



Medi-Cal Rx

How to Address Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria

April 23, 2024; Updated February 27, 2025

Background

The purpose of this alert is to provide pharmacy providers and prescribers with information regarding how to address **Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria**.

What Pharmacy Providers and Prescribers Need to Know

Prescription documentation requirements apply to Code I diagnosis restricted drugs. Pharmacy providers and prescribers must document the treatment diagnosis and keep that information readily available for auditing purposes.

If the Code I diagnosis requirement is not met, claims submitted to Medi-Cal Rx will deny with Reject Code 80 with the supplemental message *“Code I Restriction: requires a valid ICD-10 diagnosis code or Submission Clarification Code = 7.”*

Code I drugs are subject to the prescription documentation requirements in *California Code of Regulations (CCR), Title 22, Section 51476(c)*. Refer to CCR, Title 22, Section 51313.3(b).

How to Identify Code I Diagnosis Restricted Drugs

Pharmacy providers and prescribers may identify Code I diagnosis restricted drugs and the Medi-Cal Rx accepted diagnoses by reviewing the following resources:

- Refer to the [Medi-Cal Rx Diagnosis Crosswalk](#) to identify accepted diagnoses or *International Classification of Diseases – 10th Revision (ICD-10)* code(s) to meet the Code I diagnosis restriction.
- Refer to the Medi-Cal Rx Contract Drugs Lists (CDLs) to identify the drugs with Code I diagnosis restrictions by navigating to the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Note: Claims submitted to Medi-Cal Rx will not deny with Reject Code 80 if an accepted diagnosis meeting the Code I diagnosis restriction is found in the member’s Medi-Cal medical record.

What Prescribers Need to Do

If the drug prescribed is impacted by a Code I diagnosis restriction, the prescriber should perform the following steps:

- Provide a diagnosis or ICD-10 code(s) with the prescription.
- Provide a diagnosis or ICD-10 code(s) communicated verbally to the pharmacy provider.

- » Prescribers are encouraged to provide multiple diagnoses, when medically appropriate, as applicable to the drug/product. This will assist the claim adjudication process.
- » For members newly diagnosed with a condition, there will be a delay in the diagnosis code being added to the member's medical record. Prescribers are encouraged to provide the diagnosis or ICD-10 code with the prescription.

- Submit a prior authorization (PA) request via an approved Medi-Cal Rx submission method establishing the Code I diagnosis restriction is met or establishing medical necessity for an alternate diagnosis.

What Pharmacy Providers Need to Do

If the drug is impacted by a Code I diagnosis restriction and the member does not have an approved PA, or if the accepted diagnosis is not in the member's medical record, the claim will deny with Reject Code 80. Pharmacy providers may gather diagnosis information by speaking with the member, prescriber, or other source with knowledge of the diagnosis, when applicable. Pharmacy providers should consider the following to address Reject Code 80:

- If the prescription is submitted without a diagnosis or ICD-10 code(s), pharmacy providers are encouraged to speak with a reliable source with knowledge of the diagnosis or ICD-10 code(s) to verify the diagnosis restriction is met.
 - If the ICD-10 code(s) are provided by the prescriber or prescriber's office, resubmit the claim with the ICD-10 code(s).
 - **Note:** Medi-Cal Rx will accept up to five ICD-10 code(s) upon claim adjudication.
 - If the diagnosis is provided by the prescriber, member, or other reliable source, review the *Medi-Cal Rx Diagnosis Crosswalk* to identify accepted ICD-10 code(s) and resubmit the claim with the ICD-10 code(s).
 - **Note:** The dispensing pharmacy provider may identify the appropriate ICD-10 code(s) to submit on the claims within the scope of their professional discretion.

- If the diagnosis is provided and meets the requirement, and accepted ICD-10 code(s) cannot be identified, the dispensing pharmacy provider may attest the Code I diagnosis restriction is met and resubmit the claim using a submission clarification code value of SCC 7 – Medically Necessary.
 - **Note:** SCC 7 should only be used to communicate the restriction has been met.
- If the prescription is submitted without a diagnosis or ICD-10 code(s) and the pharmacy providers cannot verify the diagnosis or ICD-10 code(s), initiate a PA request to the prescriber seeking this information. Once the information is received, resubmit the claim and/or submit a PA request.
- If the diagnosis or ICD-10(s) are available and do not meet the Code I diagnosis restriction, submit a PA request via an approved Medi-Cal Rx submission method establishing medical necessity for an alternate diagnosis.

PA Requests

Pharmacy providers and prescribers may submit a PA request using one of the following approved Medi-Cal Rx submission methods:

- [CoverMyMeds®](#)
- [Medi-Cal Rx Secured Provider Portal](#)
- NCPDP P4 Transaction
- Fax
- U.S. Mail

Note: Refer to the *Prior Authorization Request Overview, Request Methods, and Adjudication* section in the [Medi-Cal Rx Provider Manual](#) for information about the methods available to submit a PA request.

Resources

- [Medi-Cal Rx Diagnosis Crosswalk](#)
- [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#)
- [Medi-Cal Rx Diagnosis Crosswalk Navigation Video](#)
- [NCPDP Payer Specification Sheet](#)
- [Medi-Cal Rx Billing Tips](#)
- [Medi-Cal Rx Provider Manual](#)
- [Prior Authorization Submission Reminders](#)

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@primetherapeutics.com.

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