

## EOBs on Denied Claims for January 2020

EOB	EOB Description	% of Denied Claims
9960	NDC was reimbursed at the NADAC rate.	19 %
9821	Professional Dispensing Fee Applied	13 %
7011	Early Refill prospective DUR alert	6 %
0310	THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID	6 %
0366	NON-PREFERRED DRUGS REQUIRE PA.	5 %
0369	34 DAYS SUPPLY OR LESS REQUIRED FOR NDC.	4 %
7015	Late Refill prospective DUR alert	4 %
1817	DUPLICATE CLAIM. NDC PREVIOUSLY PAID.	4 %
1277	MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE 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 %
0278	Member is covered by a commercial health insurance on the Date(s) of Service.	3 %
0485	QUANTITY LIMIT EXCEEDED.	2 %
7005	Drug-Disease (reported) prospective DUR alert	2 %
7003	Drug-Drug Interaction prospective DUR alert	2 %
0510	A valid Prior Authorization is required.	1 %
7009	Therapeutic Duplication prospective DUR alert	1 %
7018	Three Month Supply Opportunity	1 %
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 %
1565	DAPO OVERRIDE REQUIRED TO DISPENSE LESS THAN THREE MONTH SUPPLY.	1 %
0030	Prescribing/referring/ordering provider is not currently enrolled.	1 %
0361	MONTHLY DISPENSING FEE LIMIT EXCEEDED.	1 %
9951	NDC was reimbursed at brand WAC rate.	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 %
0095	DAW NOT ACCEPTED BY FORWARDHEALTH.	1 %
0014	DISCREPANCY EXISTS BETWEEN OTHER COVERAGE CODE AND THE OTHER PAYER PAID AMOUNT.	1 %

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