Part D Pharmacy Audit Guidelines

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<tbody>
<tr>
<td>1/1E</td>
<td>DAW 1</td>
<td>DAW 1 Error – The prescription order does not indicate the prescriber ordered brand name. Or DAW 1 Error- DAW 1 is not necessary for single source brand name medications. DAW 0 is the appropriate code to use. Or DAW 1 Error- DAW 1 is not necessary for generic medications. DAW 0 is the appropriate code to use.</td>
<td>Pharmacy dispensed a multi-source brand name medication with a DAW code of 1 when the prescription order does not indicate the prescriber ordered brand name only.</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>Pharmacy may provide copies of original medical records supporting prescriber’s order for brand name. Prescriber attestations considered.</td>
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| 2 /2E | DAW 2    | DAW 2 Not Documented – The documentation does not specify the patient’s request for brand. | Pharmacy dispensed a multi-source brand name medication with a DAW code of 2 when the documentation does not indicate the patient requested brand name only. | Reverse and resubmit | May or may not have a financial impact | Pharmacy may provide copies of original pharmacy documentation indicating patient’s request for brand name. Computer system notes must be time and date stamped from the time of dispensing. Patient attestations considered. |

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<tr>
<td>8 /8E</td>
<td>DAW 8</td>
<td>DAW 8 Error – DAW 8 is only to be used in situations where the generic is not available in the marketplace. DAW 0 is the appropriate code to use.</td>
<td>Pharmacy dispensed a multi-source brand name medication with a DAW code of 8 and did not provide documentation supporting that generic was unavailable from the manufacturer at the time of dispensing. Note: Pharmacy will receive education and may be put on a corrective action plan if a trend is identified.</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>Pharmacy may provide documentation from wholesaler confirming generic was not available at the time of dispensing.</td>
</tr>
<tr>
<td>B</td>
<td>Unit of Measure (i.e. billed by syringe vs mls)</td>
<td>Billing Error – Quantity submitted in the wrong unit of measure. DRUG NAME is to be billed per &lt;ML,KIT&gt;. Correct quantity for this claim is XX.</td>
<td>The pharmacy submitted an incorrect metric quantity for this package, resulting in an overpayment.</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>N/A</td>
</tr>
<tr>
<td>BG</td>
<td>Brand Billed/Generic Dispensed</td>
<td>Brand Drug Billed, Pharmacy Dispensed Generic – Pharmacy submitted the NDC for DRUG A. However, Prescription label states DRUG B was dispensed.</td>
<td>Pharmacy system documentation indicates a generic was dispensed; however pharmacy billed the brand.</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>Pharmacy may submit original documentation that confirms brand was dispensed along with explanation for variance between what was provided for the audit and what pharmacy system documents as dispensed.</td>
</tr>
<tr>
<td>CN</td>
<td>Incorrect</td>
<td>Incorrect NDC Billed on</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>Pharmacy may submit original documentation</td>
<td></td>
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<tr>
<td>NDC(s) Billed on Compound Claim</td>
<td>Compound Claim – Pharmacy billed NDC A on claim. Compounding log shows NDC B was used.</td>
<td></td>
<td>resubmit</td>
<td>impact</td>
<td>documentation that confirms billed NDC was dispensed along with explanation for variance between what was provided for the audit and what compound log documents as used.</td>
<td></td>
</tr>
<tr>
<td>CNC</td>
<td>Non-compound Flagged as Compound</td>
<td>Billing Error – This medication is not a compound, however the pharmacy flagged this claim as a compound when processing the claim.</td>
<td>A non-compound claim was incorrectly flagged as a compound when submitted, resulting in higher payment.</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>Pharmacy may appeal with original documentation supporting drug was compounded.</td>
</tr>
<tr>
<td>CNE</td>
<td>Incorrect NDC(s) billed on compound claim</td>
<td>Incorrect NDC submitted for XYZ drug- Pharmacy documentation shows that NDC X was dispensed however the pharmacy submitted NDC Y.</td>
<td>Ensure NDC used in compound is a covered NDC.</td>
<td>Reverse and resubmit</td>
<td>May not have a financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation. Prescriber attestations considered.</td>
</tr>
<tr>
<td>CNF</td>
<td>Compound Not Flagged as Compound</td>
<td>Compound Billing Error – The pharmacy did not flag this claim as a compound when processing the claim.</td>
<td>A compound claim was not flagged as a compound resulting in higher payment.</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>Pharmacy may appeal with original documentation supporting drug was not compounded.</td>
</tr>
<tr>
<td>COP</td>
<td>Overpriced Compound</td>
<td>Compounding Pricing Error – Based on the AWP of the ingredients and quantities used, $XX is the reimbursable amount per the Prime</td>
<td>For claims processed under single-ingredient platform (prior to D.0). The amount billed by the pharmacy exceeds the</td>
<td>Reverse and resubmit</td>
<td>Likely to have a financial impact</td>
<td>Contracted pricing may not be appealed through the pharmacy audit process. Pharmacy may appeal with supporting documentation if it is believed compound pricing calculated incorrectly.</td>
</tr>
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<tr>
<td>CPD/CPDR</td>
<td>Ineligible Part D Ingredient in Compound</td>
<td>Part D does not cover inhalation or infusion pump products dispensed for home use. Part D does not cover XX component of this compounded product. Please note: This claim processed under single ingredient processing platform. No active ingredients are Part D eligible.</td>
<td>Compound does not meet Part D criteria of an eligible drug.</td>
<td>Reverse or resubmit</td>
<td>Likely to have a financial impact</td>
<td>Pharmacy may appeal with supporting documentation indicating drug is covered under Part D.</td>
</tr>
</tbody>
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<tr>
<td>CQ</td>
<td>Compound Quantity Incorrect</td>
<td>Pharmacy submitted the incorrect quantity for NDC X. According to the documentation received, the appropriate quantity to submit for this NDC/product is Xgm.</td>
<td>Reverse and resubmit</td>
<td>Likely to have a financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation. Prescriber attestations considered.</td>
<td></td>
</tr>
<tr>
<td>CQE</td>
<td>Compound Quantity Incorrect</td>
<td>Pharmacy submitted the incorrect quantity for NDC X. According to the documentation received, the appropriate quantity to submit for this NDC/product is Xgm.</td>
<td>Reverse and resubmit</td>
<td>May not have a financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation. Prescriber attestations considered.</td>
<td></td>
</tr>
<tr>
<td>DPA</td>
<td>Invalid Override Code</td>
<td>Invalid Override Code – Prescription documentation does not support override code submitted by pharmacy. Prescription documentation does not indicate &lt;INSERT REQUIREMENT&gt;.</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>Pharmacy may provide original medical records supporting reason for override.</td>
<td></td>
</tr>
<tr>
<td>DSE</td>
<td>Invalid Day Supply</td>
<td>Invalid Valid Day Supply - Prescription Order Reads: &lt;fill in SIG&gt;. A quantity of XX is an appropriate amount to dispense as a XX day</td>
<td>Reverse and resubmit</td>
<td>Likely to have a financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation. Prescriber attestations considered.</td>
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<tr>
<td>CMI</td>
<td>Compound ingredients missing from claim submission</td>
<td>The pharmacy submitted the compound without all ingredients used. Clarification code 08 should be used to accept payment for eligible ingredients as applicable.</td>
<td>Reverse and resubmit</td>
<td>Likely to have a financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation. Prescriber attestations considered.</td>
<td></td>
</tr>
<tr>
<td>CMIE</td>
<td>Not including all ingredients used in compound.</td>
<td>The pharmacy submitted the compound without all ingredients used. Please submit all ingredients using the 08 clarification code.</td>
<td>Reverse and resubmit</td>
<td>Likely to have a financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation. Prescriber attestations considered.</td>
<td></td>
</tr>
<tr>
<td>CPR</td>
<td>Compound Priced Below Plan Threshold</td>
<td>The pharmacy has submitted this claim or series of claims incorrectly. If submitted correctly, this claim or series of claims would have rejected and required prior authorization review.</td>
<td>N/A</td>
<td>N/A</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation. Prescriber attestations considered.</td>
<td></td>
</tr>
<tr>
<td>EF</td>
<td>Early Initial Fills</td>
<td>Prescription was filled prior to prescription order written by the practitioner. The prescription is dated X date and pharmacy filled on X date.</td>
<td>Not applicable for legend drugs in states that do not require the issue date be recorded on the prescription order.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide copies of original medical records or date and time stamped pharmacy computer system records, from the time of dispensing, indicating prescriber authorization.</td>
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<td>ER</td>
<td>Expired Order</td>
<td>Filled after Rx Expired – The prescription was issued on X date, and would have expired on X date.</td>
<td>Not applicable for legend drugs in states that do not require the issue date be recorded on the prescription order.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide copies of original medical records or date and time stamped pharmacy computer system records, from the time of dispensing, indicating prescriber authorization.</td>
</tr>
<tr>
<td>HC</td>
<td>No Prescription Order Provided</td>
<td>Missing Prescription Order - Pharmacy did not provide the prescription order.</td>
<td>The pharmacy did not provide a copy of the prescription order as requested during the audit process.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide copies of original medical records supporting prescription.</td>
</tr>
<tr>
<td>INN</td>
<td>Invoice Shortage -- NDC not purchased</td>
<td>Purchasing invoices provided do not support that the pharmacy purchased this NDC.</td>
<td>Purchasing invoices provided do not support the quantity billed.</td>
<td>Reverse and resubmit</td>
<td>May or may not have a financial impact</td>
<td>Pharmacy may submit copies of original invoice documentation.</td>
</tr>
<tr>
<td>INP</td>
<td>Invoice Shortage -- Insufficient Quantity Purchased</td>
<td>Purchasing invoices provided do not support the quantity billed.</td>
<td>Purchasing invoices provided do not support the quantity billed.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may submit copies of original invoice documentation.</td>
</tr>
<tr>
<td>ISE</td>
<td>Use as Directed - Insulin and Diabetic Supplies</td>
<td>&quot;Use as directed&quot; is not accepted without specific daily dose documented on the prescription order prior to dispensing. For sliding scale dosing, maximum daily dose can be obtained.</td>
<td>Specific directions are needed to support dispensing of insulin and diabetic supplies. If specific directions are not present on the prescription, Prime will provide the pharmacy an opportunity to obtain</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Pharmacy may provide copies of the original medical record with daily dosage.</td>
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<tr>
<td>LC</td>
<td>Wrong Location Code</td>
<td>Incorrect Location Code – The pharmacy incorrectly entered a LTC location code when submitting the claim.</td>
<td>The pharmacy billed a LTC location code, but the prescription was dispensed as a retail prescription to a member who does not reside in a Long Term Care Facility.</td>
<td>Reverse and resubmit</td>
<td>Likely to have financial impact</td>
<td>Pharmacy may provide original documentation confirming location of patient at the time of dispensing.</td>
</tr>
<tr>
<td>LOC</td>
<td>Pharmacy cannot be located</td>
<td>Pharmacy could not be located on the date of the onsite audit.</td>
<td></td>
<td>Reverse</td>
<td>Financial impact</td>
<td>Pharmacy must comply with an onsite audit.</td>
</tr>
<tr>
<td>LUDE</td>
<td>Prescriber</td>
<td>Pharmacy did not label</td>
<td>Prescription order indicates</td>
<td>N/A</td>
<td></td>
<td>Pharmacy may appeal recovery by</td>
</tr>
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<tr>
<td>Gives</td>
<td>Directions, Pharmacy Labels Use as Directed</td>
<td>the prescription with the prescriber’s directions for use. The prescription order reads &lt;SIG&gt;, and pharmacy labeled the prescription with “Use as Directed.”</td>
<td>specific directions. The pharmacy did not label the prescription bottle with the prescriber’s directions, instead labeling with “Use as directed.” Does not apply to situations where directions are too long to accurately fit on label and instructions have been provided to the patient by an alternate means. Does not apply to pre-packaged items that include directions for use. Note: Pharmacy will receive education on first audit and may be put on a corrective action plan if a trend.</td>
<td></td>
<td></td>
<td>submitting patient AND prescriber statements confirming patient was not harmed by incorrect directions.</td>
</tr>
<tr>
<td>M</td>
<td>Multiple Errors</td>
<td>As applicable based on errors noted.</td>
<td></td>
<td>Varies</td>
<td>Varies</td>
<td></td>
</tr>
<tr>
<td>MBRR</td>
<td>Billed Under Wrong Covered</td>
<td>Claim billed under incorrect Member ID – The prescription is written for &lt;name&gt;.</td>
<td>The claim was submitted to the wrong member’s ID number.</td>
<td>Reverse</td>
<td>Financial impact</td>
<td>Pharmacy may provide original documentation confirming identify of patient matches member information.</td>
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<td></td>
<td>Person</td>
<td>Claim is billed under Member ID for &lt;covered person&gt;. Please reverse this claim.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD</td>
<td>Missing Documentation: Prescription label, compound log.</td>
<td>Missing Documentation – Pharmacy did not provide the following requested documentation: &lt;prescription label or data entry screen shot&gt; &lt;compound log&gt; &lt;supporting wholesaler invoice(s)&gt; &lt;other&gt;</td>
<td></td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide original pharmacy documentation with appeal.</td>
</tr>
<tr>
<td>MDAR</td>
<td>Part A v Part D</td>
<td>Claim ineligible for Medicare Part D due to qualified Part A stay in long term care facility.</td>
<td>The pharmacy billed a claim to Part D when the member resided in a Long Term Care Facility under a qualified Part A stay.</td>
<td>Reverse</td>
<td>Financial impact</td>
<td>Pharmacy may provide original Long Term Care Facility patient records which indicate Medicare Part A eligibility period(s).</td>
</tr>
<tr>
<td>MDBR</td>
<td>Part B v Part D</td>
<td>Claim ineligible for Medicare Part D.</td>
<td>The claim is not eligible for Part D due to eligibility for this prescription as a Part B covered benefit.</td>
<td>Reverse</td>
<td>Financial impact</td>
<td>Pharmacy may provide original medical records supporting reason for Part D coverage.</td>
</tr>
<tr>
<td>MI</td>
<td>Missing Required Information</td>
<td>Missing Prescription Element(s) – The prescription lacks the following required element(s): XXXX. Please see prescription requirements on page 24 &amp; 25 of the Prime</td>
<td>The prescription order is missing one or more of the following required elements: Patient Name Date of Order* Prescriber Name</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide copies of original medical records that contain the missing information. Prescriber attestations considered.</td>
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<td></td>
<td>Provider Manual.</td>
<td>Drug Name/Strength</td>
<td>Reverse and</td>
<td>May or may not have</td>
<td>Pharmacy may submit original documentation that confirms billed NDC was dispensed along with explanation for variance between what was provided for the audit and what pharmacy system documents as dispensed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Quantity</td>
<td>resubmit</td>
<td>financial impact</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Quantity is not required on Long Term Care Facility medication orders except as required by the DEA for controlled substances.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Not applicable for legend drugs in states that do not require date of order.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NDC</td>
<td>NDC</td>
<td>Incorrect NDC Submitted</td>
<td>Pharmacy system</td>
<td>Reverse and</td>
<td>May or may not have</td>
<td>Pharmacy may submit original documentation that confirms billed NDC was dispensed along with explanation for variance between what was provided for the audit and what pharmacy system documents as dispensed.</td>
</tr>
<tr>
<td></td>
<td>dispensed</td>
<td>different than NDC</td>
<td>documentation indicates a different NDC was dispensed than was billed.</td>
<td>resubmit</td>
<td>financial impact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>on claim</td>
<td>on claim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCE</td>
<td>Invalid</td>
<td>Incorrect Origin Code</td>
<td>The origin code billed by the pharmacy does not match the prescription documentation.</td>
<td>Reverse and</td>
<td>Not likely to have</td>
<td>Pharmacy may provide copies of original medical records confirming method of prescription communication.</td>
</tr>
<tr>
<td></td>
<td>Origin Code</td>
<td>(Med D)</td>
<td></td>
<td>resubmit</td>
<td>financial impact</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OD</td>
<td>Quantity</td>
<td>Quantity Over-dispensed</td>
<td>The quantity dispensed by the pharmacy exceeds the benefit plan amount.</td>
<td>Reverse and</td>
<td>Likely to have a financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy's prescription order.</td>
</tr>
<tr>
<td></td>
<td>over-dispensed</td>
<td>Prescription reads: &lt;fill in SIG&gt;. A quantity of XX</td>
<td></td>
<td>resubmit</td>
<td></td>
<td></td>
</tr>
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<tr>
<td>ODR</td>
<td>Quantity Over-dispensed - Early Refill</td>
<td>Quantity Over-dispensed - Previous day supply error on DATE claim allowed this claim to pay earlier than the benefit allows. A quantity of XX was dispensed on DATE and would last X DAYS.</td>
<td>Day supply error on previous fill of this prescription caused this refill to process earlier than allowed by the benefit plan. Example: Pharmacy bills fill #1 with an incorrect day supply of 30 instead of 90. Fill #2 is billed after 32 more days. If fill #1 had been billed correctly with the 90 day supply, this fill would reject for &quot;refill too soon.&quot;</td>
<td>Reverse and resubmit</td>
<td>Likely to have a financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation. Prescriber attestations considered.</td>
</tr>
<tr>
<td>PA</td>
<td>Pharmacist Absent</td>
<td>Pharmacist was not present when claim was submitted.</td>
<td>Reverse</td>
<td>Financial impact</td>
<td>N/A</td>
<td></td>
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October 1, 2015

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<td>PD</td>
<td>No Proof of Delivery</td>
<td>The pharmacy did not present documented proof of delivery confirming receipt of the prescription drug.</td>
<td>Acceptable proof of delivery includes signature logs, delivery logs, or computerized transaction logs.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide original pharmacy or long term care facility documentation with appeal.</td>
</tr>
<tr>
<td>PED</td>
<td>Pedigree documentation provided does not support the quantity billed.</td>
<td>Pedigree documentation provided does not support the quantity billed.</td>
<td>Reverse or reverse and resubmit</td>
<td>Financial impact</td>
<td></td>
<td>Pharmacy may submit copies of pedigree documentation.</td>
</tr>
<tr>
<td>PER</td>
<td>Pharmacist Excluded/Sanctioned</td>
<td>Claim ineligible for Medicare Part D due to pharmacist excluded or sanctioned by Medicare.</td>
<td>Reverse</td>
<td>Financial impact</td>
<td></td>
<td>Pharmacy may provide documentation supporting the exclusion or sanction was not in place at the time of service.</td>
</tr>
<tr>
<td>PIE</td>
<td>Prescriber ID</td>
<td>Invalid Prescriber ID – Prescription is written by DR. X. Pharmacy billed with the incorrect Prescriber ID of XXX, belonging to NAME.</td>
<td>The claim was billed with an incorrect or dummy Prescriber ID.</td>
<td>Reverse and resubmit</td>
<td>Not likely to have financial impact</td>
<td>Pharmacy may provide documentation from prescriber confirming that the Prescriber ID number billed by the pharmacy is correct.</td>
</tr>
<tr>
<td>PR</td>
<td>Priced Below Plan Threshold</td>
<td>The pharmacy has submitted this claim or series of claims incorrectly. If submitted correctly, this claim or series of claims would have rejected and</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>PRE</td>
<td>Prescriber Excluded/Sanctioned</td>
<td>Claim ineligible for Medicare Part D due to prescriber excluded or sanctioned by Medicare.</td>
<td>Prescriber was excluded or sanctioned at the time the prescription was filled.</td>
<td>Reverse</td>
<td>Financial impact</td>
<td>Pharmacy may provide documentation supporting the exclusion or sanction was not in place at the time of service.</td>
</tr>
<tr>
<td>PDOD</td>
<td>Prescriber Deceased</td>
<td>Prescription related to deceased prescriber and filled outside of allowed federal or state guidelines.</td>
<td>.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide documentation supporting that the prescriber is not deceased.</td>
</tr>
<tr>
<td>PS</td>
<td>Prescription Splitting</td>
<td>Prescription Splitting – Pharmacy billed partial quantities multiple times in one month. Pharmacy can only bill once per month for maintenance medication.</td>
<td>The pharmacy billed partial quantities in one month instead of billing a one month supply, resulting in excess dispensing fees.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>RX</td>
<td>Preprinted prescription order forms use to order prescription</td>
<td>Invalid prescription documentation – Pharmacy dispensed medication where preprinted order form was used to order the prescription.</td>
<td>*Not applicable where states allow pre-printed order forms or are silent on requirement.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>N/A</td>
</tr>
<tr>
<td>SIGE</td>
<td>Wrong Directions to Patient</td>
<td>Incorrect directions given to patient. Prescription order reads &lt;SIG&gt;. Pharmacy labeled prescription with the</td>
<td>Pharmacy labeled the prescription bottle with the incorrect directions for use.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
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<td>SPD</td>
<td>No Active State License</td>
<td>At the time of dispensing, the pharmacy shipped to a state where they were not appropriately licensed.</td>
<td>Reverse</td>
<td>Financial impact</td>
<td>Pharmacy may provide a BoP State License to indicate they were licensed in the state at the time of dispensing.</td>
<td></td>
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</table>
| UD   | Use as Directed – Other than Insulin and Diabetic Supplies | “Use as directed” is not accepted without the specific daily dose documented on the prescription order at the time of fill. | Please note that specific directions will not be required on the following drugs due to the nature of dosing:  
- Coumadin/warfarin  
- Oral prednisone  
- Pre-packaged items with specific directions for use on the package (ex: Z-pak 6 for 5 days)  
- One time treatments (lice, scabies, etc)  
- Injectables to be injected at clinic (Myobloc, Gardisil, Zostivax etc)  
- Hemophilia Injections  
- Fertility Injections | Not applicable | Not applicable | Pharmacy may provide copies of original medical records that support daily dosage.  
OR  
Pharmacy may provide drug information.  
OR  
Prescriber statement indicating that a specific dosage cannot be provided because dispensing varies based on changing lab results. (This does not apply to insulin, as a maximum daily dose is generally set.) |

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<td>UP</td>
<td>Prescriber denies prescribing</td>
<td>Prescriber denies prescribing this medication for this patient.</td>
<td>As needed emergency medications (Epi pens, Diastat, Nitroglycerin, etc) Migraine meds within manufacturer guidelines Topicals (standard quantities) Erectile dysfunction medications within manufacturer guidelines</td>
<td>Reverse</td>
<td>Financial impact</td>
<td>Pharmacy may provide copies of original medical records.</td>
</tr>
<tr>
<td>UR</td>
<td>Unauthorized Refills</td>
<td>Unauthorized Refill – The original prescription order states QTY with X refills. This dispensing exceeds the prescription order. Prescription previously filled on the following date(s): XXX. The pharmacy refilled the prescription more times than the original prescription order allowed.</td>
<td>Prime contacted the prescriber to verify the prescription and the prescriber denies prescription this medication for the patient.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide copies of original medical records or date and time stamped pharmacy computer system records, from the time of dispensing, indicating prescriber authorization. Prescriber attestations considered.</td>
</tr>
<tr>
<td>URP</td>
<td>Unauthorized Refills (Partial)</td>
<td>Quantity Dispensed Exceeds Prescription Order – The original prescription states QTY with X refills. After previous fills: This</td>
<td>The total quantity dispensed over the course of dispensing this prescription exceeds the total quantity authorized by the original prescription</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>Pharmacy may provide copies of original medical records or date and time stamped pharmacy computer system records, from the time of dispensing, indicating prescriber authorization.</td>
</tr>
</tbody>
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<td></td>
<td></td>
<td>dispensing exceeds the amount remaining on the prescription order by XXQTY.</td>
<td>order.</td>
<td>Reverse</td>
<td>Financial impact</td>
<td>Prescriber attestations considered.</td>
</tr>
<tr>
<td>VR</td>
<td>Outside Scope of Practice</td>
<td>Invalid Prescriber ID – The prescriber ID billed belongs to a practitioner not authorized to prescribe medication. The prescriber ID belongs to a veterinarian, chiropractor. Please reverse claim.</td>
<td>The prescription order is written by a practitioner who does not have prescriptive authority to write the prescription in question.</td>
<td>Reverse</td>
<td></td>
<td>Pharmacy may provide copy of medical license from prescriber confirming valid license to prescribe drug in question.</td>
</tr>
<tr>
<td>VAC</td>
<td>Vaccine Administration Fee Not Billed</td>
<td>Underpayment Alert - Pharmacy is entitled to a vaccine administration fee. Please reprocess claim and bill for vaccine administration fee.</td>
<td>Participating pharmacies in the vaccine administration network are entitled to a vaccine administration fee. When it is identified that pharmacy did not bill the fee, pharmacy will be contacted and instructed to reprocess in order to receive the correct reimbursement.</td>
<td>Reverse and resubmit</td>
<td>Financial impact</td>
<td>N/A</td>
</tr>
<tr>
<td>WD</td>
<td>Wrong drug dispensed to patient</td>
<td>Incorrect Drug Dispensed – The prescription order is written for DRUG A. The pharmacy dispensed DRUG B to patient.</td>
<td>Pharmacy dispensed the wrong drug to the patient. Review of prescription order and pharmacy system records confirms</td>
<td>Reverse and resubmit</td>
<td>May or may not be financial impact</td>
<td>Pharmacy may provide copies of original medical records that support the variance from the pharmacy’s prescription order documentation.</td>
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