

## Appendix O

### PDCS Denial Codes

Code	Denial Message/Explanation
01	<i>Missing or invalid bin number The bin number is missing or incorrect. Enter/Correct the bin number. The correct bin number is "007060".</i>
02	<i>Missing/Invalid version number The NCPDP version number is missing or is not a valid value. Enter/Correct the NCPDP version number. The correct version number is "3C".</i>
03	<i>Missing/Invalid transaction code The transaction code on the NCPDP transaction is either missing or is not a valid value. Enter/Correct the transaction code. See the NCPDC Payor Sheet in the Provider Manual for valid values.</i>
04	<i>Invalid processor control number The processor control number on the NCPDP transaction is either missing or an incorrect value. Enter/Correct the processor control number. Use "PDCSPROD" for production claims. Use "PDCSTEST" for test claims.</i>
05	<i>Invalid/Missing Pharmacy NABP number The NABP number identifying the pharmacy is missing or invalid. Correct/Enter the pharmacy's 7-digit NABP number.</i>
06	<i>Missing/Invalid group number The NCPDP group number is missing or invalid. Enter/Correct the group number. The correct entry for Colorado Medical Assistance Program is "COLORADO".</i>
07	<i>Invalid/Missing State ID number The client's Colorado Medical Assistance Program State ID number is missing or invalid. Correct/Enter the client's 7-character Colorado Medical Assistance Program State ID number, a letter followed by six numbers.</i>
08	<i>Invalid/Blank person number The person number identifying the person receiving the prescription is either missing or invalid. Correct/Enter the person code. The correct entry is "01".</i>
09	<i>Missing or invalid birth date The date of birth of the client on the claim is missing or invalid. Enter/Correct the date of birth. The date of birth must be in CCYYMMDD format.</i>
10	<i>Missing or invalid sex code The client's sex code is missing or invalid. Enter/Correct the sex code. Enter 1 for male. Enter 2 for female.</i>
11	<i>Invalid/Blank relationship code The relationship code is missing or invalid. Correct/Enter the relationship code. Enter "1".</i>
12	<i>Invalid customer location Customer location is missing or invalid. Enter/Correct the Customer Location Code. See the NCPDC Payor Sheet in the Provider Manual for valid values.</i>
13	<i>Other insurance coverage The client has other insurance. Bill the service to other insurance first. The other coverage code is either missing or invalid. Enter/Correct the Other Coverage Code. See the NCPDC Payor Sheet in the Provider Manual for valid values.</i>

Code	Denial Message/Explanation
15	<i>Missing/Invalid date filled The date filled is missing or invalid. Enter/Correct the date filled. The date filled must be in CCYYMMDD format.</i>
16	<i>Invalid prescription number The prescription number is missing or invalid. Enter/Correct the 7-digit prescription number. This number must match the prescription number in claim records.</i>
17	<i>Invalid new or refill code The new/refill code is invalid. The code indicates whether the prescription is new or a refill. Enter "00" for new prescription. Use "01-99" to indicate the number of the refill.</i>
18	<i>Missing/Invalid drug quantity The submitted metric quantity for the prescription is missing or invalid. This field is not used.</i>
19	<i>Invalid days supply The submitted days supply is missing or greater than the maximum days supply allowed. Enter/Correct the number of days the prescription will last.</i>
20	<i>Missing/Invalid compound code The compound code for the prescription is missing or invalid. Enter/Correct the compound code. The valid value is "2".</i>
21	<i>Missing/Invalid drug code The NDC number for the prescription is missing or invalid. Enter/Correct the NDC. This is an 11-digit field.</i>
22	<i>Invalid DAW/brand justification required</i> <ol style="list-style-type: none"> <li>1) <i>The Dispense As Written code contains an invalid value or is not allowed</i></li> <li>2) <i>The drug does not have a DAW of 1, 2, or 5,</i></li> <li>3) <i>The provider submitted DAW 2 and there is no price on file.</i></li> </ol> <i>See the NCPDC Payor Sheet in the Provider Manual for valid values and explanations.</i>
23	<i>Invalid/Blank ingredient cost The prescription ingredient cost is missing or invalid. Enter/Correct the ingredient cost. The correct format is \$nnn.nn.</i>
25	<i>Invalid prescriber license number The prescriber's license number is invalid. Enter the state license number of the prescriber. This is a five (5) digit field.</i>
28	<i>Invalid date Rx written The date that the prescription was written is missing or invalid. The date written may not be after the date filled. Enter/Correct the date the prescription was written. Use CCYYMMDD format.</i>
29	<i>Missing/Invalid # refills The number of authorized refills is missing or invalid. Enter/Correct the number of refills. See the NCPDC Payor Sheet in the Provider Manual for valid values and explanations.</i>
30	<i>Missing/Invalid PA/MC code The Prior Authorization/Medical Certification code is missing or invalid. Enter Medical Certification code "1" to allow a 72 hour prior authorization override. Enter Medical Certification code "4" if client is in the maternity cycle.</i>
33	<i>Invalid Rx origin code The prescription origin code is missing or invalid.</i>

<b>Code</b>	<b>Denial Message/Explanation</b>
34	<i>Invalid Rx denial override The prescription override code on the NCPDP transaction contains an invalid value.</i>
35	<i>Invalid primary subscriber The primary subscriber field is blank or invalid. Enter the state medical license number of the prescriber.</i>
40	<i>Pharmacy not eligible on date of service The provider is not actively enrolled in the Colorado Medical Assistance Program on the date of service.</i>
41	<i>The client has other insurance The pharmacy must bill the primary insurance carrier first. Other insurance information appears on the eligibility inquiry.</i>
50	<i>NABP provider # or group # invalid The NABP provider number or group number is missing/invalid. Enter/Correct the 7-digit NABP number. Enter "COLORADO" for the group number.</i>
51	<i>Group # invalid/Member ineligible Either 1) The client's Colorado Medical Assistance Program State ID number is invalid 2) The group number is invalid 3) The client is ineligible. 4) Correct/Verify the client's Colorado Medical Assistance Program State ID number. Enter "COLORADO" for the group number.</i>
52	<i>Client not on file The client is not on the eligibility file. Check the Colorado Medical Assistance Program State ID number for missing/reversed numbers and/or illegible or incorrect letter prefix. Enter the client's Colorado Medical Assistance Program State ID number (letter followed by six (6) numbers) as listed on the eligibility inquiry.</i>
53	<i>Non-matched person code The submitted person code is incorrect. The correct entry for Colorado Medical Assistance Program is "01".</i>
54	<i>Code for drug not on file The NDC for the prescription is not on file. Enter the correct NDC.</i>
56	<i>Non-matched prescriber ID The prescribing physician number is not on file. Verify the state license of the prescriber. Contact the PDCS Help Desk.</i>
60	<i>Patient age below minimum The client's age is below the minimum age for the prescribed drug.</i>
61	<i>Invalid patient gender The prescribed drug is not a benefit for the client's sex.</i>
65	<i>Plan member ineligible on dispense date The client is not eligible for The Colorado Medical Assistance Program on the date the prescription was filled.</i>
66	<i>Patient age exceeds maximum The client's age is over the maximum age allowed for the prescribed drug.</i>
67	<i>Filled before effective date The prescription was filled before the client was eligible for Colorado Medical Assistance Program coverage.</i>

Code	Denial Message/Explanation
69	<p><i>Filled after termination</i>  <i>The date the prescription was filled is after the client's Colorado Medical Assistance Program eligibility was terminated.</i></p>
70	<p><i>Drug/Item not covered</i>  <i>Drug is not a benefit because:</i></p> <ol style="list-style-type: none"> <li>1) <i>DESI drug (Colorado Medical Assistance Program &amp; selected plans)</i></li> <li>2) <i>No signed rebate agreement</i></li> <li>3) <i>Non-covered on plan or formulary.</i></li> </ol>
73	<p><i>Refills exceed plan maximum</i>  <i>The number of refills for this prescription exceeds the number of refills allowed by The Colorado Medical Assistance Program.</i></p>
74	<p><i>Other insurance amount greater than gross amount</i>  <i>The other insurance payment amount is greater than the gross amount of the claim.</i></p>
75	<p><i>Prior authorization required</i>  <i>Prior authorization is required for this drug. Call 1-800-365-4944.</i></p>
76	<p><i>Days supplied exceeds max</i>  <i>The total days supplied for this client for all generic equivalents of this drug exceeds the maximum allowed by The Colorado Medical Assistance Program.</i></p>
77	<p><i>Discontinued NDC number</i>  <i>The NDC on the prescription has been discontinued for over 1 year.</i></p>
78	<p><i>Max compound drug amount exceeded</i>  <i>The submitted charge for the compound drug exceeds the maximum amount allowed.</i></p>
79	<p><i>Refill too soon</i>  <i>This prescription is being refilled too soon (Including the allowable grace period).</i></p>
81	<p><i>Claim exceeds filing limit</i>  <i>Claims must be filed/transmitted within 120 days from the dispense date. Adjustments and resubmissions of denied claims must be filed/transmitted within 90 days from the payment/denial date.</i></p>
82	<p><i>Date filled after date received</i>  <i>The date the prescription was filled is after the date the claim was received.</i></p>
83	<p><i>Duplicate paid/captured claim</i>  <i>The claim is either an exact or possible duplicate of a previously paid claim. The claim also may be a therapeutic class duplicate identified by prospective DUR.</i></p>
84	<p><i>Claim reverse not found</i>  <i>The original prescription to reverse or rebill (Version 3.2 only) is not on file. A claim credit cannot be created (for adjustments and credits entered through exam entry).</i></p>
85	<p><i>Claim not processed</i>  <i>Contact the PDCS Help Desk.</i></p>
86	<p><i>Reversal exceeds filing limit</i>  <i>The reversal (credit) or the rebill (adjustment, Version 3.2 only) exceeds the timely filing limit.</i></p>
87	<p><i>Rx already reversed/rebilled</i>  <i>The prescription to be reversed (credited) or adjusted (rebilled) has already been credited or adjusted. If previously reversed, no other action is permitted. If previously adjusted, adjust the adjustment claim instead.</i></p>

<b>Code</b>	<b>Denial Message/Explanation</b>
88	<i>Drug utilization limit exceeded The drug utilization limits have been exceeded or are in conflict.</i>
91	<i>Host response error Host response error.</i>
92	<i>System/Host unavailable System/Host unavailable.</i>
98	<i>Test reject Test reject.</i>
99	<i>Host processing error Host processing error.</i>
DV	<i>Other payer ind/data conflict Conflict with other payer data on other payer denied claim.</i>
DQ	<i>Missing/Invalid submit charge The total submitted claim charge is missing or invalid. Enter/Correct the total claim charge.</i>
E8	<i>Other coverage or other date invalid/missing The client has other insurance. Bill the service to other insurance first. Correct/Complete the other insurance payment information and date fields.</i>
M2	<i>Client Over Utilization: The client is in the Lock-in program The client is assigned to a specific pharmacy and/or prescriber. The lock-in provider number must be the billing/prescribing provider on the claim.</i>
M4	<i>Rx number/time limit exceeded The prescription number or the time limit has been exceeded.</i>
M5	<i>Requires manual claim Claim must be submitted on paper.</i>

**Appendix O Revisions Log**

<b>Revision Date</b>	<b>Appendix</b>	<b>Pages</b>	<b>Made by</b>
<i>03/01/2007</i>	<i>Replaced Prior Authorization Procedures and Criteria for Physicians and Pharmacists</i>	<i>6-16</i>	<i>kg</i>
<i>03/08/2007</i>	<i>Prior Authorization Procedures and Criteria for Physicians and Pharmacists</i>	<i>6-16</i>	<i>kg</i>
<i>04/23/2007</i>	<i>Drug Prior Authorization Procedures and Criteria – Changed to Appendix P</i>	<i>6-16</i>	<i>kg</i>