# PHD - NCPDP D.0 Rejection Code and Verbiage (Reject 01 – Reject BE)

**Select the appropriate Reject Number**.

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| [Ø1](#_Ø1) | [Ø2](#_Ø2) | [Ø3](#_Ø3) | [Ø4](#_Ø4) | [Ø5](#_Ø5) | [Ø6](#_Ø6) | [Ø7](#_Ø7) | [Ø8](#_Ø8) | [Ø9](#_Ø9) | [1C](#_1C) | [1E](#_1E) | [1R](#_1R) | [1S](#_1S) | [1T](#_1T) | [1U](#_1U) | [1V](#_1V) | [1W](#_1W) | [1X](#_1X) | [1Y](#_1Y) | [1Z](#_1Z) | [1Ø](#_1Ø) | [11](#_11) | [12](#_12_1) | [13](#_13) | [14](#_14) | [15](#_15) | [16](#_16) | [17](#_17) | [19](#_19) |
| [2A](#_2A) | [**2B**](#_2B) | [**2C**](#_2C) | [**2D**](#_2D) | [**2E**](#_2E) | [**2G**](#_2G) | [**2H**](#_2H) | [**2J**](#_2J) | [**2K**](#_2K) | [**2M**](#_3M) | [**2N**](#_2N) | [**2P**](#_2P) | [**2Q**](#_2Q) | [**2R**](#_2R) | [**2S**](#_2S) | [**2T**](#_2T) | [**2U**](#_2U) | [**2V**](#_2V) | [**2W**](#_2W) | [**2X**](#_2X) | [**2Z**](#_2Z) | [**2Ø**](#_2Ø) | [**21**](#_21) | [**22**](#_22) | [**23**](#_23) | [**25**](#_25) | [**26**](#_26) | [**28**](#_28) | [29](#_29) |
| [3A](#_3A_1) | [**3B**](#_3B_1) | [**3C**](#_3C_1) | [**3D**](#_3D_1) | [**3E**](#_3E_1) | [**3F**](#_3F_1) | [**3G**](#_3A) | [**3H**](#_3H) | [**3J**](#_3J) | [**3K**](#_3K) | [**3M**](#_3M) | [**3N**](#_3N) | [**3P**](#_3P) | [**3R**](#_3R) | [**3S**](#_3S) | [**3T**](#_3T) | [**3W**](#_3W) | [**3X**](#_3X) | [**3Y**](#_3Y) | [**32**](#_32) | [**33**](#_33) | [**34**](#_34) | [**35**](#_35) | [**39**](#_38) | [**40**](#_40) | [**41**](#_41_1) | [**42**](#_42) | [**43**](#_43) | [44](#_44) |
| [46](#_46) | [**4B**](#_4B) | [**4C**](#_4C) | [**4D**](#_4D) | [**4E**](#_4E) | [**4G**](#_4G) | [**4H**](#_4H) | [**4J**](#_4J) | [**4K**](#_4K) | [**4M**](#_4M) | [**4N**](#_4N) | [**4P**](#_4P) | [**4Q**](#_4Q) | [**4R**](#_4R) | [**4S**](#_4S) | [**4T**](#_4T) | [**4W**](#_4W) | [**4X**](#_4X) | [**4Y**](#_4Y) | [**4Z**](#_4Z) | [**5C**](#_5C) | [**5E**](#_5E) | [**5J**](#_5J) | [**5Ø**](#_5Ø) | [**51**](#_51) | [**52**](#_52) | [**53**](#_53) | [**54**](#_54) | [55](#_55) |
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| [83](#_83) | [**84**](#_84) | [**85**](#_85) | [**86**](#_86) | [**87**](#_87) | [**88**](#_88) | [**89**](#_89) | [**9B**](#_9B) | [**9C**](#_9C) | [**9D**](#_9D) | [**9E**](#_9E) | [**9G**](#_9G) | [**8H**](#_8H) | [**9J**](#_9J) | [**9K**](#_9K) | [**9M**](#_9M) | [**9N**](#_9N) | [**8P**](#_8P) | [**9Q**](#_9Q) | [**9R**](#_9R) | [**9S**](#_9S) | [**9T**](#_9T) | [**9U**](#_9U) | [**9V**](#_9V) | [**9W**](#_9W) | [**9X**](#_9X) | [**9Y**](#_9Y) | [**9Z**](#_9Z) | [9Ø](#_9Ø) |
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| [A1](#_A1) | [**A2**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_A2) | [**A3**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_A2) | [**A4**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_A4) | [**A5**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_A5) | [**A6**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_A6) | [**A7**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_A7) | [**A9**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_A9) | [**BA**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_BA) | [**BB**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_BB) | [**BC**](file:///C:\Users\u022610\OneDrive%20-%20CVS%20Health\PHD\WI%20Updates%20Sent%20for%20Approval\066523%20PHD%20-%20NCPDP%20vD.0%20Rejection%20Code%20and%20Verbiage%20(Reject%2001%20-%20Reject%20BE).docx#_BC) | [**BD**](#_BD) | [**BE**](#_BE) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 **Always reference the CIF for client specific processes related to the rejections in the work instruction.**

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| **Rejection Code** | **Rejection Message**  (ØØ "M/I" means missing/invalid) | **Reason the claim is rejected and the Step to Resolve** | **Verbiage** |
| **Ø1** | M/I BIN Number  **Field 101** | The claim is submitted with incorrect BIN number or without the BIN number. | **Always check CIF for Members RxBIN, RxPCN and RxGroup.**  **Med D 4Rx submissions:** Refer to: [PHD MED D - 4Rx Identifier and Version D.0 Enforcement](file:///C:\Users\c506325\Downloads\CMS-PRD1-066059).  [Top of the Document](#_top) |
| **Ø2** | M/I Version/Release Number  **Field 102** | Pharmacy needs to use Version Numbers: NCPDP 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).  [Top of the Document](#_top) |
| **Ø3** | M/I Transaction Code  **Field 103** | Pharmacy submits the  Transaction code can only be:   * B-1 (Claim). * B-2 (Reversal). | **Verbiage for Claim Processing**: “A valid transaction code must be used for the claim to process. Resubmit your claim with transaction code B-1”.  **Verbiage for Reversals**: “A valid transaction code must be used to reverse a claim. Resubmit your reversal with transaction code B-2”.  [Top of the Document](#_top) |
| **Ø4** | M/I Processor Control Number  **Field 104** | The claim requires a processor control number (PCN). | **Always check 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](file:///C:\Users\c506325\Downloads\CMS-PRD1-066059).  **RxClaim - The pharmacy should be advised**: “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.  [Top of the Document](#_top) |
| **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, no longer contracted with CVS Caremark 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 do not show that you are a not participating 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 support task or RM task as needed, refer to  [PHD - Compass - Support Task Job Aid](C:\\Users\\c506325\\Downloads\\TSRC-PROD-049979) or [CarelonRx PHD - Pharmacy Contract RM Task](file:///C:\Users\c506325\Downloads\CMS-PCP1-038340)).  **NPI not transmitting to PBM Systems: “**I am showing your NPI number is not transmitting to us.”  **Patient Lock-in rejects - The pharmacy should be advised**: “Our records indicate that this Member is required to utilize the following pharmacy……….” (**Give the lock-in pharmacy information**)    [Top of the Document](#_top) |
| **Ø6** | M/I Group Number  **Field 301** | **Medicare Part D**  This is referring to the RxGroup.  **Commercial**  This is referring to the RxGroup.  **RxClaim** – check to see if the group is still active. | **Med D 4Rx submissions: ref**er to: [PHD MED D - 4Rx Identifier and Version D.0 Enforcement](file:///C:\Users\c506325\Downloads\CMS-PRD1-066059).  **Group shows active:**  **The pharmacy should be advised: “**The current carrier/group number for this Member is \_\_\_\_\_\_\_\_. You will need to update the Member profile to include this group.”  **Group shows termed:**  **The pharmacy should be advised: “**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.”   * Check the CIF to determine who handles eligibility updates and advise accordingly.   **The group is newly termed:** Send Claim Referral RM Task.  [Top of the Document](#_top) |
| **Ø7** | M/I Cardholder ID Number  **Field 302** | * Verify the Cardholder ID# with the Pharmacy. * **In PeopleSafe** - Complete Name and DOB search. * **RxClaim** verify the Processing information such as BIN, PCN and RxGroup.   [PHD MED D - Medicare Eligibility Query (E1)](file:///C:\Users\c506325\Downloads\CMS-PRD1-063923)  [CarelonRx PHD MED D - Eligibility Search](file:///C:\Users\c506325\Downloads\CMS-PRD1-088787) | **Check theSource CIF for any ID updates.**  **No Eligibility exists on file.**  **The pharmacy should be advised: “**For ID number \_\_\_\_\_\_, 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.”   * Check the CIF to determine who handles eligibility updates and advise accordingly.   [Top of the Document](#_top) |
| **Ø8** | M/I Person Code  **Field 303** | Compare the claimed Person code to the one found in the PeopleSafe for the member.  [PHD - Reject 08 (M/I Person Code) Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-066959) | PeopleSafe is displaying:   * Person Code is the different   **The pharmacy should be advised: “**Our system shows the Person Code is <insert the Member Person Code>. You will need to update the Member profile to include this Person Code.”  [Top of the Document](#_top) |
| **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 theSource’s CIF before releasing DOB.  **Claim may not appear under the member profile.**  **Agents need to resolve:**   * **Ask the pharmacy what the reject message is.** * **Search under Retail Transaction screen**   **Claim will reject for DOB reject CCR resolution call the Senior Team for help.** | **Pharmacy submits no DOB.**  **The pharmacy should be advised:** “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.**  **The pharmacy should be advised: “**I am showing the DOB in the system is<insert the 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.”   * Check 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. Also reference the following Job Aid for pharmacy to utilize Medicare Eligibility: [PHD MED D - Medicare Eligibility Query (E1).](file:///C:\Users\c506325\Downloads\CMS-PRD1-063923)  [Top of the Document](#_top) |
| **1C** | M/I Smoker/Nonsmoker code  **Field 334** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information, delete the information in this field and reprocesses the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **1E** | M/I Prescriber Location Code  **Field 467** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **1R** | Version/Release Not Supported  **Field 102-A2** | The pharmacy needs to use Version Numbers: D.0. | **The pharmacy should be advised: “**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.”  [Top of the Document](#_top) |
| **1S** | Transaction Code Type Not Supported  **Field 103-A3** | Transaction code can only be:   * B-1 (Claim). * B-2 (Reversal). | **Verbiage for Claim Processing**: “A valid transaction code must be used for the claim to process. Resubmit your claim with transaction code B-1”.  **Verbiage for Reversals**: “A valid transaction code must be used to reverse a claim. Resubmit your reversal with transaction code B-2”.  [Top of the Document](#_top) |
| **1T** | PCN Must Contain Processor/Payer Assigned Value  **Field 104-A4** | Medicare D PCN | **Review the Retail Logic section of the CIF.**  **Verbiage for PCN found in CIF: “**I am showing this client’s PCN is <insert the PCN>, resubmit the claim using this PCN in Field 104-A9.”  **Verbiage for PCN not found in CIF: “**Refer the member/beneficiary card for the PCN value.”  [Top of the Document](#_top) |
| **1U** | Transaction Count Does Not Match Number of Transactions  **Field 109-A9** | Transaction must match number of claims sent. | **The pharmacy should be advised: “**The transaction count does not match the number of claims sent in the transaction.”  [Top of the Document](#_top) |
| **1V** | Multiple Transaction Not Supported  **Field 109-A9** | **Medicare D** does not support Multiple Transactions. | **The pharmacy should be advised: “**Medicare Part D does not support Multiple Transactions.”  [Top of the Document](#_top) |
| **1W** | Multi-Ingredient Compound Must Be a Single Transaction  **Field 109-A9** | Pharmacy is sending more than one transaction. | **The Pharmacy should be advised: “**Submit this multiple-Ingredient Compound as one transaction.”  [Top of the Document](#_top) |
| **1X** | Vendor Not Certified for Processor/Payer  **Field 110-AK** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **1Y** | Claim Segment Required for Adjudication  **Field 111-AM** | Contact software vendor.  Claim did not include all data. | **The pharmacy should be advised: “**This claim was processed without all required information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **1Z** | Clinical Segment Required for Adjudication  **Field 111-AM** | Contact software vender | **The pharmacy should be advised: “**This claim was processed without all required information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **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 the RxClaim systems. | **Gender code is missing.**  **The pharmacy should be advised:** “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 is invalid.**  **The pharmacy should be advised:** “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.”   * Check the CIF to determine who handles eligibility updates and advise accordingly.   [Top of the Document](#_top) |
| **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 the system. | **Relationship Code is missing.**  **The pharmacy should be advised:** “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>.”  **The Relationship Code is invalid.**  **The pharmacy should be advised:** “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.”   * Check the CIF to determine who handles eligibility updates and advise accordingly.   **Relationship Code Reference:**   * 01-cardholder. * 02-spouse. * 03-dependent. * 04-adult dependent.   [Top of the Document](#_top) |
| **12** | M/I Place of Service  **Field 307-C7** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **13** | M/I Other Coverage Code  **Field 308** | Verify if the Code is 2,3,4,5,6,7,8.  [PHD - Reject 41 SBMT BILL TO OTHER PROCSR or Reject 13 M/I OTHER COVERAGE CODE](file:///C:\Users\c506325\Downloads\CMS-PRD1-088851)  [CarelonRx PHD - Reject 41 SBMT BILL TO OTHER PROCSR or Reject 13 M/I OTHER COVERAGE CODE](file:///C:\Users\c506325\Downloads\TSRC-PROD-027437) | **For COB Segment Billing:**   * Use value 2 when 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 previous payer paid the claim.   [Top of the Document](#_top) |
| **14** | M/I Eligibility Clarification Code  **Field 309** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **15** | M/I Date Filled  **Field 401** | Verify the claimed Date of filled with Pharmacy. | **Date of fill is invalid.**  **The pharmacy should be advised:** “The claim is showing a date of fill of <insert the DOF>. Resubmit the claim with the correct date of fill.”  **Date of fill is missing.**  **The pharmacy should be advised: “**Our records do not reflect the date of fill was transmitted on the claim.” Resubmit the claim with a date of fill.”  [Top of the Document](#_top) |
| **16** | M/I Rx Number  May Hear: Prescription/Service Reference Number  **Field 402** | Verify the claimed Rx Number.  Up to 12 digits long | **Rx Number is missing.**  **The pharmacy should be advised: “**Our records do not reflect a prescription number. Resubmit the claim with a prescription number.”  **Rx Number is invalid.**  **The pharmacy should be advised: “**The claim is showing 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:**   * **The pharmacy should be advised: “**If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”   [Top of the Document](#_top) |
| **17** | M/I Fill Number  **Field 403** | Verify the claimed number of fills with the Pharmacy.  Refill Limitation – specific of refill per script. New script will be needed. | **The pharmacy should be advised**: “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.”  [Top of the Document](#_top) |
| **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 a 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**  **Commercial:** [PHD - Reject 19 - Dose Optimization Overrides](file:///C:\Users\c506325\Downloads\CMS-PRD1-097448)  **The pharmacy should be advised:** “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?”  [Top of the Document](#_top) |
| **2A** | M/I Medigap ID  **Field 239** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2B** | M/I Medicaid Indicator  **Field 335** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2C** | M/I Pregnancy Indicator  **Field 335** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2D** | M/I Provider Accept Assignment Indicator  **Field 361** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2E** | M/I Primary Care provider ID Qualifier  **Field 468** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2G** | M/I Compound Ingredient Modifier Code Count  **Field 362** | 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](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288)  [PHD MED D - Compound Submission, Adjudication and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-084670)  [Top of the Document](#_top) |
| **2H** | M/I Compound Ingredient Modifier code.  **Field 363** | 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](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [PHD MED D - Compound Submission, Adjudication and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-084670)  [Top of the Document](#_top) |
| **2J** | M/I Prescriber First Name  **Field 364** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2K** | M/I Prescriber Street Address  **Field 365** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2M** | M/I Prescriber City Address  **Field 366** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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.  [Top of the Document](#_top) |
| **2P** | M/I Prescriber Zip/Postal Zone  **Field 368** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2Q** | M/I Additional Documentation Type ID  **Field 369** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2R** | M/I Length of Need  **Field 370** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2S** | M/I Length of Need Qualifier  **Field 371** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2T** | M/I Prescriber/Supplier Date Signed  **Field 372** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2U** | M/I Request Status  **Field 373** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2V** | M/I Request Period Begin Date  **Field 374** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2W** | M/I Request Period Recert/Revised Date  **Field 375** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2X** | M/I Supporting Documentation  **Field 376** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **2Z** | M/I Question Number/Letter Count  **Field 377** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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. | **The pharmacy should be advised: “**I am showing the claim has a (missing/invalid) compound code. R**esubmit** your claim with the correct compound code.”  [Top of the Document](#_top) |
| **21** | M/I NDC Number  May Hear: Product/Service ID  **Field 407** | * Verify with the Pharmacy the NDC. * Verify if the NDC is not inactive or discontinued.   **Note**: We may deactivate an NDC if the FDA does not approve it or if the NDC is not registered with FDA.  [CarelonRx PHD - NDC Inquiry Resolution Manager Task](file:///C:\Users\c506325\Downloads\CMS-PCP1-038334)(Review the Discontinued/Inactive Research section)  **Medicaid Multiple Ingredient Compounds (MIC)**  Is currently in effect and will continue to apply when an invalid Product ID is submitted but will no longer be eligible to be overridden by SCC 08. | [CarelonRx PHD - Reject 21 - Missing/Invalid Product Service ID](file:///C:\Users\c506325\Downloads\CMS-PRD1-077321)  [PHD - Compass - Reject 21](file:///C:\Users\c506325\Downloads\TSRC-PROD-051299)      [Top of the Document](#_top) |
| **22** | M/I Dispense as Written (DAW)/Product Selection Code  **Field 408** | Verify with the Pharmacy and check the claim to see what DAW/PSC was submitted Refer to: [PHD - DAW Codes Job Aid](file:///C:\Users\c506325\Downloads\CMS-PCP1-024418). | **The pharmacy should be advised: “**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.”  [Top of the Document](#_top) |
| **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) | **The pharmacy should be advised: “**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.”  [Top of the Document](#_top) |
| **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**  [PHD - Prescriber ID Process](file:///C:\Users\c506325\Downloads\CMS-PRD1-072063) | The Plan requires either the Prescriber’s DEA or NPI.  **DEA # Required.**  Do the math to verify if the DEA number is valid. If the number is not valid.  **The pharmacy should be advised**: “This plan requires a valid DEA number to be submitted for claim payment. Resubmit your claim with a valid DEA#.”  **PLN# Required.**  If **TheSource CIF** states PLN# is required in place of the DEA#.  **The pharmacy should be advised**: "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#.”  [Top of the Document](#_top) |
| **26** | M/I Unit of Measure  **Field 600** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **28** | M/I Date Prescription Written  **Field 414** | Verify with the pharmacy the date the prescription was written.  **RxClaim:** Check the claim.  **CII Claims only**  Invalid value (including a blank value) has been populated in the Date Prescription Written field (NCPDP Field# 414-DE). | **The pharmacy should be advised: “**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.”  [Top of the Document](#_top) |
| **29** | M/I Number Refills Authorized  **Field 415** | Verify the claimed refill # with the # of refills allowed by the plan. | **The pharmacy should be advised: “**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 \_\_\_\_.”  [Top of the Document](#_top) |
| **3A** | M/I Request Type  **Field 498-PA** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3B** | M/I Request Period Date – Begin  **Field 498-PB** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3C** | M/I Request Period Date – End  **Field 498-PC** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3D** | M/I Basis of Request  **Field 498-PD** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3E** | M/I Authorized Representative First Name  **Field 498-PE** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3F** | M/I Authorized Representative Last Name  **Field 498-PF** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3G** | M/I Authorized Representative Street Address  **Field 498-PG** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3H** | M/I Authorized Representative City Address  **Field 498-PH** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3J** | M/I Authorized Representative State/Province Address  **Field 498-PJ** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3K** | M/I Authorized Representative Zip/Postal Zone  **Field 498-PK** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3M** | M/I Authorized Prescriber Phone Number  **Field 498-PM** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3N** | M/I Authorized Number Assigned  **Field 498-PY** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3P** | M/I Authorization Number  **Field 503** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3R** | Prior Authorization Not Required  **Field 407** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3S** | M/I Authorization Supporting Documentation  **Field 498-PP** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3T** | Active Prior Authorization Exists Resubmit at Expiration of Prior Authorization | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3W** | Prior Authorization in Process | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3X** | Authorization Number not Found.  **Field 503** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **3Y** | Prior Authorization Denied | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **32** | M/I Level of Service  **Field 418** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **33** | M/I Prescription Origin Code  **Field 419** | This field is a requirement only for Medicare claims. | * [CarelonRx PHD - Reject 33 - Missing/Invalid Origin Code](C:\\Users\\c506325\\Downloads\\CMS-PRD1-063105) * [PHD - Compass - Reject 33 - Missing / Invalid Prescription Origin Code](file:///C:\Users\c506325\Downloads\TSRC-PROD-049945)   [Top of the Document](#_top) |
| **34** | M/I Submission Clarification Code  **Field 420** | Reject 34 occurs:   * Claim is submitted with the wrong SCC code to resolve NPI rejects Refer to [PHD - Prescriber ID Process](file:///C:\Users\c506325\Downloads\CMS-PRD1-072063). * Claim is submitted with the wrong SCC code to resolve LTC Emergency Supply (Warm transfer to the Senior Team) | **The pharmacy should be advised:**  “This field contains invalid information. Reprocess the claim with the correct SCC code.”  [Top of the Document](#_top) |
| **35** | M/I Primary Care Provider ID  **Field 421** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **39** | M/I Diagnosis Code  **Field 424** | Missing/Invalid ICD-9 Diagnosis code  [PHD - Reject 39 - Missing / Invalid Diagnosis Code Qualifier](file:///C:\Users\c506325\Downloads\CMS-PRD1-099930) | **The pharmacy should be advised:**  This field contains missing or invalid information. Resubmit with a valid ICD-9 code or contact the prescriber for the valid code.  [Top of the Document](#_top) |
| **40** | Pharmacy Not Contracted with Plan on Date of Service | Review the CIF in TheSource to determine if there are special instructions concerning the plan.  Verify the Pharmacy effective contractual date.  [CarelonRx PHD - Reject 40 (Pharmacy Not Contracted with Plan Date of Service) Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-066871)  [PHD Compass - Reject 40 Pharmacy Not Contracted with Plans DOS Resolution](file:///C:\Users\c506325\Downloads\TSRC-PROD-049427) | **Plan has specific instruction on who can fill claims:**  **The pharmacy should be advised** of those specific instructions (example: member needs to call their plan)  **There is no specific instruction on who can fill claim:**  **The pharmacy should be advised: “**It appears there is a discrepancy with the date of service for this claim and your pharmacy’s effective date with this plan. Our records show on the date of service you were not contracted with the plan.”  **If pharmacy says they should have been contracted:**   * **Chain –** Refer the pharmacy back to the Chain Headquarter. * **Affiliate –** Refer the pharmacy back to their Affiliate. * **Independent** - Send a Pharmacy Contract RM Task.   [Top of the Document](#_top) |
| **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 ‘View Additional Detail’ button. If the member has primary coverage, the  Field should be blank or zero.  **Note:** Consult TheSource CIF for any updates or changes to the member or spouse’s eligibility. | FEP reject for MED B medications: Refer to [PHD - FEP - Reject 41 - Submit for MED B Coverage](file:///C:\Users\c506325\Downloads\CMS-PRD1-098139).  [PHD - Reject 41 SBMT BILL TO OTHER PROCSR or Reject 13 M/I OTHER COVERAGE CODE](file:///C:\Users\c506325\Downloads\CMS-PRD1-088851)  [CarelonRx PHD - Reject 41 SBMT BILL TO OTHER PROCSR or Reject 13 M/I OTHER COVERAGE CODE](file:///C:\Users\c506325\Downloads\TSRC-PROD-027437)  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:**  **The pharmacy should be advised:** “I’m 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**:  **: Review** [PHD - Reject 41 SBMT BILL TO OTHER PROCSR or Reject 13 M/I OTHER COVERAGE CODE](file:///C:\Users\c506325\Downloads\CMS-PRD1-088851)  [CarelonRx PHD - Reject 41 SBMT BILL TO OTHER PROCSR or Reject 13 M/I OTHER COVERAGE CODE](file:///C:\Users\c506325\Downloads\TSRC-PROD-027437)     * **PHD** should refer to the CIF to verify if updates should be done and should be done by PBM. * If the CIF has no references to reject 41/reject 13 updates, refer pharmacy back to the plan.   [Top of the Document](#_top) |
| **42** | Plan’s Prescriber database indicates the prescriber ID Submitted is inactive or expired | Pharmacy should be verifying the Prescriber ID by using the CMS NPI checker | [PHD - Prescriber ID Process](C:\\Users\\c506325\\Downloads\\CMS-PRD1-072063)  [Top of the Document](#_top) |
| **43** | Plan’s Prescriber database indicates the associated DEA to submitted Prescriber is inactive | Pharmacy should be verifying the Prescriber ID by using the CMS NPI checker | [PHD - Prescriber ID Process](file:///C:\Users\c506325\Downloads\CMS-PRD1-072063)  [Top of the Document](#_top) |
| **44** | Plan’s Prescriber database indicates the associated DEA to submitted Prescriber ID is not found | Pharmacy should be verifying the Prescriber ID by using the CMS NPI checker | [PHD - Prescriber ID Process](file:///C:\Users\c506325\Downloads\CMS-PRD1-072063)  [Top of the Document](#_top) |
| **46** | Plan’s Prescriber database indicates associated DEA to submitted Prescriber ID does not allow the drug DEA Schedule | Pharmacy should be verifying the Prescriber ID by using the CMS NPI checker | [PHD - Prescriber ID Process](file:///C:\Users\c506325\Downloads\CMS-PRD1-072063)  [Top of the Document](#_top) |
| **4B** | M/I Question Number/Letter  **Field 378** | Decimal point rejects | [Top of the Document](#_top) |
| **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. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4D** | M/I Question Percent Response  **Field 379** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4E** | M/I Primary Care Provider Last Name  **Field 570** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4G** | M/I Question Date Response  **Field 380** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4H** | M/I Question dollar Amount Response  **Field 381** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4J** | M/I Question Numeric Response  **Field 382** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4K** | M/I Question Alphanumeric Response  **Field 383** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **4N** | Question Number/Letter Count Does Not Match Number of Repetitions  **Field 377** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4P** | Question Number/Letter Not Valid for Identified Document  **Field 378** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4Q** | Question Response Not Appropriate for Question Number/Letter  **Field 378** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4R** | Required Question Number/Letter Response for Indicated Document Missing  **Field 378** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4S** | Compound Product ID Requires a Modifier Code | 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](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **4T** | M/I Additional Documentation Segment  **Field 111** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4W** | Must Fill Through Specialty Pharmacy  **Fields 407, 489** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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 | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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 | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **4Z** | Place of Service Not Support by Plan | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **5C** | M/I Other Payer Coverage Type  **Field 338** | Verify type of coverage code:   * 01=Primary. * 02=Secondary. * 03=Tertiary. | **The pharmacy should be advised: “**If you are sending a COB claim you must put \_\_\_\_ in field 338”.  [Top of the Document](#_top) |
| **5E** | M/I Other Payer Reject Count  **Field 471** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **5J** | M/I Facility City Address  **Field 388** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **5Ø** | Non-Matched Pharmacy Number  **Field 201** | Verify with the Pharmacy their NPI #.  Verify the Location code.  Pharmacy maybe using a location code that is not part of their contract.  Ex: Home Infusion or LTC  Verify if their member has Pharmacy Override Exclusion.  **Commercial:** [PHD Compass - Reject 50 (Non-Matched Pharmacy Number) Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-066950)  **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). | **The pharmacy should be advised: “**It appears there is a discrepancy with the NPI# transmitted with this claim. Our records reflect \_\_\_\_\_\_\_ 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**. **The pharmacy should be advised: “**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 Headquarter. * **Affiliate –** Refer the pharmacy back to their Affiliate. * **Independent** - Send a Pharmacy Contract RM Task.   **Member Pharmacy Override Exclusion.**  A claims block may be placed on certain Member’s profile.   * The pharmacy should be advised: The member has been locked-in to 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 lock-out per plan, the pharmacy should be advised: “Have the member contact their (plan or whoever is referred to in the notes or CIF).”   [Top of the Document](#_top) |
| **51** | Non-Matched Group ID  **Field 301** | **Commercial:**  Verify claimed group# with the most active group in Eligibility.  **Medicare D:**  Claims are rejecting because pharmacy did not use RxGroup. | **Medicare D**  **Pharmacy should be advised: “**Resubmit the claim using the RxGroup number from the Card.”  **Commercial**  **The pharmacy should be advised: “**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.”  [Top of the Document](#_top) |
| **52** | Non-Matched Cardholder ID  **Field 302** | Verify claimed Cardholder ID with the Pharmacy and in Eligibility.  [CarelonRx PHD - Reject 52 (Non-Matched ID Number) Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-067154)  [PHD - Compass - Reject 52 Non-Matched ID Number Resolution](file:///C:\Users\c506325\Downloads\TSRC-PROD-051306) | **No Eligibility exists on file.**  **The pharmacy should be advised:** “For ID number \_\_\_\_\_\_, 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.”   * Check the CIF to determine who handles eligibility updates and advise accordingly.   **Date of Birth/Sex is incorrect.**  Check TheSource CIF to determine if we can give out PHI information.  **The pharmacy should be advised:** “I show the birthday/sex we have on file for this Member is - - / - -/ - -. Resubmit your claim with the information we have on file. If the information is incorrect, the member will need to contact the number on back of their card to have it corrected in our system.”  [Top of the Document](#_top) |
| **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.**  **The pharmacy should be advised**: “It appears there is a discrepancy with the cardholder ID submitted with this claim. This plan requires a two/three-digit person code be submitted for claim payment. Resubmit your claim with person code \_\_\_.”  **No Eligibility exists for the member.**  **The pharmacy should be advised:** “For ID number \_\_\_\_\_\_, 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.”   * Check the CIF to determine who handles eligibility updates and advise accordingly.     [Top of the Document](#_top) |
| **54** | Non-Matched Product/Service ID Number **(NDC)**  **Field 407, 489-TE** | Verify the NDC # being submitted by the Pharmacy. | **Ask the retail pharmacy: “**I show the NDC number you are submitting is \_\_\_\_\_/\_\_\_\_/\_\_, is this correct”?    [PHD MED D - Reject 54 - Non-Matched Product Service ID Number and Non-FDA Approved Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-077568)  [Top of the Document](#_top) |
| **55** | Non-Matched Product Package Size  **Field 407, 489-TE** | Verify the NDC being submitted by the Pharmacy.  **Refer to:** [PHD - Reject 55 - Non-Matched Product Number or Package Size Process](file:///C:\Users\c506325\Downloads\CMS-PCP1-026676). | **Ask the retail pharmacy: “**I show the NDC number you are submitting is \_\_\_\_\_/\_\_\_\_/\_\_, is this correct”?  **The pharmacist realizes NDC number is incorrect: (Find correct package size)**.  **The pharmacy should be advised:** “I am showing the NDC # you should be using for this package size of \_\_\_\_/\_\_\_\_/\_\_. Resubmit your claim with this NDC #.”  **The pharmacist says NDC number submitted on the claim is correct (if we do not have package size on file).**  **The pharmacy should be advised: O**ur 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 a [CarelonRx PHD - NDC Inquiry Resolution Manager Task](file:///C:\Users\c506325\Downloads\CMS-PCP1-038334) or  [Compass - Create a Support Task](file:///C:\Users\c506325\Downloads\TSRC-PROD-050031).  [Top of the Document](#_top) |
| **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**  [PHD - Prescriber ID Process](file:///C:\Users\c506325\Downloads\CMS-PRD1-072063) | **NPI # Required.**  T**he pharmacy should be advised**: “This plan requires a valid NPI number must be submitted for claim payment. Resubmit your claim with a valid NPI#.”  **PLN# Required.**  If theSource CIF states PLN# is required in place of the DEA#. **The pharmacy should be advised**: "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#".  [Top of the Document](#_top) |
| **58** | Non-Matched Primary Prescriber  **Field 421** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6C** | M/I Other Payer ID Qualifier  **Field 339** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6D** | M/I Facility Zip/Postal Zone  **Field 389** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6E** | M/I Other Payer Reject Code  **Field 472** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6G** | Coordination of Benefits/Other Payments Segment Required for Adjudication  **Field 111-AM** | The pharmacy should be submitting Value = 02 | **The pharmacy should be advised: “**Reprocess the claim using 02 in Field 111-AM.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **6H** | Coupon Segment Required for Adjudication  **Field 111-AM** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6J** | Insurance Segment Required for Adjudication  **Field 111-AM** | The pharmacy should be submitting.  Value = 04 | **The pharmacy should be advised: “**Reprocess the claim using 04 in Field 111-AM.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **6K** | Patient Segment Required for Adjudication  **Field 111-AM** | The pharmacy should be submitting.  Value = 01 | **The pharmacy should be advised: “**Reprocess the claim using 01 in Field 111-AM.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **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 | **Check the CIF for the correct processing information.**  **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6N** | Prescriber Segment Required for Adjudication  **Field 111-AM** | The pharmacy should be submitting.  Value = 03 | **The pharmacy should be advised: “**Reprocess the claim using 03 in Field 111-AM.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **6P** | Pricing Segment Required for Adjudication  **Field 111-AM** | The pharmacy should be submitting.  Value = 11 | **The pharmacy should be advised: “**Reprocess the claim using 11 in Field 111-AM.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **6Q** | Prior Authorization Segment Required for Adjudication  **Field 111-AM** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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 Workers Compensation** only.  The pharmacy should be submitting.  Value = 02 | **Check the CIF for the correct processing information.**  **The pharmacy should be advised: “**Reprocess the claim using 02 in Field 111-AM.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **6S** | Transaction Segment Required for Adjudication  **Field 111-AM** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6T** | Compound Segment Required for Adjudication  **Field 111-AM** | The pharmacy should be submitting.  Value = 10 | **The pharmacy should be advised: “**Reprocess the claim using 10 in Field 111-AM.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **6U** | Multi-Ingredient Compounds  **Field 111-AM** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288)).  [Top of the Document](#_top) |
| **6W** | DUR/PPS Segment Required for Adjudication  **Field 111-AM** | The pharmacy should be submitting.  Value = 08 | **The pharmacy should be advised: “**Reprocess the claim using 08 in Field 111-AM.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **6X** | DUR/PPS Segment Incorrectly Formatted  **Field 111-AM** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6Y** | Not Authorized to Submit Electronically  **201-B1** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **6Z** | Provider Not Eligible to Perform Service/Dispense Product  **201-B1** | Information in the field is either not required or not accurate for claim to process. | **The pharmacy should be advised:**  “This field contains invalid information. Either delete the information or correctly enter the information in this field. Once that is complete, reprocess the claim. If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **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 will help to identify the cause of the reject 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.**  **The pharmacy should be advised: “**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.**  **The pharmacy should be advised:** “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.”  **For Safety Edits and Age Edits:**  **PHD**: [PHD - PPS Code Improving Drug Utilization Review Controls](file:///C:\Users\c506325\Downloads\CMS-PRD1-071404)  **CarelonRx PHD:** [CarelonRx Medicare and Medicaid PHD - PPS Code Improving Drug Utilization Review Controls](file:///C:\Users\c506325\Downloads\TSRC-PROD-025655)  [Top of the Document](#_top) |
| **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.**  **The pharmacy should be advised:** “It appears there is a discrepancy with the gender code submitted. I am showing this Member gender is \_\_\_. Resubmit your claim with the correct gender/person code.”  **Pharmacy is using the correct gender/sex code for Member.**  **The pharmacy should be advised:** “Our records show this drug is only covered by the plan for the gender code of \_\_\_\_. 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.”  [Top of the Document](#_top) |
| **62** | Patient/Cardholder ID Name Mismatch  **Fields 310 311 312 313 320** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **63** | Institutionalized Patient Product/Service ID Not Covered | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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 or GPI.**  **The pharmacy should be advised: “**I am showing 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.**  **The pharmacy should be advised: “**I am showing the information you are submitting does not match the information on the Prior Authorization.”  [Top of the Document](#_top) |
| **65** | Patient Is Not Covered  **Fields 303 306** | Verify claimed relationship code submitted by the pharmacy.  **Commercial:** [PHD - Reject 65 (Patient Not Covered) Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-067158) | **Ask the pharmacy: “**Are you processing the claim for the cardholder, spouse, or dependent today”?  **Pharmacy is using incorrect relationship code for Member.**  **The pharmacy should be advised: “**Our records show there is discrepancy with the relationship submitted. The relationship code on file for the Member requested is \_\_\_. Resubmit your claim with this relationship code.”  **Member does not have current eligibility.**  **The pharmacy should be advised: “**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.”   * Check the CIF to determine who handles eligibility updates and advise accordingly.   [Top of the Document](#_top) |
| **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.  **Commercial:** [PHD - Reject 66 (Patient Age Exceeds Maximum) Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-067155) | **Pharmacy is using incorrect Relationship.**  **Member exceeds maximum age or is a college student.**  **The pharmacy should be advised: “**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.”  [Top of the Document](#_top) |
| **67** | Filled Before Coverage Effective  **Field 401** | Verify the claimed Date of fill with the Effective date on the Eligibility file. | **An effective date is sometime in the future.**  [PHD - Reject 67 (Filled Before Coverage) Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-067159)  [Top of the Document](#_top) |
| **68** | Filled After Coverage Expired  **Field 401** | Verify the claimed Date of fill with the expiration date in the Eligibility file. | **The expiration date has already passed.**  [PHD Compass - Reject 68/69 Filled After Coverage Terminated Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-067703)  [Top of the Document](#_top) |
| **69** | Filled After Coverage Terminated  **Field 401** | Verify the claimed Date of Fill with the Termination date in Eligibility file. | **The termination date has already passed.**  [PHD Compass - Reject 68/69 Filled After Coverage Terminated Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-067703)  [Top of the Document](#_top) |
| **7A** | Provider Does Not Match Authorization on File  **201-B1** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7B** | Service Provider ID Qualifier Value Not Supported for Processor/Payer  **202-B1** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7C** | M/I Other Payer ID  **Field 340-7C** | Pharmacy needs to submit the claim with the other payer ID. | **The pharmacy should be advised:**  “Resubmit your claim with the other payer ID.”  [Top of the Document](#_top) |
| **7D** | Non-Matched DOB  **304-C4** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7E** | M/I DUR/PPS Code Counter  **Field 473** | CSR cannot see information on the counter. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7G** | Future Date Not Allowed For DOB  **Field 304-C4** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7H** | Non-Matched Gender Code  **Field 305-C5** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7J** | Patient Relationship Code Not Supported  **Field 306-C6** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7K** | Discrepancy Between Other Coverage Code and Other Payer Amt.  **Field 308-C8** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7M** | Discrepancy Between Other Coverage Code and Other Coverage Information on File  **Field 308-C8** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7N** | Discrepancy Between Other Coverage Code and Other Coverage Information on File  **Field 331-CX** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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 Payers on the claim. | **The pharmacy should be advised:**  “Resubmit the claim with the count equal to the number of COB Payers on the claim.”  [Top of the Document](#_top) |
| **7Q** | Other Payer ID Qualifier Not Supported  **Field 339-6C** | The pharmacy should be submitting the following Value:  03 = BIN | **The pharmacy should be advised: “**Reprocess the claim using 03 in Field 339-6C.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **7R** | Other Payer Amount Paid Count Exceeds Number of Supported Groupings  **Field 341-HB** | The claim is rejected because the Eligible Person has previous payers/processors.   |  | | --- | |  | | [Top of the Document](#_top) |
| **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 | **The pharmacy should be advised: “**Reprocess the claim using the correct value in Field 342-HC.  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **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. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **7V** | Duplicate Refills  **Field 403-D3** | Pharmacy is submitting the claim with the same refill number as previously used. | **The pharmacy should be advised: “**Reprocess the claim with a refill number not previously used.”  **If the pharmacy cannot change the information, the pharmacy should be advised:** “If you cannot update the information, contact your Software Vendor or Technical Support Desk for help.”    [Top of the Document](#_top) |
| **7W** | Refills Exceed allowable Refills.  **Field 403-D3** | Verify if Plan allows for refills. | **The pharmacy should be advised:** “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.”  [Top of the Document](#_top) |
| **7X** | Days’ Supply Exceeds Plan Limitation  **Field 405-D5** | Verify the claimed day supply with the plan limitations. Verify if Plan has MDL/QVT on the medication. | **Ask the pharmacy: “**Could you confirm the day supply on the claim?”  **Plan limitations Exceeded.**  **The pharmacy should be advised: “**Our records show this plan will cover the day supply of \_\_\_. Resubmit your claim with this information.”  **Plan limitations Exceeded.**  **The pharmacy should be advised: “**Our records show this plan will cover the day supply of \_\_\_ and the quantity of \_\_\_. Resubmit your claim with this information.”  [Top of the Document](#_top) |
| http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png**CarelonRx PHD only:** **7X** | **CarelonRx PHD only:**  Days’ Supply Exceed Plan Lt  MAXIMUM BOH IS 30~MAXIMUM BOH IS 30~NEXT AVAILABLE FILL DATE XXYYZZZZ | Reject 7X is for the Refill Too Soon Accumulator edit. This edit is used to prevent stockpiling, therefore restricting members from picking up medications when they already have 30 days’ supply in hand at home. The edit looks at claims in the last 365 days and uses the days’ supply to calculate how many days of medication the member has on hand. | **The pharmacy should be advised: “**The Reject 7X is for the Refill Too Soon Accumulator edit. This edit is used to prevent stockpiling, therefore restricting members from picking up medications when they already have 30 days’ supply in hand at home.”  [Top of the Document](#_top) |
| **7Y** | Compounds Not Covered  **Field 406-D6** | Compounds are not covered by the Plan. | **The pharmacy should be advised**:  “This plan does not cover compounded medications.”  [Top of the Document](#_top) |
| **7Z** | Compound Requires Two Or More Ingredients  **Field 406-D6** | Pharmacy is submitting a single ingredient compound. | **The pharmacy should be advised**:  “Compounds must be submitted with more than one ingredient.”  [Top of the Document](#_top) |
| **70** | NDC Not Covered  May Hear: Product Service ID Not Covered  **Field 407** | Verify if the claimed NDC is covered by the plan.  The override was entered and flipped compound override to Y.  [PHD - Reject 70 Non-Formulary Drug (NDC Not Covered) Resolution](file:///C:\Users\c506325\Downloads\CMS-PRD1-067681) | **The pharmacy should ask: “**Could you confirm the NDC on the claim”?  **Drug is a Vaccine.**  **The pharmacy should be advised**: “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.**  **The pharmacy should be advised:** “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.**  **The pharmacy should be advised: “**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.**  **The pharmacy should be advised: “**I am showing this plan pays for this drug, but only to the age of\_\_\_\_. The member has the option to pay out of the pocket for this drug.”  **If the plan does not have an exception.**  **The pharmacy should be advised: “**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. **The pharmacy should be advised:** “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 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: “**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 \_\_\_\_\_\_\_\_\_\_.”   [Top of the Document](#_top) |
| **71** | Prescriber Is Not Covered  **Field 411** | Prescriber may not be part of the PPO.  The prescriber may be OIG Excluded Prescriber.  Prescriber may be GSA Excluded Prescriber (State Excluded)  Refer to [PHD - State Excluded Provider Edit](file:///C:\Users\c506325\Downloads\CMS-PRD1-067692)).  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. #.**  **The pharmacy should be advised:** “Our records show this Member is on a Health Maintenance Organization and has one Dr. or a list of Drs.’s 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.**  **The pharmacy should be advised: “**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.  [Top of the Document](#_top) |
| **72** | Primary Prescriber is Not Covered  **Field 421** | The pharmacy is submitting the claim with a primary prescriber not covered by the plan. | **The pharmacy should be advised: “**I am not showing this Prescriber covered by this plan.”  [Top of the Document](#_top) |
| **73** | Refills Are Not Covered  **Fields 402 403** | Verify if Plan allows for refills. | **The pharmacy should be advised:** “Our records show this plan does not pay for refills. Have the member call the Customer Care number on their card.”  [Top of the Document](#_top) |
| **75** | Prior Authorization Required  **Field 462** | Verify if there is a PA in the system.  **Commercial/Medicaid:** [PHD - Reject 75 Prior Authorization Required](file:///C:\Users\c506325\Downloads\CMS-PRD1-060361)  [PHD - FEP Reject 75 Prior Authorization Required - Compass](file:///C:\Users\c506325\Downloads\TSRC-PROD-046363)  [PHD MED D - Reject 75 Prior Authorization Required - Compass](file:///C:\Users\c506325\Downloads\TSRC-PROD-046358)  [CarelonRx Medicare PHD - Reject 75 or 608 Prior Authorization Required](file:///C:\Users\c506325\Downloads\TSRC-PROD-025650) | **No current MA/PA information.**  **The pharmacy should be advised: “**Our records show this Member does not have a prior authorization on file for this drug. If they need this prescription today, they may want to pay out of pocket for the medication.” (See theSource CIF for PA information).  **Current PA in system and claim will not pay.**  **The pharmacy should be advised: “**I will send the request to have the PA update.” Send a Claim Referral Task refer to [PHD - Claim Referral Resolution Manager Tas](file:///C:\Users\c506325\Downloads\CMS-PCP1-038322)k).  [Top of the Document](#_top) |
| **76** | Plan Limitations Exceeded  **Fields 405 442** | Verify the claimed day supply and quantity with the plan limitations. Verify if Plan has MDL/QVT on the medication.  **Commercial:** [PHD - Reject 76 - Retail Refill Limit Exceeded](file:///C:\Users\c506325\Downloads\CMS-PRD1-097449)  **Commercial:** [PHD - CCR Reject 76 QVT Overrides](file:///C:\Users\c506325\Downloads\CMS-PRD1-104597)  Reject 60 with Reject 76 for a Minimum/Maximum Patient Age Restriction. This change will help to identify the cause of the reject 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.   **Plan Limitation Exceeded GLP 1 Fill Limit Exceeded – GLP 1 Fill Limit Exceeded Messaging Does Not Display**   * If the GLP 1 Fill Limit Exceeded messaging **does not display**, continue with the Reject 76 process as usual.   • If the GLP 1 Fill Limit Exceeded messaging does display, refer to the process in [PHD Compass – Reject 76 GLP-1 Fill Limit Additional Messaging](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e69cc223-2196-4a1a-9290-449a2bfd332a) | **Ask the pharmacy:** “Could you confirm the quantity and day supply on the claim?  **Plan limitations Exceeded.**  **The pharmacy should be advised: “**Our records show this plan will cover the day supply of \_\_\_ and the quantity of \_\_\_. Resubmit your claim with this information.”  **QVT/MDL Exceeded.**  **The pharmacy should be advised:** “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 <xxxx.xx>.**  **The pharmacy should be advised: “**I will need to send a request to see if Member can get PA. Send a Claim Referral RM Task, refer to [PHD - Claim Referral Resolution Manager Task](file:///C:\Users\c506325\Downloads\CMS-PCP1-038322)).  **Maximum Dollar:**  Check override CIF to see if we can override)  **Medicare D Plan:**   * Transitional Fill- give to 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.”   [Top of the Document](#_top) |
| **77** | Discontinued NDC Number  **Field 407** | Verify if the NDC is active or inactive in drug coverage.  **Medicaid Multiple Ingredient Compound (MIC)**  The claim is rejected due to one non-covered ingredient | **In the case of an issue with a Discontinued NDC Number, the pharmacy should be advised: “**Our records show the NDC you are submitting is a discontinued NDC. You might want to check your Redbook or with your wholesaler for the correct NDC number for this drug.”  **In the case of an issue with an Medicaid Multiple Ingredient Compound (MIC), the pharmacy should be advised:**  Continue to submit Submission Clarification Code (SCC) (NCPDP field #42Ø-DK) value of “8” to bypass the reject for the non-covered ingredient.  [Top of the Document](#_top) |
| **78** | Cost Exceeds Maximum  **Field 407, 409, 442, 448-ED, 449-EE, 481-HA, 482-G3, 489-TE** | The 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.**  **The pharmacy should be advised: “**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.”  [Top of the Document](#_top) |
| **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. * **Do the math for increase in dosage.** (See [PHD - Refill Too Soon Basic Calculation](file:///C:\Users\c506325\Downloads\CMS-PRD1-096592)) | **If No Reason for the Refill.**  **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 they Member must have the prescription today, they may wish to pay out of pocket.”  **If there is a Reason for Refill.**  Check theSource 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) * [CarelonRx Plan Benefit Overrides](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9d0220bb-5304-4ee8-9355-df987cb10f59)   **Refer to:**   * [PHD MED D – Tier 1 Representative RxClaim Override in PeopleSafe](file:///C:\Users\c506325\Downloads\CMS-PRD1-098488)   [Top of the Document](#_top) |
| **8A** | Compound Requires At Least One Covered Ingredient  **Field 406-D6** | Pharmacy is submitting a single ingredient compound. | **The pharmacy should be advised**:  “Compounds must be submitted with more than one ingredient.”  [Top of the Document](#_top) |
| **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](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **8C** | M/I Facility ID  **Field 336** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **8E** | M/I Door/PPS level of Effort  **Field 474** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8G** | Primary Product in A Compound Claim Is Not Zero  **Field 407-D7** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288)).  [Top of the Document](#_top) |
| **8H** | Product/Service Only Covered on Compound Claim  **Field 407-D7** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288)).  [Top of the Document](#_top) |
| **8J** | Incorrect Product/Service ID For Processor/Payer  **Field 407-D7, 489-TE** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288)).  [Top of the Document](#_top) |
| **8K** | DAW Code Not Supported  **Field 408-D8** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8M** | Sum Of Compound Ingredient Costs Does Not Equal Ingredient Cost Submitted  **Field 409-D9** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288)).  [Top of the Document](#_top) |
| **8N** | Future Date Prescription Written Not Allowed  **Field 414-DE** | Pharmacy is submitting Future Written date. | **The pharmacy should be advised:**  “It seems you are submitting a future written date for the prescription. Change the date and resubmit the claim.”  [Top of the Document](#_top) |
| **8P** | Date Written Different on Previous Filling  **Field 414-DE** | Pharmacy has submitted a different written date from the previous prescription. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8Q** | Excessive Refills Authorized  **Field 415-DF** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8R** | Submission Clarification Code Not Supported  **Field 420-DK** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8S** | Basis Of Cost Not Supported  **Field 423-DN** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8T** | U&C Must Be Greater Than Zero  **Field 426-DQ** | The pharmacy is submitting the U&C as zero. | **The pharmacy should be advised:**  “I am showing you submitted the U&C as zero. Resubmit the claim with the actual U&C.”  [Top of the Document](#_top) |
| **8U** | GAD Must Be Greater Than Zero  **Field 430-DU** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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. | [Top of the Document](#_top) |
| **8W** | Discrepancy Between Other Coverage Code and Other Payer Amount Paid  **Field 431-DV** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8X** | Collection From Cardholder Not Allowed  **Field 433-DX** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8Y** | Excessive Amount Collected  **Field 433-DX** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **8Z** | Product/Service ID Qualifier Value Not Supported  **Field 436-E1** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **80** | Drug-Diagnosis Mismatch  **Field 407 424** | Pharmacy is submitting mismatched ICD value.  Example: ICD not valid for diagnosis | **The pharmacy should be advised:**  I am showing the ICD code submitted is not correct. Contact the prescriber for the correct ICD code.  [Top of the Document](#_top) |
| **81** | Claim Too Old  **Field 401** | Verify the claimed Date of Fill submitted by the pharmacy.  Refer to [PHD - Reject 81 - Claim Too Old](file:///C:\Users\c506325\Downloads\CMS-PCP1-036755) | **Ask the pharmacy: “**Could I confirm the DOF of this claim”?  **The pharmacy should be advised: “**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 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 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).  [Top of the Document](#_top) |
| **82** | Claim Is Post-Dated  **Field 401** | Verify the claimed Date of Fill submitted by the pharmacy. | **Ask the pharmacy: “**Could I confirm the DOF you are submitting on the claim”?  **The pharmacy should be advised: “**Our records show that date of fill you have transmitted is \_\_\_\_. A valid date of fill cannot be after today’s date. Resubmit your claim with a valid date of fill.  [Top of the Document](#_top) |
| **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. | **The pharmacy should be advised: “**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 the following pharmacy. (Pharmacy Name, Telephone #).” * **Valid Override Scenario:** Reference to override guide and the CIF in theSource.   **Refer to:**  [PHD MED D – CCR Process Override in PeopleSafe](file:///C:\Users\c506325\Downloads\CMS-PRD1-098488)  [Top of the Document](#_top) |
| **84** | Claim Has Not Been Paid  **Fields 201 401 402** | Claim cannot capture plan information (i.e.,  Pricing Table, Family type, Pharmacy) not in the member’s restrictive network. | **The pharmacy should be advised**: “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 refer to [PHD - Claim Referral Resolution Manager Task](file:///C:\Users\c506325\Downloads\CMS-PCP1-038322)) and tell you supervisor and/or Assist Line.  **Pharmacy not in the member’s restrictive network:**  I am showing your pharmacy is not in this member network.  [Top of the Document](#_top) |
| **85** | Claim Not Processed | Application did not process because transaction delayed, so claim was dropped. Missing information may cause the claim not to be processed. | **PHD:**  **The pharmacy should be advised:** “Please contact your software vendor for assistance. This is a systems issue – no override will resolve a reject 85.”  **Refer to:**   * [Medicaid PHD - Reject 85 - Claim Not Processed](file:///C:\Users\c506325\Downloads\CMS-PRD1-097330) * [PHD - Reject 85 - Claim Not Processed](file:///C:\Users\c506325\Downloads\CMS-PRD1-097332)  * [CarelonRx PHD - Reject 85 - Claim Not Processed](C:\\Users\\c506325\\Downloads\\TSRC-PROD-050446)   [Top of the Document](#_top) |
| **86** | Submit Manual Reversal | Applies to payment tapes. | This rejection does not apply to electronic claims.  [Top of the Document](#_top) |
| **87** | Reverse not Process | * Check to see if the Claim was adjusted. * Ask why the pharmacy wants to reverse the claim? | **The pharmacy should be advised: “**I cannot reverse this claim. I will forward this to another department to research.” Send a Claim Referral RM Task refer to [PHD - Claim Referral Resolution Manager Task](file:///C:\Users\c506325\Downloads\CMS-PCP1-038322)).  [Top of the Document](#_top) |
| **88** | DUR Reject Error | * Verify with Pharmacy the claim day supply, quantity, and DOF for the Paid Claim and the Rejected Claim. * DURs may also result from reasons such as drug interactions, duplicate therapy, and other safety concerns.   **MED D** – 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. | **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: [CarelonRx Short Acting Opioids (Rejects 88, 922, 925, G4, 979, 980)](file:///C:\Users\c506325\Downloads\TSRC-PROD-050601)  **Refer to:**  [**PHD MED D** – Tier 1 Representative RxClaim Override in PeopleSafe](file:///C:\Users\c506325\Downloads\CMS-PRD1-098488)  Add the links from above for entering rejected claims.  **For Safety Edits and Age Edits:**   * [PHD - PPS Code Improving Drug Utilization Review Controls](file:///C:\Users\c506325\Downloads\CMS-PRD1-071404) * [CarelonRx Medicare and Medicaid PHD - PPS Code Improving Drug Utilization Review Controls](file:///C:\Users\c506325\Downloads\TSRC-PROD-025655)   [Top of the Document](#_top) |
| **89** | Rejected Claim Fees Paid | Applies to payment tapes. | This rejection does not apply to electronic claims.  [Top of the Document](#_top) |
| **9B** | Reason For Service Code Value Not Supported  **Field 439-E4** |  | **Commercial:**  **The pharmacy should be advised:**  “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.”  **Medicare D:**  **The pharmacy should be advised:**  “Add the level of Care change and submit the claim.”  **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9C** | Professional Service Code Value Not Supported  **Field 440-E5** | The pharmacy is submitting the incorrect value.  Value = MA | **The pharmacy should be advised:**  “Resubmit the claim with the value MA in the field 440-E5.  [Top of the Document](#_top) |
| **9D** | Result Of Service Code Value Not Supported  **Field 441-E6** | The pharmacy is submitting the correct value. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9E** | Quantity Does Not Match Dispensing Unit  **Field 442-E7** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9G** | Quantity Dispensed Exceeds Maximum Allowed  **Field 442-E7** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9H** | Quantity Not Valid for Product/Service ID Submitted  **Field 442-E7** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9J** | Future Other Payer Date Not Allowed  **Field 443-E8** | Pharmacy submitted a future date for the Other Payer Date. | [Top of the Document](#_top) |
| **9K** | Compound Ingredient Component Count Exceeds Number of Ingredients Supported  **Field 447-EC** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **9M** | Minimum Of Two Ingredients Required  **Field 447-EC** | **Medicaid Multiple Ingredient Compound (MIC)**  The compound claims are submitted with only one ingredient. | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **9N** | Compound Ingredient Quantity Exceeds Maximum Allowed  **Field 448-ED** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **9P** | Compound Ingredient Drug Cost Must Be Greater Than Zero  **Field 449-EE** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **9Q** | Route Of Administration Submitted Not Covered  **Field 995-E2** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **9R** | Prescription/Service Reference Number Qualifier Submitted Not Covered  **Field 455-EM** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **9S** | Future Associated Prescription/Service Date Not Allowed  **456-EP** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9T** | Prior Authorization Type Code Submitted Not Covered  **Field 461-EU** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9U** | Provider ID Qualifier Submitted Not Covered  **Field 465-EY** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9V** | Prescriber ID Qualifier Submitted Not Covered  **Field 466-EZ** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9W** | DUR/PPS Code Counter Exceeds Number of Occurrences Supported  **Field 473-7E** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9X** | Coupon Type Submitted Not Covered  **Field 485-KE** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **9Y** | Compound Product ID Qualifier Submitted Not Covered  **Field 488-RE** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **9Z** | Duplicate Product ID In Compound  **Field 489-TE** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **9Ø** | Host Hung Up | Host Disconnected Before Session Completed. | **Give it to the Senior Team.**  [Top of the Document](#_top) |
| **91** | Host Response Error | Response Not in Appropriate Format to be Displayed. | **Give it to the Senior Team.**  [Top of the Document](#_top) |
| **92** | System Unavailable/Host Unavailable | Processing Host Did Not Accept Transaction/Did not Respond within Time out Period. | **Give it to the Senior Team.**  [Top of the Document](#_top) |
| **95** | Time Out | System is in time out. | **Give it to the Senior Team.**  [Top of the Document](#_top) |
| **96** | Scheduled Downtime | System is scheduled downtime. | **Give it to the Senior Team.**  [Top of the Document](#_top) |
| **97** | Payer Unavailable |  | **Give it to the Senior Team.**  [Top of the Document](#_top) |
| **98** | Connection To Payer is Down |  | **Give it to the Senior Team.**  [Top of the Document](#_top) |
| **99** | Multiple Reject Message | Generates for benefit setup and/or pricing setup - errors | Refer to [PHD - Reject 99](file:///C:\Users\c506325\Downloads\CMS-PRD1-109478)**.**  [Top of the Document](#_top) |
| **AA** | Patient Spend down Not Met |  | [Top of the Document](#_top) |
| **AB** | Date Written is After Date Filled | **RxClaim** check the date the prescription against the DOF. | **The pharmacy should be advised: “**I am showing the DOF for this prescription before the Date the prescription was written.”  [Top of the Document](#_top) |
| **AC** | Product Not Covered Nonparticipating Manufacture  **Field 489-TE, 407-D7** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “Adjust to alternate manufacturer/NDC. Order an alternate (rebatable) manufacture/NDC. Transfer RX to another pharmacy.”  **Note:** PAs are not available for reject AC/Non-CMS rebatable.  [Top of the Document](#_top) |
| **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 will impact 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](file:///C:\Users\c506325\Downloads\CMS-PRD1-060303) | **The pharmacy should be advised:**  “This plan has excluded electronic claims from the government pharmacies.” Submit a paper claim.”  [Top of the Document](#_top) |
| **AE** | QMB (Qualified Medicare Beneficiary)-Bill Medicare | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **AF** | Patient Enrolled Under Managed Care | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **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 – The pharmacy should be advised: “**I am showing the member already received their 3 transitional fills”. * **Retail – The pharmacy should be advised:** I am showing this Member has already received their transitional fill.”   [Top of the Document](#_top) |
| **AH** | Unit Dose Packaging Only Payable for Nursing Home Recipients | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **AJ** | Generic Drug Required  **Fields 489-TE, 407-D7** | Check to see if the drug is generic. | **The pharmacy should be advised: “**This plan only allows only generic drugs to process.”  [Top of the Document](#_top) |
| **AK** | M/I Software Vendor/Certification ID  **Field 110** | Verify with the pharmacy the Certification #  The pharmacy will need to contact their software vendor for the ID. We are informing the software vendors to place the ID on every transaction. | **The pharmacy should be advised: “**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 the Pharmacy does not know Certification ID#, the pharmacy should be advised:** “Contact your Software Vendor or Technical Support Desk for help.”  [Top of the Document](#_top) |
| **AM** | M/I Segment Identification  Note: Identifies the segment the pharmacy is trying to submit Patient, Claim, Pricing, etc.  **Field 111** | CSR are not able to see this information. Pharmacy needs to contact software vender. | **The pharmacy should be advised: “**You are missing a 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.”  [Top of the Document](#_top) |
| **AQ** | M/I Facility Segment  **Field 111** | CSR are not able to see this information. Pharmacy needs to contact software vender. | **The pharmacy should be advised: “**You are missing a 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.”    [Top of the Document](#_top) |
| **A1** | Submitted Prescriber ID is OIG Excluded. Claim is not payable |  | The pharmacy should be advised; the claim has been submitted with Medicaid excluded prescriber ID.  **Result**: The claim will not pay under Medicaid prescription benefits.  [Top of the Document](#_top) |
| **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 identification Process](file:///C:\Users\c506325\Downloads\CMS-PRD1-072063)  [Top of the Document](#_top) |
| **A3** | This Product May Be Covered Under Hospice – Medicare Part A |  |  |
| **A4** | This Product May Be Covered Under the Medicare B Bundled Payment to an ESRD Dialysis Facility | This medication is not coved under Medicare Part D, could be covered under Medicare Part B bundled payment to an ESRD Dialysis Facility | **The pharmacy should be advised:**  “Medicare Part D does not cover this drug. Resubmit the claim under Medicare Part A if bundled with an ESRD Dialysis Facility.  [Top of the Document](#_top) |
| **A5** | Not Covered under Part D Law | This medication is not covered under Medicare Part D. | **The pharmacy should be advised:**  “Medicare Part D does not cover this drug. If the beneficiary needs this medication today, they can pay out of pocket.”  [Top of the Document](#_top) |
| **A6** | This Medication May be covered Under Part B | This medication may be covered under Medicare Part B. | **The pharmacy should be advised:**  “Medicare Part D does not cover this drug. Resubmit the claim under Medicare Part B.  [Top of the Document](#_top) |
| **A7** | M/I Internal Control Number  **Field 993-A7** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **A9** | M/I Transaction Count  **Field 109** | * Pharmacy can now send 4 claims in one transaction. * Pharmacy may not send more than 4 transactions. | **The pharmacy should be advised: “**Valid transaction count # is required for the number of claims submitted in one transaction. How many claims are being submitted in this transaction”?  **Wrong Transaction count number for the claims transmitted.**  **The pharmacy should be advised:** “Your transition count number should be \_\_\_\_. Resubmit your claim with that transaction count number.”  **Transaction Count Number greater than 4.**  **The pharmacy should be advised:** “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.**  **The pharmacy should be advised:** “Contact your Software Vendor or Technical Support Desk for help.”  **Medicare D.**  **Only 1 transaction is permitted for Medicare Part D and COB Billing.**  [Top of the Document](#_top) |
| **BA** | Compound Basis of Cost Determination Submitted Not Covered  **Field 490-UE** |  | Refer to [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement](file:///C:\Users\c506325\Downloads\CMS-PRD1-064288).  [Top of the Document](#_top) |
| **BB** | Diagnosis Code Qualifier Submitted Not Covered  **Field 492-WE** | Pharmacy should be submitting:  Value = 01  **Note**: ICD9 | **Pharmacy should be advised:**  “Resubmit the claim using 01 in field 492-WE.  [Top of the Document](#_top) |
| **BC** | Future Measurement Date Not Allowed  **Field 494-ZE** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **BD** | Sender Not Authorized to Submit File Type  **Field 702** | Information in field is not required for claim to process | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |
| **BE** | M/I Professional Service Fee Submitted  **Field 477** | Information in the field is not required for claim to process. | **The pharmacy should be advised:**  “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.”  [Top of the Document](#_top) |

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