

GreenShield Response and Intervention Codes

Response Code	Message Description	Response Type	Condition Generating Response Code	Intervention Code by Pharmacist and Description
ME	Drug/Drug Interaction Potential	SEVERITY LEVEL 2 Information message	Indicates a potential drug/drug interaction between the prescription being filled and one which the patient is already receiving. The claim has been approved for payment. However, if the Rx is not filled, the claim may be reversed using the appropriate intervention codes	UD= consulted prescriber and changed drug UL= pharmacist decision Rx not filled
ME	Drug/Drug Interaction Potential	SEVERITY LEVEL 1&3 Overrideable Warning	Indicates a potential drug/drug interaction between the prescription being filled and one which the patient is already receiving. The claim has not been approved for payment. The claim may be processed by using the appropriate intervention codes.	UA= consulted prescriber and filled Rx as written UC= consulted prescriber and changed instructions for use UB= consulted prescriber and changed dose UF= patient gave adequate explanation. Rx filled as written UI= consulted other source. Rx filled as written UG= cautioned patient. Rx filled as written
MH	May Be Double Doctoring	Information Message	Indicates that the patient may be visiting multiple prescribers to obtain drugs that have a potential to be abused. The claim has been approved for payment. However, if Rx is not filled, the claim may be reversed using the applicable intervention code.	UD= consulted prescriber and changed drug UL= pharmacist decision Rx not filled UE= consulted prescriber and changed quantity
MI	Poly-pharmacy Use Indicated	Information Message	Indicates that the patient may be visiting multiple pharmacies to obtain drugs which have a potential to be abused. The claim has been approved for payment. However, if Rx is not filled, the claim may be reversed using the intervention codes.	UD= consulted prescriber and changed drug UL= pharmacist decision. Rx not filled UE= consulted prescriber and changed quantity
D7	Fill Too Soon	Overrideable Warning	Indicates a refill should not be required at this time. The claim has not been approved for payment. The claim may be processed by using the appropriate intervention codes.	MK= good faith emergency coverage established. MN= replacement claim due to dose change MV= vacation supply
DE	Fill Too Late	Information Message	Indicates a refill is overdue at this time. The claim has been approved for payment. The dispensing agent may want to ensure that the patient is compliant and taking adequate doses.	
D9	Call Adjudicator	Call Customer Service Centre 1.888.711.1119	Indicates that there have been excessive online submissions for the same participant on the same day for the same DIN.	As determined with the assistance of a Customer Service Centre agent.
OF	Initial Days Supply	Overrideable Warning	Indicates the first claim for this medication for a given patient. May be overridden if the patient is already established on drug.	NH= Initial Rx program declined

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OC	Initial Days Supply	Overrideable warning	Indicates that a claim initially denied due to the Initial Days Supply program was resubmitted with a reduced days supply, but without a corresponding reduction in quantity. If it is not possible to further reduce quantity due to package size constraints, an override may be used	NF= Override-Quantity appropriate
HD	Patient May Qualify for Government Plan	Overrideable Warning (Ontario)	Indicates that the plan member is a senior and that the claim may qualify as a Limited Use drug through ODB. The claim has not been approved for payment. The claim may be processed using the appropriate intervention code if the plan member does not meet the criteria described by ODB for coverage of the drug product.	MS= Non-formulary benefit. This intervention code may be used if the plan member does not qualify for coverage by ODB for the drug claimed. DA= Secondary claim – original to provincial plan.
KX	Patient Now Eligible for Maintenance Supply	Information Message	This message may be seen when a drug claimed was previously reduced due to GSC's Initial Days Supply program. The response code indicates that the quantity claimed is less than the balance remaining from the original claim. The claim has not been approved for payment. The claim may be resubmitted for the balance of the initially prescribed supply.	MN= Replacement claim due to dose change. For example, this intervention code may be used to allow payment when the dose has been reduced pending the results of the initial 30-day trial.
KR	Patient Not Eligible for Product	Overrideable warning	This may be seen on claims for narcotic preparations in children under a safe age for use. In this situation, may be overridden if the pharmacist has consulted the prescriber but the prescriber still requests the prescription filled as written.	UA= Consulted prescriber and filled Rx as written.
DR	Days Supply Lower Than Minimum Allowable	Overrideable warning	Indicates that the plan member requires a larger supply to comply with our 90-day maintenance rule. Pharmacist must use professional judgement in assessing patient eligibility to determine a clinical need for overriding.	ER= Override days supply limit for period. DH= Rx synchronized pursuant to rule 19
D6	Maximum Cost Exceeded	Overrideable warning	Indicates that a claim cost exceeds \$499.99. If cost is accurate, pharmacy must input appropriate corresponding code depending on the claim cost.	MO= Valid claim – value \$500.00 to \$999.99. MP= Valid claim – value \$1,000.00 to \$9,999.99.
EQ	Reject, Prov. Plan Enrolment Required	Overrideable warning	Indicates that the claim may be eligible for reimbursement under a provincial plan. If the plan member does not meet the criteria set for a restricted benefit, for example, being ineligible under the AB formulary due to age or gender restrictions, then the pharmacy can use the override code.	DY= Not eligible for prov. plan coverage

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QQ	Drug ineligible – specialty program drug	Overridable warning (Ontario)	Indicates that the claim may be eligible for reimbursement under the Exceptional Access Program (EAP) in Ontario.	DW – applied to provincial plan and rejected DX – applied to provincial plan, decision pending DY – not eligible for provincial plan coverage SW – rejected by provincial plan. Bypass other programs. SX – pending provincial plan. Bypass other programs
OS	Submit future claims to provincial plan	Overridable warning (British Columbia, Saskatchewan, Manitoba)	Indicates that the claim may be eligible for reimbursement under BCSA in BC, and EDS in Saskatchewan and Manitoba	DV – applied to provincial plan and approved DW – applied to provincial plan and rejected DY – not eligible for provincial plan coverage SV – approved by provincial plan, bypass other programs SW – rejected by provincial plan. Bypass other programs.

The use of any intervention code should be supported with relevant documentation on the prescription hard copy