<table>
<thead>
<tr>
<th>Discrepancy code</th>
<th>Description</th>
<th>Financial outcome</th>
<th>Mitigating documentation*** accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMN (Dispense as written — DAW)</td>
<td>Brand medication was billed, but prescriber's “brand-only” order is not documented.</td>
<td>Claim readjudicated with updated information</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>CPDP (Compound billed incorrectly)</td>
<td>A compounded prescription was billed incorrectly.</td>
<td>Claim readjudicated with updated information</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>CPDW (Compound worksheet required)</td>
<td>Compound worksheet required for validation.</td>
<td>Claim reversal</td>
<td>Compound worksheet with ingredients listed (NDC, quantity)</td>
</tr>
<tr>
<td>DDB (Different drug billed)</td>
<td>Pharmacy billed for a medication different from the one ordered by the prescriber with no documentation on prescription or member profile.</td>
<td>Claim readjudicated with updated information</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>DDB-P (Different drug billed penalty)</td>
<td>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 fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>DEA (No Drug Enforcement Agency number)</td>
<td>The hard copy prescription does not contain a DEA number (Class II to Class V drugs only).</td>
<td>Claim reversal</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>DID (Wrong prescriber)</td>
<td>Incorrect prescriber billed or inappropriate use of prescriber ID. Pharmacy must submit a corrected values form.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>DID-P (Wrong prescriber penalty)</td>
<td>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 fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
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</tr>
<tr>
<td>DN-1</td>
<td>(Wrong member billed) The member identified on a hard copy prescription is not the member identified on the paid claim.</td>
<td>Claim reversal</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>DUP</td>
<td>(Duplicate claim) Multiple claims were paid for the same prescription date of service.</td>
<td>Claim reversal</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>EQB</td>
<td>(Exceeds quantity) The quantity billed exceeds the quantity authorized by the prescriber or plan.</td>
<td>Claim readjudicated with updated information</td>
<td>If applicable, documentation from wholesaler showing supply issues with appropriate package size occurred at time of fill</td>
</tr>
<tr>
<td>EXP</td>
<td>(Exceeds time limit) The prescription was filled or refilled after it expired according to the law.</td>
<td>Claim reversal</td>
<td>An updated copy of the state code or federal regulation defining the valid length of time the prescription in question may be filled</td>
</tr>
<tr>
<td>FBW</td>
<td>(Filled before written) The prescription was filled before the date written on the prescription hard copy.</td>
<td>Claim reversal</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>FRD</td>
<td>(Fabricated document) The prescription copy presented to Humana appears to have been fabricated by the pharmacy.</td>
<td>Claim reversal</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>FTR</td>
<td>(Failure to respond) The pharmacy failed to respond to the audit by the specified deadline(s).</td>
<td>Fee equal to claim value</td>
<td>Tracking evidence indicating the pharmacy mailed the audit documentation prior to deadline</td>
</tr>
<tr>
<td>FTR-P</td>
<td>(Failure to respond) Pharmacy failed to respond to initial notification of the audit.</td>
<td>Administrative fee</td>
<td>Not applicable</td>
</tr>
<tr>
<td>ICDP</td>
<td>(Invalid compound) Compound worksheet does not contain all prescription elements.</td>
<td>Claim reversal</td>
<td>Compound worksheet with ingredients listed (NDC, quantity)</td>
</tr>
<tr>
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<tr>
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</tr>
<tr>
<td>ICS (Incorrect package size)</td>
<td>The package size submitted on the claim differs from the package size dispensed by the pharmacy. Pharmacy must submit a corrected values form.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>ICS-P (Package size discrepancy penalty)</td>
<td>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 fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>IDS-P (Incorrect days’ supply penalty)</td>
<td>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 fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>IHC (Invalid hard copy)</td>
<td>An invalid hard copy prescription was submitted.</td>
<td>Claim reversal</td>
<td>Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>INV (No date written)</td>
<td>The hard copy prescription contains no written date, as required by law.</td>
<td>Claim reversal</td>
<td>Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>INVD (No drug name)</td>
<td>The hard copy prescription does not contain the name of the drug to be dispensed, as required by law.</td>
<td>Claim reversal</td>
<td>Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>INVN (No member name)</td>
<td>The hard copy prescription contains no member name, as required by law.</td>
<td>Claim reversal</td>
<td>Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>INVP (No doctor name or signature)</td>
<td>The hard copy prescription does not identify the prescriber by name or provide a signature, as required by law.</td>
<td>Claim reversal</td>
<td>Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>Discrepancy code</td>
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<td>-----------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>INVS</td>
<td>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.</td>
<td>Claim reversal</td>
<td>Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>IOC</td>
<td>The origin code submitted for the claim differs from the hard copy prescription. Pharmacy must submit a corrected values form.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>IOC-P</td>
<td>The origin code submitted for the claim differs from the hard copy prescription. Humana will correct the origin code and assess an administrative fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>ISL</td>
<td>An invalid signature log was submitted.</td>
<td>Claim reversal</td>
<td>Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>LAWF</td>
<td>The prescription was not filled in accordance with state or federal law.</td>
<td>Claim reversal</td>
<td>An updated copy of the applicable state code or federal regulation with reference code number and effective date</td>
</tr>
<tr>
<td>MP-1</td>
<td>The original hard copy prescription was not provided at the time of audit.</td>
<td>Claim reversal</td>
<td>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.</td>
</tr>
<tr>
<td>MSLD</td>
<td>Prescription was billed but not dispensed to the member. The claim still is appearing as paid in the Humana system. Drugs were not returned to stock, and partial fills were not picked up or</td>
<td>Claim reversal</td>
<td>Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>MSL</td>
<td>The original member signature log was not provided at time of the audit.</td>
<td>Claim reversal</td>
<td>Member/facility statement** accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>Discrepancy code</td>
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</tr>
<tr>
<td>NORX (No Rx number)</td>
<td>The hard copy prescription contains no unique prescription identifier number.</td>
<td>Claim reversal</td>
<td>A computer-generated label with all defined prescription elements</td>
</tr>
<tr>
<td>NQY (No quantity)</td>
<td>The hard copy prescription has no ordered quantity.</td>
<td>Claim reversal</td>
<td>Prescriber statement* accepted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>NSI (No directions for use or use as directed)</td>
<td>The prescription lacks specific, calculable directions (use as directed or missing directions).</td>
<td>Claim reversal</td>
<td>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</td>
</tr>
<tr>
<td>OK (Claim acceptable)</td>
<td>No discrepancy</td>
<td>No chargeback</td>
<td>No additional documentation needed</td>
</tr>
<tr>
<td>ORX (Outdated drug)</td>
<td>The prescription was dispensed using an adulterated or outdated prescription drug.</td>
<td>Claim reversal</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>OTHF (Miscellaneous discrepancy)</td>
<td>“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.</td>
<td>Claim reversal</td>
<td>Depends upon discrepancy</td>
</tr>
<tr>
<td>OVR (Inappropriate override code)</td>
<td>Pharmacy submitted an incorrect override code that resulted in payment of a claim that otherwise would have been rejected.</td>
<td>Claim reversal</td>
<td>No mitigating documentation accepted</td>
</tr>
<tr>
<td>PRC (Patient residence code)</td>
<td>Pharmacy submitted an incorrect patient residence code. Pharmacy must submit a corrected values form.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
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<tr>
<td>PRC-P</td>
<td>Pharmacy submitted an incorrect patient code. Humana will correct the patient residence code and assess an administrative fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>PST</td>
<td>Pharmacy submitted an incorrect pharmacy service type. Pharmacy must submit a corrected values form.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>PST-P</td>
<td>Pharmacy submitted an incorrect pharmacy service type. Humana will correct the pharmacy service type and assess an administrative fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>REF</td>
<td>The refill number submitted for the claim differs from the hard copy prescription. Pharmacy must submit a corrected values form.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>REF-P</td>
<td>Pharmacy submitted the incorrect fill number. Humana will correct the fill number and assess an administrative fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>RFA</td>
<td>The claim is removed from the audit process at this time.</td>
<td>No chargeback</td>
<td>No additional documentation needed</td>
</tr>
<tr>
<td>RXC</td>
<td>The prescription was altered without appropriate documentation.</td>
<td>Claim reversal</td>
<td>Prescriber statement* validating changes were authorized and appropriate including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>SCC</td>
<td>Pharmacy submitted an incorrect submission clarification code. Pharmacy must submit a corrected values form.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
<td>SCC-P</td>
<td>Pharmacy provided the incorrect clarification code. Humana will correct the submission clarification code and assess an administrative fee.</td>
<td>Administrative fee</td>
<td>Corrected values form</td>
</tr>
<tr>
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<td>-------------------------------------</td>
</tr>
<tr>
<td>UAR (Unauthorized refill)</td>
<td>The prescription was refilled more times than prescribed.</td>
<td>Claim reversal</td>
<td>Prescriber statement* validating prescriber’s authorization of refills prior to refill being submitted including all required elements listed on the last page of this discrepancy code list</td>
</tr>
<tr>
<td>UHC (Unclear hard copy)</td>
<td>Pharmacy provided hard copy documentation that contained an unclear or illegible prescription image.</td>
<td>Claim reversal</td>
<td>A clear hard copy prescription image</td>
</tr>
<tr>
<td>VR (Outside scope of practice)</td>
<td>The prescriber ID billed belongs to a practitioner not authorized to prescribe medication.</td>
<td>Claim reversal</td>
<td>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</td>
</tr>
<tr>
<td>WHC (Incorrect hard copy)</td>
<td>Pharmacy provided a hard copy prescription for the incorrect date.</td>
<td>Claim reversal</td>
<td>Hard copy prescription for the correct date</td>
</tr>
</tbody>
</table>

*All prescriber statements must: (1) include the address and telephone number of the prescriber and be handwritten on prescriber’s prescription pad; (2) clearly reference the member’s name, medication(s), strength, directions, quantity ordered, prescription-written date and authorized refills (if applicable); (3) indicate the date the prescriber’s statement was signed; and (4) include the prescriber’s handwritten signature. Please note: Updated original documentation is not accepted as a prescriber statement.

**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 the medication(s), or Rx number(s) and the date(s) of service; and (3) date the patient signed the statement. 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.

***Mitigating documentation may be submitted by a pharmacy only if received prior to the applicable due dates communicated in the audit letter.

All appeals must be properly submitted on a pharmacy audit appeal form by the appeal deadline.

Humana reserves the right to revise these guidelines at any time at its sole discretion.

For more audit-related documents, visit Humana.com/pharmacists. Under the “Rx resources” heading, select “Manuals & forms.”