



DOH 150-110 November 2017

# PrEP DAP EOB Code Definition Guide

## Pre-Exposure Prophylaxis Drug Assistance Program

The following descriptions and instructions must be followed to remain compliant with your Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) contract. All paid services are reimbursed at our maximum allowed amount unless otherwise stated. The difference between the billed amount and PrEP DAP's allowed amount and/or the amount paid by PrEP DAP is **NOT** billable to the client.

Code	Description	Detailed Instruction
<b>P00</b>	Paid – Split Payment	Payment has been split between deductible, coinsurance and/or co-pay.
<b>P01</b>	Paid – Full Payment	Patient is uninsured and accessing services with PrEP DAP as the only payer so services are paid up to full PrEP DAP allowed amount.
<b>P02</b>	Paid – Payment Applied To Deductible	Patient is insured; payment may be up to the full PrEP DAP allowed amount and is applied to the deductible. Remaining balance may <b>NOT</b> be billed to the patient.
<b>P12</b>	Paid – Co-insurance	Patient is insured; payment may be up to the full PrEP DAP allowed amount and payment was applied to coinsurance. Remaining balance may <b>NOT</b> be billed to the patient.
<b>P39</b>	Paid – Co-pay	Patient is insured; payment may be up to the full PrEP DAP allowed amount and payment was applied to co-pay. Remaining balance may <b>NOT</b> be billed to the patient.
<b>D00</b>	Deny – Client is not eligible on DOS	Patient PrEP DAP coverage was not in effect at the time the service was provided. Provider <b>may</b> bill the patient for these services
<b>D02</b>	Deny – Medicaid Coverage	The client may be eligible for Medicaid coverage on DOS. Provider <b>may</b> bill the client or Medicaid/HCA for these services.
<b>D05</b>	Deny – Exception Request	The Exception Request was denied. Provider <b>may</b> bill the patient for these services.
<b>D11</b>	Deny – Missing EOB Info from Primary Insurance.	The provider must submit a copy of the primary EOB with the claim to be reprocessed. Provider may <b>NOT</b> bill the patient during this time.
<b>D13</b>	Deny – Primary Insurance Paid in Full	The submitted EOB indicates no patient financial responsibility since the primary insurance paid their full contracted amount. Provider may <b>NOT</b> bill the client for these services.
<b>D15</b>	Deny – DOS Prior to PrEP DAP	Medical assistance for PrEP DAP is not effective until 11/1/2017. Services before 11/1/17 are non-covered. Provider <b>may</b> bill the client.
<b>D30</b>	Deny – Procedure not covered on DOS	Procedure is not a PrEP DAP covered service. Provider <b>may</b> bill the patient for these services.
<b>D31</b>	Deny – Untimely Filing	Claim not submitted within required time limits (365 days from DOS). You may appeal this denial if you have documented proof that the patient NEVER provided PrEP DAP coverage information. Provider may <b>NOT</b> bill the patient for these services.
<b>D32</b>	Deny – Duplicate Claim	The claim was previously submitted and paid. Contact PrEP DAP if you cannot locate a payment for the service date.

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).



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Code	Description	Detailed Instruction
D33	Deny – Provider Not Contracted on DOS	Provider must have an active contract with the Department of Health to be reimbursed. Contact PrEP DAP to initiate a contract if interested. Provider <b>may</b> bill the patient for these services.
D35	Deny – Insufficient Information Received with Claim	You must provide a copy of a detailed explanation of benefits from the primary insurance that has amount paid for Deductible, Co-payment and Co-insurance listed for <b>each</b> service. Provider may <b>NOT</b> bill the patient for these services.
D40	Deny – Non Network Provider	The servicing provider is out of network with the participant’s primary insurance. Provider <b>may</b> bill the patient for these services.
D45	Deny – Incorrect Backup Sent with Claim	We received a claim but the EOB submitted does not include either the patient name, date of service or corresponding procedures listed on the claim.

### Exceptions:

See PrEP Provider Resource & Billing Guide for more information.

Code	Description	Detailed Instruction
E04	Exception Authorized	The exception request has been approved and is paid at full PrEP DAP allowed amount. Provider may <b>NOT</b> bill the patient for these services
E05	Claim Reprocessed to Correct Error	Provider may <b>NOT</b> bill the patient for these services while correction is being processed.