

COMMON DISCREPANCIES	EXPLANATION
Brand with generic available dispensed as DAW1 without proper documentation	Hard copy must include 'Brand Necessary' in prescribers handwriting. May be included in notes if e-prescribed. If patient requests brand, document on hard copy and use DAW 2.
Days Supply does not match the quantity prescribed and directions. Insulin, Eye Drops, Inhalers	Enter exact days supply. If claim rejects, contact PBM for assistance. Document info provided by PBM. *If the expiration date of the medication is prior to the day's supply, use the expiration date of the item as the day's supply- i.e. insulin.
Topicals without an area of application on prescription	*Medicaid* Include area of application for creams, ointments.
Directions with "UD," "PRN," "Per Sliding Scale"	Document maximum dose per day on the original prescription. Include date, RPH initials and authorizing official/patient.
Exact date prescription written not entered. System uses date filled as default for date written.	Not using the exact date written could allow refills outside the authorized time frame. (1 year for non-controlled and 6 months for controls)
Missing DEA for controls- hardcopy and telephonic	DEA should be written or pre-printed on the original prescription from prescriber and written on telephonic prescriptions taken by pharmacist.
Missing or incomplete signature logs	Include date filled and date picked up, RX number, Patient Signature- Check PBM requirements
Prescriptions picked up after 10-14 days	PBMs require RXs to be returned to stock if not picked up within "X" number of days (10-14 days generally). Depends on PBM.
Filled before date authorized	CII- "do not fill before..."
Incorrect NDC	NDC billed is not available or obsolete
Prescriptions transferred in- missing info	Must include "TRANSFER", pharmacy info, pharmacist, RX number, Orig fill date, last fill date, Authorized Refills, Remaining refills, RPH *Note State Requirements*

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MOST COMMON DISCREPANCIES	EXPLANATION
Changes to Dose/Quantity- Dispense more than authorized or less than prescribed	Any changes to prescription must be documented- date, reason, authorizing official. Example- RX written for #90- Patient requests #30. Document patient requested #30. RX written for #30 with 2 refills but requests #90, document authorizing official, date, time. Must be authorized by prescriber.
Suboxone/Subutex/Buprenorphine- missing DEA and DATA 2000 waiver ID number on prescription hard copy and phoned in prescriptions. Both numbers are required on the hardcopy.	<u>Lookup- www.samhsa.gov/bupe/lookup-form</u>
Billing for larger pack size if smaller size would be sufficient	Example- 10ml eye drop is prescribed but 5ml available and sufficient for length of treatment. Dispense 5 ml.
Billing insulin for pump use under Medicare Part D	Most plans require insulin for pumps to be billed under Medicare Part B.
Isotretinoin therapy	Must be registered with ipledge program. Must be filled within applicable time frame- 7 days or 14 days depending on male/female and ability to get pregnant. Document authorization number on prescription
Refills processed without proper documentation	Include date, time, number of refills, authorizing official, pharmacist/intern
Missing documentation for early refills, lost meds	Contact PBM for override code- Record reason, authorization code and PBM representative on prescription
Billing dummy or incorrect DEA/NPI	Bill claim with NPI/DEA of prescriber (MD, ANP, PA) not facility.
Missing Supervising Physician on e-scripts	Verify and document supervising physician if RX is prescribed by NP or PA.
Missing signature on fax authorizations	Fax authorizations must have signature of prescriber.
Missing address of patient on CII prescription	Address of the patient must be included on the original, hard-copy not just the label generated after the prescription is filled.

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