# Reject Codes

**Provider Manual Appendix B**

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# HIGHLIGHTS

**Caremark utilizes the NCPDP reject codes list. This document refers to potential NCPDP Reject Codes a pharmacy may receive for Telecom and FIR Transactions. Although these Reject Codes are available for use, CVS Caremark has not implemented all the NCPDP Reject Codes listed within this document. For additional information on claim submission, please refer to www.caremark.com under the *Pharmacists & Medical Professionals* link for the payer sheets information:**

- **Commercial Primary**
- **Commercial Other Payer Patient Responsibility (OPPR)**
- **Commercial Other Payer Amount Paid (OPAP)**
- **Medicare Primary Billing & MSP (Medicare as Secondary Payer)**
- **Supplemental to Medicare Part D Other Payer Patient Responsibility (OPPR)**
- **Supplemental to Medicare Part D Other Payer Amount Paid (OPAP)**
- **ADAP/SPAP Medicare Part D Other Payer Patient Responsibility (OPPR)**
- **Medicaid Primary Billing**
- **Medicaid as Secondary Payer Billing Other Payer Patient Responsibility (OPPR)**
- **Medicaid as Secondary Payer Billing Other Payer Amount Paid (OPAP)**

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Payer Sheet
# PART 1: GENERAL INFORMATION

Payer/Processor Name:  CVS Caremark

Plan Name/Group Name:  All

Effective as of:  October 2Ø22

Reject Version:  2.0.3

NCPDP Version/Release #:  D.0

NCPDP ECL Version:  **Oct 2021**

NCPDP Emergency ECL Version:  **April 2021**

### 🔴 Pharmacy Help Desk Information

Inquiries can be directed to the Interactive Voice Response (IVR) system or the Pharmacy Help Desk.  (24 hours a day)

The Pharmacy Help Desk numbers are provided below:

| CVS Caremark System | BIN | Help Desk Number |
|---|---|---|
| Legacy ADV | *004336 | 1-800-364-6331 |
| Legacy PCS | *610415 | 1-800-345-5413 |
| FEP | 610239 | 1-800-364-6331 |
| Legacy CRK | *610029 | 1-800-421-2342 |
| ProAct | 021007 | 1-877-635-9545 |
| Legacy PHC | 610468, 006144 004245, 610449 610474, 603604 | 1-800-777-1023 |
| Legacy AmeRx | 610473, 601475 007093, 012189 013303, 014046 610130, 610477 | 1-866-668-6681 |
| CVS Caremark | 610591 | As communicated by plan or refer to ID card |
| AET | 610502 | 1-800-238-6279 |
| Partners | 025052 | 1-800-364-6331 |
| Molina | 025201 | 1-800-364-6331 |
| CarelonRx | 020099 | 1-833-296-5037 |

*Help Desk phone number serving Puerto Rico Providers is available by calling toll-free 1-800-842-7331.

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## PART 2:  Reject Codes

NCPDP Version D.0 Reject Codes for Telecommunication Standard and FIR

| Reject Code | Explanation | Field # Possibly In Error |
|---|---|---|
| ØØ | ("M/I" Means Missing/Invalid) | |
| Ø1 | M/I Bin Number | 1Ø1-A1 |
| Ø2 | M/I Version/Release Number | 1Ø2-A2 |
| Ø3 | M/I Transaction Code | 1Ø3-A3 |
| Ø4 | M/I Processor Control Number | 1Ø4-A4 |
| Ø5 | M/I Service Provider Number | 2Ø1-B1 |
| Ø6 | M/I Group ID | 3Ø1-C1 |
| Ø7 | M/I Cardholder ID | 3Ø2-C2 |
| Ø8 | M/I Person Code | 3Ø3-C3 |
| Ø9 | M/I Date Of Birth | 3Ø4-C4 |
| 1Ø | M/I Patient Gender Code | 3Ø5-C5 |
| 11 | M/I Patient Relationship Code | 3Ø6-C6 |
| 12 | M/I Place of Service | 3Ø7-C7 |
| 13 | M/I Other Coverage Code | 3Ø8-C8 |
| 14 | M/I Eligibility Clarification Code | 3Ø9-C9 |
| 15 | M/I Date of Service | 4Ø1-D1 |
| 16 | M/I Prescription/Service Reference Number | 4Ø2-D2 |
| 17 | M/I Fill Number | 4Ø3-D3 |
| 19 | M/I Days Supply | 4Ø5-D5 |
| 1C | M/I Smoker/Non-Smoker Code | 334-1C |
| 1K | M/I Patient Country Code | A43-1K |
| 1R | Version/Release Value Not Supported | 1Ø2-A2 |
| 1S | Transaction Code/Type Value Not Supported | 1Ø3-A3 |
| 1T | PCN Must Contain Processor/Payer Assigned Value | 1Ø4-A4 |
| 1U | Transaction Count Does Not Match Number of Transactions | 1Ø9-A9 |
| 1V | Multiple Transactions Not Supported | 1Ø9-A9 |
| 1W | Multi-Ingredient Compound Must Be A Single Transaction | 1Ø9-A9 |
| 1X | Vendor Not Certified For Processor/Payer | 11Ø-AK |
| 1Y | Claim Segment Required For Adjudication | 111-AM |
| 1Z | Clinical Segment Required For Adjudication | 111-AM |
| 2A | M/I Medigap ID | 359-2A |

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| 2B | M/I Medicaid Indicator | 36Ø-2B |
|----|------------------------|--------|
| 2C | M/I Pregnancy Indicator | 335-2C |
| 2D | M/I Provider Accept Assignment Indicator | 361-2D |
| 2E | M/I Primary Care Provider ID Qualifier | 468-2E |
| 2G | M/I Compound Ingredient Modifier Code Count | 362-2G |
| 2H | M/I Compound Ingredient Modifier Code | 363-2H |
| 2J | M/I Prescriber First Name | 364-2J |
| 2K | M/I Prescriber Street Address | 365-2K |
| 2M | M/I Prescriber City Address | 366-2M |
| 2N | M/I Prescriber State/Province Address | 367-2N |
| 2P | M/I Prescriber Zip/Postal Zone | 368-2P |
| 2Q | M/I Additional Documentation Type ID | 369-2Q |
| 2R | M/I Length of Need | 37Ø-2R |
| 2S | M/I Length of Need Qualifier | 371-2S |
| 2T | M/I Prescriber/Supplier Date Signed | 372-2T |
| 2U | M/I Request Status | 373-2U |
| 2V | M/I Request Period Begin Date | 374-2V |
| 2W | M/I Request Period Recert/Revised Date | 375-2W |
| 2X | M/I Supporting Documentation | 376-2X |
| 2Z | M/I Question Number/Letter Count | 377-2Z |
| 2Ø | M/I Compound Code | 4Ø6-D6 |
| 21 | M/I Product/Service ID | 4Ø7-D7, 489-TE |
| 22 | M/I Dispense As Written (DAW)/Product Selection Code | 4Ø8-D8 |
| 23 | M/I Ingredient Cost Submitted | 4Ø9-D9 |
| 25 | M/I Prescriber ID | 411-DB |
| 26 | M/I Unit Of Measure | 6ØØ-28 |
| 27 | Product Identifier not FDA/NSDE Listed | 4Ø7-D7, 489-TE |
| 28 | M/I Date Prescription Written | 414-DE |
| 29 | M/I Number Of Refills Authorized | 415-DF |
| 2Ø1 | Patient Segment is not used for this Transaction Code | 111-AM |
| 2Ø2 | Insurance Segment is not used for this Transaction Code | 111-AM |
| 2Ø3 | Claim Segment is not used for this Transaction Code | 111-AM |
| 2Ø4 | Pharmacy Provider Segment is not used for this Transaction Code | 111-AM |
| 2Ø5 | Prescriber Segment is not used for this Transaction Code | 111-AM |
| 2Ø6 | Coordination of Benefits/Other Payments Segment is not used for this Transaction Code | 111-AM |
| 2Ø7 | Workers' Compensation Segment is not used for this Transaction Code | 111-AM |
| 2Ø8 | DUR/PPS Segment is not used for this Transaction Code | 111-AM |

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| 2Ø9 | Pricing Segment is not used for this Transaction Code | 111-AM |
|---|---|---|
| 21Ø | Coupon Segment is not used for this Transaction Code | 111-AM |
| 211 | Compound Segment is not used for this Transaction Code | 111-AM |
| 212 | Prior Authorization Segment is not used for this Transaction Code | 111-AM |
| 213 | Clinical Segment is not used for this Transaction Code | 111-AM |
| 214 | Additional Documentation Segment is not used for this Transaction Code | 111-AM |
| 215 | Facility Segment is not used for this Transaction Code | 111-AM |
| 216 | Narrative Segment is not used for this Transaction Code | 111-AM |
| 217 | Purchaser Segment is not used for this Transaction Code | 111-AM |
| 218 | Service Provider Segment is not used for this Transaction Code | 111-AM |
| 219 | Patient ID Qualifier is not used for this Transaction Code | 331-CX |
| 22Ø | Patient ID is not used for this Transaction Code | 332-CY |
| 221 | Date of Birth is not used for this Transaction Code | 3Ø4-C4 |
| 222 | Patient Gender Code is not used for this Transaction Code | 3Ø5-C5 |
| 223 | Patient First Name is not used for this Transaction Code | 31Ø-CA |
| 224 | Patient Last Name is not used for this Transaction Code | 311-CB |
| 225 | Patient Street Address is not used for this Transaction Code | 322-CM |
| 226 | Patient City Address is not used for this Transaction Code | 323-CN |
| 227 | Patient State/Province Address is not used for this Transaction Code | 324-CO |
| 228 | Patient ZIP/Postal Zone is not used for this Transaction Code | 325-CP |
| 229 | Patient Phone Number is not used for this Transaction Code | 326-CQ |
| 23Ø | Place of Service is not used for this Transaction Code | 3Ø7-C7 |
| 231 | Employer ID is not used for this Transaction Code | 333-CZ |
| 232 | Smoker/Non-Smoker Code is not used for this Transaction Code | 334-1C |
| 233 | Pregnancy Indicator is not used for this Transaction Code | 335-2C |
| 234 | Patient E-Mail Address is not used for this Transaction Code | 35Ø-HN |
| 235 | Patient Residence is not used for this Transaction Code | 384-4X |
| 236 | Patient ID Associated State/Province Address is not used for this Transaction Code | A22-YR |
| 237 | Cardholder First Name is not used for this Transaction Code | 312-CC |
| 238 | Cardholder Last Name is not used for this Transaction Code | 313-CD |
| 239 | Home Plan is not used for this Transaction Code | 314-CE |
| 24Ø | Plan ID is not used for this Transaction Code | 524-FO |
| 241 | Eligibility Clarification Code is not used for this Transaction Code | 3Ø9-C9 |
| 242 | Group ID is not used for this Transaction Code | 3Ø1-C1 |
| 243 | Person Code is not used for this Transaction Code | 3Ø3-C3 |
| 244 | Patient Relationship Code is not used for this Transaction Code | 3Ø6-C6 |
| 245 | Other Payer BIN Number is not used for this Transaction Code | 99Ø-MG |

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| 246 | Other Payer Processor Control Number is not used for this Transaction Code | 991-MH |
|---|---|---|
| 247 | Other Payer Cardholder ID is not used for this Transaction Code | 356-NU |
| 248 | Other Payer Group ID is not used for this Transaction Code | 992-MJ |
| 249 | Medigap ID is not used for this Transaction Code | 359-2A |
| 25Ø | Medicaid Indicator is not used for this Transaction Code | 36Ø-2B |
| 251 | Provider Accept Assignment Indicator is not used for this Transaction Code | 361-2D |
| 252 | CMS Part D Defined Qualified Facility is not used for this Transaction Code | 997-G2 |
| 253 | Medicaid ID Number is not used for this Transaction Code | 115-N5 |
| 254 | Medicaid Agency Number is not used for this Transaction Code | 116-N6 |
| 255 | Associated Prescription/Service Reference Number is not used for this Transaction Code | 456-EN |
| 256 | Associated Prescription/Service Date is not used for this Transaction Code | 457-EP |
| 257 | Procedure Modifier Code Count is not used for this Transaction Code | 458-SE |
| 258 | Procedure Modifier Code is not used for this Transaction Code | 459-ER |
| 259 | Quantity Dispensed is not used for this Transaction Code | 442-E7 |
| 26Ø | Fill Number is not used for this Transaction Code | 4Ø3-D3 |
| 261 | Days Supply is not used for this Transaction Code | 4Ø5-D5 |
| 262 | Compound Code is not used for this Transaction Code | 4Ø6-D6 |
| 263 | Dispense As Written(DAW)/Product Selection Code is not used for this Transaction Code | 4Ø8-D8 |
| 264 | Date Prescription Written is not used for this Transaction Code | 414-DE |
| 265 | Number of Refills Authorized is not used for this Transaction Code | 415-DF |
| 266 | Prescription Origin Code is not used for this Transaction Code | 419-DJ |
| 267 | Submission Clarification Code Count is not used for this Transaction Code | 354-NX |
| 268 | Submission Clarification Code is not used for this Transaction Code | 42Ø-DK |
| 269 | Quantity Prescribed is not used for this Transaction Code | 46Ø-ET |
| 27Ø | Other Coverage Code is not used for this Transaction Code | 3Ø8-C8 |
| 271 | Special Packaging Indicator is not used for this Transaction Code | 429-DT |
| 272 | Originally Prescribed Product/Service ID Qualifier is not used for this Transaction Code | 453-EJ |
| 273 | Originally Prescribed Product/Service Code is not used for this Transaction Code | 445-EA |
| 274 | Originally Prescribed Quantity is not used for this Transaction Code | 446-EB |
| 275 | Alternate ID is not used for this Transaction Code | 33Ø-CW |
| 276 | Scheduled Prescription ID Number is not used for this Transaction Code | 454-EK |
| 277 | Unit of Measure is not used for this Transaction Code | 6ØØ-28 |
| 278 | Level of Service is not used for this Transaction Code | 418-DI |
| 279 | Prior Authorization Type Code is not used for this Transaction Code | 461-EU |
| 28Ø | Prior Authorization Number Submitted is not used for this Transaction Code | 462-EV |
| 281 | Intermediary Authorization Type ID is not used for this Transaction Code | 463-EW |

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| 282 | Intermediary Authorization ID is not used for this Transaction Code | 464-EX |
|-----|---------------------------------------------------------------------|--------|
| 283 | Dispensing Status is not used for this Transaction Code | 343-HD |
| 284 | Quantity Intended to be Dispensed is not used for this Transaction Code | 344-HF |
| 285 | Days Supply Intended to be Dispensed is not used for this Transaction Code | 345-HG |
| 286 | Delay Reason Code is not used for this Transaction Code | 357-NV |
| 287 | Transaction Reference Number is not used for this Transaction Code | 88Ø-K5 |
| 288 | Patient Assignment Indicator (Direct Member Reimbursement Indicator) is not used for this Transaction Code | 391-MT |
| 289 | Route of Administration is not used for this Transaction Code | 995-E2 |
| 29Ø | Compound Type is not used for this Transaction Code | 996-G1 |
| 291 | Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN) is not used for this Transaction Code | 114-N4 |
| 292 | Pharmacy Service Type is not used for this Transaction Code | 147-U7 |
| 293 | Associated Prescription/Service Provider ID Qualifier is not used for this Transaction Code | 579-XX |
| 294 | Associated Prescription/Service Provider ID is not used for this Transaction Code | 58Ø-XY |
| 295 | Associated Prescription/Service Reference Number Qualifier is not used for this Transaction Code | 581-XZ |
| 296 | Associated Prescription/Service Reference Fill Number is not used for this Transaction Code | 582-XØ |
| 297 | Time of Service is not used for this Transaction Code | 678-Y6 |
| 298 | Sales Transaction ID is not used for this Transaction Code | 681-ZF |
| 299 | Reported Payment Type is not used for this Transaction Code | A29-ZS |
| 3A | M/I Request Type | 498-PA |
| 3B | M/I Request Period Date-Begin | 498-PB |
| 3C | M/I Request Period Date-End | 498-PC |
| 3D | M/I Basis Of Request | 498-PD |
| 3E | M/I Authorized Representative First Name | 498-PE |
| 3F | M/I Authorized Representative Last Name | 498-PF |
| 3G | M/I Authorized Representative Street Address | 498-PG |
| 3H | M/I Authorized Representative City Address | 498-PH |
| 3J | M/I Authorized Representative State/Province Address | 498-PJ |
| 3K | M/I Authorized Representative Zip/Postal Zone | 498-PK |
| 3M | M/I Prescriber Phone Number | 498-PM |
| 3N | M/I Prior Authorized Number-Assigned | 498-PY |
| 3P | M/I Authorization Number | 5Ø3-F3 |
| 3Q | M/I Facility Name | 385-3Q |
| 3R | Prior Authorization Not Required | 4Ø7-D7 |
| 3S | M/I Prior Authorization Supporting Documentation | 498-PP |

| | | |
|---|---|---|
| 3T | Active Prior Authorization Exists Resubmit At Expiration Of Prior Authorization | 3Ø2-C2, 4Ø1-D1, 4Ø7-D7 |
| 3U | M/I Facility Street Address | 386-3U |
| 3V | M/I Facility State/Province Address | 387-3V |
| 3W | Prior Authorization In Process | 3Ø2-C2, 4Ø1-D1, 4Ø7-D7 |
| 3X | Authorization Number Not Found | 5Ø3-F3 |
| 3Y | Prior Authorization Denied | 3Ø2-C2, 4Ø1-D1, 4Ø7-D7 |
| 3Ø | Reversal request outside processor reversal window. | |
| 31 | No matching paid claim found for reversal request. | |
| 32 | M/I Level Of Service | 418-DI |
| 33 | M/I Prescription Origin Code | 419-DJ |
| 34 | M/I Submission Clarification Code | 42Ø-DK |
| 35 | M/I Primary Care Provider ID | 421-DL |
| 39 | M/I Diagnosis Code | 424-DO |
| 3ØØ | Provider ID Qualifier is not used for this Transaction Code | 465-EY |
| 3Ø1 | Provider ID is not used for this Transaction Code | 444-E9 |
| 3Ø2 | Prescriber ID Qualifier is not used for this Transaction Code | 466-EZ |
| 3Ø3 | Prescriber ID is not used for this Transaction Code | 411-DB |
| 3Ø4 | Prescriber ID Associated State/Province Address is not used for this Transaction Code | A24-ZK |
| 3Ø5 | Prescriber Last Name is not used for this Transaction Code | 427-DR |
| 3Ø6 | Prescriber Phone Number is not used for this Transaction Code | 498-PM |
| 3Ø7 | Primary Care Provider ID Qualifier is not used for this Transaction Code | 468-2E |
| 3Ø8 | Primary Care Provider ID is not used for this Transaction Code | 421-DL |
| 3Ø9 | Primary Care Provider Last Name is not used for this Transaction Code | 47Ø-4E |
| 31Ø | Prescriber First Name is not used for this Transaction Code | 364-2J |
| 311 | Prescriber Street Address is not used for this Transaction Code | 365-2K |
| 312 | Prescriber City Address is not used for this Transaction Code | 366-2M |
| 313 | Prescriber State/Province Address is not used for this Transaction Code | 367-2N |
| 314 | Prescriber ZIP/Postal Zone is not used for this Transaction Code | 368-2P |
| 315 | Prescriber Alternate ID Qualifier is not used for this Transaction Code | A25-ZM |
| 316 | Prescriber Alternate ID is not used for this Transaction Code | A26-ZP |
| 317 | Prescriber Alternate ID Associated State/Province Address is not used for this Transaction Code | A27-ZQ |
| 318 | Other Payer ID Qualifier is not used for this Transaction Code | 339-6C |
| 319 | Other Payer ID is not used for this Transaction Code | 34Ø-7C |
| 32Ø | Other Payer Date is not used for this Transaction Code | 443-E8 |

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| 321 | Internal Control Number is not used for this Transaction Code | 993-A7 |
|---|---|---|
| 322 | Other Payer Amount Paid Count is not used for this Transaction Code | 341-HB |
| 323 | Other Payer Amount Paid Qualifier is not used for this Transaction Code | 342-HC |
| 324 | Other Payer Amount Paid is not used for this Transaction Code | 431-DV |
| 325 | Other Payer Reject Count is not used for this Transaction Code | 471-5E |
| 326 | Other Payer Reject Code is not used for this Transaction Code | 472-6E |
| 327 | Other Payer-Patient Responsibility Amount Count is not used for this Transaction Code | 353-NR |
| 328 | Other Payer-Patient Responsibility Amount Qualifier is not used for this Transaction Code | 351-NP |
| 329 | Other Payer-Patient Responsibility Amount is not used for this Transaction Code | 352-NQ |
| 33Ø | Benefit Stage Count is not used for this Transaction Code | 392-MU |
| 331 | Benefit Stage Qualifier is not used for this Transaction Code | 393-MV |
| 332 | Benefit Stage Amount is not used for this Transaction Code | 394-MW |
| 333 | Employer Name is not used for this Transaction Code | 315-CF |
| 334 | Employer Street Address is not used for this Transaction Code | 316-CG |
| 335 | Employer City Address is not used for this Transaction Code | 317-CH |
| 336 | Employer State/Province Address is not used for this Transaction Code | 318-CI |
| 337 | Employer Zip/Postal Code is not used for this Transaction Code | 319-CJ |
| 338 | Employer Phone Number is not used for this Transaction Code | 32Ø-CK |
| 339 | Employer Contact Name is not used for this Transaction Code | 321-CL |
| 34Ø | Carrier ID is not used for this Transaction Code | 327-CR |
| 341 | Claim/Reference ID is not used for this Transaction Code | 435-DZ |
| 342 | Billing Entity Type Indicator is not used for this Transaction Code | 117-TR |
| 343 | Pay To Qualifier is not used for this Transaction Code | 118-TS |
| 344 | Pay To ID is not used for this Transaction Code | 119-TT |
| 345 | Pay To Name is not used for this Transaction Code | 12Ø-TU |
| 346 | Pay To Street Address is not used for this Transaction Code | 121-TV |
| 347 | Pay To City Address is not used for this Transaction Code | 122-TW |
| 348 | Pay To State/Province Address is not used for this Transaction Code | 123-TX |
| 349 | Pay To ZIP/Postal Zone is not used for this Transaction Code | 124-TY |
| 35Ø | Generic Equivalent Product ID Qualifier is not used for this Transaction Code | 125-TZ |
| 351 | Generic Equivalent Product ID is not used for this Transaction Code | 126-UA |
| 352 | DUR/PPS Code Counter is not used for this Transaction Code | 473-7E |
| 353 | Reason for Service Code is not used for this Transaction Code | 439-E4 |
| 354 | Professional Service Code is not used for this Transaction Code | 44Ø-E5 |
| 355 | Result of Service Code is not used for this Transaction Code | 441-E6 |
| 356 | DUR/PPS Level of Effort is not used for this Transaction Code | 474-8E |

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| | | |
|---|---|---|
| 357 | DUR Co-Agent ID Qualifier is not used for this Transaction Code | 475-J9 |
| 358 | DUR Co-Agent ID is not used for this Transaction Code | 476-H6 |
| 359 | Ingredient Cost Submitted is not used for this Transaction Code | 4Ø9-D9 |
| 36Ø | Dispensing Fee Submitted is not used for this Transaction Code | 412-DC |
| 361 | Professional Service Fee Submitted is not used for this Transaction Code | 477-BE |
| 362 | Patient Paid Amount Submitted is not used for this Transaction Code | 433-DX |
| 363 | Incentive Amount Submitted is not used for this Transaction Code | 438-E3 |
| 364 | Other Amount Claimed Submitted Count is not used for this Transaction Code | 478-H7 |
| 365 | Other Amount Claimed Submitted Qualifier is not used for this Transaction Code | 479-H8 |
| 366 | Other Amount Claimed Submitted is not used for this Transaction Code | 48Ø-H9 |
| 367 | Flat Sales Tax Amount Submitted is not used for this Transaction Code | 481-HA |
| 368 | Percentage Sales Tax Amount Submitted is not used for this Transaction Code | 482-GE |
| 369 | Percentage Sales Tax Rate Submitted is not used for this Transaction Code | 483-HE |
| 37Ø | Percentage Sales Tax Basis Submitted is not used for this Transaction Code | 484-JE |
| 371 | Usual and Customary Charge is not used for this Transaction Code | 426-DQ |
| 372 | Gross Amount Due is not used for this Transaction Code | 43Ø-DU |
| 373 | Basis of Cost Determination is not used for this Transaction Code | 423-DN |
| 374 | Medicaid Paid Amount is not used for this Transaction Code | 113-N3 |
| 375 | Coupon Value Amount is not used for this Transaction Code | 487-NE |
| 376 | Compound Ingredient Drug Cost is not used for this Transaction Code | 449-EE |
| 377 | Compound Ingredient Basis of Cost Determination is not used for this Transaction Code | 49Ø-UE |
| 378 | Compound Ingredient Modifier Code Count is not used for this Transaction Code | 362-2G |
| 379 | Compound Ingredient Modifier Code is not used for this Transaction Code | 363-2H |
| 38Ø | Authorized Representative First Name is not used for this Transaction Code | 498-PE |
| 381 | Authorized Rep. Last Name is not used for this Transaction Code | 498-PF |
| 382 | Authorized Rep. Street Address is not used for this Transaction Code | 498-PG |
| 383 | Authorized Rep. City is not used for this Transaction Code | 498-PH |
| 384 | Authorized Rep. State/Province is not used for this Transaction Code | 498-PJ |
| 385 | Authorized Rep. Zip/Postal Code is not used for this Transaction Code | 498-PK |
| 386 | Prior Authorization Number - Assigned is not used for this Transaction Code | 498-PY |
| 387 | Authorization Number is not used for this Transaction Code | 5Ø3-F3 |
| 388 | Prior Authorization Supporting Documentation is not used for this Transaction Code | 498-PP |
| 389 | Diagnosis Code Count is not used for this Transaction Code | 491-VE |
| 39Ø | Diagnosis Code Qualifier is not used for this Transaction Code | 492-WE |
| 391 | Diagnosis Code is not used for this Transaction Code | 424-DO |
| 392 | Clinical Information Counter is not used for this Transaction Code | 493-XE |
| 393 | Measurement Date is not used for this Transaction Code | 494-ZE |

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| 394 | Measurement Time is not used for this Transaction Code | 495-H1 |
|---|---|---|
| 395 | Measurement Dimension is not used for this Transaction Code | 496-H2 |
| 396 | Measurement Unit is not used for this Transaction Code | 497-H3 |
| 397 | Measurement Value is not used for this Transaction Code | 499-H4 |
| 398 | Request Period Begin Date is not used for this Transaction Code | 374-2V |
| 399 | Request Period Recert/Revised Date is not used for this Transaction Code | 375-2W |
| 4B | M/I Question Number/Letter | 378-4B |
| 4C | M/I Coordination Of Benefits/Other Payments Count | 337-4C |
| 4D | M/I Question Percent Response | 379-4D |
| 4E | M/I Primary Care Provider Last Name | 47Ø-4E |
| 4G | M/I Question Date Response | 38Ø-4G |
| 4H | M/I Question Dollar Amount Response | 381-4H |
| 4J | M/I Question Numeric Response | 382-4J |
| 4K | M/I Question Alphanumeric Response | 383-4K |
| 4M | Compound Ingredient Modifier Code Count Does Not Match Number of Repetitions | 362-2G |
| 4N | Question Number/Letter Count Does Not Match Number of Repetitions | 377-2Z |
| 4P | Question Number/Letter Not Valid for Identified Document | 378-4B |
| 4Q | Question Response Not Appropriate for Question Number/Letter | 378-4B |
| 4R | Required Question Number/Letter Response for Indicated Document Missing | 378-4B |
| 4S | Compound Product ID Requires a Modifier Code | 489-TE |
| 4T | M/I Additional Documentation Segment | 111-AM |
| 4W | Must Fill Through Specialty Pharmacy | 4Ø7-D7, 489-TE |
| 4X | M/I Patient Residence | 384-4X |
| 4Y | Patient Residence Value Not Supported | 384-4X |
| 4Z | Place of Service Not Supported By Plan | 3Ø7-C7 |
| 4Ø | Pharmacy Not Contracted With Plan On Date Of Service | |
| 41 | Submit Bill To Other Processor Or Primary Payer | |
| 42 | Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired | 411-DB, 42Ø-DK |
| 43 | Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is inactive | 411-DB, 42Ø-DK |
| 44 | Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID Is not found | 411-DB, 42Ø-DK |
| 46 | Plan's Prescriber data base indicates associated DEA to submitted Prescriber ID does not allow this drug DEA Schedule | 411-DB, 42Ø-DK |
| 4ØØ | Request Status is not used for this Transaction Code | 373-2U |
| 4Ø1 | Length Of Need Qualifier is not used for this Transaction Code | 371-2S |
| 4Ø2 | Length Of Need is not used for this Transaction Code | 37Ø-2R |
| 4Ø3 | Prescriber/Supplier Date Signed is not used for this Transaction Code | 372-2T |

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| 4Ø4 | Supporting Documentation is not used for this Transaction Code | 376-2X |
|-----|------------------------------------------------------------------|--------|
| 4Ø5 | Question Number/Letter Count is not used for this Transaction Code | 377-2Z |
| 4Ø6 | Question Number/Letter is not used for this Transaction Code | 378-4B |
| 4Ø7 | Question Percent Response is not used for this Transaction Code | 379-4D |
| 4Ø8 | Question Date Response is not used for this Transaction Code | 38Ø-4G |
| 4Ø9 | Question Dollar Amount Response is not used for this Transaction Code | 381-4H |
| 41Ø | Question Numeric Response is not used for this Transaction Code | 382-4J |
| 411 | Question Alphanumeric Response is not used for this Transaction Code | 383-4K |
| 412 | Facility ID is not used for this Transaction Code | 336-8C |
| 413 | Facility Name is not used for this Transaction Code | 385-3Q |
| 414 | Facility Street Address is not used for this Transaction Code | 386-3U |
| 415 | Facility City Address is not used for this Transaction Code | 388-5J |
| 416 | Facility State/Province Address is not used for this Transaction Code | 387-3V |
| 417 | Facility ZIP/Postal Zone is not used for this Transaction Code | 389-6D |
| 418 | Purchaser ID Qualifier is not used for this Transaction Code | 591-YU |
| 419 | Purchaser ID is not used for this Transaction Code | 592-YV |
| 42Ø | Purchaser ID Associated State Code is not used for this Transaction Code | 593-YW |
| 421 | Purchaser Date of Birth is not used for this Transaction Code | 594-YX |
| 422 | Purchaser Gender Code is not used for this Transaction Code | 595-YY |
| 423 | Purchaser First Name is not used for this Transaction Code | 596-YZ |
| 424 | Purchaser Last Name is not used for this Transaction Code | 597-YØ |
| 425 | Purchaser Street Address is not used for this Transaction Code | 598-Y1 |
| 426 | Purchaser City Address is not used for this Transaction Code | 599-Y2 |
| 427 | Purchaser State/Province Address is not used for this Transaction Code | 675-Y3 |
| 428 | Purchaser ZIP/Postal Zone is not used for this Transaction Code | 676-Y4 |
| 429 | Purchaser Country Code is not used for this Transaction Code | 677-Y5 |
| 43Ø | Purchaser Relationship Code is not used for this Transaction Code | A23-YS |
| 431 | Released Date is not used for this Transaction Code | A3Ø-ZT |
| 432 | Released Time is not used for this Transaction Code | A31-ZU |
| 433 | Service Provider Name is not used for this Transaction Code | 583-YK |
| 434 | Service Provider Street Address is not used for this Transaction Code | 584-YM |
| 435 | Service Provider City Address is not used for this Transaction Code | 585-YN |
| 436 | Service Provider State/Province Address is not used for this Transaction Code | 586-YP |
| 437 | Service Provider ZIP/Postal Zone is not used for this Transaction Code | 587-YQ |
| 438 | Seller ID Qualifier is not used for this Transaction Code | 68Ø-ZB |
| 439 | Seller ID is not used for this Transaction Code | 679-Y9 |
| 44Ø | Seller Initials is not used for this Transaction Code | 59Ø-YT |

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| | | |
|---|---|---|
| 441 | Other Amount Claimed Submitted Grouping Incorrect | 478-H7, 479-H8, 48Ø-H9 |
| 442 | Other Payer Amount Paid Grouping Incorrect | 341-HB, 342-HC, 431-DV |
| 443 | Other Payer-Patient Responsibility Amount Grouping Incorrect | 353-NR, 351-NP, 352-NQ |
| 444 | Benefit Stage Amount Grouping Incorrect | 392-MU, 393-MV, |
| 445 | Diagnosis Code Grouping Incorrect | 491-VE, 492-WE, 424-DO |
| 446 | COB/Other Payments Segment Incorrectly Formatted | 111-AM |
| 447 | Additional Documentation Segment Incorrectly Formatted | 111-AM |
| 448 | Clinical Segment Incorrectly Formatted | 111-AM |
| 449 | Patient Segment Incorrectly Formatted | 111-AM |
| 45Ø | Insurance Segment Incorrectly Formatted | 111-AM |
| 451 | Transaction Header Segment Incorrectly Formatted | 111-AM |
| 452 | Claim Segment Incorrectly Formatted | 111-AM |
| 453 | Pharmacy Provider Segment Incorrectly Formatted | 111-AM |
| 454 | Prescriber Segment Incorrectly Formatted | 111-AM |
| 455 | Workers' Compensation Segment Incorrectly Formatted | 111-AM |
| 456 | Pricing Segment Incorrectly Formatted | 111-AM |
| 457 | Coupon Segment Incorrectly Formatted | 111-AM |
| 458 | Prior Authorization Segment Incorrectly Formatted | 111-AM |
| 459 | Facility Segment Incorrectly Formatted | 111-AM |
| 46Ø | Narrative Segment Incorrectly Formatted | 111-AM |
| 461 | Purchaser Segment Incorrectly Formatted | 111-AM |
| 462 | Service Provider Segment Incorrectly Formatted | 111-AM |
| 463 | Pharmacy not contracted in Assisted Living Network | 3Ø2-C2, 4Ø1-D1 |
| 464 | Service Provider ID Qualifier Does Not Precede Service Provider ID | 2Ø2-B2 |
| 465 | Patient ID Qualifier Does Not Precede Patient ID | 331-CX |
| 466 | Prescription/Service Reference Number Qualifier Does Not Precede Prescription/Service Reference Number | 455-EM |
| 467 | Product/Service ID Qualifier Does Not Precede Product/Service ID | 436-E1 |
| 468 | Procedure Modifier Code Count Does Not Precede Procedure  Modifier Code | 458-SE |
| 469 | Submission Clarification Code Count Does Not Precede Submission Clarification Code | 354-NX |
| 47Ø | Originally Prescribed Product/Service ID Qualifier Does Not Precede Originally Prescribed Product/Service Code | 453-EJ |
| 471 | Other Amount Claimed Submitted Count Does Not Precede Other Amount Claimed Amount And/Or Qualifier | 478-H7 |
| 472 | Other Amount Claimed Submitted Qualifier Does Not Precede Other Amount Claimed Submitted | 479-H8 |

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| 473 | Provider Id Qualifier Does Not Precede Provider ID | 465-EY |
|---|---|---|
| 474 | Prescriber Id Qualifier Does Not Precede Prescriber ID | 466-EZ |
| 475 | Primary Care Provider ID Qualifier Does Not Precede Primary Care  Provider ID | 468-2E |
| 476 | Coordination Of Benefits/Other Payments Count Does Not Precede Other Payer Coverage Type | 337-4C |
| 477 | Other Payer ID Count Does Not Precede Other Payer ID Data Fields | 355-NT |
| 478 | Other Payer ID Qualifier Does Not Precede Other Payer ID | 339-6C |
| 479 | Other Payer Amount Paid Count Does Not Precede Other Payer Amount Paid And/Or Qualifier | 341-HB |
| 48Ø | Other Payer Amount Paid Qualifier Does Not Precede Other Payer Amount Paid | 342-HC |
| 481 | Other Payer Reject Count Does Not Precede Other Payer Reject Code | 471-5E |
| 482 | Other Payer-Patient Responsibility Amount Count Does Not Precede Other Payer-Patient Responsibility Amount and/or Qualifier | 353-NR |
| 483 | Other Payer-Patient Responsibility Amount Qualifier Does Not Precede Other Payer-Patient Responsibility Amount | 351-NP |
| 484 | Benefit Stage Count Does Not Precede Benefit Stage Amount and/or  Qualifier | 392-MU |
| 485 | Benefit Stage Qualifier Does Not Precede Benefit Stage Amount | 393-MV |
| 486 | Pay To Qualifier Does Not Precede Pay To ID | 118-TS |
| 487 | Generic Equivalent Product Id Qualifier Does Not Precede Generic Equivalent Product Id | 125-TZ |
| 488 | DUR/PPS Code Counter Does Not Precede DUR Data Fields | 473-7E |
| 489 | DUR Co-Agent ID Qualifier Does Not Precede DUR Co-Agent ID | 475-J9 |
| 49Ø | Compound Ingredient Component Count Does Not Precede Compound Product ID And/Or Qualifier | 447-EC |
| 491 | Compound Product ID Qualifier Does Not Precede Compound  Product ID | 488-RE |
| 492 | Compound Ingredient Modifier Code Count Does Not Precede Compound Ingredient Modifier Code | 362-2G |
| 493 | Diagnosis Code Count Does Not Precede Diagnosis Code And/Or  Product ID  Qualifier | 491-VE |
| 494 | Diagnosis Code Qualifier Does Not Precede Diagnosis Code | 492-WE |
| 495 | Clinical Information Counter Does Not Precede Clinical Measurement data | 493-XE |
| 496 | Length Of Need Qualifier Does Not Precede Length Of Need | 371-2S |
| 497 | Question Number/Letter Count Does Not Precede Question Number/Letter | 377-2Z |
| 498 | Accumulator Month Count Does Not Precede Accumulator Month | 656-S7 |
| 5C | M/I Other Payer Coverage Type | 338-5C |
| 5E | M/I Other Payer Reject Count | 471-5E |
| 5J | M/I Facility City Address | 388-5J |
| 5Ø | Non-Matched Pharmacy Number | 2Ø1-B1 |
| 51 | Non-Matched Group ID | 3Ø1-C1 |
| 52 | Non-Matched Cardholder ID | 3Ø2-C2 |
| 53 | Non-Matched Person Code | 3Ø3-C3 |

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| 54 | Non-Matched Product/Service ID Number | 4Ø7-D7, 489-TE |
|---|---|---|
| 55 | Non-Matched Product Package Size | 4Ø7-D7, 489-TE |
| 56 | Non-Matched Prescriber ID | 411-DB |
| 58 | Non-Matched Primary Prescriber | 421-DL |
| 5Ø4 | Benefit Stage Qualifier Value Not Supported | 393-MV |
| 5Ø5 | Other Payer Coverage Type Value Not Supported | 338-5C |
| 5Ø6 | Prescription/Service Reference Number Qualifier Value Not  Supported | 455-EM |
| 5Ø7 | Additional Documentation Type ID Value Not Supported | 369-2Q |
| 5Ø8 | Authorized Representative State/Province Address Value Not  Supported | 498-PJ |
| 5Ø9 | Basis Of Request Value Not Supported | 498-PD |
| 51Ø | Billing Entity Type Indicator Value Not Supported | 117-TR |
| 511 | CMS Part D Defined Qualified Facility Value Not Supported | 997-G2 |
| 512 | Compound Code Value Not Supported | 4Ø6-D6 |
| 513 | Compound Dispensing Unit Form Indicator Value Not Supported | 451-EG |
| 514 | Compound Ingredient Basis of Cost Determination Value Not  Supported | 49Ø-UE |
| 515 | Compound Product ID Qualifier Value Not Supported | 488-RE |
| 516 | Compound Type Value Not Supported | 996-G1 |
| 517 | Coupon Type Value Not Supported | 485-KE |
| 518 | DUR Co-Agent ID Qualifier Value Not Supported | 475-J9 |
| 519 | DUR/PPS Level Of Effort Value Not Supported | 474-8E |
| 52Ø | Delay Reason Code Value Not Supported | 357-NV |
| 521 | Diagnosis Code Qualifier Value Not Supported | 492-WE |
| 522 | Dispensing Status Value Not Supported | 343-HD |
| 523 | Eligibility Clarification Code Value Not Supported | 3Ø9-C9 |
| 524 | Employer State/ Province Address Value Not Supported | 318-CI |
| 525 | Facility State/Province Address Value Not Supported | 387-3V |
| 526 | Header Response Status Value Not Supported | 5Ø1-F1 |
| 527 | Intermediary Authorization Type ID Value Not Supported | 463-EW |
| 528 | Length of Need Qualifier Value Not Supported | 371-2S |
| 529 | Level Of Service Value Not Supported | 418-DI |
| 53Ø | Measurement Dimension Value Not Supported | 496-H2 |
| 531 | Measurement Unit Value Not Supported | 497-H3 |
| 532 | Medicaid Indicator Value Not Supported | 36Ø-2B |
| 533 | Originally Prescribed Product/Service ID Qualifier Value Not  Supported | 453-EJ |
| 534 | Other Amount Claimed Submitted Qualifier Value Not Supported | 479-H8 |
| 535 | Other Coverage Code Value Not Supported | 3Ø8-C8 |
| 536 | Other Payer-Patient Responsibility Amount Qualifier Value Not  Supported | 351-NP |

| 537 | Patient Assignment Indicator (Direct Member Reimbursement Indicator) Value Not Supported | 391-MT |
|---|---|---|
| 538 | Patient Gender Code Value Not Supported | 3Ø5-C5 |
| 539 | Patient State/Province Address Value Not Supported | 324-CO |
| 54Ø | Pay to State/ Province Address Value Not Supported | 123-TX |
| 541 | Percentage Sales Tax Basis Submitted Value Not Supported | 484-JE |
| 542 | Pregnancy Indicator Value Not Supported | 335-2C |
| 543 | Prescriber ID Qualifier Value Not Supported | 466-EZ |
| 544 | Prescriber State/Province Address Value Not Supported | 367-2N |
| 545 | Prescription Origin Code Value Not Supported | 419-DJ |
| 546 | Primary Care Provider ID Qualifier Value Not Supported | 468-2E |
| 547 | Prior Authorization Type Code Value Not Supported | 461-EU |
| 548 | Provider Accept Assignment Indicator Value Not Supported | 361-2D |
| 549 | Provider ID Qualifier Value Not Supported | 465-EY |
| 55Ø | Request Status Value Not Supported | 373-2U |
| 551 | Request Type Value Not Supported | 498-PA |
| 552 | Route of Administration Value Not Supported | 995-E2 |
| 553 | Smoker/Non-Smoker Code Value Not Supported | 334-1C |
| 554 | Special Packaging Indicator Value Not Supported | 429-DT |
| 555 | Transaction Count Value Not Supported | 1Ø9-A9 |
| 556 | Unit Of Measure Value Not Supported | 6ØØ-28 |
| 557 | COB Segment Present On A Non-COB Claim | 3Ø8-C8 |
| 558 | Part D Plan cannot coordinate benefits with another Part D Plan. | |
| 559 | ID Submitted is associated with a Sanctioned Pharmacy | 2Ø1-B1 |
| 56Ø | Pharmacy Not Contracted in Retail Network | 2Ø1-B1 |
| 561 | Pharmacy Not Contracted in Mail Order Network | 2Ø1-B1 |
| 562 | Pharmacy Not Contracted in Hospice Network | 2Ø1-B1 |
| 563 | Pharmacy Not Contracted in Veterans Administration Network | 2Ø1-B1 |
| 564 | Pharmacy Not Contracted in Military Network | 2Ø1-B1 |
| 565 | Patient Country Code Value Not Supported | A43-1K |
| 566 | Patient Country Code Not Used For This Transaction | A43-1K |
| 567 | M/I Veterinary Use Indicator | A45-1R |
| 568 | Veterinary Use Indicator Value Not Supported | A45-1R |
| 569 | Provide Notice: Medicare Prescription Drug Coverage and Your Rights | |
| 57Ø | Veterinary Use Indicator Not Used For This Transaction | A45-1R |
| 571 | Patient ID Associated State/Province Address Value Not Supported | A22-YR |
| 572 | Medigap ID Not Covered | 359-2A |
| 573 | Prescriber Alternate ID Associated State/Province Address Value Not Supported | A27-ZQ |

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| 574 | Compound Ingredient Modifier Code Not Covered | 362-2G |
| 575 | Purchaser State/Province Address Value Not Supported | 675-Y3 |
| 576 | Service Provider State/Province Address Value Not Supported | 586-YP |
| 577 | M/I Other Payer ID | 355-NT |
| 578 | Other Payer ID Count Does Not Match Number of Repetitions | 355-NT |
| 579 | Other Payer ID Count Exceeds Number Of Occurrences Supported | 355-NT |
| 58Ø | Other Payer ID Count Grouping Incorrect | 355-NT |
| 581 | Other Payer ID Count is not used for this Transaction Code | 355-NT |
| 583 | Provider ID Not Covered | 444-E9 |
| 584 | Purchaser ID Associated State/Province Code Value Not Supported | 593-YW |
| 585 | Fill Number Value Not Supported | 4Ø3-D3 |
| 586 | Facility ID Not Covered | 336-8C |
| 587 | Carrier ID Not Covered | 327-CR |
| 588 | Alternate ID Not Covered | 33Ø-CW |
| 589 | Patient ID Not Covered | 332-CY |
| 59Ø | Compound Dosage Form Not Covered | 45Ø-EF |
| 591 | Plan ID Not Covered | 524-FO |
| 592 | DUR Co-Agent ID Not Covered | 476-H6 |
| 593 | M/I Date of Service | 4Ø1-D1 |
| 594 | Pay To ID Not Covered | 119-TT |
| 595 | Associated Prescription/Service Provider ID Not Covered | 58Ø-XY |
| 596 | Compound Preparation Time Not Used For This Transaction Code | A32-ZW |
| 597 | LTC Dispensing Type Does Not Support The Packaging Type | 42Ø-DK, 429-DT |
| 598 | More Than One Patient Found | |
| 599 | Cardholder ID Matched But Last Name Did Not | |
| 6C | M/I Other Payer ID Qualifier | 339-6C |
| 6D | M/I Facility Zip/Postal Zone | 389-6D |
| 6E | M/I Other Payer Reject Code | 472-6E |
| 6G | Coordination Of Benefits/Other Payments Segment Required For Adjudication | 111-AM |
| 6H | Coupon Segment Required For Adjudication | 111-AM |
| 6J | Insurance Segment Required For Adjudication | 111-AM |
| 6K | Patient Segment Required For Adjudication | 111-AM |
| 6M | Pharmacy Provider Segment Required For Adjudication | 111-AM |
| 6N | Prescriber Segment Required For Adjudication | 111-AM |
| 6P | Pricing Segment Required For Adjudication | 111-AM |
| 6Q | Prior Authorization Segment Required For Adjudication | 111-AM |
| 6R | Worker's Compensation Segment Required For Adjudication | 111-AM |

| 6S | Transaction Segment Required For Adjudication | 111-AM |
|---|---|---|
| 6T | Compound Segment Required For Adjudication | 111-AM |
| 6U | Compound Segment Incorrectly Formatted | 111-AM |
| 6V | Multi-ingredient Compounds Not Supported, | 111-AM |
| 6W | DUR/PPS Segment Required For Adjudication | 111-AM |
| 6X | DUR/PPS Segment Incorrectly Formatted | 111-AM |
| 6Y | Not Authorized To Submit Electronically | 2Ø1-B1 |
| 6Z | Provider Not Eligible To Perform Service/Dispense Product | 2Ø1-B1 |
| 6Ø | Product/Service Not Covered For Patient Age | 3Ø2-C2, 3Ø4-C4, 4Ø1-D1, 4Ø7-D7, 489-TE |
| 61 | Product/Service Not Covered For Patient Gender | 3Ø2-C2, 3Ø5-C5, 4Ø7-D7, 489-TE |
| 62 | Patient/Card Holder ID Name Mismatch | 31Ø-CA, 311-CB, 312-CC, 313-CD, 3Ø2-C2 |
| 63 | Product/Service ID Not Covered For Institutionalized Patient | 3Ø2-C2. 4Ø1-D1, 4Ø7-D7 |
| 64 | Claim Submitted Does Not Match Prior Authorization | 2Ø1-B1, 4Ø7-D7, 442-E7, 461-EU, 462-EV, 489-TE |
| 65 | Patient Is Not Covered | 3Ø2-C2, 3Ø3-C3, 3Ø6-C6 |
| 66 | Patient Age Exceeds Maximum Age | 3Ø2-C2, 3Ø3-C3, |
| 67 | Filled Before Coverage Effective | 3Ø2-C2, 4Ø1-D1 |
| 68 | Filled After Coverage Expired | 3Ø2-C2, 4Ø1-D1 |
| 69 | Filled After Coverage Terminated | 3Ø2-C2, 4Ø1-D1 |
| 6ØØ | Coverage Outside Submitted Date Of Service | |
| 6Ø1 | Intermediary Authorization Type ID Does Not Precede Intermediary Authorization ID | 463-EW 464-EX |
| 6Ø2 | Associated Prescription/Service Provider ID Qualifier Does Not Precede Associated Prescription/ Service Provider ID | 579-XX 58Ø-XY |
| 6Ø3 | Prescriber Alternate ID Qualifier Does Not Precede Prescriber  Alternate ID | A25-ZM A26-ZP |
| 6Ø4 | Purchaser ID Qualifier Does Not Precede Purchaser ID | 591-YU 592-YV |
| 6Ø5 | Seller ID Qualifier Does Not Precede Seller ID | 68Ø-ZB 679-Y9 |
| 6Ø6 | Brand Drug / Specific Labeler Code Required | 4Ø7-D7 |
| 6Ø7 | Information Reporting (N1/N3) Transaction Cannot Be Matched To A Claim (B1/B3) | |
| 6Ø8 | Step Therapy, Alternate Drug Therapy Required Prior To Use Of Submitted Product Service ID | 4Ø7-D7 |
| 6Ø9 | COB Claim Not Required, Patient Liability Amount Submitted Was Zero | |
| 61Ø | Information Reporting Transaction (N1/N3) Matched to Reversed or Rejected Claim Submitted Under Part D BIN PCN | |
| 611 | Information Reporting Transaction (N1/N3) Was Matched To A Claim Submitted Under The Part D BIN/PCN Paid As Enhanced Or OTC Or By A Benefit Other Than Part D | |

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| 612 | LTC Appropriate Dispensing Invalid Submission Clarification Code (SCC) Combination | 42Ø-DK |
| 613 | The Packaging Methodology Or Dispensing Frequency Is Missing Or Inappropriate For LTC Short Cycle | 42Ø-DK, 429-DT |
| 614 | Uppercase Character(s) Required | |
| 615 | Compound Ingredient Basis Of Cost Determination Value 14 Required When Compound Ingredient Quantity Is Ø But Cost Is Greater Than $Ø | 49Ø-UE |
| 616 | Submission Clarification Code 8 Required When Compound Ingredient Quantity Is Ø | 448-ED |
| 617 | Compound Ingredient Drug Cost Cannot Be Negative Amount | 449-EE |
| 618 | Plan's Prescriber Data Base Indicates The Submitted Prescriber's DEA Does Not Allow This Drug DEA Schedule | 411-DB, 42Ø-DK |
| 619 | Prescriber Type 1 NPI Required | 411-DB |
| 62Ø | This Product/Service May Be Covered Under Medicare Part D | 4Ø7-D7 |
| 621 | This Medicaid Patient Is Medicare Eligible | |
| 623 | M/I Authorized Representative Country Code | B34-1U |
| 624 | M/I Employer Country Code | B35-1V |
| 625 | M/I Entity Country Code | B36-1W |
| 627 | M/I Facility Country Code | B37-1X |
| 628 | M/I Patient ID Associated Country Code | B38-1Y |
| 629 | M/I Pay to Country Code | B39-1Z |
| 63Ø | M/I Prescriber Alternate ID Associated Country Code | B4Ø-3A |
| 631 | M/I Prescriber ID Associated Country Code | B41-3B |
| 632 | M/I Prescriber Country Code | B42-3C |
| 633 | M/I Purchaser ID Associated Country Code | B43-3D |
| 634 | Authorized Representative Country Code Value Not Supported | B34-1U |
| 635 | M/I Employer Country Code Value Not Supported | B35-1V |
| 637 | M/I Entity Country Code Value Not Supported | B36-1W |
| 638 | M/I Facility Country Code Value Not Supported | B37-1X |
| 639 | M/I Patient ID Associated Country Code Value Not Supported | B38-1Y |
| 64Ø | M/I Pay to Country Code Value Not Supported | B39-1Z |
| 641 | M/I Prescriber Alternate ID Associated Country Code Value Not  Supported | B4Ø-3A |
| 642 | M/I Prescriber ID Associated Country Code Value Not Supported | B41-3B |
| 643 | M/I Prescriber Country Code Value Not Supported | B42-3C |
| 644 | M/I Purchaser ID Associated Country Code Value Not Supported | B43-3D |
| 645 | Repackaged product is not covered by the contract. | 4Ø7-D7 |
| 646 | Patient Not Eligible Due To Non Payment Of Premium. Patient To  Contact Plan. | |
| 647 | Quantity Prescribed Required For CII Prescription | 4Ø7-D7, 46Ø-ET |
| 648 | Quantity Prescribed Does Not Match Quantity Prescribed On Original CII Dispensing | 4Ø7-D7, 46Ø-ET |
| 649 | Cumulative Quantity For This CII Rx Number Exceeds Quantity  Prescribed | |
| 65Ø | Fill Date Greater Than 6Ø Days From CII Date Prescription Written  (414-DE). | 414-DE |

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| 651 | REMS: Mandatory data element(s) missing | |
|------|------|------|
| 652 | REMS: Prescriber not matched or may not be enrolled | 411-DB |
| 653 | REMS: Patient not matched or may not be enrolled. | 31Ø-CA, 311-CB, 3Ø4-C4, 325-CP |
| 654 | REMS: Pharmacy not matched or may not be enrolled. | 2Ø1-B1 |
| 655 | REMS: Multiple patient matches. | 31Ø-CA, 311-CB, 3Ø4-C4, 325-CP |
| 656 | REMS: Patient age not matched. | 3Ø4-C4 |
| 657 | REMS: Patient gender not matched. | 3Ø5-C5 |
| 658 | REMS: Pharmacy has not enrolled. | 2Ø1-B1 |
| 659 | REMS: Pharmacy has not renewed enrollment. | 2Ø1-B1 |
| 66Ø | REMS: Pharmacy has not submitted agreement form. | 2Ø1-B1 |
| 661 | REMS: Pharmacy has been suspended due to non-compliance. | 2Ø1-B1 |
| 662 | REMS: Prescriber has not enrolled. | 411-DB |
| 663 | REMS: Prescriber has not completed a knowledge assessment. | 411-DB |
| 664 | REMS: Prescriber has been suspended due to non-compliance. | 411-DB |
| 665 | REMS: Excessive days supply. | 4Ø5-D5 |
| 666 | REMS: Insufficient days supply. | 4Ø5-D5 |
| 667 | REMS: Excessive dosage. | 4Ø5-D5 |
| 668 | REMS: Insufficient dosage. | 4Ø5-D5 |
| 669 | REMS: Refills not permitted. | 4Ø3-D3, 415-DF |
| 67Ø | REMS: Laboratory test results not documented. | |
| 671 | REMS: Laboratory test not conducted within specified time period. | |
| 672 | REMS: Dispensing not authorized due to laboratory test results. | |
| 673 | REMS: Prescriber counseling of patient not documented. | 411-DB |
| 674 | REMS: Prescriber has not documented safe use conditions. | 411-DB |
| 675 | REMS: Prescriber has not documented patient opioid tolerance. | 411-DB |
| 676 | REMS: Prescriber has not documented patient contraceptive use. | 411-DB |
| 677 | REMS: Lack of contraindicated therapy not documented. | |
| 678 | REMS: Step therapy not documented. | |
| 679 | REMS: Prescriber has not enrolled patient. | 411-DB |
| 68Ø | REMS: Prescriber must renew patient enrollment. | 411-DB |
| 681 | REMS: Patient enrollment requirements have not been met. | |
| 682 | REMS: Prescriber has not submitted patient agreement. | 411-DB |
| 683 | REMS: Prescriber has not verified patient's reproductive potential. | 411-DB |
| 684 | REMS: Patient has not documented safe use conditions. | |
| 685 | REMS: Patient has not documented completed education. | |
| 686 | REMS: Patient has not documented contraceptive use. | |

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|---|---|---|
| 687 | REMS Administrator Denied | |
| 688 | REMS: Service Billing Denied | |
| 689 | PDMP Administrator Denied | |
| 69Ø | PDMP: Pharmacy not contracted | 2Ø1-B1 |
| 691 | PDMP: Pharmacy contract not renewed. | 2Ø1-B1 |
| 692 | PDMP: M/I Patient First Name | 31Ø-CA |
| 693 | PDMP: M/I Patient Last Name | 311-CB |
| 694 | PDMP: M/I Patient Street Address | BØ8-7A, BØ9-7B |
| 695 | PDMP: M/I Patient City | 323-CN |
| 696 | PDMP: M/I Patient State or Province | 324-CO |
| 697 | PDMP: M/I Patient ZIP/Postal Code | 325-CP |
| 698 | PDMP: M/I Prescriber ID | 411-DB |
| 699 | PDMP: M/I Prescriber Last Name | 427-DR |
| 7A | Provider Does Not Match Authorization On File | 2Ø1-B1 |
| 7B | Service Provider ID Qualifier Value Not Supported For Processor/Payer | 2Ø2-B2 |
| 7C | M/I Other Payer ID | 34Ø-7C |
| 7D | Non-Matched DOB | 3Ø4-C4 |
| 7E | M/I DUR/PPS Code Counter | 473-7E |
| 7G | Future Date Not Allowed For DOB | 3Ø4-C4 |
| 7H | Non-Matched Gender Code | 3Ø5-C5 |
| 7J | Patient Relationship Code Value Not Supported | 3Ø6-C6 |
| 7K | Discrepancy Between Other Coverage Code And Other Payer Amount | 3Ø8-C8 |
| 7M | Discrepancy Between Other Coverage Code And Other Coverage Information On File | 3Ø8-C8 |
| 7N | Patient ID Qualifier Value Not Supported | 331-CX |
| 7P | Coordination Of Benefits/Other Payments Count Exceeds Number of Supported Payers | 337-4C |
| 7Q | Other Payer ID Qualifier Value Not Supported | 339-6C |
| 7R | Other Payer Amount Paid Count Exceeds Number of Supported  Groupings | 341-HB |
| 7T | Quantity Intended To Be Dispensed Required For Partial Fill Transaction | 344-HF |
| 7U | Days Supply Intended To Be Dispensed Required For Partial Fill Transaction | 345-HG |
| 7V | Duplicate Refills, | 4Ø3-D3 |
| 7W | Refills Exceed allowable Refills | 4Ø3-D3 |
| 7X | Days Supply Exceeds Plan Limitation | 4Ø5-D5 |
| 7Y | Compounds Not Covered, | 4Ø6-D6 |
| 7Z | Compound Requires Two Or More Ingredients, | 4Ø6-D6 |
| 7Ø | Product/Service Not Covered – Plan/Benefit Exclusion | 4Ø7-D7, 489-TE |
| 71 | Prescriber ID Is Not Covered | 411-DB |
| 72 | Primary Prescriber Is Not Covered | 421-DL |

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| 73 | Refills Are Not Covered | 4Ø2-D2, 4Ø3-D3 |
|---|---|---|
| 74 | Other Carrier Payment Meets Or Exceeds Payable | 4Ø9-D9, 442-E7, 481-HA, 482-GE |
| 75 | Prior Authorization Required | 462-EV, 489-TE |
| 76 | Plan Limitations Exceeded | 4Ø5-D5, 442-E7 |
| 77 | Discontinued Product/Service ID Number | 4Ø7-D7, 489-TE |
| 78 | Cost Exceeds Maximum | 4Ø7-D7, 4Ø9-D9, 442-E7, 448-ED, 449-EE, 481-HA, 482-GE, 489-TE |
| 79 | Refill Too Soon | 4Ø1-D1, 4Ø3-D3, 4Ø5-D5 |
| 7ØØ | PDMP: M/I Patient ID | 332-CY |
| 7Ø1 | PDMP: M/I Patient Date of Birth | 3Ø4-C4 |
| 7Ø2 | PDMP: M/I Patient Gender | 3Ø5-C5 |
| 7Ø3 | PDMP: M/I Prescription Origin Code | 419-DJ |
| 7Ø4 | PDMP: M/I Scheduled Rx Serial Number | 454-EK |
| 7Ø5 | PDMP: M/I Product/Service ID | 4Ø7-D7, 489-TE |
| 7Ø6 | PDMP: M/I Compound Code | 4Ø6-D6 |
| 7Ø7 | PDMP: M/I Patient Phone Number | 326-CQ |
| 7Ø8 | PDMP: M/I Payment Code | A29-ZS |
| 769 | Paid Billing Transaction (B1/B3) Submitted Under The Part D BIN PCN Found But Information Reporting Reversal (N2) Cannot Be Matched To An Information Reporting Transaction (N1/N3) In An Approved Status; Reversal (N2) Not Processed. | |
| 77Ø | Paid Billing Transaction (B1/B3) Submitted Under The Part D BIN PCN Not Found And Information Reporting Reversal (N2) Cannot Be Matched To An Information Reporting Transaction (N1/N3) in Approved Status; Reversal (N2) Not Processed | |
| 771 | Compound contains unidentifiable ingredient(s); Submission Clarification Code override not allowed | 489-TE |
| 772 | Compound not payable due to non-covered ingredient(s); Submission Clarification Code override not allowed | 489-TE |
| 773 | Prescriber Is Not Listed On Medicare Enrollment File | 411-DB |
| 774 | Prescriber Medicare Enrollment Period Is Outside Of Claim Date Of Service | 411-DB |
| 775 | Pharmacy not listed within Medicare Fee For Service active enrollment file | 2Ø1-B1 |
| 776 | Pharmacy enrollment with Medicare Fee For Service has terminated | 2Ø1-B1 |
| 777 | Plan's Prescriber data base not able to verify active state license with prescriptive authority for Prescriber ID Submitted | |
| 8A | Compound Requires At Least One Covered Ingredient | 4Ø6-D6 |
| 8B | Compound Segment Missing On A Compound Claim | 4Ø6-D6 |
| 8C | M/I Facility ID | 336-8C |
| 8D | Compound Segment Present On A Non-Compound Claim | 4Ø6-D6 |
| 8E | M/I DUR/PPS Level Of Effort | 474-8E |

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| 8G | Product/Service ID (4Ø7-D7) Must Be A Single Zero "Ø" For Compounds | 4Ø7-D7 |
|---|---|---|
| 8H | Product/Service Only Covered On Compound Claim | 4Ø7-D7 |
| 8J | Incorrect Product/Service ID For Processor/Payer | 4Ø7-D7, 489-TE |
| 8K | DAW Code Value Not Supported | 4Ø8-D8 |
| 8M | Sum Of Compound Ingredient Costs Does Not Equal Ingredient Cost Submitted | 4Ø9-D9 |
| 8N | Future Date Prescription Written Not Allowed, | 414-DE |
| 8P | Date Written Different On Previous Filling | 414-DE |
| 8Q | Excessive Refills Authorized | 415-DF |
| 8R | Submission Clarification Code Value Not Supported | 42Ø-DK |
| 8S | Basis Of Cost Determination Value Not Supported | 423-DN |
| 8T | U&C Must Be Greater Than Zero | 426-DQ |
| 8U | GAD Must Be Greater Than Zero | 43Ø-DU |
| 8V | Negative Dollar Amount Is Not Supported In The Other Payer Amount Paid Field | 431-DV |
| 8W | Discrepancy Between Other Coverage Code and Other Payer Amount Paid | 431-DV |
| 8X | Collection From Cardholder Not Allowed | 433-DX |
| 8Y | Excessive Amount Collected | 433-DX |
| 8Z | Product/Service ID Qualifier Value Not Supported | 436-E1 |
| 8Ø | Drug-Diagnosis Mismatch | 4Ø7-D7, 424-DO |
| 81 | Claim Too Old | 4Ø1-D1 |
| 82 | Claim Is Post-Dated | 4Ø1-D1 |
| 83 | Duplicate Paid/Captured Claim | 2Ø1-B1, 4Ø1-D1, 4Ø2-D2, 4Ø3-D3, 4Ø7-D7 |
| 84 | Claim Has Not Been Paid/Captured | 2Ø1-B1, 4Ø1-D1, 4Ø2-D2 |
| 85 | Claim Not Processed | None |
| 86 | Submit Manual Reversal | None |
| 87 | Reversal Not Processed | None |
| 88 | DUR Reject Error | 4Ø1-D1, 4Ø7-D7 |
| 89 | Rejected Claim Fees Paid | |
| 816 | Pharmacy Benefit Exclusion, May Be Covered Under Patient's Medical Benefit | |
| 817 | Pharmacy Benefit Exclusion, Covered Under Patient's Medical Benefit | |
| 818 | Medication Administration Not Covered, Plan Benefit Exclusion | |
| 819 | Plan Enrollment File Indicates Medicare As Primary Coverage | |
| 82Ø | Information Reporting Transaction (N1/N3) Matched To Reversed Or Rejected Claim Not Submitted Under Part D BIN PCN | |
| 821 | Information Reporting (N1/N3) Transaction Matched To Paid Claim Not Submitted Under Part D BIN PCN | |
| 822 | Drug Is Unrelated To The Terminal Illness And/Or Related Conditions. Not Covered Under Hospice. | |

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| 823 | Drug Is Beneficiary's Liability - Not Covered By Hospice Or Part D. Hospice Non-Formulary. Check Other Coverage. | |
| 824 | Multi-transaction transmission not allowed in current NCPDP standard | 1Ø9-A9 |
| 825 | Claim Date Of Service Is Outside Of Product's FDA/NSDE Marketing Dates | 4Ø7-D7, 489-TE |
| 826 | Prescriber NPI Submitted Not Found Within Processor's NPI File | 466-EZ, 411-DB |
| 827 | Pharmacy Service Provider Is Temporarily Suspended From Processing Claims By Payer/Processor | |
| 828 | Plan/Beneficiary Case Management Restriction In Place | |
| 829 | Pharmacy Must Notify Beneficiary: Claim Not Covered Due To Failure To Meet Medicare Part D Active, Valid Prescriber NPI Requirements | |
| 83Ø | Workers' Comp Or P&C Adjuster Authorization Required – Patient Must Directly Contact Their Adjuster | |
| 831 | Product Service ID Carve-Out, Bill Medicaid Fee For Service | |
| 832 | Prescriber NPI Not Found, Therefore NPI Active Status, MEDICARE Enrollment, Prescriptive Authority Could Not Be Validated | |
| 833 | Accumulator Year Is Not Within ATBT Timeframe | |
| 834 | M/I Provider First Name | B96-4A |
| 835 | M/I Provider Last Name | B97-4M |
| 836 | M/I Facility ID Qualifier | B95-3Z |
| 837 | Facility ID Value Not Supported | B95-3Z |
| 838 | M/I Original Manufacturer Product ID | C01-4N |
| 839 | M/I Original Manufacturer Product ID Qualifier | C02-4P |
| 84Ø | Original Manufacturer Product ID Value Not Supported | C01-4N |
| 844 | M/I Other Payer Adjudicated Program Type | C47-9T |
| 845 | Other Payer Reconciliation ID Is Not Used For This Transaction Code | C49-9V |
| 846 | Benefit Stage Indicator Count Is Not Used For This Transaction Code | C50-9W |
| 847 | Benefit Stage Indicator Count Does Not Precede Benefit Stage Indicator | C50-9W |
| 848 | M/I Benefit Stage Indicator Count | C50-9W |
| 849 | Benefit Stage Indicator Count Does Not Match Number of Repetitions | C50-9W |
| 85Ø | Benefit Stage Indicator Is Not Used For This Transaction Code | C51-9X |
| 851 | Benefit Stage Indicator Value Not Supported | C51-9X |
| 852 | M/I Benefit Stage Indicator | C51-9X |
| 853 | N Payer IIN Is Not Used For This Transaction Code | C52-9Y |
| 854 | M/I N Payer IIN | C52-9Y |
| 855 | Non-Matched N Payer IIN | C52-9Y |
| 856 | N Payer Processor Control Number Is Not Used For This Transaction Code | C53-9Z |
| 857 | M/I N Payer Processor Control Number | C53-9Z |
| 858 | Non-Matched N Payer Processor Control Number | C53-9Z |
| 859 | N Payer Group ID Is Not Used For This Transaction Code | C55-AB |

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| 86Ø | M/I N Payer Group ID | C55-AB |
|---|---|---|
| 861 | Non-Matched N Payer Group ID | C55-AB |
| 862 | N Payer Cardholder ID Is Not Used For This Transaction Code | C54-AA |
| 863 | M/I N Payer Cardholder ID | C54-AA |
| 864 | N Payer Cardholder ID Is Not Covered | C54-AA |
| 865 | N Payer Adjudicated Program Type Is Not Used For This Transaction Code | C48-9U |
| 866 | M/I N Payer Adjudicated Program Type | C48-9U |
| 867 | N Payer Adjudicated Program Type Value Not Supported | C48-9U |
| 868 | M/I N Transaction Reconciliation ID | C57-AD |
| 869 | M/I N Transaction Source Type | C56-AC |
| 87Ø | M/I Prescriber DEA Number | D01-KV |
| 871 | M/I Compound Level Of Complexity | C60-AG |
| 872 | Mismatch Between Compound Level Of Complexity And Preparation Environment Type | C60-AG, C99-KU |
| 873 | M/I Preparation Environment Type | C99-KU |
| 874 | M/I Preparation Environment Event Code | C98-KT |
| 875 | M/I Total Prescribed Quantity Remaining | D02-KW |
| 876 | Prescriptive Authority Restrictions Apply, Criteria Not Met | |
| 877 | Service Provider ID Terminated On NPPES File | |
| 878 | Service Provider ID Not Found On NPPES File | |
| 879 | Service Provider ID Excluded From Receiving CMS Enrollment Data | |
| 88Ø | M/I Submission Type Code | D17-K8 |
| 881 | Missing Submission Type Code Count | D16-KZ |
| 882 | M/I Do Not Dispense Before Date | D18-K9 |
| 883 | Date of Service Prior To Do Not Dispense Before Date | D18-K9 |
| 884 | M/I Multiple RX Order Group Reason Code | D22-M4 |
| 885 | M/I Multiple RX Order Group ID | D21-M3 |
| 886 | M/I Prescriber Place of Service | D57-RG |
| 887 | A Previous Payer(s) Is An Excluded Federal Health Care Program Copay Assistance Is Not Allowed | |
| 888 | Beneficiary Is Enrolled In Excluded Federal Health Care Program | |
| 889 | Prescriber Not Enrolled in State Medicaid Program | |
| 89Ø | Pharmacy Not Enrolled in State Medicaid Program | |
| 891 | Days Supply Is Less Than Plan Minimum | 405-D5 |
| 892 | Pharmacy Must Attest FDA REMS Requirements Have Been Met | |
| 893 | Pharmacy Must Attest Required Patient Form Is On File | |
| 894 | Pharmacy Must Attest Plan Medical Necessity Criteria Has Been Met | |
| 895 | Allowed Number of Overrides Exhausted | 420-DK |
| 896 | Other Adjudicated Program Type Of Unknown Is Not Covered | |

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| 897 | M/I Regulatory Fee Count | D60-RK |
|---|---|---|
| 898 | M/I Regulatory Fee Type Code | D61-RL |
| 899 | M/I Other Payer Percentage Tax Exempt Indicator | D51-P7 |
| 9B | Reason For Service Code Value Not Supported | 439-E4 |
| 9C | Professional Service Code Value Not Supported | 44Ø-E5 |
| 9D | Result Of Service Code Value Not Supported | 441-E6 |
| 9E | Quantity Does Not Match Dispensing Unit | 442-E7 |
| 9G | Quantity Dispensed Exceeds Maximum Allowed | 442-E7 |
| 9H | Quantity Not Valid For Product/Service ID Submitted | 442-E7 |
| 9J | Future Other Payer Date Not Allowed | 443-E8 |
| 9K | Compound Ingredient Component Count Exceeds Number Of Ingredients Supported | 447-EC |
| 9M | Minimum Of Two Ingredients Required | 447-EC |
| 9N | Compound Ingredient Quantity Exceeds Maximum Allowed | 448-ED |
| 9P | Compound Ingredient Drug Cost Must Be Greater Than Zero | 449-EE |
| 9Q | Route Of Administration Submitted Not Covered | 995-E2 |
| 9R | Prescription/Service Reference Number Qualifier Submitted Not Covered | 455-EM |
| 9S | Future Associated Prescription/Service Date Not Allowed | 457-EP |
| 9T | Prior Authorization Type Code Submitted Not Covered | 461-EU |
| 9U | Provider ID Qualifier Submitted Not Covered | 465-EY |
| 9V | Prescriber ID Qualifier Submitted Not Covered | 466-EZ |
| 9W | DUR/PPS Code Counter Exceeds Number Of Occurrences Supported | 473-7E |
| 9X | Coupon Type Submitted Not Covered | 485-KE |
| 9Y | Compound Product ID Qualifier Submitted Not Covered | 488-RE |
| 9Z | Duplicate Product ID In Compound | 489-TE |
| 9Ø | Host Hung Up | Host Disconnected Before Session Completed |
| 91 | Host Response Error | Response Not In Appropriate Format To Be Displayed |
| 92 | System Unavailable/Host Unavailable | Processing Host Did Not Accept Transaction/Did Not Respond Within Time Out Period |
| 95 | Time Out | |
| 96 | Scheduled Downtime | |
| 97 | Payer Unavailable | |
| 98 | Connection To Payer Is Down | |

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| 99 | Host Processing Error | Do Not Retransmit Transaction(s) |
|---|---|---|
| 9ØØ | M/I Other Payer Regulatory Fee Type Count | D53-P9 |
| 9Ø1 | M/I Other Payer Regulatory Fee Type Code | D63-RN |
| 9Ø2 | M/I Other Payer Regulatory Fee Exempt Indicator | D52-P8 |
| 9Ø3 | Regulatory Fee Count Not Used For This Transaction Code | D60-RK |
| 9Ø4 | Regulatory Fee Type Code Not Used For This Transaction Code | D61-RL |
| 9Ø5 | Other Payer Percentage Tax Exempt Indicator Not Used For This Transaction Code | D51-P7 |
| 9Ø6 | Other Payer Regulatory Fee Type Count Not Used For This Transaction Code | D53-P9 |
| 9Ø7 | Other Payer Regulatory Fee Type Code Not Used For This Transaction Code | D63-RN |
| 9Ø8 | Other Payer Regulatory Fee Exempt Indicator Not Used For This Transaction Code | D52-P8 |
| 9Ø9 | Regulatory Fee Grouping Not Correct | D60-RK, D61-RL, 481-HA |
| 91Ø | Other Payer Regulatory Fee Grouping Not Correct | D53-P9, D63-RN, D52-P8 |
| 911 | Regulatory Fee Count Does Not Match Number of Repetitions | D60-RK, D61-RL, 481-HA |
| 912 | Other Payer Regulatory Fee Type Count Does Not Match Number of Repetitions | D53-P9, D63-RN, D52-P8 |
| 913 | Regulatory Fee Count Exceeds Number Of Occurrences Supported | D60-RK, D61-RL, 481-HA |
| 914 | Other Payer Regulatory Fee Type Count Exceeds Number Of Occurrences Supported | D53-P9, D63-RN, D52-P8 |
| 915 | Regulatory Fee Type Code Does Not Precede Regulatory Fee Amount Submitted | D60-RK, D61-RL, 481-HA |
| 916 | Other Payer Regulatory Fee Type Code Does Not Precede Other Payer Regulatory Fee Exempt Indicator | D53-P9, D63-RN, D52-P8 |
| 917 | Regulatory Fee Count Does Not Precede Regulatory Fee Type Code | D60-RK, D61-RL |
| 918 | Other Payer Regulatory Fee Type Count Does Not Precede Other Payer Regulatory Fee Type Code | D53-P9, D63-RN |
| 919 | Regulatory Fee Type Code Value Not Supported | D61-RL |
| 92Ø | Other Payer Regulatory Fee Type Code Value Not Supported | D63-RN |
| 921 | Other Payer Regulatory Fee Exempt Indicator Value Not Supported | D52-P8 |
| 922 | Morphine Milligram Equivalency (MME) Exceeds Limits | 405-D5, 442-E7, 489-TE, 407-D7 |
| 923 | Morphine Milligram Equivalency (MME) Exceeds Limits For Patient Age | 405-D5, 442-E7, 489-TE, 407-D7 |
| 924 | Cumulative Dose Exceeded Across Multiple Prescriptions | 405-D5, 442-E7, 489-TE, 407-D7 |
| 925 | Initial Fill Days Supply Exceeds Limits | 405-D5, 442-E7, 489-TE, 407-D7 |
| 926 | Initial Fill Days Supply Exceeds Limits For Patient Age | 405-D5, 442-E7, 489-TE, 407-D7 |

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|---|---|---|
| 927 | Days Supply Limitation For Product/Service For Patient Age | 405-D5, 442-E7, 489-TE, 407-D7 |
| 928 | Cumulative Fills Exceed Limits | 405-D5, 442-E7, 489-TE, 407-D7 |
| 929 | ID Submitted Is Associated With A Precluded Prescriber | 411-DB |
| 93Ø | ID Submitted Is Associated To A Precluded Pharmacy | 201-B1 |
| 932 | M/I Patient Middle Name | E09-0C |
| 933 | M/I Patient Name Suffix | E10-0D |
| 934 | M/I Patient Name Prefix | E11-0E |
| 938 | M/I Prescriber Middle Name | E12-0F |
| 942 | M/I Species | E06-S8 |
| 943 | DUR Reject – Pharmacy Override Using DUR/PPS Not Allowed | |
| 944 | All Lots Of Drug/Product Recalled | 439-E4 |
| 945 | High Dollar Amount Is Not Supported | |
| 979 | Patient Locked Into Specific Prescriber(s) | 411-DB |
| 98Ø | Patient Locked Into Specific Pharmacy(s) | 201-B1 |
| 981 | Date of Service for Remaining Portion of Incremental Fill Exceeds Regulatory Timeframe for Dispensing | 414-DE<br><br>401-D1 |
| 981 | Date of Service for Incremental Fill Exceeds Regulatory Timeframe for Dispensing | 414-DE<br><br>401-D1 |
| 982 | Provide Patient With Required Notice When Patient Access To Care Is Delayed Due To Claim Rejection/Benefit Restriction. | |
| 984 | Bill Dual Eligible Medicare Part B Patient Cost Share To Alternate Medicaid Benefit | |
| 985 | Beneficiary Has A Workers' Compensation Medicare Set-Aside Arrangement (WCMSA). | |
| 997 | Associated Prescription/Service Reference Number Qualifier Does Not Precede Associated Prescription/Service Reference Number | 581-XZ |
| 998 | Benefit Stage Indicator Count Exceeds Number of Occurrences Supported | C50-9W |
| 999 | M/I Employer Contact First Name | B17-7H |
| AA | Patient Spenddown Not Met | 3Ø2-C2, 4Ø1-D1, 4Ø7-D7 |
| AB | Date Written Is After Date Filled | 4Ø1-D1 |
| AC | Product Not Covered Non-Participating Manufacturer | 489-TE, 4Ø7-D7 |
| AD | Billing Provider Not Eligible To Bill This Claim Type | 3Ø2-C2, 4Ø1-D1, 4Ø7-D7 |
| AE | QMB (Qualified Medicare Beneficiary)-Bill Medicare | 3Ø2-C2 |
| AF | Patient Enrolled Under Managed Care | 3Ø2-C2 |
| AG | Days Supply Limitation For Product/Service | 489-TE, 4Ø7-D7 |
| AH | Unit Dose Packaging Only Payable For Nursing Home Recipients | 3Ø2-C2, 4Ø7-D7 |

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| AJ | Generic Drug Required | 489-TE, 4Ø7-D7 |
|---|---|---|
| AK | M/I Software Vendor/Certification ID | 11Ø-AK |
| AM | M/I Segment Identification | 111-AM |
| AQ | M/I Facility Segment | 111-AM |
| A1 | ID Submitted is associated with a Sanctioned Prescriber | 411-DB |
| A2 | ID Submitted is associated to a Deceased Prescriber | 411-DB |
| A3 | This Product May Be Covered Under Hospice – Medicare A | |
| A4 | This Product May Be Covered Under The Medicare- B Bundled Payment To An ESRD Dialysis Facility | |
| A5 | Not Covered Under Part D Law | 3Ø2-C2, 4Ø1-D1, 4Ø7-D7 |
| A6 | This Product/Service May Be Covered Under Medicare Part B | 3Ø2-C2, 4Ø1-D1, 4Ø7-D7 |
| A7 | M/I Internal Control Number | 993-A7 |
| A9 | M/I Transaction Count | 1Ø9-A9 |
| BA | Compound Basis of Cost Determination Submitted Not Covered | 49Ø-UE |
| BB | Diagnosis Code Qualifier Submitted Not Covered | 492-WE |
| BC | Future Measurement Date Not Allowed | 494-ZE |
| BE | M/I Professional Service Fee Submitted | 477-BE |
| BM | M/I Narrative Message | 39Ø-BM |
| B2 | M/I Service Provider ID Qualifier | 2Ø2-B2 |
| CA | M/I Patient First Name | 31Ø-CA |
| CB | M/I Patient Last Name | 311-CB |
| CC | M/I Cardholder First Name | 312-CC |
| CD | M/I Cardholder Last Name | 313-CD |
| CE | M/I Home Plan | 314-CE |
| CF | M/I Employer Name | 315-CF |
| CG | M/I Employer Street Address | 316-CG |
| CH | M/I Employer City Address | 317-CH |
| CI | M/I Employer State/Province Address | 318-CI |
| CJ | M/I Employer Zip Postal Zone | 319-CJ |
| CK | M/I Employer Phone Number | 32Ø-CK |
| CL | M/I Employer Contact Name | 321-CL |
| CM | M/I Patient Street Address | 322-CM |
| CN | M/I Patient City Address | 323-CN |
| CO | M/I Patient State/Province Address | 324-CO |
| CP | M/I Patient Zip/Postal Zone | 325-CP |
| CQ | M/I Patient Phone Number | 326-CQ |
| CR | M/I Carrier ID | 327-CR |

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| | | |
|---|---|---|
| CW | M/I Alternate ID | 33Ø-CW |
| CX | M/I Patient ID Qualifier | 331-CX |
| CY | M/I Patient ID | 332-CY |
| CZ | M/I Employer ID | 333-CZ |
| DA1 | M/I Employer Contact Last Name | B18-7J |
| DA2 | M/I Employer Street Address Line 1 | B15-8D |
| DA3 | M/I Employer Street Address Line 2 | B16-7G |
| DA4 | M/I Employer Telephone Number Extension | B19-7K |
| DA5 | M/I Facility Street Address Line 1 | B20-7M |
| DA6 | M/I Facility Street Address Line 2 | B21-7N |
| DA7 | M/I Number of LTPAC Dispensing Events | C92-KM |
| DB1 | M/I Reconciliation ID | B98-34 |
| DB2 | M/I Subrogation Amount Requested | D14-KX |
| DB3 | M/I Pay To Street Address Line 1 | B24-7R |
| DB4 | M/I Pay To Street Address Line 2 | B25-7D |
| DB5 | Facility ID Qualifier Does Not Precede Facility ID | B95-3Z |
| DB6 | M/I LTPAC Billing Methodology | C90-KH |
| DB7 | LTPAC Billing Methodology Value Not Supported | C90-KH |
| DB8 | M/I LTPAC Dispense Frequency | C91-KK |
| DB9 | LTPAC Dispense Frequency Value Not Supported | C91-KK |
| DC | M/I Dispensing Fee Submitted | 412-DC |
| DC1 | Original Manufacturer Product ID Qualifier Does Not Precede Original Manufacturer Product ID | C02-4P |
| DC2 | Patient ID Associated Country Code is Not Used for this Transaction Code | B38-1Y |
| DC3 | Patient Name Prefix is Not Used for this Transaction Code | E10-0D |
| DC4 | Patient Name Suffix is Not Used for this Transaction Code | E11-0E |
| DC5 | Prescriber Alternate ID Associated Country Code is Not Used for this Transaction Code | B40-3A |
| DC6 | Prescriber ID Associated Country Code is Not Used for this Transaction Code | B41-3B |
| DC7 | Reconciliation ID is Not Used for this Transaction Code | B98-34 |
| DC8 | Submission Type Code Count is Not Used for this Transaction Code | D16-KZ |
| DC9 | Submission Type Code Count Does Not Precede Submission Type Code | D16-KZ |
| DD1 | Submission Type Code Count Exceeds Number of Occurrences Supported | D16-KZ |
| DD2 | Submission Type Code Count Does Not Match Number of Repetitions | D16-KZ |
| DD3 | Patient ID Count Is Not Used for This Transaction Code | 618-RR |
| DD4 | Patient ID Count Exceeds Number of Occurrences Supported | 618-RR |
| DD5 | Patient ID Grouping is Incorrect | 618-RR, 331-CX, 332-CY |
| DD6 | Patient Middle Name Is Not Used for This Transaction Code | E09-0C |

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| DD7 | Prescriber Middle Name Is Not Used for This Transaction Code | E12-0F |
|-----|------|-------|
| DD8 | M/I Prescriber Street Address Line 1 | B27-7U |
| DD9 | M/I Prescriber Street Address Line 2 | B28-7V |
| DE1 | M/I Prescriber Telephone Number Extension | B26-7T |
| DE2 | COB Data Conflict - Other Payer Information must contain either financial fields or reject codes, not both | 341-HB, 471-5E, 353-NR |
| DE3 | Professional Service Not Covered - Plan/Benefit Exclusion | 440-E5 |
| DE4 | Professional Service Code Required when Incentive Fee is Submitted on Non-Vaccine Product. | 440-E5 |
| DE5 | Hospice Nx Not Supported | 110-AK |
| DE6 | Hospice Clinical Information Counter Does Not Match Transaction Code Submitted | 493-XE, 103-A3 |
| DE7 | No Hospice Enrollment Found For This NPI | 493-XE, 402-D2 |
| DE8 | Hospice Prescription/Service Reference Number Does Not Match Transaction Code Submitted | 402-D2, 103-A3 |
| DN | M/I Basis Of Cost Determination | 423-DN, 49Ø-UE |
| DQ | M/I Usual And Customary Charge | 426-DQ |
| DR | M/I Prescriber Last Name | 427-DR |
| DT | M/I Special Packaging Indicator | 429-DT |
| DU | M/I Gross Amount Due | 43Ø-DU |
| DV | M/I Other Payer Amount Paid | 431-DV |
| DX | M/I Patient Paid Amount Submitted | 433-DX |
| DY | M/I Date Of Injury | 434-DY |
| DZ | M/I Claim/Reference ID | 435-DZ |
| EA | M/I Originally Prescribed Product/Service Code | 445-EA |
| EB | M/I Originally Prescribed Quantity | 446-EB |
| EC | M/I Compound Ingredient Component Count | 447-EC |
| ED | M/I Compound Ingredient Quantity | 448-ED |
| EE | M/I Compound Ingredient Drug Cost | 449-EE |
| EF | M/I Compound Dosage Form Description Code | 45Ø-EF |
| EG | M/I Compound Dispensing Unit Form Indicator | 451-EG |
| EJ | M/I Originally Prescribed Product/Service ID Qualifier | 453-EJ |
| EK | M/I Scheduled Prescription ID Number | 454-EK |
| EM | M/I Prescription/Service Reference Number Qualifier | 455-EM |
| EN | M/I Associated Prescription/Service Reference Number | 456-EN |
| EP | M/I Associated Prescription/Service Date | 457-EP |
| ER | M/I Procedure Modifier Code | 459-ER |
| ET | M/I Quantity Prescribed | 46Ø-ET |
| EU | M/I Prior Authorization Type Code | 461-EU |
| EV | M/I Prior Authorization Number Submitted | 462-EV |

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| EW | M/I Intermediary Authorization Type ID | 463-EW |
|----|----------------------------------------|--------|
| EX | M/I Intermediary Authorization ID | 464-EX |
| EY | M/I Provider ID Qualifier | 465-EY |
| EZ | M/I Prescriber ID Qualifier | 466-EZ |
| E1 | M/I Product/Service ID Qualifier | 436-E1, 488-RE |
| E2 | M/I Route of Administration | 995-E2 |
| E3 | M/I Incentive Amount Submitted | 438-E3 |
| E4 | M/I Reason For Service Code | 439-E4 |
| E5 | M/I Professional Service Code | 44Ø-E5 |
| E6 | M/I Result Of Service Code | 441-E6 |
| E7 | M/I Quantity Dispensed | 442-E7 |
| E8 | M/I Other Payer Date | 443-E8 |
| E9 | M/I Provider ID | 444-E9 |
| FO | M/I Plan ID | 524-FO |
| GE | M/I Percentage Sales Tax Amount Submitted | 482-GE |
| G1 | M/I Compound Type | 996-G1 |
| G2 | M/I CMS Part D Defined Qualified Facility | 997-G2 |
| G4 | Physician must contact plan | 411-DB |
| G5 | Pharmacist must contact plan | |
| G6 | Pharmacy Not Contracted in Specialty Network | |
| G7 | Pharmacy Not Contracted in Home Infusion Network | |
| G8 | Pharmacy Not Contracted in Long Term Care Network | |
| G9 | Pharmacy Not Contracted in 9Ø Day Retail Network (this message would be used when the pharmacy is not contracted to provide a 9Ø days supply of drugs) | |
| HA | M/I Flat Sales Tax Amount Submitted | 481-HA |
| HB | M/I Other Payer Amount Paid Count | 341-HB |
| HC | M/I Other Payer Amount Paid Qualifier | 342-HC |
| HD | M/I Dispensing Status | 343-HD |
| HE | M/I Percentage Sales Tax Rate Submitted | 483-HE |
| HF | M/I Quantity Intended To Be Dispensed | 344-HF |
| HG | M/I Days Supply Intended To Be Dispensed | 345-HG |
| HN | M/I Patient E-Mail Address | 35Ø-HN |
| H1 | M/I Measurement Time | 495-H1 |
| H2 | M/I Measurement Dimension | 496-H2 |
| H3 | M/I Measurement Unit | 497-H3 |
| H4 | M/I Measurement Value | 499-H4 |
| H6 | M/I DUR Co-Agent ID | 476-H6 |
| H7 | M/I Other Amount Claimed Submitted Count | 478-H7 |

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| H8 | M/I Other Amount Claimed Submitted Qualifier | 479-H8 |
|----|-----------------------------------------------|--------|
| H9 | M/I Other Amount Claimed Submitted | 48Ø-H9 |
| JE | M/I Percentage Sales Tax Basis Submitted | 484-JE |
| J9 | M/I DUR Co-Agent ID Qualifier | 475-J9 |
| KE | M/I Coupon Type | 485-KE |
| K5 | M/I Transaction Reference Number | 88Ø-K5 |
| M1 | Patient Not Covered In This Aid Category | 3Ø2-C2, 4Ø1-D1 |
| M2 | Recipient Locked In | 3Ø2-C2, 4Ø1-D1 |
| M3 | Host PA/MC Error | |
| M4 | Prescription/Service Reference Number/Time Limit Exceeded | 4Ø2-D2 |
| M5 | Requires Manual Claim | |
| M6 | Host Eligibility Error | |
| M7 | Host Drug File Error | |
| M8 | Host Provider File Error | |
| ME | M/I Coupon Number | 486-ME |
| MG | M/I Other Payer BIN Number | 99Ø-MG |
| MH | M/I Other Payer Processor Control Number | 991-MH |
| MJ | M/I Other Payer Group ID | 992-MJ |
| MK | Non-Matched Other Payer BIN Number | 99Ø-MG |
| MM | Non-Matched Other Payer Processor Control Number | 991-MH |
| MN | Non-Matched Other Payer Group ID | 992-MJ |
| MP | Other Payer Cardholder ID Not Covered | 356-NU |
| MR | Product Not On Formulary | 4Ø7-D7 |
| MS | More than 1 Cardholder Found – Narrow Search Criteria | 3Ø2-C2 |
| MT | M/I Patient Assignment Indicator (Direct Member Reimbursement Indicator) | 391-MT |
| MU | M/I Benefit Stage Count | 392-MU |
| MV | M/I Benefit Stage Qualifier | 393-MV |
| MW | M/I Benefit Stage Amount | 394-MW |
| MX | Benefit Stage Count Does Not Match Number Of Repetitions | 392-MU |
| MZ | Error Overflow | |
| NE | M/I Coupon Value Amount | 487-NE |
| NN | Transaction Rejected At Switch Or Intermediary | |
| NP | M/I Other Payer-Patient Responsibility Amount Qualifier | 351-NP |
| NQ | M/I Other Payer-Patient Responsibility Amount | 352-NQ |
| NR | M/I Other Payer-Patient Responsibility Amount Count | 353-NR |
| NU | M/I Other Payer Cardholder ID | 356-NU |
| NV | M/I Delay Reason Code | 357-NV |

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| NX | M/I Submission Clarification Code Count | 354-NX |
|---|---|---|
| N1 | No patient match found. | 3Ø2-C2 |
| N3 | M/I Medicaid Paid Amount | 113-N3 |
| N4 | M/I Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN) | 114-N4 |
| N5 | M/I Medicaid ID Number | 115-N5 |
| N6 | M/I Medicaid Agency Number | 116-N6 |
| N7 | Use Prior Authorization Code Provided During Transition Period | 462-EV |
| N8 | Use Prior Authorization Code Provided For Emergency Fill | 462-EV |
| N9 | Use Prior Authorization Code Provided For Level of Care Change | 462-EV |
| PA | PA Exhausted/Not Renewable | 462-EV |
| PB | Invalid Transaction Count For This Transaction Code | 1Ø3-A3, 1Ø9-A9 |
| PC | M/I Request Claim Segment | 111-AM |
| PD | M/I Request Clinical Segment | 111-AM |
| PE | M/I Request Coordination Of Benefits/Other Payments Segment | 111-AM |
| PF | M/I Request Compound Segment | 111-AM |
| PG | M/I Request Coupon Segment | 111-AM |
| PH | M/I Request DUR/PPS Segment | 111-AM |
| PJ | M/I Request Insurance Segment | 111-AM |
| PK | M/I Request Patient Segment | 111-AM |
| PM | M/I Request Pharmacy Provider Segment | 111-AM |
| PN | M/I Request Prescriber Segment | 111-AM |
| PP | M/I Request Pricing Segment | 111-AM |
| PQ | M/I Narrative Segment | 111-AM |
| PR | M/I Request Prior Authorization Segment | 111-AM |
| PS | M/I Transaction Header Segment | 111-AM |
| PT | M/I Request Worker's Compensation Segment | 111-AM |
| PV | Non-Matched Associated Prescription/Service Date | 457-EP |
| PW | Employer ID Not Covered | 333-CZ |
| PX | Other Payer ID Not Covered | 34Ø-7C |
| PY | Non-Matched Unit Form/Route of Administration | 451-EG, 995-E2, 6ØØ-28 |
| PZ | Non-Matched Unit Of Measure To Product/Service ID | 4Ø7-D7, 6ØØ-28 |
| PØ | Non-zero Value Required for Vaccine Administration | 438-E3 |
| P1 | Associated Prescription/Service Reference Number Not Found | 456-EN |
| P2 | Clinical Information Counter Out Of Sequence | 493-XE |
| P3 | Compound Ingredient Component Count Does Not Match Number Of Repetitions | 447-EC |
| P4 | Coordination Of Benefits/Other Payments Count Does Not Match Number Of Repetitions | 337-4C |

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| P5 | Coupon Expired | 486-ME |
|---|---|---|
| P6 | Date Of Service Prior To Date Of Birth | 3Ø4-C4, 4Ø1-D1 |
| P7 | Diagnosis Code Count Does Not Match Number Of Repetitions | 491-VE |
| P8 | DUR/PPS Code Counter Out Of Sequence | 473-7E |
| P9 | Field Is Non-Repeatable | |
| RA | PA Reversal Out Of Order | |
| RB | Multiple Partials Not Allowed | 343-HD |
| RC | Different Drug Entity Between Partial & Completion | 4Ø7-D7 |
| RD | Mismatched Cardholder/Group ID-Partial To Completion | 3Ø1-C1, 3Ø2-C2 |
| RF | Improper Order Of 'Dispensing Status' Code On Partial Fill Transaction | 343-HD |
| RG | M/I Associated Prescription/service Reference Number On Completion Transaction | 456-EN |
| RH | M/I Associated Prescription/Service Date On Completion Transaction | 457-EP |
| RJ | Associated Partial Fill Transaction Not On File | 343-HD |
| RK | Partial Fill Transaction Not Supported | 343-HD, 344-HF, 345-HG |
| RL | Transitional Benefit/Resubmit Claim | |
| RM | Completion Transaction Not Permitted With Same 'Date Of Service' As Partial Transaction | 4Ø1-D1 |
| RN | Plan Limits Exceeded On Intended Partial Fill Field Limitations | 344-HF, 345-HG |
| RP | Out Of Sequence 'P' Reversal On Partial Fill Transaction | 343-HD |
| RS | M/I Associated Prescription/Service Date On Partial Transaction | 457-EP |
| RT | M/I Associated Prescription/Service Reference Number On Partial Transaction | 456-EN |
| RU | Mandatory Data Elements Must Occur Before Optional Data Elements In A Segment | |
| RV | Multiple Reversals Per Transmission Not Supported | 1Ø9-A9 |
| RØ | Professional Service Code of "MA" required for Vaccine Incentive Fee Submitted | 44Ø-E5 |
| R1 | Other Amount Claimed Submitted Count Does Not Match Number Of Repetitions | 478-H7 |
| R2 | Other Payer Reject Count Does Not Match Number Of Repetitions | 471-5E |
| R3 | Procedure Modifier Code Count Does Not Match Number Of Repetitions | 458-SE |
| R4 | Procedure Modifier Code Invalid For Product/Service ID | 4Ø7-D7, 436-E1, 459-ER |
| R5 | Product/Service ID Must Be Zero When Product/Service ID Qualifier Equals Ø6 | 4Ø7-D7, 436-E1 |
| R6 | Product/Service Not Appropriate For This Location | 3Ø7-C7, 4Ø7-D7, 436-E1, 489-TE |
| R7 | Repeating Segment Not Allowed In Same Transaction | |
| R8 | Syntax Error | |
| R9 | Value In Gross Amount Due Does Not Follow Pricing Formulae | 43Ø-DU |
| SØ | Accumulator Month Count Does Not Match Number of Repetitions | 656-S7 |
| S1 | M/I Accumulator Year | 65Ø-S1 |
| S2 | M/I Transaction Identifier | 651-S2 |

| S3 | M/I Accumulated Patient True Out Of Pocket Amount | 652-S3 |
|---|---|---|
| S4 | M/I Accumulated Gross Covered Drug Cost Amount | 653-S4 |
| S5 | M/I DateTime | 654-S5 |
| S6 | M/I Accumulator Month | 655-S6 |
| S7 | M/I Accumulator Month Count | 656-S7 |
| S8 | Non-Matched Transaction Identifier | 651-S2 |
| S9 | M/I Financial Information Reporting Transaction Header Segment | 111-AM |
| SE | M/I Procedure Modifier Code Count | 458-SE |
| SF | Other Payer Amount Paid Count Does Not Match Number Of  Repetitions | 341-HB |
| SG | Submission Clarification Code Count Does Not Match Number of  Repetitions | 354-NX |
| SH | Other Payer-Patient Responsibility Amount Count Does Not Match Number of Repetitions | 353-NR |
| SW | Accumulated Patient True Out of Pocket must be equal to or greater than zero | 652-S3 |
| TN | Emergency Fill/Resubmit Claim | |
| TP | Level of Care Change/Resubmit Claim | |
| TQ | Dosage Exceeds Product Labeling Limit | 442-E7, 4Ø5-D5 |
| TR | M/I Billing Entity Type Indicator | 117-TR |
| TS | M/I Pay To Qualifier | 118-TS |
| TT | M/I Pay To ID | 119-TT |
| TU | M/I Pay To Name | 12Ø-TU |
| TV | M/I Pay To Street Address | 121-TV |
| TW | M/I Pay To City Address | 122-TW |
| TX | M/I Pay to State/ Province Address | 123-TX |
| TY | M/I Pay To Zip/Postal Zone | 124-TY |
| TZ | M/I Generic Equivalent Product ID Qualifier | 125-TZ |
| TØ | Accumulator Month Count Exceeds Number of Occurrences Supported | 656-S7 |
| T1 | Request Financial Segment Required For Financial Information Reporting | 111-AM |
| T2 | M/I Request Reference Segment | 111-AM |
| T3 | Out of Order DateTime | 654-S5 |
| T4 | Duplicate DateTime | 654-S5 |
| UA | M/I Generic Equivalent Product ID | 126-UA |
| UU | DAW Ø cannot be submitted on a multi-source drug with available generics. | 4Ø7-D7, 4Ø8-D8 |
| UZ | Other Payer Coverage Type (338-5C) required on reversals to downstream payers. Resubmit reversal with this field. | 338-5C |
| U7 | M/I Pharmacy Service Type | 147-U7 |
| VA | Pay To Qualifier Value Not Supported | 118-TS |
| VB | Generic Equivalent Product ID Qualifier Value Not Supported | 125-TZ |
| VC | Pharmacy Service Type Value Not Supported | 147-U7 |

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| VD | Eligibility Search Time Frame Exceeded | 4Ø1-D1 |
|---|---|---|
| VE | M/I Diagnosis Code Count | 491-VE |
| WE | M/I Diagnosis Code Qualifier | 492-WE |
| W9 | Accumulated Gross Covered Drug Cost Amount Must Be Equal To Or Greater Than Zero | 653-S4 |
| XE | M/I Clinical Information Counter | 493-XE |
| XZ | M/I Associated Prescription/Service Reference Number Qualifier | 581-XZ |
| X1 | Accumulated Patient True Out of Pocket exceeds maximum | 652-S3 |
| X2 | Accumulated Gross Covered Drug Cost exceeds maximum | 653-S4 |
| X3 | Out of order Accumulator Months | 656-S7, 655-S6 |
| X4 | Accumulator Year not current or prior year | 65Ø-S1 |
| X5 | M/I Financial Information Reporting Request Insurance Segment | 111-AM |
| X6 | M/I Request Financial Segment | 111-AM |
| X7 | Financial Information Reporting Request Insurance Segment Required For Financial Reporting | 111-AM |
| X8 | Procedure Modifier Code Count Exceeds Number Of Occurrences Supported | 458-SE |
| X9 | Diagnosis Code Count Exceeds Number Of Occurrences Supported | 491-VE |
| XØ | M/I Associated Prescription/Service Fill Number | 582-XØ |
| YA | Compound Ingredient Modifier Code Count Exceeds Number Of Occurrences Supported | 362-2G |
| YB | Other Amount Claimed Submitted Count Exceeds Number Of Occurrences Supported | 478-H7 |
| YC | Other Payer Reject Count Exceeds Number Of Occurrences Supported | 471-5E |
| YD | Other Payer-Patient Responsibility Amount Count Exceeds Number Of Occurrences Supported | 353-NR |
| YE | Submission Clarification Code Count Exceeds Number of Occurrences Supported | 354-NX |
| YF | Question Number/Letter Count Exceeds Number Of Occurrences Supported | 377-2Z |
| YG | Benefit Stage Count Exceeds Number Of Occurrences Supported | 392-MU |
| YH | Clinical Information Counter Exceeds Number of Occurrences Supported | 493-XE |
| YJ | Medicaid Agency Number Not Supported | 116-N6 |
| YK | M/I Service Provider Name | 583-YK |
| YM | M/I Service Provider Street Address | 584-YM |
| YN | M/I Service Provider City Address | 585-YN |
| YP | M/I Service Provider State/Province Code Address | 586-YP |
| YQ | M/I Service Provider Zip/Postal Code | 587-YQ |
| YR | M/I Patient ID Associated State/Province Address | A22-YR |
| YS | M/I Purchaser Relationship Code | A23-YS |
| YT | M/I Seller Initials | 59Ø-YT |
| YU | M/I Purchaser ID Qualifier | 591-YU |
| YV | M/I Purchaser ID | 592-YV |

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| YW | M/I Purchaser ID Associated State/Province Code | 593-YW |
|----|------------------------------------------------|--------|
| YX | M/I Purchaser Date of Birth | 594-YX |
| YY | M/I Purchaser Gender Code | 595-YY |
| YZ | M/I Purchaser First Name | 596-YZ |
| YØ | M/I Purchaser Last Name | 597-YØ |
| Y1 | M/I Purchaser Street Address | 598-Y1 |
| Y2 | M/I Purchaser City Address | 599-Y2 |
| Y3 | M/I Purchaser State/Province Code | 675-Y3 |
| Y4 | M/I Purchaser Zip/Postal Code | 676-Y4 |
| Y5 | M/I Purchaser Country Code | 677-Y5 |
| Y6 | M/I Time of Service | 678-Y6 |
| Y7 | M/I Associated Prescription/Service Provider ID Qualifier | 579-XX |
| Y8 | M/I Associated Prescription/Service Provider ID | 58Ø-XY |
| Y9 | M/I Seller ID | 679-Y9 |
| ZØ | Purchaser Country Code Value Not Supported For Processor/Payer | 677-Y5 |
| Z1 | Prescriber Alternate ID Qualifier Value Not Supported | A25-ZM |
| Z2 | M/I Purchaser Segment | 111-AM |
| Z3 | Purchaser Segment Present On A Non-Controlled Substance Reporting Transaction | 111-AM |
| Z4 | Purchaser Segment Required On A Controlled Substance Reporting Transaction | 111-AM |
| Z5 | M/I Service Provider Segment | 111-AM |
| Z6 | Service Provider Segment Present On A non-Controlled Substance Reporting Transaction | 111-AM |
| Z7 | Service Provider Segment Required On A Controlled Substance Reporting Transaction | 111-AM |
| Z8 | Purchaser Relationship Code Value Not Supported | A23-YS |
| Z9 | Prescriber Alternate ID Not Covered | A26-ZP |
| ZA | The Coordination Of Benefits/Other Payments Segment Is Mandatory To A Downstream Payer | |
| ZB | M/I Seller ID Qualifier | 68Ø-ZB |
| ZC | Associated Prescription/Service Provider ID Qualifier Value Not Supported For Processor/Payer | 579-XX |
| ZD | Associated Prescription/Service Reference Number Qualifier Value Not Supported | 581-XZ |
| ZE | M/I Measurement Date | 494-ZE |
| ZF | M/I Sales Transaction ID | 681-ZF |
| ZK | M/I Prescriber ID Associated State/Province Address | A24-ZK |
| ZM | M/I Prescriber Alternate ID Qualifier | A25-ZM |
| ZN | Purchaser ID Qualifier Value Not Supported For Processor/Payer | 591-YU |
| ZP | M/I Prescriber Alternate ID | A26-ZP |
| ZQ | M/I Prescriber Alternate ID Associated State/Province Address | A27-ZQ |
| ZS | M/I Reported Payment Type | A29-ZS |

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| ZT | M/I Released Date | A3Ø-ZT |
|----|----|----|
| ZU | M/I Released Time | A31-ZU |
| ZV | Reported Payment Type Value Not Supported | A29-ZS |
| ZW | M/I Compound Preparation Time | A32-ZW |
| ZX | M/I CMS Part D Contract ID | A33-ZX |
| ZY | M/I Medicare Part D Plan Benefit Package (PBP) | A34-ZY |
| ZZ | Cardholder ID submitted is inactive. New Cardholder ID on file. | 3Ø2-C2 |

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