

ENCOUNTER EDIT RESOLUTION

Revised September 2010

ERROR CODE & DESCRIPTION (Bold denotes encounter must be replaced or voided - error can not be corrected via pend correction file)	FORM TYPE(S) FOR ERROR CODE	FIELDS INVOLVED	HOW TO CORRECT
A580 - Recipient Has Other Coverage That Must Be Billed First	A, B, C & D	AHCCCS ID; Procedure Code; Service Begin & End Dates; Dispense Date; National Drug Code; Primary Diagnosis Code	Verify member's other insurance coverage on dates of service. If dates are incorrect or other insurance payment is missing, submit a replacement encounter. If member's coverage is incorrect submit member TPL update, wait for TPL to post to PMMIS and then submit a replacement.
A600 - MDC Allowed Less Than MDC Paid Plus MDC Deduct Plus MDC Coinsurance	A, B,	AHCCCS ID; Medicare Approved Amount; Medicare Paid Amount; Medicare Coinsurance Amount; & Medicare Deductible Amount	Verify that the Medicare Approved, Medicare Paid, Medicare Coinsurance and Medicare Deductible amounts are correct. These amounts must match the Medicare Explanation of Benefits (EOB). Correct the Medicare Approved Amount by submitting a replacement encounter.
A905 - Unreasonable AHCCCS Allowed Amount In Relation To Billed Amount	A, B, C & D	Allow Amount; Service Begin & End Dates; Service Unit; Billed Amount; Attending Provider NPI; Dispense Date; Item Quantity; Bill Date	Review the billed amount and units. If incorrect, correct billed amount or units. If correct contact your Encounter Representative.
A951 - Force Pend For Contractor Corrections	A, B, C & D	Admit Date; Bill Amount; Health Plan Allow Amount; Health Plan Paid; Item Quantity; Line Charge; Line Non-Covered Charge; Revenue Code; Service Units & Day; subcapitated Code; Supply-Day; Total Bill Amount;	Verify all billed amounts, Provider ID, and codes are correct. Refer to comment on encounter for specifics. Depending on the error, the encounter may need to be replaced. NOTE: The "Y" found in the "MAN PEND" FIELD MUST BE REMOVED FOR THE ENCOUNTER TO ADJUDICATE.
C010 - NDC Missing Or Invalid	C	National Drug Code	Verify National Drug Code (NDC) is present and valid. If not, submit replacement encounter. If NDC is valid, contact your Encounter Representative.
C030 - Quantity Missing Or Invalid	C	Item Quantity	Verify quantity is present and valid. Correct quantity or submit replacement encounter.
C040 - Days Supplied Is Invalid	C	Supply Day	Verify days supply is valid. Correct or submit replacement encounter. The most common error is that the days supply field is blank, exceeds the days supply field per calculation based on quantity or units, and/or the field is filled with 0000s.
D004 - Primary Diagnosis Not On File	A, B	Primary Diagnosis Code	Review primary diagnosis code for validity. Correct the code or submit replacement encounter. Always submit the highest level specificity for diagnosis.
D010 - Primary Diagnosis Not On File (For Date Of Service)	A, B	Primary Diagnosis Code; Service Begin & End Dates	Review primary diagnosis code and dates of service for validity. Correct the code, dates of service or submit replacement encounter. Always submit the highest level specificity for diagnosis.

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D035 - Recipient Age Exceeds Primary DX Allowable Max Age	A, B	Claim Recipient Date of Birth; Primary Diagnosis Code; Service Begin Date	Review primary diagnosis code and date of service for validity. Correct the code, date of service or submit replacement encounter. Always submit the highest level specificity for diagnosis. If medically necessary submit authorization or grievance number and edit will be appropriately by passed.
D040 - Recipient Age Less Than Primary DX Allowable Minimum Age	A, B	Claim Recipient Date of Birth; Primary Diagnosis Code; Service Begin Date	Review primary diagnosis code and date of service for validity. Correct the code, date of service or submit replacement encounter. Always submit the highest level specificity for diagnosis. If medically necessary submit authorization or grievance number and edit will be appropriately by passed.
D045 - Recipient Sex Invalid For Primary Diagnosis	A, B	Claim Recipient Sex; Primary Diagnosis Code	Review primary diagnosis code. Correct the code or submit replacement encounter. Always submit the highest level specificity for diagnosis. If medically necessary submit authorization or grievance and edit will be appropriately by passed.
D093 - Secondary Diagnosis Not On File	A, B	Secondary Diagnosis Code	Review primary diagnosis code for validity. Correct the code or submit replacement encounter. Always submit the highest level specificity for diagnosis.
D095 - Secondary Diagnosis Not On File (For DOS)	A, B	Secondary Diagnosis Code; Service Begin & End Dates	Review primary diagnosis code and dates of service for validity. Correct the code, dates of service or submit replacement encounter. Always submit the highest level specificity for diagnosis.
D120 - Recipient Age Exceeds Secondary DX Allowable Maximum Age	A, B	Claim-Recipient ID; Service Begin & End Dates; Secondary Diagnosis Code	Review secondary diagnosis code and date of service for validity. Correct the code, date of service or submit replacement encounter. Always submit the highest level of specificity for diagnosis. If medically necessary, submit authorization or grievance number and edit will be appropriately by passed.
D125 - Recipient Age Exceeds Secondary DX Allowable Minimum Age	A, B	Claim-Recipient ID; Service Begin Date; Secondary Diagnosis Code; Dispense Date, Other Diagnosis Code-1	Review primary diagnosis code and date of service for validity. Correct the code, date of service or submit replacement encounter. Always submit the highest level specificity for diagnosis. If medically necessary submit authorization or grievance number and edit will be appropriately by passed.
D852 - Admit Diagnosis Not On File For DOS	B	Admit-Diagnosis Code; Service Begin & End Dates	Review admit diagnosis code and dates of service for validity. Correct the code, dates of service or submit replacement encounter. Always submit the highest level specificity for diagnosis.
F100 - Procedure Code Missing Or Invalid	A, D	Procedure Code	Review procedure code. Correct the invalid code. If the code is missing a replacement encounter must be submitted.
F105 - Procedure Code Is Missing Or Not On File (For DOS)	A, D	Procedure Code & Modifier; Service Begin & End Dates	Review procedure code and dates of service for validity. Correct the invalid code or dates of service. If the code is missing a replacement encounter must be submitted.
F110 - Units Missing Or Invalid	A, D	Service Units	Verify service units were reported correctly. Zero or blank is not an acceptable value for service units. Correct the units or submit replacement encounter.

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F350 - Number Of Units Is Invalid For Date Of Service Span	A, D	Procedure Code & Modifier; Service Begin & End Dates & Service Units	Verify units are correct for DOS span, correct units or DOS.
F915 - Procedure Modifier Is Invalid	A	Procedure Modifier(s) #1, 2, 3 & 4	Review procedure modifier combinations for validity. Correct the codes or submit replacement encounter.
G010 - Invalid Tooth Number	D	Procedure code; Tooth Number	Review procedure tooth combinations for validity. Correct the codes or submit replacement encounter.
H060 - Patient Status Must Be Numeric	B	Patient Status	Review the patient status for validity. Correct the code or submit a replacement encounter.
H110 - Admit Date is Invalid	B	Admit Date	Review Admit Date for validity. Correct the date or submit replacement encounter.
H199 - Paid Ingredient Cost + Paid Dispense Fee < Total Paid	C	AHCCCS ID; Service Provider ID; Dispense Fee Paid; Ingredient Cost Paid; Amount Paid	Dispensing fee paid and ingredient cost paid must equal health plan paid. Submit a replacement encounter. Please note this edit does not execute when other coverage exists and primary payer paid more than \$0.00.
H230 - Primary Diagnosis Code Missing or Invalid	A, B, D	Primary Diagnosis Code	Review primary diagnosis code for validity. Correct the code or submit replacement encounter. Always submit the highest level specificity for diagnosis. If medically necessary submit authorization or grievance.
H241 - Place of Service Is Required	A, D	Place of Service Code	Review procedure place-of-service combinations for validity. Correct the invalid code. If missing a replacement encounter must be submitted.
H430 - From Date of Service is After Thru Date of Service	A, B, D	Service Begin & End Date	Review the begin and end dates of service for validity. Correct the dates or submit replacement encounter.
H610 - Previous CRN & Adjustment/Void Code Not Both Present	A, B, C, D	Adjustment Void Code; Prior CRN; Bill Type (B Only)	Review prior CRN and frequency (adjustment/void) code for validity. Pended encounter must be voided. Submit replacement or void encounter to modify the original CRN.
H640 - Medicare Paid Amount Exceeds Medicare Approved Amount	A, B, C	AHCCCS ID, Medicare Approved & Paid Amount; Service Begin & End Dates	Verify the Medicare Approved and Medicare Paid amounts are correct. The Medicare Approved and Paid information on the encounter must match with the Medicare Explanation of Benefits (EOB). Correct the Medicare Approved Amount or submit a replacement encounter.
N004 - NDC Code Not on File	C	National Drug Code	Verify National Drug Code is valid. If not, submit replacement encounter. If NDC is valid, contact your Encounter Representative.
N020-NDC NOT COVERED ON DOS	C	Dispense Date; NDC-Code	Verify National Drug Code is valid and date of service. If not, submit replacement encounter. If NDC is valid, contact your Encounter Representative.

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N033 - Drug Obsolete on DOS	C	National Drug Code; Dispense Date	Verify National Drug Code is valid for dispense date. If not, correct dispense date or submit replacement encounter. If NDC is valid, contact your Encounter Representative.
N040 - Drug Cancelled by Manufacturer	C	National Drug Code; Dispense Date	Verify National Drug Code is valid for dispense date. If correct, void the encounter. If not, correct dispense date or submit replacement encounter. If NDC is valid, contact your Encounter Representative.
P015 - Service Provider Type Invalid For Uniform Billing Form	B	Provider ID & Provider Type; Form Type	The 837I (UB) transaction is used for all hospital inpatient, outpatient, emergency room, and hospital-based clinic charges. It also is used to bill for pharmacy charges for services provided as an integral part of a hospital service. Dialysis clinic, nursing home, free-standing birthing center, residential treatment center, and hospice services also are billed on the UB. Other provider types, service types are not currently accepted on a institutional/UB format. Submit the encounter using correct claim transaction.
P111 - No Initial Bill Found for Late Charge Bill	B	Bill Type; Service Begin & End Dates; Service Provider ID	XX5 bill types are not to be used in valid 837I transactions. Void the pended encounter. Submit replacement encounter to the original that includes prior charges using appropriate bill type.
P281 - Service Provider Not Enrolled On DOS	A, B, C, D	Service Begin & End Dates; Service Provider ID & Billing Provider ID	Review service provider identifiers and dates of service for validity. If the dates of service are incorrect, correct or submit replacement encounter. If provider identifier is incorrect, submit replacement encounter. If the provider identifier is correct, verify provider's enrollment status and contact the AHCCCS Provider Registration Unit if the enrollment status is incorrect. For select enrollment statuses, providers will need to contact AHCCCS.
P282 - Header Service Provider Not Enrolled On Date Of Service	A, D,	Service Begin & End Dates Service Provider ID & NPI	Review service provider identifiers and dates of service for validity. If the dates of service are incorrect, correct or submit replacement encounter. If provider identifier is incorrect, submit replacement encounter. If the provider identifier is correct, verify provider's enrollment status and contact the AHCCCS Provider Registration Unit if the enrollment status is incorrect. For select enrollment statuses, providers will need to contact AHCCCS.
P295 - Service Provider Terminated	A, B, C, D	Service Provider ID & Billing Provider ID	Review service provider identifiers and dates of service for validity. If the dates of service are incorrect, correct or submit replacement encounter. If provider identifier is incorrect, submit replacement encounter. If the provider identifier is correct, verify provider's enrollment status and contact the AHCCCS provider registration unit if the enrollment status is incorrect. For select enrollment statuses providers will need to contact AHCCCS.
P296 - Header Service Provider Terminated During Service Date Span	A, D	Service Begin & End Dates Service Provider ID & Billing Provider ID	Review service provider identifiers and dates of service for validity. If the dates of service are incorrect, correct or submit replacement encounter. If provider identifier is incorrect, submit replacement encounter. If the provider identifier is correct, verify provider's enrollment status and contact the AHCCCS provider registration unit if the enrollment status is incorrect. For select enrollment statuses providers will need to contact AHCCCS.

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P330 - Provider Not Eligible For Category Of Service On Service Date	A, B, C, D	Service Provider ID & Billing Provider ID; Service Begin & End Dates; Dispense Date; Procedure Code; NDC; Bill Type; Revenue Code	Review service provider identifiers, service code and dates of service for validity. If the dates of service are incorrect, correct or submit replacement encounter. If provider identifier or service code is incorrect, submit replacement encounter. If the provider identifier or service code is correct, contact your Encounter Representative.
P340-PROVIDER SPECIFIC RATE NOT ON FILE FOR DOS	A,B,C,D	HCPCS-Procedure Code; Service Begin & End Date; Service Provider Id & NPI; Revenue Code; Dispense Date; NDC Code; Julian Date;	Review service provider identifiers, service code and dates of service for validity. If the dates of service are incorrect, correct or submit replacement encounter. If provider identifier or service code is incorrect, submit replacement encounter. If the provider identifier or service code is correct, contact your Encounter Representative.
P353-PROVIDER TYPE NOT ELIGIBLE FOR SERVICE BILLED	A,B,C,D	HCPCS-Procedure Code; Service Provider Id. & NPI; Subcapitated Code; Dispense Date;	Review service provider identifiers, service code and dates of service for validity. If the dates of service are incorrect, correct or submit replacement encounter. If provider identifier or service code is incorrect, submit replacement encounter. If the provider identifier or service code is correct, contact your Encounter Representative.
P580-PRESCRIBING PROVIDER NOT ON FILE	C	PSCR-PR-NPI; PSCR-PR-QUAL PSCR-PR-QUAL	Review service provider identifiers for validity. If provider identifier is incorrect, submit replacement encounter. If the provider identifier is correct, contact your Encounter Representative.
R280-MEDICARE COVERAGE INDICATED BUT NOT BILLED ON IN-PATIENT UB82	B	MDC-APP-AMT; MDC-COIN-DAY; MDC-LTR; MDC-PAID-AMT; OTH-CVG-IND; OTH-CVG-PMT-AMT OTH-INS-AMT-2; SER-BEG-DAT	Verify member's Medicare coverage on dates of service. If dates are incorrect, correct the dates or submit a replacement. If member's coverage and dates are correct, replace the encounter with the appropriate Medicare financial data. If member's coverage is incorrect, contact your Encounter Representative.
R350 - Date of Death Prior to DOS	A, B, C & D	AHCCCS ID; CLM-RP-ID; HCPCS-Procedure Code & Modifier; Service Begin & End Date; Dispense Date	Verify member's date of death and check dates of service. If dates are incorrect, correct the dates or submit a replacement. If member's date of death is incorrect, contact your Encounter Representative.
R410 - Recipient Not Eligible for AHCCCS Services On Service Dates	A, B, C, D	Claim Recipient ID Dispense Date	Verify member's eligibility on dates of service. If dates are incorrect, or submit a replacement. If member's eligibility is incorrect, contact your Encounter Representative. If member's eligibility and dates are correct, void the encounter.
R411 - Recipient Ineligible On DOS -- Split Bill	A, B, D	Service Begin & End Dates Dispense Date	Verify member's eligibility on dates of service. If dates are incorrect, or submit a replacement. If member's eligibility is incorrect, contact your Encounter Representative.
R481- Recipient Not Enrolled On Dos – Split Bill	A, B, C, D	Claim Recipient ID Dispense Date	Verify member's eligibility on dates of service. If dates are incorrect, correct the dates or submit a replacement. If member's eligibility is incorrect, contact your Encounter Representative. If member's eligibility and dates are correct, void the encounter. Replace for portion where enrollment is with your plan.

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R500 - Claim Plan Id. Does Not Match Enrollment	A, B,	Claim-HP ID; Claim-Recipient ID; Service End Date; Dispense Date; Claim Type	Verify member's eligibility on dates of service. If dates are incorrect, or submit a replacement. If member's eligibility is incorrect, contact your Encounter Representative.
R580 - Recipient Has Other Insurance That Must Be Billed First	A, B, C, D	Claim Recipient ID; Service Begin & End Dates; Dispense Dates; Procedure Code; Revenue Code; National Drug Code; Other Coverage Amount	Verify member's other insurance coverage on dates of service. If dates are incorrect, correct the dates or submit a replacement. If member's coverage is incorrect, submit member TPL update. If member's coverage and dates are correct, replace the encounter with other coverage payment amount.
R600 - Medicare Coverage Indicated But Not Billed	A, C	Claim Recipient ID; Service Begin & End Dates; Dispense Dates; Procedure Code; Revenue Code; National Drug Code; Medicare Approved & Allowed Amount; Medicare Paid Amount	Verify member's Medicare coverage on dates of service. If dates are incorrect, or submit a replacement. If member's coverage and dates are correct, replace the encounter with the appropriate Medicare financial data. If member's coverage is incorrect, contact your Encounter Representative.
R632 - Medicare Approved And Paid Not Both Present	A, B	Claim Recipient ID; Medicare Approved Amount; Medicare Paid Amount	Review Medicare Approved and Paid Amounts for validity. If missing or invalid, submit replacement encounter.
S340 - Procedure Code Is Missing or Not on File (For DOS)	A, D	HCPCS-Procedure Code; Service Begin & End Date	Review procedure code and dates of service for validity. Correct the code, dates of service or submit replacement encounter.
S345 - Procedure Not Available on Date of Service	A, D	Procedure Code; Service Begin & End Dates	Review procedure code and dates of service for validity. Correct the code, dates of service or submit replacement encounter.
S385 - Service Units Exceed Maximum Allowed	A, D	Procedure Code; Service Begin & End Dates; Service Unit;	Verify the number of paid service units is correct. If not, submit replacement encounter. If medically necessary submit authorization or grievance or override request.
S430-Place of Service Is Invalid For Specified Procedure	A, D	HCPCS-Procedure Code; Place of Service Code; Service Begin	Review place of service field and dates of service for validity. Correct the field, or submit replacement encounter. If correct contact your Encounter Representative.
S445 - Procedure Modifier Invalid for Procedure on Date of Service	A, D	HCPCS-Procedure Code; Service Begin & End Dates; Modifier 1 and 2	Review procedure code, modifier and dates of service. If an error, correct or submit replacement. If correct, contact your Encounter Representative.
U430 - Admit Type Required on UB	B	Admit Type & Bill Type	Review admit type and bill type for validity. If admit type is incorrect, correct the code. If bill type is incorrect submit replacement encounter. If either admit type or bill type are correct, contact your Encounter Representative.
U445 - Interim Bill Must Have Patient Status 30	B	Bill Type; Discharge Hour; Patient Status	Verify that the bill type is XX2 or XX3, discharge hour and patient status are correct. If incorrect, correct the code or submit replacement encounter.

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U450 - Admit Hour Is Later Than Discharge Hour	B	Admit Date & Admit Hour; Discharge Hour	Review admit and discharge hours for validity. If incorrect, correct the hours or submit replacement encounter. If correct, contact your Encounter Representative.
U920 - Bill Type Not on File	B	Bill Type	Verify the bill type is correct. If incorrect, submit replacement encounter. If correct, contact your Encounter Representative.
V010 - Revenue Code Not On File	B	Revenue Code	Verify the revenue code is correct. If incorrect, submit replacement encounter. (Revenue Code must be 4 digits).
V037 - HCPC Not Appropriate for this Revenue Code	B	Procedure Code & Revenue Code; Service Begin & End Dates	Verify the revenue procedure code combination is correct. If incorrect, submit replacement encounter. If correct, contact your Encounter Representative.
V160 - Accommodation Days Greater Than DOS Span	B	Bill Type; Line Charge; Patient Status; Revenue Code; Service Begin & End Date; Service Units	Review bill type, dates of service, units and revenue code for accuracy. The sum of accommodation units must not exceed the date span range. Correct the units, dates of service or submit replacement encounter.
V407-PROCEDURES CANNOT BE CONCURRENTLY BILLED	A, B	HCPCS-Procedure Code; Modifiers 1-4; Revenue Code	Verify the procedure code and the payment are correct. If incorrect submit replacement. If line was denied validate the appropriate reason code was submitted. If incorrect reason code was used, submit replacement.
Z120 - Service Provider ID Missing or Invalid	A, B, C, D	Service Provider ID; Procedure Code; Service Begin Date	Review the service provider identifier for validity. If missing or incorrect, submit replacement encounter.
Z125 - Service Provider NPI Field Is Missing Or Invalid	A, B, C, D	Service Begin/End Dates & Dispense Dates	Review the service provider identifier for validity. If missing or incorrect, submit replacement encounter.
Z126 - Detail Service Provider NPI Field Is Missing Or Invalid	A, C, D	Service Begin /End Dates & Dispense Date	Review the service provider identifier for validity. If missing or incorrect, submit replacement encounter.
Z165 - Service Provider ID Not On File	A, B, C, D	Service Provider ID; Service Begin & End Dates	Review the service provider identifier for validity. If incorrect, submit replacement encounter.
Z166 - Header Service Provider ID Not on File	A, D	Service Provider ID; Service Begin & End Dates	Review the service provider identifier for validity. If incorrect, submit replacement encounter.
Z175 - Service Provider NPI Not On File	A, B, C	Service Begin & End Dates; Service Provider NPI; Dispense Date	Review the service provider identifier for validity. If missing or incorrect, submit replacement encounter.
Z180 - From DOS Missing Or Invalid	A, B, C, D	Service Begin/End Dates & Dispense Dates	Review the dates of service for validity. If missing or incorrect, submit replacement encounter.

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Z300 - Exact Duplicate	A, B, D	AHCCCS ID; Condition Code(s) 1,2,3,4,5; Procedure Code; Procedure Modifier(s) 1,2,3,4,; Revenue Code; Service Begin & End Dates; Service Provider ID; Service Unit & Day; Surface 1,2,3,; Tooth Number; Health Plan Paid Amount	Review dates of service, clinical and financial fields for validity. Compare duplicate encounter with adjudicated encounter. If duplicate, void the encounter. If not, contact your Encounter Representative.
Z305 - Near Duplicate Found	A, B, & D	AHCCCS-ID; HCPCS-Procedure Code & Modifier(s) 2, 3, 4; Service Begin & End Dates; Service Provider ID & Locator; Service Unit	Review dates of service, clinical and financial fields for validity. Compare duplicate encounter with adjudicated encounter. If duplicate, void the encounter. If not, contact your Encounter Representative.
Z626 - Over Age 18 With VFC Procedure Modifier	A, B	HCPCS-Procedure Code & Modifier	Verify member age, procedure code and modifier. For VFC services, SL modifier is not valid for members over age 18.
Z627 - Under Age 19 Toxoid Procedure Without VFC Modifier And No Ad	A, B	HCPCS-Procedure Code & Modifier	Verify member age, procedure code and modifier. For VFC services, SL modifier must be submitted.
Z628 - HP Paid Exceeds Arizona VFC Limit	A, B (Outpatient)	Procedure Code & Modifiers; HP Paid Amount	Verify member age, procedure and plan paid amount. Plan paid for VFC service can not exceed state limit. Submit a replacement or contact your Encounter Representative.
Z629 - Both Toxoid And Admn Procs Have HP Paid Amount Equal Or Greater Than Zero	A, B (Outpatient)	Procedure Code & Modifiers; HP Paid Amount	Verify member age, procedure and plan paid amount. Both VFC services cannot be \$0 paid or paid >\$0. Contact your Encounter Representative.
Z796 - DME Supplies Service Overlap	A	Procedure Code; Service Begin & End Dates; Service Unit	Review procedure, service dates, and units for validity. A common problem is that two encounters have been submitted for the same recipient that includes overlapping dates of service and units. If procedure, service dates or units are incorrect, submit replacement encounter.
Z800 - Exact Duplicate Found	C	AHCCCS ID; Dispense Date; National Drug Code; Service Provider ID	Review dates of service, drug and financial fields for validity. Compare duplicate encounter with adjudicated encounter. If duplicate, void the encounter. If not, contact your Encounter Representative.
Z805 - Exact Duplicate From Different Health Plans	C	AHCCCS ID; Dispense Date; National Drug Code; Service Provider ID; Dispense Date	Review dates of service, drug and financial fields for validity. With other health plan compare duplicate encounter with adjudicated encounter. If duplicate, void the encounter. If not, contact your Encounter Representative.