

Edit/Audit Inquiry Results Edit-600 ESC-600

Edit Information

Edit Number	600	esc Number	600	NCPDP Code	
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Short Desc	Reduced No Medical Necessity For Weekend Admission				
Long Desc	Reduced No Medical Necessity For Weekend Admission				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-601 ESC-601

Edit Information

Edit Number	601	esc Number	601	NCPDP Code	
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Short Desc	Overlapping Dates of Service				
Long Desc	Overlapping Dates of Service				
Edit Criteria	Deleted per DMAS. This edit is used by Pend Resolution.				

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	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-602 ESC-602

Edit Information

Edit Number	602	esc Number	602	NCPDP Code	
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Short Desc	Pre-Op Day(s) Not Justified				
Long Desc	Pre-Op Day(s) Not Justified				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-603 ESC-603

Edit Information

Edit Number	603	esc Number	603	NCPDP Code	
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Short Desc	Days Reduced - No Medical Necessity For Weekend Admission				
Long Desc	Days Reduced - No Medical Necessity For Weekend Admission				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-604 ESC-604

Edit Information

Edit Number	604	esc Number	604	NCPDP Code	
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Short Desc	No Accident/Medical Emergency Related				
Long Desc	No Accident/Medical Emergency Related				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-605 ESC-605

Edit Information

Edit Number	605	esc Number	605	NCPDP Code	
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Short Desc	Length Of Stay Not Medically Justified				
Long Desc	Length Of Stay Not Medically Justified				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-606 ESC-606

Edit Information

Edit Number	606	esc Number	606	NCPDP Code	
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Short Desc	Multiple Claims Exceed 21 Days				
Long Desc	Multiple Claims Exceed 21 Days				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-607 ESC-607

Edit Information

Edit Number	607	esc Number	607	NCPDP Code	
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Short Desc	Outpatient Procedure Not Justified as Inpatient				
Long Desc	Outpatient Procedure Not Justified as Inpatient				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-608 ESC-608

Edit Information

Edit Number	608	esc Number	608	NCPDP Code	
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Short Desc	Payments Reduced. Documents Illegible-Emergency Room				
Long Desc	Payments Reduced. Documents Illegible-Emergency Room				
Edit Criteria	This edit is used by the Payment Processing Unit to reduce payment requests that pended with edit 0223. The documentation is illegible. The payment request is reduced to \$30/\$20.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
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	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-609 ESC-609

Edit Information

Edit Number	609	esc Number	609	NCPDP Code	
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Short Desc	Reduction Of LOS				
Long Desc	Reduction Of LOS				
Edit Criteria	This edit is used by Pend Resolution.				

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			

Claim Type

Dental		Pharmacy		Inpatient	Y
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-610 ESC-610

Edit Information

Edit Number	610	esc Number	610	NCPDP Code	
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Short Desc	Consent Form Must be Signed and Dated by Enrollee Prior to Surgery				
Long Desc	Consent Form Must be Signed and Dated by Enrollee Prior to Surgery				
Edit Criteria	If the acknowledgement is not signed and dated by the enrollee prior to surgery, set the EOB.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-611 ESC-611

Edit Information

Edit Number	611	esc Number	611	NCPDP Code	
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Short Desc	Statement of Person Obtaining Consent Not Completed				
Long Desc	Statement of Person Obtaining Consent Not Completed				
Edit Criteria	If the statement of the person obtaining the consent for procedure is not completed satisfactorily, set the EOB.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-612 ESC-612

Edit Information

Edit Number	612	esc Number	612	NCPDP Code	
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Short Desc	Signature Date on DMAS 3004 is Not at Least 30 Days From Sterilization
Long Desc	Signature Date on DMAS 3004 is Not at Least 30 Days From Date of Sterilization
Edit Criteria	This edit is being deleted. If the date of the signature on form DMAS 3004 is not at least 30 days from the date of sterilization, set the EOB.

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	
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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-613 ESC-613

Edit Information

Edit Number	613	esc Number	613	NCPDP Code	
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Short Desc	Physician's Statement on DMAS 3004 Not Filled in Completely				
Long Desc	Physician's Statement on DMAS 3004 Not Filled in Completely				
Edit Criteria	If the physician's statement on form DMAS 3004 is not filled in completely, set the EOB.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-614 ESC-614

Edit Information

Edit Number	614	esc Number	614	NCPDP Code	88
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Short Desc	ProDUR Pregnancy Alert				
Long Desc	ProDUR Pregnancy Alert				
Edit Criteria	This is a proDUR pregnancy alert. It notifies the pharmacy provider that the enrollee is currently taking prenatal vitamins and that the drug prescribed has a pregnancy precaution. It can be set for females age 12-50. Prenatal vitamins all have a specific therapeutic class of C6F.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	W	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	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

Edit changed from EOB to Deny effective 2/16/2004.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-615 ESC-615

Edit Information

Edit Number	615	esc Number	615	NCPDP Code	
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Short Desc	Reduced - Unjustified Delay Of Services				
Long Desc	Reduced - Unjustified Delay Of Services				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	v
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	
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-0616 ESC-0616

Edit Information

Edit Number	0616	esc Number	0616	NCPDP Code	
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Short Desc	Invalid First External Cause of Injury Diagnosis Code
Long Desc	Invalid First External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the First External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA EMC		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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date		
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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

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-0617 ESC-0617

Edit Information

Edit Number	0617	esc Number	0617	NCPDP Code	
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Short Desc	Invalid Second External Cause of Injury Diagnosis Code
Long Desc	Invalid Second External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Second External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxnn where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA EMC		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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date		
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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

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-0618 ESC-0618

Edit Information

Edit Number	0618	esc Number	0618	NCPDP Code	
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Short Desc	Invalid Third External Cause of Injury Diagnosis Code
Long Desc	Invalid Third External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Third External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxn where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD_10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA EMC		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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date		
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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

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-0619 ESC-0619

Edit Information

Edit Number	0619	esc Number	0619	NCPDP Code	
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Short Desc	Invalid Fourth External Cause of Injury Diagnosis Code
Long Desc	Invalid Fourth External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Fourth External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxxxx where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA EMC		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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date		
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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

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-620 ESC-620

Edit Information

Edit Number	620	esc Number	620	NCPDP Code	
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Short Desc	Reduced - Weekend Admission LOS Not Justified				
Long Desc	Reduced - Weekend Admission LOS Not Justified				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-621 ESC-621

Edit Information

Edit Number	621	esc Number	621	NCPDP Code	
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Short Desc	298 Not Emergency Coverage For Alien				
Long Desc	298 Not Emergency Coverage For Alien				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-623 ESC-623

Edit Information

Edit Number	623	esc Number	623	NCPDP Code	
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Short Desc	Reduced - Letter Of Explanation Sent				
Long Desc	Reduced - Letter Of Explanation Sent				
Edit Criteria	This edit is used by Pend Resolution.				

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			

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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-624 ESC-624

Edit Information

Edit Number	624	esc Number	624	NCPDP Code	88
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Short Desc	ProDUR Age Alert				
Long Desc	ProDUR Age Alert				
Edit Criteria	This is a proDUR age alert. It informs the pharmacy provider that this drug has contraindications for enrollees this age.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	W	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	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-625 ESC-625

Edit Information

Edit Number	625	esc Number	625	NCPDP Code	
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Short Desc	Abortion Certification Not Acceptable				
Long Desc	Abortion Certification Not Acceptable				
Edit Criteria	The certification of medical necessity for abortion is not acceptable because it does not meet state guidelines.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-626 ESC-626

Edit Information

Edit Number	626	esc Number	626	NCPDP Code	
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Short Desc	Out of State Provider Billing Neonatal Rev Code				
Long Desc	Out of State Provider Billing Neonatal Revenue Code				
Edit Criteria	If the billing provider is an out of state provider (provider type 91) and the revenue code billed is 175 (neonatal), change the revenue code to 179 (nursery, general) and generate this EOB. Bypass this edit after 12/31/1999.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-627 ESC-627

Edit Information

Edit Number	627	esc Number	627	NCPDP Code	
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Short Desc	Days Reduced - Rehab Not Acute Care				
Long Desc	Days Reduced - Rehab Not Acute Care				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-628 ESC-628

Edit Information

Edit Number	628	esc Number	628	NCPDP Code	
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Short Desc	Days Reduced - Non-Covered Service				
Long Desc	Days Reduced - Non-Covered Service				
Edit Criteria	This edit is used by Pend Resolution.				

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			

Claim Type

Dental		Pharmacy		Inpatient	Y
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-629 ESC-629

Edit Information

Edit Number	629	esc Number	629	NCPDP Code	
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Short Desc	Certification of Medical Necessity for Abortion Required				
Long Desc	Certification of Medical Necessity for Abortion Required				
Edit Criteria	If certification of medical necessity for an abortion is not obtained, set the EOB.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-630 ESC-630

Edit Information

Edit Number	630	esc Number	630	NCPDP Code	
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Short Desc	Reduced - >3<8 LOS Not Justified				
Long Desc	Reduced - >3<8 LOS Not Justified				
Edit Criteria	This edit is used by Pend Resolution.				

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			

Claim Type

Dental		Pharmacy		Inpatient	Y
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-631 ESC-631

Edit Information

Edit Number	631	esc Number	631	NCPDP Code	
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Short Desc	Reduced - >3<8 & Over % LOS Not Justified				
Long Desc	Reduced - >3<8 & Over % LOS Not Justified				
Edit Criteria	This edit is used by Pend Resolution.				

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			

Claim Type

Dental		Pharmacy		Inpatient	Y
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
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-632 ESC-632

Edit Information

Edit Number	632	esc Number	632	NCPDP Code	
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Short Desc	Claim reduction related to manual review by DMAS staff.				
Long Desc	Claim reduction related to manual review by DMAS staff.				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-633 ESC-633

Edit Information

Edit Number	633	esc Number	633	NCPDP Code	
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Short Desc	Reduced - 219				
Long Desc	Reduced - 219				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS				

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	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-634 ESC-634

Edit Information

Edit Number	634	esc Number	634	NCPDP Code	
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Short Desc	Days/Units Paid Reduced To Days/Units Authorized on PA File
Long Desc	Days/Units Paid Reduced To Days/Units Authorized on PA File
Edit Criteria	For inpatient claims (Claim Type 01), if the provider type is 001 and there is a psychiatric inpatient diagnosis (ICD-9 value sets 218 (PSYCH DIAG CODE) or 314 (DIAG CODE PSYCH CLAIM) or ICD-10 value set 20314 (ICD-10 DIAG CODE PSYCH CLAIM)) or the admit date is prior to 1/1/2000 OR if the provider type is 003, 007, or 77, if the remaining PA authorized days is less than the claim's calculated payment days, reduce the payment days to the remaining authorized days and set this EOB.

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-635 ESC-635

Edit Information

Edit Number	635	esc Number	635	NCPDP Code	
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Short Desc	Max Days/Units Exceeded - Payment Reduced				
Long Desc	Max Days/Units Exceeded - Payment Reduced				
Edit Criteria	This edit is used by Pend Resolution.				

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	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
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-636 ESC-636

Edit Information

Edit Number	636	esc Number	636	NCPDP Code	88
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Short Desc	ProDUR High Dose Alert				
Long Desc	ProDUR High Dose Alert				
Edit Criteria	This is a proDUR high dose alert. It informs the pharmacy provider that units dispensed divided by the days supply exceeds recommended limits.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	W	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	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-637 ESC-637

Edit Information

Edit Number	637	esc Number	637	NCPDP Code	
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Short Desc	Approved TDO/LOS Not Justified				
Long Desc	Approved TDO/LOS Not Justified				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	Y
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-638 ESC-638

Edit Information

Edit Number	638	esc Number	638	NCPDP Code	
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Short Desc	Payment Reduced to Days/Units Eligible
Long Desc	Payment Reduced to Days/Units Eligible
Edit Criteria	<p>For claim type 01, 09 Inpatient, provider class types 01 (Hospital), 03 (Private Mental Hospital), 07 (State MH under 21), 77(Residential Treatment Center), or 91 (Out of State Hospital) and admission date > 6/30/96 and Medicare Inpatient if the enrollee is not eligible during the entire from and thru dates of service, the number of days allowed is cutback to the number of days eligible. If the number of days eligible is not zero, this EOB will set.</p> <p>If the type of bill is 111 or 161 and there are no eligible days, including the last day, set edit 0318; if the enrollee is eligible on the last day, set EOB 640 and pay for zero days.</p> <p>If the admission date > 6/30/96 and the enrollee's age is > 20 and the type of bill = 113 or 114 and the provider type = 01 or 91, pay for zero days regardless of full or partial eligibility.</p> <p>If the admission date > 12/31/99 and the type of bill = 113 or 114 and the provider type = 01 or 91, pay for zero days regardless of full or partial eligibility.</p> <p>If the admission date > 12/31/99 and the primary diagnosis is rehab (in ICD-9 value set 147 (REHAB CLAIM) or ICD-10 value set 20147 (ICD-10 REHAB DIAG) and the provider type = 14 or 85 and there is a valid PA and the type of bill = 113 or 114, pay the calculated amount; else pay zero.</p> <p>If the admission date > 12/31/99 and the primary diagnosis = psych (290 - 319) and the enrollee's age < 21 and the type of bill = 113 or 114, pay the calculated amount; else pay zero.</p>

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			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-639 ESC-639

Edit Information

Edit Number	639	esc Number	639	NCPDP Code	
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Short Desc	Payment Reduced to Units Authorized				
Long Desc	Payment Reduced to Units Authorized				
Edit Criteria	If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and this EOB is set.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		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					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-640 ESC-640

Edit Information

Edit Number	640	esc Number	640	NCPDP Code	
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Short Desc	No Payment Due to Non-Eligibility
Long Desc	No Payment Due to Non-Eligibility
Edit Criteria	<p>For claim type 01(Inpatient) and Title 18 (claim type 09 XOVA), provider class types 01 (Hospital), 03 (Private Mental Hospital), 07 (State MH under 21), 77 (Residential Treatment Center), or 91 (Out of State Hospital) and admission date > 6/30/96, if the enrollee is eligible for only part of the from and thru dates of service, then the number of payment days is cutback to the days eligible and EOB 638 is set. If the type of bill is 111 or 161 and there are no eligible days, including the last day, set edit 0318; if the enrollee is eligible on the last day, set EOB 640 and pay for zero days.</p> <p>If the admission date > 6/30/96 and the enrollee's age is > 20 and the type of bill = 113 or 114 and the provider type = 01 or 91, pay for zero days regardless of full or partial eligibility.</p> <p>If the admission date > 12/31/99 and the type of bill = 113 or 114 and the provider type = 01 or 91, pay for zero days regardless of full or partial eligibility.</p> <p>If the admission date > 12/31/99 and the primary diagnosis is rehab (in ICD-9 value set 147 (REHAB CLAIM) or ICD-10 value set 20147 (ICD-10 REHAB DIAG) and the provider type = 14 or 85 and there is a valid PA and the type of bill = 113 or 114, pay the calculated amount; else pay zero.</p> <p>If the admission date > 12/31/99 and the primary diagnosis is psych (ICD-9 value sets 218 (PSYCH DIAG CODE) or 314 (DIAG CODE PSYCH CLAIM) or ICD-10 value set 20314 (ICD-10 DIAG CODE PSYCH CLAIM)) and the enrollee's age < 21 and the type of bill = 113 or 114, pay the calculated amount; else pay zero.</p>

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	
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FAMIS	Y	Assessments			
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Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-641 ESC-641

Edit Information

Edit Number	641	esc Number	641	NCPDP Code	
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Short Desc	Pymt Made Based On Denied INPAT PA				
Long Desc	Pymt Made Based On Denied INPAT PA				
Edit Criteria	<p>Allow Outpatient Scans to pay when Inpatient stay is denied. If UB Outpatient claim comes in without PA, the system will need to evaluate if there is a totally denied PA service type 0400 or 0401 PA on file for the same recipient and provider and the from and through date of service on the claim are both within 3 calendar days of the denied PA's from date of service. If found, set edit 0641 (EOB).</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	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	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-642 ESC-642

Edit Information

Edit Number	642	esc Number	642	NCPDP Code	
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Short Desc	Pre-Op Day(s) Not Justified				
Long Desc	Pre-Op Day(s) Not Justified				
Edit Criteria	This edit is used by Pend Resolution to reduce a hospital stay payment when pre-op day(s) are not medically justified.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

Only applies to Inpatient for SLH.

Resolution

(None)

Edit/Audit Inquiry Results Edit-643 ESC-643

Edit Information

Edit Number	643	esc Number	643	NCPDP Code	88
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Short Desc	ProDUR Low Dose Alert				
Long Desc	ProDUR Low Dose Alert				
Edit Criteria	This is a proDUR low dose alert. It informs the pharmacy provider that units dispensed divided by the days supply does not meet recommended dosage levels.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	W	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	DOS	Effective Date	Revision Date
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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-644 ESC-644

Edit Information

Edit Number	644	esc Number	644	NCPDP Code	
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Short Desc	Referred By CMM PCP Non ER				
Long Desc	Referred By CMM PCP Non ER				
Edit Criteria	This EOB is used by the Payment Processing Unit when CMM payment requests have pended for edit 0290. It is also system generated (see edits 290, 421, and 698) if the from date of service is < 06/01/2001. The fees are reduced \$ 30/ \$ 20 for non-ER.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-645 ESC-645

Edit Information

Edit Number	645	esc Number	645	NCPDP Code	
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Short Desc	Non-Emergency Diagnosis Code System Reduced				
Long Desc	Payment reduces. Non-emergency services in the emergency room.				
Edit Criteria	<p>For Outpatient (claim type 03): If the from date of service is > 9/30/94 and the revenue code is in the range 450-459 and the principal procedure code is not surgical (010 - 8699) and the principal diagnosis code is not on the pend diagnosis table and is not on the pay diagnosis table (meaning non-emergency ER), and the payment amount > \$30.00, set the EOB and reduce the payment amount to \$ 30 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, no reduction is taken and edit 0223 is set. If the payment amount is <= \$ 30, pay the payment amount and set EOB 647 regardless of the from date of service.</p> <p>For Practitioner (claim type 05): If the procedure code is an emergency procedure Included in the Emergency Procedures Value Set and the primary diagnosis code is not on the Pend Diagnosis Table III and not on the Pay Diagnosis Table III and the from date of service is > 05/31/2001, set edit 223. If the principal diagnosis code is not on the Pay Diagnosis Table III and not on the Pend Diagnosis Table III and the from date of service is < 06/01/2001 and the payment amount is greater than the system parameter "NONEMDEFPR" value that is associated with the DOS the payment amount is reduced to the system parameter "NONEMDEFPR" value that is associated with the DOS and EOB 645 is set. If the payment amount is less than or equal to the system parameter "NONEMDEFPR" value that is associated with the DOS, the payment amount is paid and EOB 647 is set regardless of the from date of service.</p> <p>The 'reduced payment' amounts for practitioner claims are maintained in system parameter reference subsystem under "NONEMDEFPR".</p> <p>See value set, EMERGENCY PROCEDURES See value set, PEND ER DIAG CODE TABLE III See value set, PAYABLE ER DIAG CODE TABLE III</p>				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-646 ESC-646

Edit Information

Edit Number	646	esc Number	646	NCPDP Code	
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Short Desc	Documentation Not Acceptable/Insufficient				
Long Desc	Documentation Not Acceptable/Insufficient				
Edit Criteria	This edit is being deleted. See edit 648. This edit is used by the Payment Processing Unit to reduce payment requests that pended with edit 0223. The documentation does not substantiate the payment request. The payment request is reduced to \$ 30/ \$ 20.				

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	
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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-647 ESC-647

Edit Information

Edit Number	647	esc Number	647	NCPDP Code	
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Short Desc	Payment For Non-ER Services at Standard % Rate				
Long Desc	Payment For Non-ER Services at Standard % Rate				
Edit Criteria	<p>This is a system edit and an edit that the Payment Processing Unit can set.</p> <p>For Outpatient (claim type 03): If the from date of service is > 9/30/94 and the revenue code is in the range 450-459 and the principal procedure code is not surgical (01000 - 86999) and the principal diagnosis code is on the pend diagnosis table, and the payment amount <= \$30.00, set this EOB and pay the payment amount. If the payment amount is > \$30.00, edit 0223 is set. If the from date of service is > 9/30/94 and the revenue code is in the range 450-459 and the principal procedure code is not surgical (01000 - 86999) and the principal diagnosis code is not on the pend diagnosis table and is not on the pay diagnosis table (meaning non-emergency ER), and the payment amount > \$30.00, set the EOB 645 and reduce the payment amount to \$ 30 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, no reduction is taken and edit 0223 is set. If the payment amount is <= \$ 30, pay the payment amount and set EOB 647 regardless of the from date of service.</p> <p>For Practitioner (claim type 05): If the payment amount is less than or equal to the system parameter "NONEMDEFPR" value that is associated with the DOS), set this EOB and pay the payment amount. If the payment amount is greater than the system parameter "NONEMDEFPR" value that is associated with the DOS, edit 0223 is set. If the principal diagnosis code is not on the Pay Diagnosis Table III and not on the Pend Diagnosis Table III and the from date of service is < 06/01/2001 and the payment amount is greater than the system parameter "NONEMDEFPR" value that is associated with the DOS, the payment amount is reduced to the system parameter "NONEMDEFPR" value that is associated with the DOS and EOB 645 is set. If the from date of service is > 05/31/2001, no reduction is taken and edit 0223 is set. If the payment amount is less than or equal to the system parameter</p>				

	<p>"NONEMDEFPR" value that is associated with the DOS, the payment amount is paid and EOB 647 is set regardless of the from date of service.</p> <p>The 'reduced payment' amounts for practitioner claims are maintained in system parameter reference subsystem under "NONEMDEFPR".</p> <p>See value set, EMERGENCY PROCEDURES See value set, PEND ER DIAG CODE TABLE III See value set, PAYABLE ER DIAG CODE TABLE III</p>				
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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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	

POS		PAY	
Encounter		0	
Special Batch		EOB	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-648 ESC-648

Edit Information

Edit Number	648	esc Number	648	NCPDP Code	
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Short Desc	ER Claim Reduced. Documentation Does Not Justify				
Long Desc	ER Claim Reduced. Documentation Does Not Justify				
Edit Criteria	This edit is used by the Payment Processing Unit to reduce payment requests that pended with edit 0223. The documentation does not substantiate the payment request. The payment request is reduced to \$ 30/ \$ 20.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-649 ESC-649

Edit Information

Edit Number	649	esc Number	649	NCPDP Code	
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Short Desc	Reduced Payment Non-ER Services/No Documentation				
Long Desc	Reduced Payment for Non-Emergency Services/No Documentation				
Edit Criteria	<p>Payment requests that pended for 223 automatically are reentered if the appropriate documentation is not returned for review after 21 days. The payment requests pay at a reduced rate, \$30 for outpatient (claim type 03) and reduced payment of the system parameter "NONEMDEFPR" value for the associated DOS (claim type 05), and this EOB is set.</p> <p>Edit 0223 is bypassed if the enrollee's benefit exception code is 4 or 5 (that is, enrollee is locked in to a particular physician and/or pharmacy).</p> <p>For Practitioner (claim type 05), edit 0223 is also bypassed if the provider class type is not 20 (physician) or the place of treatment is not 21 or 22 (outpatient) or the procedure is for anesthesia (CPT codes 00100-01999 or type of service = 4 or 7), surgery (CPT codes 10040-69979), radiology (CPT codes 70010-79999), pathology or laboratory (CPT codes 80049 - 89399) or medicine (CPT codes 90700 - 99199).</p> <p>For Outpatient (claim type 03): If the from date of service is > 9/30/94 and the revenue code is in the range 450-459 and the principal diagnosis code is on the Pend Diagnosis Table III, and the payment amount > \$30.00, edit 0223 is set. If the principal diagnosis code is not on the Pay Diagnosis Table III and not on the Pend Diagnosis Table III and the from date of service is > 05/31/2001, edit 0223 is set.</p> <p>For Practitioner (claim type 05): If the procedure code is an emergency procedure Included in the Emergency Procedures Value Set and the primary diagnosis code is on the Pend Diagnosis Table III, and the payment amount is greater than the system parameter "NONEMDEFPR" value that is associated with the DOS, edit 0223 is set . If the primary diagnosis code is not on</p>				

<p>the Pend Diagnosis Table III and not on the Pay Diagnosis Table III and the from date of service is > 05/31/2001, edit 0223 is set.</p> <p>The 'reduced payment' amounts for practitioner claims are maintained in system parameter reference subsystem under "NONEMDEFPR".</p> <p>See value set, EMERGENCY PROCEDURE CODES See value set, PEND ER DIAG CODE TABLE III See value set, PAYABLE ER DIAG CODE TABLE III</p>				
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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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	

POS		PAY	
Encounter		0	
Special Batch		EOB	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-650 ESC-650

Edit Information

Edit Number	650	esc Number	650	NCPDP Code	
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Short Desc	Approved 218				
Long Desc	Approved 218				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-651 ESC-651

Edit Information

Edit Number	651	esc Number	651	NCPDP Code	
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Short Desc	Approved 257				
Long Desc	Approved 257				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-652 ESC-652

Edit Information

Edit Number	652	esc Number	652	NCPDP Code	
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Short Desc	Approved 255				
Long Desc	Approved 255				
Edit Criteria	This edit is being deleted. Edit 0662 will be used instead. This edit is used by Pend Resolution.				

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	
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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-653 ESC-653

Edit Information

Edit Number	653	esc Number	653	NCPDP Code	
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Short Desc	Approved 254				
Long Desc	Approved 254				
Edit Criteria	This edit is being deleted. Edit 0654 will be used. This edit is used by Pend Resolution.				

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	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-654 ESC-654

Edit Information

Edit Number	654	esc Number	654	NCPDP Code	
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Short Desc	Approved 254				
Long Desc	Approved 254				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-655 ESC-655

Edit Information

Edit Number	655	esc Number	655	NCPDP Code	
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Short Desc	Approved 269				
Long Desc	Approved 269				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-656 ESC-656

Edit Information

Edit Number	656	esc Number	656	NCPDP Code	
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Short Desc	Payment In Non-contracted Hospital Approved				
Long Desc	Payment In Non-contracted Hospital Approved				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS				

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	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-657 ESC-657

Edit Information

Edit Number	657	esc Number	657	NCPDP Code	
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Short Desc	Approved 249				
Long Desc	Approved 249				
Edit Criteria	This edit is used by Pend Resolution.				

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			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		DENY	
Encounter		0	
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-658 ESC-658

Edit Information

Edit Number	658	esc Number	658	NCPDP Code	
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Short Desc	Approved 257/218				
Long Desc	Approved 257/218				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-659 ESC-659

Edit Information

Edit Number	659	esc Number	659	NCPDP Code	
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Short Desc	Approved 258				
Long Desc	Approved 258				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
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
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-660 ESC-660

Edit Information

Edit Number	660	esc Number	660	NCPDP Code	
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Short Desc	Approved 266				
Long Desc	Approved 266				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-661 ESC-661

Edit Information

Edit Number	661	esc Number	661	NCPDP Code	
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Short Desc	Please Complete All Portions of DMAS 3004 and Resubmit				
Long Desc	Please Complete All Portions of DMAS 3004 and Resubmit				
Edit Criteria	If all portions of the form DMAS 3004 are not completed, this edit will be set.				

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	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-662 ESC-662

Edit Information

Edit Number	662	esc Number	662	NCPDP Code	
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Short Desc	Approved 255				
Long Desc	Approved 255				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-663 ESC-663

Edit Information

Edit Number	663	esc Number	663	NCPDP Code	
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Short Desc	Approved 276				
Long Desc	Approved 276				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-664 ESC-664

Edit Information

Edit Number	664	esc Number	664	NCPDP Code	
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Short Desc	Approved 277				
Long Desc	Approved 277				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-665 ESC-665

Edit Information

Edit Number	665	esc Number	665	NCPDP Code	
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Short Desc	Approved 278				
Long Desc	Approved 278				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-666 ESC-666

Edit Information

Edit Number	666	esc Number	666	NCPDP Code	
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Short Desc	Approved 280				
Long Desc	Approved 280				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-667 ESC-667

Edit Information

Edit Number	667	esc Number	667	NCPDP Code	
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Short Desc	Approved 281				
Long Desc	Approved 281				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-668 ESC-668

Edit Information

Edit Number	668	esc Number	668	NCPDP Code	
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Short Desc	Approved 220				
Long Desc	Approved 220				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-669 ESC-669

Edit Information

Edit Number	669	esc Number	669	NCPDP Code	
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Short Desc	Approved 227				
Long Desc	Approved 227				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS				

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	
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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-670 ESC-670

Edit Information

Edit Number	670	esc Number	670	NCPDP Code	
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Short Desc	Provider Procedure Rate Found				
Long Desc	Provider Procedure Rate Found				
Edit Criteria	This edit will become effective 7/1/2008. Procedure is priced by provider procedure rate rather than procedure code rate.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	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	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	S	Effective Date	7/1/2008	Revision Date	
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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
CPA040	CMS-1500 Pricing

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-671 ESC-671

Edit Information

Edit Number	671	esc Number	671	NCPDP Code	
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Short Desc	Approved 298				
Long Desc	Approved 298				
Edit Criteria	This edit is used by Pend Resolution.				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		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
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Media/Disposition/Pend Location Codes

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-672 ESC-672

Edit Information

Edit Number	672	esc Number	672	NCPDP Code	
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Short Desc	Approved Minus BTL Charges				
Long Desc	Approved Minus BTL Charges				
Edit Criteria	<p>This edit is used by Pend Resolution. If an Inpatient (claim type 01) payment request is submitted with a procedure code for BTL, labor and delivery and sterilization, then the request is approved minus the BTL charge and this EOB is set.</p> <p>Bypass this edit for provider types 01, 14, and 91 if the admission date is after 12/31/1999.</p>				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-673 ESC-673

Edit Information

Edit Number	673	esc Number	673	NCPDP Code	
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Short Desc	Approved >3<8 Day LOS				
Long Desc	Approved >3<8 Day LOS				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-674 ESC-674

Edit Information

Edit Number	674	esc Number	674	NCPDP Code	
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Short Desc	Approved >3<8 Day & Over % LOS				
Long Desc	Approved >3<8 Day & Over % LOS				
Edit Criteria	This edit is used by Pend Resolution.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-675 ESC-675

Edit Information

Edit Number	675	esc Number	675	NCPDP Code	88
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Short Desc	ProDUR Drug/Drug Alert				
Long Desc	ProDUR Drug/Drug Alert				
Edit Criteria	This is a proDUR drug/drug alert. It informs the pharmacy provider that the drug dispensed is contraindicated for a currently active prescription that the patient has received.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	M	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	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	407	PEND	
	407	PEND	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch		EOB	
PA			

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

Edit changed from EOB to Deny effective 2/16/2004. Edit has been changed to PEND for paper effective 2/18/04 (DOS) to location 407; change was made 10/25/2005.

Resolution

(None)

Edit/Audit Inquiry Results Edit-676 ESC-676

Edit Information

Edit Number	676	esc Number	676	NCPDP Code	
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Short Desc	Approved 219				
Long Desc	Approved 219				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS				

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	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-677 ESC-677

Edit Information

Edit Number	677	esc Number	677	NCPDP Code	
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Short Desc	Approved TDO				
Long Desc	Approved TDO				
Edit Criteria	This edit is used by Pend Resolution.				

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		SLH		TDO	Y
FAMIS		Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-678 ESC-678

Edit Information

Edit Number	678	esc Number	678	NCPDP Code	88
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Short Desc	ProDUR Under Utilization				
Long Desc	ProDUR Under Utilization				
Edit Criteria	This is a proDUR under utilization alert. It informs the pharmacy provider that this maintenance drug has not been supplied frequently enough to meet minimum dosage recommendations.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	M	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-679 ESC-679

Edit Information

Edit Number	679	esc Number	679	NCPDP Code	
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Short Desc	Approved OB LOS After 9/1/95				
Long Desc	Approved OB LOS After 9/1/95				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS				

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	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-680 ESC-680

Edit Information

Edit Number	680	esc Number	680	NCPDP Code	M2
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Short Desc	CMM PCP Affiliation				
Long Desc	CMM PCP Affiliation				
Edit Criteria	<p>For Practitioner (claim type 05): This EOB is system generated when CMM payment requests pay because the billing or servicing provider is affiliated with the locking physician. It is set when the procedure code is not equal to an emergency procedure, 90500-90580, 99062, 99064, 99065, 99281-99285 (See value set, EMERGENCY PROCEDURE CODES).</p> <p>For Pharmacy (claim type 06): This EOB is system generated when CMM payment requests pay because the billing or servicing provider is affiliated with the locking pharmacy.</p> <p>For Transportation (claim type 13); This EOB is system generated when CMM payment requests pay because the billing or servicing provider is affiliated with the locking transportation provider.</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p>				

General Indicators

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

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-681 ESC-681

Edit Information

Edit Number	681	esc Number	681	NCPDP Code	
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Short Desc	Invalid CAS adjustment reason				
Long Desc	Invalid CAS adjustment reason				
Edit Criteria	For Claim Types (01, 03, 04, 05, 06, 08, 11, 13) This EOB is set if the CAS Adjustment Reason code is not a valid code.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-682 ESC-682

Edit Information

Edit Number	682	esc Number	682	NCPDP Code	
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Short Desc	Approved LOS Minus BTL Charges After 9/1/95				
Long Desc	Approved LOS Minus BTL Charges After 9/1/95				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS				

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	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-683 ESC-683

Edit Information

Edit Number	683	esc Number	683	NCPDP Code	
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Short Desc	Procedure Added Due to Rebundling by ClaimCheck
Long Desc	Procedure Added Due to Rebundling by ClaimCheck
Edit Criteria	If the procedure code is added due to rebundling, set the edit. This edit is obsolete.

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		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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The only valid media is S and the claim type modifier is 1.

Resolution

(None)

Edit/Audit Inquiry Results Edit-684 ESC-684

Edit Information

Edit Number	684	esc Number	684	NCPDP Code	
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Short Desc	Approved to Bypass ClaimCheck
Long Desc	Approved to Bypass ClaimCheck
Edit Criteria	<p>Edit not in effect.</p> <p>If the payment request needs to bypass Claim Check editing, set this error on the pend screen.</p>

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		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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-685 ESC-685

Edit Information

Edit Number	685	esc Number	685	NCPDP Code	
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Short Desc	Procedure Rebundled Into Another Procedure by ClaimCheck
Long Desc	Procedure Rebundled Into Another Procedure by ClaimCheck.
Edit Criteria	<p>Edit not in effect.</p> <p>If a procedure code of a History payment request is rebundled into a more appropriate procedure by Claim Check, void the History payment request and set the edit.</p>

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		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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-686 ESC-686

Edit Information

Edit Number	686	esc Number	686	NCPDP Code	
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Short Desc	Multiple Surgery Line Added by ClaimCheck
Long Desc	Multiple Surgery Line Added by ClaimCheck
Edit Criteria	If the procedure code is added due to a Multiple Surgery void, set the edit. This edit is obsolete.

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		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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The only valid media is S and the claim type modifier is 1.

Resolution

(None)

Edit/Audit Inquiry Results Edit-687 ESC-687

Edit Information

Edit Number	687	esc Number	687	NCPDP Code	
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Short Desc	Multiple Surgery Procedure Void by ClaimCheck
Long Desc	Multiple Surgery Procedure Void by ClaimCheck
Edit Criteria	<p>Edit not in effect.</p> <p>If a paid History procedure code is considered to be a multiple surgery procedure code and originally priced at 100 % of allowed and should be priced at 50 % of allowed in combination with a current Activity procedure code, set the edit. (Void the paid history payment request.)</p>

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		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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-688 ESC-688

Edit Information

Edit Number	688	esc Number	688	NCPDP Code	
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Short Desc	Multiple Surgery Payment Reduction by ClaimCheck
Long Desc	Multiple Surgery Payment Reduction by ClaimCheck
Edit Criteria	Edit not in effect. If a multiple surgery procedure is reduced by Claim Check, set the edit.

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		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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-689 ESC-689

Edit Information

Edit Number	689	esc Number	689	NCPDP Code	
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Short Desc	LOA Days Cutback to Limit				
Long Desc	LOA Days Cutback to Limit				
Edit Criteria	<p>The maximum number of leave of absence (LOA) days that an enrollee can take is 18 days per treatment year. The calendar does not start until the enrollee has taken his first LOA day. If any of the revenue codes 180 through 189 are billed by any provider, alone or in conjunction with one another, and the total number of units exceeds 18, payment days will be reduced by the number over 18. If payment days is reduced to 0 (claim has no other accommodation codes besides LOA and all 18 LOA days have previously been used), the claim will deny.</p> <p>Edit 689 (EOB) sets if: 1- the number of units is cutback to 18 for codes 180 through 189, or 2- no cutback can be taken for codes 180 through 189 and there are other revenue codes on the payment request. The billed charges are non-covered for codes 180 - 189.</p> <p>Edit 129 sets if there are no other revenue codes on the payment request and no cutback can be taken for codes 180 through 189; that is, the payment request would pay at zero dollars.</p> <p>See Value Set "REV CODE 689/689".</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Inpatient	
Nursing	Y	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	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-690 ESC-690

Edit Information

Edit Number	690	esc Number	690	NCPDP Code	
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Short Desc	Thru Date of Service Defaulted to From Date of Service				
Long Desc	Thru Date of Service Defaulted to From Date of Service				
Edit Criteria	For HCFA 1500 and Title 18 payment requests, if the thru date of service is missing or is in invalid format, the from date of service is moved to the thru date of service, and the edit is set. (taking out of 025)				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-691 ESC-691

Edit Information

Edit Number	691	esc Number	691	NCPDP Code	
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Short Desc	Units Billed Cutback to Limit
Long Desc	Units Billed Cutback to Limit
Edit Criteria	<p>For Practitioner (claim type 05) claims with anesthesia type of service 4 or 7, bypass the edit.</p> <p>For Practitioner (claim type 05) except for anesthesia which has type of service 4 or 7, and Dental (claim type 11), bypass the edit if a PA is required (code 01 or 03) according to the Medical and Administrative Codes Database.</p> <p>If the units billed divided by the number of days covered by the claim dates of service exceeds the maximum allowed on the Medical and Administrative Codes Database, cutback the units allowed to the maximum allowed and set EOB 691.</p> <p>As of June 3rd, 2013, this edit is bypassed if the procedure code is found on the RF_MUE_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p>

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			

Claim Type

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

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA350	ADA Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-692 ESC-692

Edit Information

Edit Number	692	esc Number	692	NCPDP Code	88
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Short Desc	ProDUR Drug/Disease				
Long Desc	ProDUR Drug/Disease				
Edit Criteria	This is a proDUR drug/disease alert. It informs the pharmacy provider that this drug is contraindicated for an active disease diagnosed for this enrollee. The medical history of the enrollee is used to determine if a contraindicated disease diagnosis is on file. Medical and hospital diagnoses codes are used to create a disease profile for each enrollee. This file is consulted to see if the enrollee has been diagnosed with an active disease which would contraindicate the use of this medication.				

General Indicators

Reject Ind		Deny Ind		Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	W	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	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

Edit change from EOB to deny effective 2/16/2004. Edit changed from deny to EOB effective 2/17/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-693 ESC-693

Edit Information

Edit Number	693	esc Number	693	NCPDP Code	88
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Short Desc	ProDUR Drug Allergy				
Long Desc	ProDUR Drug Allergy				
Edit Criteria	This is a proDUR drug allergy alert. It informs the pharmacy provider that a diagnosis code indicating a specific drug allergy to the drug being dispensed is indicated on the enrollee's medical profile.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	W	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	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-694 ESC-694

Edit Information

Edit Number	694	esc Number	694	NCPDP Code	76
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Short Desc	Limitation Audit - One Dispensing Fee Per Month for Enrollees				
Long Desc	The Once-A-Month Dispensing fee For This Enrollee/Drug Combination Has Been Paid				
Edit Criteria	If a payment request has already been paid with a dispensing fee during a calendar month, then all other pharmacy payment requests within that month pay only the ingredient cost. This EOB is printed on those requests.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	H	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	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-695 ESC-695

Edit Information

Edit Number	695	esc Number	695	NCPDP Code	
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Short Desc	Consent Form Must be Signed by Provider				
Long Desc	Consent Form Must be Signed by Provider				
Edit Criteria	If the consent form is not signed by the provider, set the EOB.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-696 ESC-696

Edit Information

Edit Number	696	esc Number	696	NCPDP Code	
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Short Desc	Interpreter's Statement Not Filled in Completely				
Long Desc	Interpreter's Statement Not Filled in Completely				
Edit Criteria	If the interpreter's statement is not filled in completely, set the EOB.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-697 ESC-697

Edit Information

Edit Number	697	esc Number	697	NCPDP Code	
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Short Desc	Physician Statement Not Completed by Performing Physician				
Long Desc	Physician Statement Not Completed by Performing Physician				
Edit Criteria	If the physician statement is not completed by the physician named as the performing physician, set the EOB.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-698 ESC-698

Edit Information

Edit Number	698	esc Number	698	NCPDP Code	
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Short Desc	Approved CMM Emergency Services
Long Desc	Approved CMM Emergency Services
Edit Criteria	<p>For Practitioner (claim type 05):</p> <p>If the enrollee is a lock-in enrollee (enrollee exception indicator = 4), and the from date of service is > 09/30/94, and the servicing provider class type = 20 (physician), and the treatment place = 23 (ER), and the type of service is not = 2, 4 or 7, 8, or 6 (surgery, anesthesia, radiology), and the procedure code = 90500-90580, 99062, 99064, 99065, or 99281- 99285 (See value set, EMERGENCY PROCEDURE CODES):</p> <p>1) and the principal diagnosis code is on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES), pay the request at full coverage with EOB 0698.</p> <p>2) and the principal diagnosis is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES), but is on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX EMERGENCY PEND CODES), pend the payment request for edit 0290.</p> <p>3) and the billing or servicing provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX EMERGENCY PEND CODES) (meaning non-emergency ER), and the payment amount > \$20, pay the reduced non-emergency rate of \$20 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, no reduction is taken and edit 0290 is set. If the payment amount is <= \$ 20, pay the payment amount and set the EOB 698.</p> <p>4) and the billing or servicing provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the referring provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set set 20319 (ICD-10 DX EMERGENCY PAY CODES) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX EMERGENCY PEND CODES), and:</p> <p>a) if there is an attachment and the claim was submitted on paper, set edit 0290.</p>

b) if there is no attachment and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.

c) if the claims was ECS (electronically submitted), set edit 0290.

5) and the billing or servicing or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX EMERGENCY PEND CODES), and:

a) if the emergency indicator = Y, the attachment indicator = Y, and the claim was submitted on paper, set edit 0290.

b) if the emergency indicator = Y, the attachment indicator = N, and the claim was submitted on paper, set edit 0421.

c) if the emergency indicator = N and the claim was submitted on paper, set edit 0421.

d) if the claim is ECS (electronically submitted), set edit 0421.

Electronically submitted payment requests with Edit 0290 generate a letter request-ing documentation. These payment requests automatically deny with edit 498 after 21 days if no letter is returned.

For Outpatient (claim type 03):

If the enrollee is a CMM locking enrollee (enrollee exception indicator = 4) and the from date of service is > 09/30/94 and the revenue code = emergency room (450 - 459) and the principal procedure code is not surgical (ICD-9 value set 21002 (ICD-9 SURG PROC EXCL CODES) or ICD-10 value set 22002 (ICD-10 SURG PROC EXCL CODES)) :

1) and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES), pay the request at full coverage with EOB 0698.

2) and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES), but is on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX EMERGENCY PEND CODES), pend the payment request for edit 0290.

3) and the attending physician is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Pay-able ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX EMERGENCY PEND CODES), and the payment amount > \$30, pay the reduced non-emergency rate of \$30 with EOB 644 if the from date of service is < 06/01/2001. If the from date of ser-vice is > 05/31/2001, no reduction is taken and edit 0290 is set. If the payment

amount is <= \$ 30, pay the payment amount and set the EOB 698.

4) and the attending provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the Other1 provider (referring provider) is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX EMERGENCY PEND CODES), and:

a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.

b) the attachment indicator = N and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.

c) the claim is electronically submitted, set edit 0290.

5) and the attending or referring provider is not the CMM lock-in provider nor is affiliated with the CMM lock-in provider and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabl) or ICD-10 value set 20319 (ICD-10 DX EMERGENCY PAY CODES) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX EMERGENCY PEND CODES), and:

a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.

b) the attachment indicator = N and the claim was submitted on paper, set edit 0421.

c) the claim was electronically submitted, set edit 0421.

Bypass the edit if the principal procedure code is a surgical procedure (procedure NOT found in ICD-9 value set 21002 (ICD-9 SURG PROC EXCL CODES) or ICD-10 value set 22002 (ICD-10 SURG PROC EXCL CODES)).

Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 498 after 21 days if no letter is returned.

Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.

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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-699 ESC-699

Edit Information

Edit Number	699	esc Number	699	NCPDP Code	
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Short Desc	Approved 223 (Emergency Paid)				
Long Desc	Approved 223 (Emergency Paid)				
Edit Criteria	<p>For Outpatient (claim type 03): If the from date of service is > 9/30/94 and the revenue code is in the range 450-459 and the principal procedure code is not surgical (010 - 8699) and the principal diagnosis code (use admitting diagnosis if the from date of service is after 05/31/2001) is on the pay diagnosis table, set the EOB and pay the request in full.</p> <p>For Practitioner (claim type 05): If the from date of service is > 9/30/94 and the procedure is an emergency procedure (90500-90580, 99062, 99064, 99065, 99281-99284) and the primary diagnosis code is on the pay diagnosis table, set the EOB and pay the request.</p> <p>See value set, EMERGENCY PROCEDURE CODES See value set, PAYABLE ER DIAG CODE TABLE III</p>				

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		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-700 ESC-700

Edit Information

Edit Number	700	esc Number	700	NCPDP Code	
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Short Desc	Invalid Provider for Clinic Visit Encounter				
Long Desc	Invalid Provider for Clinic Visit Encounter				
Edit Criteria	<p>This edit has been deleted:</p> <p>If From DOS > 5/31/94 and provider class type not = 52 (FQHC) and 53 (RHC) and Medical and Administrative Codes Database flag indicator on procedure code = CV (Clinic Visit Encounter), set the edit.</p>				

General Indicators

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

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

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

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

Practitioner:
Check for keying/scanning errors in provider ID and procedure code.
1. If the provider ID number and procedure code were keyed or scanned incorrectly, deny the pending payment request using code 0098 and disposition indicator D.
2. If the provider ID and procedure code were entered correctly, deny with code 0700 and disposition indicator D.

Edit/Audit Inquiry Results Edit-701 ESC-701

Edit Information

Edit Number	701	esc Number	701	NCPDP Code	
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Short Desc	Review Medicare Coverage
Long Desc	Review Medicare Coverage
Edit Criteria	<p>If the procedure flag is '91' (Pregnancy, Preventative Srv. & Court-Ordered Office Visit Paid (Bypass TPL)) and any of the diagnosis codes are in the ICD-9 value set 172 (BYPASS DIAGNOSIS CODES) or the ICD-10 value set 20288 (ICD-10 PREGNANCY DIAG CODES), bypass the edit.</p> <p>If the enrollee has any of the TPL liability codes = A/Y and/or B/Z and the COB code = 82, 83 or 85, and the primary carrier payment is > 0 and the claim type = 01 and provider type = 01, 14, 85 or 91 and claim admission date > 6/30/1996, set the edit.</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA032	TPL Edits

Exceptions

All SLH UB92 claim types will pend to LOC 308.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-702 ESC-702

Edit Information

Edit Number	702	esc Number	702	NCPDP Code	
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Short Desc	Invalid Procedure Code for Hospice				
Long Desc	Invalid Procedure Code for Hospice				
Edit Criteria	<p>This edit is being deleted since the HO flag indicator will not be in the new MMIS. Edit 148 will apply instead.</p> <p>If provider class type = 46 and Medical and Administrative Codes Database flag indicator on procedure code not = HO (hospice), set the edit.</p>				

General Indicators

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

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

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

Date Information

Effective Date Code		Effective Date		Revision Date	
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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-703 ESC-703

Edit Information

Edit Number	703	esc Number	703	NCPDP Code	
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Short Desc	Hospital Out of State Review				
Long Desc	Hospital Out of State Review				
Edit Criteria	<p>For Medicaid/FAMIS: If the claim type = 01 and the provider class type = 91 and the admission date is > 12/31/1999, set the edit.</p> <p>For SLH: If the claim type = 01 and the provider class type = 91 and the admission date is > the system implementation date, set the edit.</p> <p>See value set, PROV TYPES FOR E0703.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOA	Effective Date	1/1/2000	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	300	PEND	
	300	PEND	
EMC	300	PEND	
	300	PEND	
Adjustment	300	PEND	
	300	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

SLH pends to location 308. Also, SLH effective date is the system implementation date.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-704 ESC-704

Edit Information

Edit Number	704	esc Number	704	NCPDP Code	
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Short Desc	Overlapping Program Eligibilities				
Long Desc	Overlapping Program Eligibilities				
Edit Criteria	This edit is being deleted. See edit 0452. If the dates of service of a payment request span an enrollee's eligibility in more than one program, set the edit if the claim type is = 01 and the provider type = 01, 14, 85, or 91.				

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	
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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-705 ESC-705

Edit Information

Edit Number	705	esc Number	705	NCPDP Code	
Short Desc	Pending Review of CSA Rate				
Long Desc	Pending Review of CSA Rate				
Edit Criteria	All claims for provider types 22 (Treatment Foster Care) and 77 (Residential Treatment) with procedure modifiers not equal to HW or HK will pend for manual pricing. This edit will not be set for Mass Adjustments (Media Type = 'S').				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
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	
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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

All SLH HCFA claim types will pend to LOC 310. Effective 3/1/2007, all HCFAs have a disposition of TEST except Special Batch and Encounters.

Resolution

Practitioner:

This edit pends for manual pricing of procedure codes Z9990, Z9991 and T1016 (Z8897) after verifying that there is a PA for the service.

Procedure Code Z9990: For dates after Oct 2003, the PA will authorize these services as "RESI CSA". Services billed with this code must have the rate certification attached. The attachment includes the authorized rate.

1. If the dated, signed rate certification is not attached, deny with code 410 and disposition indicator D.
2. If the rate certification form is incomplete, deny with code 140 and disposition indicator D.
3. If the rate certification is attached and is complete, calculate the payment by multiplying the lesser of the rate on the attachment or the rate on the procedure file by the number of payment days. For procedure Z9990 and Z9991, the rates are:

	7/1/2003	7/1/2004	7/1/2005	7/1/2006	7/1/2007
Per Diem	330.72	340.64	357.67	376.98	393.20

This fee is not on file for Z9990 and Z9991 since these are no longer used.
4. Enter the calculated payment amount in the Manual Price field on the pend screen and release the claim by choosing "Adjudicate".

Note: Subtract any applicable TPL from the manual price amount before entering it into the Manual Price field. The system does not automatically subtract TPL on manually priced claims.

Procedure Code T1016 - Type F

Claims for dates of service PRIOR to 3/1/07 will pend for a rate. This will only apply to T1016 type F. Claims will require a certification rate sheet just like the claims pending for edit 0705. If no rate sheet is attached, deny 0410 D . Providers can bill for one month only (up to 31 units). Do not deny for 0225. Techs need to calculate the payment by multiplying the lesser of the rate on the attachment or the \$82.00 by the number of payment days. This code will eventually be preauthorized with a rate on file for dates of service on or after 3/1/07. Claims for dates of service ON or AFTER 3/1/07 will still pend for a rate. The monthly rate will be on the PA file. Override 0705 and hit adjudicate.

Procedure Code Z9991: For dates after Oct 2003, the PA will authorize these services as "RESI NON". Services billed with this code do not require an attached rate certification form.

1. If the provider ID is one of the ones in the following set of tables, calculate the payment by multiplying the rate on the table by the number of payment days.

Rates Effective July 1, 2007

Except for providers listed below, the DMAS per diem rate effective July 1, 2007 is \$393.20

Provider NPI	Provider Legacy	Rate
1033178033	0000728	\$222.84
1043280951	N/A	\$228.16
1053404533	10050014	\$363.57
1083702229	0207055	\$344.95
1093740482	0207012	\$289.88
1124051701	10079659	\$390.71
1235238320	10000556	\$0.00
1275564361	0000701	\$289.88
1497751135	N/A	\$348.57
1629172838	0000752	\$348.63
1659333045	10135435	\$375.13
1730239922	0207039	\$385.47
1740245117	0207306	\$357.38
1750304044	0207292	\$357.08
1871507699	0207241	\$338.60
1932218864	0207101	\$385.16
1942231063	0207021	\$289.88

Rates Effective July 1, 2006

Except for providers listed below, the DMAS per diem rate effective July 1, 2006 is \$376.98

Provider NPI	Provider Legacy	Rate
1033178033	0000728	\$213.65
1053404533	10050014	\$348.58
1083702229	0207055	\$330.73
1093740482	0207012	\$277.93
1124051701	10079659	\$374.61
1235238320	10000556	\$0.00
1275564361	0000701	\$277.93
1629172838	0000752	\$334.25
1659333045	10135435	\$359.67
1730239922	0207039	\$369.58
1740245117	0207306	\$342.64
1750304044	0207292	\$342.36
1871507699	0207241	\$324.64
1932218864	0207101	\$369.28
1942231063	0207021	\$277.93
N/A	0207195	\$330.73
N/A	10157293	\$334.20

Rates Effective July 1, 2005

Except for providers listed below, the DMAS per diem rate effective July 1, 2005 is \$357.67

Provider NPI	Provider Legacy	Rate
1033178033	0000728	\$202.71
1053404533	10050014	\$330.72
1083702229	0207055	\$313.79
1093740482	0207012	\$263.69
1124051701	10079659	\$355.41
1235238320	10000556	\$0.00
1275564361	0000701	\$263.69
1629172838	0000752	\$317.13
1659333045	10135435	\$341.24
1730239922	0207039	\$350.64
1740245117	0207306	\$0.00
1750304044	0207292	\$325.09
1871507699	0207241	\$308.01
1932218864	0207101	\$350.36
1942231063	0207021	\$263.69
N/A	0207195	\$313.79

Rates Effective July 1, 2004

Except for providers listed below, the DMAS per diem rate effective July 1, 2004 is \$340.64

Provider NPI	Provider Legacy	Rate
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1033178033	0000728	\$193.05
1053404533	10050014	\$314.97
1083702229	0207055	Not Elig
1093740482	0207012	\$251.13
1235238320	10000556	\$0.00
1275564361	0000701	\$251.13
1629172838	0000752	\$302.03
1730239922	0207039	\$333.95
1740245117	0207306	\$0.00
1750304044	0207292	\$309.61
1932218864	0207101	\$333.68
1942231063	0207021	\$251.13
N/A	0000233	Not Elig
N/A	0000671	Not Elig
N/A	0000744	\$338.49
N/A	0207004	\$319.33
N/A	0207071	\$293.34
N/A	0207217	\$251.13

Rates Effective July 1, 2003

Except for providers listed below, the DMAS per diem rate effective July 1, 2003 is \$330.72

Provider NPI	Provider Legacy	Rate
1033178033	0000728	\$187.43
1083702229	0207055	\$0.00
1275564361	0000701	\$243.82
1629172838	0000752	\$293.23
1730239922	0207039	\$324.225
1750304044	0207292	\$300.59
1932218864	0207101	\$323.96
N/A	0000233	\$311.62
N/A	0000671	Not Elig
N/A	0000744	\$328.63
N/A	0207004	\$310.03
N/A	0207071	\$284.80

2. If the provider is not one of the ones in the table, calculate the rate by multiplying the rate on the procedure file by the number of payment days. The new rate effective 7/1/06 = 376.98 for dates of service on or after 7/1/06. The new rate effective 7/1/07 = 393.20 for dates of service on or after 7/1/07.

3. Enter the calculated payment amount in the Manual Price field on the pend screen and release the claim by choosing "Adjudicate". If approved rate = \$0.00, adjudicate to pay \$0.00

Procedure Code T1016 (Z8897):

Services billed with this code must have the rate certification attached. The rate certification includes the authorized rate.

1. If the dated, signed rate certification is not attached, deny with code 410 and disposition indicator D.
2. If the rate certification form is incomplete, deny with code 140 and disposition

indicator D.

3. If the rate certification is attached and is complete, calculate the payment by multiplying the lesser of the rate on the attachment or the procedure file rate by the number of payment days.

4. Enter the calculated payment amount in the Manual Price field on the pend screen and release the claim by choosing "Adjudicate".

Note:

Claims are now submitted on a UB92 for processing. Some claims require an attachment and some do not. (just like the CMS-1500). Since proc codes are not billed on the UB92, techs will need to check the PA if the claim is billed with no attachment to see if the services were authorized using Z9991 or RESI NON, which does not require an attachment. Techs still should refer to the list to determine the per diem payments.

Edit/Audit Inquiry Results Edit-706 ESC-706

Edit Information

Edit Number	706	esc Number	706	NCPDP Code	
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Short Desc	Invalid Third Diagnosis
Long Desc	INVALID THIRD DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the third diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxnn where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 136.</p> <p>Also applies to Title 18 inpatient and outpatient claims.</p> <p>This edit is set for claim type 05 only for provider type 77 and a from date of service greater than 05/31/2001.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968</p>

(VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).

ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).

iii. Check specific to diagnosis codes:

1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).
2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

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

Asmt Fee				
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Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-707 ESC-707

Edit Information

Edit Number	707	esc Number	707	NCPDP Code	
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Short Desc	Invalid Fourth Diagnosis
Long Desc	INVALID FOURTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the fourth diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 116.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 116 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 136.</p> <p>Also applies to Title 18 inpatient and outpatient claims.</p> <p>This edit is set for claim type 05 only for provider type 77 and a from date of service greater than 05/31/2001.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968</p>

(VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).

ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).

iii. Check specific to diagnosis codes:

1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).
2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

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

Asmt Fee				
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Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-708 ESC-708

Edit Information

Edit Number	708	esc Number	708	NCPDP Code	
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Short Desc	Invalid Fifth Diagnosis
Long Desc	INVALID FIFTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the fifth diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxnn where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 116.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 116 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 136.</p> <p>Also applies to Title 18 inpatient and outpatient claims.</p> <p>This edit is done only for Encounter Claim Type 05 (Physician).</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968</p>

(VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).

ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).

iii. Check specific to diagnosis codes:

1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).
2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

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		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-709 ESC-709

Edit Information

Edit Number	709	esc Number	709	NCPDP Code	
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Short Desc	Invalid Sixth Diagnosis
Long Desc	INVALID SIXTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the sixth diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxxxx where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 116.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 116 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 136.</p> <p>Also applies to Title 18 inpatient and outpatient claims.</p> <p>This edit is done only for Encounter Claim Type 05 (Physician).</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968</p>

(VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).

ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).

iii. Check specific to diagnosis codes:

1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).
2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

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

Asmt Fee				
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Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-710 ESC-710

Edit Information

Edit Number	710	esc Number	710	NCPDP Code	
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Short Desc	Invalid Seventh Diagnosis
Long Desc	INVALID SEVENTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the seventh diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxnn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 116.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 116 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 136.</p> <p>Also applies to Title 18 inpatient and outpatient claims.</p> <p>This edit is done only for Encounter Claim Type 05 (Physician).</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968</p>

(VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).

ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).

iii. Check specific to diagnosis codes:

1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).
2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).
3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).
4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).

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		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-711 ESC-711

Edit Information

Edit Number	711	esc Number	711	NCPDP Code	
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Short Desc	Invalid Eighth Diagnosis
Long Desc	INVALID EIGHTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the eighth diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxxxx where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 116.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 116 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 136.</p> <p>Also applies to Title 18 inpatient and outpatient claims.</p> <p>This edit is done only for Encounter Claim Type 05 (Physician).</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE</p>

	<p>SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p> <p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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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		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	

Asmt Fee				
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Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-712 ESC-712

Edit Information

Edit Number	712	esc Number	712	NCPDP Code	
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Short Desc	Invalid Ninth Diagnosis
Long Desc	INVALID NINTH DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the ninth diagnosis is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxn where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003, 007, and 077 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Also applies to Title 18 inpatient and outpatient claims.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD-9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG EXCLUDE CODES).</p>

	<p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or ICD-10 value set 20871 (ICD-10 HAC DIAG MEDIASTINUM) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or ICD-10 value set 20872 (ICD-10 HAC BYP CORONARY ARTERY).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or ICD-10 value set 20873 (ICD-10 HAC DIAG ORTHOPEDIC) and any of the procedure codes is present in ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or ICD-10 value set 20874 (ICD-10 HAC PROC ORTHOPEDIC).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or ICD-10 value set 20875 (ICD-10 HAC DIAG SEC BARIATRIC), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or ICD-10 value set 20876 (ICD-10 HAC DIAG PRI BARIATRIC), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or ICD-10 value set 20877 (ICD-10 HAC PROC BARIATRIC).</p> <p>4. If the diagnosis code is present in the ICD-9 value set 878 (DVT AND PE DIAG CODES) or ICD-10 value set 20878 (ICD-10 DVT AND PE DIAG CODES) and any of the procedure codes is present in the ICD-9 value set 879 (DVT AND PE PROC CODES) or ICD-10 value set 20879 (ICD-10 DVT AND PE PROC CODES).</p>
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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		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-713 ESC-713

Edit Information

Edit Number	713	esc Number	713	NCPDP Code	
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Short Desc	Second Other Procedure Code Invalid				
Long Desc	Second Other Procedure Code Invalid				
Edit Criteria	If the second other procedure code is not = zeros and is not on the Medical and Administrative Codes Database, set the edit.				

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			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-714 ESC-714

Edit Information

Edit Number	714	esc Number	714	NCPDP Code	
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Short Desc	Third Other Procedure Code Invalid				
Long Desc	Third Other Procedure Code Invalid				
Edit Criteria	If the third other procedure code is not = zeros and is not on the Medical and Administrative Codes Database, set the edit.				

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			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-715 ESC-715

Edit Information

Edit Number	715	esc Number	715	NCPDP Code	
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Short Desc	Fourth Other Procedure Code Invalid				
Long Desc	Fourth Other Procedure Code Invalid				
Edit Criteria	If the fourth other procedure code is not = zeros and is not on the Medical and Administrative Codes Database, set the edit.				

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			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-716 ESC-716

Edit Information

Edit Number	716	esc Number	716	NCPDP Code	
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Short Desc	Fifth Other Procedure Code Invalid				
Long Desc	Fifth Other Procedure Code Invalid				
Edit Criteria	If the fifth other procedure code is not = zeros and is not on the Medical and Administrative Codes Database, set the edit.				

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			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-717 ESC-717

Edit Information

Edit Number	717	esc Number	717	NCPDP Code	
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Short Desc	First Other Procedure Date Invalid				
Long Desc	First Other Procedure Date Is Missing or Invalid				
Edit Criteria	<p>If the first other procedure is present and valid, and the first other procedure date is</p> <p>1- missing or</p> <p>2- is in invalid date format or</p> <p>3- is < the admission date unless the provider class type is 01, 14, 85, 91 in which case the procedure date can be 1 day prior to the admission date or</p> <p>4- is > the payment request thru date, set the edit.</p>				

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-718 ESC-718

Edit Information

Edit Number	718	esc Number	718	NCPDP Code	
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Short Desc	Second Other Procedure Date Invalid
Long Desc	Second Other Procedure Date is Missing or Invalid
Edit Criteria	If the second other procedure is present and valid, and the second other procedure date is 1- missing or 2- is in invalid date format or 3- is < the admission date unless the provider class type is 01, 14, 85, 91 in which case the procedure date can be 1 day prior to the admission date or 4- is > the payment request thru date, set the edit.

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			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-719 ESC-719

Edit Information

Edit Number	719	esc Number	719	NCPDP Code	
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Short Desc	Third Other Procedure Date Invalid				
Long Desc	Third Other Procedure Date is Missing or Invalid				
Edit Criteria	If the third other procedure is present and valid, and the third other procedure date is 1- missing or 2- is in invalid date format or 3- is < the admission date unless the provider class type is 01, 14, 85, 91 in which case the procedure date can be 1 day prior to the admission date or 4- is > the payment request thru date, set the edit.				

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			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-720 ESC-720

Edit Information

Edit Number	720	esc Number	720	NCPDP Code	
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Short Desc	IEP Procedures Allowed Twice/Year				
Long Desc	IEP Procedures Allowed Twice Per Year				
Edit Criteria	If units for the following procedures (IEP) exceed 2 within the fiscal year, set the edit. See Value Sets "0720/0720 001" thru "0720/0720 nnn" for procedure codes.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	7/1/1997	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	200	PEND	
PA	200	PEND	

Programs

(None)

Exceptions

None

Resolution

Practitioner:
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 additional procedure.
If justification is provided for the additional procedure, override with code 0720 and disposition indicator O.
If justification is not provided, deny with code 0720 and disposition indicator D.

dit/Audit Inquiry Results Edit-721 ESC-721

Resolution Procedures

Edit Information

Edit Number	721	esc Number	721	NCPDP Code	
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Short Desc	IEP Proc Not Allwd Unless SK NSG/Therapy Billed			
Long Desc	IEP Proc Not Allwd Unless SK NSG/Therapy Billed			
Edit Criteria	<p>If a procedure on the Current Code List (IEP procedures) is billed, there must be an approved payment request for one of the procedures on the History Code List (skilled nursing and therapy) with DOS within 365 days after the IEP procedure.</p> <p>See Value Sets "0721/0721 001" thru "0721/0721 nnn" for procedure codes.</p>			

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Q	Priority		Recycle Days	365
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	7/1/1997	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	

POS		PAY	
Encounter		0	
Special Batch	200	PEND	
PA		DENY	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-721 ESC-721

Edit Information

Edit Number	721	esc Number	721	NCPDP Code	
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Short Desc	IEP Proc Not Allwd Unless SK NSG/Therapy Billed				
Long Desc	IEP Proc Not Allwd Unless SK NSG/Therapy Billed				
Edit Criteria	<p>If a procedure on the Current Code List (IEP procedures) is billed, there must be an approved payment request for one of the procedures on the History Code List (skilled nursing and therapy) with DOS within 365 days after the IEP procedure.</p> <p>See Value Sets "0721/0721 001" thru "0721/0721 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Q	Priority		Recycle Days	365
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	7/1/1997	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	200	PEND	
PA		DENY	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-722 ESC-722

Edit Information

Edit Number	722	esc Number	722	NCPDP Code	
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Short Desc	First and Second IEP Must Both Be Billed				
Long Desc	First and Second IEP Must Both Be Billed				
Edit Criteria	<p>If a procedure code on the Current Code List is billed, there must be an approved payment request for one of the procedure codes on the History Code List with DOS within the same fiscal year as the current claim. If not, set the edit.</p> <p>See Value Sets "0722/0722 001" thru "0722/0722 nnn" for procedure codes.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Q	Priority		Recycle Days	45
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	7/1/1997	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-723 ESC-723

Edit Information

Edit Number	723	esc Number	723	NCPDP Code	
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Short Desc	Daily Skilled Nursing Limit Exceeded
Long Desc	Skilled Nursing Limit Exceeded
Edit Criteria	<p>Effective for DOS 7/1/1997 - 1/11/2000: If units for the following procedures (skilled nursing) exceed 6 per day, set the edit.</p> <p>Effective for DOS 1/12/2000 - 99/99/9999: If units for the following procedures (skilled nursing) exceed 26 per day, set the edit.</p> <p>As of June 3rd, 2013, this edit is bypassed if the procedure code is found on the RF_MUE_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See Value Set "0723/0000 001" thru "0723/0000 nnn" for procedure codes. See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	7/1/1997	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	200	PEND	
PA	200	PEND	

Programs

(None)

Exceptions

None

Resolution

Practitioner:

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 additional units.
If justification is provided for the additional units, override using the ESC code that pended and disposition indicator O.
If justification is not provided, deny using the ESC code that pended and disposition indicator D.

Edit/Audit Inquiry Results Edit-724 ESC-724

Edit Information

Edit Number	724	esc Number	724	NCPDP Code	
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Short Desc	Admit Type is Missing or Invalid				
Long Desc	Admit Type is Missing or Invalid				
Edit Criteria	If the admit type is other than 1 through 4 and 9, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-725 ESC-725

Edit Information

Edit Number	725	esc Number	725	NCPDP Code	
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Short Desc	Pend Review of Service/PCP Referral for CMM
Long Desc	Pend Review of Service/PCP Referral for CMM
Edit Criteria	<p>For Practitioner (claim type 05):</p> <p>If the enrollee is a lock-in enrollee (enrollee exception indicator= 4), and the billing provider or the servicing provider is not the lock-in physician and is not affiliated with the lock-in physician, and the referring physician is also not the lock-in physician and is not affiliated with the lock-in physician and the procedure code is not equal to 90500-90580, 99062, 99064, 99065, or 99281-99285 (see value set, EMERGENCY PROCEDURE CODES), then:</p> <ol style="list-style-type: none"> 1) if the emergency indicator = Y and the claim was submitted on paper, pay the claim. 2) if the emergency indicator = N, the claim was submitted on paper, AND one of the procedure modifiers = 22 or 99 OR there is an attachment, set this edit. See value set, ATTACH DISP PROC MODS 3) if the emergency indicator = N, the claim was submitted on paper, and none of the procedure modifiers = 22 or 99 and there is no attachment, set edit 0419. See value set, ATTACH DISP PROC MODS 4) if the claim is ECS (electronically submitted), set edit 0419. <p>Bypass the edit if any of the following apply:</p> <ol style="list-style-type: none"> 1) the provider class type is in value set CMM EXEMPT PROVIDER TYPES 2) the Medical and Administrative Codes Database flag indicator = S, I, or FP 3) the place of treatment = 21 (inpatient hospital) or 51 (inpatient psychiatric) 4) the type of service is anesthesia (7) 5) the procedure code is in the range 70000 - 89999 and has a professional component modifier (26) 6) the procedure code's first position is A or V 7) the procedure code is in value set CMM EXEMPT PROCEDURES 8) the diagnosis code is one of these sterilization codes in the ICD-9 value set 279 (DIAG STERILIZATION CODES) or ICD-10 value set 20279 (ICD-10 STERILIZATION DIAGS) 9) the diagnosis code is one of these family planning codes in the ICD-9 value set 280 (DIAG FAMILY PLAN CODES) or ICD-10 value set 20280 (ICD-10 FAM PLN

	EDT BYPASS DIAG)
	Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.

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		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
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	313	PEND	
		N/A	
EMC		N/A	
		N/A	
Adjustment	313	PEND	
		N/A	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-726 ESC-726

Edit Information

Edit Number	726	esc Number	726	NCPDP Code	
Short Desc	ER, HDC, or ASC Coverage Charges Omitted				
Long Desc	ER, HDC, or ASC Coverage Charges Omitted				
Edit Criteria	Edit has been DELETED - Not needed due to Edit 012. If provider type is 01 or 91, the revenue code 450, 490, or 510 must be billed. If not set the edit.				

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		SLH	Y	TDO	
FAMIS		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
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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-727 ESC-727

Edit Information

Edit Number	727	esc Number	727	NCPDP Code	
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Short Desc	Invalid Provider Number (Adjustment/Void)
Long Desc	Invalid Provider Number (Adjustment/Void)
Edit Criteria	<p>If an adjustment or void request is submitted, check the original claim in history based on the former reference number on the request. Compare the servicing and billing provider number on the original claim with the servicing and billing provider number on the adjustment/void request. Only following combinations are allowed. In all the other cases, edit will be set</p> <p>Original Adjustment/Void Servicing & billing – Medicaid Servicing & billing - Medicaid Servicing & billing – NPI Servicing & billing - NPI Servicing & billing – API Servicing & billing - API Servicing & billing – Medicaid Servicing & billing - NPI Servicing & billing – Medicaid Servicing & billing - API</p> <p>For the valid combinations mentioned above, servicing and billing primary provider numbers on the original claim are matched against the servicing and billing primary provider numbers on the adjustment/void request. Set the edit according to following logic.</p> <p>Original Adjustment/Void Set edit if Servicing = billing Servicing = billing billing not = billing Servicing = billing Servicing not = billing Servicing not = Servicing Servicing not = billing Servicing = billing Set edit Servicing not = billing Servicing not = billing billing not = billing or Servicing not = Servicing</p> <p>For encounter claims, a different provider is allowed on adjustments. This is the way the HMO corrects a bad provider number.</p>

General Indicators

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

Type	J	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments	Y		

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment	100	PEND	
	100	PEND	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA020	Adjustment Edits

Exceptions

All SLH UB claim types that pend will pend to LOC 308 and HCFA claim types will pend to LOC 310. Pend for Capitation, Management, Admin Fees, and Assessments. As of November 2, 2005,

the date type has been changed from S to R for CT modifier 4, media paper - all programs.

Resolution

Adjustments:

Check for keying/scanning errors in provider ID.

1. If the provider ID number was keyed or scanned incorrectly, deny the pending adjustment request using code 0098 and disposition indicator D.
2. If the provider ID was entered correctly and the adjustment request was submitted by the provider, deny with code 0727 and disposition indicator D.

Edit/Audit Inquiry Results Edit-728 ESC-728

Edit Information

Edit Number	728	esc Number	728	NCPDP Code	
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Short Desc	Invalid Enrollee Number (Adj/Void)				
Long Desc	Invalid Enrollee Number (Adjustment/Void)				
Edit Criteria	<p>If an adjustment or void request is submitted, check the mother claim in history based on the former reference number on the request. Compare the enrollee number on the mother claim with the enrollee number on the adjustment/void request. If they are not the same, set the edit.</p> <p>For encounter claims, a different recipient number is allowed on an adjustment. This is the way the HMO corrects a bad recipient number.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments	Y		

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	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA020	Adjustment Edits

Exceptions

All SLH UB claim types that pend will pend to LOC 308 and HCFA claim types will pend to LOC 310. Pend for Capitation, Management, Admin Fees, and Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. As of November 2, 2005, the date type has been changed from S to R for CT modifier 4, media paper - all Programs.

Resolution

(None)

Edit/Audit Inquiry Results Edit-729 ESC-729

Edit Information

Edit Number	729	esc Number	729	NCPDP Code	
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Short Desc	Servicing Provider Not on File				
Long Desc	Servicing Provider Not on File				
Edit Criteria	<p>If the servicing provider is not on the Provider Enrollment Database, set the edit.</p> <p>For COBA claim (CT 09, Media '7', Claim submit = 'EDI' or 'EDIM'), if there is a Medicare provider number on the claim, it is used for processing and this edit is not set.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
CPA100	Adjudication Controller
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-730 ESC-730

Edit Information

Edit Number	730	esc Number	730	NCPDP Code	
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Short Desc	Servicing Provider Not Member of Group				
Long Desc	Servicing Provider Not Member of Group				
Edit Criteria	<p>For Fee-for-Service or Encounter payment requests: If the billing provider is a group provider and the servicing provider is not a member of this group according to the Provider Enrollment Database, set the edit. Bypass this edit if billing provider equals servicing provider.</p> <p>Bypass the edit in following scenarios: 1. If billing provider equals servicing provider and provider Type = '052' or '053'. 2. If billing provider equals servicing provider and provider Type = '072' and procedure is not a psych procedure. 3. If billing provider equals servicing provider and provider Type = '072' and from date of service is < 01/01/2004 and procedure modifier is 'Q' or 'R' or 'S'.</p> <p>See value set 'SCHOOL PSYCH PROCEDURES' (# 5050).</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

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	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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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		DENY	

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1
CPA100	Adjudication Controller

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. New dental encounter disposition as of July 1st, 2005 is 2. XOVB disposition is EOB for all media including special batch as of 4/18/2007. XOVA disposition is EOB for paper and EMC media as of 5/21/2007.

Resolution

(None)

Edit/Audit Inquiry Results Edit-731 ESC-731

Edit Information

Edit Number	731	esc Number	731	NCPDP Code	
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Short Desc	Servicing Provider Not Eligible on DOS
Long Desc	Servicing Provider Not Eligible on DOS
Edit Criteria	<p>If the servicing provider is not eligible on the from and thru dates of service of the payment request, set the edit.</p> <p>This edit also ensures that a service provider with program code 10 only can submit encounter claims.</p> <p>This edit also ensures that a service provider with program code 11 cannot bill fee for service.</p> <p>This edit also ensures that a service provider class type '107' cannot submit claims.</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

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	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA028	Provider Edits
CPA100	Adjudication Controller
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Assessments – Claim type 96

1. Highlight the Provider ID number and press provider. Check information under 'Provider Program Information' header on the screen. If the provider participates only in prog 10 (program 10) or prog 11 (program 11), deny claim 0371 D. If provider has other prog codes on the provider file, 0731 D. (updated 08/05/08)

Edit/Audit Inquiry Results Edit-732 ESC-732

Edit Information

Edit Number	732	esc Number	732	NCPDP Code	
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Short Desc	Servicing Provider Invalid				
Long Desc	Servicing Provider Invalid				
Edit Criteria	If the servicing provider number (1) is missing or (2) is not numeric set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

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	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. Edit will be turned on for crossovers only for paper media. As of 5/21/2007, edit has been turned on for Crossovers A and B, all media and modifiers.

Resolution

(None)

Edit/Audit Inquiry Results Edit-733 ESC-733

Edit Information

Edit Number	733	esc Number	733	NCPDP Code	
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Short Desc	Admitting Diagnosis Missing or Invalid				
Long Desc	Admitting Diagnosis Missing or Invalid				
Edit Criteria	If an inpatient or outpatient payment request is submitted for provider types 001, 077, or 091 with an invalid admitting diagnosis or missing admitting diagnosis or admitting diagnosis not on the Diagnosis Database, set the edit. See value set, PROV SET 9				

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-734 ESC-734

Edit Information

Edit Number	734	esc Number	734	NCPDP Code	
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Short Desc	Cov Days Entered > Statement Period				
Long Desc	Covered Days Entered Exceed Statement Period				
Edit Criteria	<p>If the covered days entered on the payment request exceeds the difference between the from and thru dates of service, set the edit. If the patient status is 30 or the from date of service = the thru date of service or provider type is '046', then the covered days entered must not exceed the difference between the from and thru dates of service plus one.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		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		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-735 ESC-735

Edit Information

Edit Number	735	esc Number	735	NCPDP Code	
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Short Desc	Invalid Procedure for Anesthesia				
Long Desc	Invalid Procedure Code for Anesthesia Services				
Edit Criteria	If the From DOS > 1/31/95 and anesthesia services billed (type of service = 7) and procedure code not in range 00100 - 01999, set the edit.				

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		TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	2/1/1995	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-736 ESC-736

Edit Information

Edit Number	736	esc Number	736	NCPDP Code	
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Short Desc	Invalid Surface Code/Procedure				
Long Desc	Invalid Surface Code/Procedure				
Edit Criteria	If a payment request is submitted for a dental procedure that requires a surface code (indicated by surface code indicator (DE 5056) not = zeros on the Medical and Administrative Database) and no surface code (DE 2201) is entered on the payment request, set the edit.				

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		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	
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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		DENY	

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-737 ESC-737

Edit Information

Edit Number	737	esc Number	737	NCPDP Code	
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Short Desc	SLH Hospital Review				
Long Desc	SLH Hospital Review				
Edit Criteria	<p>For claim type 01 and provider type 01, if the admission date is greater than the implementation date and the service requires a PA in Medicaid, set this edit instead of looking for a PA.</p> <p>Prior Authorization is required for all inpatient payment requests (claim type 01) for provider class type 01 (Hospital) unless</p> <p>1) the type of bill = 113 or 114 and the enrollee age is > 20 OR</p> <p>2) the enrollee is a non-resident alien, benefit plan = 01-01-3000 or 01-01-3001 OR</p> <p>3) the number of days for a normal delivery (ICD9 procedure codes 720-729, 730-7309, 732-7322, 735-7399, 7550-7569, and 758 See value set, ICD9 PROC PA CONDITION 1) is 3 or less days (difference between the thru date of service and the admission date) OR</p> <p>4) the number of days for a Caesarian section (ICD9 procedure codes 740, 741, 742, 744 ,749, or 7499 See value set, ICD9 PROC PA CONDITION 2) is 5 or less days (difference between the thru date of service and the admission date) OR</p> <p>5) the number of days for newborns (first revenue code is 170 or 171) is 5 or less days (difference between the thru date of service and the enrollee's birth date).</p>				

General Indicators

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

Program Indicators

Medicaid		SLH	Y	TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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	7/1/2001	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	308	PEND	
	308	PEND	
EMC	308	PEND	
	308	PEND	
Adjustment	308	PEND	
	308	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

This edit was turned off on 10/04/2004.

Resolution

(None)

Edit/Audit Inquiry Results Edit-738 ESC-738

Edit Information

Edit Number	738	esc Number	738	NCPDP Code	
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Short Desc	Procedure Modifier Disagrees with PA Modifier				
Long Desc	Procedure Modifier Disagrees with PA Modifier				
Edit Criteria	If the PA has a modifier other than zeros and the claim modifier does not match the PA modifier, set the edit.				

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		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	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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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-739 ESC-739

Edit Information

Edit Number	739	esc Number	739	NCPDP Code	
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Short Desc	Personal Care Begin Date > From DOS				
Long Desc	Personal Care Begin Date After From Date of Service				
Edit Criteria	If the begin date (D_ILLNESS) is greater than the claim from date of service, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	1/1/1980	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-740 ESC-740

Edit Information

Edit Number	740	esc Number	740	NCPDP Code	
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Short Desc	Same Procedure, Same Day, Different Modifiers
Long Desc	Same Procedure, Same Day, Different Modifiers
Edit Criteria	<p>This edit is set if there are two claims that meet the following criteria:</p> <ul style="list-style-type: none"> Same enrollee Same procedure code Different procedure modifier Same date of service Same provider Procedure codes in the range A0000 - 09999, or 70000 - 99999 <p>Edit is bypassed for the following procedure modifier combinations between the two claims:</p> <ul style="list-style-type: none"> 76 vs. not 76 91 vs. Not 91 01 - 18 vs. 01 - 18 HM - HQ vs. HM - HQ <p>Edit is bypassed for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different</p> <p>See Value Set "PROC 0740/0740" for procedure codes and "PROC MOD 740/740" for procedure modifiers.</p> <p>Different from current system: This is a new edit.</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date	
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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		2	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 319. All SLH Pends are assigned to LOC 310.

Resolution

Practitioner:

1. Check for keying/scanning errors.

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

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

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

3. If the modifier is 22 vs any other modifier or blank, do not pay automatically. Review documentation to ensure procedures are not duplicates. If questions, transfer to 321, add remarks. Make sure claim has documentation to review. (Updated 02/18/10)

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

5. If a claim is billed with a modifier "U1-U9" and the conflicting claim has a blank modifier or a "22" and/or a different 'u' modifier, override using the ESC that pended and disposition indicator O. (Updated 10/26/10)

6. If a Pharmacy provider (provider type 60) is billing with an "S" procedure code and modifier "59", and the conflicting claim has blank modifier or all different modifiers override with 0740 and disposition indicator O. (updated 10/26/10)

7. If a DME provider (provider type 62) is billing with a an 'S' procedure code with the modifier is '22' or blank and the conflicting claim has modifier '59', override with 0740 and disposition indicator O. (Updated 10/26/10)

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

9. If the modifier on the current claim clearly shows that the procedure performed was the same as the procedure performed on the history (conflicting) claim, deny using the ESC that pended and disposition indicator D. (Updated 10/26/10)

10. Procedure code E1399 can be paid if conflicting claim has a different service authorization number. Override 0740. (Updated 10/26/10)

11. If the procedure codes are the same but the procedure type codes are different override ESC with disposition code O. The procedure type codes can be found by clicking on the procedure button. The field is located next to the procedure code. (Updated 03/28/11)

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

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

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

Services billed with modifier "AS" are not covered. Deny with 0117D. (Updated 02/18/10)

Edit/Audit Inquiry Results Edit-741 ESC-741

Edit Information

Edit Number	741	esc Number	741	NCPDP Code	
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Short Desc	PA Units/Dollars Vs. Limit Edit Type				
Long Desc	PA Needs Authorized Units or Dollars to Override a Limitation Edit				
Edit Criteria	In order to override a dollar Limit edit (unit/dollar ind "D") or a Contraindicated edit with unit/dollar ind "B", the PA must have authorized dollars. In order to override any other Limit, Contraindicated, or Required edits, the PA must have authorized units. Set the edit if this criteria is not met.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	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	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	300	PEND	
	300	PEND	
EMC	300	PEND	
	300	PEND	
Adjustment	300	PEND	
	300	PEND	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-742 ESC-742

Edit Information

Edit Number	742	esc Number	742	NCPDP Code	
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Short Desc	Multiple Bill Type 114's Per Stay				
Long Desc	Multiple Bill Type 114's for a Hospital Stay				
Edit Criteria	If there is more than 1 inpatient claim with bill type 114 for the same enrollee, provider, and admit date, set the edit. This edit applies to provider types 01, 14, 85, and 91.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	300	PEND	
	300	PEND	
EMC	300	PEND	
	300	PEND	
Adjustment	300	PEND	
	300	PEND	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-743 ESC-743

Edit Information

Edit Number	743	esc Number	743	NCPDP Code	
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Short Desc	Components Not Allowed When Global Has Been Paid- Med Svcs				
Long Desc	Components Not Allowed When Global Has Been Paid - Med Svcs				
Edit Criteria	<p>If a component procedure (refer to left column on list) is billed and payment has been made to the same provider for a related global procedure (refer to right column on list) for the same enrollee on the same date of service, set the edit.</p> <p>Components Global Procedure 95831,95832,95833 95834</p> <p>36010,36120,36140 93546,93547,93548 93549,93550,93551</p> <p>93503,93527,93529 93552,93553 93541,93542,93543 93544,93545,93561 93562,36000,36001 75500,75501,75505 75506,75507,75509 75511,75519,75520 75523,75524,75527 75528,75750,75751 75752,75753,75754 75755,75756,75757 75762,75764,75766 75772,75773,75774 75775,78470,93280 93040</p>				

36230 92975,92977,96546
93547,93548,93549
93550,93551,93552
93553

93501 93503,93546,93547
93548,93549,93550
93551,93552,93553
93600,93603,93605

93510,93511,93514 93527,93528,93529
93546,93547,93548
93549,93550,93551
93552,93553,93607
90608,93630

93524,93526 93527,93528,93529
93546,93547,93548
93549,93550,93551
93552,93553

93528 93529,93546,93547
93548,93549,93550
93551,93552,93553

93547 93552

93548 93553

93549,93551 93550

93550 93552,93553

93608 93630

M0023 M0722, M0730,90282

W0300 - W0370 90300 - 90370, 99301 - 99315

W0400 - W0470 90300 - 90470, 99301 - 99303
99311 - 99313, 99321 - 99323
99331 - 99333



W0615 - W0616 90000 - 90080, 99201 - 99215				
90000 - 90017 M0702 - M0710 99201 - 99204				
90030 - 90070 90020,90080,99205,99215 99211 - 99214				
90020,90080,99205 M0702 - M0710 99215				
90200 - 90225 M0722 - M0730,90282 90600 - 90630, 90640 - 90654				
99221,99222,99223 M0722 - M0730,99433 99241 - 99255,99271 - 99275				
90240 - 90280 90200 - 90225, 90282, 90841 90853, 99171 - 99174				
99231,99232,99233 99221, 99222, 99223 90841 - 90857 99291,99292				
90282 M0722 - M07307,90200 - 90225				
99433,99238 M0722 - M0730, 99221, 99222 99223				
90292 M0722 - M07307, 90200, 90282				
93300,93305 93309,93312				
93721,93722 93720				
94656 - 94662 99171,99172,99173,99174				
94700 94705,94710				
92552 92553				
92555 92556				
92557 92552,92553,92555,92556				

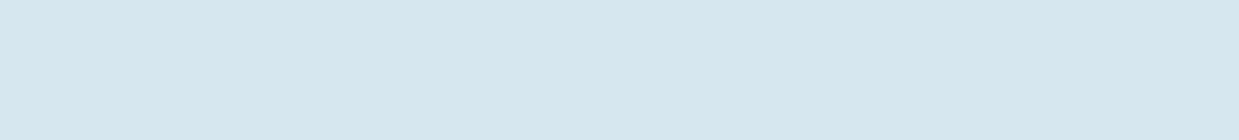




93000 93015,93017,93018				
93005,93010 93000,93015,93017,93018				
93012 93014				
93017,93018 93015				
93041,93042 93546,93547,93548,93549 93550,93551,93552,93553 93040				
93043,93044,93045 93040				
93202,93204 93201				
93208,93209 93205				
93221,93222 93220				
93786,93788,93790 93784				
94150,94160,94200 94010				
95819,95821,95822 95958 95823,95824,95826 95827				
92015 92002 - 92014, 99201- 99215				
92012,92014 92002,92004				
See Value Sets "PROC 0743/0743 001" thru "PROC 0743/0743 nnn" for procedure codes. Different from current system: This is a new edit.				

General Indicators

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



Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		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	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		TEST	
		TEST	
EMC		TEST	
		TEST	
Adjustment		TEST	
		TEST	
POS		PAY	
Encounter		0	
Special Batch	217	TEST	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-744 ESC-744

Edit Information

Edit Number	744	esc Number	744	NCPDP Code	
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Short Desc	Inpatient Respite Care Requires Home Care				
Long Desc	Inpatient Respite Care Requires Home Care				
Edit Criteria	<p>If Z9434 (Inpatient respite care) is billed, there must be an approved claim for Z9430 (Routine home care) or Z9431 (Continuous home care) for the same date of service. If not, set the edit.</p> <p>See Value Set "PROC CODE 0744/0744" for procedure code.</p> <p>Different from current system - this is a new edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Q	Priority	0	Recycle Days	30
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS		Assessments			

Claim Type

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

Date Information

Effective Date Code		Effective Date		Revision Date	
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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-745 ESC-745

Edit Information

Edit Number	745	esc Number	745	NCPDP Code	
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Short Desc	One Service Unit Per Month - Pend - PA Override				
Long Desc	Review of Service Frequency - PA Override				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than one service unit per rolling month and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0745/0745 001" thru "0745/0745 nnn" for procedure codes.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

<p>Practitioner:</p> <ol style="list-style-type: none">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. Check the payment request image for a PA number. If found, key the PA number in the PA # field on the pend screen.3. If PA number is not found on the payment request image, check the attachment image. If the attachment is a copy of an approved authorization, key the authorization number in the PA # field on the pend screen.4. If the attachment is not an authorization or authorization was not approved, deny using the ESC that
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Edit/Audit Inquiry Results Edit-746 ESC-746

Edit Information

Edit Number	746	esc Number	746	NCPDP Code	
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Short Desc	Limitation Audit - Five in a Lifetime				
Long Desc	Exceeds Five-in-a-lifetime limitation				
Edit Criteria	This limitation audit fails when a five-in-a-lifetime procedure code is billed a sixth time by any provider. See Value Sets "0746/0746 001" thru "0746/0746 nnn" for procedure codes.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	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	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

All SLH pends are assigned to LOC 310.

Resolution

Practitioner:

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 additional procedure.
If justification is provided for the additional procedure, override with code 0746 and disposition indicator O.
If justification is not provided, deny with code 0746 and disposition indicator D.

Edit/Audit Inquiry Results Edit-747 ESC-747

Edit Information

Edit Number	747	esc Number	747	NCPDP Code	
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Short Desc	Duplicate Payment Request - Different Provider, Overlap DOS					
Long Desc	Duplicate Payment Request - Different Provider, Overlapping Dates of Service					
Edit Criteria	<p>This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters:</p> <p>INPATIENT (CLAIM TYPE 01): Same enrollee Different base provider ID Overlapping dates of service (except discharge and admit dates)</p> <p>NURSING HOME (CLAIM TYPES 02 and 10): Same enrollee Different base provider ID Overlapping dates of service (except discharge and admit dates)</p> <p>CORF (CLAIM TYPE 03 - PT 19): Same enrollee Different base provider ID Overlapping dates of service</p>					

	<p>HOME HEALTH (CLAIM TYPE 03 - PT 58, 59, 94) (Edit 0747/1345): Same enrollee Different base provider ID Overlapping dates of service Any revenue codes are the same</p> <p>OUTPATIENT (CLAIM TYPE 03 - other than CORF and Home Health) without therapy revenue codes: (Edit 0747/1346) Same enrollee Different base provider ID Overlapping dates of service Same Patient Account Number Bypass edit if both claims have revenue code 450 - 459 (ER), both have valid admit hour, and the admit hours are different. Bypass edit for non-emergency claims if both claims have any of the revenue codes in value set "REVENUE MRI CODES", 'REVENUE CAT SCANS', or 'REVENUE PET SCANS'. Bypass edit for a combination of non-emergency and emergency claims if both claims have any of the revenue codes in value set "REVENUE MRI CODES", 'REVENUE CAT SCANS', or 'REVENUE PET SCANS'.</p> <p>OUTPATIENT (CLAIM TYPE 03 - other than CORF and Home Health) with therapy revenue codes (42x, 43x, and 44x): (Edit 0747/1347) Same enrollee Different base provider ID Overlapping dates of service Same Patient Account Number Any therapy revenue codes are the same</p> <p>OUTPATIENT (CLAIM TYPE 03 - other than CORF and Home Health) with therapy revenue codes vs. Home Health: (Outpatient is current claim - Edit 0201/1347) (Home Health is current claim - Edit 0201/1348) Same enrollee Different base provider ID Overlapping dates of service Any therapy revenue codes are the same</p> <p>PERSONAL CARE (CLAIM TYPE 04): Same enrollee</p>				
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Different base provider ID
Overlapping dates of service

PRACTITIONER - HEALTH DEPT. DRUGS (CLAIM TYPE 05 - PROV TYPE 51 - PROCEDURES J8499, 99070, B4000 - B9999): (Edit 0747/1352)

Same enrollee

Different base provider ID
Overlapping dates of service

Same procedure code

Same procedure modifier (any of the modifiers are the same)

Same billed charge

PRACTITIONER - HEALTH DEPT. OTHER (CLAIM TYPE 05 - PROV TYPE 51 - PROCEDURES NOT J8499, 99070, B4000 - B9999): (Edit 0747/1356)

Same enrollee

Different base provider id
Overlapping date of service

Same procedure code

Same procedure modifier (any of the modifiers are the same)

- Bypass dupe check for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different

PRACTITIONER - CLAIM TYPE 05 - PROV TYPE NOT 51 - Exception Indicator 'S' (0201/1028):

Same enrollee

Different base provider ID
Same from date of service

Same thru date of service

Same procedure code

Same procedure modifier (any of the modifiers are the same)

- Bypass dupe check for procedures E1399, H2025, and 97537

- Bypass dupe check for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different

PRACTITIONER - ALL OTHER (CLAIM TYPE 05 - PROV TYPE NOT 51 - Exception Indicator not 'S') (0201/1007):

Same enrollee



<p>Different base provider ID Same from date of service Same thru date of service Same procedure code Same procedure modifier (any of the modifiers are the same)</p> <p>- Bypass dupe check for procedure E1399 - Bypass dupe check for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different</p> <p>PHARMACY (CLAIM TYPE 06): N/A</p> <p>INDEPENDENT LAB (CLAIM TYPE 08): Same enrollee Different base provider ID Overlapping dates of service</p> <p>- Bypass dupe check for procedures in Value set "Primary Diag/Procedure Bypass" if primary diagnoses are different</p> <p>TITLE XVIII (CLAIM TYPE 09), PART A: N/A</p> <p>TITLE XVIII (CLAIM TYPE 09), PART B: N/A</p> <p>DENTAL (CLAIM TYPE 11): N/A</p> <p>TRANSPORTATION (CLAIM TYPE 13): Same enrollee Different base provider ID Overlapping dates of service Same procedure code Edit only applies if current claim provider type is 81</p>				
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<p>ASSESSMENTS (CLAIM TYPE 96):</p> <p>Same enrollee Different base provider ID Overlapping dates of service Same procedure code Same procedure modifier</p> <p>Different from current system: Some of the dupe logic is different.</p>				
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General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental		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	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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		6	
Special Batch	217	PEND	
PA		PEND	

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

Refer to the resolution instructions for edit 0201/0201. Use the ESC number to override or deny.
 Note: for Nursing Home or inpatient, check the provider ID.
 If providers are different, check the dates of service.
 If the "Thru" date on one claim is the same as the "From" date on the other claim, and this is the only overlapping date, override with 0747 and disposition O. This indicates the recipient was transferred from one facility to another so discharge and admission are the same day.

Edit/Audit Inquiry Results Edit-748 ESC-748

Edit Information

Edit Number	748	esc Number	748	NCPDP Code	
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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	Y		

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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		6	
Special Batch	217	PEND	
PA		PEND	

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

Practitioner Claims

1. If 2 different providers are billing and claims have overlapping dates of service. The codes are TI 001 with no modifier and the other is TI001 with UI modifier. The member is in Tech waiver (exception indicator A), override 0748 0.

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

Note: for Nursing Home or inpatient, check the provider ID.

If providers are different, check the dates of service.

If the "Thru" date on one claim is the same as the "From" date on the other claim, and this is the only overlapping date, override with 0748 and disposition O. This indicates the recipient was transferred from one facility to another so discharge and admission are the same day.

If procedure code S5161(Personal Emergency Response System Monthly Monitoring Fee) is billed twice, deny using 0748 and disposition indicator D. Only one code should be paid per month.

(updated 5/5/09)

Edit/Audit Inquiry Results Edit-749 ESC-749

Edit Information

Edit Number	749	esc Number	749	NCPDP Code	
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Short Desc	Surgery Code Does Not Have ASC Level				
Long Desc	Surgery Code Does Not Have ASC Level				
Edit Criteria	<p>If Provider Type is 49 and the procedure code does not have one of the following procedure flags 'AS1', 'AS2', 'AS3', 'AS4', 'AS5', 'AS6', 'AS7', 'AS8', 'AS9, AP1, AP2, AP3, AP4, AP5, AP6, AP7, AP8, or AP9', set the edit.</p> <p>SLH process:</p> <p>If the Provider Type is '001' or '091' and the enrollee is enrolled in SLH, benefit program '03' and the revenue code is equal to '0490' with a procedure code that does not have one of the following procedure flags 'AS1', 'AS2', 'AS3', 'AS4', 'AS5', 'AS6', 'AS7', 'AS8', 'AS9', 'AP1', 'AP2', 'AP3', 'AP4', 'AP5', 'AP6', 'AP7', 'AP8', or 'AP9', set the edit.</p> <p>Edit 0749 will be set for each revenue line that falls under the above criteria. The disposition for edit 0749 for the revenue process will be an EOB. If all revenue lines set edit 0749, the entire claim will deny for edit 0129 – Revenue Code Not Covered.</p>				

General Indicators

Reject Ind		Deny Ind		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	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	Y
Physician	Y	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	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	400	PEND	
		DENY	
EMC	400	PEND	
		DENY	
Adjustment	400	PEND	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

Set to Test for XOVB. Except for PA and special batch, the dispositions for all media without attachments was changed from PEND to DENY on 1/28/2005.

Resolution

(None)

Edit/Audit Inquiry Results Edit-750 ESC-750

Edit Information

Edit Number	750	esc Number	750	NCPDP Code	
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Short Desc	Invalid Deductible Amount				
Long Desc	The deductible amount is invalid.				
Edit Criteria	If the deductible amount (DE 2251) entered on the payment request is not numeric, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		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	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-751 ESC-751

Edit Information

Edit Number	751	esc Number	751	NCPDP Code	
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Short Desc	EMC Title 18 Adjustment/Void Not Allowed				
Long Desc	EMC Title 18 Adjustment/Void Not Allowed				
Edit Criteria	If a claim type 09 (Title 18) payment request is submitted by a carrier/intermediary either as NSF (media = 8) or EDI (media = 7) with submitter ID EDI (carrier/intermediary), and claim type modifier (DE 2003) = 2 or 4 (adjustment or void), set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		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	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		N/A	
		N/A	
EMC		N/A	
		N/A	
Adjustment		DENY	
		DENY	
POS		N/A	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-752 ESC-752

Edit Information

Edit Number	752	esc Number	752	NCPDP Code	DZ
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Short Desc	Missing HMO Claim Number				
Long Desc	Missing HMO Claim Number				
Edit Criteria	For encounter claims (ICN media 9), if the HMO's claim number is spaces, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp
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Paper			
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter		8	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-753 ESC-753

Edit Information

Edit Number	753	esc Number	753	NCPDP Code	
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Short Desc	Fourth Other Procedure Date is Missing or Invalid				
Long Desc	Fourth Other Procedure Date is Missing or Invalid				
Edit Criteria	If the fourth other procedure is present and valid, and the fourth other procedure date is 1- missing or 2- is in invalid date format or 3- is < the admission date unless the provider class type is 01, 14, 85, 91 in which case the procedure date can be 1 day prior to the admission date or 4- is > the payment request thru date, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	1/1/1996	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-754 ESC-754

Edit Information

Edit Number	754	esc Number	754	NCPDP Code	
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Short Desc	Fifth Other Procedure Date is Missing or Invalid				
Long Desc	Fifth Other Procedure Date is Missing or Invalid				
Edit Criteria	If the fifth other procedure is present and valid, and the fifth other procedure date is 1- missing or 2- is in invalid date format or 3- is < the admission date unless the provider class type is 01, 14, 85, 91 in which case the procedure date can be 1 day prior to the admission date or 4- is > the payment request thru date, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	1/1/1996	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-755 ESC-755

Edit Information

Edit Number	755	esc Number	755	NCPDP Code	62
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Short Desc	Enrollee Name Missing				
Long Desc	Enrollee Name Missing				
Edit Criteria	If the enrollee short name on the claim form is spaces, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	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	DOS	Effective Date	7/1/2001	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

Disposition/Location rows with Disposition = 'E' and Begin Effective Date = 06/26/2003 were changed to have the Begin Effective Date moved back to 07/01/2000.

Resolution

(None)

Edit/Audit Inquiry Results Edit-756 ESC-756

Edit Information

Edit Number	756	esc Number	756	NCPDP Code	
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Short Desc	Billing Prov Is Not Grp Prov				
Long Desc	Billing Provider Is Not Group Provider				
Edit Criteria	<p>For Fee-for-Service or Encounter payment requests: If the billing provider and servicing provider are not equal, then the billing provider must be a group provider. If the billing provider is not a group the edit is set.</p> <p>Bypass the edit in following scenarios: 1. If billing provider equals servicing provider and provider Type = '052' or '053'. 2. If billing provider equals servicing provider and provider Type = '072' and procedure is not a psych procedure. 3. If billing provider equals servicing provider and provider Type = '072' and from date of service is < 01/01/2004 and procedure modifier is 'Q' or 'R' or 'S'.</p> <p>See value set 'SCHOOL PSYCH PROCEDURES' (# 5050).</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	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	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1
CPA100	Adjudication Controller

Exceptions

The disposition was changed to EOB on 3/26/2007 for UB claims. The disposition for special batch for ADA and HCFA was changed back to PEND on 5/8/2007.

Resolution

(None)

Edit/Audit Inquiry Results Edit-757 ESC-757

Edit Information

Edit Number	757	esc Number	757	NCPDP Code	
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Short Desc	Servicing Provider Cannot Be a Group Provider				
Long Desc	Servicing Provider Cannot Be a Group Provider				
Edit Criteria	<p>If the servicing provider is a group provider, set the edit. Bypass the edit in following scenarios:</p> <ol style="list-style-type: none"> 1. If billing provider equals servicing provider and provider Type = '052' or '053'. 2. If billing provider equals servicing provider and provider Type = '072' and procedure is not a psych procedure. 3. If billing provider equals servicing provider and provider Type = '072' and from date of service is < 01/01/2004 and procedure modifier is 'Q' or 'R' or 'S'. <p>See value set 'SCHOOL PSYCH PROCEDURES' (# 5050).</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	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	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1
CPA100	Adjudication Controller

Exceptions

XOVA disposition is EOB for paper and EMC media as of 5/21/2007.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-758 ESC-758

Edit Information

Edit Number	758	esc Number	758	NCPDP Code	
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Short Desc	Provider Cannot Bill as an Individual				
Long Desc	Provider Cannot Bill as an Individual				
Edit Criteria	<p>Note: Edit deleted as of 03/26/07.</p> <p>If the billing provider is specialty 26 (Special ED Psych Services), set the edit.</p> <p>Bypass the edit if billing provider type is 072.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-759 ESC-759

Edit Information

Edit Number	759	esc Number	759	NCPDP Code	
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Short Desc	Inpatient Hospital Payment > \$500,000				
Long Desc	Inpatient Hospital Payment > \$500,000				
Edit Criteria	If the calculated payment amount for an inpatient hospital claim is greater than \$ 500,000, set the edit. The Threshold amount \$500,000 can be changed by updating the INPTTHRSLD value to the desired threshold amount in RF_SYS_PARAMETER table.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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	1/1/1990	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	300	PEND	
	300	PEND	
EMC	300	PEND	
	300	PEND	
Adjustment	300	PEND	
	300	PEND	
POS			
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-760 ESC-760

Edit Information

Edit Number	760	esc Number	760	NCPDP Code	
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Short Desc	Claim Created by ClaimCheck
Long Desc	Claim Created by ClaimCheck
Edit Criteria	If a claim is created by Claim Check, set this edit. This edit is obsolete.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	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	DOS	Effective Date	7/1/2001	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

The only valid media is S and the claim type modifier is 1.

Resolution

(None)

Edit/Audit Inquiry Results Edit-761 ESC-761

Edit Information

Edit Number	761	esc Number	761	NCPDP Code	
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Short Desc	CLAIMCHECK SELECTION - SAME DAY				
Long Desc	CLAIMCHECK SELECTION - SAME DAY				
Edit Criteria	<p>Same date of service selection criteria. If the claims meet this criteria, they are passed to the CLAIMCHECK integration program. This edit is not set on a claim</p> <p>Criteria: Same recipient Same provider Same DOS Procedure code in value set "Claim Check Same Day Proc" Procedure Modifier not in Value Set "Proc Mod 75"</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	K	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	DOS	Effective Date	7/1/2001	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-762 ESC-762

Edit Information

Edit Number	762	esc Number	762	NCPDP Code	
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Short Desc	CLAIMCHECK SELECTION - PRE-OP				
Long Desc	CLAIMCHECK SELECTION - PRE-OP				
Edit Criteria	CLAIMCHECK edit selection criteria for pre-operative procedures. If the claims meet this criteria, they are passed to the ClaimCheck integration program. This edit is not set on a claim Criteria: Same recipient Same provider History claim is within 270 days before current claim Current claim is surgery, history claim is E & M visit (see value set "Claim Check Surgery vs Visit" Procedure Modifier not in Value Set "Proc Mod 75"				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	7/1/2001	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

The only valid media is S and the claim type modifier is 1.

Resolution

(None)

Edit/Audit Inquiry Results Edit-763 ESC-763

Edit Information

Edit Number	763	esc Number	763	NCPDP Code	
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Short Desc	CLAIMCHECK SELECTION PRE-OP				
Long Desc	CLAIMCHECK SELECTION PRE-OP				
Edit Criteria	CLAIMCHECK edit selection criteria for pre-operative procedures. If the claims meet this criteria, they are passed to the ClaimCheck integration program. This edit is not set on a claim Criteria: Same recipient Same provider History claim is within 270 days after current claim History claim is surgery, current claim is E & M visit (see value set "Claim Check Surgery vs Visit" Procedure Modifier not in Value Set "Proc Mod 75"				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	K	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	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	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-764 ESC-764

Resolution Procedures

Edit Information

Edit Number	764	esc Number	764	NCPDP Code	
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Short Desc	CLAIMCHECK SELECTION - POST-OP				
Long Desc	CLAIMCHECK SELECTION - POST-OP				
Edit Criteria	<p>CLAIMCHECK edit selection criteria for post-operative procedures. If the claims meet this criteria, they are passed to the ClaimCheck integration program. This edit is not set on a claim</p> <p>Criteria:</p> <ul style="list-style-type: none"> Same recipient Same provider History claim is within 90 days before current claim History claim is surgery, current claim is E & M visit (see value set "Claim Check Visit vs Surgery") Procedure Modifier not in Value Set "Proc Mod 75" 				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	K	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				
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Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-765 ESC-765

Edit Information

Edit Number	765	esc Number	765	NCPDP Code	
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Short Desc	CLAIMCHECK SELECTION - POST-OP				
Long Desc	CLAIMCHECK SELECTION - POST-OP				
Edit Criteria	CLAIMCHECK edit selection criteria for post-operative procedures. If the claims meet this criteria, they are passed to the ClaimCheck integration program. This edit is not set on a claim Criteria: Same recipient Same provider History claim is within 90 days after current claim Current claim is surgery, history claim is E & M visit (see value set "Claim Check Surgery vs Visit" Procedure Modifier not in Value Set "Proc Mod 75"				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	K	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	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA410	History Utilization Review (U/R) Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-0766 ESC-0766

Edit Information

Edit Number	0766	esc Number	0766	NCPDP Code	
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Short Desc	Invalid Fifth External Cause of Injury Diagnosis Code
Long Desc	Invalid Fifth External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Fifth External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxnn where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD 9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG Exclude Codes).</p>

<p>iii. Check specific to diagnosis codes:</p> <p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or the ICD-10 value set 20871 (ICD-10 HAC Diag Mediastinum) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or the ICD-10 value set 20872 (ICD-10 HAC Byp Coronary Artery).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or the ICD-10 value set 20873 (ICD-10 HAC Diag Orthopedic) and any of the procedure codes is present in the ICD-9value set 874 (996.97 OR 998.59 XREF PROC CODES) or the ICD-10 value set 20874 (ICD-10 HAC Proc Orthopedic).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or the ICD-10 value set 20875 (ICD-10 HAC Diag Sec Bariatric), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or the ICD-10 value set 20876 (ICD-10 HAC Diag Pri Bariatric), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or the ICD-10 value set 20877 (ICD-10 HAC Proc Bariatric).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA EMC		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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date		
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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

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-0767 ESC-0767

Edit Information

Edit Number	0767	esc Number	0767	NCPDP Code	
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Short Desc	Invalid Sixth External Cause of Injury Diagnosis Code
Long Desc	Invalid Sixth External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Sixth External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxnn where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD 9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG Exclude Codes).</p> <p>iii. Check specific to diagnosis codes:</p>

	<p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or the ICD-10 value set 20871 (ICD-10 HAC Diag Mediastinum) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or the ICD-10 value set 20872 (ICD-10 HAC Byp Coronary Artery).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or the ICD-10 value set 20873 (ICD-10 HAC Diag Orthopedic) and any of the procedure codes is present in the ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or the ICD-10 value set 20874 (ICD-10 HAC Proc Orthopedic).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or the ICD-10 value set 20875 (ICD-10 HAC Diag Sec Bariatric), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or the ICD-10 value set 20876 (ICD-10 HAC Diag Pri Bariatric), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or the ICD-10 value set 20877 (ICD-10 HAC Proc Bariatric).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA EMC		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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date		
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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

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-0768 ESC-0768

Edit Information

Edit Number	0768	esc Number	0768	NCPDP Code	
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Short Desc	Invalid Seventh External Cause of Injury Diagnosis Code
Long Desc	Invalid Seventh External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Seventh External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xnxxn where x = 0 - 9, E, V and n = 0 – 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD 9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG Exclude Codes).</p> <p>iii. Check specific to diagnosis codes:</p>

	<p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or the ICD-10 value set 20871 (ICD-10 HAC Diag Mediastinum) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or the ICD-10 value set 20872 (ICD-10 HAC Byp Coronary Artery).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or the ICD-10 value set 20873 (ICD-10 HAC Diag Orthopedic) and any of the procedure codes is present in the ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or the ICD-10 value set 20874 (ICD-10 HAC Proc Orthopedic).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or the ICD-10 value set 20875 (ICD-10 HAC Diag Sec Bariatric), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or the ICD-10 value set 20876 (ICD-10 HAC Diag Pri Bariatric), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or the ICD-10 value set 20877 (ICD-10 HAC Proc Bariatric).</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA EMC		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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date	Effective	Revision		
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Code	Date	Date	
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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

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-0769 ESC-0769

Edit Information

Edit Number	0769	esc Number	0769	NCPDP Code	
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Short Desc	Invalid Eighth External Cause of Injury Diagnosis Code
Long Desc	Invalid Eighth External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Eighth External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>For ICD-9 claims, the valid diagnosis format is either xnn, xnxx, or xxxxxx where x = 0 - 9, E, V and n = 0 - 9.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For claim type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For claim type 01, provider types 003 and 007 are the only other provider types that set the edit.</p> <p>For outpatient claim type 03, the edit is only done for bill types 131 and 137.</p> <p>Excluded from DRG:</p> <p>All diagnosis codes, except the diagnosis codes specifically mentioned in (iii), will be excluded from DRG pricing process if they satisfy condition (i) and (ii). The diagnosis codes mentioned in (iii) will have to satisfy (i), (ii) and (iii) to be excluded from DRG pricing :</p> <p>i. If Present on Admission indicator is 'N' or 'U', or if Present on Admission indicator is '1' or blank and the diagnosis code is not present in the ICD 9 value set 9968 (VALUE SET FOR EDIT 1370) or the ICD-10 value set 29968 (ICD-10 VALUE SET FOR EDIT 1370).</p> <p>ii. If diagnosis code is in the ICD-9 value set 870 (HAC DRG EXCLUDE CODES) or the ICD-10 value set 20870 (ICD-10 HAC DRG Exclude Codes).</p> <p>iii. Check specific to diagnosis codes:</p>

	<p>1. If the diagnosis code is present in the ICD-9 value set 871 (519.2 DIAGNOSIS CODE) or the ICD-10 value set 20871 (ICD-10 HAC Diag Mediastinum) and any of the procedure codes is present in the ICD-9 value set 872 (519.2 X-REFERENCE PROC CODES) or the ICD-10 value set 20872 (ICD-10 HAC Byp Coronary Artery).</p> <p>2. If the diagnosis code is present in the ICD-9 value set 873 (996.67 OR 998.59 DIAGNOSIS CODE) or the ICD-10 value set 20873 (ICD-10 HAC Diag Orthopedic) and any of the procedure codes is present in the ICD-9 value set 874 (996.97 OR 998.59 XREF PROC CODES) or the ICD-10 value set 20874 (ICD-10 HAC Proc Orthopedic).</p> <p>3. If the diagnosis code is present in the ICD-9 value set 875 (998.59 DIAGNOSIS CODE) or the ICD-10 value set 20875 (ICD-10 HAC Diag Sec Bariatric), the primary diagnosis code is present in the ICD-9 value set 876 (278.01 DIAGNOSIS CODE) or the ICD-10 value set 20876 (ICD-10 HAC Diag Pri Bariatric), and any of the procedure codes is present in the ICD-9 value set 877 (998.59 AND 278.01 XREF PROC CODES) or the ICD-10 value set 20877 (ICD-10 HAC Proc Bariatric).</p>
--	--

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA EMC		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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date		
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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

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-770 ESC-770

Edit Information

Edit Number	770	esc Number	770	NCPDP Code	
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Short Desc	Equipment Repair Service Limit - 4 Per Year				
Long Desc	Equipment Repair Service Limit - 4 Per Year				
Edit Criteria	<p>If a payment request for any of the following procedures results in more than four service units per twelve rolling months and there is no PA on the PA File for the service, set the edit.</p> <p>If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cutback is taken and EOB 0639 is set.</p> <p>See Value Sets "0770/0770 001" thru "0770/0770 nnn" for procedure codes.</p>				

General Indicators

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

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	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS			
Encounter			
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

None

Resolution

<p>Practitioner:</p> <ol style="list-style-type: none">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. Check the payment request image for a PA number. If found, key the PA number in the PA # field on the pend screen.3. If PA number is not found on the payment request image, check the attachment image. If the attachment is a copy of an approved authorization, key the authorization number in the PA # field on the pend screen.4. If the attachment is not an authorization or authorization was not approved, deny using code 0770 and disposition indicator D.
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Edit/Audit Inquiry Results Edit-771 ESC-771

Edit Information

Edit Number	771	esc Number	771	NCPDP Code	
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Short Desc	Suction Purchase Service Limit - 2 Every 36 Months				
Long Desc	Suction Purchase Service Limit - 2 Every 36 Months				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than two service units in thirty-six rolling months, and there is no PA on the PA File for the service, set the edit if a cutback cannot be taken. If there is an approved PA on file and the authorized PA units have not all been used, the payment request's units are deducted from the remaining authorized units. If there are not enough remaining authorized units, a cut-back is taken and EOB 0639 is set.</p> <p>See Value Sets "0771/0771 001" thru "0771/0771 nnn" for procedure codes</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

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

Resolution

(None)

Edit/Audit Inquiry Results Edit-772 ESC-772

Edit Information

Edit Number	772	esc Number	772	NCPDP Code	
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Short Desc	Nebulizer Service Limit - 1 Every 36 Months				
Long Desc	Nebulizer Service Limit - 1 Every 36 Months				
Edit Criteria	<p>If a payment request for any of the following procedure codes results in more than one service unit per thirty-six rolling months, set the edit.</p> <p>See Value Sets "0772/0772 001" thru "0772/0772 nnn" for procedure codes</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		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	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment		PEND	
		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

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

Resolution

Refer to the resolution instructions for edit 0203/3180. Use the ESC number to override or deny.

Edit/Audit Inquiry Results Edit-773 ESC-773

Edit Information

Edit Number	773	esc Number	773	NCPDP Code	
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Short Desc	Conflicting CAS adjustment reasons				
Long Desc	Conflicting CAS adjustment reasons				
Edit Criteria	For Claim Types (01, 03, 04, 05, 06, 08, 11, 13) This edit is set when: (a) there is a CAS Adjustment Reason code or payment from an MCO that is sent at the claim level, or (b) there is more than one CAS Adjustment Reason code and the conversion of the codes results in a conflict (i.e. paid vs. denied).				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-774 ESC-774

Edit Information

Edit Number	774	esc Number	774	NCPDP Code	
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Short Desc	PROVIDER CANNOT PERFORM EI SERVICES
Long Desc	PROVIDER CANNOT PERFORM EI SERVICES
Edit Criteria	If claim submitted has procedure code in value set 'EI CARVE OUT PROCEDURES' (#1015) and a servicing provider with new provider type 108 or any of the servicing provider's specialties is 116 or 119, the recipient must have an active benefit plan for the same dates as the claim DOS with exception indicator EI

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	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	10/1/2009	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA340	CMS-1500 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-775 ESC-775

Edit Information

Edit Number	775	esc Number	775	NCPDP Code	
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Short Desc	36 Service Units Per Twelve Months
Long Desc	36 Service Units Per Twelve Months
Edit Criteria	If a payment request for the procedure code T1023 results in more than 36 service units per twelve rolling months, set the edit. See Value Sets "0775/0775" for procedure codes.

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	10/1/2009	Revision Date	
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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		0	
Special Batch	217	PEND	
PA		PEND	

Programs

Program	Program Title
CPA340	CMS-1500 Service/PA Edit

Exceptions

None

Resolution

If claim has an attachment - transfer to location 219
If claim does not have an attachment - deny claim 0775 with disposition code D. updated 07/22/11

Edit/Audit Inquiry Results Edit-777 ESC-777

Edit Information

Edit Number	777	esc Number	777	NCPDP Code	
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Short Desc	PROF/TECH COMPONENT NOT PAYABLE FOR PROCEDURE				
Long Desc	Claim was billed for Professional or Technical Component when no rate is appropriate.				
Edit Criteria	If any of the Procedure Modifiers on the claim is '26' or 'TC', and the Procedure Code has a Flag Code of '26', set Edit 0777.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	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	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		Deny	
		Deny	
EMC		Deny	
		Deny	
Adjustment		Deny	
		Deny	
POS		N/A	
Encounter		6	
Special Batch	217	Pend	
PA		N/A	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-780 ESC-780

Edit Information

Edit Number	780	esc Number	780	NCPDP Code	
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Short Desc	Invalid Procedure/Procedure Modifier School Psych Services				
Long Desc	Invalid Procedure/Procedure Modifier School Psych Services				
Edit Criteria	<p>If the servicing provider type = 072 and there is a 'Q' or 'U6' in the procedure modifier on the payment request but no '7Q' flag on the RF_PROC_FLAG_CODES table, then set the edit.</p> <p>Otherwise, if the servicing provider type = 072 and there is an 'R' or 'AH' in the procedure modifier on the payment request but no '7R' flag on the RF_PROC_FLAG_CODES table, then set the edit.</p> <p>Otherwise, if the servicing provider type = 072 and there is an 'S' or 'AJ' in the procedure modifier on the payment request but no '7S' flag on the RF_PROC_FLAG_CODES table, then set the edit.</p> <p>Otherwise, if the servicing provider type = 072 and there is a 7Q, 7R or 7S flag on the RF_PROC_FLAG_CODES table, then set the edit.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	1/12/2000	Revision Date	
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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

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-781 ESC-781

Edit Information

Edit Number	781	esc Number	781	NCPDP Code	
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Short Desc	Family Planning Waiver				
Long Desc	Family Planning Waiver				
Edit Criteria	For Claim Type 09, if the Aid Category is 80 set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority	0	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	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	Pend	
	100	Pend	
EMC	100	Pend	
	100	Pend	
Adjustment	100	Pend	
	100	Pend	
POS			
Encounter			
Special Batch	217	Pend	
PA			

Programs

(None)

Exceptions

None

Resolution

(updated 6/1/12)

1. Check claim for diagnosis code(s) if not available on the pend screen
2. If one of the diagnosis codes is one of the following, override 0781. If not, deny 0781 D.

Payable diagnosis codes are:

V2501-V2504

V2509

V251-V252

V2540-V2543

V2549

V255

V258-V259

V2651-V2652

Edit/Audit Inquiry Results Edit-782 ESC-782

Edit Information

Edit Number	782	esc Number	782	NCPDP Code	
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Short Desc	WC, STATE FEE ADJUSTMEN				
Long Desc	WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-783 ESC-783

Edit Information

Edit Number	783	esc Number	783	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	v
Nursing		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					

Date Information

Effective Date Code	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-784 ESC-784

Edit Information

Edit Number	784	esc Number	784	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-785 ESC-785

Edit Information

Edit Number	785	esc Number	785	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-786 ESC-786

Edit Information

Edit Number	786	esc Number	786	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-787 ESC-787

Edit Information

Edit Number	787	esc Number	787	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-788 ESC-788

Edit Information

Edit Number	788	esc Number	788	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-789 ESC-789

Edit Information

Edit Number	789	esc Number	789	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-790 ESC-790

Edit Information

Edit Number	790	esc Number	790	NCPDP Code	
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Short Desc	Other Denial Reason				
Long Desc	Other Denial Reason				
Edit Criteria	This edit is a denial edit submitted on an encounter claim.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-791 ESC-791

Edit Information

Edit Number	791	esc Number	791	NCPDP Code	
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Short Desc	Other Denial Reason
Long Desc	Other Denial Reason
Edit Criteria	This edit is a denial edit submitted on an encounter claim.

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing		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					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-792 ESC-792

Edit Information

Edit Number 792 | esc Number 792 | NCPDP Code

Short Desc	CLAIMCHECK NCCI PTP EDIT
Long Desc	CLAIMCHECK NCCI PTP EDIT
Edit Criteria	<p>This is a Medicaid NCCI Procedure Edit (PTP) executed by the ClaimCheck software. The edit will set on the current claim if the procedure code on the history claim and the procedure code on the current claim exist as an active edit code pair on the CMS NCCI file stored in the ClaimCheck software.</p> <p>The history claim will pay and the current claim will deny. If the current claim was previously paid, it will be voided and flagged with an adjustment reason code of 1195.</p> <p>Claim Adjudication Algorithm</p> <ol style="list-style-type: none"> (1) Apply edits to services by same provider to same member on same date of service. (2) Determine whether type of claim and site of service are subject to NCCI PTP edits. <ol style="list-style-type: none"> (a) For practitioner claims regardless of site of service, use Practitioner NCCI PTP edit file. (b) For ambulatory surgical center claims, use Practitioner NCCI PTP edit file. (c) For outpatient hospital claims, use Outpatient Hospital Services NCCI PTP edit file. (d) For facility (hospital) emergency department, observation, and hospital laboratory services claims, use Outpatient Hospital Services NCCI PTP edit file. (3) For each HCPCS/CPT code submitted on a claim identify all other HCPCS/CPT codes submitted on current claim or earlier claims in history with the same date of service for the same provider and same member. This is subset of HCPCS/CPT codes for each code that needs to be tested against the NCCI procedure-to-procedure edit files. <ol style="list-style-type: none"> (a) For each code in the subset, use it as a column one code and pair it with every other code in the subset as a column two code. Each code is paired with every other code as both column one and column two codes. (Note that this method identifies code pairs such that each code as a column one code is paired with every other code as a column two code AND each code as a column two code is paired with every other code as a column one code.) <p>Determine whether any of these code pairs match any of the code pair edits in the appropriate NCCI PTP edit file for the relevant site of service.</p> <ol style="list-style-type: none"> (b) After code pairs that match NCCI PTP edits in the edit file are identified, test date of service against the effective date and deletion date (if relevant) for each edit. Apply NCCI PTP edit to claim only if the date of service is “on or after” the effective date and “on or before” the deletion date of the edit. Most edits do not have deletion dates. (c) After code pairs that match NCCI PTP edits in the edit file with dates of service within the effective period of the corresponding edit are identified, determine whether an NCCI-associated modifier is appended to either or both of the codes of the code pair. Proceed as follows:

(i) If modifier indicator of edit is “1”, the column two code is eligible for payment only if an NCCI-associated modifier is appended to either code of the edit pair. That is, the edit is bypassed and both the column one and column two codes are eligible for payment.

General Indicators

Reject Ind	Deny Ind	Y	Override Ind	N
PrtRA Ind	Y PA Override Ind	N	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
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Media/Disposition/Pend Location Codes

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

Programs

CPA418VA
CPA418CI

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-793 ESC-793

Edit Information

Edit Number 793 | esc Number 793 | NCPDP Code

Short Desc	CLAIMCHECK NCCI PTP EDIT
Long Desc	CLAIMCHECK NCCI PTP EDIT
Edit Criteria	<p>This is a Medicaid NCCI Procedure Edit (PTP) executed by the ClaimCheck software. The edit will set on the current claim if the procedure code on the history claim and the procedure code on the current claim exist as an active edit code pair on the CMS NCCI file stored in the ClaimCheck software.</p> <p>The history claim will pay and the current claim will deny. If the current claim was previously paid, it will be voided and flagged with an adjustment reason code of 1195.</p> <p>Claim Adjudication Algorithm</p> <ol style="list-style-type: none"> (1) Apply edits to services by same provider to same member on same date of service. (2) Determine whether type of claim and site of service are subject to NCCI PTP edits. <ol style="list-style-type: none"> (a) For practitioner claims regardless of site of service, use Practitioner NCCI PTP edit file. (b) For ambulatory surgical center claims, use Practitioner NCCI PTP edit file. (c) For outpatient hospital claims, use Outpatient Hospital Services NCCI PTP edit file. (d) For facility (hospital) emergency department, observation, and hospital laboratory services claims, use Outpatient Hospital Services NCCI PTP edit file. (3) For each HCPCS/CPT code submitted on a claim identify all other HCPCS/CPT codes submitted on current claim or earlier claims in history with the same date of service for the same provider and same member. This is subset of HCPCS/CPT codes for each code that needs to be tested against the NCCI procedure-to-procedure edit files. <ol style="list-style-type: none"> (a) For each code in the subset, use it as a column one code and pair it with every other code in the subset as a column two code. Each code is paired with every other code as both column one and column two codes. (Note that this method identifies code pairs such that each code as a column one code is paired with every other code as a column two code AND each code as a column two code is paired with every other code as a column one code.) <p>Determine whether any of these code pairs match any of the code pair edits in the appropriate NCCI PTP edit file for the relevant site of service.</p> <ol style="list-style-type: none"> (b) After code pairs that match NCCI PTP edits in the edit file are identified, test date of service against the effective date and deletion date (if relevant) for each edit. Apply NCCI PTP edit to claim only if the date of service is “on or after” the effective date and “on or before” the deletion date of the edit. Most edits do not have deletion dates. (c) After code pairs that match NCCI PTP edits in the edit file with dates of service within the effective period of the corresponding edit are identified, determine whether an NCCI-associated modifier is appended to either or both of the codes of the code pair. Proceed as follows:

(i) If modifier indicator of edit is “1”, the column two code is eligible for payment only if an NCCI-associated modifier is appended to either code of the edit pair. That is, the edit is bypassed and both the column one and column two codes are eligible for payment.

General Indicators

Reject Ind	Deny Ind	Y	Override Ind	N
PrtRA Ind	Y PA Override Ind	N	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
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Media/Disposition/Pend Location Codes

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

Programs

CPA418VA
CPA418CI

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-794 ESC-794

Edit Information

Edit Number	794	esc Number	794	NCPDP Code	
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Short Desc	CLAIMCHECK NCCI MUE EDIT
Long Desc	CLAIMCHECK NCCI MUE EDIT
Edit Criteria	<p>This is a Medicaid NCCI Medically Unlikely Edit (MUE) executed by the ClaimCheck software. The edit will set on the current claim if the units for the procedure code are greater than the allowed units found on the CMS NCCI file stored in the ClaimCheck software. If the current claim was previously paid, it will be voided and flagged with an adjustment reason code of 1196.</p> <p>Claim Adjudication Algorithm</p> <ol style="list-style-type: none"> (1) Apply edits to services by same provider/supplier for same member on same date of service. (2) Determine whether type of claim and site of service are subject to MUE edits. <ol style="list-style-type: none"> (a) For practitioner claims regardless of site of service including DME billed by practitioner, use Practitioner MUE File. (b) For ambulatory surgical center claims, use Practitioner MUE File. (c) For outpatient hospital (including critical access hospitals) claims including DME billed by hospital, use Outpatient Hospital MUE File. (d) For hospital facility (including critical access hospitals) emergency department claims, use Outpatient Hospital MUE File. (e) For hospital facility (including critical access hospitals) observation care claims, use Outpatient Hospital MUE File. (f) For DME billed by suppliers, not practitioners or hospitals, use Durable Medical Equipment (DME)) MUE File. (3) MUE is a claim line edit that compares UOS (unit of service) reported for the HCPCS/CPT code on the claim line to the MUE value for that code. (4) If MUE value for HCPCS/CPT code on claim line is greater than or equal to reported UOS on the claim line, the UOS pass the MUE. (5) If MUE value for HCPCS/CPT code is less than the reported UOS on the claim line, the UOS fail the MUE, and the entire claim line is denied. That is, no UOS are paid for the code reported on that claim line. (6) Statements (3)-(5) apply to claim lines where the "from date" to the "to date" is the same. However, if a code subject to an MUE is reported with a different "from date" and "to date" on the claim line, the claims processor should divide the reported units of service by the number of days in the date span and round to the nearest whole number. This number is compared to the MUE value for the code on the claim line, and the rules stated in (4) and (5) above are applied substituting this calculated number for the UOS.

General Indicators

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

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	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

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

Programs

CPA418VA

CPA418CI

Exceptions

MUE edit will be triggered or bypassed based on the ClaimCheck account-id selected

Resolution

(None)

Edit/Audit Inquiry Results Edit-799 ESC-799

Edit Information

Edit Number	799	esc Number	799	NCPDP Code	
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Short Desc	Table Information Not Found
Long Desc	Table Information Not Found
Edit Criteria	This is a system error that is set when an entry is not found in a table. If this edit is set, please notify VMAP Systems.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind		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	Y	Pharmacy	Y	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	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	1/1/1979	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PAY	

Programs

Program	Program Title
CPA100	Adjudication Controller

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. New dental encounter disposition as of July 1st, 2005 is 8. All dispositions set to pend as of 3/29/2007.

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. Transfer hospice claims (Rev code 0658/claim type 01) to location 219 (updated 10/25/07).

3. If procedure code S9125 is billed and modifier 'TE' is not listed, deny 0041D. (updated 12/18/07)

4. If procedure code 80047 is billed with modifier TC or 26, deny 0041D. (updated 5/15/08)

5. If lab procedure code has a fee for OPPC only for the date of service billed and modifier '26' was not billed, pay the OPPC rate on file. Enter the OPPC rate in the manual pay field times the number of units billed, not to exceed the number of units allowed. Press adjudicate. (updated 5/15/08)

6 If not 1-5, Transfer to supervisor location 219.

7 Supervisor, contact systems unit to correct table information.

8 Supervisor, request that all claims pending for 0799/0799 be recycled once the table has been corrected. If there are only a few pends, access each pend by ICN and release them to adjudicate.