APPENDIX XI Pharmacy Claims Denied after Prior Authorization Approved, July 1, 2019 - June 30, 2020

by National Council for Prescription Drug Program (NCPDP) reject code

	NCPDP Code	ABH	ACLA	HB	LHC	UHC	Total
79	Refill Too Soon	12,034	6,490	327	34,756	2,829	56,436
76	Plan Limitations Exceeded	7,117	907	5,536	18,782	9,428	41,770
75	Prior Authorization Required(may be used when drug formulary status is set as prior authorization required)	9	3,245	31,410	50	5,017	39,731
88	DUR Reject Error	3,226	4,499	1,015	5,251	15,097	29,088
70	Product/Service Not Covered – Plan/Benefit Exclusion	91	344	4,311	430	18,982	24,158
39	M/I Diagnosis Code	.	4,910	2,021	.	.	6,931
7X	Days Supply Exceeds Plan Limitation	7	2,307	1,841	22	.	4,177
22	M/I Dispense As Written (DAW)/Product Selection Code	1,515	180	.	1,814	.	3,509
MR	Product Not On Formulary	19	236	2,838	43	.	3,136
9G	Quantity Dispensed Exceeds Maximum Allowed	.	2,679	.	.	.	2,679
80	Drug-Diagnosis Mismatch	20	.	.	.	2,107	2,127
50	Non-Matched Pharmacy Number	9	67	51	.	1,868	1,995
19	M/I Days Supply	742	2	2	.	1,063	1,809
922	Morphine Milligram Equivalent (MME)Exceeds Limits*	432	.	285	355	.	1,072
40	Pharmacy Not Contracted With Plan On Date Of Service	84	212	109	641	.	1,046
41	Submit Bill To Other Processor Or Primary Payer	.	199	179	4	482	864
77	Discontinued Product/Service ID Number	78	.	15	294	414	801
44	Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID Is not found	365	122	36	.	256	779
G4	Physician must contact plan	.	.	284	355	.	639
890	Pharmacy Not Enrolled in State Medicaid Program	585	.	.	.	.	585
60	Product/Service Not Covered For Patient Age	47	201	.	169	.	417
E7	M/I Quantity Dispensed	.	3	39	.	361	403
82	Claim Is Post-Dated	.	295	.	.	7	302
78	Cost Exceeds Maximum	.	.	.	.	282	282
13	M/I Other Coverage Code	104	30	127	.	4	265
34	M/I Submission Clarification Code	2	254	2	.	1	259
38	M/I Basis Of Cost Determination	.	253	.	.	.	253
69	Filled After Coverage Terminated	.	148	16	.	80	244
99	Host Processing Error	11	216	.	.	.	227
545	Prescription Origin Code Value Not Supported	.	204	.	.	.	204
AC	Product Not Covered Non-Participating Manufacturer	.	200	.	.	.	200
21	M/I Product/Service ID	33	9	1	.	146	189
95	Time Out	.	182	.	.	.	182
17	M/I Fill Number	109	.	.	1	69	179

NCPDP Code		ABH	ACLA	HB	LHC	UHC	Total
M2	Recipient Locked In	6	.	31	.	139	176
83	Duplicate Paid/Captured Claim	.	.	33	.	134	167
33	M/I Prescription Origin Code	57	1	49	.	58	165
85	Claim Not Processed	.	.	.	.	164	164
EV	M/I Prior Authorization Number Submitted	.	62	.	.	96	158
CB	M/I Patient Last Name	.	.	.	.	151	151
10	M/I Patient Gender Code	.	.	.	.	133	133
8R	Submission Clarification Code Value Not Supported	20	4	.	108	.	132
04	M/I Processor Control Number	.	.	130	.	.	130
25	M/I Prescriber ID	62	26	.	.	24	112
09	M/I Date Of Birth	.	1	37	.	54	92
65	Patient Is Not Covered	.	.	.	.	84	84
DV	M/I Other Payer Amount Paid	.	39	45	.	.	84
43	Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is inactive	60	14	3	.	1	78
606	Brand Drug / Specific Labeler Code Required	.	77	.	.	.	77
7M	Discrepancy Between Other Coverage Code And Other Coverage Information On File	.	.	74	.	.	74
7W	Refills Exceed allowable Refills	.	70	.	.	.	70
DN	M/I Basis Of Cost Determination	24	.	1	28	.	53
46	Plan's Prescriber data base indicates associated DEA to submitted Prescriber ID does not allow this drug DEA Schedule	1	13	1	.	36	51
56	Non-Matched Prescriber ID	9	1	.	.	41	51
6E	M/I Other Payer Reject Code	.	.	46	.	.	46
R2	Other Payer Reject Count Does Not Match Number Of Repetitions	.	.	.	.	39	39
DQ	M/I Usual And Customary Charge	.	9	.	.	22	31
R6	Product/Service Not Appropriate For This Location	.	.	8	18	.	26
EU	M/I Prior Authorization Type Code	.	.	.	.	21	21
GE	M/I Percentage Sales Tax Amount Submitted	.	.	.	.	21	21
CP	M/I Patient Zip/Postal Zone	3	.	.	12	.	15
6Z	Provider Not Eligible To Perform Service/Dispense Product	.	13	.	.	.	13

	NCPDP Code	ABH	ACLA	HB	LHC	UHC	Total
EZ	M/I Prescriber ID Qualifier	.	.	.	.	13	13
543	Prescriber ID Qualifier Value Not Supported	.	12	.	.	.	12
8W	Discrepancy Between Other Coverage Code and Other Payer Amount Paid	.	.	12	.	.	12
20	M/I Compound Code	.	11	.	.	.	11
619	Prescriber Type 1 NPI Required	.	.	.	.	10	10
645	Repackaged product is not covered by the contract.	.	10	.	.	.	10
7D	Non-Matched DOB	.	9	.	.	.	9
9M	Minimum Of Two Ingredients Required	.	.	.	.	9	9
HE	M/I Percentage Sales Tax Rate Submitted	.	2	.	.	7	9
6T	Compound Segment Required For Adjudication	6	.	.	2	.	8
7C	M/I Other Payer ID	.	.	6	.	2	8
818	Medication Administration Not Covered, Plan Benefit Exclusion.	1	.	4	3	.	8
92	System Unavailable/Host Unavailable	.	.	.	.	8	8
E5	M/I Professional Service Code	.	.	.	.	8	8
1V	Multiple Transactions Not Supported	.	7	.	.	.	7
28	M/I Date Prescription Written	.	.	.	.	7	7
42	Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired	2	1	1	.	3	7
557	COB Segment Present On A Non-COB Claim	.	.	7	.	.	7
81	Claim Too Old	.	.	1	.	6	7
6C	M/I Other Payer ID Qualifier	.	.	6	.	.	6
8N	Future Date Prescription Written Not Allowed,	.	6	.	.	.	6
JE	M/I Percentage Sales Tax Basis Submitted	.	.	.	.	6	6
01	M/I Bin Number	.	5	.	.	.	5
29	M/I Number Of Refills Authorized	.	5	.	.	.	5
5C	M/I Other Payer Coverage Type	.	.	5	.	.	5
E6	M/I Result Of Service Code	.	.	.	.	5	5
H9	M/I Other Amount Claimed Submitted	.	.	5	.	.	5
05	M/I Service Provider Number	.	.	.	.	4	4
54	Non-Matched Product/Service ID Number	.	4	.	.	.	4
816	Pharmacy Benefit Exclusion, May Be Covered Under Patient's Medical Benefit	.	3	.	.	.	3
E1	M/I Product/Service ID Qualifier	.	.	.	.	3	3
E8	M/I Other Payer Date	.	3	.	.	.	3
HC	M/I Other Payer Amount Paid Qualifier	.	2	1	.	.	3
35	M/I Primary Care Provider ID	.	.	.	.	2	2
7Y	Compounds Not Covered,	.	.	.	2	.	2
891	Days Supply Is Less Than Plan Minimum	1	.	.	1	.	2

	NCPDP Code	ABH	ACLA	HB	LHC	UHC	Total
E3	M/I Incentive Amount Submitted	.	.	.	.	2	2
PE	M/I Request Coordination Of Benefits/Other Payments Segment	.	2	.	.	.	2
RK	Partial Fill Transaction Not Supported	.	1	.	.	1	2
SF	Other Payer Amount Paid Count Does Not Match Number Of Repetitions	.	.	2	.	.	2
23	M/I Ingredient Cost Submitted	.	1	.	.	.	1
2N	M/I Prescriber State/Province Address	1	.	.	.	.	1
67	Filled Before Coverage Effective	.	1	.	.	.	1
7B	Service Provider ID Qualifier Value Not Supported For Processor/Payer	.	1	.	.	.	1
CX	M/I Patient ID Qualifier	.	.	.	.	1	1
HB	M/I Other Payer Amount Paid Count	.	.	.	.	1	1
NX	M/I Submission Clarification Code Count	.	.	.	.	1	1
RE	M/I Compound Product ID Qualifier	1	.	.	.	.	1
WE	M/I Diagnosis Code Qualifier	.	.	.	.	1	1
Total (All)		26,893	28,810	50,953	63,141	59,811	229,608

Source: 173 Denied Claims Report

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

[2] Each claim denied may have mutliple NCPDP codes and are therefore totals includes duplication.