
CODES FOR PHARMACY ONLINE CLAIMS PROCESSING

The following is a list of error and warning codes that may appear when processing claims on the online system. The **error codes** are bolded.

<u>CODE</u>	<u>DESCRIPTION</u>
AA	HSN not on file
AB	Registry Number (DIAND) not on file
AI	First Nations/Inuit beneficiary not covered by the Drug Plan
AR	HSN does not have current valid coverage
CB	Prescriber ineligible on dispensing date
CD	Prescriber inactive (dispensing date within 365 days of expiry date)
CE	Prescriber not on file
CF	Prescriber inactive (dispensing date greater than 365 days from expiry date)
CG	Prescriber suspended or revoked on dispensing date
CH	Invalid Pharmacist Organization ID
CI	Pharmacist not on file
CJ	Pharmacist ineligible on dispensing date
CK	Invalid Health Provider Organization ID
CM	Prescriber not eligible for methadone DIN claimed
CN	Pharmacist ineligible to prescribe this medication
CO	Pharmacy not on file
CP	Pharmacy inactive (no contract for dispensing date)
CR	Dispensing date is more than 62 days in the past
CS	Dispensing date invalid
CT	Invalid prescription number
EC	ECP fee not allowed as EC prescription not found
ED	Duplicate submission of ECP fee
EF	Maximum ECP fee exceeded
FC	Limited time for formulary clearance
GA	Benefit Rxs - possible duplicate (same pharmacy/same prescriber)
GB	Benefit Rxs - possible duplicate (same pharmacy/different prescriber)
GC	Non-formulary drug - maximum allowable unit drug cost exceeded & recommended quantity exceeded
GE	Formulary/EDS drug - maximum allowable unit drug cost exceeded

<u>CODE</u>	<u>DESCRIPTION</u>
GG	Non-formulary drug - maximum allowable unit drug cost exceeded - check unit drug cost
GH	Non-formulary drug - maximum allowable unit drug cost exceeded
GI	Dispense SOC for payment
GJ	Non-formulary drug - maximum allowable unit drug cost exceeded & recommended quantity exceeded & possible duplicate
GK	Total prescription cost exceeded (communications unavailable)
GL	Patient paid exceeded (communications unavailable)
GM	Recommended quantity exceeded & possible duplicate
GN	Non-formulary drug - maximum allowable unit drug cost exceeded & possible duplicate
GO	Dispensing fee exceeds maximum allowable
GP	Benefit Rxs - possible duplicate (different pharmacy/same prescriber)
GQ	Benefit Rxs - possible duplicate (different pharmacy/different prescriber)
GR	Age inconsistent with drug
GT	Total prescription cost invalid (communications unavailable)
GU	Patient paid invalid (communications unavailable)
GV	Compound ingredients not eligible for this DIN. Please resubmit using correct DIN.
GW	Compound unit drug cost & compounding fee exceeds established amounts
GX	Compound quantity must be one (1)
GY	Compound unit drug cost exceeds established amount
GZ	Compounding fee exceeds established amount
HA	Non-benefit DIN
HB	DIN not on file
HC	Benefit Rxs - 3 submissions exceeded (same drug/same pharmacy)
HD	Benefit Rxs - 3 submissions exceeded (same drug/different pharmacies)
HE	Possible benefit under Exception Drug Status
HF	Palliative Care - 3 submissions exceeded (same drug/same pharmacy)
HG	Palliative Care - 3 submissions exceeded (same drug/different pharmacies)
HH	Palliative Care - 3 submissions exceeded (same drug & same/different pharmacies) & recommended quantity exceeded
HI	Palliative Care - 3 submissions exceeded (same drug & same/different pharmacies) & non-formulary maximum allowable unit drug cost exceeded

<u>CODE</u>	<u>DESCRIPTION</u>
HJ	Palliative Care - 3 submissions exceeded (same drug & same/different pharmacies) & recommended quantity exceeded & non-formulary maximum allowable unit drug cost exceeded
IP	Alternative Reimbursement not allowed
IS	Alternative Reimbursement Fee exceeds maximum allowable
IT	Alternative Reimbursement Type (Quantity) invalid
KA	Benefit & non-benefit Rxs - possible duplicate (same pharmacy/same prescriber)
KB	Benefit & non-benefit Rxs - possible duplicate (same pharmacy/different prescriber)
KJ	Benefit & non-benefit Rxs - possible duplicate & recommended quantity exceeded & non-formulary maximum allowable unit drug cost exceeded
KM	Benefit & non-benefit Rxs - possible duplicate & recommended quantity exceeded
KN	Benefit & non-benefit Rxs - possible duplicate & non-formulary maximum allowable unit drug cost exceeded
KP	Benefit & non-benefit Rxs - possible duplicate (different pharmacy/same prescriber)
KQ	Benefit & non-benefit Rxs - possible duplicate (different pharmacy/different prescriber)
LA	Non-benefit Rxs - possible duplicate (same pharmacy/same prescriber)
LB	Non-benefit Rxs - possible duplicate (same pharmacy/different prescriber)
LC	Non-benefit Rxs - possible duplicate for First Nations/Inuit beneficiary not covered by the Drug Plan
LD	Non-benefit Rxs - possible duplicate for HSN without current valid coverage
LE	Non-benefit Rxs - possible duplicate for non-benefit DIN
LF	Non-benefit Rxs - possible duplicate & 3 submissions exceeded (same drug/same pharmacy)
LG	Non-benefit Rxs - possible duplicate & 3 submissions exceeded (same drug/different pharmacies)
LH	Non-benefit Rxs - possible duplicate & possible benefit under Exception Drug Status

LI	Non-benefit Rxs - possible duplicate & maximum allowable quantity exceeded
LJ	Non-benefit Rxs - possible duplicate & authorized quantity limit exceeded
<u>CODE</u>	<u>DESCRIPTION</u>
LP	Non-benefit Rxs - possible duplicate (different pharmacy/same prescriber)
LQ	Non-benefit Rxs - possible duplicate (different pharmacy/different prescriber)
MA	Drug mark-up percentage exceeds maximum allowable
MB	Discount percentage exceeds 100%
MD	Invalid MG per Day
MS	Prescriber ineligible for DIN claimed
NA	Transmission error - resend
PA	Online EDS adjudication (OEA) successful
PB	Online EDS adjudication (OEA) not successful
PD	Duplicate PACT Fee (same pharmacy)
PE	Duplicate PACT Fee (different pharmacy)
PF	Duplicate Prescriptive Authority Fee
PG	Professional Services Fee Not Allowed
RC	Void - original claim not found
RD	Void - original claim previously voided
RE	Void not allowed - claim paid to family
RG	Drug not eligible for Refusal to Dispense Fee Alternative Reimbursement
RH	Duplicate Refusal to Dispense Fee (same pharmacy)
RI	Duplicate Refusal to Dispense Fee (different pharmacy)
RN	Void not allowed - original claim has been adjusted
SA	Not authorized for automated interface to pharmacy PC - contact Drug Plan Help Desk
SB	Drug not eligible for Seamless Care Fee Alternative Reimbursement
SC	Duplicate Seamless Care Fee (same pharmacy)
SD	Duplicate Seamless Care Fee (different pharmacy)
SF	File error - contact Drug Plan Help Desk
TB	Drug not eligible for Trial Prescription Program
TC	Trial not allowed - not a new medication (previous Rx submitted from same pharmacy)
TD	Trial not allowed - not a new medication (previous Rx submitted from different pharmacy)

TE Duplicate trial prescription (same pharmacy)
TF Duplicate trial prescription (different pharmacy)

<u>CODE</u>	<u>DESCRIPTION</u>
TG	Remainder not allowed - no trial within last 14 days
TH	Remainder-duplicate prescription (same pharmacy)
TJ	Remainder not allowed - dispensed too soon after trial prescription
TK	Remainder not allowed - regular Rx submitted within last 14 days (same pharmacy)
TL	Remainder not allowed - regular Rx submitted within last 14 days (different pharmacy)
TM	Remainder - dispensing fee not allowed - the 2nd fee should be billed as an Alternative Reimbursement
TN	Regular Rx not allowed - trial submitted within last 14 days (same pharmacy)
TP	Alternative Reimbursement not allowed - no trial within last 30 days
TQ	Alternative Reimbursement - duplicate submitted within last 30 days (same pharmacy)
YI	Maximum allowable quantity exceeded
YK	Recommended quantity exceeded
YL	Authorized quantity limit exceeded
YM	Quantity submitted is lower than the minimum billing quantity for this drug (check 100 day & Two Month Drug Lists)