EOBs on Denied Claims for August 2026

Date of Report: 06SEP2026

EOB	EOB Description	% of Denied Claims
9960	NDC WAS REIMBURSED AT THE NADAC RATE.	17%
9821	PROFESSIONAL DISPENSING FEE APPLIED	15%
0310	THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID	9%
7011	EARLY REFILL PROSPECTIVE DUR ALERT	6%
0366	NON-PREFERRED DRUGS REQUIRE PA.	5%
7015	LATE REFILL PROSPECTIVE DUR ALERT	5%
0510	A VALID PRIOR AUTHORIZATION IS REQUIRED.	4%
1277	MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE OF SERVICE.	3%
0369	34 DAYS SUPPLY OR LESS REQUIRED FOR NDC.	3%
0278	MEMBER IS COVERED BY A COMMERCIAL HEALTH INSURANCE ON THE DATE(S) OF SERVICE.	2%
0545	MEMBER ENROLLED IN MEDICARE PART D. SUBMIT CLAIM TO MEDICARE PART D PLAN.	2%
1760	PRIMARY CARE PROVIDER VALUE SUBMITTED IS NOT VALID FOR SHARED SAVINGS.	2%
7003	DRUG-DRUG INTERACTION PROSPECTIVE DUR ALERT	2%
7005	DRUG-DISEASE (REPORTED) PROSPECTIVE DUR ALERT	2%
1125	NO FEDERAL DRUG REBATE AGREEMENT.	2%
1227	THE OTHER PAYER ID QUALIFIER IS INVALID.	2%
7018	THREE MONTH SUPPLY OPPORTUNITY	2%
0485	QUANTITY LIMIT EXCEEDED.	2%
7009	THERAPEUTIC DUPLICATION PROSPECTIVE DUR ALERT	1%
1354	NATIONAL DRUG CODE (NDC) IS NOT ON FILE.	1%
1759	PRIMARY CARE PROVIDER VALUE SUBMITTED IS NOT VALID.	1%
1817	DUPLICATE CLAIM. NDC PREVIOUSLY PAID.	1%
0030	PRESCRIBING/REFERRING/ORDERING PROVIDER IS NOT CURRENTLY ENROLLED.	1%
0245	NO SENIORCARE DRUG REBATE AGREEMENT.	1%
1815	QMB-ONLY MEMBER RESTRICTED TO MEDICARE CROSSOVER CLAIMS.	1%