

Pharmacy NCPDP Reject Codes

NCPDP Reject Code	NCPDP Reject Code Description	interChange Edit	Description
05	M/I Service Provider Number	0201	BILLING PROVIDER ID NUMBER MISSING
05	M/I Service Provider Number	0202	BILLING PROVIDER ID IN INVALID FORMAT
05	M/I Service Provider Number	1004	PROVIDER NOT ALLOWED TO BILL FROM SERVICE LOCATION
05	M/I Service Provider Number	1025	OUT OF STATE PROVIDER DOES NOT HAVE A VALID LICENSE ON FILE FOR CLAIM DATES OF SERVICE
05	M/I Service Provider Number	1927	NPI REQUIRED: BILLING PROVIDER (HEALTHCARE)
05	M/I Service Provider Number	1945	MULTIPLE SERVICE LOCATIONS FOR BILLING PROVIDER
07	M/I Cardholder ID	0203	RECIPIENT I.D. NUMBER MISSING
09	M/I Date Of Birth	0255	CLIENT DOB DISAGREES WITH SUBMITTED DOB
09	M/I Date Of Birth	832	DATE OF BIRTH MISSING (304-C4)
09	M/I Date Of Birth	0833	DATE OF BIRTH INVALID (304-C4)
09	M/I Date Of Birth	2807	CLIENT DATE OF BIRTH IS NOT ON FILE
10	M/I Patient Gender Code	0834	MISSING/INVALID PATIENT GENDER (305-C5)
12	M/I Place of Service	0800	PATIENT LOCATION IS MISSING/INVALID
15	M/I Date of Service	0215	DATE DISPENSED IS MISSING
15	M/I Date of Service	0216	DATE DISPENSED IS INVALID
15	M/I Date of Service	0397	HEADER STMT COVERS PERIOD "THROUGH" DATE MISSING
15	M/I Date of Service	0503	DATE DISPENSED AFTER BILLING DATE
16	M/I Prescription/ Service Reference Number	0212	PRESCRIPTION NUMBER IS MISSING
17	M/I Fill Number	0211	REFILL INDICATOR IS MISSING OR INVALID
19	M/I Days Supply	0221	DAYS SUPPLY MISSING
19	M/I Days Supply	0222	DAYS SUPPLY INVALID
21	M/I Product/Service ID	0217	NDC IS MISSING
21	M/I Product/Service ID	0218	NDC INVALID FORMAT
25	M/I Prescriber ID	0205	PRESCRIBING PRACTITIONER'S LICENSE NO. MISSING
25	M/I Prescriber ID	0206	PRESCRIBING PRACTITIONR LICENSE NO. FORMAT INVALID
25	M/I Prescriber ID	0209	PRESCRIBER ID OF GROUP; RESUBMIT INDIVIDUAL'S NPI
28	M/I Date Prescription Written	0213	DATE PRESCRIBED IS MISSING
28	M/I Date Prescription Written	0214	DATE PRESCRIBED IS INVALID
28	M/I Date Prescription Written	0256	DATE DISPENSED IS > 1YR, OR 6 MO, FROM DTE WRITTEN
28	M/I Date Prescription Written	0500	DATE PRESCRIBED AFTER BILLING DATE
28	M/I Date Prescription Written	0502	DATE DISPENSED EARLIER THAN DATE PRESCRIBED
39	M/I Diagnosis Code	2819	TB DIAGNOSIS CODE REQUIRED
39	M/I Diagnosis Code	0349	DIAGNOSIS REQUIRED FOR SHORT AND LONG ACTING OPIOIDS.
39	M/I Diagnosis Code	4040	PRIMARY DIAGNOSIS CODE NOT ON FILE
39	M/I Diagnosis Code	4041	SECONDARY DIAGNOSIS CODE NOT ON FILE
40	Pharmacy Not Contracted With Plan On Date Of Service	1001	PROVIDER DOES NOT HAVE A CONTRACT FOR CLAIM TYPE
41	Submit Bill To Other Processor Or Primary Payer	2508	RECIPIENT COVERED BY PRIVATE INSURANCE (PHARMACY)

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50	Non-Matched Pharmacy Number	0551	PROVIDER ID ON ADJUSTMENT DOES NOT MATCH MOTHER
50	Non-Matched Pharmacy Number	1000	BILLING PROVIDER ID. NUMBER NOT ON FILE
52	Non-Matched Cardholder ID	2001	RECIPIENT ID NUMBER NOT ON FILE
54	Non-Matched Product/Service ID Number	4004	NDC NOT ON FILE
55	Non-Matched Product Package Size	0801	QUANTITY BILLED DOES NOT EQUAL PACKAGE SIZE
60	Product/Service Not Covered For Patient Age	4025	AGE RESTRICTION FOR COVERED NDC
60	Product/Service Not Covered For Patient Age	4044	NO REIMBURSEMENT RULE FOR ASSOCIATED AGE
61	Product/Service Not Covered For Patient Gender	3318	THE NDC IS NOT CONSISTENT WITH THE CLIENT'S GENDER
61	Product/Service Not Covered For Patient Gender	4023	GENDER RESTRICTION FOR COVERED NDC
61	Product/Service Not Covered For Patient Gender	4962	GENDER RESTRICTION FOR BILLED NDC
62	Patient/Card Holder ID Name Mismatch	0513	RECIPIENT NAME AND NUMBER DISAGREE
62	Patient/Card Holder ID Name Mismatch	0825	CLIENT NAME DISAGREES WITH NAME ON FILE
63	Product/Service ID Not Covered For Institutionalized Patient	3308	DRUG/DEVICE INCLUDED IN NH PER DIEM
69	Filled After Coverage Terminated	0777	ConnPACE TERMINATED
69	Filled After Coverage Terminated	0778	CHARTER OAK PROGRAM TERMINATED
70	Product/Service Not Covered – Plan/Benefit Exclusion	0709	PHARMACY SERVICE NOT COVERED FOR HOSPICE CLIENT
70	Product/Service Not Covered – Plan/Benefit Exclusion	3304	NDCIS LESS EFFECTIVE/DESI DRUG
70	Product/Service Not Covered – Plan/Benefit Exclusion	3307	SUBMIT CLAIM WITH OUTER PACKAGE NDC
70	Product/Service Not Covered – Plan/Benefit Exclusion	3309	PATIENT RESIDENCE RESTRICTION FOR THE COVERED NDC
70	Product/Service Not Covered – Plan/Benefit Exclusion	3317	INSTITUTIONAL NDC NOT COVERED
70	Product/Service Not Covered – Plan/Benefit Exclusion	3319	OTC DIABETIC TESTING SUPPLIES N/C FOR PHARMACY (AGE > 20)
70	Product/Service Not Covered – Plan/Benefit Exclusion	4002	NO COVERAGE FOR BILLED NDC
70	Product/Service Not Covered – Plan/Benefit Exclusion	4061	NO REIMB RULE FOR ASSOCIATED CLAIM TYPE
70	Product/Service Not Covered – Plan/Benefit Exclusion	4164	INACTIVE DRUG
70	Product/Service Not Covered – Plan/Benefit Exclusion	4222	MED REVIEW RESTRICTION FOR COVERED NDC
70	Product/Service Not Covered – Plan/Benefit Exclusion	4256	PRIMARY DIAGNOSIS RESTRICTION FOR BILLED NDC
70	Product/Service Not Covered – Plan/Benefit Exclusion	4257	SECONDARY DIAGNOSIS RESTRICTION FOR COVERED NDC
70	Product/Service Not Covered – Plan/Benefit Exclusion	4258	SECONDARY DIAGNOSIS RESTRICTION FOR BILLED NDC

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70	Product/Service Not Covered – Plan/Benefit Exclusion	4831	NO REIMB RULE
70	Product/Service Not Covered – Plan/Benefit Exclusion	4960	BENEFIT PLAN RESTRICTION FOR COVERED NDC
70	Product/Service Not Covered – Plan/Benefit Exclusion	4965	BENEFIT PLAN RESTRICTION FOR BILLED NDC
71	Prescriber ID Is Not Covered	0204	PRESCRIBING PROVIDER NOT AUTHORIZED TO PRESCRIBE
71	Prescriber ID Is Not Covered	0237	STUDENT OR RESIDENT NOT AUTHORIZED TO PRESCRIBE
71	Prescriber ID Is Not Covered	1801	PRESCRIBING PROVIDER WITHOUT ACTIVE LICENSE ON FILE
74	Other Carrier Payment Meets Or Exceeds Payable	0505	THIRD PARTY PAYMENT AMOUNT MORE THAN CLAIM CHARGE
75	Prior Authorization Required	3002	NDC REQUIRES PA
75	Prior Auth Required	3100	PA REQUIRED- DISPENSE GENERIC EQUIVALENT
75	Prior Auth Required	3101	PA REQUIRED- DISPENSE PREFERRED DRUG
75	Prior Auth Required	3104	PA REQUIRED ON NDC-CALL DSS 1-800-233-2503
75	Prior Auth Required	3105	NON-PREFERRED MH DRUG; CONTACT MD OR DXC for PA
75	Prior Auth Required	3106	TRANSMUCOSAL FENTANYL REQUIRES PA FOR MORE THAN 4 DOSES PER DAY.
75	Prior Auth Required	3109	PA REQUIRED FOR LONG ACTING OPIOID DRUGS
75	Prior Auth Required	3301	OPTIMAL DOSAGE EXCEEDED
76	Plan Limitations Exceeded	4026	MAXIMUM UNIT RESTRICTION FOR COVERED NDC
76	Plan Limitations Exceeded	6554	MILLIGRAM MORPHINE EQUIVALENCY (MME) LIMIT EXCEEDED
76	Plan Limitations Exceeded	6555	EXCEEDED ENTERAL QUANTITY
76	Plan Limitations Exceeded	6556	DURATION OF THERAPY EXCEEDED
77	Discontinued Product/Service ID Number	4007	NON-COVERED NDC DUE TO CMS TERMINATION
78	Cost Exceeds Maximum	3306	DETAIL ALLOWED AMOUNT GREATER THAN \$50,000
78	Cost Exceeds Maximum	3330	CLAIM DETAIL EXCEEDS ALLOWABLE LIMIT. CONTACT THE PROVIDER ASSISTANCE CENTER.
79	Early Refill	7003	PRODUR ALERT REQUIRES PA OVERRIDE
80	Drug-Diagnosis Mismatch	3302	NDC NOT CONSISTENT WITH ANY BILLED DIAGNOSIS
80	Drug-Diagnosis Mismatch	3314	HEADER DIAGNOSIS RESTRICTION for NDC UNDER PROVIDER CONTRACT
80	Drug-Diagnosis Mismatch	4361	PRIMARY DIAGNOSIS RESTRICTION FOR COVERED NDC
81	Claim Too Old	0515	CHARTER OAK 120 DAY TIMELY FILLING LIMIT EXCEEDED
81	Claim Too Old	0545	TIMELY FILLING
83	Duplicate Paid/ Captured Claim	5000	POSSIBLE DUPLICATE
83	Duplicate Paid/ Captured Claim	5001	EXACT DUPLICATE
85	Claim Not Processed	0589	SUSPEND ADJUSTMENT FOR PRE-PAYMENT VERIFICATION
88	DUR Reject Error	7000	CLAIM FAILED A PRODUR ALERT
88	DUR Reject Error	7001	INFORMATIONAL PRODUR ALERT
88	DUR Reject Error	7002	CLAIM DENIED FOR PRODUR REASONS
88	DUR Reject Error	7004	CLAIM DENIED FOR PRODUR ALERT

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506	Prescription/ Service Reference Number Qualifier Value Not Supported	0804	PRESCRIPTION QUALIFIER IS INVALID
521	Diagnosis Code Qualifier Value Not Supported	0807	DIAGNOSIS CODE QUALIFIER IS INVALID
534	Other Amount Claimed Submitted Qualifier Value Not Supported	0808	OTHER AMOUNT CLAIM SUBMITTED QUALIFIER IS INVALID
535	Other Coverage Code Value Not Supported	0643	INVALID OTHER COVERAGE CODE
535	Other Coverage Code Value not supported	2802	CLIENT PLAN REQUIRED CO-PAY ONLY BILLING FOR MDD
536	Other Payer-Patient Responsibility Amount Qualifier Value Not Supported	0883	PATIENT RESPONSIBILITY AMOUNT QUALIFIER NOT SUPPORTED
543	Prescriber ID Qualifier Value Not Supported	0805	PRESCRIBER QUALIFIER IS INVALID
545	Prescription Origin Code Value Not Supported	0836	MISSING/INVALID PRESCRIPTION ORIGIN CODE (419-DJ)
600	Coverage Outside Submitted Date Of Service	2800	SERVICE IS AFTER DATE OF DEATH
606	Prior Auth Required	3107	NON-PREFERRED MH DRUG; DISPENSE PREFERRED BRAND
606	Brand Drug / Specific Labeler Code Required	3108	NON-PREFERRED DRUG; DISPENSE PREFERRED BRAND
621	This Medicaid Patient Is Medicare Eligible	2514	RECIPIENT COVERED BY MEDICARE (A AND B), NO MED D
621	This Medicaid Patient Is Medicare Eligible	2521	RECIPIENT COVERED BY MEDICARE A AND/OR B, NO MED D
621	This Medicaid Patient Is Medicare Eligible	2801	MEDICARE ELIGIBLE, CLIENT MUST ENROLL IN PART D
826	Prescriber NPI Submitted Not Found Within Processor's NPI File	0207	PRESCRIBING PROVIDER NOT ENROLLED
826	Prescriber NPI Submitted Not Found Within Processor's NPI File	1026	PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE
828	Plan/Beneficiary Case Management Restriction In Place	2809	MED D NF DRUG REQUIRES PA
828	Plan/Beneficiary Case Management Restriction In Place	2810	ONE TIME BYPASS FILL HAS BEEN USED
922	Morphine Milligram Equivalency(MME) Exceeds Limits	3111	MME EXCEEDED
925	Initial Fill Days Supply Exceeds Limits	3110	SHORT TERM OPIOIDS DAYS SUPPLY 7
1R	Version/Release Value Not Supported	0617	INVALID CLAIM VERSION – SUBMIT IN HIPAA 5010
1T	PCN Must Contain Processor/Payer Assigned Value	0818	INVALID PROCESSOR CONTROLL NUMBER
1T	PCN Must Contain Processor/Payer Assigned Value	0826	INVALID PROCESSOR CONTROLL NUMBER. USE CTPCNPTD
1T	PCN Must Contain Processor/Payer Assigned Value	0828	INVALID PROCESSOR CONTROLL NUMBER. USE CTPCNFMD
41	Submit Bill To Other Processor Or Primary Payer	2803	MED D COVERED DRUG –BILL MEDICARE FIRST
4Y	Patient Residence Value Not Supported	0831	MISSING/INVALID PATIENT RESIDENCE (384-4X)
6C	M/I Other Payer ID Qualifier	0882	OTHER PAYER ID QUALIFIER NOT APPLICABLE
6E	M/I Other Payer Reject Code	0819	OTHER PAYER REJECT CODE REQUIRED
6E	M/I Other Payer Reject Code	0820	OTHER PAYER REJECT CODE NOT ACCEPTED FOR TPL
6E	M/I Other Payer Reject Code	0829	REJECT CODE NOT ACCEPTED FOR TPL BILLING

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6E	M/I Other Payer Reject Code	0849	REJECT CODE REQUIRED
6G	Coordination Of Benefits/Other Payments Segment Required For Adjudication	0847	MDD CO-PAY ONLY CLAIM WITHOUT PRIMARY BILLING INFO, PLEASE CORRECT/RESUBMIT.
6G	Coordination Of Benefits/Other Payments Segment Required For Adjudication	0848	OCC CODE SUBMITTED WITHOUT PRIMARY PAYER INFO, PLEASE CORRECT/RESUBMIT.
6Z	Provider Not Eligible To Perform Service/Dispense Product	4139	PERFORMING PROVIDER TYPE/SPECIALTY IS RESTRICTED FOR THE NDC UNDER THE CLIENT'S
6Z	Provider Not Eligible To Perform Service/Dispense Product	4148	PERFORMING PROVIDER TYPE/SPECIALTY IS RESTRICTED FOR THE NDC UNDER PROVIDER CONTRACT
6Z	Provider Not Eligible To Perform Service/Dispense Product	4153	NDC CODE IS UNDER MEDICAL REVIEW FOR THIS PROVIDER CONTRACT
6Z	Provider Not Eligible To Perform Service/Dispense Product	4160	CONTRACT RESTRICTION FOR NDC UNDER PROVIDER CONTRACT
6Z	Provider Not Eligible To Perform Service/Dispense Product	4803	NDC IS NOT BILLABLE UNDER PROVIDER CONTRACT.
7B	Service Provider ID Qualifier Value Not Supported For Processor/Payer	0802	SERVICE PROVIDER QUALIFIER MISSING OR INVALID.
7C	M/I Other Payer ID	0809	OTHER INSURANCE CARRIER CODE (PAYER ID) IS MISSING, INVALID OR NOT APPLICABLE.
7K	Discrepancy Between Other Coverage Code And Other Coverage Information On File	0830	OTHER AMOUNT SUBMITTED INVALID FOR COVERAGE CODE
7k	Discrepancy Between Other Coverage Code And Other Payer Amount	0846	OTHER PAYER PATIENT RESPONSIBILITY AMOUNT INVALID FOR COVERAGE CODE
7M	Discrepancy Between Other Coverage Code And Other Coverage Information On File	2804	CLAIM MUST BE BILLED AS CROSSOVER.
7M	Discrepancy Between Other Coverage Code And Other Coverage Information On File	2817	MEDICARE D NF DRUG NOT COVERED
7Q	Other Payer ID Qualifier Value Not Supported	0881	OTHER PAYER ID QUALIFIER NOT SUPPORTED
7W	Refills Exceed Allowable Refills	3300	EXCEEDS MAXIMUM REFILLS ALLOWED.
8K	DAW Code Value Not Supported	0210	BRAND MEDICALLY NECESSARY INDICATOR INVALID
8W	Discrepancy Between Other Coverage Code And Other Payer Amount Paid	0227	THIRD PARTY PAYMENT AMOUNT INVALID
9K	Compound Ingredient Component Count Exceeds Number Of Ingredients Supported	0247	MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED
A6	This Product/ Service May Be Covered Under Medicare Part B	2509	RECIPIENT COVERED BY MEDICARE B (PHARMACY)
AA	Patient Spenddown Not Met	2010	CLIENT HAS NOT SATISFIED SPEND-DOWN.
AC	Product Not Covered Non-Participating Manufacturer	1016	MANUFACTURER IS NOT PARTICIPATING IN DRUG REBATE ON DATE OF SERVICE DISPENSED.
AD	Billing Provider Not Eligible To Bill This Claim Type	0788	ENCOUNTER SUBMITTED FOR INVALID CLAIM TYPE
AD	Billing Provider Not Eligible To Bill This Claim Type	0845	PROVIDER NOT ALLOWED TO BILL CLAIM TYPE
AD	Billing Provider Not Eligible To Bill This Claim Type	4131	NO BENEFIT PLAN ASSOCIATED TO PAYER. CONTACT THE PROVIDER ASSISTANCE CENTER.

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AD	Billing Provider Not Eligible To Bill This Claim Type	4138	BILLING PROVIDER TYPE/SPECIALTY IS RESTRICTED FOR NDC IN CLIENT BENEFIT PLAN
AD	Billing Provider Not Eligible To Bill This Claim Type	4250	NO REIMBURSEMENT RULE FOR THE ASSOCIATED PROVIDER TYPE/PROVIDER SPECIALTY
AD	Billing Provider Not Eligible To Bill This Claim Type	4775	BILLING PROVIDER NOT AUTHORIZED TO BILL FOR SUBMITTED NDC
AG	Days Supply Limitation For Product/Service	3316	EXCEEDS THE MAXIMUM DAYS SUPPLY ALLOWED
AG	Days Supply Limitation For Product/Service	4165	MAX DAY SUPPLY RESTRICTION FOR COVERED NDC
AH	Unit Dose Packaging Only Payable For Nursing Home Recipients	4113	UNIT DOSE PACKAGING COVERED FOR LTC RESIDENTS ONLY
CC	M/I Cardholder First Name	0817	CLIENT'S FIRST NAME IS MISSING
CD	M/I Cardholder Last Name	0238	CLIENT'S LAST NAME IS MISSING
CD	M/I Cardholder Last Name	0815	CLIENT'S LAST NAME IS NOT VALID
DQ	M/I Usual And Customary Charge	0268	DETAIL BILLED AMOUNT IS MISSING
DQ	M/I Usual And Customary Charge	0269	DETAIL BILLED AMOUNT INVALID
DQ	M/I Usual And Customary Charge	4009	ALLOWED AMOUNT LESS THAN DRUG CHARGE VARIANCE
DV	M/I Other Payer Amount Paid	0810	THE OTHER INSURANCE AMOUNT IS MISSING OR NOT APPLICABLE.
E7	M/I Quantity Dispensed	0219	QUANTITY DISPENSED IS MISSING
E7	M/I Quantity Dispensed	0220	QUANTITY DISPENSED IS INVALID FORMAT.
E7	M/I Quantity Dispensed	0260	UNITS OF SERVICE IS INVALID
M1	Patient Not Covered In This Aid Category	2002	CLIENT INELIGIBLE FOR DATES OF SERVICE.
M1	Patient Not Covered In This Aid Category	2101	CLIENT IS NOT ELIGIBLE ON EMS
M2	Recipient Locked In	0670	CLAIM TYPE NOT COVERED FOR CLIENT WITH INPATIENT LOCK-IN
M2	Recipient Locked In	2603	RECIPIENT /PROVIDER LOCK-IN VIOLATION
M5	Requires Manual Claim	0873	MANUALLY PRICED AT ZERO/ GREATER THAN BILLED AMOUNT
M5	Requires Manual Claim	6000	MANUAL PRICING REQUIRED
M6	Host Eligibility Error	2102	CLIENT ELIGIBILITY SYSTEM IS NOT AVAILABLE
M6	Host Eligibility Error	2103	UNABLE TO DETERMINE CLIENT ELIGIBILITY
M6	Host Eligibility Error	4127	CANNOT PRIORITIZE RECIPIENT'S PROGRAMS
M6	Host Eligibility Error	4130	PAYER HIERARCHY NOT FOUND
M7	Host Drug File Error	4014	NO PRICING SEGMENT ON FILE
M7	Host Drug File Error	4045	NO REIMBURSEMENT RULE FOR ASSOCIATED BENEFIT PLAN
M7	Host Drug File Error	4068	NO REIMBURSEMENT RULE FOR ASSOCIATED CONTRACT
M8	Host Provider File Error	0912	PROVIDER TYPE AND SPECIALTY CANNOT BE FOUND
M8	Host Provider File Error	7500	BILLING PROVIDER ON PREPAYMENT REVIEW
MR	Product Not On Formulary	2811	NON-FORMULARY DRUG UNDER CURRENT DSS THRESHOLD
N1	No patient Match Found	2100	CLIENT NOT FOUND ON ELIGIBILITY MANAGEMENT SYSTEM.
NP	M/I Other Payer-Patient Responsibility Amount Qualifier	0838	M/I PATIENT RESPONSIBILITY AMOUNT QUALIFIER (351-NP)

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NQ	M/I Other Payer-Patient Responsibility Amount	2820	CO-PAY ONLY CLAIM GREATER THAN \$6.50 NOT ALLOWED
NQ	M/I Other Payer-Patient Responsibility Amount	2821	CO-PAY ONLY CLAIM GREATER THAN \$6.60 NOT ALLOWED
NQ	M/I Other Payer-Patient Responsibility Amount	2825	CO-PAY ONLY CLAIM GREATER THAN \$7.40 NOT ALLOWED
NQ	M/I Other Payer-Patient Responsibility Amount	2826	CO-PAY ONLY CLAIM GREATER THAN \$8.25 NOT ALLOWED
P6	Date Of Service Prior To Date Of Birth	2805	SERVICE IS BEFORE DATE OF BIRTH
R6	Product/Service Not Appropriate For This Location	1003	BILLING PROV NOT ELIG AT SERV LOC FOR PROG BILLED
R6	Product/Service Not Appropriate For This Location	3303	LIVING ARRANGEMENT RESTRICTION FOR THE COVERED NDC
R6	Product/Service Not Appropriate For This Location	3305	NO REIMBURSEMENT RULE FOR ASSOCIATED PATIENT RESIDENCE.
R6	Product/Service Not Appropriate For This Location	4254	PATIENT RESIDENCE RESTRICTION FOR NDC ON PROVIDER CONTRACT
R9	Gross Amt Due Value Does Not Follow Price Formulae	0352	BILLED AMOUNT IS GREATER THAN CMAP ALLOWED AMOUNT