

EOBs on Denied Claims for February 2024

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	7%
0369	34 DAYS SUPPLY OR LESS REQUIRED FOR NDC.	6%
7011	EARLY REFILL PROSPECTIVE DUR ALERT	6%
0366	NON-PREFERRED DRUGS REQUIRE PA.	5%
7015	LATE REFILL PROSPECTIVE DUR ALERT	5%
1277	MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE OF SERVICE.	3%
1817	DUPLICATE CLAIM. NDC PREVIOUSLY PAID.	3%
1227	THE OTHER PAYER ID QUALIFIER IS INVALID.	3%
0485	QUANTITY LIMIT EXCEEDED.	2%
0278	MEMBER IS COVERED BY A COMMERCIAL HEALTH INSURANCE ON THE DATE(S) OF SERVICE.	2%
0510	A VALID PRIOR AUTHORIZATION IS REQUIRED.	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%
1354	NATIONAL DRUG CODE (NDC) IS NOT ON FILE.	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%
1356	NDC INVALID FOR DISPENSE DATE OF SERVICE	1%
1141	MEMBER ENROLLED IN MEDICARE PART D. PDP PAYMENT/DENIAL REQUIRED ON CLAIM.	1%