

Appendix A – Response Codes

Adjudication Response Codes

- Standard Canadian Pharmacists Association response codes are attached to a claim when it is returned on PharmaNet, providing information on the status of the claim.
- Although the listing below can be used as a guide, pharmacists should refer to the latest version of the *Canadian Pharmacists Association (CPhA) Pharmacy Claim Standard* for the most up-to-date and authoritative listing of adjudication response codes.

Note: The series of codes in bold text (**MA to NE**) are not error codes. These codes are returned in the Drug Use Evaluation (DUE) response status field.

| Response Code | Meaning |
|---------------|--------------------------------------|
| 01 | BIN ERROR |
| 02 | VERSION NUMBER ERROR |
| 03 | TRANSACTION CODE ERROR |
| 04 | PROVIDER SOFTWARE ID ERROR |
| 05 | PROVIDER SOFTWARE VERSION ERROR |
| 07 | ACTIVE DEVICE ID ERROR |
| 08 | PC TERMINAL LANGUAGE ERROR |
| 09 | TEST INDICATOR ERROR |
| 10 | INVALID MMI CODE |
| 11 | INVALID MMI/CLINICAL SERVICE CODE |
| 12 | MMI MAXIMUM EXCEEDED |
| 13 | INVALID CLINICAL SERVICE CODE |
| 14 | INVALID RBRVS PARAMETER COUNT |
| 15 | INVALID ORIGINAL RX DATE |
| 16 | DRUG NOT ELIGIBLE FOR SERVICE |
| 17 | PRESCRIBER MUST BE A PHARMACIST |
| 18 | FIELD KEYWORD CONTAINS INVALID VALUE |
| 19 | PRACTITIONER ID NOT FOUND |
| 20 | NO SERVICE AGREEMENT IDENTIFIED |
| 21 | PHARMACY ID CODE ERROR |

| Response Code | Meaning |
|----------------------|--|
| 22 | PROVIDER TRANSACTION DATE ERROR |
| 23 | TRACE NUMBER ERROR |
| 24 | SERVICE NOT ELIGIBLE FOR VETERINARY RX |
| 25 | INVALID DISPENSE REFERENCE |
| 26 | "REFUSAL TO FILL" CLAIM WAS PAID |
| 27 | MMF CLAIMS EXCEED INSURER LIMIT |
| 28 | CLINICAL SERVICE CLAIMS EXCEED INSURER LIMIT |
| 30 | CARRIER ID ERROR |
| 31 | GROUP NUMBER ERROR |
| 32 | CLIENT ID # ERROR |
| 33 | PATIENT CODE ERROR |
| 34 | PATIENT DOB ERROR |
| 35 | CARDHOLDER IDENTITY ERROR |
| 36 | RELATIONSHIP ERROR |
| 37 | PATIENT FIRST NAME ERROR |
| 38 | PATIENT LAST NAME ERROR |
| 39 | PROVINCIAL HEALTH CARE # ERROR |
| 40 | PATIENT GENDER ERROR |
| 41 | DUPLICATE MMI EVENT CLAIMED |
| 42 | DUPLICATE CLINICAL SERVICE CLAIMED |
| 43 | INVALID DISPENSE DETAILS SUBMITTED |
| 44 | INVALID MMF CLAIM CONTACT TYPE |
| 45 | PATIENT NOT ELIGIBLE FOR SERVICE REPORTED |
| 46 | TOO MANY SAME RX REFERENCES SUBMITTED |
| 47 | TOO MANY SAME DISPENSE REFERENCES |
| 50 | MEDICAL REASON REFERENCE ERROR |
| 51 | MEDICAL CONDITION/REASON CODE ERROR |
| 52 | NEW/REFILL CODE ERROR |
| 53 | ORIGINAL PRESCRIPTION NUMBER ERROR |
| 54 | REFILL/REPEAT AUTHORIZATION ERROR |
| 55 | CURRENT RX # ERROR |
| 56 | DIN/GP #/PIN ERROR |
| 57 | SSC ERROR |

| Response Code | Meaning |
|----------------------|--|
| 58 | QUANTITY ERROR |
| 59 | DAYS SUPPLY ERROR |
| 5A | SUPPLY SOURCE ERROR |
| 5B | DESIGNATED PHARMACY ERROR |
| 5C | SOURCE PACKAGE SIZE ERROR |
| 5D | PRESCRIPTION VALIDITY DATE ERROR |
| 60 | INVALID PRESCRIBER ID REFERENCE CODE |
| 61 | PRESCRIBER ID ERROR |
| 62 | PRODUCT SELECTION CODE ERROR |
| 63 | UNLISTED COMPOUND CODE ERROR |
| 64 | SPECIAL AUTHORIZATION #/CODE ERROR |
| 65 | INTERVENTION/EXCEPTION CODE ERROR |
| 66 | DRUG COST/PRODUCT VALUE ERROR |
| 67 | COST UPCHARGE ERROR |
| 68 | PROFESSIONAL FEE ERROR |
| 70 | COMPOUNDING CHARGE ERROR |
| 71 | COMPOUNDING TIME ERROR |
| 72 | SPECIAL SERVICES FEE ERROR |
| 75 | PREVIOUSLY PAID ERROR |
| 76 | PHARMACIST ID CODE ERROR/MISSING |
| 77 | ADJUDICATION DATE ERROR |
| 80 | SERVICE CODE & NUMBER OF DINS DO NOT MATCH |
| 81 | PRIMARY DRUG PRODUCT IS NOT INSURED |
| 82 | PRODUCT DUPLICATED IN THIS CLAIM FOR PAYMENT |
| 83 | DIN IS NOT ALLOWED FOR THE INDICATED CONDITION |
| 84 | AUTHORIZATION FOR THIS TREATMENT HAS EXPIRED |
| 85 | THERAPY (PRODUCT) IS NOT REPEATABLE |
| 86 | CONFIRM PROVINCIAL DRUG COVERAGE FOR DIN |
| 87 | EXCEEDS MAX.# OF PROF. FEES FOR THIS DRUG |
| 90 | ADJUDICATION DATE ERROR |
| 91 | BEGINNING OF RECORD ERROR |
| 92 | END OF RECORD ERROR |
| 99 | NO CLAIMS FOR SPECIFIED PARAMETERS |

| Response Code | Meaning |
|----------------------|---|
| A1 | CLAIM TOO OLD |
| A2 | CLAIM IS POST DATED |
| A3 | IDENTICAL CLAIM HAS BEEN PROCESSED |
| A4 | CLAIM HAS NOT BEEN CAPTURED |
| A5 | CLAIM HAS NOT BEEN PROCESSED |
| A6 | SUBMIT MANUAL CLAIM |
| A7 | SUBMIT MANUAL REVERSAL |
| A8 | NO REVERSAL MADE-ORIG. CLAIM MISSING |
| A9 | REVERSAL PROCESSED PREVIOUSLY |
| AA..... | DUPLICATE OF CLAIM ADJUDICATION |
| AB..... | SWIPE BENEFIT CARD FOR PAYMENT |
| B1 | PHARMACY NOT AUTHORIZED TO SUBMIT CLAIMS |
| B2 | RETURN TO FIRST PHARMACY REQUESTED |
| B3 | INVALID PHARMANET RX ID |
| B4 | PHARMANET RX ID DOES NOT MATCH PATIENT |
| B5 | PRESCRIBER DIFFERS FROM RX |
| B6 | DATE OF SERVICE IS LESS THAN RX DATE |
| B7 | DATE OF SERVICE IS LESS THAN DISP. START DATE |
| B8 | PRESCRIPTION HAS EXPIRED |
| B9 | PRESCRIPTION HAS BEEN ADAPTED |
| BA..... | CHRONIC DISEASE COSTS ARE NOT A BENEFIT |
| C1 | PATIENT AGE OVER PLAN MAXIMUM |
| C2 | SERVICE PROVIDED BEFORE EFFECTIVE DATE |
| C3 | COVERAGE EXPIRED BEFORE SERVICE |
| C4 | COVERAGE TERMINATED BEFORE SERVICE |
| C5 | PLAN MAXIMUM EXCEEDED |
| C6 | PATIENT HAS OTHER COVERAGE |
| C7 | PATIENT MUST CLAIM REIMBURSEMENT |
| C8 | NO RECORD OF THIS BENEFICIARY |
| C9 | PATIENT NOT COVERED FOR DRUGS |
| CA..... | NEEDLES NOT ELIGIBLE - INSULIN GUN USED |
| CB..... | ONLY ENROLLED FOR SINGLE COVERAGE |
| CC..... | THIS SPOUSE NOT ENROLLED |

| Response Code | Meaning |
|----------------------|--|
| CD..... | PATIENT NOT ENTITLED TO DRUG CLAIMED |
| CE | 35 DAY MAXIMUM ALLOWED FOR WELFARE CLIENT |
| CF..... | QUANTITY EXCEEDS MAXIMUM DAYS OF TREATMENT |
| CG..... | DRUG NOT ELIGIBLE FOR LTC FACILITY |
| CH..... | GOOD FAITH COVERAGE HAS EXPIRED |
| CI | PROGRAM NOT ELIGIBLE FOR GOOD FAITH |
| CJ..... | PATIENT NOT COVERED BY THIS PLAN |
| CK | HEALTH CARD VERSION CODE ERROR |
| CL..... | EXCEEDS GOOD FAITH LIMIT |
| CM..... | PATIENT IS NEARING QUANTITY LIMIT |
| CN..... | PATIENT HAS ATTAINED QUANTITY LIMIT |
| CO..... | PATIENT IS OVER QUANTITY LIMIT |
| CP | ELIGIBLE FOR SPECIAL AUTHORIZATION |
| CQ..... | DATE NOT COVERED BY PREMIUMS PAID |
| CR | PATIENT IS EXCEEDING DOSAGE SAFETY LIMIT |
| CS..... | PATIENT EXCLUSION PREVENTS PAYMENT |
| CT | BENEFICIARY NOT ELIGIBLE TO USE PROVIDER |
| CU..... | BENEFICIARY NOT ELIGIBLE TO USE PRESCRIBER |
| CV | NO RECORD OF CLIENT ID NUMBER |
| CW..... | NO RECORD OF GROUP NUMBER OR CODE |
| CX | NO RECORD OF PATIENT DATA |
| CY | NO RECORD OF PATIENT CODE |
| CZ | NO RECORD OF AUTHORIZATION NUMBER |
| D1..... | DIN/PIN/GP #/SSC NOT A BENEFIT |
| D2..... | DIN/PIN/GP # IS DISCONTINUED |
| D3..... | PRESCRIBER IS NOT AUTHORIZED |
| D4..... | REFILLS ARE NOT COVERED |
| D5..... | CO PAY EXCEEDS TOTAL VALUE |
| D6..... | MAXIMUM COST IS EXCEEDED |
| D7..... | REFILL TOO SOON |
| D8..... | REDUCED TO GENERIC COST |
| D9..... | CALL ADJUDICATOR |
| DA..... | ADJUSTED TO INTERCHANGEABLE PROV. REG. |

| Response Code | Meaning |
|----------------------|---|
| DB..... | ADJUSTED TO INTERCHANGEABLE - GEN. PLAN |
| DC..... | PHARMACIST ID REQUESTED |
| DD..... | INSUFFICIENT SPACE FOR ALL DUR WARNINGS |
| DE..... | FILL/REFILL TOO LATE - NON-COMPLIANT |
| DF..... | INSUFFICIENT SPACE FOR ALL WARNINGS |
| DG..... | DUPLICATE PRESCRIPTION NUMBER |
| DH..... | PROFESSIONAL FEE ADJUSTED |
| DI..... | DEDUCTIBLE NOT SATISFIED |
| DJ..... | DRUG COST ADJUSTED |
| DK..... | CROSS SELECTION PRICING |
| DL..... | COLLECT DIFFERENCE FROM PATIENT |
| DM..... | DAYS SUPPLY EXCEEDS PLAN LIMIT |
| DN..... | ALTERNATE PRODUCT IS A BENEFIT |
| DO..... | FUTURE REFILLS REQUIRE PRIOR APPROVAL |
| DP..... | QUANTITY EXCEEDS MAXIMUM PER CLAIM |
| DQ..... | QUANTITY IS LESS THAN MINIMUM PER CLAIM |
| DR..... | DAYS SUPPLY LOWER THAN MINIMUM ALLOWABLE |
| DS..... | REDUCED TO COST UPCHARGE MAXIMUM |
| DT..... | REDUCED TO COMPOUNDING CHARGE MAXIMUM |
| DU..... | MAXIMUM COMPOUNDING TIME EXCEEDED |
| DV..... | REDUCED TO SPECIAL SERVICES FEE MAXIMUM |
| DW..... | RETURN TO FIRST PRESCRIBER REQUESTED |
| DX..... | DRUG MUST BE AUTHORIZED |
| DY..... | INTERVENTION/EXCEPTION CODE MISSING |
| DZ..... | DAYS SUPPLY LIMITED DUE TO BENEFIT YR END |
| E1..... | HOST PROCESSING ERROR |
| E2..... | CLAIM COORDINATED WITH GOVT PLAN |
| E3..... | CLAIM COORDINATED WITH OTHER CARRIER |
| E4..... | HOST TIMEOUT ERROR |
| E5..... | HOST PROCESSING ERROR - PLEASE RESUBMIT |
| E6..... | HOST PROCESSING ERROR - DO NOT RESUBMIT |
| E7..... | HOST PROCESSOR IS DOWN |
| E8..... | PATIENT MUST REMIT CASH RECEIPT TO TRILLIUM |

| Response Code | Meaning |
|----------------------|---|
| E9..... | REDUCED TO REFERENCE BASED PRICE |
| EA..... | BENEFITS COORDINATED INTERNALLY |
| EB..... | LIMITED USE DRUG. TIME HAS EXPIRED |
| EC..... | LIMITED USE DRUG. APPROACHING TIME LIMIT |
| ED..... | CONCURRENT THERAPY REQUIRED |
| EE..... | QUESTIONABLE CONCURRENT THERAPY |
| EF..... | INAPPROPRIATE CONCURRENT THERAPY |
| EG..... | NO RECORD OF TRYING FIRST LINE THERAPY |
| EH..... | CLAIM COST REDUCED TO DAYS SUPPLY LIMIT |
| EI..... | REVERSE ORIGINAL CLAIM AND RESUBMIT |
| EJ..... | CALCULATED RENEWAL DATE IS |
| EK..... | EXTENDED PRESCRIPTION TERM FOR XXX* DAYS |
| EL..... | PRIOR TO PRO-RATED START DATE |
| EM..... | ODB PRICING - TDP DEDUCTIBLE REACHED |
| EN..... | INSURER REQUIRES PROVINCIAL PLAN ENROLMENT |
| EO..... | FAILURE TO ENROL MAY SUSPEND PAYMENT |
| EP..... | LAST CLAIM, MUST ENROL WITH PROV. PLAN |
| EQ..... | REJECT, PROV. PLAN ENROLMENT REQUIRED |
| ER..... | PROGRAM COVERAGE VALIDATION IS DOWN |
| ES..... | CALL SERVICE ALREADY PAID |
| ET..... | SUBMIT INVOICE FOR PRICE VERIFICATION |
| EU..... | QUANTITY &/OR DAYS SUPPLY NOT PERMITTED |
| EV..... | CLAIM EXCEEDS ODB LEGISLATED PRICING |
| EW..... | PROF. FEE EXCEEDS ODB LEGISLATED PRICING |
| EX..... | HANDICAP AUTHORIZATION IS REQUIRED |
| EY..... | MAX COST/UPCHGE PAID - DO NOT CLAIM BALANCE |
| EZ..... | ALLOWED AMOUNT PAID FROM AN HSA |
| FA..... | CONVERSION SUCCESSFUL COGNITIVE FEE PAID |
| FB..... | INVALID PRESCRIPTION STATUS |
| FC..... | DISPENSED MEDICATION DIFFERS FROM RX |
| FD..... | DISPENSED DEVICE DIFFERS FROM RX |
| FE..... | PRESCRIPTION IS NOT AN ADAPTATION |
| FF..... | MUST PROVIDE BRAND ORDERED - NO SUB ALLOWED |

| Response Code | Meaning |
|----------------------|---|
| FG | DRUG COST AS PER PROVIDER AGREEMENT |
| FH | EXCEEDS MAXIMUM SPECIAL SERVICE FEE ALLOWED |
| FP..... | DOSAGE FORM NOT ALLOWED FOR SERVICE CLAIMED |
| FQ..... | MEDICAL REASON REFERENCE IS NOT ELIGIBLE |
| FR | CONDITION OR RISK FACTOR IS NOT ELIGIBLE |
| GA..... | PREFERRED PROVIDER NETWORK FEE PAID |
| GB..... | PREFERRED PROVIDER NETWORK CLAIM |
| GC..... | QUANTITY MAX APPROVAL IS 40 DAYS SUPPLY |
| GD..... | NOT ELIGIBLE FOR A QUANTITY AUTHORIZATION |
| GE | DRUG IS NOT A BENEFIT |
| HA..... | CARDHOLDER DATE OF BIRTH IS REQUIRED |
| HB..... | CARDHOLDER IS OVER COVERAGE AGE LIMIT |
| HC..... | REQUIRE CARDHOLDER PROVINCE OF RESIDENCE |
| HD..... | PATIENT MAY QUALIFY FOR GOV'T PROGRAM |
| HE | COVERAGE SUSPENDED-REFER TO EMPLOYER |
| HF | PATIENT AUTHORIZATION EXPIRED |
| HG | CLIENT HAS PROVIDED CONSENT |
| HH..... | CLIENT HAS NOT PROVIDED CONSENT |
| HI | CLIENT CONSENT REQUIRED |
| HJ..... | CLIENT CONSENT REQUIRED IN FUTURE |
| HK..... | CONFIRM PATIENT STATUS, CONTACT INSURER |
| I1 | BENEFICIARY ADDRESS ERROR |
| I2 | CITY OR MUNICIPALITY ERROR |
| I3 | PROVINCE OR STATE ERROR |
| I4 | POSTAL/ZIP CODE ERROR |
| I5 | COUNTRY CODE ERROR |
| I6 | ADDRESS TYPE ERROR |
| J1 | INVALID PHARMANET RX ID |
| J2 | PHARMANET RX ID DOES NOT MATCH PATIENT |
| J3 | PRESCRIBER ID DOES NOT MATCH RX INFO |
| J4 | RX FILLED PRIOR TO ISSUE OF RX |
| J5 | RX FILLED BEFORE MEDICATION START DATE |
| J6 | REQUIREMENT FOR MEDICATION HAS EXPIRED |

| Response Code | Meaning |
|---------------|--|
| J7 | RX HAS BEEN ADAPTED BY THE PHARMACIST |
| J8 | PRESCRIPTION STATUS IS NO LONGER VALID |
| J9 | MEDICATION ISSUED DIFFERS FROM RX |
| K1 | DISPENSED DEVICE DIFFERS FROM RX |
| K2 | RX SUBMITTED IS NOT AN ADAPTATION RX |
| K6 | PARENTAL RELATIONSHIP AND AGE DO NOT MATCH |
| KA | DOES NOT MATCH PATIENT INFORMATION |
| KB | DOES NOT MATCH CARDHOLDER INFORMATION |
| KC | PATIENT PRODUCT DOLLAR MAXIMUM EXCEEDED |
| KD | PATIENT PRODUCT DEDUCTIBLE NOT SATISFIED |
| KE | AUTHORIZATION DOLLAR MAXIMUM EXCEEDED |
| KF | AUTHORIZATION QUANTITY MAXIMUM EXCEEDED |
| KG | AUTHORIZATION REFILLS EXCEEDED |
| KH | AUTHORIZATION COSTS ALLOWED EXCEEDED |
| KI | PRIOR TO AUTHORIZATION ELIGIBLE PERIOD |
| KJ | AUTHORIZATION ELIGIBLE PERIOD EXPIRED |
| KK | NOT ELIGIBLE FOR COB |
| KL | AGE/RELATIONSHIP DISCREPANCY |
| KM | EXCEEDS DAYS SUPPLY LIMIT FOR THIS DRUG |
| KN | DAYS SUPPLY LIMIT FOR PERIOD EXCEEDED |
| KO | GOOD FAITH CODE WAS USED PREVIOUSLY |
| KP | OBTAINED AT OTHER PHARMACY - REFILL TOO SOON |
| KQ | GOOD FAITH NOT VALID |
| KR | PATIENT NOT ELIGIBLE FOR PRODUCT |
| KS | CLIENT IS DECEASED |
| KT | ASSESS PATIENT SDP ELIGIBILITY |
| KU | PATIENT AT \$... OF A \$... MAX |
| KV | PATIENT HAS MET MAX OF \$... |
| KW | PATIENT EXCEEDS MAX OF \$... |
| KX | PATIENT NOW ELIGIBLE FOR MAINTENANCE SUPPLY |
| KY | DEPENDANT COVERED BY SPOUSE'S INSURER |
| KZ | STUDENT ELIGIBILITY TO BE CONFIRMED |
| LA | ADJUDICATED TO \$0.00 AS REQUESTED |

| Response Code | Meaning |
|-----------------|--|
| LB..... | USE GENERIC - PATIENT HAS GENERIC PLAN |
| LC..... | REDUCED TO GENERIC COST - NO EXCEPTIONS |
| LD | DO NOT COLLECT COPAY - ITEM IS EXEMPT |
| LE..... | TRIAL RX SECOND FEE NOT ALLOWED |
| LF..... | PRESCRIBER ID REFERENCE IS MISSING |
| LG | LOWEST COST EQUIVALENT PRICING |
| LH | AUTHORIZATION REQUIRED-CALL ADJUDICATOR |
| LI..... | SELECT NETWORK FEE PAID |
| LJ..... | RESUBMIT TO WCB WITH DE INTERVENTION CODE |
| LK..... | CLAIM PROCESSED-NET PAYABLE IS 0.00 |
| LL | DRUG COVERED BY RAMQ |
| LM | AIA - UPCHARGE ADJUSTED |
| LN | CHECK POTENTIAL BENEFIT CRITERIA |
| LO | BENEFIT MAXIMUM EXCEEDED |
| LP..... | LIFETIME PLAN MAXIMUM EXCEEDED |
| LQ..... | EXCEEDS NRT TIME LIMIT |
| LR..... | EXCEEDS NRT REIMBURSEMENT PERIOD |
| LS..... | EXCEEDS NRT XX DAY USE LIMIT* |
| LT..... | SEE TRACE # XXXXXX, EXCEEDS NRT USE PERIOD* |
| LU | OTHERPHARMACY TRACE # EXCEED NRT USE PERIOD* |
| LV..... | EXCEEDS ANNUAL NRT PRODUCT LIMIT |
| LW | AUTHORIZATION FOR DRUG EXPIRES |
| LX..... | PREDETERMINATION - DRUG IS ELIGIBLE |
| LY..... | CLAIM EC DRUG IN SEPARATE TRANSACTION |
| LZ..... | CLAIM ADJUSTED TO PLAN TYPE FEE CAP |
| MA | AVOIDANCE OF ALCOHOL INDICATED |
| MB | AVOIDANCE OF TOBACCO INDICATED |
| MC..... | DRUG/LAB INTERACTION POTENTIAL |
| MD | DRUG/FOOD INTERACTION POTENTIAL |
| ME..... | DRUG/DRUG INTERACTION POTENTIAL |
| MF..... | MAY BE EXCEEDING RX DOSAGE |
| MG | MAY BE USING LESS THAN RX DOSAGE |
| MH | MAY BE DOUBLE DOCTORING |

| Response Code | Meaning |
|----------------------|---|
| MI..... | POLY-PHARMACY USE INDICATED |
| MJ | DOSE APPEARS HIGH |
| MK..... | DOSE APPEARS LOW |
| ML..... | DRUG INCOMPATIBILITY INDICATED |
| MM | PRIOR ADR ON RECORD |
| MN | DRUG ALLERGY RECORDED |
| MP..... | DURATION OF THERAPY MAY BE INSUFFICIENT |
| MQ..... | DURATION OF THERAPY MAY BE EXCESSIVE |
| MR | POTENTIAL DRUG/DISEASE INTERACTION |
| MS..... | POTENTIAL DRUG/PREGNANCY CONCERN |
| MT..... | DRUG/GENDER CONFLICT INDICATED |
| MU | AGE PRECAUTION INDICATED |
| MV | ADDITIVE EFFECT POSSIBLE |
| MW | DUPLICATE DRUG |
| MX | DUPLICATE THERAPY |
| MY..... | DUPLICATE DRUG OTHER PHARMACY |
| MZ..... | DUPLICATE THERAPY OTHER PHARMACY |
| NA | DUPLICATE INGREDIENT SAME PHARMACY |
| NB | DUPLICATE INGREDIENT OTHER PHARMACY |
| NC | DOSAGE EXCEEDS MAXIMUM ALLOWABLE |
| ND..... | DOSAGE IS LOWER THAN MINIMUM ALLOWABLE |
| NE..... | POTENTIAL OVERUSE/ABUSE INDICATED |
| NF..... | QUANTITY-TREATMENT PERIOD DISCREPANCY |
| NG | PRODUCT-FORM PRESCRIBED DO NOT MATCH |
| NH | QUANTITY ERROR-INDICATE PACKAGE SIZE |
| NI..... | ONLY ONE SERVICE CODE IS ALLOWED |
| NJ..... | REQUEST IS INCONSISTENT WITH OTHER SERVICE |
| NK..... | SERVICE REQUIRES COMPOUNDING |
| NL..... | SERVICE AND COMPOUND TYPE DO NOT MATCH |
| NM | SERVICE AND MEDICATION TYPE DO NOT MATCH |
| NN | INTERVENTION INCONSISTENT WITH SERVICE |
| NO | SERVICE REQUIRES CONTROLLED USE DRUG |
| NP..... | SERVICES TO BENEFICIARY ARE RESTRICTED |

| Response Code | Meaning |
|---------------|--|
| NQ..... | DRUG NOT ELIGIBLE FOR TRIAL RX |
| NR..... | DRUG NOT SUITABLE FOR DOSETTE PACKAGING |
| NS..... | REFUSAL AND OPINION CLAIMED ON SAME DATE |
| NT..... | NOT SUITABLE-SIMILAR ITEM ON RECENT TRIAL RX |
| NU..... | TOO SOON AFTER PREVIOUS THERAPY |
| NV..... | POTENTIAL DUPLICATE CLAIM |
| NW..... | QUANTITY - TRIAL RX DAYS DO NOT MATCH |
| NX..... | QUANTITY EXCEEDS TRIAL DAYS PERIOD |
| NY..... | INSUFFICIENT QUANTITY FOR TRIAL DAYS PERIOD |
| NZ..... | TRIAL BALANCE GIVEN TOO LATE |
| OA..... | TRIAL BALANCE GIVEN TOO SOON |
| OB..... | REJECT TRIAL RX - DAYS SUPPLY EXCEEDED |
| OC..... | QUANTITY REDUCTION REQUIRED |
| OD..... | NO TRIAL RX ON RECORD, BALANCE REJECTED |
| OE..... | TRIAL BALANCE ALREADY DISPENSED |
| OF..... | INITIAL RX DAYS SUPPLY EXCEEDED |
| OG..... | DURATION EXCEEDS HIGH DOT- NO MAX AVAILABLE |
| OH..... | DURATION EXCEEDS HIGH DOT BUT NOT MAXIMUM |
| OI..... | CLAIM PRECEDES START OF CURRENT PERIOD |
| OJ..... | CLAIM BEGINS NEW LIMITED SUPPLY PERIOD |
| OK..... | MAXIMUM ALLOWABLE AIA EXCEEDED |
| OL..... | MAX ALLOWABLE DISPENSING FEE EXCEEDED |
| OM..... | SPECIAL SERVICES FEE NOT ALLOWED |
| ON..... | COMPOUNDING FEE NOT VALID IN THIS FIELD |
| OP..... | LAST SUPPLY (NCE) ISSUED IN PILLBOX |
| OQ..... | SPECIAL AUTH ELIGIBLE UNDER OTHER COVERAGE |
| OR..... | EXCEPTION DRUG, SUBMIT TO PROVINCIAL PLAN |
| OS..... | SUBMIT FUTURE CLAIMS TO PROVINCIAL PLAN |
| OT..... | MAXIMUM FEE PAID - DO NOT CLAIM BALANCE |
| OU..... | REFILL IS X DAYS EARLY |
| OV..... | VERBAL PRESCRIPTION NOT PERMITTED |
| OW..... | VERBAL RENEWAL NOT PERMITTED |
| OX..... | TOTAL CLAIMED EXCEEDS PRESCRIPTION PRICE |

| Response Code | Meaning |
|---------------|---|
| OY..... | SPECIAL SERVICES FEE HAS BEEN ADJUSTED |
| OZ..... | PATIENT NOW COVERED BY SUCCESSOR PAYOR |
| PA..... | PRESCRIBER RESTRICTION FOR THIS DRUG |
| PB..... | NO MATCH TO PRESCRIBER ID AND NAME FOUND |
| PC..... | NOT A BENEFIT FOR THIS PRESCRIBER TYPE |
| PD..... | COST REDUCED-PT. ELECTED THERAPEUTIC OPTION |
| QA..... | MATCHES HEALTH SPENDING ACCOUNT FUNDS |
| QB..... | NEARING HEALTH SPENDING ACCT FUNDS MAX |
| QC..... | EXCEEDS HEALTH SPENDING ACCOUNT FUNDS |
| QD..... | PRIOR HEALTH SPENDING ACCOUNT |
| QE..... | HEALTH SPENDING ACCOUNT PERIOD EXPIRED |
| QF..... | MONTHLY MAXIMUM HAS BEEN REACHED |
| QG..... | DRUG NOT ALLOWED BY THIS PROGRAM |
| QH..... | CALCULATED PRODUCT PRICE IS TOO HIGH |
| QI..... | CLAIM PROCESSED PREVIOUSLY IS CANCELLED |
| QJ..... | DEFERRED PAYMENT-PATIENT TO PAY PHARMACIST |
| QK..... | SENT TO INSURER TO REIMBURSE \$999.99 |
| QL..... | PATIENT CONSULTATION SUGGESTED |
| QM..... | NO RECORD OF REQUIRED PRIOR THERAPY |
| QN..... | AGENCY RESTRICTION FOR THIS DRUG |
| QO..... | PREFERENCE OR STEP DRUG AVAILABLE |
| QP..... | DRUG INELIGIBLE - FUNDED BY HOSPITAL BUDGET |
| QQ..... | DRUG INELIGIBLE - SPECIALTY PROGRAM DRUG |
| QR..... | MAXIMUM ALLOWABLE COST (MAC) PAID |
| QS..... | CLAIM OVER \$9999.99, SEND AS 2 CLAIMS |
| QT..... | REDUCED TO QUANTITY LIMIT MAXIMUM |
| QU..... | REDUCED TO \$ LIMIT MAXIMUM |
| QV..... | PATIENT HAS REACHED CATEGORY \$ LIMIT |
| QW..... | SPECIAL AUTHORIZATION - LONG TERM |
| QX..... | CONDITIONAL ELIGIBILITY PERIOD EXCEEDED |
| QY..... | EXCEPTION DRUG - SUBMIT CLAIM TO INSURER |
| QZ..... | RENEWAL DENIED |
| RA..... | EXCEEDS MAX. NUMBER OF RX PER DAY |

| Response Code | Meaning |
|----------------------|--|
| RB..... | EXCEEDS MAX. NUMBER OF ACTIVE RX ALLOWED |
| RC..... | TRANSMITTED TO INSURER |
| RD..... | ELIGIBLE FOR PRIOR APPROVAL |
| RE..... | WILL PAY INSURED IF COVERED BY DRUG PLAN |
| RF..... | CONSIDERATION TO ADD DRUG IS IN PROGRESS |
| RG..... | PLAN WILL ADVISE CLIENT OF BENEFIT STATUS |
| RH..... | NOT PRESENTLY AN ELIGIBLE BENEFIT |
| RI..... | DIN REMOVED FROM MARKET/DISCONTINUED |
| RJ..... | HERBAL, HOMEO, NATURO PRODUCTS NOT COVERED |
| RK..... | THIS PRODUCT IS NOT COVERED BY VAC |
| RL..... | THIS FORMULATION NOT COVERED |
| RM..... | EXCEEDS DAILY LIMIT |
| RN..... | EXCEEDS ANNUAL LIMIT |
| RO..... | LRB, FUTURE FILLS REQUIRE SPEC AUTH |
| RP..... | LRB, MAX EXCEEDED, REQUIRES SPEC AUTH |
| RQ..... | CALL VAC FOR SPECIAL AUTHORIZATION |
| RR..... | RESIDUAL AMOUNT BASED ON ANNUAL LIMIT |
| RS..... | ANNUAL LIMIT REACHED WITH CURRENT CLAIM |
| RT..... | ANNUAL LIMIT REACHED WITH PREVIOUS CLAIM |
| RU..... | SPECIAL COB, REFERS TO PLAN PAYS AMOUNT ONLY |
| RV..... | NON DESIGNATED PHYS FUTURE FILLS NEED SA |
| RW..... | SPECIAL AUTHORIZATION (SA) REQUIRED |
| RX..... | SA NEEDED AFTER TRANSITION PERIOD |
| RZ..... | REQUEST FOR COVERAGE LOGGED |
| SA..... | PREFERRED OR STEP DRUG MUST BE SUBMITTED |
| SB..... | PREFERRED DRUG OR STEP DRUG PROCESSED |
| SC..... | PROF. FEE FOR PREFERRED/STEP DRUG EXCEEDS MAX. |
| SD..... | DAYS SUPPLY EXCEEDS QUANTITY AUTHORIZED |
| TA..... | BALANCE OF TRIAL WAS PROCESSED PREVIOUSLY |
| TB..... | TRIAL CLAIM ALREADY SENT AND PROCESSED |
| TC..... | PATIENT DECLINED TRIAL, BAL. CLAIM INVALID |
| TD..... | DRUG COST ON TRIAL EXCEEDS MAC |
| TE..... | UPCHARGE ON TRIAL EXCEEDS LIMIT |

| Response Code | Meaning |
|---------------|--|
| TF..... | PROFESSIONAL FEE ON TRIAL EXCEEDS LIMIT |
| TG..... | QUANTITY DOES NOT MATCH REF. QUANTITY |
| TH..... | CURRENT CLAIM FOR UNFILLED BAL. PROCESSED |
| TI..... | BALANCE REVERSAL PENDING |
| TJ..... | TRIAL CLAIM PROCESSED |
| TK..... | DAYS SUPPLY DOES NOT MATCH REFERENCE DAYS SUPPLY |
| TL..... | NO TRIAL OR REPORTING CLAIM FOUND |
| TM..... | MORE THAN ONE MATCHING CLAIM FOUND |
| TN..... | TRIAL PORTION ALREADY CLAIMED |
| TO..... | NO MATCHING CLAIM FOUND |
| TP..... | PATIENT IS ELIGIBLE FOR TRIAL RX |
| TQ..... | TRIAL QUANTITY CLAIMED EXCEEDS LIMIT |
| TT..... | TRIAL NOT PROCESSED, BAL. CLAIM INVALID |
| TU..... | PATIENT HAS DECLINED TRIAL RX PROGRAM |
| TV..... | UPCHARGE ADJUSTED |
| TX..... | TRIAL RX REPORTING CLAIM ALREADY EXISTS |
| TY..... | CO PAY TO COLLECT ADJUSTED |
| UA..... | STOLEN SPECIAL AUTHORIZATION #/CODE |
| UB..... | OPTIONAL SPECIAL AUTHORIZATION REQUIRED |
| UC..... | VOID SPECIAL AUTHORIZATION #/CODE |
| UE..... | DUPLICATE SPECIAL AUTHORIZATION #/CODE |
| UF..... | INACTIVE SPECIAL AUTHORIZATION #/CODE |
| UG..... | MISSING SPECIAL AUTHORIZATION #/CODE |
| UH..... | ORIGINAL SPEC.AUTH. #/CODE NOT FOUND |
| UJ..... | PHARMACY NOT AUTHORIZED UNDER PROGRAM |
| UK..... | PHARMACIST IS NOT AUTHORIZED |
| UL..... | ZERO DISPENSING FEE - MONTHLY LIMIT EXCEEDED |
| UM..... | PLEASE DOCUMENT ADHERENCE COUNSELLING |
| VA..... | DAYS SUPPLY LOWER THAN MINIMUM ALLOWABLE OF 7 |
| Z3..... | 1ST FILL OF TRIAL DRUG > 7 DAYS SUPPLY |
| Z4..... | 2ND FILL OF TRIAL DRUG > 23 DAYS SUPPLY |
| ZA..... | UNABLE TO RESOLVE CODE |
| ZB..... | DIN DOES NOT RESOLVE TO A DRUG PRODUCT |

| Response Code | Meaning |
|----------------------|--|
| ZC | CANCEL DATE CAN NOT BE FUTURE DATED |
| ZD | CANNOT PROCESS CLAIM - INTERNAL ORDER |
| ZE..... | TRANSACTION DATE CANNOT BE FUTURE DATED |
| ZF..... | QUANTITY ERROR - MUST BE ONE OR MORE |
| ZG | DAYS SUPPLY ERROR - MUST BE ONE OR MORE |
| ZH | CANNOT FIND RX WITH PHYSICIAN'S RX # |
| ZI..... | PHYSICIAN'S RX # IS FOR ANOTHER PATIENT |
| ZJ | PROVIDER SOFTWARE IS NON-CONFORMANT |
| ZK..... | CANNOT CANCEL ANOTHER PHARMACY'S RECORD |
| ZL | COMPOUND PIN RX ALREADY EXISTS |
| ZM | CANNOT CANCEL NON-PHARMACY BATCH RECORD |
| ZN | NO FURTHER PAYMENT FOR PROGRAM PERIOD |
| ZO | PATIENT MUST CALL ADJUDICATOR RE: COVERAGE |