

NCPDP Reject Error Codes

This page contains NCPDP Reject Error Codes and descriptions as well as the corresponding PROMISE Internal Error Status Codes. Although the complete crosswalk is provided for informational purposes, it is important to note that only information shown in red below is returned to pharmacies when billing electronically.

| NCPDP Error Code | NCPDP Error Code Description | PROMISE Internal Error Status Code | PROMISE ESC Description |
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| 1 | M/I Bin | 4178 | INVALID BIN NUMBER |
| 2 | M/I Version Number | 4179 | INVALID NCPDP VERSION NUMBER |
| 3 | M/I Transaction Code | 4180 | INVALID TRANSACTION CODE |
| 4 | M/I Processor Control Number | 4181 | INVALID PROCESSOR NUMBER |
| 5 | M/I Pharmacy Number | 201 | BILLING PROVIDER ID NUMBER IS MISSING FROM CLAIM |
| | | 202 | BILLING PROVIDER ID NUMBER IN INVALID FORMAT |
| | | 255 | BILLING PROVIDER LOCATION CODE INVALID |
| | | 1001 | THE BILLING PROVIDER IS NOT ENROLLED AT THE SERVICE LOCATION FOR THE PROGRAM BILLED |
| | | 1100 | NPI REPORTED FOR BILLING PROVIDER NOT FOUND |
| | | 1102 | MULTIPLE SVC LOC FOR BILLING NPI |
| | | 1126 | BILLING NPI REPORTED NOT VALIDATED |
| | | 1127 | BILLING NPI REPORTED IS NOT AVAILABLE FOR USE |
| | | 1135 | NPI REPORTED FOR BILLING PROVIDER IS INVALID |
| 7 | M/I Cardholder ID Number | 203 | DATE OF SERVICE PRIOR TO CARD ISSUE DATE |
| | | 204 | RECIPIENT ID NUMBER IS INVALID OR NOT FOUND ON CIS |
| | | 209 | CARD ISSUE INFORMATION NOT AVAILABLE |
| 12 | M/I Patient Location | 4109 | MISSING/INVALID PATIENT LOCATION CODE |
| 13 | M/I Other Coverage Code | 4078 | MISSING/INVALID OTHER COVERAGE CODE |
| 14 | M/I Eligibility Clarification Code | 4079 | MISSING/INVALID ELIGIBILITY CLARIFICATION CODE |
| 15 | M/I Date of Service | 215 | DATE DISPENSED IS MISSING |
| | | 216 | DATE DISPENSED IS INVALID |
| | | 264 | THE DATE OF SERVICE IS MISSING |
| | | 265 | THE DATE OF SERVICE IS INVALID |
| | | 503 | DATE DISPENSED AFTER BILLING DATE |
| 16 | M/I Prescription/Service Reference Number | 212 | INVALID RX NUMBER SUBMITTED |
| | | 5021 | SAME PROVIDER, SERVICE LOC, DOS & RX # IN HISTORY |
| 17 | M/I Fill Number | 211 | REFILL NUMBER INVALID |
| | | 351 | REFILL NOT ALLOWED FOR NARCOTIC DRUGS |
| | | 5006 | MAXIMUM NUMBER OF REFILLS HAS BEEN EXCEEDED FOR RX |
| | | 7027 | DRUG QUANTITY PER DAY LIMIT HAS BEEN EXCEEDED |

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| 19 | M/I Days Supply | 221 | DAYS SUPPLY MISSING |
| | | 222 | DAYS SUPPLY INVALID |
| 20 | M/I Compound Code | 4190 | INVALID COMPOUND CODE |
| 21 | M/I Product/Service ID | 217 | NDC MISSING |
| | | 218 | NDC INVALID FORMAT |
| 22 | M/I Dispense As Written/Product Selection Code | 210 | BRAND MEDICALLY NECESSARY INDICATOR/DAW CODE INVALID |
| 23 | M/I Ingredient Cost Submitted | 4319 | INVALID INGREDIENT COST SUBMITTED |
| 25 | M/I Prescriber ID | 205 | PRESCRIBING PRACTITIONER'S LICENSE NUMBER IS MISSING FROM THE CLAIM |
| | | 206 | PRESCRIBING PRACTITIONER LICENSE NUMBER IS NOT IN A VALID FORMAT |
| | | 1025 | PRESCRIBING LICENSE NUMBER IS INVALID |
| | | 1067 | CRNP BILLING OR PRESCRIBING FOR CONTROLLED DRUGS AND THE DAYS SUPPLY EXCEEDS THE MAXIMUM LIMIT |
| | | 1139 | NPI REPORTED FOR PRESCRIBING PROVIDER IS INVALID |
| | | 1169 | PRESCRIBING NPI REPORTED IS NOT AVAILABLE FOR USE |
| 26 | M/I Unit Of Measure | 4192 | INVALID UNIT OF MEASURE |
| 28 | M/I Date Prescription Written | 214 | DATE PRESCRIBED IS MISSING OR INVALID |
| | | 500 | DATE PRESCRIBED AFTER BILLING DATE |
| 29 | M/I Number Refills Authorized | 4024 | MAXIMUM NUMBER OF REFILLS HAS BEEN REACHED |
| 32 | M/I Level Of Service | 4086 | MISSING/INVALID LEVEL OF SERVICE |
| 33 | M/I Prescription Origin Code | 231 | PRESCRIPTION ORIGIN CODE IS INVALID |
| 34 | M/I Submission Clarification Code | 4191 | INVALID SUBMISSION CLARIFICATION CODE |
| 39 | M/I Diagnosis Code | 4334 | INVALID DIAGNOSIS CODE |
| 40 | Pharmacy Not Contracted With Plan On DOS | 1048 | PROVIDER IS SUSPENDED OR TERMINATED |
| | | 4087 | PHARMACY NOT CONTRACTED WITH PLAN ON DATE OF SERVICE |
| 41 | Submit Bill To Other Processor Or Primary Payer | 2532 | TPL PAYMENT AMOUNT IS BEING USED FOR REPORTING PURPOSES |
| 50 | Non-Matched Pharmacy Number | 1000 | BILLING PROVIDER ID NOT ON FILE |
| 54 | Non-Matched Product/Service ID Number | 4004 | NDC NOT ON FILE |
| 56 | Non-Matched Prescriber ID | 1026 | PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE |
| 61 | Product/Service Not Covered For Patient Gender | 4023 | NDC VS SEX RESTRICTION |
| 65 | Patient Is Not Covered | 847 | RECIPIENT IS IN ANOTHER MCO ON DOS |
| | | 2003 | RECIPIENT INELIGIBLE ON DATE(S) OF SERVICE |
| | | 2017 | RECIPIENT SERVICES COVERED BY HMO PLAN |
| | | 2027 | THERE APPEARS TO BE A DISCREPANCY BETWEEN THE DATE OF DEATH ON THE DEPARTMENTS FILE AND THE DATE OF SERVICE ON YOUR CLAIM |
| 66 | Patient Age Exceeds Maximum Age | 4025 | THE NDC BILLED IS INCONSISTENT WITH THE RECIPIENT'S GENDER |
| 70 | Product/Service Not Covered | 4002 | NDC INDICATES A NON-COVERED DRUG ON DOS |

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| | | 4007 | ALL INGREDIENTS ARE NON-COVERED ON DOS |
| | | 4013 | PROCEDURE CODE/NDC IS NOT COVERED FOR DATE OF SERVICE |
| | | 4339 | NDC NOT COVERED IN A NON COMPOUND CLAIM |
| | | 4343 | ED DRUG NOT COVERED EFFECTIVE 3/1/2006 |
| | | 7024 | LTC, PRIVATE ICF/MR RECIPIENT - NONCOMPENSABLE DRUG |
| 75 | Prior Authorization Required | 2527 | DRUG REQUIRES PRIOR AUTH FOR DUAL ELIGIBLE |
| | | 3000 | PA NUMBER INVALID FORMAT |
| | | 3002 | NDC/PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION WHICH IS NOT FOUND, MISSING, OR INVALID |
| | | 3041 | DATE OF SERVICE IS BEFORE OR AFTER THE PA DATE |
| | | 4003 | DRUG INDICATED HAS BEEN IDENTIFIED AS LESS THAN EFFECTIVE |
| | | 4080 | PRILOSEC OTC EXCEEDS MAX QTY |
| | | 4081 | PA REQUIRED FOR NON-PREFERRED PPI |
| | | 4082 | PA REQUIRED >136 DAYS - HISTORY OF PPI |
| | | 4083 | PA REQUIRED >136 OR >204 DAYS - NO HISTORY OF PPI |
| | | 4084 | PA REQUIRED >340 DAYS OR >408 DAYS OF A PPI |
| | | 4088 | PRIOR AUTHORIZATION REQUIRED FOR MORE THAN THREE TABLETS OF OXYCONTIN PER DAY |
| | | 4089 | PRIOR AUTHORIZATION REQUIRED FOR MORE THAN TWO CONCURRENT STRENGTHS OF OXYCONTIN |
| | | 4093 | PRILOSEC 10 MG EXCEEDS MAX QTY |
| | | 4154 | EMERGENCY QUANTITY CANNOT EXCEED A FIVE-DAY SUPPLY |
| | | 4157 | PRIOR AUTHORIZATION IS REQUIRED FOR EXCEPTIONS TO THE MONTHLY PRESCRIPTION LIMIT |
| | | 4173 | BRAND DRUG MEDICALLY NECESSARY |
| | | 4266 | DAILY DOSAGE EXCEEDS LIMIT FOR EMERGENCY CLAIM |
| | | 4267 | DAILY DOSAGE EXCEEDED FOR NON-EMERGENCY CLAIM |
| | | 5031 | SUPER PA REQ, MAX DAILY DOSE OF ED RX EXCEEDED |
| | | 5033 | SUPER PA REQ, DDI WITH AN ED DRUG AND NITRATE |
| | | 5034 | SUPER PA REQ, DDI WITH AN ED DRUG AND ALPHABLOCKER |
| | | 5035 | SUPER PA REQ, CURRENT ED RX NOT SAME AS LAST ED RX |
| | | 5036 | SUPER PA REQ, ED RX FOR RECIPIENT < 19 YEARS OLD |
| | | 5037 | SUPER PA REQ, NO HISTORY OF ED PA OR PE |
| | | 5040 | PA REQUIRED, EARLY REFILL OF A COX II RX |
| | | 5041 | PA REQUIRED, THERAPY OF A COX II RX NOT CHANGED |
| | | 5042 | PA REQUIRED, NO HISTORY OF A COX II RX |
| | | 5043 | MAXIMUM QUANTITY LIMIT EXCEEDED FOR ANTI-NAUSEA |
| | | 5047 | COX-II DUPLICATIVE NSAID |

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| | | 5048 | COX-II CONCURRENT ANTI-COAGULANT |
| | | 5049 | ANTI-ULCER DRUG REQUIRES PA |
| | | 5144 | MAXIMUM DAILY DOSAGE EXCEEDED FOR COX II |
| | | 5145 | MAXIMUM DAILY DOSAGE EXCEEDED FOR VIOXX |
| | | 5146 | ED DRUGS LIMITED TO 4 PER MONTH |
| | | 5147 | ED DRUGS LIMITED TO 6 PER MONTH |
| | | 5475 | PA REQUIRED, DRUG IS NON-PREFERRED |
| | | 5478 | PA REQUIRED, CHRONIC THERAPY OF PPI |
| | | 5481 | PRIOR AUTH REQUIRED FOR THIS ANTICONVULSANT DRUG |
| | | 5482 | PRIOR AUTH REQUIRED FOR SPIRIVA IF RECIP AGE < 45 |
| | | 5483 | PRIOR AUTH REQUIRED FOR THIS HYPOGLYCEMIC DRUG |
| | | 5484 | PA REQUIRED FOR COMTAN |
| | | 7100 | DUR PLUS NON-PRD STATINS |
| | | 7101 | DUR PLUS LIPITOR 80MG |
| | | 7102 | DUR PLUS NON-PDL BENZO – AGE 0-20 |
| | | 7103 | DUR PLUS PRD BENZO – AGE 0-20 |
| | | 7104 | DUR PLUS NP BENZO – AGE GREATER THAN 21 |
| | | 7106 | DUR PLUS NON-PRD ANTIHISTAMINE |
| | | 7107 | DUR PLUS PRD OTC ANTIHISTAMINE FOR DUAL |
| | | 7108 | DUR PLUS NON-PRD SSRI |
| | | 7109 | DUR PLUS NON-PRD ORAL BETA-AGONIST |
| | | 7110 | DUR PLUS NPD SHORT-ACTING BETA-AGONIST INH SOL |
| | | 7111 | DUR PLUS NPD SHORT-ACTING BETA-AGONIST INHALERS |
| | | 7112 | DUR PLUS NPD LONG-ACTING BETA-AGONIST INH SOL |
| | | 7113 | DUR PLUS NON-PRD INTRANASAL RHINITIS |
| | | 7114 | DUR PLUS PRD COSMETIC ACNE AGENTS |
| | | 7115 | DUR PLUS NPD NON-COSMETIC ACNE AGENTS EXC COMBOS |
| | | 7116 | DUR PLUS NPD COSMETIC ACNE AGENTS – AGE 0-20 |
| | | 7117 | DUR PLUS NPD COSMETIC ACNE AGENTS – AGE 21-120 |
| | | 7118 | DUR PLUS SPRIVIA |
| | | 7119 | DUR PLUS NON-PRD NSAID (EXCLUDING CELEBREX) |
| | | 7120 | DUR PLUS CELEBREX |
| | | 7121 | DUR PLUS PRD NSAID |
| | | 7122 | DUR PLUS RESTASIS |
| | | 7123 | DUR PLUS SUBOXONE/SUBUTEX |
| | | 7124 | DUR PLUS SUBOXONE CONTRAINDICATED MEDICATIONS |
| | | 7125 | DUR PLUS NON-PRD STIMULANTS |
| | | 7126 | DUR PLUS NON-PDL SUBOXONE CONTRAINDICATED MEDS |
| | | 7127 | DUR PLUS NPD SUBOXONE CONTRAINDICATED |

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| | | | MEDS |
| | | 7128 | DUR PLUS NON-PDL BENZO – AGE 21-120 |
| | | 7129 | DUR PLUS PRD BENZO – AGE 21-120 |
| | | 7130 | DUR PLUS NPD BENZO – AGE 0-20 |
| | | 7131 | DUR PLUS DAYTRANA |
| | | 7132 | DUR PLUS LIQUADD |
| | | 7133 | DUR PLUS NUVGIL |
| | | 7134 | DUR PLUS PROVIGIL |
| | | 7135 | DUR PLUS NPD PPI – AGE 6-120 |
| | | 7136 | DUR PLUS PRD PPI – AGE 0-5 |
| | | 7137 | DUR PLUS OTC PPI FOR DUAL |
| | | 7138 | DUR PLUS NPD PPI – AGE 0-5 |
| | | 7139 | DUR PLUS NPD DRUG – PRIOR AUGH REQUIRED |
| | | 7140 | DUR PLUS NPD PANCRECARB MS |
| | | 7141 | DUR PLUS NPD EVISTA |
| | | 7142 | DUR PLUS SHORT-ACTING INHALER |
| | | 7143 | DUR PLUS NPD INHALINATION SOLUTION |
| | | 7144 | DUR PLUS NPD LONG-ACTING INHALER |
| | | 7145 | DUR PLUS NPD SEREVENT |
| | | 7146 | DUR PLUS NPD INTRANASAL RHINITIS |
| | | 7147 | DUR PLUS NPD VERAMYST |
| | | 7148 | DUR PLUS NPD PHENYTEK |
| | | 7149 | DUR PLUS NPD FELBATOL |
| | | 7150 | DUR PLUS NPD STAVZOR |
| | | 7151 | DUR PLUS LYRICA |
| | | 7152 | DUR PLUS PRD TOPAMAX/TOPIRAMATE |
| | | 7153 | DUR PLUS SKELETAL MUSCLE RELAXANTS |
| | | 7154 | DUR PLUS NPD AZASAN |
| | | 7155 | DUR PLUS NPD CYCLOSPORINE |
| | | 7156 | DUR PLUS MYFORTIC |
| | | 7157 | DUR PLUS NPD TACROLIMUS |
| | | 7158 | DUR PLUS NPD MULTIPLE SCLEROSIS |
| | | 7159 | DUR PLUS REVATIO |
| | | 7160 | DUR PLUS NPD ADCIRCA |
| | | 7161 | DUR PLUS NPD PPI AGE 6-12 |
| | | 7162 | DUR PLUS NPD PREV SOLU & PROTONIX SUSP – AGE 6-12 |
| | | 7163 | DUR PLUS NPD SAVELLA |
| | | 7164 | DUR PLUS CYMBALTA |
| | | 7165 | DUR PLUS ZORTRESS |
| | | 7166 | DUR PLUS NPD CHLORAL HYDRATE AGE 0-11 |
| | | 7167 | DUR PLUS NON-PRD ANTIPARKINSON'S |
| | | 7168 | DUR PLUS NON-PRD ACTONEL |
| | | 7169 | DUR PLUS NON-PRD BONIVA |
| | | 7170 | DUR PLUS NON-PRD BUDESONIDE/PULMICORT RE |

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| | 7171 | DUR PLUS NON-PRD ANTIPSYCHOTICS |
| | 7172 | DUR PLUS NPD ROSIGLITAZONE |
| | 7173 | DUR PLUS: PA REQ'D MORE THAN 1 ANDROGENIC |
| | 7174 | DUR PLUS: PA REQ'D MORE THAN 1 ACE INHIBITO |
| | 7175 | DUR PLUS: PA REQ'D MORE THAN 1 ARB |
| | 7176 | DUR PLUS: PA REQ'D MORE THAN 1 SSRI |
| | 7177 | DUR PLUS: PA REQ'D MORE THAN 1 ANTIHISTAMIN |
| | 7178 | DUR PLUS: PA REQ'D MORE THAN 1 ATYP ANTIPS' |
| | 7179 | DUR PLUS: PA REQ'D MORE THAN 1 LONG-ACTING BENZO |
| | 7180 | DUR PLUS: PA REQ'D MORE THAN 1 SHORT-ACTING BENZO |
| | 7181 | DUR PLUS: PA REQ'D MOR THAN 1 BETA BLOCKE |
| | 7182 | DUR PLUS: PA REQ'D MORE THAN 1 CALC. CHAN |
| | 7183 | DUR PLUS: PA REQ'D MORE THAN 1 INH GLUCOCO |
| | 7184 | DUR PLUS: PA REQ'D MORE THAN 1 STATIN |
| | 7185 | DUR PLUS: PA REQ'D MORE THAN 1 LONG ACT. BE |
| | 7186 | DUR PLUS: PA REQ'D MORE THAN 1 LONG-ACT. NA |
| | 7187 | DUR PLUS: PA REQ'D MORE THAN 1 PPI |
| | 7188 | DUR PLUS: PA REQ'D MORE THAN 1 TRIPTAN |
| | 7189 | DUR PLUS: PA REQ'D MORE THAN 1 LONG-ACT STIMULANT |
| | 7190 | DUR PLUS: PA REQ'D MORE THAN 1 SHORT-ACT STIMULANT |
| | 7191 | DUR PLUS: PA REQ'D MORE THAN 1 SKEL. MUS. RELAXANT |
| | 7192 | DUR PLUS: PA REQ'D MORE THAN 1 NSAID |
| | 7193 | DUR PLUS: PA REQ'D GABAPENTIN + PREGABALIN |
| | 7194 | DUR PLUS NPD PPI AGE 6-120 |
| | 7195 | DUR PLUS NPD REVATIO AGE 0-17 |
| | 7196 | DUR PLUS NPD REVATIO AGE 18-120 |
| | 7197 | DUR PLUS ADCIRCA |
| | 7198 | DUR PLUS NPD CELLCEPT |
| | 7199 | DUR PLUS NPD TYVASO |
| | 7200 | DUR PLUS NPD HIV MEDICATION |
| | 7201 | DUR PLUS PROMETHAZINE AGE 0-5 |
| | 7202 | DUR PLUS NPD CEFDINIR CAPSULES AGE 0-17 |
| | 7203 | DUR PLUS NPD XIFAXAN 550MG |
| | 7204 | DUR PLUS ULCERATIVE COLITIS |
| | 7205 | DUR PLUS ADULT AGE EDIT, STIMULANTS AND RELATED |
| | 7206 | DUR PLUS AGE EDIT, ANTIPSYCHOTIC |
| | 7207 | DUR PLUS NP EQUETRO |
| | 7208 | DUR PLUS ORAL KETOROLAC |
| | 7209 | DUR PLUS INJECTABLE KETOROLAC AGE 2-16 |
| | 7210 | DUR PLUS INJECTABLE KETOROLAC AGE 17-120 |
| | 7211 | DUR PLUS INJECTABLE KETOROLAC AGE 0-1 |
| | 7212 | DUR PLUS NASAL KETOLOAC |

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| | | 7213 | DUR PLUS NP CHANTIX |
| 79 | Refill Too Soon | 5046 | EARLY REFILL OF COX-II |
| | | 4090 | REFILL TOO SOON - OXYCONTIN CLAIM |
| | | 7506 | CLAIM CONTAINS A NON-OVERRIDABLE ALERT |
| 80 | Drug-Diagnosis Mismatch | 4340 | NDC REQUIRES MANUAL REVIEW UNLESS ELIGIBILITY CLARIFICATION CODE |
| 81 | Claim Too Old | 545 | CLAIM PAST FILING LIMIT (DETAIL) |
| 82 | Claim Is Post-Dated | 554 | BILLED DATE LESS THAN DATES OF SERVICE ON THE CLAIM |
| 83 | Duplicate Paid/Captured Claim | 5002 | EXACT DUPLICATE DRUG CLAIM SUBMITTED |
| | | 5005 | GENERIC DUPLICATE DRUG CLAIM SUBMITTED |
| 84 | Claim Has Not Been Paid/Captured | 871 | DUR CANCELLATION/OVERRIDE- CANNOT BE LOCATED OR MUST BE SENT WITHIN 72 HOURS (verify that you are not sending DUR override information on the initial claim even though you expect a DUR alert. Override information cannot be submitted on the original claim. It can only be submitted once a DUR rejection is returned.) |
| | | 1015 | DEA NUMBER NOT ON FILE - CONTACT PROVIDER ENROLLMENT |
| | | 1065 | PROVIDER ENROLLED AS A BULK IMMUNIZATION PROVIDER |
| | | 2006 | ALIEN ELIGIBLE FOR MEDICAL EMERGENCY ONLY |
| | | 2200 | MEDICARE PART D COPAY IS NOT REIMBURSABLE |
| | | 2201 | CLAIM BILLED FOR MEDICARE COPAY BILLED INCORRECTLY |
| | | 2524 | NOT A MA COVERED DRUG FOR DUAL ELIGIBLE |
| | | 3004 | EXISTING PA NOT VALID FOR DUAL ELIGIBLE |
| | | 3023 | NDC NUMBER DOES NOT MATCH THE APPROVED COMBINATION FOR THIS PRIOR AUTHORIZATION |
| | | 3024 | THE INVOICE CLAIM LINE QUANTITY EXCEEDS THE PRIOR AUTHORIZATION REQUEST QUANTITY |
| | | 3025 | CLAIM DETAIL DATE OF SERVICE IS AFTER THE PRIOR AUTHORIZATION EXPIRATION DATE - DETAIL |
| | | 3026 | THIS PROCEDURE CODE/MODIFIER- NDC OR PROGRAM EXCEPTION ON THE CLAIM DETAIL WAS DENIED ON YOUR PRIOR AUTHORIZATION REQUEST |
| | | 3028 | THE PRESCRIBER LICENSE NUMBER DOES NOT MATCH THE PRESCRIBER LICENSE NUMBER ON THE PRIOR AUTHORIZATION REQUEST |
| | | 3035 | OUR RECORDS INDICATE THE DEPT HAS ALREADY PAID FOR THIS CLAIM DETAIL PRIOR AUTHORIZATION INDICATED |
| | | 4092 | ANTI-ULCER TAKEN FOR MORE THAN 90 DAYS REQUIRES PA |
| | | 4147 | RECIPIENT NUMBER NOT ON THE PRIOR AUTHORIZATION DATABASE |
| | | 4153 | DRUG CODE FOR A PRE-NATAL VITAMIN WITH NO PREGNANCY INDICATOR |
| | | 4156 | RECIPIENT ONLY ELIGIBLE FOR BIRTH CONTROL DRUGS. |
| | | 4342 | NO EMERGENCY SUPPLIES ALLOWED FOR THIS DRUG |
| | | 5103 | GA RECIPIENT LIMITED TO 6 PRESCRIPTIONS PER MONTH |
| | | 5136 | PHARMACY AMOUNT EXCEEDS MAX |
| | | 5150 | DAILY PAID AMOUNT EXCEEDS MAX |

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| | | 5918 | CLAIM HAS NOT BEEN PAID/CAPTURED |
| | | 5919 | SUPER PA REQUIRED FOR EXCEPTIONS TO GA PRESCRIPTION MAX |
| | | 7016 | DUR CANCELLATION PROCESSED |
| | | 7500 | BILLING PROVIDER ON PREPAYMENT REVIEW |
| 87 | Reversal Not Processed | 4158 | REVERSAL INFORMATION DOES NOT MATCH A PREVIOUSLY APPROVED CLAIM |
| | | 4159 | THIS CLAIM HAS ALREADY BEEN REVERSED |
| | | 4160 | MORE THAN ONE CLAIM HAS BEEN APPROVED WHEN TRYING TO REVERSE A CLAIM |
| 88 | DUR Reject Error | 7000 | CLAIM FAILED A PRODUR ALERT |
| | | 7002 | CLAIM FAILED A PRODUR ALERT FOR LATE REFILL |
| | | 7003 | CLAIM FAILED A PRODUR ALERT FOR DRUG DRUG |
| | | 7004 | CLAIM FAILED A PRODUR ALERT FOR THERAPEUTIC DUP |
| | | 7005 | CLAIM FAILED A PRODUR ALERT FOR PREGNANCY |
| | | 7006 | CLAIM FAILED A PRODUR ALERT FOR EARLY REFILL |
| | | 7007 | CLAIM FAILED A PRODUR ALERT FOR HIGH DOSE |
| | | 7008 | CLAIM FAILED A PRODUR ALERT FOR PEDIATRIC AGE |
| | | 7009 | CLAIM FAILED A PRODUR ALERT FOR GERIATRIC AGE |
| | | 7010 | CLAIM FAILED A PRODUR ALERT FOR LOW DOSE |
| | | 7011 | CLAIM FAILED A PRODUR ALERT FOR MINIMUM DURATION |
| | | 7012 | CLAIM FAILED A PRODUR ALERT FOR MAXIMUM DURATION |
| | | 7013 | CLAIM FAILED A PRODUR ALERT FOR DRUG DISEASE |
| | | 7014 | CLAIM FAILED A PRODUR ALERT FOR INGREDIENT DUP |
| | | 7016 | DUR CANCELLATION PROCESSED |
| 99 | Host Processing Error | 911 | INTERNAL ERROR |
| | | 999 | CIS UNAVAILABLE |
| 2C | M/I Pregnancy Indicator | 208 | PREGNANCY INDICATOR INVALID |
| 4C | M/I Coordination Of Benefits/Other Payments Count | 4196 | INVALID COB/OTHER PAYER COUNT |
| 5C | M/I Other Payer Coverage Type | 4198 | MISSING/INVALID OTHER PAYER COVERAGE TYPE |
| | | 4216 | DUPLICATE OTHER PAYER COVERAGE TYPE |
| | | 4338 | INVALID OTHER PAYER COVERAGE TYPE - ENCOUNTER |
| 5E | M/I Other Payer Reject Count | 4311 | INVALID OTHER PAYER REJECT COUNT |
| 6C | M/I Other Payer ID Qualifier | 4199 | INVALID OTHER PAYER ID QUALIFIER |
| 6E | M/I Other Payer Reject Code | 4312 | INVALID OTHER PAYER REJECT CODE |
| 7C | M/I Other Payer ID | 4300 | MISSING/INVALID OTHER PAYER ID |
| | | 4301 | MCO INACTIVE |
| | | 4302 | MCO NOT ON FILE |
| 8R | Submission Clarification Code NOT Supported | 4144 | NDC NOT COVERED ON DATE OF SERVICE FOR COMPOUND |
| A7 | M/I Internal Control Number | 4243 | INVALID OTHER PAYER ICN SUBMITTED |

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| A9 | M/I Transaction Count | 247 | MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED |
| | | 250 | CLAIM HAS NO DETAILS |
| | | 4075 | MISSING/INVALID TRANSACTION COUNT |
| AB | Date Written Is After Date Filled | 502 | DATE DISPENSED EARLIER THAN DATE PRESCRIBED |
| AD | Billing Prov Not Eligible To Bill This Claim Type | 1032 | BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM TYPE |
| AK | M/I Software Vendor/Certification ID | 4184 | INVALID SOFTWARE VENDOR CERTIFICATION ID |
| B2 | M/I Service Provider ID Qualifier | 846 | SERVICE PROVIDER ID = ALL EIGHT'S THEN THIS FIELD |
| | | 1152 | NPI FOR BILLING ID IS INDICATED, BUT FORMAT INCORRECT |
| | | 1153 | LEGACY FOR BILLING ID IS INDICATED, BUT FORMAT INCORRECT |
| B2 | M/I Service Provider ID Qualifier | 4183 | SERVICE PROVIDER ID QUALIFIER INVALID |
| DN | M/I Basis Of Cost Determination | 4320 | INVALID BASIS OF COST DETERMINATION |
| DQ | M/I Usual And Customary Charge | 268 | BILLED AMOUNT MISSING |
| | | 269 | BILLED AMOUNT INVALID |
| | | 270 | TOTAL BILLED AMOUNT MISSING |
| DV | M/I Other Payer Amount Paid | 227 | THIRD PARTY PAYMENT AMOUNT INVALID |
| | | 4309 | OTHER PAYER PAID AMOUNT FOR PRIMARY PAYER ENCOUNTER IS INVALID |
| | | 4310 | OTHER PAYER PAID AMOUNT FOR SECONDARY PAYER ENCOUNTER IS INVALID |
| DX | M/I Patient Paid Amount Submitted | 840 | MISSING/INVALID PATIENT PAY FOR NCPDP |
| E1 | M/I Product/Service ID Qualifier | 4189 | INVALID PRODUCT/SERVICE ID QUALIFIER |
| E4 | M/I Reason For Service Code | 4315 | INVALID REASON FOR SERVICE CODE |
| E5 | M/I Professional Service Code | 4316 | INVALID PROFESSIONAL SERVICE CODE |
| E6 | M/I Result Of Service Code | 4317 | MISSING/INVALID RESULT OF SERVICE CODE |
| E7 | M/I Quantity Dispensed | 219 | QUANTITY DISPENSED IS MISSING |
| | | 220 | QUANTITY DISPENSED IS INVALID |
| | | 4026 | THE NDC BILLED AND DAYS SUPPLY / QUANTITY DISPENSED ARE INCONSISTENT |
| | | 4416 | VALIDATE THE NUMBER OF UNITS BILLED AND THE BILLED AMOUNT |
| E8 | M/I Other Payer Date | 4303 | OTHER PAYER DATE MISSING |
| | | 4304 | OTHER PAYER DATE INVALID |
| EC | M/I Compound Ingredient Component Count | 4324 | MISSING/INVALID COMPOUND INGREDIENT COUNT |
| | | 4325 | OVER MAXIMUM COMPOUND INGREDIENT COUNT |
| EE | M/I Compound Ingredient Drug Cost | 4328 | INVALID COMPOUND INGREDIENT DRUG COST |
| EF | M/I Compound Dosage Form Description Code | 4336 | INVALID COMPOUND DOSAGE FORM |
| EG | M/I Compound Dispensing Unit Form Indicator | 4322 | INVALID COMPOUND DISPENSING UNIT FORM INDICATOR |
| EH | M/I Compound Route Of Administration | 4323 | INVALID COMPOUND ROUTE OF ADMINISTRATION |
| EM | M/I Prescription/Service Ref Number Qualifier | 4188 | INVALID RX/SERVICE REFERENCE NUMBER QUALIFIER |

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|-----------|---|------|--|
| EU | M/I Prior Authorization Type Code | 4094 | MISSING/INVALID PRIOR AUTHORIZATION TYPE CODE |
| EZ | M/I Prescriber ID Qualifier | 1154 | NPI FOR PRESCRIBER ID IS INDICATED, BUT FORMAT INCORRECT |
| | | 1156 | LICENSE# FOR PRESCRIBER ID IS INDICATED, BUT FORMAT INCORRECT |
| | | 4194 | INVALID PRESCRIBER ID QUALIFIER |
| HB | M/I Other Payer Amount Paid Count | 4305 | INVALID OTHER PAYER COUNT |
| | | 4337 | INVALID OTHER PAYER COUNT - ENCOUNTER |
| HC | M/I Other Payer Amount Paid Qualifier | 4306 | INVALID OTHER PAYER PAID AMOUNT QUALIFIER |
| | | 4307 | OTHER PAYER PAID AMOUNT QUALIFIER FOR PRIMARY PAYER IS INVALID |
| | | 4308 | OTHER PAYER PAID AMOUNT QUALIFIER FOR SECONDARY PAYER IS INVALID |
| M1 | Patient Not Covered In This Aid Category | 2021 | THE RECIPIENT'S CATEGORY IS NOT ELIGIBLE FOR NON-MEDICARE COVERED SERVICES |
| | | 4021 | RECIPIENT NOT ELIGIBLE FOR SERVICE PROVIDED |
| M2 | Recipient Locked In | 7501 | RECIPIENT IS LOCKED-IN TO A SPECIFIC PROVIDER |
| | | 7510 | RECIPIENT LOCKED INTO A DIFFERENT PRESCRIBER |
| M4 | Prescription/Service Ref No/Time Limit Exceeded | 5051 | REFILL ON INVOICE IS OLDER THAN SIX MONTHS. |
| M5 | Requires Manual Claim | 2079 | A MANUAL REVIEW IS REQUIRED TO VERIFY THE AGE OF THIS RECIPIENT |
| | | 2999 | CLAIM REQUIRES MANUAL REVIEW BY THE DEPARTMENT |
| P3 | Compound Ingrid Count does not Match No of Reps | 4326 | SUBMITTED COMPOUND INGREDIENT COUNT DOES NOT MATCH ACTUAL |
| P4 | COB/TPL Count does not Match No of Reps | 4197 | COB/OTHER PAYER COUNT DOES NOT MATCH ACTUAL |
| P7 | Diag Code Count Does Not Match No. Of Repetitions | 4332 | SUBMITTED DIAGNOSIS CODE COUNT DOES NOT MATCH ACTUAL |
| P8 | DUR/PPS Code Counter Out Of Sequence | 4314 | INVALID DUR/PPS CODE COUNTER |
| PC | M/I Claim Segment | 4187 | INVALID CLAIM SEGMENT IDENTIFIER |
| PD | M/I Clinical Segment | 4330 | INVALID CLINICAL SEGMENT IDENTIFIER |
| PE | M/I COB/Other Payments Segment | 4195 | INVALID COB/OTHER PAYER SEGMENT IDENTIFIER |
| PF | M/I Compound Segment | 4321 | INVALID COMPOUND SEGMENT IDENTIFIER |
| PH | M/I DUR/PPS Segment | 4313 | INVALID DUR/PPS SEGMENT IDENTIFIER |
| PJ | M/I Insurance Segment | 4186 | INVALID INSURANCE SEGMENT IDENTIFIER |
| PK | M/I Patient Segment | 4185 | INVALID PATIENT SEGMENT IDENTIFIER |
| PN | M/I Prescriber Segment | 4193 | INVALID PRESCRIBER SEGMENT IDENTIFIER |
| PP | M/I Pricing Segment | 4318 | INVALID PRICING SEGMENT IDENTIFIER |
| RE | M/I Compound Product ID Qualifier | 4327 | INVALID COMPOUND PRODUCT ID QUALIFIER |
| UE | M/I Compound Ingrid Basis Of Cost Determination | 4329 | INVALID COMPOUND INGREDIENT BASIS OF COST DETERMINATION |
| VE | M/I Diagnosis Code Count | 4331 | INVALID DIAGNOSIS CODE COUNT |
| WE | M/I Diagnosis Code Qualifier | 4333 | INVALID DIAGNOSIS CODE QUALIFIER |