

Figure 2-13: NCPDP DUR Overrides

2.1.3.3 Diagnosis Codes

The **Diagnosis Codes** option allows for entering a diagnosis code and applying that diagnosis code to the batch of claims that was created. Because the **Diagnosis Code** must be present on the patient's visit or on their problem list, this option is best utilized for creating a batch of claims for a single patient. In addition, you will not be able to type '?' at the "Select ICD Diagnosis" prompt as you would in the **NEW Submit New Claims** option.

When you are done entering diagnosis codes, press Enter at the "Select ICD Diagnosis" prompt. A message will be displayed to indicate the overrides are being applied and the claims will be resubmitted. When the process is complete, you will be taken into the **Claims Data Entry Screen (U)** as described in Section 2.1.2.

```

Select one of the following:

      R      Resubmit
      O      Override AND Resubmit

Enter response: R// Override AND Resubmit

Select one of the following:

      G      General Override
      N      NCPDP DUR Override
      D      Diagnosis Codes

Enter response: N Diagnosis Codes

Enter a Valid ICD10 code entered by the provider
From either the VISIT POV List OR the PROBLEM List

Select ICD Diagnosis: I15.9 Secondary hypertension, unspecified

One match found

      I15.9 Secondary hypertension, unspecified

OK? Yes// YES I15.9 Secondary hypertension, unspecified

Select ICD Diagnosis:

Applying overrides and resubmitting claims...
resubmitting...10000107.00001
resubmitting...10000188.00001

```

Figure 2-14: Diagnosis Code Override

Acronym List

Acronym	Term Meaning
ABSP	Acronym assigned to the Pharmacy Point of Sale application
ASLP	Acronym assigned to the Asleep Insurer Check option
DUR	Drug Utilization Review
IHS	Indian Health Service
FID	Feature Identification – a number assigned to a software change request
IHS	Indian Health Service
IT	Information Technology
MAN	Acronym assigned to Pharmacy POS Manager Menu option
MNT	Acronym assigned to the Maintenance Reports option
MOR	Acronym assigned to the Mass Overrides option
NCPDP	National Council for Prescription Drug Programs
NEW	Acronym assigned to the Submit New Claims action
POS	Informal abbreviation for the Pharmacy Point of Sale application
RPMS	Resource and Patient Management System
RPT	Acronym assigned to the Pharmacy Electronic Claims Reports option
U	Acronym assigned to the Claims Data Entry Screen option
UNKC	Acronym assigned to the Unknown Pay Status Claims Report

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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