



Submission Error Codes

Provider Manual Appendix B

Table of Contents –

HIGHLIGHTS – Updates, Changes & Reminders 2

PART 1: GENERAL INFORMATION..... 3

- Pharmacy Help Desk Information..... 3

PART 2: Submission Error Codes..... 4

HIGHLIGHTS – Updates, Changes & Reminders

Caremark utilizes the NCPDP reject codes. This document refers to potential Submission Error Codes for Telecom Billing and FIR transactions. For additional information on claim submission, please refer to www.caremark.com under the Health Professional Services link for the payer sheets information:

- Commercial Primary
- Commercial Other Payer Patient Responsibility (OPPR)
- Commercial Other Payer Amount Paid (OPAP)
- Medicare Part D Primary Billing and Medicare as Supplemental Payer Billing
- Medicare Part D Other Payer Patient Responsibility (OPPR)
- Medicare Part D Other Payer Amount Paid (OPAP)
- ADAP/SPAP Medicare Part D Other Payer Patient Responsibility (OPPR)
- Medicaid MSP and Medicaid as Supplemental Payer billing Other Payer Patient Responsibility (OPPR)
- Medicaid MSP and Medicaid as Supplemental Payer billing Other Payer Amount Paid (OPAP)

PART 1: GENERAL INFORMATION

Payer/Processor Name: CVS Caremark

Plan Name/Group Name: All

Effective as of: October 2015

Reject Version: 1.5.6

NCPDP Version/Release #: D.0

NCPDP ECL Version: **Oct 2014**

NCPDP Emergency ECL Version: **Jul 2014**

Pharmacy Help Desk Information

Inquiries can be directed to the Interactive Voice Response (IVR) system or the Pharmacy Help Desk. (24 hours a day)

The Pharmacy Help Desk numbers are provided below:

CVS Caremark System	BIN	Help Desk Number
Legacy ADV	*004336	1-800-364-6331
Legacy PCS	*610415	1-800-345-5413
FEP	610239	1-800-364-6331
Legacy CRK	*610029	1-800-421-2342
Legacy PHC	610468, 006144 004245, 610449 610474, 603604	1-800-777-1023
Legacy AmeRx	610473, 601475 007093, 012189 013303, 014046 610130, 610477	1-866-668-6681
CVS Caremark	610591	As communicated by plan or refer to ID card
AET	610502	1-800-238-6279

*Help Desk phone number serving Puerto Rico Providers is available by calling toll-free 1-800-842-7331.

PART 2: Submission Error Codes

NCPDP Version D.0 Reject Codes for Telecommunication Standard

Reject Code	Explanation	Field # Possibly In Error
∅∅	("M/I" Means Missing/Invalid)	
∅1	M/I Bin Number	1∅1-A1
∅2	M/I Version/Release Number	1∅2-A2
∅3	M/I Transaction Code	1∅3-A3
∅4	M/I Processor Control Number	1∅4-A4
∅5	M/I Service Provider Number	2∅1-B1
∅6	M/I Group ID	3∅1-C1
∅7	M/I Cardholder ID	3∅2-C2
∅8	M/I Person Code	3∅3-C3
∅9	M/I Date Of Birth	3∅4-C4
1∅	M/I Patient Gender Code	3∅5-C5
11	M/I Patient Relationship Code	3∅6-C6
12	M/I Place of Service	3∅7-C7
13	M/I Other Coverage Code	3∅8-C8
14	M/I Eligibility Clarification Code	3∅9-C9
15	M/I Date of Service	4∅1-D1
16	M/I Prescription/Service Reference Number	4∅2-D2
17	M/I Fill Number	4∅3-D3
19	M/I Days Supply	4∅5-D5
1C	M/I Smoker/Non-Smoker Code	334-1C
1K	M/I Patient Country Code	A43-1K
1R	Version/Release Value Not Supported	1∅2-A2
1S	Transaction Code/Type Value Not Supported	1∅3-A3
1T	PCN Must Contain Processor/Payer Assigned Value	1∅4-A4
1U	Transaction Count Does Not Match Number of Transactions	1∅9-A9
1V	Multiple Transactions Not Supported	1∅9-A9
1W	Multi-Ingredient Compound Must Be A Single Transaction	1∅9-A9
1X	Vendor Not Certified For Processor/Payer	11∅-AK
1Y	Claim Segment Required For Adjudication	111-AM
1Z	Clinical Segment Required For Adjudication	111-AM

2A	M/I Medigap ID	359-2A
2B	M/I Medicaid Indicator	36Ø-2B
2C	M/I Pregnancy Indicator	335-2C
2D	M/I Provider Accept Assignment Indicator	361-2D
2E	M/I Primary Care Provider ID Qualifier	468-2E
2G	M/I Compound Ingredient Modifier Code Count	362-2G
2H	M/I Compound Ingredient Modifier Code	363-2H
2J	M/I Prescriber First Name	364-2J
2K	M/I Prescriber Street Address	365-2K
2M	M/I Prescriber City Address	366-2M
2N	M/I Prescriber State/Province Address	367-2N
2P	M/I Prescriber Zip/Postal Zone	368-2P
2Q	M/I Additional Documentation Type ID	369-2Q
2R	M/I Length of Need	37Ø-2R
2S	M/I Length of Need Qualifier	371-2S
2T	M/I Prescriber/Supplier Date Signed	372-2T
2U	M/I Request Status	373-2U
2V	M/I Request Period Begin Date	374-2V
2W	M/I Request Period Recert/Revised Date	375-2W
2X	M/I Supporting Documentation	376-2X
2Z	M/I Question Number/Letter Count	377-2Z
2Ø	M/I Compound Code	4Ø6-D6
21	M/I Product/Service ID	4Ø7-D7, 489-TE
22	M/I Dispense As Written (DAW)/Product Selection Code	4Ø8-D8
23	M/I Ingredient Cost Submitted	4Ø9-D9
25	M/I Prescriber ID	411-DB
26	M/I Unit Of Measure	6ØØ-28
27	Product Identifier not FDA/NSDE Listed	4Ø7-D7, 489-TE
28	M/I Date Prescription Written	414-DE
29	M/I Number Of Refills Authorized	415-DF
2Ø1	Patient Segment is not used for this Transaction Code	111-AM
2Ø2	Insurance Segment is not used for this Transaction Code	111-AM
2Ø3	Claim Segment is not used for this Transaction Code	111-AM
2Ø4	Pharmacy Provider Segment is not used for this Transaction Code	111-AM
2Ø5	Prescriber Segment is not used for this Transaction Code	111-AM

206	Coordination of Benefits/Other Payments Segment is not used for this Transaction Code	111-AM
207	Workers' Compensation Segment is not used for this Transaction Code	111-AM
208	DUR/PPS Segment is not used for this Transaction Code	111-AM
209	Pricing Segment is not used for this Transaction Code	111-AM
210	Coupon Segment is not used for this Transaction Code	111-AM
211	Compound Segment is not used for this Transaction Code	111-AM
212	Prior Authorization Segment is not used for this Transaction Code	111-AM
213	Clinical Segment is not used for this Transaction Code	111-AM
214	Additional Documentation Segment is not used for this Transaction Code	111-AM
215	Facility Segment is not used for this Transaction Code	111-AM
216	Narrative Segment is not used for this Transaction Code	111-AM
217	Purchaser Segment is not used for this Transaction Code	111-AM
218	Service Provider Segment is not used for this Transaction Code	111-AM
219	Patient ID Qualifier is not used for this Transaction Code	331-CX
220	Patient ID is not used for this Transaction Code	332-CY
221	Date of Birth is not used for this Transaction Code	304-C4
222	Patient Gender Code is not used for this Transaction Code	305-C5
223	Patient First Name is not used for this Transaction Code	310-CA
224	Patient Last Name is not used for this Transaction Code	311-CB
225	Patient Street Address is not used for this Transaction Code	322-CM
226	Patient City Address is not used for this Transaction Code	323-CN
227	Patient State/Province Address is not used for this Transaction Code	324-CO
228	Patient ZIP/Postal Zone is not used for this Transaction Code	325-CP
229	Patient Phone Number is not used for this Transaction Code	326-CQ
230	Place of Service is not used for this Transaction Code	307-C7
231	Employer ID is not used for this Transaction Code	333-CZ
232	Smoker/Non-Smoker Code is not used for this Transaction Code	334-1C
233	Pregnancy Indicator is not used for this Transaction Code	335-2C
234	Patient E-Mail Address is not used for this Transaction Code	350-HN
235	Patient Residence is not used for this Transaction Code	384-4X
236	Patient ID Associated State/Province Address is not used for this Transaction Code	A22-YR
237	Cardholder First Name is not used for this Transaction Code	312-CC
238	Cardholder Last Name is not used for this Transaction Code	313-CD

239	Home Plan is not used for this Transaction Code	314-CE
24∅	Plan ID is not used for this Transaction Code	524-FO
241	Eligibility Clarification Code is not used for this Transaction Code	3∅9-C9
242	Group ID is not used for this Transaction Code	3∅1-C1
243	Person Code is not used for this Transaction Code	3∅3-C3
244	Patient Relationship Code is not used for this Transaction Code	3∅6-C6
245	Other Payer BIN Number is not used for this Transaction Code	99∅-MG
246	Other Payer Processor Control Number is not used for this Transaction Code	991-MH
247	Other Payer Cardholder ID is not used for this Transaction Code	356-NU
248	Other Payer Group ID is not used for this Transaction Code	992-MJ
249	Medigap ID is not used for this Transaction Code	359-2A
25∅	Medicaid Indicator is not used for this Transaction Code	36∅-2B
251	Provider Accept Assignment Indicator is not used for this Transaction Code	361-2D
252	CMS Part D Defined Qualified Facility is not used for this Transaction Code	997-G2
253	Medicaid ID Number is not used for this Transaction Code	115-N5
254	Medicaid Agency Number is not used for this Transaction Code	116-N6
255	Associated Prescription/Service Reference Number is not used for this Transaction Code	456-EN
256	Associated Prescription/Service Date is not used for this Transaction Code	457-EP
257	Procedure Modifier Code Count is not used for this Transaction Code	458-SE
258	Procedure Modifier Code is not used for this Transaction Code	459-ER
259	Quantity Dispensed is not used for this Transaction Code	442-E7
26∅	Fill Number is not used for this Transaction Code	4∅3-D3
261	Days Supply is not used for this Transaction Code	4∅5-D5
262	Compound Code is not used for this Transaction Code	4∅6-D6
263	Dispense As Written(DAW)/Product Selection Code is not used for this Transaction Code	4∅8-D8
264	Date Prescription Written is not used for this Transaction Code	414-DE
265	Number of Refills Authorized is not used for this Transaction Code	415-DF
266	Prescription Origin Code is not used for this Transaction Code	419-DJ
267	Submission Clarification Code Count is not used for this Transaction Code	354-NX
268	Submission Clarification Code is not used for this Transaction Code	42∅-DK
269	Quantity Prescribed is not used for this Transaction Code	46∅-ET

27Ø	Other Coverage Code is not used for this Transaction Code	3Ø8-C8
271	Special Packaging Indicator is not used for this Transaction Code	429-DT
272	Originally Prescribed Product/Service ID Qualifier is not used for this Transaction Code	453-EJ
273	Originally Prescribed Product/Service Code is not used for this Transaction Code	445-EA
274	Originally Prescribed Quantity is not used for this Transaction Code	446-EB
275	Alternate ID is not used for this Transaction Code	33Ø-CW
276	Scheduled Prescription ID Number is not used for this Transaction Code	454-EK
277	Unit of Measure is not used for this Transaction Code	6ØØ-28
278	Level of Service is not used for this Transaction Code	418-DI
279	Prior Authorization Type Code is not used for this Transaction Code	461-EU
28Ø	Prior Authorization Number Submitted is not used for this Transaction Code	462-EV
281	Intermediary Authorization Type ID is not used for this Transaction Code	463-EW
282	Intermediary Authorization ID is not used for this Transaction Code	464-EX
283	Dispensing Status is not used for this Transaction Code	343-HD
284	Quantity Intended to be Dispensed is not used for this Transaction Code	344-HF
285	Days Supply Intended to be Dispensed is not used for this Transaction Code	345-HG
286	Delay Reason Code is not used for this Transaction Code	357-NV
287	Transaction Reference Number is not used for this Transaction Code	88Ø-K5
288	Patient Assignment Indicator (Direct Member Reimbursement Indicator) is not used for this Transaction Code	391-MT
289	Route of Administration is not used for this Transaction Code	995-E2
29Ø	Compound Type is not used for this Transaction Code	996-G1
291	Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN) is not used for this Transaction Code	114-N4
292	Pharmacy Service Type is not used for this Transaction Code	147-U7
293	Associated Prescription/Service Provider ID Qualifier is not used for this Transaction Code	579-XX
294	Associated Prescription/Service Provider ID is not used for this Transaction Code	58Ø-XY
295	Associated Prescription/Service Reference Number Qualifier is not used for this Transaction Code	581-XZ
296	Associated Prescription/Service Reference Fill Number is not used for this Transaction Code	582-XØ
297	Time of Service is not used for this Transaction Code	678-Y6

298	Sales Transaction ID is not used for this Transaction Code	681-ZF
299	Reported Payment Type is not used for this Transaction Code	A29-ZS
3A	M/I Request Type	498-PA
3B	M/I Request Period Date-Begin	498-PB
3C	M/I Request Period Date-End	498-PC
3D	M/I Basis Of Request	498-PD
3E	M/I Authorized Representative First Name	498-PE
3F	M/I Authorized Representative Last Name	498-PF
3G	M/I Authorized Representative Street Address	498-PG
3H	M/I Authorized Representative City Address	498-PH
3J	M/I Authorized Representative State/Province Address	498-PJ
3K	M/I Authorized Representative Zip/Postal Zone	498-PK
3M	M/I Prescriber Phone Number	498-PM
3N	M/I Prior Authorized Number-Assigned	498-PY
3P	M/I Authorization Number	503-F3
3Q	M/I Facility Name	385-3Q
3R	Prior Authorization Not Required	407-D7
3S	M/I Prior Authorization Supporting Documentation	498-PP
3T	Active Prior Authorization Exists Resubmit At Expiration Of Prior Authorization	302-C2, 401-D1, 407-D7
3U	M/I Facility Street Address	386-3U
3V	M/I Facility State/Province Address	387-3V
3W	Prior Authorization In Process	302-C2, 401-D1, 407-D7
3X	Authorization Number Not Found	503-F3
3Y	Prior Authorization Denied	302-C2, 401-D1, 407-D7
30	Reversal request outside processor reversal window.	
31	No matching paid claim found for reversal request.	
32	M/I Level Of Service	418-DI
33	M/I Prescription Origin Code	419-DJ
34	M/I Submission Clarification Code	420-DK
35	M/I Primary Care Provider ID	421-DL
39	M/I Diagnosis Code	424-DO
300	Provider ID Qualifier is not used for this Transaction Code	465-EY
301	Provider ID is not used for this Transaction Code	444-E9

302	Prescriber ID Qualifier is not used for this Transaction Code	466-EZ
303	Prescriber ID is not used for this Transaction Code	411-DB
304	Prescriber ID Associated State/Province Address is not used for this Transaction Code	A24-ZK
305	Prescriber Last Name is not used for this Transaction Code	427-DR
306	Prescriber Phone Number is not used for this Transaction Code	498-PM
307	Primary Care Provider ID Qualifier is not used for this Transaction Code	468-2E
308	Primary Care Provider ID is not used for this Transaction Code	421-DL
309	Primary Care Provider Last Name is not used for this Transaction Code	470-4E
310	Prescriber First Name is not used for this Transaction Code	364-2J
311	Prescriber Street Address is not used for this Transaction Code	365-2K
312	Prescriber City Address is not used for this Transaction Code	366-2M
313	Prescriber State/Province Address is not used for this Transaction Code	367-2N
314	Prescriber ZIP/Postal Zone is not used for this Transaction Code	368-2P
315	Prescriber Alternate ID Qualifier is not used for this Transaction Code	A25-ZM
316	Prescriber Alternate ID is not used for this Transaction Code	A26-ZP
317	Prescriber Alternate ID Associated State/Province Address is not used for this Transaction Code	A27-ZQ
318	Other Payer ID Qualifier is not used for this Transaction Code	339-6C
319	Other Payer ID is not used for this Transaction Code	340-7C
320	Other Payer Date is not used for this Transaction Code	443-E8
321	Internal Control Number is not used for this Transaction Code	993-A7
322	Other Payer Amount Paid Count is not used for this Transaction Code	341-HB
323	Other Payer Amount Paid Qualifier is not used for this Transaction Code	342-HC
324	Other Payer Amount Paid is not used for this Transaction Code	431-DV
325	Other Payer Reject Count is not used for this Transaction Code	471-5E
326	Other Payer Reject Code is not used for this Transaction Code	472-6E
327	Other Payer-Patient Responsibility Amount Count is not used for this Transaction Code	353-NR
328	Other Payer-Patient Responsibility Amount Qualifier is not used for this Transaction Code	351-NP
329	Other Payer-Patient Responsibility Amount is not used for this Transaction Code	352-NQ
330	Benefit Stage Count is not used for this Transaction Code	392-MU
331	Benefit Stage Qualifier is not used for this Transaction Code	393-MV

332	Benefit Stage Amount is not used for this Transaction Code	394-MW
333	Employer Name is not used for this Transaction Code	315-CF
334	Employer Street Address is not used for this Transaction Code	316-CG
335	Employer City Address is not used for this Transaction Code	317-CH
336	Employer State/Province Address is not used for this Transaction Code	318-CI
337	Employer Zip/Postal Code is not used for this Transaction Code	319-CJ
338	Employer Phone Number is not used for this Transaction Code	320-CK
339	Employer Contact Name is not used for this Transaction Code	321-CL
340	Carrier ID is not used for this Transaction Code	327-CR
341	Claim/Reference ID is not used for this Transaction Code	435-DZ
342	Billing Entity Type Indicator is not used for this Transaction Code	117-TR
343	Pay To Qualifier is not used for this Transaction Code	118-TS
344	Pay To ID is not used for this Transaction Code	119-TT
345	Pay To Name is not used for this Transaction Code	120-TU
346	Pay To Street Address is not used for this Transaction Code	121-TV
347	Pay To City Address is not used for this Transaction Code	122-TW
348	Pay To State/Province Address is not used for this Transaction Code	123-TX
349	Pay To ZIP/Postal Zone is not used for this Transaction Code	124-TY
350	Generic Equivalent Product ID Qualifier is not used for this Transaction Code	125-TZ
351	Generic Equivalent Product ID is not used for this Transaction Code	126-UA
352	DUR/PPS Code Counter is not used for this Transaction Code	473-7E
353	Reason for Service Code is not used for this Transaction Code	439-E4
354	Professional Service Code is not used for this Transaction Code	440-E5
355	Result of Service Code is not used for this Transaction Code	441-E6
356	DUR/PPS Level of Effort is not used for this Transaction Code	474-8E
357	DUR Co-Agent ID Qualifier is not used for this Transaction Code	475-J9
358	DUR Co-Agent ID is not used for this Transaction Code	476-H6
359	Ingredient Cost Submitted is not used for this Transaction Code	409-D9
360	Dispensing Fee Submitted is not used for this Transaction Code	412-DC
361	Professional Service Fee Submitted is not used for this Transaction Code	477-BE
362	Patient Paid Amount Submitted is not used for this Transaction Code	433-DX
363	Incentive Amount Submitted is not used for this Transaction Code	438-E3
364	Other Amount Claimed Submitted Count is not used for this Transaction Code	478-H7

365	Other Amount Claimed Submitted Qualifier is not used for this Transaction Code	479-H8
366	Other Amount Claimed Submitted is not used for this Transaction Code	48Ø-H9
367	Flat Sales Tax Amount Submitted is not used for this Transaction Code	481-HA
368	Percentage Sales Tax Amount Submitted is not used for this Transaction Code	482-GE
369	Percentage Sales Tax Rate Submitted is not used for this Transaction Code	483-HE
37Ø	Percentage Sales Tax Basis Submitted is not used for this Transaction Code	484-JE
371	Usual and Customary Charge is not used for this Transaction Code	426-DQ
372	Gross Amount Due is not used for this Transaction Code	43Ø-DU
373	Basis of Cost Determination is not used for this Transaction Code	423-DN
374	Medicaid Paid Amount is not used for this Transaction Code	113-N3
375	Coupon Value Amount is not used for this Transaction Code	487-NE
376	Compound Ingredient Drug Cost is not used for this Transaction Code	449-EE
377	Compound Ingredient Basis of Cost Determination is not used for this Transaction Code	49Ø-UE
378	Compound Ingredient Modifier Code Count is not used for this Transaction Code	362-2G
379	Compound Ingredient Modifier Code is not used for this Transaction Code	363-2H
38Ø	Authorized Representative First Name is not used for this Transaction Code	498-PE
381	Authorized Rep. Last Name is not used for this Transaction Code	498-PF
382	Authorized Rep. Street Address is not used for this Transaction Code	498-PG
383	Authorized Rep. City is not used for this Transaction Code	498-PH
384	Authorized Rep. State/Province is not used for this Transaction Code	498-PJ
385	Authorized Rep. Zip/Postal Code is not used for this Transaction Code	498-PK
386	Prior Authorization Number - Assigned is not used for this Transaction Code	498-PY
387	Authorization Number is not used for this Transaction Code	5Ø3-F3
388	Prior Authorization Supporting Documentation is not used for this Transaction Code	498-PP
389	Diagnosis Code Count is not used for this Transaction Code	491-VE
39Ø	Diagnosis Code Qualifier is not used for this Transaction Code	492-WE
391	Diagnosis Code is not used for this Transaction Code	424-DO
392	Clinical Information Counter is not used for this Transaction Code	493-XE
393	Measurement Date is not used for this Transaction Code	494-ZE

394	Measurement Time is not used for this Transaction Code	495-H1
395	Measurement Dimension is not used for this Transaction Code	496-H2
396	Measurement Unit is not used for this Transaction Code	497-H3
397	Measurement Value is not used for this Transaction Code	499-H4
398	Request Period Begin Date is not used for this Transaction Code	374-2V
399	Request Period Recert/Revised Date is not used for this Transaction Code	375-2W
4B	M/I Question Number/Letter	378-4B
4C	M/I Coordination Of Benefits/Other Payments Count	337-4C
4D	M/I Question Percent Response	379-4D
4E	M/I Primary Care Provider Last Name	47Ø-4E
4G	M/I Question Date Response	38Ø-4G
4H	M/I Question Dollar Amount Response	381-4H
4J	M/I Question Numeric Response	382-4J
4K	M/I Question Alphanumeric Response	383-4K
4M	Compound Ingredient Modifier Code Count Does Not Match Number of Repetitions	362-2G
4N	Question Number/Letter Count Does Not Match Number of Repetitions	377-2Z
4P	Question Number/Letter Not Valid for Identified Document	378-4B
4Q	Question Response Not Appropriate for Question Number/Letter	378-4B
4R	Required Question Number/Letter Response for Indicated Document Missing	378-4B
4S	Compound Product ID Requires a Modifier Code	489-TE
4T	M/I Additional Documentation Segment	111-AM
4W	Must Fill Through Specialty Pharmacy	4Ø7-D7, 489-TE
4X	M/I Patient Residence	384-4X
4Y	Patient Residence Value Not Supported	384-4X
4Z	Place of Service Not Supported By Plan	3Ø7-C7
4Ø	Pharmacy Not Contracted With Plan On Date Of Service	
41	Submit Bill To Other Processor Or Primary Payer	
42	Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired	411-DB, 42Ø-DK
43	Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID is inactive	411-DB, 42Ø-DK
44	Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID Is not found	411-DB, 42Ø-DK
46	Plan's Prescriber data base indicates associated DEA to submitted Prescriber ID does not allow this drug DEA Schedule	411-DB, 42Ø-DK

400	Request Status is not used for this Transaction Code	373-2U
401	Length Of Need Qualifier is not used for this Transaction Code	371-2S
402	Length Of Need is not used for this Transaction Code	370-2R
403	Prescriber/Supplier Date Signed is not used for this Transaction Code	372-2T
404	Supporting Documentation is not used for this Transaction Code	376-2X
405	Question Number/Letter Count is not used for this Transaction Code	377-2Z
406	Question Number/Letter is not used for this Transaction Code	378-4B
407	Question Percent Response is not used for this Transaction Code	379-4D
408	Question Date Response is not used for this Transaction Code	380-4G
409	Question Dollar Amount Response is not used for this Transaction Code	381-4H
410	Question Numeric Response is not used for this Transaction Code	382-4J
411	Question Alphanumeric Response is not used for this Transaction Code	383-4K
412	Facility ID is not used for this Transaction Code	336-8C
413	Facility Name is not used for this Transaction Code	385-3Q
414	Facility Street Address is not used for this Transaction Code	386-3U
415	Facility City Address is not used for this Transaction Code	388-5J
416	Facility State/Province Address is not used for this Transaction Code	387-3V
417	Facility ZIP/Postal Zone is not used for this Transaction Code	389-6D
418	Purchaser ID Qualifier is not used for this Transaction Code	591-YU
419	Purchaser ID is not used for this Transaction Code	592-YV
420	Purchaser ID Associated State Code is not used for this Transaction Code	593-YW
421	Purchaser Date of Birth is not used for this Transaction Code	594-YX
422	Purchaser Gender Code is not used for this Transaction Code	595-YY
423	Purchaser First Name is not used for this Transaction Code	596-YZ
424	Purchaser Last Name is not used for this Transaction Code	597-Y0
425	Purchaser Street Address is not used for this Transaction Code	598-Y1
426	Purchaser City Address is not used for this Transaction Code	599-Y2
427	Purchaser State/Province Address is not used for this Transaction Code	675-Y3
428	Purchaser ZIP/Postal Zone is not used for this Transaction Code	676-Y4
429	Purchaser Country Code is not used for this Transaction Code	677-Y5
430	Purchaser Relationship Code is not used for this Transaction Code	A23-YS
431	Released Date is not used for this Transaction Code	A30-ZT
432	Released Time is not used for this Transaction Code	A31-ZU

433	Service Provider Name is not used for this Transaction Code	583-YK
434	Service Provider Street Address is not used for this Transaction Code	584-YM
435	Service Provider City Address is not used for this Transaction Code	585-YN
436	Service Provider State/Province Address is not used for this Transaction Code	586-YP
437	Service Provider ZIP/Postal Zone is not used for this Transaction Code	587-YQ
438	Seller ID Qualifier is not used for this Transaction Code	68Ø-ZB
439	Seller ID is not used for this Transaction Code	679-Y9
44Ø	Seller Initials is not used for this Transaction Code	59Ø-YT
441	Other Amount Claimed Submitted Grouping Incorrect	478-H7, 479-H8, 48Ø-H9
442	Other Payer Amount Paid Grouping Incorrect	341-HB, 342-HC, 431-DV
443	Other Payer-Patient Responsibility Amount Grouping Incorrect	353-NR, 351-NP, 352-NQ
444	Benefit Stage Amount Grouping Incorrect	392-MU, 393-MV, 394-MW
445	Diagnosis Code Grouping Incorrect	491-VE, 492-WE, 424-DO
446	COB/Other Payments Segment Incorrectly Formatted	111-AM
447	Additional Documentation Segment Incorrectly Formatted	111-AM
448	Clinical Segment Incorrectly Formatted	111-AM
449	Patient Segment Incorrectly Formatted	111-AM
45Ø	Insurance Segment Incorrectly Formatted	111-AM
451	Transaction Header Segment Incorrectly Formatted	111-AM
452	Claim Segment Incorrectly Formatted	111-AM
453	Pharmacy Provider Segment Incorrectly Formatted	111-AM
454	Prescriber Segment Incorrectly Formatted	111-AM
455	Workers' Compensation Segment Incorrectly Formatted	111-AM
456	Pricing Segment Incorrectly Formatted	111-AM
457	Coupon Segment Incorrectly Formatted	111-AM
458	Prior Authorization Segment Incorrectly Formatted	111-AM
459	Facility Segment Incorrectly Formatted	111-AM
46Ø	Narrative Segment Incorrectly Formatted	111-AM
461	Purchaser Segment Incorrectly Formatted	111-AM
462	Service Provider Segment Incorrectly Formatted	111-AM

463	Pharmacy not contracted in Assisted Living Network	3Ø2-C2, 4Ø1-D1
464	Service Provider ID Qualifier Does Not Precede Service Provider ID	2Ø2-B2
465	Patient ID Qualifier Does Not Precede Patient ID	331-CX
466	Prescription/Service Reference Number Qualifier Does Not Precede Prescription/Service Reference Number	455-EM
467	Product/Service ID Qualifier Does Not Precede Product/Service ID	436-E1
468	Procedure Modifier Code Count Does Not Precede Procedure Modifier Code	458-SE
469	Submission Clarification Code Count Does Not Precede Submission Clarification Code	354-NX
47Ø	Originally Prescribed Product/Service ID Qualifier Does Not Precede Originally Prescribed Product/Service Code	453-EJ
471	Other Amount Claimed Submitted Count Does Not Precede Other Amount Claimed Amount And/Or Qualifier	478-H7
472	Other Amount Claimed Submitted Qualifier Does Not Precede Other Amount Claimed Submitted	479-H8
473	Provider Id Qualifier Does Not Precede Provider ID	465-EY
474	Prescriber Id Qualifier Does Not Precede Prescriber ID	466-EZ
475	Primary Care Provider ID Qualifier Does Not Precede Primary Care Provider ID	468-2E
476	Coordination Of Benefits/Other Payments Count Does Not Precede Other Payer Coverage Type	337-4C
477	Other Payer ID Count Does Not Precede Other Payer ID Data Fields	355-NT
478	Other Payer ID Qualifier Does Not Precede Other Payer ID	339-6C
479	Other Payer Amount Paid Count Does Not Precede Other Payer Amount Paid And/Or Qualifier	341-HB
48Ø	Other Payer Amount Paid Qualifier Does Not Precede Other Payer Amount Paid	342-HC
481	Other Payer Reject Count Does Not Precede Other Payer Reject Code	471-5E
482	Other Payer-Patient Responsibility Amount Count Does Not Precede Other Payer-Patient Responsibility Amount and/or Qualifier	353-NR
483	Other Payer-Patient Responsibility Amount Qualifier Does Not Precede Other Payer-Patient Responsibility Amount	351-NP
484	Benefit Stage Count Does Not Precede Benefit Stage Amount and/or Qualifier	392-MU
485	Benefit Stage Qualifier Does Not Precede Benefit Stage Amount	393-MV
486	Pay To Qualifier Does Not Precede Pay To ID	118-TS
487	Generic Equivalent Product Id Qualifier Does Not Precede Generic Equivalent Product Id	125-TZ
488	DUR/PPS Code Counter Does Not Precede DUR Data Fields	473-7E
489	DUR Co-Agent ID Qualifier Does Not Precede DUR Co-Agent ID	475-J9

49Ø	Compound Ingredient Component Count Does Not Precede Compound Product ID And/Or Qualifier	447-EC
491	Compound Product ID Qualifier Does Not Precede Compound Product ID	488-RE
492	Compound Ingredient Modifier Code Count Does Not Precede Compound Ingredient Modifier Code	362-2G
493	Diagnosis Code Count Does Not Precede Diagnosis Code And/Or Qualifier	491-VE
494	Diagnosis Code Qualifier Does Not Precede Diagnosis Code	492-WE
495	Clinical Information Counter Does Not Precede Clinical Measurement data	493-XE
496	Length Of Need Qualifier Does Not Precede Length Of Need	371-2S
497	Question Number/Letter Count Does Not Precede Question Number/Letter	377-2Z
498	Accumulator Month Count Does Not Precede Accumulator Month	656-S7
5C	M/I Other Payer Coverage Type	338-5C
5E	M/I Other Payer Reject Count	471-5E
5J	M/I Facility City Address	388-5J
5Ø	Non-Matched Pharmacy Number	2Ø1-B1
51	Non-Matched Group ID	3Ø1-C1
52	Non-Matched Cardholder ID	3Ø2-C2
53	Non-Matched Person Code	3Ø3-C3
54	Non-Matched Product/Service ID Number	4Ø7-D7, 489-TE
55	Non-Matched Product Package Size	4Ø7-D7, 489-TE
56	Non-Matched Prescriber ID	411-DB
58	Non-Matched Primary Prescriber	421-DL
5Ø4	Benefit Stage Qualifier Value Not Supported	393-MV
5Ø5	Other Payer Coverage Type Value Not Supported	338-5C
5Ø6	Prescription/Service Reference Number Qualifier Value Not Supported	455-EM
5Ø7	Additional Documentation Type ID Value Not Supported	369-2Q
5Ø8	Authorized Representative State/Province Address Value Not Supported	498-PJ
5Ø9	Basis Of Request Value Not Supported	498-PD
51Ø	Billing Entity Type Indicator Value Not Supported	117-TR
511	CMS Part D Defined Qualified Facility Value Not Supported	997-G2
512	Compound Code Value Not Supported	4Ø6-D6
513	Compound Dispensing Unit Form Indicator Value Not Supported	451-EG
514	Compound Ingredient Basis of Cost Determination Value Not Supported	49Ø-UE

515	Compound Product ID Qualifier Value Not Supported	488-RE
516	Compound Type Value Not Supported	996-G1
517	Coupon Type Value Not Supported	485-KE
518	DUR Co-Agent ID Qualifier Value Not Supported	475-J9
519	DUR/PPS Level Of Effort Value Not Supported	474-8E
52∅	Delay Reason Code Value Not Supported	357-NV
521	Diagnosis Code Qualifier Value Not Supported	492-WE
522	Dispensing Status Value Not Supported	343-HD
523	Eligibility Clarification Code Value Not Supported	3∅9-C9
524	Employer State/ Province Address Value Not Supported	318-CI
525	Facility State/Province Address Value Not Supported	387-3V
526	Header Response Status Value Not Supported	5∅1-F1
527	Intermediary Authorization Type ID Value Not Supported	463-EW
528	Length of Need Qualifier Value Not Supported	371-2S
529	Level Of Service Value Not Supported	418-DI
53∅	Measurement Dimension Value Not Supported	496-H2
531	Measurement Unit Value Not Supported	497-H3
532	Medicaid Indicator Value Not Supported	36∅-2B
533	Originally Prescribed Product/Service ID Qualifier Value Not Supported	453-EJ
534	Other Amount Claimed Submitted Qualifier Value Not Supported	479-H8
535	Other Coverage Code Value Not Supported	3∅8-C8
536	Other Payer-Patient Responsibility Amount Qualifier Value Not Supported	351-NP
537	Patient Assignment Indicator (Direct Member Reimbursement Indicator) Value Not Supported	391-MT
538	Patient Gender Code Value Not Supported	3∅5-C5
539	Patient State/Province Address Value Not Supported	324-CO
54∅	Pay to State/ Province Address Value Not Supported	123-TX
541	Percentage Sales Tax Basis Submitted Value Not Supported	484-JE
542	Pregnancy Indicator Value Not Supported	335-2C
543	Prescriber ID Qualifier Value Not Supported	466-EZ
544	Prescriber State/Province Address Value Not Supported	367-2N
545	Prescription Origin Code Value Not Supported	419-DJ
546	Primary Care Provider ID Qualifier Value Not Supported	468-2E
547	Prior Authorization Type Code Value Not Supported	461-EU

548	Provider Accept Assignment Indicator Value Not Supported	361-2D
549	Provider ID Qualifier Value Not Supported	465-EY
550	Request Status Value Not Supported	373-2U
551	Request Type Value Not Supported	498-PA
552	Route of Administration Value Not Supported	995-E2
553	Smoker/Non-Smoker Code Value Not Supported	334-1C
554	Special Packaging Indicator Value Not Supported	429-DT
555	Transaction Count Value Not Supported	109-A9
556	Unit Of Measure Value Not Supported	600-28
557	COB Segment Present On A Non-COB Claim	308-C8
558	Part D Plan cannot coordinate benefits with another Part D Plan.	
559	ID Submitted is associated with a Sanctioned Pharmacy	201-B1
560	Pharmacy Not Contracted in Retail Network	201-B1
561	Pharmacy Not Contracted in Mail Order Network	201-B1
562	Pharmacy Not Contracted in Hospice Network	201-B1
563	Pharmacy Not Contracted in Veterans Administration Network	201-B1
564	Pharmacy Not Contracted in Military Network	201-B1
565	Patient Country Code Value Not Supported	A43-1K
566	Patient Country Code Not Used For This Transaction	A43-1K
567	M/I Veterinary Use Indicator	A45-1R
568	Veterinary Use Indicator Value Not Supported	A45-1R
569	Provide Notice: Medicare Prescription Drug Coverage and Your Rights	
570	Veterinary Use Indicator Not Used For This Transaction	A45-1R
571	Patient ID Associated State/Province Address Value Not Supported	A22-YR
572	Medigap ID Not Covered	359-2A
573	Prescriber Alternate ID Associated State/Province Address Value Not Supported	A27-ZQ
574	Compound Ingredient Modifier Code Not Covered	362-2G
575	Purchaser State/Province Address Value Not Supported	675-Y3
576	Service Provider State/Province Address Value Not Supported	586-YP
577	M/I Other Payer ID	355-NT
578	Other Payer ID Count Does Not Match Number of Repetitions	355-NT
579	Other Payer ID Count Exceeds Number Of Occurrences Supported	355-NT
580	Other Payer ID Count Grouping Incorrect	355-NT
581	Other Payer ID Count is not used for this Transaction Code	355-NT

583	Provider ID Not Covered	444-E9
584	Purchaser ID Associated State/Province Code Value Not Supported	593-YW
585	Fill Number Value Not Supported	403-D3
586	Facility ID Not Covered	336-8C
587	Carrier ID Not Covered	327-CR
588	Alternate ID Not Covered	330-CW
589	Patient ID Not Covered	332-CY
590	Compound Dosage Form Not Covered	450-EF
591	Plan ID Not Covered	524-FO
592	DUR Co-Agent ID Not Covered	476-H6
593	M/I Date of Service	401-D1
594	Pay To ID Not Covered	119-TT
595	Associated Prescription/Service Provider ID Not Covered	580-XY
596	Compound Preparation Time Not Used For This Transaction Code	A32-ZW
597	LTC Dispensing Type Does Not Support The Packaging Type	420-DK, 429-DT
598	More Than One Patient Found	
599	Cardholder ID Matched But Last Name Did Not	
6C	M/I Other Payer ID Qualifier	339-6C
6D	M/I Facility Zip/Postal Zone	389-6D
6E	M/I Other Payer Reject Code	472-6E
6G	Coordination Of Benefits/Other Payments Segment Required For Adjudication	111-AM
6H	Coupon Segment Required For Adjudication	111-AM
6J	Insurance Segment Required For Adjudication	111-AM
6K	Patient Segment Required For Adjudication	111-AM
6M	Pharmacy Provider Segment Required For Adjudication	111-AM
6N	Prescriber Segment Required For Adjudication	111-AM
6P	Pricing Segment Required For Adjudication	111-AM
6Q	Prior Authorization Segment Required For Adjudication	111-AM
6R	Worker's Compensation Segment Required For Adjudication	111-AM
6S	Transaction Segment Required For Adjudication	111-AM
6T	Compound Segment Required For Adjudication	111-AM
6U	Compound Segment Incorrectly Formatted	111-AM
6V	Multi-ingredient Compounds Not Supported,	111-AM
6W	DUR/PPS Segment Required For Adjudication	111-AM

6X	DUR/PPS Segment Incorrectly Formatted	111-AM
6Y	Not Authorized To Submit Electronically	2Ø1-B1
6Z	Provider Not Eligible To Perform Service/Dispense Product	2Ø1-B1
6Ø	Product/Service Not Covered For Patient Age	3Ø2-C2, 3Ø4-C4, 4Ø1-D1, 4Ø7-D7, 489-TE
61	Product/Service Not Covered For Patient Gender	3Ø2-C2, 3Ø5-C5, 4Ø7-D7, 489-TE
62	Patient/Card Holder ID Name Mismatch	31Ø-CA, 311-CB, 312-CC, 313-CD, 3Ø2-C2
63	Product/Service ID Not Covered For Institutionalized Patient	3Ø2-C2, 4Ø1-D1, 4Ø7-D7
64	Claim Submitted Does Not Match Prior Authorization	2Ø1-B1, 4Ø7-D7, 442-E7, 461-EU, 462-EV, 489-TE
65	Patient Is Not Covered	3Ø2-C2, 3Ø3-C3, 3Ø6-C6
66	Patient Age Exceeds Maximum Age	3Ø2-C2, 3Ø3-C3, 3Ø4-C4, 3Ø6-C6
67	Filled Before Coverage Effective	3Ø2-C2, 4Ø1-D1
68	Filled After Coverage Expired	3Ø2-C2, 4Ø1-D1
69	Filled After Coverage Terminated	3Ø2-C2, 4Ø1-D1
6ØØ	Coverage Outside Submitted Date Of Service	
6Ø1	Intermediary Authorization Type ID Does Not Precede Intermediary Authorization ID	463-EW 464-EX
6Ø2	Associated Prescription/Service Provider ID Qualifier Does Not Precede Associated Prescription/ Service Provider ID	579-XX 58Ø-XY
6Ø3	Prescriber Alternate ID Qualifier Does Not Precede Prescriber Alternate ID	A25-ZM A26-ZP
6Ø4	Purchaser ID Qualifier Does Not Precede Purchaser ID	591-YU 592-YV
6Ø5	Seller ID Qualifier Does Not Precede Seller ID	68Ø-ZB 679-Y9
6Ø6	Brand Drug / Specific Labeler Code Required	4Ø7-D7
6Ø7	Information Reporting (N1/N3) Transaction Cannot Be Matched To A Claim (B1/B3)	
6Ø8	Step Therapy, Alternate Drug Therapy Required Prior To Use Of Submitted Product Service ID	4Ø7-D7
6Ø9	COB Claim Not Required, Patient Liability Amount Submitted Was Zero	
61Ø	Information Reporting Transaction (N1/N3) Matched to Reversed or Rejected Claim Submitted Under Part D BIN PCN	

611	Information Reporting Transaction (N1/N3) Was Matched To A Claim Submitted Under The Part D BIN/PCN Paid As Enhanced Or OTC Or By A Benefit Other Than Part D	
612	LTC Appropriate Dispensing Invalid Submission Clarification Code (SCC) Combination	42Ø-DK
613	The Packaging Methodology Or Dispensing Frequency Is Missing Or Inappropriate For LTC Short Cycle	42Ø-DK, 429-DT
614	Uppercase Character(s) Required	
615	Compound Ingredient Basis Of Cost Determination Value 14 Required When Compound Ingredient Quantity Is Ø But Cost Is Greater Than \$Ø	49Ø-UE
616	Submission Clarification Code 8 Required When Compound Ingredient Quantity Is Ø	448-ED
617	Compound Ingredient Drug Cost Cannot Be Negative Amount	449-EE
618	Plan's Prescriber Data Base Indicates The Submitted Prescriber's DEA Does Not Allow This Drug DEA Schedule	411-DB, 42Ø-DK
619	Prescriber Type 1 NPI Required	411-DB
62Ø	This Product/Service May Be Covered Under Medicare Part D	4Ø7-D7
621	This Medicaid Patient Is Medicare Eligible	
623	M/I Authorized Representative Country Code	B34-1U
624	M/I Employer Country Code	B35-1V
625	M/I Entity Country Code	B36-1W
627	M/I Facility Country Code	B37-1X
628	M/I Patient ID Associated Country Code	B38-1Y
629	M/I Pay to Country Code	B39-1Z
63Ø	M/I Prescriber Alternate ID Associated Country Code	B4Ø-3A
631	M/I Prescriber ID Associated Country Code	B41-3B
632	M/I Prescriber Country Code	B42-3C
633	M/I Purchaser ID Associated Country Code	B43-3D
634	Authorized Representative Country Code Value Not Supported	B34-1U
635	M/I Employer Country Code Value Not Supported	B35-1V
637	M/I Entity Country Code Value Not Supported	B36-1W
638	M/I Facility Country Code Value Not Supported	B37-1X
639	M/I Patient ID Associated Country Code Value Not Supported	B38-1Y
64Ø	M/I Pay to Country Code Value Not Supported	B39-1Z
641	M/I Prescriber Alternate ID Associated Country Code Value Not Supported	B4Ø-3A
642	M/I Prescriber ID Associated Country Code Value Not Supported	B41-3B
643	M/I Prescriber Country Code Value Not Supported	B42-3C

644	M/I Purchaser ID Associated Country Code Value Not Supported	B43-3D
645	Repackaged product is not covered by the contract.	4Ø7-D7
646	Patient Not Eligible Due To Non Payment Of Premium. Patient To Contact Plan.	
647	Quantity Prescribed Required For CII Prescription	4Ø7-D7, 46Ø-ET
648	Quantity Prescribed Does Not Match Quantity Prescribed On Original CII Dispensing	4Ø7-D7, 46Ø-ET
649	Cumulative Quantity For This CII Rx Number Exceeds Quantity Prescribed	
65Ø	Fill Date Greater Than 6Ø Days From CII Date Prescription Written (414-DE).	414-DE
651	REMS: Mandatory data element(s) missing	
652	REMS: Prescriber not matched or may not be enrolled	411-DB
653	REMS: Patient not matched or may not be enrolled.	31Ø-CA, 311-CB 3Ø4-C4, 325-CP
654	REMS: Pharmacy not matched or may not be enrolled.	2Ø1-B1
655	REMS: Multiple patient matches.	31Ø-CA, 311-CB 3Ø4-C4, 325-CP
656	REMS: Patient age not matched.	3Ø4-C4
657	REMS: Patient gender not matched.	3Ø5-C5
658	REMS: Pharmacy has not enrolled.	2Ø1-B1
659	REMS: Pharmacy has not renewed enrollment.	2Ø1-B1
66Ø	REMS: Pharmacy has not submitted agreement form.	2Ø1-B1
661	REMS: Pharmacy has been suspended due to non-compliance.	2Ø1-B1
662	REMS: Prescriber has not enrolled.	411-DB
663	REMS: Prescriber has not completed a knowledge assessment.	411-DB
664	REMS: Prescriber has been suspended due to non-compliance.	411-DB
665	REMS: Excessive days supply.	4Ø5-D5
666	REMS: Insufficient days supply.	4Ø5-D5
667	REMS: Excessive dosage.	4Ø5-D5
668	REMS: Insufficient dosage.	4Ø5-D5
669	REMS: Refills not permitted.	4Ø3-D3, 415-DF
67Ø	REMS: Laboratory test results not documented.	
671	REMS: Laboratory test not conducted within specified time period.	
672	REMS: Dispensing not authorized due to laboratory test results.	
673	REMS: Prescriber counseling of patient not documented.	411-DB
674	REMS: Prescriber has not documented safe use conditions.	411-DB
675	REMS: Prescriber has not documented patient opioid tolerance.	411-DB

676	REMS: Prescriber has not documented patient contraceptive use.	411-DB
677	REMS: Lack of contraindicated therapy not documented.	
678	REMS: Step therapy not documented.	
679	REMS: Prescriber has not enrolled patient.	411-DB
680	REMS: Prescriber must renew patient enrollment.	411-DB
681	REMS: Patient enrollment requirements have not been met.	
682	REMS: Prescriber has not submitted patient agreement.	411-DB
683	REMS: Prescriber has not verified patient's reproductive potential.	411-DB
684	REMS: Patient has not documented safe use conditions.	
685	REMS: Patient has not documented completed education.	
686	REMS: Patient has not documented contraceptive use.	
687	REMS Administrator Denied	
688	REMS: Service Billing Denied	
689	PDMP Administrator Denied	
690	PDMP: Pharmacy not contracted	201-B1
691	PDMP: Pharmacy contract not renewed.	201-B1
692	PDMP: M/I Patient First Name	310-CA
693	PDMP: M/I Patient Last Name	311-CB
694	PDMP: M/I Patient Street Address	B08-7A, B09-7B
695	PDMP: M/I Patient City	323-CN
696	PDMP: M/I Patient State or Province	324-CO
697	PDMP: M/I Patient ZIP/Postal Code	325-CP
698	PDMP: M/I Prescriber ID	411-DB
699	PDMP: M/I Prescriber Last Name	427-DR
7A	Provider Does Not Match Authorization On File	201-B1
7B	Service Provider ID Qualifier Value Not Supported For Processor/Payer	202-B2
7C	M/I Other Payer ID	340-7C
7D	Non-Matched DOB	304-C4
7E	M/I DUR/PPS Code Counter	473-7E
7G	Future Date Not Allowed For DOB	304-C4
7H	Non-Matched Gender Code	305-C5
7J	Patient Relationship Code Value Not Supported	306-C6
7K	Discrepancy Between Other Coverage Code And Other Payer Amount	308-C8
7M	Discrepancy Between Other Coverage Code And Other Coverage Information On File	308-C8

7N	Patient ID Qualifier Value Not Supported	331-CX
7P	Coordination Of Benefits/Other Payments Count Exceeds Number of Supported Payers	337-4C
7Q	Other Payer ID Qualifier Value Not Supported	339-6C
7R	Other Payer Amount Paid Count Exceeds Number of Supported Groupings	341-HB
7T	Quantity Intended To Be Dispensed Required For Partial Fill Transaction	344-HF
7U	Days Supply Intended To Be Dispensed Required For Partial Fill Transaction	345-HG
7V	Duplicate Refills,	4Ø3-D3
7W	Refills Exceed allowable Refills	4Ø3-D3
7X	Days Supply Exceeds Plan Limitation	4Ø5-D5
7Y	Compounds Not Covered,	4Ø6-D6
7Z	Compound Requires Two Or More Ingredients,	4Ø6-D6
7Ø	Product/Service Not Covered – Plan/Benefit Exclusion	4Ø7-D7, 489-TE
71	Prescriber ID Is Not Covered	411-DB
72	Primary Prescriber Is Not Covered	421-DL
73	Refills Are Not Covered	4Ø2-D2, 4Ø3-D3
74	Other Carrier Payment Meets Or Exceeds Payable	4Ø9-D9, 442-E7, 481-HA, 482-GE
75	Prior Authorization Required	462-EV, 489-TE
76	Plan Limitations Exceeded	4Ø5-D5, 442-E7
77	Discontinued Product/Service ID Number	4Ø7-D7, 489-TE
78	Cost Exceeds Maximum	4Ø7-D7, 4Ø9-D9, 442-E7, 448-ED, 449-EE, 481-HA, 482-GE, 489-TE
79	Refill Too Soon	4Ø1-D1, 4Ø3-D3, 4Ø5-D5
7ØØ	PDMP: M/I Patient ID	332-CY
7Ø1	PDMP: M/I Patient Date of Birth	3Ø4-C4
7Ø2	PDMP: M/I Patient Gender	3Ø5-C5
7Ø3	PDMP: M/I Prescription Origin Code	419-DJ
7Ø4	PDMP: M/I Scheduled Rx Serial Number	454-EK
7Ø5	PDMP: M/I Product/Service ID	4Ø7-D7, 489-TE
7Ø6	PDMP: M/I Compound Code	4Ø6-D6
7Ø7	PDMP: M/I Patient Phone Number	326-CQ
7Ø8	PDMP: M/I Payment Code	A29-ZS

769	Paid Billing Transaction (B1/B3) Submitted Under The Part D BIN PCN Found But Information Reporting Reversal (N2) Cannot Be Matched To An Information Reporting Transaction (N1/N3) In An Approved Status; Reversal (N2) Not Processed.	
77Ø	Paid Billing Transaction (B1/B3) Submitted Under The Part D BIN PCN Not Found And Information Reporting Reversal (N2) Cannot Be Matched To An Information Reporting Transaction (N1/N3) in Approved Status; Reversal (N2) Not Processed	
771	Compound contains unidentifiable ingredient(s); Submission Clarification Code override not allowed	489-TE
772	Compound not payable due to non-covered ingredient(s); Submission Clarification Code override not allowed	489-TE
773	Prescriber Is Not Listed On Medicare Enrollment File	411-DB
774	Prescriber Medicare Enrollment Period Is Outside Of Claim Date Of Service	411-DB
775	Pharmacy not listed within Medicare Fee For Service active enrollment file	2Ø1-B1
776	Pharmacy enrollment with Medicare Fee For Service has terminated	2Ø1-B1
777	Plan's Prescriber data base not able to verify active state license with prescriptive authority for Prescriber ID Submitted	
8A	Compound Requires At Least One Covered Ingredient	4Ø6-D6
8B	Compound Segment Missing On A Compound Claim	4Ø6-D6
8C	M/I Facility ID	336-8C
8D	Compound Segment Present On A Non-Compound Claim	4Ø6-D6
8E	M/I DUR/PPS Level Of Effort	474-8E
8G	Product/Service ID (4Ø7-D7) Must Be A Single Zero "Ø" For Compounds	4Ø7-D7
8H	Product/Service Only Covered On Compound Claim	4Ø7-D7
8J	Incorrect Product/Service ID For Processor/Payer	4Ø7-D7, 489-TE
8K	DAW Code Value Not Supported	4Ø8-D8
8M	Sum Of Compound Ingredient Costs Does Not Equal Ingredient Cost Submitted	4Ø9-D9
8N	Future Date Prescription Written Not Allowed,	414-DE
8P	Date Written Different On Previous Filling	414-DE
8Q	Excessive Refills Authorized	415-DF
8R	Submission Clarification Code Value Not Supported	42Ø-DK
8S	Basis Of Cost Determination Value Not Supported	423-DN
8T	U&C Must Be Greater Than Zero	426-DQ
8U	GAD Must Be Greater Than Zero	43Ø-DU
8V	Negative Dollar Amount Is Not Supported In The Other Payer Amount Paid Field	431-DV

8W	Discrepancy Between Other Coverage Code and Other Payer Amount Paid	431-DV
8X	Collection From Cardholder Not Allowed	433-DX
8Y	Excessive Amount Collected	433-DX
8Z	Product/Service ID Qualifier Value Not Supported	436-E1
8Ø	Drug-Diagnosis Mismatch	4Ø7-D7, 424-DO
81	Claim Too Old	4Ø1-D1
82	Claim Is Post-Dated	4Ø1-D1
83	Duplicate Paid/Captured Claim	2Ø1-B1, 4Ø1-D1, 4Ø2-D2, 4Ø3-D3, 4Ø7-D7
84	Claim Has Not Been Paid/Captured	2Ø1-B1, 4Ø1-D1, 4Ø2-D2
85	Claim Not Processed	None
86	Submit Manual Reversal	None
87	Reversal Not Processed	None
88	DUR Reject Error	4Ø1-D1, 4Ø7-D7
89	Rejected Claim Fees Paid	
816	Pharmacy Benefit Exclusion, May Be Covered Under Patient's Medical Benefit	
817	Pharmacy Benefit Exclusion, Covered Under Patient's Medical Benefit	
818	Medication Administration Not Covered, Plan Benefit Exclusion	
819	Plan Enrollment File Indicates Medicare As Primary Coverage	
82Ø	Information Reporting Transaction (N1/N3) Matched To Reversed Or Rejected Claim Not Submitted Under Part D BIN PCN	
821	Information Reporting (N1/N3) Transaction Matched To Paid Claim Not Submitted Under Part D BIN PCN	
822	Drug Is Unrelated To The Terminal Illness And/Or Related Conditions. Not Covered Under Hospice.	
823	Drug Is Beneficiary's Liability - Not Covered By Hospice Or Part D. Hospice Non-Formulary. Check Other Coverage.	
824	Multi-transaction transmission not allowed in current NCPDP standard	1Ø9-A9
825	Claim Date Of Service Is Outside Of Product's FDA/NSDE Marketing Dates	4Ø7-D7, 489-TE
826	Prescriber NPI Submitted Not Found Within Processor's NPI File	466-EZ, 411-DB
827	Pharmacy Service Provider Is Temporarily Suspended From Processing Claims By Payer/Processor	
828	Plan/Beneficiary Case Management Restriction In Place	

829	Pharmacy Must Notify Beneficiary: Claim Not Covered Due To Failure To Meet Medicare Part D Active, Valid Prescriber NPI Requirements	
83Ø	Workers' Comp Or P&C Adjuster Authorization Required – Patient Must Directly Contact Their Adjuster	
9B	Reason For Service Code Value Not Supported	439-E4
9C	Professional Service Code Value Not Supported	44Ø-E5
9D	Result Of Service Code Value Not Supported	441-E6
9E	Quantity Does Not Match Dispensing Unit	442-E7
9G	Quantity Dispensed Exceeds Maximum Allowed	442-E7
9H	Quantity Not Valid For Product/Service ID Submitted	442-E7
9J	Future Other Payer Date Not Allowed	443-E8
9K	Compound Ingredient Component Count Exceeds Number Of Ingredients Supported	447-EC
9M	Minimum Of Two Ingredients Required	447-EC
9N	Compound Ingredient Quantity Exceeds Maximum Allowed	448-ED
9Q	Route Of Administration Submitted Not Covered	995-E2
9R	Prescription/Service Reference Number Qualifier Submitted Not Covered	455-EM
9S	Future Associated Prescription/Service Date Not Allowed	457-EP
9T	Prior Authorization Type Code Submitted Not Covered	461-EU
9U	Provider ID Qualifier Submitted Not Covered	465-EY
9V	Prescriber ID Qualifier Submitted Not Covered	466-EZ
9W	DUR/PPS Code Counter Exceeds Number Of Occurrences Supported	473-7E
9X	Coupon Type Submitted Not Covered	485-KE
9Y	Compound Product ID Qualifier Submitted Not Covered	488-RE
9Z	Duplicate Product ID In Compound	489-TE
9Ø	Host Hung Up	Host Disconnected Before Session Completed
91	Host Response Error	Response Not In Appropriate Format To Be Displayed

92	System Unavailable/Host Unavailable	Processing Host Did Not Accept Transaction/Did Not Respond Within Time Out Period
95	Time Out	
96	Scheduled Downtime	
97	Payer Unavailable	
98	Connection To Payer Is Down	
99	Host Processing Error	Do Not Retransmit Transaction(s)
AA	Patient Spenddown Not Met	3Ø2-C2, 4Ø1-D1, 4Ø7-D7
AB	Date Written Is After Date Filled	4Ø1-D1
AC	Product Not Covered Non-Participating Manufacturer	489-TE, 4Ø7-D7
AD	Billing Provider Not Eligible To Bill This Claim Type	3Ø2-C2, 4Ø1-D1, 4Ø7-D7
AE	QMB (Qualified Medicare Beneficiary)-Bill Medicare	3Ø2-C2
AF	Patient Enrolled Under Managed Care	3Ø2-C2
AG	Days Supply Limitation For Product/Service	489-TE, 4Ø7-D7
AH	Unit Dose Packaging Only Payable For Nursing Home Recipients	3Ø2-C2, 4Ø7-D7
AJ	Generic Drug Required	489-TE, 4Ø7-D7
AK	M/I Software Vendor/Certification ID	11Ø-AK
AM	M/I Segment Identification	111-AM
AQ	M/I Facility Segment	111-AM
A1	ID Submitted is associated with a Sanctioned Prescriber	411-DB
A2	ID Submitted is associated to a Deceased Prescriber	411-DB
A3	This Product May Be Covered Under Hospice – Medicare A	
A4	This Product May Be Covered Under The Medicare- B Bundled Payment To An ESRD Dialysis Facility	
A5	Not Covered Under Part D Law	3Ø2-C2, 4Ø1-D1, 4Ø7-D7
A6	This Product/Service May Be Covered Under Medicare Part B	3Ø2-C2, 4Ø1-D1, 4Ø7-D7
A7	M/I Internal Control Number	993-A7
A9	M/I Transaction Count	1Ø9-A9
BA	Compound Basis of Cost Determination Submitted Not Covered	49Ø-UE

BB	Diagnosis Code Qualifier Submitted Not Covered	492-WE
BC	Future Measurement Date Not Allowed	494-ZE
BE	M/I Professional Service Fee Submitted	477-BE
BM	M/I Narrative Message	39Ø-BM
B2	M/I Service Provider ID Qualifier	2Ø2-B2
CA	M/I Patient First Name	31Ø-CA
CB	M/I Patient Last Name	311-CB
CC	M/I Cardholder First Name	312-CC
CD	M/I Cardholder Last Name	313-CD
CE	M/I Home Plan	314-CE
CF	M/I Employer Name	315-CF
CG	M/I Employer Street Address	316-CG
CH	M/I Employer City Address	317-CH
CI	M/I Employer State/Province Address	318-CI
CJ	M/I Employer Zip Postal Zone	319-CJ
CK	M/I Employer Phone Number	32Ø-CK
CL	M/I Employer Contact Name	321-CL
CM	M/I Patient Street Address	322-CM
CN	M/I Patient City Address	323-CN
CO	M/I Patient State/Province Address	324-CO
CP	M/I Patient Zip/Postal Zone	325-CP
CQ	M/I Patient Phone Number	326-CQ
CR	M/I Carrier ID	327-CR
CW	M/I Alternate ID	33Ø-CW
CX	M/I Patient ID Qualifier	331-CX
CY	M/I Patient ID	332-CY
CZ	M/I Employer ID	333-CZ
DC	M/I Dispensing Fee Submitted	412-DC
DN	M/I Basis Of Cost Determination	423-DN, 49Ø-UE
DQ	M/I Usual And Customary Charge	426-DQ
DR	M/I Prescriber Last Name	427-DR
DT	M/I Special Packaging Indicator	429-DT
DU	M/I Gross Amount Due	43Ø-DU
DV	M/I Other Payer Amount Paid	431-DV
DX	M/I Patient Paid Amount Submitted	433-DX

DY	M/I Date Of Injury	434-DY
DZ	M/I Claim/Reference ID	435-DZ
EA	M/I Originally Prescribed Product/Service Code	445-EA
EB	M/I Originally Prescribed Quantity	446-EB
EC	M/I Compound Ingredient Component Count	447-EC
ED	M/I Compound Ingredient Quantity	448-ED
EE	M/I Compound Ingredient Drug Cost	449-EE
EF	M/I Compound Dosage Form Description Code	450-EF
EG	M/I Compound Dispensing Unit Form Indicator	451-EG
EJ	M/I Originally Prescribed Product/Service ID Qualifier	453-EJ
EK	M/I Scheduled Prescription ID Number	454-EK
EM	M/I Prescription/Service Reference Number Qualifier	455-EM
EN	M/I Associated Prescription/Service Reference Number	456-EN
EP	M/I Associated Prescription/Service Date	457-EP
ER	M/I Procedure Modifier Code	459-ER
ET	M/I Quantity Prescribed	460-ET
EU	M/I Prior Authorization Type Code	461-EU
EV	M/I Prior Authorization Number Submitted	462-EV
EW	M/I Intermediary Authorization Type ID	463-EW
EX	M/I Intermediary Authorization ID	464-EX
EY	M/I Provider ID Qualifier	465-EY
EZ	M/I Prescriber ID Qualifier	466-EZ
E1	M/I Product/Service ID Qualifier	436-E1, 488-RE
E2	M/I Route of Administration	995-E2
E3	M/I Incentive Amount Submitted	438-E3
E4	M/I Reason For Service Code	439-E4
E5	M/I Professional Service Code	440-E5
E6	M/I Result Of Service Code	441-E6
E7	M/I Quantity Dispensed	442-E7
E8	M/I Other Payer Date	443-E8
E9	M/I Provider ID	444-E9
FO	M/I Plan ID	524-FO
GE	M/I Percentage Sales Tax Amount Submitted	482-GE
G1	M/I Compound Type	996-G1
G2	M/I CMS Part D Defined Qualified Facility	997-G2

G4	Physician must contact plan	411-DB
G5	Pharmacist must contact plan	
G6	Pharmacy Not Contracted in Specialty Network	
G7	Pharmacy Not Contracted in Home Infusion Network	
G8	Pharmacy Not Contracted in Long Term Care Network	
G9	Pharmacy Not Contracted in 90 Day Retail Network (this message would be used when the pharmacy is not contracted to provide a 90 days supply of drugs)	
HA	M/I Flat Sales Tax Amount Submitted	481-HA
HB	M/I Other Payer Amount Paid Count	341-HB
HC	M/I Other Payer Amount Paid Qualifier	342-HC
HD	M/I Dispensing Status	343-HD
HE	M/I Percentage Sales Tax Rate Submitted	483-HE
HF	M/I Quantity Intended To Be Dispensed	344-HF
HG	M/I Days Supply Intended To Be Dispensed	345-HG
HN	M/I Patient E-Mail Address	350-HN
H1	M/I Measurement Time	495-H1
H2	M/I Measurement Dimension	496-H2
H3	M/I Measurement Unit	497-H3
H4	M/I Measurement Value	499-H4
H6	M/I DUR Co-Agent ID	476-H6
H7	M/I Other Amount Claimed Submitted Count	478-H7
H8	M/I Other Amount Claimed Submitted Qualifier	479-H8
H9	M/I Other Amount Claimed Submitted	480-H9
JE	M/I Percentage Sales Tax Basis Submitted	484-JE
J9	M/I DUR Co-Agent ID Qualifier	475-J9
KE	M/I Coupon Type	485-KE
K5	M/I Transaction Reference Number	880-K5
M1	Patient Not Covered In This Aid Category	302-C2, 401-D1
M2	Recipient Locked In	302-C2, 401-D1
M3	Host PA/MC Error	
M4	Prescription/Service Reference Number/Time Limit Exceeded	402-D2
M5	Requires Manual Claim	
M6	Host Eligibility Error	
M7	Host Drug File Error	
M8	Host Provider File Error	

ME	M/I Coupon Number	486-ME
MG	M/I Other Payer BIN Number	99Ø-MG
MH	M/I Other Payer Processor Control Number	991-MH
MJ	M/I Other Payer Group ID	992-MJ
MK	Non-Matched Other Payer BIN Number	99Ø-MG
MM	Non-Matched Other Payer Processor Control Number	991-MH
MN	Non-Matched Other Payer Group ID	992-MJ
MP	Other Payer Cardholder ID Not Covered	356-NU
MR	Product Not On Formulary	4Ø7-D7
MS	More than 1 Cardholder Found – Narrow Search Criteria	3Ø2-C2
MT	M/I Patient Assignment Indicator (Direct Member Reimbursement Indicator)	391-MT
MU	M/I Benefit Stage Count	392-MU
MV	M/I Benefit Stage Qualifier	393-MV
MW	M/I Benefit Stage Amount	394-MW
MX	Benefit Stage Count Does Not Match Number Of Repetitions	392-MU
MZ	Error Overflow	
NE	M/I Coupon Value Amount	487-NE
NN	Transaction Rejected At Switch Or Intermediary	
NP	M/I Other Payer-Patient Responsibility Amount Qualifier	351-NP
NQ	M/I Other Payer-Patient Responsibility Amount	352-NQ
NR	M/I Other Payer-Patient Responsibility Amount Count	353-NR
NU	M/I Other Payer Cardholder ID	356-NU
NV	M/I Delay Reason Code	357-NV
NX	M/I Submission Clarification Code Count	354-NX
N1	No patient match found.	3Ø2-C2
N3	M/I Medicaid Paid Amount	113-N3
N4	M/I Medicaid Subrogation Internal Control Number/Transaction Control Number (ICN/TCN)	114-N4
N5	M/I Medicaid ID Number	115-N5
N6	M/I Medicaid Agency Number	116-N6
N7	Use Prior Authorization Code Provided During Transition Period	462-EV
N8	Use Prior Authorization Code Provided For Emergency Fill	462-EV
N9	Use Prior Authorization Code Provided For Level of Care Change	462-EV
PA	PA Exhausted/Not Renewable	462-EV
PB	Invalid Transaction Count For This Transaction Code	1Ø3-A3, 1Ø9-A9

PC	M/I Request Claim Segment	111-AM
PD	M/I Request Clinical Segment	111-AM
PE	M/I Request Coordination Of Benefits/Other Payments Segment	111-AM
PF	M/I Request Compound Segment	111-AM
PG	M/I Request Coupon Segment	111-AM
PH	M/I Request DUR/PPS Segment	111-AM
PJ	M/I Request Insurance Segment	111-AM
PK	M/I Request Patient Segment	111-AM
PM	M/I Request Pharmacy Provider Segment	111-AM
PN	M/I Request Prescriber Segment	111-AM
PP	M/I Request Pricing Segment	111-AM
PQ	M/I Narrative Segment	111-AM
PR	M/I Request Prior Authorization Segment	111-AM
PS	M/I Transaction Header Segment	111-AM
PT	M/I Request Worker's Compensation Segment	111-AM
PV	Non-Matched Associated Prescription/Service Date	457-EP
PW	Employer ID Not Covered	333-CZ
PX	Other Payer ID Not Covered	340-7C
PY	Non-Matched Unit Form/Route of Administration	451-EG, 995-E2, 600-28
PZ	Non-Matched Unit Of Measure To Product/Service ID	407-D7, 600-28
P0	Non-zero Value Required for Vaccine Administration	438-E3
P1	Associated Prescription/Service Reference Number Not Found	456-EN
P2	Clinical Information Counter Out Of Sequence	493-XE
P3	Compound Ingredient Component Count Does Not Match Number Of Repetitions	447-EC
P4	Coordination Of Benefits/Other Payments Count Does Not Match Number Of Repetitions	337-4C
P5	Coupon Expired	486-ME
P6	Date Of Service Prior To Date Of Birth	304-C4, 401-D1
P7	Diagnosis Code Count Does Not Match Number Of Repetitions	491-VE
P8	DUR/PPS Code Counter Out Of Sequence	473-7E
P9	Field Is Non-Repeatable	
RA	PA Reversal Out Of Order	
RB	Multiple Partial Not Allowed	343-HD
RC	Different Drug Entity Between Partial & Completion	407-D7

RD	Mismatched Cardholder/Group ID-Partial To Completion	3Ø1-C1, 3Ø2-C2
RF	Improper Order Of 'Dispensing Status' Code On Partial Fill Transaction	343-HD
RG	M/I Associated Prescription/service Reference Number On Completion Transaction	456-EN
RH	M/I Associated Prescription/Service Date On Completion Transaction	457-EP
RJ	Associated Partial Fill Transaction Not On File	343-HD
RK	Partial Fill Transaction Not Supported	343-HD, 344-HF, 345-HG
RL	Transitional Benefit/Resubmit Claim	
RM	Completion Transaction Not Permitted With Same 'Date Of Service' As Partial Transaction	4Ø1-D1
RN	Plan Limits Exceeded On Intended Partial Fill Field Limitations	344-HF, 345-HG
RP	Out Of Sequence 'P' Reversal On Partial Fill Transaction	343-HD
RS	M/I Associated Prescription/Service Date On Partial Transaction	457-EP
RT	M/I Associated Prescription/Service Reference Number On Partial Transaction	456-EN
RU	Mandatory Data Elements Must Occur Before Optional Data Elements In A Segment	
RV	Multiple Reversals Per Transmission Not Supported	1Ø9-A9
RØ	Professional Service Code of "MA" required for Vaccine Incentive Fee Submitted	44Ø-E5
R1	Other Amount Claimed Submitted Count Does Not Match Number Of Repetitions	478-H7
R2	Other Payer Reject Count Does Not Match Number Of Repetitions	471-5E
R3	Procedure Modifier Code Count Does Not Match Number Of Repetitions	458-SE
R4	Procedure Modifier Code Invalid For Product/Service ID	4Ø7-D7, 436-E1, 459-ER
R5	Product/Service ID Must Be Zero When Product/Service ID Qualifier Equals Ø6	4Ø7-D7, 436-E1
R6	Product/Service Not Appropriate For This Location	3Ø7-C7, 4Ø7-D7, 436-E1, 489-TE
R7	Repeating Segment Not Allowed In Same Transaction	
R8	Syntax Error	
R9	Value In Gross Amount Due Does Not Follow Pricing Formulae	43Ø-DU
SØ	Accumulator Month Count Does Not Match Number of Repetitions	656-S7
S1	M/I Accumulator Year	65Ø-S1
S2	M/I Transaction Identifier	651-S2

S3	M/I Accumulated Patient True Out Of Pocket Amount	652-S3
S4	M/I Accumulated Gross Covered Drug Cost Amount	653-S4
S5	M/I DateTime	654-S5
S6	M/I Accumulator Month	655-S6
S7	M/I Accumulator Month Count	656-S7
S8	Non-Matched Transaction Identifier	651-S2
S9	M/I Financial Information Reporting Transaction Header Segment	111-AM
SE	M/I Procedure Modifier Code Count	458-SE
SF	Other Payer Amount Paid Count Does Not Match Number Of Repetitions	341-HB
SG	Submission Clarification Code Count Does Not Match Number of Repetitions	354-NX
SH	Other Payer-Patient Responsibility Amount Count Does Not Match Number of Repetitions	353-NR
SW	Accumulated Patient True Out of Pocket must be equal to or greater than zero	652-S3
TN	Emergency Fill/Resubmit Claim	
TP	Level of Care Change/Resubmit Claim	
TQ	Dosage Exceeds Product Labeling Limit	442-E7, 405-D5
TR	M/I Billing Entity Type Indicator	117-TR
TS	M/I Pay To Qualifier	118-TS
TT	M/I Pay To ID	119-TT
TU	M/I Pay To Name	120-TU
TV	M/I Pay To Street Address	121-TV
TW	M/I Pay To City Address	122-TW
TX	M/I Pay to State/ Province Address	123-TX
TY	M/I Pay To Zip/Postal Zone	124-TY
TZ	M/I Generic Equivalent Product ID Qualifier	125-TZ
TØ	Accumulator Month Count Exceeds Number of Occurrences Supported	656-S7
T1	Request Financial Segment Required For Financial Information Reporting	111-AM
T2	M/I Request Reference Segment	111-AM
T3	Out of Order DateTime	654-S5
T4	Duplicate DateTime	654-S5
UA	M/I Generic Equivalent Product ID	126-UA
UU	DAW Ø cannot be submitted on a multi-source drug with available generics.	407-D7, 408-D8

UZ	Other Payer Coverage Type (338-5C) required on reversals to downstream payers. Resubmit reversal with this field.	338-5C
U7	M/I Pharmacy Service Type	147-U7
VA	Pay To Qualifier Value Not Supported	118-TS
VB	Generic Equivalent Product ID Qualifier Value Not Supported	125-TZ
VC	Pharmacy Service Type Value Not Supported	147-U7
VD	Eligibility Search Time Frame Exceeded	401-D1
VE	M/I Diagnosis Code Count	491-VE
WE	M/I Diagnosis Code Qualifier	492-WE
W9	Accumulated Gross Covered Drug Cost Amount Must Be Equal To Or Greater Than Zero	653-S4
XE	M/I Clinical Information Counter	493-XE
XZ	M/I Associated Prescription/Service Reference Number Qualifier	581-XZ
X1	Accumulated Patient True Out of Pocket exceeds maximum	652-S3
X2	Accumulated Gross Covered Drug Cost exceeds maximum	653-S4
X3	Out of order Accumulator Months	656-S7, 655-S6
X4	Accumulator Year not current or prior year	650-S1
X5	M/I Financial Information Reporting Request Insurance Segment	111-AM
X6	M/I Request Financial Segment	111-AM
X7	Financial Information Reporting Request Insurance Segment Required For Financial Reporting	111-AM
X8	Procedure Modifier Code Count Exceeds Number Of Occurrences Supported	458-SE
X9	Diagnosis Code Count Exceeds Number Of Occurrences Supported	491-VE
X0	M/I Associated Prescription/Service Fill Number	582-X0
YA	Compound Ingredient Modifier Code Count Exceeds Number Of Occurrences Supported	362-2G
YB	Other Amount Claimed Submitted Count Exceeds Number Of Occurrences Supported	478-H7
YC	Other Payer Reject Count Exceeds Number Of Occurrences Supported	471-5E
YD	Other Payer-Patient Responsibility Amount Count Exceeds Number Of Occurrences Supported	353-NR
YE	Submission Clarification Code Count Exceeds Number of Occurrences Supported	354-NX
YF	Question Number/Letter Count Exceeds Number Of Occurrences Supported	377-2Z
YG	Benefit Stage Count Exceeds Number Of Occurrences Supported	392-MU
YH	Clinical Information Counter Exceeds Number of Occurrences Supported	493-XE

YJ	Medicaid Agency Number Not Supported	116-N6
YK	M/I Service Provider Name	583-YK
YM	M/I Service Provider Street Address	584-YM
YN	M/I Service Provider City Address	585-YN
YP	M/I Service Provider State/Province Code Address	586-YP
YQ	M/I Service Provider Zip/Postal Code	587-YQ
YR	M/I Patient ID Associated State/Province Address	A22-YR
YS	M/I Purchaser Relationship Code	A23-YS
YT	M/I Seller Initials	59Ø-YT
YU	M/I Purchaser ID Qualifier	591-YU
YV	M/I Purchaser ID	592-YV
YW	M/I Purchaser ID Associated State/Province Code	593-YW
YX	M/I Purchaser Date of Birth	594-YX
YY	M/I Purchaser Gender Code	595-YY
YZ	M/I Purchaser First Name	596-YZ
YØ	M/I Purchaser Last Name	597-YØ
Y1	M/I Purchaser Street Address	598-Y1
Y2	M/I Purchaser City Address	599-Y2
Y3	M/I Purchaser State/Province Code	675-Y3
Y4	M/I Purchaser Zip/Postal Code	676-Y4
Y5	M/I Purchaser Country Code	677-Y5
Y6	M/I Time of Service	678-Y6
Y7	M/I Associated Prescription/Service Provider ID Qualifier	579-XX
Y8	M/I Associated Prescription/Service Provider ID	58Ø-XY
Y9	M/I Seller ID	679-Y9
ZØ	Purchaser Country Code Value Not Supported For Processor/Payer	677-Y5
Z1	Prescriber Alternate ID Qualifier Value Not Supported	A25-ZM
Z2	M/I Purchaser Segment	111-AM
Z3	Purchaser Segment Present On A Non-Controlled Substance Reporting Transaction	111-AM
Z4	Purchaser Segment Required On A Controlled Substance Reporting Transaction	111-AM
Z5	M/I Service Provider Segment	111-AM
Z6	Service Provider Segment Present On A non-Controlled Substance Reporting Transaction	111-AM

Z7	Service Provider Segment Required On A Controlled Substance Reporting Transaction	111-AM
Z8	Purchaser Relationship Code Value Not Supported	A23-YS
Z9	Prescriber Alternate ID Not Covered	A26-ZP
ZB	M/I Seller ID Qualifier	68Ø-ZB
ZC	Associated Prescription/Service Provider ID Qualifier Value Not Supported For Processor/Payer	579-XX
ZD	Associated Prescription/Service Reference Number Qualifier Value Not Supported	581-XZ
ZE	M/I Measurement Date	494-ZE
ZF	M/I Sales Transaction ID	681-ZF
ZK	M/I Prescriber ID Associated State/Province Address	A24-ZK
ZM	M/I Prescriber Alternate ID Qualifier	A25-ZM
ZN	Purchaser ID Qualifier Value Not Supported For Processor/Payer	591-YU
ZP	M/I Prescriber Alternate ID	A26-ZP
ZQ	M/I Prescriber Alternate ID Associated State/Province Address	A27-ZQ
ZS	M/I Reported Payment Type	A29-ZS
ZT	M/I Released Date	A3Ø-ZT
ZU	M/I Released Time	A31-ZU
ZV	Reported Payment Type Value Not Supported	A29-ZS
ZW	M/I Compound Preparation Time	A32-ZW
ZX	M/I CMS Part D Contract ID	A33-ZX
ZY	M/I Medicare Part D Plan Benefit Package (PBP)	A34-ZY
ZZ	Cardholder ID submitted is inactive. New Cardholder ID on file.	3Ø2-C2

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a CVS Caremark Document within the meaning of the Provider Manual.