

Appendix S

PDCS Provider Claim Report Messages

Edit Number	Description
PBAB	<i>The date the prescription was written is greater than the date of service.</i>
PBCA	<i>The patient's first name is missing or invalid</i>
PBCB	<i>The patient's last name is missing or invalid</i>
PBDC	<i>The dispensing fee is missing and the dispensing status is blank or partial.</i>
PBDQ	<i>The usual and customary charge is missing.</i>
PBDT	<i>The unit dose indicator is missing or invalid.</i>
PBDV	<i>Other insurance indicator value needs other payor denial date and other amount paid</i>
PBDX	<i>The patient paid amount submitted is not numeric or patient paid amount is numeric and is greater than \$0.00 and less than \$2.00.</i>
PBDY	<i>The claim is a worker's compensation claim and the date of injury is missing (zeros).</i>
PBDZ	<i>The claim is a worker's compensation claim and the claim/reference ID is missing (spaces)</i>
PBED	<i>The compound ingredient quantity is missing</i>
PBEE	<i>The compound ingredient drug cost is missing or invalid</i>
PBEF	<i>The compound dosage form description code does not match the valid values specified for the field.</i>
PBEG	<i>The compound unit form indicator does not match valid values specified for the field.</i>
PBEH	<i>The compound route of administration is present but does not match one of the valid values specified for the field</i>
PBEN	<i>The associated prescription/service reference number is missing on a reversal for a completion transaction.</i>
PBEP	<i>The associated prescription/service date is missing on the reversal of a completion transaction</i>
PBET	<i>The quantity prescribed is missing</i>
PBEU	<i>The prior authorization type code does not match one of the valid values specified for the field or the prior auth type code is missing and the prior authorization number is present.</i>
PBEV	<i>The prior authorization number is missing and the prior authorization type code = 'PA'.</i>
PBE4	<i>Missing/Invalid reason for service code</i>
PBE5	<i>Missing/Invalid professional service code</i>
PBE6	<i>Missing/Invalid result of service code</i>
PBE7	<i>The quantity dispensed is missing or invalid</i>
PBE8	<i>Other amount or other payor date not present with other insurance indicator</i>
PBHA	<i>The flat sales tax submitted is missing and the percentage sales tax is missing</i>
PBHC	<i>The other payer amount paid qualifier is missing and the other payer amount paid is greater than zero. The other payer paid qualifier does not match one of the valid values specified.</i>
PBHD	<i>The dispensing status is missing and the quantity intended to be dispensed is greater than zero or day supply intended to be dispensed is greater than zero. The dispensing fee is invalid. The compound code is equal to '2' and dispensing status is equal to 'C'.</i>
PBHF	<i>The quantity intended to be dispensed is missing and the dispensing status is equal to 'P' or 'C'. Quantity intended to be dispensed is greater than zero, but the dispensing status does not indicate 'P'.</i>
PBHG	<i>The day supply intended to be dispensed is missing and the dispensing status indicates a partial fill. The day supply intended is greater than zero, but the dispensing status does not indicate a partial fill.</i>
PBIC	<i>NCPDP 5.1 compounds are not supported</i>
PBIM	<i>Multiple ingredient compounds are not supported</i>
PBIP	<i>P4 transactions are not supported</i>

Edit Number	Description
PBI3	<i>NCPDP version 3.2, 3a, 3b, or 3c not supported by this client</i>
PBI5	<i>NCPDP version 5.1 is not supported by this client</i>
PBM2	<i>The recipient is locked into a particular pharmacy</i>
PBM4	<i>Prescription number/time limit exceeded. Used to indicate that a UKHMO patient</i>
PBM5	<i>Requires manual claim</i>
PBPE	<i>Data validation - other insurance indicator = '2' - '8' and the number of submitted COB segments = '0'</i>
PBPV	<i>Non-matched association prescription/service date</i>
PBP1	<i>Associated prescription number not found</i>
PBP6	<i>The date of service on the claim is prior to the client's date of birth</i>
PBRB	<i>Multiple partials are not allowed</i>
PBRC	<i>Different drugs specified on partial and completion</i>
PBRD	<i>Mismatched clients specified for partial/completion</i>
PBRF	<i>Improper order of 'Dispensing Status' code on partial fill transaction</i>
PBRG	<i>The prescription number on completion is missing or invalid</i>
PBRH	<i>Missing/Invalid associated prescription/service date on completion transaction</i>
PBRK	<i>Partial fill transaction not supported</i>
PBRM	<i>Completion date of service matches partial date of service</i>
PBRN	<i>The quantity intended to be dispensed received on a claims segment with a 'P' dispensing status exceeds the maximum submitted qty/days limits on the plan for which the participant is eligible.</i>
PBRP	<i>A reversal for a partial fill transaction was submitted before the complete transaction was reversed</i>
PBRU	<i>A segment of any type was received with an optional field(s) preceding the mandatory field(s)</i>
PBR5	<i>The product/service ID on the claim segment was not zero when the production/service ID qualifier indicated that the claim was for DUR/PPS</i>
PBTE	<i>The compound product ID is missing (spaces).</i>
PB01	<i>Bin number on the incoming NCPDP transaction is not present or is an incorrect</i>
PB02	<i>The specified NCPDP version number is missing or is not a valid value</i>
PB03	<i>The transaction code on the incoming NCPDP transaction is either missing and/or invalid</i>
PB04	<i>The processor control number on the NCPDP transaction is either missing or is invalid</i>
PB05	<i>The NABP number identifying the pharmacy is missing or is invalid.</i>
PB06	<i>The NCPDP group number field, which contains the Xerox State Healthcare client number and group number is missing or invalid</i>
PB07	<i>The participant identification number is missing or is invalid.</i>
PB08	<i>The person number identifying the person receiving the prescription is either missing or invalid</i>
PB09	<i>The date of birth of the participant on the claim is missing or invalid.</i>
PB10	<i>The participant sex code is missing or is invalid.</i>
PB11	<i>The relationship code is missing or is invalid.</i>
PB12	<i>Customer location is missing or is invalid.</i>
PB13	<i>The dependent's coordination-of-benefits code indicates that the client's</i>
PB14	<i>The eligibility override code is missing or invalid.</i>
PB15	<i>The date filled is missing or invalid.</i>
PB16	<i>The prescription number is missing or invalid.</i>
PB17	<i>The new-refill code is missing or invalid.</i>
PB18	<i>The submitted metric quantity for the prescription is missing or is invalid.</i>

Edit Number	Description
PB19	<i>The submitted days supply is missing or invalid.</i>
PB2C	<i>The pregnancy indicator is missing or it does not match one of the valid values specified for the field</i>
PB20	<i>The compound code for the prescription is missing or is invalid.</i>
PB21	<i>The national drug code on the prescription is missing or invalid</i>
PB22	<i>Generic drug required</i>
PB23	<i>The prescription ingredient cost is missing or is invalid.</i>
PB24	<i>The sales tax field on the prescription is missing or is invalid.</i>
PB25	<i>The prescriber's ID number is missing or invalid.</i>
PB28	<i>The date that the prescription was written is missing or invalid.</i>
PB29	<i>Missing/invalid number of refills authorized.</i>
PB3B	<i>The request begin date is missing or invalid</i>
PB3C	<i>The request end date is missing or invalid</i>
PB3D	<i>The basis of request is missing or it does not match one of the valid values specified for the field</i>
PB3S	<i>The prior authorization supporting documentation test field is missing</i>
PB30	<i>The prior authorization/medical certification code is missing or is invalid.</i>
PB32	<i>The level of service is missing or is invalid.</i>
PB33	<i>The prescription origin code is missing or is invalid.</i>
PB34	<i>The submission clarification code (drug Rx override code) is not equal to valid values '00' - '09' or '99'</i>
PB35	<i>The primary prescriber field is missing or is invalid.</i>
PB40	<i>The provider is not eligible for the network on the date of service.</i>
PB41	<i>The member's COB code on the participant information screen indicates other primary insurance</i>
PB5C	<i>The other payer coverage type (COB hierarchy) is missing or does not match one of the valid values specified for the field</i>
PB50	<i>NABP provider number or group number missing/invalid</i>
PB51	<i>Either the client number or the group number specified is not known to the system</i>
PB52	<i>The participant specified cannot be found in the system.</i>
PB53	<i>The member number is not found in the employee's participant eligibility record.</i>
PB54	<i>The national drug code for the prescription is not on file.</i>
PB55	<i>Non-match product package size.</i>
PB56	<i>Prescribing provider not authorized for this patient (Lock-in Program).</i>
PB6C	<i>The other payer ID qualifier is missing or invalid</i>
PB60	<i>Patient age is below the minimum age as set on the plan custom file</i>
PB61	<i>Drug not covered for patient sex as set on the plan custom file</i>
PB65	<i>The participant is not eligible on the date the prescription was filled</i>
PB66	<i>For chronic conditions only, a prior authorization required; for acute conditions, this item is not a covered benefit.</i>
PB67	<i>The prescription was filled before the participant's coverage is effective</i>
PB69	<i>The date filled is after the participant has been terminated from the plan.</i>
PB70	<i>Drug not covered because: 1) DESI drug (Medicaid & selected plans,2) no signed rebate</i>
PB73	<i>The number of refills exceeds the number of refills allowed by the plan.</i>
PB74	<i>Other carrier payment exceeds payable</i>
PB75	<i>Prior authorization required. Call 1-800-365-4944.</i>
PB76	<i>Plan limitation exceeded. Clients can call 1-800-221-3943 with questions or information about appeal rights. For 76w, days supply is greater than 3 days.</i>

Edit Number	Description
PB77	<i>The national drug code on the prescription has been discontinued</i>
PB78	<i>Submitted charge for a compound drug exceeds the maximum amount set on the group</i>
PB79	<i>This claim is being refilled too soon (including the allowable grace period)</i>
PB81	<i>120 days from dispense date to transmit claim.</i>
PB82	<i>The prescription's date filled falls after the date the claim was received</i>
PB83	<i>The claim is either an exact or possible duplicate of a previously paid claim.</i>
PB84	<i>The previously paid prescription to reverse or rebill (version 3.2 only) has not been paid/captured</i>
PB85	<i>Claim not processed because (1) related history entries exceeded for claim or the member id number on the claim or adjustment being processed is currently being updated by system process</i>
PB86	<i>The reversal (credit) or the rebill (adjustment, version 3.2 only) exceeds filing limit</i>
PB87	<i>The prescription to be reversed (credited) or adjusted (re-billed) has already been reversed (credited) or adjusted (re-billed)</i>
PB88	<i>Drug utilization limits exceeded or in conflict.</i>
PB89	<i>Rejected claims fees paid</i>
PB91	<i>Host response error</i>
PB92	<i>System or host is unavailable.</i>
PB99	<i>Host processing error</i>

Appendix S Revisions Log

Revision Date	Appendix	Pages	Made by
<i>02/09/2007</i>	<i>Replaced PDCS Provider Claim Report Messages</i>	<i>All</i>	<i>jpg</i>

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above, are the page numbers on which the updates/changes occur.