

North Dakota Workforce Safety & Insurance LucyRx Pharmacy Program Quick Reference Guide

Patient/Injury Identification	
302-C2 – Patient ID 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/her injury.
52, 07 – Non-matched or M/I Cardholder 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	
"Product Selection Co-Pay"	Patients electing branded products when generic equivalents are available are responsible for product selection co-pay.
"Coverage Outside Submitted Date of Service; Date of Service Outside of WC Claim Effective Dates"	Dates of service after the termination date will be denied. The submitted claim has been assigned a medical cutoff date.
Captured Claim 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.
First Fill Program POS Messages	
	The First Fill Program covers pharmacy bills submitted for injuries not yet reported to WSI.
"First Fill; exceeds 7-day limit"	First Fill Program allows 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.
78 – Cost Exceeds Maximum; Dollars exceed plan limitations. Max 100.	First Fill Program allows up to \$100 benefit.
Prescriber Related POS Messages	
25 – M/I Prescriber ID	Plan requires a valid NPI number.
71 – Prescriber Not Covered : "Prescriber Excluded For Patient"	Physician may need to be added to WSI's approved list of physicians for this injury.
Benefit Restriction Messages	
76 – Plan Limitations Exceeded	Specific limit exceeded will be specified in the message returned
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" bill.
9G – Quantity dispensed exceeds maximum allowed	Quantity limit exceeded
7X – Claim days supply exceeds dispensing limit	Days' supply exceeded
POS Messaging Not Yet Released	
"Aggravation of existing condition: partial coverage"	WSI has determined patient is responsible for percentage of the cost
"Allowed Claim; benefit suspended; 100% patient pay"	Patient responsible for payment until amount of 3 rd party settlement is met.

If you have any questions regarding pharmacy benefits processing for North Dakota Workforce Safety & Insurance members, contact the LucyRx Pharmacy Help Desk at 877-846-3397.