MOLINA®
Medicaid Solutions

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

July 11, 2017
Version 23.0

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

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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
04/18/2012	Added new EOB code 555 Submit Claim to LBHP SMO	Karyn Grimes
07/02/2012	Added new EOB code 101 NDC Price Missing Also added new EOB 463 "Drug Does Not Need Override"	Karyn Grimes
09/28/2012	Added new EOB code 507 Submit to recipients prepaid plan	Karyn Grimes
03/18/2013	Added note to appendix D regarding edits not found in this document.	Karyn Grimes
6/28/2013	Added new EOB 697 Exceeds Maximum Duration of Therapy. MD must contact ULM-PA Operations. The corresponding Edit code is 75 Prior Authorization Required.	Karyn Grimes
11/19/2013	Add EOBs 141 - REFILL NOT FILLED WITHIN 12 MONTHS and 422 - NEW PRESCRIPTION NOT FILLED WITHIN 12 MONTHS OF DATE PRESCRIBED to edit code M4	Karyn Grimes

03/24/2014	For LIFT 9287:
	    Add EOB 052: EXCEEDS 12 MONTH QTY FOR
	    HYDROCODONE. PLEASE HAVE THE MD FAX
	    THE OVERRIDE FORM TO 866-797-2329.
	For LIFT 9376:
	    EOB 066: CLINICAL PRE-AUTHORIZATION
	    REQUIRED. PLEASE HAVE THE MD FAX THE
	    FORM TO 866-797-2329.
		Karyn Grimes

06/24/2014	For LIFT 9287: Add EOB 140 – "Therapeutic Duplication-Different Prescriber"	Daniel Caldwell
08/12/2014	For LIFT 9646: Add EOB 311 – "NEW SCHEDULE 2 PRESCRIPTION NOT FILLED WITHIN 3 MONTHS OF PRESCRIPTION DATE"	Daniel Caldwell

10/08/2014	For LIFT 9278 ICD10:
	  - Add new EOB 152: Invalid diagnosis qualifier for
	    date of service
	For LIFT 9472 Local Sales Tax:
	  - Add new EOB 283: Sales taxes not present on RX
	    claim with TPL
		Karyn Grimes

11/25/2014	For LIFT 9561 – Sleep Disorders Edits on Provigil and Nuvigil – modify EOB 531 so it is NOT specific to a certain drug.	Karyn Grimes

12/08/2014	For LIFT 9813 – Negative TPL Amounts
	  Added: EOB 315 / NCPDP Edit DV
	For LIFT 9687 – Lidoderm edits
	  Added: EOB 153 / NCPDP Edit 76
		Karyn Grimes

1/29/15	Modifications to match messages to POS real time message being sent Also for LIFT 9603 - Atypical Antipsychotic Agents Added: EOB 325 / NCPDP Edit 88	Karyn Grimes
6/1/2015	LIFT 9961 – add EOB 346	Karyn Grimes
7/14/15	Modify newly added EOB 346 to add 'MEDICARE'.	Karyn Grimes
7/20/2015	LIFT 9916 - Add EOB 421	Karyn Grimes
9/22/2015	LIFT 10231 – Add EOB 354	Karyn Grimes
5/9/2016	LIFT 10264 – Add EOB 668	Karyn Grimes
3/6/2017	LIFT 10711 – Add EOB 305	Dan Caldwell
6/2/2017	LIFT 10921 – Add EOB 062	Dan Caldwell
7/11/2017	LIFT 10711 – Add EOB 322	Dan Caldwell
7/11/2017	LIFT 10839 – Add EOB 449	Dan Caldwell
7/11/2017	LIFT 10439 – Add EOB 928	Dan Caldwell

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APPENDIX A - Pharmacy Point of Sale Agreement**

<div align="center">

STATE OF LOUISIANA
MEDICAID PHARMACY POINT OF SALE AGREEMENT

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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/Emdeon   ❑ NDC/Relay Health   ❑ 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 Molina Medicaid Solutions corresponding three-digit EOB code. Claims generating these reject codes must be corrected and resubmitted by the pharmacy.

Please note that this document only lists values for the fields required or used by LA. For values or fields not found in this document please refer to the NCPDP Telecommunication Standard Implementation Guide D.0 or the NCPDP External Code List.

NCPDP Reject Code	NCPDP Reject Code Description	LAMMIS EOB	EOB DESCRIPTION
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	463	Drug does not need override
25	M/I Prescriber ID	489	Provider type/Specialty not authorized to prescribe
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 or 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

NCPDP Reject Code	NCPDP Reject Code Description	LAMMIS EOB	EOB DESCRIPTION
41	Submit Bill To Other Processor Or Primary Payer	346	Bill Medicare B for qualified service otherwise part D
41	Submit Bill To Other Processor Or Primary Payer	434	Bill Medicare Nebulizer
41	Submit Bill to Other Processor or Primary Payer	535	Bill Medicare part D
41	Submit Bill to Other Processor or Primary Payer	536	Bill Medicare part B carrier
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	Recip not on file copy card & submit DOB
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	NPI submitted has not been registered with Louisiana Medicaid
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	Sex restrict check NDC/Rec # submit sex
62	Patient/Card Holder ID Name Mismatch	217	Name/#mismatch [recipient name] copy card
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	Recip not eligible on DOS copy card & submit DOB
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

NCPDP Reject Code	NCPDP Reject Code Description	LAMMIS EOB	EOB DESCRIPTION
70	Product/Service Not Covered	668	Allergen extract not allowed without prior auto-injectable Epinephrine
71	Prescriber Is Not Covered	213	Prescriber not covered
71	Prescriber Is Not Covered	262	Adj requires review
71	Prescriber Is Not Covered	354	Enroll presc,call 225-216-6370
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 will require PA
75	Prior Authorization Required	485	PA Required. MD must call ULM operations staff
75	Prior Authorization Required	486	PA Expired. MD must call ULM operations staff
75	Prior Authorization Required	487	Emer ovrd of drug that reqs PA
75	Prior Authorization Required	697	Exceeds Maximum Duration of Therapy. Please have MD fax override form to 866-797-2329
76	Plan Limitations Exceeded	062	Quantity Exceeds Max-MD Fax Opioid Analgesic Treatment Worksheet to 866-797-2329
76	Plan Limitations Exceeded	153	Quantity exceeds max, MD to fax override form to 866-797-2329
76	Plan Limitations Exceeded	457	Quantity exceeds maximum
76	Plan Limitations Exceeded	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	650 Admn/Ingre cutback applied
78	Cost Exceeds Maximum	660	Payment reduced to LMAC maximum
78	Cost Exceeds Maximum	918	Payment reduced by TPL
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	Dup of icn/prov/recp/dos/ndc/rxno/refil
83	Duplicate Paid/Captured Claim	893	Suspect dup of icn/prov/recip/dos/ndc/gcnseq [variable data here]
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	Claim cannot be reversed due to previous

NCPDP Reject Code	NCPDP Reject Code Description	LAMMIS EOB	EOB DESCRIPTION
			adjustment, call 1-800-437-9101
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	Prescription has already been voided for provider/rx number/date of service
87	Reversal Not Processed	799	Orig prescription not found using provider/rx number/date of service
88	DUR Reject Error	052	Exceeds 12 month quantity for hydrocodone. Please have the MD fax the override form to 866-797-2329
88	DUR Reject Error	066	Clinical pre-authorization required. Please have the MD fax the form to 866-797-2329
88	DUR Reject Error	140	Therapeutic Duplication-Different Prescriber
88	DUR Reject Error	305	Over120 MME/day – MD Fax Opioid Analgesic Treatment Worksheet to 1-866-797-2329
88	DUR Reject Error	322	>120 MME/day – Pharmacist Override Allowed After Review
88	DUR Reject Error	325	Exceeds max daily dose, MD fax override form to 866-797-2329
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	449	Requires prior use of drugs in 2 classes: CA BLOCKER, AR BLOCKER, DIURETIC
88	DUR Reject Error	471	Drug-Drug Interaction
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	High-Dose exceeds max daily
88	DUR Reject Error	531	Drug use not warranted
88	DUR Reject Error	656	Exceed max duration of therapy
9B	Reason For Service Code Value Not Supported	479	RX does not require DUR conflict code
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

NCPDP Reject Code	NCPDP Reject Code Description	LAMMIS EOB	EOB DESCRIPTION
AE	QMB (Qualified Medicare Beneficiary)- Bill Medicare	330	Recipient not Medicaid eligible
AG	Days Supply Limitation For Product/Service	436	Days supply exceeds 100
BB	Diagnosis code qualifier submitted not covered	152	Invalid diagnosis qualifier for date of service
CB	M/I Cardholder First Name; M/I Cardholder Last Name	023	Missing recipient name or initial
DN	M/I Basis Of Cost	101	NDC does not have a reimbursement rate on file, please call Myers and Stauffer at 1-800-591-1183 for assistance
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
DV	M/I Other Payer Amount Paid	283	Sales taxes not present on RX claim with TPL
DV	M/I Other Payer Amount Paid	315	Negative TPL amount is invalid
DX	M/I Patient Paid Amount Submitted	662	Copay reduced
DX	M/I Patient Paid Amount Submitted	928	Paid Patient Responsibility Amt Per the EOB
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 Quantity Dispensed	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 or invalid PA/MC code and number
EY	M/I Provider ID Qualifier	509	Missing/Invalid Service Provider ID Qualifier
EZ	M/I Prescriber ID Qualifier	497	497 M/I Prescriber ID qualifier
HA	M/I Flat Sales Tax Amount Submitted	421	Provider fee must be submitted as $0.10
M1	Patient not Covered in this Aid Category	388	Recipient not covered for this drug
M1	Patient not covered in this aid category	507	Please bill claims to [plan]
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
M1	Patient not covered in this aid category	555	Submit Claim to LBHP SMO
M2	Recipient Locked In	218	Recipient provider restriction
M2	Recipient Locked In	389	Recipient pharmacy restricted
M4	Prescription/Service Reference Number/Time Limit Exceeded	141	Refill not filled within 12 months
M4	Prescription/Service Reference	311	New Schedule 2 Prescription not filled within

NCPDP Reject Code	NCPDP Reject Code Description	LAMMIS EOB	EOB DESCRIPTION
	Number/Time Limit Exceeded		3 months of Prescription Date
M4	Prescription/Service Reference Number/Time Limit Exceeded	422	New prescription not filled within 12 months of date prescribed
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
M4	Prescription/Service Reference Number/Time Limit Exceeded	498	Number of prescriptions greater than limit
M4	Prescription/Service Reference Number/Time Limit Exceeded	577	577 Prescription exceeds 4 rxs
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	Calculated amount > 9999.00; submit hardcopy
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

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
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
052	Exceeds 12 month quantity for hydrocodone. Please have the MD fax the override form to 866-797-2329	88	DUR Reject Error
062	Quantity Exceeds Max-MD Fax Opioid Analgesic Treatment Worksheet to 866-797-2329	76	Plan Limitations Exceeded
066	Clinical pre-authorization required. Please have the MD fax the form to 866-797-2329	88	DUR Reject Error
089	Missing/Invalid Incentive Amount	E3	Missing/Invalid Incentive Amount Submitted
099	Item covered under DME only	70	Product/Service Not Covered
101	NDC does not have a reimbursement rate on file, please call Myers and Stauffer at 1-800-591-1183 for assistance	DN	M/I Basis Of Cost
120	Metric error quantity	E7	M/I Quantity Dispensed
121	NPI submitted has not been registered with Louisiana Medicaid	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
140	Therapeutic Duplication-Different Prescriber	88	DUR Reject Error
141	Refill not filled within 12 months	M4	Prescription/Service Reference Number/Time Limit Exceeded
149	DESI ineffective-not payable	70	Product Not Covered
152	Invalid diagnosis qualifier for date of service	BB	Diagnosis code qualifier submitted not covered
153	Quantity exceeds max, MD to fax override form to 866-797-2329	76	Plan Limitations Exceeded
200	Provider not on file	50	Non-Matched Pharmacy Number

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
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	Recip not on file copy card & submit DOB	52	Non-Matched Cardholder ID
216	Recip not eligible on DOS copy card & submit DOB	65	Patient Is Not Covered
217	Name/#mismatch [recipient name] copy card	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	Sex restrict check NDC/Rec # submit sex	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
280	Manual price pending	84	Claim Has Not Been Paid/Captured
283	Sales taxes not present on RX claim with TPL	DV	M/I Other Payer Amount Paid
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
305	Over 120 MME/day – MD Fax Opioid	88	DUR Reject Error

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
	Analgesic Treatment Worksheet to 1-866-797-2329		
311	New Schedule 2 Prescription not filled within 3 months of Prescription Date	M4	Prescription/Service Reference Number/Time Limit Exceeded
315	Negative TPL amount is invalid	DV	M/I Other Payer Amount Paid
322	>120 MME/day – Pharmacist Override Allowed After Review	88	DUR Reject Error
325	Exceeds max daily dose, MD fax override form to 866-797-2329	88	DUR Reject Error
330	Recipient not Medicaid eligible	AE	QMB (Qualified Medicare Beneficiary)-Bill Medicare
346	Bill Medicare B for qualified service otherwise part D	41	Submit Bill To Other Processor Or Primary Payer
354	Enroll presc,call 225-216-6370	71	Prescriber Is Not Covered
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
421	Provider fee must be submitted as $0.10	HA	M/I Flat Sales Tax Amount Submitted
422	New prescription not filled within 12 months of date prescribed	M4	Prescription/Service Reference Number/Time Limit Exceeded
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

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
448	Need transplant date	M5	Requires Manual Claim
449	Requires prior use of drugs in 2 classes: CA BLOCKER, AR BLOCKER, DIURETIC	88	DUR Reject Error
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	Plan Limitations Exceeded
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
463	Drug does not need override	22	M/I Dispense As Written (DAW)/Product Selection Code
465	Invalid NDC - not available	77	Discontinued Product ID Number
466	Fertility prep hardcopy required	M5	Requires Manual Claim
471	Drug-Drug Interaction	88	DUR Reject Error
472	Manufacturer not in rebate	AC	Product Not Covered Non-Participating Manufacturer
479	RX does not require DUR conflict code	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 will require PA	75	Prior Authorization Required
485	PA Required. MD must call ULM operations staff	75	Prior Authorization Required
486	PA Expired. MD must call ULM operations staff	75	Prior Authorization Required
487	Emer ovrd of drug that reqs PA	75	Prior Authorization Required
489	Provider type/Specialty not authorized to prescribe	25	M/I Prescriber ID
491	Invalid prescriber number	25	M/I Prescriber ID

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
497	497 M/I Prescriber ID qualifier	EZ	M/I Prescriber ID
498	Number of prescriptions greater than limit	M4	Prescription/Service Reference Number/Time Limit Exceeded
507	Please bill claims to [plan]	M1	Patient not covered in this aid category
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	Claim cannot be reversed due to previous adjustment, call 1-800-437-9101	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	High-Dose exceeds max daily	88	DUR Reject Error
530	Recipient was reimbursed for this service	83	Duplicate Paid/Captured Claim
531	Drug use not warranted	88	DUR Reject Error
535	Bill Medicare part D	41	Submit Bill to Other Processor or Primary Payer
536	Bill Medicare part B carrier	41	Submit Bill to Other Processor or Primary Payer
537	Educational – OBRA 90 excluded drug	76	Plan Limitations Exceeded
555	Submit Claim to LBHP SMO	M1	Patient not covered in this aid category
575	Missing or Invalid diagnosis code	39	M/I Diagnosis Code
576	Missing or invalid PA/MC code and number	EU	M/I Prior Authorization Type Code
577	577 Prescription exceeds 4 rxs	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	650 Admn/Ingre cutback applied	78	Cost Exceeds Maximum
656	Exceed max duration of therapy	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	Allergen extract not allowed without prior auto-injectable Epinephrine	70	Product/Service Not Covered
697	Exceeds Maximum Duration of	75	Prior Authorization Required

LAMMIS EOB	EOB DESCRIPTION	NCPDP Reject Code	NCPDP Reject Code Description
	Therapy. Please have MD fax override form to 866-797-2329		
796	Adjudicated/void billing provider mismatch	87	Reversal Not Processed
797	Duplicate Adjustment Records Entered – (deny)	87	Reversal Not Processed
798	Prescription has already been voided for provider/rx number/date of service	87	Reversal Not Processed
799	Orig prescription not found using provider/rx number/date of service	87	Reversal Not Processed
843	Dup of icn/prov/recp/dos/ndc/rxno/refil	83	Duplicate Paid/Captured Claim
893	Suspect dup of icn/prov/recip/dos/ndc/gcnseq [variable data here]	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
928	Paid Patient Responsibility Amt Per the EOB	DX	M/I Patient Paid Amount Submitted
932	Please bill third party carrier first	41	Submit Bill to Other Processor or Primary Payer
966	Calculated amount > 9999.00; submit hardcopy	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)
  - o 304-C4 Date of Birth *
  - o 305-C5 Gender Code
  - o 311-CB Patient Last Name *
  - o 442-E7 Quantity Dispensed *
  - o 403-D3 Fill Number
  - o 405-D5 Days Supply *
  - o 406-D6 Compound Code
  - o 408-D8 Dispense as Written
  - o 414-DE Date Prescription Written *
  - o 409-D9 Ingredient Cost
  - o 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.