Edit/Audit Inquiry Results Edit-1400 ESC-1400

Edit Information

Edit Number	1400	esc Number	1400	NCPDP Code	

Short Desc	REBUNDLE - CLAIMCHECK
Long Desc	REBUNDLE - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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		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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1401 ESC-1401

Edit Information

Edit Number	1401	esc Number	1401	NCPDP Code	

Short Desc	INCIDENTAL - CLAIMCHECK
Long Desc	INCIDENTAL - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1402 ESC-1402

Edit Information

Edit Number	1402	esc Number	1402	NCPDP Code	

Short Desc	MUTUALLY EXCLUSIVE - CLAIMCHECK				
Long Desc	MUTUALLY EXCLUSIVE - CLAIMCHECK				
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1403 ESC-1403

Edit Information

Edit Number	1403	esc Number	1403	NCPDP Code	

Short Desc	ASSIST SURGERY NOT REQUIRED (CC)				
Long Desc	ASSIST SURGERY NOT REQUIRED - CLAIMCHECK				
Edit Criteria	This edit is set as a result of ClaimCheck.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1404 ESC-1404

Edit Information

Edit Number	1404	esc Number	1404	NCPDP Code	

Short Desc	AGE CONFLICT - CLAIMCHECK				
Long Desc	AGE CONFLICT - CLAIMCHECK				
Edit Criteria	This edit is set as a result of ClaimCheck.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1405 ESC-1405

Edit Information

Edit Number	1405	esc Number	1405	NCPDP Code	

Short Desc	AGE REPLACE - CLAIMCHECK
Long Desc	AGE REPLACE - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1406 ESC-1406

Edit Information

Edit Number	1406	esc Number	1406	NCPDP Code	

Short Desc	SEX CONFLICT - CLAIMCHECK
Long Desc	SEX CONFLICT - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1407 ESC-1407

Edit Information

Edit Number	1407	esc Number	1407	NCPDP Code	

Short Desc	SEX REPLACE - CLAIMCHECK
Long Desc	SEX REPLACE - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1408 ESC-1408

Edit Information

Edit Number	1408	esc Number	1408	NCPDP Code	

Short Desc	COSMETIC - CLAIMCHECK
Long Desc	COSMETIC - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1409 ESC-1409

Edit Information

Edit Number	1409	esc Number	1409	NCPDP Code	

Short Desc	UNILATERAL - CLAIMCHECK				
Long Desc	UNILATERAL - CLAIMCHECK				
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1410 ESC-1410

Edit Information

Edit Number	1410	esc Number	1410	NCPDP Code	

Short Desc	BILATERAL PROC > 1 UNIT BILLED (CC)				
Long Desc	BILATERAL PROC > 1 UNIT BILLED - CLAIMCHECK				
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1411 ESC-1411

Edit Information

Edit Number	1411	esc Number	1411	NCPDP Code	

Short Desc	EXPERIMENTAL - CLAIMCHECK				
Long Desc	EXPERIMENTAL - CLAIMCHECK				
Edit Criteria	This edit is set as a result of ClaimCheck.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1412 ESC-1412

Edit Information

Edit Number	1412	esc Number	1412	NCPDP Code	

Short Desc	NOT VALID DOS - CLAIMCHEC
Long Desc	NOT VALID DOS - CLAIMCHEC
Edit Criteria	This edit is set as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1413 ESC-1413

Edit Information

Edit Number	1413	esc Number	1413	NCPDP Code	

Short Desc	PRE OP - CLAIMCHECK
Long Desc	PRE OP - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1414 ESC-1414

Edit Information

Edit Number	1414	esc Number	1414	NCPDP Code	

Short Desc	POST OP - CLAIMCHECK
Long Desc	POST OP - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1415 ESC-1415

Edit Information

Edit Number	1415	esc Number	1415	NCPDP Code	

Short Desc	MAX UNITS LIFETIME - CLAIMCHECK
Long Desc	MAX UNITS LIFETIME - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1416 ESC-1416

Edit Information

Edit Number	1416	esc Number	1416	NCPDP Code	

Short Desc	MAX UNITS PER DAY - CLAIMCHECK
Long Desc	MAX UNITS PER DAY - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1417 ESC-1417

Edit Information

Edit Number	1417	esc Number	1417	NCPDP Code	

Short Desc	E&M SVC CANNOT BE BILLED SEPARATELY - CLAIMCHECK				
Long Desc	E&M SVC CANNOT BE BILLED SEPARATELY - CLAIMCHECK				
Edit Criteria	Not currently in use				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	Priority	0	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-1418 ESC-1418

Edit Information

Edit Number	1418	esc Number	1418	NCPDP Code	

Short Desc	POSSIBLE DUPLICATE - CLAIMCHECK
Long Desc	POSSIBLE DUPLICATE - CLAIMCHECK
Edit Criteria	Not currently in use

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	Priority	0	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-1419 ESC-1419

Edit Information

Edit Number	1419	esc Number	1419	NCPDP Code	

Short Desc	Assessment (H0032 with mod) not present
Long Desc	Assessment (H0032 with mod) not present
Edit Criteria	From 01/01/2009 – 07/31/2009 if a member used one of the following procedures: H2017, H0035, H0046 or H0039, the member was considered a “current” user of the procedure and did not require an Assessment (H0032) to be recorded in VAMMIS, therefore the edit would not set. This was true until the Fix 2013-081-002-M went into production on 03/31/2013. From 08/01/2009-03/31/2013 if a “new” member received one of the following procedures: H2017, H0035, H0046 or H0039, an Assessment (H0032) must be in VAMMIS regardless of Assessment date of service or status, and if there is no SA for the procedure code, set the edit. Effective 04/01/2013 if a claim is submitted with H2017, H0035, H0046, or H0039 and the member does not have a claim previously billed in history for and Assessment (H0032) set the edit regardless of the date of service or new or existing member using the service. The Assessment (H0032) just needs to be billed not paid. This applies to all members (new and existing) receiving these procedure codes as of 04/01/2013. This edit was changed with FIX 2013-081-002-M. The relationship between the procedures and their corresponding assessment is explained below Claim procedure Assessment Procedure / Modifier H2017 H0032 / U6 H0035 H0032 / U7 H0046 H0032 / U8 H0039 H0032 / U9

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	N
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	N
Type	H	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	Y	Outpatient	
Physician	Y	Personal Care	Y	Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	8/1/2009	Revision Date	

Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA430VA	History Edits -Other

Exceptions

The edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1420 ESC-1420

Edit Information

Edit Number	1420	esc Number	1420	NCPDP Code	

Short Desc	REBUNDLE - CLAIMCHECK
Long Desc	REBUNDLE - CLAIMCHECK
Edit Criteria	This edit is set as an EOB on generated claims.as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		EOB	
		EOB	
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1421 ESC-1421

Edit Information

Edit Number	1421	esc Number	1421	NCPDP Code	

Short Desc	AGE REPLACE - CLAIMCHECK
Long Desc	AGE REPLACE - CLAIMCHECK
Edit Criteria	This edit is set as an EOB on generated claims.as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		EOB	
		EOB	
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1422 ESC-1422

Edit Information

Edit Number	1422	esc Number	1422	NCPDP Code	

Short Desc	SEX REPLACE - CLAIMCHECK
Long Desc	SEX REPLACE - CLAIMCHECK
Edit Criteria	This edit is set as an EOB on generated claims.as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		EOB	
		EOB	
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1423 ESC-1423

Edit Information

Edit Number	1423	esc Number	1423	NCPDP Code	

Short Desc	UNILATERAL OR BILATERAL- CLAIMCHECK				
Long Desc	UNILATERAL OR BILATERAL - CLAIMCHECK				
Edit Criteria	This edit is set as an EOB on generated claims.as a result of ClaimCheck.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		EOB	
		EOB	
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1424 ESC-1424

Edit Information

Edit Number	1424	esc Number	1424	NCPDP Code	

Short Desc	BILATERAL PROC > 1 UNIT BILLED (CC)
Long Desc	BILATERAL PROC > 1 UNIT BILLED - CLAIMCHECK
Edit Criteria	This edit is set as an EOB on generated claims.as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		EOB	
		EOB	
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1425 ESC-1425

Edit Information

Edit Number	1425	esc Number	1425	NCPDP Code	

Short Desc	MAX UNITS LIFETIME - CLAIMCHECK				
Long Desc	MAX UNITS LIFETIME - CLAIMCHECK				
Edit Criteria	This edit is set as an EOB on generated claims.as a result of ClaimCheck.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		EOB	
		EOB	
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1426 ESC-1426

Edit Information

Edit Number	1426	esc Number	1426	NCPDP Code	

Short Desc	MAX UNITS PER DAY - CLAIMCHECK				
Long Desc	MAX UNITS PER DAY - CLAIMCHECK				
Edit Criteria	This edit is set as an EOB on generated claims.as a result of ClaimCheck.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		EOB	
		EOB	
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1427 ESC-1427

Edit Information

Edit Number	1427	esc Number	1427	NCPDP Code	

Short Desc	INCIDENTAL - CLAIMCHECK
Long Desc	INCIDENTAL - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		EOB	
		EOB	
EMC		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter			
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1428 ESC-1428

Edit Information

Edit Number	1428	esc Number	1428	NCPDP Code	

Short Desc	MUTUALLY EXCLUSIVE - CLAIMCHECK				
Long Desc	MUTUALLY EXCLUSIVE - CLAIMCHECK				
Edit Criteria	This edit is set as a result of ClaimCheck				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		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-1431 ESC-1431

Edit Information

Edit Number	1431	esc Number	1431	NCPDP Code	

Short Desc	CCI INCIDENTAL - CLAIMCHECK
Long Desc	CCI INCIDENTAL - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids. Audit 1431 is obsolete as of 6/2/2013. The Medicare based CCI audit has been replaced in the system with Medicaid NCCI PTP audit 0792.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1432 ESC-1432

Edit Information

Edit Number	1432	esc Number	1432	NCPDP Code	

Short Desc	CCI INCIDENTAL - CLAIMCHECK
Long Desc	CCI INCIDENTAL - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. Audit 1432 is obsolete as of 6/2/2013. The Medicare based CCI audit has been replaced in the system with Medicaid NCCI PTP edit 0793.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		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-1433 ESC-1433

Edit Information

Edit Number	1433	esc Number	1433	NCPDP Code	

Short Desc	CCI MUTUALLY EXCLUSIVE - CLAIMCHECK
Long Desc	CCI MUTUALLY EXCLUSIVE - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. It is used as either a deny reason or as an EOB on generated voids. Edit 1433 is obsolete as of 6/2/2013.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type		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	Y
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			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1434 ESC-1434

Edit Information

Edit Number	1434	esc Number	1434	NCPDP Code	

Short Desc	CCI MUTUALLY EXCLUSIVE - CLAIMCHECK
Long Desc	CCI MUTUALLY EXCLUSIVE - CLAIMCHECK
Edit Criteria	This edit is set as a result of ClaimCheck. Edit 1434 is obsolete as of 6/2/2013.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		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-302 ESC-1435

Edit Information

Edit Number	302	esc Number	1435	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 301/301 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

All Invoice 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 098 and disposition indicator D.
Outpatient:
1. If the Julian dates are different and the diagnosis code is the same, deny using the ESC that pended and disposition indicator D.
2. If the Julian dates are the same, check the patient account number in block 3 of both payment requests.
If patient account numbers are the same, deny using the ESC that pended and disposition indicator D.
If patient account numbers are different, override using the ESC that pended and disposition indicator O.
Outpatient/Inpatient:
Check conflicting and pending payment requests for type of service (procedure codes, ancillaries)
1. If type of service is different, override using the ESC that pended and disposition indicator O.
2. If type of service is the same, check for attachment or remarks for justification of the duplicate.

Example:
The provider is charging for two outpatient visits on the same day and states that the patient was seen at two different times.
Look for any other justifiable reason to pay the duplicate.
3. If justification is found, override using the ESC that pended and disposition indicator O.
4. If justification is not found, deny using the ESC that pended and disposition indicator D.
Practitioner:
Check for attachment/remarks for justification of the duplicate.
Example:
The provider is charging for two office visits on the same day and states that the patient was seen at two different times.
Look for any other justifiable reason to pay the duplicate.
1. If justification is found, override using the ESC that pended and disposition indicator O.
2. If justification is not found, deny using the ESC that pended and disposition indicator D.
Independent Lab:
Review the lab invoice for remarks that give justification for the duplication, such as two tests on the same day.
1. If justification is found, override using the ESC that pended and disposition indicator O.
2. If justification is not found, deny using the ESC that pended and disposition indicator D.
Title XVIII:
Look for documentation to justify billing.
1. If justification is found, override using the ESC that pended and disposition indicator O.
2. If justification is not found, deny using the ESC that pended and disposition indicator D.
Dental:
If IC requested, check for remarks/documentation for justification of duplicate (same tooth X-rayed, Same tooth filled on same day).
1. If justification is found, override using the ESC that pended and disposition indicator O.
2. If justification is not found, deny using the ESC that pended and disposition indicator D.
Transportation:
Review the documentation to determine if there was a valid reason for two trips on the same day.
Example:
Two one-way trips with the destination and pickup points reversed.
Pickup and destination points are different on the two payment requests.
Two visits necessary on the same day.
Destination is different.
Destination is the same but remarks explain reason for two trips.
1. If justification is found, override using the ESC that pended and disposition indicator O.
2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Edit/Audit Inquiry Results Edit-302 ESC-1436

Edit Information

Edit Number	302	esc Number	1436	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 301/301 for edit criteria.

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	Y
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	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0302/1435 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-302 ESC-1437

Edit Information

Edit Number	302	esc Number	1437	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 301/301 for edit criteria.

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	Y
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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

Refer to resolution instructions for edit 0302/1435 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-202 ESC-1438

Edit Information

Edit Number	202	esc Number	1438	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 201/201 for edit criteria.

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	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0202/0202. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-202 ESC-1439

Edit Information

Edit Number	202	esc Number	1439	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 201/201 for edit criteria.

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	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0202/0202. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-202 ESC-1440

Edit Information

Edit Number	202	esc Number	1440	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 201/201 for edit criteria.

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	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0202/0202. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-202 ESC-1441

Edit Information

Edit Number	202	esc Number	1441	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 201/201 for edit criteria.

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	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0202/0202. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-330 ESC-1442

Edit Information

Edit Number	330	esc Number	1442	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Overlap DOS
Long Desc	Duplicate of History File Record, Same Provider, Overlapping Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 249/249 for edit criteria.

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	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

All Invoice 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.

Outpatient/Inpatient/Nursing Home: (updated 6/2014)
Check conflicting claim and pending claim for different services (i.e., revenue codes, bill types).
1. If revenue code(s) is/are different, override using the ESC that pended and disposition code O.
2. If bill type(s) is/are different, override using the ESC that pended and disposition code O.

Examples: (Updated 6/2014)
a) The provider is charging for two outpatient visits on the same day and states that the patient was seen at two different times - override ESC.
b) Look for any other justifiable reason to pay the duplicate.
If justification is found, override using the ESC that pended and disposition indicator O.
If justification is not found, deny using the ESC that pended and disposition indicator D.

Outpatient only:

1. If the service dates are the same, check the patient account number in block 3 on both claims.
2. If the patient account number is the same, deny using the ESC that pended and disposition code D.
3. If the patient account number is different, continue to review claim using the pend resolution procedures for Outpatient/Inpatient/Nursing Home above.
Practitioner:
Review the claim for attachments or remarks for justification of the duplicate.

Example:
The provider is charging for two office visits on the same day and states that the patient was seen at two different times. The patient was seen both in the office and hospital on the same day. Look for any other justifiable reason to pay the duplicate.
1. If justification is found, override using the ESC that pended and disposition indicator O.
2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Independent Lab:
Review the lab invoice for remarks justifying the duplicate, such as two tests on the same day.
1. If justification is found, override using the ESC that pended and disposition indicator O.
2. If justification is not found, deny using the ESC that pended and disposition indicator D.

Title XVIII:
1. Check provider number, recipient number, amount and service dates. If they are the same, deny using the ESC that pended and disposition indicator D.
2. If a paper claim conflicts with a paper claim and there are no attachments or remarks, deny using the ESC that pended and disposition indicator D.
3. If a paper claim conflicts with a crossover claim, deny using the ESC that pended and disposition indicator D.
4. If a crossover claim conflicts with a crossover claim, deny using the ESC that pended and disposition indicator D.
5. If an electronic claim pends against a paper claim:
If amounts are the same, deny using code 1442 and disposition indicator D. Check place of treatment and/or diagnosis code.
If different, override using the ESC that pended and disposition indicator O.
6. If a paper claim pends against an electronic claim (electronic claim has 7 or 8 as the 8th digit of the reference number):
If amounts are the same, deny using the ESC that pended and disposition indicator D.
If remarks/attachment on the paper claim indicates two or more visits required on the same day, override using the ESC that pended and disposition indicator O.
Check place of treatment and/or diagnosis code. If different, override using the ESC that pended and disposition indicator O.

Edit/Audit Inquiry Results Edit-330 ESC-1443

Edit Information

Edit Number	330	esc Number	1443	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Overlap DOS
Long Desc	Duplicate of History File Record, Same Provider, Overlapping Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 249/249 for edit criteria.

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	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to the resolution instructions for edit 0330/1442. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-330 ESC-1444

Edit Information

Edit Number	330	esc Number	1444	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Overlap DOS
Long Desc	Duplicate of History File Record, Same Provider, Overlapping Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 249/249 for edit criteria.

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	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to the resolution instructions for edit 0330/1442. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-748 ESC-1445

Edit Information

Edit Number	748	esc Number	1445	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 747/747 for edit criteria.

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	Y
Nursing		Home Health		Outpatient	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-748 ESC-1446

Edit Information

Edit Number	748	esc Number	1446	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 747/747 for edit criteria.

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	Y
Nursing		Home Health		Outpatient	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-748 ESC-1447

Edit Information

Edit Number	748	esc Number	1447	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 747/747 for edit criteria.

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	Y
Nursing		Home Health		Outpatient	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-748 ESC-1448

Edit Information

Edit Number	748	esc Number	1448	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 747/747 for edit criteria.

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	Y
Nursing		Home Health		Outpatient	Y
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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS			
Encounter		8	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO pends are assigned to LOC 320. All SLH pends are assigned to LOC 308.

Resolution

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-370 ESC-1449

Edit Information

Edit Number	370	esc Number	1449	NCPDP Code	

Short Desc	Contraindicated Audit - Initial Oral Exam, Once in Lifetime, Same Provider
Long Desc	Wrong Procedure Code Billed
Edit Criteria	This audit is set if a payment request has a procedure code that is the same as or related to a procedure code that was previously paid within a lifetime, for the same enrollee, billed by the same provider. See the list of same or related procedures. See value sets "0370/1449 001 thru 0370/1449 nnn" for procedure codes.

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	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

All Claim 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. Review attachment/remarks for justification of procedure.
If justification is provided for the procedure, override using the ESC that pended and disposition indicator O.
If justification is not provided, deny using the ESC that pended and disposition indicator D.

Edit/Audit Inquiry Results Edit-264 ESC-1450

Edit Information

Edit Number	264	esc Number	1450	NCPDP Code	

Short Desc	Review Emergency X-Ray
Long Desc	Review Emergency X-Ray
Edit Criteria	This audit is set 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. See value sets "0264/1450 001 thru 0264/1450 nnn" for procedure codes.

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	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

Updated 2/2013 (order of procedures only)

Practitioner:
1. If place of service is not 23, override with code 1450 and disposition indicator O.

2. If the x-ray 70000-79999 is pending and billed with a 26 or 52 modifier or without any modifier, deny with code 0316 and disposition indicator D. (updated 10/1/07).

3. If pended claim is an emergency visit 99281-99285, override with code 1450 and disposition indicator O and VOID conflicting x-ray charge. (Updated 10/1/07).

4. If the x-ray charge is billed for the taking of the x-ray only (no other services billed on that day) override with code 1450 and disposition indicator O.

Edit/Audit Inquiry Results Edit-1451 ESC-1451

Edit Information

Edit Number	1451	esc Number	1451	NCPDP Code	

Short Desc	EAPG Terminated Procedure Discount
Long Desc	EAPG Terminated Procedure Discounting
Edit Criteria	This edit is set on claims as a result of EAPG Terminated procedure discounting. 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	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		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-1452 ESC-1452

Edit Information

Edit Number	1452	esc Number	1452	NCPDP Code	

Short Desc	This Edit is turned off and end dated on 10/31/2013. Instead the similar edit 1267 is being used. EAPG Same Significant Procedure Consolidation
Long Desc	EAPG Same Significant Procedure Consolidation
Edit Criteria	This Edit is turned off and end dated on 10/31/2013. Instead the similar edit 1267 is being used. This edit is set as an EOB on claims as a result of EAPG Same Significant Procedure Consolidation.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
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			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		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		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter			
Special Batch		EOB	
PA			

Programs

Program	Program Title
CPA416CI	EAPG Integration Program - CICS
CPA416VA	EAPG Integration Program - Batch

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-360 ESC-1453

Edit Information

Edit Number	360	esc Number	1453	NCPDP Code	

Short Desc	Contraindicated Audit - Any Provider, within 91 Days
Long Desc	Included in Related Procedure
Edit Criteria	This audit is set 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, for the same enrollee, billed by any provider. See the list of same or related procedures. See value sets "0360/1453 001 thru 0360/1453 nnn" for procedure codes.

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		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-360 ESC-1454

Edit Information

Edit Number	360	esc Number	1454	NCPDP Code	

Short Desc	Contraindicated Audit - Any Provider, Same Date of Service
Long Desc	Included in Related Procedure
Edit Criteria	The audit is set if a payment request has a procedure code that is the same or related to a procedure code that was previously paid. Both procedures should be for the same date of service, same enrollee, billed by any provider. See the list of same or related procedures. 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. See value sets "0360/1454 001 thru 0360/1454 nnn" for procedure codes. 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. See Value Set “NCCI INTERNAL BYPASS CLM TYPES” for claim types.

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-325 ESC-1455

Edit Information

Edit Number	325	esc Number	1455	NCPDP Code	

Short Desc	Contraindicated Audit - Same Provider, Same Date of Service
Long Desc	Maximum units/visits/studies exceeded
Edit Criteria	This audit is failed 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. 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. See value sets "0325/1455 001 thru 0325/1455 nnn" for procedure codes. 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. See Value Set “NCCI INTERNAL BYPASS CLM TYPES” for claim types.

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-374 ESC-1456

Edit Information

Edit Number	374	esc Number	1456	NCPDP Code	

Short Desc	Contraindicated Audit - Same Provider, Same Date of Service
Long Desc	Invalid Combination of Procedures
Edit Criteria	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. 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. See value sets "0374/1456 001 thru 0374/1456 nnn" for procedure codes. 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. See Value Set “NCCI INTERNAL BYPASS CLM TYPES” for claim types.

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		2	
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.
Practitioner:
Review the attachment/Remarks for justification of the additional service.
Example:
The provider is charging for two sessions on the same day and states that the patient was seen at two different times.
The patient was seen both in the office and hospital on the same day.

Look for any other justifiable reason to pay the additional service.
1. If justification is found, override using the ESC that pended and disposition indicator O.
2. If justification is not found, deny and disposition indicator D.using the ESC that pended

Edit/Audit Inquiry Results Edit-304 ESC-1457

Edit Information

Edit Number	304	esc Number	1457	NCPDP Code	

Short Desc	Contraindicated Audit - Same Provider, Same Date of Service
Long Desc	Included in Related Procedure
Edit Criteria	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. 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. See value sets "0304/1457 001 thru 0304/1457 nnn" for procedure codes. 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. See Value Set “NCCI INTERNAL BYPASS CLM TYPES” for claim types. Different from current system: Current system does not include Lab claim type.

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-305 ESC-1458

Edit Information

Edit Number	305	esc Number	1458	NCPDP Code	

Short Desc	Contraindicated Audit - Same Provider, within 25 Days
Long Desc	Services not Authorized
Edit Criteria	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. Both procedures should have dates of service within 25 days of each other, same provider. See value sets "0305/1458 001 thru 0305/1458 nnn" for procedure codes.

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 05/14/2004. It was set to deny.

Resolution

(None)

Edit/Audit Inquiry Results Edit-302 ESC-1459

Edit Information

Edit Number	302	esc Number	1459	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 301/301 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0302/1435 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-202 ESC-1460

Edit Information

Edit Number	202	esc Number	1460	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 201/201 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0302/0302. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-330 ESC-1461

Edit Information

Edit Number	330	esc Number	1461	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 249/249 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to the resolution instructions for edit 0330/1442. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-748 ESC-1462

Edit Information

Edit Number	748	esc Number	1462	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 747/747 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0302/0302. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-302 ESC-1463

Edit Information

Edit Number	302	esc Number	1463	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 301/301 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0302/1435 . Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-202 ESC-1464

Edit Information

Edit Number	202	esc Number	1464	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	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 201/201 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to resolution instructions for edit 0202/0202. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-330 ESC-1465

Edit Information

Edit Number	330	esc Number	1465	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 249/249 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Refer to the resolution instructions for edit 0330/1442. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-748 ESC-1466

Edit Information

Edit Number	748	esc Number	1466	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. 747/747 for edit criteria.

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	Y
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	100	PEND	
		NONC	
EMC	100	PEND	
		NONC	
Adjustment	100	PEND	
		NONC	
POS			
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308.

Resolution

Refer to resolution instructions for edit 0302/0302. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-1467 ESC-1467

Edit Information

Edit Number	1467	esc Number	1467	NCPDP Code	

Short Desc	Limitation of 5 units
Long Desc	Limitation of 5 units per Lifetime
Edit Criteria	If a payment request for any of the procedure codes in value set '1478/1478 1467/1467 001', ' 1479/1479 1467/1467 001' and ' 1480/1480 1467/1467' exceed 5 units per lifetime, the new edit will be set. The edit is not applicable for enrollees that have been using the specified services in value set '1478/1478 1467/1467 001', ' 1479/1479 1467/1467 001' and ' 1480/1480 1467/1467' between 01/01/2009 and 07/31/2009. The services can be extended beyond the limit of 5 units by using appropriate PA for the services.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	8/1/2009	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

The edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1468 ESC-1468

Edit Information

Edit Number	1468	esc Number	1468	NCPDP Code	

Short Desc	Limitation of 1 unit
Long Desc	Limitation of 1 unit per fiscal year
Edit Criteria	If a payment request for any of the procedure codes in value set '1481/1481 1468/1468 001' exceed 1 unit per lifetime, the new edit will be set. The services can be extended beyond the limit of 1 unit by using appropriate PA for the services.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	1/1/2010	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

The edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1469 ESC-1469

Edit Information

Edit Number	1469	esc Number	1469	NCPDP Code	

Short Desc	This Edit is turned off and end dated on 10/31/2013. Instead the similar edit 1268 is being used. EAPG Clinical Significant Procedure Consolidated
Long Desc	EAPG Clinical Significant Procedure Consolidated
Edit Criteria	This Edit is turned off and end dated on 10/31/2013. Instead the similar edit 1268 is being used. This edit is set as an EOB on claims as a result of EAPG Clinical significant procedure consolidation.

General Indicators

Reject Ind		Deny Ind		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			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		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		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS			
Encounter			
Special Batch		EOB	
PA			

Programs

Program	Program Title
CPA416CI	EAPG Integration Program - CICS
CPA416VA	EAPG Integration Program - Batch

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1470 ESC-1470

Edit Information

Edit Number	1470	esc Number	1470	NCPDP Code	

Short Desc	More than 30 Errors on Claim
Long Desc	More than 30 Errors on Claim
Edit Criteria	This edit is set when more than 30 edits have been encountered on the claim (system can only handle 30) and the status of the claim is 4 (pended) or 5 (approved). Does not apply to encounters.

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
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		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO UB claim types that pend will pend to LOC 320 and HCFA claim types will pend to LOC 319. All SLH UB claim types that pend will pend to LOC 308 and HCFA claim types will pend to LOC 310.

Resolution

All Claim types:

Override edit 1470O (Updated 6/2014)

Edit/Audit Inquiry Results Edit-302 ESC-1471

Edit Information

Edit Number	302	esc Number	1471	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Same DOS
Long Desc	Duplicate of History File Record, Same Provider, Same Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 301/301 for edit criteria.

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		TDO	
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		Revision Date		

Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

Refer to resolution instructions for edit 0302/0302. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-330 ESC-1472

Edit Information

Edit Number	330	esc Number	1472	NCPDP Code	

Short Desc	Duplicate of History File Record - Same Provider, Overlap DOS
Long Desc	Duplicate of History File Record, Same Provider, Overlapping Dates of Service
Edit Criteria	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. See Edit 249/249 for edit criteria.

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		TDO	
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	Revision Date

Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

Refer to the resolution instructions for edit 0330/1442. Use the ESC number that set on the claim to override or deny.

Edit/Audit Inquiry Results Edit-1473 ESC-1473

Edit Information

Edit Number	1473	esc Number	1473	NCPDP Code	

Short Desc	Servicing Replaced by Billing
Long Desc	Servicing Provider Replaced by Billing Provider
Edit Criteria	This EOB applies to COBA (CT 09, media '7', claim submit = 'EDI' or 'EDIM') XOVB claims. If the billing provider is one of the provider types listed in value set 'XOVB BILLING PROVIDER TYPE', the billing provider is moved to the servicing provider and EOB 1473 is set.

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	Y	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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC		EOB	
		EOB	
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1474 ESC-1474

Edit Information

Edit Number	1474	esc Number	1474	NCPDP Code	

Short Desc	Limitation 2400 units
Long Desc	Limitation 2400 units per fiscal year
Edit Criteria	If a payment request for any of the following procedure codes results in more than 2400 service units per fiscal year, set the edit. The procedure value sets are " 1474/1474 001" and " 1474/1474 002".

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	DOS	Effective Date	7/1/2009	Revision Date	7/1/2009

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

The edit will be implemented on 07/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1475 ESC-1475

Edit Information

Edit Number	1475	esc Number	1475	NCPDP Code	

Short Desc	Limitation 5200 units
Long Desc	Limitation 5200 units per fiscal year
Edit Criteria	If a payment request for any of the following procedure codes results in more than 5200 service units per fiscal year, set the edit. The procedure value set is " 1475/1475 001".

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	DOS	Effective Date	7/1/2009	Revision Date	7/1/2009

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

The edit will be implemented on 07/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1476 ESC-1476

Edit Information

Edit Number	1476	esc Number	1476	NCPDP Code	

Short Desc	The Procs overlap more than 1 day
Long Desc	The Procedures overlap for more than one day
Edit Criteria	The edit will allow procedures to overlap only on the from-date and thru-date of service. Any other overlap will set the edit. The contradicting procedure groups are included in the value sets: "1476/1476 001", "1476/1476 002", "1476/1476 003", "1476/1476 004", "1476/1476 005", "1476/1476 006", "1476/1476 007", "1476/1476 008", "1476/1476 009" and "1476/1476 010".

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	
Transportation		Xover A		Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	7/1/2009	Revision Date	7/1/2009

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

The edit will be implemented on 07/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1477 ESC-1477

Edit Information

Edit Number	1477	esc Number	1477	NCPDP Code	

Short Desc	Limitation of 936 units
Long Desc	Limitation of 936 units per fiscal year
Edit Criteria	If a payment request for any of the procedure codes in value set '1477/1477 1482/1482 001' exceeds 936 units per fiscal year, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	8/1/2009	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

The edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1478 ESC-1478

Edit Information

Edit Number	1478	esc Number	1478	NCPDP Code	

Short Desc	Limitation of 780 units
Long Desc	Limitation of 780 units per fiscal year
Edit Criteria	If a payment request for any of the procedure codes in value set '1478/1478 1467/1467 001' exceeds 780 units per fiscal year, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	8/1/2009	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

The edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1479 ESC-1479

Edit Information

Edit Number	1479	esc Number	1479	NCPDP Code	

Short Desc	Limitation of 372 units
Long Desc	Limitation of 372 units per fiscal year
Edit Criteria	If a payment request for any of the procedure codes in value set '1479/1479 1467/1467 001' exceeds 372 units per fiscal year, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	8/1/2009	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

The implementation date for the edit is 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1480 ESC-1480

Edit Information

Edit Number	1480	esc Number	1480	NCPDP Code	

Short Desc	Limitation of 130 units
Long Desc	Limitation of 130 units per fiscal year
Edit Criteria	If a payment request for any of the procedure codes in value set '1480/1480 1467/1467 001' exceeds 130 units per fiscal year, the new edit will be set. The edit will calculate fiscal year from 08/01/2009 to 06/30/2010 for the fiscal year 2009. After that, the edit will go back to 07/01 to 06/30 for consecutive fiscal years.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	8/1/2009	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

The edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1481 ESC-1481

Edit Information

Edit Number	1481	esc Number	1481	NCPDP Code	

Short Desc	Limit of 1 unit per Calendar Month
Long Desc	Limit of 1 unit per Calendar Month
Edit Criteria	If a payment request for any of the procedure codes in value set '1481/1481 1468/1468 001' exceeds 1unit per calendar month, the new edit will be set.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	8/1/2009	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

The edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1482 ESC-1482

Edit Information

Edit Number	1482	esc Number	1482	NCPDP Code	

Short Desc	Limitation of 10 units
Long Desc	Limitation of 10 units per Lifetime
Edit Criteria	If a payment request for any of the procedure codes in value set '1477/1477 1482/1482 001' exceeds 10 units per lifetime, the new edit will be set. The edit is not applicable for enrollees that have been using the specified services in value set '1477/1477 1482/1482 001' between 01/01/2009 and 07/31/2009. The services can be extended beyond the limit of 10 units by using appropriate PA for the services.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	8/1/2009	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

The edit will be implemented on 08/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1483 ESC-1483

Edit Information

Edit Number	1483	esc Number	1483	NCPDP Code	

Short Desc	ASSIST AT SURGERY NOT REQUIRED (CC)				
Long Desc	ASSIST AT SURGERY NOT REQUIRED CLAIMCHK				
Edit Criteria	This edit is set as a result of ClaimCheck.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1484 ESC-1484

Edit Information

Edit Number	1484	esc Number	1484	NCPDP Code	

Short Desc	INVALID MOD/PROC COMBINATION (CC)				
Long Desc	INVALID MODIFIER/PROCEDURE CODE COMBINATION - CLAIMCHECK				
Edit Criteria	This edit is set as a result of ClaimCheck.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	S	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	Y
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			
Special Batch		TEST	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1485 ESC-1485

Edit Information

Edit Number	1485	esc Number	1485	NCPDP Code	

Short Desc	Limitation 480 Units
Long Desc	Limitation 480 Units per Fiscal Year
Edit Criteria	If a payment request for any of the following procedure codes results in more than 480 service units per fiscal year, set the edit. The procedure value set is "1485/1485 1486/1486 001".

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	DOS	Effective Date	7/1/2009	Revision Date	7/1/2009

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

The edit will be implemented on 07/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1486 ESC-1486

Edit Information

Edit Number	1486	esc Number	1486	NCPDP Code	

Short Desc	Limitation 8 units
Long Desc	Limitation 8 units per day
Edit Criteria	If a payment request for any of the following procedure codes results in more than 8 service units per day, set the edit. The procedure value set is "1485/1485 1486/1486 001".

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	DOS	Effective Date	7/1/2009	Revision Date	7/1/2009

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

The edit will be implemented on 07/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1487 ESC-1487

Edit Information

Edit Number	1487	esc Number	1487	NCPDP Code	

Short Desc	Limitation 720 units
Long Desc	Limitation 720 units per fiscal year
Edit Criteria	If a payment request for any of the following procedure codes results in more than 720 service units per fiscal year, set the edit. The procedure value sets are " 1487/1487 001" and " 1487/1487 002".

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	DOS	Effective Date	7/1/2009	Revision Date	7/1/2009

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

The edit will be implemented on 07/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1488 ESC-1488

Edit Information

Edit Number	1488	esc Number	1488	NCPDP Code	

Short Desc	Limitation 400 units
Long Desc	Limitation 400 units per fiscal year
Edit Criteria	If a payment request for any of the following procedure codes results in more than 400 service units per fiscal year, set the edit. The procedure value set is " 1488/1488 001".

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	DOS	Effective Date	7/1/2009	Revision Date	7/1/2009

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

The edit will be implemented on 07/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1489 ESC-1489

Edit Information

Edit Number	1489	esc Number	1489	NCPDP Code	

Short Desc	Limitation 300 units
Long Desc	Limitation 300 units per fiscal year
Edit Criteria	If a payment request for any of the following procedure codes results in more than 300 service units per fiscal year, set the edit. The procedure value set is " 1489/1489 001".

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
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	DOS	Effective Date	7/1/2009	Revision Date	7/1/2009

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

The edit will be implemented on 07/01/2009

Resolution

(None)

Edit/Audit Inquiry Results Edit-1490 ESC-1490

Edit Information

Edit Number	1490	esc Number	1490	NCPDP Code	

Short Desc	Medicare Part D Coverage
Long Desc	Medicare Part D Coverage
Edit Criteria	Set EOB edit when TPL Coverage = 'RD' (Medicare Part-D Coverage) and Include/Exclude = 'D' (DE 5529 'Part D Include') or Include/Exclude = 'X' (DE 5529 'Part B Covered') or OTC covered drug (OTC error switch ='N' and Drug Class = 'O').

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	$	Priority	5	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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		EOB	
Encounter		0	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1491 ESC-1491

Edit Information

Edit Number	1491	esc Number	1491	NCPDP Code	EU

Short Desc	Enrollee May Have Medicare Part D
Long Desc	Enrollee May Have Medicare Part D Coverage
Edit Criteria	Set edit when TPL Coverage = 'RD'(Medicare Part-D Coverage) and Include/Exclude is not = 'D' (DE 5529 'Part D Include') or Include/Exclude is not = 'X' (DE 5529 'Part B Covered') or is not OTC covered drug. Allow PA override for drugs not covered for enrollee with Medicare Part-D eligibility.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	$	Priority	3	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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1492 ESC-1492

Edit Information

Edit Number	1492	esc Number	1492	NCPDP Code	00

Short Desc	Medicare Dual Eligible
Long Desc	Medicare Dual Eligible
Edit Criteria	Set EOB edit when TPL Coverage = 'RD' (Medicare Part D Coverage)

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	R	Priority	5	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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		EOB	
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process
DRW300	Medicaid Part D Paid and Denied Claims Report

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1493 ESC-1493

Edit Information

Edit Number	1493	esc Number	1493	NCPDP Code	77

Short Desc	Drug Pulled from Market
Long Desc	Drug Pulled from Market
Edit Criteria	This edit is determined by the Include/Exclude indicator of "W" on the Benefit Master table.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		Deny	
		Deny	
EMC		Deny	
		Deny	
Adjustment		Deny	
		Deny	
POS		Deny	
Encounter		6	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit can be PA'ed

Resolution

(None)

Edit/Audit Inquiry Results Edit-325 ESC-1494

Edit Information

Edit Number	325	esc Number	1494	NCPDP Code	70

Short Desc	Exceeds 1 Unit Per Calendar Month
Long Desc	Exceeds 1 Unit Per Calendar Month
Edit Criteria	This edit is set if the units for the following procedure codes exceed 1 within a calendar month. No cutbacks are allowed. See Value Sets "0325/1494 001" thru "0325/1494 004" 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	10/01/2011	Revision Date

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
		DENY	
EMC			
		DENY	
Adjustment			
		DENY	
POS		PAY	
Encounter		0	
Special Batch		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1494 ESC-1494

Edit Information

Edit Number	1494	esc Number	1494	NCPDP Code	70

Short Desc	Clinical Review Call 800-932-6648
Long Desc	Clinical Review Call 800-932-6648
Edit Criteria	This Edit is no Longer in Use

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	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		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-1495 ESC-1495

Edit Information

Edit Number	1495	esc Number	1495	NCPDP Code	76

Short Desc	Dispense Short Act Narc Before Long
Long Desc	Dispense 2 Short Acting Narcotics Before Long Acting Narcotic
Edit Criteria	Only allow a long acting narcotic to be dispensed if two short acting narcotics are dispensed within the last 180 days. The Criteria for short acting vs. long acting narcotics are found under the Benefit Map Category MAPS2. Short acting narcotics are identified w/ 1111 for the strength under the Benefit Map Criteria and the long acting narcotics are identified w/ 2222.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	H	Priority	3	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	s	Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		deny	
		deny	
EMC		deny	
		deny	
Adjustment		deny	
		deny	
POS		deny	
Encounter		0	
Special Batch	217	pend	
PA			

Programs

Program	Program Title
VPTM1HST	POS Pharmacy Claims History Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1496 ESC-1496

Edit Information

Edit Number	1496	esc Number	1496	NCPDP Code	00

Short Desc	Vendor MAC pricing
Long Desc	Vendor MAC pricing
Edit Criteria	If Vendor MAC price used in pharmacy pricing; set edit

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	$	Priority	5	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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper	E	E	
	E	E	
EMC	E	E	
Adjustment	E	E	
	E	E	
POS			
Encounter		0	
Special Batch		E	
PA			

Programs

Program	Program Title
VPTM1PRC	POS Pharmacy Claims Pricing Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1497 ESC-1497

Edit Information

Edit Number	1497	esc Number	1497	NCPDP Code	76

Short Desc	Qty Limit - MD call FHS 800-932-6648
Long Desc	Qty Limit - MD call FHS 800-932-6648 - Dosage limitation error
Edit Criteria	Error is set based on NDC exceeded established limits and the error is present on the benefit master dosage limitations

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	3	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		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		D	
		D	
EMC		D	
		D	
Adjustment		D	
		D	
POS		D	
Encounter		0	
Special Batch	217	P	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1498 ESC-1498

Edit Information

Edit Number	1498	esc Number	1498	NCPDP Code	AJ

Short Desc	Substitute Less Costly Generic
Long Desc	Substitute Generic or See PDL List
Edit Criteria	If the prescribed drug is a brand drug and the Dispense As Written (DAW) Indicator is not '1' – Substitution Not Allowed By Prescriber or '8' - Generic Drug Not Available in Marketplace, set this edit. To determine brand vs. generic: If the GPI is 0, 1 or 3, classify the drug as 'generic'. If the GPI is 2, classify the drug as 'brand'.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	G	Priority	3	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	S	Effective Date	9/1/2004	Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch		DENY	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

The disposition for CT modifiers 1 (original) and 2 (rebills) was changed from EOB on 8/31/04 and to deny on 9/1/04.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1499 ESC-1499

Edit Information

Edit Number	1499	esc Number	1499	NCPDP Code	60

Short Desc	PDL Age Restriction 800-932-6648
Long Desc	PDL Age Restriction 800-932-6648
Edit Criteria	If the enrollee's age is less than the minimum age or greater than the maximum age for a particular drug or drug class (checked against the Benefit Exception Database), set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1500 ESC-1500

Edit Information

Edit Number	1500	ESC Number	1500	NCPDP Code	56

Short Desc	PRESCRIBER MUST ENROLL WITH VAMMIS
Long Desc	PRESCRIBER MUST ENROLL WITH VAMMIS
Edit Criteria	This edit is set when Prescribing Physician is not enrolled with Virginia Medicaid program

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	N
Type		Priority	2	Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		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	3/16/2015	Revision Date		

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
EMC		DENY	
Adjustment		DENY	
POS		DENY	
Encounter		DENY	
Special Batch			
PA			

Programs

VPTM1PRV	POS Pharmacy Claims Provider Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-3500 ESC-1500

Edit Information

Edit Number	3500	esc Number	1500	NCPDP Code	

Short Desc	Dummy Edit for Newborn Encounters
Long Desc	Dummy Edit for Newborn Encounters
Edit Criteria	This edit is only used for newborn encounter claims identified by the last three digits of the enrollee id being 000-005 and ICN media = 9. If a valid person id is found for the first nine digits of this enrollee id, the claim will default to Fee for Service Medicaid benefit plan since no valid enrollee eligibility data will be available. Any edits using enrollee data will not be done. This edit is used to turn off any enrollee edits in the internal edit table. If a valid person id is not found, edit 0983 will be set and no further processing will be done.

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
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			
EMC			
Adjustment			
POS			
Encounter		6	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1501 ESC-1501

Edit Information

Edit Number	1501	esc Number	1501	NCPDP Code	76

Short Desc	>9 Rx w PDUR, PA 800-932-6648
Long Desc	Threshold Exceeded - >9 scripts with PDUR alert - PA Required
Edit Criteria	Threshold Exceeded with ProDUR Alert For pharmacy, if a non-LTC enrollee (exception indicator is not 1, 2 or 7) has more than 9 unique drugs (9 different GCNs) within a two month period (current and previous month) and the current claim also has a ProDUR alert, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	H	Priority	3	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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		EOB	
Encounter		0	
Special Batch			
PA			

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

The disposition was changed from EOB to DENY effective 10/15/2004. The disposition was changed from DENY to EOB on 08/26/2005.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1502 ESC-1502

Edit Information

Edit Number	1502	esc Number	1502	NCPDP Code	76

Short Desc	>9 Rx, Under DUR
Long Desc	Threshold Exceeded >9 Scripts – Under Utilization Review
Edit Criteria	Threshold Exceeded without ProDUR alert For pharmacy, if a non-LTC enrollee (exception indicator is not 1, 2 or 7) has more than 9 unique drugs (9 different GCNs) within a two month period (current and previous month) and the current claim does not have a ProDUR alert, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	H	Priority	3	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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		EOB	
Encounter		0	
Special Batch			
PA			

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1503 ESC-1503

Edit Information

Edit Number	1503	esc Number	1503	NCPDP Code	70

Short Desc	DUR/Dr. Call for PA - 800-932-6648
Long Desc	Negative PA on File/Physician Must Approve for PA
Edit Criteria	Enrollee Not Covered for Product (Negative PA) For pharmacy, if a prior authorization record is found with a PA status of 'N' with matching GC3 and date of service, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	G	Priority	2	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		Effective Date		Revision Date		

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		EOB	
Encounter		0	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1504 ESC-1504

Edit Information

Edit Number	1504	esc Number	1504	NCPDP Code	76

Short Desc	>9 Rx, Under DUR
Long Desc	Threshold Exceeded >9 Scripts – Under Utilization Review
Edit Criteria	Threshold Limit - Institutional Enrollee For pharmacy, if an LTC enrollee (exception indicator = 1, 2 or 7) has more than 9 unique drugs (9 different GCNs) within a one month period (current month), set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	H	Priority	3	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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		EOB	
Encounter		2	
Special Batch			
PA			

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1505 ESC-1505

Edit Information

Edit Number	1505	esc Number	1505	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Angiotensin Receptor Blockers - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 1/19/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1506 ESC-1506

Edit Information

Edit Number	1506	esc Number	1506	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	ACE Inhibitor - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB 1/19/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1507 ESC-1507

Edit Information

Edit Number	1507	esc Number	1507	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	ACE Inhibitor/Calcium Channel Blocker Combo - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Edit will EOB 1/19/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1508 ESC-1508

Edit Information

Edit Number	1508	esc Number	1508	NCPDP Code	70

Short Desc	PDL PA REQ. -MD CALL 800-932-6648
Long Desc	OXYCONTIN NOT ON PREFFERED DRUG LIST - PA REQUIRED
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	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-1509 ESC-1509

Edit Information

Edit Number	1509	esc Number	1509	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Nondihydropyridine Calcium Channel Blockers - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 1/19/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1510 ESC-1510

Edit Information

Edit Number	1510	esc Number	1510	NCPDP Code	70

Short Desc	PDL-Protonix or MD 800-932-6648
Long Desc	Proton Pump Inhibitor – Non PDL
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 2/2/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1511 ESC-1511

Edit Information

Edit Number	1511	esc Number	1511	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Sedative Hypnotics - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 1/26/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1512 ESC-1512

Edit Information

Edit Number	1512	esc Number	1512	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Beta Adrenergic Agent - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 1/19/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1513 ESC-1513

Edit Information

Edit Number	1513	esc Number	1513	NCPDP Code	70

Short Desc	Non Prefer Narc MD Call 800-932-6648
Long Desc	Non- Preferred Narcotic - MD Call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	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-1514 ESC-1514

Edit Information

Edit Number	1514	esc Number	1514	NCPDP Code	70

Short Desc	PA REQUIRED RPH CALL 800-932-6448
Long Desc	NARCOTIC DRUG NOT COVERED-REQUIRES RPH TO CALL FHS FOR PA 800-932-6448
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	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-1515 ESC-1515

Edit Information

Edit Number	1515	esc Number	1515	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Beta Blockers - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 2/16/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1516 ESC-1516

Edit Information

Edit Number	1516	esc Number	1516	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Cholesterol Lowering Drugs (STATINS) - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 2/16/2004

Resolution

(None)

Edit/Audit Inquiry Results Edit-1517 ESC-1517

Edit Information

Edit Number	1517	esc Number	1517	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Inhaled Corticosteroids - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 1/19/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1518 ESC-1518

Edit Information

Edit Number	1518	esc Number	1518	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Nasal Steroids - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 1/26/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1519 ESC-1519

Edit Information

Edit Number	1519	esc Number	1519	NCPDP Code	70

Short Desc	PA Reqd. Celebrex Pref. 800-9326648
Long Desc	COX-II Inhibitors - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date	1/3/2005	Revision Date	

Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

Edit disposition for paper , EMC, and POS will be EOB until 1/2/2005.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1520 ESC-1520

Edit Information

Edit Number	1520	esc Number	1520	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Low Sedating Antihistamines - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

Edit will EOB until 1/26/2004

Resolution

(None)

Edit/Audit Inquiry Results Edit-1521 ESC-1521

Edit Information

Edit Number	1521	esc Number	1521	NCPDP Code	70

Short Desc	PDL Ranitidine or MD 800-932-6648
Long Desc	Histamine 2 Receptor Antagonist - Non PDL, PA Required
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

Edit will EOB until 2/16/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-1522 ESC-1522

Edit Information

Edit Number	1522	esc Number	1522	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Oral Homoglcemics - PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1523 ESC-1523

Edit Information

Edit Number	1523	esc Number	1523	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Leukotrine Modifiers - PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1524 ESC-1524

Edit Information

Edit Number	1524	esc Number	1524	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	NSAID - PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		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	Effective Date	Revision Date

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1525 ESC-1525

Edit Information

Edit Number	1525	esc Number	1525	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Bisphosphates - PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1526 ESC-1526

Edit Information

Edit Number	1526	esc Number	1526	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Oral Antifungals for Onychomysis - PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1527 ESC-1527

Edit Information

Edit Number	1527	esc Number	1527	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	Serontonin Receptor Agonists - PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	2	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		Effective Date		Revision Date	

Media/Disposition/Pend Location Codes

Media	LOC	Disp	

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-1528 ESC-1528

Edit Information

Edit Number	1528	esc Number	1528	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority	0	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-1529 ESC-1529

Edit Information

Edit Number	1529	esc Number	1529	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority	0	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-1530 ESC-1530

Edit Information

Edit Number	1530	esc Number	1530	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority	0	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-1531 ESC-1531

Edit Information

Edit Number	1531	esc Number	1531	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority	0	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-1532 ESC-1532

Edit Information

Edit Number	1532	esc Number	1532	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1533 ESC-1533

Edit Information

Edit Number	1533	esc Number	1533	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1534 ESC-1534

Edit Information

Edit Number	1534	esc Number	1534	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1535 ESC-1535

Edit Information

Edit Number	1535	esc Number	1535	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1536 ESC-1536

Edit Information

Edit Number	1536	esc Number	1536	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1537 ESC-1537

Edit Information

Edit Number	1537	esc Number	1537	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1538 ESC-1538

Edit Information

Edit Number	1538	esc Number	1538	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1539 ESC-1539

Edit Information

Edit Number	1539	esc Number	1539	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1540 ESC-1540

Edit Information

Edit Number	1540	esc Number	1540	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1541 ESC-1541

Edit Information

Edit Number	1541	esc Number	1541	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1542 ESC-1542

Edit Information

Edit Number	1542	esc Number	1542	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1543 ESC-1543

Edit Information

Edit Number	1543	esc Number	1543	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1544 ESC-1544

Edit Information

Edit Number	1544	esc Number	1544	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1545 ESC-1545

Edit Information

Edit Number	1545	esc Number	1545	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1546 ESC-1546

Edit Information

Edit Number	1546	esc Number	1546	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1547 ESC-1547

Edit Information

Edit Number	1547	esc Number	1547	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1548 ESC-1548

Edit Information

Edit Number	1548	esc Number	1548	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1549 ESC-1549

Edit Information

Edit Number	1549	esc Number	1549	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1550 ESC-1550

Edit Information

Edit Number	1550	esc Number	1550	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1551 ESC-1551

Edit Information

Edit Number	1551	esc Number	1551	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1552 ESC-1552

Edit Information

Edit Number	1552	esc Number	1552	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1553 ESC-1553

Edit Information

Edit Number	1553	esc Number	1553	NCPDP Code	70

Short Desc	PDL PA req.-MD call 800-932-6648
Long Desc	PDL PA req.-MD call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_ INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1554 ESC-1554

Edit Information

Edit Number	1554	esc Number	1554	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1555 ESC-1555

Edit Information

Edit Number	1555	esc Number	1555	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1556 ESC-1556

Edit Information

Edit Number	1556	esc Number	1556	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1557 ESC-1557

Edit Information

Edit Number	1557	esc Number	1557	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1558 ESC-1558

Edit Information

Edit Number	1558	esc Number	1558	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1559 ESC-1559

Edit Information

Edit Number	1559	esc Number	1559	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1560 ESC-1560

Edit Information

Edit Number	1560	esc Number	1560	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	OveYrride Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1561 ESC-1561

Edit Information

Edit Number	1561	esc Number	1561	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1562 ESC-1562

Edit Information

Edit Number	1562	esc Number	1562	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1563 ESC-1563

Edit Information

Edit Number	1563	esc Number	1563	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1564 ESC-1564

Edit Information

Edit Number	1564	esc Number	1564	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1565 ESC-1565

Edit Information

Edit Number	1565	esc Number	1565	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1566 ESC-1566

Edit Information

Edit Number	1566	esc Number	1566	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1567 ESC-1567

Edit Information

Edit Number	1567	esc Number	1567	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1568 ESC-1568

Edit Information

Edit Number	1568	esc Number	1568	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1569 ESC-1569

Edit Information

Edit Number	1569	esc Number	1569	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1570 ESC-1570

Edit Information

Edit Number	1570	esc Number	1570	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1571 ESC-1571

Edit Information

Edit Number	1571	esc Number	1571	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1572 ESC-1572

Edit Information

Edit Number	1572	esc Number	1572	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1573 ESC-1573

Edit Information

Edit Number	1573	esc Number	1573	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1574 ESC-1574

Edit Information

Edit Number	1574	esc Number	1574	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1575 ESC-1575

Edit Information

Edit Number	1575	esc Number	1575	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1576 ESC-1576

Edit Information

Edit Number	1576	esc Number	1576	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1577 ESC-1577

Edit Information

Edit Number	1577	esc Number	1577	NCPDP Code	70

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1578 ESC-1578

Edit Information

Edit Number	1578	esc Number	1578	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1579 ESC-1579

Edit Information

Edit Number	1579	esc Number	1579	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1580 ESC-1580

Edit Information

Edit Number	1580	esc Number	1580	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1581 ESC-1581

Edit Information

Edit Number	1581	esc Number	1581	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1582 ESC-1582

Edit Information

Edit Number	1582	esc Number	1582	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1583 ESC-1583

Edit Information

Edit Number	1583	esc Number	1583	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1584 ESC-1584

Edit Information

Edit Number	1584	esc Number	1584	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Alzheimer's Agents - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1585 ESC-1585

Edit Information

Edit Number	1585	esc Number	1585	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Antibiotics, Inhaled - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1586 ESC-1586

Edit Information

Edit Number	1586	esc Number	1586	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Antibiotics, Vaginal - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1587 ESC-1587

Edit Information

Edit Number	1587	esc Number	1587	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Antiemetic/ Antivertigo Agents - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1588 ESC-1588

Edit Information

Edit Number	1588	esc Number	1588	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Bile Acid Salts - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1589 ESC-1589

Edit Information

Edit Number	1589	esc Number	1589	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	H. Pylori Treatment - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1590 ESC-1590

Edit Information

Edit Number	1590	esc Number	1590	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648 Reserved for PDL - call 800-932-6648
Long Desc	Hereditary Angioedema - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1591 ESC-1591

Edit Information

Edit Number	1591	esc Number	1591	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Irritable Bowel Syndrome - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1592 ESC-1592

Edit Information

Edit Number	1592	esc Number	1592	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Opth Antibiotic / Steriod Combo - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_ EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1593 ESC-1593

Edit Information

Edit Number	1593	esc Number	1593	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1594 ESC-1594

Edit Information

Edit Number	1594	esc Number	1594	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1595 ESC-1595

Edit Information

Edit Number	1595	esc Number	1595	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1596 ESC-1596

Edit Information

Edit Number	1596	esc Number	1596	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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-1597 ESC-1597

Edit Information

Edit Number	1597	esc Number	1597	NCPDP Code	75

Short Desc	Reserved for PDL - call 800-932-6648
Long Desc	Reserved for PDL - call 800-932-6648
Edit Criteria	For pharmacy, if a drug is excluded on the Benefit Master (RX_DRUG_INCL_EXCL table) with this ESC associated with the exclusion, set this edit.

General Indicators

Reject Ind	Y	Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	$	Priority	2	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)