

Appendix B – Intervention Codes

Intervention/Exception Codes

- The Intervention and Exception Codes field (in the ZCD segment of PharmaNet) provides additional information that **may** be used by PharmaNet to override normal adjudication rules when the circumstances are appropriate.
- For example, the following codes approved by the Canadian Pharmacy Association should be used—when appropriate—for submitting reversals, claiming fees for special services related to refusing to fill, or overriding a prescription known to be a duplicate.

Intervention Code	Meaning
BP.....	BYPASS PROCESSOR EDIT
CA.....	PRIOR ADVERSE REACTION
CB.....	PREVIOUS TREATMENT FAILURE
CC.....	ALLERGY TO PRODUCT IS ON RECORD
CD.....	THERAPEUTIC DUPLICATION
CE.....	PRODUCT CHOICE IS NOT REASONABLE
CF.....	FALSIFIED OR ALTERED PRESCRIPTION
CG.....	RX NOT FILLED, DAYS SUPPLY IS UNSUITABLE
CH.....	DANGEROUSLY HIGH DOSE
CI.....	SIGNIFICANT DRUG INTERACTION
CJ.....	PRODUCT IS NOT EFFECTIVE
CK.....	QUANTITY PRESCRIBED IS NOT RATIONAL
CL.....	SUB-THERAPEUTIC DOSE
CM.....	SUSPECTED MULTI-PHARMACY/MULTI DOCTOR
CO.....	POTENTIAL OVERUSE/ABUSE
CP.....	PRESCRIPTION IS TOO OLD
CS.....	WAS PREAUTHORISED BY TELEPHONE
DA.....	SECONDARY CLAIM - ORIGINAL TO PROV PLAN
DB.....	SECONDARY CLAIM - ORIGINAL TO OTHER CARRIERS
DC.....	OUT OF POCKET EXPENSE PAID BY INSURED
DD.....	OUT OF POCKET EXP PD BY INSURED SPOUSE
DE.....	ADJUDICATE TO \$0.00 AS REQUESTED
DF.....	MEDICATION BILLED VIA FAMILY MEMBER ID

Intervention Code	Meaning
DG.....	SAME PRODUCT - BILLED FOR DIFFERENT RX
DH.....	RX SYNCHRONIZED PURSUANT TO RULE 19
DI.....	ADVANCED, PHARMACY CLOSED ON RENEWAL DATE
DJ.....	ADVANCED, UNABLE TO DELIVER ON RENEWAL DATE
DK.....	EXCEPTION, DRUG USED IN 2 SEPARATE LOCALS
DL.....	EXCEPTION, NEED DRUG FOR MEDICAL APPOINTMENT
DM.....	EXCEPTION, RENEWAL PREAUTHORISED BY RAMQ
DN.....	EXCEPTION, LONG TERM RX PREAUTHORISED BY RAMQ
DO.....	CHANGED DOSAGE - DOSAGE TOO HIGH
DP.....	DRUG COST VERIFIED - INVOICE TO FOLLOW
DQ.....	PROFESSIONAL FEE IS APPROPRIATE
DR.....	REQUEST FOR COVERAGE REVIEW
DU.....	FOR DRUG UTILIZATION REVIEW ONLY
DV.....	APPLIED TO PROV PLAN AND APPROVED
DW.....	APPLIED TO PROV PLAN AND REJECTED
DX.....	APPLIED TO PROV PLAN DECISION PENDING
DY.....	NOT ELIGIBLE FOR PROV PLAN COVERAGE
EA.....	PHARMACIST AUTHORIZED OFF-HOURS CLAIM
EB.....	SUPPLEMENTARY RENEWAL - PRESCRIBER ABSENT
ED.....	EXCEPTION DRUG STATUS PRESCRIBER CHOICE
EO.....	EARLY RENEWAL, EXCEPTION STATUS INDICATED
EP.....	EXCEPTION DRUG STATUS PHARMACIST CHOICE
EQ.....	VALID REASON TO EXCEED DAYS SUPPLY LIMIT
ER.....	OVERRIDE DAYS SUPPLY LIMIT FOR PERIOD
ES.....	OVERRIDE CONCURRENT THERAPY REQUIREMENT
ET.....	OVERRIDE QUESTIONABLE CONCURRENT THERAPY
EU.....	PROVINCIAL COVERAGE WAIVED BY PATIENT
EV.....	CO-PAY NOT COLLECTED-ITEM IS EXEMPT
FA.....	EXPECT TREATMENT PERIOD TO CHANGE
FB.....	SECOND SERVICE REQUIRED SAME DAY
FC.....	RAMQ RE-AUTHORIZED ANTICIPATED RENEWAL
HT.....	HOME PARENTAL THERAPY
IA.....	FOR ASTHMA & CHRONIC PULMONARY DISEASES

Intervention Code	Meaning
IB.....	CHRONIC PULMONARY DISEASE IS NOT CONTROLLED
IX.....	COVERED INDICATION IS ABSENT OR INCONSISTENT
LU.....	START NEW LIMITED USE AUTHORIZATION
MA.....	LONG TERM CARE FILLED EARLY FOR STAT HOLIDAY
ME.....	VALID CLAIM-PRIMARY VALIDATION LEVEL
MF.....	VALID CLAIM-HISTORICAL VALIDATION LEVEL
MG.....	OVERRIDE - VARIOUS REASONS
MH.....	OVERRIDE - PRESCRIBER ID
MI.....	NO INTERCHANGEABLE AVAILABLE AT LESS OR EQ BAP PLUS 10PCT
MJ.....	GOVERNMENT PHARMACY AUTHORIZED CLAIM
MK.....	GOOD FAITH EMERGENCY COVERAGE ESTABLISHED
ML.....	GOOD FAITH STANDARD COVERAGE ESTABLISHED
MM.....	REPLACEMENT CLAIM, DRUG COST ONLY
MN.....	REPLACEMENT CLAIM, DUE TO DOSE CHANGE
MO.....	VALID CLAIM - VALUE \$500.00 TO \$999.99
MP.....	VALID CLAIM - VALUE \$1000.00 TO \$9999.99
MQ.....	VALID CLAIM - QUANTITY OVER LIMIT
MR.....	REPLACEMENT, ITEM LOST OR BROKEN
MS.....	NON-FORMULARY BENEFIT
MT.....	TRIAL RX PROGRAM
MU.....	LIMITED USE PRODUCT
MV.....	VACATION SUPPLY
MW.....	VALID REASON TO EXCEED GOODFAITH LIMIT
MX.....	LONG TERM CARE PRN ORDER
MY.....	LONG TERM CARE RX SPLIT FOR COMPLIANCE
MZ.....	REQUIRED PRIOR THERAPY DOCUMENTED
NA.....	VALID CLAIM-PRIMARY VALIDATION LEVEL
NB.....	VALID CLAIM-VALIDATION ON FILE
NC.....	PATIENT SDP ELIGIBILITY CONFIRMED
ND.....	TRIAL PRESCRIPTION BALANCE
NE.....	INELIGIBLE FOR TRIAL RX
NF.....	OVERRIDE-QUANTITY APPROPRIATE
NG.....	DRUG INTERCHANGED-Y2K SHORTAGE

Intervention Code	Meaning
NH.....	INITIAL RX PROGRAM DECLINED
NI.....	DOSAGE CHANGE
NJ.....	FORMULATION CHANGE
NK.....	DIRECTIONS FOR USE MODIFIED
NL.....	RENEWAL OF PRESCRIPTION
NM.....	THERAPEUTIC SUBSTITUTION
NN.....	EMERGENCY SUPPLY OF MEDICATION
NO.....	EMERGENCY CONTRACEPTIVE
NR.....	NONRETURNABLE DRUG REIMBURSEMENT
PA.....	VALID HEALTH CARD VERSION CODE
PB.....	NAME ENTERED IS CONSISTENT WITH CARD
PC.....	PATIENT DOES NOT MEET EXCEPTION CRITERIA
PS.....	PROFESSIONAL CARE SERVICE
RC.....	PRESCRIPTION CANCELLED BY PHYSICIAN
RE.....	CLAIM REVERSED - DATA ENTRY ERROR
RR.....	PRESCRIPTION REFUSED BY PATIENT
RU.....	CLAIM REVERSED - NOT CALLED FOR
SL.....	SECOND LINE DRUG PRESCRIBED BY SPECIALTY
SV.....	APPROVED BY PROV PLAN BYPASS OTHER PROGRAMS
SW.....	REJECTED BY PROV PLAN BYPASS OTHER PROGRAMS
SX.....	PENDING PROV PLAN BYPASS OTHER PROGRAMS
TB.....	ECO THERAPY LOST, BROKEN OR SPOILED BY PATIENT
TC.....	ECO THERAPY BEGUN FRIDAY AM AT HOSPITAL
TP.....	ECO THERAPY WITH CHANGE OF DOSAGE
TR.....	ECO THERAPY LOST, BROKEN OR SPOILED BY CARRIER
TS.....	MAINTAIN PRODUCT STABILITY FOR SHORT TERM
UA.....	CONSULTED PRESCRIBER & FILLED RX AS WRITTEN
UB.....	CONSULTED PRESCRIBER & CHANGED DOSE
UC.....	CONSULTED PRESCRIBER & CHANGED INSTRUCTIONS FOR USE
UD.....	CONSULTED PRESCRIBER & CHANGED DRUG
UE.....	CONSULTED PRESCRIBER & CHANGED QUANTITY
UF.....	PATIENT GAVE ADEQUATE EXPLANATION & FILLED AS WRITTEN
UG.....	CAUTIONED PATIENT RX FILLED AS WRITTEN

Intervention Code	Meaning
UH.....	COUNSELLED PATIENT. RX NOT FILLED
UI.....	CONSULTED OTHER SOURCE, RX FILLED AS WRITTEN
UJ.....	CONSULTED OTHER SOURCES ALTERED RX AND FILLED
UK.....	CONSULTED OTHER SOURCES. RX NOT FILLED
UL.....	RX NOT FILLED - PHARMACIST DECISION
UM.....	CONSULTED PRESCRIBER, RX NOT FILLED
UN.....	ASSESSED PATIENT, THERAPY IS APPROPRIATE
UO.....	VALID REASON TO USE ALTERNATIVE THERAPY
UP.....	FIRST LINE THERAPY INEFFECTIVE
UQ.....	FIRST LINE THERAPY NOT TOLERATED BY PATIENT
UT.....	TREATMENT OF ACUTE CONDITION
UU.....	THEREPEUTIC EMERGENCY
UX.....	EMERGENCY DISPENSING FEE LIMIT OVERRIDE
UY.....	EXTEMP MIXTURE DISPENSING FEE LIMIT OVERRIDE
VC.....	TRIAL RX PROGRAM REFUSED BY PATIENT
VD.....	PATIENT UNAVAILABLE TO RECEIVE TRIAL RX BALANCE
VE.....	TREATMENT OF ACUTE CONDITION
VF.....	TRIAL RX BALANCE URGENTLY NEEDED
VG.....	PROFESSIONAL SERVICE FEE NOT TO BE PAID
VH.....	TRIAL RX REFUSED BY PHYSICIAN
VI.....	TRIAL RX REFUSED BY PHARMACIST
VJ.....	TRIAL RX REFUSED BY PATIENTS AGENT
VK.....	TRIAL BALANCE NOT FILLED
VL.....	CONSULTED MD, PATIENT RETURN REQUESTED
VM.....	TRIAL NOT TOLERATED, REFERRED PATIENT TO MD
VN.....	TRIAL NOT TOLERATED, PATIENT ADVISED MD
VO.....	TRIAL INEFFECTIVE, REFERRED PATIENT TO MD
VP.....	TRIAL INEFFECTIVE, PATIENT ADVISED MD
VQ.....	TRIAL OK, NO SIDE EFFECTS/CONCERNS
VR.....	TRIAL OK, CONCERNS OK AFTER COUNSELLING
VS.....	OTHER OUTCOME OR INTERVENTION
VT.....	TRIAL NOT REQUIRED-ADEQUATE DRS SAMPLE
VU.....	DO NOT CONTACT PATIENT RE EVALUATION

Intervention Code	Meaning
VV	PATIENT AGREES TO EVALUATION CONTACT
VW	THERAPY CHANGED OR DISCONTINUED
VX.....	CLINICAL CONDITION / SYMPTOMS IMPROVING
VY.....	PATIENT REPORTS SIDE EFFECTS OR ADR
VZ.....	MORE TIME REQUIRED TO ASSESS THERAPY
XA.....	REVERSAL AMOUNT ERROR
XB.....	PREVIOUSLY REJECTED TRANSACTION NOT FOUND
XC.....	PROVIDER TRANSACTION DATE VALID FOR OLT
ZJ.....	BYPASS CARDHOLDER REIMBURSEMENT FOR A1 CLAIM