

Edit/Audit Inquiry Results Edit-800 ESC-800

Edit Information

Edit Number	800	esc Number	800	NCPDP Code	
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Short Desc	Outpatient Payment Request Over \$20,000.00
Long Desc	Charges Not Justified
Edit Criteria	If an outpatient payment request is submitted and the total amount billed is greater than \$20,000.00, set the edit. The Threshold amount \$20,000 can be changed by updating the OUTPTHRSLD value to the desired threshold amount in RF_SYS_PARAMETER table

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

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 308. On 10/27/2004, this edit was turned back on; it had been turned off pending change to criteria to raise limit to \$ 20,000.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

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

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

2. Review claim image to verify that the amounts billed are correct. Look for obvious billing errors such as billing every line twice.

If charges appear to be billed incorrectly, transfer the pended claim to DMAS location 219 and enter comments indicating reason the claim should be denied.

If the charges appear to be billed correctly and the calculated payment amount exceeds \$36,000, transfer to DMAS location 219.

If charges appear to be billed correctly and the calculated payment is equal to or less than \$36,000, override with code 0800 and disposition indicator O.

Edit/Audit Inquiry Results Edit-801 ESC-801

Edit Information

Edit Number	801	esc Number	801	NCPDP Code	
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Short Desc	Pending for Manual Review				
Long Desc	Pending for Manual Review				
Edit Criteria	If the provider class type = 85 (out-of-state rehab hospital), check for a Prior Authorization. If a PA is found and there is no rate on the PA OR if there is no PA found, then check for a provider rate. If neither a PA nor a provider rate is found, set the edit.				

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	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	333	PEND	
	333	PEND	
EMC	333	PEND	
	333	PEND	
Adjustment	333	PEND	
	333	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

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

Resolution

(None)

Edit/Audit Inquiry Results Edit-802 ESC-802

Edit Information

Edit Number	802	esc Number	802	NCPDP Code	
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Short Desc	Prior Fiscal Year Adjustment				
Long Desc	Prior Fiscal Year Adjustment				
Edit Criteria	If an adjustment or void request is received for SLH claims paid in any prior State Fiscal Year than the current State Fiscal Year (07/01/Y1 - 06/30/Y2), except for adjustments or voids with the 8000 series adjustment reasons, set the edit.				

General Indicators

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

Date Information

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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment	310	PEND	
	310	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA020	Adjustment Edits

Exceptions

All SLH Pends are assigned to LOC 308. This edit is only for claim type modifier 2 (adjustments) and claim type modifier 4 (voids).

Resolution

(None)

Edit/Audit Inquiry Results Edit-803 ESC-803

Edit Information

Edit Number	803	esc Number	803	NCPDP Code	
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Short Desc	Hospital Admission Not Authorized				
Long Desc	Hospital Admission Not Authorized				
Edit Criteria	<p>Edit is deleted - incorporated into Edit 258.</p> <p>If a physician submits a payment request with a place of treatment of 21 and no hospital stay has been authorized, which is determined by not finding a hospital Prior Authorization on file or not finding an approved hospital Prior Authorization, set the edit. The payment request automatically recycles weekly for 30 days before denying.</p> <p>The edit only prints on the Remittance Advice the first time the payment request ends. This edit should be performed prior to Edit 0258.</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

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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-804 ESC-804

Edit Information

Edit Number	804	esc Number	804	NCPDP Code	
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Short Desc	Review Hospital Admission				
Long Desc	Review Hospital Admission				
Edit Criteria	<p>Edit is deleted - incorporated into Edit 258.</p> <p>If a physician submits a payment request with a place of treatment of 21 and an approved hospital Prior Authorization is found and the from date of service on the physician payment request is within 120 days of the hospital admission date of the Prior Authorization, the payment request pays. If the from date of service is prior to the admission date or is greater than 120 days from the admission date, set the edit.</p> <p>The edit only prints on the Remittance Advice the first time the payment request pends. This edit should be performed prior to Edit 0258.</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-805 ESC-805

Edit Information

Edit Number	805	esc Number	805	NCPDP Code	
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Short Desc	EVS Verification Number is Not on File				
Long Desc	EVS Verification Number is Not on File				
Edit Criteria	This edit is deleted. See edit 0806 for EVS verification criteria. If a payment request is submitted with an EVS verification number and that number is not on file, set the edit.				

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

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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-806 ESC-806

Edit Information

Edit Number	806	esc Number	806	NCPDP Code	
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Short Desc	Valid EVS Verification Number; Manually Price				
Long Desc	Valid EVS Verification Number; Manually Price				
Edit Criteria	If a payment request is submitted and the enrollee is not eligible for the dates of service when the payment request is adjudicated, but there is a valid EVS verification number on the Enrollee Database for this provider, enrollee, and dates of service, then set the edit. Pend Resolution manually prices the payment request.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	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

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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		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-807 ESC-807

Edit Information

Edit Number	807	esc Number	807	NCPDP Code	
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Short Desc	Service Requires Z9999 Prior Authorization				
Long Desc	Service Requires Z9999 Prior Authorization				
Edit Criteria	Deleted per DMAS and will not be used in 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

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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-808 ESC-808

Edit Information

Edit Number	808	esc Number	808	NCPDP Code	
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Short Desc	Service Requires Special Review				
Long Desc	Service Requires Special Review				
Edit Criteria	If a payment request's reference number media is paper and there is a special batch number, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

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

Resolution

(None)

Edit/Audit Inquiry Results Edit-809 ESC-809

Edit Information

Edit Number	809	esc Number	809	NCPDP Code	
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Short Desc	Invalid Type of Bill Prior to DRG				
Long Desc	Invalid Type of Bill Prior to DRG				
Edit Criteria	<p>For Medicaid/FAMIS: If the type of bill = 112 -114 and the admission date is numeric and < than 7/1/1996, set the edit.</p> <p>For SLH: If the type of bill = 112 -114 and the admission date is numeric and < than the new system live date, set the edit.</p> <p>See value set, BILL TYPES 112 - 114.</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	
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

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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-810 ESC-810

Edit Information

Edit Number	810	esc Number	810	NCPDP Code	
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Short Desc	Review of Abortion Consent Form
Long Desc	Review of Abortion Consent Form
Edit Criteria	<p>If the payment request has an attachment, and the procedure or diagnosis indicates abortion, and there is no active segment on the Consent File for an abortion for the dates of service, set the edit. If there is no attachment, set edit 0914.</p> <p>For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X', and prov types ('001', '014', '085', '091'), and FDOS >= 01/1/14 the Revenue line procedure code will be checked in the CPT ABORTION CODES value set, and with an attachment set the edit.</p> <p>See value sets, CPT ABORTION CODES ICD9 ABORTION CODES (ICD-9 value set 119) or ICD-10 ABORTION PROC CODES (ICD-10 value set 20119) DIAG ABORTION CODES (ICD-9 value set 303) or ICD-10 ABORTION DIAG CODES (ICD-10 value set 20303)</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH	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	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

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

Resolution

All Claim Types:

Review the Attachment to verify that it is the Abortion Consent Form. If "the health of" box is checked and the date of service is on or after July 1, 2010, DENY 0309. Medicaid will no longer cover elective abortions for the health of the mother. (updated 6/14/2010)

1. If the attachment indicates the procedure was performed due to a miscarriage, incomplete, septic, or missed abortion, override with code 0810 and disposition indicator 'O'. (updated 1/2015)
 - If attachment or consent form indicates any other reason and "the life" box is checked or indicated on the form, transfer to location 321 indicating your question on the remark screen. (Updated 1/2015).

2. If the attachment is not an Abortion Consent Form and the attachment indicates an abortion, deny with code 0914 and disposition indicator D. Updated 03/03/10

3. If the Abortion Consent Form is not legible, deny with code 0810, disposition indicator D. Enter EOB code 1002 and Disposition indicator E in the next available set of Reso Ind fields.
4. If the attachment is an Abortion Consent Form, review the document to confirm that it is filled in correctly. Either the 'the life' box or 'the health of' box MUST be checked to meet program requirements. If not, deny with code 0810, disposition indicator D. Enter EOB code 0625 and Disposition indicator E in the next available set of Reso Ind fields. (updated 7/13/09) If "the health of" box is checked and the date of service is on or after July 1, 2010, DENY 0309. (Updated 6/14/2010)
5. If the Abortion Consent Form meets requirements, enter the consent form data on the Consent Entry screen. If 'the life' box is checked on the consent form, enter 'Y' in the life threatening field on the Consent Entry screen. If 'the health of' box is checked on the consent form, enter 'N' on the Consent Entry screen for claims with dates of service prior to July 1, 2010. (updated 6/14/2010) After all entries are completed, return to the pend screen and release the claim to adjudicate. (updated 7/13/09)
6. If a decision cannot be made, transfer to location 321 indicating your question on the remark screen. Updated 03/03/10

Edit/Audit Inquiry Results Edit-811 ESC-811

Edit Information

Edit Number	811	esc Number	811	NCPDP Code	
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Short Desc	Review of Hysterectomy Consent Form
Long Desc	Review of Hysterectomy Consent Form
Edit Criteria	<p>If the payment request has an attachment, and the procedure or diagnosis indicates hysterectomy, and there is no active segment on the Consent File for a hysterectomy for the dates of service, set the edit. If there is no attachment, set edit 0915.</p> <p>For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X', and prov types ('001', '014', '085', '091'), and FDOS >= 01/1/14 the Revenue line procedure code will be checked in the CPT HYSTERECTOMY CODES value set, and with an attachment set the edit.</p> <p>See value sets, CPT HYSTERECTOMY CODES ICD9 HYSTERECTOMY CODES (ICD-9 value set 121) or ICD-10 HYSTERECTOMY PROC CODES (ICD-10 value set 20121)</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH	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	Y	Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

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

Resolution

All Claim Types:
Review the Attachment to verify that it is the Hysterectomy Information Form (DMAS 3005).
1. If the attachment is not a Hysterectomy Information Form or operative notes, deny with code 0915 and disposition indicator D. Updated 8/13/09
2. If the Hysterectomy Information Form is not legible, deny with code 0811 and disposition indicator D. Enter EOB code 1002 and Disposition indicator E in the next available set of Reso Ind fields.
3. If operative notes are attached instead of the hysterectomy consent form, transfer to location 321 with remark, "Notes Attached" (updated 10/2012).
4. If the attachment is a Hysterectomy Information Form, review the document to confirm that it is filled in correctly. The following items must be completed:

Item #1: Recipient's or representative's signature. If Block B or C are checked, a signature is not required. If block A is checked and the form is not signed by the recipient or representative, deny with code 0811, disposition indicator D. Enter EOB code 0610 and Disposition indicator E in the next available set of Reso Ind fields.

Updated 8/13/0

Item #2: Date of signature should be on or before date of surgery. If not, deny with code 0811, disposition indicator D. Enter EOB code 0610 and Disposition indicator E in the next available set of Reso Ind fields.

Item #3: Doctor's signature. If not signed, deny with code 0811, disposition indicator D. Enter EOB code 0695 and Disposition indicator E in the next available set of Reso Ind fields.

Item #4: Date of operation. If no date, deny with code 0811, disposition indicator D. Enter EOB code 1001 and Disposition indicator E in the next available set of Reso Ind fields.

Item #5: Recipient's name. If not filled in, deny with code 0811, disposition indicator D. Enter EOB code 1001 and Disposition indicator E in the next available set of Reso Ind fields

Items #6-8: Not required.

Item #9: Block A – if checked, recipient signature and date (#1 and #2) are required. If not filled in, deny with code 0811, disposition indicator D. Enter EOB code 0610 and Disposition indicator E in the next available set of Reso Ind fields.

Item #10: Block B – If checked and emergency is indicated, override 0811 with disposition indicator O. If emergency is not indicated, transfer to location 219 with remarks "REVIEW BLOCK B".

Updated 8/13/09

Item #11: Block C – if checked, recipient signature is not required.

Items #12 and #13: Physician's signature and date are required. Date can be before, on or after date of service on claim. If not signed and dated, deny with code 0811, disposition indicator D. Enter EOB code 0695 and Disposition indicator E in the next available set of Reso Ind fields.

4. If the Hysterectomy Consent form meets the requirements, enter the consent form data on the Consent Entry Screen. (Click on the Consent button). If the consent file information has already been entered, review the form to make sure the consent form is acceptable using the resolution procedures for this edit. If the form is acceptable and information was entered correctly, override edit 0811 with disposition 'O'. If the consent file information was entered in error, transfer to location 219 with remark 'consent file error'. NOTE: If the consent file information has been added previously and the date of service is different and the type of sterilization is different from the pended claim, enter the information related to the current pended claim. If the type of sterilization is the same (S, A or H) do not enter any information. Transfer to location 219 for review with remark 'Consent file review' (updated 10/2012).

5. If information is already entered in the consent file and information has been verified (see 4 above) there is no need to enter the consent information twice for the same sterilization. (Updated 10/2012).

Edit/Audit Inquiry Results Edit-812 ESC-812

Edit Information

Edit Number	812	esc Number	812	NCPDP Code	
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Short Desc	Services Not Covered				
Long Desc	Services Not Covered				
Edit Criteria	Edit 812 is being omitted; edit 309 will take care of it. If the Medical and Administrative Codes flag = 999, set the edit.				

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-813 ESC-813

Edit Information

Edit Number	813	esc Number	813	NCPDP Code	
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Short Desc	Review of Nursery Days/Age				
Long Desc	Review of Nursery Days/Age				
Edit Criteria	If the payment request has 0 adult days, and the total payable nursery days is greater than 0, and the age of the enrollee is greater than 3 years, set the edit.				

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	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	310	PEND	
	310	PEND	
EMC	310	PEND	
	310	PEND	
Adjustment	310	PEND	
	310	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 308.

Resolution

(None)

Edit/Audit Inquiry Results Edit-0814 ESC-0814

Edit Information

Edit Number	0814	esc Number	0814	NCPDP Code	
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Short Desc	Invalid Ninth External Cause of Injury Diagnosis Code
Long Desc	Invalid Ninth External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Ninth External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database. 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-0815 ESC-0815

Edit Information

Edit Number	0815	esc Number	0815	NCPDP Code	
-------------	------	------------	------	------------	--

Short Desc	Invalid Tenth External Cause of Injury Diagnosis Code
Long Desc	Invalid Tenth External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Tenth External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database. 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-0816 ESC-0816

Edit Information

Edit Number	0816	esc Number	0816	NCPDP Code	
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Short Desc	Invalid Eleventh External Cause of Injury Diagnosis Code
Long Desc	Invalid Eleventh External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Eleventh External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database.</p> <p>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-0817 ESC-0817

Edit Information

Edit Number	0817	esc Number	0817	NCPDP Code	
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Short Desc	Invalid Twelfth External Cause of Injury Diagnosis Code
Long Desc	Invalid Twelfth External Cause of Injury Diagnosis Code
Edit Criteria	<p>The edit is set if the Twelfth External Cause of Injury Diagnosis Code is not in the valid format or is not on the Diagnosis Database. 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-818 ESC-818

Edit Information

Edit Number	818	esc Number	818	NCPDP Code	
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Short Desc	Review Admission Date/First Surgical Date				
Long Desc	Review Admission Date/First Surgical Date				
Edit Criteria	Combined with edit 254				

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

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Resolution

(None)

Edit/Audit Inquiry Results Edit-819 ESC-819

Edit Information

Edit Number	819	esc Number	819	NCPDP Code	
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Short Desc	Review Friday/Saturday Admission				
Long Desc	Review Friday/Saturday Admission				
Edit Criteria	Combined with edit 255				

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-820 ESC-820

Edit Information

Edit Number	820	esc Number	820	NCPDP Code	
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Short Desc	Review Enrollee Birthdate				
Long Desc	Enrollee Birthdate After From Date of Service				
Edit Criteria	If the enrollee's birth date is after the from date of service, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	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	
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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

Pend for Capitation, Management, Admin Fees, and Assessments. As of July 1st, 2005, dental encounter severity is changed to 6.

Resolution

(None)

Edit/Audit Inquiry Results Edit-821 ESC-821

Edit Information

Edit Number	821	esc Number	821	NCPDP Code	
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Short Desc	Outpatient Days Billed Exceeds 1				
Long Desc	Outpatient Days Billed Exceeds 1				
Edit Criteria	This edit has been turned off by setting the disposition effective begin and end dates = 01/01/1990. For outpatient payment requests (claim type 03, bill types 131 and 137), if covered days is greater than 1, 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	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	1/1/1990	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

Program	Program Title
CPA012	UB92 Edits

Exceptions

The disposition end date also = 01/01/1990 so that the edit is turned off.

Resolution

(None)

Edit/Audit Inquiry Results Edit-822 ESC-822

Edit Information

Edit Number	822	esc Number	822	NCPDP Code	
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Short Desc	ONLY THREE PARTIAL FILLS ALLOWED
Long Desc	ONLY THREE PARTIAL FILLS ALLOWED-LTC SCHED2
Edit Criteria	<p>This edit applies to pharmacy claims meeting the following criteria</p> <ol style="list-style-type: none"> 1. the claim has a paid or a 'to-be-paid' status 2. the claim payment request media code = '6' (POS) 3. the patient level of care = '1' or '2' (Long Term Care Facility) 4. the Provider Type = "060" and the Provider Specialty = ('069' or '102') which indicates a pharmacy providing services to a LTC facility 5. the DEA code = 2 (Schedule 2 Drug) 6. the Claim Pharmacy Dispensing Status is one of the two (2) partial fill claims (P) or the completed claim (C) <p>If a submitted pharmacy claim meets the above criteria, count the number of 'partial fill' claims within the last 34 days (current date minus 34 days) that also meet this same criteria. If the count >= 3, post the edit</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Asmt Fee				
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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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1HST	POS Pharmacy Claims History Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-823 ESC-823

Edit Information

Edit Number	823	esc Number	823	NCPDP Code	
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Short Desc	REQUIRE PRIOR AUTHORIZATION FOR AID CATEGORY 035
Long Desc	REQUIRE PRIOR AUTHORIZATION FOR AID CATEGORY 035
Edit Criteria	This edit applies to pharmacy claims meeting the following criteria Service Authorization is required for Aid Category 35 for Pharmacy Claim Type 06, otherwise set the edit.

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date	
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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		DENY	
Encounter		0	
Special Batch		DENY	
PA			

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-824 ESC-824

Edit Information

Edit Number	824	esc Number	824	NCPDP Code	
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Short Desc	CDPAS Audit - Consumer Training Required				
Long Desc	CDPAS Audit - Consumer Training Required				
Edit Criteria	<p>This edit is deleted - it is replaced by edit 430.</p> <p>For Practitioner (claim type 05), if provider class type 73 (Case Management Waivers), specialty 40, enters a payment request with from date of service > 6/30/97 and procedure code Z9570 (Criminal Record Check) or Z9568 (Management Training) or Z9562 (Routine Visit) or Z9564 (Reassessment Visit) and there is not a paid payment request with procedure Z9566 (Consumer Training) with the same date of service or earlier, set the edit. The pended request recycle for 2 weeks and then deny with edit 430.</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-825 ESC-825

Edit Information

Edit Number	825	esc Number	825	NCPDP Code	
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Short Desc	Limitation Audit - Once In a Lifetime, Any Provider - Deny				
Long Desc	Once-in-a-Lifetime Service				
Edit Criteria	<p>This limitation audit sets when a once-in-a-lifetime procedure code is billed a second time by any provider.</p> <p>See Value Sets "0825/0825 001" thru "0825/0825 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	R		

Program Indicators

Medicaid	Y	SLH	Y	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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-826 ESC-826

Edit Information

Edit Number	826	esc Number	826	NCPDP Code	
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Short Desc	Limitation Audit - Three In a Lifetime, Any Provider - Deny				
Long Desc	Three-in-a-Lifetime Service				
Edit Criteria	This limitation audit sets when a three-in-a-lifetime procedure code is billed a fourth time by any provider. See Value Sets "0826/0826 001" thru "0826/0826 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	R		

Program Indicators

Medicaid	Y	SLH	Y	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		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

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

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

2. Review attachment/remarks.

If remarks justify, override with code 0826 and disposition indicator O.

If remarks do not justify, deny with code 0826 and disposition indicator D.

If you are not able to determine whether the justification is valid, repond to DMAS location 321 (Medical Consultant) and enter remarks explaining the reason for the referral.

Edit/Audit Inquiry Results Edit-827 ESC-827

Edit Information

Edit Number	827	esc Number	827	NCPDP Code	84
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Short Desc	Unable to Assign Object Code				
Long Desc	In DMAS Review				
Edit Criteria	The servicing provider type, specialty and/or sub-specialty has not been assigned an object code. If an object code cannot be assigned to the payment request, set the edit. If the crosswalk is not specific enough for an object code to be assigned, the edit sets, and changes to the crosswalk will need to be made.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	I	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	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		2	
Special Batch	217	PEND	
PA			

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. Pend for Capitation, Management, Admin Fees, and Assessments. As of July 1st, 2005, dental encounter severity is changed to 8. 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-828 ESC-828

Edit Information

Edit Number	828	esc Number	828	NCPDP Code	
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Short Desc	Inpatient versus Outpatient, Possible Duplicate				
Long Desc	Inpatient versus Outpatient, Possible Duplicate				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Different provider Same from date of service Same thru date of service</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	D	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		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		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

<p>Outpatient/Inpatient:</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 conflicting and pending payment requests for revenue codes If revenue codes are different, override using code 0828 and disposition indicator O. If revenue codes are the same, check for attachment or remarks for justification of the duplicate. If justification is found, override using code 0828 and disposition indicator O. If justification is not found, deny using code 0828 and disposition indicator D.

Edit/Audit Inquiry Results Edit-829 ESC-829

Edit Information

Edit Number	829	esc Number	829	NCPDP Code	
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Short Desc	Inpatient versus Title 18, Possible Duplicate				
Long Desc	Inpatient versus Title 18, Possible Duplicate				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Different provider Same from date of service Same thru date of service</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	D	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	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	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

<p>Edit 0829</p> <ol style="list-style-type: none">1. If documentation is attached stating that the claim is not a duplicate, part B charges vs part A, override with 08292. If bill types are different , do not check revenue codes for duplicates, override edit with ESC code 0829 and Disposition indicator O for payment. Do not void the inpatient claim.-claim type 01 (updated 7/01/09)3. If any of the revenue codes billed are the same, Deny with 08294. If the revenue codes billed are different, override with 0829. Do not void the conflicting claim. (updated 7/01/09)5. If COB code on the claim = 85, void inpatient claim (claim type 01) using void reason code 1047 if revenue codes are the same. If different, do not void.6. If COB code on the conflicting claim is not = 85, review claim to see if the paid by Medicare amount is the same as the TPL amount for the inpatient claim. If the same: Medicare is considered the primary insurer; therefore if the Title 18 (Medicare) claim was paid, the inpatient claim- claim type 01, should be voided using void reason 1047 if the revenue
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codes are the same. If different, do not void.

If different: Override edit with ESC code 0829 and disposition indicator O for payment

Edit/Audit Inquiry Results Edit-830 ESC-830

Edit Information

Edit Number	830	esc Number	830	NCPDP Code	
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Short Desc	Outpatient versus Title 18, Possible Duplicate				
Long Desc	Outpatient versus Title 18, Possible Duplicate				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Different provider Same from date of service Same thru date of service</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	D	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		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	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

<p>Edit 0830</p> <ol style="list-style-type: none">1. If documentation is attached stating that the claim is not a duplicate, part B charges vs part A, override with 08302. If any of the revenue codes billed are the same, Deny with 08303. If any of the revenue codes billed are different, override with 08304. If COB code on the conflicting claim = 85, void outpatient claim (claim type 03) using void reason code 1047 if revenue codes are the same. If different, do not void.5. If COB code on the outpatient claim (claim type 03) is not = 85, review claim to see if the paid by Medicare amount is the same as the TPL amount for the outpatient claim. <p>If the same: Medicare is considered the primary insurer; therefore if the Title 18 (Medicare) claim was paid, the outpatient claim should be voided using void reason 1047 if the revenue codes are the same. If different, do not void.</p> <p>If different: Override edit with ESC code 0830 and disposition indicator O for payment.</p>

Edit/Audit Inquiry Results Edit-831 ESC-831

Edit Information

Edit Number	831	esc Number	831	NCPDP Code	
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Short Desc	SNF versus Title 18, Possible Duplicate				
Long Desc	SNF versus Title 18, Possible Duplicate				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Different provider Same from date of service Same thru date of service</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	D	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

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	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	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

<p>Edit 831</p> <ol style="list-style-type: none">1. If documentation is attached stating that the claim is not a duplicate, part B charges vs part A, override with 08312. If any of the revenue codes billed are the same, Deny with 08313. If any of the revenue codes billed are different, override with 08314. If the bill types are different, override with 0831. (updated 02/18/10)5. If COB code on the conflicting claim = 85, void nursing home claim (claim type 02) using void reason code 1047 if revenue codes are the same. If different, do not void.6. If COB code on the nursing home claim (claim type 02) is not = 85, review claim to see if the paid by Medicare amount is the same as the TPL amount for the outpatient claim. <p>If the same: Medicare is considered the primary insurer; therefore if the Title 18 (Medicare) claim was paid, the nursing home claim should be voided using void reason 1047 if the revenue codes are the same. If different, do not void.</p>
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If different: Override edit with ESC code 0831 and disposition indicator O for payment.

Edit/Audit Inquiry Results Edit-832 ESC-832

Edit Information

Edit Number	832	esc Number	832	NCPDP Code	
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Short Desc	Practitioner versus Title 18, Possible Duplicate				
Long Desc	Practitioner versus Title 18, Possible Duplicate				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Different provider Same from date of service Same thru date of service</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	D	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	7/1/2000	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		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The dispositions were pend to location 200 from 1/1/1990 until 6/30/2000.

Resolution

<p>Practitioner</p> <ol style="list-style-type: none">1. Medicare is considered the primary insurer; therefore if the conflicting claim was paid for the same procedure, and the conflicting claim was not a Title 18, the conflicting claim should be voided using void reason 1047. If the conflicting claim was a Title 18, deny the pending claim with ESC code 0832 and Disposition Indicator D.2. If not the same procedure, or if the Title 18 claim does not have a procedure code: Override edit with ESC code 0832 and Disposition Indicator O for payment.
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Edit/Audit Inquiry Results Edit-833 ESC-833

Edit Information

Edit Number	833	esc Number	833	NCPDP Code	
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Short Desc	Transportation versus Title 18, Possible Duplicate
Long Desc	Transportation versus Title 18, Possible Duplicate
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Different provider Same from date of service Same thru date of service</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	D	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	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	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

<p>Transportation Claims Claim Type 13</p> <p>Note: Pay if procedure codes are different and Medicare did not pay. Override enter 0833 and disposition indicator O. Deny if claim type 13 is billed and Medicare paid per EOB or TPL on claim- enter 0385 and disposition indicator D.</p> <p>1. Medicare is considered the primary insurance; therefore if the conflicting claim (Title 18/Claim type 09) was paid for the same procedure and:</p> <ul style="list-style-type: none">a. Provider is different and Medicare did not pay Override edit with ESC code 0833 Disposition Indicator O for payment.b. Provider is different and Medicare did pay Deny edit with ESC code 0385 Disposition Indicator D. <p>2. If the conflicting procedure is not the same and Medicare did not pay - Override edit with ESC code 0833 Disposition Indicator 'O' for payment.</p>

Transportation Claims Claim Type 09

Note: Medicare is primary. Override, enter 0833 and disposition indicator 'O'. Providers will always be different. (Updated 2/2013).

Edit/Audit Inquiry Results Edit-834 ESC-834

Edit Information

Edit Number	834	esc Number	834	NCPDP Code	
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Short Desc	No Funding Available				
Long Desc	Denied, SLH Locality Funds Exhausted				
Edit Criteria	This edit is set by the Financial Subsystem when SLH claims are in the Budget Pend status at the end of the state fiscal year.				

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		SLH	Y	TDO	
FAMIS		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	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch		DENY	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-835 ESC-835

Edit Information

Edit Number	835	esc Number	835	NCPDP Code	
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Short Desc	Review HMO Coverage
Long Desc	Review HMO Coverage
Edit Criteria	<p>For Inpatient (claim type 01): If the enrollee is hospitalized when HMO coverage begins (the admission date is less than the begin date of the earliest HMO enrollment segment that overlaps the claim's admission date and thru date of service), and the provider type is 01, 14, 85, or 91, and any procedure code is not for abortion: (procedure code not in ICD-9 value set 119 (ICD9 ABORTION CODES) or ICD-10 value set 20119 (ICD-10 ABORTION PROC CODES)), and the admission date is after 12/31/1999, then set this edit. This edit also applies to VALTC Enrollees. Abortion codes are paid (also see edit 453). See value sets, ICD9 ABORTION CODES (ICD-9) and ICD-10 ABORTION PROC CODES (ICD-10)</p> <p>For Practitioner (claim type 05): If the provider type is not 67 or 69 and the enrollee is hospitalized when HMO coverage begins, that is, the from date of service is less than the begin date of the earliest HMO enrollment segment and the thru date is after that date, and the from date of service is greater than 12/31/1999, and the procedure code is not an abortion code (59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857) and the place of service is 21 (inpatient), then set this edit. This edit also applies to VALTC enrollees. See value set, CPT ABORTION CODES</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH	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	333	PEND	
	333	PEND	
EMC	333	PEND	
	333	PEND	
Adjustment	333	PEND	
	333	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA030	Recipient Edits

Exceptions

Practitioner (Claim Type 05) will deny. Inpatient (claim type 01) will pend to location 333.

Resolution

All Claim Types:
Check for keying/scanning errors.
If errors are found in unprotected fields, correct the field entry.
If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

Inpatient

Transfer the pend to DMAS location 333.

Practitioner

Deny using code 0835 and disposition indicator D.

Edit/Audit Inquiry Results Edit-836 ESC-836

Edit Information

Edit Number	836	esc Number	836	NCPDP Code	
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Short Desc	SLH Pend to Next Fiscal Year				
Long Desc	SLH Pend to Next Fiscal Year				
Edit Criteria	For SLH payment requests, if a payment request is received in May or June and the thru month of service on the claim is May or June and the thru year of service is the same as the processing year, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority		Recycle Days	60
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH	Y	TDO	
FAMIS		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	310	PEND	
	310	PEND	
EMC	310	PEND	
	310	PEND	
Adjustment	310	PEND	
	310	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

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

Resolution

(None)

Edit/Audit Inquiry Results Edit-837 ESC-837

Edit Information

Edit Number	837	esc Number	837	NCPDP Code	
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Short Desc	Review Admission Date/First Surgical Date				
Long Desc	Need Explanation for Discrepancy in Admit and Surgical Date				
Edit Criteria	<p>Bypass for Medicaid and FAMIS if the provider type = 01 if a PA is required. Bypass for SLH if the provider type = 01 and the admission date is on or after 07/01/1998.</p> <p>For Inpatient (claim type 01) payment requests, if the revenue code = 360 - 369 (operating room charges), and there is a valid surgical procedure code and a valid procedure code date present on the payment request, but the surgical procedure date is greater than the admission date, set the edit.</p> <p>This edit is not effective for claims with DOS after 1/1/04.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH	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	300	PEND	
		DENY	
EMC	300	PEND	
		DENY	
Adjustment	300	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 308.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-838 ESC-838

Edit Information

Edit Number	838	esc Number	838	NCPDP Code	3C
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Short Desc	PA End Date Missing or Invalid				
Long Desc	PA End Date Missing or Invalid				
Edit Criteria	If the Prior Authorization request end date is invalid, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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		DENY	
Encounter		0	
Special Batch			
PA		DENY	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-839 ESC-839

Edit Information

Edit Number	839	esc Number	839	NCPDP Code	
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Short Desc	Adjustment Object Code Not Equal Original Object Code				
Long Desc	Adjustment Object Code Not Equal Original Object Code				
Edit Criteria	This edit has been deleted. If the object code assigned to the adjustment is not the same as that assigned to the original payment request, set the edit.				

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-840 ESC-840

Edit Information

Edit Number	840	esc Number	840	NCPDP Code	HF
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Short Desc	Quantity Dispensed > Intended Quantity				
Long Desc	Quantity Dispensed > Intended Quantity				
Edit Criteria	If the quantity dispensed (DE) is greater than the intended quantity, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	G	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	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		DENY	
Encounter		6	
Special Batch		PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-841 ESC-841

Edit Information

Edit Number	841	esc Number	841	NCPDP Code	RB
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Short Desc	Multiple Partial Fill Prescriptions Not Allowed				
Long Desc	Multiple Partial Fill Prescriptions Not Allowed				
Edit Criteria	If a pharmacy claim is received with a dispensing status of 'P' and a corresponding history claim is found with a dispensing status of 'P', set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	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	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		6	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1HST	POS Pharmacy Claims History Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-842 ESC-842

Edit Information

Edit Number	842	esc Number	842	NCPDP Code	RC
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Short Desc	Different NDC Between Partial(s) &.or Completion Fill
Long Desc	Different NDC Between Partial(s) &.or Completion Fill
Edit Criteria	<p>If the 11 digit NDC on the completion (dispensing status = 'C') claim is different than the 11 digit NDC on the partial fill claim(s) (dispensing status = 'P'), set the edit.</p> <p>This edit is bypassed for compound prescriptions.</p> <p>The edit compares the 11 digit NDC on the pharmacy completion claim to the 11 digit NDC on the pharmacy partial fill claim(s) for the following criteria:</p> <ol style="list-style-type: none"> 1. Claims have the same servicing provider number 2. First dates of service of the partial fill claims are within the last rolling 34 days 3. The claims have been submitted for a prescription (not a service) 4. The partial fill claim(s) have an RX number = the associated RX number of the completion claim 5. The partial fill claim(s) have a FDOS = associated date of service of the completion claim 6. The claims have a paid or 'to-be-paid' status 7. The claims are original claims (no voids or adjustments) <p>The edit will compare up to 3 partial fill claims to the completion claim for the following criteria:</p> <ol style="list-style-type: none"> 1. The claim payment request media code = '6' (POS) 2. The patient level of care – '1' or '2' (Long Term Care Facility) 3. The provider type = '060' (Pharmacy) and the provider specialty = ('069' or '102') which indicates a pharmacy providing services to a LTC facility 4. The DEA code – 2 (Schedule 2 Drug – Controlled Substance)

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	v	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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1HST	POS Pharmacy Claims History Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-843 ESC-843

Edit Information

Edit Number	843	esc Number	843	NCPDP Code	RN
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Short Desc	Intended Quantity Exceeds Maximum				
Long Desc	Intended Quantity Exceeds Maximum				
Edit Criteria	For pharmacy claims, if the intended quantity exceeds the maximum on the Benefit Dosage Limits Table, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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		6	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-844 ESC-844

Edit Information

Edit Number	844	esc Number	844	NCPDP Code	RG
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Short Desc	M/I Associated Rx Number on Completion Transaction				
Long Desc	M/I Associated Prescription Number On Completion Transaction				
Edit Criteria	If a claim has a dispensing status of 'C' and the associated Rx Number is missing or invalid, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date	
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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		DENY	
Encounter		6	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-845 ESC-845

Edit Information

Edit Number	845	esc Number	845	NCPDP Code	RH
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Short Desc	M/I Associated DOS on Completion Transaction				
Long Desc	M/I Associated Date of Service on the Complete Transaction				
Edit Criteria	If a claim has a dispensing status of 'C' and the associated date of service is missing or invalid, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	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	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		6	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-846 ESC-846

Edit Information

Edit Number	846	esc Number	846	NCPDP Code	RJ
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Short Desc	Associated Partial Fill Transaction Not On File				
Long Desc	Associated Partial Fill Transaction Not On File				
Edit Criteria	If a claim has a dispensing status of 'C' and the associated partial fill (dispensing status of 'P') is not found on a history claim, set the edit.				

General Indicators

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

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

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

Programs

Program	Program Title
VPTM1HST	POS Pharmacy Claims History Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-847 ESC-847

Edit Information

Edit Number	847	esc Number	847	NCPDP Code	RK
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Short Desc	Partial Fill Transaction Not Supported for Compounds				
Long Desc	Partial Fill Transaction Not Supported for Compounds				
Edit Criteria	If the transaction is a compound and the dispensing status = 'C' or 'P', set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	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	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		DENY	
Encounter		6	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-848 ESC-848

Edit Information

Edit Number	848	esc Number	848	NCPDP Code	RM
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Short Desc	Completion Trans DOS Must Be Different Than Partial				
Long Desc	Completion Transacton Not Permitted with Same Date Of Service As Partial Transaction				
Edit Criteria	If the dispensing status = 'C' and the date of service equals the date of service of the partial fill claim (dispensing status = 'P'), set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	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	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		6	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1HST	POS Pharmacy Claims History Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-849 ESC-849

Edit Information

Edit Number	849	esc Number	849	NCPDP Code	RN
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Short Desc	Intended Days Supply Exceeds Maximum Allowed				
Long Desc	Intended Days Supply Exceeds Maximum Allowed				
Edit Criteria	For pharmacy claims, if the intended days supply exceeds the maximum on the Benefit Data Table, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

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

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-850 ESC-850

Edit Information

Edit Number	850	esc Number	850	NCPDP Code	HG
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Short Desc	Intended Days Supply Missing or Invalid				
Long Desc	Intended Days Supply Missing or Invalid				
Edit Criteria	For pharmacy claims, if the dispensing status = 'P' or 'C' and the intended days supply is not numeric or equals 000, set the edit. If the dispensing status = 'C' and the intended days supply is not equal to the intended days supply of the partial fill claim from history, set this edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-851 ESC-851

Edit Information

Edit Number	851	esc Number	851	NCPDP Code	
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Short Desc	PA and Claim - Med/Surg DX vs. Psych DX
Long Desc	PA and Claim - Med/Surg DX vs. Psych DX
Edit Criteria	For provider type 01 and admission date > 12/31/1999, if the PA diagnosis code is a psych diagnosis, (diagnosis in ICD-9 value set 314 (DIAG CODE PSYCH CLAIM) or ICD-10 value set 20314 (ICD-10 DIAG CODE PSYCH CLAIM), and the claim's principal diagnosis is not psych (NOT in one of the above value sets), OR if the PA diagnosis is not a psych diagnosis (NOT in one of the above value sets), and the claim's principal diagnosis is psych (IS in one of the above value sets), then 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	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	1/1/2000	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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-852 ESC-852

Edit Information

Edit Number	852	esc Number	852	NCPDP Code	HF
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Short Desc	Intended Quantity Missing or Invalid				
Long Desc	Intended Quantity Missing or Invalid				
Edit Criteria	For pharmacy claims, if the dispensing status = 'P' or 'C' and the intended quantity is zero or not numeric, set the edit. If the dispensing status = 'C' and the intended quantity is not equal to the intended quantity of the partial fill claim from history, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
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	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		6	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-853 ESC-853

Edit Information

Edit Number	853	esc Number	853	NCPDP Code	HD
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Short Desc	Dispensing Status Missing or Invalid				
Long Desc	Dispensing Status Missing or Invalid				
Edit Criteria	For pharmacy claims, if the dispensing status is not ' ', 'P' or 'C', set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-854 ESC-854

Edit Information

Edit Number	854	esc Number	854	NCPDP Code	3R
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Short Desc	Claim Does Not Require Prior Authorization				
Long Desc	Claim Does Not Require Prior Authorization				
Edit Criteria	For Pharmacy NCPDP P1 transaction, if a claim is submitted with a request for prior authorization and the claim does not require prior authorization, set this edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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			
PA			

Programs

Program	Program Title
VPTM1PRC	POS Pharmacy Claims Pricing Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-855 ESC-855

Edit Information

Edit Number	855	esc Number	855	NCPDP Code	PF
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Short Desc	Compounds Not Allowed For Prior Auth Transactions				
Long Desc	Compounds Not Allowed For Prior Auth Transactions				
Edit Criteria	For pharmacy claims, if a compound claim is sent in using the P1 or P4 NCPDP transaction, set this edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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		PEND	
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-856 ESC-856

Edit Information

Edit Number	856	esc Number	856	NCPDP Code	3D
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Short Desc	Missing/Invalid Basis of Request				
Long Desc	Missing/Invalid Basis of Request				
Edit Criteria	For pharmacy prior authorization transactions (NCPDP P1 or P4), if the basis of request is not a valid value, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-857 ESC-857

Edit Information

Edit Number	857	esc Number	857	NCPDP Code	3B
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Short Desc	PA Begin Date Missing or Invalid				
Long Desc	PA Begin DateMissing or Invalid				
Edit Criteria	If the Prior Authorization request begin date is invalid, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	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		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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		DENY	
Encounter		0	
Special Batch			
PA		DENY	

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-858 ESC-858

Edit Information

Edit Number	858	esc Number	858	NCPDP Code	
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Short Desc	Bill Type / Admit Date / From Date Conflict				
Long Desc	Bill Type / Admit Date / From Date Conflict				
Edit Criteria	<p>For claim type 01 (inpatient), 02 (SNF), 10 (ICF):</p> <ul style="list-style-type: none"> - If the claim type is 01 and the provider class type = 01 (Hospital), 14 (Rehab Hospital), 85 Out of State Rehab Hospital), or 91 (Out of State Hospital) and the admission date is > 12/31/1999 for Medicaid/FAMIS or > the new system live date for SLH or - the admission date > 2/28/06 for any claim: - if the third position of bill type = 1 or 2 and the admission date is not = the from date of service, set the edit. - if the third position of bill type = 3 or 4 and the admission date = the from date of service, 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	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	ADM	Effective Date	12/31/1999	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
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-859 ESC-859

Edit Information

Edit Number	859	esc Number	859	NCPDP Code	
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Short Desc	Bill Type 111 Days Greater Than 120				
Long Desc	Bill Type 111 Days Greater Than 120				
Edit Criteria	For claim type 01 and provider class types = 01 or 14 or 85 or 91 and admission date greater than 12/31/1999 for Medicaid/FAMIS or greater than the system live date for SLH and the type of bill = 111, if the difference between the from date of service and the thru date of service is greater than 120 days, 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	
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		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-860 ESC-860

Edit Information

Edit Number	860	esc Number	860	NCPDP Code	
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Short Desc	Bill Type 112 or 113 Must Bill 120 Days				
Long Desc	Bill Type 112 or 113 Must Bill 120 Days				
Edit Criteria	<p>For claim type 01 and provider class types = 01 or 14 or 85 or 91 and admission date greater than 12/31/1999 for Medicaid/FAMIS or greater than the system live date for SLH and the type of bill = 112 or 113 and the discharge status = 30, if the difference between the from date of service and the thru date of service plus 1 is not equal to 120 days, then set the edit.</p> <p>For claim type 01 and provider class types 14 or 85, bypass the edit if the claim revenue code is in Value Set EPSDT SPECIALIZED SERVICES and there is an associated PA with Service Type 0099 for the same revenue code .</p> <p>Since providers are instructed to split bill if an enrollee changes benefit programs during a hospital stay, bypass the edit if the enrollee or any linked enrollee is eligible in a different benefit program on the date following the thru date of service of the claim.</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	
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		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-861 ESC-861

Edit Information

Edit Number	861	esc Number	861	NCPDP Code	
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Short Desc	Bill Type 113/114 Admit Day Thru From < 120				
Long Desc	Bill Type 113/114 Admit Day Thru From < 120				
Edit Criteria	<p>For claim type 01 and provider class types = 01 or 14 or 85 or 91 and admission date greater than 12/31/1999 for Medicaid/FAMIS or greater than the system live date for SLH and the type of bill = 113 or 114, if the difference between the admission date and the from date of service is less than 120 days, then set the edit.</p> <p>For claim type 01 and provider class types 14 or 85, bypass the edit if the claim revenue code is in Value Set EPSDT SPECIALIZED SERVICES and there is an associated PA with Service Type 0099 for the same revenue code.</p> <p>Since providers are instructed to split bill if an enrollee changes benefit programs during a hospital stay, bypass the edit if the enrollee or any linked enrollee is eligible in a different benefit program or is ineligible on the date before the from date of service of the claim.</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	v	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	333	PEND	
	333	PEND	
EMC	333	PEND	
	333	PEND	
Adjustment	333	PEND	
	333	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

SLH UB claim types that pend will pend to LOC 308.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-862 ESC-862

Edit Information

Edit Number	862	esc Number	862	NCPDP Code	
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Short Desc	Non Covd Accommodation Days Not Equal Units
Long Desc	Non Covd Accommodation Days Not Equal Units
Edit Criteria	If noncovered days (N_NON_CVRD_DAYS, DE 2109) are entered on the claim and there are no noncovered charges on any of the accommodation revenue codes (100 - 219, 653, 655, 658, 1001), set the edit.

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		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	v
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	1/1/2000	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-863 ESC-863

Edit Information

Edit Number	863	esc Number	863	NCPDP Code	
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Short Desc	Unable to Match Enrollee Medicare Number				
Long Desc	Unable to Match Enrollee Medicare Number				
Edit Criteria	If the Enrollee Medicaid number is not found on the Enrollee Data Store using the Medicare enrollee number, the edit is set. The claim will pend to location 600 and recycle for 75 days before denying.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority		Recycle Days	75
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	v	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	1/1/1979	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-864 ESC-864

Edit Information

Edit Number	864	esc Number	864	NCPDP Code	61
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Short Desc	NDC Does Not Agree with Gender Code				
Long Desc	NDC Does Not Agree with Gender Code				
Edit Criteria	If the gender restriction for the drug does not match the enrollee's gender, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	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			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-865 ESC-865

Edit Information

Edit Number	865	esc Number	865	NCPDP Code	
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Short Desc	EAPG full payment greater than billed charge
Long Desc	EAPG full payment greater than billed charge
Edit Criteria	<p>This edit is set as an EOB on claims as a result of EAPG full payment greater than billed charge.</p> <p>This edit is effective from 01/01/2014 for Outpatient or Medicare Outpatient claims being set up by programs CPA417CI and CPA417VA .</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	4/5/2010	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

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

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-866 ESC-866

Edit Information

Edit Number	866	esc Number	866	NCPDP Code	83
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Short Desc	Duplicate Provider, Rx # and Date of Service				
Long Desc	Duplicate Provider, Prescription Number and Date of Service				
Edit Criteria	For pharmacy claims, if the same provider, rx # and DOS are found on the Claims Database, set the edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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		DENY	
Encounter		8	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-867 ESC-867

Edit Information

Edit Number	867	esc Number	867	NCPDP Code	28
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Short Desc	Missing/Invalid Date Written				
Long Desc	Missing or Invalid Prescription Date Written				
Edit Criteria	For pharmacy claims, if the prescription date written is missing or is not a valid formatted date, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	Z	Priority	5	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-868 ESC-868

Edit Information

Edit Number	868	esc Number	868	NCPDP Code	76
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Short Desc	Quantity Exceeds Maximum				
Long Desc	Quantity Exceeds Maximum				
Edit Criteria	For pharmacy claims, if the quantity exceeds the maximum on the Benefit Dosage Limits Table, set the error.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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		DENY	
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-869 ESC-869

Edit Information

Edit Number	869	esc Number	869	NCPDP Code	85
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Short Desc	Drug Benefit Not Found				
Long Desc	Drug Benefit Not Found				
Edit Criteria	If drug benefit not found on Benefit Table (RX_BENEFIT) for claim's date of service, set the error.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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		DENY	
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-870 ESC-870

Edit Information

Edit Number	870	esc Number	870	NCPDP Code	
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Short Desc	Unable to Match Provider Medicare Number				
Long Desc	Unable to Match Provider Medicare Number				
Edit Criteria	If the Medicaid provider number is not found on the Provider Data Store using the Medicare provider number, set the edit. The claim will pend to location 600 and recycle for 75 days before denying.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	75
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	1/1/1979	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-871 ESC-871

Edit Information

Edit Number	871	esc Number	871	NCPDP Code	
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Short Desc	Invalid Secondary Diagnosis
Long Desc	INVALID SECONDARY DIAGNOSIS OR EXCLUDED FROM DRG
Edit Criteria	<p>The edit is set if the secondary 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 and 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>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 (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)</p>

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					

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-872 ESC-872

Edit Information

Edit Number	872	esc Number	872	NCPDP Code	76
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Short Desc	Drug Benefit Daily Dose Exceeded				
Long Desc	Drug Benefit Daily Dose Exceeded				
Edit Criteria	If the calculated daily dose exceeds the daily dose maximum on the Benefit Limits Table, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	Effective Date	Revision Date
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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		DENY	
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-873 ESC-873

Edit Information

Edit Number	873	esc Number	873	NCPDP Code	76
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Short Desc	Drug Benefit Total Dose Exceeded				
Long Desc	Drug Benefit Total Dose Exceeded				
Edit Criteria	If the calculated total dose exceeds the total dose maximum on the Benefit Limits Table, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	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		DENY	
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-874 ESC-874

Edit Information

Edit Number	874	esc Number	874	NCPDP Code	76
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Short Desc	Drug Daily Dose Exceeded				
Long Desc	Drug Daily Dose Exceeded				
Edit Criteria	If the calculated daily dose exceeds the daily dose maximum on the Drug tables (RF_NDC_VAN_DRUG_MAX_DISP), set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	v	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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-875 ESC-875

Edit Information

Edit Number	875	esc Number	875	NCPDP Code	76
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Short Desc	Drug Total Dose Quantity Exceeded				
Long Desc	Drug Total Dose Quantity Exceeded				
Edit Criteria	If the quantity exceeds the quantity maximum on the Drug tables (RF_NDC_VA N_DRUG_MAX_QTY), set this edit. NOTE: N_DRUG_MAX_QTY = N_DRUG_MAX_DISP * 34 Days Supply				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-876 ESC-876

Edit Information

Edit Number	876	esc Number	876	NCPDP Code	70
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Short Desc	No Compound Ingredients Payable				
Long Desc	No Compound Ingredients Payable				
Edit Criteria	If all of the individual compound ingredients has a calculated price of zero, set this edit.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-877 ESC-877

Edit Information

Edit Number	877	esc Number	877	NCPDP Code	85
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Short Desc	Same Cycle Reversal with Diff Media Not Allowed				
Long Desc	Reversal of Claim Submitted with Different Media Not Allowed in the Same Cycle				
Edit Criteria	<p>If the submitted pharmacy claim reversal (void) is submitted in the same payment cycle as the original claim, and the reversal has a different media than the original, set the edit.</p> <p>For example, a paper original claim was adjudicated and then the provider submits a void via POS, the edit would be set.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	J	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

Programs

Program	Program Title
VPT99VOD	Reversal Process for Voided and Rebilled Transactions

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-878 ESC-878

Edit Information

Edit Number	878	esc Number	878	NCPDP Code	79
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Short Desc	Early Refill Override Due to Increase In Dosage				
Long Desc	Early Refill Override Due to Increase In Dosage				
Edit Criteria	If an early refill situation is encountered, (see edit 418 for logic) and a increase in dosage has occurred, set this edit and not the early refill (418) edit. This edit is always set to EOB.				

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	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		2	
Special Batch			
PA			

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-879 ESC-879

Edit Information

Edit Number	879	esc Number	879	NCPDP Code	
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Short Desc	Review for Dialysis Service for Alien				
Long Desc	Non-resident alien eligible for dialysis services only				
Edit Criteria	Only dialysis related medical services are paid for a non-resident alien enrolled in benefit package 01-01-3001. If any other service is submitted, this edit is set. See value set, DIALYSIS RELATED CODES				

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	
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	317	PEND	
	317	PEND	
EMC	317	PEND	
		DENY	
Adjustment	317	PEND	
	317	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-880 ESC-880

Edit Information

Edit Number	880	esc Number	880	NCPDP Code	
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Short Desc	No TDO Project Code				
Long Desc	No TDO Project Code				
Edit Criteria	If there is no project code on the RF_PROC_TDO_PROJ table for the procedure code on the payment request, set the edit.				

General Indicators

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

Program Indicators

Medicaid		SLH		TDO	Y
FAMIS		Assessments			

Claim Type

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

Date Information

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

Media	LOC	Disp	
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Paper	319	PEND	
	319	PEND	
EMC			
Adjustment	319	PEND	
	319	PEND	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit Audit Inquiry Results Edit-881 Esc-881

Edit Information

Edit Number	881	esc Number	881	NCPDP Code	70
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Short Desc	NOT A COMPOUND-ONLY ONE INGREDIENT
Long Desc	NOT A COMPOUND-ONLY ONE INGREDIENT IS PAYABLE
Edit Criteria	If a pharmacy POS claim is submitted with the compound drug indicator set to '2' and after editing there is only one ingredient payable then this edit is set.

General Indicators

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

Program Indicators

Medicaid	SLH	TDO	Y
FAMIS	Assessments		

Claim Type

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

Date Information

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

Media	LOC	Disp	
Paper		TEST	
		TEST	
EMC		TEST	
		TEST	
POS		TEST	
Encounter		TEST	
Special Batch	217	TEST	

Programs

VPTM1DRG

Exceptions

None

Resolution

Code more than one payable ingredient on a compound claim.

Edit/Audit Inquiry Results Edit-885 ESC-885

Edit Information

Edit Number	885	esc Number	885	NCPDP Code	
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Short Desc	Tax ID Mismatch				
Long Desc	Tax ID Mismatch				
Edit Criteria	If the tax id on the EDI 837 payment request does not match the Tax Id on the Provider Database for the provider cross-referenced to the Medicare provider number, set the edit. This edit is only done if the Medicare number is used for adjudication.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	R	Effective Date	3/1/2006	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-888 ESC-888

Edit Information

Edit Number	888	esc Number	888	NCPDP Code	
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Short Desc	DOS Not Equal Accommodation Days				
Long Desc	DOS Not Equal Accommodation Days				
Edit Criteria	Edit 0119 is the same edit; 888 will be deleted in the new MMIS. If the total revenue accommodation days is not equal to the calculated covered days, set the edit.				

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-889 ESC-889

Edit Information

Edit Number	889	esc Number	889	NCPDP Code	
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Short Desc	Mass Reprocess Pend				
Long Desc	Mass Reprocess Pend				
Edit Criteria	<p>If this edit is set, the claim will always pend regardless of other edits that may have been set.</p> <p>All mass reprocess of denied claims will set this edit when they first are adjudicated so that the results of their adjudication can be reviewed. If the mass reprocess is accepted, they will be released to process. If not accepted, they will be deleted.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		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	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	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-890 ESC-890

Edit Information

Edit Number	890	esc Number	890	NCPDP Code	84
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Short Desc	Payment Suspended				
Long Desc	Payment Suspended				
Edit Criteria	If payment to a provider is to be suspended, set the edit. This edit is used by the Financial Subsystem.				

General Indicators

Reject Ind		Deny Ind		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	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	002	PEND	
	002	PEND	
EMC	002	PEND	
	002	PEND	
Adjustment	002	PEND	
	002	PEND	
POS	002	PEND	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

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

Resolution

(None)

Edit/Audit Inquiry Results Edit-891 ESC-891

Edit Information

Edit Number	891	esc Number	891	NCPDP Code	84
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Short Desc	Suspended Payment Released				
Long Desc	Suspended Payment Released				
Edit Criteria	If payment to a provider was suspended, but is now to be made, set the edit. This edit is used by the Financial Subsystem.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		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	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	1/1/1990	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	002	PEND	
	002	PEND	
EMC	002	PEND	
	002	PEND	
Adjustment	002	PEND	
	002	PEND	
POS	002	PEND	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

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

Resolution

(None)

Edit/Audit Inquiry Results Edit-892 ESC-892

Edit Information

Edit Number	892	esc Number	892	NCPDP Code	
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Short Desc	Claim With More Than 350 Lines				
Long Desc	Claim Was Submitted With More Than 350 Revenue Lines				
Edit Criteria	If a payment request is submitted with more than 350 revenue lines, the system will pend it for this edit. The claim will be manually priced.				

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	Y	Home Health	Y	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	1/1/1990	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	333	PEND	
	333	PEND	
EMC	333	PEND	
	333	PEND	
Adjustment	333	PEND	
	333	PEND	
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-893 ESC-893

Edit Information

Edit Number	893	esc Number	893	NCPDP Code	AG
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Short Desc	Days Supply for Partial Fill Components Exceeds Intended Days				
Long Desc	Days Supply for Partial Fill Components Exceeds Intended Days				
Edit Criteria	If the Days Supply for the partial fill (dispensing status = 'P') claim plus the days supply for the completion fill (dispensing status = 'C') claim exceeds the intended days supply, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

Programs

Program	Program Title
VPTM1HST	POS Pharmacy Claims History Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-894 ESC-894

Edit Information

Edit Number	894	esc Number	894	NCPDP Code	RN
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Short Desc	Quantity for Partial Fill Components Exceeds Intended Quantity				
Long Desc	Quantity for Partial Fill Components Exceeds Intended Quantity				
Edit Criteria	If the quantity dispensed for the partial fill (dispensing status = 'P') claim plus the quantity dispensed for the completion fill (dispensing status = 'C') claim exceeds the intended quantity, set this edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

Programs

Program	Program Title
VPTM1HST	POS Pharmacy Claims History Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-897 ESC-897

Edit Information

Edit Number	897	esc Number	897	NCPDP Code	85
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Short Desc	Base ID Mass Adjustment Pend
Long Desc	Base ID Mass Adjustment Pend
Edit Criteria	<p>If this edit is set, the claim will always pend regardless of other edits that may have been set.</p> <p>All mass adjustments generated by CPW500 due to provider base ID change will set this edit when they first are adjudicated so that the results of their adjudication can be reviewed. If the mass adjustment is accepted, they will be released to process. If not accepted, they will be deleted.</p>

General Indicators

Reject Ind		Deny Ind		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	Revision Date	
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Media/Disposition/Pend Location Codes

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-896 ESC-896

Edit Information

Edit Number	896	esc Number	896	NCPDP Code	
Short Desc	Capitation Adjustment Pend				
Long Desc	Capitation Adjustment Pend				
Edit Criteria	If this edit is set, the claim will always pend regardless of other edits that may have been set. All adjustments to capitation claims will set this edit when they are first adjudicated so that the capitation claims adjustments can be recycled back on month end along with the monthly capitation run.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		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		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay	Y	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		PEND	
		PEND	
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-897 ESC-897

Edit Information

Edit Number	897	esc Number	897	NCPDP Code	
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Short Desc	Reserved for base id				
Long Desc	Reserved for base id				
Edit Criteria					

General Indicators

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

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

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

Date Information

Effective Date Code		Effective Date		Revision Date	
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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-898 ESC-898

Edit Information

Edit Number	898	esc Number	898	NCPDP Code	
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Short Desc	DRG Grouper Error				
Long Desc	DRG Grouper Error				
Edit Criteria	This edit is set in DRG pricing if the grouper returns a drg code of 469.				

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		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	ADM	Effective Date	7/1/1996	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-899 ESC-899

Edit Information

Edit Number	899	esc Number	899	NCPDP Code	
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Short Desc	DRG Grouper Error				
Long Desc	DRG Grouper Error				
Edit Criteria	This edit is set in DRG pricing if the grouper returns a drg code of 470.				

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		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	ADM	Effective Date	7/1/1996	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-900 ESC-900

Edit Information

Edit Number	900	esc Number	900	NCPDP Code	
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Short Desc	LOA Limited to 18 Days Per Year				
Long Desc	LOA Limited to 18 Days Per Year				
Edit Criteria	<p>Edit is deleted - EC 129 is set when all revenue codes are non-covered.</p> <p>The maximum number of leave of absence (LOA) days that an enrollee can take is 18 days per a 12 month period. 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, the revenue code should pay at zero dollars or cutback to 18.</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 900 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>				

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 901 ESC 901

Edit Information

Edit Number	901	esc Number	901	NCPDP Code	
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Short Desc	Provider Cannot Bill Part A				
Long Desc	Provider Cannot Bill Part A				
Edit Criteria	If provider class type 15 (ICF) bills a payment request for coverage type A (form XOVA), set the edit. If provider class types 020, 021, 023, 024, 025, 030, 031, 032, 034, 035, 036, 044, 076, 078, or 095 bill a payment request for coverage type A (form XOVA), set the edit.				

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		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		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 902 ESC 902

Edit Information

Edit Number	902	esc Number	902	NCPDP Code	
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Short Desc	Assistant Surgeon Modifier and Co-Surgeon Modifier Not Allowed on Same Proc				
Long Desc	Assistant Surgeon Modifier and Co-Surgeon Modifier Not Allowed on Same Procedure				
Edit Criteria	If the provider class type = 20 (physician), 23 (nurse practitioner), 24 (psychologist), 30 (podiatrist), 31 (optometrist), 35 (nurse midwife), 52 (FQHC DOS prior to 6/1/94), 53 (RHC dos prior to 6/1/94), 95 (out-of-state physician), and both an assistant surgeon procedure code modifier (80, 81, or 82) and a co-surgeon procedure code modifier (62 or 66) are 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	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-903 ESC-903

Edit Information

Edit Number	903	esc Number	903	NCPDP Code	
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Short Desc	Procedure Rebundled into New Procedure by ClaimCheck				
Long Desc	Procedure Rebundled into New Procedure by ClaimCheck				
Edit Criteria	<p>Edit not in effect until Claim check is implemented.</p> <p>If the procedure code is rebundled into a more appropriate procedure by Claim Check, set the edit.</p> <p>Procedures will not be rebundled for encounters.</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	
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		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 904 ESC 904

Edit Information

Edit Number	904	esc Number	904	NCPDP Code	
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Short Desc	Not Tech Waiver - DME Procedure Requires Prior Authorization				
Long Desc	Not Tech Waiver - DME Procedure Requires Prior Authorization				
Edit Criteria	Deleted per DMAS will not be used in new VA 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-905 ESC-905

Edit Information

Edit Number	905	esc Number	905	NCPDP Code	
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Short Desc	Diagnosis Cannot Be Used as Principal diagnosis based on the DRG Grouper.				
Long Desc	Diagnosis Cannot Be Used as Principal Diagnosis based on the DRG Grouper.				
Edit Criteria	If the DRG Grouper returns a code of 1, set the edit. The diagnosis sent to the Grouper cannot be used as the principal diagnosis. If the DRG Grouper returns a code of 8, set the edit. The principal diagnosis is invalid for DRG. (Formally 912)				

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		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 906 ESC 906

Edit Information

Edit Number	906	esc Number	906	NCPDP Code	
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Short Desc	Principal Diagnosis Failed DRG/MDC				
Long Desc	Principal Diagnosis Failed DRG/MDC				
Edit Criteria	If the DRG Grouper returns a code of 2, set the edit. There was no DRG match in the MDC (Major Diagnostic Category).				

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		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 907 ESC 907

Edit Information

Edit Number	907	esc Number	907	NCPDP Code	
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Short Desc	Invalid Admit Age for DRG				
Long Desc	Invalid Admit Age for DRG				
Edit Criteria	If the DRG Grouper returns a code of 3, set the edit. The admit age was invalid for DRG.				

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		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 908 ESC 908

Edit Information

Edit Number	908	esc Number	908	NCPDP Code	
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Short Desc	Invalid Sex for DRG				
Long Desc	Invalid Sex for DRG				
Edit Criteria	If the DRG Grouper returns a code of 4, set the edit. The sex was invalid for DRG.				

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		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 909 ESC 909

Edit Information

Edit Number	909	esc Number	909	NCPDP Code	
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Short Desc	Invalid Discharge Status for DRG				
Long Desc	Invalid Discharge Status for DRG				
Edit Criteria	If the DRG Grouper returns a code of 5, set the edit. The discharge status was invalid for DRG.				

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		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 910 ESC 910

Edit Information

Edit Number	910	esc Number	910	NCPDP Code	
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Short Desc	Invalid Birth Weight for DRG				
Long Desc	Invalid Birth Weight for DRG				
Edit Criteria	For ICD-9 procedure codes 764-765 with fifth digit If the DRG Grouper returns a code of 6, set the edit. The birth weight was invalid for DRG. Currently, zeros is used for birth weight.				

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		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-911 ESC-911

Edit Information

Edit Number	911	esc Number	911	NCPDP Code	
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Short Desc	Invalid Discharge Age for DRG				
Long Desc	Invalid Discharge Age for DRG				
Edit Criteria	If the DRG Grouper returns a code of 7, set the edit. The discharge age was invalid for DRG.				

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		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 912 ESC 912

Edit Information

Edit Number	912	esc Number	912	NCPDP Code	
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Short Desc	Invalid Principal Diagnosis for DRG				
Long Desc	Invalid Principal Diagnosis for DRG				
Edit Criteria	This edit can be Deleted. It has been merged into Edit 905				

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-913 ESC-913

Edit Information

Edit Number	913	esc Number	913	NCPDP Code	
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Short Desc	Invalid Return Code from DRG				
Long Desc	Invalid Return Code from DRG				
Edit Criteria	If the DRG Grouper returns a code of 9, 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	
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		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 914 ESC 914

Edit Information

Edit Number	914	esc Number	914	NCPDP Code	
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Short Desc	Abortion Consent Form Needed
Long Desc	Abortion Consent Form Needed
Edit Criteria	<p>If the procedure and/or diagnosis indicates abortion, and there is no matching active segment on the Consent File for this enrollee and there is no attachment, set the edit. If there is an attachment, set edit 0810.</p> <p>For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X', and prov types ('001', '014', '085', '091'), and FDOS >= 01/1/14 the Revenue line procedure code will be checked in the CPT ABORTION CODES value set, and without an attachment set the edit.</p> <p>See value set, CPT ABORTION CODES ICD9 ABORTION CODES (ICD-9 value set 119) or ICD-10 ABORTION PROC CODES (ICD-10 value set 20119) DIAG ABORTION CODES (ICD-9 value set 303) or ICD-10 ABORTION DIAG CODES (ICD-10 value set 20303)</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH	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	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	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 915 ESC 915

Edit Information

Edit Number	915	esc Number	915	NCPDP Code	
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Short Desc	Hysterectomy Consent Form Needed
Long Desc	Hysterectomy Consent Form Needed
Edit Criteria	<p>If the procedure and/or diagnosis indicates hysterectomy, and there is no matching active segment on the Consent File for this enrollee and there is no attachment, set the edit. If there is an attachment, set edit 0811.</p> <p>For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X', and prov types ('001', '014', '085', '091'), and FDOS >= 01/1/14 the Revenue line procedure code will be checked in the CPT HYSTERECTOMY CODES value set, and without an attachment set the edit.</p> <p>See value set, CPT HYSTERECTOMY CODES ICD9 HYSTERECTOMY CODES (ICD-9 value set 121) or ICD-10 HYSTERECTOMY PROC CODES (ICD-10 value set 20121)</p>

General Indicators

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

Program Indicators

Medicaid	Y	SLH	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	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		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 916 ESC 916

Edit Information

Edit Number	916	esc Number	916	NCPDP Code	
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Short Desc	E-Medicaid Katrina Evacuee				
Long Desc	E-Medicaid Katrina Evacuee				
Edit Criteria	All claim types submitted with aid category 919 will set this EOB.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental	Y	Pharmacy	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		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		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		EOB	
Encounter			
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 917 ESC 917

Edit Information

Edit Number	917	esc Number	917	NCPDP Code	
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Short Desc	Service Provided in Prior State Fiscal Year				
Long Desc	Service Provided in Prior State Fiscal Year				
Edit Criteria	<p>If the current year equals the payment request thru year and the current month is greater than April and the payment request thru month is less than May, set the edit.</p> <p>If the current year is greater than the payment request thru year, compute current year minus 1.</p> <p>If computed current year is greater than the payment request thru year, set the edit.</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		SLH	Y	TDO	
FAMIS		Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	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

Program	Program Title
CPA028	Provider Edits

Exceptions

No SLH adjustments or void claims are to be included in this edit. See Edit 0802 for SLH adjustment and void processing.

Resolution

(None)

Edit/Audit Inquiry Results Edit 918 ESC 918

Edit Information

Edit Number	918	esc Number	918	NCPDP Code	
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Short Desc	Contraindicated Audit - Rehab Services versus Nursing Home				
Long Desc	Contraindicated Audit - Rehab Services versus Nursing Home				
Edit Criteria	<p>Acute inpatient rehab services (claim type 01, provider class types 14 and 85) may overlap nursing home services (claim type 10) for a maximum of 7 days.</p> <p>If an inpatient rehab payment request is submitted , history is checked for possible conflicting nursing home payment requests. If history shows conflicting paid services from a nursing home, deny services over 7 days with this audit.</p> <p>If a nursing home payment request is submitted and history shows a conflicting paid inpatient rehab payment request, deny services over 7 days with this audit.</p> <p>Note: The 7 days is for 7 consecutive days. If there is a break in the service before the 7-day limit is reached, then subsequent services are counted separately.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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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		OFF
		OFF
EMC		OFF
		OFF
Adjustment		OFF
		OFF
POS		PAY
Encounter		0
Special Batch		OFF
PA		

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-919 ESC-919

Edit Information

Edit Number	919	esc Number	919	NCPDP Code	
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Short Desc	Inpat vs. Nursing Home - Poss. Dupe				
Long Desc	Inpatient versus Nursing Home - Possible Duplicate				
Edit Criteria	<p>Dates of service for Inpatient services (claim type 01) may not overlap Nursing Home services (claim type 02) except for admit and discharge dates.</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	D	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
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		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

On 6/8/2005, this edit had the dispositions set to TEST for EMC, paper, and adjustments with effective dates of 6/1/2005 - 12/31/2005 and set to DENY with effective date of 1/1/2006.

Resolution

(None)

Edit/Audit Inquiry Results Edit 920 ESC 920

Edit Information

Edit Number	920	esc Number	920	NCPDP Code	
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Short Desc	Duplicate Audit - Rehab Services versus Waiver Services				
Long Desc	Acute inpatient rehab services may not overlap waiver services.				
Edit Criteria	<p>Acute inpatient rehab services payment request (claim type 01, provider class types 14 and 85) and waiver services (Claim Type 04 or 05 with exception indicator A, E, M, Q, R, Y, or 9) with overlapping dates of service (except discharge and admission dates) are not allowed.</p> <p>See Value Sets "EXCEPT INDIC 0920/0920 CT 04", "PROV TYPE INCLUS 0920 CT 04", "EXCEPTION INDICA 0920 CT 01", "PROV TYPE INCLUS 0920 CT 01".</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	D	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	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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch		PEND	
PA			

Programs

(None)

Exceptions

On 9/27/2005, all dispositions were set to Test effective with date of service 7/1/2003. Previously, the dispositions had been Deny. All the dispositions were changed back to Deny on 12/20/2005 after the edit was changed to a duplicate edit.

Resolution

(None)

Edit/Audit Inquiry Results Edit-921 ESC-921

Edit Information

Edit Number	921	esc Number	921	NCPDP Code	
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Short Desc	Contraindicated Audit - Hospice Services May Not Overlap Other Waiver Svcs				
Long Desc	Hospice services may not overlap with respite services				
Edit Criteria	<p>This edit is deleted as result of Hospice List F ISR per Jack Andrews 5/28/03</p> <p>If hospice services (Z9430 through Z9434) overlap with respite services Z9408, Z9421, Z9423 and Z9425, set the audit.</p> <p>See Value Set "PROC 0921/0921 001" thru "PROC 0921/0921 nnn".</p> <p>Different from current system: This is a new edit.</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 922 ESC 922

Edit Information

Edit Number	922	esc Number	922	NCPDP Code	
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Short Desc	Limitation Audit - Medicare Deductible Per Year				
Long Desc	Limitation Audit - Medicare Deductible Per Year				
Edit Criteria	<p>The total Medicare deductible billed on Title 18 payment requests per benefit period for Part A, or per year for Part B, should not exceed the designated deductible for that payment request type for that period.</p> <p>The Part A deductible limit only applies to payment requests for provider types 01, 02, 03, 04, 05, 07, 08, 09, 12, 13, 14, 77, 85, 91.</p> <p>For Part A payment requests, history is checked for other Part A payment requests submitted during the benefit period which is defined as up to 60 consecutive days after discharge. If the total deductible billed exceeds the designated amount for that benefit period, set the edit. Effective 10/27/2008 (Release 42) this edit has been modified as follows: If any portion, but not all of the deductible amount can be paid without exceeding the limit, 1) change the deductible to the amount that can be paid, 2) recalculate the claim allowed amount as the sum of the calculated coinsurance and the new deductible and 3) set the EOB indicator. If the above is not true (total deductible amount already at the limit) the edit is set, but the EOB indicator is not set.</p> <p>To determine if claims with earlier DOS fall within the same benefit period as the current claim, check for a gap of more than 60 days between the TDOS of one claim and the FDOS of the next claim. Any claims after the 60 day gap are considered to be in the same benefit period. To determine if claims with later DOS fall within the same benefit period as the current claim, check for a gap of more than 60 days between the TDOS of one claim and the FDOS of the next claim. Any claims before the 60 day gap are considered to be in the same benefit period. The FDOS of the earliest claim in the benefit period is used to determine what the max deductible for the period is.</p> <p>For Part B payment requests, history is checked for other Part B payment requests with FDOS during the calendar year. If the total deductible exceeds the designated amount for that year, set the edit. See value set, HOSPITAL PROVIDER TYPE.</p>				

	Different from current system: Current system does not check history when editing deductible. It does individual claim editing as specified for edits 251 and 288.				
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General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		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		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 923 ESC 923

Edit Information

Edit Number	923	esc Number	923	NCPDP Code	
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Short Desc	Contraindicated Audit - Home Health versus Specialized Care Nursing Svcs				
Long Desc	Contraindicated Audit - Home Health versus Specialized Care Nursing Svcs				
Edit Criteria	<p>Home health services (provider type 58, 59, 94) cannot have the same or overlapping dates of services as a payment request for specialized care nursing home services (claim type 02). If one is found, set the audit.</p> <p>See Value Sets "REV CODE 0923 CT 02", "PROV TYPE 0923 CT 02", "REV CODE 0923 CT 03", "PROV TYPE 0923 CT 03".</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		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing	Y	Home Health	Y	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		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 924 ESC 924

Edit Information

Edit Number	924	esc Number	924	NCPDP Code	
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Short Desc	Travel Mileage Billed without Care Coordination				
Long Desc	This service may only be paid if billed with monthly care coordination.				
Edit Criteria	<p>If a payment request for procedure code Baby Care travel mileage for home visits is billed, check history to see if the procedure code for monthly care coordination was billed on the same date range as the travel mileage. If no monthly care coordination was billed on the same date range, set the audit.</p> <p>See Value Set "PROC 0924/0924" for applicable procedure codes and effective dates.</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		Recycle Days	30
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		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

On 6/15/2005, this edit was turned to Test effective 1/2/1990 for all programs and media. Program 01 (Medicaid) for all media types except special batch will deny effective 5/1/2006. Special batch will pend to location 217.

Resolution

(None)

Edit/Audit Inquiry Results Edit-0925 ESC-0925

Edit Information

Edit Number	0925	esc Number	0925	NCPDP Code	
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Short Desc	Lower Rate Paid - Beyond 60 Days
Long Desc	Lower Rate Paid for Hospice Episode Exceeding 60 Days
Edit Criteria	<p>This edit is performed on each line of a Hospice (PT 046) CT 03 that has revenue code 0651 (Hospice Routine Service). When this EOB is set, the line is priced using the lower rate for Revenue code 0651. Due to the restriction of 30 edits per claim, if the header FDOS is over 59 days beyond the beginning of the hospice care episode, set the edit at the header level rather than the line level.</p> <p>If the revenue line DOS is over 59 days beyond the beginning of the hospice care episode, set the edit.</p> <p>An episode is defined as continuous hospice care separated by no more than a 60 day gap without care. When a 60 day gap occurs, a new episode starts. The episode is determined using current and history claims header FDOS and TDOS. History claims to be included in this process are ones that meet the following criteria:</p> <ul style="list-style-type: none"> - Same enrollee as current claim - CT = 03 - PT = 046 - Claim type modifier = 1 or 2 - Status – any - Provider Number – any - Header FDOS before current claim FDOS

General Indicators

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

Program Indicators

Medicaid	Y	SLH	TDO
FAMIS		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	01/01/2016	Revision Date	
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Media/Disposition/Pend Location Codes

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

Edit/Audit Inquiry Results Edit-0926 ESC-0926

Edit Information

Edit Number	0926	esc Number	0926	NCPDP Code	
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Short Desc	Previously Paid Claim with a later DOS
Long Desc	Hospice – Previously Paid Claim with a later DOS
Edit Criteria	<p>This edit is in place because of the lower rate pricing for Hospice claims beyond 60 days within an episode (See Edit 0925). Edit is performed for Hospice (PT 046) CT 03. If there is a history claim that meets the following criteria set the edit:</p> <ul style="list-style-type: none"> - Same enrollee as current claim - CT = 03 - PT = 046 - Claim type modifier = 1 or 2 - Status = 1 or 5 - Provider Number – any - Header FDOS after current claim FDOS

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		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			
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Date Information

Effective Date Code	DOS	Effective Date	01/01/2016	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp
Paper	TBD	PEND
	DMAS	PEND
EMC		PEND
		PEND
Adjustment		OFF
		OFF
POS		NA
Encounter		0
BH Encounter		0
Special Batch	217	PEND
PA		

Resolution

<p>Override the edit. Then adjust the history claim.</p>
--

Edit/Audit Inquiry Results Edit 927 ESC 927

Edit Information

Edit Number	927	esc Number	927	NCPDP Code	
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Short Desc	Infant Care Coordination FollowUp without Infant Care Coordination				
Long Desc	Infant Care Coordination Follow-Up May Not be Paid without Infant Care Coordination First				
Edit Criteria	<p>This edit has been deleted - procs are obsolete.</p> <p>If a payment request is submitted for infant care coordination follow-up (Z9108), history is checked for the presence of infant care coordination (Z9106) within the last 730 days. If none is present, set the audit.</p> <p>See Value Set "PROC 0927/0927".</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 928 ESC 928

Edit Information

Edit Number	928	esc Number	928	NCPDP Code	
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Short Desc	Global Radiology Proc Pays at a Reduced Amt When Related Components Paid				
Long Desc	Global Radiology Proc Pays at a Reduced Amt When Related Components Paid				
Edit Criteria	<p>This edit will be determined in Claim Check and has been removed from claim adjudication.</p> <p>If a global radiology procedure is billed and payment has been made to the same provider for a related component procedure for the same enrollee on the same date of service, set the audit and cutback the amount payable by the amount paid for the component(s). If the amount paid for the component(s) is equal to or greater than the amount payable for the global procedure, deny the payment request with this EOB.</p> <p>See Value Sets "PROC 0928/0928 001" thru "PROC 0928/0928 nnn" for procedure codes.</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		Recycle Days	0
HIPAA esc		CutBack Ind	D		

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		TEST
		TEST
EMC		TEST
		TEST
Adjustment		TEST
		TEST
POS		PAY
Encounter		0
Special Batch		TEST
PA		

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-929 ESC-929

Edit Information

Edit Number	929	esc Number	929	NCPDP Code	
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Short Desc	Global Surgery Payable at Reduced Amt When Components of Surgical Care Paid				
Long Desc	Global Surgery Payable at Reduced Amt When Components of Surgical Care Paid				
Edit Criteria	<p>This edit will be determined in Claim Check and has been removed from claim adjudication.</p> <p>If a provider bills for global surgery (proc codes 10000 - 69999 with no modifier) and payment has been made to any provider(s) for surgical care only (same procedure with modifier 54), post-operative care only (same procedure with modifier 55), or pre-operative care only (same procedure with modifier 56) for the same enrollee on the same date of service, then set the edit and cutback the allowed amount by the allowed amount for the component(s). If the allowed amount for the component(s) is equal to or greater than the allowed amount for the global procedure, deny the payment request with this EOB.</p> <p>See Value Set "PROC 0929/0929" and "PROC MODIFER 0929/0929".</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		Recycle Days	0
HIPAA esc		CutBack Ind	D		

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		TEST	
		TEST	
EMC		TEST	
		TEST	
Adjustment		TEST	
		TEST	
POS		PAY	
Encounter		0	
Special Batch		TEST	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 930 ESC 930

Edit Information

Edit Number	930	esc Number	930	NCPDP Code	
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Short Desc	Global Immunization Payable at Reduced Amt - Payment Made for Components				
Long Desc	Global Immunization Payable at Reduced Amt - Payment Made for Components				
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-931 ESC-931

Edit Information

Edit Number	931	esc Number	931	NCPDP Code	
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Short Desc	Global Payable at a Reduced Fee When Components Paid - Med Svcs				
Long Desc	Global Payable at a Reduced Fee When Components Paid - Med Svcs				
Edit Criteria	<p>This edit will be determined in Claim Check and has been removed from claim adjudication.</p> <p>If a global procedure (refer to right column on list) is billed and payment has been made to the same provider for a related component(s) (refer to left column on list) for the same enrollee on the same date of service, set the audit and cutback the allowed amount by the allowed amount for the component(s). If the allowed amount for the component(s) is equal to or greater than the allowed amount for the global procedure, deny the payment request with this EOB.</p> <p>See Value Sets "PROC 0931/0931 001" thru "PROC 0931/0931 nnn" for procedure codes.</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		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		TEST	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 932 ESC 932

Edit Information

Edit Number	932	esc Number	932	NCPDP Code	
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Short Desc	Related Component Radiology Procs Not Payable When Global Paid				
Long Desc	Related Component Radiology Procs Not Payable When Global Paid				
Edit Criteria	<p>This edit will be determined in Claim Check and has been removed from claim adjudication.</p> <p>If component(s) of a global radiology procedure are billed and payment has been made to the same provider for the global procedure for the same enrollee on the same date of service, set the edit.</p> <p>See Value Sets "PROC 0932/0932 001" thru "PROC 0932/0932 nnn" for procedure codes.</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		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		TEST	
		TEST	
EMC		TEST	
		TEST	
Adjustment		TEST	
		TEST	
POS		PAY	
Encounter		2	
Special Batch		TEST	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 933 ESC 933

Edit Information

Edit Number	933	esc Number	933	NCPDP Code	
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Short Desc	Components of Surgical Care Not Payable When Global Surgery Paid				
Long Desc	Components of Surgical Care Not Payable When Global Surgery Paid				
Edit Criteria	<p>If a provider bills for surgical care only (procedure codes 10000 - 69999 with modifier 54), post-operative care only (procedure codes 10000 - 69999 with modifier 55) or pre-operative care only (procedure codes 10000 - 69999 with modifier 56) and payment has been made to any provider(s) for the global surgery (same procedure code with no modifier) for the same enrollee on the same date of service, set the audit.</p> <p>See Value Set "PROC 0933/0933" and "PROC MODIFER 0933/0933".</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		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		TEST	
		TEST	
EMC		TEST	
		TEST	
Adjustment		TEST	
		TEST	
POS		PAY	
Encounter		2	
Special Batch		TEST	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 934 ESC 934

Edit Information

Edit Number	934	esc Number	934	NCPDP Code	
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Short Desc	Umbrella Audit - Postpartum Visits, Same Provider				
Long Desc	Postpartum visits are not payable within 60 days of delivery				
Edit Criteria	<p>Procedure codes 99201 through 99215 are not payable 60 days after 59400 through 59622 if billed by the same provider. If billed, set the edit.</p> <p>See Value Set "PROC 0934/0934".</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		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	TEST	
		TEST	
EMC		TEST	
		TEST	
Adjustment		TEST	
		TEST	
POS		PAY	
Encounter		6	
Special Batch		TEST	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 935 ESC 935

Edit Information

Edit Number	935	esc Number	935	NCPDP Code	40
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Short Desc	Provider Locked Out to CMM Enrollee				
Long Desc	Provider Locked Out to CMM Enrollee				
Edit Criteria	For Practitioner (claim type 05) or Transportation (claim type 13) or Pharmacy (claim type 06): If the enrollee is CMM (enrollee benefit exception indicator = 4, 5 or 6) and the billing or servicing provider has c_prv_rstrct_cval = 05 on the PS_PROV_PGM_RSTRCT table for the claim dates of service, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	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	Y	Personal Care		Laboratory	
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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 936 ESC 936

Edit Information

Edit Number	936	esc Number	936	NCPDP Code	
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Short Desc	Tooth/Procedure - Invalid Combination				
Long Desc	Tooth/Procedure - Invalid Combination				
Edit Criteria	If procedure code D1351 or 01351 (sealant) is entered on a payment request, and the tooth number is not 02, 03, 14, 15, 18, 19, 30, or 31, then set the edit. See value set, TOOTH-NUMBER FOR E0936.				

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	
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		N/A	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 937 ESC 937

Edit Information

Edit Number	937	esc Number	937	NCPDP Code	
Short Desc	Limitation Audit: Twice in a Lifetime, Any Provider - Deny				
Long Desc	This is a twice-in-a-lifetime procedure.				
Edit Criteria	<p>This limitation audit fails when a twice-in-a-lifetime procedure code is billed a third time by any provider.</p> <p>See Value Sets "0937/0937 001" thru "0937/0937 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	R		

Program Indicators

Medicaid	Y	SLH	Y	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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit 938 ESC 938

Edit Information

Edit Number	938	esc Number	938	NCPDP Code	
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Short Desc	Limitation Audit: Four in a Lifetime, Any Provider - Deny				
Long Desc	This is a four-in-a-lifetime procedure.				
Edit Criteria	This limitation audit fails when a four-in-a-lifetime procedure code is billed a fifth time by any provider. See Value Sets "0938/0938 001" thru "0938/0938 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	R		

Program Indicators

Medicaid	Y	SLH	Y	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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH Pends are assigned to LOC 310. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit 939 ESC 939

Edit Information

Edit Number	939	esc Number	939	NCPDP Code	
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Short Desc	Limitation Audit: Six in a Lifetime, Any Provider				
Long Desc	This is a six-in-a-lifetime procedure.				
Edit Criteria	This limitation audit fails when a six-in-a-lifetime procedure code is billed a seventh time by any provider. See Value Sets "0939/0939 001" thru "0939/0939 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	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

Programs

(None)

Exceptions

None

Resolution

All Claim Types:
1. Check for keying/scanning errors.
If errors are found in unprotected fields, correct the field entry.
If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.
2. Review attachment/remarks for justification of additional procedure.
If justification is provided for the additional procedure, override with code 0939 and disposition indicator O.
If justification is not provided, deny with code 0939 and disposition indicator D.

Edit/Audit Inquiry Results Edit-940 ESC-940

Edit Information

Edit Number	940	esc Number	940	NCPDP Code	
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Short Desc	Limit Audit - Only One New Patient Medical Visit Per Lifetime				
Long Desc	New Patient Visits Are Limited to One Per Lifetime				
Edit Criteria	<p>If the same provider bills more than one unit of service of any (same/different) of the following procedure codes for the same enrollee, set the edit.</p> <p>See Value Set "PROC CODE 940/940".</p> <p>New Patient Procedures: 99383 (in current MMIS, 1 every 7 years) 99384 (in current MMIS, 1 every 8 years)</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

Media	LOC	Disp	
Paper	200	DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment	200	DENY	
		DENY	
POS		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

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. Review attachment/remarks for justification of additional procedure. If justification is provided for the additional procedure, override with code 0940 and disposition indicator O. If justification is not provided, deny with code 0940 and disposition indicator D.

Edit/Audit Inquiry Results Edit-941 ESC-941

Edit Information

Edit Number	941	esc Number	941	NCPDP Code	79
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Short Desc	ProDUR Over Utilization				
Long Desc	ProDUR Over Utilization				
Edit Criteria	This is a proDUR over utilization alert. It informs the pharmacy provider that this enrollee is receiving more than the recommended dosage of this maintenance drug. The provider may override the denial by submitting another POS pharmacy payment request with the appropriate outcome and intervention codes.				

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		DENY	
Encounter		0	
Special Batch		PAY	
PA			

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 942 ESC 942

Edit Information

Edit Number	942	esc Number	942	NCPDP Code	88
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Short Desc	ProDUR Therapeutic Duplication				
Long Desc	ProDUR Therapeutic Duplication				
Edit Criteria	<p>This is a proDUR therapeutic duplication alert. It informs the pharmacy provider that this enrollee is receiving another prescription which is considered the therapeutic equivalent of the current prescription. For selected criteria, the edit denies while for other criteria, it only sets an EOB. The provider may override the denial by submitting another POS pharmacy claim with the appropriate outcome and intervention codes.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	M	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		DENY	
Encounter		0	
Special Batch		PAY	
PA			

Programs

Program	Program Title
VPT99DUR	ProDur Edits for Pharmacy POS

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 943 ESC 943

Edit Information

Edit Number	943	esc Number	943	NCPDP Code	
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Short Desc	CDPAS Audit - Visit Requires Consumer Training				
Long Desc	CDPAS Audit - Visit Requires Consumer Training				
Edit Criteria	This edit is being deleted, it is the same as edit 0824.				

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-944 ESC-944

Edit Information

Edit Number	944	esc Number	944	NCPDP Code	
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Short Desc	Physical Therapy Annual Limit				
Long Desc	Physical Therapy Annual Limit				
Edit Criteria	<p>Effective 07/01/2003, school (DOE) related claims will not require a PA for any physical therapy services. Additionally, non-school related services would be reduced from 24 to 5 before a PA is required (see edit 944/1310).</p> <p>The fiscal year limits for physical therapy are as follows:</p> <ul style="list-style-type: none"> - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA (edit 0944/1310). - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. <p>Prior authorized units on History claims do not count toward the limit. CORF (PT 19) is excluded from this edit.</p> <p>If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim'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>Physical Therapy Procedure Codes - for CT 05 (Practitioner) : Z9450 - Z9452 Z4010 - Z4011 Z9470 - Z9474</p>				

Physical Therapy Revenue Codes - for CT 03 (Outpatient and Home Health) : 420 - 424				
See Value Sets "PROC/REV CODE 0944 CT 03", "PROV TYPE EXCLUS FOR 944 CT03", "PROC/REV CODE 0944 CT 05", "PROV TYPE EXCLUS 0944 CT05".				
NOTE: Edit 383 set in the old MMIS.				

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	Y	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		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	

POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

For CT 03 the disposition is set to non-cover revenue code wherever the others are set to deny.

Resolution

(None)

Edit/Audit Inquiry Results Edit 945 ESC 945

Edit Information

Edit Number	945	esc Number	945	NCPDP Code	
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Short Desc	Occupational Therapy Annual Limit				
Long Desc	Occupational Therapy Annual Limit				
Edit Criteria	<p>Effective 07/01/2003, school (DOE) related claims would not require a PA for any Occupational Therapy services. Additionally, non-school related claims services would be reduced from 24 to 5 before a PA is required. (edit 0945/1311)</p> <p>The fiscal year limits for occupational therapy are as follows:</p> <ul style="list-style-type: none"> - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA (edit 0945/1311). <p>Prior authorized units on History claims do not count toward the limit. CORF (PT 19) is excluded from this edit.</p> <p>If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim'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>Occupational Therapy Procedure Codes - for CT 05 (Practitioner) : Z9453 - Z9455 Z4030 - Z4031</p>				

Z9480 - Z9484				
Occupational Therapy Revenue Codes - for CT 03 (Outpatient and Home Health) : 430 - 434				
See Value Sets "PROC/REV CODE 0945 CT05", "PROCREV CODE 0945 FOR 03", "PROV TYPE EXCLUS 0945 CT05", "PROV TYPE EXCLUS 0945 CT03". NOTE: Edit 383 set in the old MMIS.				

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	Y	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		DENY	
		DENY	
EMC		DENY	
		DENY	

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

Programs

(None)

Exceptions

For CT 03 the disposition is set to non-cover revenue code wherever the others are set to deny.

Resolution

(None)

Edit/Audit Inquiry Results Edit-946 ESC-946

Edit Information

Edit Number	946	esc Number	946	NCPDP Code	
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Short Desc	Speech Therapy Annual Limit				
Long Desc	Speech Therapy Annual Limit				
Edit Criteria	<p>Effective 07/01/2003, school (DOE) related claims would not require a PA for any Speech Therapy services. Additionally, non-school related claims services would be reduced from 14 to 5 before a PA is required. (edit 0946/1312)</p> <p>The fiscal year limits for speech therapy are as follows:</p> <ul style="list-style-type: none"> - DOS of current claim prior to 1/12/2000: The total units for the enrollee's claims cannot exceed 24 without PA. - DOS of current claim on or after 1/12/2000 and prior to 07/01/2003: If the claim is for provider type 72 (School), the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. If the claim is for non-school, the total units (school and non-school) for the enrollee's claims cannot exceed 35 without PA. Also, if the claim is for non-school, the non-school units for the enrollee's claims cannot exceed 24 without PA (edit 0946/1312). <p>Prior authorized units on History claims do not count toward the limit. CORF (PT 19) is excluded from this edit.</p> <p>If any of the listed procedure and/or revenue codes exceed the limit, billed by any provider, alone or in conjunction with one another, and there is an approved PA on file and the authorized PA units have not all been used, the claim'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>Speech Therapy Procedure Codes - for CT 05 (Practitioner) : Z9456 - Z9458 Z4026 - Z4027 Z9491 - Z9494</p>				

	<p>Speech Therapy Revenue Codes - for CT 03 (Outpatient and Home Health) : 440 - 444</p> <p>See Value Sets "PROC/REV CODE 0946 CT 05", "PROC/REV CODE 0946 FOR 03", "PROV TYPE EXCLUS 0946 CT03", "PROV TYPE EXCLUS 0946 CT05".</p> <p>NOTE: Edit 383 set in the old MMIS.</p>				
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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	Y	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		DENY	
		DENY	
EMC		DENY	
		DENY	

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

Programs

(None)

Exceptions

For CT 03 the disposition is set to non-cover revenue code wherever the others are set to deny.

Resolution

(None)

Edit/Audit Inquiry Results Edit-947 ESC-947

Edit Information

Edit Number	947	esc Number	947	NCPDP Code	
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Short Desc	OP Psych Limit 1st Year wo PA				
Long Desc	Outpatient Psychiatric Visits Limited in First Year Treatment				
Edit Criteria	<p>DOS of claims prior to 07/01/2003: For Medicaid or FAMIS enrollees, outpatient psychiatric services are limited to 26 hours for the first year of treatment. If any of the listed procedure codes are billed for more than 26 hours in the first treatment year, by any provider, alone or in conjunction with one another, and the place of treatment is not 21 (Inpatient Hospital), 51 (Inpatient Psychiatric Facility), 56 (Psychiatric Residential Treatment Center), and 61 (Comp Inpat Rehab Facility), and there is no PA on the PA File for the service, then set the edit.</p> <p>DOS of claims on or after 07/01/2003 and before 05/22/2005: For Medicaid or FAMIS enrollees, outpatient psychiatric services are limited to 5 hours for the first year of treatment. If any of the listed procedure codes are billed for more than 5 hours in the first treatment year, by any provider, alone or in conjunction with one another, and the place of treatment is not 21 (Inpatient Hospital), 51 (Inpatient Psychiatric Facility), 56 (Psychiatric Residential Treatment Center), 61 (Comp Inpat Rehab Facility), and the provider type is not 72 (School), and there is no PA on the PA File for the service, then set the edit.</p> <p>DOS of claims on or after 05/22/2005: For Medicaid or FAMIS enrollees, outpatient psychiatric services are limited to 26 hours for the first year of treatment. If any of the listed procedure codes are billed for more than 26 hours in the first treatment year, by any provider, alone or in conjunction with one another, and the place of treatment is not 21 (Inpatient Hospital), 51 (Inpatient Psychiatric Facility), 56 (Psychiatric Residential Treatment Center), and 61 (Comp Inpat Rehab Facility), and the provider type is not 72 (School), and there is no PA on the PA File for the service, then set the edit.</p>				

	<p>After the first year of treatment, a PA is required for services (edit 0947/1313). If the current claim DOS is over a year earlier than the latest history claim, current claim is pended with edit 0947/1313.</p> <p>If there is an approved PA on file and the authorized PA hours have not all been used, the payment request's hours are deducted from the remaining authorized hours. If there are not enough remaining authorized hours, a cut-back is taken and EOB 0639 is set.</p> <p>To determine the number of hours per procedure, a factor is multiplied by the units entered on the claim to determine the number of hours. The factor is listed by the procedure code below.</p> <p>Outpatient Psychiatric Therapy Procedure Codes and factors</p> <p>90845 1.0 90846 1.0 90847 1.0 90853 1.0 90857 1.0 90804 0.5 90805 0.5 90806 1.0 90807 1.0 90808 1.5 90809 1.5 90810 0.5 90811 0.5 90812 1.0 90813 1.0 90814 1.5 90815 1.5</p> <p>See Value Sets "POS EXCLUSIONS 0947/0947" and "0947/0000 001".</p> <p>The following procedures have modifier exclusion criteria for modifier 'HF': 90804 thru 90815 90846 90847 90853 90857</p> <p>NOTE: Edit 383 set in the old MMIS. Limit is 26 per lifetime.</p>			
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General Indicators

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

Type	L	Priority		Recycle Days	0
HIPAA esc		CutBack Ind	R		

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 948 ESC 948

Edit Information

Edit Number	948	esc Number	948	NCPDP Code	
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Short Desc	Limitation Audit - Skilled Nursing Home Health Visits Per Year Limit Met				
Long Desc	Limit for Skilled Nursing Visits Met - PA required				
Edit Criteria	<p>DOS of claims prior to 07/01/2003: Skilled nursing home health visits are limited to 32 per fiscal year. If any of the listed procedure and/or revenue codes are billed more than 32 times per fiscal year, by any provider, alone or in conjunction with one another, and there is no PA on the PA File for the service, then set the edit.</p> <p>DOS of claims on or after 07/01/2003: Skilled nursing home health visits are limited to 5 per fiscal year. If any of the listed procedure and/or revenue codes are billed more than 5 times per fiscal year, by any provider, alone or in conjunction with one another, and there is no PA on the PA File for the service, then set the edit. 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>Skilled Nursing Home Health Revenue Codes for CT 03: 550 551 552 (Replaced by 559 in new system)</p> <p>Skilled Nursing Home Health Proc Codes for CT 05: Z4001 Z4002 Z4003</p> <p>NOTE: Edit 383 set in the old MMIS.</p> <p>See Value Set "REV CODE INCLUS 0948/0948".</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	Y	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		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 949 ESC 949

Edit Information

Edit Number	949	esc Number	949	NCPDP Code	
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Short Desc	Limitation Audit - Home Health Aide Visits, 32 Per Year				
Long Desc	Home Health Aide Visits Limited to 32 Per Year				
Edit Criteria	<p>Home health aide visits are limited to 32 per fiscal year. If any of the listed procedure and/or revenue codes are billed more than 32 times per fiscal year, by any provider, alone or in conjunction with one another, then 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>Home Health Aide Revenue Codes for CT 03: 571</p> <p>Home Health Aide Proc Codes for CT 05: Z4007</p> <p>NOTE: Edit 383 set in the old MMIS.</p> <p>See Value Set "REV CODE INCLUS 0949/0949".</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health	Y	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		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-950 ESC-950

Edit Information

Edit Number	950	esc Number	950	NCPDP Code	
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Short Desc	Limitation Audit - Incontinence Undergarments, 2 Cases Per Month				
Long Desc	Limitation Audit - Incontinence Undergarments, 2 Cases Per Month				
Edit Criteria	<p>Incontinence undergarments are limited to 2 cases per month. If any of the listed procedure codes are billed more than 2 times per month, by any provider, alone or in conjunction with one another, and there is no PA on the PA File for the service, then 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>Incontinence Undergarments Procedure Codes: Y3159 - Y3175 See Value Set "PROC 0950/0950".</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

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

Date Information

Effective Date Code	DOS	Effective Date	1/1/1999	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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-951 ESC-951

Edit Information

Edit Number	951	esc Number	951	NCPDP Code	
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Short Desc	Limitation Audit - Apnea Monitor Rental, 124 days Per Calendar Year				
Long Desc	Limitation Audit - Apnea Monitor Rental, 124 days Per Calendar Year				
Edit Criteria	<p>Apnea monitor rental is limited to 124 days per calendar year. If either of the procedure codes, E0608 or Y0232, are billed more than 124 times per calendar year, by any provider, alone or in conjunction with one another, and there is no PA on the PA File for the service, then 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 Set "PROC 0951/0951".</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 952 ESC 952

Edit Information

Edit Number	952	esc Number	952	NCPDP Code	
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Short Desc	Limitation Audit - Wheelchair Purchase, 1 Every 60 Months				
Long Desc	Limitation Audit - Wheelchair Purchase, 1 Every 60 Months				
Edit Criteria	<p>Wheelchair purchase is limited to 1 item every 60 months. If any of the listed procedure codes are billed more than 1 times per 60 months, by any provider, alone or in conjunction with one another, and there is no PA on the PA File for the service, then 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>DME Wheelchair Purchase Procedure Codes: E1010 E1020 E1050 E1060 E1070 E1083 E1084 E1085 E1086 E1087 E1088 E1089 E1090 E1092 E1093 E1130 E1140 E1150 E1160 E1170 E1171 E1172 E1180 E1190 E1195 E1200 E1211 E1212 E1213 E1220 E1230 E1240 E1250 E1260 E1270 E1280 E1285 E1290 E1295</p> <p>See Value Set "PROC 0952/0952"</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 953 ESC 953

Edit Information

Edit Number	953	esc Number	953	NCPDP Code	
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Short Desc	Limitation Audit - Wheelchair Rental, 93 Per Calendar Year				
Long Desc	Limitation Audit - Wheelchair Rental, 93 Per Calendar Year				
Edit Criteria	<p>Wheelchair rental is limited to 93 days per calendar year. If any of the listed procedure codes are billed more than 93 times per calendar year, by any provider, alone or in conjunction with one another, and there is no PA on the PA File for the service, then 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>DME Wheelchair Rental Procedure Codes: Z4020 Z4041 Z4050 Z4060 Z4070 Z4080 Z4081 Z4082 Z4083 Z4084 Z4085 Z4086 Z4087 Z4088 Z4089 Z4090 Z4092 Z4093 Z4095 Z4113 Z4140 Z4150 Z4160 Z4170 Z4171 Z4172 Z4180 Z4190 Z4195 Z4200 Z4220 Z4230 Z4240 Z4250 Z4260 Z4270 Z4280 Z4285 Z4290 E1020 E1010 E1050 E1060 E1070 E1211 E1212 E1213 E1083 E1084 E1085 E1086 E1087 E1088 E1089 E1090 E1092 Z1093 E1295 E1130 E1140 E1150 E1160 E1170 E1171 E1172 E1180 E1190 E1195 E1200 E1220 E1230 E1240 E1250 E1260 E1270 E1280 E1285 E1290</p> <p>See Value Set "PROC 0953/0953"</p>				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 954 ESC 954

Edit Information

Edit Number	954	esc Number	954	NCPDP Code	
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Short Desc	Inpatient versus Outpatient, Same Provider				
Long Desc	Inpatient versus Outpatient, Same Provider				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Same base provider ID Same from date of service Same thru date of service</p> <p>Bypass if Inpatient claim has revenue code 655 or 658. 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	D	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		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 955 ESC 955

Edit Information

Edit Number	955	esc Number	955	NCPDP Code	
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Short Desc	Inpatient versus Title 18, Same Provider				
Long Desc	Inpatient versus Title 18, Same Provider				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Same base provider ID Same from date of service Same thru date of service</p> <p>Different from current system: This is a new edit.</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	D	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	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	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

ESC 0955
Inpatient Claims

1. If bill types are different, do not check revenue codes for duplicates, override edit with ESC code 0955 and Disposition indicator O for payment. Do not void the conflicting claim. (updated 7/01/09)
2. If documentation is attached stating that the claim is not a duplicate, part B charges vs part A, override with 0955. Do not void the conflicting claim. (updated 7/01/09)
3. If COB code on conflicting claim = 85, and the revenue codes are different, override edit with ESC 0955 and do not void the conflicting claim. If any of the revenue codes are the same, void the inpatient claim- claim type 01, using void reason code 1047. (updated 7/01/09)
4. If COB code on conflicting claim is not = 85, review claim to see if amount billed is the same for the conflicting claim. Review claim to see if the amount paid by Medicare is the same as the TPL amount for the conflicting claim. (updated 7/01/09)

- If the Medicare paid amount and TPL are the same: Medicare is considered the primary insurer; therefore if the conflicting claim was paid, the inpatient claim- claim type 01, should be voided using void reason 1047. However, if the revenue codes are different, override edit with ESC code 0955 and do not void the conflicting claim. (updated 7/01/09)
- If revenue codes are not the same: Override edit with ESC code 0955 and Disposition indicator O for payment.

Edit/Audit Inquiry Results Edit-956 ESC-956

Edit Information

Edit Number	956	esc Number	956	NCPDP Code	
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Short Desc	Outpatient versus Title 18, Same Provider
Long Desc	Outpatient versus Title 18, Same Provider
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Same base provider ID Same from date of service Same thru date of service</p> <p>- Bypass dupe check for bill type starting with '72' conflicting with bill type starting with '13'.</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	D	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		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	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

<p>Outpatient Claims</p> <ol style="list-style-type: none"> 1. If bill types are different, do not check revenue codes for duplicates; override edit with ESC code 0956 and Disposition indicator O for payment. Do not void the conflicting claim. (Updated 2/1 8/10). 2. If COB code on conflicting claim = 5 and the revenue codes are different, override edit with ESC 0956 and do not void the CT 09 claim. If any of the revenue codes are the same, pay the CT 09 and void CT 03 using void reason code 1047 or deny 0956D if CT 03 is pending with this edit. (Updated 07/22111). 3. If COB code on conflicting claim is not = 5, review claim to see if amount billed is the same for the conflicting claim. Review claim to see if the amount paid by Medicare is the same as the TPL amount for the conflicting claim.

4. If COB code on conflicting claim is = 5, review claim to see if any of the revenue codes are non covered on the attachment. If yes, override 0956O if CT 03 is pending with this edit. If not, deny 0956D if CT 03 is pending with this edit. (Updated 2/2013).

5. If the Medicare paid amount and TPL are the same: Medicare is considered the primary insurer; therefore if the conflicting claim was paid, the conflicting CT 03 claim should be voided using void reason 1047. However, if the revenue codes are different, override edit with ESC code 0956 and do not void the paid conflicting claim. (Updated 07/22/11).

6. If CT 05 and attachment states non-covered by Medicare override 0956 O. This includes self-administered drugs. (Updated 07/22/11).

Edit/Audit Inquiry Results Edit-957 ESC-957

Edit Information

Edit Number	957	esc Number	957	NCPDP Code	
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Short Desc	SNF versus Title 18, Same Provider				
Long Desc	SNF versus Title 18, Same Provider				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Same base provider ID Same from date of service Same thru date of service</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	D	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

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

Programs

(None)

Exceptions

None

Resolution

<p>ESC 957 SNF Claims</p> <ol style="list-style-type: none">1. If any of the Revenue codes billed are the same, DENY with 0957.2. If Revenue codes are different, override with 0957.3. If billed amount is the same, DENY with 0957. (Sometimes you will not be able to compare revenue codes).4. If billed amount is different, override with 0957. (Sometimes you will not be able to compare revenue codes).5. If documentation is attached stating that the claim is not a duplicate, override with 0957.
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Edit/Audit Inquiry Results Edit 958 ESC 958

Edit Information

Edit Number	958	esc Number	958	NCPDP Code	
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Short Desc	Practitioner versus Title 18, Same Provider				
Long Desc	Practitioner versus Title 18, Same Provider				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Same base provider ID Same from date of service Same thru date of service Same procedure code - if procedure is a J-code, NDC must be the same (Edit 0958/1317) OR The Title 18 procedure code is blank and billed charges are equal. For the Title 18 claim, compare Medicare billed amount (Edit0958/0958).</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	D	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	

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

Date Information

Effective Date Code	DOS	Effective Date	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		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA420	Duplicate Check

Exceptions

CT 05 will deny and CT 09 will pend

Resolution

<p>ESC 958 Practitioner</p> <p>1. Medicare is considered the primary insurer; therefore if the conflicting claim was paid for the same procedure, and the conflicting claim was not a Title 18, the conflicting claim should be voided using void reason 1047. If the conflicting claim was a Title 18, deny the pending claim with ESC code 958 and Disposition Indicator D.</p> <p>2. If not the same procedure: Override edit with ESC code 958 Disposition Indicator O for payment.</p>

Edit/Audit Inquiry Results Edit 959 ESC 959

Edit Information

Edit Number	959	esc Number	959	NCPDP Code	
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Short Desc	Transportation versus Title 18, Same Provider				
Long Desc	Transportation versus Title 18, Same Provider				
Edit Criteria	<p>This edit is set when the payment request being processed is a possible duplicate of another payment request, based on the following parameters:</p> <p>Same enrollee Same base provider ID Same from date of service Same thru date of service</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	D	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	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	200	PEND	
	200	PEND	
EMC	200	PEND	
	200	PEND	
Adjustment	200	PEND	
	200	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

<p>ESC 959 Transportation Claims</p> <p>1. Medicare is considered the primary insurer; therefore if the conflicting claim was paid for the same procedure, and the conflicting claim was not a Title 18, the conflicting claim should be voided using void reason 1047. If the conflicting claim was a Title 18, deny the pending claim with ESC code 959 and Disposition Indicator D.</p> <p>2. If not the same procedure: Override edit with ESC code 959 Disposition Indicator O for payment.</p>
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Edit/Audit Inquiry Results Edit 960 ESC 960

Edit Information

Edit Number	960	esc Number	960	NCPDP Code	
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Short Desc	Provider Procedure Restriction				
Long Desc	Provider Procedure Restriction				
Edit Criteria	<p>This edit will occur only if edit 0148 is not set for claim types, 04, 05, 08, 09(XOVB), and 13.</p> <p>Restrictions on providers are stored on the Provider table, PS_PROV_PGM_RSTRCT. If the type of restriction (= 01) indicates that a provider has a procedure, the procedure code(s) on the payment request is checked against the procedure(s) and their effective dates on the tables to see if the procedure code should be excluded from payment processing on the dates of service of the request. If they are to be excluded for the dates of service, set the edit.</p> <p>If the exclusive indicator = E (meaning exclude), the provider is not allowed to perform these procedures.</p> <p>The Provider restriction action type sets the error's disposition and overrides what is on the Error Text Database if the action type is not spaces. If the action type = P, then the pend location is set to 200.</p> <p>This edit will occur for claim types, 01, 02, 03, 09(XOVA), 10 and 11.</p> <p>Restrictions on providers are stored on the Provider table, PS_PROV_PGM_RSTRCT. If the type of restriction (= 01) indicates that a provider has a procedure or revenue restriction, the procedure code(s) or revenue code(s) on the payment request is checked against the procedure(s) or revenue code(s) and their effective dates on the tables to see if the procedure or revenue code should be included or excluded from payment processing on the dates of service of the request. If they are to be excluded for the dates of service, set the edit.</p> <p>If the restriction inclusive/exclusive indicator is set to include and the payment request's procedure(s) or revenue code(s) is not one of those included for the dates of service, set the edit.</p> <p>That is, if the inclusive/exclusive indicator = E (meaning exclude), the provider is not allowed to perform these procedures; if = I (meaning include), the provider is allowed to perform only these procedures.</p> <p>The Provider restriction action type sets the error's disposition and overrides what is on the Error Text Database if the action type is not spaces. If the action type = P, then the pend location is set to 200.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority	9	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	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

CPA350

ADA Service/PA Edit

Exceptions

New dental encounter disposition as of July 1st, 2005 is 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-961 ESC-961

Edit Information

Edit Number	961	esc Number	961	NCPDP Code	M8
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Short Desc	Provider Not Approved for Electronic Billing				
Long Desc	Provider Not Approved for Electronic Billing				
Edit Criteria	<p>If a payment request is submitted electronically (ICN media = 7 or 8) and the billing provider is not allowed to submit requests electronically according to the EMC billing indicator (DE 4081) on the Provider Enrollment Database, set the edit.</p> <p>That is, using the claim billing provider number, read the PS_PROV_ECOMM_TYPE table where C_ECOMM_CVAL = E and the ICN Julian date is within D_PROV_ECOMM_BEGIN and D_PROV_ECOMM_END. If no rows are found, set the edit.</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	4	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	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		PAY	
		PAY	
EMC		PAY	
		PAY	
Adjustment		PAY	
		PAY	
POS		PAY	
Encounter		0	
Special Batch		PAY	
PA			

Programs

(None)

Exceptions

Disposition changed from DENY to TEST on 3/29/2007. Disposition for EMC and Special Batch changed from TEST to PAY on 5/16/2007.

Resolution

(None)

Edit/Audit Inquiry Results Edit 962 ESC 962

Edit Information

Edit Number	962	esc Number	962	NCPDP Code	
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Short Desc	Consent Form Must be Signed by Enrollee				
Long Desc	Consent Form Must be Signed by Enrollee				
Edit Criteria	If the consent form is not signed by the enrollee, 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	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	
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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 963 ESC 963

Edit Information

Edit Number	963	esc Number	963	NCPDP Code	
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Short Desc	Revenue FDOS Disagrees with header
Long Desc	Revenue FDOS Disagrees with header FDOS
Edit Criteria	For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X' and prov types ('001', '014', '085', '091'), and FDOS >= 01/01/14 the Revenue line FDOS will be validated. If the revenue line FDOS is not between the header FDOS and TDOS set the edit.

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	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
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		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

N/A

Resolution

(None)

Edit/Audit Inquiry Results Edit 464 ESC 964

Edit Information

Edit Number	964	esc Number	964	NCPDP Code	E4
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Short Desc	Invalid DUR Conflict Code				
Long Desc	Invalid DUR Conflict Code				
Edit Criteria	<p>If a payment request is resubmitted as a result of the generation of a DUR conflict code and the DUR conflict code submitted is not a valid code, set the edit.</p> <p>Valid DUR conflict codes are: AL, DD, ER, HD, LD, LR, MC, PA, PG, TD.</p>				

General Indicators

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

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-965 ESC-965

Edit Information

Edit Number	965	esc Number	965	NCPDP Code	E5
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Short Desc	Invalid DUR Intervention Code				
Long Desc	Invalid DUR Intervention Code				
Edit Criteria	<p>If a payment request is resubmitted as a result of the generation of a DUR conflict code and the DUR intervention code submitted is not a valid code, set the edit.</p> <p>Valid DUR intervention codes are: 00, P0, M0, R0. Note that the 0 in the above codes is a numeric zero.</p>				

General Indicators

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

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-966 ESC-966

Edit Information

Edit Number	966	esc Number	966	NCPDP Code	E6
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Short Desc	Invalid DUR Outcome Code				
Long Desc	Invalid DUR Outcome Code				
Edit Criteria	<p>If a payment request is resubmitted as a result of the generation of a DUR conflict code and the DUR outcome code submitted is not a valid code, set the edit.</p> <p>Valid DUR outcome codes are: 00, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 2A, 2B.</p>				

General Indicators

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

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 967 ESC 967

Edit Information

Edit Number	967	esc Number	967	NCPDP Code	
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Short Desc	HCPCS/Diagnosis Restriction
Long Desc	Procedure Code Not Payable with Diagnosis Entered
Edit Criteria	<p>For Practitioner (claim type 05) payment requests, if the provider class type = 20 (physician), and the procedure code billed is not allowed for the diagnosis treated, set the edit.</p> <p>The edit will set for claim type 05 and provider type 20 if:</p> <p>1- the procedure flag = FD and the primary diagnosis is NOT in the ICD-9 value set 285 (FERTILITY DIAGS T18 PTB COPAY) or the ICD-10 value set 20285 (ICD-10 FAM PLAN BYPASS COPAY) .</p> <p>2- the procedure flag is not = FD and the primary diagnosis IS IN the ICD-9 value set 285 (FERTILITY DIAGS T18 PTB COPAY) or the ICD-10 value set 20285 (ICD-10 FAM PLAN BYPASS COPAY).</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	
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		TEST	
		TEST	
EMC		TEST	
		TEST	
Adjustment		TEST	
		TEST	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 968 ESC 968

Edit Information

Edit Number	968	esc Number	968	NCPDP Code	70
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Short Desc	Non-Rebatable NDC Not Covered				
Long Desc	Non-Rebatable NDC Not Covered				
Edit Criteria	The National Drug Code (NDC) must have the manufacturer code of a participating manufacturer in the rebate program.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	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	
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Paper		DENY	
		DENY	
EMC		DENY	
		PAY	
Adjustment		PAY	
		PAY	
POS		DENY	
Encounter		0	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

If the recipient is under age 21 and the specific therapeutic class is 'X2B' , 'M4A' , 'R3U' , 'R3W' OR 'R3Z'; bypass edit. Also, if the Drug Category is "R"; bypass edit.

Resolution

(None)

Edit/Audit Inquiry Results Edit-969 ESC-969

Edit Information

Edit Number	969	esc Number	969	NCPDP Code	
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Short Desc	Same Order Number on TDO Claims				
Long Desc	Same Order Number on TDO Claims				
Edit Criteria	<p>This edit has been deleted.</p> <p>If two TDO claims have the same order number, provider class type, and claim type, set the edit.</p> <p>If one claim is on activity and one on history, set the edit on the activity claim.</p> <p>If both claims are on activity, set the edit on both claims.</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 970 ESC 970

Edit Information

Edit Number	970	esc Number	970	NCPDP Code	
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Short Desc	Enrollee Not Covered In Plan on DOS				
Long Desc	Enrollee Not Enrolled in A Covered Plan for this Service on the DOS				
Edit Criteria	If there is not a benefit package on the Recipient Database for the recipient for the claim dates of service, 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	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	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. For Pharmacy error 318 replaces this edit logic.

Resolution

(None)

Edit/Audit Inquiry Results Edit-971 ESC-971

Edit Information

Edit Number	971	esc Number	971	NCPDP Code	
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Short Desc	Enrollee in Plan that Provider is Not				
Long Desc	Enrollee in Plan that Provider is Not				
Edit Criteria	<p>The Claims Processing Subsystem obtains all enrollment segments active on the payment request's dates of service from the Recipient Subsystem. The Recipient Subsystem keeps the enrollment segments in COB priority order: Medicaid, FAMIS, TDO, and SLH. In processing a payment request, the Claims Subsystem also obtains the Provider's enrollment segments . The Enrollee's plan is compared to the Provider's enrollment segments. This COB comparison process is performed until a match is made or is not made. If enrollment segments exist, but no match is made, then set this edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	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		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. Encounter disposition was changed from 8 to 2 on 4/29/04.

Resolution

(None)

Edit/Audit Inquiry Results Edit 972 ESC 972

Edit Information

Edit Number	972	esc Number	972	NCPDP Code	
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Short Desc	Substance Abuse Limit 1st Yr WO PA				
Long Desc	Substance Abuse Visits Limited in First Year Treatment				
Edit Criteria	<p>For Medicaid or FAMIS enrollees, substance abuse services are limited to 26 hours for the first year of treatment. If any of the listed procedure codes are billed for more than 26 hours in the first treatment year, by any provider, alone or in conjunction with one another, and the place of treatment is not 21 (Inpatient Hospital), 51 (Inpatient Psychiatric Facility), 56 (Psychiatric Residential Treatment Center), 61 (Comp Inpat Rehab Facility), and the provider type is not 72 (School), and there is no PA on the PA File for the service, then set the edit.</p> <p>After the first year of treatment, a PA is required for services (Edit 0972/1314). If the current claim DOS is over a year earlier than the latest history claim, current claim is pended with Edit 0972/1314.</p> <p>If there is an approved PA on file and the authorized PA hours have not all been used, the payment request's hours are deducted from the remaining authorized hours. If there are not enough remaining authorized hours, a cutback is taken and EOB 0639 is set.</p> <p>To determine the number of hours per procedure, a factor is multiplied by the units entered on the claim to determine the number of hours. The factor is listed by the procedure code below.</p> <p>Substance Abuse procedure codes and factors 90845 1.0 90846 1.0 90847 1.0 90853 1.0 90857 1.0 90804 0.5 90805 0.5 90806 1.0 90807 1.0</p>				

90808 1.5				
90809 1.5				
90810 0.5				
90811 0.5				
90812 1.0				
90813 1.0				
90814 1.5				
90815 1.5				
See Value Sets "POS EXCLUSIONS 0947/0947" and "0972/0972 001".				
The following procedures have modifier inclusion criteria for modifier 'HF':				
90804 thru 90815				
90846				
90847				
90853				
90857.				

General Indicators

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

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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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

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 973 ESC 973

Edit Information

Edit Number	973	esc Number	973	NCPDP Code	88
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Short Desc	ProDur High Dose Alert for Person Over Particular Age				
Long Desc	ProDur High Dose Alert for Person Over Particular Age				
Edit Criteria	This is a ProDur high dose alert for a person over a particular age. It informs the pharmacy provider that units dispensed divided by the days supply exceeds recommended limits for a person over a particular age.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
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			
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 974 ESC 974

Edit Information

Edit Number	974	esc Number	974	NCPDP Code	88
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Short Desc	ProDur High Dose Alert for Person Under Particular Age				
Long Desc	ProDur High Dose Alert for Person Under Particular Age				
Edit Criteria	This is a ProDur high dose alert for a person under a particular age. It informs the pharmacy provider that units dispensed divided by the days supply exceeds recommended limits for a person under a particular age.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
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			
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 975 ESC 975

Edit Information

Edit Number	975	esc Number	975	NCPDP Code	88
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Short Desc	ProDur Low Dose Alert for Person Over Particular Age				
Long Desc	ProDur Low Dose Alert for Person Over Particular Age				
Edit Criteria	This is a ProDur low dose (LD2) alert for a person over a particular age. It informs the pharmacy provider that units dispensed divided by the days supply does not meet recommended dosage levels for a person over a particular age.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
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			
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 976 ESC 976

Edit Information

Edit Number	976	esc Number	976	NCPDP Code	88
-------------	-----	------------	-----	------------	----

Short Desc	ProDur Low Dose Alert for Person Under Particular Age				
Long Desc	ProDur Low Dose Alert for Person Under Particular Age				
Edit Criteria	This is a ProDur low dose (LD3) alert for a person under a particular age. It informs the pharmacy provider that units dispensed divided by the days supply does not meet recommended dosage levels for a person under a particular age.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
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			
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-978 ESC-978

Edit Information

Edit Number	978	esc Number	978	NCPDP Code	
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Short Desc	Review Copay Amount
Long Desc	Review Copay Amount
Edit Criteria	<p>Set error when payment amount > HMO co-pay maximum amount (\$25.00) and attachment indicator = 'Y'. If payment amount > HMO co-pay maximum amount (\$25.00) and attachment indicator = 'N', Pay \$25.00.</p> <p>Set error when Medicare Copay Amount is greater than XOVB maximum copay (\$25.00).</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		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	200	PEND	
EMC	200	PEND	
Adjustment	200	PEND	
POS			
Encounter			
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

None

Resolution

<p>Review the attachment.</p> <ol style="list-style-type: none">1. If the attachment is an EOB from the HMO that documents a copay greater than \$25.00, (ex: \$30.00), manually price the claim to pay the higher copay on that day. Enter in the manual price field. The copay amount on the EOB could also be listed as the patient responsibility or patient pay amount. Enter code 997 and disposition indicator E. This will place the message "HMO/Medicare Copay" on the RA. (Updated 3/28/11)2. If a TPL payment amount is billed on the claim, enter remark 'Billing Error' on the remark screen then Deny 0399D. (Updated 02/18/10)3. If the procedure code billed is different than the code on the EOB, verify that the procedure code on the EOB is not a valid or non-covered code for Medicaid. Follow the steps below:<ol style="list-style-type: none">1. Enter the procedure code in reference to verify. If a fee is on file for the procedure code, click the 'Flags' button.2. If flag '999' (non-covered) is listed and the date of service falls between the begin and end date, the procedure code is not covered.
--

3. If no information is returned when the procedure code is entered, the code is not valid.
4. If the code on the EOB is valid for the dates of service billed, enter remark, 'Billing Error' on the remark screen then Deny 0399D.
5. If the code on the EOB is not valid or non-covered, manually price the claim to pay the copay amount.
6. Enter code 0997 and disposition indicator E. This will place the message "HMO/Medicare Copay" on the RA. The copay amount on the EOB could also be listed as the patient responsibility or patient pay amount.

4. If the attachment is not an EOB or the EOB does not document the higher copay billed, enter \$25.00 in the manual price field. Enter code 0997 and disposition indicator E. This action will cause the system to pay the \$25.00 copay and place the message "HMO Copay" on the RA.
5. If the provider class type is 099, deny 0371 with deny indicator D. (Updated 03/28/11)

Medicare Crossover Claim Type 09: (Updated 7/2015)

If claim is pending with 0978 and 0364E, transfer to location 219.

If no attachment/EOB and

- the copay amount is greater than \$25.00
- Medicare's payment = \$0.00
- No coinsurance amount billed = \$0.00
- No deductible amount billed = \$0.00
- No Medicaid copay

Enter \$25.00 in the manual price field. Enter code 0997 and disposition indicator E. This action will cause the system to pay the \$25.00 copay and place the message "HMO Copay" on the RA.

If no attachment/EOB and

- the copay amount is greater than \$25.00
- Medicare's payment = \$0.00
- No coinsurance amount billed = \$0.00
- No deductible amount billed = \$0.00 and
- Medicaid copay is greater than \$0.00

Subtract the Medicaid copay from \$25.00 and enter the amount in the manual price field. Enter code 0997 and disposition indicator E. This action will cause the system to pay the entered amount and place the message "HMO Copay" on the RA.

If no attachment/EOB and

- the copay amount is greater than \$25.00
- Medicare's payment = \$0.00
- coinsurance amount billed is greater than \$0.00 and or
- deductible amount billed is greater than \$0.00

Deny the claim with 0444D.

If EOB is attached:

- the copay amount is greater than \$25.00

- Medicare's payment = \$0.00
- No coinsurance amount billed =\$0.00
- No deductible amount billed =\$0.00
- No Medicaid copay

Verify the copay amount and procedure code billed on the EOB.

1. If the procedure code billed is different than the code on the EOB, verify that the code on the EOB is not a valid or non-covered code for Medicaid.
2. Enter the procedure code in reference to verify. If a fee is on file for the procedure code, click the 'Flags' button.
3. If flag 999 (non-covered) is listed and the date of service falls between the begin and end date, the procedure code is not covered.
4. If no information is returned when the procedure code is entered, the code is not valid.
5. If the code on the EOB is valid for the dates of service billed, enter remark, 'Billing Error' on the remark screen then Deny 0399D.
6. If the code on the EOB is not valid or non-covered, enter code 0997 and disposition indicator E. This will place the message "HMO/Medicare Copay" on the RA. The copay amount on the EOB could also be listed as the patient responsibility or patient pay amount.

If EOB is attached:

- the copay amount is greater than \$25.00
- Medicare's payment = \$0.00
- coinsurance amount billed is greater than \$0.00 and or
- deductible amount billed is greater than \$0.00

Verify amounts billed and the procedure code. (see the procedures above) If billed correctly, enter code 0997 and disposition indicator E. This will place the message "HMO/Medicare Copay" on the RA. If amounts are not billed correctly, enter remark "Billing Error" on the remark screen then Deny 0399D.

Edit/Audit Inquiry Results Edit 979 ESC 979

Edit Information

Edit Number	979	esc Number	979	NCPDP Code	83
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Short Desc	Duplicate Ingredient(s) on Compound Claim Not Paid				
Long Desc	Duplicate Ingredient(s) on Compound Claim Not Paid				
Edit Criteria	For a pharmacy compound claim, if the same NDC is listed more than once, the NDC with the smallest quantity will be priced at 0 and this error is set.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	G	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	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		8	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 980 ESC 980

Edit Information

Edit Number	980	esc Number	980	NCPDP Code	70
-------------	-----	------------	-----	------------	----

Short Desc	Enrollee Not Eligible for Viagra				
Long Desc	Enrollee Not Eligible for Viagra				
Edit Criteria	If enrollee is not male and not over 21 years of age, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

Effective Date Code	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			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-981 ESC-981

Edit Information

Edit Number	981	esc Number	981	NCPDP Code	76
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Short Desc	Quantity Exceeded for Viagra				
Long Desc	Quantity Exceeded for Viagra				
Edit Criteria	If quantity exceeds 4 within a 30 day rolling period, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 982 ESC 982

Edit Information

Edit Number	982	esc Number	982	NCPDP Code	85
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Short Desc	Disease State Management Enrollee				
Long Desc	Disease State Management Enrollee				
Edit Criteria	For Pharmacy, If the media = POS and DSM enrollee on the Enrollee file, set this edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	5	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

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

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 983 ESC 983

Edit Information

Edit Number	983	esc Number	983	NCPDP Code	07
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Short Desc	Enrollee not on File				
Long Desc	Enrollee not on File				
Edit Criteria	If the enrollee number is not on the Enrollee Datastore, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	2	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	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		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller

Exceptions

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

Resolution

(None)

Edit/Audit Inquiry Results Edit 984 ESC 984

Edit Information

Edit Number	984	esc Number	984	NCPDP Code	
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Short Desc	Monthly Authorized Hours Exceeded				
Long Desc	Monthly Authorized Hours Exceeded				
Edit Criteria	<p>This edit is deleted - handled by PA processing for CDPAS proc Z9590.</p> <p>If the units for the following procedure code(s) exceed 744 in a calendar month, set the edit.</p> <p>Z9590</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 985 ESC 985

Edit Information

Edit Number	985	esc Number	985	NCPDP Code	76
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Short Desc	STEP EDIT MD MUST CALL 800-932-6648
Long Desc	STEP EDIT MD MUST CALL 800-932-6648
Edit Criteria	CHECK HISTORY FOR THE STEP THERAPY DRUG

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	H	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

Programs

(None)

Exceptions

This edit was turned off for the old NSAID edit with end date of 06/20/2003. The new edit began on 07/01/2008.

Resolution

(None)

Edit/Audit Inquiry Results Edit-986 ESC-986

Edit Information

Edit Number	986	esc Number	986	NCPDP Code	
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Short Desc	DRG Rate Not on File				
Long Desc	DRG Rate Not on File				
Edit Criteria	For inpatient claims if a specific DRG rate is not on the Provider rate table, set the edit. The payment requests automatically recycle weekly for 30 days and then set the Error Text disposition .				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	30
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	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		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All SLH UB claim types that pend will pend to LOC 308.

Resolution

(None)

Edit/Audit Inquiry Results Edit 987 ESC 987

Edit Information

Edit Number	987	esc Number	987	NCPDP Code	
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Short Desc	SERVICES NOT COV'D FOR FP WAIVER				
Long Desc					
Edit Criteria					

General Indicators

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

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

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

Date Information

Effective Date Code		Effective Date		Revision Date	
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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 988 ESC 988

Edit Information

Edit Number	988	esc Number	988	NCPDP Code	
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Short Desc	FP Waiver Lab Services Exceed Limit				
Long Desc	FP Waiver Laboratory Services Exceed the Maximum Limit of 23 Months				
Edit Criteria	Family Planning Waiver (Aid Category 80): If a previously paid claim type '08' exists with a DOS of up to 23 months after the expected delivery date on the RS_ENROLLEE table, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
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		Assessments			

Claim Type

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

Date Information

Effective Date Code	S	Effective Date	11/1/2002	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	217	PEND	
PA			

Programs

Program	Program Title
CPA430	History Edits - Other

Exceptions

The disposition was changed from Deny to Test with an effective begin date of 01/01/2007 on 07/02/2007.

Resolution

(None)

Edit/Audit Inquiry Results Edit 989 ESC 989

Edit Information

Edit Number	989	esc Number	989	NCPDP Code	
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Short Desc	FP Waiver-Prior E&M not Billed				
Long Desc	FP Waiver-Prior Evaluation and Management Service not Billed				
Edit Criteria	<p>Family Planning Waiver (Aid Category 80):</p> <p>For Claim Type 08 (Lab) and Aid Category 80, check history for a Claim Type 05 (Physician) with Aid Category 80, procedure code of 99201 thru 99215, and same or previous DOS. If not found set edit.</p> <p>See Value Set CLAIM TYPE 05 See Value Set PROC 0989/0989 See Value Set AIDC 0989/0989</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	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	Y
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	11/1/2001	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	217	PEND	
PA			

Programs

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

Exceptions

The disposition was changed from Deny to Test with an effective begin date of 01/01/2007 on 07/02/2007.

Resolution

(None)

Edit/Audit Inquiry Results Edit 990 ESC 990

Edit Information

Edit Number	990	esc Number	990	NCPDP Code	
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Short Desc	Revenue Code Not on File				
Long Desc	Revenue Code Not on File				
Edit Criteria	If the revenue code is not on the RF_PROCEDURE table, then noncover the revenue billed amount and set this edit as an EOB on the revenue line.				

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	Y	Home Health	Y	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	1/1/2000	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		8	
Special Batch	217	PEND	
PA		NONC	

Programs

(None)

Exceptions

Claim type 03 will Non-Cover for paper, EMC and adjustment.

Resolution

(None)

Edit/Audit Inquiry Results Edit-991 ESC-991

Edit Information

Edit Number	991	esc Number	991	NCPDP Code	
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Short Desc	Revenue Code Not Valid For Dates of Service				
Long Desc	Revenue Code Not Valid For Dates of Service				
Edit Criteria	If the revenue code is on the RF_PROCEDURE table but is not valid for the payment request's dates of service, noncover the revenue billed amount and set this edit as an EOB on the revenue line.				

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	Y
Nursing	Y	Home Health	Y	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	1/1/2000	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		8	
Special Batch	217	PEND	
PA		NONC	

Programs

(None)

Exceptions

Claim type 03 will Non-Cover for paper, EMC and adjustment.

Resolution

(None)

Edit/Audit Inquiry Results Edit 992 ESC 992

Edit Information

Edit Number	992	esc Number	992	NCPDP Code	
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Short Desc	Revenue Code Not Valid For Enrollee's Age				
Long Desc	Revenue Code Not Valid For Enrollee's Age				
Edit Criteria	If the revenue code is on the RF_PROCEDURE table but the enrollee's age is not within the minimum and maximum ages for the revenue code, noncover the revenue billed amount and set this edit as an EOB on the revenue line.				

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	Y
Nursing	Y	Home Health	Y	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	1/1/2000	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		8	
Special Batch	217	PEND	
PA		NONC	

Programs

(None)

Exceptions

Claim type 03 will Non-Cover for paper, EMC and adjustment.

Resolution

(None)

Edit/Audit Inquiry Results Edit 993 ESC 993

Edit Information

Edit Number	993	esc Number	993	NCPDP Code	
-------------	-----	------------	-----	------------	--

Short Desc	Revenue Code Not Valid For the Enrollee's Sex				
Long Desc	Revenue Code Not Valid For the Enrollee's Sex				
Edit Criteria	If the revenue code is on the RF_PROCEDURE table but the enrollee's sex is not the same as the sex for the revenue code, noncover the revenue billed amount and set this edit as an EOB on the revenue line.				

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	Y
Nursing	Y	Home Health	Y	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	1/1/2000	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		8	
Special Batch	217	PEND	
PA		NONC	

Programs

(None)

Exceptions

Claim type 03 will Non-Cover for paper, EMC and adjustment.

Resolution

(None)

Edit/Audit Inquiry Results Edit 994 ESC 994

Edit Information

Edit Number	994	esc Number	994	NCPDP Code	
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Short Desc	Revenue Code Not Valid for Provider Type, Specialty				
Long Desc	Revenue Code Not Valid for Provider Type, Specialty				
Edit Criteria	If the revenue code is on the RF_PROCEDURE table but the provider's type and specialty are not on the RF_PROC_PT_SPEC table for the revenue code and claim type, noncover the revenue billed amount and set this edit as an EOB on the revenue line.				

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	Y	Home Health	Y	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	1/1/2000	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		6	
Special Batch	217	PEND	
PA		NONC	

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

Claim type 03 will Non-Cover for paper, EMC and adjustment.

Resolution

(None)

Edit/Audit Inquiry Results Edit 995 ESC 995

Edit Information

Edit Number	995	esc Number	995	NCPDP Code	
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Short Desc	Revenue HCPCS Not on File
Long Desc	Revenue HCPCS Not on File
Edit Criteria	<p>If the HCPCS code on a revenue line is not on the RF_PROCEDURE table, then set this edit.</p> <p>For Bill Type '13X', Claim Type '03' (encounters and non-encounter claims), and '09'-XOVA (non-encounter claims), Provider Types '001', '014', '085', '091', Benefit Program '01' (Medicaid) and '07' (FAMIS) recipients only: If the claim passes edits 0023, 0044, and 0423 and there is no cutback on a revenue line, then check existence of HCPCS. If HCPCS not on table RF_PROCEDURE, then set Edit 0995 and deny the claim.</p> <p>NOTE: This edit is bypassed if provider type is 046 and revenue code is 0022.</p> <p>OUTPATIENT PRICING: For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X' and prov types ('001', '014', '085', '091'), and FDOS >= 01/01/14 Edit 0995 will set For Revenue lines that do not have a procedure code, an invalid procedure code, or a procedure code with a flag= 999</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	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	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	1/1/2000	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		2	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

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

Resolution

(None)

Edit/Audit Inquiry Results Edit-996 ESC-996

Edit Information

Edit Number	996	esc Number	996	NCPDP Code	
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Short Desc	Revenue HCPCS Not Valid For Dates of Service
Long Desc	Revenue HCPCS Not Valid For Dates of Service
Edit Criteria	<p>If the HCPCS code on a revenue line is on the RF_PROCEDURE table but is not valid for the payment request's dates of service, then set this edit.</p> <p>For Bill Type '13X', Claim Type '03' (encounters and non-encounter claims), and '09'-XOVA (non-encounter claims), Provider Types '001', '014', '085', '091', Benefit Program '01' (Medicaid) and '07' (FAMIS) recipients only: If the claim passes edits 0023, 0044, 0423, and 0995 and there is no cutback on a revenue line, check the existence of HCPCS. If HCPCS not valid for Date-of-Service, then set Edit 0996 and deny the claim.</p> <p>NOTE: This edit is bypassed if provider type is 046 and revenue code is 0022.</p> <p>OUTPATIENT PRICING: For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X' and prov types ('001', '014', '085', '091'), and FDOS >= 01/01/14 Edit 0996 will set For Revenue lines If HCPCS is not valid for Date-of-Service.</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	Y
Nursing	Y	Home Health	Y	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	1/1/2000	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		8	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 997 ESC 997

Edit Information

Edit Number	997	esc Number	997	NCPDP Code	
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Short Desc	HMO Copay
Long Desc	HMO Copay
Edit Criteria	If the EDI 837P transaction has an '04' contract type in CN101, the edit will be set to indicate to adjudication that this is an HMO co-pay. If 'HMO co-pay' is in locator 11C (claim insured name) on a HCFA 1500 paper claim, the edit will be set to indicate to adjudication that this is an HMO co-pay.

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	
Transportation		Xover A		Xover B	Y
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		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		PAY	
Encounter			
Special Batch		EOB	
PA			

Programs

Program	Program Title
CPI012	Paper CMS-1500 Capture
CPI020	ICN Assign, PA Xref, Reformat Provider IDs, AWR comp data

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 998 ESC 998

Edit Information

Edit Number	998	esc Number	998	NCPDP Code	AG
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Short Desc	Days Supply Exceeds Maximum Allowed				
Long Desc	Days Supply Exceeds Maximum Allowed				
Edit Criteria	For pharmacy claims, if the days supply exceeds the maximum on the Benefit Data Table, set the error.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	Y
Type	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

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

Date Information

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

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

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit 999 ESC 999

Edit Information

Edit Number	999	esc Number	999	NCPDP Code	19
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Short Desc	Days Supply Missing or Invalid				
Long Desc	Days Supply Missing or Invalid				
Edit Criteria	The days supply must be present, numeric and greater than zero. If not, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	1	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	DOR	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		DENY	
Encounter		0	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)