

**NCPDP VERSION 5.0 REJECT CODES FOR TELECOMMUNICATION STANDARD**

Reject Code	Explanation	Field Number in Possible Error
ØØ	("M/I" Means Missing/Invalid)	
Ø1	M/I Bin	
Ø2	M/I Version Number	1Ø2
Ø3	M/I Transaction Code	1Ø3
Ø4	M/I Processor Control Number	1Ø4
Ø5	M/I Pharmacy Number	2Ø1
Ø6	M/I Group Number	3Ø1
Ø7	M/I Cardholder ID Number	3Ø2
Ø8	M/I Person Code	3Ø3
Ø9	M/I Birth Date	3Ø4
1C	M/I Smoker/Non-Smoker Code	334
1E	M/I Prescriber Location Code	467
1Ø	M/I Patient Gender Code	3Ø5
11	M/I Patient Relationship Code	3Ø6
12	M/I Patient Location	3Ø7
13	M/I Other Coverage Cod	3Ø8
14	M/I Eligibility Clarification Code	3Ø9
15	M/I Date of Service	4Ø1
16	M/I Prescription/Service Reference Number	4Ø2
17	M/I Fill Number	4Ø3
19	M/I Days Supply	4Ø5
2C	M/I Pregnancy Indicator	335
2E	M/I Primary Care Provider ID Qualifier	468
2Ø	M/I Compound Code	4Ø6
21	M/I Product/Service ID	4Ø7
22	M/I Dispense As Written (DAW)/Product Selection Code	4Ø8
23	M/I Ingredient Cost Submitted	4Ø9
25	M/I Prescriber ID	411
26	M/I Unit Of Measure	6ØØ
28	M/I Date Prescription Written	414
29	M/I Number Refills Authorized	415
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
3R	Prior Authorization Not Required	4Ø7
3S	M/I Prior Authorization Supporting Documentation	498-PP
3T	Active Prior Authorization Exists Resubmit At Expiration Of Prior Authorization	
3W	Prior Authorization In Process	

3X	Authorization Number Not Found	503
3Y	Prior Authorization Denied	
32	M/I Level Of Service	418
33	M/I Prescription Origin Code	419
34	M/I Submission Clarification Code	420
35	M/I Primary Care Provider ID	421
38	M/I Basis Of Cost	423
39	M/I Diagnosis Code	424
4C	M/I Coordination Of Benefits/Other Payments Count	337
4E	M/I Primary Care Provider Last Name	570
40	Pharmacy Not Contracted With Plan On Date Of Service	None
41	Submit Bill To Other Processor Or Primary Payer	None
5C	M/I Other Payer Coverage Type	338
5E	M/I Other Payer Reject Count	471
50	Non-Matched Pharmacy Number	201
51	Non-Matched Group ID	301
52	Non-Matched Cardholder ID	302
53	Non-Matched Person Code	303
54	Non-Matched Product/Service ID Number	407
55	Non-Matched Product Package Size	407
56	Non-Matched Prescriber ID	411
58	Non-Matched Primary Prescriber	421
6C	M/I Other Payer ID Qualifier	422
6E	M/I Other Payer Reject Code	472
60	Product/Service Not Covered For Patient Age	302, 304, 401,
61	Product/Service Not Covered For Patient Gender	302, 305, 407
62	Patient/Card Holder ID Name Mismatch	310, 311, 312,
63	Institutionalized Patient Product/Service ID Not Covered	
64	Claim Submitted Does Not Match Prior Authorization	201, 401, 404,
65	Patient Is Not Covered	303, 306
66	Patient Age Exceeds Maximum Age	303, 304, 306
67	Filled Before Coverage Effective	401
68	Filled After Coverage Expired	401
69	Filled After Coverage Terminated	401
7C	M/I Other Payer ID	340
7E	M/I DUR/PPS Code Counter	473
70	Product/Service Not Covered	407
71	Prescriber Is Not Covered	411
72	Primary Prescriber Is Not Covered	421
73	Refills Are Not Covered	402, 403
74	Other Carrier Payment Meets Or Exceeds Payable	409, 410, 442
75	Prior Authorization Required	462
76	Plan Limitations Exceeded	405, 442
77	Discontinued Product/Service ID Number	407
78	Cost Exceeds Maximum	407, 409, 410,
79	Refill Too Soon	401, 403, 405
8C	M/I Facility ID	336
8E	M/I DUR/PPS Level Of Effort	474
80	Drug-Diagnosis Mismatch	407, 424
81	Claim Too Old	401
82	Claim Is Post-Dated	401
83	Duplicate Paid/Captured Claim	201, 401, 402,

84	Claim Has Not Been Paid/Captured	201, 401, 402
85	Claim Not Processed	None
86	Submit Manual Reversal	None
87	Reversal Not Processed	None
88	DUR Reject Error	
89	Rejected Claim Fees Paid	
90	Host Hung Up	Host Disconnected
91	Host Response Error	Response Not In
92	System Unavailable/Host Unavailable	Processing Host Did Not Accept
*95	Time Out	
*96	Scheduled Downtime	
*97	Payer Unavailable	
*98	Connection To Payer Is Down	
99	Host Processing Error	Do Not Retransmit
AA	Patient Spenddown Not Met	
AB	Date Written Is After Date Filled	
AC	Product Not Covered Non-Participating Manufacturer	
AD	Billing Provider Not Eligible To Bill This Claim Type	
AE	QMB (Qualified Medicare Beneficiary)-Bill Medicare	
AF	Patient Enrolled Under Managed Care	
AG	Days Supply Limitation For Product/Service	
AH	Unit Dose Packaging Only Payable For Nursing Home Recipients	
AJ	Generic Drug Required	
AK	M/I Software Vendor/Certification ID	110
AM	M/I Segment Identification	111
A9	M/I Transaction Count	109
BE	M/I Professional Service Fee Submitted	477
B2	M/I Service Provider ID Qualifier	202
CA	M/I Patient First Name	310
CB	M/I Patient Last Name	311
CC	M/I Cardholder First Name	312
CD	M/I Cardholder Last Name	313
CE	M/I Home Plan	314
CF	M/I Employer Name	315
CG	M/I Employer Street Address	316
CH	M/I Employer City Address	317
CI	M/I Employer State/Province Address	318
CJ	M/I Employer Zip Postal Zone	319
CK	M/I Employer Phone Number	320
CL	M/I Employer Contact Name	321
CM	M/I Patient Street Address	322
CN	M/I Patient City Address	323
CO	M/I Patient State/Province Address	324
CP	M/I Patient Zip/Postal Zone	325
CQ	M/I Patient Phone Number	326
CR	M/I Carrier ID	327
CW	M/I Alternate ID	330
CX	M/I Patient ID Qualifier	331
CY	M/I Patient ID	332
CZ	M/I Employer ID	333

DC	M/I Dispensing Fee Submitted	412
DN	M/I Basis Of Cost Determination	423
DQ	M/I Usual And Customary Charge	426
DR	M/I Prescriber Last Name	427
DT	M/I Unit Dose Indicator	429
DU	M/I Gross Amount Due	43Ø
DV	M/I Other Payer Amount Paid	431
DX	M/I Patient Paid Amount Submitted	433
DY	M/I Date Of Injury	434
DZ	M/I Claim/Reference ID	435
EA	M/I Originally Prescribed Product/Service Code	445
EB	M/I Originally Prescribed Quantity	446
EC	M/I Compound Ingredient Component Count	447
ED	M/I Compound Ingredient Quantity	448
EE	M/I Compound Ingredient Drug Cost	449
EF	M/I Compound Dosage Form Descriptin Code	45Ø
EG	M/I Compound Dispensing Unit Form Indicator	451
EH	M/I Compound Route Of Administration	452
EJ	M/I Originally Prescribed Product/Service ID Qualifier	453
EK	M/I Scheduled Prescription ID Number	454
EM	M/I Prescription/Service Reference Number Qualifier	445
EN	M/I Associated Prescription/Service Reference Number	456
EP	M/I Associated Prescription/Service Date	457
ER	M/I Procedure Modifier Code	459
ET	M/I Quantity Prescribed	46Ø
EU	M/I Prior Authorization Type Code	461
EV	M/I Prior Authorization Number Submitted	462
EW	M/I Intermediary Authorization Type ID	463
EX	M/I Intermediary Authorization ID	464
EY	M/I Provider ID Qualifier	465
EZ	M/I Prescriber ID Qualifier	466
E1	M/I Product/Service ID Qualifier	436
E3	M/I Incentive Amount Submitted	438
E4	M/I Reason For Service Code	439
E5	M/I Professional Service Code	44Ø
E6	M/I Result Of Service Code	441
E7	M/I Quantity Dispensed	442
E8	M/I Other Payer Date	443
E9	M/I Provider ID	444
FO	M/I Plan ID	524
GE	M/I Percentage Sales Tax Amount Submitted	482
HA	M/I Flat Sales Tax Amount Submitted	481
HB	M/I Other Payer Amount Paid Count	341
HC	M/I Other Payer Amount Paid Qualifier	342
HD	M/I Dispensing Status	343
HE	M/I Percentage Sales Tax Rate Submitted	483
HF	M/I Quantity Intended To Be Dispensed	344
HG	M/I Days Supply Intended To Be Dispensed	345
H1	M/I Measurement Time	495
H2	M/I Measurement Dimension	496
H3	M/I Measurement Unit	497
H4	M/I Measurement Value	499

H5	M/I Primary Care Provider Location Code	469
H6	M/I DUR Co-Agent ID	476
H7	M/I Other Amount Claimed Submitted Count	478
H8	M/I Other Amount Claimed Submitted Qualifier	479
H9	M/I Other Amount Claimed Submitted	480
JE	M/I Percentage Sales Tax Basis Submitted	484
J9	M/I DUR Co-Agent ID Qualifier	475
KE	M/I Coupon Type	485
M1	Patient Not Covered In This Aid Category	
M2	Recipient Locked In	
M3	Host PA/MC Error	
M4	Prescription/Service Reference Number/Time Limit Exceeded	
M5	Requires Manual Claim	
M6	Host Eligibility Error	
M7	Host Drug File Error	
M8	Host Provider File Error	
ME	M/I Coupon Number	486
MZ	Error Overflow	
NE	M/I Coupon Value Amount	487
NN	Transaction Rejected At Switch Or Intermediary	
PA	PA Exhausted/Not Renewable	
PB	Invalid Transaction Count For This Transaction Code	103, 109
PC	M/I Claim Segment	111
PD	M/I Clinical Segment	111
PE	M/I COB/Other Payments Segment	111
PF	M/I Compound Segment	111
PG	M/I Coupon Segment	111
PH	M/I DUR/PPS Segment	111
PJ	M/I Insurance Segment	111
PK	M/I Patient Segment	111
PM	M/I Pharmacy Provider Segment	111
PN	M/I Prescriber Segment	111
PP	M/I Pricing Segment	111
PR	M/I Prior Authorization Segment	111
PS	M/I Transaction Header Segment	111
PT	M/I Workers Compensation Segment	111
PV	Non-Matched Associated Prescription/Service Date	457
PW	Non-Matched Employer ID	333
PX	Non-Matched Other Payer ID	340
PY	Non-Matched Unit Form/Route of Administration	451, 452, 600
PZ	Non-Matched Unit Of Measure To Product/Service ID	407, 600
P1	Associated Prescription/Service Reference Number Not Found	456
P2	Clinical Information Counter Out Of Sequence	493
P3	Compound Ingredient Component Count Does Not Match Number Of Repetitions	447
P4	Coordination Of Benefits/Other Payments Count Does Not Match Number Of Repetitions	337
P5	Coupon Expired	486
P6	Date Of Service Prior To Date Of Birth	304, 401
P7	Diagnosis Code Count Does Not Match Number Of Repetitions	491
P8	DUR/PPS Code Counter Out Of Sequence	473

P9	Field Is Non-Repeatable	
RA	PA Reversal Out Of Order	
RB	Multiple Partials Not Allowed	
RC	Different Drug Entity Between Partial & Completion	
RD	Mismatched Cardholder/Group ID-Partial To Completion	3Ø1, 3Ø2
RE	M/I Compound Product ID Qualifier	488
RF	Improper Order Of 'Dispensing Status Code On Partial Fill Transaction	
RG	M/I Associated Prescription/service Reference Number On Completion Transaction	456
RH	M/I Associated Prescription/Service Date On Completion Transaction	457
RJ	Associated Partial Fill Transaction Not On File	
RK	Partial Fill Transaction Not Supported	
RM	Completion Transaction Not Permitted With Same 'Date Of Service As Partial Transaction	4Ø1
RN	Plan Limits Exceeded On Intended Partial Fill Values	344, 345
RP	Out Of Sequence 'P Reversal On Partial Fill Transaction	
RS	M/I Associated Prescription/Service Date On Partial	457
RT	M/I Associated Prescription/Service Reference Number On Partial Transaction	456
RU	Mandatory Data Elements Must Occur Before Optional Data Elements In A Segment	
R1	Other Amount Claimed Submitted Count Does Not Match Number Of Repetitions	478, 48Ø
R2	Other Payer Reject Count Does Not Match Number Of Repetitions	471, 472
R3	Procedure Modifier Code Count Does Not Match Number Of Repetitions	458, 459
R4	Procedure Modifier Code Invalid For Product/Service ID	4Ø7, 436, 459
R5	Product/Service ID Must Be Zero When Product/Service ID Qualifier Equals Ø6	4Ø7, 436
R6	Product/Service Not Appropriate For This Location	3Ø7, 4Ø7, 436
R7	Repeating Segment Not Allowed In Same Transaction	
R8	Syntax Error	
R9	Value In Gross Amount Due Does Not Follow Pricing Formulae	43Ø
SE	M/I Procedure Modifier Code Count	458
TE	M/I Compound Product ID	489
UE	M/I Compound Ingredient Basis Of Cost Determination	49Ø
VE	M/I Diagnosis Code Count	491
WE	M/I Diagnosis Code Qualifier	492
XE	M/I Clinical Information Counter	493
ZE	M/I Measurement Date	494

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