# PeopleSafe - Inactive NDC

[Claim Rejects for Inactive NDC](#_Toc102987729)

[Plan Benefit Override for Inactive NDC](#_Toc102987730)

[Related Documents](#_Toc102987731)

**Description:** How to ensure that our Mail Order pharmacies remain in compliance with states that do not allow the dispensing of inactive NDCs under their state-sponsored plans, clients have requested that a warning and/or a reject message be built for retail/POS claims to notify the retail pharmacies that they are dispensing an inactive NDC.

|  |
| --- |
| Claim Rejects for Inactive NDC |

The expectation is that the pharmacists acts appropriately upon receiving the message indicating that the NDC to be dispensed is inactive, such as substituting the inactive NDC drug with the same medication with a different active NDC number.

Perform the steps below:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Determine why the claim is rejecting by viewing the settlement codes from the rejected claim.   * If the settlement code is **3314** DRUG DISC. RESUBMIT ACTIVE NDC the pharmacy would need to substitute the Inactive NDC # to Active NDC #. * If the reject code is **54** (NDC Not FDA Approved), there is not an option to fix. |
| **2** | Assure the plan member their drug is covered; however, the claim is rejecting because their pharmacy is using an outdated code for the drug they are dispensing. |
| **3** | Advise the plan member to have their pharmacy contact the Pharmacy Help Desk at **1-800-364-6331** for help in processing the claim. |

[Top of the Document](#_top)

|  |
| --- |
| Plan Benefit Override for Inactive NDC |

Perform the steps below to override an Inactive NDC rejection.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Action** | | | |
| **1** | Review the Plan Benefit Override screen to determine if the Client has added an Inactive NDC PBO. | | | |
| **If…** | **Then…** | | |
| Yes | Perform the steps below: | | |
| **Step** | **Then…** | |
| **1** | Review the date the Plan Benefit Override was entered. | |
| **2** | Use the appropriate scenario below. | |
| **If the PBO…** | **Then…** |
| Was entered after the claim was submitted | Advise the plan member to have the pharmacy reprocess the claim. |
| Has been entered and the claim is still denying | Refer the plan member back to their Benefits Office to have the PBO updated. |
| No | Advise the plan member to have their Pharmacy contact the Pharmacy Help Desk at **1-800-364-6331** for help in processing the claim. | | |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

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

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

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY – INFORMATIONAL ONLY**