



NCPDP Code	OHCA Edit	OHCA Edit Description
05	201	BILLING PROVIDER I.D. NUMBER MISSING
05	202	BILLING PROVIDER I.D. IN INVALID FORMAT
07	203	RECIPIENT I.D. NUMBER MISSING
25	205	PRESCRIBING PRACTITIONER'S LICENSE NO. MISSING
25	206	PRESC PRACT LICENSE NUMBER NOT IN VALID FORMAT
2C	208	PREGNANCY INDICATOR INVALID
22	210	BRAND MEDICALLY NECESSARY INDICATOR INVALID
29	211	REFILL INDICATOR INVALID
16	212	RX NUMBER IS MISSING
28	213	DATE PRESCRIBED IS MISSING
28	214	DATE PRESCRIBED IS INVALID
15	215	DATE DISPENSED IS MISSING
15	216	DATE DISPENSED IS INVALID
21	217	NDC MISSING
21	218	NDC INVALID FORMAT
E7	219	QUANTITY DISPENSED IS MISSING
E7	220	QUANTITY DISPENSED IS INVALID
19	221	DAYS SUPPLY MISSING
19	222	ESTIMATED DAYS SUPPLY INVALID
25	225	MISSING PRESCRIBING PROVIDER NUMBER
DV	227	THIRD PARTY PAYMENT AMOUNT INVALID
CA	238	RECIPIENT NAME IS MISSING
PC	250	CLAIM HAS NO DETAILS
05	254	BILLING PROVIDER LOCATION CODE MISSING
05	255	BILLING PROVIDER LOCATION CODE INVALID
15	264	THE DATE OF SERVICE IS MISSING
15	265	THE DATE OF SERVICE IS INVALID
DU	270	TOTAL BILLED AMOUNT MISSING
DU	271	TOTAL BILLED AMOUNT INVALID
73	351	REFILL NOT ALLOWED FOR NARCOTIC DRUGS
DU	401	NET CHARGE IS MISSING
E7	427	QUANTITY DISPENSED IS MISSING
E7	428	QUANTITY DISPENSED IS INVALID
E1	440	EMERGENCY INDICATOR INVALID(HEADER)
2C	441	PREGNANCY INDICATOR INVALID(HEADER)
05	453	RENDERING PROVIDER SERVICE LOCATION IS MISSING
15	500	DATE PRESCRIBED AFTER BILLING DATE
28	502	DATE DISPENSED EARLIER THAN DATE PRESCRIBED
28	503	DATE DISPENSED AFTER BILLING DATE

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74	505	THIRD PARTY PAYMENT AMOUNT MORE THAN CLAIM CHARGE
82	506	DATE BILLED AFTER ICN DATE
DU	509	NET CHARGE OUT OF BALANCE
81	512	CLAIM PAST FILING LIMIT
62	513	RECIPIENT NAME AND NUMBER DISAGREE
81	545	TIMELY FILING
M5	576	CLAIM HAS THIRD-PARTY PAYMENT
09	611	DATE OF BIRTH DOES NOT MATCH RECIPIENT FILE
09	613	DATE OF BIRTH MISSING - PHARMACY
09	614	INVALID DATE OF BIRTH - PHARMACY
05	1000	BILLING PROVIDER I.D. NUMBER NOT ON FILE.
05	1001	BILLING PROVIDER NOT ELIGIBLE TO BILL ON THIS PGM
05	1002	REND PROV NOT ELIGIBLE TO RENDER SVC ON THIS PGM
05	1003	BILLING PROVIDER NOT ELIGIBLE TO BILL ON THIS PRGM
40	1004	RENDERING PROVIDER NOT ELIG TO RENDER SVS ON DOS
AC	1016	NON-PARTICIPATING MANUFACTURER
25	1026	PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE
AD	1032	BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM T
05	1048	PROV IS SUSPENDED OR TERMINATED FOR PROG BILLED
05	1049	PAY TO PROVIDER IS SUSPENDED
05	1051	RENDERING PROVIDER NOT ON PROVIDER DATABASE
25	1147	PRESCRIBER PROVIDER NPI NUMBER IS MISSING
56	1148	PRESCRIBER PROVIDER NPI IN INVALID FORMAT
56	1149	PRESCRIBER PROVIDER NPI NOT ON FILE
10	2000	INVALID SEX
07	2001	RECIPIENT NUMBER NOT ON FILE
65	2002	RECIPIENT NOT ELIGIBLE FOR MEDICAL ASSISTANCE ON D
65	2003	RECIPIENT INELIGIBLE ON DATE(S) OF SERVICE
65	2009	RECIPIENT INELIGIBLE ON DATE(S) OF SERVICE
40	2017	RECIPIENT SERVICES COVERED BY HMO PLAN
40	2018	RECIPIENT INELIGIBLE ON DATE(S) OF SERVICE DUE TO
65	2019	RECIP ELIG ONLY Q1, Q2, OR SLMB PROGRAM
65	2023	RECIPIENT INELGIBLE ON DATE(S) OF SERVICE ...
76	2033	RECIP PGM DOES NOT COVER SVCS BILLED ON CLAIM TYPE
69	2037	RECIPIENT NUMBER HAS BEEN DEACTIVATED
75	2038	ALIEN-NO REQUEST FOR AUTHORIZATION RECEIVED
M5	2048	ALIEN RECIPIENT ON REVIEW
M6	2054	FUND CODE UNDETERMINED
65	2071	RECIPIENT NUMBER NOT ON FILE

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07	2074	RECIPIENT NUMBER NOT ON FILE
65	2075	RECIPIENT INELGIBLE ON DATE(S) OF SERVICE ...
65	2076	RECIPIENT NOT ELIGIBLE ON DATES OF SERVICE
65	2077	RECIPIENT NOT ELIGIBLE ON ALL DATES OF SERVICE
41	2508	RECIPIENT COVERED BY PRIVATE INSURANCE (PHARMACY)
AE	2509	RECIPIENT COVERED BY MEDICARE B (PHARMACY)
4W	2565	HEMOPHILIA DRUGS
69	2999	CLAIM BILLED WITH INACTIVE RID
75	3000	UNITS EXCEED PA MASTER
64	3001	DATES OF SERVICE NOT ON PA DATABASE
75	3002	NDC REQUIRES PRIOR AUTHORIZATION - NOT FOUND
AJ	3004	BRAND NAME NDC REQUIRES PA
75	3008	PRIOR AUTHORIZED UNITS EQUAL ZERO
70	4002	NDC INDICATES A NON-COVERED DRUG ON DOS
70	4003	LESS THAN EFFECTIVE DRUG
21	4004	NDC NOT ON FILE
78	4005	SUBMITTED CHARGE MORE THAN 5 TIMES THE ALLOWED RATE
M5	4006	ALLOWED RATE MORE THAN 5 TIMES THE SUBMITTED CHG
77	4007	NONCOVERED NDC DUE TO HCFA TERMINATION
M7	4014	NO PRICING SEGMENT ON FILE
63	4016	SERVICES NON-COMPENSABLE BY MEDICAID WHILE IMD
61	4023	NDC VS SEX RESTRICTION
17	4024	MAXIMUM NUMBER OF REFILLS HAS BEEN REACHED
60	4025	NDC VS AGE RESTRICTION
19	4026	NDC VS DAYS SUPPLY
14	4127	CANNOT PRIORITIZE RECIPIENT'S PROGRAMS
56	4270	PRESCRIBER ID NUMBER/NAME DOES NOT MATCH
73	4271	STATE DEFAULT NOT ALLOWED FOR REFILLS
76	4307	PRESCRIPTION EXPIRED
M2	4331	LOCK-IN PRESCRIBER
AG	4334	ACUTE VS CHRONIC NARCOTIC QUANTITY LIMIT
AG	4347	MME BYPASSED DUE TO HISTORY DIAGNOSIS
EE	4349	PRICE LIMIT EXCEEDED FOR COMPOUND CLAIMS
71	4354	CII RX RESTRICTED FROM MID-LEVEL PRACTITIONERS
9E	4362	QTY DISPENSED EXCEEDS QTY PRESCRIBED
ET	4363	RX QTY PRESCRIBED MISSING/INVALID
39	4365	RX FAMILY PLANNING (FP) PROGRAM
12	4366	PHARMACY HOME ADMIN FEE
83	5000	POSSIBLE DUPLICATE

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83	5001	EXACT DUPLICATE
87	5003	POSSIBLE POS REVERSAL DUPLICATE
87	5004	REVERSAL NOT PROCESSED NO MATCH FOUND
86	5006	POS REVERSAL AFTER DAYS SUPPLY + 30 DAYS
83	5007	EXACT DUPLICATE - HEADER
83	5008	SUSPECT DUPE - HEADER
M5	5012	PHARMACY POSSIBLE CONFLICT
79	5109	PRESCRIPTION REFILLED TOO SOON
79	5110	CUMULATIVE EARLY REFILL
79	5110	CUMULATIVE EARLY REFILL
AG	5111	THERAPEUTIC DUPLICATION
9G	5112	CUMULATIVE MME PER DAY LIMIT EXCEEDED
79	5113	CONTROLLED RX REFILLED TOO SOON
75	5114	RECENT OPIOID RX, CONCURRENT USE NOT ALLOWED
75	5115	NO DEAX - RECENT OPIOID RX, CONCUR NOT ALLOWED
75	5116	PRESCRIBER DEAX NOT ON FILE
AG	6184	CONTROL SOLUTION - LIMIT OF ONE BOTTLE PER YEAR
76	6185	LIMIT OF ONE METER PER YEAR EXCEEDED
AG	6186	LANCET DEVICES - LIMIT OF ONE DEVICE PER YEAR
76	6187	SPACERS LIMITED TO 2 RX PER YEAR
75	6303	XARELTO 10MG - 1 RX PER 6 MONTHS; THEN REQUIRES PA
75	6403	HYDROCODONE-13 PRESCRIPTIONS PER 1 YEAR
AG	6404	TRIPTANS: 1 PRESCRIPTION PER 26 DAYS
76	6550	PRESCRIPTION LIMIT EXCEEDED
75	6551	RX-EXCEEDS DAYS SUPPLY LIMIT/REQUIRES PA
76	6554	WAIVER ADDITIONAL 2 SCRIPT HAS BEEN REACHED
76	6555	THREE BRAND NAME DRUG LIMIT REACHED (WAIVER)
75	6556	RX-EXCDS DY LIMIT/REQRES PA/SMOKE ENDED 12-31-2012
75	6557	RX-EXCEEDS DAY LIMIT/REQUIRES PA/XOPENEX
75	6558	RX-EXCEEDS DAY LIMIT/REQUIRES PA/HYPNOTICS
75	6559	RX-EXCEEDS DAY LIMIT/REQUIRES PA/ZELNORM
75	6560	RX-EXCEEDS DAY LIMIT/REQUIRES PA/ELIDEL
75	6561	RX-EXCEEDS DAY LIMIT/REQUIRES PA/PROTOPIC
75	6562	RX-EXCEEDS DAY LIMIT/REQUIRES PA/CARISOPRODOL
76	6601	TWO BRAND NAME DRUG LIMIT REACHED
75	6602	RX EXCEEDS DAY LIMIT/PA REQUIRED/DIDRONEL
M4	6603	OVER THE COUNTER PRESCRIPTION COVERAGE EXCEEDED
76	6618	THREE BRAND NAME DRUG LIMITED REACHED
79	6638	EARLY REFILL; 1 EVERY 3 YEARS

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76	6731	MESALAMINE ENEMA 1 RX PER 120 DAYS
76	6732	MESALAMINE SUPPOSITORY 2 RX PER 120 DAYS
76	6733	MESALAMINE 250MG CAPSULE ER 2 RX PER 120 DAYS
76	6734	BALSALAZIDE 750MG CAPSULE 3 RX PER 120 DAYS
M4	6770	SOFOSBUVIR 84 DAYS THERAPY
M4	6771	SIMEPREVIR SODIUM 84 DAYS THERAPY
88	7000	CLAIM FAILED A PRODUR ALERT
88	7001	INFORMATIONAL PRODUR ALERT
88	7002	CLAIM SUBMITTED ALREADY, RESPOND TO PRODUR ALERT
88	7003	CLAIM FAILED A PRODUR ALERT; NO PA REQUIRED
63	7024	LTC RECIPIENT- NONCOMP DRUG
73	7025	REFILLS ARE NOT ALLOWED FOR NARCOTIC DRUGS
12	7026	LTC DRUG ONLY
AG	7027	DRUG QUANTITY PER DAY LIMIT HAS BEEN EXCEEDED
76	7028	34 DAY SUPPLY EXCEEDED
75	7030	TIER 2 NSAID NO RECORD OF TIER 1'S ON FILE
77	7033	INACTIVE DRUG
70	7035	DRUG NOT APPROVED
M5	7036	SUBMIT PAPER CLAIM
75	7050	STEP THERAPY REQUIREMENTS NOT MET FOR THIS DRUG
75	7061	DRUG REQUIRES MEDICAL REVIEW/CN
88	7062	PDUR INGREDIENT DUPLICATION
88	7070	DRUG DISEASE MARKER
15	7262	DOB CANNOT BE GREATER THAN DATE OF SERVICE
09	7265	BIRTHDATE CANNOT BE A FUTURE DATE
M2	7501	RECIPIENT LOCKED-IN TO SPECIFIC PRESCRIBING PROVID
M2	7502	RECIPIENT LOCKED-IN TO SPECIFIC PROVIDER

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