



NYRx Pharmacy Rejections – How to Identify and Resolve

What Pharmacy Providers Need to Know

There are different reasons a pharmacy claim submitted to NYRx may be rejected. The purpose of this document is to help pharmacies identify rejection edits and how to resolve them. **Most claim rejections can be resolved at the pharmacy level and do not require contacting the prescriber for prior authorization (PA).**

When to Request a Prior Authorization from a Prescriber

There is **only one** rejection edit that **should** prompt the pharmacy to request the prescriber obtain PA.

NYRx Edit #	NYRx Description	NCPDP Reject Response	More Information and How to Resolve
02179	Unable To Process a Pharmacy PA Please Call NYRx Clinical Call Center	75 - Prior Authorization Required *Additional MEVS Denial Code: 303 - Prior Approval Indicated Denied/Rejected By NYS	Prescription needs PA. The pharmacy should contact prescribers to inform them that the drug needs PA and resubmit when PA is obtained. Note: Drugs dispensed as cash instead of waiting for PA are not reimbursable to the member by the program. Resolution: A 72-hour emergency supply of a prescribed drug may be authorized when the prescriber or pharmacist determines that an emergency condition exists. The pharmacy may contact the NYRx Clinical Call Center at 1-877-309-9493, to obtain a PA for up to a 72-hour emergency supply for any drug that requires prior authorization.

When Not to Request a Prior Authorization

The following rejection edits received by a pharmacy after adjudicating a claim **should not** prompt the pharmacy to request the prescriber obtain PA.

- [Early Refills](#)
- [Member Has Other Insurance/Medicare](#)
- [Therapeutic Drug Utilization Reviews](#)
- [Drug and/or Quantity Limits](#)
- [Eligibility Rejections](#)



Early Refills

NYRx will allow a refill after 75% of the previous fill or no more than a 10-day (7 days for controlled substances) cumulative supply remains over the past 90 days, the more stringent rule will apply. The pharmacist should inform the patient they are attempting to refill their prescription too soon and let them know when the prescription can be refilled. For more information related to early refills, please visit [NYRx Out-of-State Traveling](#). Pharmacies should not request the prescriber obtain PA.

NYRx Edit #	NYRx Description	NCPDP Reject Response	More Information and How to Resolve
02242	Early Fill Overuse	79 - Fill Too Soon	<p>The Drug Overuse edit determines at the time of refill that the remaining days' supply of the drug dispensed for the member's history claims, based on the past 90 days, has accumulated to an additional 10 days or more.</p> <p>Resolution: The pharmacy may not override an Early Fill edit by submitting "ER" in field 439-E4.</p> <p>Review the Response field 544-FY (DUR Free Text Message) which displays the next earliest date of service that the drug may be filled.</p> <p>Also, for ER conflict edits only, if the conflicting fill was filled by a different pharmacy and/or different prescriber, review field 570-NS (DUR Additional text) to view the other pharmacy and/ or other prescriber name and phone number.</p> <p>Available options for non-matching overrides for "ER" (Early Fill) if the following criteria are met:</p> <ul style="list-style-type: none"> • For Long Term Care Patient Admit/Readmit Indicator <ul style="list-style-type: none"> ○ Field 439-E4 (Reason for Service Code) = NP (New Patient). ○ Field 441-E6 (Result of Service Code), one of the following: 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A. ○ Field 420-DK (Submission Clarification Code) = 18 (Admit/Readmit). • For Long Term Care Leave of Absence <ul style="list-style-type: none"> ○ Field 439-E4 (Reason for Service Code) = AD (Additional Drug). ○ Field 441-E6 (Result of Service Code), one of the following: 1A, 1B, 1C, 1D, 1E,



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			<p>1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A.</p> <ul style="list-style-type: none"> ○ Field 420-DK (Submission Clarification Code) = 14 (LTC LOA).
01642	Early Fill Overuse	88 - DUR Reject Error	<p>The Drug Overuse edit determines at the time of refill that less than 75% of the previously dispensed amount, based on the previously dispensed supply, has been used.</p> <p>Resolution: The pharmacy may not override an Early Fill edit by submitting "ER" in field 439-E4.</p> <p>Review the Response field 544-FY (DUR Free Text Message) which displays the next earliest date of service that the drug may be filled.</p> <p>Also, for ER conflict edits only, if the conflicting fill was filled by a different pharmacy and/or different prescriber, review field 570-NS (DUR Additional text) to view the other pharmacy and/or other prescriber name and phone number.</p> <p>Available options for non-matching overrides for "ER"- (Early Fill) if the following criteria are met:</p> <ul style="list-style-type: none"> • For Long-Term Care Patient Admit/Readmit Indicator <ul style="list-style-type: none"> ○ Field 439-E4 (Reason for Service Code) = NP (New Patient). ○ Field 441-E6 (Result of Service Code), one of the following: 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A. ○ Field 420-DK (Submission Clarification Code) = 18 (Admit/Readmit). • For Long Term Care Leave of Absence <ul style="list-style-type: none"> ○ Field 439-E4 (Reason for Service Code) = AD- (Additional Drug) Field 441-E6- (Result of Service Code), one of the following: 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A. ○ Field 420-DK (Submission Clarification Code) = 14 (LTC LOA).



Member Has Other Insurance/Medicare

If a member has other insurance, claims must be submitted and are subject to the criteria requirements of all other payors before submitting to NYRx. If a member’s primary insurance has paid toward the prescription, NYRx will not require prior authorization to pay secondary. NYRx is the payor of last resort. Pharmacies should not request the prescriber obtain PA from NYRx when a claim is denied for the member having other insurance.

NYRx Edit #	NYRx Description	NCPDP Reject Response	More Information and How to Resolve
01631	Client Has Other Insurance	13 - M/I Other Coverage Code *Additional MEVS Denial Code: 717 - Client Has other Insurance	<p>The system identifies another insurance (e.g., Medicare, commercial insurance) for the member that is not being submitted on the claim.</p> <p>Resolution: The pharmacy must resubmit billing other coverage as Primary with Medicaid as Secondary in the coordination of benefits (COB) claim when the drug is covered by Primary.</p> <ul style="list-style-type: none"> • Pharmacies may resubmit claims for drugs that are a Primary coverage uncovered benefit in some circumstances, such as a Medicare member with Part D and the claim is an OTC (Over the Counter). • If the member does not have other insurance or other coverage no longer exists: <ul style="list-style-type: none"> ○ Pharmacies should direct the member to either their Local Department of Social Services (LDSS) or the New York State Department of Health (NYS DOH) customer services, depending on where they had their Medicaid eligibility determined. ○ This will allow the members to get their information updated as efficiently as possible. ○ Human Resources Administration (HRA) for New York City 1-718-557-1399. ○ Medicaid Helpline 1-800-541-2831.
02004	Recipient Has Medicare Part D	620 - This Product/Service May Be Covered Under Medicare Part D	<p>Member has Medicare Part D.</p> <p>Resolution: The claim must be resubmitted to Medicare Part D.</p>



Therapeutic Drug Utilization Reviews

Certain overrides for therapeutic duplications may be completed at the point of sale within the pharmacy system. Pharmacies should not request the prescriber obtain PA when they get this rejection.

NYRx Edit #	NYRx Description	NCPDP Reject Response	More Information and How to Resolve
01641	Therapeutic Duplication	88 - DUR Reject Error	<p>The Therapeutic Duplication edit checks the therapeutic class of the new drug against the class of the member’s current, active drugs already dispensed. If the claim transaction was rejected due to a DUR conflict and the pharmacy intends to dispense the drug, they will need to override the conflict (if appropriate).</p> <p>Resolution: To process a DUR override, the same code that was returned as the denial code (Drug Conflict Code) must be placed in the Reason for Service Code (439-E4) field. The DUR Conflict Code being sent as the override must match the DUR Conflict code received in the Response of the original transaction. A corresponding entry must also be entered in the Result of Service Code (441-E6) field.</p> <p>Override: Field 439-E4 (Reason for Service Code) = TD (Therapeutic Dup).</p> <ul style="list-style-type: none"> Field 441-E6 (Result of Service Code), one of the following: 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A.

Drug and/or Quantity Limits

NYRx covers medically necessary FDA-approved drugs made by manufacturers who participate in the Medicaid Drug Rebate Program in quantities based on FDA labeling. In the event a claim is rejected for drug non-coverage, pharmacies can submit the claim using another NDC. If a claim is rejected due to the maximum quantity exceeded the pharmacy should adjust the quantity or frequency. For example, some drugs have a maximum quantity equal to a 30-day supply, for these drugs, a claim submitted for a 90-day supply will be rejected; or a drug given once weekly should be submitted as 4 units per 28 days not 4 units per 4 days. Pharmacies should adjust how they submit the claim and not request the prescriber obtain PA when they get these rejections.



NYRx Edit #	NYRx Description	NCPDP Reject Response	More Information and How to Resolve
00551	Item Not Eligible for Payment on Fill Date	8J - Incorrect Product/Service ID for Processor/Payor *Additional MEVS Denial Code 705-NDC NOT ON FORMULARY OR BILL DME HCPCS	It is not a Medicaid-covered NDC. Resolution: The pharmacy may try another NDC for that drug, consult the Medicaid Pharmacy List of Reimbursable drugs, or discuss possible alternatives with the prescriber. <ul style="list-style-type: none"> • Not participating in the Federal Drug Rebate Program • DESI Drug • Terminated Drug • Excluded from coverage per State Plan (weight loss drugs, cosmetic drugs, hair loss drugs, select OTCs, etc.) <p>* If the product is a medical supply the pharmacy must submit the HCPCS code in the Product/Service ID field.</p> <p>Additional information in this document: Edit 00551 Validations.</p>
01600	Discontinued NDC Number	77 - Discontinued Product/Service ID Number	NDC submitted is not covered. Choose an alternative and resubmit. Note: This should not be directed to the NYRx Clinical Call Center for PA.
00550	Maximum Quantity Exceeded	9G - Quantity Dispensed Exceeds Maximum Allowed *Additional MEVS Denial Code: 710 - Maximum Quantity Exceeded	Claim submitted for a quantity more than established guidelines. Resolution: The pharmacy should ensure the claim was submitted correctly, then reduce the quantity to Medicaid limitations. The pharmacy should notify the prescriber regarding necessary changes to the order. Most maintenance medications are covered up to 90-day supply, and oral contraceptives up to 1 year supply. Pharmacists may choose the package size that most closely resembles the fiscal order for OTC drugs. Note: This should not be directed to the NYRx Clinical Call Center for PA.
00562	Drug Price Not Available on Fill Date	70 - Product/ Service Not Covered - Exclusion	The NDC submitted is not covered on the dispensed date. Choose another NDC. Note: This should not be directed to the NYRx Clinical Call Center for PA.



Eligibility Rejections

Patients or prescribers* who are not enrolled or active in New York State Medicaid are not eligible to receive /provide Medicaid services. Patients enrolled with emergency service coverage are only eligible to receive treatment for their medical emergency. Pharmacies should not request prescribers obtain prior authorization when they get these rejections.

* [Exception for prescribers who are unlicensed interns, residents, or foreign physicians in training.](#)

NYRx Edit #	NYRx Description	NCPDP Reject Response	More Information and How to Resolve
02218	Prescribing MMIS Provider ID Cannot Be Derived	889 - Prescriber Not Enrolled in State Medicaid Program	<p>The prescriber submitted on the claim is not enrolled in NYS Medicaid.</p> <p>Resolution: Claims using prescribers who are unlicensed interns, residents, or foreign physicians in training will pay when the pharmacy resubmits and enters an override (see page 14 of the June 2022 Medicaid Update).</p> <p>If the prescriber is not an intern, resident, or foreign physician in training, the pharmacy should try to get a new prescription from a prescriber enrolled in NYS Medicaid. An override may be available for non-enrolled prescribers under certain situations.</p>

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with NYRx top pharmacy edits to know when it is appropriate to request the prescriber obtain PA or how to take appropriate action for successful claim submission.

For more information about edits and rejections and assistance on how to resolve them refer to the [NYRx, The Medicaid Pharmacy Program: Top Edit Resource](#), or watch the [NYRx Top Claim Edit](#) training video.

Resources

- [eMedNY](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)
- [NYRx Preferred Drug Quick List](#)
- [NYRx, The Medicaid Pharmacy Program: Top Edit Resource](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.