

CORE EDITS BY CATEGORY

Financial

AWP

Makes sure drug claims are priced using the latest AWP (average wholesale price). If a claim is too low or uses outdated pricing, the system fixes it or rejects it if it falls below a set limit.

Discontinued/Obsolete NDC

Checks if a drug has been discontinued. Recently discontinued drugs (within past 6 months) trigger a warning message, while older discontinued drugs are rejected—with a replacement NDC provided when possible.

Negative Total Amount Paid

Flags claims returned by the payer with a negative total amount paid.

Paid at Usual and Customary (U&C)

Alerts the pharmacy when a claim is paid exactly at the submitted usual and customary amount, making it easier to spot cases where the U&C for the drug may need to be increased.

Paid at Submitted

Flags claims returned by the payer with an ingredient cost paid equal to the ingredient cost submitted, helping pharmacies quickly identify when no pricing adjustments were made by the payer.

Standard Pack Quantity

Rejects claims submitted with a quantity dispensed not equal to the package size or a multiple thereof for drugs that should not be dispensed in partial package quantities.

Standard Total Pack Quantity

Ensures drugs that must be dispensed as complete packs are submitted correctly by rejecting claims that don't match the total pack size or an approved multiple.

Compliance

COVID Age Restriction

Enforces age based restrictions for select COVID vaccines by rejecting claims submitted outside approved patient age ranges.

DAW

Enforces correct DAW (Dispense as Written) code usage based on drug type, rejecting claims submitted with inappropriate DAW codes to maximize reimbursement and minimize audit risk.

Drug Recall

Rejects FDA recalled NDCs for a period of 60 days, providing lot numbers and additional information when available.

iPLEDGE

Enforces iPLEDGE program requirements by rejecting isotretinoin claims submitted with a date written greater than 7 days from the transmission date, with a days supply greater than 30 days, or for a patient less than 12 years old.

Level of Effort

Ensures compound claims include the required Level of Effort by rejecting submissions where this information is missing.

Rx Origin Code

Rejects claims submitted without a valid prescription origin code.

Rx Refills Authorized

Rejects claims that exceed the number of fills authorized by the prescriber.

Prescriber Validation

DEA

Verifies prescriber DEA information for controlled substances, rejecting claims with invalid, expired, or mismatched prescriber last name.

NPI

Validates prescriber NPI information by rejecting or flagging claims with invalid NPIs or when the prescriber's last name does not match.

Provider to Prescriber NPI Compare Reject

Compares the submitted Service Provider ID and Prescriber ID fields and flags claims with the same value in both fields.