

EOBs on Denied Claims for February 2025

Date of Report: 06MAR2025

| EOB | EOB Description | % of Denied Claims |
|------|---|--------------------|
| 9960 | NDC WAS REIMBURSED AT THE NADAC RATE. | 19% |
| 9821 | PROFESSIONAL DISPENSING FEE APPLIED | 14% |
| 0310 | THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID | 8% |
| 7011 | EARLY REFILL PROSPECTIVE DUR ALERT | 6% |
| 7015 | LATE REFILL PROSPECTIVE DUR ALERT | 5% |
| 0366 | NON-PREFERRED DRUGS REQUIRE PA. | 5% |
| 0369 | 34 DAYS SUPPLY OR LESS REQUIRED FOR NDC. | 4% |
| 1817 | DUPLICATE CLAIM. NDC PREVIOUSLY PAID. | 4% |
| 1277 | MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE OF SERVICE. | 3% |
| 0510 | A VALID PRIOR AUTHORIZATION IS REQUIRED. | 3% |
| 0485 | QUANTITY LIMIT EXCEEDED. | 2% |
| 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% |
| 1760 | PRIMARY CARE PROVIDER VALUE SUBMITTED IS NOT VALID FOR SHARED SAVINGS. | 2% |
| 0545 | MEMBER ENROLLED IN MEDICARE PART D. SUBMIT CLAIM TO MEDICARE PART D PLAN. | 2% |
| 7003 | DRUG-DRUG INTERACTION PROSPECTIVE DUR ALERT | 2% |
| 7005 | DRUG-DISEASE (REPORTED) PROSPECTIVE DUR ALERT | 2% |
| 7018 | THREE MONTH SUPPLY OPPORTUNITY | 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% |
| 1354 | NATIONAL DRUG CODE (NDC) IS NOT ON FILE. | 1% |
| 0030 | PRESCRIBING/REFERRING/ORDERING PROVIDER IS NOT CURRENTLY ENROLLED. | 1% |
| 1815 | QMB-ONLY MEMBER RESTRICTED TO MEDICARE CROSSOVER CLAIMS. | 1% |