

EOBs on Denied Claims for April 2015

| EOB | EOB Description | % of Denied Claims |
|------|---|--------------------|
| 9949 | NDC was reimbursed at SMAC rate. | 17 % |
| 7015 | Late Refill prospective DUR alert | 7 % |
| 7011 | Early Refill prospective DUR alert | 6 % |
| 0366 | NON-PREFERRED DRUGS REQUIRE PA. | 5 % |
| 1277 | MEMBER IS NOT ENROLLED FOR THE DISPENSE DATE OF SERVICE. | 5 % |
| 9951 | NDC was reimbursed at brand WAC rate. | 5 % |
| 0310 | THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID | 5 % |
| 0369 | 34 DAYS SUPPLY OR LESS REQUIRED FOR NDC. | 4 % |
| 0545 | MEMBER ENROLLED IN MEDICARE PART D. SUBMIT CLAIM TO MEDICARE PART D PLAN. | 4 % |
| 0510 | A valid Prior Authorization is required. | 3 % |
| 9952 | NDC was reimbursed at generic WAC rate. | 3 % |
| 1227 | THE OTHER PAYER ID QUALIFIER IS INVALID. | 3 % |
| 7009 | Therapeutic Duplication prospective DUR alert | 3 % |
| 0278 | Member is covered by a commercial health insurance on the Date(s) of Service. | 3 % |
| 7003 | Drug-Drug Interaction prospective DUR alert | 2 % |
| 7018 | Three Month Supply Opportunity | 2 % |
| 1817 | DUPLICATE CLAIM. NDC PREVIOUSLY PAID. | 2 % |
| 0485 | QUANTITY LIMIT EXCEEDED. | 2 % |
| 1565 | DAPO OVERRIDE REQUIRED TO DISPENSE LESS THAN THREE MONTH SUPPLY. | 2 % |
| 1354 | National Drug Code (NDC) is not on file. | 2 % |
| 7005 | Drug-Disease (reported) prospective DUR alert | 1 % |
| 0030 | Prescribing/referring/ordering provider is not currently enrolled. | 1 % |
| 7019 | Early Refill Alert. Policy override must be granted by the Drug Authorization and Policy Override Center to dispense early. | 1 % |
| 1356 | NDC INVALID FOR DISPENSE DATE OF SERVICE | 1 % |
| 1815 | QMB-ONLY MEMBER RESTRICTED TO MEDICARE CROSSOVER CLAIMS. | 1 % |
| 1141 | MEMBER ENROLLED IN MEDICARE PART D. PDP PAYMENT/DENIAL REQUIRED ON CLAIM. | 1 % |
| 1125 | NO FEDERAL DRUG REBATE AGREEMENT. | 1 % |
| 1278 | Place of Service code is invalid. | 1 % |
| 1365 | NDC NOT COVERED FOR DATE OF SERVICE. | 1 % |
| 0095 | DAW NOT ACCEPTED BY FC *** End of Report *** | 1 % |

| EOB | EOB Description | % of Denied Claims |
|------|--|--------------------|
| 1367 | NDC HAS DIAGNOSIS RESTRICTIONS. | 1 % |
| 1144 | CMS TERMINATED DRUG. | 1 % |
| 1807 | UNABLE TO PROCESS CALL PROVIDER SERVICES | 1 % |