Humana Pharmacy Solutions® audit discrepancy code list

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
BMN (Dispense as written—DAW)	Brand medication billed with DAW1 code, but prescriber's attestation of "Dispense as Written" not documented or stated on prescription.	Claim readjudicated with updated information	No mitigating documentation accepted, unless required by applicable law
CPDP (Compound billed incorrectly)	A compounded prescription was billed incorrectly.	Claim readjudicated with updated information	No mitigating documentation accepted
CPDW (Compound worksheet required)	Compound worksheet required for validation.	Claim reversal	Compound worksheet with ingredients listed (NDC, quantity)
DDB (Different drug billed)	Pharmacy billed for a medication different from the one ordered by the prescriber with no documentation on prescription or member profile.	Claim readjudicated with updated information	Documentation supporting value submitted
DDB-P (Different drug billed penalty)	Pharmacy billed for a medication different from the one ordered by the prescriber. Humana will update the claim with the correct information and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
DEA (No Drug Enforcement Agency number)	The hard-copy or electronic prescription prescription does not contain a DEA number (Class II to Class V drugs only).	Claim reversal	No mitigating documentation accepted
DID (Wrong prescriber)	Incorrect prescriber billed or inappropriate use of prescriber ID and pharmacy unable to provide the correct prescriber ID.	Claim reversal	Documentation supporting value submitted
DID-P (Wrong prescriber penalty)	Incorrect prescriber billed or inappropriate use of prescriber ID. Pharmacy provided the correct prescriber ID in post-audit window. As a result, Humana will correct the prescriber ID and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted

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DN-1 (Wrong member billed)	The member identified on a hard-copy prescription is not the member identified on the paid claim.	Claim reversal	No mitigating documentation accepted
DUP (Duplicate claim)	Multiple claims were paid for the same prescription date of service.	Claim reversal	No mitigating documentation accepted
EQB (Exceeds quantity)	The quantity billed exceeds the quantity authorized by the prescriber or plan.	Claim readjudicated with updated information	If applicable, documentation from wholesaler showing supply issues with appropriate package size occurred at time of fill
EXP (Exceeds time limit)	The prescription was filled or refilled after it expired according to the law.	Claim reversal	An updated copy of the state code or federal regulation defining the valid length of time the prescription in question may be filled
FBW (Filled before written)	The prescription was filled before the date written on the prescription hard copy.	Claim reversal	No mitigating documentation accepted
FRD (Fabricated document)	The prescription copy presented to Humana appears to have been fabricated by the pharmacy.	Claim reversal	No mitigating documentation accepted
FTR (Failure to respond)	The pharmacy failed to respond to the audit by the specified deadline(s).	Fee equal to claim value	Tracking evidence indicating the pharmacy mailed the audit documentation prior to deadline
FTR-P (Failure to respond)	Pharmacy failed to respond to initial notification of the audit.	Administrative penalty	Not applicable
ICDP (Invalid compound)	Compound worksheet does not contain all prescription elements.	Claim reversal	Compound worksheet with ingredients listed (NDC, quantity)

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ICS-P (Package size discrepancy penalty)	The package size submitted on the claim differs from the package size dispensed by the pharmacy. Humana will correct the value and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
IDS-P (Incorrect days' supply penalty)	The days' supply value submitted by the pharmacy is not consistent with the quantity and directions. Humana will correct the value and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
IHC (Invalid hard copy)	An invalid hard-copy prescription was submitted. *Reference claim notes for specific concern.	Claim reversal	Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list
INV (No date written)	The hard-copy prescription contains no written date, as required by law.	Claim reversal	Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list
INVD (No drug name)	The hard-copy prescription does not contain the name of the drug to be dispensed, as required by law.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication
INVN (Filled member name)	The hard-copy prescription contains no member name, as required by law.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication
INVP (No doctor name or signature)	The hard-copy prescription does not identify the prescriber by name or provide a signature, as required by law.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication
INVS (No strength)	The hard-copy prescription for a drug available in more than one strength fails to identify the strength to be dispensed, as required by law.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication

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IOC-P (Incorrect origin code penalty)	The origin code submitted for the claim differs from the hard-copy prescription. Humana will correct the origin code and assess an administrative penalty.	Administrative penalty	Documentation supporting value submitted
ISLS (Invalid signature log—not signed)	An invalid signature log was submitted; signature log submitted does not contain a member signature.	Claim reversal	Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list
ISLD (Invalid signature— wrong date)	An invalid signature log was submitted; signature log submitted is for the incorrect date of service.	Claim reversal	Original signature log for the correct date of service
ISLM (Invalid signature log— missing clear link)	Delivery of medication does not show a clear link between the prescription number or medication name, member name, date of service and tracking number.	Claim reversal	Original delivery documentation, stored electronically, showing a clear link between the prescription fill and tracking number; or a member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list
ISL (Invalid signature log)	Invalid signature log was submitted. *Reference claim notes for additional information.	Claim reversal	Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list
LPU (Late pickup)	Pharmacy did not return medication to stock per pharmacy contract. *Reference claim notes for additional information.	Claim reversal	No mitigating documentation accepted, unless required by applicable law
LAWF (Law not followed)	The prescription was not filled in accordance with state or federal law. *Reference claim notes for additional information.	Claim reversal	An updated copy of the applicable state code or federal regulation with reference code number and effective date

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MP-1 (Missing prescription)	The original hard-copy prescription was not provided at the time of audit.	Claim reversal	Original prescription hard copies will be accepted for written prescriptions, faxed prescriptions, electronic prescriptions and transferred prescriptions. Telephone prescriptions will be accepted only if the prescription was originally submitted with an origin code of 2.
MSLD (Not dispensed)	Prescription was billed but not dispensed to the member. The claim is still appearing as paid in the Humana system.	Claim reversal	No mitigating documentation accepted
MSL (Missing signature log)	The original member signature log was not provided at time of the audit.	Claim reversal	Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list. If the pharmacy is located in a state that allows original documentation to be submitted, proof of delivery that ties the fill with the tracking number would also be accepted.
NQY (No quantity)	The hard-copy prescription has no ordered quantity.	Claim reversal	Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list or copy of pharmacy stored notes validating missing information and date of communication
NSI (No directions for use or use as directed)	The prescription lacks specific, calculable directions (use as directed or missing directions), missing directions or no maximum daily dosing.	Claim reversal	Prescriber statement* accepted (must include exact directions or a maximum daily dose) including all required elements listed on the last page of this discrepancy code list or copy of pharmacy stored notes validating missing information and date of communication
OK (Claim acceptable)	No discrepancy	No chargeback	No additional documentation needed

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ORX (Outdated drug)	The prescription was dispensed using an adulterated or outdated prescription drug.	Claim reversal	No mitigating documentation accepted
OTHF (Miscellaneous discrepancy)	"Other" is assessed when an issue has been cited that is not listed elsewhere on the discrepancy list. See the "comments" column of the audit results report for an explanation. *Reference claim notes for additional information.	Claim reversal	Depends upon discrepancy
OVR (Inappropriate override code)	Pharmacy submitted an incorrect override code that resulted in payment of a claim that otherwise would have been rejected.	Claim reversal	No mitigating documentation accepted
PRC-P (Patient residence code penalty)	Pharmacy submitted an incorrect patient code. Humana will correct the patient residence code and assess an administrative penalty.	Administrative penalty	Documentation supporting submitted value
PST-P (Pharmacy service type penalty)	Pharmacy submitted an incorrect pharmacy service type. Humana will correct the pharmacy service type and assess an administrative penalty.	Administrative penalty	Documentation supporting submitted value
REF-P (Fill number penalty)	Pharmacy submitted the incorrect fill number. Humana will correct the fill number and assess an administrative penalty.	Administrative penalty	Documentation supporting submitted value
RFA (Removed from audit)	This claim is removed from the audit process at this time.	No chargeback	No additional documentation needed
RXC (Altered prescription))	The prescription was altered without appropriate documentation.	Claim reversal	Prescriber statement* validating changes were authorized and appropriate including all required elements listed on the last page of this discrepancy code list or copy of the applicable state code or federal regulation with reference code number and effective date

Discrepancy code	Description	Financial outcome	Mitigating documentation*** accepted See last page of code list for additional details
SCC-P (Submission clarification code penalty)	Pharmacy provided the incorrect clarification code. Humana will correct the submission clarification code and assess an administrative penalty.	Administrative penalty	Documentation supporting submitted value
UAR (Unauthorized refill)	Prescription filled more than authorized by prescriber.	Claim reversal	Copy of pharmacy stored notes*** validating missing information and date of communication
UHC (Unclear documentation)	Pharmacy provided documentation that contained an unclear or illegible prescription or signature log image.	Claim reversal	A clear hard-copy prescription or signature log image or, if applicable, prescriber statement* validating changes were authorized and appropriate including all required elements listed on the last page of this discrepancy code list
VR (Outside scope of practice)	The prescriber ID billed belongs to a practitioner not authorized to prescribe medication.	Claim reversal	Pharmacy may provide copy of medical license from prescriber confirming license to prescribe drug, and pharmacy also must provide information verifying that the prescribed drug falls within the prescriber's scope of practice
WHC (Incorrect hard copy)	Pharmacy provided a hard-copy prescription for the incorrect date.	Claim reversal	Hard-copy prescription for the correct date or prescriber statement* validating changes were authorized and appropriate including all required elements listed on the last page of this discrepancy code list

PLEASE READ: Mitigating Documentation Section

Mitigating documentation will be accepted at Humana's discretion.

*All prescriber statements must be on a Humana Uniform Prescriber Statement. Prescriber statements submitted on other documents or forms will not be accepted. The Humana Uniform Prescriber Statement can be located at Humana.com/provider/pharmacy-resources/manuals-forms. A copy of the Humana Uniform Prescriber Statement also will be provided with the audit results.

**All member/facility statements must be a new document and must include all the following:

- 1) The patient's name and signature
- 2) A clear reference to the medication(s), or prescription number(s) and the date(s) of service
- 3) The date the patient signed the statement. If the patient is not able to sign, the name and relationship to the patient must be included with a signature. If medication is delivered to a facility, the statement must include the patient name, date(s) of service, prescription number(s), facility to which it was delivered, date of delivery, signature of the person who received the delivery and the date the member/facility signed the statement.

***Copy of pharmacy stored notes must be electronically stored and timestamped to document the approval of the prescription from the prescriber. The documentation must show that the prescription was approved by the prescriber prior to the dispense and prior to the audit. At a minimum, the documentation must include the date of approval, name of individual with whom the pharmacy spoke, and name of the pharmacist, or, where allowed by law, pharmacy technician, accepting approval.

The pharmacy has two windows (post-audit and appeal) to provide mitigating documentation for any discrepancies found during the initial audit review. Once these windows have ended, the audit will be considered closed and Humana will not accept or review any additional documentation.

Notwithstanding the foregoing, Humana will review any additional forms of mitigating documentation if required by state laws governing audits of pharmacies, unless the state law is preempted or otherwise inapplicable.

All appeals must be properly submitted on a pharmacy audit appeal form by the appeal deadline. Any appeal received after the deadline will not be reviewed and the audit will be considered closed.

Humana.

Humana reserves the right to revise these guidelines at any time at its sole discretion. For more audit-related documents, visit Humana.com/provider/pharmacy-resources/manuals-forms.