



**Louisiana Medicaid
Management Information Systems
(LA MMIS)
Vendor Specifications Appendices
for the
Point of Sale Pharmacy Claim
Adjudication System (POS)**

October 27, 2011

Version 3.0

Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals

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PROJECT INFORMATION

Document Title Louisiana Medicaid Management Information System (LA MMIS) – Vendor Specifications Appendices

Author Technical Communications Group, Molina Medicaid Solutions

Revision History

Date	Description of Change	By
10/02/2008	Added EOB 893, 521, 524, 528	Karyn Grimes
10/05/2010	Added Edit E3, E5, E9, EY Added EOB 089, 210, 431, 444, 509 Removed Edit 20 – M/I Compound Code Changed reference from Unisys to Molina Medicaid Solutions Updated wording for EOB233	Karyn Grimes
04/12/2011	Changed 22 to EU for EOB 576 and corrected associated verbiage to “M/I Prior Authorization Type Code”	Karyn Grimes
08/17/2011	Made modifications for D.0	Karyn Grimes
10/27/2011	Added missing EOB codes 149, 388, 465, 497, 514, 516, 529, 530, 531, 535, 536, 537, 647, 978, 932. Removed 133, 134, 449, 649 as they are no longer returned. Also added more ‘Other D.0 changes’ to Appendix F	Karyn Grimes

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APPENDIX C - Point Of Sale Certification **

POINT OF SALE CERTIFICATION

I certify that all Point of Sale claims are rendered by a legally qualified person, that the charge is within the Department's prescription package policy and that the payment has not been previously received. I have read and understand all published regulations, Prescription Drug Services Manual and Provider Updates concerning pharmaceutical payments and agree that all point of sale services adhere to those regulations. I also agree to keep such records as are necessary or required to disclose fully the extent of Point of Sale services provided to individuals under the State's Title XIX plan and to furnish all information regarding any payments claimed for providing such Point of Sale services as the state agency or the Medicaid Fraud Control Unit may request for five (5) years from the date of services.

I understand that payment and satisfaction of the claims will be from federal and state funds and that any false or misleading claim statements, documents or concealment of material fact, may be prosecuted under applicable federal and state laws.

Provider Name: _____

Provider Number: _____

Authorized representative (print): _____

(If the provider is a corporation or partnership, the authority for the authorized representation must be attached to the Point-of-Sale Certification and Enrollment Amendment)

(Title)

Authorized representative (signature): _____

Signature of Pharmacist-in-Charge

License Number

Date: _____

Mail completed Form to:

Bureau of Health Services Financing
P. O. Box 91030 BIN #24
Baton Rouge, LA 70821

APPENDIX D - Reject Code Messages

Following is a list of the National Council Prescription Drug Program (NCPDP) three-digit rejection codes (no three digit reject codes have been defined at this time). An explanation follows with the Molina Medicaid Solutions corresponding three-digit EOB code. Claims generating these reject codes must be corrected and resubmitted by the pharmacy.

An asterisk (*) indicates that Molina Medicaid Solutions does not currently use this code. If any of these messages are received, the system vendor should be contacted. For more information on these messages, contact the Help Desk at **1-800-648-0790**.

<i>NCPDP Reject Code</i>	<i>NCPDP Reject Code Description</i>	<i>LAMMIS EOB</i>	<i>EOB DESCRIPTION</i>
03	M/I Transaction Code	001	Disposition Error
05	M/I Pharmacy Number	002	Invalid provider number
05	M/I Pharmacy Number	289	Reject/Deny invalid provider
07	M/I Cardholder ID Number	003	Invalid recipient ID
09	M/I Birth Date	224	Invalid birth date
13	M/I Other Coverage Code	011	Third party liability indicator error
15	M/I Date of Service	005	Invalid statement from date
15	M/I Date of Service	006	Invalid statement thru date
15	M/I Date of Service	007	Serve thru date less than serve from date
15	M/I Date of Service	008	Serve from date greater than date processed
15	M/I Date of Service	009	Serve thru date greater than date processed
16	M/I Prescription/Service Reference Number	125	RX number missing
17	M/I Fill Number	126	Refill error
19	M/I Days Supply	124	RX days supply error
21	M/I Product/Service ID	127	National Drug Code error
22	M/I Dispense As Written (DAW)/Product Selection Code		
25	M/I Prescriber ID	489	Invalid prescriber number
25	M/I Prescriber ID	491	Invalid prescriber number
25	M/I Prescriber ID	521	Prescribing Provider is Group Using Individual Prescriber Number
28	M/I Date Prescription Written	122	RX date error
39	M/I Diagnosis Code	020	Diagnosis Code Missing
39	M/I Diagnosis Code	575	Missing Invalid diagnosis code
40	Pharmacy Not Contracted With Plan On Date Of Service	201	Provider not eligible
41	Submit Bill To Other Processor Or Primary Payer	275	Recipient Medicare eligibility
41	Submit Bill To Other Processor Or Primary Payer	434	Bill Medicare Nebulizer
41	Submit Bill to Other Processor or	535	Bill Medicare part d

<i>NCPDP Reject Code</i>	<i>NCPDP Reject Code Description</i>	<i>LAMMIS EOB</i>	<i>EOB DESCRIPTION</i>
	Primary Payer		
41	Submit Bill to Other Processor or Primary Payer	536	Bill Medicare part b
41	Submit Bill to Other Processor or Primary Payer	932	Please bill third party carrier first
41	Submit Bill To Other Processor Or Primary Payer	988	Item covered by Medicare
50	Non-Matched Pharmacy Number	200	Provider not on file
52	Non-Matched Cardholder ID	215	Recipient not on file
52	Non-Matched Cardholder ID	223	Recycled recipient not on file
52	Non-Matched Cardholder ID	294	Recycled recipient not on file/deny
54	Non-Matched Product/Service ID Number	231	NDC not on file
55	Non-Matched Product Package Size	432	Quantity exceeds package size
56	M/I Prescriber ID	121	Prescribing physician error
56	Non-Matched Prescriber ID	450	Prescriber not on file
60	Product/Service Not Covered For Patient Age	234	Product age restriction
61	Product/Service Not Covered For Patient Gender	235	Product sex restriction
62	Patient/Card Holder ID Name Mismatch	217	Recipient name mismatch
63	Institutionalized Patient Product/Service ID Not Covered	385	Diabetic not covered NH recipient
65	Patient Age Exceeds Maximum Age	135	Patient not covered for pharmacy service
65	Patient Is Not Covered	216	Recipient not eligible
65	Patient Is Not Covered	293	Recycled recipient ineligible
65	Patient Is Not Covered	295	Recycled recipient ineligible/deny
69	Filled After Coverage Terminated	364	Recipient ineligible or deceased
70	Product/Service Not Covered	099	Item covered under DME only
70	Product Not Covered	149	DESI ineffective-not payable
70	Product/Service Not Covered	233	Procedure/NDC not covered for service date given
70	Product/Service Not Covered	299	Product not covered
70	Product/Service Not Covered	439	Manufacturer Identified Food Supplement – (deny)
70	Product/Service Not Covered	459	Pending review of the NDC
71	Prescriber Is Not Covered	213	Prescriber not covered
71	Prescriber Is Not Covered	262	Adj requires review
71	Prescriber is Not Covered	514	Prescribing provider does not have prescriptive auth
73	Refills Are Not Covered	452	Schedule 2 Narcotic cannot refill
73	Refills Are Not Covered	461	Refill not payable
75	Prior Authorization Required	484	New RX requires PA

<i>NCPDP Reject Code</i>	<i>NCPDP Reject Code Description</i>	<i>LAMMIS EOB</i>	<i>EOB DESCRIPTION</i>
75	Prior Authorization Required	485	PA Required
75	Prior Authorization Required	486	PA Expired
75	Prior Authorization Required	487	PA Emergency Override
76	DUR Reject Error	457	Quantity exceeds maximum
76	DUR Reject Error	537	OBRA90 Excluded Drug
77	Discontinued Product/Service ID Number	438	Manufacturer NDC Obsolete
77	Discontinued Product/Service ID Number	460	NDC Probably Obsolete. Check Label/Computer – (deny)
77	Discontinued Product/Service ID Number	462	NDC obsolete
77	Discontinued Product ID Number	465	Invalid NDC - not available
78	Cost Exceeds Maximum	650	Payment reduced to state maximum
78	Cost Exceeds Maximum	660	Payment reduced to LMAC maximum
78	Cost Exceeds Maximum	918	Payment reduced by TPL
80	Drug-Diagnosis Mismatch	668	No Insulin on history
81	Claim Too Old	030	Serve thru date too old
81	Claim Too Old	272	1 year filing limit
83	Duplicate Paid/Captured Claim	530	Recipient was reimbursed for this service
83	Duplicate Paid/Captured Claim	843	Exact duplicate error
83	Duplicate Paid/Captured Claim	893	Suspect Duplicate
83	Duplicate Paid/Captured Claim	898	Exact Duplicate – Same ICN – (deny)
84	Claim Has Not Been Paid/Captured	250	Diagnosis require review
84	Claim Has Not Been Paid/Captured	280	Manual price pending
87	Reversal Not Processed	516	Cannot Adjust due to previous Financial Adjustment
87	Reversal Not Processed	796	Adjudicated/void billing provider mismatch
87	Reversal Not Processed	797	Duplicate Adjustment Records Entered – (deny)
87	Reversal Not Processed	798	History record already adjusted or void
87	Reversal Not Processed	799	Matching history record not found
88	DUR Reject Error	441	RX not filled
88	DUR Reject Error	442	Drug to drug interaction, conflict code DD
88	DUR Reject Error	443	Therapeutic overlay, conflict code TD
88	DUR Reject Error	445	Duplication drug therapy, conflict code ID
88	DUR Reject Error	446	Pregnancy precaution, conflict code PG
88	DUR Reject Error	447	Early or late refill, conflict code ER
88	DUR Reject Error	471	Drug to Drug Interaction, conflict code DD
88	DUR Reject Error	482	Therapeutic Duplication Denial, conflict code TD
88	DUR Reject Error	483	Pregnancy Precaution-Denial-FDA Category X, conflict code PG
88	DUR Reject Error	529	Exceeds maximum daily dose

<i>NCPDP Reject Code</i>	<i>NCPDP Reject Code Description</i>	<i>LAMMIS EOB</i>	<i>EOB DESCRIPTION</i>
88	DUR Reject Error	531	Drug use not warranted - cox-2 inhibitor
88	DUR Reject Error	656	Exceeds maximum duration of therapy, conflict code MX
9B	Reason For Service Code Value Not Supported	479	MX override not valid
AB	Date Written Is After Date Filled	123	RX date greater than serve from date
AC	Product Not Covered Non-Participating Manufacturer	472	Manufacturer not in rebate
AD	Billing Provider Not Eligible To Bill This Claim Type	202	Provider claim type conflict
AE	QMB (Qualified Medicare Beneficiary)-Bill Medicare	330	Recipient not Medicaid eligible
AG	Days Supply Limitation For Product/Service	436	Days supply exceeds 100
CB	M/I Cardholder First Name; M/I Cardholder Last Name	023	Missing recipient name or initial
DN	M/I Basis Of Cost	238	Invalid PAC
DN	M/I Basis Of Cost	239	Product cost error
DN	M/I Basis Of Cost	458	MAC cost zero
DQ	M/I Usual And Customary Charge	022	Billed charges error
DQ	M/I Usual And Customary Charge	276	High variance error
DQ	M/I Usual And Customary Charge	277	Low variance error
DU	M/I Gross Amount Due	978	Pay amount zero
DX	M/I Patient Paid Amount Submitted	662	Copay reduced
DZ	M/I Claim/Reference ID	021	Former reference number error
E3	M/I Incentive Amount Submitted	089	Missing/Invalid Incentive Amount
E5	M/I Provider ID Qualifier	431	Missing/invalid professional service code
E7	M/I Prescriber ID Qualifier	120	Metric error quantity
E9	M/I Provider ID	210	Provider Not Certified for This Procedure
E9	M/I Provider ID	444	Missing/Invalid Service Provider
EU	M/I Prior Authorization Type Code	576	Missing invalid prior authorization MC code
EY	M/I Provider ID Qualifier	509	Missing/Invalid Service Provider ID Qualifier
EZ	M/I Prescriber ID Qualifier	497	Missing/Invalid Prescriber ID Qualifier
M1	Patient not Covered in this Aid Category	388	Recipient not covered for this drug
M1	Patient not covered in this aid category	524	Capitated service must be authorized/paid by pace provider
M1	Patient not covered in this aid category	528	LaCHIP Affordable Submit Claim To Office Of Group Benefits
M2	Recipient Locked In	218	Recipient provider restriction
M2	Recipient Locked In	389	Recipient pharmacy restricted
M4	Prescription/Service Reference Number/Time Limit Exceeded	453	Schedule 2 Narcotic not filled within 5 days
M4	Prescription/Service Reference Number/Time Limit Exceeded	454	New Prescription not filled within 6 months
M4	Prescription/Service Reference Number/Time Limit Exceeded	455	Refill not filled within 6 months

NCPDP Reject Code	NCPDP Reject Code Description	LAMMIS EOB	EOB DESCRIPTION
M4	Prescription/Service Reference Number/Time Limit Exceeded	498	Prescription limit exceeded
M4	Prescription/Service Reference Number/Time Limit Exceeded	577	Override prescription exceeds limit
M4	Prescription/Service Reference Number/Time Limit Exceeded	647	Usage of same Rx Number greater than system limit
M4	Prescription/Service Reference Number/Time Limit Exceeded	920	Refills exceeded for prescription
M5	Requires Manual Claim	242	Input spenddown amount
M5	Requires Manual Claim	448	Need transplant date
M5	Requires Manual Claim	466	Fertility prep hardcopy required
M5	Requires Manual Claim	966	Submit hard copy
P6	Date Of Service Prior To Date Of Birth	211	Date of service less than date of birth

APPENDIX E - EOB Translation

Following is a numerical list of the EOB codes and their descriptions. EOB codes are listed in the message area of the POS response and appear if the claim is rejected or captured. Informational EOB messages may also be returned.

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
001	Disposition Error	03	M/I Transaction Code
002	Invalid provider number	05	M/I Pharmacy Number
003	Invalid recipient ID	07	M/I Cardholder ID Number
005	Invalid statement from date	15	M/I Date of Service
006	Invalid statement thru date	15	M/I Date of Service
007	Serve thru date less than serve from date	15	M/I Date of Service
008	Serve from date greater than date processed	15	M/I Date of Service
009	Serve thru date greater than date processed	15	M/I Date of Service
011	Third party liability indicator error	13	M/I Other Coverage Code
020	Diagnosis Code Missing	39	M/I Diagnosis Code
021	Former reference number error	DZ	M/I Claim/Reference ID
022	Billed charges error	DQ	M/I Usual And Customary Charge
023	Missing recipient name or initial	CB	M/I Cardholder First Name; M/I Cardholder Last Name
030	Serve thru date too old	81	Claim Too Old
089	Missing/Invalid Incentive Amount	E3	Missing/Invalid Incentive Amount Submitted
099	Item covered under DME only	70	Product/Service Not Covered
120	Metric error quantity	E7	M/I Quantity Dispensed

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
121	Prescribing physician error	56	M/I Prescriber ID
122	RX date error	28	M/I Date Prescription Written
123	RX date greater than serve from date	AB	Date Written Is After Date Filled
124	RX days supply error	19	M/I Days Supply
125	RX number missing	16	M/I Prescription/Service Reference Number
126	Refill error	17	M/I Fill Number
127	National Drug Code error	21	M/I Product/Service ID
135	Patient not covered for pharmacy service	65	Patient Age Exceeds Maximum Age
149	DESI ineffective-not payable	70	Product Not Covered
200	Provider not on file	50	Non-Matched Pharmacy Number
201	Provider not eligible	40	Pharmacy Not Contracted With Plan On Date Of Service
202	Provider claim type conflict	AD	Billing Provider Not Eligible To Bill This Claim Type
210	Provider Not Certified for This Procedure	E9	M/I Provider ID
211	Date of service less than date of birth	P6	Date Of Service Prior To Date Of Birth
213	Prescriber not covered	71	Prescriber Is Not Covered
215	Recipient not on file	52	Non-Matched Cardholder ID
216	Recipient not eligible	65	Patient Is Not Covered
217	Recipient name mismatch	62	Patient/Card Holder ID Name Mismatch
218	Recipient provider restriction	M2	Recipient Locked In
223	Recycled recipient not on file	52	Non-Matched Cardholder ID
224	Invalid birth date	09	M/I Birth Date
231	NDC not on file	54	Non-Matched Product/Service ID Number
233	Procedure/NDC not covered for service date given	70	Product/Service Not Covered
234	Product age restriction	60	Product/Service Not Covered For Patient Age
235	Product sex restriction	61	Product/Service Not Covered For Patient Gender
238	Invalid PAC	DN	M/I Basis Of Cost
239	Product cost error	DN	M/I Basis Of Cost
242	Input spenddown amount	M5	Requires Manual Claim
250	Diagnosis require review	84	Claim Has Not Been Paid/Captured
262	Adj requires review	71	Prescriber Is Not Covered
272	1 year filing limit	81	Claim Too Old
275	Recipient Medicare eligibility	41	Submit Bill To Other Processor Or Primary Payer
276	High variance error	DQ	M/I Usual And Customary Charge
277	Low variance error	DQ	M/I Usual And Customary Charge

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
280	Manual price pending	84	Claim Has Not Been Paid/Captured
289	Reject/Deny invalid provider	05	M/I Pharmacy Number
293	Recycled recipient ineligible	65	Patient Is Not Covered
294	Recycled recipient not on file/deny	52	Non-Matched Cardholder ID
295	Recycled recipient ineligible/deny	65	Patient Is Not Covered
299	Product not covered	70	Product/Service Not Covered
330	Recipient not Medicaid eligible	AE	QMB (Qualified Medicare Beneficiary)- Bill Medicare
364	Recipient ineligible or deceased	69	Filled After Coverage Terminated
385	Diabetic not covered NH recipient	63	Institutionalized Patient Product/Service ID Not Covered
388	Recipient not covered for this drug	M1	Patient not Covered in this Aid Category
389	Recipient pharmacy restricted	M2	Recipient Locked In
431	Missing/invalid professional service code	E5	M/I Professional Service Code
432	Quantity exceeds package size	55	Non-Matched Product Package Size
434	Bill Medicare Nebulizer	41	Submit Bill To Other Processor Or Primary Payer
436	Days supply exceeds 100	AG	Days Supply Limitation For Product/Service
438	Manufacturer NDC Obsolete	77	Discontinued Product/Service ID Number
439	Manufacturer Identified Food Supplement – (deny)	70	Product/Service Not Covered
441	RX not filled	88	DUR Reject Error
442	Drug to drug interaction, conflict code DD	88	DUR Reject Error
443	Therapeutic overlay, conflict code TD	88	DUR Reject Error
444	Missing/Invalid Service Provider	E9	M/I Provider ID
445	Duplication drug therapy, conflict code ID	88	DUR Reject Error
446	Pregnancy precaution, conflict code PG	88	DUR Reject Error
447	Early or late refill, conflict code ER	88	DUR Reject Error
448	Need transplant date	M5	Requires Manual Claim
450	Prescriber not on file	56	Non-Matched Prescriber ID
452	Schedule 2 Narcotic cannot refill	73	Refills Are Not Covered
453	Schedule 2 Narcotic not filled within 5 days	M4	Prescription/Service Reference Number/Time Limit Exceeded
454	New Prescription not filled within 6 months	M4	Prescription/Service Reference Number/Time Limit Exceeded
455	Refill not filled within 6 months	M4	Prescription/Service Reference Number/Time Limit Exceeded
457	Quantity exceeds maximum	76	DUR Reject Error

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
458	MAC cost zero	DN	M/I Basis Of Cost
459	Pending review NDC	70	Claim Has Not Been Paid/Captured
460	NDC Probably Obsolete. Check Label/Computer – (deny)	77	Discontinued Product/Service ID Number
461	Refill not payable	73	Refills Are Not Covered
462	NDC obsolete	77	Discontinued Product/Service ID Number
465	Invalid NDC - not available	77	Discontinued Product ID Number
466	Fertility prep hardcopy required	M5	Requires Manual Claim
471	Drug to Drug Interaction, conflict code DD	88	DUR Reject Error
472	Manufacturer not in rebate	AC	Product Not Covered Non-Participating Manufacturer
479	MX override not valid	9B	Reason For Service Code Value Not Supported
482	Therapeutic Duplication Denial, conflict code TD	88	DUR Reject Error
483	Pregnancy Precaution-Denial-FDA Category X, conflict code PG	88	DUR Reject Error
484	New RX requires PA	75	Prior Authorization Required
485	PA Required	75	Prior Authorization Required
486	PA Expired	75	Prior Authorization Required
487	PA Emergency Override	75	Prior Authorization Required
489	Invalid prescriber number	25	M/I Prescriber ID
491	Invalid prescriber number	25	M/I Prescriber ID
497	Missing/Invalid Prescriber ID Qualifier	EZ	M/I Prescriber ID
498	Prescription limit exceeded	M4	Prescription/Service Reference Number/Time Limit Exceeded
509	Missing/Invalid Service Provider ID Qualifier	EY	M/I Provider ID Qualifier
514	Prescribing provider does not have prescriptive auth	71	Prescriber is not covered
516	Cannot adjust due to previous financial transaction	87	Reversal not processed
521	Prescribing Provider is Group Using Individual Prescriber Number	25	M/I Prescriber ID
524	Capitated service must be authorized/paid by pace provider	M1	Patient not covered in this aid category
528	LaCHIP Affordable Submit Claim To Office Of Group Benefits	M1	Patient not covered in this aid category
529	Exceeds maximum daily dose	88	DUR Reject Error
530	Recipient was reimbursed for this service	83	Duplicate Paid/Captured Claim

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
531	Drug use not warranted - cox-2 inhibitor	88	DUR Reject Error
535	Bill Medicare part d	41	Submit Bill to Other Processor or Primary Payer
536	Bill Medicare part b	41	Submit Bill to Other Processor or Primary Payer
537	Educational – OBRA 90 excluded drug	76	DUR Reject Error
575	Missing Invalid diagnosis code	39	M/I Diagnosis Code
576	Missing invalid prior authorization MC code	EU	M/I Prior Authorization Type Code
577	Override prescription exceeds limit	M4	Prescription/Service Reference Number/Time Limit Exceeded
647	Usage of same RX Number greater than system limit	M4	Prescription/Service Reference Number/Time Limit Exceeded
650	Payment reduced to state maximum	78	Cost Exceeds Maximum
656	Exceeds maximum duration of therapy, conflict code MX	88	DUR Reject Error
660	Payment reduced to LMAC maximum	78	Cost Exceeds Maximum
662	Copay reduced	DX	M/I Patient Paid Amount Submitted
668	No Insulin on history	80	Drug-Diagnosis Mismatch
796	Adjudicated/void billing provider mismatch	87	Reversal Not Processed
797	Duplicate Adjustment Records Entered – (deny)	87	Reversal Not Processed
798	History record already adjusted or void	87	Reversal Not Processed
799	Matching history record not found	87	Reversal Not Processed
843	Exact duplicate error	83	Duplicate Paid/Captured Claim
893	Suspect Duplicate	83	Duplicate Paid/Captured Claim
898	Exact Duplicate – Same ICN – (deny)	83	Duplicate Paid/Captured Claim
918	Medicaid Allowable Amount Reduced by Other Insurance	78	Cost exceeds maximum
920	Refills exceeded for prescription	M4	Prescription/Service Reference Number/Time Limit Exceeded
932	Please bill third party carrier first	41	Submit Bill to Other Processor or Primary Payer
966	Submit hard copy	M5	Requires Manual Claim
978	Pay amount zero	DU	M/I Gross Amount Due
988	Item covered by Medicare	41	Submit Bill To Other Processor Or Primary Payer

APPENDIX F - NCPDP Reject Code to LA-MMIS EOB Crosswalk Changes

MMIS Code	NCPDP Version 5.1	NCPDP Version D.0	Status
238	38	DN	
239	38	DN	
458	38	DN	
479	DP	9B	

Other D.0 changes

- Rx Number has expanded from 7 to 12 bytes.
- The following fields are now required by NCPDP (* - already required by payer)
 - 304-C4 Date of Birth *
 - 305-C5 Gender Code
 - 311-CB Patient Last Name *
 - 442-E7 Quantity Dispensed *
 - 403-D3 Fill Number
 - 405-D5 Days Supply *
 - 406-D6 Compound Code
 - 408-D8 Dispense as Written
 - 414-DE Date Prescription Written *
 - 409-D9 Ingredient Cost
 - 430-DU Gross Amount Due
- Additional Message field on the response will now be divided into multiple occurrences of 40 bytes of data versus 1 continuous message.
- Previously, a rejected claim may have up to 20 reject codes. D.0 has changed to return the rejected claim once 5 reject reasons have been accumulated.