

INFSSA  
Information For Final Determination Letters

Audit Code	What Was Found	What Went Wrong	How To Fix It	Where To Look For More Information	Citation of Administrative Code
CC	Claim should be billed as a compound	The prescription was written as a compound however, the pharmacy did not bill it as a compound.	Pharmacy has the option to submit an Indiana Medicaid Compound Drug Claim Form to HMS. All refills should be corrected and billed with the appropriate compound claim indicator.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)  The Medicaid Compound Drug Claim Form, as well as detailed billing instructions, can also be found on the IHCP Web site at <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a> .	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Medical records; contents and retention
CE	Excluded from recovery per client request	N/A	No further action is required by the pharmacy.	N/A	N/A
CL	Claim does not belong to pharmacy	The pharmacy indicates that there is no record of the prescription and/or patient in their computer system.	No further action is required by the pharmacy; the claim will be recouped.	N/A	N/A
CN	Audit cancelled	N/A	No further action is required by the pharmacy.	N/A	N/A
CP	Controlled substance prescription (Schedule III and IV substances) filled more than 6 months from date written	A prescription for a controlled substance (Schedule III and IV substances) was filled and billed more than 6 months from the date written on the original prescription.	No further action is required by the pharmacy; claim will be recouped.	TITLE 21 - FOOD AND DRUGS CHAPTER 13 - DRUG ABUSE PREVENTION AND CONTROL SUBCHAPTER 1 - CONTROL AND ENFORCEMENT Part C - Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances Sec. 829. Prescriptions (b) Schedule III and IV substances	TITLE 21 - FOOD AND DRUGS CHAPTER 13 - DRUG ABUSE PREVENTION AND CONTROL SUBCHAPTER 1 - CONTROL AND ENFORCEMENT Part C - Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances Sec. 829. Prescriptions (b) Schedule III and IV substances  link: <a href="http://www.usdoj.gov/dea/pubs/csa/829.htm">www.usdoj.gov/dea/pubs/csa/829.htm</a>
CR	Claim was previously reversed by the pharmacy	N/A	No further action is required by the pharmacy; claim will be reversed.	N/A	N/A
DC	Duplicate Claim submitted (same medication, Rx number and/or date may differ)	The pharmacy previously billed the same claim twice (same medication however, Rx number and/or date may differ).	No further action is required by the pharmacy; claim will be recouped.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-1-5 Sec. 5. (a)(6)(C)

INFSSA  
Information For Final Determination Letters

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DD	Directions not documented/excessive quantity for day supply	Directions on documentation provided did not contain sufficient information to determine the quantity needed for the day supply submitted.	Obtain written verification from the prescribing physician of the directions and/or daily dose needed by the patient.	N/A	Indiana Code TITLE 12. HUMAN SERVICES ARTICLE 15. MEDICAID IC 12-15-35.5-7
DE	The prescriber DEA was either missing, incomplete or ambiguous	The prescription submitted is incomplete. The prescriber information is missing to validate it as a legitimate prescription.	The pharmacy may obtain a letter from the prescribing physician containing verification of the missing prescription element that is required.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(2)
DN	The prescriber NPI was either missing, incomplete or ambiguous	The prescription submitted is incomplete. The prescriber information is missing to validate it as a legitimate prescription.	The pharmacy may obtain a letter from the prescribing physician containing verification of the missing prescription element that is required.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(2)
DP	Single Pack item cannot be broken / incorrect days supply submitted for single pack item	The drug is packaged in a 3 month supply and the claim was not billed for a 3 month supply.	Pharmacy has the option to submit a Indiana Medicaid Drug Claim Form to HMS correcting the day supply. All refills should be corrected and billed with the correct day supply.	The Indiana Medicaid Drug Claim Form can be found on the IHCP Web site at <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a> .	N/A
DQ	Days supply and quantity changed to be consistent with plan parameters and prescriber's directions	Claims should be billed in accordance to plan's day supply allowance. The quantity and day supply were corrected by HMS to be consistent with plan parameters and prescriber's directions.	The pharmacy should correct the patient's prescription profile before submitting claims for future refills.	N/A	N/A
DR	Duplicate Rx	The pharmacy previously billed the same claim twice (same medication , same Rx number and same date).	No further action is required by the pharmacy; claim will be recouped.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES IAC 1-1-4 Sec. 4. (a)(1)
DT	Duplicate Therapy; medical justification required	Multiple claims were paid for the same patient in the same month for a drug within the same drug class.	Obtain justification from the prescribing physician of the reasons why the patient is utilizing multiple medications within the same drug class for the same indications.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-1-4 Sec. 4. (a)(1)  <b>-AND/OR-</b>  Indiana Code TITLE 12. HUMAN SERVICES ARTICLE 15. MEDICAID IC 12-15-35.5-7

INFSSA  
Information For Final Determination Letters

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DY	Incorrect days supply submitted; no recoupment however days supply changed based on Dr.'s directions	The pharmacy submitted a claim with an incorrect day supply based on the physician's directions for use.	HMS changed the days supply to correct patient's profile. Pharmacy must also correct the patient's profile.	N/A	N/A
EC	One Rx submitted with 2 different patients and/or medications	The pharmacy submitted two claims with the same prescription number however the patient ID/medications submitted are different.	Validate the claim submission to ensure the correct information was submitted. If incorrect data was submitted, the pharmacy has the option to submit an Indiana Medicaid Drug Claim Form to HMS assigning a unique Rx number.	The Indiana Medicaid Drug Claim Form can be found on the IHCP Web site at <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a> .	N/A
ED	Quantity exceeds maximum daily dose for days supply submitted	The quantity submitted exceeds the maximum daily dose for the days supply submitted and directions do not support the quantity billed.	Obtain a letter from the prescribing physician verifying the daily dosage.	N/A	Indiana Code TITLE 12. HUMAN SERVICES ARTICLE 15. MEDICAID IC 12-15-35.5-7
ER	Early refill	Pharmacy submitted a refill prior to 85% usage of the previous fill for claims adjudicated on or after 12/1/11. Claims before 12/1/11 will remain at 75%.	The pharmacy must provide justification for the early refill.	For claims with an adjudication date on or after December 1, 2011; Indiana Bulletin BT201150; <a href="http://provider.indianamedicaid.com/ihcp/Bulletins/BT201150.pdf">http://provider.indianamedicaid.com/ihcp/Bulletins/BT201150.pdf</a>	Indiana Code TITLE 12. HUMAN SERVICES ARTICLE 15. MEDICAID IC 12-15-35.5-7
FE	Claim excluded from recovery	N/A	No further action is required by the pharmacy.	N/A	N/A
ID	Drug billed is different than that dispensed/prescribed	The prescription provided reflects a drug billed/NDC submitted that is different than that prescribed.	Obtain a letter from the prescribing physician documenting the physician's authorization for the interchange of medication.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-1-4 Denial of claim payment; basis; discretion of assistant secretary (1) The services claimed cannot be documented by the provider in accordance with 405 IAC 1-5-1.
IQ	Invalid quantity billed for single package item. days supply may be incorrect	The pharmacy submitted a quantity that does not correspond to the FDB indicated quantity of the single package.	Correct the pharmacy's computer system to reflect the correct quantity for the single package item for all future fills.	N/A	N/A

INFSSA  
Information For Final Determination Letters

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IW	Quantity dispensed based on initial dose documented on Rx	The claim submitted has been submitted correctly however, HMS has identified the claim as an initial dose. HMS will examine subsequent refills to ensure the quantity submitted is based on the continuing dose and not the initial dose.	Confirm that the patient's profile has been updated so when subsequent refills are dispensed, the correct on-going dose is dispensed and billed as intended by the prescriber.	N/A	N/A
MF	Faxed prescription is found to be incomplete; missing required fax elements	The hardcopy prescription is identified as a facsimile and is missing one or more of the required facsimile elements to constitute a valid prescription.	The pharmacy should obtain a new written prescription  <b>-OR-</b> A letter from the prescribing physician obtaining verification of the authorization of prescription.	856 IAC 1-31-2  <b>-OR-</b> Information Maintained by the Office of Code Revision Indiana Legislative Services Agency Article 26 (www.in.gov/legislative/ic/code/title25/)	Indiana Board of Pharmacy Law, 856 IAC 1-31-2
MR	The hard copy prescription is not on file at the time of the on-site audit.	The pharmacy failed to provide photocopies of the requested prescriptions.	A copy of the original prescription written on the prescribing providers' Rx blank that contains all required prescription information including specific directions of use and correct date prescribed.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-2 Sec. 2.
NA	No Adjustment	N/A	No further action is required by the pharmacy.	N/A	N/A
ND	Package size submitted does not match Package size dispensed	The pharmacy billed the wrong NDC number for the package size used to fill the prescription.	Pharmacy has the option to submit a Indiana Medicaid Drug Claim Form to HMS using the correct NDC number. All refills should be corrected and billed with the correct NDC number.	The Indiana Medicaid Drug Claim Form can be found on the IHCP Web site at www.indianamedicaid.com.	N/A
NR	Pharmacy Failed to Respond in Allotted Timeframe	The pharmacy failed to respond to audit requests and did not provide documentation required to validate claims submitted.	The pharmacy must provide copies of prescriptions and/or signature logs requested by HMS.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-2 Sec. 2.

INFSSA  
Information For Final Determination Letters

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NS	Incorrect or invalid DAW / DNS submitted	Prescription is for a Narrow Therapeutic Index (NTI) or Mental Health medication submitted with a DAW-6. The prescription does not meet DAW-6 use requirements.	<p>The prescription must be signed on the Dispense as Written line and "Brand Medically Necessary" must be handwritten by the prescriber on the hard copy prescription.</p> <p><b>-OR-</b></p> <p>Obtain a letter from the prescribing physician documenting the physician's intent to indicate Dispense as Written.</p>	Provider Bulletin BT200132	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 5-24-8 Prior authorization; brand name drugs
P	Invalid physician ID	<p>The pharmacy submitted the the ID number of a prescriber that is different from the the ID number of the prescribing physician.</p> <p><b>-OR-</b></p> <p>The pharmacy submitted an incorrect dummy ID for an out-of-state prescriber.</p>	The pharmacy has the option to submit a Indiana Medicaid Drug Claim Form to HMS with the correct provider ID number. All refills should be corrected and billed with the correct provider ID.	The Indiana Medicaid Drug Claim Form can be found on the IHCP Web site at <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a> .	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(2)
PC	Pharmacy closed/sold and Rx's are unavailable	The pharmacy has subsequently closed it's doors or sold and the prescriptions are not available for review.	No further action is required by the pharmacy; information will be submitted to INFSSA.	N/A	N/A
PE	The prescription is dated after the dispense date	Based on the documentation submitted by the pharmacy, the claim was submitted prior to receiving valid authorization from the prescribing physician.	Obtain a letter from the prescribing physician authorizing the filling of the prescription. The documentation submitted must contain all elements required on a valid prescription.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(4)

INFSSA  
Information For Final Determination Letters

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PT	Incorrect patient information submitted	The patient's name on the prescription is different than patient's name submitted on the claim. It appears that the patient's ID number was submitted incorrectly.	The pharmacy has the option to submit a Indiana Medicaid Drug Claim Form to HMS with the correct patient ID number. All refills should be corrected and billed with the correct patient ID.	The Indiana Medicaid Drug Claim Form can be found on the IHCP Web site at <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a> .	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-1-4 Sec. 4. (a)(4)
Q	Excessive quantity billed for days supply submitted	The quantity billed is excessive for the day supply submitted. HMS has reduced the quantity to correlate to the directions documented on the prescription and/or the authorized quantity as written on the prescription.	The pharmacy must correct the prescription profile for future refills. Claims must be billed in accordance to INFSSA day supply allowance and/or the authorized quantity as written on the prescription.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	Indiana Code TITLE 12. HUMAN SERVICES ARTICLE 15. MEDICAID IC 12-15-35.5-7
RA	Rx is incomplete; the prescriber's authorizing agent is incomplete, missing or ambiguous	The prescription submitted for review is missing the prescriber's authorizing agent.	The missing prescriber's authorizing agent needs to be provided and validated	N/A	N/A
RB	Rx is incomplete; the prescriber's information is missing, incomplete or ambiguous	The prescription submitted for review is missing the prescriber's information	The missing prescriber's information needs to be provided and validated	N/A	N/A
RC	Rx is incomplete; the prescriber's signature is missing, incomplete or ambiguous	The prescription submitted for review is missing the prescriber's signature	The missing prescriber's signature need to be provided and validated	N/A	N/A
RD	Rx is incomplete; Rx date is missing/incomplete	The original prescription is missing the complete date written by the prescriber.	The pharmacy may obtain a letter from the prescribing physician verifying the date the prescription was written.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(4)

INFSSA  
Information For Final Determination Letters

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RE	This Rx exceeds allowed refills	<p>The original prescription authorized a refill however all of the authorized refills have been dispensed.</p> <p><b>-OR-</b></p> <p>The pharmacy refilled a prescription for a controlled substance (schedule II)</p>	<p>The pharmacist shall document the dates and times that the pharmacist attempted to contact the prescribing practitioner or the practitioner's designee for consultation and authorization of the prescription refill.</p>	N/A	<p>IC 25-26-13-25 Sec. 25. (d)(6)(B)</p> <p>link: <a href="http://www.in.gov/legislative/ic/code/title25/ar26/ch13.html">www.in.gov/legislative/ic/code/title25/ar26/ch13.html</a></p> <p><b>-OR-</b></p> <p>TITLE 21 - FOOD AND DRUGS CHAPTER 13 - DRUG ABUSE PREVENTION AND CONTROL SUBCHAPTER I - CONTROL AND ENFORCEMENT Part C - Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances Sec. 829. Prescriptions (a) Schedule II substances</p> <p>link: <a href="http://www.usdoj.gov/dea/pubs/csa/829.htm">www.usdoj.gov/dea/pubs/csa/829.htm</a></p>
RH	Rx is incomplete; missing, incomplete or ambiguous drug strength	The prescription submitted is incomplete. The strength of the drug is missing on the submitted documentation.	The pharmacy may obtain verification from the prescribing physician containing the drug strength.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(4)
RI	Rx is incomplete; Missing more than one required component	The prescription submitted is incomplete. There is more than one element missing to validate it as a legitimate prescription.	The pharmacy may obtain a letter from the prescribing physician containing verification of all the prescription elements that are required.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)
RM	Rx is incomplete; Missing Prescriber Information/ Prescriber Signature/ Authorizing Agent/ DEA/ NPI	The prescription submitted is incomplete. The prescriber information is missing to validate it as a legitimate prescription.	The pharmacy may obtain a letter from the prescribing physician containing verification of the missing prescription element that is required.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(2)
RN	Rx is incomplete; Missing, incomplete, or ambiguous drug name	The prescription submitted is incomplete. The drug name is missing from on the submitted documentation.	The pharmacy may obtain verification from the prescribing physician containing the drug name.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(4)

INFSSA  
Information For Final Determination Letters

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RP	Rx is incomplete; Patient name is incomplete/ambiguous	The prescription submitted is incomplete. The patient's name is illegible and/or missing to validate it as a legitimate prescription.	The pharmacy may obtain a letter from the prescribing physician containing verification of the missing prescription element that is required.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(1)
RQ	Rx is incomplete; Missing directions for use, drug name, strength and/or quantity	The prescription submitted is incomplete. There is more than one element missing to validate it as a legitimate prescription.	The pharmacy may obtain a letter from the prescribing physician containing verification of the missing prescription element that is required.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(6)
RR	Copy of Rx/documentation is illegible; Phcy must provide legible photocopy of Rx/documentation	The pharmacy submitted a copy of prescription that was either faded, blurry and/or completely black therefore it is unable to be read.	Pharmacy must provide legible photocopy of the prescription and/or documentation requested.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (a)
RS	Rx in storage; Unavailable for review	The pharmacy failed to provide photocopies of the requested prescription/documentation.	Pharmacy must provide a photocopy of the prescription and/or documentation requested.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services: Librarian Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-2 Sec. 2.
RT	Return-to-stock prescription	The pharmacy has indicated that the claim is for a prescription that has been return-to-stock and claim has not been reversed.	No further action is required by the pharmacy; claim will be recouped.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES IAC 1-1-4 Sec. 4. (a)(1)
RU	Rx incomplete; missing, incomplete or ambiguous directions for use	The prescription is incomplete. The directions for use are missing on the submitted documentation.	The pharmacy may obtain verification from the prescribing physician for the directions .	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(4)
RX	Copy of Rx NOT provided	The pharmacy failed to provide photocopies of the requested prescription/documentation.	Pharmacy must provide a photocopy of the prescription and/or documentation requested.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services: Librarian Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-2 Sec. 2.

INFSSA  
Information For Final Determination Letters

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RY	Copy of this prescription was not provided.	In response to the Desktop Audit requesting a copy of an original prescription, an invalid/ambiguous document was provided by the pharmacy.	Pharmacy must provide a legible photocopy of the prescription and/or documentation requested.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (a)
RZ	Rx incomplete; missing, incomplete or ambiguous drug quantity	The prescription is incomplete. The drug quantity is missing on the submitted documentation.	The pharmacy may obtain verification from the prescribing physician for the drug quantity.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES 405 IAC 1-5-1 Sec. 1. (b)(4)
S	Unnecessary quantity reduction by pharmacy	The pharmacy submitted multiple claims for quantities less than what was prescribed without justification.	The pharmacy may obtain a letter from the prescribing physician authorizing the reduction in the quantity originally prescribed and/or valid justification for the multiple claims submitted for quantities less than prescribed.	N/A	TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES IAC 1-1-4 Sec. 4. (a)(1)
SD	Missing Signature Log; Patient declaration required to validate receipt of Rx	The pharmacy failed to provide photocopies of the requested signature log/documentation.	A patient declaration must be submitted to validate the receipt of the medication.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	Industry standard of practice
SI	Signature or Delivery Log is incomplete	The Signature/Delivery log reviewed; the document is missing the date of service, date of pick-up or delivery and/or the Rx number.	Copies of required signature log(s) that include missing elements.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	Industry standard of practice
SL	No signature on claim log; Patient declaration required to validate receipt of Rx	Based on a review of the signature log, there is no recipient signature on the claim log validating that the prescription was received by the recipient.	A patient declaration must be submitted to validate the receipt of the medication.	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	Industry standard of practice

INFSSA  
Information For Final Determination Letters

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SQ	Quantity billed is greater than the quantity delivered	During document review the quantity billed is greater than quantity on delivered manifest or signature log	Must provide documentation supporting the quantity billed	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	Industry standard of practice
SR	Signature claim logs required; not available during audit	Signature logs were not available for review during the on-site audit.	Copies of the required signature logs	INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)	Industry standard of practice
TR	The written prescription does not meet CMS tamper-resistant requirements	The written prescription does not meet tamper-resistant requirements.	<p>If the prescription was not written on an Indiana Board of Pharmacy security Rx blank, the prescription pad must contain the following 3 characteristics:</p> <p>1) one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form (e.g. thumb print Rx, watermark paper, etc.);</p> <p>2) one or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber (e.g. quantity box, quantities entered in both alpha and numerical format, indelible ink, etc.);</p> <p>3) one or more industry-recognized features designed to prevent the use of counterfeit prescription forms (see above examples)</p>	<p>Provider Bulletin BT200724</p> <p><b>-OR-</b></p> <p>INDIANA HEALTH COVERAGE PROGRAMS PROVIDER MANUAL: Chapter 9: Pharmacy Services:Library Reference Number PRPR10004 (Revision Date March 2009 Version 8.1)</p>	Indiana Board of Pharmacy Law, 856 IAC 1-34-2(b),

INFSSA  
Information For Final Determination Letters

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UR	Refill authorization documentation needed for requested date of service	<p>The pharmacy did not properly document the authorization of additional refills.</p> <p>-OR-</p> <p>Refills are not allowed for by the physician as documented on the prescription.</p>	No further action is required by the pharmacy; the claim will be recouped.	N/A	Indiana Code CHAPTER 13. REGULATION OF PHARMACISTS AND PHARMACIES . CREATION OF BOARD IC 25-26-13-25 Sec. 25. (c)