

EOBs on Denied Claims for November 2012

EOB	EOB Description	% of Denied Claims
9949	NDC was reimbursed at SMAC rate.	21 %
7011	Early Refill prospective DUR alert	6 %
0366	NON-PREFERRED DRUGS REQUIRE PA.	5 %
0310	THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID	5 %
1277	MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE OF SERVICE.	4 %
9951	NDC was reimbursed at brand WAC rate.	4 %
7018	Insufficient Quantity prospective DUR alert	4 %
7015	Late Refill prospective DUR alert	4 %
0545	MEMBER ENROLLED IN MEDICARE PART D. SUBMIT CLAIM TO MEDICARE PART D PLAN.	4 %
0369	34 DAYS SUPPLY OR LESS REQUIRED FOR NDC.	3 %
7009	Therapeutic Duplication prospective DUR alert	3 %
1815	QMB-ONLY MEMBER RESTRICTED TO MEDICARE CROSSOVER CLAIMS.	2 %
7005	Drug-Disease (reported) prospective DUR alert	2 %
1227	THE OTHER PAYER ID QUALIFIER IS INVALID.	2 %
0510	A valid Prior Authorization is required.	2 %
1354	National Drug Code (NDC) is not on file.	2 %
0278	Member is covered by a commercial health insurance on the Date(s) of Service.	2 %
1565	DAPO OVERRIDE REQUIRED TO DISPENSE LESS THAN THREE MONTH SUPPLY.	2 %
1817	DUPLICATE CLAIM. NDC PREVIOUSLY PAID.	2 %
7003	Drug-Drug Interaction prospective DUR alert	2 %
7019	Early Refill Alert. Policy override must be granted by the Drug Authorization and Policy Override Center to dispense early.	2 %
0485	QUANTITY LIMIT EXCEEDED.	1 %
1367	NDC HAS DIAGNOSIS RESTRICTIONS.	1 %
9952	NDC was reimbursed at generic WAC rate.	1 %
1278	Place of Service code is invalid.	1 %
1356	NDC INVALID FOR DISPENSE DATE OF SERVICE	1 %
1141	MEMBER ENROLLED IN MEDICARE PART D. PDP PAYMENT/DENIAL REQUIRED ON CLAIM.	1 %
0095	DAW NOT ACCEPTED BY FORWARDHEALTH.	1 %
0361	DISPENSING FEE DENIED. ONLY TWO DISPENSING FEES PER MONTH, PER MEMBER ALLOWED.	1 %
1144	CMS TERMINATED DRUG.	1 %

*** End of Report ***