PHARMACY EDIT DISPOSITION FILE

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NCPDP CODE	EDIT	EDIT DESCRIPTION
WE	2227	DIAGNOSIS CODE QUALIFIER VALUES ARE NOT EQUAL
WE	2322	492-WE DIAGNOSIS CODE QUALIFIER IS NOT 01, 02, 00 OR BLANK
TE	2002	LTC COMPOUND MUST CONTAIN ACTUAL NDC
RE	2315	488-RE COMPOUND PRODUCT ID QUALIFIER IS NOT 03
R9	0625	MEDICAID ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE
R9	0626	PAYMENT REDUCED TO MAC MAXIMUM
R9	1335	PAYMENT REDUCED TO SUL PRICE
PA	2046	PRESCRIPTION NOT ALLOWED DUE TO CHANGE IN THERAPY
NR	2221	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT
NQ	2223	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT
NQ	2228	PAYER-PAT DATA FOR HEALTH PLAN FUNDED ASSISTANCE(129-UD) > 0
NP	2222	INV/MISSING OTHER PAYER-PATIENT RESPONSIBILITY AMT QUALIFIER
NP	2237	OTHER PAYER-PATIENT RESP AMT COUNT NOT EQUAL # REPETITIONS
NP	2238	OTHER PAYER-PATIENT RESP AMT DOES NOT HAVE A CORRESP QUAL
MX	2239	BENEFIT STAGE COUNT DOES NOT MATCH NUMBER OF REPETITIONS.
MW	2231	BENEFIT STAGE AMOUNT IS NOT NUMERIC
MW	2241	INVALID BENEFIT STAGE AMOUNT, NO PARTD PAYER SUBMITTED
MV	2236	PARTD PDP ON CLAIM AND NO BENEFIT STAGES SUBMITTED
M8	0213	CLM ADDRESS LOCATION DOES NOT MATCH ADDRESS LOCATION ON FILE
M8	0951	POSSIBLE DUPLICATE CCF - SEE RA MESSAGE #300
M8	0964	ADJUSTMENT OR VOID CORRESPONDS TO CANCELLED MMIS CHECK
M7	0953	CLAIM VOIDED - SERVICE BILLED INCORRECTLY
M7	0956	CLAIM REPROCESSED TO CORRECT PAYMENT
M7	0957	CLAIM CORRECTED OR REPROCESSED BY REQUEST
M6	0952	CLAIM VOIDED - RECIPIENT ID ERROR
M6	0955	CLAIM VOIDED - RESUBMITTED AS ORIGINAL CLAIM
M5	0047	DATES OF SERVICE ARE INELIGIBLE FOR POS PROCESSING
M5	0274	PROVIDER RESTRICTED TO HARD COPY/EMC
M5	0282	POS PROVIDER ON REVIEW-NO Z NO OVERRIDE
M5	0319	INCORRECT/MISSING MEDICALLY NEEDY TRANSMITTAL FORM
M5	0320	MED NEEDY SPENDDOWN - INVALID/MISSING ATTACHMENT
M5	0368	NOT LOCK IN PHARMACY/EMERGENCY SUPPLY DISPENSED
M5	0369	GA WITH NO LOCK-IN, NOT AN EMERGENCY CLAIM.
M5	0580	CLAIM ERROR REASONS > 10
M5	0608	PEND FOR MANUAL PRICING
M5	0617	CALCULATED PAYMENT AMOUNT ZERO
M5	0640	INVOICE/PRICE LIST ATTACHED IS INVALID/INSUFFICIENT
M5	0666	UNABLE TO PRICE CLAIM
M5	0791	ADJUSTMENT REQUIRES MANUAL UPDATE
M5	0792	ADJUSTMENT TO CONVERTED CLAIM
M5	0793	ADJUSTMENT PENDED FOR ARCHIVE CYCLE
M5	0794	FINANCIAL CORRECTION REQUIRED
M5	0969	PAYMENT DATE EXCEEDS CLAIM RECEIPT DATE BY 12 OR MORE MONTHS
M5	0972	NO EOB ATTACHED-RECIPIENT WITH OTHER RESOURCE INDICATED
M5	1603	ADJ/VOID CREATED FOR RECIPIENT CHANGE FROM GA TO OTHER ELIG
M4	0737	PAAD/SR GOLD RECIP REFILL > 12 MO FROM ORIGINAL PRESCRIPTION
M3	0954	CLAIM REPROCESSED TO CORRECT PAYMENTOR
M2	0303	RECIPIENT IS SERVICE OR PROVIDER RESTRICTED
M2	0316	LOCK-IN AUTHORIZATION FORM INCORRECT OR INCOMPLETE

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NCPDP CODE	EDIT	EDIT DESCRIPTION
M1	0197	MISSING/INVALID NCPDP MAND
M1	0242	SPECIAL PROGRAM/PROGRAM STATUS CODE-PROCEDURE RESTRICTION
M1	0305	CCPED OR HCEP NON COVERED SERVICE
M1	0308	INELIGIBLE SERVICES UNDER MEDICALLY NEEDY PROGRAM
M1	0445	TPL NOT ON RESOURCE FILE BUT TPL AMT ON CLAIM
M1	0449	"INAPPROPRIATE NARCOTIC USE"
HG	2303	345-HG DAYS SUPPLY INTENDED TO BE DISPENSED IS NOT NUMERIC
HF	2302	344-HF QUANTITY INTENDED TO BE DISPENSED IS NOT NUMERIC
HD	2305	343-HD DISPENSING STATUS IS NOT BL.
HD	2340	343-HD DISPENSING STATUS INVALID
HD	2341	MULTIPLE PARTIAL FILLS NOT ALLOWED
HC	2224	INVALID OTHER PAYER AMOUNT PAID QUALIFIER FOR D.0 CLAIM
G5	0989	INVALID APPROPRIATION CODE ASSIGNMENT
EZ	2051	FIELD 466-EZ MAY NOT CONTAIN 05 QUALIFIER - USE 01 FOR NPI
EZ	2311	466-EZ PRESCRIBE QUALIFIER ID IS NOT VALID VALUE 01,05 OR 08
EV	0408	PRIOR AUTHORIZATION NUMBER INVALID
EV	0774	PRIOR AUTHORIZATION NOT ON FILE
EV	0775	PA RECORD ON FILE IS NOT ACTIVE
EV	0779	MEDICAID PRIOR AUTHORIZATION NUMBER INVALID
EU	0055	A 1 IS NOT PRESENT IN THE PA IND FIELD AND PA # IS PRESENT
ET	2333	460-ET QTY PRESCRIBED NOT NUMERIC OR NOT SUBMITTED
ET	2334	QTY PRESCRIBED DOES NOT MATCH PREVIOUSLY SUBMITTED CLAIM
EM	2320	455-EM PRESCRIPTION/SERVICE REFERENCE NUM QUALIFIER IS NOT 1
EE	2003	COMPOUND DRUG-INCORRECT INGREDIENT QUANTITY/COST
EE	2285	COMPOUND INGREDIENT DRUG COST IS NON-NUMERIC OR NEGATIVE
E9	0002	BILLING PROVIDER NUMBER MISSING/INVALID
E9	0007	BILLING PROVIDER CHECK DIGIT INVALID
E9	2057	SERVICE/BILLING PROVIDER NPI FAIL CHECK DIGIT 201-B1
E9	2058	SERVICING/BILLING PROVIDER NPI IS REQUIRED OF 05/23/08
E9	2270	PROVIDER ONLY AUTHORIZED TO PRESCRIBE- NOT A BILLING PROV
E7	0441	NUMBER OF UNITS RESTOCKED EXCEEDS ORIGINAL UNITS PAID
E7	0560	COMPOUND DRUG-QUANTITY MISSING OR INVALID
E7	0585	SERVICE UNITS INCONSISTENT WITH PRODUCT PACKAGING
E7	0607	LOW VARIANCE ERROR
E7	2069	METRIC QUANTITY MUST REFLECT WHOLE PACKAGE
E7	2306	442-E7 QUANTITY DISPENSED NOT NUMERIC OR IS NEGATIVE
E7	2335	QTY DISPENSED > QTY PRESCRIBED
E5	2345	M/I PROFESSIONAL SERVICE CODE (445-E5)
E4	0182	OVERRIDE CODE NOT NUMERIC
E3	2344	M/I INCENTIVE AMOUNT SUBMITTED FIELD (438-E3)
E1	2321	436-E1 PROD/SERV ID QUAL NOT 03 FOR SINGLE OR 00 FOR CMPND
DZ	0019	INVALID INTERNAL CONTROL NUMBER (ICN)
DZ	0185	FORMER ICN # INVALID (ECPS)
DZ	0789	FORMER ICN INVALID (FFS)
DZ	0847	INCORRECT ICN ON FD-999
DZ	0848	ADJUST CLM MISSING PAYER/CARRIER CODE AND/OR TPL PAYMENT
DZ	0899	DUPLICATE ICN
DX	2055	PART D PDP RESPONSIBLE FOR PAYMENTS / BILL PRIMARY PAYER.
DX	2110	PATIENT PAID AMOUNT UNKNOWN

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NCPDP CODE	EDIT	EDIT DESCRIPTION
DV	0181	TOTAL TPL AMOUNT MUST BE NUMERIC
DV	0443	TPL PAYMENT EXPECTED PAYOR ID ON CLAIM BUT NO TPL AMOUNT
DV	0974	TPL PAYMENT AMOUNT FROM EOB MISSING ON CLAIM
DV	2005	MEDICARE PART D DEDUCTIBLE AMT MUST BE BETWEEN 0 AND 250.00
DV	2006	PART D COINS/COPAY AMT IS A NEGATIVE NUMBER
DV	2122	PARTD DEDUCTIBLE INVALID FOR TITLE XIX BENEFICIARY
DV	2130	HMS TPL CLAIM W/NO COB AMOUNTS
DV	2136	COB SEGMENT AND NO TPL PAID INFORMATION ON INPUT CLAIM
DV	2139	TPL PAYMENT AND REJECT CODE FOR OTHER PRIVATE PAYER
DV	2229	MISSING QUALIFIER FOR OTHER PAYER AMOUNT PAID
DQ	0151	INV/MISS CLAIM LINE CHARGE(S)
DQ	0152	INV/MISS TOTAL CHARGE
DQ	0610	MANUAL PRICING EXCEEDS BILLED CHARGES
DN	0611	PAYMENT EXCEEDS BILLED CHARGES/PAID CHARGES
DN	0667	COMPUTED DRUG COST ALLOW IS ZERO - VERIFY/CORRECT QUANTITY
DN	2142	GENERIC DRUG HAS NO PRICE - SUL/FUL/WAC/NADAC MISSING
DC	2310	412-DC DISPENSING FEE SUBMITTED IS NOT NUMERIC
CB	0012	MISSING RECIPIENT NAME
CB	0302	NAME MISMATCH OR FOR PHARMACY: GENDER AND/OR DOB
BB	0166	INV/MISS DIAGNOSIS CODE
B2	2319	202-B2 SERVICE PROVIDER ID QUALIFIER NOT 01
AK	0271	SUBMITTER NOT APPROVED FOR PROVIDER.
AJ	0417	GENERIC SUBSTITUTION REQUIRED OR INAPPROPRIATE DAW
AG	0535	DAILY QUANTITY EXCEEDED - 30 DAY EXTENSION PERIOD AUTHORIZED
AG	0536	DAILY QUANTITY POSSIBLY EXCEEDED
AG	0776	PA DOLLARS/UNITS EXHAUSTED-CUTBACK
AF	1381	ACTIVE MANAGED CARE FOUND W/O ACTIVE ELIGIBILITY
AE	0884	CLAIM DENIED/SUBMIT DME CLAIM TO MEDICARE
AE	0963	RECIPIENT HAS MEDICARE - BILL MEDICARE
AE	0979	RECIPIENT IS MCARE PART B OR MCARE HMO ELIGIBLE
AD	0202	PROVIDER CANNOT SUBMIT THIS CLAIM TYPE
AD	0203	PROVIDER ON REVIEW - STATE PEND
AD	0223	PROVIDER ON REVIEW-DENY PAYMENT
AD	0227	PROVIDER NOT APPROVED FOR EMC
AD	0228	POST PAY PROVIDER ON REVIEW
AD	0440	LTC PHARMACY INELIGIBLE FOR UD RECYCLING.
AD	0696	CLAIM DENIED PROVIDER NOT REENROLLED
AD	0697	CLAIM PENDED PROVIDER RE-ENROLLMENT NOT COMPLETED
AD	1329	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION
AD	1334	HEALTHCARE PRVDR FEDERALLY EXCLUDED FROM NJMM PARTICIPATION
AC	0512	DRUG NOT PAYABLE - NO ADDP REBATE AGREEMENT
AC	0549	DRUG NOT PAYABLE - NO REBATE AGREEMENT
AC	0562	COMP DRUG WITH INGREDIENT NOT COVERED BY REBATE AGREEMENT
AC	0570	DRUG NOT PAYABLE - NO STATE REBATE AGREEMENT
AA	0941	SENIOR GOLD CO-PAY APPLIED FROM VOIDED CLAIM
A6	2145	PART B COVERAGE KNOWN - BILL PART B/PART D/TPL
9G	2143	MINIMUM 180 DAYS REQUIRED FOR VACCINATION CLAIM
8C	0457	LTC FACILITY ID MISSING ON POS REBILL UNIT DOSE RESTOCK
8C	2116	UNABLE TO CONFIRM FACILITY RESIDENCE

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8C	2117	INCORRECT BILLING PROVIDER NUMBER FOR INSTITUTIONAL SERVICES
8C	2247	FACILITY ID IS MISSING OR INVALID
8C	2248	FACILITY ID NOT ON FILE FOR ACTIVE LTC PROVIDER
8C	2286	FACILITY ID NPI IS NOT NUMERIC OR CHECK DIGIT IS INVALID
8C	2287	FACILITY ID NPI NOT VALID ON NPPES PROVIDER DATABASE
8C	2288	FACILITY NPI CANNOT BE MAPPED TO A MEDICAID ID
8C	2289	FACILITY ID NPI MAPS TO A NON-LTC MEDICAID PROVIDER
88	0405	POSSIBLE THERAPEUTIC CLASS DUPLICATION
88	0407	THERAPEUTIC DUPE; CLAIM THRESHOLD EXCEEDED
88	0433	"POSSIBLE UNDERUTILIZATION; MEP UNIT TO CONTACT MD"
88	0434	"VERIFY DOSAGE BASED ON WEIGHT"
88	0447	DAILY DOSE EXCEEDS REC.LIMITS FOR DRUG FOUND IN COMBO PROD.
88	0537	DAILY DRUG QUANTITY EXCEEDED; IMMEDIATE PA REQUIRED
88	0538	DAILY METRIC QUANTITY EXCEEDS DUR STANDARD/AGE
88	0869	POSSIBLE (SEVERE) DD CONFLICT - 30 DAY EXIT
88	0870	POSSIBLE WARFARIN CONFLICT
88	0877	SEVERE DD INTERACTION; PA REQUIRED FOR DIFFERENT PRESCRIBERS
88	0916	SEVERE DRUG/DRUG INTERACTION DUR
88	0917	MODERATE DRUG/DRUG INTERACTION DUR
88	0918	DAILY DOSAGE EXCEEDS MAXIMUM RECOMMENDED DOSAGE
88	0921	SEVERE DRUG/DRUG INTERACTION - NO PA OVERRIDE CAPABILITY
88	0922	DRUG INDICATES PREGNANCY PRECAUTION WARNING
88	0923	DAILY DOSAGE LESS THAN MINIMUN RECOMMENDED DOSAGE
88	0927	DUR EDIT POSTED - PA REQUIRED AFTER 30 DAYS SUPPLIED
88	0928	DUR EDIT POSTED, 30 DAY SUPPLY PARTIALLY EXHSTD, PA REQUIRED
88	0929	DUR EDIT - ALLOWABLE 30 DAY SUPPLY EXHAUSTED- PA REQUIRED
88	2323	DAILY MORPHINE MILLIGRAM EQUIVALENT > 50
88	2324	DAILY MORPHINE MILLIGRAM EQUIVALENT EXCEEDED
88	2325	OPIOID DRUG NOT FOUND ON MME FACTOR TABLE
88	2329	OPIOID NOT FOUND ON RGCNSTR0 TABLE
88	2347	COVID VACCINE ADMINISTRATION CONFLICT
88	2348	VACCINE ADMINISTRATION EXCEEDED FOR MEMBER
88	2349	MINIMUM DAYS REQUIRED BETWEEN VACCINE DOSES
88	2351	OTC COVID TEST EXCEEDED- LIMIT 4 KITS PER MONTH
88	2360	OTC PREGNANCY TEST LIMIT - 1 PKG/CLAIM, 4 CLAIMS/30 DAYS
87	0475	HISTORY RECORD ALREADY ADJUSTED OR VOIDED
87	0476	NO CLAIM IN HISTORY FILE MATCHES ADJ/VOID REQUEST
87	0795	CLAIM ADJUSTED BY SYSTEM - NEW ICN
87	0798	HISTORY RECORD ALREADY ADJUSTED OR VOIDED
87	0799	NO CLAIM IN HISTORY FILE MATCHES ADJ/VOID REQUEST
87	0842	ADJUSTMENT MUST HAVE CORRECTED CLAIM ATTACHED
87	0843	ADJUSTMENT REQUEST NEEDS TO BE MORE SPECIFIC
87	0844	ADJUSTMENT CLAIM MISSING PAYOR CODE AND/OR PRIOR PAYMENT
87	0880	CUMULATIVE RETRO REVIEW - FOR INTERNAL USE.
87	0995	NO MATCHING HISTORY CLAIM FOR CREDIT RECORD
87	0996	NO APPROP CODES ASSIGNED FOR CREDIT RECORD
87	1474	RECLAMATION BY TPL VENDOR - ADJUSTMENT/VOID REQUEST DENIED
87	2073	REQUESTOR IS NOT AUTHORIZED TO VOID/ADJUST THIS CLAIM
87	2074	CLAIM HAS BEEN PREVIOUSLY VOIDED BY STATE - CANNOT RESUBMIT

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NCPDP CODE	EDIT	EDIT DESCRIPTION
86	0024	POS REVERSAL REJECTED-RESUBMIT USING FD-999 FORM.
85	0128	CLAIM > $400-RESUB CLAIM VERIFYING METRIC QUANTITY REPORTED
85	0184	INVALID/MISSING ADJUSTMENT REASON
85	0189	EXPIRATION OF CCF TIME LIMIT OR NO CHANGE INDICATED ON CCF
85	0191	REVIEW RA MESSAGE PAGE FOR EXPLANATION
85	0226	BILL PROVIDER DEACTIVATED DUE TO INACTIVITY 18 MO. OR MORE
85	0252	PROC/REVENUE CODE/NDC/DIAG REQUIRES REVIEW
85	0279	DENIED AS A RESULT OF PREPAYMENT REVIEW BY DMAHS
85	0381	CLAIM SUBMITTED FFS-UNABLE TO DETERMINE IN-PLAN/OUT-OF-PLAN
85	0393	PAAD/SR GOLD PAYMENT BASED ON PENDING MEDICARE ENROLLMENT
85	0394	MEDICARE ENROLLMENT REQUIRED TO RECEIVE PAAD/SR GOLD PAYMENT
85	0397	POSSIBLE POS PRICING ERROR 10 PCT DIFF 800 VS 880 PAC
85	0477	ENCOUNTER MC EXTENSION IND IS INVALID
85	0563	NO BASE DISPENSING FEE ON FILE FOR CLAIM SERVICE DATE
85	0564	NO VOLUME DISCOUNT ON FILE FOR CLAIM SERVICE DATE
85	0565	OTC DRUG NO UNIT PRICE ON FILE
85	0566	OTC DRUG NO PACKAGE PRICE ON FILE
85	0567	TEAMCARE DRUG NO UNIT PRICE ON FILE
85	0568	TEAMCARE DRUG NO PACKAGE PRICE ON FILE
85	0569	LEGEND DRUG NO PACKAGE PRICE ON FILE
85	0597	VERIFY OR CORRECT PROC CODE/NDC FOR DATE(S) OF SERVICE
85	0604	INVALID PRICING ACTION CODE
85	0606	HIGH VARIANCE ERROR
85	0786	PREVIOUSLY DENIED CLAIM CANNOT BE ADJUSTED-RESUBMIT CLAIM
85	0787	ADJUSTMENT CLAIM TYPE NOT MATCHED
85	0788	ADJUSTMENT DENIED/ORIG PAID CORRECTLY
85	0790	INVALID ADJUSTMENT LOCATOR
85	0796	BILLING PROVIDER NOT MATCHED ON HISTORY
85	0797	DUPLICATE ADJUSTMENT RECORDS ENTERED
85	0990	DELAYED PAYMENT OF PROPRIETARY ELECTRONIC CLAIM
85	0992	SET LOCATION TO STATE REVIEW
85	0993	CLAIM DENIED AT PROVIDER REQUEST
85	1324	EFFECT 1/1/2012 PYMT WILL BE DEFERRED PENDING ACH ENROLLMENT
85	2127	HMS AUDIT B1 REPLACEMENT CLAIM, ORIG CLM NOT AUDITED BY HMS
83	0800	EXACT DUPLICATE BILL
83	0801	POSSIBLE DUPLICATE CONFLICT
83	0811	PHARMACY AND INPATIENT HOSPITAL DUPLICATE ERROR
83	0826	DUPLICATE OF PREVIOUSLY PAID CLAIM - DENIED AFTER REVIEW
83	0827	PHARMACY EXACT DUPLICATE BILL - SAME PROVIDER
83	0828	PHARMACY EXACT DUPLICATE BILL - DIFFERENT PROVIDER
83	0840	EXACT DUPLICATE WITHIN GROUP PRACTICE
83	2001	COMPOUND CONTAINS DUPLICATE INGREDIENTS
83	2102	DUPLICATE PHARMACY/SERVICE DATE/PRESCRIPTION NUMBER
81	0026	CLAIM WITHOUT ATTACHMENT EXCEEDS TIMELY FILING LIMITS
81	0076	CLAIM W/ATTACH EXCEEDS TIMELY FILING
81	0080	ICN DATE IS > 2 YRS FROM SERVICE DATE
81	0196	TIMELY FILING EDIT BYPASSED DUE TO CONSENT ORDER
81	0785	MAINFRAME CLAIM NOT PRESENT ON POS HISTORY
80	0296	DIAGNOSIS CODE NOT ON FILE

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NCPDP CODE	EDIT	EDIT DESCRIPTION
7X	2042	COPAY EXCEEDS CHARGE FOR 3 MONTH SUPPLY FOR RECIP LIS LEVEL
7X	2267	GRACE PERIOD LIMITED TO 30 DAYS SUPPLY FOR NORMAL SOLID DOSE
7W	2044	PART D-EMERGENCY SUPPLY MAY BE FILLED ONLY ONCE IN 90 DAYS
7K	2141	TPL PAYMENT AND OTHER COVERAGE CODE NOT EQUAL 02
7C	0431	OTHER PAYOR ID REQUIRED WITH TPL PAYMENT
7C	0439	INVALID OTHER PAYOR ID CODE NOT ON PBM LIST
7C	0975	RESOURCE FILE INDICATES INSURANCE OTHER THAN THAT BILLED
7C	2054	CLAIM IS INCORRECTLY BILLED - NO MEDICARE ON FILE.
7C	2107	WRONG OTHER PAYER ID (340-7C) CORRECT CLIENT INFO & RESUBMIT
7C	2240	OTHER PAYER ID FIELD MISSING OR INVALID
7C	2250	TPL PAYER ID REQUIRED WHEN BILLING FOR TPL COPAY/COINSURANCE
79	0755	EARLY REFILL
79	0756	DRUG SUPPLIED EARLY - REVIEW REQUIRED
79	0757	DRUG SUPPLIED EARLY BY DIFFERENT PROVIDERS
79	0829	EARLY REFILL -SAME PROVIDER - DENIED AFTER REVIEW
79	0830	EARLY REFILL - SAME PROVIDER WITH NO ATTACHMENT 08
79	0831	EARLY REFILL - DIFFERENT PROVIDER - DENIED AFTER REVIEW
79	0832	EARLY REFILL - DIFFERENT PROVIDER WITH NO ATTACHMENT 08
79	0890	EARLY REFILL-SAME PROVIDER - DENIED AFTER REVIEW
79	0891	EARLY REFILL-SAME PROVIDER WITH NO ATTACHMENT 08
79	0897	EARLY REFILL-DIFFERENT PROVIDER-DENIED AFTER REVIEW
79	0898	EARLY REFILL-DIFFERENT PROVIDER WITH NO ATTACHMENT 08
78	2028	CLAIM PAYMENT THRESHOLD EXCEEDS $25000 / 125000
78	2358	MAXIMUM ANNUAL PART D OUT-OF-POCKET LIMIT REACHED
78	2359	MAX AMT FOR PART D COPAY EXCEEDED FOR LIS 1-3 MEMBERS
77	0551	NDC PROBABLY OBSOLETE, CHECK LABEL/COMPUTER
76	0276	UTILIZATION EXCEEDS ESTABLISHED PARAMETERS
76	0395	INITIAL PRESCRIPTION LIMITED TO A 34 DAY SUPLY
76	0396	REFILL RX LIMITED TO 34 DAYS / 100 UNITS
76	0403	DURATION AT THIS DOSAGE EXCEEDED
76	0404	DURATION STANDARD EXCEEDED - POSSIBLE CUTBACK
76	0416	PRESCRIPTION VOLUME EXCEEDS THRESHOLD - PA REQUIRED
76	0548	DAYS SUPPLY EXCEEDS PROGRAM MAX
76	0717	PRIOR AUTHORIZED UNITS/DOLLARS EXHAUSTED
76	0738	REFILL EXCEEDS PROGRAM MAXIMUM
76	0784	GSHP PRIOR AUTHORIZED UNITS/DOLLARS EXHAUSTED
76	0875	FISCAL YEAR FUNDS EXHAUSTED
76	0910	PAYMENT EXCEEDS THRESHOLD
76	0912	DAILY PEND FOR SPECIAL BATCH
76	0913	WEEKLY PEND FOR SPECIAL BATCH
76	2030	PART D CO-PAYMENT/CO-INSURANCE EXCEEDS ANNUAL AMT
76	2031	PART D CO-PAYMENT/CO-INSURANCE EXCEEDS ANNUAL AMT
76	2039	EXEMPT LTC RECIPIENTS FROM MEDICARE PART CO-PAYMENT
76	2040	MEDICARE PART D CO-PAYMENT EXCEEDS MAX ALLOWED.
76	2041	TITLE XIX RECIPIENT-INVALID PART D DEDUCTIBLE AMOUNT
76	2070	EXCEEDS MAXIMUM METRIC QUANTITY FOR PACKAGE SIZE/ FULL PKGS
76	2100	FDB DAILY DOSAGE QUANTITY STANDARD EXCEEDED
76	2138	ANONYMOUS NALOXONE BUDGET LIMIT EXCEEDED FOR THE FY
76	2342	ACCUM OF MED EXCEEDS 30 DAYS SUPPLY

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76	2352	EXCEPTION TO ACCUM EDIT 2342 FOR MEDS OVER 30 DAYS SUPPLY
76	2356	MAX NUMBER OF CLAIMS LIMITED TO 2 PER 12 MONTHS
75	0410	SERVICE NOT AUTHORIZED BY GSHP CASE MANAGER
75	0423	PRIOR AUTHORIZATION REQUIRED
75	0577	PA REQUIRED FOR WFNJ/GA DRUG COVERAGE
75	0937	PRIOR AUTHORIZED UNITS USED FOR CLAIM PAYMENT
74	2019	PART D COINS/COPAY + DEDUCTIBLE CANNOT BOTH BE ZERO
74	2096	PATIENT PAID AMOUNT UNKNOWN - 433-DX
74	2112	CONFLICTING GENDER CODE - CONFIRM GENDER AND BENE ID NUMBER
74	2113	CONFLICTING DATE OF BIRTH - CONFIRM DOB AND BENE ID NUMBER
71	2047	PA REQUIRED: DRUG / PRESCRIBER RESTRICTION
70	0257	PROC/NDC/REV/ICD NOT CVRD BY MA, MA-RELATED, PAAD/SR GOLD
70	0263	NON-COVERED SERVICE FOR SPECIAL PROGRAM CODE
70	0385	NON-COVERED SERVICE FOR PROGRAM STATUS CODE
70	0402	NOT COVERED BY GA - BILL ADDP
70	0432	THIS LEGEND DRUG NOT COVERED BY PAAD/SG
70	0446	DRUG NOT COVERED BY CF PROGRAM
70	0532	NON LEGEND DRUG NOT COVERED FOR PAAD/SR GOLD BENEFICIARIES
70	0534	DRUG NOT PAYABLE FEDERAL/IRS DESI
70	0542	NON-LEGEND DRUG NOT PAYABLE FOR DATE OF SERVICE
70	0543	DRUG NOT PAYABLE-STATE DESI
70	0544	DRUG NOT PAYABLE FEDERAL DESI
70	0550	PENDING FOR REVIEW OF DRUG FILE ENTRY
70	0552	ADDP-SERVICE NOT COVERED.
70	0553	COMPOUND DRUG DID NOT CONTAIN LEGEND DRUG
70	0556	COMPOUND DRUG NOT COVERED
70	0557	COMPOUND DRUG NOT COVERED FOR PAAD RECIPIENT
70	0561	COMPOUND DRUG NOT COVERED FOR LTC RECIPIENT
70	0583	PAID AT 0$; VACCINE AVAILABLE FROM THE VFC PROGRAM
70	0682	SERVICE/PRODUCT NOT ELIGIBLE UNDER MEDICAID PROGRAM
70	2000	SERVICE ADMINISTRATIVELY DENIED
70	2036	RECIPIENT NOT ELIGIBLE FOR MAILORDER SERVICES
70	2089	DIABETIC SUPPLIES NOT COVERED - BILL MCARE PT B OR OTH TPL
70	2109	DRUG NOT PAYABLE DUE TO CHANGE IN COVERAGE RULES
70	2125	DRUG NOT COVERED FOR ADDP LIMITED COVERAGE PROGRAM
70	2137	PART D COPAY NOT COVERED AS OF FY2012
70	2290	PHARMACY CLAIM NOT PAYABLE FOR SPC 98 OR 99
70	2343	NDC PRICING EXCEEDS CLASS AVG; CHANGE NDC OR PA NEEDED
6C	0438	PAYOR ID QUALIFIER DOES NOT EQUAL 99 PBM LIST
69	0383	DATE OF SERVICE LATER THAN DATE OF DEATH
69	0384	DATE OF SERVICE LATER THAN DATE OF DEATH
67	0318	MED NEEDY SPENDDOWN RECIP- ATTACHMENT REVIEW
65	0301	RECIPIENT INELIG ON DATES OF SERVICE
65	0315	HOSPICE ELECTION REVIEW
65	0325	SERVICE NOT COVERED BY HMO - RECIPIENT INELIG FOR MEDICAID
65	0328	MHC RECIPIENT-NO M'CAID ELIG SEGMENT FOR THIS PERIOD
65	0367	GA RECIPIENT INELIGIBLE ON DATE OF SERVICE
65	0373	CSOCI - NON-COVERED SERVICE
64	0770	PROCEDURE CODE/NDC NOT INCLUDED IN PRIOR AUTHORIZATION

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NCPDP CODE	EDIT	EDIT DESCRIPTION
64	0772	PA/PROVIDER NOT AUTHORIZED
64	0773	DATE OF SERVICE CONFLICT WITH PRIOR AUTHORIZATION DATE(S)
64	0777	GSHP PA ALREADY PROCESSED
64	0781	GSHP PRIOR AUTHORIZATION RECORD NOT ACTIVE
64	0782	GSHP DATE OF SERVICE CONFLICT WITH PRIOR AUTHORIZATION DATE
64	0783	GSHP PROCEDURE NOT INCLUDED IN PRIOR AUTHORIZATION
64	2032	DAILY DRUG QUANTITY EXCEEDS APPROVED AMOUNT
63	0442	ORIGINAL CLAIM INELIGIBLE FOR UNIT DOSE RESTOCKING/RECYCLING
63	0533	OTC DRUG COST INCLUDED IN NF PER DIEM
63	0547	UNIT DOSE PAYABLE FOR NURSING HOME RECIPIENT ONLY
63	0824	LTCF RESIDENT RECEIVING SERVICES FROM A RETAIL PHARMACIST
61	0255	PROCEDURE SEX RESTRICTION
60	0254	PROCEDURE CODE NDC AGE RESTRICTED
60	2111	NOT COVERED FOR RELIEF OF COUGH AND COLD SYMPTOMS
57	0780	GSHP PRIOR AUTHORIZATION NOT ON FILE
56	0224	PRESCRIBING PHYSICIAN/PRACTIONER NUMBER NOT ON FILE
56	2067	FOUND MULTIPLE MEDICAID IDS FOR THE PRESRIBER NPI
54	0545	NDC NOT ON DRUG FILE
535	2140	OTHER COVERAGE CODE=03 & CLAIM HAS NO SUPPORTING REJECT CODE
52	0123	EMC CLM NOT ALLOWED FOR SR GOLD CLM SUBMIT BY POS
52	0321	RECIPIENT NOT ON FILE
52	0365	GA RECIPIENT NOT ON RECIP HISTORY MASTER FILE
504	2144	ADDP PARTD-SUBMIT 10-DIGIT ADDP ID NUMBER NOT HBID NUMBER
504	2244	BNFT STG 70-NOT PARTD CLM-PD BY NEGOTIATED PRICE-PARTD DRUG
504	2246	BNFT STG 60/62/80/90 NOT ON FORMULARY EXCEPTION
504	2274	BNFT STG 61-NOT PARTD CLM-PD BY COADMIN PLAN BNFT-PARTD DRUG
504	2276	BNFT STG 90-NOT PARTD CLM-OTC/ENH-NO TROOP BUT PTD COVERED
50	0206	BILLING PROVIDER NOT ON FILE
50	0212	SERV PROV NOF/ LTC COTTAGE NUMBER INVALID
50	2056	THE LENGTH OF THE SERVICE/BILLING NPI IS INVALID
50	2059	THE FIRST DIGIT OF THE SERVICING/BILLING NPI IS INVALID
50	2060	THE MEDICAID ID IS NOT FOUND FOR SERVICING/BILLING NPI
50	2061	FOUND MULTIPLE MEDICAID IDS FOR THE SERVICING/BILLING NPI
4X	2230	INVALID PATIENT RESIDENCE CODE. MUST BE 00-15
42	2266	INELIGIBLE PRESCRIBER, 15-DAY GRACE PERIOD BEGINS FOR RECIP
42	2269	INELIGIBLE PRESCRIBER-OUTSIDE GRACE PERIOD, NO FILLS ALLOWED
42	2271	PROVIDER NOT AUTHORIZED TO PRESCRIBE AS PER ACA REQUIREMENT
42	2272	PRESCRIBER NPI MAPS TO GROUP NUMBER-PRESCRIBER MUST BE INDIV
41	0323	SERVICE COVERED BY HMO - NO MEDICAID PAYMENT DUE
41	0380	CLAIM SUBMITTED FFS - SERVICE IS IN-PLAN (MANAGED CARE)
41	0391	PREMIUM SUPPORT - BILL OTHER INSURANCE
41	0418	FAMILYCARE ADDP ENROLLMENT EDIT
41	0419	WFNJ/GA OR NJFL CLAIM PROCESSED AS ADDP
41	0420	CLAIM PAYABLE UNDER WFNJ/GA OR FC ONLY
41	0886	OVERRIDE FOR EDIT 893 NOT NECESSARY
41	0892	NO INSURANCE COVERAGE KNOWN, BUT INSURANCE PAYMENT RECEIVED
41	0893	INSURANCE COVERAGE KNOWN, BILL TPL
41	0894	OVERRIDE FOR EDIT 893
41	0895	TPL PAYMENT CONFLICTS WITH OTHER COVERAGE CODE

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NCPDP CODE	EDIT	EDIT DESCRIPTION
41	0896	NO INSURANCE PAYMENT RECEIVED, BUT OTHER COVERAGE CODE = 2
41	0959	CLAIM UPDATED WITH TPL PAYMENT
41	0970	BILL THIRD PARTY CARRIER OR MEDICARE HMO FIRST
41	1239	MOTHER OF NEWBORN HAS SERVICE IN-PLAN
41	1333	PLEASE CONTACT THE MANAGE CARE OFFICE AT 1-800-701-0710
41	2016	BENE PART D ELIGIBLE: REQUEST INSURANCE CARD
41	2017	PART D COVERAGE KNOWN BILL FOR PART D PLAN
41	2034	MEDICARE PART D - NOT COVERED AS WRAPAROUND BENEFIT
41	2035	INVALID PDP REJECT CODE FOR PART D WRAPAROUND BENEFIT
41	2043	RECIPIENT ELIGIBLE FOR MEDICARE PART D
41	2052	PART D CLAIM EMERGENCY SUPPLY - NO PDP REJECT CODE
41	2053	PART D REJECT CODE CONFLICTS WITH PDP PAYMENT AMOUNT
41	2071	PAAD RECIPIENTW/ MEDICAID ELIGIBILITY
41	2076	SENIOR GOLD RECIPIENT W/MEDICAID ELIGIBILITY
41	2077	MEDICAID DUPLICATE ELIGIBILITY WITH PAAD OR SENIOR GOLD
41	2078	PAAD/SENIOR GOLD DUPLICATE ELIGIBILITY
41	2106	AGED MED NEEDY SPENDDOWN AND NO MEDICARE COVERAGE ON FILE.
41	2121	OTC NOT ON MEDICAID PART D WRAPAROUND
41	2353	ADDITIONAL CONTRACEPTIVE ADMIN FEE PAID
41	2354	PAAD RECIPIENT W/ ADDP ELIGIBILITY
41	2355	SENIOR GOLD RECIPENT W/ADDP ELIGIBILITY
41	2357	SUBMITTED PRESCRIBER NPI DOESN'T MATCH STANDING ORDER NPI
40	0201	SERVICING PROVIDER NOT ELIGIBLE ON DATE(S) OF SERVICE
40	0207	BILLING PROVIDER INELIGIBLE ON DATE OF SERVICE
40	0546	PAAD/SR GOLD CLAIM SUBMITTED BY OUT-OF-STATE PROVIDER
40	0885	NON PAR. PHARM PROV SERV W/PA 6/01/01 PAAD/ SENIOR GOLD
40	2048	PHARMACY NOT APPROVED STATE PROVIDER
3W	0280	POS PAID CLAIM, PAYMENT PENDING
3W	0372	GA RECIP ID MEDICAID ELIGIBLE - AS OF DATE OF SERVICE
3W	0376	DUAL GA ELIGIBILITY - AS OF DATE OF SERVICE.
3W	0378	ALTERNATE GA ELIGIBILITY ONLY - AS OF DATE OF SERVICE.
3W	2004	CLAIM PENDING RE-ENROLLMENT
3R	0413	2 PRESCRIPTIONS REMAIN WITHOUT NEED FOR PRIOR AUTHORIZATION
3R	0414	1 PRESCRIPTION REMAINS WITHOUT NEED FOR PRIOR AUTHORIZATION
3R	0415	NO PRESCRIPTIONS REMAIN WITHOUT NEED FOR PRIOR AUTHORIZATION
3Q	2220	INVALID FACILITY NAME FOR FACILITY ID
3N	2124	PA NUMBER FIELD CONTAINING AUDIT DATA REQUIRED FOR HMS AUDIT
3N	2128	6-DIGIT ICN ON HMS AUDIT CLAIM DOES NOT MATCH NJMMIS CLAIM
39	0444	DIAGNOSIS CODE REQUIRED/ MEDICARE COVERED DRUG
34	2346	M/I SUBMISSION CLARIFICATION CODE 420-DK)
2C	2308	335-2C PREGNANCY INDICATOR IS NOT 1, 2 OR BLANK
29	2336	NUM OF REFILLS AUTH > O SCHED II
28	2307	414-DE PRESCRIPTION DATE IS NOT NUMERIC
28	2317	415-DF NUMBER OF REFILLS AUTHORIZED IS NOT NUMERIC
28	2331	DATE RX WRITTEN > 30 DAYS OLD SCHED II-V
28	2332	DATE RX WRITTEN > 365 DAYS OLD NON SCHED DRUG
28	2350	DATE RX WRITTEN > 30 DAYS OLD SCHED II - V
26	0406	INAPPROPRIATE UNITS; BULK SOLUTION > 100CC
26	0463	UNIT RECAPTURE ADJUSTMENTS

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NCPDP CODE	EDIT	EDIT DESCRIPTION
26	2099	INCORRECT UNIT OF MEASURE REPORTED FOR DRUG
26	2304	600-28 UNIT OF MEASURE NOT VALID VALUE (EA/GM/ML)
25	0004	INV/MISS PRESCRIBER'S MEDICAID ID NUMBER
25	2050	LICENSE # ONLY ACCEPTED FOR NPI EXCLUDED ENTITIES.
25	2062	THE LENGTH OF THE PRESCRIBER NPI IS INVALID - 411-DB
25	2063	CHECK DIGIT VALIDATION FAIL FOR THE PRESCRIBER NPI
25	2064	PRESCRIBER NPI IS REQUIRED AS OF 05/23/08
25	2065	THE FIRST DIGIT OF PRESCRIBER NPI IS INVALID
25	2086	SUBMISSION OF 6666666 FOR NJ PRESCRIBER IS INVALID
25	2090	PRESCRIBER LIC#/QUALIFIER N/A WHEN NPI EXISTS
25	2298	SUBMITTED PRESCRIBER NPI MAPS TO A GROUP ENTITY
25	2312	411-DB PRESCRIBER ID IS BLANK OR NOT SUBMITTED
23	2309	409-D9 INGREDIENT COST IS NOT NUMERIC OR GREATER THAN ZERO
22	2085	MAC OVERRIDE NOT ALLOWED - DISPENSE AS WRITTEN IND INCORRECT
22	2091	COPAY APPLIED FOR BRAND DRUG
22	2092	COPAY APPLIED FOR GENERIC DRUG
21	0127	NDC CODE MISSING OR INVALID
21	0559	COMPOUND DRUG-NDC CODE MISSING OR INVALID
21	0668	USE ASSIGNED PROC CODE/NDC CODE TO MATCH DESCRIPTION GIVEN
21	2314	407-D7 INVALID COMBINATION OF NDC, CMPND NDC OR CMPND CODE
20	0126	COMPOUND DRUG INDICATOR INVALID
20	0466	COMPOUND CLAIM WITH ONLY ONE INGREDIENT
20	2098	INVALID COMPOUND - CONTAINS ONE INGREDIENT PLUS WATER
20	2313	406-D6 COMPOUND CODE IS NOT 1 OR 2
19	0085	INV/MISS DAYS/UNITS/VISITS
19	0130	INV/MISS DAYS SUPPLY
19	0771	DAY SUPPLY INCORRECTLY REPORTED AS ONE DAY.
19	2083	DAYS SUPPLY > 34 FOR NURSING HOME EARLY REFILL
17	2337	403-3D FILL NUMBER M/I
17	2338	403-D3 NUMBER > O ON SCHED II
17	2339	FILL NUMBER > NUM OF REFILL AUTH
16	0131	INV/MISS PRESCRIPTION NUMBER
15	0016	INV/MISS SERVICE FROM DATE
15	0017	INV/MISS SERVICE THRU DATE
15	0018	SERVICE THRU DATE < SERVICE FROM DATE
15	0020	SERVICE THRU DATE > DATE RECEIVED - VERIFY SERVICE THRU DATE
15	0021	BILLED DATE LESS THAN THRU DATE
15	0022	INV/MISS BILLED DATE
15	0314	CLAIM SERV. DATES OVERLAP SPEC. PROG. ELIG. BEGIN/END DATES.
15	0401	DATE OF SERVICE < DATE OF BIRTH
13	0430	OTHER COVERAGE CODE VALUE IS INVALID
13	2225	INVALID OTHER COVERAGE CODE FOR NCPDP D.0 CLAIM
12	0124	INCORRECT CUSTOMER LOCATION CODE REPORTED
12	0132	INV/MISS NURSING FACILITY (LTCF) INDICATOR
09	0013	INVALID BIRTHDATE
089	0976	MEDICAID PAYMENT REDUCED BY OTHER INSURANCE
076	1207	PAYMENT PENDING SFY JULY 1 APPROPRIATION
076	2330	ACCUMULATED DAYS SUPPLY CAN NOT EXCEED 120
07	0001	GENERIC ELIGIBILITY RECORD USED.

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NCPDP CODE	EDIT	EDIT DESCRIPTION
07	0009	SERVICES NOT COVERED FOR THIS RECIPIENT.
07	0011	RECIPIENT NUMBER MISSING OR INVALID
07	0306	MEDICAID RECIP ID CORRECTED
07	0311	CORRECT D.O.B. OR RESUBMIT CLAIM UNDER BABY'S NUMBER
07	0312	CORRECT RECIPIENT NUMBER AND RESUBMIT
07	0398	GA RECIPIENT ID CHANGED TO MEDICAID RECIPIENT ID.
07	0399	GA RECIPIENT ID CHANGED.
07	2022	PART D CLAIM FOR BENE WITH MULTI ELIG -RESUBMIT WITH ALT ID#
07	2108	CARDHOLDER ID INVALID
07	2278	CARDHOLDER ID ON PARTD VOID IS INVALID
06	2326	301-C1 GROUP ID IS NOT BLANK
06	2327	450-EF COMPOUND DOSAGE FORM DESCRIPTION CODE IS INVALID
06	2328	430-DU GROSS AMOUNT DUE IS NOT NUMERIC AND > 0
05	0229	SERVICE PROVIDER DEACTIVATED DUE TO INACTIVITY 18 MO.OR MORE
05	0230	BILLING OR SERVING PROVIDER NOT VALID
04	0033	SUBMITTER ID IS NOT NUMERIC OR = "O".
04	0129	INVALID ATTACHMENT CODE GREATER THAN 17
04	0949	CLAIM VOIDED - BILLING PROVIDER ERROR
04	2010	WRONG PCN (104-A4) - VALUE MUST = SUPPNJ, ADDP, OR PAAD
02	0478	NO LONGER ACCEPT PAPER COMPOUND CLAIMS
02	1339	RECIPIENT ENROLLMENT IN MULTIPLE MANAGED CARE PLANS
02	2135	EDI AGREEMENT REQUIRED FOR NCPDP D.O CLAIM
02	2147	5.1 VERSION NOT ALLOWED FOR SUBMITTER APPROVED FOR D.O
02	2148	PA NUMBER INPUT REQUIRES SPECIAL FORMAT FOR HMS TPL CLAIMS
02	2226	INVALID CLAIM FORMAT-NCPDP D.0 IS IN MANDATORY PERIOD
01	0971	MISSING CARRIER CODE/PAYOR ID
000	0100	ORIGINAL RECIPIENT ID HAS BEEN CHANGED DUE TO LINK/UNLINK
000	0317	ELIGIBILITY BASED ON REVS/MEVS RESPONSE DATA
000	0459	CLAIM PYMT ADJUSTED DUE TO OTHER INSURANCE.
000	0879	MEDICARE / PAAD ADJUSTMENT
000	0960	CLAIM UPDATED WITH PATIENT PAYMENT
000	0961	SYSTEM UPDATE TO PATIENT INCOME
000	0962	ADJUSTMENT OR VOID CORRESPONDS TO PROVIDER REFUND
000	0999	PROCESSING ERROR/CLAIM WAS RESUBMITTED BY FISCAL AGENT
000	1331	TRANSACTION WAS PRODUCED FROM A RECYCLE.
000	2007	PA INDICATOR ON THE DRUG FILE IS = 'A' OR 'Y'
000	2008	PART D/TPL BYPASS EARLY REFILL EDITS 830 OR 832
000	2011	PART D CLAIM PAID BY A DIFFERENT PDP THAN ON OUR FILE
000	2012	POSSIBLE PART D ELIGIBLE BENE HAS PART A OR PART B
000	2013	POSSIBLE PART D ELIG > 64 YRS OLD
000	2014	POSSIBLE PART D ELIG PSC = 2XX OR 730 OR 830
000	2015	PART D ELIGIBILITY ON DOS BUT NO PDP ON FILE & NO AFF DECL
000	2018	PART D PDP PAID THE CLAIM POS UNAWARE OF PART D COVERAGE
000	2020	PART D OVERRIDE BY BENEFICIARY/DRUG/DOS
000	2021	PART D WRAPAROUND WITH PA
000	2023	BENEFICIARY INELIGIBLE FOR PART D ON DOS
000	2024	PART D DRUG EMERGENCY SUPPLY - ONE TIME ONLY
000	2025	PART D WRAPAROUND DRUG CLAIM - WITH OR W/O PA
000	2026	PART D EMERGENCY SUPPLY OF ANTIBIOTICS - FULL PRESCRIPTION

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NCPDP CODE	EDIT	EDIT DESCRIPTION
000	2027	PHARMACY BILLED FOR PART D DEDUCTIBLE AND CO-PAY/COINSURANCE
000	2033	PAAD/SG/ADDP CLAIMS ONLY - PAID CLAIMS FOR NON PART D DRUG
000	2037	FFS COST < PART D ACTUAL COST
000	2038	FIRST FILL OF THIS DRUG (BY NDC/GCN/STC) REQUIRES PRIOR AUTH
000	2045	OVERRIDE PARTA/B ON TPLRES FILE, PART A/B TERM CONFIRMED
000	2066	THE MEDICAID ID IS NOT FOUND FOR THE PRESCRIBER NPI
000	2072	DUPLICATE STATE LICENSE # FOUND ON PROVIDER FILE
000	2079	TPL IS 10-25% OF THE TENTATIVE PAYMENT
000	2082	EARLY REFILL ALLOWED DUE TO CHANGE IN NURSING HOME STATUS
000	2084	PRESCRIPTION FILLED BY MAILORDER PHARMACY
000	2097	PHARMACY BILLED FOR TPL COPAY/COINSURANCE
000	2114	AWP CALCULATED USING PRE-9/26/09 SETTLEMENT FORMULA
000	2115	AWP WITH PRE-SETTLEMENT FORMULA LESS THAN AWP ON FILE
000	2120	LAST CHARACTER OF SIGNED FIELD IS NUMERIC & MUST BE SIGNED
000	2129	HMS AUDIT ADJUSTMENT REASON 42/47 ADDED TO POS HISTORY CLAIM
000	2131	CMS UNMATCHED NDC ACCORDING TO FDB EDITORIAL (BLENDED) INFO
000	2146	COVERED BY ADDP HEALTH INSURANCE CONTINUATION (HIC) PROGRAM
000	2150	HMS AUDITORS NOT ALLOWED IN PHARMACY
000	2151	RX IS A COMPOUND, NOT BILLED AS A COMPOUND
000	2152	CLAIM DOES NOT BELONG TO PHARMACY
000	2153	RX INCORRECTLY SUBMITTED AS A COMPOUND
000	2154	INITIAL CONTROLLED DRUG FILLED > 30 DAYS PAST DATE WRITTEN
000	2155	CLAIM WAS PREVIOUSLY RESERVED BY THE PHARMACY
000	2156	RX INCOMPLETE-MISSING/INCOMPLETE/AMBIGUOUS PRESCRBR NPI
000	2157	DOC HAS NO DIRECTIONS (SIG) FOR USE/EXCESSIVE QTY OF DAYS
000	2158	DS AND QTY CHANGED TO BE CONSISTENT WITH DOCTOR'S DIRECTIONS
000	2159	RX INCOMPLETE-MISSING/INCOMP/AMBIG PRESRBRS AUTH AGENT
000	2160	WRONG DAYS SUPPLY; CHNGED TO BE CONSISTENT W/ DR'S DIRCTNS
000	2161	ERRONEOUS CLAIM
000	2162	RX INCOMPLETE-MISSING/INCOMPLETE/AMBIGUOUS PRESCR INFO
000	2163	MISSING INGREDIENTS
000	2164	DRUG BILLED IS DIFFERENT THAN PRESCRIBED/DISPENSED
000	2165	INCORRECT QUANTITY BILLED FOR SINGLE PACKAGE ITEM
000	2166	INCORRECT COMPOUND INGREDIENT NDC# SUBMITTED
000	2167	RESPONSE RECEIVED AFTER ALLOTTED TIMEFRAME
000	2168	MISSING FAX HEADER
000	2169	RX IS NOT ON FILE OR INCOMPLETE
000	2170	ACQUISITION INVOICE DOES NOT SUPPORT NDC BILLED
000	2171	PHARMACY FAILED TO RESPOND WITHIN ALLOTTED TIMEFRAME
000	2172	INCORRECT OR INVALID DAW/DNS SUBMITTED
000	2173	INCORRECT PRESCRIBER DEA#/NPI# SUBMITTED
000	2174	PRESCRIPTION NOT VALID FOR DOS
000	2175	NO NAME ON RX
000	2176	INELIGIBLE PRESCRIBER BASED ON CMS LIST
000	2177	INELIGIBLE PHARMACY
000	2178	INCORRECT PATIENT INFORMATION SUBMITTED
000	2179	INAPPROPRIATE PRESCRIBER
000	2180	EXCESSIVE QUANTITY BILLED FOR DAYS SUPPLY SUBMITTED
000	2181	QTY EXCEEDS DS LIMITS & INCORRECT PACKAGE SIZE BILLED/DISP

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NCPDP CODE	EDIT	EDIT DESCRIPTION
000	2182	RX INCOMPLETE; MISSING DATE WRITTEN
000	2183	EXCEEDED REFILLS ALLOWED
000	2184	RX INCOMPLTE; MISSING MORE THAN ONE REQUIRED COMPONENT
000	2185	RX INCOMPLETE, MISSING PRESCR INFO/PRESCR SIG/AUTH AGENT/DEA
000	2186	RX IS INCOMPLETE-PAT NAME IS AMBIG/INCOMPLETE
000	2187	RX INCOMPLETE; MISSING DIRECTIONS, DRUG NAME, STRENGTH/QTY
000	2188	RX/DOCUMENTATION IS ILLEGIBLE
000	2189	HMS-INITIATED FAIR HEARING OVERRIDE
000	2190	RETURNED TO STOCK PRESCRIPTION
000	2191	COPY OF RX WAS NOT PROVIDED
000	2192	UNNECESSARY QUANTITY REDUCTION
000	2193	MISSING/INCOMPLETE SIGNATURE/DELIVERY LOG/CERTIF STATEMENT
000	2194	RX DISPENSED AFTER DATE OF DEATH
000	2195	QUANTITY BILLED IS GREATER THAN THE QUANTITY DELIVERED
000	2196	RX NOT TAMPER RESISTANT
000	2197	UNDOCUMENTED AUTHORIZATION OF REFILL
000	2198	STOLEN PRESCRIPTION PAD
000	2199	ACQUISITION NON-MATCH (NDC)
000	2200	MISSING ACQUISITION RECORD
000	2201	INCORRECT/INVALID DATE RANGE ON INVOICE FOR NDC ON CLAIM
000	2202	DE DEA# ON CONTROLLED RX (CII THRU CV) MISSING OR INVALID
000	2203	EQ MAXIMUM DAILY QTY EXCEED
000	2204	RH STRENGTH ON PRESCRIPTION MISSING
000	2205	RU DIRECTIONS FOR USE MISSING
000	2206	TPL CLAIM FOR PATIENT WITH PART D - SHOULD BE PART D CLAIM
000	2232	BENEFIT STAGE AMOUNT SUBMITTED FOR DEDUCTIBLE STAGE
000	2233	BENEFIT STAGE AMOUNT SUBMITTED FOR INITIAL STAGE
000	2234	BENEFIT STAGE AMOUNT SUBMITTED FOR DONUT HOLE STAGE
000	2235	BENEFIT STAGE AMOUNT SUBMITTED FOR CATASTROPHIC STAGE
00	2118	THERAPEUTIC DUPLICATE FOUND USING NATIONAL STANDARD
00	2119	NON-COVERED NDC PER CMS/FDA RESTRICTION
00	2132	ANTIPSYCHOTIC DRUG-56 DAYS AT MAX DOSE REQ BEFORE SWITCHING
00	2133	ANTIPSYCHTIC DRUG-OVERLAPPING USAGE OF 2+ DRUGS > 42 DAYS
00	2134	PSYCHOTROPIC DRUGS-FIVE OR MORE USED CONCURRENTLY
00	2207	RX INCOMPLETE/MISSING/AMBIG/INCOMPLETE PRESCRIBER SIGNATURE
00	2208	RX INCOMPLETE-MISSING/INCOMPLETE/AMBIGUOUS QUANTITY
00	2209	SIGNATURE OR DELIVERY LOG IS INCOMPLETE
00	2210	NO SIGNATURE ON CLAIM LOG
00	2211	INSUFFICIENT INVOICE QUANTITY
00	2212	INVOICE IS ILLEGIBLE
00	2213	INSUFFICIENT QTY-INVOICE DOC DOES NOT SUPPORT QTY BILLED
00	2214	CLAIMS WAS PREVIOUSLY RESERVED BY THE PHARMACY
00	2215	PHARMACY FAILED TO RESPOND WITHIN ALLOTTED TIMEFRAME
00	2216	CLAIM RESERVED AND MEDICATION WAS RETURNED TO STOCK
00	2242	BENEFIT STAGE 50, NOT PART D-PART B DRUG PAID UNDER PART C
00	2243	BENEFIT STAGE 60 - NOT PART D -SUPPLEMENTAL BENEFIT
00	2245	BNFT STG 80-NOT PARTD CLM-PD BY NGTIATED PRC-NOT PARTD DRUG
00	2249	GERIATRIC PRECAUTION FOUND-DRUG IS ON BEERS/HEDIS/STOPP LIST
00	2268	INELIGIBLE PRESCRIBER, PRESCRIPTION IN 15-DAY GRACE PERIOD

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NCPDP CODE	EDIT	EDIT DESCRIPTION
00	2275	BNFT STG 62-NOT PARTD CLM-PD BY COADMIN PLAN-NOT PARTD DRUG
00	2277	VOID RECEIVED AFTER HOURS-HELD UNTIL POS SYSTEM AVAILABLE
00	2279	CLAIM SERVICE DATE OCCURS DURING DISASTER SITUATION
00	2284	DRUG SUBJECT TO MEDICAL REVIEW
00	2292	CLAIM PAID FOR CO-PAY FOR INCORRECTLY ENROLLED PSC 762
00	2295	FACILITY PROVIDER IS NOT ACTIVE ON THE DATE OF SERVICE
00	2296	CLAIM NOT ELIGIBLE FOR 340B PRICING
00	2297	CLAIM SUBMITTED AS A 340B CLAIM
00	2299	CLAIM PAID FOR TREATMENT NAIVE HEP C PATIENT
***	0171	INVALID CARRIER CODE
***	0287	HOSPICE RELATED CLAIM
***	0313	NEWBORN TO GSHP RECIPIENT USING PARENTS MEDICAID ID
***	0411	GSHP PRIOR AUTHORIZATION NOT REQUIRED..
***	0429	GSHP 30 DAY WAIVER ON PA
***	0540	COMPOUND DRUG FOR GSHP BENEFICIARY
***	0541	COMPOUND DRUG MANUAL REVIEW REQUIRED
***	0980	EOB ATTACHED FOR CARRIER/PAYER NOT REPORTED ON CLAIM
***	0981	BENEFICIARY/DATES OF SERVICE DO NOT MATCH EOB/LETTER
***	0982	EOB INDICATES BILLING ERROR, REVIEW OR REBILL TO CARRIER
***	0987	DEDUCT AMT INCLUDES MEDICARE OR PRIVATE INS REFUND TO STATE
***	0991	STATE APPROVED PAYMENT
***	0997	IMAGINERY CLAIM - REVIEW REQUIRED
***	2029	PART D PAPER CLAIM NOT ALLOWED FOR PART D COB CLAIMS