

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	630	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	714	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	697	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	666	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	667	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	829	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	831	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	836	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	834	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	824	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	825	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	820	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	821	
	CLM BYPASS PAM EDITS	CLAIM BYPASSED THE PAM EDITS/CLAIMCHECK	795	
	CLM BYPASS CC EDITS	CLAIM BYPASSED THE CLAIMCHECK EDITS	792	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	809	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	880	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	881	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	875	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	860	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	861	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	870	
	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	841	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	856	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	858	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	845	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	555	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	346	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	354	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	362	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	369	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	393	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	418	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	425	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	422	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	168	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	133	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	134	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	141	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	151	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	152	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	177	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	189	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	077	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	101	

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	322	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	328	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	325	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	054	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	886	
	NOT USED - AVAILABLE	NOT USED - AVAILABLE	891	
A-1	DENIED PER SURS	DENIED PER SURS GUIDELINES	941	N35
A-1	CUTBACK PER SURS	CUTBACK PER SURS GUIDELINES	939	N35
A1	DENIED PER TPL EOB	DENIED PER THE TPL EOB INFORMATION	931	N36
A1	INDICTR/CPT CONFLICT	INDICATOR 3 INVALID WITH CPT CODES-PCP REFERRAL REQ	104	N285
A2	NOT PAID BY MEDICARE	NOT PAID BY MEDICARE	944	
A2	KATRINA EVACUE/CAT11	HURRICAN KATRINA EVACUEE/AID CAT 11	526	
A2	KATRINA EVACU/PARISH	HURRICANE KATRINA EVACUEE/PARISH	527	
B3	UNITS 33-47	UNITS PAID BETWEEN 33 AND 47	543	N45
B5	ONLY-1ST DIAG,VS PD	KELOID TREATMENT-ONLY FIRST DIAGNOSTIC VISIT IS PAID	488	
B5	THERAPEUTIC DUP DENY	THERAPEUTIC DUPLICATION DENIAL-LIMITED TO SPECIFIC CLAS	482	
B5	PREGNANCY DENIAL	PREGNANCY PRECAUTION-DENIAL-FDA CATEGORY X	483	
B5	NEW RX REQUIRES PA	NEW RX WILL REQUIRE PA	484	
B5	CUTBACK-SERV 1 YEAR	CUTBACK-REPAIR MUST YIELD DENTURE SERVICEABLE FOR 1 YR	698	
B5	PROBLEM CODE PD 2YRS	PROBLEM ORIENTED CODE PAID WITHIN 2 YEARS	696	
B5	RXNO USE GR THAN LIM	USAGE OF SAME RX NUMBER GREATER THAN SYSTEM LIMIT	647	N388
B5	MAX # CLM LINES EXC	MAX EXCEEDED FOR ADDED CLAIM LINES-RESUBMIT/CLAIMCHECK	947	N61
B7	PROVIDER NOT ELIG	PROVIDER NOT ELIGIBLE ON DATES OF SERVICE	201	
B7	CLIA NOT CERT DOS	CLIA # DOES NOT COVER DATE OF SERVICE	329	MA120
B7	BILL PROV NOT ELIG	BILLING PROVIDER INELIGIBLE ON DATE OF SERV	207	
B7	PROVIDER NOT COVERED	PROVIDER NOT COVERED FOR SERVICES RENDERED BY MEDICAID	213	
B7	PROV RATE NOF	PROVIDER FILE DOES NOT CONTAIN VALID RATE FOR DOS	244	
B7	NOT PAY W/CLIA CERT	NOT PAYABLE WITH CLIA CERT TYPE	386	MA120
B7	PROV CERT DATE ERROR	PROVIDER CERTIFICATION EXPIRED AS OF DOS	360	
B9	NON HOSPICE PROVIDER	SUBMIT JUSTIFICATION FOR SERVICES	493	N29
B13	CANNOT ADJUST PREPAY	CANNOT ADJUST ZERO-PAID CLAIM FROM PRE-PAY RVW PROCESS	501	
B13	ADJ. DENY	ADJUSTMENT DENIED/ORIG CLAIM PAID CORRECTLY	367	
B13	HEMA.COMP/IND/BILLED	HEMATOLOGY COMPONENT/INDICE/PROFILE BILLED INCORRECTLY	614	
B13	PYMNT INCDL DELV FEE	PAYMENT INCLUDED IN DELIVERY FEE	617	M15
B13	FY COST SETTLED	FISCAL YEAR COST SETTLED	975	N524
B14	VISIT CODE PD/DOS	VISIT CODE ALREADY PAID FOR THIS DATE OF SERVICE	644	
B14	1 CONSLT/PHYS/HOSP	ONLY 1 INITIAL CONSULT-SAME PHYS.PER HOSPITALIZATION	642	
B14	CONCURRENT CARE	CONCURRENT CARE IS NOT COVERED BY THE PROGRAM	401	
B15	CLAIMCHECK RESERVED	RESERVED FOR CLAIMCHECK	707	
B15	COMPONENT CODE PD	COMPONENT CODE PD THIS DOS RECIP	679	
B15	GLOBAL CODE PD	GLOBAL CODE PD THIS DOS THIS RECIP	678	
B16	NEW PT/EST PT CD CON	NEW PATIENT/ESTABLISHED PATIENT CODE CONFLICT	702	M86
B16	NEW/EST PT CONFLICT	NEW/ESTABLISHED PATIENT CONFLICT	645	M86
B16	ONGOING CM PRIOR TO	ONGOING CM PRIOR TO INITIAL CM	776	
B20	PAY ADMIN ONLY	ADMINISTRATION ONLY IS REIMBURSABLE	649	

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
B22	ABORT PD MOTHER LIFE	ABORTION PAID MOTHERS LIFE ENDANGERED	680	
B22	ABORTION RAPE-PAID	ABORTION DUE TO RAPE PAID	777	
B22	ABORTION INCEST-PAID	ABORTION DUE TO INCEST PAID	789	
B22	DIAG DATE RESTRICT	DIAG DATE RESTRICTION	253	
B22	PAS-LOS 90TH EQ ZERO	DX CODE REQUIRES 5TH DIGIT TO CALCULATE PAS DAYS	257	
MA133	NON WAIVER PAY IP	WAIVER SVC NOT PAYABLE WHILE IP	508	
1	DEDUCT EXCEEDS MAX	DEDUCTIBLE EXCEEDS MAXIMUM	480	
1	INVALID DEDUCTIBLE	THE DEDUCTIBLE FIGURE MUST BE NUMERIC	176	
3	PAY REDUCED BY COPAY	PAYMENT REDUCED BY COPAY	662	
4	USE CODE W3340	REBILL USING CODE W3340 WITH APPROPRIATE MODIFIER	669	M78
4	USE 52 REDUCE SERVIC	RESUBMIT WITH 52 MODIFIER FOR REDUCED SERVICES	687	M78
4	PA/CLM MOD NOT SAME	PA MODIFIER DOES NOT MATCH CLAIM MODIFIER	597	M54
4	MODIFIER NOT CORRECT	INAPPROPRIATE PROCEDURE CODE MODIFIER-REBILL	781	M78
4	ADJ PD LINE 51 MOD	ADJUST PAID LINE WITH 51 MODIFIER THEN RESUBMIT MAJOR	757	M78
4	QW MODIFIER NEEDED	QW MODIFIER NEEDED FOR TYPE OF CLIA CERTIFICATE	475	
4	USE 62/66 MOD,RESUB	USE OF 62/66 MOD INDICATED BY REPORT;RESUB &/OR ADJUST	500	
4	ADJ MAJOR WITH 62/66	ADJ MAJOR WITH 62 OR 66 THEN SECONDARY (S) WILL BE PAID	566	M78
4	ADJ SEC,51 AND 62/66	ADJUST SECONDARY PROC WITH 51 MOD AND WITH 62 OR 66	561	M78
4	ADJ-ADD-ON-WITH-51	ADJ ADD-ON CODE WITH 51 MOD THEN REBILL PRIMARY PROC	563	M78
4	CLAIM-NEEDS-80-MOD	APPEARS TO BE ASSISTANT--REBILL WITH 80 MODIFIER	397	M78
4	MOD NOT NEEDED-RESUB	MODIFIER NOT NEEDED-REMOVE AND RESUBMIT	430	
4	INVLD/MISSNG MODIFR	INVALID OR MISSING MODIFIER	092	M78
4	NO SURGERY MODIFIER	CLAIM DESCRIPT INDICATES PROC CODE SHOULD HAVE MODIFIER	973	M78
4	MOD 51 DOESN'T APPLY	MODIFIER 51 DOES NOT APPLY TO THIS PROC CODE-CLAIMCHECK	964	M78
4	MOD -50 INVALID	MODIFIER -50 INVALID/CLAIMCHECK	961	M78
4	MOD 51 INVAL-REMOVED	MODIFIER 51 INVALID. REMOVED FROM CLAIM-CLAIMCHECK	938	M78
4	INVALID PROC/MOD	INVALID PROCEDURE-MODIFIER COMBINATION/CLAIMCHECK	933	M78
4	MOD 51 REQ'D-ADDED	MODIFIER 51 REQUIRED. ADDED TO CLAIM-CLAIMCHECK	934	M78
4	UNITS NOT=SITE MOD	UNITS DO NOT MATCH SITE-SPECIFIC MODIFIER/CLAIMCHECK	921	M53
5	P/F PLACE RESTRICT	P/F PLACE RESTRICTION	236	
5	OUTSIDE LAB NOT COVD	OUTSIDE LABORATORY SERVICES NOT COVERED	405	
5	INV POS/MOD COMBO	INVALID PLACE OF SERVICE/PROCEDURE MODIFIER COMBINATION	578	M77
6	STERILIZATION < 21	STERILIZATION IS NOT COVERED FOR RECIPIENT UNDER 21	332	N30
6	ADULT DENTAL-UNDER21	ADULT DENTAL CLAIM FILED FOR RECIP UNDER 21	601	
6	EPSDT DENT AGE GR 21	EPSDT DENTAL CLAIM - RECIPIENT AGE GREATER THAN 21	604	
6	RESTOR NOT ALLOW-AGE	RESTORATION NOT ALLOWABLE DUE TO PATIENT AGE	609	
6	EPSDT AGE ERROR	EPSDT AGE OVER 21	631	
6	P/F AGE RESTRICTION	P/F AGE RESTRICTION	234	
6	PROCEDURE-AGE-RESTR	PROCEDURE ALLOWED FOR RECIP 0-30 DAYS OLD	263	
6	PROC/DX AGE RESTRICT	PROC/DX NOT COVERED FOR RECIPIENT THIS AGE	956	N10
7	P/F SEX RESTRICTION	P/F SEX RESTRICTION	235	
7	PROC/SEX CONFLICT	PROCEDURE CODE/SEX CONFLICT-CLAIMCHECK	584	MA39
8	PROV PROC CONFLICT	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE	210	
9	DIAG AGE RESTRICTION	DIAGNOSIS AGE RESTRICTION	254	
10	DIAG SEX RESTRICTION	DIAG SEX RESTRICTION	255	

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11	DIAG PROC RESTRICT	DIAGNOSIS/PROCEDURE RESTRICTION	256	
11	DENY FOR DIAGNOSIS	PROCEDURE DENIED NOT JUSTIFIED BY DIAGNOSIS	251	N163
11	BILL VISITS--SEE CPT	SEE CPT-MEDICAL TREATMENT OF ABORTION USE E AND M CODES	476	M85
11	NO ABORTION DONE	ABORTION NOT DONE-FETUS NOT ALIVE AT TIME OF PROCEDURE	663	
13	RECIP INELIG/DECEASE	RECIPIENT INELIGIBLE/DECEASED	364	
14	DOS LESS THAN DOB	DATE OF SERVICE LESS THAN DATE OF BIRTH	211	
15	CLM/PA DTE MUST MTCH	CLAIM DATES MUST MATCH PRIOR AUTHORIZATION DATES	172	N54
15	DRUG NOT MAC	DRUG IS NOT MAC	456	
15	PA-EMERGENCY-OVERRID	EMERGENCY OVERRIDE OF DRUG THAT REQUIRES PA	487	
15	PA TOOTH/CAV NQ CLM	PA TOOTH/ORAL CAVITY CODE NOT SAME AS CLAIM	598	N54
16	PROC SPL REL TO CURR	PROCEDURE SPLIT TO ALLOW PARTIAL PAYMENT/CLAIMCHECK	595	N123
16	LINE ADDED-SPL	CLAIM LINE ADDED AS A RESULT OF CLAIMCHECK SPLIT	596	N123
16	SURFACE CODE CONF	CLAIM DOES NOT INDICATE CORRECT NUMBER OF SURFACES	602	N75
16	SEAL.NOT PAY.TOOTH	SEALANT NOT PAYABLE FOR THIS TOOTH	608	N39
16	TOOTH/CAVITY CDE REQ	TOOTH CODE/ORAL CAVITY DESIGNATOR REQUIRED	603	N37
16	URINALYSIS NOT BILLE	URINEALYSIS BILLED INCORRECTLY	618	M86
16	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	613	N37
16	PAN & IND CODE/ PANE	BILLED PANEL AND INDIVIDUAL CODE WITHIN PANEL	619	M86
16	NEED OP/PATH/HISTORY	RESUBMIT WITH OPERATIVE AND PATH REPORTS AND HISTORY	621	N29
16	EXCEEDS ONE PER YEAR	SEND DOCUMENTAION TO JUSTIFY MORE THAN ONE PER YEAR	623	N29
16	ONLY LO-LEVEL OFFICE	ONLY LOW LEVEL OFF VISIT ALLOWED	638	M51
16	REBILL VISIT CODE	CRITICAL CARE/CONSULT NOT DOCUMENTED-BILL CORRECT VISIT	636	M58
16	DOC REQ CONCUR CARE	RESUBMIT W/DOCUMENTATION SUBSTANTIATING CONCURRENT CARE	648	N29
16	RESUB HRDCPY ADJ/VOI	MEDICARE ADJ/VOID;RESUBMIT HARDCOPY ADJ OR VOID CLAIM	665	N29
16	NEED SPECIFIC REPORT	RESUBMIT WITH SPECIFIC RELATED REPORT	685	N29
16	ADMIT HIST,PHY,DISCH	RESUBMIT WITH ADMIT HISTORY,PHYSICAL,DISCHARGE SUMMARY	686	N29
16	SEND TEST AND RESULT	VISUAL FIELD TEST AND RESULTS NEEDED FOR REVIEW	692	M35
16	BLK 82/83 SRGN NAME	NEED SURGEONS NAME IN BLOCK 82 OR 83 ON UB92	681	N261
16	96A INCOMPLETE/INCOR	96A INCOMPLETE OR INCORRECT	682	N28
16	96A DATED AFTER HYST	96A DATED AFTER HYST-RESUB WITH EMERGENCY DOCUMENTATION	683	N28
16	ER VISIT/INP HOS SER	ER VISIT ON DATE OF INP HOS SERVICES	704	M2
16	AID/RN/PT NO SAME DY	AIDE/RN/PT VISIT SAME DAY NOT ALLOWED/H.HEALTH	705	N20
16	DID NOT SUB REQ DOC	REQUESTED DOCUMENTS WERE NOT SUBMITTED/SEE PREVIOUS RA	694	N29
16	TO BE BILLED BY PROV	MUST BE BILLED BY PROVIDER OF SERVICE	720	N32
16	DOC/READMIT SAME DAY	RESUBMIT WITH DOCUMENTATION OF DISC/READMIT SAME DATE	756	N50
16	BILL AS ADJ/CNT STAY	THIS SHOULD BE BILLED AS ADJUST.FOR CNT STAY	755	N50
16	HYST REQ ACK	HYST REQ ACKNOWLEDGEMENT OR PROOF PREVIOUSLY STERILE	751	N3
16	TL NEEDS OFS 96	STERILIZATION REQUIRES OFS FORM 96.	752	N3
16	ATTACH DETAIL.DESCR.	ATTACH DETAILED DESCRIPTION OF PROCEDURE	732	N29
16	ATTACH DET.DESCR DX	ATTACH DETAILED DESCRIPTION OF DIAGNOSIS	736	N29
16	REBILL CORRECT UNITS	UNITS AVAILABLE FOR CODE--REBILL USING UNITS	780	M53
16	CIRCLE UNLISTED DESC	CIRCLE UNLISTED CODE DESCRIPTION IN-OPERATIVE REPORT	778	N29
16	DAILY NOTES NEEDED	DAILY NOTES(TREATMENT,PROGRESS)NEEDED	788	N29
16	UNKNOWN ABBREVIATION	RESUBMIT WITH ABBREVIATION LEGEND	786	N29
16	SEND ALL DOCUMENTS	INADEQUATE DOCUMENTATION-SEE FEB 94 & AUG 93 UPDATES	787	N29

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	SEND DATED OP REPORT	SEND DATED OPERATIVE REPORT FOR DATE BILLED	761	M29
16	SEND DATED NOTES	SEND SPECIFIC DATED NOTES FOR EACH DATE BILLED	762	N29
16	JUSTIFY #UNITS	SEND NOTES JUSTIFYING # OF UNITS BILLED	772	N29
16	RESUB/CORRECT MOD	NO DOCUMENTATION FOR 62/66;CORRECT/RESUBMIT	768	N29
16	PERTINENT HIST/REQ	RESUBMIT WITH PERTINENT HISTORY	770	N29
16	SEND L & D RECORDS	RESUBMIT WITH LABOR AND DELIVERY RECORDS	771	N29
16	ORIG/ADJ PROV DIFF	ORIG/ADJ BILLING PROVIDER NUMBER DIFFERENT	796	N257
16	JUSTIFY OVER 1/A/YR	SEND DOC TO JUSTIFY OVER ONE PROCEDURE PER YEAR	477	N29
16	SONOGRAM-AND REPORTS	SEND WRITTEN SONOGRAM RESULTS WITH OP,PATH AND HISTORY	478	N29
16	JUSTIFY LAB TEST	SEND DOCUMENTS TO JUSTIFY SPECIFIC LAB TEST	481	N29
16	EYEWEAR DENIED	LIMITATION MET - SUBMIT JUSTIFICATION FOR ADD'L EYEWEAR	469	N29
16	ANES AND MED DOC REQ	ATTACH ANESTHESIA RECORD AND DOCUMENT MEDICAL NECESSITY	470	N29
16	HRD COPY REQ-FERTILI	HARD COPY REQUIRED-FERTILITY PREPARATION	466	N29
16	JUSTIFY PATH CONSULT	SEND DOCUMENT TO JUSTIFY PATH CONSULT	499	M30
16	DOC MEDICA NECESSITY	SUBMIT DOCUMENTATION TO WARRANT MEDICAL NECESSITY	496	N29
16	M/I SERV PRV ID QUAL	MISSING/INVALID SERVICE PROVIDER ID QUALIFIER	509	M57
16	CLM RECD NO CC EDITS	CLAIM DID NOT RECEIVE CLAIMCHECK EDITS	505	M16
16	HCPCS REQ	HCPCS REQUIRED	513	M20
16	PROV/HOSPICE NO MTCH	PROV ID NO ON CLAIM MUST MATCH PROV ID NO ON RECI FILE	511	N77
16	KIDMED FORMAT REQUIR	CLAIM MUST BE SUBMITTED IN KIDMED FORMAT	517	N34
16	O/R REQ-SEND TO PA	OVERRIDE REQUIRED-SEND TO DENTAL PA UNIT	515	M76
16	USE INDIV PRESC NO	PRESCRIBING PRVI BILLED IS GROUP USE INDIVIDUAL PRES NO	521	N31
16	KIDMED INFO MISSING	IMMUNIZATION AND SUSPECTED CONDITION INFO REQUIRED	518	N29
16	LOC NOT ON RECI FILE	LEVEL OF CARE NOT ON RECIPIENT FILE	525	N188
16	MOTH/NEWBRN BILL SEP	MOTHER/NEWBORN MUST BE BILLED SEPARATE	522	N15
16	CANNOT BE ADJUSTED	ADJUSTMENT IS INVALID, VOID AND REBILL	523	N15
16	RECI IS MEDCARETCHOI	RECIPIENT IS MEDICARETCHOICE	590	N181
16	MISS/INVL D PA/MC COD	MISSING OR INVALID PA/MC CODE OR NUMBER FOR RX OVERRIDE	576	N36
16	OVERRIDE OF RX LIMIT	OVERRIDE OF MONTHLY PRESCRIPTION LIMIT	577	M42
16	ADJ INTO PAID LINE	COMBINE CHARGES AND ADJUST THIS LINE INTO THE PAID LINE	580	M15
16	HURRICANE-REL WO ATT	HURRICANE RELATED CLAIMS ALLOWED TO PROCESS W/O ATTACHM	581	N29
16	EDC ON 96 AND NOTES	LESS THAN 30 DAYS NEED EDC ON 96 AND RECORDS TO SUPPORT	562	N29
16	PRE-PAY REVIEW 0-PAY	ZERO PAID DUE TO PRE-PAYMENT REVIEW	551	
16	SERVICE ALREADY PAID	RECIPIENT WAS REIMBURSED FOR THIS SERVICE	530	N111
16	OOS SRVC REQ APPRVL	OUT OF STATE SERVICES REQUIRE DHH APPROVAL LETTER	532	N179
16	GIVE DATE FOR TRANSP	TRANSPLANT DISCHARGE DATE OR OTHER DX NEEDED	448	N341
16	M/I PROF SERV CODE	MISSING/INVALID PROFESSIONAL SERVICE CODE	431	N514
16	QTY OF 1 = 1 VIAL	DRUG IS A VIAL. QUANTITY OF 1 = 1 VIAL	437	N378
16	NON-EMER TRANS OUTPT	NON-EMERGENCY TRANSPORTATION BILLED ON OUTPATIENT FORM	404	N34
16	HOME LEAVE DAYS > 15	HOME LEAVE DAYS EXCEED 15	396	N43
16	REFER PHYSICIAN REQD	REFERRING/ATTENDING PHYSICIAN REQUIRED	400	N285
16	ANESTH REP REQ	ANESTHESIOLOGY REPORT REQUESTED	365	N29
16	SEND OP&PATH REPORT	SEND BOTH OPERATIVE AND PATHOLOGY REPORT	366	N29
16	INSUFFICIENT DATA	UNABLE TO PROCESS/REBILL/ATTENTION P.MISNER	374	MA130
16	PT STAT REQ HOSP LVE	PT STATUS CODE 1 REQUIRES HOSPITAL ABSENT DAYS	375	N362

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16	ADJ DAYS CONFL HIST	ADJUSTMENT DAYS CONFLICT WITH HISTORY DAYS	376	N206
16	PAYABLE QMB RECIP	PAYABLE ONLY FOR QMB RECIP	377	N30
16	NO MEDICARE PAID DTE	MEDICARE PAYMENT DATE IS MISSING OR INVALID	378	MA04
16	CLIA # NOT ON FILE	NO CLIA # ON OUR FILE	387	MA120
16	AMBULANCE-REQ-ATTACH	CLAIM REQUIRES MD CERTIFICATION ATTACHED AFTER 2/14/87	380	N29
16	LTC-MED-LOA-OVER-10	LTC LEAVE DAYS EXCEED LIMIT - 10 PER HOSPITAL STAY	381	N43
16	HOSPICE MUST BILL	HOSPICE CLIENT -ONLY HOSPICE PROVIDER CAN BILL	382	M53
16	ICF-MR LV OVER MAX	ICF-MR HOME LEAVE IN EXCESS OF MAXIMUM 22/30 BUDGET CUT	392	N43
16	HOSP LEAVE DAYS > 7	HOSPITAL LEAVE DAYS EXCEED 7	395	N43
16	LTC LV DAYS OVER MAX	LTC HOSP LEAVE DAYS IN EXCESS OF MAXIMUM-5-BUDGET CUT	391	N43
16	AUTH MINOR UNM MO	FOUND NO DOCUMENT/OVERRIDE CODE MINOR UNM MOTHER/UNBORN	333	N29
16	INV ZERO BILLED DAYS	DAYS ZERO, PATIENT STATUS NOT 9	345	M53
16	MUST SPLIT BILL	SPAN FROM & THRU DATES CONFLICT MUST SPLIT BILL	344	N300
16	PSRO DATES MISSING	PSRO DATES MISSING - DATE PRIOR TO 070183	342	MA31
16	OCCUR DATES CONFLICT	OCCUR CODES/DATES CONFLICT	339	M45
16	SPAN DAYS CONFLICT	SPAN DAYS/NON COVERED DAYS CONFLICT	340	MA33
16	OFS 24 NOT ON FILE	OFS 24 NOT ON FILE	363	
16	NO 51 NH	NO 51 NH ATTACHED OR ADMIT CODE MUST BE A '6'	355	N29
16	TOT/LOC DAYS CONFL	TO-DAY / TOT-DAYS / STATUS CONFLICT	356	M53
16	LTC DAYS/DATES CONFL	LTC LOC DAYS CONFLICT WITH LTC LOC FROM AND THRU DATES	357	M53
16	INVLD RATE FOR LOC	NO VALID RATE WAS FOUND FOR LTC LEVEL OF CARE	358	N65
16	INV LTC CERT DATE	LTC CERTIFICATION DATE INVALID	352	N322
16	LON/LOC NOT MATCHED	LEVEL OF NEED / LEVEL OF CARE NOT MATCHED	173	N188
16	CHARGES MISSING	NO CHARGES/COINS/DEDUCT GIVEN	175	N245
16	SURGERY PROC NOF	SURGICAL PROCEDURE NOT ON FILE	183	M51
16	INVALID ADMIT DATE	THE ADMISSION DATE WAS NOT A VALID DATE	180	MA40
16	INVALID COVERED DAYS	THE COVERED DAYS WAS NOT A VALID NUMERIC AMOUNT	181	MA32
16	PROV/ATTEND NOF	PROVIDER/ATTENDING PROVIDER NOT ON FILE	200	N289
16	USE CORRECT MODIFIER	CRNA'S MUST BILL CORRECT MODIFIER	186	M78
16	DOS NOT COVERED/PA	DATE ON CLAIM NOT COVERED BY PA	193	N54
16	BILL PROV NPI NOF	BILLING PROVIDER NPI MISSING/NOT ON FILE	142	N257
16	SERV PROV NPI NOF	SERVING PROVIDER NPI MISSING/NOT ON FILE	143	N290
16	REF/PCP PROV NPI NOF	REF OR PCP PROVIDER NPI MISSING/NOT ON FILE	144	N286
16	BILL PROV NPI NO MAT	BILLING PROVIDER NPI MISMATCH	145	N257
16	SER PROV NPI NO MATC	SERVICING PROVIDER NPI MISMATCH	146	N290
16	REF/PCP NPI NO MATCH	REFERRING/PCP NPI MISMATCH	147	N286
16	9F REF AUTH MISSING	9F REFERENCE AUTHORIZATION MISSING IN LOOP 2300	148	N286
16	NO ELIG SERVICE PAID	NO ELIGIBLE SERVICE PAID - ENCOUNTER DENIED	136	N161
16	MEDICARE REPLACEMENT	MEDICARE REPLACEMENT; SUBMIT HARDCOPY ADJ OR VOID CLAIM	137	N366
16	REBILL W/ALL DETAILS	ADJUNCT CD RPTD AS ONLY DETAIL LNE: REBILL W/ALL DETAIL	138	N56
16	REBILL W/APPROP CODE	ONE ADJUNCT CODE ALLOWED PER DDS: REBILL W/APPROP CODE	139	N56
16	CLM RECIP NO MATCH	CLAIM RECIP ID DOES NOT MATCH ID ON PRECERT FILE	166	N54
16	CLM PROV ID NO MATCH	CLAIM PROVIDER ID DOES NOT MATCH ID ON PRECERT FILE	167	N54
16	DOS NOT PRECERT COVD	CLAIM DOS NOT PRECERT COVERED	163	N54
16	LTC PROV NOT MATCHED	LTC PROV NOT MATCHED	159	M110

HIPAA/LA MEDICAID ERROR CODE CROSSWALK

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	SITE # INVALID OR NOF	SITE NUMBER INVALID OR NOT ON FILE	154	M57
16	REVENUE CODE MISSING	REVENUE CODE MISSING/INVALID	093	M50
16	MISSING PINTS BLOOD	MISSING PINTS BLOOD	094	M53
16	FROM THRU NOT EQUAL	CONDITION CODE 40 FROM THRU NOT EQUAL	095	MA06
16	REVENUE CHG MISSING	REVENUE CHARGE MISSING OR INVALID	096	M79
16	INVALID ORIGIN CODE	INVALID ORIGIN CODE	088	MA43
16	REF PROV NO. NOF	REFERRING PROVIDER NUMBER NOT ON FILE	090	N286
16	MISSINVAL COINS DAY	MISSING OR INVALID COINSURANCE DAYS	087	M53
16	INVALID TREAT PLACE	INVALID OR MISSING PLACE OF TREATMENT	084	M77
16	INVALID UNITS/VISITS	INVALID OR MISSING UNITS, VISITS, AND STUDIES	085	M53
16	INVALID STATUS DATE	INVALID OR MISSING PATIENT STATUS DATE	081	MA43
16	INVALID STATUS CODE	INVALID PATIENT STATUS CODE	082	MA43
16	INVALID SERVICE CODE	INVALID SERVICE CODE	083	M51
16	INV DME PA AMOUNT	PRIOR AUTHORIZATION AMOUNT NOT NUMERIC	076	N54
16	RESUB W/ DOCUMENTS	RESUB W/ DOCUMENTS CALL 800-473-2783	078	N225
16	FOUND NO PSRO CODE	PSRO CODE MISSING OR INVALID	079	M44
16	PSRO/UR CLAIM DENIED	PSRO/ UR CLAIM DENIED	070	N10
16	INV STMT COVERS FROM	STATEMENT COVERS FROM DATE INVALID	071	M52
16	INV STMT COVER THRU	STATEMENT COVERS THRU DATE INVALID	072	M59
16	STMT FRM LT SERV FRM	STATEMENT COVERS FROM DATE LESS THAN SERVICE FROM DATE	073	M52
16	STMT THRU GT SRV THR	STATEMENT COVERS THRU DATE IS GREATER THAN SERVICE THRU	074	M59
16	INVALID APPROVED DYS	THE APPROVED STAY DAYS IS NOT NUMERIC	062	MA32
16	INVALID NET AMOUNT	THE NET BILLED AMOUNT IS NOT NUMERIC	064	M54
16	INVLD SIGNATURE IND	THE SIGNATURE INDICATOR MUST BE Y, N, OR BLANK	065	MA18
16	INVALID NON-COVERED	NON COVERED HOSP DAYS NOT NUMERIC OR MISSING	067	MA33
16	INV POINT ORIGIN	INVALID POINT OF ORIGIN	068	MA42
16	INV OCCUR DATE	INVALID OCCURRENCE DATE	069	M45
16	INVALID SURFACE	INVALID TOOTH SURFACE CODE	102	N75
16	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	103	N37
16	PROC CD MUST 5 DIGIT	PROCEDURE CODE MUST BE 5 NUMERIC CHARACTERS	100	M51
16	BILL-CODE-REQ-MC-CHG	BILL CLASS 2 REQUIRES MEDICARE ALLOWED AMOUNT IN LOC#54	098	MA04
16	DME COVERAGE ONLY	ITEM COVERED UNDER DURABLE MED EQUIP. PROG ONLY	099	N180
16	REBILL OB/ABORT D&C	REBILL OB OR ABORTION D & C CPT CODE WITH REPORTS	110	N29
16	CHANGING AGAIN	THIS IS A CHANGED ERROR	111	N10
16	AUTH.PORT X-RAY	NO DOCUMENT/EDIT OVERRIEDE PORT. X-RAY	112	N29
16	MISSING NDC	NDC CODE MISSING OR INCORRECT.	127	M119
16	INVALID MAC INDICATR	THE MAC OVERRIDE INDICATOR MUST BE A 'C'	128	N59
16	PRESCRIB PROV NPI NO	PRESCRIBING PROV NPI MISSING/NOT ON FILE	129	N257
16	DENY PROV. 9999999	ALL PROVIDERS 9999999 TO BE DENY.	130	N270
16	INVALID DAYS SUPPLY	DAYS SUPPLY MISSING,NOT NUMERIC, OR ZERO	124	M53
16	PRESCRIP NO MISSING	PRESCRIPTION NUMBER MISSING	125	N388
16	QTY INVALID/MISSING	QUANTITY INVALID/MISSING	120	M53
16	MISS OR INV PRESCRIB	A PRESCRIBING PHYSICIAN NPI OR MEDICAID ID REQUIRED	121	N31
16	INVALID RX DATE	RX DATE MISSING OR INVALID	122	N57
16	INV/MISSING HCPCS	INVALID OR MISSING HCPCS	114	M20

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	HCPC CD NOT ON FILE	HCPC CODE NOT ON FILE	115	N65
16	PROV MUST BE INDIV	ATTENDING PROVIDER MUST BE INDIVIDUAL	212	N55
16	PROV ALLOW 1 PROC/CM	PROVIDER ALLOWED 1 SERVICE PER RECIPIENT PER DAY	214	M86
16	BILL PROV NOT ON FIL	BILLING PROVIDER NOT ON FILE	206	N256
16	PRESCRIB PROV ONLY	PRESCRIBER ONLY-CALL 1-800-473-2783 FOR INFO	208	N95
16	GRP MST BILL FOR PRV	GROUP MUST BILL FOR PROVIDER	209	N55
16	GRP NOT ON INDIV REC	BILLING PROV NOT ON ATTENDING PROV RECORD ON DOS	204	N55
16	NOT IN GROUP ON DOS	ATTENDING PROV NOT IN GROUP ON DATE OF SERV	205	N55
16	NDC NOT ON P/F FILE	NDC CODE NOT ON FILE	231	M119
16	PROCEDURE CODE NOF	PROCEDURE/TYPE OF SERVICE NOT COVERED BY PROGRAM	232	N56
16	P/F DATE RESTRICTION	PROCEDURE/NDC NOT COVERED FOR SERVICE DATE GIVEN	233	N56
16	SVC OVERLAPS REC ELI	RECIPIENT INELIGIBLE ON ONE OR MORE SERVICE DATE(S)	222	N30
16	INVALID BIRTHDATE	INVALID BIRTHDATE ON RECIPIENT FILE	224	N329
16	DIAGNOSIS NOT ON FIL	DIAGNOSIS NOT ON FILE	252	MA63
16	SPAN DATES/QUANT DIF	DIFFERENCE BETWEEN SERVICE DATES AND QUANT	258	M53
16	ANESTHESIA UNITS NOF	ANESTHESIA BASE UNITS ARE NOT ON FILE	260	M53
16	INPUT M-CARE PD AMT.	INSERT PROVIDER PAID AMOUNT BY MEDICARE	261	MA92
16	P/F PROV SPEC RESTR	P/F PROVIDER SPECIALTY RESTRICTION	237	N95
16	INV PAC CALL HELP DK	INVALD PAC VS DOS / CALL HELP DESK	238	N65
16	PRICE MISSING ON P/F	PRICE MISSING FOR DATE OF SERVICE ON P/F CALL HELP DESK	239	N65
16	PRICE MISSING ON U/C	U AND C FILE - NO VALID PRICE FOR DOS	240	N65
16	INVAL PROC TOS TRANS	INVALID PROCEDURE TOS FOR TRANSPORTATION	245	N56
16	INPUT SPENDDOWN AMT	110-MNP REQUIRED FOR RECIP LIABILITY AMOUNT	242	N58
16	O.P.AUTH. EXT. NEED	FOUND NO DOC/EDIT OVERRIDE CODE OUTPATIENT EXTENSION	247	N29
16	COV DAYS NE ACCOM	COVERED DAYS DO NOT EQUAL ACCOMODATION DAYS	316	MA32
16	STMT DTE/ACCOM CONFL	STATEMENT DATES CONFLICT WITH ACCOMODATION DAYS	317	M53
16	SURG DTE GT SRV THRU	DATE OF SURGERY GREATER THAN SERVICE THRU DATE	311	MA31
16	SUBMIT TO FI	SUBMIT CLAIM TO FISCAL INTERMEDIARY NOT BY U HEALTH PLA	313	N32
16	SURG PROC MISSING	SURGICAL PROCEDURE MISSING	307	M51
16	SURG DATE MISSING	DATE OF SURGERY MISSING	309	MA31
16	SURG DTE LT SRV FROM	DATE OF SURGERY LESS THAN SERVICE FROM DATE	310	MA31
16	INVALID AMB SURG REV	REV CODE INVALID FOR AMBULATORY SURG PROC.	266	M50
16	REQ-ICD9-SURGICAL-CD	REVENUE CODE 490 REQUIRES VALID ICD9 SURGICAL PROCEDURE	267	M51
16	INVALID-TREATMENT-PL	TREATMENT PLACE IS INCORRECT	268	M77
16	TPL/PRIVATE	3RD PARTY CARRIER CODE MISSING-REFER TO CARRIER CD.LIST	273	MA92
16	TPL RESOURCE REQ EOB	NO EOB ATTACHED FOR RECIP WITH OTHER RESOURCE INDICATED	290	MA04
16	INV DENY FOR PROV NO	INVALID PROVIDER NUMBER WHEN DENY APPLIED	289	N77
16	INVALID PROC CODE	INVALID PROCEDURE CODE FOR DATE-OF-SERVICE	298	N56
16	ANESTH TIME MISSING	ANESTHESIA MINUTES INVALID OR MISSING	949	N203
16	JUSTIFY 22 MOD	RESUBMIT WITH JUSTIFICATION FOR USE OF 22 MODIFIER	953	N29
16	OPER & HIST REPT REQ	ATTACH BOTH OPERATIVE AND HISTORY REPORT	950	M29
16	BILL 3RD PARTY CARRI	PLEASE BILL THIRD PARTY CARRIER FIRST	932	MA92
16	DENY TO BE REBILLED	MEDICARE DENIED,IF COVERED BILL WITH PROVIDER EOB	940	MA04
16	DENY, NOT TO REBILL	DENIED BY MEDICARE, NOT COVERED BY MEDICAID	942	M54
16	SPEND DOWN FORM	SPEND DOWN FORM 110MNP INVALID/MISSING	943	N58

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	UNITS NOT=SVC DAY	UNITS DO NOT MATCH DATES OF SERVICE/CLAIMCHECK	914	N345
16	EOMB MUST ATTACH	MEDICARE EOMB INVALID/OR MISSING.	922	N4
16	EFF 11/5/10 NDC REQU	EFF 11/5/10 PAS FOR THIS HCPC REQUIRES CORRECT NDC CODE	924	M119
16	SEND RECORDS FOR DOS	SEND OFFICE RECORDS FOR DATE OF SERVICE	925	N29
16	PROC./DIAG. DESP.REQ	PROCEDURE/DIAGNOSIS DESCRIPTION REQUIRED.	963	N29
16	CLAIM HARD COPY NEED	SUBMIT HARD COPY OF CLAIM	966	N29
16	STAMPED SIGNATURE.	STAMPED SIGNATURE NOT ALLOWED.	976	MA70
16	INV ACCOMODATION DAY	ACCOMODATION DAYS MISSING OR INVALID	053	M53
16	INV ACCOM/ANCILL CHG	ACCOMODATION/ANCILLARY CHARGE MISSING OR INVALID	055	M79
16	INV ANCILLARY CHARGE	ANCILLARY CHARGE INVALID	056	M79
16	WERE SUSP COND -MISS	WERE THERE SUSPECTED CONDITIONS-MISSING	057	M58
16	SUSP COND DISCRPANCY	WERE THERE SUSPECTED CONDITIONS IS NO BUT COND EXISTS	058	M58
16	SUSP COND MISSNG/REQ	SUSPECTED CONDITIONS ARE MISSING AND REQUIRED	059	M58
16	INVALID COVERED DAYS	COVERED HOSPITAL DAYS NOT NUMERIC OR MISSING	060	MA32
16	SUB VOID,REBILL ANES	SUBMIT VOID THEN REBILL ANESTHESIA	036	
16	MEDICARE ADJUSTMENT	MEDICARE ADJUSTMENT/VOID,ADJUST OR ADJUST MEDICARE CLAI	037	N131
16	INV ADMISSION DATE	ADMISSION DATE MISSING OR INVALID	040	MA40
16	ADMIT DTE GT SERV FM	ADMISSION DATE GREATER THAN SERVICE FROM DATE	041	MA40
16	INVALID UB92 BILL CD	INVALID UB92 TYPE BILL CODE	042	MA30
16	INV ATTENDING PHYS	ATTENDING PHYSICIAN NUMBER NOT NUMERIC	043	N290
16	INV NATURE OF ADMIT	NATURE OF ADMISSION MISSING OR INVALID	044	MA41
16	INV PATIENT STATUS	PATIENT STATUS CODE INVALID OR MISSING	045	MA43
16	INV PATIENT STAT DTE	PATIENT STATUS DATE MISSING OR INVALID	046	MA43
16	PAT STAT DTE GT THRU	PATIENT STATUS DATE GREATER THAN THRU DATE	047	MA43
16	INVALID/MISS PROC	INVALID OR MISSING PROCEDURE CODE	048	M51
16	INV/CONFLIC SURG DTE	INVALID/CONFLICT SURGICAL DATE	049	N301
16	INVALID FORMER REFNO	FORMER REFERENCE NUMBER MISSING OR INVALID	021	M47
16	INVALID BILLED CHRGS	BILLED CHARGES MISSING OR NOT NUMERIC	022	M79
16	INV PARTIAL RECIP	RECIPIENT NAME IS MISSING	023	MA36
16	INV BILLING PROV NO	BILLING PROVIDER NUMBER NOT NUMERIC	024	N257
16	IMM NOT COMP RSN MIS	IMMUN NOT COMPLETE AND CURRENT REASON CODE MISSING	025	M58
16	INVALID TOT DOC CHG	TOTAL DOCUMENT CHARGE MISSING OR NOT NUMERIC	026	M54
16	INVAL/MISS DIAG CODE	INVALID OR MISSING DIAGNOSIS CODE	020	MA63
16	REBILL CORRECT HCPC	ASC,OP FAC/PHYS.BILLED DIFF CODE;REBILL CORRECT HCPC	035	M20
16	EOB/CARR.CD MISMATCH	EOB(S) ATTACHED/CARRIER CODE DOES NOT MATCH	032	N4
16	NEED EOB-CARR/RECIP.	NEED EOB FOR EACH CARRIER INDICATED ON RESOURCE FILE	033	N4
16	INVAL/MISS PROC CODE	INVALID OR MISSING PROCEDURE CODE	028	M51
16	INVALID TPL INDICATR	TPL INDICATOR NOT Y, N, OR SPACE	011	MA92
16	IMM COMPL MISS/INVL	IMMUN COMPLETE AND CURRENT FOR THIS AGE PATIENT MISSING	014	M58
16	INVALID ACCIDENT IND	ACCIDENT INDICATOR MUST BE Y,N,SPACE	015	N305
16	INVALID ACCID IND	ACCIDENT INDICATOR NOT Y, N OR SPACE	016	N305
16	INVALID CLM TYP MOD	INVALID CLAIM TYPE MODIFIER	001	N34
16	INVALID PROVIDER NO	PROVIDER NUMBER MISSING OR NOT NUMERIC	002	N77
16	INVAL SERV FROM DATE	SERVICE FROM DATE MISSING/INVALID	005	M52
16	INVAL SERV THRU DATE	INVALID OR MISSING THRU DATE	006	M59

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
16	SERV THRU LT SERV FM	SERVICE THRU DATE LESS THAN SERVICE FROM DATE	007	MA31
16	COMP A-MODE ECHOENCH	COMPLETE A-MODE ECHOENCH	997	M20
16	DOCUMENT NOT LEGIBLE	DOCUMENTS NOT LEGIBLE, PLEASE RESUBMIT	994	N205
17	INVALID OPERATOR CDE	OPERATOR CODE MISSING	004	N262
17	INVALID ADJ REASON	INVALID ADJUSTMENT REASON	980	MA69
17	OFS FORMS MISSING	OFS FORMS 158B & ACKNOWLEDGEMENT REQUIRED	927	N29
17	LTC TOTAL DAYS BAD	LTC TOTAL LEAVE DAYS INVALID OR MISSING	153	M53
17	LTC CERT DTE BAD	LTC CERTIFICATION DATE INVALID OR MISSING	150	N351
17	LTC SNF/DTE ERR	LTC SNF THRU DATE IN ERROR	350	MA-31
17	CONSENT 30/180 DAYS	CONSENT MUST BE AT LEAST 30 BUT NO MORE THAN 180 DAYS	334	N28
17	QTY > PACKAGE SIZE	QUANTITY EXCEEDS PACKAGE SIZE	432	N378
17	JUSTIFY EYEGLASSES	SEND DOCUMENTATION FOR MORE THAN 3 EYEGLASSES PER YEAR	468	N29
17	DUR DATA UNNECESSARY	DUR DATA UNNECESSARY FOR CONFLICT, INTERVENTION, OUTCOME	479	N59
17	CORRECT OFS 96 SEC 1	OFS 96 CORRECTABLE ERROR IN SECTION 1	763	N28
17	CORRECT OFS 96 SEC 2	OFS 96 CORRECTABLE ERROR IN SECTION 2	764	N28
17	CORRECT OFS 96 SEC 3	OFS 96 CORRECTABLE ERROR IN SECTION 3	765	N28
17	CORRECT OFS 96 SEC 4	OFS 96 CORRECTABLE ERROR IN SECTION 4	766	N28
17	OFS96 NONCORRECTABLE	OFS 96 ERROR IN 7 8 10 11 14 15-DO NOT RESUBMIT	767	N28
17	NEED EDC ON FORM 96	NEED EDC ON 96-SIGNATURE LESS THAN 30 DAYS FROM TUBAL	684	N3
17	DOCUMENT NAME CHANGE	96/96A--DOC.NAME CHANGE-PG28 PROF SERV 2000 TRAIN PACK	674	N3
18	MHR SERV PD THIS DOS	MHR SERVICES ALREADY PAID FOR THIS DATE OF SERVICE	689	
18	2ND. VISIT SAME DAY	FOUND DUPLICATE VISIT SAME DAY	715	M63
18	SAME SPEC/SUBSP PAID	SAME SPECIALTY/SUBSPECIALTY PAID ON SAME DATE OF SERV	711	N20
18	INITIAL HOSP INPT PD	ONE INITIAL HOSPITAL INPATIENT SERVICE PAID PER ADMISS	712	N20
18	HOSP DISCHARGE PAID	ONE HOSPITAL DISCHARGE SERVICE PAID PER ADMISSION	695	N20
18	EXACT DUPE 01 TO 03	OUTPATIENT AND INPATIENT HOSPITAL SERVICES ON SAME DAY	622	
18	FND DUP SERV SM DAY	FOUND DUPLICATE SERVICE SAME DAY	758	N20
18	3 HOSP VISIT SERV PD	3 HOSPITAL INPATIENT SERV PAID FOR SAME DATE OF SERVICE	790	N20
18	PREV PD ANES-SAME RE	PREVIOUSLY PAID ANES.OR SUPERVISING ANES,SAME RECI/DOS	735	N20
18	SAME ATTD PD IP CONS	SAME ATTENDING PROV PAID INPT CONSULTATION SAME STAY	746	N20
18	DUP ADJ. RECORD	DUPLICATE ADJUSTMENT RECORDS ENTERED	797	
18	HIST ALREADY ADJUSTED	HISTORY RECORD ALREADY ADJUSTED	798	
18	INPT SER PD SAME ATT	INPT HOSP SERV PAID FOR SAME DOS TO SAME ATTENDING PROV	794	N20
18	EXACT DUPE 03 TO 09	EXACT DUPLICATE ERROR: OUTPATIENT AND DURABLE-EQUIPMENT	810	
18	EXACT DUPE 03 TO 13	EXACT DUPLICATE ERROR: OUTPATIENT AND EPSDT	811	
18	EXACT DUPE 03 TO 15	EXACT DUPLICATE ERROR: OUTPATIENT AND TITLE18	812	
18	EXACT DUPE 04 TO 04	EXACT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS	813	M63
18	EXACT DUPE 04 TO 15	EXACT DUPLICATE ERROR: PHYSICIAN AND TITLE18	814	
18	EXACT DUPE 05 TO 05	EXACT DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS	815	M63
18	EXACT DUPE 05 TO 06	EXACT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH	816	
18	EXACT DUPE 05 TO 07	EXACT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE	817	
18	EXACT DUPE 05 TO 08	EXACT DUPLICATE ERROR: REHAB-SERVICES AND NON-AMBULANCE	818	
18	EXACT DUPE 05 TO 09	EXACT DUPLICATE ERROR: REHAB-SERVICES AND DURABLE EQUIP	819	
18	ON-LINE DUPE DENY	DUPLICATE OF PREVIOUSLY PAID CLAIM	800	M86
18	EXACT DUPE 01 TO 01	EXACT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	801	M63

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
18	EXACT DUPE 01 TO 14	EXACT DUPLICATE ERROR: HOSPITAL AND TITLE18-INSTITUTION	802	
18	EXACT DUPE 02 TO 02	EXACT DUPLICATE ERROR: IDENTICAL LTC CLAIMS	803	M63
18	EXACT DUPE 02 TO 14	EXACT DUPLICATE ERROR: LTC AND TITLE18-INSTITUTIONAL	804	
18	EXACT DUPE 03 TO 03	EXACT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS	805	M63
18	EXACT DUPE 03 TO 05	EXACT DUPLICATE ERROR: OUTPATIENT AND REHAB SERVICES	806	
18	EXACT DUPE 03 TO 06	EXACT DUPLICATE ERROR: OUTPATIENT AND HOME HEALTH	807	
18	EXACT DUPE 03 TO 07	EXACT DUPLICATE ERROR: OUTPATIENT AND AMBULANCE	808	
18	EXACT DUPE 06 TO 06	EXACT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS	822	M63
18	EXACT DUPE 06 TO 07	EXACT DUPLICATE ERROR: HOME HEALTH AND AMBULANCE	823	
18	EXACT DUPE 06 TO 13	EXACT DUPLICATE ERROR: HOME HEALTH AND EPSDT	826	
18	EXACT DUPE 06-14	EXACT DUPE ERROR-HOME HEALTH & TITLE 18	827	
18	EXACT DUPE 07 TO 07	EXACT DUPLICATE ERROR: IDENTICAL AMBULANCE CLAIMS	828	M63
18	EXACT DUPE 08 TO 13	EXACT DUPLICATE ERRORS: NON-AMBULANCE AND EPSDT	835	
18	EXACT DUPE 08 TO 08	EXACT DUPLICATE ERROR: IDENTICAL NON-AMBULANCE CLAIMS	833	M63
18	EXACT DUPE 07 TO 15	EXACT DUPLICATE ERROR: AMBULANCE AND TITLE18	832	
18	EXACT DUPE 07 TO 09	EXACT DUPLICATE ERROR: AMBULANCE AND DURABLE-EQUIP	830	
18	EXACT DUPE 14 TO 14	EXACT DUPLICATE ERROR: IDENTICAL TITLE18 INST CLAIMS	846	M63
18	EXACT DUPE 15 TO 15	EXACT DUPLICATE ERROR: IDENTICAL TITLE18 PROF CLAIMS	847	M63
18	EXACT DUPE 12 TO 15	EXACT DUPLICATE ERROR: IDENTICAL DRUG & PARTB MC CLAIMS	848	
18	PD SAME ATTEN/DIF BL	ALREADY PAID SAME ATTENDING DIFFERENT BILLING PROVIDER	849	
18	UNSPECIF SUSPCT DUPE	SUSPECT DUPLICATE OF PREVIOUSLY PROCESSED CLAIM	850	
18	SUSPCT DUPE 01 TO 01	SUSPCT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	851	
18	SUSPCT DUPE 01 TO 14	SUSPCT DUPLICATE ERROR: HOSPITAL AND TITLE18	852	
18	SUSPCT DUPE 02 TO 02	SUSPCT DUPLICATE ERROR: IDENTICAL LTC CLAIMS	853	
18	SUSPCT DUPE 02 TO 14	SUSPCT DUPLICATE ERROR LTC AND TITLE18-INSTITUTIONAL	854	
18	SUSPCT DUPE 03 TO 03	SUSPCT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS	855	
18	SUSPCT DUPE 03 TO 08	SUSPCT DUPLICATE ERROR: OUTPATIENT AND NON-AMBULANCE	859	
18	SUSPCT DUPE 01 TO 06	SUSPCT DUPLICATE ERROR: OUTPATIENT AND HOME-HEALTH	857	
18	EXACT DUPE 11 TO 11	EXACT DUPLICATE ERROR: IDENTICAL DENTAL-ADULT CLAIMS	842	M63
18	EXACT DUPE 12 TO 12	EXACT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS	843	M63
18	EXACT DUPE 13 TO 13	EXACT DUPLICATE ERROR: IDENTICAL EPSDT CLAIMS	844	M63
18	EXACT DUPE 09 TO 09	EXACT DUPLICATE ERROR: IDENTICAL DURABLE-EQUIP CLAIMS	837	M63
18	EXACT DUPE 09 TO 13	EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT	838	
18	EXACT DUPE 09 TO 15	EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND TITLE18	839	
18	EXACT DUPE 10 TO 10	EXACT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS	840	M63
18	SUSPECT DUPE 05-14	SUSPECT DUPE ERROR-REHAB SERVICES & TITLE 18	871	
18	SUSPCT DUPE 06 TO 06	SUSPCT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS	872	
18	SUSPCT DUPE 06 TO 07	SUSPCT DUPLICATE ERROR: HOME HEALTH AND AMBULANCE	873	
18	SUSPCT DUPE 06 TO 08	SUSPCT DUPLICATE ERROR: HOME HEALTH AND NON-AMBULANCE	874	
18	SUSPCT DUPE 03 TO 15	SUSPCT DUPLICATE ERROR: OUTPATIENT AND TITLE18-PROF	862	
18	SUSPCT DUPE 04 TO 04	SUSPCT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS	863	
18	SUSPCT DUPE 04 TO 15	SUSPCT DUPLICATE ERROR: PHYSICIAN AND TITLE18-PROF	864	
18	SUSPCT DUPE 05 TO 05	SUSPCT DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS	865	
18	SUSPCT DUPE 05 TO 06	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH	866	
18	SUSPCT DUPE 05 TO 07	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE	867	

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
18	SUSPCT DUPE 05 TO 08	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND NON-AMBULANC	868	
18	SUSPCT DUPE 05 TO 09	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND DME	869	
18	SUSPCT DUPE 06 TO 13	SUSPCT DUPLICATE ERROR: HOME HEALTH AND EPSDT	876	
18	SUSPECT DUPE 06-14	SUSPECT DUPE ERROR-HOME HEALTH & TILE 18	877	
18	SUSPCT DUPE 07 TO 07	SUSPCT DUPLICATE ERROR: IDENTICAL AMBULANCE CLAIMS	878	
18	SUSPCT DUPE 07 TO 08	SUSPCT DUPLICATE ERROR: AMBULANCE AND NON-AMBULANCE	879	
18	SUSPCT DUPE 07 TO 15	SUSPECT DUPLICATE ERROR: AMBULANCE AND TITLE18	882	
18	SUSPCT DUPE 08 TO 08	SUSPECT DUPLICATE ERROR: IDENTICAL NON-AMBULANCE CLAIMS	883	
18	SUSPCT DUPE 08 TO 09	SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND DME CLAIMS	884	
18	SUSPCT DUPE 08 TO 13	SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND EPSDT CLAIMS	885	
18	CANNOT ADJUST	CANNOT ADJUST DUE TO PREVIOUS FINANCIAL TRANSACTION	516	
18	EXACT DUPE 17 TO 01	EXACT DUPE: HABILITATION AND HOSPITAL	504	
18	EXACT DUPE 16 TO 02	EXACT DUP ERROR: ADULT DAY CARE AND LTC	502	
18	EXACT DUPE 16 TO 16	EXACT DUPE: IDENTICAL ADULT DAY CARE CLAIMS	503	
18	NO MULTI - PROVIDERS	MULTIPLE PROVIDERS WILL NOT BE PAID FOR THIS PROCEDURE	550	
18	SUSPCT DUPE 16 TO 02	SUSPCT DUPE: ADULT DAY CARE AND LTC	552	
18	SUSPCT DUPE 16 TO 16	SUSPCT DUPE: IDENTICAL ADULT DAY CARE CLAIMS	553	
18	DUPLICATE SERVICES	DUPLICATE UNILATERAL/BILATERAL SERVICE-CLAIMCHECK	554	M15
18	ATND PRV NOT LNK BYU	ATTENDING/SERVICING PROVIDER NOT LINKED TO BYU PLAN	556	
18	SUSPCT DUPE 18 TO 01	SUSPCT DUPE: HOMEMAKERS AND HOSPITALS	557	
18	DUP DRUG THERAPY	DUPLICATE DRUG THERAPY	445	
18	EXACT DUPLICATE.	EXACT DUPLICATE OF ANOTHER ADJUSTMENT.	926	
18	SUSPCT DUPE 11 TO 11	SUSPECT DUPLICATE ERROR: IDENTICAL DENTAL-ADULT CLAIMS	892	
18	SUSPCT DUPE 12 TO 12	SUSPECT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS	893	
18	SUSPCT DUPE 13 TO 13	SUSPECT DUPLICATE ERROR: IDENTICAL EPSDT CLAIMS	894	
18	SUSPCT DUPE 13 TO 15	SUSPECT DUPLICATE ERROR: EPSDT AND TITLE18 CLAIMS	895	
18	SUSPCT DUPE 14 TO 14	SUSPECT DUPLICATE ERROR: IDENTICAL TITLE18-INST CLAIMS	896	
18	SUSPCT DUPE 15 TO 15	SUSPECT DUPLICATE ERROR: IDENTICAL TITLE18-PROF CLAIMS	897	
18	EXACT DUPE SAME ICN	EXACT DUPE SAME ICN - DROPPED	898	
18	SUSPCT DUPE 12 TO 15	SUSPECT DUPLICATE ERROR:DRUG & PARTB MC CLAIMS	899	
18	SUSPCT DUPE 09 TO 09	SUSPECT DUPLICATE ERROR: IDENTICAL DURABLE-EQUIP CLAIMS	887	
18	SUSPCT DUPE 09 TO 13	SUSPECT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT	888	
18	SUSPCT DUPE 09 TO 15	SUSPECT DUPLICATE ERROR: DME AND TITLE18 CLAIMS	889	
18	SUSPCT DUPE 10 TO 10	SUSPECT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS	890	
22	COVERED BY MEDICARE	ITEM COVERED BY MEDICARE	988	
22	BANKRUPT.FILE W/CARR	DECLARED BANKRUPTCY.FILE W/CARRIER FOR POSSIBLE PMTS.	297	MA92
22	RECIP ELIG MEDICARE	RECIPIENT POSSIBLY ELIGIBLE FOR MEDICARE	278	MA92
22	POSSIBLE TPL	POSSIBLE THIRD PARTY LIABILITY	274	MA92
22	RECIP MEDICARE ELIG	RECIPIENT IS MEDICARE ELIGIBLE	275	MA92
22	BILL MEDICARE FIRST	BILL MEDICARE FIRST BASED ON DISCHARG DATE	449	
22	BILL MEDCARE NEB MED	BILL MEDICARE NEBULIZER MED	434	
22	DENY TO BE REBILLED	DENY TO BE REBILLED TO MEDICARE	341	MA92
22	BILL MEDICARE PART D	BILL MEDICARE PART D	535	MA85
22	BILL MEDICARE PART B	BILL MEDICARE PART B	536	MA85
22	COV MDCARE IF INSULI	ITEM COVERED BY MEDICARE IF REC IS INSULIN TREATED	467	

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
22	EDITED FOR MEDICARE	EDITED FOR MEDICARE -SERV. PAYABLE	473	MA92
22	EDITED FOR INSURANCE	EDITED FOR INSURANCE SERV. PAYABLE	474	MA92
22	MEDICARE-COVERAGE	CLM VOID/ADJ BY STATE**RECIPIENT HAS MEDICARE COVERAGE	661	
23	MC-XOVER-NON-FINANCE	MEDICARE CROSSOVER ADJUSTMENT MON-FINANCIAL	639	MA67
23	MEDICARE PAID 100%	ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	972	
23	PD PATIENT RESP AMT	PAID PATIENT RESPONSIBILITY AMT PER THE EOB	928	N219
23	MCAID PD ALLOWABLE	PRIMARY INS NON-COVERED SERVICE - MCAID ALLOWABLE PAID	929	
23	REDUCED BY TPL	MEDICAID ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	918	
23	MC-CROSSOVER-ADJVOID	MEDICARE CROSSOVER ADJUSTMENT OR VOID	937	MA67
28	SPAN DATE INVALID	SPAN DATE NOT ALLOWED MUST BILL PER DAY	351	M59
29	TIMELY FILING REVIEW	ATTACHMENT REQUIRES REVIEW/FILING DEADLINE	371	
29	KIDMED TIMELY FILLIN	KM CLAIMS SHOULD BE SUBMITTED WITHIN 60 DAYS OF SERVICE	435	M58
29	REFILL OVER 6 MONTHS	REFILL MUST BE FILLED WITHIN 6 MONTHS	655	
29	SCH2 NARC OVER 24 HR	SCHEDULE 2 NARCOTIC MUST BE FILLED WITHIN 24 HOURS	653	
29	NEW PRESC OVER 10 DA	NEW PRESCRIPTION MUST BE FILLED WITHIN 10 DAYS	654	
29	MEDICARE CLAIM > 6MO	CLAIM EXCEEDS FILLING LIMIT COIN/DEDUCT.	971	
29	SERV MORE THAN 12 MO	SERVICE MORE THAN 12 MONTHS OLD	029	
29	SERV THRU DT TOO OLD	SERV THRU DATE MORE THAN TWO YEARS OLD	030	
29	CLAIM OVER 1 YEAR	CLAIM EXCEEDS 1 YEAR FILING LIMIT	272	
29	CLAIM OVER 90 DAYS	CLAIM EXCEEDS 90 DAY FILING LIMIT (PHARMACY)	270	
29	SER HOSPICE RELATED	HOSPICE RELATED/SUB BILL TO HOSPICE 30 DAYS TO APPEAL	271	
31	RECIP RECYC 3 TIMES.	RECIPIENT INELIGIBLE RECYCLED THREE TIMES	295	
31	RECYC RECI INELG DOS	RECYCLED RECIPIENT INELIG ON DOS	293	
31	RECYC RECIP NOF	RECIPIENT NOT ON FILE RECYCLED 3 TIMES	294	
31	QMB NOT MED. ELIG.	QMB NOT MEDICAID ELIGIBLE	330	N30
31	RECYC RECIP N/O FILE	RECYCLED RECIPIENT NOT ON FILE	223	
31	RECIPIENT NOT ON FIL	RECIPIENT NOT ON FILE	215	
31	RECIPIENT NOT ELIG	RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE	216	
31	RECIP NOT XREF	NO MEDICAID ID FOUND FOR MEDICARE ID	174	MA61
31	RECIPIENT # INVALID	RECIPIENT NUMBER INVALID OR LESS THAN 13 DIGITS	003	
35	OVER LIFETIME LIMIT	LIFETIME LIMITS FOR THIS SERVICE HAVE BEEN EXCEEDED	917	
35	LIFETIME LIMITS-ONE	ONLY 1 NEWBORN HOSPITAL CARE PER RECIPIENT ALLOWED	900	
35	UNITS WERE CUTBACK	SERVICE LIMITS EXCEEDED - PARTIAL/FULL CUTBACK APPLIED	901	
35	NEEDS MANUAL CUTBACK	DAILY LIMITS EXCEEDED - MANUALLY APPLY PARTIAL PAYMENT	903	N10
35	SVC BEYOND TIME LIM	SERVICE PERFORMED BEYOND REQUIRED TIME SPECIFICATIONS	904	
35	EXCEEDS LIMIT OF 8	EXCEEDS LIMIT OF 8 CO-INS DAYS	157	MA34
35	SCH2 NARC NO REFILL	SCHEDULE 2 NARCOTIC CANNOT BE REFILLED	652	
35	OVER MAX DURATION	EXCEEDS MAXIMUM DURATION OF THERAPY	656	
35	CLAIMCHECK RESERVED	RESERVED FOR CLAIMCHECK	710	M86
35	13/PREG-158A NEEDED	13 ALLOWED PER PREGNANCY; 158-A NEEDED FOR EXTENSION	744	N29
35	1-INTRAOCULAR-LEN-AL	ONLY ONE PROCEDURE V2630,V2631,V2632 ALLOWED PER RECIP	740	M86
35	EMER MILES > 25	EMERGENCY MILES EXCEEDS 25	409	
35	EXCEEDS MAX-23 DAYS	EXCEEDS MAXIMUM MONTHLY DAYS	347	
35	RECIP EXCD HM/LV DYS	RECIPIENT HAS USED THE MAXIMUM HOME LEAVE DAYS OF 25	361	N43
38	LOCK-IN RECIPIENT	RECIP IS MD,PHARM RESTRICTED-PHARMACY INVALID	389	

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
38	NOT PROV OF RECORD	BILLING PROVIDER IS NOT THE DESIGNATED PROV. OF RECORD	424	M58
38	UTILIZE HMO	MUST UTILIZE HMO SERVICES	490	N52
38	ELIG FOR PACE ONLY	CAPITATED-SERVICE MUST BE AUTHORIZE/PAID BY PACE PROVDR	524	
38	RECIP NOT ENROLL BYU	RECIPIENT NOT ENROLLED WITH BYU HEALTH PLAN	187	
38	NOT HCBS LOCKED IN	NOT HCBS LOCKED IN	109	
38	BILL PRV NOT PCP	BILLING PROVIDER NOT PCP OR SERVICE NOT AUTHOR BY PCP	106	
38	LOCK IN RECIPIENT	RECIPIENT IS MD, PHARM RESTRICTED-MD INVALID	218	
39	PA NOT APPROVED	PA HAS NOT BEEN APPROVED	192	
39	PRECERT NOT APPROVED	PRECERT HAS NOT BEEN APPROVED	162	
45	DEFRA REDUCTION	PAYMENT REDUCED TO MEDICARE MAXIMUM	116	N14
45	HIGH VARIANCE ERROR	HIGH VARIANCE ERROR	276	
45	EXCEEDS MAX ALLOWED	EXCEEDS MAXIMUM ALLOWED	906	
45	MC-PAYMENT-REDUCED	DEDUCTIBLE & OR CO-INSURANCE REDUCED TO MAX ALLOWABLE	996	
45	LEG. ADT TEST CLAIMS	LEGISLATIVE AUDIT TEST CLAIMS	998	
45	HOME LEAVE DAYS ADJ	HOME LEAVE DAYS AT 75%	559	
45	HOSP LEAVE DAY ADJ.	HOSP LEAVE DAY ADJ. REL TO MEDICAID SPENDING RED PLAN	569	
45	ADJ. REL BUDGET CUTS	ADJUSTMENT RELATED TO MEDICAID SPENDING REDUCTION PLAN	570	
45	NH OFFSET	NH OFFSET ADJ. REL TO M'CAID SPEND REDUCT PLAN \$1.11	571	
45	ER TRANSPORT OFFSET	ER TRANSPORT OFFSET REL TO M'CAID SPEND RED PLAN	572	
45	S/C EXCD 80% C-CARE	SERVICE CHARGE EXCEEDS 80% OF COMPARABLE CARE	348	
45	1 INP HSP VST PER DA	ONE INP HOSP INITIAL/SUBSEQ CARE VISIT ALLOWED PER DAY	730	N20
45	EXCEEDS DAILY MAX	EXCEEDS DAILY SERVICE MAXIMUM	727	N20
45	PAY CUT SAME TOOTH	PAYMENT CUTBACK SAME TOOTH	775	
45	FOUND TWO PANEL CODE	MAX ALLOW ONE PANEL A DAY/BILLING PROVIDER	717	M63
45	EXCEEDS MAX DOLLAR	EXCEEDS MAXIMUM DOLLAR AMOUNT PER TOOTH	724	
45	PAY RED TO LMAC MAX	PAYMENT REDUCED TO LMAC MAXIMUM	660	
45	HOSP CUTBACK APPLIED	HOSPITAL CUTBACK APPLIED	651	
45	PAY RED TO STATE MAX	PAYMENT MADE AT STATE MAXIMUM	650	
50	SEND MED NECESSITY	SEND PROOF OF MEDICAL NECESSITY AND EPSDT REFERRAL	627	N29
50	NEED EPSDT & MED NEC	NEED EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	628	N29
50	MED NEC INSUFFICIENT	DOCUMENTATION OF MEDICAL NECESSITY INSUFFICIENT	625	N29
50	SEND EPSDT REFERRAL	SEND EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	626	N29
50	SONOS NOT JUSTIFIED	DOCUMENTATION DOES NOT JUSTIFY ADDITIONAL SONOGRAMS	599	
50	UNNECESSARY DRUG	DRUG USE NOT WARRANTED - COX-2 INHIBITOR	531	M83
50	PROC/DIAG NO MED NEC	PROCEDURE/DIAGNOSIS NOT MEDICALLY NECESSARY	957	
54	ASSIST SURG INVALID	ASSISTANT SURGEON INVALID FOR THIS PROCEDURE/CLAIMCHECK	558	N247
54	SUR ASST NOT NEEDED	PROCEDURE DOES NOT WARRANT SURGICAL ASSIST	721	
55	INVEST,EXPER,OR NOT	NOT COVERED-IS INVESTIG.,EXPERI.OR NOT MED.NECESSARY	119	
58	PROF COMP INVLD POT	INVALID PLACE OF TREATMENT FOR PROF COMP	279	M77
58	POT NOT ICF-I OR II	PLACE OF TREATMENT MUST BE ICF-I OR ICF-II	243	
59	ONE ER CDE PER VISIT	ONLY ONE ER REVENUE (450/459) CODE PER VISIT	113	N36
59	INVALID W/O PRIMARY	ADD-ON PROCEDURE INVALID WITHOUT PRIMARY/CLAIMCHECK	945	N122
59	PP PREVIOUSLY PAID	POSTPARTUM CARE PREVIOUSLY PAID-EXCEEDS MAX/CLAIMCHECK	977	N122
59	INVALID W/O PRIMARY	PROCEDURE INVALID W/O PRIMARY PD/CLAIMCHECK	967	N122
59	PP CARE INCL IN DEL	PP CARE INCLUDED IN REIMBURSEMENT FOR DELIVERY/CLAIMCHK	969	N122

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
59	CLAIMCHECK RESERVED	CLAIMCHECK RESERVED	981	N122
59	CCI:HIST VOIDED-INC	CCI:HISTORY PROCEDURE INCIDENTAL TO CURRENT-HIST VOIDED	982	N19
59	CCI:INCIDENTAL-HIST	CCI:PROCEDURE INCIDENTAL TO PROCEDURE IN HISTORY	759	N19
59	CCI:INCIDENTAL-CURR	CCI:PROCEDURE INCIDENTAL TO ANOTHER CURRENT PROCEDURE	731	N19
59	ALL BUT MAJ. NEED 51	CANNOT PAY MAJOR UNTIL SECONDARY IS PAID AT 50%	560	
59	INCIDENTAL PROC/HIST	PROCEDURE INCIDENTAL TO PROC IN HISTORY-CLAIMCHECK	573	N19
59	HIST PROC VOIDED-INC	HISTORY PROC VOIDED-INCIDENTAL TO CURRENT/CLAIMCHECK	574	N19
59	INCIDENTAL PROC/CURR	PROCEDURE INCIDENTAL TO PROC ON CURR CLAIM-CLAIMCHECK	567	N19
59	LINE ADDED-REB	CLAIM LINE ADDED AS A RESULT OF CLAIMCHECK REBUNDLING	546	N22
59	PROC REB REL TO CURR	PROCEDURE REBUNDLED DUE TO CURRENT CLAIM/CLAIMCHECK	547	M15
59	PROC REB REL TO HIST	PROCEDURE REBUNDLED DUE TO HISTORY CLAIM/CLAIMCHECK	548	M15
59	HST PROC VOIDED-REB	HISTORY PROC VOIDED DUE TO REBUNDLING/CLAIMCHECK	549	M15
59	MULTIPLE SURGERY	MULTIPLE SURGERY - PENDED FOR MANUAL PRICING	403	
66	INVALID BLOOD DEDUCT	THE BLOOD DEDUCTIBLE FIGURE MUST BE NUMERIC	178	
71	OBRA 90 EXCLUDED DRU	OBRA 90 EXCUDED DRUG PAID BY MEDICAID	537	MA17
94	MANUAL PRICE GR BILL	MANUAL PRICE EXCEEDS BILLED CHARGES	284	
94	PAYMENT GR BILLED CH	PAYMENT EXCEEDS BILLED CHARGES/REQUIRES REVIEW	285	
95	SEE MED SERV MANUAL	MATERNITY ANES. SEE PG. 10-5 OF MEDICAL SERVICES MANUAL	637	
96	PULP CAP NO PAY DECI	PULP CAP NOT PAYABLE FOR DECIDUOUS TOOTH	610	N174
96	THIS SERV NOT PAYABL	THIS CHIROPRACTIC SERVICE NO LONGER PAYABLE	624	N30
96	PULPOTOMY NO PAY-PER	PULPOTOMY NOT PAYABLE FOR PERMANENT TOOTH	611	N174
96	PIN NOT PAY THIS TOO	PIN NOT PAYABLE FOR THIS TOOTH	612	N174
96	REPR DENIED 1 YEAR	REPAIR DENIED FOR 1 YR POST INSERTION	699	M86
96	PA APRVD PROC DELETD	PRIOR AUTHORIZATION APPROVED PRIOR TO DELETION OF CODE	534	N133
96	IP SERV NOT COV FPW	INPATIENT SERVICES ARE NOT COVERED BY THE FPW PROGRAM	541	N30
96	CT NOT COV FPW	CLAIM TYPE/FORMAT NOT COVERED BY THE FPW PROGRAM	544	N30
96	BILLED AMT MUST BE 0	VACCINES FROM VFC AT NO COST-BILLED AMT MUST BE 0	520	M79
96	NOT HOSPICE ELIGIBLE	NOT HOSPICE ELIGIBLE	495	N30
96	DRUG-DRUG INTERACTIO	DRUG TO DRUG INTERACTION-DENY	471	M80
96	MFCTR NOT IN REBATE	MANUFACTURER HAS NOT ENTERED INTO HCFA REBATE AGREEMENT	472	M119
96	INVALID NDC	INVALID NDC - NOT AVAILABLE	465	M119
96	NDC MAY BE OBSOLETE	NDC POSSIBLY OBSOLETE	460	M119
96	REFILLS NOT PAYABLE	REFILLS NOT PAYABLE	461	N410
96	NDC TERMINATED/CMS	CMS NOTIFIED US THAT NDC IS TERMINATED	462	M119
96	PSYCH SERV NOT COVER	PSYCHIATRIC SERVICES NOT COVERED UNDER HOME HEALTH	427	N174
96	NOT PAY FOR MED NEED	NOT PAYABLE FOR MED NEEDY PROGRAM	429	N30
96	NDC OBSOLETE/MFTR	MANUFACTURER NOTIFIED US THAT NDC IS OBSOLETE	438	N60
96	MFT SAYS FOOD SUPPLM	MANUFACTURER HAS IDENTIFIED PRODUCT AS FOOD SUPPLEMENT	439	N59
96	DENY FOR FILE REVIEW	DENY FOR REVIEW / CALL POS HELP DESK	459	N65
96	SCH2 NARC NO REFILL	SCHEDULE 2 NARCOTIC CANNOT BE REFILLED	452	N410
96	SCH2 NARC OVER 5 DAY	SCHEDULE 2 NARCOTIC NOT FILLED WITHIN 5 DAYS	453	N410
96	INVALID TYPE CASE	RECIPIENT NOT COVERED FOR THIS SERVICE	349	M15
96	RECIP NOT COVER,DRUG	RECIPIENT NOT COVERED FOR THIS DRUG	388	N30
96	NOT COVERED NH RESID	NOT COVERED FOR NURSING HOME RESIDENT	384	N174
96	NOT COVERED NH RESID	DIABETIC SUPPLIES NOT COVERED FOR LTC RECIPIENT	385	N174

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
96	ANES.CPT N/C-M' AID	ANES.CPT NOT COVERED FOR MEDICAID ONLY-BILL SURG+MOD.	269	N34
96	PROC/DRUG NOTCOVERED	PROC/DRUG NOT COVERED BY MEDICAID	299	N365
96	DELETED,BILL CURR CD	DELETED,BILL CURRENT CODE	248	MA130
96	GEN ASST - NOT COVRD	STATE ONLY ASSISTANCE - SERVICE NOT COVERED	221	N30
96	P.E. - NOT COVERED	CLAIM NOT COVERED FOR PRESUM ELIG RECIP	225	N30
96	DESI-NOT PAYABLE	DESI INEFFECTIVE-NOT PAYABLE	149	N448
96	PATIENT NOT COVERED	PATIENT NOT COVERED FOR PHARMACY SERVICE	135	N30
96	PARTIAL HOSP NOT PAY	PARTIAL HOSP NOT PAYABLE FOR MEDICAID ONLY	107	MA64
96	PRV TYPE AGE RESTRIC	PROV TYPE SERVICES NOT COVERED FOR RECIPIENT THIS AGE	108	N30
96	PROC NOT COV BY FPW	PROCEDURE IS NOT COVERED BY THE TAKECHARGE FPW PROGRAM	091	N30
96	2 PROC SAME TOOTH/DAY	EMERGENCY/DEFINITIVE NOT PAYABLE ON SAME TOOTH/SAME DAY	990	N20
96	NOT COVERED BE HH	SERVICE NOT COVERED BY HOME HEALTH PROGRAM	965	N174
96	SERV THR GT ENTR DTE	SERVICE THRU DATE GREATER THAN DATE OF ENTRY	009	MA31
96	DISCH DATE NOT COV	DATE OF DISCHARGE NOT COVERED	951	N174
97	INC IN OV/RELAT PROC	INCLUDED IN OFFICE VISIT/RELATED PROCEDURE	952	
97	INC IN MAJ SUR PROC	INCLUDED IN MAJOR SURGICAL PROCEDURE	948	N10
97	PROCEDURE IN PANEL	PROCEDURE INCLUDED IN PANEL	991	
97	VISIT INC. SURG CHGS	OFFICE VISIT CONS. BILLED SEP. FROM SURG FEE	281	
97	PRE-OP INC IN SURG.	PRE-OP INCLUDED IN TOTAL SURGICAL FEE	282	
97	POST-OP INC IN SURG	POST-OP INCLUDED IN TOTAL SURGERY FEE	283	
97	SERV. IN MED SCREEN.	SERVICE INCLUDED IN MED SCREENING	383	
97	REHAB CTR SRV NOT CO	REHAB CENTER SERVICES NOT COVERED-NURSING HOME RESIDENT	394	
97	HIST PROC VOIDED-PST	HISTORY PROC VOIDED-POST-OP PERIOD OF CURR/CLAIMCHECK	591	M144
97	E&M NOT PAYABLE/CURR	E&M CODE NOT PAYABLE SAME DAY-CURR/CLAIMCHECK	592	N20
97	E&M NOT PAYABLE/HIST	E&M CODE NOT PAYABLE SAME DAY-HIST/CLAIMCHECK	593	N20
97	HIST PROC VOIDED/VIS	HISTORY PROC VOIDED-E&M NOT PAYABLE/CLAIMCHECK	594	N20
97	PRE-OP PROC/CURR	PROCEDURE DENIED IN PRE-OP PERIOD-CURR/CLAIMCHECK	585	M144
97	PRE-OP PROC/HIST	PROCEDURE DENIED IN PRE-OP PERIOD-HIST/CLAIMCHECK	586	M144
97	HIST PROC VOIDED-PRE	HISTORY PROC VOIDED-PRE-OP PERIOD OF CURR/CLAIMCHECK	587	M144
97	POST-OP PROC/CURR	PROCEDURE DENIED IN POST-OP PERIOD-CURR/CLAIMCHECK	588	M144
97	POST-OP PROC/HIST	PROCEDURE DENIED IN POST-OP PERIOD-HIST/CLAIMCHECK	589	M144
97	INCLD TOTAL OB CARE	INCLUDED IN FEE FOR TOTAL OB CARE.	700	
97	FOLLOW UP VS CHG	CONSULT FOLLOW-UP VISITS NOT ALLOWED.	701	M86
97	SEPARATE CHGS EPIS.	EPISIOTOMY INCLUDED IN DELIVERY CHARGE	703	
97	SEPARATE NB CARE CHG	FOLLOWUP NB CARE BILLED SEPARATELY	706	
97	SEP.CHG.FETAL MONIT	FETAL MONITORING INCLUDED IN DELIVERY FEE	708	
97	CODE INC FRAMES/LENS	CD 00089 INCL FRAME&LENS-HIST INDIC COMP PMT	718	
97	D&C/BIOIP-CERVIX CRG	SEE CPT-CODE 57520 INCLUDES D&C/DO NOT BILL CODE 58120	725	
97	PROC INCLUDED IN OV	PROCEDURE INCLUDED IN THE PHYSICIAN VISIT	716	
97	MULTI-CHANN TEST SEP	PANEL AUTOMATED MULTICHANNEL TEST	713	M75
97	EVAL & MGT PD DOS	EVAL AND MGT CODE PAID FOR THIS DOS	673	
97	PAID. DO NOT REBILL	INCLUDED IN PAID PRE/POSTNATAL CAREVISIT. DO NOT REBILL	671	
97	SERVICE IN PD 77427	SERVICE INCLUDED IN PAID 77427	672	
97	VOID REBILL VISIT	VOID PAID URINALYSIS REBILL VISIT	670	
97	PAYMENT IN SURG FEE	PAYMENT INCLUDED IN SURGERY FEE	690	

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
97	REBILL SURGERY	VISIT PAID IN GSP.VOID VISIT;REBILL SURGERY	691	
97	ICFMR RESPONSIBILITY	ICFMR FACILITY IS REQUIRED TO PROVIDE THIS SERVICE	688	M97
97	HIGH CODE TRIAD PAID	HIGHER CODE IN TRIAD ALREADY PAID	635	M86
97	VOID COMPON,REBILL	VOID COMPONENTS, REBILL PANEL CODE	633	
97	VOID REBILL HIGH COD	VOID PAID CODE; REBILL HIGHER CODE IN TRIAD	634	
97	BLOOD COMP + PANEL	BLOOD COMPONENT BILLED ALONG WITH PANEL CODE	728	
97	URINE COMP + PANEL	URINE COMPONENT BILLED ALONG WITH PANEL CODE	729	
97	FEE IN SCREEN. FEE	FEE INCLUDED IN SCREENING FEE	737	N20
97	IN TRANSPLANT FEE	INCLUDED IN GLOBAL FEE FOR TRANSPLANT	773	M144
97	INC IN RELATED SERV	INCLUDED IN RELATED SERVICE	774	
106	CLAIMCHECK RESERVED	RESERVED FOR CLAIMCHECK	995	
107	REBIL W/APP PRIM CDE	MUST BE BILLED WITH APPROPRIATE PRIMARY CODE	615	MA66
107	RESTORATIVE/SURG REQ	RESTORATIVE AND/OR SURGICAL SERVICE REQ ON SAME DOS	677	M67
107	VACCINE/ADM CONFLICT	VACC & ADM MUST PAY/AGREE;IF ONLY ONE PAYS TOTAL DENIES	675	M67
107	PRIMARY CODE DENIED	PAYABLE ONLY IF PRIMARY CODE IS PAID	676	
107	CLAIM REQ DETAIL	CLAIM REQUIRES DETAILED BILLING	539	
109	LACHIP AFFORDABLE	LACHIP AFFORDABLE SUBMIT CLAIM TO OFFICE OF GROUP BENEF	528	
109	SUB TO BYU HLTH PLAN	SUBMIT CLAIM TO BYU HEALTH PLAN	507	
110	SERV FRM GT ENTR DTE	SERVICE FROM DATE LATER THAN DATE PROCESSED	008	MA31
115	TRIP CANC BY DISPTCH	TRIP CANCELED BY DISPATCH (CLAIM VOIDED)	188	
115	TRIP CANCELED NONPAY	TRIP CANCELED NON PAYABLE	199	
115	2A,2B-RX NOT FILLED	OUTCOME 2A OR 2B -RX NOT FILLED -TRANSACTION REPORTING	441	N10
119	ONE H.HLTH AIDE/DAY	ONLY ONE HOME HEALTH AIDE VISIT ALLOWED PER DAY	423	M86
119	EXCEEDS 3 TREATMENTS	EXCEEDS THREE CHIRO TREATMENTS SAME DAY	406	
119	SERV, MAX 1 PER MO	SERVICE EXCEEDS MAXIMUM ALLOWABLE OF 1 PER MONTH	390	
119	NO OF RX GR THAN LIM	NUMBER OF PRESCRIPTIONS GREATER THAN LIMIT	498	
119	ALLOW 1 PER 7 YEARS	ONLY 1 OF THESE PROCES IN 7 YEARS PER RECIP/PROVIDER	510	M86
119	FPW OVER MAX	FPW VISIT EXCEEDS ANNUAL MAXIMUM ALLOWED	540	M139
119	UNITS > DAILY MAX	UNITS EXCEED MAXIMUM DAILY ALLOWED LIMIT	542	N362
119	MAX SERVICE LIFETIME	MAXIMUM SERVICES EXCEEDED-LIFETIME/CLAIMCHECK	564	N362
119	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK	565	N362
119	1 PAYABLE/180 DAYS	ONLY ONE (1) PAYABLE PER 180 DAYS	664	
119	ONE PANEL/PREGNANCY	ONLY ONE PRENATAL LAB PANEL PER PREGNANCY	616	
119	PAN & IND CODE/ PANE	ONE URINALYSIS,PER PREGNANCY PAYABLE	620	M86
119	OVER LMT PER PREG	EXCEEDS LIMIT PER PREGNANCY	605	M86
119	ALLOW 1 PER 8 YEARS	ONLY 1 OF THESE PROCES IN 8 YEARS PER RECIP/PROVIDER	629	M86
119	EXCEEDS MAX,PHYS,YRS	EXCEEDS MAXIMUM ALLOWED BY SAME PHYSICIAN W/I 3 YEARS	640	
119	EXCEEDS MAX/HOSPITAL	EXCEEDS MAXIMUM ALLOWED PER HOSPITALIZATION	641	
119	EXCEEDS DAY MAX VISI	EXCEEDS DAILY MAXIMUM VISITS PER PROVIDER/SPECIALTY	646	
119	EXCEEDS DAY MAX VISI	EXCEEDS DAILY MAXIMUM ALLOWED VISITS	643	
119	CODE CONFLICT	BILLED CODE CONFLICTS WITH CODE ALREADY PAID	791	
119	EXCEEDS MO LIMIT	EXCEEDS MONTHLY LIMIT	784	M86
119	SEND DATED NOTES	EXCEEDS SONOGRAMS/PREGNANCY IN 270 DAYS	782	N29
119	EXCEEDS SONOS/270DAY	JUSTIFY ADDITIONAL SONOGRAMS W PERTINENT DATED NOTES	783	N29
119	EXCEEDS-MAX-UNITS-AL	RECIPIENT HAS EXCEEDED MAXIMUM ALLOWED SERVICES PER 6MO	734	M86

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
119	ONLY 1 PER YEAR/RECI	ONLY 1 D0120/D0272/D1110/D1120/D1203/D1204 PER YR/RECI	741	M90
119	ONLY ONE D0111/12 MO	RECEIPIENT NOT ELIGIBLE FOR THIS SERVICE ON DATE OF SER	738	M90
119	EXCEEDS-MAX-UNITS-AL	RECIPIENT HAS EXCEEDED MAXIMUM ALLOWED SERVICES PER YR	739	
119	95165-90 DAYS	95165-90 DAYS	733	M86
119	1/PREG-158A NEEDED	ONE ALLOWED/PREG.;158-A NEEDED FOR UNUSUAL SITUATIONS	745	N29
119	ALLOW 1 PER 5 YEARS	ONLY 1 OF THESE PROCS ALLOWED IN 5 YEARS PER RECIP/PROV	742	M86
119	PREG EXCEEDED	MAX PER PREGNANCY EXCEEDED	743	M86
119	1 DEL.ALLOW. 6MTH.SP	ONLY 1 DELIVERY ALLOWED IN 6 MONTH SPAN	748	M86
119	PCA SERV LIMIT EXCEE	PCA SERVICE LIMIT EXCEEDED	793	N29
119	MAX:2DAYS TRSFR MHIS	MAXIMUM OF 2 DAYS ALLOWED TO TRANSFER MHISA PATIENTS	117	
119	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK	962	N362
119	LTC MED-LOA OVER 15	LTC LEAVE DAYS EXCEED LIMIT - 15 PER HOSPITAL STAY	905	N43
119	PHY/CLINIC OVER MAX	PHYSICIAN/CLINIC VISITS EXCEEDS ANNUAL MAXIMUM	907	
119	HH VISITS OVER 50	HOME HEALTH VISITS EXCEEDS ANNUAL MAXIMUM ALLOWED (50)	908	
119	LTC HOME LVD OVER 9	LTC HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (9)	909	N43
119	ICF-MR LIMIT OVER 45	ICF-MR HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (45)	910	N43
119	HOSP DAYS OVER MAX	HOSPITAL DAYS EXCEED ANNUAL MAXIMUM ALLOWED	911	
119	PENICL INJ OVER 12	PENICILLIN/BICILLIN INJCTNS EXCEED ANNUAL ALLOWED (12)	912	
119	PHY/HOSP VIS OVER MX	PHYSICIAN HOSPITAL VISITS EXCEED ANNUAL MAXIMUM	913	
119	LTC HOME LV OVER MAX	LTC LEAVE DAYS EXCEED LIMIT	902	N43
119	EMERG OP OVER 3	EMERGENCY OUTPATIENT VISITS EXCEED ANNUAL MAXIMUM (3)	915	
119	NON-EMER OP OVER 12	NON-EMERGENCY OUTPATIENT VISITS EXCEED MAXIMUM (12)	916	
119	OVER 5 REFILLS	MORE THAN 5 REFILLS PER PRESCRIPTION NOT REIMBURSABLE	920	
119	CHIROP E&M VISIT MAX	CHIROPRACTIC E & M VISIT MAX REACHED	923	
125	PROC INAPPROPRIATE	INAPPROPRIATE PROCEDURE - SEE CPT FOR VALID CODE	954	M51
125	RESUB SURGEONS CODE	RESUBMIT CLAIM USING CODE SURGEON BILLED	959	M51
125	BATCHED INCORRECTLY	BATCHED INCORRECTLY/ RE-ENTER	935	
125	PROCESSING ERROR	PROCESSING ERROR	936	
125	BILL ONE PROC.PER L	BILL ONE PROCEDURE PER LINE FOR EACH DATE OF SERVICE	930	N63
125	PROC/SERV REND CONF	PROCEDURE CODE DOES NOT REFLECT SERVICES RENDERED	968	N56
125	INAPPROPRIATE CODE,	INAPPROPRIATE CODE, BILL LAB OR SPECIFIC HANDLING.	970	N56
125	REBILL-BABYS INFO	REBILL-BABYS MID & MOTHERS D/C DATE AS BABYS ADMIT DATE	986	5
125	DENIED TO REBILL/ADJ	DENIED TO BE REBILLED ON ADJUSTMENT FORM.	987	N149
125	SYS CALC NET TOTAL	SYSTEM CALCULATED TOTAL - NET BILLED NOT IN BALANCE	983	M54
125	NOT EMC ELIGIBLE	PROVIDER NOT APPROVED FOR EMC BY STATE OFS	031	N51
125	MOD.NOT USED FOR CLM	MODIFIER NOT USED TO PROCESS CLAIM	039	M78
125	KEYED INITIAL DIFFER	KEYED INITIAL DIFFERS FROM FILE 1ST INITIAL	185	MA130
125	PROC/DESC CONFLICT	PROCEDURE CODE/DESCRIPTION CONFLICT	288	M51
125	ADMISN MUST BE EMER	EMERGENCY ACCESS HOSP - NATURE OF ADMISN MUST BE EMER	301	N34
125	HOSPICE DAYS > 5	INPATIENT RESPITE DAYS GREATER THAN FIVE	303	MA31
125	INV BABY/MTHR PROC	BABY AND MOTHER - SURGICAL PROCEDURE MUST BE DELIVERY	305	N56
125	PSRO FROM LT ST FROM	PSRO FROM DATE LESS THAN STATEMENT FROM DATE	321	MA06
125	EPSDT REFER OVER 21	EPSDT REFERRAL FOR RECIPIENT OVER 21	219	N30
125	POSSIBLE 707 PEND	CLAIM IN PROCESS	227	M15
125	POSSIBLE 713 PEND	CLAIM IN PROCESS	228	M75

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
125	POSSIBLE 714 PEND	CLAIM IN PROCESS	229	M15
125	NO ADJ HISTORY	NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT	799	N206
125	DEL HYST/STER CONFLI	DELIVERY BILLED AFTER HYSTERECTOMY/STERLIZ WAS DONE	749	MA66
125	PROVIDE SPEC RADIONU	RESUB W/SPECIFIC NUCLIDE/AMT USED PER PT/AMT PD/INVOICE	747	N29
125	REBILL-DELIVERY	REBILL DELIVERY (DELIVERY-SURGERY) CODE & OFFICE VISIT	753	N179
125	STERILIZATION INDIC	FOUND PROC. 2 X INDICATES STERILIZATION	750	M86
125	PROC:EXTRCT NOT PAY	PROCEDURE ON EXTRACTED TOOTH NOT PAYABLE	779	N39
125	UNABLE PRICE CLAIM	PROC CODE/DESCRIPTION CONFLICT-UNABLE TO PRICE CLAIM	658	M20
125	ADJUST UB82 MISMATCH	ADJUSTMENT UB82 INDICATOR MISMATCH	632	N34
125	REBIL W/ONE PRIM CDE	REBILL.ONLY ONE PRIMARY VACCINE ADMIN CODE ALLOWED/DAY	659	N20
125	BILL EMERG OV/XRAY	EMERGENCY CANNOT BE COMBINED WITH CODES OTHER THAN XRAY	722	N40
125	EMERG COMB XRAY ONLY	EMERGENCY CAN BE COMBINED WITH X-RAY ONLY	719	N40
125	ADJUST PAID LINE	ONLY A PAID LINE/THE CORRECT PAID LINE CAN BE ADJUSTED	693	N59
125	NOT LTC ELIGIBLE	NOT LTC ELIGIBLE	568	N59
125	INV PRESCRIB ID QUAL	INVALID PRESCRIBER ID QUALIFIER MUST BE 01 OR 05	497	N31
125	INVALID MSA CODE	MSA CODE IS INVALID	494	M44
125	UNABLE TO CALCU COS	CLAIM IN PROCESS	370	
125	HOME LEAVE DAY REDUC	HOME LEAVE DAYS REDUCED TO ONE/HALF PER DIEM	379	N43
125	SRV DTE PRIOR CERTIF	SERVICE DATE IS PRIOR TO LTC CERTIFICATION DATE	353	N30
125	BIL LOCAL/PRENAT LAB	BILL LOCAL ASSIGNED FOR PRENATAL LAB PANEL	398	N80
125	BILL HR CD PRE 15MIN	BILL CM HOUR CODE BEFORE 15 MIN CODE	426	M20
128	NEWBORN ZERO PD	NEWBORN CLAIM ZERO PAID	519	
128	INV BABY/MTHR ADMISN	BABY AND MOTHER - NATURE OF ADMISN MUST BE NEWBORN	304	
128	REBILL-MOTHERS INFO	REBILL UNDER MOTHERS NAME & MID NUMBER	985	
129	ORG CLM W/ADJ/VD CDE	ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID REASON CODE	012	M58
129	ORG CLM W ADJ/VD ICN	ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID ICN	013	M58
133	INV PRIOR AUTH DATE	PRIOR AUTHORIZATION DATE NOT NUMERIC	010	
133	INV BLOOD NOT REPL	BLOOD NOT REPLACED AMOUNT INVALID	050	
133	INV BLOOD/PINT CHG	BLOOD CHARGE PER PINT INVALID	051	
133	INV TOT BLOOD CHARGE	TOTAL BLOOD CHARGE INVALID	052	
133	INVALID PSRO DATE	A PSRO DATE IS NOT A VALID DATE	061	
133	INVALID EPSDT IND	EPSDT INDICATOR NOT Y, N, OR SPACE	017	
133	CAL.PRICE IS ZERO	CALCULATED PRICING IS ZERO/CALL HELP DESK	978	
133	CLAIM IN PROCESS	CLAIM IN PROCESS	979	
133	INV BABY ADMISSION	BABY ONLY / PENDING FOR REVIEW.	306	MA42
133	CLAIM SPANS FISCL YR	CLAIM SPANS FISCAL YEAR	300	MA31
133	FOUND MULT RESOURCES	CLAIM REQUIRES REVIEW FOR MULTIPLE TPL RESOURCES	291	MA92
133	FOUND NO TPL AMOUNT	NO TPL AMOUNT INDICATED ON CLAIM/REQUIRES REVIEW	292	MA04
133	CAR-CODE REQ REVIEW	CARRIER CODE REQUIRES REVIEW/POSS NO MATCH	296	MA92
133	MANUAL PRICE REQ	MANUAL PRICING REQUIRED/HARD COPY BILL	280	N10
133	LOW VARIANCE ERROR	LOW VARIANCE ERROR	277	
133	PROC REVIEW	PROC REQUIRES REVIEW	230	
133	PROVIDER ON REVIEW	PROVIDER ON REVIEW	203	
133	SURG REQ MED REV	SURGERY REQUIRES REVIEW FOR ATTACHMENTS	249	
133	STAND BY NEC.	PROLONGED ATTENDANCE BILLED;PENDED FOR REVIEW	246	

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
133	CLAIM IN PROCESS	CLAIM HELD FOR PRE-PAYMENT REVIEW	241	
133	ANESTH REQ REVIEW	ANESTHESIA UNITS/MINUTES REQUIRE MED REVIEW	259	
133	ADJ-REQUIRES-REVIEW	PROVIDER'S ADJUSTMENTS ON REVIEW	262	
133	PA-01 REQUIRES REVIE	PA-01 FORM REQUIRES REVIEW FOR VALIDITY	264	
133	DIAG/PROC REQ REVIEW	DIAGNOSIS/PROCEDURE REQUIRES REVIEW	250	
133	PRECERT REVIEW	PRECERT REVIEW	170	
133	INVALID REQUEST DATE	INVALID SCREENING REQUEST DATE	140	
133	INVALID REFILL CODE	REFILL CODE MISSING, NOT NUMERIC, OR GREATER THAN 5	126	
133	NON-COVCHG > BILLCHG	NON-COVERED CHARGES EXCEED BILLED CHARGES	097	
133	INVALID LAB INDICATR	LABORATORY INDICATOR MUST BE Y, N, OR BLANK	080	
133	PEND FOR RECYCLE	CLAIM PENDED FOR FUTURE RECYCLE	086	
133	INV BENEFIT EXHAUST	BENEFITS EXHAUSTED INDICATOR INVALID	066	
133	INVALID TOTAL CHARGE	THE TOTAL HOSPITAL CHARGE IS NOT NUMERIC	063	
133	INVALID TYPE SERVICE	TYPE SERVICE FOR AMBULANCE MUST BE 3 OR 9	075	
133	VNS REPROGRAMMING	SUBMIT MEDICAL DOCUMENTATION TO JUSTIFY REPROGRAMMING	512	N29
133	MAC OVERRIDE NOT NEE	DRUG DOES NOT NEED MAC OVERRIDE	463	
133	HMO REVIEW	HMO EOB REQUIRES REVIEW	492	MA04
133	REV MED NECESSITY	REV DIAGNOSIS AND/OR ATTACHMENT FOR MEDICAL NECESSITY	538	
133	OFS REV INV PA DATE	OFS TO REVIEW INVALID PA DATE/SIGNATURE	421	
133	OFS REV PA DT GT DOS	OFS TO REVIEW-PA DATE GREATER THAN SERVICE DATE	419	MA31
133	PA AMOUNT GR LEVEL3	PRIOR AUTHORIZED AMOUNT GREATER THAN LEVEL 3 CHARGE	415	
133	ADMIN.PEND	ADMINISTRATIVE PEND	428	
133	MAC/FUL COST IS ZERO	MAC/FUL COST IS ZERO/CALL HELP DESK	458	
133	PRESC DENTAL AGE ERR	DENTAL PRESCRIBER, RECIPIENT 21 OR OVER	451	
133	ABORTION JUST	DOES NOT MEET PROGRAM CRITERIA FOR ABORTION	331	N30
133	SERVICE LIMIT REVIEW	ATTACHMENT REVIEW SERVICE LIMITS	335	
133	AB REQUIRES REVIEW	ABORTION REQUIRES REVIEW	336	
133	CONSENT FORM REVIEW	STERILIZATION OFS FORM 96 REQUIRES REVIEW	337	
133	HYSTER REQ REVIEW	ACKNOWLEDGEMENT REQUIRES REVIEW	338	
133	INVALID LEAVE CODE	ABSENT DAY TYPE MUST BE AN A OR B	372	
133	INVALID LEAVE DATE	ABSENT DAY AND/OR TOTAL DAYS CONFLICT	373	
133	STERIL CONSENT	STERILIZATION CONSENT FORM INCORRECT/ILLEGIBLE	709	N28
133	TEMP PEND/NEW PROG	TEMPORARY PEND FOR NEW PROGRAM	600	M118
133	SERV REV/CHIRO CNSLT	SERVICE LIMIT REVIEW BY CHIROPRACTIC CONSULTANT	785	
133	REFERRED TO P.A.	TO BE REVIEWED BY PRIOR AUTHORIZATION;DO NOT RESUBMIT	769	N10
133	RVW READMIT/DSCHG DX	PEND FOR REVIEW OF READMIT/DISCHARGE DIAGNOSIS	754	M64
133	MULTIPLE SURGERY	MULTIPLE SURGERY-PENDED FOR REVIEW	726	
140	RECIP NAME MISMATCH	NAME AND/OR NUMBER ON CLAIM DOES NOT MATCH FILE RECORD	217	MA36
140	MID CORRECTED.	MID HAS BEEN CORRECTED/PLEASE UPDATE YOUR FILES.	993	
141	SPLIT BILL FOR PART.	SPLIT BILL FOR PARTIAL ELIGIBILITY.	946	
142	PAT LIAB EXCEEDS CHG	PATIENT LIABILITY EXCEEDS BILLED CHARGES	287	
144	M/I INCENTIVE AMOUNT	MISSING/INVALID INCENTIVE AMOUNT	089	N442
150	DENY BY MED REVIEW	DENIED ACCORDING TO MED REVIEW GUIDELINES	958	N10
150	PAID ACC TO MED REV	PAID ACCORDING TO MEDICAL REVIEW	955	N10
150	PROC NEEDS DOCUMENT.	PROCEDURE CODE NOT SUBSTANTIATED BY DOCUMENT	027	

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
150	22 MOD.NOT JUSTIFIED	22 MOD.SERVICES NOT JUSTIFIED/PAID AT UNMODIFIED RATE	034	M69
150	99297-52 NICU REDUCE	99297-52 NICU PAID AT REDUCED RATE	038	N10
151	PROV RESPONSIBLE/SVC	PROVIDER RESPONSIBLE FOR THIS SERVICE	723	M86
151	NO SERV EXCEEDS MAX	NUMBER OF SERVICES EXCEEDS STATE MAX/ CUTBACK APPLIED	402	N14
151	EXCEEDS MAX ER REVS	EXCEEDS MAXIMUM ER REVENUE CODES PER VISIT	533	M86
153	EXCEEDS MAX DOSE	EXCEEDS MAXIMUM DAILY DOSE	529	
153	DRUG IS KIT/VERF.QTY	DRUG UNIT OF MEASUREMENT IS A KIT.PLEASE VERIFY QUANTIT	464	
153	PREGNANCY PRECAUTION	PREGNANCY PRECAUTION	446	N10
153	DRUG/DRUG INTERACT	DRUG/DRUG INTERACTION	442	N10
153	THERAPEUTIC OVERLAY	THERAPEUTIC OVERLAY	443	N10
153	NO HIST.INSULIN REQ.	NO PATIENT HISTORY OF INSULIN REQUIREMENTS	668	
154	QTY OVER PROGRAM MAX	QUANTITY EXCEEDS PROGRAM MAXIMUM	657	
154	DAYS SUPPLY OVER MAX	DAYS SUPPLY >100 EXCEEDS PROGRAM MAXIMUM	436	
154	MON.EARLY/LATE REFIL	COMPLIANCE MONITORING/EARLY OR LATE REFILL	447	N10
154	QTY OVER PROGRAM MAX	QUANTITY AND/OR DAYS SUPPLY EXCEEDS PROGRAM MAXIMUM	457	
165	REF REAS MIS/REQ-RF2	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 2	399	M58
165	REF REAS MIS/REQ-RF3	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 3	410	M58
165	REF NAME MIS/REQ-RF1	REFERRED TO NAME IS MISSING AND REQUIRED FOR REFERRAL 1	411	M58
165	REF NAME MIS/REQ-RF3	REFERRED TO NAME MISSING AND REQUIRED FOR REFERRAL #3	414	M58
165	REF NAME MIS/REQ-RF2	REFERRED TO NAME MISSING AND REQUIRED FOR REFERRAL #2	412	M58
165	REF PHON MIS/REQ-RF1	REFERRED TO PHONE IS MISSING/REQUIRED FOR REFERRAL #1	416	M58
165	REF PHON MIS/REQ-RF2	REFERRED TO PHONE IS MISSING/REQUIRED FOR REFERRAL #2	417	M58
165	REF REAS MIS/REQ-RF1	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 1	368	M58
165	APP DATE MIS/REQ RF2	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #2	343	M58
165	APP DATE MIS/REQ-RF3	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #3	359	M58
165	REF MISS/REQ-MEDICAL	REFERRAL MISSING AND REQUIRED FOR MEDICAL	155	M58
165	REF MISS/REQ-VISION	REFERRAL MISSING AND REQUIRED FOR VISION	156	M58
165	REF MISS/REQ-HEARING	REFERRAL MISSING AND REQUIRED FOR HEARING	158	M58
165	REF MISS/REQ-NUTRITN	REFERRAL MISSING AND REQUIRED FOR NUTRITIONAL	184	M58
165	REF MISS/REQ-DENTAL	REFERRAL MISSING AND REQUIRED FOR DENTAL	179	M58
165	REF MISS/REQ-DEVELOP	REFERRAL MISSING AND REQUIRED FOR DEVELOPMENTAL	286	M58
165	REF MISS/REQ-AB/NEGL	REFERRAL MISSING AND REQUIRED FOR ABUSE/NEGLECT	302	M58
165	REF MISS/REQ-PSY/SOC	REFERRAL MISSING AND REQUIRED FOR PSYCHOLOGICAL/SOCIAL	308	M58
165	SUSP CON MIS/REQ-RF1	SUSPECTED CONDITION MISSING AND REQUIRED FOR REFERRAL 1	314	M58
165	REF MISS/REQ-SPEECH	REFERRAL MISSING AND REQUIRED FOR SPEECH/LANGUAGE	312	M58
165	SUSP CON MIS/REQ-RF3	SUSPECTED CONDITION MISSING REQUIRED FOR REFERRAL 3	319	M58
165	REF ASST MIS/REQ-RF1	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 1	320	M58
165	SUSP CON MIS/REQ-RF2	SUSPECTED CONDITION MISSING AND REQUIRED FOR REFERRAL 2	318	M58
165	APP DATE MIS/REQ-RF1	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #1	326	M58
165	REF ASST MIS/REQ-RF2	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 2	323	M58
165	REF ASST MIS/REQ-RF3	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 3	324	M58
167	PRIMARY DX NOF	PRIMARY DIAGNOSIS NOT ON FILE	131	MA63
167	SECONDARY DX NOF	SECONDARY DIAGNOSIS NOT ON FILE	132	M64
167	INVALID PRIM DIAGNOS	PRIMARY DIAGNOSIS AS CODED NOT ON FILE	018	MA63
167	INVALID SECOND DIAG	SECONDARY DIAGNOSIS INVALID	019	M64

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
167	DIA CODE/DESC CONF	DIAGNOSIS CODE/DESCRIPTION CONFLICT	974	MA63
167	MISSING/INVALID DIAG	MISSING/INVALID DIAGNOSIS CODE	433	M76
167	MISS/INVL D ICD9 RXOV	MISSING OR INVALID ICD-9 DIAGNOSIS CODE FOR RX OVERRIDE	575	M81
170	SUB PROV NON PAR BYU	SUBMITTING PROVIDER NOT A BYU HEALTH PLAN PARTICIPANT	506	
170	SITE N/ALLW BILL/DOS	PROV SITE NOT ALLWD TO BILL SCR TYPE ON DATE OF SERVICE	440	M58
170	SPECIALTY RESTRICTED	PROVIDER IS RESTRICTED TO DESIGNATED PROCEDURES PER OFS	420	
170	HOSP LIMITED TO EMER	HOSP LIMITED TO EMERG CARE & TRANSFER OF MHISA PATIENTS	118	
170	PROC/CLAIM TYP CONFL	PROCEDURE CLAIM TYPE CONFLICT	182	
170	PROV CLAIM TYP CONFL	PROVIDER CANNOT SUBMIT THIS TYPE CLAIM	202	
171	INV SURGERY MODIFIER	COMPONENTS OF SURGERY PAID ONLY TO TEACHING FACILITIES	226	
174	RX > SERVICE DATE	RX DATE WAS AFTER DATE FILLED	123	N57
176	NEW PRESC OVER 6 MOS	NEW PRESCRIPTION NOT FILLED WITHIN 6 MOS. OF DATE PRESC	454	
176	REFILL OVER 6 MONTHS	REFILL NOT FILLED WITHIN 6 MONTHS	455	
177	SPD DOWN NOT MED NDY	SPEND DOWN AMOUNT NOT MED NEEDY	220	
178	REDUCED BY SPENDDOWN	MEDICAID ALLOWABLE AMOUNT REDUCED BY RECIPIENT SPENDOWN	919	
183	REF MUST BE MGR	REFERRING MUST BE CASE MANAGER	105	
184	PRESCRIBER NOT ON FI	PRESCRIBING PROVIDER NOT ON FILE	450	N264
184	NO PRESCRIPTIVE AUTH	PRESCRIBING PROVIDER DOES NOT HAVE PRESCRIPTIVE AUTHORI	514	N95
184	INVALID PRESCRIBERNO	PROVIDER TYPE NOT AUTHORIZED TO PRESCRIBE	489	N95
184	PRESCRIBER IS GROUP	PRESCRIBER NUMBER NOT FOR INDIVIDUAL PRESCRIBER	491	N31
185	M/I SERVICE PROVIDER	MISSING/INVALID SERVICE PROVIDER	444	M143
197	DME REQUIRES PA	DME REQUIRES PRIOR AUTHORIZATION	413	
197	NON-EMER MLS GR 400	NON-EMER MILES EXCEED 400-STATE AUTHO REQUIRED	408	
197	NONEMER TRANS REQ PA	NON-EMER TRANSPORTATION REQUIRES PRIOR AUTHORIZATION	407	
197	PA REQUIRED	MD MUST CALL ULM-PA OPERATIONS STAFF	485	
197	PA EXPIRED	MD MUST CALL ULM-PA OPERATIONS STAFF	486	
197	ADULT DENTAL REQ PA	ADULT DENTAL CLAIM MUST BE PRIOR AUTHORIZED	606	
197	AIR TRNSPT REQS P/A	AIR TRNSPT CLAIMS REQUIRES STATE APPROVAL	760	N29
197	NO PRECERT RESUB DOC	NO HOSP PRECERT ON FILE RESUB WITH DOCUMENTATION	171	N66
197	PA PROC/NDC NE CLM	PA PROCEDURE/NDC NOT EQ CLAIM PROCEDURE/NDC	198	N54
197	NEED SPANNING DOS	MUST HAVE SPANNING DOS IF BILLING FOR TOTAL AUTH AMOUNT	195	N54
197	PA RECIP NQ CLM RECI	CLAIM RECIPIENT ID DOES NOT MATCH ID ON PRIOR AUTH FILE	196	N54
197	PA PROV NQ CLM PROV	PA PROVIDER ID NOT SAME AS CLAIM PROVIDER ID	197	N54
197	PA NO NOT ON FILE	PA NUMBER NOT ON FILE	190	
197	PROC REQUIRES PA	PROCEDURE REQUIRES PRIOR AUTHORIZATION	191	
197	PRECERT NOT ON FILE	PRECERT NUMBER NOT ON FILE	160	
197	HOSP STAY REQ PRECRT	HOSP STAY REQUIRES PRECERTIFICATION	161	
197	SURG REQUIRES PRECRT	SURGERY REQUIRES PRECERTIFICATION	165	
197	SURG REQUIRES PA-0	SURGERY DONE AS IP REQUIRES VALID PA-01 FORM	265	
197	PROSTHESIS NOT PA	PROSTHESIS MUST BE PRIOR AUTHORIZED	315	
197	NEED-AUTH-AND-REPORT	ATTACH BHSF AUTHORIZATION LETTER AND OPERATIVE REPORT	960	N29
198	ADJ > ORIG COV'D DYS	ADJUSTED COVERED DAYS > ORIGINAL COVERED DAYS	327	N54
198	CLAIM > PRECERT LOS	CLAIM EXCEEDS PRECERT AUTHORIZED DAYS	164	
198	DAYS CUT TO PRECERT	DAYS CUTBACK TO PRECERT APPROVED DAYS	169	
198	CLAIM OVER PA LIMITS	CLAIM EXCEEDS PRIOR AUTHORIZED LIMITS	194	

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HIPAA/LA MEDICAID ERROR CODE CROSSWALK

ADJ RSN CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ERROR CODE	HIPAA REMARK CODE
198	PA DATE GR SERV DATE	PA DATE GREATER THAN SERVICE DATE	607	
199	REV CODE INVALID NDC	REVENUE CODE INVALID FOR REPORTING NDC INFO	545	
231	MUTUALLY EXCLU-HIST	PROCEDURE MUTUALLY EXCLUSIVE TO PAID PROC/CLAIMCHECK	582	M51
231	HIST PROC VOIDED-ME	HIST PROC VOIDED-MUTUALLY EXCLUSIVE TO CURR/CLAIMCHECK	583	M51
231	MUTUALLY EXCLU-CURR	PROC MUTUALLY EXCLUSIVE TO ANOTHER CURR PROC/CLAIMCHECK	579	M51
231	CCI:HX VOIDED-MUT EX	CCI:HISTORY PROC MUTUALLY EXCLUSIVE TO CURR-HIST VOIDED	992	M51
231	CCI:MUT EXCLUS-HIST	CCI:PROCEDURE MUTUALLY EXCLUSIVE TO PROCEDURE IN HISTOR	989	M51
231	CCI:MUT EXCLUS-CURR	CCI:PROCEDURE MUTUALLY EXCLUSIVE TO ANOTHER CURRENT PRO	984	M51

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SUMMARY REPORT OF ERRTXT CODES
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ERRTXT CODES READ

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