# Edit/Audit Inquiry Results Edit-1600 ESC-1600

## Edit Information

| Edit Number | 1600 | esc Number | 1600 | NCPDP Code | 75 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | SA REQ MD CALL 800 932-6648 |
| Long Desc | SA REQ MD CALL 800 932-6648 |
| Edit Criteria | GCN is listed as excluded under the Benefit Master DRUG INCLUDE/EXCLUDES, using Selection “Q”. |

## 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 | 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 | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| Encounter | | | |
| Special Batch | | | |
| PA | | | |

## Programs

(None)

## Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-1601 ESC-1601

## Edit Information

| Edit Number | 1601 | esc Number | 1601 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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 1602 ESC 1602

## Edit Information

| Edit Number | 1602 | esc Number | 1602 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Short Desc | Specialty Drug Program | | | | |
| Long Desc | Specialty Drug Program | | | | |
| Edit Criteria | | | | | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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 1603 ESC 1603

## Edit Information

| Edit Number | 1603 | esc Number | 1603 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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 1604 ESC 1604

## Edit Information

| Edit Number | 1604 | esc Number | 1604 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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-1605 ESC-1605

## Edit Information

| Edit Number | 1605 | esc Number | 1605 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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 1606 ESC 1606

## Edit Information

| Edit Number | 1606 | esc Number | 1606 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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 1607 ESC 1607

## Edit Information

| Edit Number | 1607 | esc Number | 1607 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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 1608 ESC 1608

## Edit Information

| Edit Number | 1608 | esc Number | 1608 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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 1609 ESC 1609

## Edit Information

| Edit Number | 1609 | esc Number | 1609 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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 1610 ESC 1610

## Edit Information

| Edit Number | 1610 | esc Number | 1610 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Specialty Drug Program |
| Long Desc | Specialty Drug Program |
| Edit Criteria | |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | Y | Deny Ind | Y | Override Ind | |
| 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 | | 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-1620 ESC-1620

## Edit Information

| Edit Number | 1620 | esc Number | 1620 | NCPDP Code | 34 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desciption | M/I SUBMISSION CLARIFICATION CODE |
| Long Description | M/I SUBMISSION CLARIFICATION CODE |
| Edit Criteria | SCC having value other than: 00 thru 51, 99 |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | N | Compound Ind | N |
| Type | | 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 | DOS | Effective Date | | Revision Date | | |
|---|---|---|---|---|---|---|

## Media/Disposition/Pend Location Codes

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

| | | | |
|---|---|---|---|
| Paper | | O | |
| | | O | |
| EMC | | O | |
| | | O | |
| Adjustment | | O | |
| | | O | |
| POS | | D | |
| Encounter | | 8 | |
| Special Batch | | | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| VPT99GEN | Pharmacy General Edits |

## Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-1621 ESC-1621

## Edit Information

| Edit Number | 1621 | esc Number | 1621 | NCPDP Code | 8R |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desciption | PHARMACY NOT AUTHORIZED FOR 340B |
| Long Description | PHARMACY NOT AUTHORIZED TO SUBMIT 340B PRICING |
| Edit Criteria | Provider is not on the RF_VALUE_SET_RANGE table for value set 5113, and claim was submitted with BOC=08 and SCC=20 |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | N | Compound Ind | N |
| Type | | 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 | DOS | Effective Date | | Revision Date | | |
|---|---|---|---|---|---|---|

## Media/Disposition/Pend Location Codes

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

| | | | |
|---|---|---|---|
| Paper | | O | |
| | | O | |
| EMC | | O | |
| | | O | |
| Adjustment | | O | |
| | | O | |
| POS | | D | |
| Encounter | | 8 | |
| Special Batch | | | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| VPTM1PRV | Pharmacy Provider Program |

## Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-1622 ESC-1622

## Edit Information

| Edit Number | 1622 | esc Number | 1622 | NCPDP Code | DN |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desciption | INVALID BASIS OF COST/SUB CLARF CD |
| Long Description | INVALID COMBINATION OF BASIS OF COST AND SUBMISSION CLARIFICATION CODE |
| Edit Criteria | If BOC = 08 and SCC NOT= 20<br>or<br>IF BOC NOT= 08 and SCC = 20 |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | N | Compound Ind | N |
| Type | | 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 | DOS | Effective Date | | Revision Date | | |
|---|---|---|---|---|---|---|

## Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---|---|---|---|
| Paper | | O | |
| | | O | |
| EMC | | O | |
| | | O | |
| Adjustment | | O | |
| | | O | |
| POS | | D | |
| Encounter | | 8 | |
| Special Batch | | | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| VPT99GEN | Pharmacy General Edits |

## Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-1623 ESC-1623

## Edit Information

| Edit Number | 1623 | esc Number | 1623 | NCPDP Code | DQ |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desciption | SUBMITTED U/C MORE THAN ALLOWED AMT |
| Long Description | SUBMITTED U/C GREATER THAN ALLOW AMOUNT FOR 340B |
| Edit Criteria | IF BOC = 08 and SCC = 20<br>and<br>A-U-AND-C-PRICE > A-ALLOWED-AMOUNT |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | | Deny Ind | Y | Override Ind | Y |
| PrtRA Ind | Y | PA Override Ind | N | Compound Ind | N |
| Type | | 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 | DOS | Effective Date | | Revision Date | | |
|---|---|---|---|---|---|---|

## Media/Disposition/Pend Location Codes

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

| | | | |
|---|---|---|---|
| Paper | | O | |
| | | O | |
| EMC | | O | |
| | | O | |
| Adjustment | | O | |
| | | O | |
| POS | | D | |
| Encounter | | 8 | |
| Special Batch | | | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| VPTM1PRC | Pharmacy Pricing |

## Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-1700 ESC-1700

## Edit Information

| Edit Number | 1700 | esc Number | 1700 | NCPDP Code | |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Service Dates Span ICD-10 Comp Dt |
| Long Desc | Service Dates that Span the ICD-10 Compliance Date are Disallowed |
| Edit Criteria | If the FROM date of service is before the ICD-10 implementation date and the TO date of service is greater than or equal to the ICD-10 implementation date, set the edit. The ICD-10 implementation date is stored in AWA-ICD10DATE and set by program CPA001.<br><br>This edit is bypassed for any the following conditions:<br>• The first 2 digits of the bill type is ('11' or '18' or '21' or '32' or '73')<br>• The provider type is ('062' or '064' or '090')<br>• The service center is 1060 (COBA) |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

| | | | | | |
|---|---|---|---|---|---|
| Physician | Y | Personal Care | Y | Laboratory | |
| 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 | | DENY | |
| | | DENY | |
| EMC | | | |
| | | | |
| Adjustment | | DENY | |
| | | DENY | |
| POS | | | |
| Encounter | | 6 | |
| Special Batch | 217 | PEND | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA001B | Batch Adjudication Driver - Part 1 |

## Exceptions

None

## Resolution

None

# Edit/Audit Inquiry Results Edit-1726 ESC-1726

## Edit Information

| Edit Number | 1726 | esc Number | 1726 | NCPDP Code | |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Invalid RUG Group/RUG Code Not Found |
| Long Desc | Invalid RUG Group/RUG Code Not Found |
| Edit Criteria | Edit 1726 (Invalid RUG Group/RUG Group Not Found) is set if all of the following:<br><br>• Claim Type 01 (Hospital Inpatient), 02 (Skilled Nursing Facility), 10 (Intermediate Care Facility), or 09-A (Title-18 – Part A)<br>• From date of service is on or after the RUGPRIDATE (11/01/2014) or RUGHOSPICE (07/01/2015) in the System Parameter Table.<br>• Provider Class Type is 010 (Skilled Nursing Home Non Mental Health), 015 (Intermediate Care Facility) or 046 (Hospice).<br>• None of the provider's specialties is 086 (Ventilator), 087 (AIDS), 089 (Complex), 092 (Rehabilitation)<br><br>AND any of the following conditions are met:<br>• The submitted RUG Group is not found on the Reference RUG Table<br>• The claim THRU date of service (AWR-D-SERV-THRU) is less than the D_RUG_BEGIN or the claim THRU date of service (AWR-D-SERV-THRU) is greater than the D_RUG_END.<br>• The claim FROM and THRU dates of service span the RUG implementation date.<br>• There is no revenue code 22 on the claim. |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

## 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 | | N/A | |
| Encounter | | 2 | |
| Special Batch | 217 | PEND | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA042 | |

# Edit/Audit Inquiry Results Edit-1727 ESC-1727

## Edit Information

| | | | | | |
|---|---|---|---|---|---|
| Edit Number | 1727 | esc Number | 1727 | NCPDP Code | |

| | |
|---|---|
| Short Desc | Invalid RUG Units |
| Long Desc | Invalid RUG Units |
| Edit Criteria | The sum of the revenue units for revenue codes 22 does not equal the payment days.<br><br>Note: Disposition for Edit 1727 is set to test for claim type 09, crossover A. |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

## 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 | | N/A | |
| Encounter | | 2 | |
| Special Batch | 217 | PEND | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA042 | |

# Edit/Audit Inquiry Results Edit-1728 ESC-1728

## Edit Information

| | | | | | |
|---|---|---|---|---|---|
| Edit Number | 1728 | esc Number | 1728 | NCPDP Code | |

| | |
|---|---|
| Short Desc | Calculated RUG Amount is Zero |
| Long Desc | Calculated RUG Amount is Zero |
| Edit Criteria | Calculated RUG amount is zero. Calculated RUG amount is “(Direct rate X RUG weight) + Indirect rate + NATCEPS + Criminal Records + Plant Rate” and multiplied by the revenue units”. |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

## 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 | | N/A | |
| Encounter | | 2 | |
| Special Batch | 217 | PEND | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA042 | |

# Edit/Audit Inquiry Results Edit-1729 ESC-1729

## Edit Information

| Edit Number | 1729 | esc Number | 1729 | NCPDP Code | |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | RUG Claim With No Rehab Therapy Ancillary Revenue Code |
| Long Desc | RUG Claim With No Rehab Therapy Ancillary Revenue Code |
| Edit Criteria | NOTE: This edit that was developed during RUG pricing implementation will be deactivated and shall no longer post to claims on 5/31/2015.<br><br>The edit is set if all of the conditions in either condition set are met:<br>Condition Set #1:<br><br>• Claim type is 02 (Skilled Nursing Facility) or 10 (Intermediate Care Facility),<br>• From date of service is on or after the RUGPRIDATE (11/01/2014) or RUGHOSPICE (07/01/2015) in the System Parameter Table for<br>• Provider Class Type is 010 (Skilled Nursing Home Non Mental Health) or 015 (Intermediate Care Facility).<br>• None of the provider's specialties is 086 (Ventilator), 087 (AIDS), 089 (Complex), 092 (Rehabilitation)<br>• Claim HIPPS Rate Code is RAAxx, RABxx, RACxx, or RADxx and there is no rehabilitation therapy ancillary revenue code of 042x, 043x, or 044x present.<br><br>OR<br><br>Condition Set #2<br><br>• Claim type is 09-A (Title-18 – Part A)<br>• From date of service is on or after the RUGPRIDATE (11/01/2014) or RUGHOSPICE (07/01/2015) in the System Parameter Table.<br>• Provider Class Type is 010 (Skilled Nursing Home Non Mental Health) or 015 (Intermediate Care Facility).<br>• None of the provider's specialties is 086 (Ventilator), 087 (AIDS), 089 (Complex), 092 (Rehabilitation)<br><br>AND<br><br>• Claim HIPPS Rate Code is RAAxx, RABxx, RACxx, or RADxx and |

| | |
|---|---|
| | a minimum of two rehabilitation therapy ancillary revenue codes of 042x, 043x, or 044x are not present. (Two of the three ancillary revenue groups 042x, 043x, and 044x must be present.)<br><br>OR<br><br>• Claim HIPPS Rate Code is RHAxx, RHBxx, RHCxx, RHLxx, RHXxx, RLAxx, RLBxx, RLXxx, RMAxx, RMBxx, RMCxx, RMLxx, RMXxx, RVAxx, RVBxx, RVCxx, RVLxx, and/or RVXxx and there is no rehabilitation therapy ancillary revenue code of 042x, 043x, or 044x present.<br><br>DMAS will supply the values for the ancillary revenue codes.<br><br>NOTE: Dispositions for edit 1729 are set to test for all claim types. |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

## Date Information

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

## Media/Disposition/Pend Location Codes

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

| | | | |
|---|---|---|---|
| Paper | | TEST | |
| | | TEST | |
| EMC | | TEST | |
| | | TEST | |
| Adjustment | | TEST | |
| | | TEST | |
| POS | | N/A | |
| Encounter | | 2 | |
| Special Batch | 217 | PEND | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA042 | |

# Edit/Audit Inquiry Results Edit-1730 ESC-1730

## Edit Information

| Edit Number | 1730 | esc Number | 1730 | NCPDP Code | 70 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | NDC NOT COVERED-NOT FDA APRVD |
| Long Desc | NDC NOT COVERED - NDC IS NOT FDA APPROVED |
| Edit Criteria | If COD-TYPE on the RF_HCFA table = 05, 06, 09, 12 or 13 and the DOS >= COD_BEGIN_DATE |

## General Indicators

| | | | | | |
|---|---|---|---|---|---|
| Reject Ind | | Deny Ind | Y | Override Ind | |
| PrtRA Ind | Y | PA Override Ind | | Compound Ind | |
| Type | G | Priority | 4 | Recycle Days | |
| HIPAA esc | | CutBack Ind | | | |

## Program Indicators

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

## Claim Type

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

## Date Information

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

## Media/Disposition/Pend Location Codes

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

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

## Programs

(None)

## Exceptions

(None)

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-1732 ESC-1732

## Edit Information

| Edit Number | 1732 | esc Number | 1732 | NCPDP Code | E8 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Encountr payment date must be valid |
| Long Desc | Encountr payment date must be valid & greater than or equal To THRU DOS |
| Edit Criteria | Encounter payment date must be a valid date and greater than or equal to THRU DOS |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

## Date Information

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

## Media/Disposition/Pend Location Codes

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

| | | | |
|---|---|---|---|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| CCC | | 8 | |
| Encounter | | 8 | |
| Special Batch | | | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA010<br>CPA012<br>CPA014 | |

# Edit/Audit Inquiry Results Edit-1733 ESC-1733

## Edit Information

| Edit Number | 1733 | esc Number | 1733 | NCPDP Code | E8 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Non denied ENC payment must be greater than zero |
| Long Desc | Non denied encounter payment must be greater than zero |
| Edit Criteria | Non-denied encounters must contain a payment amount greater than zero (patient pay + TPL pay amount + MCO pay amount) |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

## Date Information

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

## Media/Disposition/Pend Location Codes

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

| | | | |
|---|---|---|---|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| CCC | | 8 | |
| Encounter | | 8 | |
| Special Batch | | | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA100VA | |

# Edit/Audit Inquiry Results Edit-1734 ESC-1734

## Edit Information

| Edit Number | 1734 | esc Number | 1734 | NCPDP Code | |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | Encounter payment must be zero |
| Long Desc | Encounter payment must be zero when encounter payment denied |
| Edit Criteria | When encounter payment is denied, encounter payment amount must equal zero". This edit is NOT applicable for pharmacy encounters |

## General Indicators

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

## Program Indicators

| Medicaid | Y | SLH | | TDO | |
|---|---|---|---|---|---|
| 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 | | Xover B | |
| Cap Pay | | Man Fee | | Admin | |
| Asmt Fee | | ICD | | | |

## Date Information

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

## Media/Disposition/Pend Location Codes

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

| | | | |
|---|---|---|---|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| CCC | | 8 | |
| Encounter | | 8 | |
| Special Batch | | | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA100VA | |

# Edit/Audit Inquiry Results Edit-1735 ESC-1735

## Edit Information

| Edit Number | 1735 | esc Number | 1735 | NCPDP Code | 09 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | BIRTH DATE / GENDER MISSING OR INVALID |
| Long Desc | BIRTH DATE / GENDER MISSING OR INVALID |
| Edit Criteria | If no date of birth (or invalid date) is submitted on a newborn encounter record, default the date of birth value to NULL and set the edit. The edit will also set if the gender is not = 'M', 'F', or 'U'. |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

## Date Information

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

## Media/Disposition/Pend Location Codes

| Media | LOC | Disp | |
|---|---|---|---|
| Paper | | | |
| | | | |
| EMC | | | |
| | | | |
| Adjustment | | | |
| | | | |
| POS | | | |
| CCC | | 8 | |
| Encounter | | 8 | |
| Special Batch | | | |
| PA | | | |

## Programs

| Program | Program Title |
|---|---|
| CPA100VA | |

# Edit/Audit Inquiry Results Edit 1750 ESC 1750

## Edit Information

| Edit Number | 1750 | esc Number | 1750 | NCPDP Code | |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | PATIENT PAY PROCESSING LOGIC APPLD |
| Long Desc | PATIENT PAY PROCESSING LOGIC APPLIED |
| Edit Criteria | If claim is eligible for patient pay calculation process and the member on claim has monthly patient pay on the system, then set the edit. |

## General Indicators

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

## Program Indicators

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

## Claim Type

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

## Date Information

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

## Media/Disposition/Pend Location Codes

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

| | | | |
|---|---|---|---|
| Paper | | EOB | |
| | | EOB | |
| EMC | | EOB | |
| | | EOB | |
| Adjustment | | EOB | |
| | | EOB | |
| POS | | PAY | |
| Encounter | | 0 | |
| Special Batch | 217 | EOB | |
| PA | | | |

## Programs

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

## Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-1760 ESC-1760

## Edit Information

| Edit Number | 1760 | esc Number | 1760 | NCPDP Code | 75 |
|---|---|---|---|---|---|

| | |
|---|---|
| Short Desc | BRAND NAME COVERED |
| Long Desc | BRAND NAME COVERED |
| Edit Criteria | This edit applies to pharmacy claims meeting the following criteria<br>1. The claim has a paid or a 'to-be-paid' status<br>2. The claim payment request media code = '6' (POS)<br>3. Drug is a generic and is identified by Exclude/Include Value = 'G'<br>4. The benefit program = '01'<br>5. The Edit is bypassed for Members with TPL that includes pharmacy coverage |

## 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 | DOS | Effective Date | 1/25/2014 | 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

(None)

## Resolution

(None)