# Test Claim Reasons Why It Was Rejected

[Test Claim Rejections](#_Toc208408333)

[Related Documents](#_Toc208408334)

**Description:** Provides reasons why the Test Claim was rejected and how to resolve the issue.

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| Test Claim Rejections |

**Quick Access:** Select from one of the hyperlinks below to quickly access the information needed:

* [Administration Fee: Included](#Administrationfeeincluded)
* [Amount shown in the RBP Penalty field](#AnamtshowninRBPPenaltyfield)
* [Caution: DUR conflict/message exists alert message](#CautionDURconflict)
* [Current Phase, Amount Remaining and Next Phase fields has information](#Infoincurrentphaseamtremainnextphasefiel)
* [Dollar amount in the HRA Contribution Amount field](#adollaramtinHRAcontributionamtfield)
* [Dx Required Conflict](#DxRequiredConflict)
* [Exclusion for Drug Medications not available at Home Delivery/Mail Order](#ExclusionforDrugMedications)
* [Flex copay incentive applied](#FlexcopayIncentiveapplied)
* [Initial Fill Day’s Supply Exceeds Limit](#InitialFillDaysSupplyExceedsLimit)
* [Medication Not Covered](#Medicationnotcovered)
* [Morphine Equivalent Dose Exceeds Limits](#MorphineEquivalentDoseexceedslimits)
* [Physician Must Contact Plan](#PhysicianMustContactPlan)
* [Plan Limitation Exceeded](#PlanLimitationExceeded)
* [Prior Authorization Required](#PriorAuthRequired)
* [Rx Rej – Exceeded](#RxRejExceeded)
* [Therapy Protocol Not Met](#TherapyProtocolNotMet)

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| **If the Test Claim results display…** | **Then…** | |
| Administration Fee: Included | Drug may be a prescription covered under the vaccine program.  Refer to [PeopleSafe - Retail Pharmacy Vaccine & Flu Shot Administration (040512)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c7ac0f02-7365-4ce0-8878-2a55d3b91cb5).  **Or**  Refer to [Compass - Retail Pharmacy Vaccine & Flu Shot Administration (069531)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=43d5b60c-07df-4842-81c9-7de9ca0135be). | |
| Amount shown in the RBP Penalty field | * Reference Based Pricing (RBP) was applied. * RBP is used when drug classes contain a number of drugs that are therapeutically similar but also vary widely in price. * A reference price is set for a specific amount, usually the cost of a generic. If a more expensive drug within the class is used, the member may be charged an extra Surcharge based on the reference price. * This plan design option can vary by client and drug class. Review the CIF in theSource and/or Plan Summary screen in PeopleSafe for more information. | |
| Caution: DUR conflict/message exists alert message | 1. View the DUR (Drug Utilization Review) information section of the Test Claim results to understand the DUR conflict.      1. Determine the reason for the DUR (Step therapy, duplicate therapy, refill too soon, high dose); refer to the CIF for override information.   Refer to reject code 88 in [Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045).   * If necessary, contact Clinical Counseling.   Icon - Important Information Do not advise the member that the drug will accept until the DUR conflicts have been reviewed, such as**:**   * **Conflict Code Description:** Provides the reason the drug would be denied. * **Conflict Fill Date:** Provides the date of the fill that is causing the conflict.   **Note:** DUR information is not available on the web portal or IVR. This may lead to conflicting information if the member first gets a pricing quote from one of these places and then discusses it with a CCR. | |
| Current Phase, Amount Remaining and Next Phase fields has information | **Med D Only:** Use these fields to determine how the cost of each medication affects the MED D phase accumulations (Deductible, Initial, Coverage Gap, and/or Catastrophic) for the beneficiary.  **Note:** These fields currently populate RxClaim. | |
| Dollar amount in the HRA Contribution Amount field | Member has an HRA and funds from the account were applied to the Test Claim.  Refer to [Health Reimbursement Account (HRA) (029146)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5faf1746-7a91-4622-9cc3-647c5b51d690).  **Or**  Refer to [Compass - Health Reimbursement Account (HRA) (066757)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81d80416-712c-4243-bf39-00a5869d7ce4). | |
| Dx Required Conflict | * Advise the member that their medication requires **additional information**.   **Note:** If the patient is mailing in their Rx, they can ask their prescriber to include the diagnosis on the prescription.  **Icon - Important Information** CCR’s should **never** advise a member of the covered diagnosis.  **Sample Mail Order:**  Your type of medication requires additional information to help us determine your coverage. Your prescriber will be contacted by our Pharmacy Benefit Manager to obtain additional information.  Our clinical pharmacists will determine coverage based on the additional information provided by your prescriber. You will receive a letter indicating whether the prescription was covered by your plan. | |
| Exclusion for Drug  Medications not available at Mail Order | Some medication may not be available for Mail Order due to the type of medication. Review the [Medications Not Available via Home Delivery (026885)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c46dd06b-3aa7-427e-a8b2-004a4d094c16).   * If the medication is not on the list and it is a generic medication, build a Test Claim using the Mail Order option only. We may have a different NDC number for that generic medication available for Mail Order. | |
| Flex copay incentive applied | An incentive is offered to the plan member either lowering or waiving their copay for choosing a plan specified recommended drug (with their prescriber’s authorization).  Refer to [Flexible Copay Incentive (020630)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=be20189a-858e-41eb-a25c-1a2f2a51d0b6).  **Or**  Refer to [Compass - Flexible Copay Incentive (071026)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f012c017-0107-424c-a26c-4b8726983a27). | |
| Initial Fill Day’s Supply Exceeds Limit | Claim exceeds day supply limits for initial fill of this therapy. Reduce supply per claim message or contact the prescriber. (Reject is commonly seen for Opioid prescriptions due to first fills and continued therapy). Refer to [Opioid Prescription Safety Management Flex Quantity Limit (QL) and Subsequent Fill (044638)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6126d9cb-9504-4714-b0b3-2f2484cfce4b). | |
| Medication Not Covered | 1. Review to ensure there are not qualifying statements in the settlement codes, such as PA required, Dx required, Step therapy, or any other options listed above. Refer to those sections if indicated in the Settlement Codes.  * If product is rejecting for Omnipod (Diabetic Insulin Pump)**,** refer to [PeopleSafe - Reject 70 NDC Product/Service Not Covered - Pending Formulary Review MR - Not on Formulary (048745)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=13cbba53-e56c-47a5-bbda-570c1aa8cffe). * If using compass refer to [Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045) to resolve the rejection code.   If product is rejected for OTC Not Covered, search for other alternatives which may be covered by the plan. Some medications have an OTC and Rx version.   * To find alternative in PeopleSafe Use the Savings ($) icon to locate covered alternatives. Refer to [PeopleSafe - Test Claim Formulary and Additional Alternatives (031769)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48ee161e-9b5e-4cfb-904f-f80995018f28). * To find alternatives in Compass use [Compass - Viewing and Running Test Claims for Alternative Rx(s) (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b).  1. Indicate if a phone number is provided in the rejection.  * If so, a Prior Authorization can then be worked because the rejection may only show the phone number but does not actually state that Prior Authorization is required.  1. Inform caller that the medication is not covered and proactively review options. Options can include but are not limited to finding alternatives by running a [Test Claim (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b), Initial Benefit Review, or checking for manufacturer coupons to help offset out-of-pocket costs. 2. Per [eVoucher (Electronic Voucher) Rx Program (011091)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=662055fb-5236-4d5d-86b6-6feb7bcaa8d3), in the overview it states, we will see an adjudicated (processed) claim from a point of sale pharmacy which displays the member’s plan specific copay.    * We will not be able to see if any eVoucher was applied at the time of sale. This would include being on Caremark.com.    * We would not be able to see if there was a coupon that was assisting member with their final cost. We can only see what the original cost would have been through the insurance plan.    * If a member has any questions regarding an eVoucher then the pharmacy will need to call Relay Health at **1-800-388-2316**. | |
| Morphine Equivalent Dose Exceeds Limits | Exceeds MEE dose limit. If no G4 reject generated, submit with valid diagnosis code, patient residence code or PPS codes. Otherwise contact prescriber. Refer to [Enhanced Opioid Utilization (018692)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b420b395-19e0-454b-b41e-d26b42b3ddf6). | |
| Physician Must Contact Plan | Exceeds MEE dose limit. Prescriber must call [Coverage Determination/Prior Authorization number (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). Review the [Enhanced Opioid Utilization (018692)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b420b395-19e0-454b-b41e-d26b42b3ddf6). | |
| Plan Limitation Exceeded | A Plan Limit Exceeded reject occurs when a member’s plan only allows a specific number of Fills, Quantity or Time  **Note:** For claims that reject for minimum/maximum days’ supply, run claims for both mail and point of sale to identify cost savings opportunities and to maximize plan benefit.  If using compass refer to [Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045) to resolve the rejection code. | |
| Prior Authorization Required | Refer to specific information. | |
| **Prior Authorization (#) Applied** | **Defined** |
| Prior Authorization Required | Prior Authorization (PA) is active on the system. |
| Prior Authorizations are primarily for long-term approval of a medication to allow the drug to be covered or for exceeding the quantity limitations or standard amount allowed by the plan.   * Refer to [Compass – Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f) for vacation supplies, lost/stolen/broken medication, generally follow CIF override guidelines. * Refer to [PeopleSafe - Plan Benefit Overrides (PBO) CCR (024671)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f075340f-87ec-41b3-bdeb-16422d0fed0e).     Quantity vs. Time (QVT) requires checking the plan design and comparing it with the CIF override guidelines. | Prior Authorization (PA) is not active in system.  Depending on the system co-pay or co-insurance amounts display for medication requiring Prior Authorization.  For help answering member questions or objections refer to [Compass and PeopleSafe - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c) if needed refer to [PeopleSafe - Expiring Prior Authorization (PA) Opportunity in PeopleSafe (017373)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=95fb1de7-7c74-474a-bba3-7e9897093a90), [Prior Authorization Questions and Answers (074022)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e1f9ddb2-60d2-4249-96b5-6d0b2b1849bf),[When to Contact the Prior Authorization Team (063998)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0bef465-4a70-4ebe-aced-908aad7eec38). |
| Rx Rej – Exceeded | Settlement codes display the maximum quantity limit. | |
| Therapy Protocol Not Met | Review all settlement codes to determine coverage. The drug may have special requirements, such as:   * Quantity limitations (refer to [PeopleSafe - Quantity Versus Time Limit (QVT) (021696)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81832d97-2dbd-48dc-b545-8a413e55450d) or [Compass - Quantity vs. Time (QVT) Override (061704)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ebb38ac4-9984-4685-b0f5-8740059efc94)). * Step Therapy (refer to [Generic Step Therapy Plans (GSTP) (025481)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad06cd65-d45c-478c-b05e-01c531a8b19a). * [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c) required (review the CIF to determine how they are handled). | |

[Top of the Document](#_top)

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| Related Documents |

**Parent Documents:** [CALL-0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049) [CALL-0011 Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[PeopleSafe - Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421)

[Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe)

[Top of the Document](#_top)

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