# PHD - NCPDP D.0 Rejection Code and Verbiage (Reject BF to Reject 981)

**Select the appropriate Reject Number**.

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| [BF](#_Ø1) | [BG](#_Ø2) | | [BH](#_Ø3) | | [BJ](#_Ø4) | | [BK](#_Ø5) | | [BM](#_Ø6) | | [B2](#_Ø7) | | [CA](#_Ø8) | | | [CB](#_Ø9) | | | [CC](#_1C) | | | [CD](#_1E) | | | [CE](#_1R) | | | [CF](#_1S) | | | [CG](#_1T) | | | [CH](#_1U) | | [CI](#_1V) | | [CJ](#_1W) | | [CK](#_1X) | | | [CL](#_1Y) | | [CM](#_1Z) | | | [CN](#_1Ø) | | | [CO](#_11) | | | [CP](#_12) | | | [CQ](#_13) | | | [CR](#_14) | | | [CW](#_15) | | | [CX](#_16) | | | [CY](#_17) | | | [CZ](#_19) | | | |
| [D1](#_2A) | [**D2**](#_2B) | | [**DC**](#_2C) | | [**DE3**](#_DE3) | | [**DN**](#_2D) | | [**DQ**](#_2E) | | [**DR**](#_2G) | | | [**DT**](#_2H) | | | [**DU**](#_2J) | | | [**DV**](#_2K) | | | [**DX**](#_2M) | | | [**DY**](#_2N) | | | [**DZ**](#_2P) | | | [**EA**](#_2Q) | | [**EB**](#_2R) | | [**EC**](#_2S) | | [**ED**](#_2T) | | [**EE**](#_2U) | | [**EF**](#_2V) | | | [**EG**](#_2W) | | [**EH**](#_2X) | | | [**EJ**](#_2Z) | | | [**EK**](#_2Ø) | | | [**EM**](#_21) | | | [**EN**](#_22) | | | [**EP**](#_23) | | | [**ER**](#_25) | | | [**ET**](#_26) | | | [**EU**](#_28) | | | [EV](#_29) | |
| [EW](#_3A_1) | | [EX](#_3B_1) | | [EY](#_3C_1) | | [EZ](#_3D_1) | | [E1](#_3E_1) | | [E2](#_3F_1) | | [E3](#_3A) | | | [E4](#_3H) | | | [E5](#_3J) | | | [E6](#_3K) | | | [E7](#_3M) | | | [E8](#_3N) | | | [E9](#_3P) | | | [FO](#_3R) | | [GE](#_3S) | | [G1](#_3T) | | [G2](#_3W) | | [G4](#_3X) | | | [G5](#_3Y) | | [G6](#_32) | | | [G7](#_33) | | | [G8](#_34) | | | [G9](#_35) | | | [HA](#_38) | | | [HB](#_4B) | | | [HC](#_4C) | | | [HD](#_4D) | | | [HG](#_4H) | | | [HN](#_4J) | |
| [H1](#_4K) | | [**H2**](#_4M) | | [**H3**](#_4N) | | [**H4**](#_4P) | | [**H5**](#_4Q) | | [**H6**](#_4R) | | [**H7**](#_4S) | | | [**H8**](#_4T) | | | [**H9**](#_4W) | | | [**JE**](#_4X) | | | [**J9**](#_4Y) | | | [**KE**](#_4Z) | | | [**K5**](#_4Ø) | | | [**M1**](#_41) | | [**M2**](#_5C) | | [**M3**](#_5E) | | [**M4**](#_5J) | | [**M5**](#_5Ø) | | | [**M6**](#_51) | | [**M7**](#_52) | | | [**M8**](#_53) | | | [**ME**](#_54) | | | [**MG**](#_55) | | | [**MH**](#_56) | | | [**MJ**](#_58) | | | [**MK**](#_6C) | | | [**MM**](#_6D) | | | [**MN**](#_6E) | | | [MP](#_6G) | |
| [MR](#_6H) | | [**MS**](#_6J) | | [**MT**](#_6K) | | [**MU**](#_6M) | | [**MV**](#_6N) | | [**MW**](#_6P) | | [**MX**](#_6Q) | | | [**MY**](#_6R) | | | [**MZ**](#_6S) | | | [**NA**](#_6T) | | | [**NB**](#_NB) | | | [**NC**](#_6W) | | | [**ND**](#_6X) | | | [**NE**](#_6Y) | | [**NF**](#_6Z) | | [**NG**](#_6Ø) | | [**NH**](#_61) | | [**NJ**](#_62) | | | [**NK**](#_63) | | [**NM**](#_64) | | | [**NN**](#_65) | | | [**NP**](#_66) | | | [**NQ**](#_67) | | | [**NR**](#_68) | | | [**NU**](#_69) | | | [**NV**](#_7A) | | | [**NW**](#_7B) | | | [**NX**](#_7C) | | | [NY](#_7D) | |
| [N1](#_7E) | | [**N3**](#_7G) | | [**N4**](#_7H) | | [**N5**](#_7J) | | [**N6**](#_7K) | | [**N7**](#_7M) | | [**N8**](#_7N) | | | [**N9**](#_7P) | | | [**PA**](#_7Q) | | | [**PB**](#_7R) | | | [**PC**](#_7S) | | | [**PD**](#_7T) | | | [**PE**](#_7U) | | | [**PF**](#_PF) | | [**PG**](#_7V) | | [**PH**](#_7W) | | [**PJ**](#_7X) | | [**PK**](#_7Y) | | | [**PM**](#_7Z) | | [**PN**](#_70) | | | [**PP**](#_71) | | | [**PQ**](#_72) | | | [**PR**](#_73) | | | [**PS**](#_75) | | | [**PT**](#_76) | | | [**PU**](#_77) | | | [**PV**](#_78) | | | [**PW**](#_79) | | | [PX](#_8A) | |
| [PY](#_8B) | | [**PZ**](#_8C) | | [**P0**](#_8D) | | [**P1**](#_8E) | | [**P2**](#_8G) | | [**P3**](#_8H) | | [**P4**](#_8J) | | | [**P5**](#_8K) | | | [**P6**](#_8M) | | | [**P7**](#_8N) | | | [**P8**](#_8P) | | | [**P9**](#_8Q) | | | [**RA**](#_8R) | | | [**RB**](#_8S) | | [**RC**](#_8T) | | [**RD**](#_8U) | | [**RE**](#_8V) | | [**RF**](#_8W) | | | [**RG**](#_8X) | | [**RH**](#_8Y) | | | [**RJ**](#_8Z) | | | [**RK**](#_80) | | | [**RL**](#_81) | | | [**RM**](#_82) | | | [**RN**](#_83) | | | [**RP**](#_84) | | | [**RQ**](#_85) | | | [**RR**](#_86) | | | [RT](#_88) | |
| [RU](#_89) | | [**RV**](#_9B) | | [**RX**](#_9C) | | [**RY**](#_9D) | | [**RZ**](#_9E) | | [**R0**](#_9G) | | [**R1**](#_9H) | | | [**R2**](#_9J) | | | [**R3**](#_9K) | | | [**R4**](#_9M) | | | [**R5**](#_9N) | | | [**R6**](#_9P) | | | [**R7**](#_9Q) | | | [**R8**](#_9R) | | [**R9**](#_9S) | | [**S0**](#_9T) | | [**S1**](#_9U) | | [**S2**](#_9V) | | | [**S3**](#_9W) | | [**S4**](#_9X) | | | [**S5**](#_9Y) | | | [**S6**](#_9Z) | | | [**S7**](#_9Ø) | | | [**S8**](#_91) | | | [**S9**](#_92) | | | [**SA**](#_95) | | | [**SB**](#_96) | | | [**SC**](#_97) | | | [SD](#_98) | |
| [SE](#_99) | | [**SF**](#_AA) | | [**SG**](#_AB) | | [**SH**](#_AC) | | [**SJ**](#_AD) | | [**SK**](#_AE) | | [**SM**](#_AF) | | | [**SN**](#_AG) | | | [**SP**](#_AH) | | | [**SQ**](#_AJ) | | | [**SW**](#_AK) | | | [**TD**](#_AM) | | | [**TE**](#_AQ) | | | [**TF**](#_A5) | | [**TG**](#_A6) | | [**TH**](#_A7) | | [**TJ**](#_A9) | | [**TK**](#_BA) | | | [**TM**](#_BB) | | [**TN**](#_BC) | | | [**TP**](#_BD) | | | [**TQ**](#_BE) | | | [**TR**](#_BF) | | | [**TS**](#_BG) | | | [**TT**](#_BH) | | | [**TU**](#_BJ) | | | [**TV**](#_BK) | | | [**TW**](#_BM) | | | [TX](#_B2) | |
| [TY](#_CA) | | [**TZ**](#_CB) | | [**T0**](#_CC) | | [**T1**](#_CD) | | [**T2**](#_CE) | | [**T3**](#_CF) | | [**T4**](#_CG) | | | [**UA**](#_CH) | | | [**UE**](#_CI) | | | [**UU**](#_UU) | | | [**UZ**](#_UZ) | | | [**U0**](#_U0) | | | [**U7**](#_U7) | | | [**VA**](#_VA) | | [**VB**](#_VB) | | [**VC**](#_VC) | | [**VD**](#_VD) | | [**VE**](#_VE) | | | [**V0**](#_V0) | | [**WE**](#_WE) | | | [**W0**](#_W0) | | | [**W5**](#_W5) | | | [**W6**](#_W6) | | | [**W7**](#_W7) | | | [**W8**](#_W8) | | | [**W9**](#_W9) | | | [**XE**](#_XE) | | | [**XZ**](#_XZ) | | | [X1](#_X1) | |
| [X2](#_X2) | | [**X3**](#_X3) | | [**X4**](#_X4) | | [**X5**](#_X5) | | [**X6**](#_X6) | | [**X7**](#_X7) | | [**X8**](#_X8) | | | [**X9**](#_X9) | | | [**X0**](#_X0) | | | [**YA**](#_YA) | | | [**YB**](#_YB) | | | [**YC**](#_YC) | | | [**YD**](#_YD) | | | [**YE**](#_YE) | | [**YF**](#_YF) | | [**YG**](#_YG) | | [**YH**](#_YH) | | [**YJ**](#_YJ) | | | [**YK**](#_YK) | | [**YM**](#_YM) | | | [**YN**](#_YN) | | | [**YP**](#_YP) | | | [**YQ**](#_YQ) | | | [**YT**](#_YT) | | | [**YU**](#_YU) | | | [**YV**](#_YV) | | | [**YW**](#_YW) | | | [**YX**](#_YX) | | | [YY](#_YY) | |
| [YZ](#_YZ) | | [**Y0**](#_Y0) | | [**Y1**](#_Y1) | | [**Y2**](#_Y2) | | [**Y3**](#_Y3) | | [**Y4**](#_Y4) | | [**Y5**](#_Y5) | | | [**Y6**](#_Y6) | | | [**Y7**](#_Y7) | | | [**Y8**](#_Y8) | | | [**Y9**](#_Y9) | | | [**Z0**](#_Z0) | | | **Z1** | | | [**Z2**](#_Z2) | | [**Z3**](#_Z3) | | [**Z4**](#_Z4) | | [**Z5**](#_Z5) | | [**Z6**](#_Z6) | | | [**Z7**](#_Z7) | | [**ZA**](#_ZA) | | | [**ZB**](#_ZB) | | | [**ZC**](#_ZC) | | | [**ZD**](#_ZD) | | | [**ZE**](#_ZE) | | | [**ZF**](#_ZF) | | | [**ZN**](#_ZN) | | | [**557**](#OLE_LINK557) | | | [**569**](#_569) | | | [606](#Link606) | |
| [608](#_608) | | [612](#_612) | | [613](#_613) | | [614](#_614) | | [619](#_619) | | [648](#_648) | | [649](#_649) | | | [650](#_650) | | | [773](#_773) | | | [774](#_774) | | | [777](#_777) | | | [816](#OLE816) | | | [818](#_818) | | | [819](#_819) | | [828](#_828) | | [829](#_829) | | [831](#_831) | | [832](#_832) | | | [889](#_889) | | [890](#_890) | | | [891](#_891) | | | [922](#_922) | | | [925](#_925) | | | [929](#_929) | | | [979](#_979) | | | [980](#_980) | | | [981](#_981) | | |  | | |  | |

 **Always reference the CIF for client specific processes related to the rejections in the work instruction.**

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| **Rejection Code** | **Rejection Message**  (ØØ "M/I" means missing/invalid) | **Reason why the claim has rejected and the Step to Resolve** | **Verbiage** |
| **BF** | M/I File Type  **Field 702** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **BG** | Sender ID Not Certified For Processor/Payer  **Field 880-K1** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **BH** | M/I Sender ID  **Field 880-K1** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **BJ** | Transmission Type Submitted Not Supported  **Field 880-K6** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **BK** | M/I Transmission Type  **Field 880-K6** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **BM** | M/I Narrative Message  **390** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **B2** | M/I Service Provider ID Qualifier  **Note**: Some fields have a qualifier. Meaning that in the next preceding field on the incoming claim could have multiple meanings. The qualifier tells the processor what this field means**.**  **Field 202** | * This is the Pharmacy/Service Provider Qualifier. * They can send:   + **01-NPI.**   + **05- Medicaid.**   + **08-State License Number.** | **The pharmacy should be advised: “**Our records show a Pharmacy ID Qualifier should be 05 for Medicaid, 01 for NPI. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CA** | M/I Patient's First Name  **Field 310** | * Verify the spelling of the first name. * Verify if a middle initial is on the eligibility file. | **The pharmacy should be advised: “**This plan requires the First Name of the Member to be submitted for a paid claim to process. Please resubmit your claim with the Member’s first name”.  If the pharmacy continues to have problems submitting the claim, send a Claim Referral Web Form or a Claim Referral Support Task.  [Top of the Document](#_top) |
| **CB** | M/I Patient’s Last Name  **Field 311** | Verify the spelling of the last name. | **The pharmacy should be advised:** “This plan requires the Last Name of the Member to be submitted for a paid claim to process. Please resubmit your claim with the Member’s Last name”.  If the pharmacy continues to have problems submitting the claim, send a Claim Referral Web Form or a Claim Referral Support Task.  [Top of the Document](#_top) |
| **CC** | M/I Cardholder First Name  **Field 312** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CD** | M/I Cardholder Last Name  **Field 313** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CE** | M/I Home Plan  **Field 314** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CF** | M/I Employer Name  **Field 315** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CG** | M/I Employer Street Address  **Field 316** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CH** | M/I Employer City Address  **Field 317** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CI** | M/I Employer State/Province Address  **Field 318** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CJ** | M/I Employer Zip Postal Zone  **Field 319** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CK** | M/I Employer Phone Number  **Field 320** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CL** | M/I Employer Contact Name  **Field 321** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CM** | M/I Patient Street Address  **Field 322** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CN** | M/I Patient City Address  **Field 323** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CO** | M/I Patient State Address  **Field 324** | Verify the Member State Address.  \***Note:** Mail order must have state for sales tax. | **The pharmacy should be advised: “**Our records show for a paid claim to process the valid state of the Member must be submitted. Please resubmit your claim with the Member’s state”.  [Top of the Document](#_top) |
| **CP** | M/I Patient Zip/Postal Zone  **Field 325** | Verify the Member’s Zip. | **The pharmacy should be advised: “**Our records show for a paid claim to process the valid Zip/Postal zone of the Member must be submitted. Please resubmit your claim with the Member’s Zip”.  [Top of the Document](#_top) |
| **CQ** | M/I Patient Phone Number  **Field 326** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CR** | M/I Carrier ID  **Field 327** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CW** | M/I Alternate ID  **Field 330** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CX** | M/I Patient ID Qualifier  **Field 331** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CY** | M/I Patient ID  **Field 332** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **CZ** | M/I Employer ID  **Field 333** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **D1** | Date of Service  **Field 401** | Verify if the claimed DOF is valid. | **The pharmacy should be advised: “**I am not showing a valid DOF”.  [Top of the Document](#_top) |
| **D2** | Prescription/Service Reference Number  **Field 402** | Verify if the prescription or reference number is valid. | **The pharmacy should be advised: “**I am not showing the claim processed with a valid Rx Number”.  [Top of the Document](#_top) |
| **DC** | M/I Dispensing Fee Submitted  **Field 412** | Verify if the claimed dispensing fee is valid. | **The pharmacy should be advised: “**A valid Dispensing Fee is required for the claim to process. Please resubmit your claim with a Dispensing Fee”.  [Top of the Document](#_top) |
| **DE3** | Pro Service Not Covered  DE3-PROF SERVICE NOT COVERED-PLAN/BENEFIT EXCLUSION | Reject for plans that do not cover COVID Vaccine counseling by pharmacies. | **The pharmacy should be advised:**  “This plan does not cover the claim of the pharmacy counseling the member on the covid vaccine. For more information the member will need to contact their prescriber”.  [Top of the Document](#_top) |
| **DN** | M/I Basis of Cost Determination  **Field 423** | Information in field is not required for claim to process.  **Medicaid Multiple Ingredient Compound (MIC)**  The compound ingredient basis of cost is blank or invalid. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **DQ** | M/I Usual & Customary  **Field 426** | Pharmacy must submit in the Usual & Customary amount. | **The pharmacy should be advised: “**A valid amount for the Usual & Customary Cost is required for the claim to process. Please resubmit your claim with the Usual & Customary Cost”.  [Top of the Document](#_top) |
| **DR** | M/I Prescriber Last Name  **Field 427** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **DT** | M/I Unit Dose Indicator  **Field 429** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **DU** | M/I Gross Amount Due  **Field 430** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **DV** | M/I Other Payer Amount Paid  **Field 431** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **DX** | M/I Patient Paid Amount Submitted  **Field 433** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **DY** | M/I Date of Injury  **Field 434** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **DZ** | M/I Claim/Reference ID  **Field 435** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **EA** | M/I Originally Prescribed Product/Service Code  **Field 445** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **EB** | M/I Originally Prescribed Quantity  **Field 446** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **EC** | M/I Compound Ingredient Component Count  **Field 447** | Information in field is not required for claim to process. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **ED** | M/I Compound Ingredient Quantity  **Field 448** | Information in field is not required for claim to process. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement.](CMS-PRD1-064288)  [Top of the Document](#_top) |
| **EE** | M/I Compound Ingredient Drug Cost  **Field 449** | Information in field is not required for claim to process. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **EF** | M/I Compound Dosage Form Description Code  **Field 450** | Information in field is not required for claim to process. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **EG** | M/I Compound Dispensing Unit Form Indicator  **Field 451** | Information in field is not required for claim to process. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **EH** | M/I Compound Route of Administration  **Field 452** | Information in field is not required for claim to process. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **EJ** | M/I Originally Prescribed Product/Service ID Qualifier  **Field 453** | **NDC Qualifier - 03.**  CSR cannot see this field. | **The pharmacy should be advised: “**A valid NDC ID Qualifier is required for a claim to process. I show the NDC Qualifier is 03. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **EK** | M/I Scheduled Prescription ID Number  **Field 454** | Information in field is not required for claim to process.  If dealing with NY Medicaid account, refer to [PHD – Reject EK - NY State Prescription Serial Number](TSRC-PROD-050695), NY Medicaid requires field | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  If NY Medicaid account, follow directions from refer to [PHD – Reject EK - NY State Prescription Serial Number](TSRC-PROD-050695).  [Top of the Document](#_top) |
| **EM** | M/I Prescription Service Reference Number Qualifier  **Field 455** | **RX Qualifier=1.**  Pharmacy needs to be referred back to Software Vender (this field could be preset by software or Pharmacy may need to enter with each transaction. | **The pharmacy should be advised: “**A valid Rx ID Qualifier is required for a claim to process. I show the Rx Qualifier is 1. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **EN** | M/I Associated Prescription/Service Reference Number = Partial Fill  **Field 456** | RxClaim does not support partial fill transactions currently. | RxClaim does not support partial fill transactions at this time.  **The pharmacy should be advised: “**I am showing that we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **EP** | M/I Associated Prescription/Service Date = Partial Fill  **Field 457** | RxClaim does not support partial fill transactions currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing that we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **ER** | M/I Procedure Modifier Code  **Field 459** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **ET** | M/I Quantity Prescribed  **Field 460** | **CII Reject only.**  **Do not offer override**  If a claim is submitted with an invalid or blank value in the Quantity Prescribed field or nothing has been submitted in the field the claim will reject. | **Advise the pharmacy:**  “This field contains invalid information, or no information has been submitted for this CII product claim.”  Please update or add the correct information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **EU** | M/I Prior Authorization Type Code  **Field 461** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **EV** | M/I Prior Authorization Number Submitted  **Field 462** | Verify the claimed PA number with the pharmacy. | **Invalid code.**  **The pharmacy should be advised: “**I am showing you are submitting an invalid code. Please delete the Prior Authorization you have submitted and resubmit the claim”.  **PAMC is Incorrect.**  **The pharmacy should be advised: “**Please resubmit the claim with the following Prior Authorization Number \_\_\_\_\_\_”.  **Missing Code.**  Check the claim message to see if a PAMC is need for the claim to pay.  **The pharmacy should be advised: “**I am showing for the claim to pay, you must submit a Prior Authorization number of \_\_\_\_\_\_”.  [Top of the Document](#_top) |
| **EW** | M/I Intermediary Authorization Type ID  **Field 463** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **EX** | M/I Intermediary Authorization ID | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **EY** | M/I Provider ID Qualifier  **Field 465** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **EZ** | M/I Prescriber ID Qualifier  **Field 466** | **Prescriber Qualifier**  **UPIN=06**  **PIN=10**  **NPI=1**  CSR is unable to view this field  Pharmacy will need to contact software vender | **The pharmacy should be advised: “**A valid Prescriber ID Qualifier is required for the claim to process. I show the Prescriber Qualifiers are UPIN=0, PIN=10 and NP=1. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **E1** | M/I Product/Service ID Qualifier  **Field 436** | **NDC Qualifier=03.**  CSR is unable to view this field. | **The pharmacy should be advised: “**A valid Product/Service ID Qualifier is required for the claim to process. I am showing that the NDC Qualifier is 03. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **E2** | M/I Route of Administration  **Field 995-E2** |  |  |
| **E3** | M/I Incentive Amount Submitted  **Field 438-E3** | **Vaccine Claims:**  Verify if the Pricing Segment – Incentive Amount Submitted field is equal to or greater than $0.01. | **The pharmacy should be advised: “**On Vaccine claim the Submitted Administration Fee must be equal to or greater than $0.01.”  [Top of the Document](#_top) |
| **E4** | M/I Reason For Service Code  **Field 439** | Verify claimed PPS codes with the pharmacy. | Refer to: [Commercial PHD- Performance Rx Claim Resolution](CMS-2-028623)  [Top of the Document](#_top) |
| **E5** | M/I Professional Service Code  **Field 440-E5** | **Vaccine Claims:**  Verify if the M/I Professional Service code displays MA.  Verify claimed PPS codes with the pharmacy.  Vaccine Claims | **Vaccine Claims:**  If the claim rejects when the field displays MA – **the pharmacy should be advised**: “This plan sponsor DOES NOT cover administration for this vaccine.  Refer to: [Commercial PHD- Performance Rx Claim Resolution](CMS-2-028623)  [Top of the Document](#_top) |
| **E6** | M/I Result of Service Code  **Field 441** | Verify claimed PPS codes with the pharmacy. | Refer to: [Commercial PHD- Performance Rx Claim Resolution](CMS-2-028623)  [Top of the Document](#_top) |
| **E7** | M/I Quantity Dispensed  **Field 442** | * Verify the claimed quantity with the pharmacy. * Verify the pharmacy is using the metric Units.   **Medicaid Multiple Ingredient Compound (MIC)**  The ingredient quantity is blank for any of the MIC ingredients. | **The pharmacy should be asked: “**Could you please confirm the quantity being submitted”?   * If form is not tabs or caps check actual package size. * Verify with the pharmacy the metric quantity is being dispensed.   In version 5.1 - it is metric decimal quantity.  **The pharmacy should be advised: “**Please enter the number of pkgs dispensed x pkg size.  **Example:**  pkg size 2.5 mls, 25 vials/box  Pharmacist dispenses one box to the Member. So, the pharmacy is to enter in the quantity dispensed field:  25 x 2.5 = **62.5**.  [Top of the Document](#_top) |
| **E8** | M/I Other Payer Date  **Field 443** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **E9** | M/I Provider ID  **Field 444** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **FO** | M/I Plan ID  **Field 524** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **GE** | M/I Percentage Sales Tax Amount Submitted  Ex: A dollar amount that equates to a percentage.  Ex: $1.40 will be submitted. The pharmacy calculated is 1.5% sales tax to equal $1.40  **Field 482** | Non-numeric value is entered or  flat tax submitted with any percentage tax field:   1. ‘Flat and % Tax Not Allowed on Same Clm’. | **The pharmacy should be advised: “**Our records show you are receiving a reject GE which is indicating missing invalid percentage sales tax amount submitted. You will need to check your Ingredient Cost (in some states dispensing fee) claimed along with your sale tax. This reject indicates these two items do not complement one another".  [Top of the Document](#_top) |
| **G1** | M/I Compound Type  **Field 996** | |  | | --- | | Required when Compound Code = 2 | | **The pharmacy should be advised:**  “Please resubmit the claim with a compound code of 2.”  [Top of the Document](#_top) |
| **G2** | M/I CMS Part D Defined Qualified Facility  **Field 997** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **G4** | Physician must contact plan |  | Exceeds MMEdose limit. Prescriber must call Coverage Determination department (PA department). Refer to CIF.   * RxClaim Reject Description that will be displayed in PeopleSafe “PHYSICIAN MUST CONTACT PLAN”.   [Top of the Document](#_top) |
| **G5** | Pharmacist must contact plan |  |  |
| **G6** | Pharmacy Not Contracted in Specialty Network | The pharmacy is not contracted to process Specialty Claims. | **The pharmacy should be advised:**  “I am showing; you are not contracted in the Specialty Network. If the pharmacy wants to join the Specialty network send a Pharmacy Contract Support Task.  [Top of the Document](#_top) |
| **G7** | Pharmacy Not Contracted in Home Infusion Network | The pharmacy is not contracted to process Home Infusion Claims. | **The pharmacy should be advised:**  “I am showing; you are not contracted in the Home Infusion Network. If the pharmacy wants to join the Home Infusion network send a Pharmacy Contract Support Task.  [Top of the Document](#_top) |
| **G8** | Pharmacy Not Contracted in Long Term Care Network | The pharmacy is not contracted to process Long Term Care Claims. | **The pharmacy should be advised:**  “I am showing; you are not contracted in the Long-Term Care Network. If the pharmacy wants to join the Long-Term Care network send a Pharmacy Contract Support Task.  [Top of the Document](#_top) |
| **G9** | Pharmacy Not Contracted in 9Ø Day Retail Network (this message would be used when the pharmacy is not contracted to provide a 9Ø days supply of drugs | The pharmacy is not contracted to process 90 Day Retail Claims. | **The pharmacy should be advised:**  “I am showing; you are not contracted in the 90 Day Retail Network. If the pharmacy wants to join the 90 Day Retail network send a Pharmacy Contract Support Task.  [Top of the Document](#_top) |
| **HA** | M/I Flat Sales Tax Amount Submitted  **Ex**: 10 cents per claim. We do not support flat tax submission.  **Field 481** | Non-numeric value is entered, or Flat tax submitted with any percentage field.  **Note:** We do not support flat tax submission | **The pharmacy should be advised: “**I'm sorry; our records show you are receiving a reject **HA** which is indicating Missing/Invalid flat tax amount submitted. You will need to check your Ingredient Cost (in some states dispensing fee) claimed along with your sale tax. This reject indicates these two items do not complement one another”.  [Top of the Document](#_top) |
| **HB** | M/I Other Payer Amount Paid Count  **Field 341** | COB Segment | **Medicare D COB.**  **The pharmacy should be advised: “**I am sorry; you will need to add the other payer amount from the primary claim for the secondary claim to process”.  [Top of the Document](#_top) |
| **HC** | M/I Other Payer Amount Paid Qualifier  **Field 342** | The Other Payer Amount Paid Qualifier for Med D is:  07=drug benefit | **Medicare D COB.**  **The pharmacy should be advised: “**I am sorry; you will need to add the other payer amount paid qualifier for the claim to process”.  [Top of the Document](#_top) |
| **HD** | M/I Dispensing Status - Partial Fill.  **Note**: Indicates error in the 1st (partial) or 2nd (completion) transaction.  **Field 343** | RxClaim does not support partial fill transactions at this time. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **HE** | M/I Percentage Sales Tax Rate Submitted = A Rate, a percentage or 1.5%. The pharmacy doesn’t want to calculate the dollar amt.  **Field 483** | Non-numeric value is entered | **The pharmacy should be advised: “**I'm sorry; our records show you are receiving a reject **HE** which indicating missing invalid percentage sales tax rate submitted. You will need to check your Ingredient Cost (in some states dispensing fee) claimed along with your sale tax. This reject indicates these two items do not complement one another”.  [Top of the Document](#_top) |
| **HF** | M/I Quantity Intended To Be Dispensed = Partial Fill  **Field 344** | RxClaim does not support partial fill transactions at this time. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **HG** | M/I Days Supply Intended To Be Dispensed = Partial Fill  **Field 345** | RxClaim does not support partial fill transactions at this time. | RxClaim does not support partial fill transactions currently.    **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **HN** | M/I Patient E-Mail Address  **Field 350** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **H1** | M/I Measurement Time  **Field 495** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **H2** | M/I Measurement Dimension  **Field 496** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **H3** | M/I Measurement Unit  **Field 497** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **H4** | M/I Measurement Value  **Field 499** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **H5** | M/I Primary Care Provider Location Code  **Field 469** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **H6** | M/I DUR Co-Agent ID  **Field 476** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **H7** | M/I Other Amount Claimed Submitted Count  **Field 478** | Medicare D required Field. | **Medicare D.**   * Required for COB copay only billing   [Top of the Document](#_top) |
| **H8** | M/I Other Amount Claimed Submitted Qualifier  **Field 479** | Medicare D Required field. | **Medicare D.**  Required for COB copay only billing  [Top of the Document](#_top) |
| **H9** | M/I Other Amount Claimed Submitted  **Field 480** | Medicare D required field. | **Medicare Part D.**   * The pharmacy must submit the Member’s responsibility (out of pocket) from the previous payer in this field when attempting a coordination of benefits copay only billing. Refer to COB Processing Matrix.   **Non-COB claim.**  **The pharmacy should be advised:** “This field contains invalid information. Please delete the information from this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **JE** | M/I Percentage Sales Tax Basis Submitted  **Field 484** | \*Claim should never reject for this reason.  \***Note**: Use default Tax Basis values in the State Tax Tables when a value other than 02 or 03 is entered or nothing submitted in the field. | [Top of the Document](#_top) |
| **J9** | M/I DUR Co-Agent ID Qualifier  **Field 475** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **KE** | M/I Coupon Type  **Field 485** | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **K5** | M/I Transaction Reference Number | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **M1** | Patient Not Covered in this Aid Category | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **M2** | Recipient Locked In | Reject M2 updated to reject [979](#_979) or [980](#_980) as of 10/15/2020 | [Top of the Document](#_top) |
| **M3** | Host PA/MC Error | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **M4** | Prescription/Service Reference Number/Time Limit Exceeded | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **M5** | Requires Manual Claim | Coordination of Benefits. | **Medicare Part D.**  **The pharmacy should be advised:** “This plan does not accept on-line coordination of benefits. The pharmacy or Member must file a manual (paper) claim.  [Top of the Document](#_top) |
| **M6** | Multiple Reject Message | Generates for eligibility setup errors | Refer to [Shared PHD - Reject M6](CMS-PRD1-109475).  [Top of the Document](#_top) |
| **M7** | Host Drug File Error | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **M8** | Host Provider File Error | Information in field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **ME** | M/I Coupon Number  **Field 486** |  |  |
| **MG** | M/I Other Payer BIN Number  **Field 990** |  |  |
| **MH** | M/I Other Payer Processor Control Number  **Field 991** |  |  |
| **MJ** | M/I Other Payer Group ID  **Field 992** |  |  |
| **MK** | Non-Matched Other Payer BIN Number  **Field 990** |  |  |
| **MM** | Non-Matched Other Payer Processor Control Number  **Field 991** |  |  |
| **MN** | Non-Matched Other Payer Group ID  **Field 992** |  |  |
| **MP** | Non-Matched Other Payer Cardholder ID  **Field 356** |  |  |
| **MR** | Drug Not on Formulary  **Field 407** |  | Reject 70 and Reject MR will be returned together for non-formulary claims. No processing changes were made to existing Reject 70 due to this change. This will apply to all lines of business.   * Reject Code MR: Product Not on Formulary * Reject Code 70: Product/Service Not Covered – Plan/Benefit Exclusion   [Top of the Document](#_top) |
| **MS** | More than 1 Cardholder Found – Narrow Search Criteria  **Field 302** |  |  |
| **MT** | M/I Patient Assignment Indicator (Direct Member Reimbursement Indicator)  **Field 391** | This field is for Member Paper claim submission.  Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **MU** | M/I Benefit Stage Count  **Field 392** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **MV** | M/I Benefit Stage Qualifier | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **MW** | M/I Benefit Stage Amount  **Field 394** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **MX** | Benefit Stage Count Does Not Match Number of Repetition  **Field 392** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **MY** | M/I Address Count  **Field 603-MY** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **MZ** | Error Overflow  **Field** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NA** | M/I Address Qualifier  **Field 604-NA** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NB** | M/I Client Name  **Field 605-NB** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NC** | M/I Discontinue Date Qualifier  **Field 605-NC** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **ND** | M/I Discontinue Date  **607-ND** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NE** | M/I Coupon Value Amount  **Field 487** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **NF** | M/I Easy Open Cap Indicator  **Field 608-NF** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **NG** | M/I Effective Date  **Field 609-NG** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **NH** | M/I Expiration Date  **Field 610-NH** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **NJ** | M/I File Structure Type  **Field 611-NJ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **NK** | M/I Inactive Prescription Indicator  **Field 612-NK** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **NM** | M/I Label Directions **613-NM** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NN** | Transaction Rejected At Switch or Intermediary | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NP** | M/I Other Payer Patient Responsibility Amount Qualifier  **Field 351** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NQ** | M/I Other Payer Patient Responsibility Amount  **Field 352** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NR** | M/I Other payer patient Responsibility Amount Count  **Field 353** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NU** | M/I Other Payer cardholder ID  **Field 356** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NV** | M/I Delay Reason Code  **Field 357** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **NW** | M/I Most Recent Date Filled  **Field 614-NW** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NX** | M/I Submission clarification Code Count  **Field 354** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **NY** | M/I Number of Fills To-Date  **Field 615-NY** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **N1** | No Patient Match Found | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **N3** | M/I Medicaid Paid Amount  **Field 113** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **N4** | M/I Medicaid Subrogation Internal Control Number / Transaction Control Number (ICN?TCN)  **Field 114** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **N5** | M/I Medicaid ID Number  **Field 115** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **N6** | M/I Medicaid Agency Number  **Field 116** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **N7** | Use Prior Authorization Code Provided During Transition Period | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **N8** | Use Prior Authorization code Provided for Emergency Fill | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **N9** | Use Prior Authorization Code Provided for Level of Care Change | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PA** | PA Exhausted/Not Renewable | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PB** | Invalid Transaction Count For this Transaction Code  **Fields 103, 109** | Verify with Pharmacy the transaction count #:   * Claims up to 4. * Reversal only 1. | **The Pharmacy should be asked: “**Could you please confirm the transaction type is for a paid claim or reversal”?  **Paid Claim: “**How many claims are you being transferred on this transaction? Thank you, our records show the transaction count should be \_\_\_\_. Please resubmit your claim with this valid transaction count”.  **Reversal: “**Thank you, our records show the transaction count should be 1. Please resubmit your claim with this transaction count”.  [Top of the Document](#_top) |
| **PC** | M/I Claim Segment  **Field 111** | This information segment is for the structure of the claim’s fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry for a paid claim to process there must be a valid claim Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PD** | M/I Request Clinical Segment  **Field 111** | This information segment is for the structure of Clinical fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry. Our records show a valid Clinical segment is necessary for a paid claim to process. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PE** | M/I Request Coordination Of Benefits/Other Payments Segment  **Field 111** | This information segment is for the structure of COB/Other Payments fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry. Our records show a valid Coordination Of Benefits/Other Payments segment is necessary for a paid claim to process. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PF** | M/I Request Compound Segment  **Field 111** | This information segment is for the structure of Compound fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry. Our records show a valid Compound segment is necessary for a paid claim to process. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PG** | M/I Request Coupon Segment  **Field 111** | This information segment is for the structure of Coupon fields.  **CSR are not able to see.** | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement.](CMS-PRD1-064288)  [Top of the Document](#_top) |
| **PH** | M/I DUR/PPS Segment  **Field 111** | This information segment is for the structure of the DUR/PPS fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry. Our records show a valid DUR/PPS segment is necessary for a paid claim to process. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **PJ** | M/I Insurance Segment  **Field 111** | This information segment is for the structure of Insurance fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry; our records show for a paid claim to process, there must be a valid Insurance Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **PK** | M/I Request Patient Segment  **Field 111** | This information segment is for the structure of Patient fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry; our records show for a paid claim to process, there must be a valid Patient Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PM** | M/I Request Pharmacy Provider Segment  **Field 111** | This information segment for the structure of the Pharmacy Provider Fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry for a paid claim to process there must be a valid Pharmacy Provider Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PN** | M/I Prescriber Segment  **Field 111** | This information segment for the structure of the Prescriber Fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry for a paid claim to process there must be a valid Prescriber Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PP** | M/I Pricing Segment  **Field 111** | This is information segment for the structure of the Pricing fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry; our records show for a paid claim to process, there must be a valid Pricing Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PQ** | M/I Narrative Segment  **Field 111** | This is information segment for the structure of the Narrative fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry; our records show for a paid claim to process, there must be a valid Narrative Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **PR** | M/I Request Prior Authorization Segment  **Field 111** | This is information segment for the structure of the Prior Authorization fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry; our records show for a paid claim to process, there must be a valid Prior Authorization Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PS** | M/I Transaction Header Segment  **Field 111** | This is information segment for the structure of the Transaction Header fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry; our records show for a paid claim to process, there must be a valid Transaction Header Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PT** | M/I Request Worker’s Compensation Segment  **Field 111** | This is information segment for the structure of the Worker’s compensation fields.  **CSR are not able to see.** | **The pharmacy should be advised: “**I’m sorry; our records show for a paid claim to process, there must be a valid Worker’s Compensation Segment. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PU** | M/I Number of Fills Remaining  **Field 616-PU** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **PV** | Non-Matched Associated Prescription/Service Date | RxClaim does not support Partial fill at this time. | RxClaim does not support partial fill transactions at this time.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PW** | Non-Matched Employer ID  **Field 333** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **PX** | Non-Matched Other Payer ID  **Field 340** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PY** | Non-Matched Unit Form/Route of Administration  **Fields 451, 995, 600** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **PZ** | Non-Matched Unit of Measure to Product/Service ID  **Fields 407, 600** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **P0** | Non-Zero Value Required for Vaccine Administration  **Field 438** | |  | | --- | | Required for Medicare Part D Primary and Secondary Vaccine Administration billing. If populated, then Professional Service Code, DUR/PPS Segment must also be transmitted. | | **The pharmacy should be advised:**  “This field should contain a non-zero value for Vaccine Administration.”  [Top of the Document](#_top) |
| **P1** | Associated Prescription/Service Reference Number Not Found = Partial Fill | RxClaim does not support partial fill transactions at this time. | RxClaim does not support partial fill transactions at this time.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **P2** | Clinical Information Counter Out of Sequence  **Field 493** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **P3** | Compound Ingredient Component Count Does Not Match Number of Repetitions  **Field 447** | **Medicaid Multiple Ingredient Compound (MIC)**  The value in the Ingredient Count does not match the number of ingredients submitted | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **P4** | Coordination of Benefits/Other payments Count Does Not Match Number of Repetitions  **Field 337** | Pharmacy is submitting a count not matching the number of COB Claims for a specific medication. | **Pharmacy should be advised:**  “The system is showing that the number is Field 337 does not match the number of COB claims submitted for this specific medication.”  [Top of the Document](#_top) |
| **P5** | Coupon Expired  **Field 486** | The coupon has expired | **Pharmacy should be advised:**  “I am sorry; I am showing the coupon has expired.”  [Top of the Document](#_top) |
| **P6** | Date of Service Prior to Date of Birth  **Fields 304,401** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **P7** | Diagnosis Code Count Does Not Match Number of Repetitions  **Field 491** | Values 1 -9 | **The pharmacy should be advised:**  “I am showing the count value does not match the number of Diagnosis codes submitted.”  [Top of the Document](#_top) |
| **P8** | DUR/PPS Code Counter Out of Sequence  **Field 473** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **P9** | Field is Non-Repeatable | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **RA** | PA Reversal Out of Order | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **RB** | Multiple Partials Not Allowed | RxClaim does not support Partial fill at this time. | RxClaim does not support partial fill transactions at this time.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **RC** | Different Drug Entity Between Partial & Completion | RxClaim does not support Partial fill at this time. | RxClaim does not support partial fill transactions at this time.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **RD** | Mismatched Cardholder/Group ID-Partial To Completion  **Field 301, 302** | RxClaim does not support Partial fill at this time. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RE** | M/I Compound Product ID Qualifier  **Field 488** | **Medicaid Multiple Ingredient Compound (MIC)**  The Product ID Qualifier field is blank, invalid or does not match the actual product submitted. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **RF** | Improper Order of Dispensing Status’ Code On Partial Fill Transaction | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RG** | M/I Associated Prescription/service Reference Number On Completion Transaction = Partial Fill  **Field 456** | RxClaim does not support Partial fill at this time. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **RH** | M/I Associated Prescription/Service Date On Completion Transaction = Partial Fill  **Field 457** | RxClaim does not support Partial fill at this time. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **RJ** | Associated Partial Fill Transaction Not On File | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RK** | Partial Fill Transaction Not Supported | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RL** | Transitional Benefit/Resubmit Claim |  |  |
| **RM** | Completion Transaction Not Permitted With Same ‘Date Of Service’ As Partial Transaction  **Field 401** | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RN** | Plan Limits Exceeded On Intended Partial Fill Values  **Fields 344, 345** | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions at this time.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RP** | Out Of Sequence ‘P’ Reversal On Partial Fill Transaction | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RQ** | M/I Original Dispensed Date  **Field 617-RQ** | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RR** | M//I patient ID Qualifier Count  **Field 457** |  |  |
| **RS** | M/I Associated Prescription/Service Date On Partial Transaction  **Field 457** | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RT** | M/I Associated Prescription/Service Reference Number On Partial Transaction  **Field 456** | RxClaim does not support Partial fill currently. | RxClaim does not support partial fill transactions currently.  **The pharmacy should be advised: “**I am showing we do not support partial fills in this system at this time. Could you please delete the information in this field and resubmit the claim? If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RU** | Mandatory Data Elements Must Occur Before Optional Data Elements in a Segment |  |  |
| **RV** | Multiple Reversals Per Transmission Not Supported  **Field 109** |  |  |
| **RX** | M/I Prescriber ID Count  **Field 620-RX** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.    [Top of the Document](#_top) |
| **RY** | M/I Prescriber Specialty  **Field 621-RY** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **RZ** | M/I Prescriber Specialty Count  **Fields 622-RZ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **R0** | Professional Service Code Required for Vaccine Incentive Fee  **Field 440** |  |  |
| **R1** | Other Amount Claimed Submitted Count Does Not Match Number of Repetitions  **Fields 478, 480** |  |  |
| **R2** | Other Payer Reject Count Does Not Match Number of Repetitions  **Fields 471, 472** |  |  |
| **R3** | Procedure Modifier Code Count does Not Match Number of Repetitions  **Field 458, 459** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **R4** | Procedure Modifier Code Invalid For Product/Service ID  **Fields 407, 436, 459** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **R5** | Product/Service ID Must Be Zero when product/Service ID Qualifier Equals 06 | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **R6** | Product/Service Not Appropriate for This Location  **Fields 307, 407, 436, 489-TE** |  | **The pharmacy should be advised: “**The Members benefit provider has elected to provide specialty drugs exclusively through the Specialty program. Please refer the Member to the toll-free Specialty Service number **866.295.2779 or (the number on the claim)** for assistance and further information”.  [Top of the Document](#_top) |
| **R7** | Repeating Segment Not Allowed In Same Transaction |  |  |
| **R8** | Syntax Error |  |  |
| **R9** | Value is Gross Amount Due Does Not Follow Pricing Formulae  **Field 430** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S0** | Accumulator Month count Does Not Match Number of Repetitions  **Field 656-S7** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S1** | M/I Accumulator year  **650-S1** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S2** | M/I Transaction Identifier  **Field 651-S2** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S3** | M/I Accumulated Patient True Out of Pocket Amount  **Field 652-S3** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S4** | M/I Accumulated Gross Covered Drug Cost Amount  **Field 653-S4** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S5** | M/I Date Time  **Field 654-S5** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S6** | M/I Accumulator Month  **Field 655-S6** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S7** | M/I Accumulator Month Count  **Field 656-S7** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S8** | Non-Matched Transaction Identifier  **651-S2** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **S9** | M/I Financial Information Reporting Transaction Header Segment  **Field 111-AM** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SA** | M/I Quantity Dispensed To Date  **Field 623-SA** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SB** | M/I Record Delimiter  **Field 624-SB** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SC** | M/I Remaining Quantity  **Field 625-SC** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SD** | M/I Sender Name  **Field 626-SD** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SE** | M/I Procedure Modifier Code Count | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SF** | Other Payer Amount Paid Count Does Not Match Number of Repetitions  **Field 341** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SG** | Submission Clarification Code Count Does Not Match Number of Repetitions  **Field 354** | Information being submitted is incorrect such as the relationship code. | **The pharmacy should be advised:**  “I am showing the relationship code submitted is incorrect. Please resubmit the claim with the relationship code of\_\_.  [Top of the Document](#_top) |
| **SH** | Other Payer-Patient Responsibility Amount Count Does Not Match Number of Repetitions  **Field 353** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SJ** | M/I Total Number Of Sending And Receiving Pharmacy Records  **Field 630-SJ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SK** | M/I Transfer Flag  **Field 631-SK** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SM** | M/I transfer Type  **Field 632-SM** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SN** | M/I Package Acquisition cost  **Field 633-SN** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SP** | M/I unique Record Identifier  **Field 634-SP** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SQ** | M/I Unique Record Identifier Qualifier  **Field 635-SQ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **SW** | Accumulated Patient True Out of Pocket must be equal to or greater than zero  **Field 652-S3** | Value must be equal to or greater than zero | **The pharmacy should be advised:**  “I am showing the value in field 652-S3 must be equal to or greater than zero.  [Top of the Document](#_top) |
| **TD** | M/I Pharmacist Initials  **Field 636-TD** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TE** | M/I CompoundProduct ID | Pharmacy is submitting information in the compound field we do not support. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **TF** | M/I Technicians Initials  **Field 637-TF** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TG** | Address Count Does Not Match Number of Repetitions  **Field 603-MY** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TH** | Patient ID Qualifier Count Does Not Match Number of Repetitions  **Field 618-RR** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TJ** | Prescriber ID Count Does Not Match Number of Repetitions  **Field 620-RX** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TK** | Prescriber Specialty Count Does Not Match Number of Repetitions  **Field 622-RZ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TM** | Telephone Number Count Does Not Match Number of Repetitions  **Field 628-SG** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TN** | Emergency Fill/Resubmit Claim | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TP** | Level of Care Change/Resubmit Claim | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TQ** | Dosage Exceeds Product Labeling Limit  **Field 442, 405** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TR** | M/I Billing Entity Type Indicator  **Field 117** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TS** | M/I Pay to Qualifier  **Field 118** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TT** | M/I Pay to ID  **Field 119** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TU** | M/I Pay to Name  **Field 120** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TV** | M/I Pay to Street Address  **Field 121** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TW** | M/I Pay to City Address  **Field 122** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TX** | M/I Pay to State/Province Address  **Field 123** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TY** | M/I Pay to Zip/Postal Zone  **Field 124** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **TZ** | M/I Generic Equivalent Product ID Qualifier | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **T0** | Accumulator Month count Exceeds Number of Occurrences Supported  **Field 656-S7** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **T1** | Request Financial Segment Required For Financial Information Reporting  **Field 111-AM** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **T2** | M/I Request Reference Segment  **111-AM** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **T3** | Out of Order Date Time  **Field 654-S5** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **T4** | Duplicate Date Time  **Field 654-S5** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **UA** | M/I Generic Equivalent Product ID  **Field 126** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **UE** | M/I Compound Ingredient Basis of Cost Determination | Confirm the ingredient cost submitted by the pharmacy. | **Pharmacy is not putting in a correct ingredient cost.**  **The pharmacy should be advised: “**I am showing you submitted an ingredient cost of \_\_\_\_\_. Please resubmit with the correct ingredient cost”.  If pharmacy continues to have problems with the correct cost, send a Claim Referral Web Form or a Claim Referral Support Task**.**  [Top of the Document](#_top) |
| **UU** | DAW 0 cannot be submitted on a multiple source drug with available generics | Pharmacy is submitting a claim with a DAW 0 when the drug has generic avail. | **Pharmacy should be advised: “**You can submit a claim with a DAW 0 when the drug is a multiple source drug. I am showing this drug has generics avail. You will need to resubmit the claim with a different DAW number.”  [Top of the Document](#_top) |
| **UZ** | Other Payer Coverage Type (338-5C) required on reversals to downstream payers. Result reversal with this field.  **Field 338** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **U0** | M/I Sending Pharmacy ID  **Field 627-SF** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **U7** | M/I Pharmacy Service Type  **Field 147** | MED D – Field does not contain CMS acceptable Code values.  **1** = Community/Retail Pharmacy Services  **2** = Compounding Pharmacy Services  **3** = Home Infusion Therapy Provider Services  **4** = Institutional Pharmacy Services  **5** = Long Term Care Pharmacy Services  **6** = Mail Order Pharmacy Services  **7** = Managed Care Organization Pharmacy Service  **8** = Specialty Care Pharmacy Services  **99** = Other | **The pharmacy should be advised:**  “This field contains non-valid CMS acceptable Code value. Please delete the information in this field and reprocess the claim with CMS acceptable code value. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **VA** | Pay To Qualifier Submitted Not Support  **Field 118** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **VB** | Generic Equivalent Product ID Qualifier Submitted not Support  **Field 125** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **VC** | Pharmacy Service Type Submitted Not Support  **Field 147** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **VD** | Eligibility Search Time Frame Exceeded | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **VE** | M/I Diagnosis Code Count  **Field 491** | Clinical Segment – Value = Max of 5. | **The pharmacy should be advised:**  “This field contains missing of invalid information. The max count can be 5. Please resubmit the claim with Diagnosis count of 5 or less.”  [Top of the Document](#_top) |
| **V0** | M/I Telephone Number Qualifier | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **WE** | M/I Diagnosis code Qualifier  **Field 492** | Clinical Segment –  Qualifier = 01 | **The pharmacy should be advised:**  “This field contains missing of invalid information. Please resubmit the claim with the Qualifier of 01.”.”  [Top of the Document](#_top) |
| **W0** | M/I Telephone Number Qualifier  **Field 629-SH** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **W5** | M/I Bed  **Field 671-W1** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **W6** | M/I Facility Unit  **Field 672-W2** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **W7** | M/I hours of Administration  **Field 673-W3** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **W8** | M/I Room  **Field 674-W4** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **W9** | Accumulated Gross covered Drug Cost Amount Must Be Equal To Or Greater Than Zero  **Field 653-S4** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **XE** | M/I Clinical Information Counter  **Field 493** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **XZ** | M/I Associated Prescription Service Reference Number Qualifier  **Field 581-XZ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X1** | Accumulated Patient True Out of Pocket exceeds maximum  **Field 652** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X2** | Accumulated Gross Covered Drug Cost exceeds maximum  **Field 650** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X3** | Out of Order Accumulator Months  **Fields 656, 655** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X4** | Accumulator year not current or prior year  **Field 650** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X5** | M/I Financial Information Reporting Request Insurance Segment  **Field 111** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X6** | M/I Request Financial Segment  **Field 111** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X7** | Financial Information Reporting Request Insurance Segment Required for Financial Reporting  **Field 111** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X8** | Procedure Modifier Code Count Exceeds Number of Occurrences Supported  **Field 458-SE** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X9** | Diagnosis Code Count Exceeds number of Occurrences Supported  **Field 491-VE** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **X0** | M/I Associated Prescription/Service Fill Number  **Field 582-X0** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YA** | Compound Ingredient Modifier Code count Exceeds Number of Occurrences Supported  **362-2G** | Compound Segment  Max of 10.   |  | | --- | | Required when Compound Ingredient Modifier Code (363-2H) is sent | | **The pharmacy should be advised:**  “This field contains missing of invalid information. The max count can be 10. Please resubmit the claim with Diagnosis count of 10 or less.”  [Top of the Document](#_top) |
| **YB** | Other Amount Claimed Submitted Count Exceeds Number of Occurrences Supported  **Field 478-H7** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YC** | Other Payer Reject Count Exceeds Number of Occurrences Supported  **Field 471-5E** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YD** | Other Payer Patient Responsibility Amount Count Exceeds Number of Occurrences Supported  **Field 353-NR** | Max of 25   |  | | --- | | Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used | | **The pharmacy should be advised:**  “This field contains missing of invalid information. The max count can be 25. Please resubmit the claim with Diagnosis count of 25 or less.”  [Top of the Document](#_top) |
| **YE** | Submission Clarification Code Count Exceeds Number of Occurrences Supported  **Field 354-NX** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YF** | Question Number/Letter Count Exceeds Number of Occurrences Supported  **Field 377-2Z** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YG** | Benefit Stage Count Exceeds Number of Occurrences Supported  **Field 392-MU** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YH** | Clinical Information Counter Exceeds Number of Occurrences Supported  **Field 493-XE** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YJ** | Non-Matched Medicaid Agency Number  **Field 116-N6** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YK** | M/I Service Provider Name  **Field 583-YK** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YM** | M/I Service Provider Street Address  **Field 584-YM** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YN** | M/I Service Provider City Address  **Field 585-YN** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YP** | M/I Service Provider State-Province Code Address  **Field 586-YP** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YQ** | M/I Service Provider Zip/Postal Code  **Field 587-YQ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YT** | M/I Seller Initials  **Field 590-YT** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YU** | M/I Purchaser ID Qualifier  **Field 591-YU** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YV** | M/I Purchaser ID  **Field 592-YV** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YW** | M/I Purchaser ID Associated State/Province Code  **Field 593-YW** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YX** | M/I Purchaser Date of Birth  **Field 594-YX** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YY** | M/I Purchaser Gender Code  **Field 595-YY** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **YZ** | M/I Purchaser First Name  **Field 596-YZ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y0** | M/I Purchaser Last Name  **Field 597-Y0** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y1** | M/I Purchaser Street Address  **Field 598-Y1** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y2** | M/I Purchaser City Address  **Field 599-Y2** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y3** | M/I Purchaser State/Province Code  **Field 675-Y3** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y4** | M/I Purchaser Zip/Postal Code  **Field 676-Y4** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y5** | M/I Purchaser County Code  **Field 677-Y5** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y6** | M/I Time of Service  **Field 678-Y6** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y7** | M/I Associated Prescription/Service Provider ID Qualifier  **Field 579-XX** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y8** | M/I Associated Prescription/Service Provider ID  **Field 580-XY** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Y9** | M/I Seller ID | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Z0** | Purchaser Country Code Not Supported for Processor/Payer  **Field 677-Y5** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **Z2** | M/I Purchaser Segment  **Field 111-AM** | Compound Segment | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement.](CMS-PRD1-064288)  [Top of the Document](#_top) |
| **Z3** | Purchaser Segment Present On a Non-Controlled Substance Reporting Transaction  **Field 111-AM** | Compound Segment | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **Z4** | Purchaser Segment Required On a Controlled Substance Reporting Transaction  **Field 111-AM** | Compound Segment | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **Z5** | M/I Service Provider Segment  **Field 111-AM** | Compound Segment | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **Z6** | Service Provider Segment Present On A non-Controlled Substance Reporting Transaction  **Field 111-AM** | Compound Segment | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **Z7** | Service Provider Segment Required On A Controlled Substance Reporting Transaction  **Field 111-AM** | Compound Segment | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](CMS-PRD1-064288).  [Top of the Document](#_top) |
| **ZA** | The Coordination of Benefits/Other Payments Segment is mandatory to a downstream payer | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **ZB** | M/I Seller ID Qualifier  **Field 680-ZB** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **ZC** | Associated Prescription/Service Provider ID Qualifier Value Not Supported For Processor/Payer  **Field 579-XX** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **ZD** | Associated Prescription/Service Reference Number Qualifier Submitted Not Covered  **Field 581-XZ** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **ZE** | M/I Measurement Date  **Field 494** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **ZF** | M/I Sales Transaction ID  **Field 681-ZF** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **ZN** | Purchaser ID Qualifier Value Not Supported For Processor/Payer  **Field 591-YU** | Information in field is not required for electronic claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **557** | COB Present on Non-COB Claim |  | **The pharmacy should be advised to check the field for Coordination of Benefits**  [Top of the Document](#_top) |
| **569** | Provide Beneficiary with CMS Notice of Appeal Rights | Medicare Part D plan sponsors must arrange with network pharmacies to provide enrollees with a written copy of the standardized pharmacy notice when an enrollee’s prescription cannot be filled under the Medicare Part D benefit at the point-of-sale. 42 C.F.R. §§ 423.128(b)(7)(iii) and 423.562(a)(3). | Advise the pharmacy to provide the Beneficiary with the CMS Notice of Appeal Right. |
| **606** | Brand drug/specific labeler code required  **OR**  NDC not covered, use brand <product name> with DAW 9, no overrides allowed | Claims for preferred products (including brand Suboxone) can be billed using any DAW Code (0-9) | Advise the pharmacy to submit Brand with DAW 9.  Prior Authorization is required for all non-preferred/non-formulary agents.  Refer to [PHD Medicaid - Single Statewide Formulary for Opioid Dependence - Agents and Opioid Antagonists – NY](TSRC-PROD-046590).  [Top of the Document](#_top) |
| **608** | Step Therapy, Alternate Drug Therapy Required Prior To Use Of Submitted Product Service ID | Clients and Pharmacies have asked that we return Reject 608-Step Therapy for situations where the target drug submitted on the claim requires a prerequisite drug(s) to be taken before the target drug would be covered.  Reject 75 and 76 will remain in the system, reject 608 is only for a subset of Step Therapy setup (a combination of the two for Step Therapy). | Advise the pharmacy to contact the prescriber and to help the member get the pre-requisite drug  [Top of the Document](#_top)  . |
| **612** | LTC Appropriate Dispensing Invalid Submission Clarification Code (SCC) Combination | Used when more than one Submission Clarification Code value of 22-35 is submitted  When SCC 16 or **ANY** SCC from 22-35 is used in multiple combinations. Only **one** of these SCCs may be used on any individual claim. | Pharmacy has submitted multiple SCC codes instead of one.  Refer to [MED D PHD - LTC Provider Appropriate Days Supply Reject Scenarios](CMS-PRD1-071799) for resolution and verbiage.  [Top of the Document](#_top) |
| **613** | The Packaging Methodology Or Dispensing Frequency is Missing or Inappropriate for LTC Short Cycle | Used when the payer has determined this claim meets the definition of appropriate dispensing in Long Term Care and the packaging methodology or dispensing frequency is missing or inappropriate for LTC short cycle. | Refer to [MED D PHD - LTC Provider Appropriate Days Supply Reject Scenarios](CMS-PRD1-071799) for resolution and verbiage.  [Top of the Document](#_top) |
| **614** | Uppercase Character(s) Required | Lowercase values are not allowed in Version NCPDP 5.0 | Pharmacy must use Uppercase values when submitting claims in Version NCPDP 5.0. Refer to [PHD - Reject 614 - Lowercase Value Reject](CMS-PRD1-086629).  [Top of the Document](#_top) |
| **619** | Prescriber’s Type 1 NPI Required | Claims must be submitted with the Prescriber’s Individual NPI | Refer to [PHD - Prescriber identification Process](CMS-PRD1-072063).  [Top of the Document](#_top) |
| **648** | Quantity Prescribed Does Not Match Quantity Prescribed On Original Dispensing | CII Reject Only  **Do Not offer Override**  The value in the Quantity Prescribed field does not match the value in the Quantity Prescribed on the original CII claim where the prescription has the same prescription number and pharmacy NPI#. | **Advise the pharmacy:**  “This field contains invalid information for this CII product claim.”  Please update or add the correct information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **649** | Cumulative Quantity For This Rx Number Exceeds Total Prescribed Quantity | CII Reject Only  **Do Not offer Override**  The cumulative values in the Quantity Dispensed field from all claims for this member with the same prescription number and pharmacy NPI# exceed the value in the Quantity Prescribed field | **Advise the pharmacy:**  “This field contains invalid information for this CII product claim.”  Please update or add the correct information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **650** | Date Of Service Greater Than 60 Days From CII Date Prescription Written For LTC/Terminally Ill Patient | CII Reject Only  **Do Not offer Override**  (Applies to Long term Care (LTC) only) The incremental fill date is greater than 60 days from the Date Prescription Written submitted.  **Effective 4/17/2021, current Reject 650 for LTC/Terminally ill**  **patients will be enhanced** to include those patients that have an  active hospice record on their eligibility to ensure the incremental fill for  the remaining portions of a Schedule II product rejects no later than sixty  (60) days after the date on which the prescription is written. | **Advise the pharmacy:**  “This field contains invalid information for this CII product claim.”  Please update or add the correct information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **773** | Prescriber is Not Listed On Medicare Enrollment File | The prescriber is required to enroll with Medicare Part D | Refer to [MED D PHD - Prescriber Enrollment Process](CMS-PRD1-105161).  [Top of the Document](#_top) |
| **774** | Prescriber Medicare Enrollment Period is Outside of Claim Date of Service | The prescriber is required to enroll with Medicare Part D on the Date of Service | Refer to [MED D PHD - Prescriber Enrollment Process](CMS-PRD1-105161)  [Top of the Document](#_top) |
| **777** | Plan’s Prescriber data base not able to verify active state license with prescriptive authority for Prescribers ID Submitted |  | Refer to [MED D PHD - Prescriber Enrollment Process](CMS-PRD1-105161)  [Top of the Document](#_top) |
| **816** | Pharmacy Benefit Exclusion, May Be Covered Under  Patient’s Medical Benefit | This reject code will generate when a product is not covered under a member’s pharmacy benefit, but may be covered under his or her medical benefit, previously rejected  **Note:** Affects all non-Medicare Part D lines of business. | [Top of the Document](#_top) |
| **818** | Pharmacy is Submitting Claim with administering the vaccine  (Administration not covered) | This reject code will generate when pharmacy submits Vaccine claim with MA and the Plan does not cover Vaccine Administration | Refer to [**Shared** PHD - Vaccine Reject 40, E3, E5 Resolution](CMS-PRD1-091065)  [Top of the Document](#_top) |
| **819** | Plan Enrollment File Indicates Medicare As Primary Coverage | This reject code will generate when a secondary claim is submitted to a Medicare Part D beneficiary who has an Alternate Insurance value of <blank> or **N** | **The pharmacy should be advised: “**The Medicare Part D Plan is listed as Primary. **Field 308** Codes: 2,3,4,5,6,7,8, other coverage code contains invalid information. Please delete the information in this field and reprocess the claim. If you cannot update the information, please contact your Software Vendor or Technical Support Desk for help”.  [Top of the Document](#_top) |
| **828** | Member Case Management Restriction | Claim is submitted for a drug in a drug class currently restricted for a member in case management.  **Effective 11/16/2019**, will replace Reject Code 70 and Reject Code 76 when a claim is submitted for a member with a specific case management restriction in place (Lock In / Lock Out). | As of Medication Drug Class Restriction – Prescriber must contact Plan  [Top of the Document](#_top) |
| **829** | Pharmacy Must Notify beneficiary:  Claim not covered due to failure to meet Medicare Part D active, valid prescriber NPI requirements. |  | Refer to [MED D PHD - Prescriber Enrollment Process](CMS-PRD1-105161)  [Top of the Document](#_top) |
| **831** | Medication not covered under Managed Medicaid, re-bill under Medicaid Fee for Service plan |  | Advise the pharmacy to resubmit the claim under Medicaid Fee For Service Plan.  [Top of the Document](#_top) |
| **832** | Prescriber NPI not found, NPI active status, Medicare enrollment and prescriptive authority could not be validated. |  | Refer to [MED D PHD - Prescriber Enrollment Process](CMS-PRD1-105161)  [Top of the Document](#_top) |
| **889** | Prescriber Not Enrolled in State Medicaid Program  **(Field 411-DB)** | Used for Medicaid/MCO only  Field # Possibly in Error: 411-DB | Ensure the correct Prescriber NPI is being submitted in the claim transmission.   * Pharmacy may override the edit using the following Submission Clarification Code (SCC) in NCPDP field 42Ø-DK, when applicable: * 55 – Prescriber Enrollment in State Medicaid Program has been validated   [Top of the Document](#_top) |
| **890** | Pharmacy Not Enrolled in State Medicaid Program  (**Field 201 – B1**) | Used for Medicaid/MCO only  Field # Possibly in Error: 201-B1 | Caller should be advised the pharmacy must be enrolled in the state’s Medicaid program of the filling pharmacy. Check the CIF for possible PBO allowance.  [Top of the Document](#_top) |
| **891** | Days Supply is Less Than Plan Minimum. Message: Minimum Days Supply of xx | After August 17, 2019, Reject 891 will only replace reject code 76 when a prescription claim has been submitted for a day’s supply that is less than the plan's minimum requirement. | Advise the pharmacy to resubmit the claim with the Plan’s minimum day’s requirement.  [Top of the Document](#_top) |
| **922** | MORPHINE EQUIVALENT DOSE EXCEEDS LIMITS |  | Exceeds MMEdose limit. If no G4 reject generated, submit with valid diagnosis code, patient residence code or PPS codes. Otherwise contact prescriber.   * RxClaim Reject Description that will be displayed in PeopleSafe “MORPHINE EQUIVALENT DOSE EXCEEDS LIMITS”.   Refer to:  [MED D PHD – Reject 88 – PPS Code Improving Drug Utilization Review Controls](CMS-PRD1-071404).  OR  [CarelonRx Medicare and Medicaid PHD - Reject 88 - PPS Code Improving Drug Utilization Review Controls](TSRC-PROD-025655)  [Top of the Document](#_top) |
| **925** | INITIAL FILL DAYS SUPPLY EXCEEDS LIMIT |  | Claim exceeds day supply limits for initial fill of this therapy. Reduce supply per claim message or contact the prescriber”.   * RxClaim Reject Description that will be displayed in PeopleSafe “INITIAL FILL DAYS SUPPLY EXCEEDS LIMIT”.   Refer to:   * [CarelonRx Medicare PHD – CCR Opioid 7 Day (925 Reject Process](TSRC-PROD-017230) * [MED D PHD - CCR Opioid 7 Day Reject 925 Process – Compass](TSRC-PROD-047880)   [Top of the Document](#_top) |
| **929** | ID Submitted Is Associated with A Precluded Prescriber | Field # Possibly in Error: 411-DB | Refer to [MED D PHD – Reject 929 and A1 Excluded and Precluded Prescription Adjudication Edit](CMS-PCP1-043309)  [Top of the Document](#_top) |
| **979** | Member Pharmacy Override Exclusion | **71**: Prescriber ID Is Not Covered  Claim submitted from a prescriber other  than a prescriber that a member is locked into | **979**: Prescriber Lock -In  Message: Patient locked into specific prescriber(s)  Refer to [Compass - Pharmacy/Provider Locks](TSRC-PROD-050038)  [Top of the Document](#_top) |
| **980** | Member Pharmacy Override Exclusion | **50**: Non-Matched Pharmacy Number  Claim submitted from a pharmacy other  than a pharmacy that a member is locked into | **980**: Pharmacy Lock-In  Message: Patient locked into specific pharmacy(s)  Refer to [Compass - Pharmacy/Provider Locks](TSRC-PROD-050038)  [Top of the Document](#_top) |
| **981** | Date of Service for Remaining Portion  of Incremental Fill Exceeds Regulatory Timeframe for Dispensing | Per the federal CARA guidance, partial fills for Schedule II Controlled Substances shall be filled no later than thirty (30) days after the date on  which the prescription is written.  Effective April 17, 2021, CVS Caremark®, will implement a system  enhancement to reject incremental fills for remaining portions of  Schedule II products for non LTC/Terminally ill patients with Dates of Service more than thirty (30) days after the Date Prescription Written  with new Reject 981 | To comply with CARA legislation, a new prescription to fill the remainder of a Schedule II partial fill after the 30-day window is required; **there is no approved override for this reject code**. |

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