

APPENDIX XI Pharmacy Claims Denied after Prior Authorization Approved, July 1, 2018 - June 30, 2019
by National Council for Prescription Drug Program (NCPDP) reject code

NCPDP Code		ABH	ACLA	HB	LHC	UHC	Total
79	Refill Too Soon	12,216	8,274	5,746	28,462	379	55,077
76	Plan Limitations Exceeded	8,544	5,771	3,434	30,272	1,141	49,162
88	DUR Reject Error	3,128	10,593	7,326	3,118	1,656	25,821
70	Product/Service Not Covered – Plan/Benefit Exclusion	496	11,696	3,449	825	254	16,720
75	Prior Authorization Required(may be used when drug formulary status is set as prior authorization required)	4	4,027	11,621	87	311	16,050
39	M/I Diagnosis Code	.	8,248	512	.	.	8,760
M2	Recipient Locked In	.	.	5,381	.	4	5,385
46	Plan's Prescriber data base indicates associated DEA to submitted Prescriber ID does not allow this drug DEA Schedule	19	3,850	.	.	3	3,872
7X	Days Supply Exceeds Plan Limitation	4	379	2,983	8	.	3,374
78	Cost Exceeds Maximum	.	3,193	5	.	71	3,269
MR	Product Not On Formulary	.	66	2,465	.	.	2,531
22	M/I Dispense As Written (DAW)/Product Selection Code	274	1,067	1	568	.	1,910
19	M/I Days Supply	1,180	2	241	.	.	1,423
44	Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID Is not found	470	531	21	.	31	1,053
9G	Quantity Dispensed Exceeds Maximum Allowed	.	890	.	.	.	890
922	Morphine Milligram Equivalent (MME)Exceeds Limits*	228	312	55	271	.	866
50	Non-Matched Pharmacy Number	56	380	16	.	234	686
AC	Product Not Covered Non-Participating Manufacturer	.	103	522	.	.	625
40	Pharmacy Not Contracted With Plan On Date Of Service	30	59	92	397	.	578
83	Duplicate Paid/Captured Claim	.	53	337	.	.	390
G4	Physician must contact plan	.	.	55	271	.	326
77	Discontinued Product/Service ID Number	110	36	.	159	6	311
80	Drug-Diagnosis Mismatch	110	.	.	.	177	287
13	M/I Other Coverage Code	138	9	79	.	.	226
17	M/I Fill Number	179	.	4	.	6	189
41	Submit Bill To Other Processor Or Primary Payer	.	125	23	.	28	176
65	Patient Is Not Covered	6	129	.	1	.	136
25	M/I Prescriber ID	95	38	.	.	.	133
60	Product/Service Not Covered For Patient Age	.	128	.	.	.	128
545	Prescription Origin Code Value Not Supported	.	109	.	.	.	109
33	M/I Prescription Origin Code	93	.	6	.	.	99
43	Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is inactive	41	46	.	.	.	87

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777	Plan's Prescriber data base not able to verify active state license with prescriptive authority for Prescriber ID Submitted	.	.	83	.	.	83
6Z	Provider Not Eligible To Perform Service/Dispense Product	.	.	67	.	.	67
69	Filled After Coverage Terminated	1	47	12	.	.	60
619	Prescriber Type 1 NPI Required	6	47	1	.	.	54
99	Host Processing Error	.	49	.	.	.	49
A1	ID Submitted is associated with a Sanctioned Prescriber	34	11	.	.	.	45
1V	Multiple Transactions Not Supported	.	42	.	.	.	42
95	Time Out	.	39	.	.	.	39
04	M/I Processor Control Number	.	.	38	.	.	38
82	Claim Is Post-Dated	.	35	.	.	.	35
09	M/I Date Of Birth	.	30	2	.	.	32
21	M/I Product/Service ID	28	1	.	.	1	30
818	Medication Administration Not Covered, Plan Benefit Exclusion.	21	.	.	7	.	28
7M	Discrepancy Between Other Coverage Code And Other Coverage Information On File	.	.	25	.	.	25
E7	M/I Quantity Dispensed	.	20	1	2	2	25
29	M/I Number Of Refills Authorized	.	22	.	.	.	22
8R	Submission Clarification Code Value Not Supported	.	.	21	.	.	21
645	Repackaged product is not covered by the contract.	.	2	17	.	.	19
DV	M/I Other Payer Amount Paid	.	10	7	.	.	17
42	Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired	10	.	6	.	.	16
54	Non-Matched Product/Service ID Number	.	15	.	.	.	15
81	Claim Too Old	3	4	4	.	2	13
56	Non-Matched Prescriber ID	3	.	.	.	9	12
895	Allowed Number of Overrides Exhausted	.	.	12	.	.	12
R6	Product/Service Not Appropriate For This Location	.	.	2	10	.	12
7V	Duplicate Refills,	.	.	11	.	.	11
816	Pharmacy Benefit Exclusion, May Be Covered Under Patient's Medical Benefit	.	.	11	.	.	11
DQ	M/I Usual And Customary Charge	.	9	2	.	.	11
HA	M/I Flat Sales Tax Amount Submitted	.	.	.	.	11	11
543	Prescriber ID Qualifier Value Not Supported	.	10	.	.	.	10

NCPDP Code		ABH	ACLA	HB	LHC	UHC	Total
73	Refills Are Not Covered	.	10	.	.	.	10
85	Claim Not Processed	.	.	6	.	4	10
446	COB/Other Payments Segment Incorrectly Formatted	.	9	.	.	.	9
7W	Refills Exceed allowable Refills	.	6	3	.	.	9
6E	M/I Other Payer Reject Code	.	.	8	.	.	8
6T	Compound Segment Required For Adjudication	3	.	1	4	.	8
47		.	.	4	.	.	4
C2		.	.	4	.	.	4
28	M/I Date Prescription Written	3	.	.	.	.	3
55	Non-Matched Product Package Size	.	3	.	.	.	3
600	Coverage Outside Submitted Date Of Service	.	3	.	.	.	3
7D	Non-Matched DOB	.	3	.	.	.	3
7J	Patient Relationship Code Value Not Supported	.	.	3	.	.	3
DN	M/I Basis Of Cost Determination	.	.	3	.	.	3
23	M/I Ingredient Cost Submitted	.	2	.	.	.	2
6C	M/I Other Payer ID Qualifier	.	.	2	.	.	2
7C	M/I Other Payer ID	.	.	2	.	.	2
7Y	Compounds Not Covered,	1	.	.	1	.	2
96	Scheduled Downtime	.	.	2	.	.	2
HE	M/I Percentage Sales Tax Rate Submitted	.	2	.	.	.	2
RE	M/I Compound Product ID Qualifier	2	.	.	.	.	2
11	M/I Patient Relationship Code	.	.	1	.	.	1
7B	Service Provider ID Qualifier Value Not Supported For Processor/Payer	.	1	.	.	.	1
8W	Discrepancy Between Other Coverage Code and Other Payer Amount Paid	.	.	1	.	.	1
AG	Days Supply Limitation For Product/Service	.	.	.	1	.	1
E1	M/I Product/Service ID Qualifier	.	.	1	.	.	1
E3	M/I Incentive Amount Submitted	.	.	.	1	.	1
E8	M/I Other Payer Date	.	1	.	.	.	1
EF	M/I Compound Dosage Form Description Code	.	.	1	.	.	1
EU	M/I Prior Authorization Type Code	.	.	1	.	.	1
EV	M/I Prior Authorization Number Submitted	.	.	1	.	.	1
HB	M/I Other Payer Amount Paid Count	.	.	1	.	.	1
O5		.	.	1	.	.	1
R9	Value In Gross Amount Due Does Not Follow Pricing Formulae	.	.	1	.	.	1
Total		27,536	60,547	44,743	64,465	4,330	201,621

Source: 173 Denied Claims Report

¹ Denied claim counts for pharmacy are reported at the line level.

² Each claim denied may have multiple NCPDP codes and are therefore totals includes duplication.