

Adjudication Rejections

- Refill Too Soon
 - Inform patient of issue, offer to fill it out of pocket, or wait until the current day supply expires.
 - Pharmacies are not to fill controlled medication (CII - CV) more than 3 days before they're due.
- Missing Origin Code
 - All Medicare–D claims require an origin code submitted with every claim.
- Prior Authorization
 - The insurance company requires the doctor to declare that it is medically necessary that the patient receive this prescription.
 - Inform patient of issue, explain that these typically take a week or so to resolve.
 - The patient has the option of paying for the medication out of pocket.
- Invalid Cardholder ID
 - Need updated insurance info from the patient. Fill as cash then let patient know at pickup that we need additional information.
- Missing/Invalid Prescriber
 - The prescriber associated with the claim has incomplete information, typically NPI/DEA numbers. Enter the missing information under the prescriber's profile and resubmit.
- Medication Not Covered
 - Inform the patient their insurance doesn't pay for this medication and that they can either pay out of pocket for it, or we can contact the doctor for a change in therapy.
 - Occasionally the insurance company will indicate which medication they prefer for a specific condition. Follow the previous step for resolution.
- Missing/Invalid Diagnosis Code
 - All Medicare–B claims involving diabetic supplies require a diagnosis code with every claim.
 - Type 1 Diabetes – those requiring insulin
 - 250.00
 - Type 2 Diabetes – those on an oral glucose replacement therapy
 - 250.01
- Therapeutic Duplication
 - A situation where the patient is taking multiple prescriptions for the same condition.
 - Call insurance company for override, inform pharmacist of duplication of therapy.