

**EOBs on Denied Claims for May 2020**

| EOB  | EOB Description   | % of Denied Claims |
|------|---|--------------------|
| 9960 | NDC was reimbursed at the NADAC rate.   | 22 %               |
| 9821 | Professional Dispensing Fee Applied   | 16 %               |
| 7011 | Early Refill prospective DUR alert  | 8 %                |
| 1817 | DUPLICATE CLAIM. NDC PREVIOUSLY PAID.   | 6 %                |
| 0310 | THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID                | 5 %                |
| 7015 | Late Refill prospective DUR alert   | 4 %                |
| 0366 | NON-PREFERRED DRUGS REQUIRE PA.   | 4 %                |
| 0278 | Member is covered by a commercial health insurance on the Date(s) of Service. | 4 %                |
| 1227 | THE OTHER PAYER ID QUALIFIER IS INVALID.                                      | 3 %                |
| 0545 | MEMBER ENROLLED IN MEDICARE PART D. SUBMIT CLAIM TO MEDICARE PART D PLAN.     | 3 %                |
| 7005 | Drug-Disease (reported) prospective DUR alert                                 | 2 %                |
| 7003 | Drug-Drug Interaction prospective DUR alert                                   | 2 %                |
| 1277 | MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE OF SERVICE.                      | 2 %                |
| 7009 | Therapeutic Duplication prospective DUR alert                                 | 2 %                |
| 7018 | Three Month Supply Opportunity  | 2 %                |
| 0510 | A valid Prior Authorization is required.                                      | 2 %                |
| 1354 | National Drug Code (NDC) is not on file.                                      | 1 %                |
| 1125 | NO FEDERAL DRUG REBATE AGREEMENT.   | 1 %                |
| 1356 | NDC INVALID FOR DISPENSE DATE OF SERVICE                                      | 1 %                |
| 0361 | MONTHLY DISPENSING FEE LIMIT EXCEEDED.  | 1 %                |
| 0030 | Prescribing/referring/ordering provider is not currently enrolled.            | 1 %                |
| 1141 | MEMBER ENROLLED IN MEDICARE PART D. PDP PAYMENT/DENIAL REQUIRED ON CLAIM.     | 1 %                |
| 1815 | QMB-ONLY MEMBER RESTRICTED TO MEDICARE CROSSOVER CLAIMS.                      | 1 %                |

\*\*\* End of Report \*\*\*