

# Unisys Health-PAS-Rx Edit Codes, Definitions, and Actions

Rational Drug Therapy Program Telephone = 800-847-3859

Point of Sale (POS) Help Desk = Option 1

Prior Approval = Option 2

Provider Services = Option 3

Edit	Unisys Returned Text	Edit Description	Override by:	Pharmacy Action
202	NDC Not Covered	Product/Service Not Covered	None	Check member's benefit plan**
205	Needs PA	Prior Approval Required	RDTP	Call RDTP (3 day emergency supply can be given)*
7007	Medicare Eligible	Medicare is primary payer on this product	Help Desk	Pharmacy must bill Medicare**
7011	Other Payer first	Submit to Other Payer first	Help Desk	Check Insurance coverage-Resubmit to primary insurer. **
7018	Generic Required	Generic Drug Required	None	Pharmacy must submit a NDC labeled as generic –or select DAW**
7026	Exceeds Max QTY	Quan dispensed exceeds max allowed	Help Desk	Reduce quantity to amount of Rx remaining. Inform Prescriber**
7043	Prescriber ID Qualifier	The prescriber ID qualifier code is required but has not been entered	None	Enter value of 12 in Prescriber ID Qualifier field; Prescriber DEA# must also be submitted.
7054	File Hospice	Submit Bill To Other Payer (Hospice)	None	Check Insurance coverage-Resubmit to primary **
7064	Invalid date of birth	DOB must be submitted and match card DOB	None	Correct DOB and resubmit
7067, 7069, 7071, 7073, 7075	Sev 1-Help Desk	DUR Reject Error Severity 1 (DD=Drug-Drug, TD=Therapeut. Dup, ID=Ingred. Dup, ER=Over-Use, LR=Under Use)	Help Desk	Call POS Help Desk**
7079	DUR: High Dose	RxDUR High Dose Alert	Pharmacist	Recheck dosage with prescriber; enter DUR/PPS codes and resubmit
7092	DESI Not Covered	DESI drug not covered	None	DESI drugs are not covered-Inform prescriber/suggest change
7095	Invalid Refill	Refill limit has been met	None	Contact prescriber about new prescription
7103	Filled after Death	Date of Service After Date of Death	Help Desk	Check Date of Service and resubmit **
7104	No Rebate	No drug rebate agreement	None	NDC not covered-Select manufacturer with signed rebate **
7106, 7160	NDC excluded	Drug categorically removed	None	NDC not covered**
7107, 7161	Lot Termed	Lot terminated	Help Desk	Provide label with valid exp date and Help Desk will contact Unisys Pharmacy Benefit Manager for approval, or submit another NDC **
7111	Gender Restriction	Product Not Covered-Gender	Help Desk	Inform prescriber of edit-If still desired call POS Help Desk. **
7121	Lock-In	Recipient Locked In	None	Patient locked into a pharmacy-Must use that pharmacy**
7137	Not Eligible on DOS	Member not eligible on Date of Service	None	Check Card or call Unisys Provider Services at 888-483-0793 **
7148, 7152	No Fill-Schedule NDC	Refill Too Soon; no Lost or Stolen supply without approval from Help Desk	Help Desk	Controlled Drug- contact POS Help Desk*
7155	Exceeds Max Days	Days Supply Limitation For Product	Help Desk	Review Medicaid Limits-Inform prescriber **
7162	NDC Not Active	NDC not activated-compound drug	None	NDC not activated**
7166	1st NDC-No Rebate	No drug rebate agreement Cmpd drug	None	NDC not covered-Select manufacturer with signed rebate **
7167	1st NDC-DESI	DESI drug not covered-compound drug	None	DESI drugs are not covered-Inform prescriber/suggest change
7184	Refill Too Soon	Refill Too Soon	Help Desk	Call POS Help Desk**
7196	Qty Remaining is 0.0	Sum of Rx Qty exceeded in Rx time span	Help Desk	No quantity remaining on RX -Contact prescriber for new RX**
7202, 7203, 7204, 7205, 7206	Sev 2 DUR/PPS	DUR Reject Error Severity 2 (DD=Drug-Drug, TD=Therapeut. Dup, ID=Ingred. Dup, ER=Over-Use, LR=Under Use)	Pharmacist	Inform Prescriber; enter appropriate DUR codes and resubmit**
7208	Re-Sub w/QTY DISP NOT EXCEEDING:xxx.xx units	Insulin user max units limitations; Diabetic Supplies	Help Desk	Review Medicaid Limits-Inform prescriber**
7209	QTY REMAINING IS 0.0 UNITS	Insulin user sum of qty disp in Rx time span exceeds limits; Diabetic Supplies	Help Desk	Reduce quantity to amount of Rx remaining. Inform Prescriber**

## Rules for Compound Prescriptions

The West Virginia Health PAS-Rx Pharmacy POS will accept compound prescriptions for any dollar amount. The following apply to a compound transaction:

- Up to 25 ingredients can be submitted.
- NDC of primary ingredient to be listed **FIRST**, i.e. key or most significant ingredient based on high unit price or need for prior authorization. Primary ingredient NDC used for claim reversal. **FIRST** ingredient **MUST** be covered by Medicaid, Rebateable, and Configured in Unisys database.
- Secondary ingredients are listed in any order and can be a covered drug, OTC, DESI.
- For each ingredient in the compound, include Product ID (NDC), ingredient quantity and ingredient drug cost.
- Each covered ingredient will be reimbursed at the lower of
  - (1) usual and customary as submitted,
  - (2) Federal Upper Limit or Medicaid Average Wholesale Price (AWP), if applicable, or
  - (3) AWP-12%. A dispensing fee (currently \$4.90) will be applied to the total compounded ingredient cost.
- Ingredients without a rebate agreement will be reimbursed at \$.00.
- DESI ingredients will be reimbursed at \$.00.
- The following codes may be required in the appropriate fields corresponding to the pharmacy's desktop software:

Product/Service ID Qualifier	00	Compound
Product/Service ID	0	Compound
Compound Code	2 – Compound	Required when value is 2 - Compound

### NCPDP Field Name Codes

NCPDP Field Name	Code
BIN Number (WV Medicaid)	610164
Pregnancy Indicator	Blank = Not Specified      1 = Not Pregnant      2 = Pregnant
Dispense As Written (DAW)	0 = Default, No Product Selection Indicated      1 = Physician Directed Dispense As Written (DAW)
	4 = No Generic Available      5 = Brand Dispensed as Generic
	6 = Labeled as Generic; First Data Bank indicated Brand Priced
Submission Clarification Code	99 = Emergency 3 Day Supply

### DUR / PPS CODES

DUR Conflict Codes					
CH Call Help Desk	DI Drug Incompatibility	LD Low Dose Alert	PA Drug-Age Alert		
DA Drug Allergy	ER Over-Use Alert	LR Under Use Precaution	PG Drug-Pregnancy Alert		
DD Drug-Drug Interaction	HD High Dose Alert	MX Maximum Duration	SX Drug Gender Alert		
	ID Ingredient Duplication		TD Therapeutic Duplication		
Intervention Codes					
Code	Meaning	Code	Meaning	Code	Meaning
MO	MD Interface	RO	Pharmacist Review	PO	Patient Interface
DUR Outcome Codes					
Code	Meaning	Code	Meaning	Code	Meaning
1A	Filled - False Positive	1D	Filled - Different Directions	2A	Not Filled
1B	Filled As-Is	1F	Filled – Different Quantity	2B	Not Filled – Directions Clarified
1C	Filled - Different Dose	1G	Filled After Prescriber Approval		