

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCPDP ERROR CODE DESCRIPTION LISTING**

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
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 Recipient Number
09	M / I Birthdate	Missing or Invalid Recipient 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 Filled	Missing or Invalid Date of Service Date of Service Greater Than CCN Date
16	M/I Rx Number	Missing or Invalid Prescription Number
17	M/I New/Refill Code	Missing or Invalid New/Refill Code
18	M/I Metric Quantity	Missing / Invalid Metric Quantity Quantity Dispensed Below Minimum
19	Missing or Invalid Days' Supply	Missing or Invalid Days' Supply
20	M/I Compound Code	Missing or Invalid Compound Code
21	M/I NDC	Missing or Invalid National Drug Code
22	M/I Dispense as Written Code	Missing or Invalid Dispense As Written Code
23	M/I Ingredient Cost	Missing Or Invalid Ingredient Cost
25	M/I Prescriber ID	Missing or Invalid Prescriber State Med License Number
28	M/I Date Prescription Written	Missing or Invalid Date Prescription Written Date Written Greater Than Date Of Service
30	M/I PA/MC Code and Number	Missing or Invalid PAMC Code & Number
33	M/I Prescription Origin Code	Missing or Invalid Prescription Origin Code
34	M/I Prescription Denial Override	Missing or Invalid Prescription Denial Override Value
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	Recipient Has Third Party Coverage - Submit to Primary Insurer
50	Non-matched Pharmacy Provider	Provider I. D. Number Not on File Type of owner not in dispensing fee table
51	Non-matched Group Number	Group Not On File Benefit Record Not Found
52	Non-matched Cardholder ID	Newborn Age Exceeded - Must Have OWN ID # Recipient I. D. Number Not on File
54	Non-matched NDC Number	National Drug Code (NDC) Not on File
56	Non-matched Prescriber ID	Prescriber's State Medical License Not On File
60	Drug Not Covered for Patient Age	Drug Not Covered - Age Restriction - 1-866-254-1669
63	Institutionalized Patient Product/Service ID Not Covered	Recipient Resides in Institutionalized Setting Not All Products Covered
65	Patient Is Not Covered	Fee for service claim; recip enrolled in Palmetto Sr Care Recipient Enrolled in Medicaid HMO Plan Family Planning Waiver Recipient - Drug Not FP Related ISCEDC/COSY recip - FFS drugs not covered by Medicaid
67	DOS Prior to Recipient Date of Birth	Date of Service Prior to Recipient Date of Birth Date of Service Prior To Enrollment Effective Date
68	Filled After Coverage Expired	Date of Service After Recipient Date of Death Recipient Not Eligible On Date Of Service
69	Filled After Coverage Terminated	Date of Service After Recipient Date of Death Recipient Not Eligible On Date Of Service
70	NDC Not Covered	Medical Foster Care Recip - FFS Drugs not covered NDC for Compound Use Only/Conflict Unit Dose Not Allowed For Ambulatory Patients DAW=1 Not valid for this claim/No FUL price on DOS Prov. Not Eligible to Dispense Anti-Hemophilia Factor Prov. Not Eligible to Dispense Hepatitis-B Vaccine Drug Not Covered - Sex Restriction - 1 866-254-1669

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		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	Allowed Amt Greater Than Max
		RPB OVERRIDE REQ'D- SEE MANUAL CRITERIA
		IV Hydration Therapy - Verify Criteria
		Serostim Requires PA - MD Call 1-866-247-1181
		Orlistat Requires PA - MD Call 1-866-247-1181
		ED Drug Requires PA - MD Call 1-866-247-1181
		Panretin Requires PA - MD Call 1-866-247-1181
		Targetin Requires PA - MD Call 1-866-247-1181
		IV Hydration Limit Exceeded - MD Call 1-866-247-1181
		OxyContin requires PA 866-247-1181
		OxyContin exceeds 6 tabs per day 866-247-1181
		OxyContin exceeds 960 mg Call 866-247-1181
		Brand NSAID PA Req'd / 866-247-1181
		PPI Requires PA / Call 866-247-1181
		Brand H2RA PA Req'd / Call 866-247-1181
		COX-2 Requires PA / 866-247-1181
		PPI EXCEEDS 1 TAB PER DAY 866-247-1181
		PPI Maximum Strength PA Req'd
		OxyContin Exceeds 180 Tabs Per 30 Days
		Drug Requires PA - Call 1-866-247-1181
		Provider Located Outside Service Area - PA required
		Hospice Recip - PA required; contact hospice provider
76	Plan Limitations Exceeded	Refill Limit Exceeded for Scheduled Drug III, IV, V
		DUR Excess Quantity
		Days' Supply Exceeds Maximum Allowed
		Plan Limitations Exceeded 866-254-1669
		Maximum Number of Billings Has Been Exceeded
		Quantity Exceeds Maximum Allowed
		Brand Override Requires PA 866-247-1181
		Adult recipient's monthly limit exceeded - billing error
		Adult recipient's monthly limit exceeded - multiple providers
77	Discontinued NDC 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	CCN Greater Than Current Date	Claim Control Number Greater Than Current Date
		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 Prov Paid
84	M/I CCN/Claim Has Not Been 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 866-254-1669
99	Host Processing Error	Host Processing Error 866-254-1669
CB	M / I Patient Last Name	Missing or Invalid Recipient Last Name
DC	Drug-Inferred Disease Conflict	Drug Contradicted in Disease Inferred from Profile History
DD	Drug-Drug Interaction	Drug - Drug Conflict

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ERROR CODE	ERROR CODE DESCRIPTION LISTING	ERROR CODE
DQ	M/I Usual & Customary	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 Ind/TPL Amount Inconsistent Missing or Invalid TPL Amount
E4	DUR Conflict Code	DUR Conflict Code Invalid
E5	DUR Intervention Code	DUR Intervention Code Invalid
E6	DUR Outcome Code	DUR Outcome Code Invalid
E7	Metric Decimal Qty	Missing/Invalid Metric Decimal Quantity
E8	Other Payer Date	Missing or Invalid Other Payer Date
ER	Fill/Refill too Soon - Noncompliant	Prescription Filled Before Appropriate Utilization from Previous Fill
HD	High Dose Alert	High Dose
ID	Ingredient Duplication	Prescription contains same ingredient as previously filled prescription
LD	Low Dose Alert	Low Dose
LR	Underuse Precaution	Late Refill
M2	Recipient Locked In	Not Prescribed By Lockin Physician
M5	Requires Manual Claim	Submit Paper Claim - Manual Review
MC	Drug-Disease (Reported) Precaution	Drug Contraindicated in Disease - Diagnosis Present in Patient's History
N/A	SILVERxCARD Rx Filed for Deductible	SILVERxCARD Rx Filed For Deductible
PA	Drug-Age Precaution	DUR Age Conflict High Dose - Over Age High Dose - Under Age Low Dose - Over Age Low Dose - Under Age
PG	Drug-Pregnancy Alert	DUR Pregnancy Conflict
SR	Suboptimal Regimen	Step Therapy Required, Initial Therapy not Found in Patient's History
TD	Therapeutic Duplication	DUR Therapeutic Duplicate