# Compass – Override Reference Table

[Override Reference Table](#_Toc203746847)

[Special Considerations: Ophthalmic/Eye Drops](#_Toc203746848)

[Standard Override Fields](#_Toc203746849)

[Related Documents](#_Toc203746850)

**Description:** Additional information for overrides, including explanations of the different types of overrides and when they should be used, additional requirements for each override type, and the reason codes and fields that need to be updated.

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| Override Reference Table |

For views of how override fields appear in Compass, refer to [Compass - Override / PA History (050015)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=74e6ea18-d5de-4ba0-9529-5d452f814e93).

For information on editing overrides fields in Compass, refer to [Compass - Override Flags (050028)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a13e8cc-5864-4510-9edd-99c74c4f1a18).

 For the following overrides, **DO NOT** enter, instead:

* **Commercial & Medicaid:** Contact [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7).
* **Med D and EGWP:** Refer to [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).
  + **Any override for Compounds**
  + **Copay**
  + **DAW 9**
  + **DAW Cost Difference**
  + **Expatriate Employee**
  + **Pharmacy Network Exclusion**
  + **Drug message popup displays that this is a Sensitive Drug (HIV) or (HEP C).**
  + **Any other override not listed in the table below.**

**Reminders:**

* When Submission Clarification Codes (SCC Codes) are available, use these first for Retail claims.
* If you have entered the override, **confirmed** it has been entered correctly with the correct fields listed from this document, and it is still not accepting, **DO NOT** continue to edit. Instead, refer to [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7) for assistance.
* Do not submit a PBO Support Task if the member is out of medication or will run out of medication before the three (3) business-day turnaround time. Instead, refer to [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7) for assistance.

**Refer to the client CIF for client specific override rules**.



* Some clients require additional notes or an explanation of why the override was added, updated, or voided.
* If the CIF states “AM contact required” or “CCR Submit PBO Task”, submit the PBO Support Task. **DO NOT** contact the Senior Team. Refer to **Submitting a Plan Benefit Override Support Task** sectionwithin [Compass – Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f)as needed.
* Some clients have restrictions on entering overrides for certain drug classes. Review the medication to determine if the drug is a controlled substance before entering an override. For more assistance, refer to [Compass - Identifying Controlled Substances (057979)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52472a65-b1b1-4026-b85e-816a2c329d9e).

 A rejected claim **MUST** be on file before an override is entered for a retail claim.  
  
**EGWP, Wrap, and Dual Demo Accounts:** Override **MUST** be applied to both primary and wrap (secondary account), refer to [Compass - Override for Secondary Coverage (061700)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5f2957c-56aa-435c-a83a-5e9e59d62c8c).  
  
**Note:** Often overrides do not need additional fields edited from the Override Results screen. Only if the Override Status is not Successful and/or the Test Claim Status is Denied should you need to edit the fields as listed in [Standard Override Fields](#StandardFields).

Refer to the table below:

* [7x](#_Toc206774733)
* [Disaster Emergency](#_Toc206774734)
* [Dosage Increase/Change](#_Toc206774735)
* [Dose Optimization (DO)](#_Toc206774736)
* [Duplicate Therapy](#_Toc206774737)
* [Expatriate Override](#_Toc206774738)
* [Incorrect Days’ Supply](#_Toc206774739)
* [Lost/Stolen/Damaged Medication](#_Toc206774740)
* [Mail Order Delay or Participant Mail-In Delay](#_Toc206774741)
* [Maximum Dollar](#_Toc206774742)
* [Multiple Birth/Twins](#_Toc206774743)
* [Nursing Home/Long Term Care (LTC)](#_Toc206774744)
* [OIG Prescriber Edit](#_Toc206774745)
* [Quantity vs. Time (QVT)](#_Toc206774746)
* [Retail Fill for Manufacturer Back Order](#_Toc206774747)
* [Retail Fill Limit/Annual Fill Limit/Mandatory Home Delivery](#_Toc206774748)
* [Specialty Retail Lock Out](#_Toc206774749)
* [Transition Plan 1 Time Override for 30-Day Supply](#_Toc206774750)
* [Vacation](#_Toc206774751)

**Ophthalmic/Eye Drops:** Along with updating the specific override fields for the necessary override type as outlined in the Override Type table, also update the fields outlined in [**Special Considerations: Ophthalmic/Eye Drops**](#_Special_Considerations:_Ophthalmic/)section.

**Maintenance Choice (MChoice) Note:** The direction to change the MChoice field to a “Y” only appears once in this guide. It is in the section for Retail Fill Limit/Annual Fill Limit/Mandatory Home Delivery.



**Changing this field in any other circumstance can lead to client reimbursement errors, copay errors, and the need for manual reprocessing. Be vigilant when changing this field.**

* For the MChoice field to be changed, the following criteria must be true:
  + The plan participates in Maintenance Choice (MChoice).
  + The drug in question is a maintenance drug.
  + The days’ supply of the prescription is less than 84.

|  |  |  |  |
| --- | --- | --- | --- |
| **Override Type** | **Requirements for PBO** | **Reason Code/Fields to Update/Rejection Codes** | |
| 7x May be necessary when a plan has a limit to the amount of fills of any specific medication(s) a plan member may fill for all medications over a specified period of time.  The system will review claims for the relevant lookback period (typically 180 days), and a 7x rejection will display.  **Potential Reject Code(s)/Description(s):**  7X - Days’ Supply Exceeds Plan Limitation  79 - Refill too soon | This process does not replace the CIF. Every CCR should review the clients CIF prior to entering this override.  It is **CRITICAL** that every agent comply with the PBO requirements and follow the CIF’s directions on entering this override. | Refer to [Compass - 7x Rejection (061707)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fea6203a-ff9d-4030-9a2f-5f009243fbb2).  **For Reject 79 or 88** – Refill Limit Flag change to 5. | |
| Disaster Emergency Early refill is needed due to a government issued state of emergency.  **SCC 13 should be used first, if available, for retail claims.**  Clients may opt to Turn ON the SCC-13 code to allow claims to process without the need for an override for some medications.  Refer to [Compass - Disaster / State of Emergency Process (065969).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b83eb4f0-7e62-4a71-9f34-7eb1ebdbe231)  If the pharmacy is stating they are using the SCC-13 override code and the claim is rejecting for 8R (Submission Clarification Code not supported), proceed to enter override.  **Note:** Disaster/Emergency SCC Codes do not display in the SCC Code link. These are plan specific, refer to the CIF.  **Potential Reject Code(s)/Description(s):**  76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | **For Retail Claims:**  SCC code should be attempted first if allowed by plan. Refer to CIF, then refer to [Compass- SCC Override at Retail (061705)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc09207c-b3ff-4c9e-803b-9a00f7038340).   * Government must have issued a State of Emergency. * This does NOT apply to Non-Maintenance medications.  (Do not enter DR override for non-maintenance or controlled medications.) * Use code **DR – Disaster Relief** for 30-day or 90-day, dependent upon Client Program Offerings. * When using the DR Override, add a note stating: **Disaster Emergency overrides.**   **Notes** **field:** Include reason for the override.   * If CIF states to use override code Disaster Relief **(DR)** and the plan has MChoice Incentivized, PA or QVT issues because of early refill, follow your standard transfer process to the [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7).   If Entering a **PBO Support Task:**   * **Additional Fields:** Select **Annual Fill Limit (AFL)**. | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **DR** | **DUR:** Yes |
| **Refill limits:**  **EGWP accounts:** 5  **Other accounts:** Yes  **For Reject 79/88** – Refill Limit Flag change to 5. | **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. |
| **Customer Location:** Yes | **DEA Class:** Yes |
| **DESI:** Yes | **Dosage Form:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes |  |
| Dosage Increase/Change There has been a change in dosage that is **on file** (rejected claim or new mail order Rx on file with different dosage from prior fill of this medication) in our systems.  **Examples:**   * Rx was written for 20 mg last time, and new Rx written for 10 mg. * Rx was for 90 tablets, and new Rx written for 180 tablets.   **Note:** If a member is taking two strengths over the same time period, rather than changing their dose, this would be a Duplicate Therapy.  **May only bypass Reject 79 or 88.**  **Override should never exceed any set quantity limits.** For quantity limits refer to [Compass – Quantity vs. Time (QVT) Override (061704)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ebb38ac4-9984-4685-b0f5-8740059efc94).  **Potential Reject Code(s)/Description(s):**  76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | Compass **must** reflect that there was a dosage change since the last fill of the same medication.   * If entering a **PBO Support Task: Notes** **field:** Include the reason for the override and the prior medication information (drug name and dosage) that is causing the DUR / RTS rejection. * **Additional Fields:** Select **Dosage Change** and **Annual Fill Limit (AFL)**.   If there is a concern the member may receive too much medication, refer to [Compass - Dosage Calculator (049981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48890281-24de-4328-8cf9-40a84eda864c). | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **DC** | **DUR:** Yes |
| **Customer Location:** Yes | **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dosage Form:** Yes | **Dose Optimization:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes | **Refill limits:**  **EGWP accounts:** 5  **Other accounts:** Yes  **For Reject 79/88** – Refill Limit Flag change to 5. |
| Dose Optimization (DO) This is a point-of-sale program that results in a claim reject for **selected drugs** where multiple daily doses of the drug is prescribed and where a higher strength single daily dose is available and clinically appropriate.  **Example:** Prescription written for 20mg twice a day, plan prefers 40mg once a day.  **Potential Reject Code(s)/Description(s):**  19 - Use a Higher Strength, X Per Day  79 - Refill too soon |  | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **DO** | **DUR:** Yes |
| **Refill limits:**  **EGWP accounts:** 5  **Other accounts:** Yes  **For Reject 79/88** – Refill Limit Flag change to 5. | **Medicare Part D:**    **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dosage Form:** Yes | **Dose Optimization:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes |  |
| Duplicate Therapy Member takes two different forms/strengths of the same medication or medications in the same drug class.  **Examples:**   * Two strengths of the same medication:  Atorvastatin 10 mg and Atorvastatin 20 mg taken over the same DS (Days’ Supply). * Therapy changed to different medication in the same class (Atorvastatin was prescribed, member cannot take, so Rosuvastatin was then prescribed.) * The same eye drops are being filled for the other eye. * Members need one inhaler for home and one for school.   **Potential Reject Code(s)/Description(s):**  76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | If entering a **PBO Support Task:**   * **Notes** **field:** Include the reason for the override and include the prior medication information (drug name and dosage) that is causing the DUR / RTS rejection. * **Additional Fields:** Select **Early Refill**. | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **DT** | **DUR:** Yes |
| **Refill limits:**  **EGWP accounts:** 5  **Other accounts:** Yes  **For Reject 79/88** – Refill Limit Flag change to 5. | **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. |
| **Customer Location:** Yes | **DEA Class:** Yes |
| **DESI:** Yes | **Dosage Form:** Yes |
| **Dose Optimization:** Yes | **FDA Thera Equiv:** Yes |
| **Packaging Exceptions:** Yes | **OTCs:** Yes |
| **Therapeutic Category:** Yes | **Third Party Exception:** Yes |
| Expatriate Override This override is for members who have left their own country to live in another, usually for a prolong period.  Refer to the CIF.  **Example:** Plan allows two 90-day overrides for vacation supply, but member will be living abroad for 9 months.  **Potential Reject Code(s)/Description(s):**  79 - Refill too soon  88 - DUR = Drug Utilization Review | * If CIF allows this override and does not state for CCR to submit PBO Support Task, contact the [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7). * If CIF states for CCR to send a PBO Support Task, enter **PBO Support Task**. * **Notes field:** Include departure and return dates, days’ supply needed, if member is leaving the country or not all drug information and the dosage that is needed. | None, see Requirement for PBO column.  **For Reject 79 or 88** – Refill Limit Flag change to 5. | |
| Incorrect Days’ Supply Pharmacy makes a mistake with the days’ supply information on previous paid claim and cannot reprocess to reflect correct day supply.  **Potential Reject Code(s)/Description(s):**  79 - Refill too soon  88 - DUR = Drug Utilization Review | Contact the pharmacy first to attempt reverse and reprocess before proceeding with override request. If the pharmacy states they did dispense correctly, this override is not appropriate.    If entering a **PBO Support Task:**   * **Notes** **field:** Include the reason for the override (date of service for the incorrect days’ supply). * **Additional Fields:** Select **Quantity / Days’ Supply** and **Annual Fill Limit (AFL)**. | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **DS** | **DUR:** Yes |
| **Refill limits:**  **EGWP accounts:** 5  **Other accounts:** Yes  **For Reject 79/88** – Refill Limit Flag change to 5. | **Medicare Part D:**    **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dosage Form:** Yes | **Dose Optimization:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes |  |
| Lost/Stolen/Damaged Medication Member reports medication lost, stolen, or damaged to an extent that the medication is no longer usable.  **Notes:**   * **For Medicaid only:**   + The override start and end dates must be entered within 3 calendar days.   + Check CIF for required edits. If the member needs to be locked into a pharmacy and can only be filled once, transfer to [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7).   **Potential Reject Code(s)/Description(s):**  76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | **For Retail Claims:**  SCC code should be attempted first. Refer to [Compass- SCC Override at Retail (061705)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc09207c-b3ff-4c9e-803b-9a00f7038340).   * Use of SCC code will override Quantity limits if necessary. * For mail order prescriptions reportedly lost or damaged during shipping, refer to [Compass - Order Reships (057985)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6851523-18b2-4009-90a5-8fd53ee9669b).   If entering a **PBO Support Task:**   * **Notes** **field:** Include how the medication was lost, stolen or damaged. * **Additional Fields:** Select **Lost Medication** or **Early Refill** and **Annual Fill Limit (AFL)**. | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code:  **LM** - Lost Medication  **SM** - Stolen Medication  **DM** - Damaged Medication | **DUR:** Yes |
| **Refill limits:**  **EGWP accounts:** 5  **Other accounts:** Yes  **For Reject 79/88** – Refill Limit Flag change to 5. | **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Customer Location:** Yes | **Dosage Form:** Yes |
| **Dose Optimization:** Yes | **FDA Thera Equiv:** Yes |
| **Packaging Exceptions:** Yes | **OTCs:** Yes |
| **Therapeutic Category:** Yes | **Third Party Exception:** Yes |
| Mail Order Delay or Participant Mail-In Delay Allows temporary amount of a prescription to be filled sooner than usual, because the plan member is **at risk for interruption** in medication therapy due delay in delivering prescription order.  **Mail Order Delay:** Member is at risk for interruption due to a Caremark error or a mailing delay.   * **Examples of Mail Order Delay:**   + Caremark order entry error (CCR/Translation)   + Damaged order from shipping   + Order in house over 10 calendar days   + Order lost in transit due to CSR or system error.   + A Mail Oder Delay Override (MO Override) can be used to address future mail prescription fills that are delayed (in FFL) due to short-term retail fills, ensuring that the mail order arrives on time.   **Participant Mail-In Delay:** Member is at risk for interruption due to an error outside of Caremark, such as member or provider error.  **Potential Reject Code(s)/Description(s):**  76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | Refer to the CIF for the specific situation.  **Note:**   * Some clients allow Mail Order Delay overrides but **do not** allow Participant Mail-In Delay overrides. This is the same override, but the difference may matter depending on the CIF. * When the member qualifies for a **zero copay**, notate the reason or error that occurred to warrant override. * Override up to a **14-day supply only**, up to **30-day only** for prepackaged medications. * If CIF **DOES NOT** allow for $0 Mail In/Mail Order delay override, support member with other options. Refer to [Compass - Member Low or Out of Medication (063003)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91f73b9d-e568-48dd-9ab4-88cb2654d4c9). * Mail Order Lost in Transit does not require an override. Refer to [Compass - Order Reships (057985)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6851523-18b2-4009-90a5-8fd53ee9669b). * **Member Error -** Member is responsible for copay. This is Participant Mail In Delay.   If entering a **PBO Support Task:**   * **Notes** **field:** Include reason for the override.   + Notes to include in override:     - Delayed In House – DIH     - Lost in Transit – LIT     - Mail Order Pharmacy Error – MPE * **Additional Fields:** Select **Early Refill** | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **MO**  Notate in Authorized Notes whether Mail order Delay or Participant Mail-In Delay. | **DUR:** Yes |
| **Refill limits:**  **EGWP accounts:** 5  **Other accounts:** Yes  **For Reject 79/88** – Refill Limit Flag change to 5. | **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. |
| **Customer Location:** Yes | **DEA Class:** Yes |
| **DESI:** Yes | **Dosage Form:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes |  |
| Maximum Dollar Some plans have a maximum dollar limit established so that claims reject if they reach a certain dollar limit.  This override will allow the claim to process over the set dollar limit.  **Refer to CIF for plan specific limit for each client.**  **Potential Reject Code(s)/Description(s):**  76 – Plan Limits Exceeded  79 - Refill too soon | **CCRs can override the Maximum dollar allowed up to $10,000.00 unless CIF states otherwise. If claim $ amount exceeds 10K, then AM review/approval will be needed. Submit a PBO Support Task.**  If entering a **PBO Support Task:**   * **Notes** **field:** Include the cost allowed for the claim. * **Additional Fields:** Refer to Maximum Dollar Override Fields Select **Exceeds Plan Dollar Limit** | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **D** | **DUR:** Yes |
| **Refill limits:**  **EGWP accounts:** 5  **Other accounts:** Yes  **For Reject 79 or 88** – Refill Limit Flag change to 5. | **Medicare Part D:**    **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dosage Form:** Yes | **Dose Optimization:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes | In addition, see **image** below: |
| **Maximum Dollar** | | | |
| Multiple Birth/Twins Pharmacy should ensure the claim is being processed correctly. Verify person code and gender are correct and claim is being run under the child/dependent, not parent.  If the pharmacy continues to have issues **and CIF allows**, an override is allowed.  **Note:** These will be rejected for RTS and can be edited the same way as other RTS overrides.  **Potential Reject Code(s)/Description(s):**  79 - Refill too soon | In addition to creating the override, to ensure future medications are processed correctly, also create a Multiple Birth Support Task. Refer to [Compass - Multiple Birth Task (062774)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cef86941-5711-480f-94e8-c33d5800ba33). | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **TW** | **DUR:** Yes |
| **Refill limits:** Yes  **EGWP:** 5  **For Reject 79 or 88** – Refill Limit Flag change to 5. | **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. |
| **Customer Location:** Yes | **DEA Class:** Yes |
| **DESI:** Yes | **Dosage Form:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes |  |
| Nursing Home/Long Term Care (LTC) Member is in a Nursing Home/Long Term Care facility, and the member needs to have the medication dispensed through the Nursing Home/LTC Facility pharmacy.  **Reminder:** Some plans will allow the claim to go through but will not bypass the incentivized copay. Review the CIF for specifics.  Refer to LTC Section of [Compass - Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f).  **Note:** Long Term Care PBOs should be entered by GPI.  **Potential Reject Code(s)/Description(s):**  76 - Plan Limits Exceeded  79 - Refill too soon | Review the CIF to verify if there is a client specific process for this override. Refer to the CIF for duration of the PBO. If the CIF does not specify a duration, set the override to be open for one day.  Verify that the filling pharmacy is a LTC facility prior to entering the override.  LTC overrides can be entered up to a maximum of 90 days from the current date except for New York. New York has a 120-day backdate period.  If entering a **PBO Support Task:**   * **Notes** **field:** Include all drug information and the dosage that is needed. Include Nursing Home / LTC in the Notes. * **Additional Fields:** Select **Annual Fill Limit** | **Do not** edit these fields **unless** the override is not successful. | |
| **Reason Code: OA** – O/R Period Fills; Not DUR | **DUR:** Yes |
| **Refill limits:** Yes  **EGWP:** 5  **For Reject 79 or 88** – Refill Limit Flag change to 5. | **Medicare Part D:**    **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dosage Form:** Yes | **Dose Optimization:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes |  |
| OIG Prescriber Edit Plan does not allow claims to be processed that are written by prescribers on the OIG list but allows for a courtesy override while either the prescriber gets this corrected or member finds a prescriber.  **Exceptions:** Refer to the CIF.  **Note:** This is usually a MED D or Medicaid Override.  **Potential Reject Code(s)/Description(s):**  71 - Prescriber Is Not Covered  A1 - Submitted Prescriber ID is OIG Excluded. Claim is not payable  79 - Refill too soon | If prescriber’s office is on the line and wishes to dispute their exclusion, [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7). | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **OP** | **DUR:** Yes |
| **Refill limits:** Yes  **EGWP:** 5  **For Reject 79 or 88** – Refill Limit Flag change to 5. | **Medicare Part D:**    **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dosage Form:** Yes | **Dose Optimization:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes |  |
| Quantity vs. Time (QVT) This override is used to override a quantity limit to get the member back on track for their medication.  **Example:** Member is allowed 6 Cialis in 25-day period, or 18 in 75-day period. They fill 6 the first month. Next month they try to fill 18, but they are only allowed 12 because they already filled 6. If they fill the 12, next time they will only be able to fill 6. A QVT override would allow them to fill 18 every three months so that they are not stuck filling 12, then 6, then 12, then 6, etcetera.  That is why these overrides are often called ‘Back on Track’ overrides; it gets the member back on track for filling their meds for the full quantity every three months.  **Potential Reject Code(s)/Description(s):**  76 - Plan Limits Exceeded  79 - Refill too soon | Ifthe member needs more than a **1-time override** to get back on track, a QVT Override is **NOT** appropriate. Instead, a Prior Authorization is needed.  **Example:** The member needs to take medication daily, but the plan only allows 3 times a week. A QVT Override is not appropriate, assist member with a Prior Authorization.  If entering a PBO Support Task:   * **Notes** **field:** Include reason for the override. * **Additional Fields:** Select **Quantity/Days’ Supply**   Overrides entered by a CCR **do not** change any QVT restrictions on that drug. If a QVT override needs to be entered, refer to [Compass – Quantity vs. Time (QVT) Override (061704)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=ebb38ac4-9984-4685-b0f5-8740059efc94). | Reason Code: **QV**  Refer to [Compass – Quantity vs. Time (QVT) Override (061704)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ebb38ac4-9984-4685-b0f5-8740059efc94) for further instruction.  Refer to [Standard Override Fields](#_Standard_Override_Fields).  **For Reject 79 or 88** – Refill Limit Flag change to 5. | |
| Retail Fill for Manufacturer Back Order Specific drug is on manufacturer backorder for an extended period. Our Mail Service facilities do not have the drug in stock or are not able to get in stock for an extended period. However, an in-network retail pharmacy does have the medication in stock to fill the prescription.  Refer to [Compass – Member Unable to Locate Medication at Mail Order or Retail (Back Order, Shortage, Not in Stock - NIS) (065451)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=47f1fc7c-d771-45ae-9de3-179ac312f222) to determine if medication is not in stock at Mail Order.  Refer to <http://www.accessdata.fda.gov/scripts/drugshortages> to determine if FDA considers there is a shortage of the drug in the marketplace.  **Potential Reject Code(s)/Description(s):**  73 - Refills are Not Covered  79 - Refill too soon | Confirm with clinical that medication is back ordered, and we cannot fill through Mail Order (MOR).  When medication is only available at out of network pharmacy, refer to CIF. | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **MF** | **DUR:** Yes |
| **Refill limits:** Yes  **EGWP:** 5  **For Reject 79 or 88** – Refill Limit Flag change to 5. | **DEA Class:** Yes |
| **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. | **Customer Location:** Yes |
| **DESI:** Yes | **Dosage Form:** Yes |
| **Dose Optimization:** Yes | **FDA Thera Equiv:** Yes |
| **Packaging Exceptions:** Yes | **OTCs:** Yes |
| **Therapeutic Category:** Yes | **Third Party Exception:** Yes |
| Retail Fill Limit/Annual Fill Limit/Mandatory Home Delivery Plan design that limits the number of maintenance prescription fills at the retail pharmacy.  **Examples:**   * Test claim returns that the plan requires a 90-day supply. * Member states they are unaware of fill limit. * Refer to CIF for limitations, if CIF does not list limitations, 1 fill per year per medication is allowed.   **Note:** Transform Care flag is changed to “Y” only if reject is for Transform Care program.  **Potential Reject Code(s)/Description(s):**  76 - Plan Limits Exceeded  73 - Refills are Not Covered  70 - NDP Product Service Not Covered (Transform Care)  79 - Refill too soon | The Annual Fill Limit is not authorized to be overridden in conjunction with other overrides UNLESS the Annual Fill Limit override is allowed per the CIF.  **Note:** If plan allows [Compass - Maintenance Choice (MChoice) Opt Out (053799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=071ddb5a-1f72-4cef-baa6-5164c512e782), override is not appropriate.  If entering a **PBO Support Task:**   * **Notes** **field:** Include reason for the override. * **Additional Fields:** Select **Annual Fill Limit (AFL)**. | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **RF** | **DUR:** Yes |
| **Refill limits:** Yes  **EGWP:** 5  **For Reject 79 or 88** – Refill Limit Flag change to 5. | **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. |
| **Customer Location:** Yes | **DEA Class:** Yes |
| **DESI:** Yes | **Dosage Form:** Yes |
| **Dose Optimization:** Yes | **FDA Thera Equiv:** Yes |
| **OTCs:** Yes  **Maintenance Choice:**  For clients with Maintenance Choice, for early fills at Retail (POS) for 83 days’ supply or less, change the Maintenance Choice field to “Y”. The client must participate in the MChoice program and the R(x) in question must be a maintenance drug. Refer to [Compass Identifying if a Medication is a Maintenance Drug (068735)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=51ff1748-2175-477b-9477-3506436fe8d3).  Leave the Maintenance Choice field to set to “N” when the prescription is being filled for 84-day supplies or more. | **Packaging Exceptions:** Yes |
| **Third Party Exception:** Yes | **Therapeutic Category:** Yes |
|  | **Transform Care:** Yes (only for Transform Care) |
| Specialty Retail Lock Out Plan requires that a specialty medication be filled at a specific pharmacy, and CIF allows override so the member can fill locally to give them time to set up ordering with the preferred pharmacy.  **Potential Reject Code(s)/Description(s):**  R6 - Product/Service Not Appropriate for This Location  79 - Refill too soon | **Refer to CIF Specialty Plan Design Highlights section.**  If entering a **PBO Support Task:**  **Notes** **field:** Include reason for the override.  **Note:** The Test Claim Status **will** show denied from the Override Results screen. Refer [Compass – Editing a Specialty Pharmacy Lock PBO (061696)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b23ce43a-3369-45b6-a81b-457ad5d2665e). | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **OS** | **DUR:** Yes |
| **Refill limits:** Yes  **EGWP:** 5  **For Reject 79 or 88** – Refill Limit Flag change to 5. | **Medicare Part D:**    **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dosage Form:** Yes | **Dose Optimization:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes | **Override Specialty Reject:** Defaults to No. Edit only if rejected for Specialty medication, or as instructed by the **CIF**. |
| Transition Plan 1 Time Override for 30-Day Supply Plan component allows for an initial **one-time** override if the plan member needs medication immediately for the first 90 days of the plan eligibility date.  **Note:** This is typically a Medicare D override unless CIF states otherwise.  **Potential Reject Code(s)/Description(s):**  70 – NDC/Product Service Not Covered  79 - Refill too soon | If entering a **PBO Support Task:**   * **Notes** **field:** Include reason for the override. * **Additional Fields:** Select **Other** | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **TF** | **DUR:** Yes |
| **Refill limits:** Yes  **EGWP:** 5  **For Reject 79 or 88** – Refill Limit Flag change to 5. | **Medicare Part D:**    **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dosage Form:** Yes | **Dose Optimization:** Yes |
| **FDA Thera Equiv:** Yes | **Packaging Exceptions:** Yes |
| **OTCs:** Yes | **Therapeutic Category:** Yes |
| **Third Party Exception:** Yes |  |
| Vacation Member going on vacation/business trip.  **Examples:**   * Member went on vacation and left medication at home. * Member went on business trip and left medication at hotel.   For extended override requests beyond what the CIF allows for vacation overrides:   * If trip will be outside of the country, and the member will need more medication than the plan allows for a standard Vacation Override, refer to [Expatriate Override](#ExpatriateOverride).   **Potential Reject Code(s)/Description(s):**  79 - Refill too soon  88 - DUR = Drug Utilization Review | **For Retail Claims:**  SCC code should be attempted first. Refer to [Compass - SCC Override at Retail (061705)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc09207c-b3ff-4c9e-803b-9a00f7038340).  **Note:** Early refill requests for vacation supplies can be made up to **30 days prior to departure**. Ensure the member only needs a vacation supply for short term, not for an extended period, which may require a PA or an [Expatriate Override](#ExpatriateOverride).  If entering a **PBO Support Task:**   * **Notes** **field****:** Include departure and return dates, days’ supply needed, if member is leaving the country or not all drug information and the dosage that is needed. * **Additional Fields:** Select **Vacation Supply** and **Annual Fill Limit (AFL)**. | **Do not** edit these fields **unless** the override is not successful. | |
| Reason Code: **V** | **DUR:** Yes |
| **Refill limits:** Yes  **EGWP:** 5  **For Reject 79 or 88** – Refill Limit Flag change to 5.  If the plan offers **Maintenance Choice**, Refill Limit flag must be changed to 5. | **Medicare Part D:**  **EGWP:** Override must be applied to primary and secondary accounts. |
| **DEA Class:** Yes | **DESI:** Yes |
| **Dose Optimization:** Yes | **FDA Thera Equiv:** Yes |
| **Packaging Exceptions:** Yes | **OTCs:** Yes |
| **Therapeutic Category:** Yes | **Third Party Exception:** Yes |

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| Special Considerations: Ophthalmic/Eye Drops |

Refer to the table below:

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| **Special Considerations** | |
| Ophthalmic/Eye Drops | In addition to the specific override fields listed above for the type of override entered, also update the following Special Handling Fields:   * Change GPI fields to a **Y**:   + GPI List   + GPI Period Fills   + GPI Contingent Therapy   **Note:** For more direction on updating the Special Handling Fields, view the [Requires Special Handling Fields - General Tab](#RequiresSpecialHandlingFields) section. |

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| Standard Override Fields |

This is a list of standard fields that should be used for overrides unless the type of override in the above reference states otherwise. Refer to the specific type of override for additional fields that may also need to be adjusted.

**Ignore PA Status:** Leave as P-Plan Ignore PA Status (default), or as instructed by the **CIF**.

* **Agent:** Agent field defaults to **P-Plan Sponsor** unless the caller is an authenticated Retail Pharmacy then it will default to H-Help Desk.
* **Relationship** **To Member:** Auto populates with information from Authentication screen. If not, select the correct option from the dropdown menu.
* **Requestor:** Auto populates with information from Authentication screen. If not, enter the requestor’s name.
* **Authorized By:** Edit only if the **CIF** shows documentation is required or provides other instructions.
* **Override Specialty Reject:** Defaults to No. Edit only if rejected for Specialty medication, or as instructed by the **CIF**.
* **Authorized Notes:** Only used for added notes required by the client per the **CIF** (not typical).

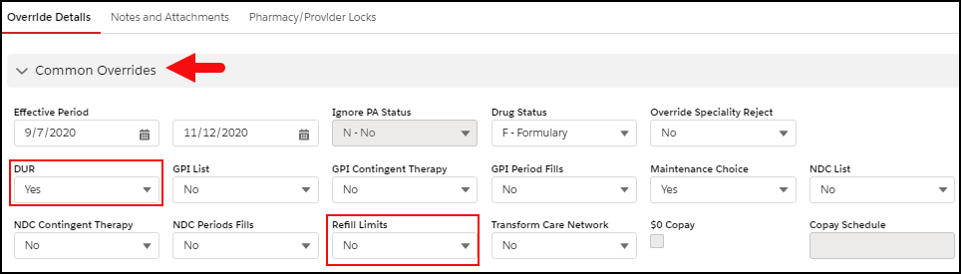
 If the following popup displays enter required notes: **Client requires detailed notes on why override is being authorized.**

**Note:** Requestor, Relationship to Member, and Authorized By are automatically inserted as notes (to view, access Override/PA History from the **Quick Action** panel on the **Claims** tab by clicking on the **Override ID** and then the **Notes** tab).

Refer to the following to identify the location of Fields in Compass:

**Common Overrides Fields:**

The following displays the location of Fields within the **Common Overrides** section, outlined in red:



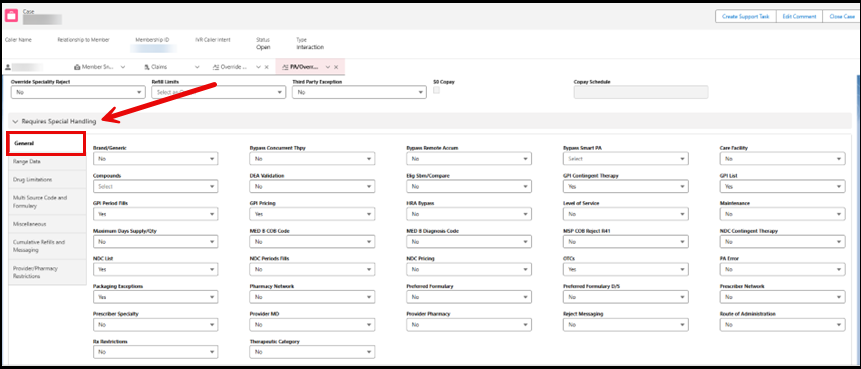
 If client is **Molina** the following will be auto changed:

* The Effective and Expiration dates will equal today’s date for both dates.
* The system shall set the Ignore PA Status to N-No.
* The system shall set the Drug Status to A-Plan Default.

You will **not** need to make any of these changes. **Refer to the client CIF for specific override rules.**

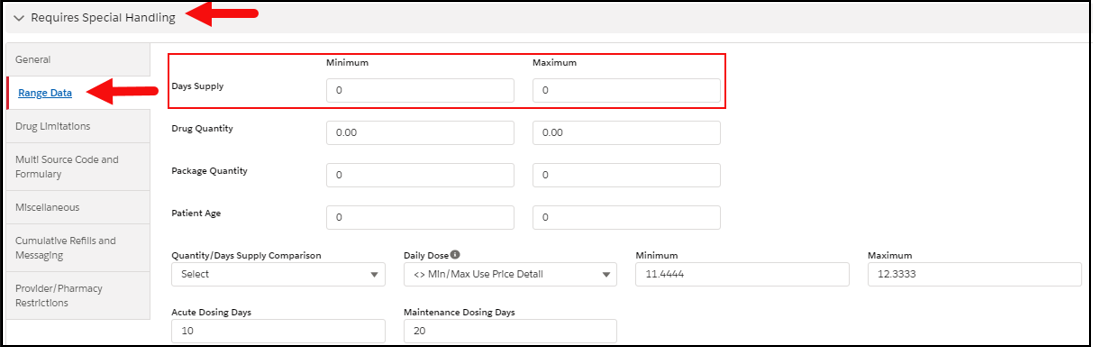
**Requires Special Handling Fields - General Tab:**

The following displays the location of Fields within the **General** tab:



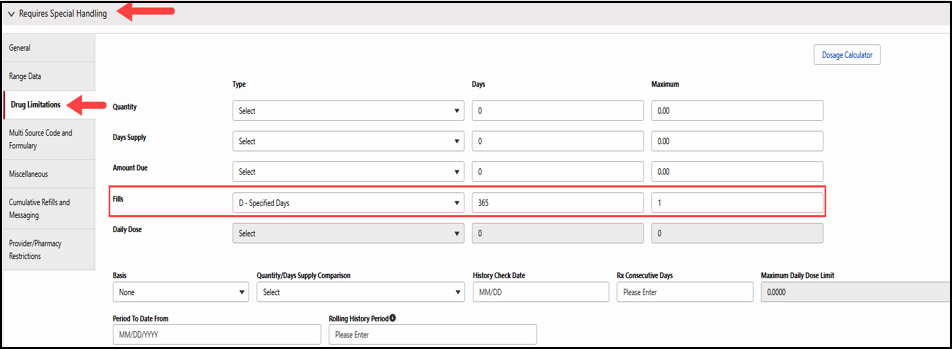
**Requires Special Handling Fields - Range Data Tab:**

The following displays the location of Fields within the **Range Data** tab, outlined in red:



**Requires Special Handling Fields -** **Drug Limitations Tab:**

The following displays the location of Fields within the **Drug Limitations** tab, outlined in red:



For information on editing special handling fields, refer to [Compass - Override Flags (050028)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a13e8cc-5864-4510-9edd-99c74c4f1a18) as needed.

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| Related Documents |

[Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Compass – Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f)

[Compass - Identifying Controlled Substances (057979)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52472a65-b1b1-4026-b85e-816a2c329d9e)

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