

SECTION 4

CODES

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NCPDP ERROR CODE LISTING

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NCPDP ERROR CODE LISTING

For each affected claim, NCPDP error codes appear on the hard copy remittance advice directly below the area entitled “Drug Code.” Outlined below are possible explanations for the assignment of specific NCPDP error codes. If further assistance is needed, contact the Magellan Medicaid Administration Technical Call Center at 1-866-254-1669.

NCPDP Error Code	NCPDP Error Code Description Listing	Possible Reasons For Encountering Error Code
01	M/I Bin	Missing or Invalid Bin Number
02	M/I Version Number	Missing or Invalid Version Number
03	M/I Transaction Code	Missing or Invalid Transaction Code
04	M/I Processor Control Number	Missing or Invalid Processor Control Number
05	M/I Pharmacy Number	Missing or Invalid NABP/NCPDP Provider Number or National Provider Identifier (NPI)
06	M/I Group Number	Missing or Invalid Group Number
		Group Not Covered on Date of Service
07	M/I Cardholder ID Number	Missing or Invalid Beneficiary Number
09	M/I Birth Date	Missing or Invalid Beneficiary Date of Birth
11	M/I Relationship Code	Missing or Invalid Relationship Code
12	M/I Customer Location Code	Missing or Invalid Customer/Patient Location Code
13	M/I Other Coverage Code	Missing or Invalid Other Coverage Code
15	M/I Date of Service	Missing or Invalid Date of Service
16	M/I Rx Number	Missing or Invalid Prescription Number
17	M/I New/Fill Number	Missing or Invalid New/Refill Code
19	M/I Days' Supply	Missing or Invalid Days' Supply
20	M/I Compound Code	Missing or Invalid Compound Code
21	M/I Product/Service ID	Missing or Invalid National Drug Code (NDC)

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NCPDP Error Code	NCPDP Error Code Description Listing	Possible Reasons For Encountering Error Code
22	M/I Dispense as Written (DAW) Code	Missing or Invalid Dispense As Written Code
23	M/I Ingredient Cost Submitted	Missing or Invalid Ingredient Cost
25	M/I Prescriber ID	Missing or Invalid Prescriber State Medical License Number [must be in specific 10-byte format]
28	M/I Date Prescription Written	Missing or Invalid Date Prescription Written
		Date Written Greater Than Date Of Service
33	M/I Prescription Origin Code	Missing or Invalid Prescription Origin Code
34	M/I Submission Clarification Code	Missing or Invalid Submission Clarification Code
38	M/I Basis of Cost	NDC Has Zero Price For Date of Service
39	M/I Diagnosis Code	Missing or Invalid Diagnosis Code
40	Pharmacy Not With Plan on DOS	Provider Suspended on DOS
		Provider on Prepayment Review
		Provider's Medicaid I.D. Number Terminated on DOS
41	Submit Bill to Other Processor/Primary Payer	Beneficiary Has Third Party Coverage - Submit to Primary Insurer(s)
50	Non-matched Pharmacy Number	Valid NPI Qualifier/Invalid NPI Submitted or Invalid NPI Qualifier/Valid NPI Submitted
		Type of owner not in dispensing fee table
51	Non-matched Group ID	Group ID Not On File
		Benefit Record Not Found
52	Non-matched Cardholder ID	Newborn Age Exceeded - Must Have OWN ID #
		Beneficiary I. D. Number Not on File

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NCPDP Error Code	NCPDP Error Code Description Listing	Possible Reasons For Encountering Error Code
54	Non-matched Product/ Service ID Number	National Drug Code (NDC) Not on File
56	Non-matched Prescriber ID	Prescriber's State Medical License Not On File
60	Product/Service Not Covered for Patient Age	Drug Not Covered - Age Restriction - 1-866-254-1669
63	Institutionalized Patient Product/Service ID Not Covered	Beneficiary Resides in Institutional Setting - Not All Products Covered
65	Patient Is Not Covered	Fee-for-service claim; beneficiary enrolled in Palmetto SeniorCare program [call 1-803-434-3770 or 1-803-251-2640 for additional information]
		Beneficiary Enrolled in Medicaid MCO Plan
		Family Planning Beneficiary - Drug Not FP Related
		ISCEDC/COSY Beneficiary - FFS drugs not covered by Medicaid
67	Filled Before Coverage Effective	Date of Service Prior to Beneficiary's Date of Birth
		Date of Service Prior To Enrollment Effective Date
68	Filled After Coverage Expired	Date of Service After Beneficiary's Date of Death
		Beneficiary Not Eligible on Date of Service
69	Filled After Coverage Terminated	Date of Service After Beneficiary's Date of Death
		Beneficiary Not Eligible on Date of Service
70	Product/Service Not Covered	Medical Foster Care Beneficiary - FFS Drugs not covered
		Hospice Beneficiary - PA required; contact hospice provider
		NDC for Compound Use Only/Conflict

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		Unit Dose Not Allowed For Ambulatory Patients
		DAW=1 Not valid for this claim/No FUL price on DOS
		Provider Not Eligible to Dispense Anti-Hemophilia Factor
		Provider Not Eligible to Dispense Hepatitis-B Vaccine
		Drug Not Covered - Sex Restriction 1-866-254-1669
		Drug Not Covered On DOS
		Refill Too Soon
		DESI/Less Than Effective Drug – Not Covered
		No Rebate Agreement in Effect for DOS
		Medicare Indicated - Bill Medicare as Primary
71	Prescriber Not Covered	Prescribing Physician Not Eligible On DOS
73	Refills Are Not Covered	Refill Not Allowed
74	Other Carrier Payment Meets/Exceeds Payable	Payment from Other Sources > Medicaid Allowed Amount
75	Prior Authorization Required	RPh Override Required - See Manual Criteria
		Orlistat Requires PA - MD Call 1-866-247-1181
		Sildenafil requires PA - MD Call 1-866-247-1181
		Panretin Requires PA - MD Call 1-866-247-1181
		Targretin Requires PA - MD Call 1-866-247-1181
		Override Restriction for Certain Therapeutic Classes – MD Call 1-866-247-1181
		Non-Preferred Drug – MD Call 1-866-247-1181

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		Growth Hormone Requires PA-MD Call 1-866-247-1181
		PPI Requires PA Call 1-866-247-1181
		COX-2 Requires PA Call 1-866-247-1181
		Drug Requires PA Call 1-866-247-1181
76	Plan Limitations Exceeded	Refill Limit Exceeded for Scheduled Drug III, IV, V
		Quantity Per Day Limit Exceeded
		Maximum Quantity Limitation - MD Call 1-866-247-1181
		DUR Excess Quantity
		Days' Supply Exceeds Maximum Allowed
		Plan Limitations Exceeded Call 1-866-254-1669
		Maximum Number of Billings Has Been Exceeded
		Brand Override Requires PA Call 1-866-247-1181
		Adult beneficiary's monthly limit exceeded - billing error
		Adult beneficiary's monthly limit exceeded - multiple providers
77	Product/Service ID Number	Obsolete NDC - Not Covered
79	Refill Too Soon	Early Refill 1-866-254-1669
80	Drug-Diagnosis Mismatch	Drug – Diagnosis Conflict
81	Claim Too Old	Exceeds Void / Reversal Filing Limit
		Date of Service Not Within Timely Filing Limits
82	Claim is Post-Dated	Claim Control Number Greater Than Current Date

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		Date of Service Greater Than Current Date
83	Duplicate Paid/Captured Claim	Near Dup Claim-Same NDC/DOS +/- One Day
		Exact Duplicate - Claim Paid
		Duplicate Claim - Different Provider Paid
84	Claim Has Not Been Paid/Captured	Missing / Invalid Claim Control Number
		Provider Type and Claim Type are Inconsistent
		Missing/Invalid Manual Price
85	Claim Not Processed	Rebill Not Found
		Warning: Prescription Not Filled 866-254-1669
87	Reversal Not Processed	Reversal Not Processed
		History Record Already Voided
		Void Not Allowed - Media Mismatch
88	DUR Reject Error	DUR Reject Error 1-866-254-1669
99	Host Processing Error	Host Processing Error 1-866-254-1669
CB	M/I Patient Last Name	Missing or Invalid Beneficiary Last Name
DC	M/I Dispensing Fee Submitted	Missing or Invalid Dispensing Fee
DQ	M/I Usual & Customary Charge	Missing or Invalid Usual & Customary Charge
DT	M/I Unit Dose Indicator	Missing or Invalid Unit Dose Indicator
DV	M/I Other Payer Amount	TPL Indicator/TPL Amount Inconsistent
		Missing or Invalid TPL Amount
E4	M/I Reason for Service Code	Missing or Invalid Reason for Service Code
E5	M/I Professional Service Code	Missing or Invalid Professional Service
E6	M/I Result of Service Code	Missing or Invalid Result of Service Code
E7	M/I Quantity Dispensed	Missing or Invalid Metric Decimal Quantity

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E8	M/I Other Payer Date	Missing or Invalid Other Payer Date
ER	M/I Procedure Modifier Code	Missing or Invalid Procedure Modifier Code
HD	M/I Dispensing Status	Missing or Invalid Dispensing Status
M2	Recipient Locked In	Not Prescribed By Lock-in Physician
M5	Requires Manual Claim	Submit Paper Claim - Manual Review
PA	PA Exhausted/Not Renewable	Prior Authorization No Longer in Effect
PG	M/I Coupon Segment	Missing or Invalid Coupon Segment

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