

North Dakota Workforce Safety & Insurance – Envolve Pharmacy Solutions Pharmacy Program Quick Reference Guide

Patient/Injury Identification	
302-C4 - Social Security Number 304-C4 - Date of Birth 435-DZ - WSI Claim number 434-DY - Date of Injury 315-CF - Employer Name	These codes are utilized to properly identify an Injured worker and his injury.
52, 07 - Non-matched or M/I Patient ID 09 - M/I Date of Birth DZ - M/I Claim Reference ID DY - M/I Date of Injury Patient/Injury Mismatch	These related error codes and messages indicate one or more of the required fields is missing or does not match patient eligibility records.
Patient Pay POS Responses	
"Aggravation of existing condition: partial coverage"	WSI has determined patient is responsible for a percentage of the cost.
"Allowed Claim; benefit suspended; 100% patient pay"	Patient responsible for payment until amount of 3rd party settlement is met.
"Product Selection co-pay"	Patients electing Branded products when Generic equivalents are available are responsible for product selection co-pay.
"Claim Coverage Expired"	Dates of service after the termination date will be denied. The submitted claim has been assigned a medical cutoff date.
Captured Claims POS Messages	
"Claim Captured; Inactive Claim: Compensability to be determined"	No recent billing activity on the submitted injury. WSI to determine compensability.
"Claim Captured; Pending Status Claim"	Compensability of submitted injury has not been determined.
"Claim Captured; First Fill; exceeds benefit limit of \$100"	WSI to determine compensability.
First Fill Program POS Messages	
"First Fill; exceeds 7 day limit"	First fill program allows for up to 7-day supply of a drug product.
"First Fill benefit must be received within 30 days"	First fill program allows processing within 30 days of date of injury.
Prescriber Related POS Messages	
25 - M/I Prescriber ID	Plan requires a valid NPI number.
71 - Prescriber Not Covered "Unauthorized Physician"	Physician may need to be added to WSI's approved list of physicians for this injury.
Benefit Restriction Messages	
76 - Plan Limitations Exceeded "Plan Limits Exceeded: Exceeds limit(s) listed"	Specific limit exceeded will be specified in the message returned: Days' Supply, Quantity, or Maximum Daily Dosage Exceeded.
75 - Prior Authorization Required "Contact Workforce Safety Customer Service"	Specific drug products require prior authorization, WSI will determine approvals.
70 - NDC Not Covered "NON FORMULARY - NOT ALLOWED"	Specific drug products are excluded from coverage. Some products are further restricted for "First Fill" bills.

If you have any questions regarding pharmacy benefits processing for North Dakota Workforce Safety & Insurance members contact the Envolve Pharmacy Solutions Help Desk at (844) 895-0395.