



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

01 December 2005

**Version 1.1
EDI-VSD-LA-POS**

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APPENDIX A PHARMACY POINT OF SALE AGREEMENT****STATE OF LOUISIANA
MEDICAID PHARMACY POINT OF SALE AGREEMENT**

This Pharmacy Point of Sale Agreement (hereinafter Agreement), made and entered into this ____ day of _____, 20____, by and between the Louisiana Department of Health and Hospitals (Hereinafter Agency), acting in its own right as the Agency responsible for administering the Medicaid Assistance Program (Title XIX) In and by _____ (hereinafter Provider).

In consideration of the mutual promises and covenants contained herein and other good and valuable consideration, the pharmacy agrees to provide said services in accordance with the following terms and conditions.

1. This Agreement is in addition to the Provider Enrollment Application between the Agency and Provider, including, but not limited to the right of the Agency or its representatives to perform audit functions or the requirement that the Provider maintain the original prescription on file.
2. Provider shall submit to the Agency, through the fiscal agent (hereinafter Agent), for Louisiana Medicaid, via a Point of sale (POS) device, claims for prescriptions dispensed to Louisiana Medicaid recipients.
3. The Provider shall safeguard the Medicaid program against abuse in its utilization of claims entry through the POS system.
4. The Provider shall correctly enter the claims data, monitor the data and certify that the data entered is correct.
5. The Provider shall reverse any claim which is adjudicated (submitted for payment) and then not dispensed to a Medicaid recipient.
6. The Provider shall allow the Agency access to claims data and assure that transmission of claims data is restricted to authorized personnel so as to preclude erroneous payment by the Agent resulting from carelessness or fraud.
7. The Provider shall allow the Director of the Agency or any of its designees and representatives of the Office of the Medicaid Fraud Control Unit to review and copy all records.
8. The Provider shall abide by all Federal and State statutes, rules, regulations and manuals and provider updates governing the Louisiana Medicaid Program and those conditions as set out in the State of Louisiana, Department of Health and Hospitals Medicaid Provider Agreement entered into previously.
9. The Provider agrees to charge no more for Medicaid services than is charged to the general public.

PROVIDER: _____

Print or Type Name

Signature/Title

Address

Phone Number

APPENDIX B - PROVIDER ENROLLMENT AMENDMENT

PHARMACY PROVIDER ENROLLMENT AMENDMENT

LA Pharmacy Permit # _____ Medicare Provider # _____

Provider Name: _____

Store Address (Both physical and mailing address):

E-mail address:

Phone #: () _____ FAX #: () _____

Electronic Switch Vendor: Envoy/WebMD/Healtheon NDC QS-1 Other _____

Software Vendor: _____

Pharmacy Services Provided (Check all that apply):

Retail Nursing Home (Please list on reverse) Group Home IV Therapy 24 hour pharmacy

Pharmacy Indicator: (check only one please)

(Louisiana defines a chain as 15 or more Medicaid enrolled pharmacies under common ownership)

Independent pharmacy Chain pharmacy

INDEPENDENT OWNER INFORMATION	CHAIN INFORMATION (IF APPLICABLE) (Fill out if checked "Chain" above)
Owner Name	Corporate Name
Address	Address
City State Zip	City State Zip
Phone	Financial Contact Financial Phone

Name/Title/Phone Number of individual reviewing Remittance Advice:

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 Unisys corresponding three-digit EOB code. Claims generating these reject codes must be corrected and resubmitted by the pharmacy.

An asterisk (*) indicates that Unisys 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**.

NCPDP Reject Code	NCPDP Reject code Description	LAMMIS EOB	EOB DESCRIPTION
3	M/I Transaction Code	1	M/I Transaction Code
5	M/I Pharmacy Number	2	INVALID-PROV-NO
5	M/I Pharmacy Number	289	REJ-DENY-INV-PROV
7	M/I Cardholder ID Number	3	INVALID-RECIP-NO
9	M/I Birth Date	134	DOB Mismatch for CCN
9	M/I Birth Date	224	INVALID-BIRTHDATE
13	M/I Other Coverage Cod	11	TPL-IND-ERR
15	M/I Date of Service	5	INVALID-STMT-FROM-DTE
15	M/I Date of Service	6	INVALID-STMT-THRU-DTE
15	M/I Date of Service	7	SERV-THRU-DTE-LT-SERV-FROM-DTE
15	M/I Date of Service	8	SERV-FROM-DTE-GT-DTE-PROCESED
15	M/I Date of Service	9	SERV-THRU-DTE-GT-DTE-PROCESED
16	M/I Prescription/Service Reference Number	125	RX-NUMBER-MISSING
17	M/I Fill Number	126	REFILL-ERR
19	M/I Days Supply	124	RX-DAYS-SUPPLY-ERR
20	M/I Compound Code	431	MISSING-INVALID-CMPD-CODE
21	M/I Product/Service ID	127	NATIONAL-DRUG-CODE-ERR
22	M/I Dispense As Written (DAW)/Product Selection Code	128	MAC-INDICATOR-ERR
22	M/I Dispense As Written (DAW)/Product Selection Code	576	MISSING-INVALID-PA-MC-CODE
25	M/I Prescriber ID	121	PRESCRIBING-PHYSICIAN-ERR
25	M/I Prescriber ID	489	INVALID-PRESCRIBER-NO
25	M/I Prescriber ID	491	INVALID-PRESCRIBER-NO
28	M/I Date Prescription Written	122	RX-DATE-ERR
38	M/I Basis Of Cost	238	INVALID-PAC
38	M/I Basis Of Cost	239	PF-COST-ERROR
38	M/I Basis Of Cost	458	MAC-COST-ZEROES
39	M/I Diagnosis Code	20	DIAG-MISSING
39	M/I Diagnosis Code	575	MISSING-INVALID-DIAG-CODE
40	Pharmacy Not Contracted With Plan On Date Of Service	201	PROVIDER-NOT-ELIGIBLE

NCPDP Reject Code	NCPDP Reject code Description	LAMMIS EOB	EOB DESCRIPTION
41	Submit Bill To Other Processor Or Primary Payer	275	RECIPIENT-MEDICARE-ELIG
41	Submit Bill To Other Processor Or Primary Payer	434	BILL-MEDICARE-NEBULIZER
41	Submit Bill To Other Processor Or Primary Payer	449	WITHIN-TRANSPLANT-WINDOW
41	Submit Bill To Other Processor Or Primary Payer	988	ITEM-COVERED-BY-MCARE
50	Non-Matched Pharmacy Number	200	PROVIDER-NOT-ON-FILE
52	Non-Matched Cardholder ID	133	Invalid CCN
52	Non-Matched Cardholder ID	215	RECIPIENT-NOT-ON-FILE
52	Non-Matched Cardholder ID	223	RECYCLED-RECIP-NOF
52	Non-Matched Cardholder ID	294	RECYCLED-RECIP-NOF-DENY
54	Non-Matched Product/Service ID Number	231	NDC-NOT-ON-FILE
55	Non-Matched Product Package Size	432	QTY-EXCEEDS-PACKAGE-SIZE
56	Non-Matched Prescriber ID	450	PRESC-PROVNO-NOT-ON-FILE
60	Product/Service Not Covered For Patient Age	234	PF-AGE-RESTRICT
61	Product/Service Not Covered For Patient Gender	235	PF-SEX-RESTRICT
62	Patient/Card Holder ID Name Mismatch	217	RECIP-NAME-MISMATCH
63	Institutionalized Patient Product/Service ID Not Covered	385	DIABETIC-NOT-COVRD-NH-RECIP
65	Patient Age Exceeds Maximum Age	135	PATIENT NOT COVERED FOR PHARMACY SERVICE No claim found on history with this error from 1999 forward
65	Patient Is Not Covered	216	RECIPIENT-NOT-ELIGIBLE
65	Patient Is Not Covered	293	RECYCLED-RECIP-INELIG
65	Patient Is Not Covered	295	RECYCLED-RECIP-INELIG-DENY
69	Filled After Coverage Terminated	364	RECIPIENT-INELIGIBLE-DECEASED
70	Product/Service Not Covered	99	ITEM-COVERED-UNDER-DME-ONLY
70	Product/Service Not Covered	233	PF-DATE-RESTRICT
70	Product/Service Not Covered	299	PROC-NOT-COVERED
70	Product/Service Not Covered	439	Manufacturer Identified Food Supplement – (deny)
1	Prescriber Is Not Covered	213	PROV-NOT-COVERED
71	Prescriber Is Not Covered	262	ADJ-REQUIRES-REVIEW
73	Refills Are Not Covered	452	SCH2-NARC-CANNOT-REFILL
73	Refills Are Not Covered	461	REFILL-NOT-PAYABLE
75	Prior Authorization Required	484	NEW-RX-REQUIRES-PA

NCPDP Reject Code	NCPDP Reject code Description	LAMMIS EOB	EOB DESCRIPTION
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	QTY-EXCEEDS-MAXIMUM
77	Discontinued Product/Service ID Number	438	MFG-NDC-OBSOLETE
77	Discontinued Product/Service ID Number	460	NDC Probably Obsolete. Check Label/Computer – (deny) Not Found on Lamifp14
77	Discontinued Product/Service ID Number	462	NDC-OBSOLETE
78	Cost Exceeds Maximum	650	PAY-RED-TO-STATE-MAX
78	Cost Exceeds Maximum	660	PAY-RED-TO-LMAC-MAX
80	Drug-Diagnosis Mismatch	668	NO-INSULIN-ON-HIST
81	Claim Too Old	30	SERV-THRU-DATE-TOO-OLD
81	Claim Too Old	272	1-YR-FILING-LIMIT
83	Duplicate Paid/Captured Claim	843	EXACT-DUPLICATE-ERROR
83	Duplicate Paid/Captured Claim	898	Exact Duplicate – Same ICN – (deny)
84	Claim Has Not Been Paid/Captured	250	DIAG-REQ-REVIEW
84	Claim Has Not Been Paid/Captured	280	MANUAL-PRICE-PEND
84	Claim Has Not Been Paid/Captured	459	PENDING-REVIEW-NDC
87	Reversal Not Processed	796	ADJ-VOID-BILLING-PROV-MISMATCH
87	Reversal Not Processed	797	Duplicate Adjustment Records Entered – (deny)
87	Reversal Not Processed	798	HIST-REC-ALREADY-ADJ-OR-VOID
87	Reversal Not Processed	799	MATCHING-HISTORY-REC-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 Viagra Nitro, 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	656	Exceeds maximum duration of therapy, conflict code MX
AB	Date Written Is After Date Filled	123	RX-DATE-GT-SERV-FROM-DTE
AC	Product Not Covered Non-Participating Manufacturer	472	MANUFACTURER-NOT-IN-REBATE

NCPDP Reject Code	NCPDP Reject code Description	LAMMIS EOB	EOB DESCRIPTION
AD	Billing Provider Not Eligible To Bill This Claim Type	202	PROV-CLAIM-TYPE-CONFLICT
AE	QMB (Qualified Medicare Beneficiary)-Bill Medicare	330	RECIP-NOT-MCAID-ELIG
AG	Days Supply Limitation For Product/Service	436	DAYS-SUPPLY-EXCEEDS-100
CC CD	M/I Cardholder First Name;M/I Cardholder Last Name	23	MISSING-RECIPIENT-NAME-OR-INIT
DP		479	MX-OVERRIDE-NOT-VALID
DQ	M/I Usual And Customary Charge	22	BILLED-CHRG-ERR
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	21	FORMER-REF-NO-ERR
E7	M/I Prescriber ID Qualifier	120	METRIC-QTY-ERR
M2	Recipient Locked In	218	RECIPIENT-PROV-RESTRICT
M2	Recipient Locked In	389	RECIPIENT-PHARM-RESTRICT
M4	Prescription/Service Reference Number/Time Limit Exceeded	453	SCH2-NARC-FILL-GR-DA
M4	Prescription/Service Reference Number/Time Limit Exceeded	454	PRESC-FILL-GR-10-DA
M4	Prescription/Service Reference Number/Time Limit Exceeded	455	REFILL-FILL-GR-6-MO
M4	Prescription/Service Reference Number/Time Limit Exceeded	498	PRESC-LIMIT-EXCEEDED
M4	Prescription/Service Reference Number/Time Limit Exceeded	577	OVERRIDE-PRESC-EXCEEDS-LIMIT
M4	Prescription/Service Reference Number/Time Limit Exceeded	920	REFILLS-EXCEEDED-FOR-SCRIPT
M5	Requires Manual Claim	242	INPUT-SPENDDOWN-AMT
M5	Requires Manual Claim	448	NEED-TRANSPLANT-DATE
M5	Requires Manual Claim	466	FERTILITY-PREP-HARDCOPY-REQ
M5	Requires Manual Claim	966	SUBMIT-HARD-COPY
P6	Date Of Service Prior To Date Of Birth	211	DOS-LESS-THAN-DOB

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
1	DISPOSITION-ERR	3	M/I Transaction Code
2	INVALID-PROV-NO	5	M/I Pharmacy Number
3	INVALID-RECIP-NO	7	M/I Cardholder ID Number
5	INVALID-STMT-FROM-DTE	15	M/I Date of Service
6	INVALID-STMT-THRU-DTE	15	M/I Date of Service
7	SERV-THRU-DTE-LT-SERV-FROM-DTE	15	M/I Date of Service
8	SERV-FROM-DTE-GT-DTE-PROCESED	15	M/I Date of Service
9	SERV-THRU-DTE-GT-DTE-PROCESED	15	M/I Date of Service
11	TPL-IND-ERR	13	M/I Other Coverage Cod
20	DIAG-MISSING	39	M/I Diagnosis Code
21	FORMER-REF-NO-ERR	DZ	M/I Claim/Reference ID
22	BILLED-CHRG-ERR	DQ	M/I Usual And Customary Charge
23	MISSING-RECIPIENT-NAME-OR-INIT	CC CD	M/I Cardholder First Name;M/I Cardholder Last Name
30	SERV-THRU-DATE-TOO-OLD	81	Claim Too Old
99	ITEM-COVERED-UNDER-DME-ONLY	70	Product/Service Not Covered
120	METRIC-QTY-ERR	E7	M/I Quantity Dispensed
121	PRESCRIBING-PHYSICIAN-ERR	25	M/I Prescriber ID
122	RX-DATE-ERR	28	M/I Date Prescription Written
123	RX-DATE-GT-SERV-FROM-DTE	AB	Date Written Is After Date Filled
124	RX-DAYS-SUPPLY-ERR	19	M/I Days Supply
125	RX-NUMBER-MISSING	16	M/I Prescription/Service Reference Number
126	REFILL-ERR	17	M/I Fill Number
127	NATIONAL-DRUG-CODE-ERR	21	M/I Product/Service ID
128	MAC-INDICATOR-ERR	22	M/I Dispense As Written (DAW)/Product Selection Code
133	Invalid CCN	52	Non-Matched Cardholder ID
134	DOB Mismatch for CCN	9	M/I Birth Date
135	PATIENT NOT COVERED FOR PHARMACY SERVICE	65	Patient Age Exceeds Maximum Age
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	PROV-CLAIM-TYPE-CONFLICT	AD	Billing Provider Not Eligible To Bill This Claim Type
211	DOS-LESS-THAN-DOB	P6	Date Of Service Prior To Date Of Birth

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject code Description
213	PROV-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	RECIP-NAME-MISMATCH	62	Patient/Card Holder ID Name Mismatch
218	RECIPIENT-PROV-RESTRICT	M2	Recipient Locked In
223	RECYCLED-RECIP-NOF	52	Non-Matched Cardholder ID
224	INVALID-BIRTHDATE	9	M/I Birth Date
231	NDC-NOT-ON-FILE	54	Non-Matched Product/Service ID Number
233	PF-DATE-RESTRICT	70	Product/Service Not Covered
234	PF-AGE-RESTRICT	60	Product/Service Not Covered For Patient Age
235	PF-SEX-RESTRICT	61	Product/Service Not Covered For Patient Gender
238	INVALID-PAC	38	M/I Basis Of Cost
239	PF-COST-ERROR	38	M/I Basis Of Cost
242	INPUT-SPENDDOWN-AMT	M5	Requires Manual Claim
250	DIAG-REQ-REVIEW	84	Claim Has Not Been Paid/Captured
262	ADJ-REQUIRES-REVIEW	71	Prescriber Is Not Covered
272	1-YR-FILING-LIMIT	81	Claim Too Old
275	RECIPIENT-MEDICARE-ELIG	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
280	MANUAL-PRICE-PEND	84	Claim Has Not Been Paid/Captured
289	REJ-DENY-INV-PROV	5	M/I Pharmacy Number
293	RECYCLED-RECIP-INELIG	65	Patient Is Not Covered
294	RECYCLED-RECIP-NOF-DENY	52	Non-Matched Cardholder ID
295	RECYCLED-RECIP-INELIG-DENY	65	Patient Is Not Covered
299	PROC-NOT-COVERED	70	Product/Service Not Covered
330	RECIP-NOT-MCAID-ELIG	AE	QMB (Qualified Medicare Beneficiary)-Bill Medicare
364	RECIPIENT-INELIGIBLE-DECEASED	69	Filled After Coverage Terminated
385	DIABETIC-NOT-COVRD-NH-RECIP	63	Institutionalized Patient Product/Service ID Not Covered
389	RECIPIENT-PHARM-RESTRICT	M2	Recipient Locked In
431	MISSING-INVALID-CMPD-CODE	20	M/I Compound Code
432	QTY-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	MFG-NDC-OBSOLETE	77	Discontinued Product/Service ID Number

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject code Description
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
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
449	WITHIN-TRANSPLANT-WINDOW	41	Submit Bill To Other Processor Or Primary Payer
450	PRESC-PROVNO-NOT-ON-FILE	56	Non-Matched Prescriber ID
452	SCH2-NARC-CANNOT-REFILL	73	Refills Are Not Covered
453	SCH2-NARC-FILL-GR-DA	M4	Prescription/Service Reference Number/Time Limit Exceeded
454	PRESC-FILL-GR-10-DA	M4	Prescription/Service Reference Number/Time Limit Exceeded
455	REFILL-FILL-GR-6-MO	M4	Prescription/Service Reference Number/Time Limit Exceeded
457	QTY-EXCEEDS-MAXIMUM	76	DUR Reject Error
458	MAC-COST-ZEROES	38	M/I Basis Of Cost
459	PENDING-REVIEW-NDC	84	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
466	FERTILITY-PREP-HARDCOPY-REQ	M5	Requires Manual Claim
471	Drug to Drug Interaction Viagra Nitro, conflict code DD	88	DUR Reject Error
472	MANUFACTURER-NOT-IN-REBATE	AC	Product Not Covered Non-Participating Manufacturer
479	MX-OVERRIDE-NOT-VALID		
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

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject code Description
487	PA-EMERGENCY-OVERRIDE	75	Prior Authorization Required
489	INVALID-PRESCRIBER-NO	25	M/I Prescriber ID
491	INVALID-PRESCRIBER-NO	25	M/I Prescriber ID
498	PRESC-LIMIT-EXCEEDED	M4	Prescription/Service Reference Number/Time Limit Exceeded
575	MISSING-INVALID-DIAG-CODE	39	M/I Diagnosis Code
576	MISSING-INVALID-PA-MC-CODE	22	M/I Dispense As Written (DAW)/Product Selection Code
577	OVERRIDE-PRESC-EXCEEDS-LIMIT	M4	Prescription/Service Reference Number/Time Limit Exceeded
650	PAY-RED-TO-STATE-MAX	78	Cost Exceeds Maximum
656	Exceeds maximum duration of therapy, conflict code MX	88	DUR Reject Error
660	PAY-RED-TO-LMAC-MAX	78	Cost Exceeds Maximum
662	COPAY-REDUCED	DX	M/I Patient Paid Amount Submitted
668	NO-INSULIN-ON-HIST	80	Drug-Diagnosis Mismatch
796	ADJ-VOID-BILLING-PROV-MISMATCH	87	Reversal Not Processed
797	Duplicate Adjustment Records Entered – (deny)	87	Reversal Not Processed
798	HIST-REC-ALREADY-ADJ-OR-VOID	87	Reversal Not Processed
799	MATCHING-HISTORY-REC-NOT-FOUND	87	Reversal Not Processed
843	EXACT-DUPLICATE-ERROR	83	Duplicate Paid/Captured Claim
898	Exact Duplicate – Same ICN – (deny) Valid edit – not on lamifp14	83	Duplicate Paid/Captured Claim
920	REFILLS-EXCEEDED-FOR-SCRIPT	M4	Prescription/Service Reference Number/Time Limit Exceeded
966	SUBMIT-HARD-COPY	M5	Requires Manual Claim
978	PAY-AMOUNT-ZERO	DU	M/I Gross Amount Due
988	ITEM-COVERED-BY-MCARE	41	Submit Bill To Other Processor Or Primary Payer

APPENDIX F - NCPDP REJECT CODE TO LAMMIS EOB CROSSWALK CHANGES

MMIS Code	NCPDP Version 3.2C	NCPDP Version 5.1	Status
021	DC	DZ	Approved
099	40	70	Approved
120	18	E7	Approved
123	28	AB	Approved
202	40	AD	Approved
211	67	P6	Approved
242	DX	M5	Approved
330	M1	AE	Approved
364	65	69	Approved
432	76	55	Approved
436	76	AG	Approved
437	E2		Inactive Edit
449	M5	41	Approved
456			Inactive Edit
457	76	76	Approved.
463	DP	22	Inactive Edit
464	E2	E7	Inactive Edit
472	70	AC	Approved
666	M4	76	Inactive Edit

Other changes

- Verbiage changes for responses to the provider
 - o 'CONFLICT INTERVENTION ' to 'REAS SVC PROF SERV '
 - o 'DRUG CNFL CDE ' to 'REAS FOR SERV'
 - o 'OUTCOME ' to 'RESULT OF SVC '
 - 'SEV IDX CDE' to 'CLIN SIG CD'

The new field length for NCPDP Element number 426-DQ will eliminate the necessity of filing paper claims for drugs whose cost exceeds \$9,999.99.

Unisys will expand the Other Payer Amount field (431-DV (NCPDP Data Element) by two bytes per NCPDP 5.1 specifications. Additionally, Unisys will accept up to three occurrences of Other Payer Amount fields and all other COB Segment fields. The COB fields to be accepted are as follows:

- Up to three occurrences of Other Payer Coverage Type
- Up to three occurrences of Other Payer ID
- Up to three occurrences of Other Payer Date
- Up to three occurrences of Other Payer Amount Paid
- Up to five Other Payer Reject Codes for each occurrence of COB data.

NCPDP Element	Change From	Change To	Notes/Comments
305-C5	char(2)		New name
308-C8	char(2)	char(3)	New size and values
338-5C	new	char(3)	New field with up to 3 occurrences
339-6C	new	char(3)	New field with up to 3 occurrences
340-7C	new	char(11)	New field with up to 3 occurrences
411-DB	char(11)	char(16)	New size
424-DO	char(7)	char(16)	New size
426-DQ	char(7)	char(9)	New size and values
431-DV	char(7)	char(9)	New size and format with up to 3 occurrences
439-E4	char(3)	char(3)	Up to 3 occurrences, new name and values
440-E5	char(3)	char(3)	Up to 3 occurrences, new name and values
441-E6	char(3)	char(3)	Up to 3 occurrences, new name and values
442-E7	char(9)	char(11)	New size and values
443-E8	new	char(9)	New field with up to 3 occurrences
462-EV	char(13)	char(12)	Replaces last 11 characters of 416 PA/MC Code Number. Set default value?
472-6E	new	char(16)	New field with up to 3 payer occurrences with up to 5 3-char reject code occurrences each
492-WE	new	char(2)	New field
505-F5	char(7)	char(9)	New size and format
506-F6	char(7)	char(9)	New size and format
507-F7	char(7)	char(9)	New size and format
509-F9	char(7)	char(9)	New size and format
518-FI	char(7)	char(9)	New size and format
531-FV	char(6)	char(11)	New size and format. Set by UniDUR based on 442-E7 Quantity Dispensed in claim history.
558-AW	char(7)	char(9)	New size and format