



GOBIERNO DE PUERTO RICO
Administración de Seguros de Salud

Hon. Ricardo A. Rosselló Nevares
Gobernador

Sra. Angela M. Avila Marrero
Directora Ejecutiva

Carta Circular 17-0301

1 de marzo de 2017

A: Entidades de Salud Participantes del Plan de Salud del Gobierno (PSG)

Asuntos: Instrucciones sobre el depósito de datos y manejo de medicamentos con *J-Codes*
(Referencia: Carta Normativa 16-1129)

La Carta Normativa 16-1129 requiere a las entidades que sometan trimestralmente los datos relacionados a los medicamentos con Códigos J. Para facilitar y uniformar el proceso se creó una carpeta en el *Share File* (FTP) de ASES para que cada entidad deposite sus reportes en cumplimiento con las siguientes instrucciones:

- ✓ Enviar a ASES la utilización trimestral por la parte médica de los productos de marca estipulados (Códigos J) en la normativa usando el formato (*file layout*) que se incluye en el anejo 1.
- ✓ Depositar los archivos no más tarde de 15 días posteriores al cierre del trimestre.
Identificar los reportes a ser depositados con la siguiente nomenclatura: JCODES, año, mes y número de versión.
 - JCODESAAMMV#Ejemplo: JCODES1701V1
- ✓ En el FTP de ASES encontrará un archivo colocado con el nombre de *JCode & Rebates* en el que realizará el depósito. La dirección es: /FTP_ASES/FTP-Insurance Name/JCODES & REBATES/Submit to PPA

Recuerden que el incumplimiento del depósito de este informe por parte de las entidades del Plan de Salud del Gobierno puede suponer **multas y sanciones** por parte de ASES.

De tener dudas relacionadas a este reporte, puede comunicarse con la Sra. Milagros Soto al 787-474-3300 ext 3221, msoto@asespr.org o con la Lcda. Nayda Rivera de Abarca al 321-413-9366. Agradecemos el respaldo de todas las entidades contratadas por el PSG en la implementación de estas instrucciones y envío inmediato de los datos de los códigos J que puedan adeudar.

Cordialmente,

Milagros Soto Mejía, MHSA, MMHC
Directora Interina
Cumplimiento y Asuntos Clínicos

c Nayda Rivera, Abarca Health
Nélida Luna, MC-21

J-Code File Layout

J-Code FLAT FILE Header RECORD (H)

<i>Field Name</i>	<i>Start Position</i>	<i>Field Length</i>	<i>Comments</i>	<i>Example</i>
Record Type	1	1	H - Header	
MCO Code	2	10	MCO identifier code	04 – First Medical 05 – PMC Medicare Choice 06 – Triple S 07 – Molina Health Care 08 – MMMM
Transmission Date	12	8	CCYYMMDD date in which the archive was generated and sent.	20150615
Transmission Control Number	21	9	Unique Identification number	Unique number which identifies archive sent

J-Code FLAT FILE Detail RECORD (D)

Field Name	Start Position	Field Length	Comments	Example
Record Type	1	1	D - Detail	
Claim ID	2	20	Unique number which identifies claim, can have up to 20 fields if less than 20, please leave in blank. The value should not include dashes, decimals, or commas.	
Service Date	22	10	CCYYMMDDbb (b - blank space)	20150615
Procedure Code	32	15	Refers to claim code (HCPCS code)	J2505
Procedure Description	47	100	Description of the code name	Injection, pegfilgrastim 6 mg
Quantity	147	10	Required field: 10 digits with leading zeroes. These are NDC administered quantities (not J Code quantities) with appropriate metric decimal quantity. Decimal point assumed 2 digits from right, 999999999b or 999999999- (b - blank space; - indicates reversed units).	'00000061' is 0.61 '00000427' is 4.27 '00000960' is 9.60
Quantity Unit Of Measure	157	5	Quantity Unit of Measure such as tab, cap, gm, or ml.	QUANTITY MUST BE FILLED BY PROVIDER** ml, cap, tab
Allowed Amount	162	10	The amount agreed by contract between the carrier and the provider as the maximum charge to be considered. (This may be equal or greater to Paid Amount). Decimal point assumed 2 digits from right, 999999999b or 999999999-.	'0000430274' is \$4,302.74.
Place of Service Code	172	2	CMS Place Of Service Coding; please see PDF attached.	11
Place of Service Description	174	50	CMS Place Of Service description; please see PDF attached.	Office
Provider Name	224	40	Name of place in which drug was administered.	e.g. Best Option Healthcare, Centro Hematologia-Oncologia Médica
Provider Type	264	20	Type of provider which administered or dispensed the drug.	e.g. Pharmacy, Ambulatory Chemotherapy, Physician
Diagnosis Code	284	7	ICD-9 or ICD-10 Coding	288
Diagnosis Description	291	100	ICD-9 or ICD-10 Code Description	Neutropenia
Paid Amount	391	10	The amount paid by the carrier based on - Allowed Amount - Co-Payment - Co-Insurance. Decimal point assumed 2 digits from right, 999999999b or 999999999-.	'0000430274' is \$4,302.74.

HCPSC Code Dosage	401	10	Administered drug strengths according to described unit on HCPCS, dosage and units. (e.g. 7.5mg, 15mg)	6 mg 1000 units 1 mcg
Brand Name	411	100	Brand name of the drug administered and being billed through procedure code	Neulasta Procrit Neupogen
NDC	511	11	Required field: 11 digits in format 5-4-2 of the National Drug Code (NDC) of drug administered and being billed through procedure code.	55513019001 59676034000 55513054601
				NDC MUST BE FILLED BY PROVIDER***

***Quantity does not refer to HCPCS code dosage or J-Code quantities; it refers to number of units administered to patient by physician y NDC quantities.

***Crosswalk from J-Code to NDC not allowed, Provider has to fill out the NDC field with the NDC number in the drug being administered.

J-Code FLAT FILE Trailer RECORD (T)

Field Name	Field Length	Start Position	Comments
Record Type	1	1	T - Trailer
MCO	10	2	MCO identifier code 04 - First Medical 05 - PMC Medicare Choice 06 - Triple S 07 - Molina Health Care 08 - MMM
Transmission Date	8	12	CCYYMMDD date in which the archive was generated and sent. 20150615
Transmission Control Number	9	21	Unique Identification number Unique number which identifies archive sent
Total Records	11	31	Total detail records sent in archive 352152