



Reject Code Suspension Notice

January 21, 2022

Medi-Cal Rx has identified a large volume of pharmacy claim denials. As a result, Medi-Cal Rx has implemented temporary edit suspensions—effective immediately. The edit suspensions listed below will last 90 days, with an end date of April 30, 2022. Please note that these temporary edits are not a guarantee of payment and should still adhere to the billing hints listed below.

On May 1, 2022, these edits will be reinstated. Pharmacy claims will be required to be billed according to the Medi-Cal Rx policies outlined in the [Medi-Cal Rx Provider Manual](#) and the [Medi-Cal Rx Contract Drugs List \(CDL\)](#).

Suspended Reject Codes		
Reject Code	Temporary Edit	Billing Tips
88: DUR Reject Error	Early refill rejection edits have been turned off with the exception of opioids and <i>benzodiazepines</i> .	<ul style="list-style-type: none">• Thresholds for opioids will remain at 90% and <i>benzodiazepines</i> at 75%.• Starting May 1, 2022, you will need to refer to the <i>Opioid Management</i> section of the Medi-Cal Rx Provider Manual for billing guidance.
60: Product/Service Not Covered For Patient Age	Edit suspended if there are historically paid claims on file or claim has been paid using the Reject 75 override instructions.	<ul style="list-style-type: none">• For continuation of therapy, please resubmit the claim with a value of 55555 in the Prior Authorization Number Submitted field (462-EV).• Starting May 1, 2022, you will need to refer to the Medi-Cal Rx Contract Drugs List (CDL) for any age limitations.

Suspended Reject Codes		
Reject Code	Temporary Edit	Billing Tips
76: Plan Limitations Exceeded	Edit suspended if there are historically paid claims on file or claim has paid using the Reject 75 override instructions.	<ul style="list-style-type: none"> For continuation of therapy, please resubmit the claim with a value of 55555 in the Prior Authorization Number Submitted field (462-EV). Starting May 1, 2022, check days' supply and metric decimal quantity.
80: Dx Code Submitted Does Not Meet Drug Cov Criteria	Edit suspended; diagnosis is not required for the temporally stated period.	<ul style="list-style-type: none"> Starting May 1, 2022, you will need to bill with a diagnosis code. Continue to submit the Submission Clarification Code (SCC) 7.

The following reject codes are not suspended. Please refer to the guidance provided to help resolve your claim.

Additional Reject Codes	
Reject Code	Billing Tips
52: Nonmatched Cardholder ID	<ul style="list-style-type: none"> Bill with the beneficiary's Benefits Identification Card (BIC), Client Index Number (CIN), or Health Access Program (HAP) number. The beneficiary's name on the claim needs to be identical to the beneficiary's name as it appears on the BIC or HAP card. Do not bill with the Managed Care Plan (MCP) ID card. If billing a newborn claim, refer to the Claims Submission Reminders bulletin. Refer to Reject Code 52: Nonmatched Cardholder ID for more information.
70: Product/Service Not Covered	<ul style="list-style-type: none"> Do not bill store brand Over-the-Counter (OTC) products as they are not covered. Drug must have a National Drug Code (NDC).