# Compass MED D - Test Claim Index

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**Description:** This document provides guidance on when and why to run a Test Claim along with hyperlinks to all related documents.

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| When to Run a Test Claim |

* Beneficiary has a new prescription
* When offering to initiate a new prescription request electronically
* Beneficiary calls to check if a medication will be covered
* Beneficiary calls to check what copay for medication will be
* If a claim is rejecting at retail
* If a claim is rejected/cancelled at mail order
* When confirming your submitted PBO will adjudicate as expected

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| Why Run a Test Claim |

To determine:

* What stage of coverage the beneficiary is in/cost share
* If a coverage determination needs to be started
* If a prescription needs a prior authorization
* If a prescription can be refilled
* The cost of a prescription

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| Test Claim Work Instruction |

Outlines the process for running Test Claims.

[Compass - Test Claims](TSRC-PROD-050041)

* When to Run a Test Claim
* Test Claim from Existing Claim
* Test Claim Without a Claim
* Test Claim from Existing Claim Scenario Guide

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| Handling Complex Medication |

The documents in this section provide Test Claim tips/examples on specific medications.

[Compass - Calculating Quantity for Packaged & Non-Packaged Medications](TSRC-PROD-050982)

[Compass - Test Claim - Calculating Quantity of Packaged Medication General Information](TSRC-PROD-049984)

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| Medicare B Test Claims |

For Test Claims on a medication covered by Medicare Part B, refer to:

[Compass - Identifying and Handling Medicare Part B Calls](TSRC-PROD-061873)

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| Test Claim Common Reject Scenarios |

The documents in this section provide common rejects that occur when running a test claim and the next steps to follow.

[Rejection Codes and Resolutions Reject 01 - Reject BE)](TSRC-PROD-051257)

[Rejection Codes and Resolutions (Reject BF - Reject 981)](TSRC-PROD-051258)

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