# Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN)

**Description****:** List of rejection codes, the reason for the rejection and how to resolve the issue. It is used to support the Pharmacy Help Desk callers with questions about rejections.

**Select the rejection code to review**.

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| [Ø1](#_Toc165969077) | [Ø2](#_Toc165969078) | [Ø3](#_Toc165969079) | [Ø4](#_Toc165969080) | [Ø5](#_Toc165969081) | [Ø6](#_Toc165969082) | [Ø7](#_Toc165969083) | [Ø8](#_Toc165969084) | [Ø9](#_Toc165969085) | [1C](#_Toc165969086) | [1E](#_Toc165969087) | [1R](#_Toc165969088) | [1S](#_Toc165969089) | [1T](#_Toc165969090) | [1U](#_Toc165969091) |
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| [YE](#_Toc165969678) | [YF](#_Toc165969679) | [YG](#_Toc165969680) | [YH](#_Toc165969681) | [YJ](#_Toc165969682) | [YK](#_Toc165969683) | [YM](#_Toc165969684) | [YN](#_Toc165969685) | [YP](#_Toc165969686) | [YQ](#_Toc165969687) | [YT](#_Toc165969688) | [YU](#_Toc165969689) | [YV](#_Toc165969690) | [YW](#_Toc165969691) | [YX](#_Toc165969692) |
| [YY](#_Toc165969693) | [YZ](#_Toc165969694) | [Y0](#_Toc165969695) | [Y1](#_Toc165969696) | [Y2](#_Toc165969697) | [Y3](#_Toc165969698) | [Y4](#_Toc165969699) | [Y5](#_Toc165969700) | [Y6](#_Toc165969701) | [Y7](#_Toc165969702) | [Y8](#_Toc165969703) | [Y9](#_Toc165969704) | [Z0](#_Toc165969705) | [Z2](#_Toc165969706) | [Z3](#_Toc165969707) |
| [Z4](#_Toc165969708) | [Z5](#_Toc165969709) | [Z6](#_Toc165969710) | [Z7](#_Toc165969711) | [ZA](#_Toc165969712) | [ZB](#_Toc165969713) | [ZC](#_Toc165969714) | [ZD](#_Toc165969715) | [ZE](#_Toc165969716) | [ZE](#_Toc165969716) | [ZF](#_Toc165969717) | [ZN](#_Toc165969718) |  |  |  |

## [**Related Documents**](#_Toc165969719)

** You will not be able to access the Pharmacy Help Desk documents included in this document unless you have been trained in this area**.

* If you are unable to resolve the issue for the **pharmacy**, warm conference/transfer the call to the pharmacy help desk. Refer to [Phone Numbers (Contacts, Departments, Directory, Addresses, Hours and Programs) (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad).
* If unable to resolve the issue for the **member**, refer them to the retail pharmacy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Rejection Code** | **Reject Description** | **Reason Why Rejected**  **What is Happening and Why?** | **Pharmacy and/or Member Next Action and/or Response**  **(What Does the Member/Pharmacy Need to do?**  **What are We Doing for them?**  **What is next?)** |
| **Ø1** | M/I BIN Number.  **Field 101** | The claim is submitted with incorrect BIN (Bank Identification Number) number or without the BIN number. | Review CIF for Members RxBIN, RxPCN (Process Control Number) and RxGroup**.**  **Med D 4Rx submissions:** Refer to [PHD MED D - 4Rx Identifier and Version D.0 Enforcement - Legacy (066059)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=157a36c0-3afa-4ecb-a5b5-f98ac3ed2137). |
| **Ø2** | M/I Version/Release Number.  **Field 102** | Pharmacy needs to use Version Numbers: NCPDP (National Council for Prescription Drug Programs) vD.0. | D.0 Transition: Refer to [PHD - Reject 02 – Missing / Invalid Version Number Resolution (066184)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=15883c9d-6f26-4459-86d4-07123d124441). |
| **Ø3** | M/I Transaction Code.  **Field 103** | Pharmacy submits the  Transaction code can only be:   * B-1 (Claim). * B-2 (Reversal). | **Claim Processing**:  A valid transaction code must be used for the claim to process. Resubmit your claim with transaction code B-1.  **Reversals**:  A valid transaction code must be used to reverse a claim. Resubmit your reversal with transaction code B-2. |
| **Ø4** | M/I Processor Control Number.  **Field 104** | The claim requires a processor control number (PCN). | Review the member plan CIF for the correct processing information.  Med D 4Rx submissions:Refer to [PHD MED D - 4Rx Identifier and Version D.0 Enforcement - Legacy (066059)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=157a36c0-3afa-4ecb-a5b5-f98ac3ed2137).  **RxClaim:**  You will need to provide your processor control number in your claim transmission.  **Note:** Another Med D COB PCN’s may be required as printed on card. |
| **Ø5** | M/I Service Provider Number.  **Field 201** | * All claims must be processed using the pharmacy’s NPI number. * If the claim is processed with any other number other than or without the NPI the claim will be rejected for M/I Service Provider Number. * If the pharmacy is processing with NPI and the claim is rejected, the pharmacy may no longer be active.   Verify if the pharmacy is Active or Terminated.  Pharmacy is using qualifier07 instead of 01.   * If the pharmacy is no longer contracted with the PBM, it will reject 05. | **No Information.**  **Chain pharmacy should be advised:**  There appears to be a discrepancy with the status of your store as a participating pharmacy with PBM Network.You will need to contact your chain headquarters with this information.    **Affiliated pharmacy should be advised:**  There appears to be a discrepancy with the status of your store as a participating pharmacy with PBM Network. You will need to contact your Affiliation to resolve this discrepancy.  **Independent pharmacy should be advised:**  Our records show that you are not a pharmacy with PBM Network. If you would like to become a member in networks, I will submit a request for contract information to be mailed out to you.  Send a Pharmacy Contract Support Task. Refer to [PHD – Compass – Support Task Job Aid (049979](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8fa0241-307d-43a9-b680-cb498e043932)) as needed.  **NPI not transmitting to PBM Systems:**  I am showing your NPI number is not transmitting to us.  **Patient Lock-in rejects***:*  Our records indicate that this Member is required to utilize the <pharmacy -provide the lock-in pharmacy information>**.** |
| **Ø6** | M/I Group Number.  **Field 301** | **Med D:** This is referring to the RxGroup.  **Commercial:** This refers to the RxGroup.  **RxClaim:** Review to determine if the group is active. | **Med D 4Rx submissions:** Refer to [PHD Med D - 4Rx Identifier and Version D.0 Enforcement - Legacy (066059)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=157a36c0-3afa-4ecb-a5b5-f98ac3ed2137).  **Group shows active:**  The current carrier/group number for this Member is <##>. You will need to update the Member profile to include this group.”  **Group shows termed:**  I am showing this Member is not active with the PBM. The member may wish to pay out of pocket for this prescription and contact <insert appropriate contact> to resolve any discrepancy with this coverage.  **Note:** Review the CIF to determine who handles eligibility updates and advise accordingly.  **Group is newly termed:**   * Send a Claim Referral/Claim Research Support Task. |
| **Ø7** | M/I Cardholder ID Number.  **Field 302** | * Verify the Cardholder ID# with the Pharmacy. * Complete Name and DOB search. * **RxClaim:** Verify the Processing information such as BIN, PCN and RxGroup.   [PHD MED D - Medicare Eligibility Query (E1) (063923)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a85fe361-402c-45dc-8fa1-2b7b9c696faa) | Review the CIF for ID updates.  **No Eligibility exists on file.**  For ID <##>, I am not showing this Member has any active eligibility in our systems. It is possible that we have not received their information yet. The member may wish to pay out of pocket for this prescription and contact <insert appropriate contact> to resolve any discrepancy with this coverage.”  **Note:** Review the CIF to determine who handles eligibility updates and advise accordingly. |
| **Ø8** | M/I Person Code.  **Field 303** | Compare the claimed Person code to the one found in Compass for the member.  [PHD - Reject 08 – M/I Person Code Resolution (066959)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ff9e2ea-ef40-4f8b-8449-4fbab02abcf6) | Compass is displaying - Person Code is the different.  Our system shows the Person Code is <##>. You will need to update the Member profile to include this Person Code. |
| **Ø9** | M/I Birth Date.  **Field 304** | The submitted claim has no DOB or DOB submitted does not match the DOB found in our system’s Eligibility file.  This rejection sometimes occurs when pieces of processed information are submitted incorrectly and/or the member’s eligibility information is incorrect.   * Verify the claimed DOB submitted with the pharmacy. * Compare the claimed DOB with the DOB in the system.   **Note:** Check CIF before releasing DOB.  Claim may not be displayed under the member profile.  Agents need to resolve:   * Ask the pharmacy what the reject message is. * Filter to **View by Member or Family** and select **Family** on the Claims table.   Claim will reject for DOB reject CCR resolution call the Senior Team for help. | **Pharmacy submits no DOB.**  This plan requires that the Member birth date be submitted for a claim to process. Resubmit your claim with the Member birth date.  **Pharmacy submits a different DOB.**  I am showing the Date of Birth in the system is <Member DOB>. Resubmit the claim with this DOB. If the information in our system is incorrect, have the member contact <insert appropriate contact> to update their information.  **Note:** Review the CIF to determine who handles eligibility updates and advise accordingly.  MED D provides Date of Birth in the system with mm/dd/yy format to the pharmacy.  Refer to [PHD MED D - Medicare Eligibility Query (E1) (063923)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a85fe361-402c-45dc-8fa1-2b7b9c696faa). |
| **1C** | M/I Smoker/Nonsmoker code.  **Field 334** | Information in the field is not required for claim to process. | This field contains invalid information, delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **1E** | M/I Prescriber Location Code.  **Field 467** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **1R** | Version/Release Not Supported.  **Field 102-A2** | Pharmacy needs to use Version Numbers: D.0. | Our system supports only version D.0. If you are experiencing trouble using version D.0 at this time, we would need you to contact your software vendor to report your issue. |
| **1S** | Transaction Code Type Not Supported.  **Field 103-A3** | Transaction code can only be:   * B-1 (Claim). * B-2 (Reversal). | **Claim Processing**:  A valid transaction code must be used for the claim to process. Resubmit your claim with transaction code B-1.  **Reversals**:  A valid transaction code must be used to reverse a claim. Resubmit your reversal with transaction code B-2. |
| **1T** | PCN Must Contain Processor/Payer Assigned Value.  **Field 104-A4** | Medicare D PCN. | **Review the Retail Logic section of the CIF.**  **PCN found:**  I am showing this client’s PCN is <##>, resubmit the claim using this PCN in Field 104-A9.  **PCN not found:**  Refer the member/beneficiary card for the PCN value. |
| **1U** | Transaction Count Does Not Match Number of Transactions.  **Field 109-A9** | Transaction must match the number of claims sent. | The transaction count does not match the number of claims sent in the transaction. |
| **1V** | Multi-Trans Not Supported. | More than one claim (prescription) was submitted at the same time. | Resubmit the claims individually. |
| **1W** | Multi-Ingredient Compound Must Be a Single Transaction.  **Field 109-A9** | Pharmacy is sending more than one transaction. | Submit this multiple-Ingredient Compound as one transaction. |
| **1X** | Vendor Not Certified for Processor/Payer.  **Field 110-AK** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **1Y** | Claim Segment Required for Adjudication.  **Field 111-AM** | Contact software vendor.  Claim did not include all data. | This claim was processed without all the required information, contact your Software Vendor or Technical Support Desk for help. |
| **1Z** | Clinical Segment Required for Adjudication.  **Field 111-AM** | Contact software vendor. | This claim was processed without all the required information, contact your Software Vendor or Technical Support Desk for help. |
| **1Ø** | M/I Patient Gender Code.  May Hear: Sex Code.  **Field 305** | The gender code is missing, or the gender code submitted does not match the gender code found in the adjudication system’s eligibility system.   * Verify the Claimed gender code with the pharmacy. * Compare the claimed gender code with the gender code found in RxClaim or Compass. | **Gender code missing.**  This plan requires that a Member gender/sex code be submitted for a claim to process. Resubmit your claim with the member gender/sex code.  **Gender Code invalid.**  I am showing the system has a gender code of <insert the gender code>. Resubmit the claim using this gender code. If the code is incorrect in our system, have the member contact <insert appropriate contact> to update their information.  **Note:** Review the CIF to determine who handles eligibility updates and advise accordingly. |
| **11** | M/I Patient Relationship Code.  **Field 306** | The patient relationship code is missing or the submitted code does not match the patient relationship code found in the adjudication system’s eligibility file.  Compare the claimed relationship code with the one in RxClaim or Compass. | **Relationship Code is missing.**  This plan requires that a Member’s relationship code must be submitted for a claim to process. Resubmit your claim with the member relationship code of <insert the relationship code>.  **Relationship Code is invalid.**  I am showing the relationship code in our system is <insert the relationship code>. Resubmit the claim using this relationship code. If this code is incorrect, have the member contact <insert appropriate contact> to have their information updated.    **Note:** Review the CIF to determine who handles eligibility updates and advise accordingly.  **Relationship Code Reference:**   * 01-cardholder * 02-spouse * 03-dependent * 04-adult dependent |
| **12** | M/I Place of Service.  **Field 307-C7** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **13** | M/I Other Coverage Code.  **Field 308** | Member has multiple prescription insurances being run incorrectly. | Verify with the caller which plan is the primary plan.   * Confirm the primary plan is being billed first. Review the Coordination of Benefits tab. * Verify in CIF that client allows for COB (Coordination of Benefits) * If the plan allows, use COB for processing. Refer to [Compass - Viewing, Adding, and Editing Coordination of Benefits (COB) (058048)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=50aa7279-263d-4b4e-9905-096e4fa3f2a0)   **Note:** Primary plan must be billed before secondary.   * If the plan does not allow COB, refer to [Compass - Viewing, Adding, and Editing Coordination of Benefits (COB) (058048)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=50aa7279-263d-4b4e-9905-096e4fa3f2a0)   **For COB Segment Billing: Collected due to previous payer’s deductible.**   * Use value 2 when the previous payer paid the claim. * Use value 4 when payment was not collected due to previous payer’s deductible. * Use values 3, 5, 6, and 7 when payment was not collected from the previous payer.   **For Copay only Billing:**     * Use values 3, 5, 6, and 7 when payment was not collected from the previous payer. * Use value 8 when the previous payer paid the claim. |
| **14** | M/I Eligibility Clarification Code.  **Field 309** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **15** | M/I Date Filled.  **Field 401** | Verify the claimed Date of filled with Pharmacy. | **Date of fill invalid.**  The claim shows a date of fill on <mm/dd/yy>. Resubmit the claim with the correct date of fill.  **Date of fill missing.**  Our records do not reflect the date of fill was transmitted on the claim. Resubmit the claim with a date of fill. |
| **16** | M/I Rx Number.  May Hear: Prescription/Service Reference Number.  **Field 402** | Verify the claimed Rx Number (Maximum of 12 digits). | **Rx Number is missing.**  Our records do not reflect a prescription number. Resubmit the claim with a prescription number.  **Rx Number is invalid.**  The claim shows a prescription number of <##> which is invalid. Resubmit the claim with a valid prescription number*.*  **If the pharmacy says they are entering a valid Rx number:**  If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **17** | M/I Fill Number.  **Field 403** | Verify the claimed number of fills with the Pharmacy.  Refill Limitation – specific number of refills per script. New script is needed. | I am showing a refill number of <##>. A valid fill number must be submitted for a claim to process. Resubmit your claim with a valid number for the fill. |
| **19** | M/I Days’ Supply.  **Field 405** | * **DO (Dose Optimization)** is a point-of-sale program that results in a claim reject for **selected drugs** where multiple daily doses of the drug are prescribed and where a higher strength single daily dose is available and clinically appropriate.   It is preferred for a member to be prescribed one dose per day of medication when available, as opposed to taking multiple doses at a lower strength.   * **Missing/Invalid Days’ Supply** - Minimum and maximum dosage guidelines as outlined by the drug manufacturer. | **MED D** does not support Dose opt.  [Compass – Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f) – Check Reference Override table for Dose Optimization Override.  I am showing that there is a higher dose of this medication available, which should be clinically appropriate. Have you contacted the prescribing doctor to ask for a once daily dosing prescription? |
| **2A** | M/I Medigap ID.  **Field 239** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **2B** | M/I Medicaid Indicator.  **Field 335** |
| **2C** | M/I Pregnancy Indicator.  **Field 335** |
| **2D** | M/I Provider Accept Assignment Indicator.  **Field 361** |
| **2E** | M/I Primary Care provider ID Qualifier.  **Field 468** |
| **2G** | M/I Compound Ingredient Modifier Code Count.  **Field 362** | Information in the field is not required for claim to process. | Information on processing compounds  [PHD MED - Compound Submission, Adjudication and Reimbursement (084670)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e4eccf1c-f257-4c59-bf56-7a9f2e284794) |
| **2H** | M/I Compound Ingredient Modifier code.  **Field 363** |
| **2J** | M/I Product/Service ID.  **Field 364** | NDC is not on file or listed as repackaged. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **2K** | M/I Prescriber Street Address.  **Field 365** |
| **2M** | M/I Prescriber City Address.  **Field 366** |
| **2N** | M/I Prescriber State/Province Address.  **Field 367** | Pharmacy to submit the two alpha character postal code of the prescriber in Field 367-2N.  **Note:** The claims will check exclusion lists. | Advise the pharmacy to submit the two alpha character postal code of the prescriber in Field 367-2N. |
| **2P** | M/I Prescriber Zip/Postal Zone.  **Field 368** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **2Q** | M/I Additional Documentation Type ID.  **Field 369** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **2R** | M/I Length of Need.  **Field 370** |
| **2S** | M/I Length of Need Qualifier.  **Field 371** |
| **2T** | M/I Prescriber/Supplier Date Signed.  **Field 372** |
| **2U** | M/I Request Status.  **Field 373** |
| **2V** | M/I Request Period Begin Date.  **Field 374** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **2W** | M/I Request Period Recert/Revised Date.  **Field 375** |
| **2X** | M/I Supporting Documentation.  **Field 376** |
| **2Z** | M/I Question Number/Letter Count.  **Field 377** |
| **2Ø** | M/I Compound Code.  **Field 406** | Check the claim to see if pharmacy put in compound code:  **0**=Not Specified. **1**=Not a Compound.  **2**=Compound. | I am showing the claim has a (missing/invalid) compound code. Resubmit your claim with the correct compound code. |
| **21** | M/I NDC Number  Product/Service ID.  **Field 407** | NDC is not on file or is listed as repackaged. | Pharmacy to reprocess with an approved NDC.   1. Verify the NDC with the pharmacy. 2. Verify the NDC is not inactive or discontinued. 3. Verify correct NDC was input. |
| **22** | M/I Dispense as Written (DAW)/Product Selection Code.  **Field 408** | Verify with the Pharmacy and review the claim to determine which DAW/PSC was submitted, refer to [PHD - Claims Submission Requirements for Dispense as Written (DAW) Codes (024418)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c40c8069-4d1c-46c5-b721-741809b39867). | It appears there is a discrepancy in the DAW/PSC Code. Resubmit your claim with a valid DAW/PSC Code required for claim to process. |
| **23** | M/I Ingredient Cost.  **Field 409** | Verify with Pharmacy and check the claim to see what ingredient cost was submitted.  **Medicaid Multiple Ingredient Compound (MIC)**  The ingredient drug cost is blank (zero is acceptable, blank is not). | It appears there is a discrepancy with the Ingredient Cost submitted. A valid Ingredient cost is required for a submitted claim to process. Resubmit your claim with a valid ingredient cost. |
| **25** | M/I Prescriber ID (DEA).  **Field 411** | Verify the information the pharmacy entered for valid DEA # or NPI.  Qualifier Values for Prescriber ID:  **01=NPI**  **12=DEA**  **Commercial and Med D:** [PHD - Prescriber ID Process (072063)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=153e4fa0-7e94-4592-b2b3-9b033146db61) | The Plan requires either the Prescriber’s DEA or NPI.  **DEA # Required.**  Verify if the DEA number is valid. If number is not valid:  This plan requires a valid DEA number to be submitted for claim payment. Please resubmit your claim with a valid DEA#.  **PLN# Required.**  If the CIF states that the PLN# is required in place of the DEA#:  I show this plan requires you to submit the Physicians License Number in place of the DEA# for claim payment. Resubmit your claim with the PLN#. |
| **26** | M/I Unit of Measure.  **Field 600** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **28** | M/I Date Prescription Written.  **Field 414** | Verify with the pharmacy the date the prescription was written.  **RxClaim:** Review the claim.  **CII claims only:** Invalid value (including a blank value) has been populated in the Date Prescription Written field (NCPDP Field# 414-DE). | It appears there is a discrepancy with the prescription date transmitted. Resubmit your claim with a valid date for when the physician wrote the prescription. |
| **29** | M/I Number Refills Authorized.  **Field 415** | Verify the claimed refill # with the # of refills allowed by the plan. | It appears there is a discrepancy with the refill # transmitted. The claim record indicates you submitted this as the <##> refill, is this correct? This Member plan limits refills to <##>. |
| **3A** | M/I Request Type.  **Field 498-PA** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **3B** | M/I Request Period Date – Begin.  **Field 498-PB** |
| **3C** | M/I Request Period Date – End.  **Field 498-PC** |
| **3D** | M/I Basis of Request.  **Field 498-PD** |
| **3E** | M/I Authorized Representative First Name.  **Field 498-PE** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **3F** | M/I Authorized Representative Last Name.  **Field 498-PF** |
| **3G** | M/I Authorized Representative Street Address.  **Field 498-PG** |
| **3H** | M/I Authorized Representative City Address.  **Field 498-PH** |
| **3J** | M/I Authorized Representative State/Province Address.  **Field 498-PJ** |
| **3K** | M/I Authorized Representative Zip/Postal Zone.  **Field 498-PK** |
| **3M** | M/I Authorized Prescriber Phone Number.  **Field 498-PM** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **3N** | M/I Authorized Number Assigned.  **Field 498-PY** |
| **3P** | M/I Authorization Number.  **Field 503** |
| **3R** | Prior Authorization Not Required.  **Field 407** |
| **3S** | M/I Authorization Supporting Documentation.  **Field 498-PP** |
| **3T** | Active Prior Authorization Exists Resubmit at Expiration of Prior Authorization. | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **3W** | Prior Authorization in Process. |
| **3X** | Authorization Number not Found.  **Field 503** |
| **3Y** | Prior Authorization Denied. |
| **32** | M/I Level of Service.  **Field 418** |
| **33** | M/I Prescription Origin Code.  **Field 419** | This field is a requirement only for Medicare claims. | [PHD – Compass - Reject 33 - Missing / Invalid Prescription Origin Code (049945)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=17afd8f5-624e-4ed2-b62b-32069310a402) |
| **34** | M/I Submission Clarification Code.  **Field 420** | Reject 34 occurs:   * Claim is submitted with the wrong SCC code to resolve NPI rejects ([PHD - Prescriber ID Process (072063)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=153e4fa0-7e94-4592-b2b3-9b033146db61). * Claim is submitted with the wrong SCC code to resolve LTC Emergency Supply (Warm transfer to the Senior Team). Refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). | This field contains invalid information. Reprocess the claim with the correct SCC code. |
| **35** | M/I Primary Care Provider ID.  **Field 421** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **39** | M/I Diagnosis Code.  **Field 424** | Missing/Invalid ICD-10 Diagnosis code.  [PHD - Reject 39 – Missing / Invalid Diagnosis Code Qualifier (099930)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7ec7aeae-7d27-47b4-873a-38086c2c56e2) | This field contains missing or invalid information. Resubmit with a valid ICD-10 code or contact the prescriber for the valid code. |
| **40** | Pharmacy Not Contracted. |  | **Pharmacy Calling:** Warm transfer to the Pharmacy Help Desk.  **Member Calling:**  Review the CIF and determine if the plan allows exceptions to filling at out of network pharmacy.   * If not, advise that the prescription should be taken/transferred to an in-network pharmacy. * If yes, the plan allows out of network exceptions, transfer the call to the Senior Team for procedural assistance.   **Note:** If the member paid out of pocket at retail, review the CIF to determine if out of network paper claims are allowed. |
| **40** | Pharmacy Not Contracted with Plan on date of service.  **Note:** This R40 will **rarely** occur and will only apply to Civica Products and specific clients listed. **Refer to Reject40 above for all other situations.** | **Civica NDC and Lumicera Pharmacy NPI**  Script must be filled at Lumicera Pharmacy; no R40 using the correct NPI to run test claim.  R 75 PA is required.  **Civica NDC and CVS Specialty NPI**  R40 – Pharmacy Not Contracted  R75 – PA required  Prescription must be filled at Lumicera Pharmacy.  **Lumicera Pharmacy NPI #** Madison- 1073947636 or Phoenix – 1235580697 | Some of our clients have partnered with **CivicaScript** to fill specific medications using **only** Civica products for their members. This will only apply to certain clients as identified in their CIF’s (Client Information Forms) located in theSource.  CVS Caremark has contracted with **Lumicera Health Services** to provide these Civica products to the impacted members.    The first medication impacted by this change is: Abiraterone 250mg (generic of Zytiga) Civica NDC: 82249-0010-12  **Clients Impacted:**  Blue Shield of California (BSC)  CareFirst  Arkansas BSBC  Blue Cross and Blue Shield of Hawaii (HMSA)  FEP  **CVS Specialty Pharmacy will facilitate medications that need to be filled by Lumicera Health Services**. When the script comes in for processing, the claim is rejected with a message to triage the script to Lumicera. The Specialty Rx team then follows the instructions noted in the reject message.  **Warm transfer** call to CVS Specialty Pharmacy at **1-(800)-237-2767** to assist member. |
| **41** | Submit Bill to Other Processor or Primary Payer. |  | Verify with the Pharmacy if this is the member’s Primary Insurance. From ‘View Transmission’ screen, verify if the pharmacy is submitting Other Coverage Code in the claim by clicking the “Other” Category. If the member has primary coverage, the field should be blank or zero.  **Note:** Review the CIF for any updates or changes to the member or spouse’s eligibility.  FEP reject for MED B medications: [PHD - FEP - Reject 41 - Submit for MED B Coverage (098139)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e1f0af00-fcfb-4c88-8490-c2437c296c7c).  [PHD - Reject 41 SBMT BILL TO OTHER PROCSR or Reject 13 M/I OTHER COVERAGE CODE (088851)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8769c35c-323c-4188-b3a9-8f26283f4529)  I show this plan is the Member’s secondary insurance. You will need to identify their primary insurance carrier and submit billing under that carrier*.*  If the pharmacy is having difficulty identifying the primary payer, the pharmacy may send an eligibility transaction “E1” to NDC to confirm the Member’s eligibility.  **If the Member is primary and the pharmacy is submitting value greater than zero in Other Coverage Code*:***  I am sorry I am showing you have a <##> in the Other Coverage Code field, could you please change it to zero or leave it blank?  **If Pharmacy/Member insists that this is their primary insurance***:*  Refer to[PHD - Reject 41 - SBMT Bill to Other PROCSR or Reject 13 M/I Other Coverage Code (088851)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8769c35c-323c-4188-b3a9-8f26283f4529).   * Review the CIF to verify if updates should be done by PBM. * If the CIF has no references to reject 41/reject 13 updates, refer pharmacy back to the plan. |
| **42** | Plan’s Prescriber database indicates the prescriber ID Submitted is inactive or expired. |  | [PHD - Prescriber ID Process (072063)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=153e4fa0-7e94-4592-b2b3-9b033146db61) |
| **43** | Plan’s Prescriber database indicates the associated DEA to submitted Prescriber is inactive. |
| **44** | Plan’s Prescriber database indicates the associated DEA to submitted Prescriber ID is not found. |
| **46** | Plan’s Prescriber database indicates associated DEA to submitted Prescriber ID does not allow the drug DEA Schedule. |
| **4B** | M/I Question Number/Letter.  **Field 378** | Decimal point rejects. | NA |
| **4C** | M/I Coordination of Benefits/Other Payments Count.  **Field 337** | * Field is required by only certain plans. * Pharmacy needs to submit the correct count code. The count code can be up to 10. | This field contains invalid information. Resubmit the claim with the correct count code. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **4D** | M/I Question Percent Response.  **Field 379** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **4E** | M/I Primary Care Provider Last Name.  **Field 570** |
| **4G** | M/I Question Date Response.  **Field 380** |
| **4H** | M/I Question Dollar Amount Response.  **Field 381** |
| **4J** | M/I Question Numeric Response.  **Field 382** |
| **4K** | M/I Question Alphanumeric Response.  **Field 383** |
| **4M** | Compound Ingredient Modifier Code Count Does Not Match Number of Repetitions.  **Field 362** | Field is required by only certain plans.  Pharmacy needs to submit the correct count code. The count code can be up to 10. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **4N** | Question Number/Letter Count Does Not Match Number of Repetitions.  **Field 377** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **4P** | Question Number/Letter Not Valid for Identified Document.  **Field 378** |
| **4Q** | Question Response Not Appropriate for Question Number/Letter.  **Field 378** |
| **4R** | Required Question Number/Letter Response for Indicated Document Missing.  **Field 378** |
| **4S** | Compound Product ID Requires a Modifier Code. | Information in the field is not required for claim to process. | For information on processing compounds refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **4T** | M/I Additional Documentation Segment.  **Field 111** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **4W** | Must Fill Through Specialty Pharmacy.  **Fields 407, 489** |
| **4X** | M/I Patient Residence.  **Field 384-4X** | MED D – Patient location field trying to submit LTC/Home Infusion and pharmacy not in network.  **Patient Residence**:  0 = Not Specified, 1 = Home, 3 = Nursing Facility  4 = Assisted Living Facility, 6 = Group Home  9 = Intermediate Care Facility, 11 = Hospice | This field contains a non-CMS accepted Code value. Delete the information in this field resubmit with a value CMS acceptable code value. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **4Y** | Patient Residence Not Supported by Plan.  **Field 384-4X** | MED D – Displays when pharmacy does **not** use the appropriate CMS values, including a blank field.  **Pharmacy Service Type** = 1-8 and 99  **Patient Residence** = 0,1,3,4,6,9,11 | This field contains non-CMS acceptable code values. Submit the correct with a CMS acceptable code value. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **4Z** | Place of Service Not Support by Plan. | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **5C** | M/I Other Payer Coverage Type.  **Field 338** | Verify type of coverage code: 01=Primary, 02=Secondary, 03=Tertiary. | If you are sending a COB claim you must put <##> in field 338. |
| **5E** | M/I Other Payer Reject Count.  **Field 471** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **5J** | M/I Facility City Address.  **Field 388** |
| **5Ø** | Non-Matched Pharmacy Number.  **Field 201** | **Effective 11/16/2019**, will be returned to the pharmacy *with* Reject 50 and/or 71 for pharmacy and/or prescriber lock rejects.  **Reject 50** – Non-Matched Pharmacy Number.  **M2** – Recipient Locked in.  **Message:** Member Pharmacy Override Exclusion, Patient locked into specific pharmacy(s). | Verify with the Pharmacy their NPI (National Provider Identifier) #.  Verify the Location code.  **Note:** Pharmacy maybe using a location code that is not part of their contract.  **Example:** Home Infusion or LTC (Long Term Care).  Verify if their member has Pharmacy Override Exclusion.  [PHD Compass - Reject 50 (Non-Matched Pharmacy Number) Resolution (066950)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1436e203-6a2c-47ff-b888-b5a4f56e1da7)  It appears there is a discrepancy with the NPI# transmitted with this claim. Our records reflect <Information> was transmitted. Is this correct?  **Pharmacist realizes NPI number is incorrect***:*  Resubmit with the valid NPI number.  **If the pharmacy says they cannot change the NPI**:  **Pharmacist insists this is a valid NPI**.  To assist you further, I will have the Pharmacy Enrollment area contact you.  **If pharmacy says they should have been contracted:**   * **Chain –** Refer the pharmacy back to the chain headquarters. * **Affiliate –** Refer the pharmacy back to their affiliate. * **Independent** - Send a Pharmacy Contract RM/Support Task.   **Member Pharmacy Override Exclusion.**  A claims block may be placed on a certain Member’s profile. The member has been locked into a certain pharmacy. Have the member call member services.  **Note:** If the retail pharmacy requests the name of the pharmacy call the Senior Team for the lock-in pharmacy’s name and phone number.   * If the member has been locked out per plan, Have the member contact their (plan or whoever is referred to in the notes or CIF). |
| **51** | Non-Matched Group ID.  **Field 301** | **Commercial:** Verify claimed group # with the most active group in eligibility.  **Medicare D:** Claims are rejected because pharmacy did not use RxGroup. | **Med D:**  Resubmit the claim using the RxGroup number from the Card.  **Commercial:**  The current carrier/group number for this Member is <##>. Resubmit your claim using this information. You will want to update your pharmacy profile for this Member. |
| **52** | Non-Matched Cardholder ID.  **Field 302** | Verify claimed Cardholder ID with the Pharmacy and in Eligibility.  [PHD - Compass - Reject 52 Non-Matched ID Number Resolution (051306)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54fc6bb7-e49c-48f1-9c7c-4125c2a26edd) | **No Eligibility exists on file.**  For ID <##>, I show no eligibility on file. It is possible that we have not received their information yet. The member has the option to pay out of pocket today and contact <insert appropriate contact> to have their eligibility updated.  **Note:** Review the CIF to determine who handles eligibility updates and advise accordingly.  **Date of Birth/Sex is incorrect.**  Review the CIF to determine if we can give out PHI information.  I show the birthday/sex we have on file for this Member is <DOB & sex>. Resubmit your claim with the information we have on file. If the information is incorrect, the member will need to contact the number on the back of their card to have it corrected in our system. |
| **53** | Non-Matched Person Code.  **Field 303** | Verify claim person code with eligibility.  Review the CIF’s Eligibility section under Participant ID. | **Eligibility exists for the member.**  It appears there is a discrepancy with the cardholder ID submitted with this claim. This plan requires a two/three-digit person code to be submitted for claim payment. Resubmit your claim with person code <##>.  **No Eligibility exists for the member.**  For ID <##>, I do not see eligibility on file. It is possible that we have not received their information yet. The member has the option to pay out of pocket for this prescription and contact <insert appropriate contact> before their next fill to resolve any discrepancy.  **Note:** Review the CIF to determine who handles eligibility updates and advise accordingly. |
| **54** | NON-MATCHED NDC NUMBER.  **Field 407, 489-TE** | NDC does not match the medication being submitted. | I show the NDC number you are submitting is <##>, is this correct?  [PHD MED D - Reject 54 - Non-Matched Product Service ID Number (077568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=53c90172-b4dd-4ca7-8681-3de4eb818cac)   1. Verify the NDC with the pharmacy 2. Verify the NDC is not inactive or discontinued. 3. Verify correct NDC is being input. 4. Reprocess with approved NDC number. |
| **55** | Non-Matched Product Package Size.  **Field 407, 489-TE** | Verify the NDC being submitted by the Pharmacy. | I show the NDC number you are submitting is <##>, is this correct?  **Pharmacist realizes the NDC number is incorrect: (Find correct package size)**.  I am showing the NDC # you should be using for this package size of <##>. Resubmit your claim with this NDC #.  **Pharmacist says the NDC number submitted on the claim is correct (if we do not have package size on file).**  Our records do not show this package size on file. You might want to check your red book or wholesaler for the correct NDC # for this drug.  Send an NDC Inquiry Support Task. Refer to [PHD - Compass - Support Task Job Aid (049979)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8fa0241-307d-43a9-b680-cb498e043932) as needed. |
| **56** | Non-Matched Prescriber ID.  **Field 411** | Verify the claimed NPI/PLN # with the Pharmacy.  **Note:** If the NPI is correct, ask the pharmacy to resubmit the claim with SCC code 42.  Qualifier Values for Prescriber ID:  **01=NPI**  **12=DEA** (Drug Enforcement Agency)  Refer to [PHD - Prescriber ID Process (072063)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=153e4fa0-7e94-4592-b2b3-9b033146db61). | **NPI # Required.**  This plan requires a valid NPI number to be submitted for claim payment. Resubmit your claim with a valid NPI#.  **PLN# Required.**  If the CIF states PLN# is required in place of the DEA#:  I show this plan requires you to submit the Physicians License Number in place of the DEA# for claim payment. Resubmit your claim with the PLN#. |
| **58** | Non-Matched Primary Prescriber.  **Field 421** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6C** | M/I Other Payer ID Qualifier.  **Field 339** |
| **6D** | M/I Facility Zip/Postal Zone.  **Field 389** |
| **6E** | M/I Other Payer Reject Code.  **Field 472** |
| **6G** | Coordination of Benefits/Other Payments Segment Required for Adjudication.  **Field 111-AM** | The pharmacy should be submitting Value = 02. | Reprocess the claim using 02 in Field 111-AM.  If the pharmacy cannot change the information: If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6H** | Coupon Segment Required for Adjudication.  **Field 111-AM** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6J** | Insurance Segment Required for Adjudication.  **Field 111-AM** | The pharmacy should be submitting.  Value = 04 | Reprocess the claim using 04 in Field 111-AM.  If the pharmacy cannot change the information:If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6K** | Patient Segment Required for Adjudication.  **Field 111-AM** | The pharmacy should be submitting.  Value = 01 | Reprocess the claim using 01 in Field 111-AM.  If the pharmacy cannot change the information:If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6M** | Pharmacy Provider Segment Required for Adjudication.  **Field 111-AM** | Information in the field is not required for claim to process.  **Note:** Pharmacy Provider Segment: Required for MCO Workers Compensation only.  The pharmacy should be submitting value = 02 | Review the CIF for the correct processing information.  This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6N** | Prescriber Segment Required for Adjudication.  **Field 111-AM** | The pharmacy should be submitting.  Value = 03 | Reprocess the claim using 03 in Field 111-AM.  If the pharmacy cannot change the information:If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6P** | Pricing Segment Required for Adjudication.  **Field 111-AM** | The pharmacy should be submitting.  Value = 11 | Reprocess the claim using 11 in Field 111-AM.  If the pharmacy cannot change the information:If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6Q** | Prior Authorization Segment Required for Adjudication.  **Field 111-AM** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6R** | Worker’s Compensation Segment Required for Adjudication.  **Field 111-AM** | Information in the field is not required for claim to process.  Pharmacy Provider Segment: Required for **MCO** (Managed Care Organization) **Workers Compensation** only.  The pharmacy should be submitting value = 02. | Review the CIF for the correct processing information.  Reprocess the claim using 02 in Field 111-AM.  If the pharmacy cannot change the information: If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6S** | Transaction Segment Required for Adjudication.  **Field 111-AM** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6T** | Compound Segment Required for Adjudication.  **Field 111-AM** | The pharmacy should be submitting value = 10. | Reprocess the claim using 10 in Field 111-AM.  If the pharmacy cannot change the information: If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6U** | Multi-Ingredient Compounds.  **Field 111-AM** |  | [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736) |
| **6W** | DUR/PPS Segment Required for Adjudication.  **Field 111-AM** | The pharmacy should be submitting value = 08. | Reprocess the claim using 08 in Field 111-AM.  If the pharmacy cannot change the information:  If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6X** | DUR/PPS Segment Incorrectly Formatted.  **Field 111-AM** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6Y** | Not Authorized to Submit Electronically.  **201-B1** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6Z** | Provider Not Eligible to Perform Service/Dispense Product.  **201-B1** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **6Ø** | Drug Not Covered for Patient Age.  **Fields 302 304 401 407** | Verify the claimed date of birth and age and relationship code with pharmacy and eligibility file.  Effective November 16, 2019, PBM will begin returning Reject 60 with Reject 76 for a Minimum/Maximum Patient Age Restriction. This change helps to identify the cause of the rejection more clearly to the pharmacy:   * Reject 76 for other plan restrictions. * Reject 60 for newborn age restrictions. | **Pharmacy is using incorrect relationship code for Member.**  It appears there was a discrepancy with the relationship code submitted. Our records show the relationship code for this Member is <##>. Resubmit the claim with the correct relationship code.  **Member exceeds maximum age.**  Our records show this plan only covers this drug up through the age of <##>. If the member needs medication today, they have the option to pay out of pocket and contact the Customer Care number on their card with any questions. |
| **61** | Drug Not Covered for Patient Gender.  **Fields 302 305 407** | Verify the claimed gender code of the Member with the Eligibility file. | **Pharmacy is using the incorrect gender/sex code for Member.**  There appears to be a discrepancy with the gender code submitted. I am showing this Member gender is <gender type>. Resubmit your claim with the correct gender/person code.  **Pharmacy is using the correct gender/sex code for Member.**  Our records show this drug is only covered by the plan for the gender code of <code>. If the Member needs the medication today, they have the option to pay out of pocket for this prescription and contact the Customer Care number on their card with any questions. |
| **62** | Patient/Cardholder ID Name Mismatch.  **Fields 310 311 312 313 320** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **63** | Institutionalized Patient Product/Service ID Not Covered. |
| **64** | Claim Submitted Does Not Match Prior Authorization.  **Fields 201 401 404 407 416** | Verify Claimed GCN, GPI, Carrier, person code, birth date, and gender code with the information in the Prior Authorization. | **PA for another GCN (Generic Class Number) or GPI (Generic Product Identifier)**  I am showing that the information you are submitting does not match the information on the prior authorization. Contact the prescriber for the correct information or have the prescriber call for PA on this drug.  **PA is for another member.**  I am showing the information you are submitting does not match the information on the Prior Authorization. |
| **65** | Patient Is Not Covered.  **Fields 303 306** | Verify claimed relationship code submitted by the pharmacy.  [PHD Compass - Reject 65 Patient Not Covered Resolution (067158)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a4b783dd-bfba-4c5a-8130-efebd1611fe5) | Are you processing the claim for the cardholder, spouse, or dependent today?  **Pharmacy is using incorrect relationship code for Member.**  Our records show there is a discrepancy with the relationship submitted. The relationship code on file for the Member requested is <code>. Resubmit your claim with this relationship code.  **Member does not have current eligibility.**  Our records show this person is not covered under this cardholder ID. It is possible we have not received complete information for this ID. The member has the option to pay out of pocket for this prescription and contact <insert appropriate contact> before the next fill to resolve the discrepancy.  **Note:** Review the CIF to determine who handles eligibility updates and advise accordingly. |
| **66** | Patient Age Exceeds Maximum Age.  **Fields 303 304 306** | Verify the claimed date of birth, age and relationship code with pharmacy and the eligibility file.  [PHD - Reject 66 - Patient Age Exceeds Maximum Resolution (067155)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=22e5f463-14dd-4c1c-b857-fb1c5c946b48) | Pharmacy is using incorrect Relationship.  **Member exceeds maximum age or is a college student.**  Our records show this plan only has coverage for dependents to the age of <##>. It is possible we have not received the complete information for this ID. If the member needs medication today, they may wish to pay out of pocket and contact the Customer Care number on their card with any questions. |
| **67** | Filled Before Coverage Effective.  **Field 401** | Verify the claimed Date of fill with the Effective date on the Eligibility file. | Effective date is sometime in the future. |
| **68** | Filled After Coverage Expired.  **Field 401** | The claim was processed after the plan became inactive. | **Pharmacy Calling**  Verify coverage dates on the plan.   * If the plan shows active on the date the claim was processed, advise the pharmacy to reprocess. * If the plan shows inactive on the date the claim was processed and the member states that the plan should be active, review the CIF to determine who handles eligibility and proceed based on those directions. * If the member has a different but active plan, advise the pharmacy to process claims on the active plan.   **Member Calling**   * If the plan shows active on date the claim was processed, ask the member to have the pharmacy reprocess. * If the plan shows it was inactive on the date the claim was processed and the member states that the plan should be active, review the CIF to determine who handles eligibility and proceed based on those directions. * If the member has a different but active plan, advise the member to ask the pharmacy to process claims on the active plan. |
| **69** | Filled After Coverage Terminated.  **Field 401** |  | Verify the claimed Date of Fill with the Termination date in Eligibility file.  The termination date has passed. [PHD Compass - Reject 68/69 - Filled After Coverage Terminated Resolution (067703)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0ea7136b-f3c7-4a05-b897-9b6a25fef588). |
| **7A** | Provider Does Not Match Authorization on File.  **201-B1** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **7B** | Service Provider ID Qualifier Value Not Supported for Processor/Payer.  **202-B1** |
| **7C** | M/I Other Payer ID.  **Field 340-7C** |  | Pharmacy needs to submit the claim with the other payer ID.  Resubmit your claim with the other payer ID. |
| **7D** | Non-Matched DOB.  **304-C4** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **7E** | M/I DUR/PPS Code Counter.  **Field 473** | CSR cannot see information on the counter. |
| **7G** | Future Date Not Allowed For DOB.  **Field 304-C4** | Information in the field is not required for claim to process. |
| **7H** | Non-Matched Gender Code.  **Field 305-C5** |
| **7J** | Patient Relationship Code Not Supported.  **Field 306-C6** |
| **7K** | Discrepancy Between Other Coverage Code and Other Payer Amt.  **Field 308-C8** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **7M** | Discrepancy Between Other Coverage Code and Other Coverage Information on File.  **Field 308-C8** |
| **7N** | Discrepancy Between Other Coverage Code and Other Coverage Information on File.  **Field 331-CX** |
| **7P** | Coordination of Benefits/Other Payments Count Exceeds Number of Supported Payers.  **Field 337-4C** | Pharmacy is submitting the count greater than the number of COB (Coordination of Benefits) Payers on the claim. | Resubmit the claim with the count equal to the number of COB Payers on the claim. |
| **7Q** | Other Payer ID Qualifier Not Supported.  **Field 339-6C** | The pharmacy should be submitting the following Value: 03 = BIN. | Reprocess the claim using 03 in Field 339-6C.  **Pharmacy cannot change the information:**  If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **7R** | Other Payer Amount Paid Count Exceeds Number of Supported Groupings.  **Field 341-HB** | |  | | --- | | The claim is rejecting because the Eligible Person has previous payers/processors. | | NA |
| **7S** | Other Payer Amount Paid Qualifier Not Supported.  **Field 342-HC** | The pharmacy should be submitting the following Value:  07 = Drug Benefit, 08 = Sum of all Reimbursement. | Reprocess the claim using the correct value in Field 342-HC.  **If the pharmacy cannot change the information:**  If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **7T** | Quantity Intended to Be Dispensed Required for Partial Fill Transaction.  **Field 344-HF** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **7U** | Days’ Supply Intended to Be Dispensed Required for Partial Fill Transaction.  **Field 345-HG** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **7V** | Duplicate Refills.  **Field 403-D3** | Pharmacy is submitting the claim with the same refill number as previously used. | Reprocess the claim with a refill number not previously used.  **If the pharmacy cannot change the information**:If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **7W** | Refills Exceed allowable Refills.  **Field 403-D3** | Verify if Plan allows for refills. | Our records show this member’s plan will not pay for additional refills on this medication at a Retail Pharmacy. Have the member call the Customer Care number on their card. |
| **7X** | Days’ Supply Exceeds Plan Limit.  **Field 405-D5** | Pharmacy is attempting to fill a medication that exceeds the plan’s cumulative days’ supply limit. | Could you confirm the days’ supply on the claim?  **Plan limitations Exceeded.**  Our records show this plan will cover the day supply of <##>. Resubmit your claim with this information.  **Plan limitations Exceeded.**  Our records show this plan will cover the day supply of <##>. Resubmit your claim with this information.  Educate member on the next fill date.  If a member states that they are low or out of medication, review the CIF requirements for a possible 7X override. Follow directions found in the CIF.  For additional information, refer to [Compass – Plan Benefit Override (PBO) Guide (061708) then to Compass 7X rejection.](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f) |
| **7Y** | Compounds Not Covered.  **Field 406-D6** | Compounds are not covered by the Plan. | This plan does not cover compounded medications. |
| **7Z** | Compound Requires Two Or More Ingredients.  **Field 406-D6** | Pharmacy is submitting a single ingredient compound. | Compounds must be submitted with more than one ingredient. |
| **70** | NDC Not Covered.  May Hear: Product Service ID Not Covered.  **Field 407**  **Note:** For 70/DE3. Refer to the next 70 Entry below. |  | Always verify with test claim if the claimed NDC is covered by the plan.  Override was entered and flipped the compound override to Y.  [PHD Compass - Reject 70 - NDC Product Service Not Covered (067681)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c657a227-e03e-4a6e-b170-1b0c4958e11f)  Verify if there is a PA (Prior Authorization) in the system.  Refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c) and [Compass – Viewing and Advising on Prior Authorization (PA) or Clinical Exception Status (056368)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6d3aac37-46a9-4417-ac20-fa3a32337652).  Could you confirm the NDC on the claim?  **If the rejected product is** **Omnipod (Diabetic Insulin Pump),** refer to:  [PHD - Compass - Reject 70 NDC Product/Service Not Covered - Pending Formulary Review (051571)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=07aa051e-3899-4463-95f8-5e10aca14480).  **Drug is a Vaccine.**  Our records show this plan does not cover Vaccines. The member has the option to pay out of pocket for this prescription.  **Drug is DESI (Drug Efficacy Study Implementation).**  Our records show this plan does not pay for DESI drugs. If the member must have this prescription today, they have the option to pay out of pocket.  **Drug is not Diabetic or Retin-A or DESI.**  Our records show this plan does not cover this drug. The member has the option to pay out of pocket for this prescription.  **Drug is Retin-A, Renova or Tretinoin:**  **If the plan does have an age exception.**  I am showing this plan pays for this drug, but only to the age of <##>. The member has the option to pay out of pocket for this drug.  **If the plan does not have an exception.**  Our records show this plan does not pay for this drug. The member has the option to pay out of pocket for this prescription.  **Drug is Diabetic.**  Plan does pay for Diabetic supplies, but claim is still rejecting check the following:   * Go to Drug Plan screen (Tandem SF3-F1) and check the INS / SYR Proc. Indicator.   + If the field is populated refer to the Insulin/syringe Qualifier handout.   + **If they are not covered:**  Our records show his plan does not pay for diabetic supplies. The member has the option to pay out of pocket.   **Med D Claim Rejects:**   * **PART D COV DET REQ'D, CALL (800)294-5979:**  This is a Part B medication call the number on the claim message. * **NOT COVERED; MED D EXCLUSION:**  I am showing this drug is not covered by Med D. Refer Member back to their Prescriber for another drug. * **NON-FORM, NOT COVERED**:   + **During Transitional period:**  If you resubmit the claim with the PAMC in the claim message, the claim should pay.   + **Outside Transitional Period New Drug:**      - **LTC only:**  The member can receive an emergency fill for this drug.     - **Retail:**  I am showing the member is outside of their transitional fill period. The member can request an appeal <Information>. |
| **70** | NDP Product Service Not Covered.  DE3 – Prof Service Not Covered. | When a Pharmacist counsels a patient on COVID Vaccine (whether it is prescribed), they will be able to submit a claim for the counseling using the  NDC 99999-0992-13 (provided by Medispan).  Some plans may choose not to cover this counseling. | There are **no** overrides, prior authorizations, exceptions, or initial benefit reviews to cover this rejection. |
| **71** | Prescriber Is Not Covered.  **Field 411** | Prescriber may not be part of the PPO.  Prescriber may be OIG Excluded Prescriber.  Prescriber may be GSA Excluded Prescriber (State Excluded).  [PHD - State Excluded Provider Edit (067692)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3086da10-733b-4b3f-9dae-19edbe6bccd6).  Effective 11/16/2019, will be returned to the pharmacy *with* Reject 50 and/or 71 for pharmacy and/or prescriber lock rejects.  **Reject 71** – Prescriber ID Is Not Covered  **Reject M2** – Recipient Locked In  **Message**: Member Prescriber Override Exclusion, Patient locked into specific prescriber(s). | **Closed panel, no Default Dr. #.**  Our records show this Member is on a Health Maintenance Organization and has one Dr. or a list of doctors they can go to. This Dr. is not covered on their plan. The member may wish to call their Medical Plan to see which Dr.’s they can use. The member has the option to pay out of pocket for this prescription.  **OIG (Federal Excluded Provider or State Excluded Provider Edits.**  This prescription is being denied because the prescriber has been identified as a federal or state excluded prescriber. If the member needs the medication today, they can pay Out of Pocket and call their medical plan for another prescriber within their plan. |
| **72** | Primary Prescriber is Not Covered.  **Field 421** | The pharmacy is submitting the claim with a primary prescriber not covered by the plan. | I am not showing this Prescriber covered by this plan. |
| **73** | Refills Are Not Covered.  **Fields 402 403** |  | * Verify if the plan participates in the Maintenance Choice (MChoice) program. If so, our records show this plan participates in Maintenance Choice. * Advise member that they must get a 90-day supply at a participating Maintenance Choice pharmacy such as: CVS Pharmacy, or CVS Caremark Mail Service Pharmacy, Costco Pharmacy; retail and mail locations and several independent pharmacies. * Use the Pharmacy Locator to locate participating MChoice pharmacies. * Use Test Claims for price estimates along with cost savings for filling with a 90-day Supply. * If CIF allows opting out of Maintenance Choice, determine if member would like to opt out. * If yes and opting out via client program offering. Advise the member that they can continue to take advantage of cost savings by having their 90-day supply maintenance medications filled at a participating Maintenance Choice pharmacy. |
| **75** | Prior Authorization Required.  **Field 462** | If you see a Settlement Description of **10410- Smart PA Clinical Criteria Not Met**, it means the clinical criteria was not met and a prior authorization is still required. | Verify if there is a PA in the system. Always verify with test claim if the claimed NDC is covered by the plan.  For further investigation w/i specific fields, refer to:   * PHD MED D Compass – Reject 75 Prior Authorization Required - (046358) * [PHD Compass - FEP Reject 75 Prior Authorization Required (046363)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=03e57a20-5827-4e11-b54b-b10d1f154a21) * [Aetna Compass - Handling Prior Authorization (PA) and Formulary Exception Requests (Electronic Prior Authorization / ePA) (064313)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31b425fd-efa4-4253-b6ba-f53513f84abe)     For general information, refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  **No current MA/PA information.**  Our records show this Member does not have prior authorization on file for this drug. If they need this prescription today, they may want to pay out of pocket for the medication.  **Note:** Refer to the CIF for PA information.  **Current PA in system and claim will not pay.**  I will send the request to have the PA update.    Send a Claim Referral/Claim Research Support Task, refer to [PHD - Compass - Support Task Job Aid (049979)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8fa0241-307d-43a9-b680-cb498e043932) as needed. |
| **76** | Plan Limitations Exceeded.  **Fields 405 442** | If receive a reject 76 for a **Specialty** medication, refer to the appropriate WI and follow the procedures for Reject 76:  [Compass - Specialty Pharmacy - (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (058175](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=845064bd-8ae0-4d30-af0a-e21d6d81933c))  Verify the claimed day supply and quantity with the plan limitations. Verify if Plan has MDL/QVT on the medication.  [PHD - Compass - CCR Reject 76 QVT Override (049940)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=de93dcd6-7441-49cd-8e52-e69bed80cfac)  Reject 60 with Reject 76 for a Minimum/Maximum Patient Age Restriction. This change helps to identify the cause of the rejection more clearly to the pharmacy:   * Reject 76 for other plan restrictions. * Reject 60 for newborn age restrictions.   **Reject 608** - **Step Therapy, Alternate Drug Therapy Required Prior To Use of Submitted Product Service ID**  Advise the pharmacy to contact the prescriber and to help the member get the pre-requisite drug.  Verify if there is a PA (Prior Authorization) in the system.  **Note:** A prior authorization can be an option to change plan limits.  [Compass - Viewing and Advising on Prior Authorization (PA) or Clinical Exception Status (056368](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6d3aac37-46a9-4417-ac20-fa3a32337652))  **For Additional Messaging Plan Limitations Exceeded: GLP 1 Fill Limit Exceeded**  Plan Limitation Exceeded GLP 1 Fill Limit Exceeded – GLP 1 Fill Limit Exceeded Messaging Does Display, refer to [Compass – Reject 76 GLP 1 Fill Limit Additional Messaging (074168)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4af3ffa7-3d09-4597-8378-acc139fdf581).   * If the GLP 1 Fill Limit Exceeded messaging does not display, continue with the Reject 76 process as usual. | Could you confirm the quantity and day supply on the claim?  **Plan limitations Exceeded.**  Our records show this plan will cover the days’ supply of <##> and the quantity of <##>. Resubmit your claim with this information.  **QVT (Quantity vs Time)/MDL (Managed Drug Limitation) Exceeded.**  Our records show this plan has limits on this drug <name of limitation> to a quantity of <#> every <#> days. This Member received a quantity of <#> on <DOF>. I show the next time the member can receive this medication is on next <DOF>. If they need the medication today, they may wish to pay out of pocket and contact the Customer Care number on their card.  **Maximum Amount Due of $.CC**  I will need to send a request to see if the member can obtain a Prior Authorization.  **Compass System:** Send a Claim Referral/Claim Research Support Task, refer to [PHD - Compass - Support Task Job Aid (049979](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8fa0241-307d-43a9-b680-cb498e043932)) as needed.  **Maximum Dollar:**  Review the CIF override information to determine if we can override.  **Medicare D Plan:**   * Transitional Fill: Transfer to the Assist Line. * Outside of Transitional Fill:  I am showing this medication has a plan limitation (name the plan limit). If the Prescriber feels the member needs a greater amount. The member can request an appeal. Have the member call the Customer Care number on their card. |
| **77** | Discontinued NDC Number.  **Field 407** | NDC is listed as discontinued. | **Pharmacy Calling:**  Our records show the NDC you are submitting is discontinued. You may wish to check your Redbook or with your wholesaler to obtain the correct NDC for this medication.   1. Verify the NDC with the pharmacy. 2. Verify the NDC is not inactive or discontinued. 3. Verify correct NDC is being input. 4. Once validated and corrected, pharmacy to reprocess with a valid NDC. |
| **78** | Cost Exceeds Maximum.  **Field 407, 409, 442, 448-ED, 449-EE, 481-HA, 482-G3, 489-TE** | Pharmacy is submitting a claim with the cost exceeding the plan’s maximum.  **Maximum Dollar:**  Check override CIF to see if we can override. | **If No override is allowed:**  Our records show this plan will not allow the plan’s maximum dollar edit to be overridden. If the Member must have the prescription today, they may wish to pay out of pocket. |
| **79** | Refill Too Soon.  **Field 401 403 405** | * **If no reason:** Verify with Pharmacy the Day Supply, Quantity, and DOF for the Paid Claim and the Rejected Claim. Verify the reason for the Refill Too Soon. * **Complete the math for increased dosage.** ([PHD - Refill Too Soon Basic Calculation (096592)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=373198ab-a041-413b-bf55-34ea651e477e) | **If No Reason for the Refill:**  Our records show it is too early to fill this prescription. The insurance will not pay for this medication to be refilled before <mm/dd/yy>. If the member must have the prescription today, they may wish to pay out of pocket.  **If there is a Reason for Refill:**  Review the CIF for instruction and override guide for verbiage.  [Compass – Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f) – Check Reference Override table for Dose Optimization Override. |
| **8A** | Compound Requires At Least One Covered Ingredient.  **Field 406-D6** | Pharmacy is submitting a single ingredient compound. | Compounds must be submitted with more than one ingredient. |
| **8B** | Compound Segment Missing on A Compound Claim.  **Field406-D6** | Pharmacy should be contacting the Software team. | For information on processing compounds, refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **8C** | M/I Facility ID.  **Field 336** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **8D** | Compound Segment Present on A Non-Compound Claim.  **Field 406-D6** | Pharmacy should be contacting the Software team. | For information on processing compounds refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **8E** | M/I Door/PPS level of Effort.  **Field 474** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **8G** | Primary Product in A Compound Claim Is Not Zero.  **Field 407-D7** | NA | [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736) |
| **8H** | Product/Service Only Covered on Compound Claim.  **Field 407-D7** |
| **8J** | Incorrect Product/Service ID for Processor/Payer.  **Field 407-D7, 489-TE** |
| **8K** | DAW Code Not Supported.  **Field 408-D8** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **8M** | Sum of Compound Ingredient Costs Does Not Equal Ingredient Cost Submitted.  **Field 409-D9** | NA | [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **8N** | Future Date Prescription Written Not Allowed.  **Field 414-DE** | Pharmacy is submitting Future Written date. | It seems you are submitting a future written date for the prescription. Change the date and resubmit the claim. |
| **8P** | Date Written Different on Previous Filling.  **Field 414-DE** | Pharmacy has submitted a different written date from the previous prescription. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **8Q** | Excessive Refills Authorized.  **Field 415-DF** | Information in the field is not required for claim to process. |
| **8R** | Submission Clarification Code Not Supported.  **Field 420-DK** |
| **8S** | Basis of Cost Not Supported.  **Field 423-DN** |
| **8T** | U&C Must Be Greater Than Zero.  **Field 426-DQ** | The pharmacy is submitting the U&C as zero. | I am showing you submitted the U&C as zero. Resubmit the claim with the actual U&C. |
| **8U** | GAD Must Be Greater Than Zero.  **Field 430-DU** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **8V** | Negative Dollar Amount Is Not Supported in The Other Payer Amount Paid Field.  **Field 431-DV** | Pharmacy is submitting a negative dollar amount in the Other Payer Amount Paid field. | NA |
| **8W** | Discrepancy Between Other Coverage Code and Other Payer Amount Paid.  **Field 431-DV** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **8X** | Collection from Cardholder Not Allowed.  **Field 433-DX** |
| **8Y** | Excessive Amount Collected.  **Field 433-DX** |
| **8Z** | Product/Service ID Qualifier Value Not Supported.  **Field 436-E1** |
| **80** | Drug-Diagnosis Mismatch.  **Field 407 424** | Pharmacy is submitting mismatched ICD value.  **Example:** ICD not valid for diagnosis. | I am showing that the ICD code submitted is not correct. Contact the prescriber for the correct ICD code. |
| **81** | Claim Too Old.  **Field 401** | Verify the claimed Date of Fill submitted by the pharmacy.  [PHD - Reject 81 - Claim Too Old (036755)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ab13d501-dcf1-418f-9bce-3a3ff42014d4) | Could I confirm the DOF of this claim?  Our records show the date fill exceeds the window for processing a claim on-line. Have the member contact the Customer Care number on their card to see if they can submit a paper claim.  Pharmacy can file a UCF (Universal Claim Form) for the claim(s) in question:   * They must include a letter on their Letterhead stationery giving the reason they could not process the claim electronically when within the processing window. * The pharmacy should be advised that the claim payment is not guaranteed.   **Note:** Pharmacy can request a Universal Claim Form (UCF) from Communiform at **1-800-564-8140**.  Explain to the pharmacy the member can send in paper claim. The member should contact Customer Care. (Give the Customer Care number in the CIF). |
| **82** | Claim Is Post-Dated.  **Field 401** | Verify the claimed Date of Fill submitted by the pharmacy. | Could I confirm the DOF you are submitting on the claim?  Our records show that the date of fill you have transmitted is <mm/dd/yy>. A valid date of fill cannot be after today’s date. Resubmit your claim with a valid date of fill. |
| **83** | Duplicate Paid/Captured Claim.  **Field 201 401 402 403 407** | Verify with Pharmacy, the claimed day supply, quantity, and DOF for the Paid Claim and the Rejected Claim. | Our records show this rejected claim is a duplicate of a paid claim.   * **Same Pharmacy:** The paid claim is Rx <#>. * **Other Pharmacy:** The paid claim was submitted by <Pharmacy Name, Telephone #>. * **Valid Override Scenario:** Review the CIF and the Override guide.   [Compass – Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f) – Check Reference Override table for applicable override. |
| **84** | Claim Has Not Been Paid.  **Fields 201 401 402** | Claim cannot capture plan information (**Example:**  Pricing Table, Family type, Pharmacy) not in the member’s restrictive network. | I am showing certain plan information needs to be updated. I will send this to someone to update the plan information and they will call you back. The turn-around time is <##>.  Send a Claim Referral/Claim Research Support Task. Refer to [PHD - Compass - Support Task Job Aid (049979](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8fa0241-307d-43a9-b680-cb498e043932)) as needed, and tell you supervisor and/or Assist Line.  **Pharmacy not in the member’s restrictive network:**  I am showing that your pharmacy is not in this member network. |
| **85** | Claim Not Processed. | The application did not process because transaction was delayed, so claim was dropped. Missing information may cause the claim not to be processed. | Please contact your software vendor for assistance. This is a systems issue – no override will resolve a reject 85. |
| **86** | Submit Manual Reversal. | Applies to payment tapes. | This rejection does not apply to electronic claims. |
| **87** | Reverse not Process. |  | * Check to see if the Claim was adjusted.   Ask why the pharmacy wants to reverse the claim?  I cannot reverse this claim. I will forward this to another department for research.  Send a Claim Referral/Claim Research Support Task, refer to [PHD - Compass - Support Task Job Aid (049979](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c8fa0241-307d-43a9-b680-cb498e043932)) as needed. |
| **88** | DUR Reject Error. | DURs may also result from reasons such as drug interactions, duplicate therapy, and other safety concerns. | * Verify with Pharmacy the claimed day supply, quantity, and DOF for the Paid Claim and the Rejected Claim. * **If the DUR provides a ‘Next Available Fill Date,’**the pharmacy should be advised:Our records show it is too early to fill this prescription. The insurance will not pay for this medication to be refilled before --/--/--. * **If the DUR does NOT provide a ‘Next Available Fill Date,**’ the pharmacy should be advised:Point of Sale Safety DUR edits are also designed to protect beneficiaries from serious drug interactions and other situations that could lead to harmful outcomes.   **Refer to:**   * **MED D** – Point of Sale Safety Review (091064) used to improve control at the point of sale and ensure that drug utilization review (DUR) processes comply with CMS requirements for all classes of drugs. * [PHD MED D - Reject 88 - Duplicate Therapy Use Outcome Codes (025996)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1f94cf14-1e88-49a2-8ba6-7630e6d520f3) * [Compass - Plan Benefit Override (PBO) Guide (061708](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f))   **For Safety Edits and Age Edits:**   * [PHD - PPS Code Improving Drug Utilization Review Controls (071404)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=aea04df9-04e6-4bd5-adc7-74c23df7cd3d) (071404) |
| **89** | Rejected Claim Fees Paid. | Applies to payment tapes. | This rejection does not apply to electronic claims. |
| **9B** | Reason for Service Code Value Not Supported.  **Field 439-E4** | NA | **Commercial:**  This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.  **Med D:**  Add the level of Care change and submit the claim. This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **9C** | Professional Service Code Value Not Supported.  **Field 440-E5** | Pharmacy is submitting the incorrect value.  Value = MA | Resubmit the claim with the value MA in the field 440-E5. |
| **9D** | Result of Service Code Value Not Supported.  **Field 441-E6** | Pharmacy is submitting the correct value. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **9E** | Quantity Does Not Match Dispensing Unit.  **Field 442-E7** | Information in the field is not required for claim to process. |
| **9G** | Quantity Dispensed Exceeds Maximum Allowed.  **Field 442-E7** |
| **9H** | Quantity Not Valid for Product/Service ID Submitted.  **Field 442-E7** |
| **9J** | Future Other Payer Date Not Allowed.  **Field 443-E8** | Pharmacy submitted a future date for the Other Payer Date. | NA |
| **9K** | Compound Ingredient Component Count Exceeds Number of Ingredients Supported.  **Field 447-EC** | NA | [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **9M** | Minimum of Two Ingredients Required.  **Field 447-EC** | **Medicaid Multiple Ingredient Compound (MIC)**  The compound claims are submitted with only one ingredient. |
| **9N** | Compound Ingredient Quantity Exceeds Maximum Allowed.  **Field 448-ED** | NA |
| **9P** | Compound Ingredient Drug Cost Must Be Greater Than Zero.  **Field 449-EE** |
| **9Q** | Route of Administration Submitted Not Covered.  **Field 995-E2** |
| **9R** | Prescription/Service Reference Number Qualifier Submitted Not Covered.  **Field 455-EM** |
| **9S** | Future Associated Prescription/Service Date Not Allowed.  **456-EP** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **9T** | Prior Authorization Type Code Submitted Not Covered.  **Field 461-EU** |
| **9U** | Provider ID Qualifier Submitted Not Covered.  **Field 465-EY** |
| **9V** | Prescriber ID Qualifier Submitted Not Covered.  **Field 466-EZ** |
| **9W** | DUR/PPS Code Counter Exceeds Number of Occurrences Supported.  **Field 473-7E** |
| **9X** | Coupon Type Submitted Not Covered.  **Field 485-KE** |
| **9Y** | Compound Product ID Qualifier Submitted Not Covered.  **Field 488-RE** | NA | [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **9Z** | Duplicate Product ID in Compound.  **Field 489-TE** |
| **9Ø** | Host Hung Up. | Host Disconnected Before Session Completed. | Warm transfer to the Senior Team:  Refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). |
| **91** | Host Response Error. | Response Not in Appropriate Format to be Displayed. |
| **92** | System Unavailable/Host Unavailable. | Processing Host Did Not Accept Transaction/Did not Respond within Time out Period. |
| **95** | Time Out. | The system is in time out. |
| **96** | Scheduled Downtime. | The system is scheduled downtime. |
| **97** | Payer Unavailable. | NA |
| **98** | Connection to Payer is Down. | NA |
| **99** | Multiple Reject Message. | Generates for benefit setup and/or pricing setup – errors. | [PHD - Reject 99 (109478)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=13c33372-a04d-4669-b66c-ccc803ea7f50) |
| **557** | COB Present on Non-COB Claim. |  | Review the field for Coordination of Benefits. |
| **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).  Provide the Beneficiary with the CMS Notice of Appeal Right. |
| **606** | Brand Drg/Spec Labeler CD. | Pharmacy is trying to process a claim with an incorrect brand or labeler code.  Or  Pharmacy is attempting to process medication that should be submitted as a brand medication with DAW9 (Plan Requires Brand). | Review the CIF for special instructions.   * If it states brand is allowed with DAW9, advise the pharmacy to resubmit brand medication using DAW9 otherwise submit a Prior Authorization. * If the plan allows, Pharmacy will need to reprocess the medication as brand with DAW 9. Otherwise, member needs Prior Authorization.   **CVS Commercial only:** For more information refer to Commercial as Tier 1 Preferred DAW 9 049768.  **PHD:** Follow your internal processes. |
| **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). | Contact the prescriber and help the member get the pre-requisite drug.  Refer to [Compass - Generic Step Therapy Plans (GSTP) (074431)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3d10acd3-667a-4efa-9e32-9ae7e5eac3b2). |
| **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. | Multiple SCC codes instead of one.  Refer to [PHD MED D - LTC Provider Appropriate Days' Supply Reject Scenarios (071799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8fb855a4-7188-4adb-afb8-bdb9819ace72) for resolution and verbiage. |
| **613** | 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 [PHD MED D - LTC Provider Appropriate Days' Supply Reject Scenarios (071799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8fb855a4-7188-4adb-afb8-bdb9819ace72) for resolution and verbiage. |
| **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. |
| **619** | Prescriber’s Type 1 NPI Required. | Claims must be submitted with the Prescriber’s Individual NPI. | Refer to [PHD - Prescriber ID Process (072063)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=153e4fa0-7e94-4592-b2b3-9b033146db61). |
| **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#. | 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. |
| **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. |
| **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 enhancedto 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. |
| **772** | Compound Not Payable Due to Non-Covered Ingredient. | One or more ingredients in the compound is not covered by the plan. | [PHD – Reject 772 – Compound Not Payable Due to Non-Covered Ingredient (100268)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9112acc1-b61f-46d9-9a4b-0d6dca121bce) |
| **773** | Prescriber is Not Listed on Medicare Enrollment File. | The prescriber is required to enroll with Medicare Part D. | [PHD MED D - Prescriber Enrollment Process (105161)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9df0a048-10ab-4205-a242-39e7577d2db0) |
| **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. |
| **777** | Plan’s Prescriber database not able to verify active state license with prescriptive authority for Prescribers ID Submitted. | NA |
| **816** | Pharmacy Benefit Exclusion, May Be Covered Under Patient’s Medical Benefit. | This reject code generates when a product is not covered under a member’s pharmacy benefit, but may be covered under their medical benefit, previously rejected.  **Note:** Affects all non-Medicare Part D lines of business. | NA |
| **818** | Pharmacy is Submitting Claim with administering the vaccine.  (Administration not covered) | Generates when pharmacy submits Vaccine claim with MA and the Plan does not cover Vaccine Administration. | Refer to [PHD - Vaccine Resolution for Reject 40 818 E3 E5 (091065)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4c3d25f6-731b-4c4d-ba7f-f5088b2efa16). |
| **819** | Plan Enrollment File Indicates Medicare as Primary Coverage. | Generates when a secondary claim is submitted to a Medicare Part D beneficiary who has an Alternate Insurance value of <blank> or **N**. | 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. |
| **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**, replaced 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. |
| **829** | Pharmacy Must Notify beneficiary.  Claim not covered due to failure to meet Medicare Part D active, valid prescriber NPI requirements. |  | Refer to [PHD MED D - Prescriber Enrollment Process (105161)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9df0a048-10ab-4205-a242-39e7577d2db0). |
| **831** | Bill Medicaid FFS. | 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.  **Pharmacy Calling**  Verify coverage dates on the plan.   * If the plan shows active on date the claim was processed, advise the pharmacy to reprocess. * If the plan shows inactive on the date the claim was processed and the member states that the plan should be active, review the CIF to determine who handles eligibility and proceed based on those directions. * If the member has a different but active plan, advise the pharmacy to process claims on the active plan.   **Member Calling**   * If the plan shows active on date the claim was processed, ask the member to have the pharmacy reprocess. * If the plan shows inactive on the date the claim was processed and the member states that the plan should be active, review the CIF to determine who handles eligibility and proceed based on those directions. * If the member has a different but active plan, advise the member to ask the pharmacy to process claims on the active plan. |
| **832** | Prescriber NPI not found, NPI active status, Medicare enrollment and prescriptive authority could not be validated. |  | Refer to [PHD MED D - Prescriber Enrollment Process (105161)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9df0a048-10ab-4205-a242-39e7577d2db0). |
| **889** | PRSCR NOT ENRL ST MCAID.  **(Field 411-DB)** | Prescriber is not an approved prescriber for the state Medicaid program. | **Note:**  Providers 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).  Advise the pharmacy:   1. Ensure the correct prescriber NPI number is being submitted in the claim submission.  * If the NPI number being submitted is correct, the prescriber is not approved by the state’s Medicaid program.   Prescribers need to validate their participation in the Medicaid program for the member’s state.   * If the prescriber does not participate, the member needs a new prescription from a prescriber in that state. |
| **890** | Pharmacy Not Enrolled in State Medicaid Program.  (**Field 201 – B1**) | Medicaid/MCO only.  Field # Possibly in Error 201-B1 | Pharmacy must be enrolled in the state’s Medicaid program of the filling pharmacy. Check the CIF for possible PBO allowance. |
| **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. | Resubmit the claim with the Plan’s minimum day’s requirement. |
| **922** | Soft Reject 922/88:  PPS CODE REQD: EXCEEDS XXXX MME DOSE LIMIT. CONTACT MD. | MORPHINE EQUIVALENT DOSE EXCEEDS LIMITS. | Exceeds MME dose limit.   * If no G4 reject generated, submit with valid diagnosis code, patient residence code or PPS codes. * If G4 reject generated, the pharmacist should contact the pharmacy help desk when clinical exception applies.   **Note:** The Reject Description displays in Compass as MORPHINE EQUIVALENT DOSE EXCEEDS LIMITS.  [PHD - PPS Code Improving Drug Utilization Review Controls (071404)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=aea04df9-04e6-4bd5-adc7-74c23df7cd3d). |
| **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.  The Reject Description that is displayed in Compass is INITIAL FILL DAYS SUPPLY EXCEEDS LIMIT.  [PHD MED D - Compass - CCR Opioid 7 Day Reject 925 Process (047880)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=176492e6-4e85-4665-8706-29470550a942) |
| **929** | ID Submitted Is Associated with A Precluded Prescriber. | Field # Possibly in Error 411-DB. | Refer to [PHD MED D - Reject 929 and A1 Excluded and Precluded Prescriber (043309)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1ee1f7c-449b-4af7-95cd-c309cf13ccf5) |
| **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 (050038)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8c0f0bf6-9b40-482b-8886-ceb43b075f81).  Pharmacy/Provider Locks details in Compass. Pharmacy and Provider Locks are activated by the plan or client and restrict the member to using specific pharmacies or providers. |
| **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 (050038)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8c0f0bf6-9b40-482b-8886-ceb43b075f81).  Pharmacy/Provider Locks details in Compass. Pharmacy and Provider Locks are activated by the plan or client and restrict the member to using specific pharmacies or providers. |
| **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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| --- | --- | --- | --- |
| **Rejection Code** | **Reject Description** | **Reason Why Rejected**  **What is Happening and Why?** | **Pharmacy and/or Member Next Action and/or Response**  **(What Does the Member/Pharmacy Need to do?**  **What are We Doing for them?**  **What is next?)** |
| **AA** | Patient Spend down Not Met. | NA | NA |
| **AB** | Date Written is After Date Filled. |  | Review the date of the prescription against the DOF.  I am showing the DOF for this prescription is before the Date the prescription was written. |
| **AC** | Product Not Covered Nonparticipating Manufacture.  **Field 489-TE, 407-D7** | Pharmacy is trying to process a claim for a non-covered product or non-participating manufacturer. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.  Pharmacy needs to reprocess the claim once the invalid information is removed and corrected. |
| **AD** | Billing Provider Not Eligible to Bill This Claim Type. | When a government pharmacy submits an electronic claim, but the client has excluded electronic claims from the government pharmacies.  The government pharmacy will need to **send** a paper claim.  This rejection code impacts Veteran Affairs (VA), Department of Defense (DOD) and Indian Health Services (IHS) pharmacies or any facility with a 6 Government NCPDP code.  [PHD - Reject AD Billing Provider Not Eligible to Bill This Claim Type (060303)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932b92c8-f812-4c11-99ae-11e8307f480b) | This plan has excluded electronic claims from the government pharmacies. Submit a paper claim. |
| **AE** | QMB (Qualified Medicare Beneficiary)-Bill Medicare. | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **AF** | Patient Enrolled Under Managed Care. |
| **AG** | Days’ Supply Limitation for Product/Service.  **Fields 489-TE, 407-D7** | Check to see if the member already received the required number of transitional fills. | **Medicare D.** Transitional fills:   * **LTC:**   I am showing the member already received their 3 transitional fills.   * **Retail:**   I am showing this Member has already received their transitional fill. |
| **AH** | Unit Dose Packaging Only Payable for Nursing Home Recipients. | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **AJ** | Generic Drug Required.  **Fields 489-TE, 407-D7** | Check to see if the drug is generic. | This plan only allows only generic drugs to process. |
| **AK** | M/I Software Vendor/Certification ID.  **Field 110** | Verify with the pharmacy the Certification #.  Pharmacy to contact their software vendor for the ID. We are informing the software vendors to place the ID on every transaction. | For a paid claim to process in the system, a valid Software Vendor/Certification ID # must be submitted. Resubmit your claim with a valid Software Vendor/Certification ID#.  If Pharmacy does not know Certification ID#**:** Contact your Software Vendor or Technical Support Desk for help. |
| **AM** | M/I Segment Identification.  **Note:** Identifies the segment the pharmacy is trying to submit Patient, Claim, Pricing, etcetera.  **Field 111** | CCR is not able to see this information. Pharmacy to contact software vendor. | You are missing the required portion(s) of the transaction which is identification segment. If you are experiencing trouble identifying the problem, contact your Software Vendor or Technical Support Desk for help. |
| **AQ** | M/I Facility Segment.  **Field 111** |  | CCR is not able to see this information. Pharmacy to contact software vendor.  You are missing the required portion(s) of the transaction which is identification segment. If you are experiencing trouble identifying the problem, contact your Software Vendor or Technical Support Desk for help. |
| **A1** | Submitted Prescriber ID is OIG Excluded. Claim is not payable. | NA | The claim has been submitted with Medicaid excluding prescriber ID.  **Result**: The claim will not be paid under Medicaid prescription benefits.  [Federal and State Excluded Prescriber Customer Care Talk Track (068770)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3eb01d80-5d21-4e52-a638-8b7d5ca61d58) |
| **A2** | Plan’s Prescriber database indicates Prescriber ID submitted is associated with a deceased prescriber, and the Date of Fill/Service of the claim is one year after the deceased date for non-controlled substance, or the Date of Fill/Service of the claim is 280 days after the deceased date of for controlled substance. |  | Pharmacy should be verifying the Prescriber ID by using the CMS NPI checker.  [PHD - Prescriber ID Process (072063)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=153e4fa0-7e94-4592-b2b3-9b033146db61) |
| **A3** | This Product May Be Covered Under Hospice – Medicare Part A. | NA | NA |
| **A4** | This Product May Be Covered Under the Medicare B Bundled Payment to an ESRD Dialysis Facility. | Not covered under Medicare Part D, could be covered under Medicare Part B bundled payment to an ESRD Dialysis Facility. | Medicare Part D does not cover this drug. Resubmit the claim under Medicare Part A if bundled with an ESRD Dialysis Facility. |
| **A5** | Not Covered under Part D Law. | Not covered under Medicare Part D. | Medicare Part D does not cover this drug. If the beneficiary needs this medication today, they can pay out of pocket. |
| **A6** | This Medication May be covered Under Part B. | May be covered under Medicare Part B | Medicare Part D does not cover this drug. Resubmit the claim under Medicare Part B. |
| **A7** | M/I Internal Control Number.  **Field 993-A7** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **A9** | M/I Transaction Count.  **Field 109** | * Pharmacy can now send 4 claims in one transaction. * Pharmacy may not send more than 4 transactions. | A valid transaction count # is required for the number of claims submitted in one transaction. How many claims are you submitting in this transaction?  **Wrong Transaction count number for the claims transmitted.**  Your transition count number should be <##>. Resubmit your claim with that transaction count number.  **Transaction Count Number greater than 4.**  Our records show you are trying to send more than 4 claims in one transaction. Our system only allows up to 4 claims in one transaction. Resubmit your transaction with 4 claims.  **Unable to Access the Field.**  Contact your Software Vendor or Technical Support Desk for help.  **Medicare D.**  Only 1 transaction is permitted for Medicare Part D and COB Billing. |
| **BA** | Compound Basis of Cost Determination Submitted Not Covered.  **Field 490-UE** |  | [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **BB** | Diagnosis Code Qualifier Submitted Not Covered.  **Field 492-WE** | Pharmacy should be submitting Value = 01.  **Note**: ICD9 | Resubmit the claim using 01 in field 492-WE. |
| **BC** | Future Measurement Date Not Allowed.  **Field 494-ZE** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **BD** | Sender Not Authorized to Submit File Type.  **Field 702** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **BE** | M/I Professional Service Fee Submitted.  **Field 477** | Information in the field is not required for claim to process. | This field contains invalid information. Delete the information in this field and reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help. |
| **BF** | M/I File Type.  **Field 702** | Information in the field is not required for claim to process. | 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. |
| **BG** | Sender ID Not Certified for Processor/Payer.  **Field 880-K1** |
| **BH** | M/I Sender ID.  **Field 880-K1** |
| **BJ** | Transmission Type Submitted Not Supported.  **Field 880-K6** |
| **BK** | M/I Transmission Type.  **Field 880-K6** |
| **BM** | M/I Narrative Message.  **390** |
| **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.** | 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. |
| **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.   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, a Claim Referral/Claim Research Support Task (Compass System). |
| **CB** | M/I Patient’s Last Name  **Field 311** | Verify the spelling of the last name. |
| **CC** | M/I Cardholder First Name.  **Field 312** | Information in the field is not required for claim to process. | 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. |
| **CD** | M/I Cardholder Last Name.  **Field 313** |
| **CE** | M/I Home Plan.  **Field 314** |
| **CF** | M/I Employer Name.  **Field 315** |
| **CG** | M/I Employer Street Address.  **Field 316** |
| **CH** | M/I Employer City Address.  **Field 317** |
| **CI** | M/I Employer State/Province. Address  **Field 318** | Information in the field is not required for claim to process. | 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. |
| **CJ** | M/I Employer Zip Postal Zone.  **Field 319** |
| **CK** | M/I Employer Phone Number.  **Field 320** |
| **CL** | M/I Employer Contact Name.  **Field 321** |
| **CM** | M/I Patient Street Address.  **Field 322** |
| **CN** | M/I Patient City Address.  **Field 323** | Information in the field is not required for claim to process. | 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. |
| **CO** | M/I Patient State Address.  **Field 324** |  | Verify the Member State Address.  **Note:** Mail order must include state for sales tax.  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. |
| **CP** | M/I Patient Zip/Postal Zone.  **Field 325** |  | Verify the Member’s Zip.  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. |
| **CQ** | M/I Patient Phone Number.  **Field 326** | Information in the field is not required for claim to process. | 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. |
| **CR** | M/I Carrier ID.  **Field 327** |
| **CW** | M/I Alternate ID.  **Field 330** |
| **CX** | M/I Patient ID Qualifier.  **Field 331** |
| **CY** | M/I Patient ID.  **Field 332** |
| **CZ** | M/I Employer ID.  **Field 333** | Information in the field is not required for claim to process. | 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. |
| **D1** | Date of Service.  **Field 401** | Verify if the claimed DOF is valid. | I am not showing a valid DOF. |
| **D2** | Prescription/Service Reference. Number  **Field 402** | Verify if the prescription or reference number is valid. | I am not showing the claim processed with a valid Rx Number. |
| **DC** | M/I Dispensing Fee Submitted.  **Field 412** | Verify if the claimed dispensing fee is valid. | A valid Dispensing Fee is required for the claim to process. Please resubmit your claim with a Dispensing Fee. |
| **DE** | DE3 - Prof Service Not Covered/Benefit Exclusion. | This is for plans that do not cover COVID Vaccine counseling by pharmacies. | There are **no** overrides, prior authorizations, exceptions, or initial benefit reviews to cover this rejection. |
| **DN** | M/I Basis of Cost Determination.  **Field 423** | Information in the field is not required for claim to process.  **Medicaid Multiple Ingredient Compound (MIC)**  The compound ingredient basis of cost is blank or invalid. | 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. |
| **DQ** | M/I Usual & Customary.  **Field 426** | Pharmacy must submit in the Usual & Customary amount. | A valid amount for the Usual & Customary Cost is required for the claim to process. Please resubmit your claim with the Usual & Customary Cost. |
| **DR** | M/I Prescriber Last Name.  **Field 427** | Information in the field is not required for claim to process. | 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. |
| **DT** | M/I Unit Dose Indicator.  **Field 429** |
| **DU** | M/I Gross Amount Due.  **Field 430** |
| **DV** | M/I Other Payer Amount Paid.  **Field 431** |
| **DX** | M/I Patient Paid Amount Submitted.  **Field 433** |
| **DY** | M/I Date of Injury.  **Field 434** | Information in the field is not required for claim to process. | 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. |
| **DZ** | M/I Claim/Reference ID.  **Field 435** |
| **EA** | M/I Originally Prescribed Product/Service Code.  **Field 445** |
| **EB** | M/I Originally Prescribed Quantity.  **Field 446** |
| **EC** | M/I Compound Ingredient Component Count.  **Field 447** | Information in the field is not required for claim to process. | For information on processing compounds see [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **ED** | M/I Compound Ingredient Quantity.  **Field 448** |
| **EE** | M/I Compound Ingredient Drug Cost.  **Field 449** |
| **EF** | M/I Compound Dosage Form Description Code.  **Field 450** |
| **EG** | M/I Compound Dispensing Unit Form Indicator.  **Field 451** |
| **EH** | M/I Compound Route of Administration.  **Field 452** |
| **EJ** | M/I Originally Prescribed Product/Service ID Qualifier.  **Field 453** | **NDC Qualifier - 03.**  CSR cannot see this field. | 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. |
| **EK** | M/I Scheduled Prescription ID Number.  **Field 454** | Information in the field is not required for claim to process.  If dealing with NY Medicaid account, refer to [PHD – Reject EK - NY State Prescription Serial Number (050695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7be60e08-f7cf-43f9-96b1-d0709f6fc0c9), NY Medicaid requires field. | 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, refer to [PHD – Reject EK - NY State Prescription Serial Number (050695)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7be60e08-f7cf-43f9-96b1-d0709f6fc0c9). |
| **EM** | M/I Prescription Service Reference Number Qualifier.  **Field 455** | **RX Qualifier=1.**  Pharmacy needs to be referred to Software Vender (this field could be preset by software or Pharmacy may need to enter with each transaction. | 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. |
| **EN** | M/I Associated Prescription/Service Reference Number = Partial Fill.  **Field 456** | RxClaim or Compass does not support partial fill transactions currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing that we do not support partial fills in this system currently. 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. |
| **EP** | M/I Associated Prescription/Service Date = Partial Fill.  **Field 457** |
| **ER** | M/I Procedure Modifier Code.  **Field 459** | Information in the field is not required for claim to process. | 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. |
| **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 be rejected. | 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. |
| **EU** | M/I Prior Authorization Type Code.  **Field 461** | Information in the field is not required for claim to process. | 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. |
| **EV** | M/I Prior Authorization Number Submitted.  **Field 462** | Verify the claimed PA number with the pharmacy. | **Invalid code.**  I am showing you are submitting an invalid code. Please delete the Prior Authorization you have submitted and resubmit the claim.  **PAMC is Incorrect.**  Please resubmit the claim with the following Prior Authorization Number <##>.  **Missing Code.**  Check the claim message to see if a PAMC is needed for the claim to pay. I am showing for the claim to pay; you must submit a Prior Authorization number of <##>. |
| **EW** | M/I Intermediary Authorization Type ID.  **Field 463** | Information in the field is not required for claim to process. | 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. |
| **EX** | M/I Intermediary Authorization ID. |
| **EY** | M/I Provider ID Qualifier.  **Field 465** |
| **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 vendor. | 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. |
| **E1** | M/I Product/Service ID Qualifier.  **Field 436** | **NDC Qualifier=03.**  CSR is unable to view this field. | 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. |
| **E2** | M/I Route of Administration.  **Field 995-E2** | NA | NA |
| **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. | On Vaccine claim the Submitted Administration Fee must be equal to or greater than $0.01. |
| **E4** | M/I Reason for Service Code.  **Field 439** | Verify claimed PPS codes with the pharmacy. | Refer to [PHD - Performance Rx Claim Resolution (028623)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ffcbfe5f-3642-474b-be67-a179c7691af7). |
| **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:  This plan sponsor does **not** cover administration for this vaccine.  **Retail Help Desk Representatives**  Refer to [PHD - Performance Rx Claim Resolution (028623)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ffcbfe5f-3642-474b-be67-a179c7691af7).  **Customer Care Representatives**  Refer to. [Compass - Retail Pharmacy Vaccine & Flu Shot Administration (069531)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=43d5b60c-07df-4842-81c9-7de9ca0135be). |
| **E6** | M/I Result of Service Code.  **Field 441** | Verify claimed PPS codes with the pharmacy. | Refer to [PHD - Performance Rx Claim Resolution (028623)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ffcbfe5f-3642-474b-be67-a179c7691af7) |
| **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. | Could you please confirm the quantity being submitted?   * If the 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.  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**. |
| **E8** | M/I Other Payer Date.  **Field 443** | Information in the field is not required for claim to process. | 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. |
| **E9** | M/I Provider ID.  **Field 444** |
| **FO** | M/I Plan ID.  **Field 524** |
| **GE** | M/I Percentage Sales Tax Amount Submitted.  **Example:** A dollar amount that equates to a percentage.  **Example:** $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.’ | 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 rejection indicates these two items do not complement one another. |
| **G1** | M/I Compound Type.  **Field 996** | |  | | --- | | Required when Compound Code =2. | | Please resubmit the claim with a compound code of 2. |
| **G2** | M/I CMS Part D Defined Qualified Facility.  **Field 997** | Information in the field is not required for claim to process. | 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. |
| **G4** | 88:  EXCEEDS XXXX MME DOSE LIMIT. FOR OVERRIDE, PHARMACIST MUST CALL XXX-XXX-XXXX WHEN CLINICAL EXCEPTION APPLIES.  **Note:** Phone number listed will be appropriate Pharmacy Help Desk number. | This is used in combination with reject 922 and 88 for the cumulative Morphine Milligram Equivalent (cMME) hard reject only. | Exceeds MME dose limit. For override, pharmacist may call the Pharmacy Help Desk when a clinical exception applies. Clinical exception can be defined as:   * Cancer or sickle-cell disease diagnosis * Residence in a Long-Term Care facility * Hospice * Palliative Care * Pharmacist consulted the prescriber and the dose deemed appropriate.   **Note:** The Reject Description displayed in Compass is PHYSICIAN MUST CONTACT PLAN. |
| **G5** | Pharmacist must contact plan. | NA | NA |
| **G6** | Pharmacy Not Contracted in Specialty Network. | The pharmacy is not contracted to process Specialty Claims. | I am showing you are not contracted in the Specialty Network. If the pharmacy wants to join the Specialty network send a Pharmacy Contract RM/Support Task. |
| **G7** | Pharmacy Not Contracted in Home Infusion Network. | The pharmacy is not contracted to process Home Infusion Claims. | 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 RM/Support Task. |
| **G8** | Pharmacy Not Contracted in Long Term Care Network. | The pharmacy is not contracted to process Long Term Care Claims. | 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 RM/Support Task. |
| **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. | 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 RM/Support Task. |
| **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. | I am sorry; our records show you are receiving a reject **HA** which indicates 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. |
| **HB** | M/I Other Payer Amount Paid Count.  **Field 341** | COB Segment. | **Medicare D COB:**  I am sorry; you will need to add the other payer amount from the primary claim for the secondary claim to process. |
| **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:** I am sorry; you will need to add the other payer amount paid qualifier for the claim to process. |
| **HD** | M/I Dispensing Status - Partial Fill.  **Note:** Indicates error in the 1st (partial) or 2nd (completion) transaction.  **Field 343** | RxClaim or Compass does not support partial fill transactions currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **HE** | M/I Percentage Sales Tax Rate Submitted = A Rate, a percentage or 1.5%. The pharmacy does not want to calculate the dollar amt.  **Field 483** | Non-numeric value is entered. | I am sorry; our records show you are receiving a reject **HE** which indicates 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 rejection indicates these two items do not complement one another. |
| **HF** | M/I Quantity Intended to Be Dispensed = Partial Fill.  **Field 344** | RxClaim or Compass does not support partial fill transactions currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **HG** | M/I Days’ Supply Intended to Be Dispensed = Partial Fill.  **Field 345** |
| **HN** | M/I Patient E-Mail Address.  **Field 350** | Information in the field is not required for claim to process. | 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. |
| **H1** | M/I Measurement Time.  **Field 495** |
| **H2** | M/I Measurement Dimension.  **Field 496** |
| **H3** | M/I Measurement Unit.  **Field 497** |
| **H4** | M/I Measurement Value.  **Field 499** |
| **H5** | M/I Primary Care Provider Location Code.  **Field 469** |
| **H6** | M/I DUR Co-Agent ID.  **Field 476** |
| **H7** | M/I Other Amount Claimed Submitted Count.  **Field 478** | Medicare D required Field. | **Med D -** Required for COB copay only billing. |
| **H8** | M/I Other Amount Claimed Submitted Qualifier.  **Field 479** |
| **H9** | M/I Other Amount Claimed Submitted.  **Field 480** | Medicare D required field. | **Med 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 the COB Processing Matrix.  **Non-COB claim:** 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. |
| **JE** | M/I Percentage Sales Tax Basis Submitted.  **Field 484** | Claim should never be rejected 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. | NA |
| **J9** | M/I DUR Co-Agent ID Qualifier.  **Field 475** | Information in the field is not required for claim to process. | 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. |
| **KE** | M/I Coupon Type.  **Field 485** |
| **K5** | M/I Transaction Reference Number. |
| **M1** | Patient Not Covered in this Aid Category. |
| **M2** | Recipient Locked In. | Reject M2 updated to reject [979](#_979) or [980](#_980) as of 10/15/2020. | NA |
| **M3** | Host PA/MC Error. | Information in the field is not required for claim to process. | 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. |
| **M4** | Prescription/Service Reference Number/Time Limit Exceeded. |
| **M5** | Requires Manual Claim. | Coordination of Benefits. | **Med D:** This plan does not accept on-line coordination of benefits. The pharmacy or Member must file a manual (paper) claim. |
| **M6** | Multiple Reject Message. | Generates for eligibility setup errors. | Refer to [PHD - Reject M6 (109475)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6b70e40-db1d-493c-b80f-a9a24d918006). |
| **M7** | Host Drug File Error. | Information in the field is not required for claim to process. | 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. |
| **M8** | Host Provider File Error. |
| **ME** | M/I Coupon Number.  **Field 486** | NA | NA |
| **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** | PRODUCT Not on Formulary.  **Field 407** | Product is not on the formulary list. | 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.   Run a Test claim and provide member with potential alternatives.  Determine if Prior Authorization/Exception or Appeal is allowed.  Need to determine if PA/Exception is allowed for this reject type, or if member will need to appeal. |
| **MS** | More than 1 Cardholder Found – Narrow Search Criteria.  **Field 302** | NA | NA |
| **MT** | M/I Patient Assignment Indicator (Direct Member Reimbursement Indicator).  **Field 391** | This field is for Member Paper claim submission.  Information in the field is not required for electronic claim to process. | 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. |
| **MU** | M/I Benefit Stage Count.  **Field 392** | Information in the field is not required for electronic claim to process. |
| **MV** | M/I Benefit Stage Qualifier. |
| **MW** | M/I Benefit Stage Amount.  **Field 394** |
| **MX** | Benefit Stage Count Does Not Match Number of Repetition.  **Field 392** |
| **MY** | M/I Address Count.  **Field 603-MY** | Information in the field is not required for electronic claim to process. | 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. |
| **MZ** | Error Overflow.  **Field** |
| **NA** | M/I Address Qualifier.  **Field 604-NA** |
| **NB** | M/I Client Name.  **Field 605-NB** |
| **NC** | M/I Discontinue Date Qualifier.  **Field 605-NC** |
| **ND** | M/I Discontinue Date.  **Field 607-ND** | Information in the field is not required for electronic claim to process. | 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. |
| **NE** | M/I Coupon Value Amount.  **Field 487** |
| **NF** | M/I Easy Open Cap Indicator.  **Field 608-NF** |
| **NG** | M/I Effective Date.  **Field 609-NG** |
| **NH** | M/I Expiration Date.  **Field 610-NH** |
| **NJ** | M/I File Structure Type.  **Field 611-NJ** | Information in the field is not required for electronic claim to process. | 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. |
| **NK** | M/I Inactive Prescription Indicator.  **Field 612-NK** |
| **NM** | M/I Label Directions. **Field 613-NM** |
| **NN** | Transaction Rejected at Switch or Intermediary. |
| **NP** | M/I Other Payer Patient Responsibility Amount Qualifier.  **Field 351** |
| **NQ** | M/I Other Payer Patient Responsibility Amount.  **Field 352** | Information in the field is not required for electronic claim to process. | 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. |
| **NR** | M/I Other payer patient Responsibility Amount Count.  **Field 353** |
| **NU** | M/I Other Payer cardholder ID.  **Field 356** |
| **NV** | M/I Delay Reason Code.  **Field 357** |
| **NW** | M/I Most Recent Date Filled.  **Field 614-NW** |
| **NX** | M/I Submission clarification Code Count.  **Field 354** | Information in the field is not required for electronic claim to process. | 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. |
| **NY** | M/I Number of Fills To-Date.  **Field 615-NY** |
| **N1** | No Patient Match Found. |
| **N3** | M/I Medicaid Paid Amount.  **Field 113** |
| **N4** | M/I Medicaid Subrogation Internal Control Number / Transaction Control Number (ICN?TCN).  **Field 114** |
| **N5** | M/I Medicaid ID Number.  **Field 115** | Information in the field is not required for electronic claim to process. | 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. |
| **N6** | M/I Medicaid Agency Number.  **Field 116** |
| **N7** | Use Prior Authorization Code Provided During Transition Period. |
| **N8** | Use Prior Authorization Code Provided for Emergency Fill. |
| **N9** | Use Prior Authorization Code Provided for Level of Care Change. |
| **PA** | PA Exhausted/Not Renewable | Information in the field is not required for electronic claim to process. | 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. |
| **PB** | Invalid Transaction Count For this Transaction Code.  **Fields 103, 109** | Verify with Pharmacy the transaction count #   * Claims up to 4. * Reversal only 1. | 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. |
| **PC** | M/I Claim Segment.  **Field 111** | This information segment is for the structure of the claim’s fields.  **CCR is not able to see.** | I am 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. |
| **PD** | M/I Request Clinical Segment.  **Field 111** | This information segment is for the structure of Clinical fields.  **CCR not able to see.** | I am sorry. Our records show that 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. |
| **PE** | M/I Request Coordination of Benefits/Other Payments Segment.  **Field 111** | This information segment is for the structure of COB/Other Payments fields.  **CCR not able to see.** | I am sorry. Our records show that 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. |
| **PF** | M/I Request Compound Segment.  **Field 111** | This information segment is for the structure of Compound fields.  **CCR not able to see.** | I am 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. |
| **PG** | M/I Request Coupon Segment.  **Field 111** | This information segment is for the structure of Coupon fields.  **CCR not able to see.** | For information on processing compounds refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **PH** | M/I DUR/PPS Segment.  **Field 111** | This information segment is for the structure of the DUR/PPS fields.  **CCR is not able to see.** | I am 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. |
| **PJ** | M/I Insurance Segment.  **Field 111** | This information segment is for the structure of Insurance fields.  **CCR is not able to see.** | I am sorry; our records show that 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. |
| **PK** | M/I Request Patient Segment.  **Field 111** | This information segment is for the structure of patient fields.  **CCR is not able to see.** | I am 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. |
| **PM** | M/I Request Pharmacy Provider Segment.  **Field 111** | This information segment for the structure of the Pharmacy Provider Fields.  **CCR is not able to see.** | I am 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. |
| **PN** | M/I Prescriber Segment.  **Field 111** | This information segment for the structure of the Prescriber Fields.  **CCR is not able to see.** | I am 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. |
| **PP** | M/I Pricing Segment.  **Field 111** | This is an information segment for the structure of the Pricing fields.  **CCR is not able to see.** | I am sorry; our records show that 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. |
| **PQ** | M/I Narrative Segment.  **Field 111** | This is an information segment for the structure of the Narrative fields.  **CCR is not able to see.** | I am sorry; our records show that 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. |
| **PR** | M/I Request Prior Authorization Segment.  **Field 111** | This is an information segment for the structure of the Prior Authorization fields.  **CCR is not able to see.** | I am sorry; our records show that 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. |
| **PS** | M/I Transaction Header Segment.  **Field 111** | This is an information segment for the structure of the Transaction Header fields.  **CCR is not able to see.** | I am sorry; our records show that 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. |
| **PT** | M/I Request Worker’s Compensation Segment.  **Field 111** | This is an information segment for the structure of the Worker’s compensation fields.  **CCR is not able to see.** | I am sorry; our records show that 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. |
| **PU** | M/I Number of Fills Remaining.  **Field 616-PU** | Information in the field is not required for electronic claim to process. | 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. |
| **PV** | Non-Matched Associated Prescription/Service Date. | RxClaim or Compass does not support Partial fill currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **PW** | Non-Matched Employer ID.  **Field 333** | Information in the field is not required for electronic claim to process. | 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. |
| **PX** | Non-Matched Other Payer ID.  **Field 340** |
| **PY** | Non-Matched Unit Form/Route of Administration.  **Fields 451, 995, 600** |
| **PZ** | Non-Matched Unit of Measure to Product/Service ID.  **Fields 407, 600** |
| **P0** | Non-Zero Value Required for Vaccine Administration.  **Field 438** | |  | | --- | | Required for Medicare Part D Primary and Secondary Vaccine Administration billing. If populated, then the Professional Service Code, DUR/PPS Segment must also be transmitted. | | This field should contain a non-zero value for Vaccine Administration. |
| **P1** | Associated Prescription/Service Reference Number Not Found = Partial Fill. | RxClaim or Compass does not support partial fill transactions currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **P2** | Clinical Information Counter Out of Sequence.  **Field 493** | Information in the field is not required for electronic claim to process. | 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. |
| **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 (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **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. | The system shows that the number is Field 337 does not match the number of COB claims submitted for this specific medication. |
| **P5** | Coupon Expired.  **Field 486** | The coupon has expired. | I am sorry; I am showing the coupon has expired. |
| **P6** | Date of Service Prior to Date of Birth.  **Fields 304,401** | Information in the field is not required for electronic claim to process. | 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. |
| **P7** | Diagnosis Code Count Does Not Match Number of Repetitions.  **Field 491** | Values 1 – 9. | I am showing that the count value does not match the number of Diagnosis codes submitted. |
| **P8** | DUR/PPS Code Counter Out of Sequence.  **Field 473** | Information in the field is not required for electronic claim to process. | 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. |
| **P9** | Field is Non-Repeatable. |
| **RA** | PA Reversal Out of Order. |
| **RB** | Multiple Partials Not Allowed. | RxClaim or Compass does not support Partial fill currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **RC** | Different Drug Entity Between Partial & Completion. | RxClaim or Compass does not support Partial fill currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **RD** | Mismatched Cardholder/Group ID-Partial to Completion.  **Field 301, 302** | RxClaim or Compass does not support Partial fill currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **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 refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **RF** | Improper Order of Dispensing Status’ Code on Partial Fill. Transaction | RxClaim or Compass does not support Partial fill currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **RG** | M/I Associated Prescription/service Reference Number on Completion Transaction = Partial Fill.  **Field 456** |
| **RH** | M/I Associated Prescription/Service Date on Completion Transaction = Partial Fill.  **Field 457** | RxClaim or Compass does not support Partial fill currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **RJ** | Associated Partial Fill Transaction Not on File. |
| **RK** | Partial Fill Transaction Not Supported. |
| **RL** | Transitional Benefit/Resubmit Claim. | NA | NA |
| **RM** | Completion Transaction Not Permitted with Same ‘Date of Service’ As Partial Transaction.  **Field 401** | RxClaim or Compass does not support Partial fill currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **RN** | Plan Limits Exceeded on Intended Partial Fill Values.  **Fields 344, 345** |
| **RP** | Out of Sequence ‘P’ Reversal on Partial Fill Transaction. |
| **RQ** | M/I Original Dispensed Date.  **Field 617-RQ** |
| **RR** | M//I patient ID Qualifier Count.  **Field 457** | NA | NA |
| **RS** | M/I Associated Prescription/Service Date on Partial Transaction.  **Field 457** | RxClaim or Compass does not support Partial fill currently. | RxClaim or Compass does not support partial fill transactions currently.  I am showing we do not support partial fills in this system currently. 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. |
| **RT** | M/I Associated Prescription/Service Reference Number on Partial Transaction.  **Field 456** |
| **RU** | Mandatory Data Elements Must Occur Before Optional Data Elements in a Segment. | NA | NA |
| **RV** | Multiple Reversals Per Transmission Not Supported.  **Field 109** |
| **RX** | M/I Prescriber ID Count.  **Field 620-RX** | Information in the field is not required for electronic claim to process. | 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. |
| **RY** | M/I Prescriber Specialty.  **Field 621-RY** |
| **RZ** | M/I Prescriber Specialty Count.  **Fields 622-RZ** |
| **R0** | Professional Service Code Required for Vaccine Incentive Fee.  **Field 440** | NA | NA |
| **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 the field is not required for electronic claim to process. | 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. |
| **R4** | Procedure Modifier Code Invalid for Product/Service ID.  **Fields 407, 436, 459** |
| **R5** | Product/Service ID Must Be Zero when product/Service ID Qualifier Equals 06. |
| **R6** | Product/Service Not Appropriate for this location.  **Fields 307, 407, 436, 489-TE** | NA | Review the CIF to determine if the plan requires additional criteria for this prescription type.  **Example:** Specialty medication pharmacy network requirements. 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.   1. Run Test claim at in-network Specialty pharmacy. 2. Advise member/pharmacy of next steps based on CIF and updated test claim information. |
| **R7** | Repeating Segment Not Allowed in Same Transaction. | NA | NA |
| **R8** | Syntax Error. |
| **R9** | Value is Gross Amount Due Does Not Follow Pricing Formulae.  **Field 430** | Information in the field is not required for electronic claim to process. | 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. |
| **S0** | Accumulator Month count Does Not Match Number of Repetitions.  **Field 656-S7** |
| **S1** | M/I Accumulator year.  **Field 650-S1** |
| **S2** | M/I Transaction Identifier.  **Field 651-S2** |
| **S3** | M/I Accumulated Patient True Out of Pocket Amount.  **Field 652-S3** |
| **S4** | M/I Accumulated Gross Covered Drug Cost Amount.  **Field 653-S4** | Information in the field is not required for electronic claim to process. | 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. |
| **S5** | M/I Date Time.  **Field 654-S5** |
| **S6** | M/I Accumulator Month.  **Field 655-S6** |
| **S7** | M/I Accumulator Month Count.  **Field 656-S7** |
| **S8** | Non-Matched Transaction Identifier.  **651-S2** |
| **S9** | M/I Financial Information Reporting Transaction Header Segment.  **Field 111-AM** | Information in the field is not required for electronic claim to process. | 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. |
| **SA** | M/I Quantity Dispensed to Date.  **Field 623-SA** |
| **SB** | M/I Record Delimiter.  **Field 624-SB** |
| **SC** | M/I Remaining Quantity.  **Field 625-SC** |
| **SD** | M/I Sender Name.  **Field 626-SD** |
| **SE** | M/I Procedure Modifier Code Count. | Information in the field is not required for electronic claim to process. | 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. |
| **SF** | Other Payer Amount Paid Count Does Not Match Number of Repetitions.  **Field 341** |
| **SG** | Submission Clarification Code Count Does Not Match Number of Repetitions.  **Field 354** | The information being submitted is incorrect, such as the relationship code. | I am showing the relationship code submitted is incorrect. Please resubmit the claim with the relationship code of <##>. |
| **SH** | Other Payer-Patient Responsibility Amount Count Does Not Match Number of Repetitions.  **Field 353** | Information in the field is not required for electronic claim to process. | 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. |
| **SJ** | M/I Total Number of Sending and Receiving Pharmacy Records.  **Field 630-SJ** |
| **SK** | M/I Transfer Flag.  **Field 631-SK** |
| **SM** | M/I transfer Type.  **Field 632-SM** |
| **SN** | M/I Package Acquisition cost.  **Field 633-SN** |
| **SP** | M/I unique Record Identifier  **Field 634-SP** | Information in the field is not required for electronic claim to process. | 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. |
| **SQ** | M/I Unique Record Identifier Qualifier.  **Field 635-SQ** |
| **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. | I am showing the value in the field 652-S3 must be equal to or greater than zero. |
| **TD** | M/I Pharmacist Initials.  **Field 636-TD** | Information in the field is not required for electronic claim to process. | 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. |
| **TE** | M/I CompoundProduct ID. | Pharmacy is submitting information in the compound field we do not support. | For information on processing compounds refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **TF** | M/I Technicians Initials.  **Field 637-TF** | Information in the field is not required for electronic claim to process. | 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. |
| **TG** | Address Count Does Not Match Number of Repetitions.  **Field 603-MY** |
| **TH** | Patient ID Qualifier Count Does Not Match Number of Repetitions.  **Field 618-RR** |
| **TJ** | Prescriber ID Count Does Not Match Number of Repetitions.  **Field 620-RX** |
| **TK** | Prescriber Specialty Count Does Not Match Number of Repetitions.  **Field 622-RZ** |
| **TM** | Telephone Number Count Does Not Match Number of Repetitions.  **Field 628-SG** | Information in the field is not required for electronic claim to process. | 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. |
| **TN** | Emergency Fill/Resubmit Claim. |
| **TP** | Level of Care Change/Resubmit Claim. |
| **TQ** | Dosage Exceeds Product Labeling Limit.  **Field 442, 405** |
| **TR** | M/I Billing Entity Type Indicator.  **Field 117** |
| **TS** | M/I Pay to Qualifier.  **Field 118** | Information in the field is not required for electronic claim to process. | 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. |
| **TT** | M/I Pay to ID.  **Field 119** |
| **TU** | M/I Pay to Name.  **Field 120** |
| **TV** | M/I Pay to Street Address.  **Field 121** |
| **TW** | M/I Pay to City Address.  **Field 122** |
| **TX** | M/I Pay to State/Province Address.  **Field 123** | Information in the field is not required for electronic claim to process. | 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. |
| **TY** | M/I Pay to Zip/Postal Zone.  **Field 124** |
| **TZ** | M/I Generic Equivalent Product ID Qualifier. |
| **T0** | Accumulator Month count Exceeds Number of Occurrences Supported.  **Field 656-S7** |
| **T1** | Request Financial Segment Required for Financial Information Reporting.  **Field 111-AM** |
| **T2** | M/I Request Reference Segment.  **Field 111-AM** | Information in the field is not required for electronic claim to process. | 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. |
| **T3** | Out of Order Date Time.  **Field 654-S5** |
| **T4** | Duplicate Date Time.  **Field 654-S5** |
| **UA** | M/I Generic Equivalent Product ID.  **Field 126** |
| **UE** | M/I Compound Ingredient Basis of Cost Determination. | Confirm the ingredient cost submitted by the pharmacy. | **Pharmacy is not putting in the correct ingredient cost.**  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, a Claim Referral/Claim Research Support Task (Compass System). |
| **UU** | DAW 0 cannot be submitted on a multiple source drug with available generics. | Pharmacy is submitting a claim with DAW 0 when the drug has generic avail. | You can submit a claim with 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. |
| **UZ** | Other Payer Coverage Type (338-5C) required on reversals to downstream payers. Result reversal with this field.  **Field 338** | Information in the field is not required for electronic claim to process. | 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. |
| **U0** | M/I Sending Pharmacy ID.  **Field 627-SF** |
| **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 | 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.  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.  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.  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. |
| **VA** | Pay to Qualifier Submitted Not Support.  **Field 118** | Information in the field is not required for electronic claim to process. |  |
| **VB** | Generic Equivalent Product ID Qualifier Submitted not Support.  **Field 125** |
| **VC** | Pharmacy Service Type Submitted Not Support.  **Field 147** |
| **VD** | Eligibility Search Time Frame Exceeded. |
| **VE** | M/I Diagnosis Code Count.  **Field 491** | Clinical Segment – Value = Max of 5. | This field contains missing invalid information. The max count can be 5. Please resubmit the claim with Diagnosis count of 5 or less. |
| **V0** | M/I Telephone Number Qualifier. | Information in the field is not required for electronic claim to process. | 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. |
| **WE** | M/I Diagnosis code Qualifier.  **Field 492** | Clinical Segment –  Qualifier = 01. | This field contains missing invalid information. Please resubmit the claim with the Qualifier of 01. |
| **W0** | M/I Telephone Number Qualifier.  **Field 629-SH** | Information in the field is not required for electronic claim to process. | 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. |
| **W5** | M/I Bed.  **Field 671-W1** |
| **W6** | M/I Facility Unit.  **Field 672-W2** |
| **W7** | M/I hours of Administration.  **Field 673-W3** |
| **W8** | M/I Room.  **Field 674-W4** |
| **W9** | Accumulated Gross covered Drug Cost Amount Must Be Equal to Or Greater Than Zero.  **Field 653-S4** | Information in the field is not required for electronic claim to process. | 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. |
| **XE** | M/I Clinical Information Counter.  **Field 493** |
| **XZ** | M/I Associated Prescription Service Reference Number Qualifier.  **Field 581-XZ** |
| **X1** | Accumulated Patient True Out of Pocket exceeds maximum.  **Field 652** |
| **X2** | Accumulated Gross Covered Drug Cost exceeds maximum.  **Field 650** |
| **X3** | Out of Order Accumulator Months.  **Fields 656, 655** | Information in the field is not required for electronic claim to process. | 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. |
| **X4** | Accumulator year not current or prior year.  **Field 650** |
| **X5** | M/I Financial Information Reporting Request Insurance Segment.  **Field 111** |
| **X6** | M/I Request Financial Segment.  **Field 111** |
| **X7** | Financial Information Reporting Request Insurance Segment Required for Financial Reporting.  **Field 111** |
| **X8** | Procedure Modifier Code Count Exceeds Number of Occurrences Supported.  **Field 458-SE** | Information in the field is not required for electronic claim to process. | 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. |
| **X9** | Diagnosis Code Count Exceeds number of Occurrences Supported.  **Field 491-VE** |
| **X0** | M/I Associated Prescription/Service Fill Number.  **Field 582-X0** |
| **YA** | Compound Ingredient Modifier Code Count Exceeds Number of Occurrences Supported.  **Field 362-2G** | Compound Segment  Max of 10.   |  | | --- | | Required when Compound Ingredient Modifier Code (363-2H) is sent. | | This field contains missing invalid information. The max count can be 10. Please resubmit the claim with Diagnosis count of 10 or less. |
| **YB** | Other Amount Claimed Submitted Count Exceeds Number of Occurrences Supported.  **Field 478-H7** | Information in the field is not required for electronic claim to process. | 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. |
| **YC** | Other Payer Reject Count Exceeds Number of Occurrences Supported.  **Field 471-5E** |
| **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. | | This field contains missing invalid information. The max count can be 25. Please resubmit the claim with Diagnosis count of 25 or less. |
| **YE** | Submission Clarification Code Count Exceeds Number of Occurrences Supported.  **Field 354-NX** | Information in the field is not required for electronic claim to process. | 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. |
| **YF** | Question Number/Letter Count Exceeds Number of Occurrences Supported.  **Field 377-2Z** |
| **YG** | Benefit Stage Count Exceeds Number of Occurrences Supported.  **Field 392-MU** |
| **YH** | Clinical Information Counter Exceeds Number of Occurrences Supported.  **Field 493-XE** |
| **YJ** | Non-Matched Medicaid Agency Number.  **Field 116-N6** |
| **YK** | M/I Service Provider Name.  **Field 583-YK** | Information in the field is not required for electronic claim to process. | 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. |
| **YM** | M/I Service Provider Street Address.  **Field 584-YM** |
| **YN** | M/I Service Provider City Address.  **Field 585-YN** |
| **YP** | M/I Service Provider State-Province Code Address.  **Field 586-YP** |
| **YQ** | M/I Service Provider Zip/Postal Code.  **Field 587-YQ** |
| **YT** | M/I Seller Initials.  **Field 590-YT** | Information in the field is not required for electronic claim to process. | 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. |
| **YU** | M/I Purchaser ID Qualifier.  **Field 591-YU** |
| **YV** | M/I Purchaser ID.  **Field 592-YV** |
| **YW** | M/I Purchaser ID Associated State/Province Code.  **Field 593-YW** |
| **YX** | M/I Purchaser Date of Birth.  **Field 594-YX** |
| **YY** | M/I Purchaser Gender Code.  **Field 595-YY** | Information in the field is not required for electronic claim to process. | 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. |
| **YZ** | M/I Purchaser First Name.  **Field 596-YZ** |
| **Y0** | M/I Purchaser Last Name.  **Field 597-Y0** |
| **Y1** | M/I Purchaser Street Address.  **Field 598-Y1** |
| **Y2** | M/I Purchaser City Address.  **Field 599-Y2** |
| **Y3** | M/I Purchaser State/Province Code.  **Field 675-Y3** | Information in the field is not required for electronic claim to process. | 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. |
| **Y4** | M/I Purchaser Zip/Postal Code.  **Field 676-Y4** |
| **Y5** | M/I Purchaser County Code.  **Field 677-Y5** |
| **Y6** | M/I Time of Service.  **Field 678-Y6** |
| **Y7** | M/I Associated Prescription/Service Provider ID Qualifier.  **Field 579-XX** |
| **Y8** | M/I Associated Prescription/Service Provider ID.  **Field 580-XY** | Information in the field is not required for electronic claim to process. | 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. |
| **Y9** | M/I Seller ID. |
| **Z0** | Purchaser Country Code Not Supported for Processor/Payer.  **Field 677-Y5** |
| **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 (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). |
| **Z3** | Purchaser Segment Present on a Non-Controlled Substance Reporting Transaction.  **Field 111-AM** |
| **Z4** | Purchaser Segment Required on a Controlled Substance Reporting Transaction.  **Field 111-AM** |
| **Z5** | M/I Service Provider Segment.  **Field 111-AM** |
| **Z6** | Service Provider Segment Present on A non-Controlled Substance Reporting Transaction.  **Field 111-AM** |
| **Z7** | Service Provider Segment Required on A Controlled Substance Reporting Transaction.  **Field 111-AM** |
| **ZA** | The Coordination of Benefits/Other Payments Segment is mandatory for a downstream payer. | Information in the field is not required for electronic claim to process. | 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. |
| **ZB** | M/I Seller ID Qualifier.  **Field 680-ZB** |
| **ZC** | Associated Prescription/Service Provider ID Qualifier Value Not Supported for Processor/Payer.  **Field 579-XX** |
| **ZD** | Associated Prescription/Service Reference Number Qualifier Submitted Not Covered.  **Field 581-XZ** |
| **ZE** | M/I Measurement Date.  **Field 494** |
| **ZF** | M/I Sales Transaction ID.  **Field 681-ZF** | Information in the field is not required for electronic claim to process. | 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. |
| **ZN** | Purchaser ID Qualifier Value Not Supported for Processor/Payer.  **Field 591-YU** |

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| **Related Documents** |

[Compass - Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)

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

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