

Appendix A – Response Codes

Adjudication Response Codes

- Standard Canadian Pharmacists Association response codes are attached to a claim when it is returned by 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