

Medicare GLP-1 Bridge
Pharmacy NCPDP Reject Code Troubleshooting Reference Tool

Eligibility Edits and How to Resolve				
NCPDP Reject Code	Reason	Reject Code Description	Reject Message to Pharmacy	Resolution
7	Missing or invalid cardholder ID	M/I Cardholder ID Number	REQUIRED FIELD(S) MISSING - REQUIRED FIELDS INCLUDE MBI CARDHOLDER ID, PATIENT FIRST AND LAST NAME, AND DOB	Confirm that the MBI, patient first and last name, and DOB are all complete and accurate. The MBI is an 11-digit number which can be obtained from the patients' red, white, and blue Medicare card or by submitting an NCPDP E1 Eligibility verification transaction, which will require the patient's SSN.
CA	Missing or invalid patient first name	M/I Patient First Name		
CB	Missing or invalid patient last name	M/I Patient Last Name		
9	Missing or invalid patient DOB	M/I Birth Date		
9	Submitted DOB does not match the CMS record associated with the submitted MBI	M/I Birth Date	DOB DOES NOT MATCH RECORD ASSOCIATED WITH MBI ON FILE WITH CMS; VERIFY MEDICARE ID# AND DOB	Confirm MBI provided was accurate, patient may need to contact CMS to resolve.
52	Pharmacy submitted patient's HICN; Transaction should be resubmitted using patient's current MBI on file with CMS	Non-Matched Cardholder Id	BENEFICIARY NOT FOUND; VERIFY MEDICARE ID#	Resubmit utilizing accurate MBI instead of HICN/Cardholder ID. You can obtain the MBI by asking the patient for their red, white, and blue Medicare card or by submitting an NCPDP E1 Eligibility verification transaction, which will require the patient's SSN.
52	Pharmacy submitted patient's previous MBI; Transaction should be resubmitted using patient's current MBI on file with CMS	Non-Matched Cardholder Id	BENEFICIARY NOT FOUND; VERIFY MEDICARE ID# IS CURRENT	Confirm MBI provided is accurate and the patient's most current. Patient may need to contact CMS to resolve or you can obtain their current MBI by asking the patient for their newest red, white, and blue Medicare card or by submitting an NCPDP E1 Eligibility verification transaction, which will require the patient's SSN.
65	Patient found on Part AB but is shown to be deceased; Patient will need to contact 1-800-MEDICARE if pharmacy is submitting the correct/current MBI	Patient Is Not Covered	PATIENT IS SHOWN TO BE DECEASED; VERIFY MEDICARE ID#; FOR ADDITIONAL HELP CALL CMS AT 800-MEDICARE	Confirm MBI provided was accurate, patient may need to contact CMS to resolve.
65	Patient not shown to be enrolled in Part D on date of service. Patient will need to contact 1-800-MEDICARE if pharmacy is submitting the correct/current MBI	Patient Is Not Covered	UNABLE TO VALIDATE PATIENT'S PART D ENROLLMENT; VERIFY MEDICARE ID#; FOR ADDITIONAL HELP CALL CMS AT 800-MEDICARE	Confirm MBI provided was accurate, patient may need to contact CMS to resolve or confirm Part D enrollment.
65	Patient is shown to be enrolled in a Part D plan not eligible for the Medicare GLP-1 Bridge per CMS	Patient Is Not Covered	ENROLLED IN PART D PLAN NOT ELIGIBLE FOR GLP-1 BRIDGE	Confirm MBI provided was accurate. Patient may need to reach out to CMS to understand eligibility.
65	Patient is shown to have previously received a GLP-1 through their Part D plan per CMS	Patient Is Not Covered	PATIENT HAS BEEN SHOWN TO BE RECEIVING COVERAGE OF A GLP-1 THROUGH THEIR PART D PLAN;	Inform patient that the program is only for an enrollee who has not had GLP-1 coverage through their Part D plan. If patients prefer another GLP-1 product for clinical reasons encourage them to seek one through their Part D plan's formulary exception process.
65	Patient is shown to be flagged as not lawfully present per CMS. Patient will need to contact SSA at 1-800-772-1213 if pharmacy is submitting the correct/current MBI	Patient Is Not Covered	PATIENT HAS BEEN SHOWN TO BE NOT LAWFULLY PRESENT; VERIFY MEDICARE ID#, OR REFER PATIENT TO SSA AT 800-772-1213	Confirm MBI provided was accurate, patient may need to contact CMS or SSA to resolve.

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65	Patient is shown to be flagged as incarcerated per CMS. Patient will need to contact SSA at 1-800-772-1213 if pharmacy is submitting the correct/current MBI	Patient Is Not Covered	PATIENT HAS BEEN SHOWN TO BE INCARCERATED; VERIFY MEDICARE ID#, OR REFER PATIENT TO SSA AT 800-772-1213	Confirm MBI provided was accurate, patient may need to contact CMS or SSA to resolve.
70	Submitted NDC not eligible for coverage through the Medicare GLP-1 Bridge per CMS	Product/Service Not Covered	SUBMITTED NDC NOT ELIGIBLE FOR COVERAGE UNDER GLP-1 BRIDGE; RESUBMIT FOR ELIGIBLE GLP-1 PRODUCT	The prescription will need to be rewritten for one of the NDCs eligible for the Medicare GLP-1 Bridge.
75	Pre-authorization Required	Prior Authorization Required	PRE-AUTHORIZATION REQUIRED	Initiate prior authorization with prescriber via ePA or fax Free Form Messaging: GLP Bridge Demo Obesity PA Req Submit CoverMyMeds/fax
85	Front end switch unavailable	Claim Not Processed	<No message sent>	Resubmit later.
R8	Claim not in expected format	Syntax Error	<No message sent>	Check the claim format and ensure it meets NCPDP standards, then resubmit.

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Common Edits and How to Resolve				
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4X	Valid Patient Residence Required	M/I Patient Residence	M/I PATIENT RESIDENCE	For LTC pharmacies, the claim must contain a valid patient residence.
15	Date filled is not a valid date	M/I Date of Service	M/I DATE OF SERVICE	Submit a valid date.
25	Prescriber ID is Invalid – Cannot Equal Pharmacy NPI	M/I Prescriber ID	M/I PRESCRIBER ID	Resubmit with a valid prescriber ID.
25	Prescriber ID is Invalid	M/I Prescriber ID	M/I PRESCRIBER ID	Resubmit with a valid prescriber ID.
42	Prescriber ID Not Active on Date Filled	The Prescriber ID Submitted is Inactive/Not Found	THE PRESCRIBER ID SUBMITTED IS INACTIVE/NOT FOUND	Pharmacist verifies prescriber is valid, can resubmit with SCC 42.
56	Prescriber ID Not on File	Non-Matched Prescriber ID	NON-MATCHED PRESCRIBER ID	Pharmacist verifies prescriber is valid, can resubmit with SCC 42.
71	Prescriber Not Eligible on Dated File	Prescriber is Not Covered	PRESCRIBER IS NOT COVERED	Pharmacist verifies prescriber is valid, can resubmit with SCC 42.
76	Days supply greater than the maximum allowed for the Medicare GLP-1 Bridge (i.e. greater than 30-days)	Plan Limitations Exceeded	DAYS SUPPLY GREATER THAN MAXIMUM FOR THIS PLAN	Resubmit for a 28-or-30 day supply as appropriate.
76	Use appropriate tab or cap strength for dose	Plan Limitations Exceeded	USE APPROPRIATE TAB OR CAP STRENGTH FOR DOSE	Resubmit for appropriate quantity (ie. one pack size)/day supply: <i>Foundayo Tablets 30 tabs/30 days</i> <i>Wegovy Tablets 30 tabs/30 days</i> <i>Wegovy injection 2ml/28 days or 3ml/28 days</i> <i>Wegovy HD 3ml/28 days</i> <i>Zepbound Kwikpen 2.4ml/28 days</i>
79	Claim in Error - Refilled too soon	Fill to Soon	CLAIM IN ERROR - REFILLED TOO SOON	Resubmit the claim when more than 75% of the day supply would be utilized based on the last date of fill.
81	Date Filled/Date Received Interval > Plan Allows	Claim Too Old	CLAIM TOO OLD	No resolution (claim is outside timely filing period).
82	Date filled cannot be after date received	Claim is Post-Dated	CLAIM IS POST-DATED	No resolution.
83	Duplicate Claim	Duplicate Paid/Captured Claim	DUPLICATE PAID/CAPTURED CLAIM	No resolution (claim is duplicate).
543	Foreign Prescriber ID Not Allowed	Prescriber ID Qualifier Value Not Supported	PRESCRIBER ID QUALIFIER VALUE NOT SUPPORTED	No resolution (prescriber is foreign).
619	Valid Prescriber Type 1 NPI Required	Prescriber Type 1 NPI Required	PRESCRIBER TYPE 1 NPI REQUIRED	Resubmit with a valid prescriber ID.
929	Prescriber is Currently Precluded	ID Submitted is Assoc with a Precluded Prescriber	ID SUBMITTED IS ASSOC WITH A PRECLUDED PRESBRIBER	No resolution (prescriber is precluded).

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930	Pharmacy is Currently Precluded	ID Submitted is Assoc With a Precluded Pharmacy	ID SUBMITTED IS ASSOC WITH A PRECLUDED PHARMACY	No resolution (pharmacy is precluded).
A1	Prescriber Currently Sanctioned	ID Submitted Assoc with Excluded Prescriber	ID SUBMITTED ASSOC WITH EXCLUDED PRESCRIBER	No resolution (prescriber is sanctioned).
A2	Prescriber Deceased	ID Submitted is Associated to a Deceased Prescbr	ID SUBMITTED IS ASSOCIATED TO A DECEASED PRESCBR	No resolution (prescriber is deceased)
E7	Verify quantity, NDC, and ingredient amount	M/I Quantity Dispensed	M/I QUANTITY DISPENSED	Pharmacy must input a valid quantity.
E7	Submitted Quantity Does Not Match Drug Package Size	M/I Quantity Dispensed	M/I QUANTITY DISPENSED	Update quantity submitted
RK	Partial Fill Transition Not Supported	Partial Fill Transaction Not Supported	PARTIAL FILL TRANSACTION NOT SUPPORTED	No resolution (partial fill not allowed).
U7	Valid Pharmacy Service Type Required	M/I Pharmacy Service type	M/I PHARMACY SERVICE TYPE	LTC claim - must submit valid pharmacy service type.

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Acronyms

Acronym	Definition
CMS	Center for Medicare & Medicaid Services
DEA	Drug Enforcement Agency
DOB	Date of Birth
HICN	Health Insurance Claim Number
LTC	Long Term Care
MBI	Medicare Beneficiary Identifier
M/I	Missing or Invalid
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
SSA	Social Security Administration