REPORT OF OPIOID RELATED CLAIM ERRORS

Pharmacies, please utilize this form to report any opioid related claim errors encountered at point of sale for IEHP Medi-Cal and Medicare Dual Choice Members.

Member ID	
DOB	
Rx# for claim	
Date of Service	
Drug Name and Strength	
NDC	
Quantity/Days' Supply	
SIG	
Error Code and Message	#1 925/88 Rejection Codes #2 922/88 combo #88 Please indicate what message you are receiving
Point of contact name & title	
Pharmacy name and address	
Point of contact's telephone number	

Please provide any relevant comments:

_____

_____

Reporting Party Signature: _____ Date: _____