

Edit/Audit Inquiry Results Edit-1000 ESC-1000

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1000 | esc Number | 1000 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Consent Form Signed and Dated by Physician Prior to Procedure | | | | |
| Long Desc | Consent Form Signed and Dated by Physician Prior to Procedure | | | | |
| Edit Criteria | If form Consent Form was signed and dated by the physician prior to the procedure, set the EOB. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | O | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | Y | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | Y |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | Y |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| | | | |
|-------|-----|------|--|
| Media | LOC | Disp | |
|-------|-----|------|--|

| | | | |
|---------------|--|-----|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1001 ESC 1001

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1001 | esc Number | 1001 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Invalid Consent Form. | | | | |
| Long Desc | Invalid Consent Form. | | | | |
| Edit Criteria | If the consent form does not meet the state guidelines, set the EOB. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | O | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | Y | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | Y |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | Y |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| | | | |
|-------|-----|------|--|
| Media | LOC | Disp | |
|-------|-----|------|--|

| | | | |
|---------------|--|-----|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1002 ESC 1002

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1002 | esc Number | 1002 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Entire Consent Form Must be Legible | | | | |
| Long Desc | Entire Consent Form Must be Legible | | | | |
| Edit Criteria | If the entire consent form is not legible, set the EOB. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | O | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | Y | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | Y |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | Y |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| | | | |
|-------|-----|------|--|
| Media | LOC | Disp | |
|-------|-----|------|--|

| | | | |
|---------------|--|-----|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1003 ESC 1003

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1003 | esc Number | 1003 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Non-Therapeutic Abortion Not Covered by Medicaid | | | | |
| Long Desc | Non-Therapeutic Abortion Not Covered by Medicaid | | | | |
| Edit Criteria | If the abortion is deemed as non-therapeutic, it is not covered by Medicaid and the EOB is set. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | O | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | Y | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | Y |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | Y |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| | | | |
|-------|-----|------|--|
| Media | LOC | Disp | |
|-------|-----|------|--|

| | | | |
|---------------|--|-----|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1004 ESC 1004

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1004 | esc Number | 1004 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Enrollee Statement on Consent Form Not Filled in Completely | | | | |
| Long Desc | Enrollee Statement on Consent Form Not Filled in Completely | | | | |
| Edit Criteria | If the enrollee statement on form Consent Form is not filled in completely, set the EOB. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | O | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | Y | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | Y |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | Y |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| | | | |
|-------|-----|------|--|
| Media | LOC | Disp | |
|-------|-----|------|--|

| | | | |
|---------------|--|-----|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1005 ESC 1005

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1005 | esc Number | 1005 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Dates of Enrollee and Consent Form Signatures Must Be the Same | | | | |
| Long Desc | Dates of Enrollee and Consent Form Signatures Must Be the Same | | | | |
| Edit Criteria | If the date of the enrollee's signature and the date of the person obtaining the consent form are not the same, set the EOB. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | O | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | Y | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | Y |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| | | | |
|-------|-----|------|--|
| Media | LOC | Disp | |
|-------|-----|------|--|

| | | | |
|---------------|--|-----|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1006 ESC 1006

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1006 | esc Number | 1006 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Surgery Date on Payment Request Not Same as Consent Form | | | | |
| Long Desc | Surgery Date on Payment Request Not Same as Consent Form | | | | |
| Edit Criteria | If the surgery date on the payment request is different from the surgery date on the consent form, set the EOB. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | O | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | Y | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | Y |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| | | | |
|-------|-----|------|--|
| Media | LOC | Disp | |
|-------|-----|------|--|

| | | | |
|---------------|--|-----|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | | EOB | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 201 ESC 1007

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 201 | esc Number | 1007 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Duplicate Payment Request - Different Provider, Same DOS | | | | |
| Long Desc | Duplicate Payment Request - Different Provider, Same Dates of Service | | | | |
| Edit Criteria | <p>This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters:</p> <p>PRACTITIONER - (CLAIM TYPE 05): Same enrollee Different base provider ID Same from date of service Same thru date of service Same procedure code Same procedure modifier (any of the modifiers are the same) Level Of Care Indicator is 'S' (Day Support Waiver)</p> <p>- Bypass dupe check for procedure E 1399, 97537 and H2025</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | Y |
| Type | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|---|
| Medicaid | Y | SLH | Y | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|-----------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |

| | | | | | |
|----------------|--|---------|--|---------|--|
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | | DENY | |
| EMC | 100 | PEND | |
| | | DENY | |
| Adjustment | 100 | PEND | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1008 ESC 1008

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1008 | esc Number | 1008 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Wheelchair Van Passenger Limit Exceeded |
| Long Desc | Passenger Limit Exceeded |
| Edit Criteria | For Wheelchair Vans (Procedure Codes Y0113, Y0114), if 4 or more passengers are billed, set the edit. See value set, PROC-WHEELCHAIR. |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | Z | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|--|----------------|--|---------------|--|
| Effective Date Code | | Effective Date | | Revision Date | |
|---------------------|--|----------------|--|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 217 | PEND | |
| | 217 | PEND | |
| EMC | 217 | PEND | |
| | 217 | PEND | |
| Adjustment | 217 | PEND | |
| | 217 | PEND | |
| POS | | PAY | |
| Encounter | | 2 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 319.

Resolution

(None)

Edit/Audit Inquiry Results Edit 1009 ESC 1009

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1009 | esc Number | 1009 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Mileage Limit or Charge Exceeded | | | | |
| Long Desc | Mileage Limit or Charge Exceeded | | | | |
| Edit Criteria | <p>For Transportation (claim type 13): If from date of service < '10/01/2009' For procedure codes Y0110, Y0111, Y0112, Y0113, Y0114, Y0115, Y0118, Y0119, A0427, and A0429 (see value set, PROCEDURE CODES FOR EDIT 1009), if the mileage entered on the claim payment request is greater than N_PROC_MAX_UVSP on RF_PROCEDURE, set the edit.</p> <p>If from date of service < '10/01/2009' For procedure codes Y0121, A0430, A0431, and A0999, if the calculated payment amount is greater than the special transportation amount on the RF_SYS_PARAMETER table (see value = SPTRANSAMT), set the edit.</p> <p>If from date of service >= '10/01/2009' If the claim mileage is greater than N_PROC_MAX-UVSP and RF_PROCEDURE, set the edit. If the procedure code is a service code (copy-book servmile A0426,A0427,A0428,A0429,A0433,A0434,A0225,A0430,A0431), use the mileage field on the claim for claim mileage, otherwise use claim units. Note:On service procedure codes, the mileage is plugged from the corresponding mileage claim line.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | O | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | 100 | PEND | |
| EMC | 100 | PEND | |
| | 100 | PEND | |
| Adjustment | 100 | PEND | |
| | 100 | PEND | |
| POS | | PAY | |
| Encounter | | 2 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|-------------------------|
| CPA100 | Adjudication Controller |

Exceptions

All TDO Pends are assigned to LOC 319.

Resolution

Edit 1009

Transportation

1. If an approved amount is written on the HCFA-1500 claim form by DMAS, enter the approved amount in the manual price field. If TPL is indicated on the claim, pay approved amount minus the TPL amount.
2. If no attachments are submitted for proc codes A0430, A0431, A0999 or Y0121 and no approved amount is indicated on the claim, Deny claim with code 1009..
3. If no approved amount is indicated and claim has an attachment for codes A0430, A0431, A0999 or Y0121, transfer to 219.
4. A0427 and A0429, transfer to 219 with or without an attachment
5. All other codes transfer to 219 until further notice.

Edit/Audit Inquiry Results Edit 1010 ESC 1010

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|----|
| Edit Number | 1010 | esc Number | 1010 | NCPDP Code | EC |
|-------------|------|------------|------|------------|----|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Payment Does Not Include One or More Ingredients | | | | |
| Long Desc | Payment Does Not Include One or More Ingredients | | | | |
| Edit Criteria | If one or more NDCs is not covered and the provider submits a clarification code of 08 (pharmacist acceptance of payment for covered ingredients only), the request will be paid with this EOB. | | | | |

General Indicators

| | | | | | |
|------------|----|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | Y |
| Type | \$ | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|---|------------|--|
| Dental | | Pharmacy | Y | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | PAY | |
| | | PAY | |
| EMC | | PAY | |
| | | PAY | |
| Adjustment | | PAY | |
| | | PAY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | | PAY | |
| PA | | | |

Programs

| Program | Program Title |
|----------|-------------------------------------|
| VPTM1PRC | POS Pharmacy Claims Pricing Process |

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 204 ESC 1011

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1011 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Any Provider, within 366 Days |
| Long Desc | Included In Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 366 days of each other, for the same enrollee, billed by any provider. See the list of same or related procedures.</p> <p>See Value Sets "0204/1011 001" thru "0204/1011 nnn" for procedure codes</p> <p>Different from current system: These are currently set to test.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Edit 1011

All Invoice Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. If TPL amount on the claim is different than the amount on the EOB, enter remark "TPL amts different" then transfer to location 219.

3. The system automatically calculates the TPL in the Allowed Charges field unless there is manual pricing. If there is manual pricing and the TPL is less than the allowed amount, manually subtract the TPL from the Allowed Charges field and enter the difference in the Manual Price field. If the calculated Manual Price is \$0.00, deny the pend request. Enter 0364 D.

(updated 3/21/08)

General Note:

1. Review the documentation submitted with the claim. If there is adequate justification for billing a procedure related to a previously paid claim, override the edit using the ESC code that pended. Use the instructions for the claim types that follow as guidelines.

2. Check the remark section on electronic claims for justification to override the edit. If there is adequate justification for billing a procedure related to a previously paid claim, override the edit

using the ESC code that pended. (Added 3/21/2011)

3. If you cannot make a determination to override or deny, enter your question in the remark screen and transfer to location 321. (Updated 6/01/12)

4. If documentation is not adequate deny claim using the ESC code that pended and disposition

Practitioner:

1. For anything other than surgery, check the CPT codes and determine whether procedures are related i.e., eye exam and vision testing.

If procedures are related and provider is same, deny with the ESC code that pended and disposition indicator D.

If procedures are related but providers are different, override edit using the ESC code that pended and disposition indicator O.

If procedures are not related, override edit using the ESC code that pended and disposition indicator O.

2. If services are combination of tests (i.e., endoscopy) and hospital visits, override the edit using the ESC code that pended and disposition indicator O.

3. DMAS will pay in full for insertion and removal of implantable contraceptive capsules. Maximum allowance is to be paid for procedure codes 11975 (insertion) and 11976 (removal) regardless of any other services performed.

4. Following are specific codes and instructions:

36415 against any surgery (10040 - 69999), or vice versa: override.

59425, 59426 against 59409 or 59410 (or vice versa) override.

59425, 59426 against 59400 deny.

93000 against 93010, deny.

93040 against 93010, override.

93042 against 93010, override.

59400, 59515 pend against sterilization 58600, 58611, 58615, 58700 series, 58900 series, override.

Ultrasound code 76818 pends against 59025, deny.

Code 44955 (Appendectomy, when done for indicated purpose at time of other major procedure) is to be paid at the full GEO Fee amount. This code has already taken allowance for the 50% reimbursement so does not need to be reduced. Pay as is.

Codes for diapers and other supplies. Deny.

Dental:

1. Check Provider subsystem to determine if the provider number is different and address is different.

If provider number is different and address is different, override using the ESC code that pended and disposition indicator O.

If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.

2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the ESC code that pended and disposition indicator O.

Note: Procedure codes 00330 and D0272 - D0274 and /or D0220 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.

3. Check surface or quadrant code. If different, override using the ESC code that pended and dis-

position indicator O.

Edit/Audit Inquiry Results Edit 204 ESC 1012

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1012 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Same Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit fails if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same provider.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Sets "0204/1012 001" thru "0204/1012 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|---------|--|-------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |

| | | | |
|----------------|---|---------------|------------|
| Physician | Y | Personal Care | Laboratory |
| Transportation | | Xover A | Xover B |
| Cap Pay | | Man Fee | Admin |
| Asmt Fee | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | 200 | PEND |
| | 200 | PEND |
| EMC | 200 | PEND |
| | 200 | PEND |
| Adjustment | 200 | PEND |
| | 200 | PEND |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Updated 6/1/12

General Note:

1. Review the documentation submitted with the claim. If there is adequate justification for billing a procedure related to a previously paid claim as specified below, override the edit using the ESC code that pended. Use the instructions for the claim types that follow as guidelines.
2. Check the remark section on electronic claims for justification to override the edit. If there is adequate justification for billing a procedure related to a previously paid claim as specified below, override the edit using the ESC code that pen-

ded.

3. If you cannot make a determination to override or deny based on the guidelines, enter your question in the remark screen and transfer to location 321.

4. If documentation is not adequate or not sufficient, deny claim using the ESC code that pended and disposition

Practitioner:

1. Check Claims History screens for all surgery for the recipient on the same date of service as the pended service. Pay the amount allowed for the procedure with the highest allowance. Pay 50% of the allowance for additional procedures.

If surgery is bilateral (indicated by procedure code or modifier 50), price at 1 1/2 times the allowed amount divided by 2.

2. For anything other than surgery, check the CPT codes and determine whether procedures are related i.e., eye exam and vision testing.

If procedures are related, deny using the ESC code that pended and disposition indicator D.

If procedures are not related, override the edit using the ESC code that pended and disposition indicator O.

If you cannot make a determination that the non surgical services are related, enter your question in the remark screen and transfer to location 321.

3. If services are combination of tests (i.e., endoscopy) and hospital visits, override the edit using the ESC code that pended and disposition indicator O.

4. Do not deny any procedures that have a "D" modifier; override.

5. DMAS will pay in full for insertion and removal of implantable contraceptive capsules. Maximum allowance is to be paid for procedure codes 11975 (insertion) and 11976 (removal) regardless of any other services performed.

7. Following are specific codes and instructions:

36415 against any surgery (10040 - 69999), or vice versa: override.

59425, 59426 against 59409 or 59410 (or vice versa) override.

59425, 59426 against 59400 deny.

93040 against 93010 override.

93000 against 93010 deny.

93040 against 93010 override.

93042 against 93010 override.

59400, 59515 pend against sterilization 58600, 58611, 58615, 58700 series, 58900 series, override.

Ultrasound code 76818 pends against 59025, deny.

Code 44955 (Appendectomy, when done for indicated purpose at time of other major procedure) is to be paid at the full GEO Fee amount.

This code has already taken allowance for the 50% reimbursement so does not need to be reduced. Pay as is.

Codes for diapers and other supplies, deny.

Procedure 99283, 99284 or 99285 (ER) pending against history claim procedure 93010 or 93042, override and pay the pending claim and void the history claim.

Procedure 93010 or 93042 pending against history claim procedure 99283, 99284 or 99285 (ER), deny the pending claim.

Edit/Audit Inquiry Results Edit-204 ESC-1013

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1013 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Any Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>The audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same enrollee, and any provider. If tooth code is applicable to the procedure, it must be the same.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, the servicing provider equal, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Sets "0204/1013 001" thru "0204/1013 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-ANY-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|---|----------|--|-----------|--|
| Dental | Y | Pharmacy | | Inpatient | |
|--------|---|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 360 ESC 1014

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 360 | esc Number | 1014 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be the same, and it must be billed by the same provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0360/1014 001 thru 0360/1014 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> <p>Different from Current System: Current system does not include Lab claim type.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|---|
| Dental | | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | Y |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 2 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 374 ESC 1015

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 374 | esc Number | 1015 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Any Provider, Same Date of Service |
| Long Desc | Invalid Combination of Procedures |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be the same, for the same enrollee, billed by any provider. If the procedure is tooth related, tooth codes must be the same. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, the servicing provider equal, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0374/1015 001 thru 0374/1015 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-ANY-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|--|
| Dental | Y | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 2 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 204 ESC 1016

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1016 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, within 31 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 31 days of each other, billed by the same provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if the procedure code is found on the RF_PTP_EDIT_BYPASS table, the DOS of both claims are equal, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1016 001 thru 0204/1016 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-DATE-RANG" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|---|----------|--|-----------|--|
| Dental | Y | Pharmacy | | Inpatient | |
|--------|---|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Dental:

1. Check Provider subsystem to determine if the provider number is different and address is different.
If provider number is different and address is different, override using the ESC code that pended and disposition indicator O.
If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.
2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the

ESC code that pended and disposition indicator O.

Note: Procedure codes 00330 and D0272 - D0274 and /or D0220 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.

3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O.

Edit/Audit Inquiry Results Edit 204 ESC 1017

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1017 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, within 31 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 31 days of each other, billed by any provider. See the list of same or related procedures.</p> <p>See value sets 0204/1017 001 thru 0204/1017 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|---|
| <p>Dental:</p> <ol style="list-style-type: none">1. Check Provider subsystem to determine if the provider number is different and address is different. If provider number is different and address is different, override using the ESC code that pended and disposition indicator O. If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the ESC code that pended and disposition indicator O. Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O. |
|---|

Edit/Audit Inquiry Results Edit 204 ESC 1018

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1018 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, within 61 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 61 days of each other, billed by any provider. See the list of same or related procedures. Tooth number must be the same.</p> <p>See value sets "0204/1018 001 thru 0204/1018 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|---|
| <p>Dental:</p> <ol style="list-style-type: none">1. Check Provider subsystem to determine if the provider number is different and address is different. If provider number is different and address is different, override using the ESC code that pended and disposition indicator O. If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the ESC code that pended and disposition indicator O. Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O. |
|---|

Edit/Audit Inquiry Results Edit 204 ESC 1019

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1019 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Any Provider, within 91 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 91 days of each other, billed by any provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, provider is the same on both claims, the DOS is the same, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets 0204/1019 001 thru 0204/1019 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-ANY-PROV-DATE-RANGE" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|---|----------|--|-----------|--|
| Dental | Y | Pharmacy | | Inpatient | |
|--------|---|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Dental:

1. Check Provider subsystem to determine if the provider number is different and address is different.
If provider number is different and address is different, override using the ESC code that pended and disposition indicator O.
If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.
2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the

ESC code that pended and disposition indicator O.

Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.

3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O.

Edit/Audit Inquiry Results Edit 204 ESC 1020

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1020 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Contraindicated Audit - Same Provider, within 151 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 151 days of each other, billed by the same provider. See the list of same or related procedures.</p> <p>See value sets "0204/1020 001 thru 0204/1020 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-204 ESC-1021

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1021 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Any Provider within 181 Days |
| Long Desc | Included In Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 181 days of each other, for the same enrollee, billed by any provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, provider is the same on both claims, the DOS is the same, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1021 001 thru 0204/1021 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-ANY-PROV-DATE-RANGE" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1022

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1022 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Any Provider, within 211 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the current claim must be within 211 days after the history claim, billed by any provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, provider is the same on both claims, the DOS is the same, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1022 001 thru 0204/1022 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-ANY-PROV-DATE-RANGE" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1023

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1023 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Any Provider, within 331 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 331days of each other, for the same enrollee, billed by any provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, provider is the same on both claims, the DOS is the same, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1023 001 thru 0204/1023 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-ANY-PROV-DATE-RANGE" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|---|
| Medicaid | Y | SLH | Y | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|---|----------|--|-----------|--|
| Dental | Y | Pharmacy | | Inpatient | |
|--------|---|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 310.

Resolution

Dental:

1. Check Provider subsystem to determine if the provider number is different and address is different.
If provider number is different and address is different, override using the ESC code that pended and disposition indicator O.
If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.
2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the

ESC code that pended and disposition indicator O.

Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.

3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O.

Edit/Audit Inquiry Results Edit 202 ESC 1024

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 202 | esc Number | 1024 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Duplicate of History File Record - Different Provider, Same DOS | | | | |
| Long Desc | Duplicate of History File Record, Different Provider, Same Dates of Service | | | | |
| Edit Criteria | <p>This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle.</p> <p>See Edit 201/1007 for edit criteria.</p> <p>The edit excludes the following procedures E1399, H2025 and 97537</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | Y |
| Type | H | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|---|
| Medicaid | Y | SLH | Y | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | | DENY | |
| EMC | 100 | PEND | |
| | | DENY | |
| Adjustment | 100 | PEND | |
| | | DENY | |
| POS | | PEND | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 360 ESC 1025

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 360 | esc Number | 1025 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider within 366 Days | | | | |
| Long Desc | Included In Related Procedure | | | | |
| Edit Criteria | <p>This edit is being deleted.</p> <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 366 days of each other, for the same enrollee, billed by any provider. See the list of same or related procedures.</p> <p>See value sets "0360/1025 001 thru 0360/1025 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 204 ESC 1026

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1026 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Any Provider, within 696 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 696 days of each other, billed by any provider, for the same enrollee. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, provider is the same on both claims, the DOS is the same, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1026 001 thru 0204/1026 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-ANY-PROV-DATE-RANGE" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1027

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1027 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, within 901 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 901 days of each other, billed by any provider, for the same enrollee. If tooth code is applicable to the procedure, it must be the same. See the list of same or related procedures.</p> <p>Different from current system: Edits that are currently set for 1096 days will be set to 901 days as well as those currently set for 901 days.</p> <p>See value sets "0204/1027 001 thru 0204/1027 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|-----------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |

| | | | | | |
|----------------|--|---------|--|---------|--|
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Dental:

1. Check Provider subsystem to determine if the provider number is different and address is different.
If provider number is different and address is different, override with code 1012 and disposition indicator O.
If provider number is different and address is same, deny with code 1012 and disposition indicator D.
2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override with code 1012 and disposition indicator O.

Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are

exceeded.

3. Check surface or quadrant code. If different, override with code 1011 and disposition indicator O.

Edit/Audit Inquiry Results Edit 747 ESC 1028

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 747 | esc Number | 1028 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Duplicate Payment Request - Different Provider, Overlap DOS | | | | |
| Long Desc | Duplicate Payment Request - Different Provider, Overlapping Dates of Service | | | | |
| Edit Criteria | <p>This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters:</p> <p>PRACTITIONER - (CLAIM TYPE 05):</p> <ul style="list-style-type: none"> Same enrollee Different base provider ID Overlapping dates of service Same procedure code Same procedure modifier (any of the modifiers are the same) Level Of Care indicator should be 'S' <p>-- Bypass procedure E1399, H2025 and 97537</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | Y |
| Type | D | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|---|
| Medicaid | Y | SLH | Y | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|-----------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |

| | | | | | |
|----------------|--|---------|--|---------|--|
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | | DENY | |
| EMC | 100 | PEND | |
| | | DENY | |
| Adjustment | 100 | PEND | |
| | | DENY | |
| POS | | PEND | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 204 ESC 1029

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1029 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Contraindicated Audit Any Provider, within 3286 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 3286 days of each other, for the same enrollee, billed by any provider. See the list of same or related procedures.</p> <p>See value sets 0204/1029 001 thru 0204/1029 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|---|
| <p>Dental:</p> <ol style="list-style-type: none">1. Check Provider subsystem to determine if the provider number is different and address is different. If provider number is different and address is different, override using the ESC code that pended and disposition indicator O. If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the ESC code that pended and disposition indicator O. Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O. |
|---|

Edit/Audit Inquiry Results Edit 748 ESC 1030

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 748 | esc Number | 1030 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Duplicate of History File Record - Different Provider, Overlapping DOS | | | | |
| Long Desc | Duplicate of History File Record, Different Provider, Overlapping Dates of Service | | | | |
| Edit Criteria | <p>This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle.</p> <p>See Edit 747/1028 for edit criteria</p> <p>-- Bypass procedure E1399, H2025 and 97537</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | Y |
| Type | H | Priority | 1 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|---|
| Medicaid | Y | SLH | Y | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | | DENY | |
| EMC | 100 | PEND | |
| | | DENY | |
| Adjustment | 100 | PEND | |
| | | DENY | |
| POS | | PEND | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-370 ESC-1031

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 370 | esc Number | 1031 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, Same Day of Service |
| Long Desc | Wrong Procedure Code Billed |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be the same, and it must be billed by the same provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0370/1031 001 thru 0370/1031 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 204 ESC 1032

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1032 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, within 61 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the current claim must be within 61 days after the history claim, for the same enrollee, billed by the same provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if the procedure code is found on the RF_PTP_EDIT_BYPASS table, the DOS of both claims are equal, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1032 001 thru 0204/1032 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-DATE-RANG" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 225 ESC 1033

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 225 | esc Number | 1033 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, Same Day of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be the same, for the same enrollee, billed by the same provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0225/1033 001 thru 0225/1033 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0225/0225. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 325 ESC 1034

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1034 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Any Provider, Same Day of Service |
| Long Desc | Maximum units/visits/studies exceeded |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be the same, for the same enrollee, billed by any provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0325/1034 001 thru 0325/1034 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 204 ESC 1035

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1035 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, within 691 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 691 days of each other, for the same enrollee, billed by the same provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if the procedure code is found on the RF_PTP_EDIT_BYPASS table, the DOS of both claims are equal, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1035 001 thru 0204/1035 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-DATE-RANG" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-204 ESC-1036

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1036 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Contraindicated Audit - Same Provider, within 336 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 336 days of each other, for the same enrollee, and billed by the same provider. See the list of same or related procedures.</p> <p>See value sets 0204/1036 001 thru 0204/1036 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1037

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1037 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Same Provider, within 901 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 901 days of each other, for the same enrollee, and billed by the same provider. See the list of same or related procedures.</p> <p>See value sets "0204/1037 001 thru 0204/1037 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 740 ESC 1038

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 740 | esc Number | 1038 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Same Procedure, Same Day, Different Modifiers |
| Long Desc | Same Procedure, Same Day, Different Modifiers |
| Edit Criteria | <p>This edit is set if there are two claims that meet the following criteria:</p> <ul style="list-style-type: none"> Same enrollee Exception Indicator is 'S' Same procedure code Different procedure modifier Same date of service Different provider Procedure codes in the range A0000 - H2024 or H2026-09999 or 70000 - 97536 or 97538 - 99999 <p>Edit is bypassed for the following procedure modifier combinations between the two claims:</p> <ul style="list-style-type: none"> 80, 81, 82 vs. not 80, 81, 82 47, 23 vs. not 47, 23 77 vs. not 77 91 vs. not 91 TC vs. 26, 52 <p>Edit is bypassed for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different</p> <p>See Value Set "PROC 0740/1038" for procedure codes. See Value Set "Day Support Waiver Exception" for exception indicator.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | Y |
| Type | C | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|---|
| Medicaid | Y | SLH | Y | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 100 | PEND | |
| | 100 | PEND | |
| EMC | 100 | PEND | |
| | 100 | PEND | |
| Adjustment | 100 | PEND | |
| | 100 | PEND | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|---|
| Practitioner: (Updated 7/15/11) 1 .Check for keying/scanning errors. |
|---|

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. If there are no keying/scanning errors, review the definition of the current and conflicting procedure modifier. Modifier definitions are found in Appendix C of the Claims Resolution Procedures Manual

3. If the modifier is 22 vs any other modifier or blank, do not pay automatically. Review documentation to ensure procedures are not duplicates. If questions transfer to 321, add remarks. Make sure claim has documentation to review.

4. If the modifier on the current claim clearly shows that the procedure performed was different than the procedure performed on the history (conflicting) claim, override using the ESC that pended and disposition indicator 0.

5. If a claim is billed with a modifier "U1-U9" and the conflicting claim has a blank modifier or a "22" and/or a different u modifier, override using the ESC that pended and disposition indicator 0.

6. If a Pharmacy provider (provider type 60) is billing with an 'S' procedure code and modifier "59", and the conflicting claim has blank modifier or all different modifiers override with 0740 and disposition indicator 0.

7. If a DME provider (provider type 62) is billing with a an 'S' procedure code with the modifier is '22' or blank and the conflicting claim has modifier '59', override with 0740 and disposition indicator 0.

8. Procedure code H0032 can be paid when different modifiers are billed by the same or different providers with the same date of service. Override 0740.

9. If the modifier on the current claim clearly shows that the procedure performed was the same as the procedure performed on the history (conflicting) claim, deny using the ESC that pended and disposition indicator D.

10. Procedure code E1399 can be paid if conflicting claim has a different service authorization number. Override 0740.

11. If the procedure codes are the same but the procedure type codes are different override ESC with disposition code 0. The procedure type codes can be found by clicking on the procedure button. The field is located next to the procedure code.

Substance Abuse - for dates of service 7/1/07 and after:

The new Substance Abuse codes (H0050, H 2016, H0047, H0020, and H0006) must have a modifier to pay. The same procedure code with different modifiers billed by the same provider and same day are ok to pay.

Allowed Proc codes/Modifiers: H0050 HO/HO, H2016 HM/HN/HO, H0047 HMIHN/HO, H0020 HM/HN/HO, H0006 HO (only 1 modifier for this service)

Services billed with modifier 'AS' are not covered. Deny with 0117D.

Edit/Audit Inquiry Results Edit 204 ESC 1039

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1039 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, in a Lifetime | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid, if the same enrollee is billed by any provider and the date of service of the current claim is before the history claim. The claims must have the same tooth and surface codes if tooth and surface are applicable for the procedures. See the list of same or related procedures.</p> <p>See value sets "0204/1039 001 thru 0204/1039 nnn" for procedure codes.</p> <p>Different from current system: Current system does not check same surface.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|---------|---|-------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |

| | | | | | |
|----------------|--|---------------|--|------------|--|
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-204 ESC-1040

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1040 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, Within a Lifetime | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid for the same enrollee, billed by any provider. If tooth code is applicable for the procedures, the claims must have the same tooth code. See the list of same or related procedures.</p> <p>See value sets "0204/1040 001 thru 0204/1040 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-1041 ESC-1041

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1041 | esc Number | 1041 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | EAPG CONSOLIDATED - SURGICAL FLAG |
| Long Desc | EAPG CONSOLIDATED FOR SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '02' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '2' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA .</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |

| | | | | | |
|----------|--|--|--|--|--|
| Asmt Fee | | | | | |
|----------|--|--|--|--|--|

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 1042 ESC 1042

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1042 | esc Number | 1042 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | EAPG CONSOLIDATED NON-SURGICAL FLAG |
| Long Desc | EAPG CONSOLIDATED FOR NON-SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '02' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '3' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA .</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |

| | | | | | |
|----------|--|--|--|--|--|
| Asmt Fee | | | | | |
|----------|--|--|--|--|--|

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 1043 ESC 1043

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1043 | esc Number | 1043 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | EAPG DISCOUNTED - SURGICAL FLAG |
| Long Desc | EAPG DISCOUNTED FOR SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '03' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '2' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA .</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |

| | | | | | |
|----------|--|--|--|--|--|
| Asmt Fee | | | | | |
|----------|--|--|--|--|--|

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 1044 ESC 1044

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1044 | esc Number | 1044 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | EAPG DISCOUNTED NON-SURGICAL FLAG |
| Long Desc | EAPG DISCOUNTED FOR NON-SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '03' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '3' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA .</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit-383 ESC-1045

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1045 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Two Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than two service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1045 001" thru "0383/1045 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | TEST | |
| | | TEST | |
| EMC | | TEST | |
| | | TEST | |
| Adjustment | | TEST | |
| | | TEST | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | | TEST | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1046

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1046 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Three Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than three service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1046 001" thru "0383/1046 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1047

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1047 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Four Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than four service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1047 001" thru "0383/1047 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1048

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1048 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Five Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than five service units per 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1048 001" thru "0383/1048 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1049

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1049 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Six Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than six service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1049 001" thru "0383/1049 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1050

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1050 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Eight Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than eight service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1050 001" thru "0383/1050 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1051

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1051 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Ten Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than ten service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1051 001" thru "0383/1051 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1052

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1052 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Eleven Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for either of the following procedure codes results in more than eleven service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1052 001" thru "0383/1052 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1053

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1053 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Twelve Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than twelve service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1053 001" thru "0383/1053 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1054

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1054 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Thirteen Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for either of the following procedure codes results in more than thirteen service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1054 001" thru "0383/1054 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1055

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1055 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Fifteen Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than fifteen service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1055 001" thru "0383/1055 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1056

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1056 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Twenty Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than twenty service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1056 001" thru "0383/1056 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1057

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1057 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Thirty Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than thirty service units per 25 days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1057 001" thru "0383/1057 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1058

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1058 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Thirty-one Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than thirty-one service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1058 001" thru "0383/1058 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1059

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1059 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Sixty Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than sixty service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1059 001" thru "0383/1059 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1060

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1060 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Seventy-five Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than seventy-five service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1060 001" thru "0383/1060 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1061

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1061 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Ninety Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than ninety service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1061 001" thru "0383/1061 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1062

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1062 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: One Hundred Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for either of the following procedure codes results in more than one hundred service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1062 001" thru "0383/1062 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1063

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1063 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: One Hundred Twenty Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one hundred twenty service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1063 001" thru "0383/1063 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1064

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1064 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: One Hundred Eighty Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for either of the following procedure codes results in more than one hundred eighty service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1064 001" thru "0383/1064 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1065

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1065 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Twelve Service Units Per Two Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>This edit is deleted - procedure included in edit 0203/1186.</p> <p>If a payment request for procedure code Y0243 results in more than twelve service units in two rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> | | | | |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1066

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1066 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Fourteen Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than fourteen service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1066 001" thru "0383/1066 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1067

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1067 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Sixty Service Units Per Two Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than sixty service units in two rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1067 001" thru "0383/1067 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1068

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1068 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Sixty-two Service Units Per Two Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than sixty-two service units per two rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1068 001" thru "0383/1068 nnn" for procedure codes and "PROC MODIFIER RR".</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1069

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1069 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Sixty-two Service Units Per Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than sixty-two service units in a calendar year, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1069 001" thru "0383/1069 nnn" for procedure codes and "PROC MODIFIER RR".</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/15/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1070

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1070 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Fifty Service Units Per Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than fifty service units per rolling month, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1070 001" thru "0383/1070 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1071

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1071 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: One Service Units Per Three Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit in three rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1071 001" thru "0383/1071 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1072

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1072 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: One Service Unit Per Sixty Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit in sixty rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1072 001" thru "0383/1072 nnn" for procedure codes</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1073

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1073 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Two Service Units Per Three Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for either of the following procedure codes results in more than two service units in three rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1073 001" thru "0383/1073 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1074

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1074 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Ninety-three Service Units Per Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than ninety-three service units in a calendar year, and there is no PA on the PA File, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1074 001" thru "0383/1074 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1075

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1075 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Ninety-six Service Units Per Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>This edit is deleted in the new MMIS. The procedure codes are in edit 383/1074, 93 Per Calendar Year.</p> <p>If a payment request for either of the following DME procedure codes results in more than ninety-six service units in one rolling year, deny the payment request. Edit only applies for claims with procedure modifier "RR" (Rental). (Note: For old rental procedure codes, modifier "RR" is assumed.)</p> | | | | |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1076

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1076 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: One Hundred Twenty-four Service Units Per Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>Edit has been deleted - included in edit 951.</p> <p>If a payment request for any of the following procedure codes results in more than one hundred twenty-four service units in one calendar year, and there is no PA on PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1076 001" thru "0383/1076 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|-----------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |

| | | | | | |
|----------------|--|---------|--|---------|--|
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | |
|---------------------|----------------|---------------|
| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| EMC | | | |
| Adjustment | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1077

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1077 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: One Service Unit Per Six Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit in six rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1077 001" thru "0383/1077 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1078

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1078 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: One Hundred Eighty-six Service Units Per Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one hundred eighty-six service units in one calendar year, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1078 001" thru "0383/1078 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1079

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1079 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: One Hundred Eighty-six Service Units Per Six Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one hundred eighty-six service units in six rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1079 001" thru "0383/1079 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 383 ESC 1080

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1080 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Thirty-one Service Units Per Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than thirty-one service units in a calendar year, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1080 001" thru "0383/1080 nnn" for procedure codes and "PROC MODIFIER RR".</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1081

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1081 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: One Service Unit Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1081 001" thru "0383/1081 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/15/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1082

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1082 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Three Service Units Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than three service units in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1082 001" thru "0383/1082 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1083

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1083 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Four Service Units Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than four service units in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1083 001" thru "0383/1083 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1084

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1084 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Twelve Service Units Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than twelve service units in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1084 001" thru "0383/1084 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1085

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1085 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Three Hundred Sixty-five Service Units Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than three hundred sixty-five service units in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1085 001" thru "0383/1085 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1086

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1086 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Three Hundred Sixty-Six Service Units Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for the following procedure codes results in more than three hundred sixty-six service units in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1086 001" thru "0383/1086 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1087

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1087 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation: Three Hundred Seventy-Two Service Units Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than three hundred seventy-two service units in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1087 001" thru "0383/1087 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1088

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1088 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: Two Service Units Per Twenty-Four Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than two service units in twenty-four rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1088 001" thru "0383/1088 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1089

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1089 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | One Service Unit Per Thirty-Six Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit in thirty-six rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1089 001" thru "0383/1089 nnn" for procedure codes</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1090

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1090 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | This Edit is turned off and end dated on 10/31/2013. Instead the similar edit 1096 is being used. EAPG PACKAGED PROCEDURE |
| Long Desc | EAPG PACKAGED PROCEDURE |
| Edit Criteria | This Edit is turned off and end dated on 10/31/2013. Instead the similar edit 1096 is being used. This EOB is set on the current claim when the current claim in process has caused one of its historical claims to be voided. |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1091

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1091 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | This Edit is turned off and end dated on 10/31/2013. Instead the similar edit 1097 is being used. EAPG PACKAGED PER-DIEM PROCEDURE |
| Long Desc | EAPG PACKAGED PER-DIEM PROCEDURE |
| Edit Criteria | This Edit is turned off and end dated on 10/31/2013. Instead the similar edit 1097 is being used This EOB is set as a catch-all for the current claim in process when one of its historical claims has been voided. This EOB is also set if the error does not qualify for other packaging reasons |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1092

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1092 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Limitation: Four Space Maintainers Per Two Years |
| Long Desc | Service Limits Exceeded, Not Authorized |
| Edit Criteria | <p>This edit is deleted - procedures are included in edit 0204/1144.</p> <p>If a payment request for any of the following dental space maintainer procedure codes results in more than four service units in two calendar years, and there is no PA on the PA File and there is no attachment, deny the request. If there is no PA on the PA File and there is an attachment, pend the request.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>Dental Procedure Codes: 01510 - 01525</p> |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|-----------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |

| | | | | | |
|----------------|--|---------|--|---------|--|
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | |
|---------------------|----------------|---------------|
| Effective Date Code | Effective Date | Revision Date |
|---------------------|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| EMC | | | |
| Adjustment | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1093

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1093 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation: One Service Unit Per One Month | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes, for any provider, results in more than one service unit in 25 days, and there is no PA on the PA File for the service, then set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1093 001" thru "0383/1093 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1094

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1094 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - Three Service Units Per Calendar Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes, for any provider, results in more than three service units in one calendar year, and there is no PA on the PA File for the service, then set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1094 001" thru "0383/1094 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/15/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1095

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1095 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - Fourteen Service Units Per Calendar Year | | | | |
| Long Desc | Service Limits, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes, for any provider, results in more than fourteen service units in one calendar year, and there is no PA on the PA File for the service, then set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1095 001" thru "0383/1095 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1096 ESC 1096

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1096 | esc Number | 1096 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | EAPG PACKAGED PROCEDURE |
| Long Desc | EAPG PACKAGED PROCEDURE |
| Edit Criteria | This edit is set on claims as a result of EAPG Packaged Procedures. This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA . |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | DENY | |
| PA | | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 1097 ESC 1097

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1097 | esc Number | 1097 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | EAPG PACKAGED PER-DIEM PROCEDURE |
| Long Desc | EAPG PACKAGED PER-DIEM PROCEDURE |
| Edit Criteria | This edit is set on claims as a result of EAPG Packaged per-diem Procedures. This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA . |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | DENY | |
| PA | | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 1098 ESC 1098

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1098 | esc Number | 1098 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | EAPG PACKAGED NON-SURGICAL FLAG |
| Long Desc | EAPG PACKAGED FOR NON-SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '04' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '3' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA .</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |

| | | | | | |
|----------|--|--|--|--|--|
| Asmt Fee | | | | | |
|----------|--|--|--|--|--|

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 383 ESC 1099

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1099 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - Two Units Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than two service units in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1099 001" thru "0383/1099 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1100

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1100 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - Three Units PerTwo Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than three service units in two rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1100 001" thru "0383/1100 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1101

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1101 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - One Unit Per Twenty-four Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit in twenty-four rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1101 001" thru "0383/1101 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1102

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1102 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - Two Units Per Sixty Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than two service units in sixty rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1102 001" thru "0383/1102 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1103

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1103 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - Six Units Per Twelve Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than six service units in twelve rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1103 001" thru "0383/1103 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1104 ESC 1104

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1104 | esc Number | 1104 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | EAPG BILATERAL - SURGICAL FLAG |
| Long Desc | EAPG BILATERAL FOR SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '06' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '2' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA ..</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 383 ESC 1105

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1105 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - Four Service Units Per Thirty-Six Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than four service units in thirty-six rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1105 001" thru "0383/1105 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off on 4/14/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

(None)

Edit/Audit Inquiry Results Edit 1106 ESC 1106

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1106 | esc Number | 1106 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | EAPG BILATERAL NON-SURGICAL FLAG |
| Long Desc | EAPG BILATERAL FOR NON-SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '06' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '2' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA ..</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |

| | | | | | |
|----------|--|--|--|--|--|
| Asmt Fee | | | | | |
|----------|--|--|--|--|--|

Date Information

| | | | | | | |
|---------------------|-----|----------------|----------|---------------|--|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | | |
|---------------------|-----|----------------|----------|---------------|--|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 204 ESC 1107

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1107 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Same Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit fails if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same provider. Edit is bypassed if provider specialty is 66.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Set "PROV SPEC EXCLUS 0204/1107". See Value Sets "0204/1107 001" thru "0204/1107 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1108

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1108 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Same Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit fails if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same provider. The combined total of the allowed amount on the payment requests must be \$400 or more to set the edit.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Sets "0204/1108 001" thru "0204/1108 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

All Invoice Types:

1. Check for keying/scanning errors.
If errors are found in unprotected fields, correct the field entry.
If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.
2. If TPL amount on the claim is different then the amount on the EOB, enter remark "TPL amounts different" then transfer to location 219.
3. The system automatically calculates the TPL in the Allowed Charges field unless there is manual pricing for secondary surgery. If there is manual pricing of surgery, and the TPL is less than the

allowed amount, manually subtract the TPL from the Allowed Charges field and enter the difference in the Manual Price field. If the manually calculated Manual Price is \$0.00, deny the pending request. Enter 0364 D.

Continue to resolve edit using procedures below:

General Note:

1. Review the documentation submitted with the claim. If there is adequate justification for billing a procedure related to a previously paid claim, override the edit 1108 O. Use the instructions for each claim type listed below as a guide.
2. If the documentation is not clear, hit the remark button and enter your question in the remark screen and transfer to location 250.
3. If documentation is not adequate, deny the claim with the ESC code that pended and disposition D.

Practitioner:

1. Check Claims History screens for all surgery for the recipient on the same date of service as the pended service.

Pay the amount allowed for the procedure with the highest allowed amount.

Pay 50% of the allowed amount for additional procedures.

Injections are subjected to the 100%/50%/50% payment rule as well.

If surgery is billed as bilateral (indicated by modifier 50), the system will price at 1 ½ times the allowed amount.

Price at 1 times the allowed amount if surgery is secondary.

See the table at the end of these instructions for procedure codes that are to be paid at 100% of the allowed when the procedure is billed with another procedure.

Pay procedure codes 59025, 59425, 59426 and 59430 at 100% if billed alone or with another procedure. (Updated 6/1/12)

If the procedure code is billed with modifier 80 or 82, the system will price at 20% of the allowed amount. If modifier 62 is billed, the system will price at 60% of the allowed amount. The same multiple surgery payment of 100%/50%/50% applies using the system calculated rates. (Updated 6/1/12)

2. Procedure code 69436, modifier 50. Check history for procedure codes 42820, 42821, 42825, 42830, and 42831. If any of these codes are on the same date of service, 69436 cannot be paid as a bilateral procedure. You must price as secondary and price at 1 times the allowed amount. If none of the above codes are billed for the same date of service, 69436 can be paid bilaterally with a 50 modifier. The system will calculate the bilateral payment. Pay allowed amount. If provider is billing with 2 units and no 50 modifier, pay 1 ½ times the fee on file in reference since the system has calculated to pay for 2 units at 100%.

3. Deny claims billed with modifier 'AS' with edit 0117. Services billed with this modifier are not covered. (Updated 10/26/10)

4. If procedure is billed with modifier '59' and the same procedure was billed and paid by the same physician with the same date of service, physician notes are required. Transfer to location 321 with remark modifier 59. If notes are not attached, deny 0140D. If the billed procedure has not been paid, pay using the multiple surgery payment formula (100/50/50), add on codes pay 100%) and override edit 1108 with disposition 'O'. (Updated 9/18/12)** approved by the consultant 9/18/12.

5. For anything other than surgery, check the CPT codes and determine whether procedures are

related i.e., eye exam and vision testing.

If procedures are related, deny using the ESC code that pended and disposition indicator D.

If procedures are not related, override the edit using the ESC code that pended and disposition indicator O.

If you cannot make a determination that the non surgical services are related, enter your question in the remark screen and transfer to location 321.(updated 6/1/12)

6. If procedures are not related, override edits using the ESC code that pended and disposition indicator O.

7. When transferring claims to the consultant, Location 321, do not reduce payment. Indicate your question in the remark screen by hitting the remark button. Add remark, update, and transfer to location 321.

Ambulatory Surgical Center Provider Class Type 049: (updated 10/26/10)

Dates of service prior to 4/5/10

Claims can be identified by modifier 'SG'. Claims will pend with a different allowed amount than what is on the reference file. Manual price these claims based on the ASC allowed amt, not the allowed amount in the reference fee file. Multiple surgery and bilateral payment rules still apply.

Dates of service on or after 04/5/10

Claims can be identified by modifier 'SG'. Edit 1108 can be overridden. Do not calculate payment. The system will automatically calculate payment using the EAPG payment

Add- on CPT Codes 2011 (updated 6/1/12)

| | | | | |
|-------|-------|-------|-------|-------|
| 11001 | 19126 | 33225 | 37250 | 62148 |
| 11008 | 19291 | 33257 | 37251 | 62160 |
| 11045 | 19295 | 33258 | 38102 | 63035 |
| 11046 | 19297 | 33259 | 38746 | 63043 |
| 11047 | 20930 | 33508 | 38747 | 63044 |
| 11101 | 20931 | 33517 | 38900 | 63048 |
| 11201 | 20936 | 33518 | 43273 | 63057 |
| 11732 | 20937 | 33519 | 43283 | 63066 |
| 11922 | 20938 | 33521 | 43338 | 63076 |
| 13102 | 20985 | 33522 | 43635 | 63078 |
| 13122 | 22103 | 33523 | 44015 | 63082 |
| 13133 | 22116 | 33530 | 44121 | 63086 |
| 13153 | 22208 | 33572 | 44128 | 63088 |
| 14302 | 22216 | 33768 | 44139 | 63091 |
| 15003 | 22226 | 33884 | 44203 | 63103 |
| 15005 | 22328 | 33924 | 44213 | 63295 |
| 15101 | 22522 | 33961 | 44701 | 63308 |
| 15111 | 22525 | 34806 | 44955 | 63621 |
| 15116 | 22527 | 34808 | 47001 | 64480 |

| | | | | |
|-------|-------|-------|-------|-------|
| 15121 | 22534 | 34813 | 47550 | 64484 |
| 15131 | 22552 | 34826 | 48400 | 64491 |
| 15136 | 22585 | 35306 | 49326 | 64492 |
| 15151 | 22614 | 35390 | 49327 | 64494 |
| 15152 | 22632 | 35400 | 49412 | 64495 |
| 15156 | 22840 | 35500 | 49435 | 64623 |
| 15157 | 22841 | 35572 | 49568 | 64627 |
| 15171 | 22842 | 35600 | 49905 | 64727 |
| 15176 | 22843 | 35681 | 51797 | 64778 |
| 15201 | 22844 | 35682 | 56606 | 64783 |
| 15221 | 22845 | 35683 | 57267 | 64787 |
| 15241 | 22846 | 35685 | 58110 | 64832 |
| 15261 | 22847 | 35686 | 58611 | 64837 |
| 15301 | 22848 | 35697 | 59525 | 64859 |
| 15321 | 22851 | 35700 | 60512 | 64872 |
| 15331 | 26125 | 36148 | 61316 | 64874 |
| 15336 | 26861 | 36218 | 61517 | 64876 |
| 15341 | 26863 | 36248 | 61609 | 64901 |
| 15361 | 27358 | 36476 | 61610 | 64902 |
| 15366 | 27692 | 36479 | 61611 | 65757 |
| 15401 | 31620 | 37185 | 61612 | 66990 |
| 15421 | 31627 | 37186 | 61641 | 67225 |
| 15431 | 31632 | 37206 | 61642 | 67320 |
| 15787 | 31633 | 37208 | 61781 | 67331 |
| 15847 | 31637 | 37222 | 61782 | 67332 |
| 16036 | 32501 | 37223 | 61783 | 67334 |
| 17003 | 32507 | 37232 | 61797 | 67335 |
| 17312 | 32667 | 37233 | 61799 | 67340 |
| 17314 | 32668 | 37234 | 61800 | 69990 |
| 17315 | 32674 | 37235 | 61864 | |
| 19001 | 33141 | 61868 | | |

Edit/Audit Inquiry Results Edit 204 ESC 1109

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1109 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit fails if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same provider.</p> <p>The combined total of the allowed amount on the payment requests must be \$200 or more to set the edit.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Sets "0204/1109 001" thru "0204/1109 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|--|
| Dental | | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1110

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1110 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit fails if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same provider. Edit is bypassed if provider specialty is 64.</p> <p>The combined total of the allowed amount on the payment requests must be \$200 or more to set the edit.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Set "PROV SPEC EXCLUS 0204/1110". See Value Sets "0204/1110 001" thru "0204/1110 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|--|
| Dental | | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

Except for mass adjustments, encounters, and special batch, all media will deny without attachments.

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1111

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1111 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, Same Date of Service | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This edit was turned off on 03/04/2004.</p> <p>The audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same enrollee, and any provider. For CT 05, edit is bypassed if provider specialty is 72.</p> <p>See Value Set "PROV SPEC EXCLUS 0204/1111". See Value Sets "0204/1111 001" thru "0204/1111 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

Except for mass adjustments, encounters, and special batch, all media will deny without attachments. This edit was turned off on 03/04/2004.

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1112

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1112 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Same Provider, within 31 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the procedures must be within 31 days of each other, billed by the same provider. See the list of same or related procedures.</p> <p>The combined total of the allowed amount on the payment requests must be \$400 or more to set the edit.</p> <p>As of June 3rd, 2013, this audit is bypassed if the procedure code is found on the RF_PTP_EDIT_BYPASS table, the DOS of both claims are equal, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1112 001 thru 0204/1112 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-DATE-RANG" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|--|
| Dental | Y | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1113

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1113 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, within 31 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the current claim must be within 31 days after the history claim, billed by the same provider. See the list of same or related procedures.</p> <p>The combined total of the allowed amount on the payment requests must be \$400 or more to set the edit.</p> <p>As of June 3rd, 2013, this audit is bypassed if the procedure code is found on the RF_PTP_EDIT_BYPASS table, the DOS of both claims are equal, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1113 001 thru 0204/1113 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-DATE-RANG" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|--|
| Dental | Y | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1012. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-204 ESC-1114

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1114 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, within 91 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the current claim must be within 91 days before the history claim, billed by any provider. See the list of same or related procedures. Tooth code must be the same.</p> <p>See value sets 0204/1114 001 thru 0204/1114 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|---|
| <p>Dental:</p> <ol style="list-style-type: none">1. Check Provider subsystem to determine if the provider number is different and address is different. If provider number is different and address is different, override with code 1012 and disposition indicator O. If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the ESC code that pended and disposition indicator O. Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O. |
|---|

Edit/Audit Inquiry Results Edit 204 ESC 1115

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1115 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, within 91 Days | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the current claim must be within 91 days after the history claim, billed by any provider. See the list of same or related procedures. Tooth code must be the same.</p> <p>See value sets 0204/1115 001 thru 0204/1115 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|---|
| <p>Dental:</p> <ol style="list-style-type: none">1. Check Provider subsystem to determine if the provider number is different and address is different. If provider number is different and address is different, override using the ESC code that pended and disposition indicator O. If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the ESC code that pended and disposition indicator O. Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O. |
|---|

Edit/Audit Inquiry Results Edit 204 ESC 1116

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1116 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Any Provider, within 211 Days |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. The dates of service of the current claim must be within 211 days before the history claim, billed by any provider. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, provider is the same on both claims, the DOS is the same, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value sets "0204/1116 001 thru 0204/1116 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-ANY-PROV-DATE-RANGE" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|--------|--|----------|--|-----------|--|
| Dental | | Pharmacy | | Inpatient | |
|--------|--|----------|--|-----------|--|

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1117

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1117 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Contraindicated Audit - Any Provider, in a Lifetime | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid, if the same enrollee is billed by any provider and the date of service of the current claim is after the history claim. The claims must have the same tooth and surface codes if tooth and surface are applicable for the procedures. See the list of same or related procedures.</p> <p>See value sets "0204/1117 001 thru 0204/1117 nnn" for procedure codes.</p> <p>Different from current system: Current system does not check same surface.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|-----------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |

| | | | | | |
|----------------|--|---------|--|---------|--|
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0204/1011. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 204 ESC 1118

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 204 | esc Number | 1118 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limit of Four Units - Any Provider, Within Two Years | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if there are more than four units of the following procedure codes for the same enrollee billed by any provider within two rolling years.</p> <p>See value sets "0204/1118 001 thru 0204/1118 nnn" for procedure codes.</p> <p>Different from current system: New edit criteria.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|---|
| <p>Dental:</p> <ol style="list-style-type: none">1. Check Provider subsystem to determine if the provider number is different and address is different. If provider number is different and address is different, override using the ESC code that pended and disposition indicator O. If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the ESC code that pended and disposition indicator O. Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O. |
|---|

Edit/Audit Inquiry Results Edit 304 ESC 1119

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 304 | esc Number | 1119 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Contraindicated Audit - Same Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit fails if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same provider, and auditing is done both ways. Edit is bypassed if provider specialty is 66. See the list of same or related procedures.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Set "PROV SPEC EXCLUS 0304/1119". See value sets "0304/1119 001 thru 0304/1119 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> <p>Different from current system: Current system does not include lab claim type.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|---|
| Dental | | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | Y |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 304 ESC 1120

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 304 | esc Number | 1120 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Contraindicated Audit - Same Provider, Same Date of Service |
| Long Desc | Included in Related Procedure |
| Edit Criteria | <p>This audit fails if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same provider. See the list of same or related procedures.</p> <p>This edit is bypassed for provider type 57, and the combined total of the allowed amount on the payment requests must be \$200 or more to set the edit.</p> <p>As of June 3rd, 2013, this audit is bypassed if procedure code is found on the RF_PTP_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Set "PROV TYPE EXCLUS 0304/1120". See value sets "0304/1120 001 thru 0304/1120 nnn" for procedure codes.</p> <p>See Value Set "ESC-CONTRA-SAME-PROV-SAME-DOS" for audits set to bypass. If the audit is removed from this Value Set, it will no longer bypass in the given scenario.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> <p>Different from current system: Current system does not include lab claim type.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | C | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|---|
| Dental | | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | Y |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 305 ESC 1121

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 305 | esc Number | 1121 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Exceeds Five Units - Same Provider, within 32 Days | | | | |
| Long Desc | Services not Authorized | | | | |
| Edit Criteria | This audit sets if units for the following procedure codes exceed five within 32 days for the same provider. See value sets "0305/1121 001 thru 0305/1121 nnn" for procedure codes. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-360 ESC-1122

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 360 | esc Number | 1122 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Exceeds Nineteen Claims - Same Provider, Same Date of Service | | | | |
| Long Desc | Included in Related Procedure | | | | |
| Edit Criteria | <p>This audit sets if there are more than 19 claims for the following procedure codes on the same day for the same provider. Edit is bypassed if provider specialty is 66.</p> <p>See Value Set "PROV SPEC EXCLUS 0360/1122". See value sets "0360/1122 001 thru 0360/1122 nnn" for procedure codes.</p> <p>Different from Current System: Current system does not include Lab claim type.</p> | | | | |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|--|
| This edit has been turned off. It was set to deny. |
|--|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-316 ESC-1123

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 316 | esc Number | 1123 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | \$5,000 Maximum Per Treatment Year |
| Long Desc | Maximum Payment Previously Made |
| Edit Criteria | <p>This edit is set if the allowed amount for the following procedures exceeds \$5,000 within a treatment year.</p> <p>Note: This edit ended on 12/31/2010. EM services are with Edit 1124 effective 01/01/2011.</p> <p>See Value Sets "0316/1123 001" thru "0316/1123 nnn" for procedure codes.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 200 | PEND | |
| PA | 200 | PEND | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 316 ESC 1124

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 316 | esc Number | 1124 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Exceeds \$5,000 Per Calendar Year |
| Long Desc | Maximum Payment Previously Made |
| Edit Criteria | This edit is set if the total allowed amount for the following procedures billed within a calendar year exceeds \$5,000. Note: This edit include EM services effective 01/01/2011. See Value Sets "0316/1124 001" thru "0316/1124 nnn" for procedure codes. |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 200 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 325 ESC 1125

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1125 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Exceeds 12 Units Per Calendar Year | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | This edit is set if the total units for the following procedures exceed 12 within a calendar year. See Value Sets "0325/1125 001" thru "0325/1125 nnn" for procedure codes. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

All Claim Types:
Review attachment/remarks for justification of additional units.
1. If justification is provided for additional units, override using the ESC code that pended and disposition indicator O.
2. If justification is not provided, deny using the ESC code that pended and disposition indicator D.

Edit/Audit Inquiry Results Edit 325 ESC 1126

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1126 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Exceeds Maximum Units Per Year for Waivers |
| Long Desc | Maximim Units/Visits/Studies Exceeded |
| Edit Criteria | <p>This edit is set if the number of units combined for all related respite procedure codes exceed the maximum allowed in a year based on claim date of service as follows.</p> <p>Date of Service before 07/01/2011: Total Service allowable are 720 or less per calendar year</p> <p>Date of Service on or after 07/01/2011: Total service allowable are 480 or less per state fiscal year.</p> <p>See Value Sets "0325/1126 001" thru "0325/1126 nnn" for applicable procedure codes.</p> <p>See Value Set Exception Indicator 0325/1126 for applicable waiver LOC's</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|---------|--|-------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |

| | | | |
|----------------|---|---------------|------------|
| Physician | Y | Personal Care | Laboratory |
| Transportation | | Xover A | Xover B |
| Cap Pay | | Man Fee | Admin |
| Asmt Fee | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|----------|---------------|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date |
|---------------------|-----|----------------|----------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | 200 | PEND |
| | | DENY |
| EMC | 200 | PEND |
| | | DENY |
| Adjustment | 200 | PEND |
| | | DENY |
| POS | | PAY |
| Encounter | | 0 |
| Special Batch | 217 | PEND |
| PA | 200 | PEND |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

All Claim Types:

Review attachment/remarks for justification of additional units.

1. If justification is provided for additional units, override using the ESC code that pended and disposition indicator O.
2. If provider is billing for proc codes T1030 or T1031 and claim has an attachment from DMAS authorizing services for dates of service billed, override ESC code with disposition indicator O. The

DMAS authorization should include the information below:

Patient Name:

Provider ID:

Provider Name:

PA number:

Effective dates:

Service Approved:

This will serve as a notice that the above mentioned service has been authorized through the EPSDT program of the Virginia Department of Medical Assistance Services. Please use the claims process as described in Chapter 5 of the Technology Assisted Waiver manual. Add a 22 modifier in box 24d the claim will receive a manual reimbursement review, send this document as an attachment to the paper claim of the CMS 1500 claim form.

You must submit claims for this Congregate Nursing Service using Paper claim forms until further notice.

3. If justification is not provided, deny using the ESC code that pended and disposition indicator D.
4. If any questions, transfer to location 219 with remarks.

Updated: 8/6/09

Edit/Audit Inquiry Results Edit 325 ESC 1127

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1127 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Exceeds 1 Unit Per 14 Days | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | <p>This edit is set if there is more than 1 unit for the following procedures within 14 days.</p> <p>See Value Sets "0325/1127 001" thru "0325/1127 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 316 ESC 1128

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 316 | esc Number | 1128 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | \$5,000 Maximum per Fiscal Year | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | This edit is set if the allowed amount for the following procedures exceeds \$5,000 in a fiscal year. See Value Sets "0316/1128 001" thru "0316/1128 nnn" for procedure codes. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 325 ESC 1129

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1129 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Exceeds 1 Unit Per 30 Days | | | | |
| Long Desc | Maximum Units/Visits?Studies Exceeded | | | | |
| Edit Criteria | This edit is set if the units for the following procedures exceed 1 within 30 days. See Value Sets "0325/1129 001" thru "0325/1129 nnn" for procedure codes. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 325 ESC 1130

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1130 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Exceeds 1 Unit Per 30 Days - DD Waiver | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | <p>This edit is set if units for the following procedure codes billed by a DD Waiver provider (provider specialty 16) exceed 1 within 30 days.</p> <p>See Value Set "PROV SPEC INCLUS 0325/1130". See Value Sets "0325/1130 001" thru "0325/1130 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 325 ESC 1131

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1131 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Exceeds 80 Units Within 365 Days | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | <p>This edit is set if the units for the following procedure codes exceed 80 within 365 days.</p> <p>See Value Sets "0325/1131 001" thru "0325/1131 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|--|----------------|--|---------------|--|
| Effective Date Code | | Effective Date | | Revision Date | |
|---------------------|--|----------------|--|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

Programs

(None)

Exceptions

This edit was turned off on 11/12/2004.

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 325 ESC 1132

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1132 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Exceeds 30 Units Per Calendar Month | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | <p>This edit is set if the units for the following procedure codes exceed 30 within a calendar month. If some units on the payment request can be paid without exceeding the limit but not all, the payment request is cutback to the limit and paid.</p> <p>See Value Sets "0325/1132 001" thru "0325/1132 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/1997 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 215 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 325 ESC 1133

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1133 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Exceeds 744 Units Per Clendar Month | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | This edit is set if units for the following procedure codes exceed 744 within a calendar month. See Value Sets "0325/1133 001" thru "0325/1133 nnn" for procedure codes. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 325 ESC 1134

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1134 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Exceeds 744 Units Per Calendar Month - Specialty 16 | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | <p>This edit is set if the units for the following procedure codes for provider specialty 16 exceed 744 within a calendar month.</p> <p>See Value Set "PROV SPEC INCLUS 0325/1134". See Value Sets "0325/1134 001" thru "0325/1134 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 325 ESC 1135

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1135 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Exceeds 1 Unit Per Calendar Month | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | <p>This edit is set if the units for the following procedure codes exceed 1 within a calendar month. If some units on the payment request can be paid without exceeding the limit but not all, the payment request is cutback to the limit and paid.</p> <p>See Value Sets "0325/1135 001" thru "0325/1135 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/1997 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 215 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 723 ESC 1136

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 723 | esc Number | 1136 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Monthly Skilled Nursing Limit Exceeded | | | | |
| Long Desc | Skilled Nursing Limit Exceeded | | | | |
| Edit Criteria | <p>Effective for DOS 7/1/1997 - 1/11/2000: If the units for the following procedures (skilled nursing) exceed 132 per calendar month, set the edit.</p> <p>Effective for DOS 1/12/2000 - 12/31/9999 If the units for the following procedures (skilled nursing) exceed 572 per calendar month, set the edit.</p> <p>See Value Set " 0723/0000 001" thru "0723/0000 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/1997 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 200 | PEND | |
| PA | 200 | PEND | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0723/0723. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 723 ESC 1137

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 723 | esc Number | 1137 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Annual Skilled Nursing Limit Exceeded | | | | |
| Long Desc | Skilled Nursing Limit Exceeded | | | | |
| Edit Criteria | <p>Effective for DOS 7/1/1997 - 1/11/2000: If the units for the following procedures (skilled nursing) exceed 1080 within the fiscal year, set the edit.</p> <p>Effective for DOS 1/12/2000 - 12/31/9999 If the units for the following procedures (skilled nursing) exceed 4680 within the fiscal year, set the edit.</p> <p>See Value Set " 0723/0000 001" thru "0723/0000 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/1997 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 200 | PEND | |
| PA | 200 | PEND | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--|
| Refer to the resolution instructions for edit 0723/0723. Use the ESC number to override or deny. |
|--|

Edit/Audit Inquiry Results Edit-723 ESC-1138

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 723 | esc Number | 1138 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Skilled Nursing Assessment Limit Exceeded | | | | |
| Long Desc | Skilled Nursing Limit Exceeded | | | | |
| Edit Criteria | <p>If units for the following procedure code (skilled nursing assessment) exceed 2 within the fiscal year, set the edit.</p> <p>See Value Sets "0723/1138 001" thru "0723/1138 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/1997 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 200 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0723/0723. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 430 ESC 1140

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 430 | esc Number | 1140 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Procedure Must Have Other Procedure Billed First - Spec 16 | | | | |
| Long Desc | Invalid CDPAS Claim Submission Sequence | | | | |
| Edit Criteria | <p>If a procedure on the Current Code List is billed, there must be an approved payment request with one of the procedures on the History Code List and the DOS of the history payment request must be earlier than the current payment request. If not, set the edit. This edit applies to provider specialty 16 only.</p> <p>See Value Set "PROV SPEC INCLUS 0430/1140". See Value Sets "0430/1140 001" thru "0430/1140 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|----|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | Q | Priority | 0 | Recycle Days | 14 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 217 | PEND | |
| | | DENY | |
| EMC | 217 | PEND | |
| | | DENY | |
| Adjustment | 217 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 217 | PEND | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1141 ESC 1141

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1141 | esc Number | 1141 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | EAPG DISCOUNTED BILATERAL SURG FLG |
| Long Desc | EAPG DISCOUNTED BILATERAL FOR SURGICAL BILATERAL DISCOUNTING FLAG |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '07' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '2' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|-----------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |

| | | | | | |
|----------------|--|---------|---|---------|---|
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)

Edit/Audit Inquiry Results Edit 430 ESC 1141

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 430 | esc Number | 1141 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Procedure Must Have Other Procedure Billed First |
| Long Desc | Invalid CDPAS Claim Submission Sequence |
| Edit Criteria | If a procedure on the Current Code List is billed, there must be an approved payment request with one of the procedures on the History Code List and the DOS of the history payment request must be earlier than the current payment request. If not, set the edit. See Value Sets "0430/1141 001" thru "0430/1141 nnn" for procedure codes. |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|----|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | Q | Priority | 0 | Recycle Days | 14 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 217 | PEND | |
| | | DENY | |
| EMC | 217 | PEND | |
| | | DENY | |
| Adjustment | 217 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 217 | PEND | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 430 ESC 1142

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 430 | esc Number | 1142 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Procedure Must Have Other Procedure Billed First | | | | |
| Long Desc | Invalid CDPAS Claim Submission Sequence | | | | |
| Edit Criteria | <p>If a procedure on the Current Claim List is billed, there must be an approved payment request for one of the procedures on the History Claim List and the DOS of the history payment request must be earlier than the current payment request. If not, set the edit. This edit applies to provider specialty 40 only.</p> <p>See Value Set "PROV SPEC INCLUS 0430/1142". See Value Sets "0430/1142 001" thru "0430/1142 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|----|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | Q | Priority | 0 | Recycle Days | 14 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/1997 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 217 | PEND | |
| | | DENY | |
| EMC | 217 | PEND | |
| | | DENY | |
| Adjustment | 217 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 217 | PEND | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 325 ESC 1143

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1143 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Exceeds 360 Units Per Calendar Year | | | | |
| Long Desc | Maximum Units/Visits/Studies Exceeded | | | | |
| Edit Criteria | <p>This edit is set if the units for the following procedure codes exceed 360 within a calendar year. This edit only applies to Tech Waiver enrollees (Exception Indicator "A").</p> <p>See Value Sets "0325/1143 001" thru "0325/1143 nnn" for procedure codes and "EXCEPTION INDICATOR 0325/1143".</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 1/1/2001 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 383 ESC 1144

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1144 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - Sixty Units Per Calendar Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than sixty service units per calendar year, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1144 001" thru "0383/1144 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1145

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1145 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - Two Units Per Calendar Year | | | | |
| Long Desc | Service Limits Exceeded, Not authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than two service units per calendar year, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1145 001" thru "0383/1145 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1146

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1146 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - Four Units Per Three Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than four service units in three rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1146 001" thru "0383/1146 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-325 ESC-1147

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1147 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Exceeds 720 Units Per Calendar Year |
| Long Desc | Maximim Units/Visits/Studies Exceeded |
| Edit Criteria | <p>This edit is set if the number of units for the following procedures exceed 720 in a calendar year. Edit only applies if recipient exception indicator is 'E'.</p> <p>Note: This Edit is not in effect after 06/30/2011. See edit 0325/1126 for current Edit.</p> <p>See Value Sets "0325/1147 001" thru "0325/1147 nnn" for procedure codes.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2000 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | DENY | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--|
| Refer to the resolution instructions for edit 0325/1126. Use the ESC number to override or deny. |
|--|

Edit/Audit Inquiry Results Edit 325 ESC 1148

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 325 | esc Number | 1148 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Exceeds 16 Units Per Day |
| Long Desc | Exceeds 16 Units Per Day |
| Edit Criteria | <p>This edit is set if there are more than 16 units for the following procedures within 1 day.</p> <p>As of June 3rd, 2013, this edit is bypassed if the procedure code is found on the RF_MUE_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Sets "0325/1148 001" thru "0325/1148 nnn" for procedure codes. See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 1/1/2001 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | | DENY | |
| EMC | 200 | PEND | |
| | | | |
| Adjustment | 200 | PEND | |
| | | DENY | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | 200 | PEND | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

Refer to the resolution instructions for edit 0325/1125. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit 1149 ESC 1149

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1149 | esc Number | 1149 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | EXCEEDS 26 WEEKS PA IS NOT EPSDT |
| Long Desc | EXCEEDS 26 WEEKS PA IS NOT EPSDT |
| Edit Criteria | <p>This edit began 12/01/2009 and over time the program determined if a recipient using this service was a new user of the service or an existing user of the service. Effective 04/11/11 the logic to treat the new user differently from existing users was removed.</p> <p>If a claim has procedure code H2012 and exceeds 26 weeks of service per fiscal year and there is a PA number on the claim, and the PA's EPSDT indicator is not 'Y, then set edit 1149.</p> <p>For all users, 26 weeks per fiscal year are allowed for procedure code H2012. This includes PA'd and non-PA'd services. History claims with DOS on or after 7/1/2009 are counted toward the limit.</p> <p>NOTE: The logic supporting this edit description was eliminated from the program effective 7/1/2011. This information is retained for historical research purposes only.</p> <p>This edit applies to existing and new users.</p> <p>An existing user is one who has a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>A new user does not have a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>Note: See also edits 1160, 1161, 1162 and 1169.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | H | Priority | 0 | Recycle Days | 0 |

| | | | | |
|-----------|--|-------------|--|--|
| HIPAA esc | | CutBack Ind | | |
|-----------|--|-------------|--|--|

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 12/1/2009 | Revision Date | |
|---------------------|-----|----------------|-----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|-----------------------|
| CPA430 | History Edits - Other |

Exceptions

| |
|------|
| None |
|------|

Resolution

Edit/Audit Inquiry Results Edit 1150 ESC 1150

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1150 | esc Number | 1150 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | DOS Outside Of First 12 Weeks | | | | |
| Long Desc | DOS Out Of Sequence For First 12 Wks Calculated | | | | |
| Edit Criteria | <p>Limit of 12 weeks of service for procedure code H2012 allowed in a lifetime.</p> <p>For CT 05, procedure code H2012, DOS >= 07/01/2008, history claims (same enrollee, CT 05, Procedure H2012, From DOS >= '07/01/2008') are added up for treatment weeks.</p> <p>Anything beyond 12 treatment weeks requires PA.</p> <p>If no PA on claim, set edit 1150. If PA on claim, PA editing will be done and claim units will be paid using PA units authorized.</p> <p>Note: 1) A week is defined from Sunday through Saturday. 2) If any days between the from and thru DOS inclusive fall within a given week, that week is counted as a week of service. 3) Procedure H2012 is set up with Proc PA type '02' but the PA itself for this procedure will be set up with frequency code of 'MO' (monthly). 4) If any part of current claim's DOS falls within the 12 treatment weeks already paid for and part of it exceeds the 12 week period, set edit 1151.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | H | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|--|
| Dental | | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | | |
|---------------------|---|----------------|----------|---------------|--|
| Effective Date Code | S | Effective Date | 7/1/2008 | Revision Date | |
|---------------------|---|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1151 ESC 1151

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1151 | esc Number | 1151 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | THRU DOS BEYOND NO OF WEEKS LIMIT. | | | | |
| Long Desc | THRU DOS BEYOND NO OF WEEKS LIMIT. SPLIT BILL. | | | | |
| Edit Criteria | <p>NOTE: The logic (Limit of 12 weeks of service) supporting this edit description was eliminated from the program effective 7/1/2011. This information is retained for historical research purposes only.</p> <p>1.) If DOS < 12/01/2009 Limit of 12 weeks of service for procedure code H2012 allowed in a life-time.</p> <p>For CT 05, procedure code H2012, DOS >= 07/01/2008, history claims (same enrollee, CT 05, Procedure H2012, From DOS >= '07/01/2008') are added up for treatment weeks. Anything beyond 12 treatment weeks requires PA (Please see edit 1150). If any part of current claim's DOS falls within the 12 treatment weeks already paid for and part of it exceeds the 12 week period, set edit 1151.</p> <p>2.) If DOS >= 12/01/2009 Limit of 26 weeks of service for procedure code H2012 which includes non-PA'd and PA'd allowed per fiscal year.</p> <p>For CT 05, procedure code H2012, DOS >= 12/01/2009, history claims (same enrollee, CT 05, Procedure H2012, From DOS >= '12/01/2009') are added up for treatment weeks.</p> <p>If any part of current claim's DOS falls within the 26 treatment weeks already paid for and part of it exceeds the 26 week period, set edit 1151.</p> <p>Note:1) A week is defined from Sunday through Saturday. 2) If any days between the from and thru DOS inclusive fall within a given week, that week is counted as a week of service.</p> | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | 3) Procedure H2012 is set up with Proc PA type '02' but the PA itself for this procedure will be set up with frequency code of 'MO' (monthly). | | | | |
|--|--|--|--|--|--|

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | H | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|---|----------------|----------|---------------|--|
| Effective Date Code | S | Effective Date | 7/1/2008 | Revision Date | |
|---------------------|---|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1152 ESC-1152

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1152 | esc Number | 1152 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | INT IN-HOME ASSESS- 2 PER RECIP PER PROV PER FISCAL YR | | | | |
| Long Desc | INTENSIVE IN-HOME ASSESSMENT - 2 PER RECIPIENT PER PROVIDER PER FISCAL YEAR | | | | |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than two service units per recipient per provider per fiscal year, set the edit. See Value Set "PROC 1152/1152" for procedure codes. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|-----------|
| Effective Date Code | Effective Date | Revision Date | 12/1/2009 |
|---------------------|----------------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

Added the 'PVID' criteria with begin date '07/01/2009'

Resolution

(None)

Edit/Audit Inquiry Results Edit 1153

ESC 1153

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1153 | esc Number | 1153 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | PA Service Type/Exc Ind. not MP | | | | |
| Long Desc | PA Service Type/Claim Exception Indicator not MP | | | | |
| Edit Criteria | If the PA service type is '0909' - Money Follow Person and the claim exception indicator is not 'MP', set Edit 1153. PA Service Type of 0909 requires the enrollee to have a Money Follow Person (MP) waiver/benefit. | | | | |

General Indicators

| | | | | | |
|------------|--|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2008 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1154 ESC 1154

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1154 | esc Number | 1154 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | PPL Contractor Payments | | | | |
| Long Desc | PPL Payments not payable through MMIS | | | | |
| Edit Criteria | If the Claim Procedure code is in the value set "CD Payroll PA Procedures" and the PA service type is in the value set "CD Payroll PA Activity SRVS", set the edit. These services are to be paid by the PPL contractor and not the MMIS. | | | | |

General Indicators

| | | | | | |
|------------|--|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2008 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1155 ESC 1155

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1155 | esc Number | 1155 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | EPSDT Indicator set by PA | | | | |
| Long Desc | EPSDT Indicator set from PA not Claim | | | | |
| Edit Criteria | If the claim has a PA with Service Type 0650 and the procedure code is H2012 or H0035, and the value of the EPSDT indicator on the PA is different from the value of the EPSDT indicator on the claim, move the value of the EPSDT indicator on the PA to the EPSDT indicator on the claim; then set edit 1155. | | | | |

General Indicators

| | | | | | |
|------------|--|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | | PA Override Ind | | Compound Ind | |
| Type | | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 7/1/2008 | Revision Date | |
|---------------------|-----|----------------|----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | | |
| Encounter | | | |
| Special Batch | | EOB | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1156 ESC 1156

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1156 | esc Number | 1156 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Limitation - 208 Service Units Per Fiscal Year |
| Long Desc | Service Limits Exceeded, Not Authorized |
| Edit Criteria | This edit is set if the units for the following procedure code exceed 208 within a fiscal year. If some units on the payment request can be paid without exceeding the limit but not all, the payment request is cutback to the limit and paid. See Value Set "PROC 1156/1156" for procedure code. |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|--|----------------|--|---------------|--|
| Effective Date Code | | Effective Date | | Revision Date | |
|---------------------|--|----------------|--|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1157 ESC 1157

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1157 | esc Number | 1157 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - 130 Service Units Per Treatment Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>This edit is set if the units for the following procedure code exceed 130 within a treatment year. If some units on the payment request can be paid without exceeding the limit but not all, the payment request is cutback to the limit and paid.</p> <p>See Value Set " PROC 1157/1157" for procedure code.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1158 ESC 1158

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1158 | esc Number | 1158 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - Three Service Units Per Calendar Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>This edit is set if the units for the following procedure code, for the same provider, exceed 3 within a calendar year. If some units on the payment request can be paid without exceeding the limit but not all, the payment request is cutback to the limit and paid.</p> <p>See Value Set " PROC 1158/1158" for procedure code.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 1159 ESC 1159

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1159 | esc Number | 1159 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - Three Service Units Per Calendar Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>This edit is set if the units for the following procedure code, for the same provider, exceed 3 within a calendar year. If some units on the payment request can be paid without exceeding the limit but not all, the payment request is cutback to the limit and paid.</p> <p>See Value Set " PROC 1159/1159" for procedure code.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1160 ESC 1160

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1160 | esc Number | 1160 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | INTENSIVE IN-HOME SERVICE BILLED WI |
| Long Desc | INTENSIVE IN-HOME SERVICE BILLED WITHOUT ASSESSMENT |
| Edit Criteria | <p>This edit began 12/01/2009 and over time the program determined if a recipient using this service was a new user of the service or an existing user of the service. Effective 04/11/11, the logic to treat the new user differently from existing users was removed.</p> <p>If a claim has procedure code H2012 and there is no assessment (H0031) claim for the recipient in history (any status) with DOS on or after 7/1/2009 and before or on the same day as the claim, then set edit 1160.</p> <p>This edit applies to all users.</p> <p>NOTE: The information below is retained for historical research purposes only.</p> <p>This edit applies to new users.</p> <p>An existing user is one who has a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>A new user does not have a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>Note: See also edits 1149, 1161, 1162 and 1169.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | H | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 12/1/2009 | Revision Date | |
|---------------------|-----|----------------|-----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| | |
|---------|-----------------------|
| Program | Program Title |
| CPA430 | History Edits - Other |

Exceptions

| |
|------|
| None |
|------|

Resolution

(None)

Edit/Audit Inquiry Results Edit 1161 ESC 1161

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1161 | esc Number | 1161 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | SERVICE BEYOND 1 WEEK PER LIFETIME |
| Long Desc | SERVICE BEYOND 1 WEEK PER LIFETIME OR 26 WEEK LIMIT |
| Edit Criteria | <p>This edit began 12/01/2009.</p> <p>NOTE: The logic supporting this edit description was eliminated from the program effective 7/1/2011. This information is retained for historical research purposes only.</p> <p>If a claim has procedure code H2012, one week of service per lifetime is allowed without PA. History claims with procedure code H2012 and having DOS on or after 1/1/09 and that are not PA'd will count toward this one week per lifetime limit. If one week is exceeded and there is no PA number on the claim, then set edit 1161.</p> <p>This edit applies to new users.</p> <p>An existing user is one who has a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>A new user does not have a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>Note: See also edits 1149, 1160, 1162 and 1169.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | H | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|--|
| Dental | | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | |
| Transportation | | Xover A | Xover B | |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 12/1/2009 | Revision Date | |
|---------------------|-----|----------------|-----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|-----------------------|
| CPA430 | History Edits - Other |

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1162 ESC 1162

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1162 | esc Number | 1162 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | UNITS FOR FIRST WEEK EXCEED TWELVE |
| Long Desc | UNITS FOR FIRST WEEK EXCEED TWELVE |
| Edit Criteria | <p>This edit began 12/01/2009.</p> <p>NOTE: The logic supporting this edit description was eliminated from the program effective 7/1/2011. This information is retained for historical research purposes only.</p> <p>If a payment request for procedure code (H2012) results in more than 12 service units in one week per lifetime without PA and if no units are payable, set the edit 1162.</p> <p>If some units but not all are payable, cutback to a total of 12 units and EOB 1162 is set.</p> <p>This edit applies to new users.</p> <p>An existing user is one who has a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>A new user does not have a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>Week is counted Sunday through Saturday.</p> <p>Note: See also edits 1149, 1160, 1161 and 1169.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | H | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 12/1/2009 | Revision Date | |
|---------------------|-----|----------------|-----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|-----------------------|
| CPA430 | History Edits - Other |

Exceptions

| |
|------|
| None |
|------|

Resolution

(None)

Edit/Audit Inquiry Results Edit 383 ESC 1163

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1163 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - Three Units Per Three Days | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than three service units in three rolling days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1163 001" thru "0383/1163 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1164

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1164 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - Fourteen Units Per Fourteen Days | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than fourteen service units in fourteen rolling days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1164 001" thru "0383/1164 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1165

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1165 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - 120 Units Per 120 Days | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 120 service units in 120 rolling days, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1165 001" thru "0383/1165 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1166

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1166 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Limitation - 93 Units Per Three Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 93 service units in three rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1166 001" thru "0383/1166 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 383 ESC 1167

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1167 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - 124 Units Per Four Months | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 124 service units in four rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1167 001" thru "0383/1167 nnn" for procedure codes and "PROC MODIFIER RR".</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-383 ESC-1168

Resolution Procedures

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 383 | esc Number | 1168 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Limitation - 93 Units Per Year | | | | |
| Long Desc | Service Limits Exceeded, Not Authorized | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 93 service units in one rolling year, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0383/1168 001" thru "0383/1168 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | L | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |

| | | | | | |
|----------|--|---------|--|-------|--|
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|----------------|---------------|--|
| Effective Date Code | Effective Date | Revision Date | |
|---------------------|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| |
|--------|
| (None) |
|--------|

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1169 ESC 1169

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1169 | esc Number | 1169 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | SERVICES LIMITED TO TWENTY-SIX WEEK | | | | |
| Long Desc | SERVICES LIMITED TO TWENTY-SIX WEEKS PER FISCAL YEAR | | | | |
| Edit Criteria | <p>If a claim has procedure code H2012 and exceeds 26 weeks of service per fiscal year and there is no PA on claim, then set edit as described in note below.</p> <p>26 weeks per fiscal year are allowed which includes non-PA'd and PA'd services. History claims with DOS on or after 7/1/2009 will be counted toward this limit.</p> <p>Note:</p> <p>1.) Edit 1169 will never set and drives edits 1149, 1160, 1161 and 1162</p> <p>2.) If a new user and 26 weeks of service is exceeded and there is no PA, set edit 1161.</p> <p>3.) If an existing user and 26 weeks of service is exceeded and there is no PA, set edit 0155.</p> <p>An existing user is one who has a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>A new user does not have a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | Y | Compound Ind | |
| Type | H | Priority | 0 | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | R | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 12/1/2009 | Revision Date | |
|---------------------|-----|----------------|-----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|-----------------------|
| CPA430 | History Edits - Other |

Exceptions

| |
|------|
| None |
|------|

Resolution

(None)

Edit/Audit Inquiry Results Edit 1170 ESC 1170

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1170 | esc Number | 1170 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Dates of Service on Document Span Billing Changeover |
| Long Desc | Dates of Service on Document Span Billing Changeover |
| Edit Criteria | <p>1. If any procedure code on the claim document is one of the service or mileage codes below:</p> <p>If there are dates of service on the document before 10/01/09 and on or after 10/01/09, set error 1170 on all lines of the document. Service Code Mileage Code U1 Modifier For Mileage Code (blank = without U1 U1 = with U1) A0426 A0425 A0427 A0425 A0428 A0425 A0429 A0425 A0433 A0425 A0434 A0425 A0225 A0425 A0225 A0425 U1 A0430 A0435 A0431 A0436</p> <p>2. For Magellan encounters, if FDOS < 12/1/2013 and TDOS > = 12/1/2013, set the edit. See Edit 0476.</p> <p>3. For Behavioral Health Claims, if FDOS < 12/1/2013 and TDOS > = 2/1/2013, set the edit. See Edit 0477.</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | Z | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|-----------|
| Effective Date Code | DOS | Effective Date | 10/1/2009 | Revision Date | 7/29/2009 |
|---------------------|-----|----------------|-----------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|---------------------------|
| CPI035 | Claim Document Validation |

Exceptions

| |
|--|
| Edit can be overridden only if claim is manually priced. |
|--|

Resolution

(None)

Edit/Audit Inquiry Results Edit 1171 ESC 1171

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1171 | esc Number | 1171 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Service Code Billed without Appropriate Mileage Code | | | | |
| Long Desc | Transportation Service Code Billed without Appropriate Mileage Code | | | | |
| Edit Criteria | <p>If the from date of service is on or after 10/01/09: If the procedure code is one of the service codes listed below and there is not a corresponding mileage code on the document, set edit 1171.</p> <p>The service and mileage codes must be billed consecutively on the document.</p> <p>Service Code Mileage Code U1 Modifier For Mileage Code (blank = without U1 U1 = with U1) A0426 A0425 A0427 A0425 A0428 A0425 A0429 A0425 A0433 A0425 A0434 A0425 A0225 A0425 A0225 A0425 U1 A0430 A0435 A0431 A0436</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | Z | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-----|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
|----------|---|-----|--|-----|---|

| | | | | | |
|-------|---|-------------|--|--|--|
| FAMIS | Y | Assessments | | | |
|-------|---|-------------|--|--|--|

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|-----------|
| Effective Date Code | DOS | Effective Date | 10/1/2009 | Revision Date | 7/29/2009 |
|---------------------|-----|----------------|-----------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|---------------------------|
| CPI035 | Claim Document Validation |

Exceptions

Edit can be overridden only if claim is manually priced.

Resolution

(None)

Edit/Audit Inquiry Results Edit 1172 ESC 1172

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1172 | esc Number | 1172 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | Mileage Code Billed without Approriate Service Code |
| Long Desc | Transportation Mileage Code Billed without Approriate Service Code |
| Edit Criteria | <p>If the from date of service is on or after 10/01/09: If the procedure code is one of the mileage codes listed below and there is not a corresponding service code on the document, set edit 1172.</p> <p>The service and mileage codes must be billed consecutively on the document.</p> <p>Service Code Mileage Code U1 Modifier For Mileage Code (blank = without U1 U1 = with U1) A0426 A0425 A0427 A0425 A0428 A0425 A0429 A0425 A0433 A0425 A0434 A0425 A0225 A0425 A0225 A0425 U1 A0430 A0435 A0431 A0436</p> |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | Z | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | |
|----------------|---|---------------|------------|---|
| Dental | | Pharmacy | Inpatient | |
| Nursing | | Home Health | Outpatient | |
| Physician | Y | Personal Care | Laboratory | |
| Transportation | Y | Xover A | Xover B | Y |
| Cap Pay | | Man Fee | Admin | |
| Asmt Fee | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|-----------|
| Effective Date Code | DOS | Effective Date | 10/1/2009 | Revision Date | 7/27/2009 |
|---------------------|-----|----------------|-----------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|---------------------------|
| CPI035 | Claim Document Validation |

Exceptions

| |
|--|
| Edit can be overridden only if claim is manually priced. |
|--|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit-1173 ESC-1173

Edit Information

| | | | | | |
|-------------|------|-----------------|------|------------|----|
| Edit Number | 1173 | esc Num- ber | 1173 | NCPDP Code | 65 |
|-------------|------|-----------------|------|------------|----|

| | |
|---------------|--|
| Short Desc | DOS WITHIN INCARCERATION PERIOD. |
| Long Desc | SERVICES INCURRED DURING INCARCERATION PERIOD. |
| Edit Criteria | For all claims, except Claim type 01 (Hospital Inpatient) and Claim Type 05 that has Place of Service (DE2173) = 21 (Inpatient) or 23 (Emergency Room), set edit 1173 to deny claims during an Enrollee Incarceration period. The Enrollee Incarceration periods are stored on the RS_ENRL_INCARCER table. |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | R | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|---|
| Medicaid | Y | SLH | N | TDO | N |
| FAMIS | N | Assessments | N | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | Y | Pharmacy | Y | Inpatient | N |
| Nursing | Y | Home Health | Y | Outpatient | Y |
| Physician | Y | Personal Care | Y | Laboratory | Y |
| Transportation | Y | Xover A | Y | Xover B | Y |
| Cap Pay | N | Man Fee | N | Admin | Y |
| Asmt Fee | N | | | | |

Date Information

| | | | | | | |
|---------------------|-----|----------------|------------|---------------|--|--|
| Effective Date Code | DOS | Effective Date | 11/01/2013 | Revision Date | | |
|---------------------|-----|----------------|------------|---------------|--|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | DENY | |
| Encounter | | 8 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|----------------------------------|
| CPA001B | Adjudication Controller (BATCH) |
| CPA100 | Adjudication Controller (ONLINE) |

Exceptions

Pend for Capitation, Management Fees, and Assessments.

Resolution

Verify that Enrollee was incarcerated during the Date of Service on the claim.

Edit/Audit Inquiry Results Edit 1174 ESC 1174

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1174 | esc Number | 1174 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Adjustment/Void Generated for Service/Mileage Procedure Code | | | | |
| Long Desc | Adjustment/Void Generated for Service/Mileage Procedure Code | | | | |
| Edit Criteria | <p>If an adjustment or void is submitted for a claim that is part of a matched pair (pair line number is greater than zero) and the adjustment/void is approved, the system generates an adjustment/void for the matched pair claim and sets edit 1174 (EOB).</p> <p>Prior to the generation of an adjustment, the submitted adjustment is validated against the paired claim of the claim being adjusted. If a valid combination of service code and mileage code does not exist, edit 1179 is set on the submitted adjustment and the adjustment for the pair claim is not generated.</p> <p>Service Code Mileage Code U1 Modifier For Mileage Code (blank = without U1 U1 = with U1) A0426 A0425 A0427 A0425 A0428 A0425 A0429 A0425 A0433 A0425 A0434 A0425 A0225 A0425 A0225 A0425 U1 A0430 A0435 A0431 A0436</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | H | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|-----------|
| Effective Date Code | DOS | Effective Date | 10/1/2009 | Revision Date | 7/27/2009 |
|---------------------|-----|----------------|-----------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | | |
| Encounter | | | |
| Special Batch | | EOB | |
| PA | | | |

Programs

| Program | Program Title |
|---------|--|
| CPA500 | Transportation Service And Mileage Pairing |

Exceptions

| |
|--|
| Edit can be overridden only if claim is manually priced. |
|--|

Resolution

(None)

Edit/Audit Inquiry Results Edit 1175 ESC 1175

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1175 | esc Number | 1175 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Pend Awaiting Paired Claim | | | | |
| Long Desc | Pend Awaiting Paired Claim | | | | |
| Edit Criteria | <p>If the claim is part of a matched pair (pair line number is greater than zero) and the paired claim is not on the database (not yet processed), set edit 1175.</p> <p>Currently, this function is only used for transportation service/mileage claims.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | H | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|-----------|
| Effective Date Code | DOS | Effective Date | 10/1/2009 | Revision Date | 7/27/2009 |
|---------------------|-----|----------------|-----------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 610 | PEND | |
| | 610 | PEND | |
| EMC | 610 | PEND | |
| | 610 | PEND | |
| Adjustment | 610 | PEND | |
| | 610 | PEND | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 610 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|--|
| CPA500 | Transportation Service And Mileage Pairing |

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1176 ESC 1176

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1176 | esc Number | 1176 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Adjusted Allowed Amount | | | | |
| Long Desc | Adjusted allowed amount to account for negative payment | | | | |
| Edit Criteria | This EOB in only applicable to XOVER claims. When negative allowed amounts are adjusted between paired transportation claims, the EOB is set to notify the provider. | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | H | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|--|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|--|
| Effective Date Code | DOS | Effective Date | 11/1/2009 | Revision Date | |
|---------------------|-----|----------------|-----------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | | |
| Encounter | | | |
| Special Batch | | EOB | |
| PA | | | |

Programs

| Program | Program Title |
|---------|--|
| CPA500 | Transportation Service And Mileage Pairing |

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1177 ESC 1177

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1177 | esc Number | 1177 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Document Pend | | | | |
| Long Desc | Document Pend | | | | |
| Edit Criteria | <p>If the claim is part of a matched pair (pair line number is greater than zero) and the paired claim is on the database. If one of the following conditions are true, set edit 1177.</p> <p>a) Database claim: Status = 4 without edit 1175 or edit 1177 Current claim: Status = 5</p> <p>b) Database claim: Status = 4 without edit 1175 or edit 1177 Current claim: Status = 6</p> <p>Currently, this function is only used for transportation service/mileage claims.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|--|--------------|---|
| Reject Ind | | Deny Ind | | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | H | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|-----------|
| Effective Date Code | DOS | Effective Date | 10/1/2009 | Revision Date | 7/27/2009 |
|---------------------|-----|----------------|-----------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 610 | PEND | |
| | 610 | PEND | |
| EMC | 610 | PEND | |
| | 610 | PEND | |
| Adjustment | 610 | PEND | |
| | 610 | PEND | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 610 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|--|
| CPA500 | Transportation Service And Mileage Pairing |

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--------|
| (None) |
|--------|

Edit/Audit Inquiry Results Edit 1178 ESC 1178

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1178 | esc Number | 1178 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Document Deny | | | | |
| Long Desc | Document Deny | | | | |
| Edit Criteria | <p>If the claim is part of a matched pair (pair line number is greater than zero) and the paired claim is on the database. If one of the following conditions are true, set edit 1178. Database claim: Status = 4 without edit 1175 or edit 1177 and claim has a deny edit code other than 0364. Current claim: Status = 5</p> <p>Currently, this function is only used for transportation service/mileage claims.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | H | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|-----------|
| Effective Date Code | DOS | Effective Date | 10/1/2009 | Revision Date | 7/27/2009 |
|---------------------|-----|----------------|-----------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | | DENY | |
| PA | | | |

Programs

| Program | Program Title |
|---------|--|
| CPA500 | Transportation Service And Mileage Pairing |

Exceptions

| |
|------|
| None |
|------|

Resolution

| |
|--|
| Never override this edit. See pricing manual. updated 12/03/09 |
|--|

Edit/Audit Inquiry Results Edit 1179 ESC 1179

Edit Information

| | | | | | |
|-------------|------|------------|------|------------|--|
| Edit Number | 1179 | esc Number | 1179 | NCPDP Code | |
|-------------|------|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Invalid Service/Mileage Code Combination for Adjustment | | | | |
| Long Desc | Invalid Service/Mileage Code Combination for Adjustment | | | | |
| Edit Criteria | <p>If an adjustment or void is submitted for a claim that is part of a matched pair (pair line number is greater than zero) and the adjustment/void is approved, the system generates an adjustment/void for the matched pair claim and sets edit 1174 (EOB).</p> <p>Prior to the generation of an adjustment, the submitted adjustment is validated against the paired claim of the claim being adjusted. If a valid combination of service code and mileage code does not exist, edit 1179 is set on the submitted adjustment and the adjustment for the pair claim is not generated.</p> <p>Service Code Mileage Code U1 Modifier For Mileage Code (blank = without U1 U1 = with U1) A0426 A0425 A0427 A0425 A0428 A0425 A0429 A0425 A0433 A0425 A0434 A0425 A0225 A0425 A0225 A0425 U1 A0430 A0435 A0431 A0436</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | H | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|---|
| Medicaid | Y | SLH | | TDO | Y |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | Y | Xover A | | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|-----|----------------|-----------|---------------|-----------|
| Effective Date Code | DOS | Effective Date | 10/1/2009 | Revision Date | 7/27/2009 |
|---------------------|-----|----------------|-----------|---------------|-----------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | | DENY | |
| | | DENY | |
| EMC | | DENY | |
| | | DENY | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | | |

Programs

| Program | Program Title |
|---------|--|
| CPA500 | Transportation Service And Mileage Pairing |

Exceptions

| |
|------|
| None |
|------|

Resolution

Never override this edit. See pricing manual. updated 12/03/09

Edit/Audit Inquiry Results Edit 203 ESC 1180

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1180 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|---|
| Short Desc | Sixty Two Service Units Per Calendar Year |
| Long Desc | Sixty Two Service Units Per Calendar Year |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than sixty-two service units per calendar year, set the edit. See Value Sets "0203/1180 001" thru "0203/1180 nnn" for procedure codes. |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | |
|---------------------|--|----------------|--|---------------|--|
| Effective Date Code | | Effective Date | | Revision Date | |
|---------------------|--|----------------|--|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | | |
| Encounter | | | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off on 4/14/2004; it had been set to pend to location 200 for claim type 05. This edit was turned back on 8/3/2004 with an effective date of 1/1/1990.

Resolution

All Claim Types:

Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

General Note:

Since February is a short month, some of the monthly dates spans do not calculate properly. If the pended or conflicting claim's date of service is in February, allow payment if the service limit has not already been exceeded.

1. Review codes. Use the instructions for the claim types that follow as guidelines.

2. Check the remark section on electronic claims for justification to override the edit. If there is adequate justification for billing a procedure related to a previously paid claim, override the edit using the ESC code that pended.

3. If you cannot make a determination to override or deny, enter your question in the remark screen and transfer to location 321.

4. If documentation is not adequate or procedures are related, deny claim using the ESC code that pended and disposition

Practitioner:

Check provider number, recipient number and procedure code and procedure modifier.
If provider number, recipient number and procedure code are the same and there is no procedure modifier, deny using the ESC code that pended and disposition indicator D.
If there is a procedure modifier, procedure code and the provider number are different, check for explanation. If there is adequate justification for exceeding the limit, override the edit using the ESC code that pended and disposition indicator O.
If CPT code is for critical care and there is an attachment, transfer to location 321. If no attachment or remarks, deny using the ESC code that pended and disposition indicator D.
If provider numbers are different, override the edit using the ESC code that pended and disposition indicator O.
Check the edit criteria table in Reference to verify the frequency and service limits. Compare this to the date of service on the pended and conflicting claims. Review the remarks/attachment. If justification is given for exceeding the limit, override the edit using the ESC code that pended and disposition indicator O.

Vision:
Eyeglass procedure codes start with V and Z. If there is an attachment that states that lenses are broken, damaged beyond repair, stolen, prescription change or headaches, override the edit using the ESC code that pended and disposition indicator O. If the patient has an underlying medical condition that can affect vision, i.e. diabetes, glaucoma etc and is documented on attachment or by the diagnosis codes, override the edit using the ESC code that pended and disposition indicator O.
(Updated 7/22/10)
If no attachment or remarks to justify additional eyeglasses, deny using the ESC code that pended and disposition indicator D.
Note: Do not pay for tinted lenses unless there are remarks. They should have invoice or purchase request.

X-Ray:
If pending payment request is for more than one X-ray on same date of service, look for remarks/attachment. If remarks/attachment indicates that the patient required intensive care treatment (was in ICU) or if there is other justification, override the edit using the ESC code that pended and disposition indicator O.
If no attachment or remarks to justify additional X-ray, deny using the ESC code that pended and disposition indicator D.

Independent Lab:
If remarks/attachment document justification (medical necessity) override edit using the ESC code that pended and disposition indicator O.
If no attachment or remarks to justify additional test, deny using the ESC code that pended and disposition indicator D.

Edit/Audit Inquiry Results Edit 203 ESC 1181

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1181 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Ninety-three Service Units Per Calendar Year | | | | |
| Long Desc | Ninety-three Service Units Per Calendar Year | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than ninety-three service units per calendar year, set the edit.</p> <p>See Value Sets "0203/1181 001" thru "0203/1181 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1182

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1182 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | 186 Service Units Per Calendar Year | | | | |
| Long Desc | 186 Service Units Per Calendar Year | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 186 service units per calendar year, set the edit.</p> <p>See Value Sets "0203/1182 001" thru "0203/1182 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1183

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1183 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | 250 Service Units Per Calendar Year | | | | |
| Long Desc | 250 Service Units Per Calendar Year | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 250 service units per calendar year, set the edit.</p> <p>See Value Sets "0203/1183 001" thru "0203/1183 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1184

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1184 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | |
|---------------|--|
| Short Desc | One Service Unit Per One Month |
| Long Desc | One Service Unit Per One Month |
| Edit Criteria | If a payment request for any of the following procedure codes results in more than one service unit per one rolling month, set the edit. See Value Sets "0203/1184 001" thru "0203/1184 nnn" for procedure codes. |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

All Claim Types:

Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D. General Note: Since February is a short month, some of the monthly dates spans do not calculate properly. If the pending or conflicting claim's date of service is in February, allow payment if the service limit has not already been exceeded. Review the documentation submitted with the claim. If there is adequate justification for exceeding the limit, override the edit using the ESC code that pended. Use the instructions for the claim types that follow as guidelines.

If the documentation is not clear, enter your question in the remark screen and transfer to location 219.

If documentation is not adequate deny claim using the ESC code that pended and disposition D.

Practitioner:

Check provider number, recipient number and procedure code and procedure modifier.

If provider number, recipient number and procedure code are the same and there is no procedure

modifier, deny using the ESC code that pended and disposition indicator D. If there is a procedure modifier, procedure code and the provider number are different, check for explanation. If there is adequate justification for exceeding the limit, override the edit using the ESC code that pended and disposition indicator O. If CPT code is for critical care and there is an attachment, re-pend to location 321. If no attachment or remarks, deny using the ESC code that pended and disposition indicator D. If provider numbers are different (check provider address to verify they are different offices), override the edit using the ESC code that pended and disposition indicator O. Check the edit criteria table in Reference to verify the frequency and service limits. Compare this to the date of service on the pended and conflicting claims. Review the remarks/attachment. If justification is given for exceeding the limit, override the edit using the ESC code that pended and disposition indicator O.

Vision:

Eyeglass procedure codes start with V and Z. If there is an attachment that states that lenses are broken, damaged beyond repair, stolen, prescription change or headaches, override the edit using the ESC code that pended and disposition indicator O. If the patient has an underlying medical condition that can affect vision, i.e. diabetes, glaucoma etc and is documented on attachment or the primary diagnosis code, override the edit using the ESC code that pended and disposition indicator O. If no attachment or remarks to justify additional eyeglasses, deny using the ESC code that pended and disposition indicator D. Note: Do not pay for tinted lenses unless there are remarks. They should have invoice or purchase request.

X-Ray:

If pending payment request is for more than one X-ray on same date of service, look for remarks/attachment. If remarks/attachment indicates that the patient required intensive care treatment (was in CU) or if there is other justification, override the edit using the ESC code that pended and disposition indicator O. If no attachment or remarks to justify additional X-ray, deny using the ESC code that pended and disposition indicator D. Independent Lab: If remarks/attachment document justification (medical necessity) override edit using the ESC code that pended and disposition indicator O. If no attachment or remarks to justify additional test, deny using the ESC code that pended and disposition indicator D. Procedure code S5161 If start date is less than one month and a service authorization number is on file and no other claim has been paid within the same dates of service, override 1184 O. (Updated 07/22/11)

Dental:

If tooth number or surface code is different, override edit using the ESC code that pended and disposition indicator O. This applies to same or different provider Check to see if same provider (check for same office address). If same provider, deny using the ESC code that pended and disposition indicator D. If different provider numbers, check CICS Provider screens to see if dentists practice together and have same address. If so, deny using the ESC code that pended and disposition indicator D. If different providers, override edit using the ESC code that pended and disposition indicator O.

Edit/Audit Inquiry Results Edit 203 ESC 1185

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1185 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Thirty Service Units Per One Month | | | | |
| Long Desc | Thirty Service Units Per One Month | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than thirty service units per one rolling month, set the edit.</p> <p>See Value Sets "0203/1185 001" thru "0203/1185 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1186

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1186 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Twelve Service Units Per Two Months | | | | |
| Long Desc | Twelve Service Units Per Two Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than twelve service units per two rolling months, set the edit.</p> <p>See Value Sets "0203/1186 001" thru "0203/1186 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1187

Edit Information

| | | | | | |
|---------------|--|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1187 | NCPDP Code | |
| Short Desc | 62 Service Units Per Two Months | | | | |
| Long Desc | 62 Service Units Per Two Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 62 service units per two rolling months, set the edit.</p> <p>See Value Sets "0203/1187 001" thru "0203/1187 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1188

Edit Information

| | | | | | |
|---------------|--|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1188 | NCPDP Code | |
| Short Desc | One Service Unit Per Three Months - Pend | | | | |
| Long Desc | Review of Service Frequency | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit per three rolling months, set the edit.</p> <p>See Value Sets "0203/1188 001" thru "0203/1188 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Dental:

1. Check Provider subsystem to determine if the provider number is different and address is different.
If provider number is different and address is different, override using the ESC code that pended and disposition indicator O.
If provider number is different and address is same, deny using the ESC code that pended and disposition indicator D.
2. If provider numbers are the same, check procedure codes to determine if they are related. Also check service limits for frequencies. If there are remarks that justify the service, override using the ESC code that pended and disposition indicator O.
Note: Procedure codes 00330 and D0272 - D0274 and /or D0120 can be billed together once every 3 years by the same or different provider (in different location). Do not deny unless service limits are exceeded.
3. Check surface or quadrant code. If different, override using the ESC code that pended and disposition indicator O.

Edit/Audit Inquiry Results Edit 203 ESC 1189

Edit Information

| | | | | | |
|---------------|--|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1189 | NCPDP Code | |
| Short Desc | 93 Service Units Per Three Months | | | | |
| Long Desc | 93 Service Units Per Three Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 93 service units per three rolling months, set the edit.</p> <p>See Value Sets "0203/1189 001" thru "0203/1189 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1190

Edit Information

| | | | | | |
|---------------|---|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1190 | NCPDP Code | |
| Short Desc | 186 Service Units Per Six Months | | | | |
| Long Desc | 186 Service Units Per Six Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 186 service units per six rolling months, set the edit.</p> <p>See Value Sets "0203/1190 001" thru "0203/1190 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1191

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1191 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | One Service Unit Per Twelve Months | | | | |
| Long Desc | One Service Unit Per Twelve Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit per twelve rolling months, set the edit.</p> <p>See Value Sets "0203/1191 001" thru "0203/1191 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|--|-------------|--|-----|--|
| Medicaid | | SLH | | TDO | |
| FAMIS | | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/15/2004; it had been set to deny for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1192

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1192 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | Two Service Units Per Twelve Months | | | | |
| Long Desc | Two Service Units Per Twelve Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than two service units per twelve rolling months, set the edit.</p> <p>See Value Sets "0203/1192 001" thru "0203/1192 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1193

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1193 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|---|--|--|--|--|
| Short Desc | Twelve Service Units Per Twelve Months | | | | |
| Long Desc | Twelve Service Units Per Twelve Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than twelve service units per twelve rolling months, set the edit.</p> <p>See Value Sets "0203/1193 001" thru "0203/1193 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1194

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1194 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | 365 Service Units Per Twelve Months | | | | |
| Long Desc | 365 Service Units Per Twelve Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 365 service units per twelve rolling months, set the edit.</p> <p>See Value Sets "0203/1194 001" thru "0203/1194 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1195

Edit Information

| | | | | | |
|---------------|--|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1195 | NCPDP Code | |
| Short Desc | 372 Service Units Per Twelve Months | | | | |
| Long Desc | 372 Service Units Per Twelve Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than 372 service units per twelve rolling months, set the edit.</p> <p>See Value Sets "0203/1195 001" thru "0203/1195 nnn" for procedure codes.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | |
|---------------------|-----|----------------|---------------|
| Effective Date Code | DOS | Effective Date | Revision Date |
|---------------------|-----|----------------|---------------|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 203 ESC 1196

Edit Information

| | | | | | |
|-------------|-----|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1196 | NCPDP Code | |
|-------------|-----|------------|------|------------|--|

| | | | | | |
|---------------|--|--|--|--|--|
| Short Desc | One Service Unit Per Thirty-Six Months | | | | |
| Long Desc | One Service Unit Per Thirty-Six Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit per thirty-six rolling months, set the edit.</p> <p>See Value Sets "0203/1196 001" thru "0203/1196 nnn" for procedure codes</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/3180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit-203 ESC-1197

Edit Information

| | | | | | |
|---------------|---|------------|------|------------|--|
| Edit Number | 203 | esc Number | 1197 | NCPDP Code | |
| Short Desc | One Service Unit Per Sixty Months | | | | |
| Long Desc | One Service Unit Per Sixty Months | | | | |
| Edit Criteria | <p>If a payment request for any of the following procedure codes results in more than one service unit per sixty rolling months, set the edit.</p> <p>See Value Sets "0203/1197 001" thru "0203/1197 nnn" for procedure codes</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | L | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|--|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | | | |

Claim Type

| | | | | | |
|----------------|---|---------------|--|------------|--|
| Dental | Y | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | |
|---------------------|-----|----------------|---------------|--|
| Effective Date Code | DOS | Effective Date | Revision Date | |
|---------------------|-----|----------------|---------------|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---------------|-----|------|--|
| Paper | 200 | PEND | |
| | 200 | PEND | |
| EMC | 200 | PEND | |
| | 200 | PEND | |
| Adjustment | 200 | PEND | |
| | 200 | PEND | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | PEND | |
| PA | | PEND | |

Programs

(None)

Exceptions

This edit was turned off for claim type 05 on 4/14/2004; it had been set to pend to location 200 for claim type 05. This edit was turned back on 8/3/2004 for claim type 05 to pend to location 200 with an effective date of 1/1/1990.

Resolution

Refer to the resolution instructions for edit 0203/1180. Use the ESC number that pended to override or deny.

Edit/Audit Inquiry Results Edit 1199 ESC 1199

Edit Information

| | | | | | |
|---------------|---|------------|------|------------|--|
| Edit Number | 1199 | esc Number | 1199 | NCPDP Code | |
| Short Desc | EAPG DISCOUNT BILATRAL NON-SURG FLG | | | | |
| Long Desc | EAPG DISCOUNTED BILATERAL FOR NON-SURGICAL BILATERAL DISCOUNTING FLAG | | | | |
| Edit Criteria | <p>This edit is set on claims as a result of EAPG Bilateral discounting. This Edit set is when :</p> <ul style="list-style-type: none"> GO2-Y-LI-PAYMENT-ACTION-OPCT(Index) = '07' and GO1-S-APG-BILATERAL-DISC-FLAG(index) = '3' <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA.</p> | | | | |

General Indicators

| | | | | | |
|------------|---|-----------------|---|--------------|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | S | Priority | | Recycle Days | 0 |
| HIPAA esc | | CutBack Ind | | | |

Program Indicators

| | | | | | |
|----------|---|-------------|---|-----|--|
| Medicaid | Y | SLH | | TDO | |
| FAMIS | Y | Assessments | Y | | |

Claim Type

| | | | | | |
|----------------|---|---------------|---|------------|---|
| Dental | | Pharmacy | | Inpatient | |
| Nursing | | Home Health | | Outpatient | Y |
| Physician | Y | Personal Care | | Laboratory | |
| Transportation | | Xover A | Y | Xover B | Y |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | | | | |

Date Information

| | | | | | | |
|---------------------|-----|----------------|----------|---------------|--|--|
| Effective Date Code | DOS | Effective Date | 4/5/2010 | Revision Date | | |
|---------------------|-----|----------------|----------|---------------|--|--|

Media/Disposition/Pend Location Codes

| Media | LOC | Disp |
|---------------|-----|------|
| Paper | | DENY |
| | | DENY |
| EMC | | DENY |
| | | DENY |
| Adjustment | | DENY |
| | | DENY |
| POS | | |
| Encounter | | |
| Special Batch | 217 | PEND |
| PA | | |

Programs

| Program | Program Title |
|----------|---|
| CPA416CI | EAPG Integration Program - CICS |
| CPA416VA | EAPG Integration Program – Batch |
| CPA417CI | EAPG Outpatient Pricing Program - CICS |
| CPA417VA | EAPG Outpatient Pricing Program - Batch |

Exceptions

| |
|---|
| DENY may be changed to EOB by program CPA416CI or CPA416VA. |
| DENY is changed to EOB by program CPA417CI and CPA417VA |

Resolution

(None)