



NYRx, The Medicaid Pharmacy Program: Top Edit Resource

Important NYRx Phone Numbers	
eMedNY - Claims billing and ePACES help	1-800-343-9000
Prime Therapeutics State Government Solutions - PA requests, Emergency 72 hr supply requests, clinical criteria questions, and NYRx Programs	1-877-309-9493
Medical Supplies and Procedure Code Limits	1-800-342-3005
Enteral Nutrition PA	1-866-211-1736

General Resources	
NYRx Pharmacy Program	https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm
NYRx Pharmacy Benefit Transition	https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/index.htm
Medicaid Update (MU)	https://www.health.ny.gov/health_care/medicaid/program/update/main.htm
Pharmacy Preferred Drug Programs	https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf
Pharmacy Manual	https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Policy_Guidelines.pdf
Medicaid Pharmacy List of Reimbursable Drugs	https://www.emedny.org/info/formfile.aspx
ProDUR-ECCA D.0 Provider Manual (NCPDP Reject Response/MEVS)	https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-ECCA_Provider_Manual/

**The Medicaid Eligibility Verification System (MEVS) Reject Code for a transaction is returned within the Additional Message Info (526-FQ) and indicates the MEVS error for rejected transactions.*

REMINDER: Pharmacies should be requesting all the member’s insurance cards at the time of service. Pharmacies can bill NYRx using the member’s CBIC card or Managed Care Plan Card. Eligibility for Medicaid and Worker’s compensation coverage can be verified in ePACES.

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
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 for Non- Controlled Substances and 7 days for Controlled Substances.</p> <p>Resolution: The Pharmacy may not override an Early Fill edit by submitting “ER” in field 439-E4. Possible non-matching overrides for “ER” conflicts are below. Review the Response field 544-FY- (DUR Free Text Message) which displays the next earliest date of service that the drug may be filled. 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> <p>For Long Term Care Patient Admit/Readmit Indicator:</p> <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) 	<p>The date of next fill returned may differ based on the sequencing of edit rejects for edit #01642 and edit # 02242. This is due to the difference of lookback criteria days when resubmitting claims on a different date of service.</p> <ul style="list-style-type: none"> • August 2021 MU page 14 • Provider Communication New Patient & LOA • Pharmacy Manual

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			<p>For Long Term Care Leave of Absence:</p> <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) 	
01631	Client Has Other Insurance	<p>13 - M/I Other Coverage Code *Additional MEVS Reject Code: 717 - Client Has Other Insurance</p>	<p>The system identifies another insurance (e.g., Medicare, commercial insurance) for the member that is not being submitted on the claim. Pharmacy must resubmit billing other coverage as Primary with Medicaid as Secondary in a coordination of benefits (COB) claim when drug is covered by Primary. Pharmacies may resubmit claim for drugs that are a Primary coverage uncovered benefit in some circumstances, such as a Medicare member with Part D and claim is an OTC.</p> <p>Pharmacies should be directing the member to either their Local Department of Social Services (LDSS) or the New York State of Health customer services, depending on where they had their Medicaid eligibility determined. This will allow the member to get their information updated as efficiently as possible.</p> <ul style="list-style-type: none"> Human Resources Administration (HRA) for New York City (718) 557-1399 Medicaid Helpline (800) 541-2831 	<ul style="list-style-type: none"> May 2023 MU page 6 November 2021 MU pages 3 and 16 October 2022 MU page 6 July 2017 MU COB other coverage 4 July 2018 MU COB other coverage code 3

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
01641	Therapeutic Duplication	88 – DUR Reject Error	<p>The Therapeutic Duplication edit checks that therapeutic class of the new drug against 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). In order to process a DUR override, the same code that was returned as the reject 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:</p> <ul style="list-style-type: none"> • Field 439-E4- (Reason for Service Code) = TD- (Therapeutic Dup). • 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). 	ProDUR Provider Manual
02179	Unable To Process a Pharmacy PA Please Call Prime Therapeutics State Government Solutions	75 - Prior Authorization Required *Additional MEVS Reject Code: 303 - Prior Approval Indicated Denied/Rejected By NYS	<p>Prescription needs prior authorization (PA). Pharmacy should contact prescriber to inform them that drug needs PA and resubmit when PA is obtained.</p> <p>Effective July 15, 2025, NYRx accepts prior authorization requests via CoverMyMeds® in addition to phone and fax submission methods.</p> <p>Note, drugs dispensed as cash instead of waiting for PA are not reimbursable to the member by the Program.</p> <p>If the pharmacist cannot reach the prescriber and the medication requires immediate attention, the pharmacist may contact Prime Therapeutics State Government Solutions (1-877-309-9493) to obtain a PA for up to a</p>	<p>Pharmacists may request the 3-day emergency supply by using the Pharmacy Emergency Supply Worksheet.</p> <ul style="list-style-type: none"> • Provider Communication Out of Pocket Costs • CoverMyMeds Website

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			<p>seventy-two (72) hour emergency supply for any drug that requires prior authorization.</p> <p>See the table in this document: Additional Message Field Information on Prior Authorization.</p>	
00551	Item Not Eligible For Payment On Fill Date	<p>8J - Incorrect Product/Service ID for Processor/ Payor</p> <p>* Additional MEVS Reject Code 705-NDC NOT ON FORMULARY OR BILL DME HCPCS.</p> <p><i>This should not be directed for a Prime Therapeutics State Government Solutions PA.</i></p>	<p>It is not a Medicaid covered NDC. The pharmacy may try another NDC for that drug, consult the Medicaid Pharmacy List of Reimbursable drugs, or discuss possible alternatives with the prescriber.</p> <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>	<ul style="list-style-type: none"> • Cover page April 2022 MU • Medicaid Pharmacy List of Reimbursable Drugs • March 2023 Special Edition MU Medical Supplies

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02218	Prescribing MMIS Provider ID Cannot Be Derived	889 - Prescriber Not Enrolled in State Medicaid Program	Prescriber submitted on the claim is not enrolled in NYS Medicaid. Claims using prescribers who are unlicensed interns, residents or foreign physicians in training will pay when the pharmacy resubmits and enters an override (see June 2022 Medicaid Update page 14). If prescriber is not an intern, resident or foreign physician in training, the Pharmacy should attempt to obtain a new prescription from a prescriber who is enrolled in NYS Medicaid. An override may be available for non-enrolled prescribers under certain situations.	<ul style="list-style-type: none"> • Provider Communication Exception to Medicaid Provider Enrollment • September MU cover page
02004	Recipient Has Medicare Part D	620 - This Product/ Service May Be Covered Under Medicare Part D	Member has Medicare Part D. Claim must be resubmitted to Medicare Part D.	October 2022 MU page 6
02002	Prescription Serial Number Missing	EK - M/I Scheduled Prescription ID Number *Additional MEVS Reject Code: 725 - Serial Number Missing	Each pharmacy claim must be submitted with a corresponding 8-character serial number, For example: electronic prescriptions will have the serial number: 'EEEEEEEE'	<ul style="list-style-type: none"> • Matching Origin Codes to Correct Prescription Serial Number in Medicaid Fee-for-Service • Pharmacy Manual
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. Possible non-matching overrides for “ER” conflicts are below. Review the Response field 544-FY- (DUR Free Text Message) which displays the next earliest date of service that the drug may be filled. Also, for ER conflict edits only, if the conflicting fill was filled by a different pharmacy and/or different</p>	<p>The date of next fill returned may differ based on the sequencing of edit rejects for edit #01642 and edit # 02242. This is due to the difference of lookback criteria days when resubmitting claims on a different date of service.</p> <ul style="list-style-type: none"> • August 2021 MU • Provider Communication

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			<p>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> <p>For Long-Term Care Patient Admit/Readmit Indicator:</p> <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) <p>For Long Term Care Leave of Absence:</p> <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) 	<p>New Patient LOA, Pharmacy Manual</p> <ul style="list-style-type: none"> • ProDUR Provider Manual • Provider Communication Out of Pocket Costs • Provider Communication New Patient & LOA
00162	Recipient Ineligible On Service Date	65 - Patient Not Covered *Additional MEVS Reject Code: 001 - Recipient Ineligible On Service Date	Claim submitted for a non covered individual. Refer the patient to their local district or Health Benefit Exchange (HBE) for eligibility.	How to Apply for NY Medicaid

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00556	Refill Number Exceeds Maximum	8Q - Excessive Refills Authorized *Additional MEVS Reject Code: 708 - Exceeds NY Allowed Maximum	Refills entered on prescription or fiscal order are more than Medicaid allows for the item. Generally, NYRx allows a maximum of 11 refills per prescription. Products with specific FDA labeling and typical usage may be less. The pharmacy will need to reduce the number of refills for the item.	<ul style="list-style-type: none"> • May 2021 MU page 3 • Pharmacy Preferred Drug Programs
01600	Terminated NDC Number	825: Claim Date Of Service Is Outside Of Product's FDA/ NSDE Marketing Date <i>This should not be directed for a Prime Therapeutics State Government Solutions PA.</i>	NDC submitted is terminated by the manufacturer. Choose an alternative and resubmit. NYRx routinely receives termination date data when NDCs have been discontinued by the manufacturer. Drugs identified as terminated by the manufacturer will reject with this message. Please consult the Medicaid List of Reimbursable Drugs for alternative NDCs. As a reminder, the 11-digit NDC on the package dispensed must match the NDC billing code on the Pharmacy List of Reimbursable Drugs and the NDC submitted on the claim.	Medicaid Pharmacy List of Reimbursable Drugs
02119	Brand Required Instead Of Generic Equivalent	606 - Brand Drug/ Specific Labeler Code Required *Additional MEVS Reject Code: 421 - Dispense Brand Drug Instead of Generic Equivalent	A generic drug on the claim is in the Brand Less Than Generic Program. The pharmacy should resubmit claim with the Brand, DAW=9.	<ul style="list-style-type: none"> • Pharmacy Preferred Drug Programs • Brand Less than Generic Program

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00550	Maximum Quantity Exceeded	9G - Quantity Dispensed Exceeds Maximum Allowed *Additional MEVS Reject Code: 710 - Maximum Quantity Exceeded <i>This should not be directed for a Prime Therapeutics State Government Solutions PA.</i>	<p>Claim submitted for a quantity more than established guidelines. Pharmacy should ensure claim was submitted correctly, then reduce quantity to Medicaid limitations. 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.</p> <p>Pharmacists may choose the package size that most closely resembles the fiscal order for OTC drugs.</p>	<ul style="list-style-type: none"> • June 2020 Medicaid Update • Pharmacy Preferred Drug Programs
02300	Dispense As Written Code Invalid For Brand Less Than Generic NDC	22 - M/I Dispense As Written (DAW)/Product Selection Code	<p>A generic drug on the claim is in the Brand Less Than Generic Program. The pharmacy should resubmit claim with the Brand, DAW=9.</p>	<ul style="list-style-type: none"> • August 2021 MU • Brand Less than Generic Program
01643	Invalid DUR Conflict Code	9B - Reason for Service Code Value Not Supported	<p>The claim will be rejected if the provider submits a transaction to override a DUR Conflict and the DUR Conflict submitted in field 439-E4 does not match the current conflict being posted.</p> <p>Note: The pharmacy may not override an Early Fill edit by submitting “ER” in field 439-E4. For Early Fill “ER” rejects, the pharmacy should view the Response field 544-FY- (DUR Free Text Message) which displays the next allowable date the prescription may be filled, or refer to Edits 01642/02242 for possible non-matching overrides for</p>	ProDUR Provider Manual

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			“ER” conflicts.	
00562	Drug Price Not Available On Fill Date	70 - Product/ Service Not Covered - Plan/Benefit Exclusion <i>This should not be directed for a Prime Therapeutics State Government Solutions PA.</i>	The NDC submitted is not covered on the dispensed date. Choose another NDC.	Medicaid Pharmacy List of Reimbursable Drugs
00547	Recipient Eligible Emergency Services Only	70 - Product/ Service Not Covered - Plan/Benefit Exclusion *Additional MEVS Reject Code: 007 - Emergency Services Only Coverage <i>This should not be directed for a Prime Therapeutics State Government Solutions PA.</i>	Item submitted is not a covered benefit for the Emergency Services Only Category of Eligibility; item does not treat an emergency medical condition. Patient will need to make other financial arrangements for the item.	Medicaid Fee-for-Service (FFS) Emergency Services Only Coverage

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00539	Refill Exceeds Maximum Number Authorized	17 - M/I Fill Number *Additional MEVS Reject Code: 706 - Refill Code Exceeds Number of Refill Authorized	The fill number exceeds total refills authorized on the original prescription or fiscal order. Partial fills or remainder quantity for prescriptions that have been decreased are not recognized as refills.	<ul style="list-style-type: none"> • May 2021 Medicaid Update • Pharmacy Preferred Drug Programs
02276	Submitted Ingredient Cost Exceeds Ceiling Price	78 – Cost Exceeds Maximum *Additional MEVS Reject code: 708 - Exceeds NY Allowed Maximum	<p>Pharmacy has identified the claim as dispensing a 340B drug. The pharmacy must submit the ingredient cost at their 340b price, with no fees added. The 340B ceiling price refers to the maximum amount that a manufacturer can charge the covered entity for the purchase of a 340B drug. A claim submitted to Medicaid should never be higher than the 340B ceiling price or it will be rejected. Claims that are rejected must be resubmitted with the correct ingredient cost.</p> <p>Alternatively, the pharmacy may dispense non 340B drug and remove the claim level identifiers and submit at the usual and customary charge.</p>	<ul style="list-style-type: none"> • June 2023 MU page 6 • August 2019 MU page 5 • Pharmacy Manual
02275	Invalid Codes Submitted For 340B Pharmacy Drugs	34 - M/I Submission Clarification Code *Additional MEVS Reject Code: 734 - Invalid Combination of Values for 340B Drug	<p>Pharmacy has identified the claim as dispensing a 340B drug with a claim level identifier of 20 in field 420-DK, but has not submitted the claim with a Basis of Cost Determination Code of 08 in field 423-DN as required for a 340B claim; or the pharmacy submitted the Basis of Cost of 08 in field 423-DN, but did not enter a 20 in field 420-DK; or field 420-DK is equal to 20 and field 423-DN does contain 08 and field 409- D9 is less than or equal to zero.</p> <p>Pharmacy should resubmit claim with actual acquisition cost in field 409-D9 and if missing, 08 in field 423-DN and 20 in field 420-DK.</p>	<ul style="list-style-type: none"> • June 2023 MU page 6 • August 2019 MU page 5 • November 2021 MU • Pharmacy Manual

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00710	Procedure/ Formulary Code Exceeds Service Limits	76 - Plan Limitations Exceeded *Additional MEVS Reject Code: 136 - Requested Item Exceeds Frequency Limitation <i>This should not be directed for a Prime Therapeutics State Government Solutions PA.</i>	<p>Quantity or frequency for procedure code or NDC is more than established guidelines. Provider should check order, then reduce quantity if necessary.</p> <p>Pharmacy should notify the prescriber regarding necessary changes to the order. Alternatively, prescriber may contact DME for assistance.</p>	<ul style="list-style-type: none"> • July 2017 MU page 3 • DME Provider Manual <p>Questions regarding Medical supply PA criteria, quantity, duration, limits etc. may be referred to: 800-342-3005 or email ohipmedpa@health.ny.gov</p>
00218	Provider Not Approved For Service	6Z - Provider Not Eligible To Perform Service/Dispense Product *Additional MEVS Code: 705 - NDC Not on Formulary or bill DME HCPCS	<p>The Special Edition Medicaid Update highlights medical supply billing and resources.</p> <p>When billing NCPDP for medical supplies:</p> <ul style="list-style-type: none"> • Items billed to NYRx using the HCPCS code should be submitted in the 11-digit Product Service ID field with leading zeros. Enter the five-character alpha-numeric code (e.g., "A4259") in the last five spaces of field 407- D7. • Product/Service ID Qualifier- field 436-E1 should be 09 (valid values "03" = NDC, "09" = HCPCS). <p>Additionally, providers would need to be enrolled with a category of service (COS) of 0442 to provide medical supply products. Not all codes in the Pharmacy Medical Supply Fee Schedule require a COS 0442. Please refer to the Medicaid Pharmacy List of Reimbursable Drugs for a full list of drugs and supplies available by NDC.</p>	<ul style="list-style-type: none"> • March 2023 Special Edition MU • Medical Supplies Procedure Codes and Coverage Guidelines

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01172	Patient Is Not Covered	AF, Patient Enrolled Under Managed Care	Includes patients enrolled in Managed Long Term Care plans (e.g., PACE, MAP, MLTC) or the Essential Plan for prescription benefits.	
01243	Prescribing Ordering Provider Not In Active Status On Date Of Service	777 - Plan's Prescriber Database Not Able To Verify Active State License With Prescriptive Authority For Prescriber ID Submitted *Additional MEVS Code: 318 - Prescribing Provider License Not In Active Status	Prescriber was enrolled but not at this time due to either an expired license, a lack of revalidation or other means. Prescriber should be referred to Provider Enrollment at 800-343- 9000 or emedny.org. The pharmacy should attempt to obtain the prescription from another enrolled practitioner.	<ul style="list-style-type: none"> • Provider Enrollment & Maintenance • New York State Education Department Office of the Professions' Online Registration Renewal
00700	PA Units or Payment Amount Exceeded	PA Exhausted/Not Renewable *Additional MEVS Code: 307 - Prior Approval units or payment amount exceeded	The amount transmitted on the claim is larger than the PA units that were authorized. This can occur if the quantity is larger than what remains on the PA. The quantity on the claim can be reduced, or a new PA can be obtained for the quantity that is being submitted.	

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01493	Pharmacy Service Included In In-State Facility Rate	70 - Product/ Service Not Covered - Plan/ Benefit Exclusion *Additional MEVS Code: 325 Pharmacy Service included in – In-State Facility Rate	<p>The member is in a skilled nursing facility. NYRx provides reimbursement for prescription drugs only.</p> <p>Physician administered drugs (commonly referred to as J-code drugs), over-the-counter drugs, durable medical equipment (DME), medical supplies and immunization services will remain the responsibility of the nursing home facility.</p> <p>NOTE: If a recipient has been discharged from the facility but the file does not yet reflect the end of residency, the pharmacy may submit an override. They would enter a "2" in the Eligibility Clarification Code field (309-C9). This will result in a pend status edit 01316, which will give the local districts time to update the Client's file. If the update</p>	June 2011 Medicaid Update Special Edition
01634	Drug to Drug Interaction	88 – DUR Reject Error	<p>The Drug-Drug Interaction edit matches the new drug against the member's current, active drugs to identify clinically relevant interactions. 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). In order to process a DUR override, the same code that was returned as the reject 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:</p> <ul style="list-style-type: none"> Field 439-E4 - (Reason for Service Code) = DD- (Drug-Drug Interactions). 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). 	ProDUR Provider Manual

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01644	Invalid DUR Outcome Code	E6 – DUR Outcome Code	<p>The claim will be rejected if the provider submits a transaction to override a DUR Conflict in field 439- E4- (Reason for Service), and the DUR Outcome code submitted in field 441-E6- (Result of Service Code) is not one of the following valid codes: (1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A).</p> <p>Resolution: Resubmit with a valid Result of Service Code.</p>	
00186	Procedure Requires PA	<p>75 – Prior Authorization Required *Additional MEVS Code: 306 - Item Requires Manual Review (the NDC being billed requires manual review by DOH prior to payment); or the Medicare Paid Amount reported is less than reasonable.</p>	<p>Medical supply requires PA/manual review.</p> <ul style="list-style-type: none"> Payment for those procedures where the code is underlined in the Procedure Code Manual is dependent upon obtaining prior approval of the Department of Health (DOH) Medical Director or their designee. Prior approval is also required for payment of medical/surgical supplies, durable medical equipment, prosthetics and orthotics and orthopedic footwear not specifically listed in the Procedure code manual. <p>The Dispensing Validation System (DVS) is an automated approval process for selected items of medical/surgical supplies, DME, orthotics, prosthetics, and orthopedic footwear.</p> <ul style="list-style-type: none"> Pharmacy providers will receive authorizations for medical supplies that are given a 5-day period of service. DME, orthotics, prosthetics and orthopedic footwear are given a period of service of 180 days. Payment for those items listed in the procedure code section of the manual, where the product description is preceded by a pound sign (#), is dependent upon obtaining a dispensing validation number through a Medicaid Eligibility Verification System (MEVS) transaction on the date the service. 	<ul style="list-style-type: none"> Medical Supply Fee Schedule & Column Descriptions DME PA Guidelines

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			<ul style="list-style-type: none"> For more information regarding the Medicaid Eligibility Verification System, DMEPOS providers can access the following link: MEVS and DVS Manual. Information regarding the Prior Approval process is available in the DME Prior Approval Guidelines. 	
00677	Restricted Recipient Service Not Provided/ Ordered/ Referred By Primary Pharmacy	980 - Patient Locked Into Specific Pharmacy(s)	<p>The Recipient Restriction Program (RRP) is a medical and administrative review process authorized by federal and state regulation with a goal of improving a recipient's safety and quality of care. Restricted recipients will be required to fill their prescriptions at their restricted pharmacy. Claims will not pay if the restricted recipient attempts to fill their prescriptions at a different pharmacy without prior approval to do so. Instruct the patient to fill with the primary pharmacy as listed in ePACES. The Office of Medicaid Inspector General will consider emergency situations when filling outside the restriction. Emergency Situations include drug shortages, unexpected pharmacy closures, or unexpected travel.</p> <p>For questions concerning the Recipient Restriction Program, please call 518-474-6866 or email omig.sm.RRP@omig.ny.gov.</p>	<ul style="list-style-type: none"> General RRP Information Information for Providers in the RRP Information for Recipients in the RRP <p>To Change a Recipient's Assigned Pharmacy:</p> <ul style="list-style-type: none"> For upstate recipients (All counties outside of New York City), contact the recipients Local Department of Social Services (LDSS) using the LDSS directory. For New York City recipients, contact the New York City Human Resources Administration (HRA) at 888-692-6116 For Medicaid FFS recipients where coverage was obtained through the NY State of Health (NYSoH), contact NYSoH at 518-457-0761

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00679	Restricted Recipient Service Not Provided/ Ordered/ Referred By Primary Physician	979 - Patient Locked Into Specific Prescriber(s)	<p>The Recipient Restriction Program (RRP) is a medical and administrative review process authorized by federal and state regulation with a goal of improving a recipient's safety and quality of care. Patient must fill under the restricted prescriber unless extenuating circumstances exist.</p> <p>For questions concerning the Recipient Restriction Program, please call 518-474-6866 or email omig.sm.RRP@omig.ny.gov.</p>	<ul style="list-style-type: none"> • General RRP Information • Information for Providers in the RRP • Information for Recipients in the RRP <p>To Change a Recipient's Assigned Medical Provider or Clinic:</p> <ul style="list-style-type: none"> • For Medicaid Fee-for-Service upstate recipients (All counties outside of New York City), contact the recipients Local Department of Social Services (LDSS) using the LDSS directory. • For NYC Medicaid FFS recipients, contact the New York City Human Resources Administration (HRA) at 888-692-6116 • For Medicaid Managed Care recipients (Upstate and New York City), contact their Managed Care Plan • For Medicaid FFS recipients where coverage was obtained through the NY State of Health (NYSoH), contact NYSoH at 518-457-0761

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
00683	Restricted Recipient Service not Provided/ Ordered/ Referred by Primary Clinic	979 - Patient Locked Into Specific Prescriber(s)	<p>The Recipient Restriction Program (RRP) is a medical and administrative review process authorized by federal and state regulation with a goal of improving a recipient’s safety and quality of care. Patient must fill under the restricted primary care provider (PCP), which is a clinic, unless extenuating circumstances exist. Since the PCP is an organization rather than an individual, an on-staff physician at the PCP clinic for the recipient must be identified in the claim.</p> <p>For questions concerning the Recipient Restriction Program, please call 518-474-6866 or email omig.sm.RRP@omig.ny.gov.</p>	<ul style="list-style-type: none"> • General RRP Information • Information for Providers in the RRP • Information for Recipients in the RRP <p>To Change a Recipient’s Assigned Medical Provider or Clinic:</p> <ul style="list-style-type: none"> • For Medicaid Fee-for-Service upstate recipients (All counties outside of New York City), contact the recipients Local Department of Social Services (LDSS) using the LDSS directory. • For NYC Medicaid FFS recipients, contact the New York City Human Resources Administration (HRA) at 888-692-6116 • For Medicaid Managed Care recipients (Upstate and New York City), contact their Managed Care Plan <ul style="list-style-type: none"> • For Medicaid FFS recipients where coverage was obtained through the NY State of Health (NYSoH), contact NYSoH at 518-457-0761

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
02351	NDC Not Federal Participant	AC: Product Not Covered Non-Participating Manufacturer	Pursuant to SSA §1927(a), drug manufacturers are required to participate in the Medicaid Drug Rebate Program) MDRP for coverage. National Drug Codes (NDCs) of non-participants will reject with this message.	Payment For Covered Outpatient Drugs
02352	NDC is a DESI Drug	70: NDC Not Covered *Additional MEVS Denial Code 722: NDC DESI Code is invalid	The Drug Efficacy Study Implementation (DESI) is a program implemented by the Food and Drug Administration (FDA) in 1962 to require that new drugs be shown effective, as well as safe, to obtain FDA approval. The amendment required FDA to evaluate the effectiveness of the drugs the agency had approved only for safety between 1938, when Congress enacted the FD&C Act requiring new drugs be shown safe prior to marketing. Drugs that are identified by the FDA with DESI codes 5 & 6 are not available for reimbursement.	Drug Efficacy Study Implementation (DESI)
02353	NDC Excluded from State Plan Coverage	70: NDC Not Covered	<p>Medicaid only provides reimbursement for drugs included on the New York State List of Medicaid Reimbursable Drugs (unless provided by a facility which includes the cost of drugs in their all-inclusive rate). The following are examples of drugs/drug uses which are not reimbursable by Medicaid in accordance with Policy and/or state or federal Legislation:</p> <ul style="list-style-type: none"> • Drugs used for the treatment of anorexia, weight loss or weight gain pursuant to SSA §1927(d)(2). • Drugs for the treatment of sexual dysfunction pursuant to SSA §1927(d)(2), and Social Services Law §365- a(4)(f). • Drugs without a federal rebate agreement pursuant to SSA §1927(a). • Drugs indicated for cosmetic use or hair growth pursuant to SSA §1927(d)(2). • Any contrast agents, used for radiological testing (these are included in the radiologist's fee). • Drugs packaged in unit doses for which bulk product exists. 	Pharmacy Provider Manual

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
02354	Proc Code Required Instead of NDC	8J: Incorrect Product/ Service ID for Processor/Payer *Additional MEVS Denial code 705: NDC/APC Not Covered	<p>Medical Supples billed to NYRx using the HCPCS code from the NYRx Medical Supply Codes Billable by a Pharmacy document, or the DMEPOS Procedure Codes and Coverage should be submitted in the 11-digit NDC field with leading zeros. Enter the five-character alpha-numeric code (e.g., "A4259") in the last five spaces of the NDC field.</p> <p>NCPDP Field Names: Product/Service ID- 407-D7 and Product/Service ID Qualifier436-E1 (valid values "03" = NDC and "09" = HCPCS).</p> <p>If DMEPOS providers submit claim using an NDC number, the claim will reject.</p>	Billable by a Pharmacy document
00553	Drug Invalid For Recipient Sex	61- Drug Not Covered For Recipient Sex *Additional MEVS Code: 133 Drug Invalid For Recipient Sex	<p>The sex on the claim submission does not match the sex the drug was approved for by the FDA. The drug and/or dosing of a drug is FDA approved for a specific sex. This is to account for biological differences between men and women (differences due to sex chromosome or sex hormones) which may contribute to variations seen in the safety and efficacy of drugs.</p> <p>Medicaid covers certain medically necessary cross- sex hormone therapy for persons diagnosed with gender dysphoria. If a claim is rejecting for edits verifying sex, pharmacies should be directing the member to either their Local Department of Social Services (LDSS) or the New York State of Health customer services, depending on where they had their Medicaid eligibility determined. This will allow the member to get their information updated as efficiently as possible.</p> <ul style="list-style-type: none"> • Human Resources Administration (HRA) for New York City (718) 557-1399 • Medicaid Helpline (800) 541-2831 	<ul style="list-style-type: none"> • Understanding Sex Differences (FDA) • October 2023 MU page 6

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
00563	Days Supply Less Than Minimum	891 – Days Supply Is Less Than Plan Minimum	Claim submitted for days supply less than required. Pharmacy should ensure claim was submitted correctly, then adjust quantity and days supply to Medicaid minimum as allowed. Pharmacy should notify the prescriber regarding necessary changes to the order.	
00245	Prior Approval Indicated Not Approved By NYS	EV - M/I Prior Authorization 303 - Prior Approval Indicated Denied By NYS	The Prior Authorization (PA) number submitted was not accepted. Either the PA has expired, is not approved, or all approved units have been exhausted. Please note: this edit can invoke if the pharmacy claim is voided/reversed and resubmitted too quickly. Please allow sufficient time between resubmissions to allow the claims system to process efficiently.	Electronic PA requests are now accepted by NYRx via CoverMyMeds® . Consider this option as an effective and efficient way to request a PA. PA requests can also be submitted by phone at 1-877-309-9493 or by fax at 1-800-268- 2990 to the NYRx Clinical Call Center, available 24 hours a day, seven days a week. For additional information, providers should contact the NYRx Education & Outreach at NYRxEO@primetherapeutics.com . For additional information regarding NYRx PA criteria, providers should refer to the NYRx Medicaid Pharmacy Program Preferred Drug List .
07420	Compound Segment found when compound drug code is not compound	8D - Compound Segment present on a non-compound claim	NCPDP field 406-D6 (Compound Code) was submitted with value 2 (Compound) with no data submitted in field 489-TE (Compound Product ID). Resubmit with at least 2 ingredients present in the compound segment (489-TE).	ProDUR-ECCA D.0 Provider Manual

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
02326	Drug only covered in compound	8H - Product/ service only covered on compound claim	The NDC submitted has been identified as a compound-only ingredient. This can include suspending agents, Active Pharmaceutical Ingredient (API) powders, or excipients.	Pharmacy Manual, pg. 33 "Compounded Prescriptions"
02282	Compound Claim Requires PRIME PA	75 - Prior Authorization Required	Prior authorization (PA) and editing on prescriptions for all topical compounded drug products is required and will be implemented on certain NYRx Medicaid fee-for-service (FFS) claims. This process will ensure that compounded topical drug products meet State and Federal regulations and that the compound ingredients are FDA-approved or compendia-supported for topical use when submitted to NYRx.	<ul style="list-style-type: none"> • November 2025 MU • November 2018 MU "Update on Medicaid Fee-for-Service Prior Authorization of Topical Compounded Drug Products" • September 2015 NYS Medicaid Drug Utilization Review (DUR) Board recommendations
02283	Route of Administration Missing	E2 - M/I Route of Administration	Compound claims require submission of NCPDP field 995-E2 (Route of Administration). If 401-D1 (Compound Code)= 2 (compound) and 995-E2 (Route of Administration) is blank, the edit is failed. Resubmit the claim with a valid route of administration code. Please see the D.0 Provider manual for a listing of accepted values.	ProDUR-ECCA D.0 Provider Manual
02337	Invalid SNOMED To Route Code Mapping	E2 - M/I Route of Administration	For compound claims, the value submitted in field 995-E2 (Route of Administration) is not accepted for at least 1 ingredient. An example can be an NDC for a topical cream submitted with an injectable route of administration. Please review all ingredients and route of administration code.	<ul style="list-style-type: none"> • Pharmacy Manual, pg. 33 "Compounded Prescriptions" • ProDUR-ECCA D.0 Provider Manual
01613	Missing Or Invalid Compound Code	20 - M/I Compound Code	NCPDP field 401-D1 (Compound code) must be present on all claims.	

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
02145	Must Have More Than One NDC For A Compound Claim	7Z - Compound Requires Two or More Ingredients	If NCPDP field 401-D1 (Compound code) = 2 (compound), at least 2 ingredients must be present in field 489-TE (Compound Product ID).	Pharmacy Manual, pg. 33 "Compounded Prescriptions"
02147	All Ingredients Of Compound Are Not Payable	8A - Compound Requires At Least One Covered Ingredient	Acceptable compound formulations must contain at least 1 reimbursable ingredient in addition to meeting all other program requirements. Please check the List of Reimbursable Drugs for a listing of covered products.	<ul style="list-style-type: none"> • Medicaid Pharmacy List of Reimbursable Drugs • Pharmacy Manual, pg. 33 "Compounded Prescriptions"

Additional Message Field Information on Prior Authorization

NCPDP field 526-FQ - Call Prime Therapeutics State Government Solutions at 1-877-309-9493, with the following code(s) on auto-PA failure criteria reason reject:

75AC	AGE CRITERIA FAILURE
75AT	DRUG/CLINICAL HISTORY NOT MET
75A1	NO COVERED DIAGNOSIS FOUND
75A2	USE HIGHER STRENGTH
75A3	DRUG CONTRAINDICATION FAILURE
75CC	MAXIMUM CLAIM COUNT EXCEEDED
75CD	MAX DAILY DOSE EXCEEDED
75CH	MAX DOSE IN HISTORY NOT MET
75DC	DRUG THERAPY COUNT LIMIT
75DT	DUPLICATE DRUG THERAPY FAILURE
75GC	INVALID GENDER
75MD	DURATION CRITERIA FAILURE
75MH	MAX MME IN HISTORY NOT MET
75MQ	QUANTITY CRITERIA FAILURE
75MV	PRIOR AUTHORIZATION REQUIRED
75MR	MANUAL REVIEW REQUIRED BY NYRX
75PC	MULTIPLE PRESCRIBER LIMIT FAILURE
75PD	BILL MEDICARE PART D FIRST
75PH	MULTIPLE PHARMACY LIMIT FAILURE
75RD	REQUIRED DIAGNOSIS CRITERIA FAILURE
75RP	REQUIRED PROCEDURE CRITERIA FAILURE
75ST	STABLE THERAPY CRITERIA FAILURE
75SY	PRIOR AUTHORIZATION REQUIRED
75UD	UNITS PER DAY OR DAYS SUPPLY CRITERIA FAILURE

Edit 00551 Validations

Edit 00551 “Item Not Eligible For Payment On Fill Date” checks the following 5 conditions. If any of these conditions cannot be validated, then the claim will reject.

1. Not Participating in the Federal Drug Rebate Program

The [Medicaid Drug Rebate Program \(MDRP\)](#) is a program that includes Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and participating drug manufacturers that helps to offset the Federal and state costs of outpatient prescription drugs dispensed to Medicaid patients. The program requires a drug manufacturer to enter into a National Drug Rebate Agreement (NDRA) with the Secretary of the Department of Health and Human Services (HHS) in exchange for state Medicaid coverage the manufacturer’s drugs.

[List of new/reinstated and terminated labelers \(Medicaid.gov\)](#)

2. Terminated NDC

A drug’s termination date is defined by CMS as (1) the expiration date of the last batch of a discontinued drug sold by the manufacturer or (2) the date that the Food and Drug Administration (FDA) or the manufacturer withdraws a drug from the market for health and safety reasons or orders such withdrawal.

Terminated drug information can be found in the National Drug Code Directory: <https://www.accessdata.fda.gov/scripts/cder/ndc/index.cfm>

3. Drug Efficacy Study Implementation (DESI) Designation

FDA’s administrative process to consider the effectiveness of drugs that had been approved only for safety between 1938 and 1962, is called the drug efficacy study implementation (DESI). *Congress amended the Federal Food, Drug, and Cosmetic Act in 1962 to require that new drugs be shown effective, as well as safe, to obtain FDA approval.* The amendment required FDA to evaluate the effectiveness of the drugs the agency had approved only for safety between 1938, when Congress enacted the FD&C Act requiring new drugs be shown safe prior to marketing, and 1962. Medicaid only covers drugs that are proven to be safe & effective. Therefore, Medicaid does not cover drugs with a DESI designation of “5” or “6” noted below.

- 05 - DESI 5* (Drug Efficacy Study Implementation) – FDA’s DESI review determined that the drug is “Less than effective for all of its labeled indications”, or the drug is “identical, related or similar” to such drug (‘LTE/IRS’)
- 06 - DESI 6* – LTE/IRS drug withdrawn from market.

More information: <https://www.fda.gov/drugs/enforcement-activities-fda/drug-efficacy-study-implementation-desi>

4. Excludable Categories

Medicaid only provides reimbursement for drugs included on the New York State List of Medicaid Reimbursable Drugs. The following are examples of drugs/drug uses which are not reimbursable by Medicaid in accordance with Policy and/or State or Federal Legislation:

- Drugs used for the treatment of anorexia, weight loss or weight gain pursuant to SSA §1927(d)(2);
- Drugs for the treatment of sexual dysfunction pursuant to SSA §1927(d)(2), and Social Services Law §365- a(4)(f);
- Drugs indicated for cosmetic use or hair growth pursuant to SSA §1927(d)(2)

5. Medical Supplies (Procedure Code Required in NDC Field)

Procedure codes must be submitted in the NDC field with these exceptions: Preferred Diabetic Supply Program and select medical supplies such as lancets & devices, syringes, pen needles, alcohol wipes, and Aerochambers. Products are listed in https://www.health.ny.gov/health_care/medicaid/program/pharmacy/docs/nyrx_medical_supplies.pdf.

Additional resources:

- [NYRx Procedure Codes Listing](#)
- [Billing Guidance for Procedure Codes via NCPDP in March 2023 Medicaid Update NYRx Pharmacy Benefit Transition: Part Three Special Edition](#)