

Reject Codes for Real-Time Internet Pharmacy (RTIP)

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Reject Codes for Real-Time Internet Pharmacy (RTIP) displays the NCPDP reject code and description on the RTIP response screen. The reject codes correlate to one or more Medi-Cal denial codes listed in the RAD Codes and Messages sections of the Part 1 manual. Refer to Appendix F of the *NCPDP Telecommunication Version D.0 Data Dictionary* for NCPDP reject error codes and descriptions for NCPDP reject codes not listed below.

«Table of Reject Code Descriptions»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
04	Missing or invalid processor control number	Verify the vendor submitter ID and software version number for the National Council for Prescription Drug Programs (NCPDP) version being used. Resubmit the corrected claim, if necessary. If you receive the denial again, call the POS/Internet Help Desk to ensure that you have been certified for the NCPDP version you are using.	661
05	Missing or invalid pharmacy number	Verify the provider number, date of service and/or drug code. Resubmit the corrected claim, if necessary. If you receive the denial again, your provider number may not be listed correctly on the Provider Master File.	005, 008, 031, 101 660, 662
07	Missing or invalid cardholder (recipient) identification number	Verify the recipient ID number. Resubmit the corrected claim, if necessary. If you continue to receive this denial, submit an eligibility verification transaction to determine if the recipient is eligible for Medi-Cal for the date of service	049, 609 667
09	Missing or invalid birth date	Verify the recipient's date of birth and resubmit the corrected claim.	049
10	Missing or invalid patient gender code	Verify the recipient's date of birth and resubmit the corrected claim.	049, 064
12	Missing or invalid patient location code	Verify the patient location (Place of Service) code entered. Some drugs are not payable for recipients in nursing homes. Resubmit the corrected claim, if necessary.	363
13	Missing or invalid other coverage code	Verify the other coverage code entered. Resubmit the corrected claim, if necessary	693

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
15	Missing or invalid date of service	Verify the other coverage code entered. Resubmit the corrected claim, if necessary	042
16	Missing or invalid prescription/service number	Verify the prescription number. This is a required field. If submitting a reversal, verify that the prescription number on the reversal is the same as the number on the original claim	049, 370
19	Missing or invalid days supply	Verify the estimated days supply billed and resubmit the corrected claim. One hundred days supply is the maximum for most drugs.	665
21	Missing or invalid product/service ID	Verify the NDC number and resubmit the corrected claim. NDC numbers must have 11 digits and be zero-filled correctly. See the <i>Pharmacy Claim Form (30-1) Submission and Timeliness Instructions</i> section in this manual for instructions on correctly zero filling NDC numbers. Drugs dispensed without a TAR must be on the Contract Drugs List; manufacturers must be on the list of <i>Drugs: Contract Drugs List Part 5 – Authorized Drug Manufacturer Labeler Codes</i> . For compound pharmacy claims, denial code 049 indicates that the compound code is “2” and Product ID is not “0” (compound product ID).	016, 023 049
25	Missing or invalid prescriber identification	Verify the prescriber ID number and resubmit the corrected claim.	049
29	Missing or invalid number of refills authorized	The claim exceeds the number of refills authorized on the TAR. Verify the information on the TAR. Submit another TAR. Rebill on a hard copy claim form.	007

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
34	Missing or invalid submission clarification code	The Code I restriction was not met. Verify the information entered in the <i>Code I Restrictions Met</i> field and check the Medi-Cal List of Contract Drugs to see if the drug has a Code I restriction. Resubmit the corrected claim. For compound pharmacy claims, verify the Medi-Cal List of Contract Drugs for the ingredient product ID for indicated occurrence.	019
3P	Missing or invalid authorization number	The information billed does not match the information on the TAR. Verify all information. If necessary, resubmit the corrected claim.	237
40	Pharmacy not contracted with plan on date of service	Verify the provider number, date of service and/or drug code. Resubmit the corrected claim, if necessary. If you receive the denial again, your provider number may not be listed correctly on the Provider Master File.	031
41	Submit bill to other processor or primary payer	The recipient has health coverage other than Medi-Cal (third-party or Medicare). Submit an eligibility verification transaction to determine other health coverage and bill other carrier before billing Medi-Cal	012, 013, 014, 015, 037, 171, 279, 280, 282, 306, 311, 332, 338, 355, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
52	Non-matched cardholder (recipient) identification	Verify the date of birth, gender and Medi-Cal ID number and resubmit the corrected claim. If you continue to receive this denial, submit an eligibility verification transaction to determine if the recipient is eligible for Medi-Cal for the date of service.	002, 314 315
61	Product/service not covered for patient gender	Verify the recipient's gender. Resubmit the corrected claim, if necessary. For compound pharmacy claims, verify ingredient product ID for indicated occurrence	064
64	Claim submitted does not match authorization	The information billed does not match the information on the TAR. Verify all information. Ask the field office to modify the TAR and resubmit the corrected claim, if necessary. For compound pharmacy claims, verify that ingredient product ID for indicated occurrence is also on the TAR (eTAR only). If a TAR is required for any ingredients, all the ingredients must be on the TAR (eTAR only). For paper TARs, compound service ID 9999999996 must be used for authorization.	004, 222, 376
65	Patient is not covered	Verify the recipient ID number billed and resubmit the corrected claim. If necessary, submit an eligibility verification transaction to determine if the recipient is eligible on the date of service.	002, «009», 033 249, 314 315
66	Patient age exceeds maximum age allowed	Verify the date of birth and resubmit the corrected claim. If billing for a newborn with the mother's ID, you may need to hard copy bill the claim. For compound pharmacy claims, verify ingredient product ID for indicated occurrence.	019, 063

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
67	Filled before coverage effective date	The date of service is before the effective date on the TAR. Verify the dates and resubmit the claim. If you continue to receive this denial, contact the Telephone Service Center (TSC). If your approved TAR needs to be modified, send your request in writing to the Medi-Cal Drug Unit in Stockton or Los Angeles, as appropriate. This request should define the problem and be accompanied by copies of the original TAR and either the RAD or the Real-Time Internet Pharmacy (RTIP) response screen prints displaying the reject codes	006
68	Filled after coverage expired	The date of service is after the date of death or is after the TAR-authorized period. Verify the dates. Resubmit the corrected claim, if necessary. If you continue to receive this denial, contact the TSC. If the approved TAR needs to be modified, send your request in writing to the Medi-Cal Drug Unit in Stockton or Los Angeles, as appropriate. This request should define the problem and be accompanied by copies of the original TAR and either the RAD or the RTIP response screen prints displaying the reject codes.	006, 030

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
70	Product/service not covered	Verify the NDC/UPC/HRI code and that the drug is listed on the Contract Drugs List. Resubmit the corrected claim if the drug is a Medi-Cal benefit. Compound pharmacy claims for dates of service before September 22, 2003 will receive this error. For compound pharmacy claims that receive this error at the ingredient level, verify ingredient product ID for indicated occurrence. For denial code 049, product ID is a medical supply, which is not allowed on the compound claim. You may use a "Y" in the <i>Process for Approved Ingredients</i> indicator to indicate acceptance of a payment of zero for ingredients with this error.	016, 049
71	Prescriber is not covered	The prescriber is not eligible to prescribe this service. Verify the prescriber ID number. Resubmit the corrected claim, if necessary. If you continue to receive this denial, verify the prescriber status on the <i>Suspended and Ineligible Provider List</i> , available on the Internet at www.medi-cal.ca.gov .	011

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
75	Authorization required	Verify that the service/drug does not require a TAR for the recipient. Resubmit the corrected claim, if necessary. If you continue to receive this denial and you feel it is an error, contact the TSC. If your approved TAR needs to be modified, send your request in writing to the Medi-Cal Drug Unit in Stockton or Los Angeles, as appropriate. This request should define the problem and be accompanied by copies of the original TAR and either the RAD or the RTIP response screen prints displaying the reject codes. (TARs for patients restricted to RHC/FQHC services should be directed to Medical Care Case Management.) For compound pharmacy claims, verify ingredient product ID for indicated occurrence. Submit a compound pharmacy TAR so that the ingredient can be paid. If the ingredient normally requires a TAR, you may change the <i>Process for Approved Ingredients</i> indicator to "Y" to accept a payment of zero for the ingredient. Single ingredient intravenous or interarterial injections billed as compounds with more than seven containers require a TAR. Non-injection single ingredient compounds also require prior authorization.	005, 071 398

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
76	Plan limitations exceeded	Verify the recipient ID and/or date of service. The recipient has exceeded the prescription limit for the calendar month. The claim requires an approved TAR. For compound pharmacy claims, verify ingredient product ID for indicated occurrence. The six prescription per month limit applies to compound claims electronically billed. When the denial code is 009, the ingredient is not payable, even with a TAR. You may use a "Y" in the <i>Process for Approved Ingredients</i> indicator to indicate acceptance of a payment of zero for ingredients with this error when the denial code is 009	009, 673
79	Refill too soon	Verify the recipient ID and/or date of service. The recipient has exceeded the Code I frequency of billing requirement. Prior authorization is required for claims exceeding the listed frequency of billing requirement.	697
81	Claim too old	The claim was received after the one-year maximum billing limit. Check the date of service and resubmit the corrected claim, if necessary. If the claim is over one year old, submit it to the Over-One-Year Claim Unit. See the <i>Pharmacy Claim Form (30-1) Submission and Timeliness Instructions</i> section in this provider manual	021
83	Duplicate paid/captured claim	The claim is a duplicate of another claim from your pharmacy or a different pharmacy. Verify the drug code, date of service and recipient ID number. Resubmit the corrected claim, if necessary.	010, 069 095, 668

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
84	Claim has not been paid/ captured	Attachments or comments are required. Verify all information and resubmit a corrected claim, if necessary. Otherwise, rebill on a CMC or hard copy claim.	663
87	Reversal not processed	If submitting a reversal, verify that the information on the reversal is the same as the number on the original claim. Verify that you have not already reversed this claim. Resubmit the corrected reversal, if necessary.	069, 663
88	DUR reject error	To respond to the DUR alert, enter a valid conflict code, intervention code and outcome code.	142

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
AA	Patient spend down not met	Patient's Share of Cost must be met prior to submitting claim. Once Share of Cost has been met, resubmit claim.	314
AD	Billing provider not eligible to bill this claim type	Verify the provider number, date of service and/or drug code. Resubmit the corrected claim, if necessary. If you receive the denial again, your provider number may not be listed correctly on the Provider Master File.	008
AE	Qualified Medicare beneficiary – bill Medicare	Bill Medicare for this drug.	980
AG	Days supply limitation for product/service	Verify the estimated days supply billed. Resubmit the corrected claim, if necessary. One hundred days supply is the maximum for most drugs.	665
AK	Missing or invalid software vendor/certification ID	Verify the vendor submitter ID and software version number for the NCPDP version being used. Resubmit the corrected claim, if necessary. If you receive the denial again, call the POS/Internet Help Desk to ensure that you have been certified for the NCPDP version you are using.	661
D	Duplicate	This is an exact duplicate of a previously paid claim. Verify recipient ID, drug code and date of service and resubmit the corrected claim, if necessary.	010
DN	Missing or invalid basis of cost determination	Verify the basis of cost determination submitted. Resubmit the corrected claim, if necessary	049

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
DQ	Missing or invalid usual and customary charge	Verify the amount charged. Resubmit the corrected claim, if necessary	049
DU	Missing or invalid gross amount due	Verify the amount charged. Resubmit the corrected claim, if necessary.	049
DV	Missing or invalid other payer amount paid	Verify the amount entered and the other coverage amount and resubmit the corrected claim, if necessary.	663
DX	Missing or invalid patient paid amount submitted	Verify the amount entered for the patient's (recipient's) Share of Cost and resubmit the corrected claim.	049
EC	Missing or invalid compound ingredient component count	Compound pharmacy claims must have at least one ingredient in addition to the optional container count ingredient (NDC=9999999997).	049
ED	Missing or invalid compound ingredient quantity	Verify the ingredient quantity on the occurrence indicated. For denial code 025, check that the proper quantity units were used. For denial code 076, verify the container count (the quantity field on the ingredient with product ID 9999999997). There is a limit of 20 containers for intravenous and interarterial multiple ingredient injections.	017, 025, 076
EE	Missing or invalid compound ingredient drug cost	Verify ingredient charge on the occurrence indicated.	049
EF	Missing or invalid compound dosage form description code	Verify dosage form description field.	076

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
EH	Missing or invalid route of administration	Verify compound route of administration.	076
EV	Missing or invalid prior authorization number submitted	<p>If no TAR number was sent, verify that the drug does not require a TAR for the recipient. Resubmit the corrected claim, if necessary. If you continue to receive this denial and you feel it is an error, call the TSC. If the approved TAR needs to be modified, send your request in writing to the Medi-Cal Drug Unit in Stockton or Los Angeles, as appropriate. This request should define the problem and be accompanied by copies of the original TAR and either the RAD or RTIP response screen prints displaying the reject codes.</p> <p>If a TAR number was present, verify that the number was correct. Resubmit the corrected claim, if necessary. When submitting the hospital discharge date for compound pharmacy claims in the prior authorization number, verify that the prior authorization type code is "8."</p>	005, 243
E4	Missing or invalid reason for service code	Verify that the reason for service code submitted was valid. Resubmit the corrected claim, if necessary.	142
E5	Missing or invalid professional service code	Verify that the professional service code submitted was valid. Resubmit the corrected claim, if necessary	142
E6	Missing or invalid result of service code	Verify that the result of service code submitted was valid. Resubmit the corrected claim, if necessary.	142

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
E7	Missing or invalid quantity dispensed	There is a problem with the quantity billed. Verify that the quantity is correct and matches the quantity on the TAR (if any), that it is in accordance with any quantity restrictions on the Contract Drugs List, and that the appropriate units were billed. Resubmit the corrected claim, if necessary. If percent variance is authorized on the TAR, verify that the quantity billed is within the authorized percent variance allowed.	017, 025
M4	Prescription/service reference number/time limit exceeded	Prior authorization is required for claims exceeding the Code I limitation for duration of therapy. Verify duration of therapy and/or break in therapy. Resubmit with an approved TAR, if necessary.	696, 697
M5	Requires manual claim	Verify the information entered. Resubmit corrected claim, if necessary. Otherwise, submit a Computer Media Claims (CMC) for non-compounds or hard copy claim. For compound pharmacy claims, verify ingredient product ID and ingredient product ID qualifier for indicated occurrence. If the ingredient product ID is not an NDC, it must be billed on hard copy claim 30-4. Medi-Cal will not pay for medical supplies used to prepare a compound when submitted on the compound claim, either electronically or on paper. You may use a "Y" in the <i>Process for Approved Ingredients</i> indicator to indicate acceptance of a payment of zero for ingredients with this error.	016, 017, 020, 028, 038, 076, 101, 185, 308, 613, 663

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«Table of Reject Code Descriptions (continued)»

NCPDP Reject Code	NCPDP Reject Message	Billing Hint	Medi-Cal Denial Code(s)
TE	Missing or invalid compound product ID	Verify the ingredient product ID and ingredient product ID qualifier fields for the occurrence indicated. You may use a "Y" in the <i>Process for Approved Ingredients</i> indicator to indicate acceptance of a payment of zero for ingredients with this error when denial code 016 is present.	023, 016
UE	Missing or invalid compound ingredient basis of cost determination	Verify ingredient basis of cost for the occurrence indicated.	049

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<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.