



Other Coverage Code 3 Acceptable NCPDP Reject Codes

NCPDP Reject Codes

17
19
22
39
54
60
61
63
66
70
71
72
73
75
76
77
78
79
80
81
88
AC
AD
AG
AJ
M1
RN
R6
N1
7Y
A5
MR
7X
7W
512
8K
9G
516
552
9Q

Description/Explanation

M/I Fill Number
M/I Days Supply
M/I Dispense as Written Code/Product Selection Code
M/I Diagnosis Code
Non-Matched Product/Service ID
Product/Service Not Covered for Patient Age
Product/Service Not Covered for Patient Gender
Institutionalized Patient Product/Service Not Covered
Patient Age Exceeds Maximum Age
Product/Service Not Covered
Prescriber is Not Covered
Primary Prescriber is Not Covered
Refills Not Covered
Prior Authorization Required
Plan Limitations Exceeded
Discontinued/Product Service ID
Cost Exceeds Maximum
Refill Too Soon
Drug-Diagnosis Mismatch
Claim Too Old
DUR Reject Error
Product Not Covered Non-Participating Manufacturer
Billing Provider Not Eligible to Bill this Claim Type
Days Supply Limitation for Product/Service
Generic Drug Required
Patient Not Covered in this Aid Category
Plan Limits Exceeded on Intended Partial Fill Values
Product/Service Not Appropriate for this Location
No patient match found
Compounds Not Covered
Not Covered Under Part D Law
Product Not on Formulary
Days Supply Exceeds Plan Limitation
Refills Exceed allowable Refills
Compound Code Value Not Supported
DAW Code Value Not Supported
Quantity Dispensed Exceeds Maximum Allowed
Compound Type Value Not Supported
Route of Administration Value Not Supported
Route of Administration Submitted Not Covered