Prior Authorization Required: Reject Code 75

January 26, 2022

Medi-Cal Rx has identified a large volume of pharmacy claim denials that were expected to be adjudicated under the Medi-Cal Rx 180-day transition policy. These claims were adjudicated as "new start" and denied with **Reject Code 75** (Prior Authorization [PA] Required). A temporary override code has been established for documented cases of ongoing therapy, to which providers can attest at the Point of Service (POS) and resubmit the claim.

If you are a pharmacy provider whose claim was denied with this reject code and you have a historical claim on file, please review the following guidance.

Reject Code 75 (PA Required)

If you receive Reject Code 75 from Medi-Cal Rx for a claim and **you have evidence** the beneficiary has a valid approved PA and/or a prior paid claim in your system, please resubmit the claim to Medi-Cal Rx with a value of **55555** in the **Prior Authorization Number Submitted** field (462-EV). The basis for the attestation should be documented and may be subject to audit. (Use of a fill number is acceptable documentation.)

A large volume of claims **with grandfathered/historical PAs** as well as claims with no PA requirement are continuing to reject with Code 75 because the claims are submitted with the PA type code (PATC) field (461EU) marked with the number "1." Submission of this code is **ONLY** required when a Price PA has been requested and approved. For all other scenarios where a PA has been approved or is grandfathered without a price override, the PATC should be left blank on the claim.

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.