

Drug Utilization Review (DUR)

Reject Codes 88 & 76

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Medi-Cal Rx has identified a large volume of pharmacy claims denials related to Drug Utilization Review (DUR). If you are a pharmacy provider whose claim was denied with a **Reject Code 88** (DUR Reject Error) or, specifically for opioid claims, a **Reject Code 76** (Plan Limitations Exceeded), please review the following guidance.

Reject Code 88 (DUR Reject Error)

Pharmacy providers will need to review and resolve each identified DUR conflict and if a pharmacist in their professional judgment determines that dispensing the prescription is medically necessary or that benefits of the treatment outweigh the risks, the claim denial can be overridden at Point of Service (POS) in real time.

Pharmacy providers will then resubmit the claim with an appropriate DUR response, which is composed of three components:

1. **Reason for Service Codes** reflect the type of potential therapeutic problem identified by the Medi-Cal Rx claims adjudication system and returned on a claims response.
 - DA: Drug-Allergy Conflict
 - AT: Additive Toxicity
 - PG: Drug-Pregnancy Conflict
 - ID: Ingredient Duplication
 - MC: Drug-Disease Conflict
 - PA: Drug-Age Alert
 - DD: Drug-Drug Interaction
 - HD: High Dose
 - TD: Therapeutic Duplication
 - LD: Low Dose
 - ER: Overutilization (Early Refill)
 - MX: Incorrect Duration of Therapy
 - LR: Underutilization (Late Refill)
 - SX: Drug-Gender Conflict Professional
2. **Professional Service Codes** consist of alphanumeric characters that identify the action the pharmacist took to resolve the DUR conflict.
 - M0 (M zero): Prescriber consulted

- P0 (P zero): Patient consulted
- R0 (R zero): Pharmacist consulted other source

3. **Result of Service Codes** tell the Medi-Cal eligibility verification system if the prescription was dispensed and determine the payment status of the claim.

- 1A: Filled as is, false positive
- 1B: Filled prescription as is
- 1C: Filled with different dose
- 1D: Filled with different directions
- 1E: Filled with different drug
- 1F: Filled with different quantity
- 1G: Filled with prescriber approval
- 2A: Prescription not filled
- 2B: Prescription not filled, direction clarified

Each alert needs to be responded to in order to receive a paid claim. The claim will then be adjudicated accordingly. If the claim is accepted and processed, the pharmacy provider will receive a **paid** response.

Note: *Overutilization Alert (ER) is used when an early refill is medically necessary, but it will not be able to override early refills of opioids.*

Reject Code 76 (Plan Limitations Exceeded) for Opioid Prescriptions

A claim for opioid drug may be denied with reject code 76. With *Supplemental Message*: The Centers for Disease Control and Prevention (CDC) recommend that clinicians assess benefits and risks when increasing Opioid Morphine Milligram Equivalent (MME) dosage to ≥ 90 MME/day. Consider co-prescribing naloxone when a patient is considered to be at risk of an overdose. Please submit appropriate DUR codes if dosage is deemed medically necessary.

The MME alert will trigger in instances where the MME of a single claim or the cumulative MME across multiple claims is >90 and <500 . When triggered, claims will deny with **Reject Code 76** (Plan Limitations Exceeded). To override MME alert, providers should submit Reason for Service Code "HC" *only* and populate other fields with appropriate codes.

Note: Claims with an MME ≥ 500 will deny with reject code 75 and require a prior authorization (PA).

For opioid claims with MME >90 and <500 , the following DUR codes will be accepted *in addition to the general codes listed earlier in this document*.

Reason for Service Code:

- HC: High Cumulative Dose

Professional Service Codes:

- CC: Coordination of care
- DE: Dosing evaluation/determination
- DP: Dosage evaluated

Result of Service Codes:

- 4B: Dispensed, Palliative Care
- 4C: Dispensed, Hospice
- 4D: Dispensed, Cancer Treatment
- 4E: Dispensed, Chronic Pain
- 4F: Dispensed, Surgery/Trauma
- 4G: Dispensed, Surgery/Trauma
- 4H: Dispensed, Hospital Admission/Discharge
- 4J: Dispensed, Patient is Not Opioid Naïve

More information for this alert can be found in the *Medi-Cal Rx DUR/PPS Codes for Opioid MME Alert* section of the [Medi-Cal Rx Provider Manual](#).

Contact Information

Medi-Cal Rx Customer Service Center toll-free number: 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days per year.