

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.