Medi-Cal Rx

# Appendix D – NCPDP Reject Codes

April 1, 2026

| List of NCPDP Reject/Error Codes | | |
|---|---|---|
| **NCPDP Reject Code** | **NCPDP Reject Code Description** | **Comments** |
| 01 | M/I BIN Number | BIN = 022659<br>SB393 Drug Price Inquiry BIN = 022667 |
| 02 | M/I Version Number | |
| 03 | M/I Transaction Code | Transactions allowed = B1, B2, B3, E1, P2, P3, P4 |
| 04 | M/I Processor Control Number | PCN = 6334225<br>SB393 Drug Price Inquiry PCN = 393 |
| 05 | M/I Service Provider Number | Use the Pharmacy NPI only |
| 06 | M/I Group ID | Group ID = MediCalRx |
| 07 | M/I Cardholder ID | |
| 08 | M/I Person Code | |
| 09 | M/I Date of Birth | Format is CCYYMMDD |
| 10 | M/I Patient Gender Code | Allowed Values:<br>1 = Male<br>2 = Female<br>3 = Unknown |
| 11 | M/I Patient Relationship Code | Allowed Value:<br>1 = Cardholder<br>3 = Child<br>4 = Other (use for Transplant Donor) |
| 13 | M/I Other Coverage Code | |
| 15 | M/I Date Of Service | Format = CCYYMMDD |
| 16 | M/I Prescription/Service Reference Number | |
| 17 | M/I Fill Number | Enter 00 for new prescription<br>Enter range from 01 – 99 for a refill |
| 19 | M/I Days Supply | Check days' supply |

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| **NCPDP Reject Code** | **NCPDP Reject Code Description** | **Comments** |
| 20 | M/I Compound Code | Allowed Values:<br>1 = Not a compound<br>2 = Compound |
| 21 | M/I Product/Service ID | NDC for non-compound claims<br>"0" for compound claims |
| 22 | M/I Dispense As Written (DAW)/ Product Selection code | |
| 23 | M/I Ingredient Cost Submitted | |
| 25 | M/I Prescriber ID | Use the prescriber's NPI number only |
| 26 | M/I Unit Of Measure | EA = Each<br>GM = Grams<br>ML = Milliliters |
| 28 | M/I Date Prescription Written | |
| 29 | M/I Number Of Refills Authorized | |
| 34 | M/I Submission Clarification Code | |
| 39 | M/I Diagnosis Code | |
| 40 | Pharmacy Not Contracted With Plan On Date Of Service | |
| 41 | Submit Bill To Other Processor Or Primary Payer | Indicates the individual has other insurance coverage. See the additional message field for details (see *Section 10.0 – Coordination of Benefits* for additional details on COB/OHC) |
| 50 | Non-Matched Pharmacy Number | Use NPI number only |
| 51 | Non-Matched Group ID | Use MediCalRX only |
| 52 | Non-Matched Cardholder ID | |
| 54 | Non-Matched Product/Service ID Number | NDC for non-compound claims<br>"0" for compound claims |
| 56 | Non-Matched Prescriber ID | Use prescriber's NPI number |
| 60 | Product/Service Not Covered For Patient Age | |
| 61 | Product/Service Not Covered For Patient Gender | |

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|---|---|---|
| NCPDP Reject Code | NCPDP Reject Code Description | Comments |
| 62 | Patient/Card Holder ID Name Mismatch | |
| 63 | Institutionalized Patient Product/Service ID Not Covered | |
| 64 | Claim Submitted Does Not Match Prior Authorization | |
| 65 | Patient Is Not Covered | |
| 66 | Patient Age Exceeds Maximum Age | |
| 67 | Filled Before Coverage Effective | |
| 68 | Filled After Coverage Expired | |
| 69 | Filled After Coverage Terminated | |
| 6E | M/I Other Payer Reject Code | |
| 6Z | Provider Not Elig to Perform Serv/Dispense Product | |
| 70 | Product/Service Not Covered | |
| 71 | Prescriber ID is Not Covered | |
| 73 | Refills Are Not Covered | |
| 75 | Prior Authorization Required | |
| 76 | Plan Limitations Exceeded | Check days supply and metric decimal quantity |
| 77 | Discontinued Product/Service ID Number | |
| 78 | Cost Exceeds Maximum | |
| 79 | Refill Too Soon | See DUR-88 for Refill Too Soon. |
| 7Y | Compounds Not Covered | |
| 7Z | Compound Requires Two or More Ingredients | |
| 80 | Dx Code Submitted Does Not Meet Drug Cov Criteria | |
| 81 | Timely Filing Exceeded | Check the date of service |
| 82 | Claim Is Post-Dated | Check the date of service |
| 83 | Duplicate Paid/Captured Claim | |

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|---|---|---|
| NCPDP Reject Code | NCPDP Reject Code Description | Comments |
| 84 | Claim Has Not Been Paid/Captured | |
| 85 | Claim Not Processed | |
| 87 | Reversal Not Processed | Original claim not paid or Pharmacy NPI, Rx number, NDC does not match original claim |
| 88 | DUR Reject Error | **Note:** DUR ER – Overuse Precaution will be triggered if at least 75 percent of the days supply has not been used.<br>For opioid claims, the trigger occurs if at least 90 percent of days supply has not been used. |
| 8H | Product/Service Only Covered on Compound Claim | |
| 90 | Host Hung Up | Processing host did not accept transmission |
| 91 | Host Response Error | Response not in appropriate format to be displayed |
| 92 | System Unavailable/Host Unavailable | Processing host did not accept transmission |
| 99 | Host Processing Error | Do not retransmit claim |
| 9K | Cmpd Ing Component Cnt Exceeds Num Ing Supported | Compound claims with *more* than 25 ingredients will deny with this error code |
| 559 | Pharmacy is Sanctioned. No Claims Allowed For Pharmacy | |
| 606 | Brand Drug/Specific Labeler Code Required | |
| 620 | This Prod/Service May Be Covered Under Medicare Part D. | |
| 645 | Repkgd Prod Not Covered By Contract | |
| 816 | Pharmacy Drug Benefit Exclusion | Physician Administered Drug (PAD) claim should be submitted as a medical benefit |
| 890 | Pharmacy Not Enrolled with State Medicaid | |
| 9G | Quantity Dispensed Exceeds Maximum Allowed | |
| 9Q | Route of Administration Submitted Not Covered | |

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| NCPDP Reject Code | NCPDP Reject Code Description | Comments |
| 9T | Prior Auth Type Code Submitted Not Covered | |
| A1 | Prescriber is Sanctioned. No Claims Allowed For Prescriber | |
| A2 | ID Submitted Is Associated To Deceased Prescriber | |
| A5 | Not Covered Under Part D Law | |
| A6 | Product/Service May Be Covered Under Medicare Part B | |
| AA | Patient Spenddown Not Met | |
| AF | Patient Enrolled Under Managed Care | |
| B2 | M/I Service Provider ID Qualifier | |
| DX | M/I Patient Paid Amount Submitted | |
| M1 | Patient Not Covered In This Aid Category | |
| M4 | Rx/Service Reference Number/Time Limit Exceeded | |
| MR | Product Not on Formulary | |
| N1 | No Patient Match Found | |
| PZ | Non-Matched Unit Of Measure To Product/Service ID | |