

Appendix E – Response Codes and DUR Messages

The following table provides the messages that may be returned from the Drug Utilization Review (DUR) portion of the real-time claims adjudication process. Also included in the table is the allowable CPhA Exception/Intervention Codes that may be used to over-ride the DUR message if applicable; some messages cannot be overridden, while others are warnings only and do not affect claim adjudication, as noted in the tables. Table **A** consists of Adjudication Messages. Table **B** consists of DUR Messages.

Table A – Adjudication Response Codes				
CPHA Code	CPHA Message	Scenario	Override	Supported Intervention Codes
21	Pharmacy ID Code Error	Pharmacy number error	No	
31	Group Number Error	Claim is not submitted with AUTO as plan name	No	
34	Patient DOB Error	Date of Birth does not match for client	No	
35	Cardholder Identity Error	Card number does not exist in NLPDP database	No	
38	Patient Last Name Error	Surname does match for client	No	
40	Patient Gender Error	Prenatal Drug - Gender Error	No	
		Birth Control - wrong gender	No	
		Gender does not match for client	No	
53	Original Prescription Number Error	On a re-fill, the original Rx number is not submitted or is invalid.	No	
55	Current Rx Number Error	No current Rx number was submitted on the claim	No	
56	DIN/GP #/PIN Error	DIN Number error	No	
		DIN submitted is invalid	No	
57	SSC Code Error	Smoking cessation claim submitted for Zyban where submitted code is not 1, 2, L, or M	No	
58	Quantity Error	Missing or 0 quantity submitted	No	
59	Days Supply Error	Days Supply is missing or not greater than 0	No	
60	Prescriber Licensing Authority Code Error	A valid Prescriber Reference Id was not submitted (e.g. 11 =	No	

Table A – Adjudication Response Codes				
CPHA Code	CPHA Message	Scenario	Override	Supported Intervention Codes
		Newfoundland Medical Board)		
61	Prescriber ID Error	Invalid Prescriber Number error	No	
63	Unlisted Compound Code Error	Compound claim submitted without valid compound code	No	
70	Compound Charge Error	A compound charge was submitted for a DIN/PIN other than 999997	No	
72	Special Services Fee Error	Special Service Code = 1 not submitted with a claim for Refusal to Fill PIN (00999890)	No	
76	Pharmacist ID Error	Invalid Pharmacist Number error	No	
77	Adjudication Date Error - Date is in the Future	Claim has been submitted with an adjudication date that is in the future.	No	
5B	Designated Pharmacy Error	Client is restricted to a pharmacy other than the submitting pharmacy	No	
A1	Claim is Too Old	Claim is older than one year	No	
A2	Claim is Post Dated	Post dated claim	No	
A3	Duplicate Claim Has Been Processed	Duplicate claim	No	
A8	No Reversal Made - Original Claim Missing	Attempt to reverse claim that does not exist	No	

A9	No Reversal Made - Claim Already Reversed	Attempt to reverse a claim that was already reversed	No	
B1	Pharmacy Not Authorized to Submit Claims	Drug can only be filled at hospital or clinic	No	
		Provider does not have valid eligibility	No	
		Claim submitted by retail pharmacy for Ostomy products	No	
C3	Coverage Expired Before Service	A special authorization claim is submitted after the expiry date of the SA	No	
C6	Patient Has Other Coverage	Client has other drug coverage and no previously paid value is submitted (NLPDP is payor of last resort)	Yes	DB
CJ	Client Not Covered by This Plan	Client does not have a valid program eligibility	No	
CM	Patient is Nearing Quantity Limit	For Lucentis claims, this message appears when client has 13 th or 14 th fill (maximum of 15 fills allowed)	No	
CN	Patient Has Attained Quantity Limit	Day supply for Chemo-Anti-emetic drug exceeds the allowable amount per day	Message Only	
		For Lucentis claims, this message appears when client has 15 th fill (maximum of 15 fills allowed)	Message Only	
CO	Patient is Over Quantity Limit	The quantity claimed exceeds the remaining balance on a Special Authorization	No	
		For Lucentis claims, this message appears when client already has 15 paid (non-reversed claims) for Lucentis.	No	
CP	Eligible for Special Authorization	Special Authorization drug submitted - no SA in place or SA has expired due to	No	

		quantity or time		
		Beneficiary does not meet the specific criteria (e.g. specific drug claims in history) to allow submitted drug to be treated as Open Benefit	No	
CV	No Record of Client ID #	PHN does not Exist	No	
CW	No Record of Group Number or Code	Program Code error	No	
D1	DIN-PIN-PG - SSC Not a Benefit	DIN is not covered	No	
D2	DIN/PIN/GP # is discontinued	DIN is not covered	No	
D3	Prescriber is Not Authorized	Prescriber cannot prescribe narcotics (for narcotic claims)	No	
		Prescriber does not have valid eligibility	No	
		Claim for Methadone and Lucentis, but prescriber not authorized to prescribe	No	
		Invalid use of Other Prescriber (Id=999999). Must be submitted with Ref ID=99	No	
		Medication management claim submitted without a valid intervention code to designate service	No	
D6	Maximum Cost Exceeded	Claim made for Methadone maintenance PIN where cost per dose exceeds allowable maximum	No	
D7	Refill Too Soon	Previous claim for the medication indicates days supply is not near completion	Yes	MG, MR, UF
D9A7	Call Adjudicator. Submit Manual Reversal	Attempt to reverse a claim over a year old	No	
DA	Adjusted to Interchangeable-Prov. Reg	Drug submitted is a member of a formulary ring and is adjusted to the lowest price in the ring	No	
		Submission for a special	No	

		authorization drug that is part of the formulary ring, but is not submitted at the lowest price for the formulary ring		
DE	Fill/Refill Too Late/-Non Compliant	A refill has been submitted for an Rx more than one year after the original fill	No	
DJ	Drug Cost Adjusted	Wrong package size price is used	No	
		Drug cost adjusted to NLPDP cost	No	
DM	Days Supply Exceeds Plan Limit	Days supply greater than 30 days for first fill	Yes	CS,NF,UA,UE
		Days supply greater than 90 days for maintenance fill	Yes	CS,NF,UA,UE
		Days supply for narcotic greater than 30 days	No	
		More than 7 days supply submitted for a methadone carry	No	
DS	Reduced to Cost Upcharge Maximum	Upcharge adjusted to NLPDP adjudicated value	No	
DT	Reduced to Compound Charge Maximum	Compound fee submitted is greater than NLPDP maximum	No	
DV	Reduced to Special Services Maximum	Indicates that the Special Services Fee submitted for Medication Management, Medication Review or Refusal to Fill was reduced to approved fee.	No	
E9	Reduced to Reference Based Pricing	The submitted DIN is a member of one of the RBP DIN categories and the price has been adjusted to the RBP price	No	
EE	Questionable Concurrent Therapy	Claim submitted for Special Authorization Inhaler where client has wet nebulizer in	No	

		history. WARNING ONLY		
EF	Inappropriate Concurrent Therapy	Claim submitted for Open Benefit Inhaler (Non-Salbutamol) where client has wet nebulizer in history	Yes	ES
HB	Cardholder Is Over Age Limit	Pre-Natal Drug or Birth Control Drug - Client is Too Old	No	
		Claim is for Infant RBP drug and client is older than 2 years	No	
		Claim for Growth Hormone where client is over 18 years old	No	
		Claim for aero chamber where the beneficiary is too old	No	
KG	Authorization Refills Exceeded	No refills remaining on the submitted Rx	No	
KO	Good Faith Code Previously Used	The beneficiary has already had a claim for Interim Supply or Emergency Fill for the submitted DIN	No	
KS	Client Deceased	Service data for claim is after clients Date of Death	No	
MU	Age Precaution Indicated	Claim for an aerochamber where the beneficiary is too young for the item submitted/	No	
MW	Duplicate Drug	Duplicate claim for a drug submitted at same within specified time period	No	
MY	Duplicate Drug – Other Pharmacy	Duplicate claim for a drug submitted at another pharmacy within specified time period)	No	
MX	Duplicate Therapy	Methadone and narcotic dispensed within 30 days at same pharmacy	Yes	UA, UG, UI, UN
MZ	Duplicate Therapy – Other Pharmacy	Methadone and narcotic dispensed within 30 days at different	Yes	UA, UG, UI, UN

		pharmacies		
NJ	Request inconsistent with other service	Claim for Medication Management Fee Only PIN (00999882) where there is no claim with a matching Medication Management intervention code on the date of service	No	
		Attempt to submit multiple claims for refusal to fill for same beneficiary / Same service date.	No	
NF	Quantity Period Discrepancy Error	Days supply does not match quantity for a methadone carry	No	
OL	Max Allowable Dispense Fee Exceeded	Submitted dispense fee is greater than NLPDP maximum	No	
		Dispense fee submitted in situation where no dispense fee is allowed (e.g. under 65+ Plan)	No	
QG	Drug Not Allowed By This Program	Pre-natal Drug - Rejected for 65+ Plan	No	
		Aerochamber - not covered by client's Plan	No	
		Birth Control - not covered by 65+ Plan	No	
QT	Reduced to Quantity Maximum	Test Strips - annual quantity limit exceeded with no Special Authorization	No	
RN	Exceeds Annual Limit	Aerochamber - annual limit exceeded	Yes	MR
TV	Upcharge Adjusted	Upcharge adjusted to NLPDP adjudicated value	No	
		Upcharge submitted but paid drug cost is less than \$30	No	
		Upcharge submitted in situation where no upcharge is allowed (e.g. under 65+ Plan)	No	

Table B – DUR Messages

DUR Code	DUR Description	Action	Supported Intervention Codes
D2	DIN/PIN/GP # is discontinued	Reject - No override Allowed	
D7	Refill too soon	Override Allowed	MG Override - Various Reasons
			MR Replacement, item lost or broken
			UF Patient gave adequate explanation. Rx filled as written
DE	Fill/Refill Too Late/Noncompliant	Accept - Send Warning	
ME	Drug-drug interaction potential	Accept - Send Warning	
MJ	High dosage	Accept - Send Warning	
MK	Minimum dosage	Accept - Send Warning	
MT	Gender Restriction	Override Allowed	UA Consulted prescriber and filled Rx as written
			UF Patient gave adequate explanation. Rx filled as written
			UG Cautioned patient. Rx filled as written
			UI Consulted other source. Rx filled as written
			UN Assessed patient, therapy is appropriate
			MN Replacement Claim Due to Dose Change
MU	Age precaution indicated	Accept - Send Warning	
MW	Duplicate drug	Override Allowed	UA Consulted prescriber and filled Rx as written
			UF Patient gave adequate explanation. Rx filled as written
			UG Cautioned patient. Rx filled as written
			UI consulted other source. Rx filled as written
			UN Assessed patient, therapy is appropriate
			MN Replacement Claim Due to Dose Change

MX	Duplicate therapy	Accept - Send Warning	
MY	Duplicate drug other pharmacy	Override Allowed	UA Consulted prescriber and filled as written
			UF Patient gave adequate explanation. Rx filled as written
			UG Cautioned patient. Rx filled as written
			UI Consulted other source. Rx filled as written
			UN Assessed patient, therapy is appropriate
			MN Replacement Claim Due to Dose Change
MZ	Duplicate therapy other pharmacy	Override Allowed	UA Consulted prescriber and filled as written
			UF Patient gave adequate explanation. Rx filled as written
			UG Cautioned patient. Rx filled as written
			UI Consulted other source. Rx filled as written
			UN Assessed patient, therapy is appropriate