

APPENDIX X Pharmacy Claims Denied after an Approved Prior Authorization, July 1, 2021 – June 30, 2022

by NCPDP Reject Code

NCPDP Code	ABH	ACLA	HB	LHC	UHC	Total
79 Refill Too Soon	10,642	8,595	504	42,270	445	62,456
75 Prior Authorization Required	397	2,917	38,884	20	930	43,148
76 Plan Limitations Exceeded	6,849	731	6,376	15,617	2,363	31,936
88 DUR Reject Error	2,583	4,983	1,777	4,471	1,771	15,585
39 M/I Diagnosis Code	25	4,711	2,132	-	119	6,987
70 Product/Service Not Covered – Plan/Benefit Exclusion	199	453	2,408	1,229	2,205	6,494
7X Days Supply Exceeds Plan Limitation	6	1,804	621	4	-	2,435
22 M/I Dispense As Written (DAW)/Product Selection Code	532	290	-	1,492	-	2,314
MR Product Not On Formulary	149	299	771	34	-	1,253
60 Product/Service Not Covered For Patient Age	52	62	-	1,065	-	1,179
9G Quantity Dispensed Exceeds Maximum Allowed	-	1,078	-	-	-	1,078
DN M/I Basis Of Cost Determination	149	-	15	593	3	760
922 Morphine Milligram Equivalent (MME)Exceeds Limits*	281	-	155	285	-	721
19 M/I Days Supply	521	3	131	-	-	655
44 Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is not found	332	228	29	-	37	626
41 Submit Bill To Other Processor Or Primary Payer	-	289	162	4	170	625
40 Pharmacy Not Contracted With Plan On Date Of Service	45	159	134	265	-	603
890 Pharmacy Not Enrolled in State Medicaid Program	499	-	-	-	-	499
50 Non-Matched Pharmacy Number	4	29	11	-	427	471
G4 Physician must contact plan	-	-	152	279	-	431
56 Non-Matched Prescriber ID	-	26	337	-	3	366
77 Discontinued Product/Service ID Number	74	-	4	244	44	366
82 Claim Is Post-Dated	-	364	-	-	-	364
AC Product Not Covered Non-Participating Manufacturer	-	361	-	-	-	361
83 Duplicate Paid/Captured Claim	-	273	25	-	2	300
606 Brand Drug / Specific Labeler Code Required	-	211	-	-	-	211
13 M/I Other Coverage Code	65	37	101	-	-	203
99 Host Processing Error	47	121	-	-	-	168
'04 M/I Processor Control Number	-	-	165	-	-	165
34 M/I Submission Clarification Code	20	95	13	-	3	131
69 Filled After Coverage Terminated	-	118	3	-	10	131
33 M/I Prescription Origin Code	57	3	61	-	-	121
25 M/I Prescriber ID	21	90	-	-	5	116
545 Prescription Origin Code Value Not Supported	-	97	-	-	-	97
7W Refills Exceed allowable Refills	-	93	-	-	-	93
95 Time Out	-	91	-	-	-	91
17 M/I Fill Number	78	-	4	-	4	86
EV M/I Prior Authorization Number Submitted	-	77	-	-	1	78
980 Patient Locked Into Specific Pharmacy(s)	19	-	3	48	-	70
38 M/I Basis Of Cost Determination	-	69	-	-	-	69
7M Discrepancy Between Other Coverage Code And Other Coverage Information On File	-	-	63	-	-	63
E7 M/I Quantity Dispensed	2	3	46	-	11	62
R6 Product/Service Not Appropriate For This Location	-	-	26	36	-	62
6E M/I Other Payer Reject Code	-	-	49	-	-	49
DV M/I Other Payer Amount Paid	-	16	29	-	2	47
78 Cost Exceeds Maximum	-	-	-	-	40	40
979 Patient Locked Into Specific Prescriber(s)	4	-	-	34	2	40
ET M/I Quantity Prescribed	-	24	10	-	1	35
09 M/I Date Of Birth	-	-	30	-	-	30
21 M/I Product/Service ID	24	1	-	-	4	29
23 M/I Ingredient Cost Submitted	20	3	4	-	-	27
43 Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is inactive	12	8	1	-	-	21
645 Repackaged product is not covered by the contract.	-	21	-	-	-	21
981	-	18	3	-	-	21
80 Drug-Diagnosis Mismatch	-	-	-	-	20	20
M2 Recipient Locked In	4	-	11	-	4	19
65 Patient Is Not Covered	-	-	-	-	14	14
RE M/I Compound Product ID Qualifier	14	-	-	-	-	14
42 Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired	9	3	-	-	1	13
649 Cumulative Quantity For This CII Rx Number Exceeds Quantity Prescribed	-	-	13	-	-	13
46 Plan's Prescriber data base indicates associated DEA to submitted Prescriber ID does not allow this drug DEA Schedule	4	5	1	-	2	12
543 Prescriber ID Qualifier Value Not Supported	-	11	-	-	-	11
891 Days Supply Is Less Than Plan Minimum	-	-	-	11	-	11
DQ M/I Usual And Customary Charge	-	9	1	-	-	10
608 Step Therapy, Alternate Drug Therapy Required Prior To Use Of Submitted Product Service ID	-	9	-	-	-	9
6Z Provider Not Eligible To Perform Service/Dispense Product	-	9	-	-	-	9

NCPDP Code		ABH	ACLA	HB	LHC	UHC	Total
619	Prescriber Type 1 NPI Required	3	-	2	-	2	7
81	Claim Too Old	3	2	2	-	-	7
29	M/I Number Of Refills Authorized	-	6	-	-	-	6
816	Pharmacy Benefit Exclusion, May Be Covered Under Patient's Medical Benefit	-	6	-	-	-	6
8W	Discrepancy Between Other Coverage Code and Other Payer Amount Paid	-	-	6	-	-	6
H9	M/I Other Amount Claimed Submitted	-	-	6	-	-	6
1V	Multiple Transactions Not Supported	-	5	-	-	-	5
20	M/I Compound Code	-	5	-	-	-	5
54	Non-Matched Product/Service ID Number	-	5	-	-	-	5
8R	Submission Clarification Code Value Not Supported	-	1	-	4	-	5
7B	Service Provider ID Qualifier Value Not Supported For Processor/Payer	-	4	-	-	-	4
A1	ID Submitted is associated with a Sanctioned Prescriber	-	3	-	1	-	4
PE	M/I Request Coordination Of Benefits/Other Payments Segment	-	4	-	-	-	4
557	COB Segment Present On A Non-COB Claim	-	-	3	-	-	3
85	Claim Not Processed	-	-	-	-	3	3
NQ	M/I Other Payer-Patient Responsibility Amount	-	-	3	-	-	3
28	M/I Date Prescription Written	-	1	1	-	-	2
51	Non-Matched Group ID	-	2	-	-	-	2
7C	M/I Other Payer ID	-	-	2	-	-	2
CB	M/I Patient Last Name	-	-	-	-	2	2
CP	M/I Patient Zip/Postal Zone	-	-	-	2	-	2
EU	M/I Prior Authorization Type Code	-	2	-	-	-	2
HE	M/I Percentage Sales Tax Rate Submitted	-	2	-	-	-	2
R2	Other Payer Reject Count Does Not Match Number Of Repetitions	-	-	-	-	2	2
05	M/I Service Provider Number	-	-	-	-	1	1
12	M/I Place of Service	-	-	-	-	1	1
16	M/I Prescription/Service Reference Number	-	1	-	-	-	1
5C	M/I Other Payer Coverage Type	-	-	1	-	-	1
648	Quantity Prescribed Does Not Match Quantity Prescribed On Original CII Dispensing	-	1	-	-	-	1
67	Filled Before Coverage Effective	-	1	-	-	-	1
6C	M/I Other Payer ID Qualifier	-	-	1	-	-	1
7Y	Compounds Not Covered,	-	-	-	1	-	1
818	Medication Administration Not Covered, Plan Benefit Exclusion.	1	-	-	-	-	1
8N	Future Date Prescription Written Not Allowed,	-	1	-	-	-	1
8S	Basis Of Cost Determination Value Not Supported	-	1	-	-	-	1
EZ	M/I Prescriber ID Qualifier	1	-	-	-	-	1
Total		23,747	28,950	55,292	68,009	8,654	184,652

Source: 173 Denied Claims Report

Denied claim counts for pharmacy are reported at the line level.
Each claim denied may have multiple NCPDP codes and are therefore totals includes duplication.