

EOBs on Denied Claims for September 2011

Run Date: 10/07/2011

EOB	EOB Description	% of Denied Claims
7011	Early Refill prospective DUR alert	7 %
0366	NON-PREFERRED DRUGS REQUIRE PA.	6 %
0310	THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID	6 %
7015	Late Refill prospective DUR alert	6 %
7018	Insufficient Quantity prospective DUR alert	5 %
0545	MEMBER ENROLLED IN MEDICARE PART D. SUBMIT CLAIM TO MEDICARE PART D PLAN.	5 %
7003	Drug-Drug Interaction prospective DUR alert	5 %
1277	MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE OF SERVICE.	5 %
1565	DAPO OVERRIDE REQUIRED TO DISPENSE LESS THAN THREE MONTH SUPPLY.	4 %
0510	A valid Prior Authorization is required.	4 %
1227	THE OTHER PAYER ID QUALIFIER IS INVALID.	4 %
7017	Suboptimal Regiment prospective DUR alert	3 %
1363	The National Drug Code (NDC) is not on file for the Dispense Date of Service.	3 %
0369	34 DAYS SUPPLY OR LESS REQUIRED FOR NDC.	3 %
7005	Drug-Disease (reported) prospective DUR alert	3 %
0278	Member is covered by a commercial health insurance on the Date(s) of Service.	3 %
7009	Therapeutic Duplication prospective DUR alert	2 %
0485	QUANTITY LIMIT EXCEEDED.	2 %
7019	Early Refill Alert. Policy override must be granted by the Drug Authorization and Policy Override Center to dispense early.	2 %
0100	Denied as duplicate claim. Services on this claim were previously partially paid or paid in full.	2 %
1367	NDC HAS DIAGNOSIS RESTRICTIONS.	2 %
1366	NDC NOT COVERED BY FAMILY PLANNING ONLY SERVICES.	1 %
1356	NDC INVALID FOR DISPENSE DATE OF SERVICE	1 %
1365	NDC NOT COVERED FOR DATE OF SERVICE.	1 %
7010	Drug-Pregnancy prospective DUR alert	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 %
7013	Drug-Age prospective DUR alert	1 %
7012	Additive Toxicity prospective DUR alert	1 %
1358	NDC RESTRICTED BY MEMBER AGE.	1 %
1144	CMS TERMINATED DRUG.	1 %
0361	DISPENSING FEE DENIED. ONLY TWO DISPENSING FEES PER MONTH, PER MEMBER ALLOWED.	1 %
1359	Member is enrolled in QMB-Only benefits. Only Medicare crossover claims are reimbursable.	1 %
1559	NDC NOT COVERED BY CORE PLAN. SUBMIT TO HIRSP OR BADGER RX GOLD.	1 %