

EOBs on Denied Claims for January 2025

Date of Report: 06FEB2025

EOB	EOB Description	% of Denied Claims
9960	NDC WAS REIMBURSED AT THE NADAC RATE.	18%
9821	PROFESSIONAL DISPENSING FEE APPLIED	14%
0310	THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID	8%
7011	EARLY REFILL PROSPECTIVE DUR ALERT	5%
7015	LATE REFILL PROSPECTIVE DUR ALERT	5%
0366	NON-PREFERRED DRUGS REQUIRE PA.	5%
0369	34 DAYS SUPPLY OR LESS REQUIRED FOR NDC.	4%
1277	MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE OF SERVICE.	3%
1817	DUPLICATE CLAIM. NDC PREVIOUSLY PAID.	3%
0510	A VALID PRIOR AUTHORIZATION IS REQUIRED.	3%
1227	THE OTHER PAYER ID QUALIFIER IS INVALID.	2%
0278	MEMBER IS COVERED BY A COMMERCIAL HEALTH INSURANCE ON THE DATE(S) OF SERVICE.	2%
0485	QUANTITY LIMIT EXCEEDED.	2%
1760	PRIMARY CARE PROVIDER VALUE SUBMITTED IS NOT VALID FOR SHARED SAVINGS.	2%
1354	NATIONAL DRUG CODE (NDC) IS NOT ON FILE.	2%
7003	DRUG-DRUG INTERACTION PROSPECTIVE DUR ALERT	2%
0545	MEMBER ENROLLED IN MEDICARE PART D. SUBMIT CLAIM TO MEDICARE PART D PLAN.	2%
7018	THREE MONTH SUPPLY OPPORTUNITY	1%
7005	DRUG-DISEASE (REPORTED) PROSPECTIVE DUR ALERT	1%
1125	NO FEDERAL DRUG REBATE AGREEMENT.	1%
7009	THERAPEUTIC DUPLICATION PROSPECTIVE DUR ALERT	1%
1759	PRIMARY CARE PROVIDER VALUE SUBMITTED IS NOT VALID.	1%
0030	PRESCRIBING/REFERRING/ORDERING PROVIDER IS NOT CURRENTLY ENROLLED.	1%
1346	BILLING PROVIDER IS NOT CERTIFIED FOR THE DISPENSE DATE OF SERVICE.	1%
0361	MONTHLY DISPENSING FEE LIMIT EXCEEDED.	1%
1815	QMB-ONLY MEMBER RESTRICTED TO MEDICARE CROSSOVER CLAIMS.	1%
0014	DISCREPANCY EXISTS BETWEEN OTHER COVERAGE CODE AND THE OTHER PAYER PAID AMOUNT.	1%