

Response Codes

The following response codes can be returned by a third party for a prescription claim:

\$A	eRx - Authorization code REQUIRED to dispense CRESTOR	34	Patient date of birth error	65	Intervention/exception code error
\$B	eRx - INVALID Authorization code used to dispense CRESTOR	35	Cardholder identity error	66	Drug cost/product value error
01	BIN error	36	Relationship error	67	Cost upcharge error
02	Version number error	37	Patient first name error	68	Professional fee error
03	Transaction code error	38	Patient last name error	70	Compounding charge error
04	Provider software ID error	39	Provincial health care # error	71	Compounding time error
05	Provider software version error	40	Patient gender error	72	Special services fee error
07	Active device ID error	41	Duplicate MMI event	75	Previously paid error
08	PC terminal language error	42	Duplicate clinical service	76	Pharmacist ID code error/ missing
09	Test indicator error	43	Invalid dispense details submitted	77	Adjudication date error
10	Invalid MMI code	44	Invalid MMF claim contact type	80	Service code and number of DINs do not match
11	Invalid MMI/clinical service code	45	Patient not eligible for service reported	81	Primary drug product is not insured
12	MMI maximum exceeded	46	Too many same Rx references submitted	82	Product duplicated in this claim for payment
13	Invalid clinical service code	47	Too many same dispense references	83	DIN is not allowed for the indicated condition
14	Invalid RBRVS parameter count	50	Medical reason reference error	84	Authorization for this treatment has expired
15	Invalid original Rx date	51	Medical condition/reason code error	85	Therapy (product) is not repeatable
16	Drug not eligible for service	52	New/refill code error	86	Confirm provincial drug coverage for DIN
17	Prescriber must be a pharmacist	53	Original prescription number error	87	Exceeds max. # of professional fees for this drug
18	Field keyword contains invalid value	54	Refill/repeat authorization error	88	Zero Dispensing Fee 28- Day Limit Exceeded
19	Practitioner ID not found	55	Current Rx # error	90	Adjudication date error
20	No service agreement identified	56	DIN/GP #PIN error	91	Beginning record error
21	Pharmacy ID code error	57	SSC error	92	Ending record error
22	Provider transaction date error	58	Quantity error	99	No claims for specified parameters
23	Trace number error	59	Days supply error	A1	Claim too old
24	Service not eligible for veterinary Rx	5A	Supply source error	A2	Claim is post dated
25	Invalid dispense reference	5B	Designated pharmacy error		
26	Refusal to fill claim was paid	5C	source package size error		
27	MMF claims exceed insurer limit	5D	Prescription Validity Date Error		
28	Clinical service claims exceed insurer limit	60	Prescriber licensing authority code error		
30	Carrier ID error	61	Prescriber ID error		
31	Group number error	62	Product selection code error		
32	Client ID # error	63	Unlisted compound code error		
33	Patient code error	64	Special authorization #/code error		

Response Codes

A3	Identical claim has been processed	CA	Needles not eligible - Insulin gun used	D6	Maximum cost is exceeded
A4	Claim has not been captured	CB	Only enroled for single coverage	D7	Refill too soon
A5	Claim has not been processed	CC	This spouse not enroled	D8	Reduced to generic cost
A6	Submit manual claim	CD	Patient not entitled to drug claimed	D9	Call adjudicator
A7	Submit manual reversal	CE	35 day maximum allowed for Welfare client	DA	Adjusted to interchangeable - prov. Reg.
A8	No reversal made - original claim missing	CF	Quantity exceeds maximum days of treatment	DB	Adjusted to interchangeable - gen. Plan
A9	Reversal processed previously	CG	Drug not eligible for LTC facility	DC	Pharmacist ID requested
AA	Duplicate claim adjudication	CH	Good faith coverage has expired	DD	Insufficient space for all DUR warnings
AB	Swipe benefit card for payment	CI	Program not eligible for good faith	DE	Fill/refill too late noncompliant
B1	Pharmacy not authorized to submit claims	CJ	Patient not covered by this plan	DF	Insufficient space for all warnings
B2	Return to first pharmacy requested	CK	Health card version code error	DG	Duplicate prescription number
B3	Invalid PharmaNet Rx ID	CL	Exceeds good faith limit	DH	Professional fee adjusted
B4	PharmaNet Rx ID does not match patient	CM	Patient is nearing quantity limit	DI	Deductible not satisfied
B5	Prescriber differs from Rx	CN	Patient has attained quantity limit	DJ	Drug cost adjusted
B6	Date of service is less than Rx date	CO	Patient is over quantity limit	DK	Cross selection pricing
B7	Date of service is less than dispense start date	CP	Eligible for special authorization	DL	Collect difference from patient
B8	Prescription has expired	CQ	Date not covered by premiums paid	DM	Days supply exceeds plan limit
B9	Prescription has been adapted	CR	Patient is exceeding dosage safety limit	DN	Alternate product is a benefit
BA	Chronic disease costs are not a benefit	CS	Patient exclusion prevents payment	DO	Future refills require prior approval
BE	Biosimilar Program-Reduced to equivalent cost	CT	Beneficiary not eligible to use provider	DP	Quantity exceeds maximum per claim
BR	Biosimilar Program-Rejected, switch to equiv.	CU	Beneficiary not eligible to use prescriber	DQ	Quantity is less than minimum per claim
C1	Patient age over plan maximum	CV	No record of client ID number	DR	Days supply is lower than minimum allowable
C2	Service provided before effective date	CW	No record of group number or code	DS	Reduced to cost upcharge maximum
C3	Coverage expired before service	CX	No record of patient data	DT	Reduced to compounding charge maximum
C4	Coverage terminated before service	CY	No record of patient code		
C5	Plan maximum exceeded	CZ	No record of authorization number		
C6	Patient has other coverage	D1	DIN/PIN/GP #/SSC not a benefit		
C7	Patient must claim reimbursement	D2	DIN/PIN/GP # is discontinued		
C8	No record of this beneficiary	D3	Prescriber is not authorized		
C9	Patient not covered for drugs	D4	Refills are not covered		
		D5	Copay exceeds total value		

Response Codes

DU	Maximum compounding time exceeded	EK	Extended prescription term for XXX days	FP	Dosage form not allowed for service claim
DV	Reduced to special services fee maximum	EL	Prior to pro-rated start date	FQ	Medical reason reference is not eligible
DW	Return to first prescriber requested	EM	ODB pricing - TDP deductible reached	FR	Condition or risk factor is not eligible
DX	Drug must be authorized	EN	Insurer requires provincial plan enrollment	FX	Possible Forgery - Check authenticity
DY	Intervention/exception code missing	EO	Failure to enroll may suspend payment	GA	Preferred provider network fee paid
DZ	Days supply limited due to benefit year	EP	Last claim, must enroll with provincial plan	GB	Preferred provider network claim
E1	Host processing error	EQ	Reject, provincial plan enrollment is required	GC	Quantity max approval is 40 days supply
E2	Claim coordinated with government plan	ER	Program coverage validation is down	GD	Not eligible for a quantity authorization
E3	Claim coordinated with other carrier	ES	Call service already paid	GE	Drug is not a benefit
E4	Host timeout error	ET	Submit invoice for price verification	GF	Patient must contact program provider
E5	Host processing error - please re-submit	EU	Quantity and/or days supply not permitted	HA	Cardholder date of birth is required
E6	Host processing error - do not re-submit	EV	Claim exceeds ODB legislated pricing	HB	Cardholder is over coverage age limit
E7	Host processor is down	EW	Prof. fee exceeds ODB legislated pricing	HC	Require cardholder province of residence
E8	Patient must remit cash receipt to Trillium	EX	Handicap authorization is required	HD	Patient may qualify for government program
E9	Reduced to reference based price	EY	Max cost/upcharge paid - do not claim balance	HE	Coverage suspended - refer to employer
EA	Benefits co-ordinated internally	EZ	Allowed amount paid from an HAS	HF	Patient authorization expired CCYYMMDD
EB	Limited use drug. Time has expired	FA	Conversion successful - cognitive fee paid	HG	Client has provided consent
EC	Limited use drug. Approaching time limit	FB	Invalid prescription status	HH	Client has not provided consent
ED	Concurrent therapy required	FC	Dispensed medication differs from Rx	HI	Client consent required
EE	Questionable concurrent therapy	FD	Dispensed device differs from Rx	HJ	Client consent required in future
EF	Inappropriate concurrent therapy	FE	Prescription is not an adaptation	HK	Confirm patient status, contact insurer
EG	No record of trying first line therapy	FF	Must provide brand ordered - No sub allowed	IL	Beneficiary address error
EH	Claim cost reduced to days supply limit	FG	Drug cost paid as per provider agreement	I2	City or municipality error
EI	Reverse original claim and resubmit	FH	Exceeds maximum special service fee		
EJ	Calculated renewal date is CCYYMMDD				

Response Codes

I3	Province or state code error	KI	Prior to authorization eligible period	LH	Authorization required - call adjudicator
I4	Postal/zip code error	KJ	Authorization eligible period expired	LI	Select network fee paid
I5	Country code error	KK	Not eligible for COB	LJ	Resubmit to WCB with DE intervention code
I6	Address type error	KL	Age/relationship discrepancy	LK	Claim processed - net payable amount is 0.00
J1	Invalid PharmaNet Rx ID	KM	Exceeds days supply limit for this drug	LL	Drug covered by RAMQ
J2	PharmaNet Rx ID does not match patient	KN	Days supply limit for period exceeded	LM	AIA - upcharge adjusted
J3	Prescriber ID does not match Rx info	KO	Good faith code was used previously	LN	Check potential benefit criteria
J4	Rx filled prior to issue of Rx	KP	Obtained at other pharmacy - refill too soon	LO	Benefit maximum exceeded
J5	Rx filled before medication start date	KQ	Good faith not valid	LP	Lifetime plan maximum exceeded
J6	Requirement for medication has expired	KR	Patient not eligible for product	LQ	Exceeds NRT time limit
J7	Rx has been adapted by the pharmacist	KS	Client is deceased	LR	Exceeds NRT reimbursement time
J8	Prescription status is no longer valid	KT	Assess patient SDP eligibility	LS	Exceeds NRT xx day use limit
J9	Medication issued differs from Rx	KU	Patient approaching product dollar limit	LT	See trace# xxxxxx - exceeds NRT use period
K1	Dispensed device differs from Rx	KV	Patient has met product dollar limit	LU	Other pharmacy trace# xxxxxx - exceeds NRT use period
K2	Rx submitted is not an adaptation Rx	KW	Patient exceeds max product dollar limit	LV	Exceeds annual NRT product limit
K5	Supply source error	KX	Patient now eligible for maintenance supply	LW	Authorization for drug expires CCYYMMDD
K6	Parental relationship and age do not match	KY	Dependent covered by spouses insurer	LX	Predetermination - drug is eligible
KA	Does not match patient information	KZ	Student eligibility to be confirmed	LY	Claim EC drug in separate transaction
KB	Does not match cardholder information	LA	Adjusted to \$0.00 as requested	LZ	Claim adjusted to plan type fee cap
KC	Patient product dollar maximum exceeded	LB	Use generic - patient has generic plan	MA	Avoidance of alcohol indicated
KD	Patient product deductible not satisfied	LC	Reduced to generic cost - no exceptions	MB	Avoidance of tobacco indicated
KE	Authorization dollar maximum exceeded	LD	Do not collect copay - item is exempt	MC	Drug/Lab interaction potential
KF	Authorization quantity maximum exceeded	LE	Trial Rx second fee not allowed		
KG	Authorization refills exceeded	LF	Prescriber ID reference is missing		
KH	Authorization costs allowed exceeded	LG	Lowest cost equivalent pricing		

Response Codes

MD	Drug/Food interaction potential	NH	Quantity error-indicate package size	OF	Initial Rx days supply exceeded
ME	Drug/Drug interaction potential	NI	Only one service code is allowed	OG	Duration exceeds high DOT-no max available
MF	May be exceeding Rx dosage	NJ	Request is inconsistent with other service	OH	Duration exceeds high DOT but not max.
MG	May be using less than Rx dosage	NK	Service requires compounding	OI	Claim precedes start of current period
MH	May be double doctoring	NL	Service and compound type do not match	OJ	Claim begins new limited supply period
MI	Poly-pharmacy use indicated	NM	Service and medication type do not match	OK	Maximum allowable AIA exceeded
MJ	Dose appears high	NN	Intervention inconsistent with service	OL	Max allowable dispensing fee exceeded
MK	Dose appears low	NO	Service requires controlled use drug	OM	Special service fee not allowed
ML	Drug incompatibility indicated	NP	Services to beneficiary are restricted	ON	Compounding fee not valid in this field
MM	Prior ADR on record	NQ	Drug not eligible for trial Rx	OP	Last supply (NCE) issued in pillbox
MN	Drug allergy recorded	NR	Drug not suitable for dosette packaging	OQ	Special auth eligible under other coverage
MP	Duration of therapy may be insufficient	NS	Refusal and opinion claimed on same date	OR	Exception drug, submit to provincial plan
MQ	Duration of therapy may be excessive	NT	Not suitable - similar item on recent trial Rx	OS	Submit future claims to provincial plan
MR	Potential drug/disease interaction	NU	Too soon after previous therapy	OT	Maximum fee paid - do not claim balance
MS	Potential drug/pregnancy concern	NV	Potential duplicate claim	OU	Refill is X days early
MT	Drug/gender conflict indicated	NW	Quantity-trial Rx days do not match	OV	Verbal prescription not permitted
MU	Age precaution indicated	NX	Quantity exceeds trial days period	OW	Verbal renewal not permitted
MV	Additive effect possible	NY	Insufficient quantity for trial days period	OX	Total claimed exceeds prescription price
MW	Duplicate drug	NZ	Trial balance given too late	OY	Special services fee has been adjusted
MX	Duplicate therapy	OA	Trial balance given too soon	OZ	Patient now covered by successor payor
MY	Duplicate drug other pharmacy	OB	Reject trial Rx - days supply exceeded	PA	Prescriber restriction for this drug
MZ	Duplicate therapy other pharmacy	OC	Quantity reduction required		
NA	Duplicate ingredient same pharmacy	OD	No trial Rx on record - balance rejected		
NB	Duplicate ingredient other pharmacy	OE	Trial balance already dispensed		
NC	Dosage exceeds maximum allowable				
ND	Dosage is lower than minimum allowable				
NE	Potential overuse/abuse indicated				
NF	Quantity-treatment period discrepancy				
NG	Product-form prescribed do not match				

Response Codes

PB	No match to prescriber ID and name found	QS	Claim over \$9999.99 send as 2 claims	RR	Residual amount based on annual limit
PC	Not a benefit for this prescriber type	QT	Reduced to quantity limit maximum	RS	Annual limit reached with current claim
PD	Cost reduced - patient elected therapeutic option	QU	Reduced to \$ limit maximum	RT	Annual limit reached with previous claim
PM	No-Private-Insurance-Attestation Missing	QV	Patient has reached category \$ limit	RU	Special COB - refers to plan pays amount only
QA	Matches health spending account funds	QW	Special authorization - long term	RV	Non designated physician future fills need SA
QB	Nearing health spending account funds maximum	QX	Conditional eligibility period exceeded	RW	Special authorization (SA) required
QC	Exceeds health spending account funds	QY	Exception drug - submit claim to insurer	RX	SA needed after transition period
QD	Prior to health spending account period	QZ	Renewal denied	RY	\$15 Paid for Reviewing Cialis Program
QE	Health spending account period expired	RA	Exceeds max number of Rx per day	RZ	Request for coverage logged
QF	Monthly maximum has been reached	RB	Exceeds max number of active Rx per day	SA	Preferred or step drug must be submitted
QG	Drug not allowed by this program	RC	Transmitted to insurer	SB	Preferred drug or step drug processed
QH	Calculated product price too high	RD	Eligible for prior approval	SC	Professional fee for preferred/step drug exceeds max.
QI	Claim processed previously is cancelled	RE	Will pay insured if covered by drug plan	SD	Days supply exceeds quantity authorized
QJ	Deferred payment - patient to pay pharmacist	RF	Consideration to add drug is in progress	SE	Max. Allowable Upcharge Exceeded
QK	Sent to insurer to reimburse \$999.99	RG	Plan will advise client of benefit status	TA	Balance of trial was processed previously
QL	Patient consultation suggested	RH	Not presently an eligible benefit	TB	Trial claim already sent and processed
QM	No record of required prior therapy	RI	DIN removed from market/ discontinued	TC	Patient declined trial - balance claim invalid
QN	Agency restriction for this drug	RJ	Herbal, homeo, naturo products not covered	TD	Drug cost on trial exceeds MAC
QO	Preference or step drug available	RK	This product is not covered by VAC	TE	Upcharge on trial exceeds limit
QP	Drug ineligible - funded by hospital budget	RL	This formulation not covered	TF	Professional fee on trial exceeds limit
QQ	Drug ineligible - specialty program drug	RM	Exceeds daily limit		
QR	Maximum allowable cost (MAC) paid	RN	Exceeds annual limit		
		RO	LRB, future fills require spec auth		
		RP	LRB, max exceeded, requires spec auth		
		RQ	Call VAC for special authorization		

Response Codes

TG	Quantity does not match reference quantity	UL	Zero dispensing fee - monthly limit exceeded	ZG	Days supply error - must be one or more
TH	Current claim for unfilled balance processed	UM	Please document adherence counselling	ZH	Cannot find Rx with physician's Rx #
TI	Balance reversal pending	VA	Days supply lower than minimum allowable of 7	ZI	Physician's Rx # is for another patient
TJ	Trial claim processed	VT	Trial not required - adequate doctors sample	ZJ	Provider software is non-conformant
TK	Days supply does not match reference days supply	VU	Do not contact patient regarding evaluation	ZK	Cannot cancel another pharmacy's record
TL	No trial or reporting claim found	VV	Patient agrees to evaluation contact	ZL	Compound PIN Rx already exists
TM	More than one matching claim found	WA	Long acting formula not approved	ZM	Cannot cancel non-pharmacy batch record
TN	Trial portion already claimed	WB	Plan pays amt reduced by program policy	ZN	No further payment for program period
TO	No matching claim found	Z1	Experimental group member	ZO	Patient Must Contact Adjudicator Re Coverage
TP	Patient is eligible for trial Rx	Z2	Target maintenance drug exceeds 90 days supply	ZP	\$...Left to satisfy deductible
TQ	Trial quantity claimed exceeds limit	Z3	First fill of trial drug exceeds 7 days supply	ZR	Submit receipts & PI info to TDP or attest to no PI
TT	Trial not processed - balance claim invalid	Z4	Second fill of trial drug exceeds 23 days supply		
TU	Patient has declined trial Rx program	Z5	Losec/Cipro req. Verification therapeutic appropriate		
TV	Upcharge adjusted	Z6	Non-maintenance drug days supply exceeds 30 days		
TX	Trial Rx reporting claim already exists	Z7	First dispensing of a prescription drug requires d		
TY	Copay to collect adjusted	Z8	Other pharmacist intervention		
UA	Stolen special authorization #/code	Z9	MU Intervention Lacks a Second Code		
UB	Optional special authorization required	ZA	Unable to resolve code		
UC	Void special authorization #/code	ZB	DIN does not resolve to a drug product		
UE	Duplicate special authorization #/code	ZC	Cancel date cannot be future dated		
UF	Inactive special authorization #/code	ZD	Cannot process claim - internal order		
UG	Missing special authorization #/code	ZE	Transaction date cannot be future dated		
UH	Original special auth #/code not found	ZF	Quantity error - must be one or more		
UJ	Pharmacy not authorized under program				
UK	Pharmacist is not authorized				