

EOBs on Denied Claims for April 2011

Run Date: 05/04/2011

EOB	EOB Description	% of Denied Claims
7011	Early Refill prospective DUR alert	6 %
7015	Late Refill prospective DUR alert	6 %
0310	The Unit Dose Indicator is invalid.	6 %
1565	100 Days Supply Opportunity. Policy override must be granted by the Drug Authorization and Policy Override Center to dispense less than a 100 day supply.	5 %
7018	Insufficient Quantity prospective DUR alert	5 %
0545	Member is enrolled in Medicare Part D for the Dispense Date of Service. Submit claim to the appropriate Medicare Part D plan.	5 %
0510	A valid Prior Authorization is required.	5 %
0366	A valid Prior Authorization is required for non-preferred drugs.	5 %
7003	Drug-Drug Interaction prospective DUR alert	5 %
1277	Member is not enrolled in the program submitted in the Plan ID field for the Dispense Date of Service or an invalid Plan ID was submitted.	4 %
1363	The National Drug Code (NDC) is not on file for the Dispense Date of Service.	4 %
1227	The Other Payer ID qualifier is invalid for ForwardHealth.	4 %
7005	Drug-Disease (reported) prospective DUR alert	3 %
7017	Suboptimal Regiment prospective DUR alert	3 %
7009	Therapeutic Duplication prospective DUR alert	3 %
0369	This drug is limited to a quantity for 34 days or less.	2 %
1367	This National Drug Code (NDC) has diagnosis restrictions.	2 %
0278	Member is covered by a commercial health insurance on the Date(s) of Service.	2 %
0100	Denied as duplicate claim. Services on this claim were previously partially paid or paid in full.	2 %
7019	Early Refill Alert. Policy override must be granted by the Drug Authorization and Policy Override Center to dispense early.	2 %
0485	Quantity limits exceeded.	1 %
7016	High Dose prospective DUR alert	1 %
1366	The National Drug Code (NDC) is not payable for a Family Planning Waiver member.	1 %
1356	National Drug Code (NDC) is invalid for the Dispense Date of Service.	1 %
1365	The National Drug Code (NDC) is not a benefit for the Date of Service.	1 %
0268	Member is enrolled in Medicare Part D for the Dispense Date of Service. Prescription Drug Plan (PDP) payment/denial information is required on the claim to SeniorCare.	1 %
7012	Additive Toxicity prospective DUR alert	1 %
7010	Drug-Pregnancy prospective DUR alert	1 %
1559	Core Plan - Denied. Member eligibility file indicates BadgerCare Plus Core Plan member. Please submit claim to HIRSP or BadgerRX Gold.	1 %
7013	Drug-Age prospective DUR alert	1 %
0361	Dispensing fee denied. Only two dispensing fees per month, per member are allowed.	1 %

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1359	Member is enrolled in QMB-Only benefits. Only Medicare crossover claims are reimbursable.	1 %