

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
001	INVALID CLM TYP MOD	INVALID CLAIM TYPE MODIFIER	16	N34	21
002	INVALID PROVIDER NO	PROVIDER NUMBER MISSING OR NOT NUMERIC	16	N77	21 132
003	RECIPIENT # INVALID	RECIPIENT NUMBER INVALID OR LESS THAN 13 DIGITS	31		21 153
005	INVAL SERV FROM DATE	SERVICE FROM DATE MISSING/INVALID	16	M52	21 187
006	INVAL SERV THRU DATE	INVALID OR MISSING THRU DATE	16	M59	21 187
007	SERV THRU LT SERV FM	SERVICE THRU DATE LESS THAN SERVICE FROM DATE	16	MA31	21 187
008	SERV FRM GT ENTR DTE	SERVICE FROM DATE LATER THAN DATE PROCESSED	110	MA31	21 187
009	SERV THR GT ENTR DTE	SERVICE THRU DATE GREATER THAN DATE OF ENTRY	96	MA31	21 187
010	INV PRIOR AUTH DATE	PRIOR AUTHORIZATION DATE NOT NUMERIC	133		332 187
011	INVALID TPL INDICATR	TPL INDICATOR NOT Y, N, OR SPACE	16	MA92	21 171
012	ORG CLM W/ADJ/VD CDE	ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID REASON CODE	129	M58	21 1
013	ORG CLM W ADJ/VD ICN	ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID ICN	129	M58	21 1
014	IMM COMPL MISS/INVL	IMMUN COMPLETE AND CURRENT FOR THIS AGE PATIENT MISSING	16	M58	21 1
015	INVALID ACCIDENT IND	ACCIDENT INDICATOR MUST BE Y,N,SPACE	16	N305	365
016	INVALID ACCID IND	ACCIDENT INDICATOR NOT Y, N OR SPACE	16	N305	365
017	INVALID EPSDT IND	EPSDT INDICATOR NOT Y, N, OR SPACE	133		21
020	INVAL/MISS DIAG CODE	INVALID OR MISSING DIAGNOSIS CODE	16	MA63	255
021	INVALID FORMER REFNO	FORMER REFERENCE NUMBER MISSING OR INVALID	16	M47	464
022	INVALID BILLED CHRGS	BILLED CHARGES MISSING OR NOT NUMERIC	16	M79	178
023	INV PARTIAL RECIP	RECIPIENT NAME IS MISSING	16	MA36	21 125
024	INV BILLING PROV NO	BILLING PROVIDER NUMBER NOT NUMERIC	16	N257	21 132
025	IMM NOT COMP RSN MIS	IMMUN NOT COMPLETE AND CURRENT REASON CODE MISSING	16	M58	21 1
026	INVALID TOT DOC CHG	TOTAL DOCUMENT CHARGE MISSING OR NOT NUMERIC	16	M54	178
027	PROC NEEDS DOCUMENT.	PROCEDURE CODE NOT SUBSTANTIATED BY DOCUMENT	150		294 306
028	INVAL/MISS PROC CODE	INVALID OR MISSING PROCEDURE CODE	16	M51	454
029	SERV MORE THAN 12 MO	SERVICE MORE THAN 12 MONTHS OLD	29		263 187
030	SERV THRU DT TOO OLD	SERV THRU DATE MORE THAN TWO YEARS OLD	29		187
031	NOT EMC ELIGIBLE	PROVIDER NOT APPROVED FOR EMC BY STATE OFS	125	N51	1
032	EOB/CARR.CD MISMATCH	EOB(S) ATTACHED/CARRIER CODE DOES NOT MATCH	16	N4	286 479
033	NEED EOB-CARR/RECIP.	NEED EOB FOR EACH CARRIER INDICATED ON RESOURCE FILE	16	N4	286
034	22 MOD.NOT JUSTIFIED	22 MOD.SERVICES NOT JUSTIFIED/PAID AT UNMODIFIED RATE	150	M69	047
035	REBILL CORRECT HCPC	ASC,OP FAC/PHYS.BILLED DIFF CODE;REBILL CORRECT HCPC	16	M20	454
037	MEDICARE ADJUSTMENT	MEDICARE ADJUSTMENT/VOID,ADJUST OR ADJUST MEDICARE CLAI	16	N131	1
038	99297-52 NICU REDUCE	99297-52 NICU PAID AT REDUCED RATE	150	N10	068
039	MOD.NOT USED FOR CLM	MODIFIER NOT USED TO PROCESS CLAIM	125	M78	453
040	INV ADMISSION DATE	ADMISSION DATE MISSING OR INVALID	16	MA40	189
041	ADMIT DTE GT SERV FM	ADMISSION DATE GREATER THAN SERVICE FROM DATE	16	MA40	187
042	INVALID UB92 BILL CD	INVALID UB92 TYPE BILL CODE	16	MA30	228
043	INV ATTENDING PHYS	ATTENDING PHYSICIAN NUMBER NOT NUMERIC	16	N290	132
044	INV NATURE OF ADMIT	NATURE OF ADMISSION MISSING OR INVALID	16	MA41	231
045	INV PATIENT STATUS	PATIENT STATUS CODE INVALID OR MISSING	16	MA43	21
046	INV PATIENT STAT DTE	PATIENT STATUS DATE MISSING OR INVALID	16	MA43	21 1
047	PAT STAT DTE GT THRU	PATIENT STATUS DATE GREATER THAN THRU DATE	16	MA43	1
048	INVALID/MISS PROC	INVALID OR MISSING PROCEDURE CODE	16	M51	21 454
049	INV/CONFLIC SURG DTE	INVALID/CONFLICT SURGICAL DATE	16	N301	21 187
050	INV BLOOD NOT REPL	BLOOD NOT REPLACED AMOUNT INVALID	133		21 236
051	INV BLOOD/PINT CHG	BLOOD CHARGE PER PINT INVALID	133		21

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
052	INV TOT BLOOD CHARGE	TOTAL BLOOD CHARGE INVALID	133		21
053	INV ACCOMODATION DAY	ACCOMODATION DAYS MISSING OR INVALID	16	M53	476
054	INVALID ACCOM RATE	ACCOMMODATION RATE MISSING OR INVALID	16	N153	181
055	INV ACCOM/ANCILL CHG	ACCOMMODATION/ANCILLARY CHARGE MISSING OR INVALID	16	M79	178 455
056	INV ANCILLARY CHARGE	ANCILLARY CHARGE INVALID	16	M79	178 455
057	WERE SUSP COND -MISS	WERE THERE SUSPECTED CONDITIONS-MISSING	16	M58	21 1
058	SUSP COND DISCRPANCY	WERE THERE SUSPECTED CONDITIONS IS NO BUT COND EXISTS	16	M58	21 1
059	SUSP COND MISSNG/REQ	SUSPECTED CONDITIONS ARE MISSING AND REQUIRED	16	M58	21 1
060	INVALID COVERED DAYS	COVERED HOSPITAL DAYS NOT NUMERIC OR MISSING	16	MA32	456
061	INVALID PSRO DATE	A PSRO DATE IS NOT A VALID DATE	133		21 1
062	INVALID APPROVED DYS	THE APPROVED STAY DAYS IS NOT NUMERIC	16	MA32	456
063	INVALID TOTAL CHARGE	THE TOTAL HOSPITAL CHARGE IS NOT NUMERIC	133		21 178
064	INVALID NET AMOUNT	THE NET BILLED AMOUNT IS NOT NUMERIC	16	M54	178
065	INVLD SIGNATURE IND	THE SIGNATURE INDICATOR MUST BE Y, N, OR BLANK	16	MA18	117 466
066	INV BENEFIT EXHAUST	BENEFITS EXHAUSTED INDICATOR INVALID	133		21 424
067	INVALID NON-COVERED	NON COVERED HOSP DAYS NOT NUMERIC OR MISSING	16	MA33	21 1
068	INV SOURCE ADMISN	INVALID SOURCE OF ADMISSION	16	MA42	229
069	INV OCCUR DATE	INVALID OCCURENCE DATE	16	M45	461
070	PSRO/UR CLAIM DENIED	PSRO/ UR CLAIM DENIED	16	N10	84
071	INV STMT COVERS FROM	STATEMENT COVERS FROM DATE INVALID	16	M52	188
072	INV STMT COVER THRU	STATEMENT COVERS THRU DATE INVALID	16	M59	188
073	STMT FRM LT SERV FRM	STATEMENT COVERS FROM DATE LESS THAN SERVICE FROM DATE	16	M52	21 188
074	STMT THRU GT SRV THR	STATEMENT COVERS THRU DATE IS GREATER THAN SERVICE THRU	16	M59	21 188
075	INVALID TYPE SERVICE	TYPE SERVICE FOR AMBULANCE MUST BE 3 OR 9	133		21 250
076	INV DME PA AMOUNT	PRIOR AUTHORIZATION AMOUNT NOT NUMERIC	16	N54	48
077	NEED REV CODE DESCRP	REVENUE CODE REQUIRES WRITTEN DESCRIPTION	16	M50	1
078	RESUB W/ DOCUMENTS	RESUB W/ DOCUMNTS CALL 800-473-2783	16	N225	287 294
079	FOUND NO PSRO CODE	PSRO CODE MISSING OR INVALID	16	M44	48
080	INVALID LAB INDICATR	LABORATORY INDICATOR MUST BE Y, N, OR BLANK	133		473
081	INVALID STATUS DATE	INVALID OR MISSING PATIENT STATUS DATE	16	MA43	21
082	INVALID STATUS CODE	INVALID PATIENT STATUS CODE	16	MA43	1
083	INVALID SERVICE CODE	INVALID SERVICE CODE	16	M51	455
084	INVALID TREAT PLACE	INVALID OR MISSING PLACE OF TREATMENT	16	M77	249
085	INVALID UNITS/VISITS	INVALID OR MISSING UNITS, VISITS, AND STUDIES	16	M53	476
086	PEND FOR RECYCLE	CLAIM PENDED FOR FUTURE RECYCLE	133	20	
087	MISSINVAL COINS DAY	MISSING OR INVALID COINSURANCE DAYS	16	M53	476
089	M/I INCENTIVE AMOUNT	MISSING/INVALID INCENTIVE AMOUNT	144	N442	9
090	REF PROV NO. NOF	REFERRING PROVIDER NUMBER NOT ON FILE	16	N286	132
091	PROC NOT COV BY FPW	PROCEDURE IS NOT COVERED BY THE TAKECHARGE FPW PROGRAM	96	N30	009
092	INVLD/MISSNG MODIFR	INVALID OR MISSING MODIFIER	4	M78	453
093	REVENUE CODE MISSING	REVENUE CODE MISSING/INVALID	16	M50	455
094	MISSING PINTS BLOOD	MISSING PINTS BLOOD	16	M53	235
095	FROM THRU NOT EQUAL	CONDITION CODE 40 FROM THRU NOT EQUAL	16	MA06	188
096	REVENUE CHG MISSING	REVENUE CHARGE MISSING OR INVALID	16	M79	178
097	NON-COVCHG > BILLCHG	NON-COVERED CHARGES EXCEED BILLED CHARGES	133		178 9
098	BILL-CODE-REQ-MC-CHG	BILL CLASS 2 REQUIRES MEDICARE ALLOWED AMOUNT IN LOC#54	16	MA04	178 286
099	DME COVERAGE ONLY	ITEM COVERED UNDER DURABLE MED EQUIP. PROG ONLY	16	N180	96 104 107

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
101	INVALID EMER IND	INVALID EMERGENCY INDICATOR	133		471
102	INVALID SURFACE	INVALID TOOTH SURFACE CODE	16	N75	240
103	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	16	N37	244 245
104	INDICTR/CPT CONFLICT	INDICATOR 3 INVALID WITH CPT CODES-PCP REFERRAL REQ	A1	N285	481
105	REF MUST BE MGR	REFERRING MUST BE CASE MANAGER	183		48
106	BILL PRV NOT PCP	BILLING PROVIDER NOT PCP OR SERVICE NOT AUTHOR BY PCP	38		93 94
107	PARTIAL HOSP NOT PAY	PARTIAL HOSP NOT PAYABLE FOR MEDICAID ONLY	96	MA64	1
108	PRV TYPE AGE RESTRIC	PROV TYPE SERVICES NOT COVERED FOR RECIPIENT THIS AGE	96	N30	1
109	NOT HCBS LOCKED IN	NOT HCBS LOCKED IN	38		97
110	REBILL OB/ABORT D&C	REBILL OB OR ABORTION D & C CPT CODE WITH REPORTS	16	N29	454 304
111	CHANGING AGAIN	THIS IS A CHANGED ERROR	16	N10	21
112	AUTH.PORT X-RAY	NO DOCUMENT/EDIT OVERRIEME PORT. X-RAY	16	N29	294 318
113	ONE ER CDE PER VISIT	ONLY ONE ER REVENUE (450/459) CODE PER VISIT	59	N36	455
114	INV/MISSING HCPCS	INVALID OR MISSING HCPCS	16	M20	454
115	HCPC CD NOT ON FILE	HCPC CODE NOT ON FILE	16	N65	454
116	DEFRA REDUCTION	PAYMENT REDUCED TO MEDICARE MAXIMUM	45	N14	68
117	MAX:2DAYS TRSFR MHIS	MAXIMUM OF 2 DAYS ALLOWED TO TRANSFER MHISA PATIENTS	119		456
118	HOSP LIMITED TO EMER	HOSP LIMITED TO EMERG CARE & TRANSFER OF MHISA PATIENTS	170		231 471
119	INVEST,EXPER,OR NOT	NOT COVERED-IS INVESTIG.,EXPERI.OR NOT MED.NECESSARY	55		287 107
120	QTY INVALID/MISSING	QUANTITY INVALID/MISSING	16	M53	476
121	MISS OR INV PRESCRIB	A PRESCRIBING PHYSICIAN NPI OR MEDICAID ID REQUIRED	16	N31	132
122	INVALID RX DATE	RX DATE MISSING OR INVALID	16	N57	214
123	RX > SERVICE DATE	RX DATE WAS AFTER DATE FILLED	174	N57	187 214
124	INVALID DAYS SUPPLY	DAYS SUPPLY MISSING,NOT NUMERIC, OR ZERO	16	M53	21 221
125	PRESCRIP NO MISSING	PRESCRIPTION NUMBER MISSING	16	N388	21 219
126	INVALID REFILL CODE	REFILL CODE MISSING, NOT NUMERIC, OR GREATER THAN 5	133		21 216
127	MISSING NDC	NDC CODE MISSING OR INCORRECT.	16	M119	218
128	INVALID MAC INDICATR	THE MAC OVERRIDE INDICATOR MUST BE A 'C'	16	N59	21 382
129	PRESCRIB PROV NPI NO	PRESCRIBING PROV NPI MISSING/NOT ON FILE	16	N257	20
130	DENY PROV. 9999999	ALL PROVIDERS 9999999 TO BE DENY.	16	N270	132
131	PRIMARY DX NOF	PRIMARY DIAGNOSIS NOT ON FILE	167	MA63	254
132	SECONDARY DX NOF	SECONDARY DIAGNOSIS NOT ON FILE	167	M64	255
133	INVALID CCN	INVALID CCN	16	M57	26
134	DOB/CCN MISMATCH	DATE OF BIRTH/CCN DO NOT MATCH	16	N329	158
135	PATIENT NOT COVERED	PATIENT NOT COVERED FOR PHARMACY SERVICE	96	N30	107
136	NO ELIG SERVICE PAID	NO ELIGIBLE SERVICE PAID - ENCOUNTER DENIED	16	N161	21
137	MEDICARE REPLACEMENT	MEDICARE REPLACEMENT; SUBMIT HARDCOPY ADJ OR VOID CLAIM	16	N366	59
138	REBILL W/ALL DETAILS	ADJUNCT CD RPTD AS ONLY DETAIL LNE: REBILL W/ALL DETAIL	16	N56	21
139	REBILL W/APPROP CODE	ONE ADJUNCT CODE ALLOWED PER DDS: REBILL W/APPROP CODE	16	N56	21
140	INVALID REQUEST DATE	INVALID SCREENING REQUEST DATE	133		195
141	INVLD LAST SCRND DATE	INVALID DATE FOR LAST SCREENING	133		387
142	BILL PROV NPI NOF	BILLING PROVIDER NPI MISSING/NOT ON FILE	16	N257	20
143	SERV PROV NPI NOF	SERVING PROVIDER NPI MISSING/NOT ON FILE	16	N290	20
144	REF/PCP PROV NPI NOF	REF OR PCP PROVIDER NPI MISSING/NOT ON FILE	16	N286	20
145	BILL PROV NPI NO MAT	BILLING PROVIDER NPI MISMATCH	16	N257	20
146	SER PROV NPI NO MATC	SERVICING PROVIDER NPI MISMATCH	16	N290	20
147	REF/PCP NPI NO MATCH	REFERRING/PCP NPI MISMATCH	16	N286	20

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
148	9F REF AUTH MISSING	9F REFERENCE AUTHORIZATION MISSING IN LOOP 2300	16	N286	20
149	DESI-NOT PAYABLE	DESI INEFFECTIVE-NOT PAYABLE	96	N448	9
154	SITE # INVALID OR NOF	SITE NUMBER INVALID OR NOT ON FILE	16	M57	21 1
155	REF MISS/REQ-MEDICAL	REFERRAL MISSING AND REQUIRED FOR MEDICAL	165	M58	48 21 1
156	REF MISS/REQ-VISION	REFERRAL MISSING AND REQUIRED FOR VISION	165	M58	48 21 1
157	EXCEEDS LIMIT OF 8	EXCEEDS LIMIT OF 8 CO-INS DAYS	35	MA34	483 out
158	REF MISS/REQ-HEARING	REFERRAL MISSING AND REQUIRED FOR HEARING	165	M58	48 21 1
159	LTC PROV NOT MATCHED	LTC PROV NOT MATCHED	16	M110	21
160	PRECERT NOT ON FILE	PRECERT NUMBER NOT ON FILE	197		252
161	HOSP STAY REQ PRECRT	HOSP STAY REQUIRES PRECERTIFICATION	197		252 332
162	PRECERT NOT APPROVED	PRECERT HAS NOT BEEN APPROVED	39		84
163	DOS NOT PRECERT COVD	CLAIM DOS NOT PRECERT COVERED	16	N54	84
164	CLAIM > PRECERT LOS	CLAIM EXCEEDS PRECERT AUTHORIZED DAYS	198		332 483
165	SURG REQUIRES PRECRT	SURGERY REQUIRES PRECERTIFICATION	197		84
166	CLM RECIP NO MATCH	CLAIM RECIP ID DOES NOT MATCH ID ON PRECERT FILE	16	N54	84
167	CLM PROV ID NO MATCH	CLAIM PROVIDER ID DOES NOT MATCH ID ON PRECERT FILE	16	N54	84 132
168	PRECRT SURG DATE ERR	CLAIM SURGERY DATE DOES NOT MATCH DATE ON PRECERT FILE	197	N54	84
169	DAYS CUT TO PRECERT	DAYS CUTBACK TO PRECERT APPROVED DAYS	198		332
170	PRECERT REVIEW	PRECERT REVIEW	133		46
171	NO PRECERT RESUB DOC	NO HOSP PRECERT ON FILE RESUB WITH DOCUMENTATION	197	N66	252
172	CLM/PA DTE MUST MTCH	CLAIM DATES MUST MATCH PRIOR AUTHORIZATION DATES	15	N54	84 187
173	LON/LOC NOT MATCHED	LEVEL OF NEED / LEVEL OF CARE NOT MATCHED	16	N188	21
174	RECIP NOT XREF	NO MEDICAID ID FOUND FOR MEDICARE ID	31	MA61	162
175	CHARGES MISSING	NO CHARGES/COINS/DEDUCT GIVEN	16	N245	178 286
176	INVALID DEDUCTIBLE	THE DEDUCTIBLE FIGURE MUST BE NUMERIC	1		21 286
177	INVALID COINSURANCE	THE COINSURANCE FIGURE MUST BE NUMERIC	2		21 286
178	INVALID BLOOD DEDUCT	THE BLOOD DEDUCTIBLE FIGURE MUST BE NUMERIC	66		21 286
179	REF MISS/REQ-DENTAL	REFERRAL MISSING AND REQUIRED FOR DENTAL	165	M58	48 21 1
180	INVALID ADMIT DATE	THE ADMISSION DATE WAS NOT A VALID DATE	16	MA40	189 286
181	INVALID COVERED DAYS	THE COVERED DAYS WAS NOT A VALID NUMERIC AMOUNT	16	MA32	456 286
182	PROC/CLAIM TYP CONFL	PROCEDURE CLAIM TYPE CONFLICT	170		275 54
183	SURGERY PROC NOF	SURGICAL PROCEDURE NOT ON FILE	16	M51	227 454
184	REF MISS/REQ-NUTRITN	REFERRAL MISSING AND REQUIRED FOR NUTRITIONAL	165	M58	48 21 1
186	USE CORRECT MODIFIER	CRNA'S MUST BILL CORRECT MODIFIER	16	M78	453
187	CLM-DOS=PA TO PERIOD	CLAIM THRU DOS MUST = PA 30 DAY THRU PERIOD	16	N54	187 332
188	TRIP CANC BY DISPTCH	TRIP CANCELED BY DISPATCH (CLAIM VOIDED)	115		1
189	PUT PA# IN BLOCK 23	CORRECT PA# MUST BE IN BLOCK 23 ON CLAIM	125	N54	21 252
190	PA NO NOT ON FILE	PA NUMBER NOT ON FILE	197		252
191	PROC REQUIRES PA	PROCEDURE REQUIRES PRIOR AUTHORIZATION	197		454 252
192	PA NOT APPROVED	PA HAS NOT BEEN APPROVED	39		84 252
193	DOS NOT COVERED/PA	DATE ON CLAIM NOT COVERED BY PA	16	N54	84 187
194	CLAIM OVER PA LIMITS	CLAIM EXCEEDS PRIOR AUTHORIZED LIMITS	198		252 483
195	NEED SPANNING DOS	MUST HAVE SPANNING DOS IF BILLING FOR TOTAL AUTH AMOUNT	197	N54	252 483
196	PA RECIP NQ CLM RECI	CLAIM RECIPIENT ID DOES NOT MATCH ID ON PRIOR AUTH FILE	197	N54	84 153
197	PA PROV NQ CLM PROV	PA PROVIDER ID NOT SAME AS CLAIM PROVIDER ID	197	N54	84 132
198	PA PROC NQ CLM PROC	PA PROCEDURE NOT SAME AS CLAIM PROCEDURE	197	N54	84 454
199	TRIP CANCELED NONPAY	TRIP CANCELED NON PAYABLE	115		1

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
200	PROV/ATTEND NOF	PROVIDER/ATTENDING PROVIDER NOT ON FILE	16	N289	132
201	PROVIDER NOT ELIG	PROVIDER NOT ELIGIBLE ON DATES OF SERVICE	B7		109
202	PROV CLAIM TYP CONFL	PROVIDER CANNOT SUBMIT THIS TYPE CLAIM	170		132 276
203	PROVIDER ON REVIEW	PROVIDER ON REVIEW	133		49
204	GRP NOT ON INDIV REC	BILLING PROV NOT ON ATTENDING PROV RECORD ON DOS	16	N55	26
205	NOT IN GROUP ON DOS	ATTENDING PROV NOT IN GROUP ON DATE OF SERV	16	N55	1
206	BILL PROV NOT ON FIL	BILLING PROVIDER NOT ON FILE	16	N256	26
207	BILL PROV NOT ELIG	BILLING PROVIDER INELIGIBLE ON DATE OF SERV	B7		109
208	PRESCRIB PROV ONLY	PRESCRIBER ONLY-CALL 1-800-473-2783 FOR INFO	16	N95	109
209	GRP MST BILL FOR PRV	GROUP MUST BILL FOR PROVIDER	16	N55	26
210	PROV PROC CONFLICT	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE	8		132 454
211	DOS LESS THAN DOB	DATE OF SERVICE LESS THAN DATE OF BIRTH	14		158 187
212	PROV MUST BE INDIV	ATTENDING PROVIDER MUST BE INDIVIDUAL	16	N55	132
213	PROVIDER NOT COVERED	PROVIDER NOT COVERED FOR SERVICES RENDERED BY MEDICAID	B7		109
214	PROV ALLOW 1 PROC/CM	PROVIDER ALLOWED 1 SERVICE PER RECIPIENT PER DAY	16	M86	483
215	RECIPIENT NOT ON FIL	RECIPIENT NOT ON FILE	31		26
216	RECIPIENT NOT ELIG	RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE	31		109
217	RECIP NAME MISMATCH	NAME AND/OR NUMBER ON CLAIM DOES NOT MATCH FILE RECORD	140	MA36	30
218	LOCK IN RECIPIENT	RECIPIENT IS MD, PHARM RESTRICTED-MD INVALID	38		85 93
220	SPD DOWN NOT MED NDY	SPEND DOWN AMOUNT NOT MED NEEDY	177		6
221	GEN ASST - NOT COVRD	STATE ONLY ASSISTANCE - SERVICE NOT COVERED	96	N30	9
222	SVC OVERLAPS REC ELI	RECIPIENT INELIGIBLE ON ONE OR MORE SERVICE DATE(S)	16	N30	109
223	RECYC RECIP N/O FILE	RECYCLED RECIPIENT NOT ON FILE	31		26
224	INVALID BIRTHDATE	INVALID BIRTHDATE ON RECIPIENT FILE	16	N329	158
225	P.E. - NOT COVERED	CLAIM NOT COVERED FOR PRESUM ELIG RECIP	96	N30	1
226	INV SURGERY MODIFIER	COMPONENTS OF SURGERY PAID ONLY TO TEACHING FACILITIES	171		109
230	PROC REVIEW	PROC REQUIRES REVIEW	133		46 454
231	NDC NOT ON P/F FILE	NDC CODE NOT ON FILE	16	M119	218
232	PROCEDURE CODE NOF	PROCEDURE/TYPE OF SERVICE NOT COVERED BY PROGRAM	16	N56	454
233	P/F DATE RESTRICTION	PROCEDURE/NDC NOT COVERED FOR SERVICE DATE GIVEN	16	N56	88
234	P/F AGE RESTRICTION	P/F AGE RESTRICTION	6		475
235	P/F SEX RESTRICTION	P/F SEX RESTRICTION	7		474
236	P/F PLACE RESTRICT	P/F PLACE RESTRICTION	5		249 454
237	P/F PROV SPEC RESTRT	P/F PROVIDER SPECIALTY RESTRICTION	16	N95	145 454
238	INV PAC CALL HELP DK	INVALID PAC VS DOS / CALL HELP DESK	16	N65	21 1
239	PRICE MISSING ON P/F	PRICE MISSING FOR DATE OF SERVICE ON P/F CALL HELP DESK	16	N65	21 1
240	PRICE MISSING ON U/C	U AND C FILE - NO VALID PRICE FOR DOS	16	N65	66
241	PREVAILING COST ERR	CLAIM IN PROCESS	133		46
242	INPUT SPENDDOWN AMT	110-MNP REQUIRED FOR RECIP LIABILITY AMOUNT	16	N58	294 6
243	POT NOT ICF-I OR II	PLACE OF TREATMENT MUST BE ICF-I OR ICF-II	58		249
244	PROV RATE NOF	PROVIDER FILE DOES NOT CONTAIN VALID RATE FOR DOS	B7		1
245	INVAL PROC TOS TRANS	INVALID PROCEDURE TOS FOR TRANSPORTATION	16	N56	250
246	STAND BY NEC.	PROLONGED ATTENDANCE BILLED;PENDED FOR REVIEW	133		1
248	DELETED,BILL CURR CD	DELETED,BILL CURRENT CODE	96	MA130	1
249	SURG REQ MED REV	SURGERY REQUIRES REVIEW FOR ATTACHMENTS	133		46
250	DIAG/PROC REQ REVIEW	DIAGNOSIS/PROCEDURE REQUIRES REVIEW	133		46 255
251	DENY FOR DIAGNOSIS	PROCEDURE DENIED NOT JUSTIFIED BY DIAGNOSIS	11	N163	255

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
252	DIAGNOSIS NOT ON FIL	DIAGNOSIS NOT ON FILE	16	MA63	255
254	DIAG AGE RESTRICTION	DIAGNOSIS AGE RESTRICTION	9		255
255	DIAG SEX RESTRICTION	DIAG SEX RESTRICTION	10		86
256	DIAG PROC RESTRICT	DIAGNOSIS/PROCEDURE RESTRICTION	11		255 454
258	SPAN DATES/QUANT DIF	DIFFERENCE BETWEEN SERVICE DATES AND QUANT	16	M53	476
259	ANESTH REQ REVIEW	ANESTHESIA UNITS/MINUTES REQUIRE MED REVIEW	133		46 476
260	ANESTHESIA UNITS NOF	ANESTHESIA BASE UNITS ARE NOT ON FILE	16	M53	476
261	INPUT M-CARE PD AMT.	INSERT PROVIDER PAID AMOUNT BY MEDICARE	16	MA92	1
262	ADJ-REQUIRES-REVIEW	PROVIDER'S ADJUSTMENTS ON REVIEW	133		46
263	PROCEDURE-AGE-RESTRT	PROCEDURE ALLOWED FOR RECIP 0-30 DAYS OLD	6		475
264	PA-01 REQUIRES REVIE	PA-01 FORM REQUIRES REVIEW FOR VALIDITY	133		46
265	SURG REQUIRES PA-0	SURGERY DONE AS IP REQUIRES VALID PA-01 FORM	197		252
266	INVALID AMB SURG REV	REV CODE INVALID FOR AMBULATORY SURG PROC.	16	M50	455
267	REQ-ICD9-SURGICAL-CD	REVENUE CODE 490 REQUIRES VALID ICD9 SURGICAL PROCEDURE	16	M51	1
268	INVALID-TREATMENT-PL	TREATMENT PLACE IS INCORRECT	16	M77	249
269	ANES.CPT N/C-M' AID	ANES.CPT NOT COVERED FOR MEDICAID ONLY-BILL SURG+MOD.	96	N34	454
271	SER HOSPICE RELATED	HOSPICE RELATED/SUB BILL TO HOSPICE 30 DAYS TO APPEAL	29		187
272	CLAIM OVER 1 YEAR	CLAIM EXCEEDS 1 YEAR FILING LIMIT	29		187
273	TPL/PRIVATE	3RD PARTY CARRIER CODE MISSING-REFER TO CARRIER CD.LIST	16	MA92	286
275	RECIP MEDICARE ELIG	RECIPIENT IS MEDICARE ELIGIBLE	22	MA92	171
277	LOW VARIANCE ERROR	LOW VARIANCE ERROR	133		178
279	PROF COMP INVLD POT	INVALID PLACE OF TREATMENT FOR PROF COMP	58	M77	249
280	MANUAL PRICE REQ	MANUAL PRICING REQUIRED/HARD COPY BILL	133	N10	46
281	VISIT INC. SURG CHGS	OFFICE VISIT CONS. BILLED SEP. FROM SURG FEE	97		1
282	PRE-OP INC IN SURG.	PRE-OP INCLUDED IN TOTAL SURGICAL FEE	97		1
283	POST-OP INC IN SURG	POST-OP INCLUDED IN TOTAL SURGERY FEE	97		1
284	MANUAL PRICE GR BILL	MANUAL PRICE EXCEEDS BILLED CHARGES	94		46
285	PAYMENT GR BILLED CH	PAYMENT EXCEEDS BILLED CHARGES/REQUIRES REVIEW	94		178
286	REF MISS/REQ-DEVELOP	REFERRAL MISSING AND REQUIRED FOR DEVELOPMENTAL	165	M58	48 21 1
287	PAT LIAB EXCEEDS CHG	PATIENT LIABILITY EXCEEDS BILLED CHARGES	142		402
288	PROC/DESC CONFLICT	PROCEDURE CODE/DESCRIPTION CONFLICT	125	M51	306 454
289	INV DENY FOR PROV NO	INVALID PROVIDER NUMBER WHEN DENY APPLIED	16	N77	132
290	TPL RESOURCE REQ EOB	NO EOB ATTACHED FOR RECIP WITH OTHER RESOURCE INDICATED	16	MA04	122 286
291	FOUND MULT RESOURCES	CLAIM REQUIRES REVIEW FOR MULTIPLE TPL RESOURCES	133	MA92	52
292	FOUND NO TPL AMOUNT	NO TPL AMOUNT INDICATED ON CLAIM/REQUIRES REVIEW	133	MA04	52
293	RECYC RECI INELG DOS	RECYCLED RECIPIENT INELIG ON DOS	31		109
294	RECYC RECI NOF	RECIPIENT NOT ON FILE RECYCLED 3 TIMES	31		26
295	RECI RECYC 3 TIMES.	RECIPIENT INELIGIBLE RECYCLED THREE TIMES	31		109
296	CAR-CODE REQ REVIEW	CARRIER CODE REQUIRES REVIEW/POSS NO MATCH	133	MA92	46 479
297	BANKRUPT.FILE W/CARR	DECLARED BANKRUPTCY.FILE W/CARRIER FOR POSSIBLE PMTS.	22	MA92	1
298	INVALID PROC CODE	INVALID PROCEDURE CODE FOR DATE-OF-SERVICE	16	N56	454
299	PROC/DRUG NOTCOVERED	PROC/DRUG NOT COVERED BY MEDICAID	96	N365	454
300	CLAIM SPANS FISCL YR	CLAIM SPANS FISCAL YEAR	133	MA31	46 187
301	ADMISN MUST BE EMER	EMERGENCY ACCESS HOSP - NATURE OF ADMISN MUST BE EMER	125	N34	211
302	REF MISS/REQ-AB/NEGL	REFERRAL MISSING AND REQUIRED FOR ABUSE/NEGLECT	165	M58	48 21 1
303	HOSPICE DAYS > 5	INPATIENT RESPITE DAYS GREATER THAN FIVE	125	MA31	21 1
304	INV BABY/MTHR ADMISN	BABY AND MOTHER - NATURE OF ADMISN MUST BE NEWBORN	128		238

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
305	INV BABY/MTHR PROC	BABY AND MOTHER - SURGICAL PROCEDURE MUST BE DELIVERY	125	N56	238
306	INV BABY ADMISSION	BABY ONLY / PENDING FOR REVIEW.	133	MA42	46
307	SURG PROC MISSING	SURGICAL PROCEDURE MISSING	16	M51	21 454
308	REF MISS/REQ-PSY/SOC	REFERRAL MISSING AND REQUIRED FOR PSYCHOLOGICAL/SOCIAL	165	M58	48 21 1
309	SURG DATE MISSING	DATE OF SURGERY MISSING	16	MA31	187
310	SURG DTE LT SRV FROM	DATE OF SURGERY LESS THAN SERVICE FROM DATE	16	MA31	187
311	SURG DTE GT SRV THRU	DATE OF SURGERY GREATER THAN SERVICE THRU DATE	16	MA31	187
312	REF MISS/REQ-SPEECH	REFERRAL MISSING AND REQUIRED FOR SPEECH/LANGUAGE	165	M58	48 21 1
313	AMB SURG DAYS NE 1	AMBUL SURG CENTER - DAYS/DATES DO NOT EQUAL 1	133	MA32	456
314	SUSP CON MIS/REQ-RF1	SUSPECTED CONDITION MISSING AND REQUIRED FOR REFERRAL 1	165	M58	48 21 1
315	PROSTHESIS NOT PA	PROSTHESIS MUST BE PRIOR AUTHORIZED	197		252
316	COV DAYS NE ACCOM	COVERED DAYS DO NOT EQUAL ACCOMODATION DAYS	16	MA32	456
317	STMT DTE/ACCOM CONFL	STATEMENT DATES CONFLICT WITH ACCOMODATION DAYS	16	M53	188
318	SUSP CON MIS/REQ-RF2	SUSPECTED CONDITION MISSING AND REQUIRED FOR REFERRAL 2	165	M58	48 21 1
319	SUSP CON MIS/REQ-RF3	SUSPECTED CONDITION MISSING REQUIRED FOR REFERRAL 3	165	M58	48 21 1
320	REF ASST MIS/REQ-RF1	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 1	165	M58	48 21 1
323	REF ASST MIS/REQ-RF2	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 2	165	M58	48 21 1
324	REF ASST MIS/REQ-RF3	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 3	165	M58	48 21 1
326	APP DATE MIS/REQ-RF1	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #1	165	M58	48 192 1
328	PROV NOT CERTIFIED	PROVIDER NOT CERTIFIED FOR SERVICE	B7		332
329	CLIA NOT CERT DOS	CLIA # DOES NOT COVER DATE OF SERVICE	B7	MA120	332
330	QMB NOT MED. ELIG.	QMB NOT MEDICAID ELIGIBLE	31	N30	109
331	ABORTION JUST	DOES NOT MEET PROGRAM CRITERIA FOR ABORTION	133	N30	46
332	STERILIZATION < 21	STERILIZATION IS NOT COVERED FOR RECIPIENT UNDER 21	6	N30	475
333	AUTH MINOR UNM MO	FOUND NO DOCUMENT/OVERRIDE CODE MINOR UNM MOTHER/UNBORN	16	N29	83 294
334	CONSENT 30/180 DAYS	CONSENT MUST BE AT LEAST 30 BUT NO MORE THAN 180 DAYS	17	N28	187 467
335	SERVICE LIMIT REVIEW	ATTACHMENT REVIEW SERVICE LIMITS	133		46 461 3
336	AB REQUIRES REVIEW	ABORTION REQUIRES REVIEW	133		46
337	CONSENT FORM REVIEW	STERILIZATION OFS FORM 96 REQUIRES REVIEW	133		46
338	HYSTER REQ REVIEW	ACKNOWLEDGEMENT REQUIRES REVIEW	133		46
339	OCCUR DATES CONFLICT	OCCUR CODES/DATES CONFLICT	16	M45	461
340	SPAN DAYS CONFLICT	SPAN DAYS/NON COVERED DAYS CONFLICT	16	MA33	457
341	DENY TO BE REBILLED	DENY TO BE REBILLED TO MEDICARE	22	MA92	116
343	APP DATE MIS/REQ RF2	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #2	165	M58	48 192 1
344	SPAN FROM THRU CONFL	SPAN FROM THRU DATES CONFLICT	16	N300	462
345	INV ZERO BILLED DAYS	DAYS ZERO, PATIENT STATUS NOT 9	16	M53	258
346	INVALID WAIVED LOC	INVALID WAIVED LEVEL OF CARE	133		21
347	EXCEEDS MAX-23 DAYS	EXCEEDS MAXIMUM MONTHLY DAYS	35		483
348	S/C EXCDS 80% C-CARE	SERVICE CHARGE EXCEEDS 80% OF COMPARABLE CARE	45		178 483
349	INVALID TYPE CASE	RECIPIENT NOT COVERED FOR THIS SERVICE	96	M15	107
351	SPAN DATE INVALID	SPAN DATE NOT ALLOWED MUST BILL PER DAY	28	M59	21
352	INV LTC CERT DATE	LTC CERTIFICATION DATE INVALID	16	N322	332
353	SRV DTE PRIOR CERTIF	SERVICE DATE IS PRIOR TO LTC CERTIFICATION DATE	125	N30	187 332
355	NO 51 NH	NO 51 NH ATTACHED OR ADMIT CODE MUST BE A '6'	16	N29	21 1
356	TOT/LOC DAYS CONFL	TO-DAY / TOT-DAYS / STATUS CONFLICT	16	M53	476
357	LTC DAYS/DATES CONFL	LTC LOC DAYS CONFLICT WITH LTC LOC FROM AND THRU DATES	16	M53	188 476
358	INVL D RATE FOR LOC	NO VALID RATE WAS FOUND FOR LTC LEVEL OF CARE	16	N65	21 1

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
359	APP DATE MIS/REQ-RF3	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #3	165	M58	48 192 1
364	RECIP INELIG/DECEASE	RECIPIENT INELIGIBLE/DECEASED	13		109 159
365	ANESTH REP REQ	ANESTHESIOLOGY REPORT REQUESTED	16	N29	304
366	SEND OP&PATH REPORT	SEND BOTH OPERATIVE AND PATHOLOGY REPORT	16	N29	298 311
367	ADJ. DENY	ADJUSTMENT DENIED/ORIG CLAIM PAID CORRECTLY	B13		21 1
368	REF REAS MIS/REQ-RF1	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 1	165	M58	48 21 1
369	PROV NOT AUTH EMC	PROVIDER NOT AUTHORIZED FOR EMC SUBMISSION	17	N30	21
371	TIMELY FILING REVIEW	ATTACHMENT REQUIRES REVIEW/FILING DEADLINE	29		46
372	INVALID LEAVE CODE	ABSENT DAY TYPE MUST BE AN A OR B	133		21
373	INVALID LEAVE DATE	ABSENT DAY AND/OR TOTAL DAYS CONFLICT	133		21
374	INSUFFICIENT DATA	UNABLE TO PROCESS/REBILL/ATTENTION P.MISNER	16	MA130	21
375	PT STAT REQ HOSP LVE	PT STATUS CODE 1 REQUIRES HOSPITAL ABSENT DAYS	16	N362	1
376	ADJ DAYS CONFL HIST	ADJUSTMENT DAYS CONFLICT WITH HISTORY DAYS	16	N206	21 1
377	PAYABLE QMB RECIP	PAYABLE ONLY FOR QMB RECIP	16	N30	8 88 91
378	NO MEDICARE PAID DTE	MEDICARE PAYMENT DATE IS MISSING OR INVALID	16	MA04	286
379	HOME LEAVE DAY REDUC	HOME LEAVE DAYS REDUCED TO ONE/HALF PER DIEM	125	N43	187
380	AMBULANCE-REQ-ATTACH	CLAIM REQUIRES MD CERTIFICATION ATTACHED AFTER 2/14/87	16	N29	337
381	LTC-MED-LOA-OVER-10	LTC LEAVE DAYS EXCEED LIMIT - 10 PER HOSPITAL STAY	16	N43	483
382	HOSPICE MUST BILL	HOSPICE CLIENT -ONLY HOSPICE PROVIDER CAN BILL	16	M53	476
383	SERV. IN MED SCREEN.	SERVICE INCLUDED IN MED SCREENING	97		103
384	NOT COVERED NH RESID	NOT COVERED FOR NURSING HOME RESIDENT	96	N174	91
385	NOT COVERED NH RESID	DIABETIC SUPPLIES NOT COVERED FOR LTC RECIPIENT	96	N174	91
386	NOT PAY W/CLIA CERT	NOT PAYABLE WITH CLIA CERT TYPE	B7	MA120	332
387	CLIA # NOT ON FILE	NO CLIA # ON OUR FILE	16	MA120	26
388	RECIP NOT COVER, DRUG	RECIPIENT NOT COVERED FOR THIS DRUG	96	N30	84
389	LOCK-IN RECIPIENT	RECIP IS MD, PHARM RESTRICTED-PHARMACY INVALID	38		1
390	SERV, MAX 1 PER MO	SERVICE EXCEEDS MAXIMUM ALLOWABLE OF 1 PER MONTH	119		483
391	LTC LV DAYS OVER MAX	LTC HOSP LEAVE DAYS IN EXCESS OF MAXIMUM-5-BUDGET CUT	16	N43	483
392	ICF-MR LV OVER MAX	ICF-MR HOME LEAVE IN EXCESS OF MAXIMUM 22/30 BUDGET CUT	16	N43	483
393	NF LV DAYS OVER MAX	NF HOME LEAVE DAYS IN EXCESS OF MAXIMUM-4-BUDGET CUT	16	N43	483
394	REHAB CTR SRV NOT CO	REHAB CENTER SERVICES NOT COVERED-NURSING HOME RESIDENT	97		88
395	HOSP LEAVE DAYS > 7	HOSPITAL LEAVE DAYS EXCEED 7	16	N43	483
396	HOME LEAVE DAYS > 15	HOME LEAVE DAYS EXCEED 15	16	N43	483
397	CLAIM-NEEDS-80-MOD	APPEARS TO BE ASSISTANT--REBILL WITH 80 MODIFIER	4	M78	453
398	BIL LOCAL/PRENAT LAB	BILL LOCAL ASSIGNED FOR PRENATAL LAB PANEL	125	N80	1 419
399	REF REAS MIS/REQ-RF2	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 2	165	M58	48 21 1
400	REFER PHYSICIAN REQD	REFERRING/ATTENDING PHYSICIAN REQUIRED	16	N285	132
401	CONCURRENT CARE	CONCURRENT CARE IS NOT COVERED BY THE PROGRAM	B14		483
402	NO SERV EXCEEDS MAX	NUMBER OF SERVICES EXCEEDS STATE MAX/ CUTBACK APPLIED	151	N14	483
403	MULTIPLE SURGERY	MULTIPLE SURGERY - PENDED FOR MANUAL PRICING	59		46
404	NON-EMER TRANS OUTPT	NON-EMERGENCY TRANSPORTATION BILLED ON OUTPATIENT FORM	16	N34	104
405	OUTSIDE LAB NOT COVD	OUTSIDE LABORATORY SERVICES NOT COVERED	5		179
406	EXCEEDS 3 TREATMENTS	EXCEEDS THREE CHIRO TREATMENTS SAME DAY	119		483
407	NONEMER TRANS REQ PA	NON-EMER TRANSPORTATION REQUIRES PRIOR AUTHORIZATION	197		252
408	NON-EMER MLS GR 400	NON-EMER MILES EXCEED 400-STATE AUTHO REQUIRED	197		267
410	REF REAS MIS/REQ-RF3	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 3	165	M58	48 21 1
411	REF NAME MIS/REQ-RF1	REFERRED TO NAME IS MISSING AND REQUIRED FOR REFERRAL 1	165	M58	48 21 1

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
412	REF NAME MIS/REQ-RF2	REFERRED TO NAME MISSING AND REQUIRED FOR REFERRAL #2	165	M58	48 21 1
413	DME REQUIRES PA	DME REQUIRES PRIOR AUTHORIZATION	197		252
414	REF NAME MIS/REQ-RF3	REFERRED TO NAME MISSING AND REQUIRED FOR REFERRAL #3	165	M58	48 21 1
415	PA AMOUNT GR LEVEL3	PRIOR AUTHORIZED AMOUNT GREATER THAN LEVEL 3 CHARGE	133		1
416	REF PHON MIS/REQ-RF1	REFERRED TO PHONE IS MISSING/REQUIRED FOR REFERRAL #1	165	M58	48 21 1
417	REF PHON MIS/REQ-RF2	REFERRED TO PHONE IS MISSING/REQUIRED FOR REFERRAL #2	165	M58	48 21 1
418	REF PHON MIS/REQ-RF3	REFERRED TO PHONE IS MISSING/REQUIRED FOR REFERRAL #3	165	M58	48 21 1
419	OFS REV PA DT GT DOS	OFS TO REVIEW-PA DATE GREATER THAN SERVICE DATE	133	MA31	46 187
420	SPECIALTY RESTRICTED	PROVIDER IS RESTRICTED TO DESIGNATED PROCEDURES PER OFS	170		25
421	OFS REV INV PA DATE	OFS TO REVIEW INVALID PA DATE/SIGNATURE	133		46 187
422	ONE H.HLTH NURSE/DAY	ONLY ONE HOME HEALTH NURSE VISIT ALLOWED PER DAY	119	M86	483
423	ONE H.HLTH AIDE/DAY	ONLY ONE HOME HEALTH AIDE VISIT ALLOWED PER DAY	119	M86	483
424	NOT PROV OF RECORD	BILLING PROVIDER IS NOT THE DESIGNATED PROV. OF RECORD	38	M58	93
425	ONE DOT PER RECIP/DY	ONLY ONE DOT PER RECIPIENT ALLOWED PER DAY	119	M86	483
426	BILL HR CD PRE 15MIN	BILL CM HOUR CODE BEFORE 15 MIN CODE	125	M20	1
427	PSYCH SERV NOT COVER	PSYCHIATRIC SERVICES NOT COVERED UNDER HOME HEALTH	96	N174	84
429	NOT PAY FOR MED NEED	NOT PAYABLE FOR MED NEEDY PROGRAM	96	N30	88
430	MOD NOT NEEDED-RESUB	MODIFIER NOT NEEDED-REMOVE AND RESUBMIT	4		453
431	M/I PROF SERV CODE	MISSING/INVALID PROFESSIONAL SERVICE CODE	16	N514	9
432	QTY > PACKAGE SIZE	QUANTITY EXCEEDS PACKAGE SIZE	17	N378	1 216
433	MISSING/INVALID DIAG	MISSING/INVALID DIAGNOSIS CODE	167	M76	21 255
434	BILL MEDCARE NEB MED	BILL MEDICARE NEBULIZER MED	22		116
435	KIDMED TIMELY FILLIN	KM CLAIMS SHOULD BE SUBMITTED WITHIN 60 DAYS OF SERVICE	29	M58	187
436	DAYS SUPPLY OVER MAX	DAYS SUPPLY >100 EXCEEDS PROGRAM MAXIMUM	154		221
437	QTY OF 1 = 1 VIAL	DRUG IS A VIAL. QUANTITY OF 1 = 1 VIAL	16	N378	221
438	NDC OBSOLETE/MFTR	MANUFACTURER NOTIFIED US THAT NDC IS OBSOLETE	96	N60	218
439	MFT SAYS FOOD SUPPLM	MANUFACTURER HAS IDENTIFIED PRODUCT AS FOOD SUPPLEMENT	96	N59	107
440	SITE N/ALLW BILL/DOS	PROV SITE NOT ALLWD TO BILL SCR TYPE ON DATE OF SERVICE	170	M58	21 1
441	2A,2B-RX NOT FILLED	OUTCOME 2A OR 2B -RX NOT FILLED -TRANSACTION REPORTING	115	N10	216 1
442	DRUG/DRUG INTERACT	DRUG/DRUG INTERACTION	153	N10	216 001
443	THERAPEUTIC OVERLAY	THERAPEUTIC OVERLAY	153	N10	216 001
444	M/I SERVICE PROVIDER	MISSING/INVALID SERVICE PROVIDER	185	M143	9
445	DUP DRUG THERAPY	DUPLICATE DRUG THERAPY	18		216 1
446	PREGNANCY PRECAUTION	PREGNANCY PRECAUTION	153	N10	216 001
447	MON.EARLY/LATE REFIL	COMPLIANCE MONITORING/EARLY OR LATE REFILL	154	N10	216 001
448	GIVE DATE FOR TRANSP	TRANSPLANT DISCHARGE DATE OR OTHER DX NEEDED	16	N341	21 195
449	BILL MEDICARE FIRST	BILL MEDICARE FIRST BASED ON DISCHARG DATE	22		116 190
450	PRESCRIBER NOT ON FI	PRESCRIBING PROVIDER NOT ON FILE	184	N264	132
451	PRESC DENTAL AGE ERR	DENTAL PRESCRIBER, RECIPIENT 21 OR OVER	133		109
452	SCH2 NARC NO REFILL	SCHEDULE 2 NARCOTIC CANNOT BE REFILLED	96	N410	216
453	SCH2 NARC OVER 5 DAY	SCHEDULE 2 NARCOTIC NOT FILLED WITHIN 5 DAYS	96	N410	263 216
454	NEW PRESC OVER 6 MOS	NEW PRESCRIPTION NOT FILLED WITHIN 6 MOS. OF DATE PRESC	176		263 219
455	REFILL OVER 6 MONTHS	REFILL NOT FILLED WITHIN 6 MONTHS	176		263 216
456	DRUG NOT MAC	DRUG IS NOT MAC	15		110
457	QTY OVER PROGRAM MAX	QUANTITY AND/OR DAYS SUPPLY EXCEEDS PROGRAM MAXIMUM	154		483
458	MAC/FUL COST IS ZERO	MAC/FUL COST IS ZERO/CALL HELP DESK	133		110
459	DENY FOR FILE REVIEW	DENY FOR REVIEW / CALL POS HELP DESK	96	N65	46 218

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
460	NDC MAY BE OBSOLETE	NDC POSSIBLY OBSOLETE	96	M119	218
461	REFILLS NOT PAYABLE	REFILLS NOT PAYABLE	96	N410	483
462	NDC TERMINATED/CMS	CMS NOTIFIED US THAT NDC IS TERMINATED	96	M119	218
463	MAC OVERRIDE NOT NEE	DRUG DOES NOT NEED MAC OVERRIDE	133		21 1
464	DRUG IS KIT/VERF.QTY	DRUG UNIT OF MEASUREMENT IS A KIT.PLEASE VERIFY QUANTIT	153		001
465	INVALID NDC	INVALID NDC - NOT AVAILABLE	96	M119	218
466	HRD COPY REQ-FERTILI	HARD COPY REQUIRED-FERTILITY PREPARATION	16	N29	1
467	COV MDCARE IF INSULI	ITEM COVERED BY MEDICARE IF REC IS INSULIN TREATED	22		373 171
468	JUSTIFY EYEGLASSES	SEND DOCUMENTATION FOR MORE THAN 3 EYEGLASSES PER YEAR	17	N29	294
469	EYEWEAR DENIED	LIMITATION MET - SUBMIT JUSTIFICATION FOR ADD'L EYEWEAR	16	N29	294
470	ANES AND MED DOC REQ	ATTACH ANESTHESIA RECORD AND DOCUMENT MEDICAL NECESSITY	16	N29	294 304
471	DRUG-DRUG INTERACTIO	DRUG TO DRUG INTERACTION-DENY	96	M80	216 1
472	MFCTR NOT IN REBATE	MANUFACTURER HAS NOT ENTERED INTO HCFA REBATE AGREEMENT	96	M119	1
473	EDITED FOR MEDICARE	EDITED FOR MEDICARE -SERV. PAYABLE	22	MA92	1
474	EDITED FOR INSURANCE	EDITED FOR INSURANCE SERV. PAYABLE	22	MA92	1
475	QW MODIFIER NEEDED	QW MODIFIER NEEDED FOR TYPE OF CLIA CERTIFICATE	4		453
476	BILL VISITS--SEE CPT	SEE CPT-MEDICAL TREATMENT OF ABORTION USE E AND M CODES	11	M85	454
477	JUSTIFY OVER 1/A/YR	SEND DOC TO JUSTIFY OVER ONE PROCEDURE PER YEAR	16	N29	294
478	SONOGRAM-AND REPORTS	SEND WRITTEN SONOGRAM RESULTS WITH OP,PATH AND HISTORY	16	N29	300
479	DUR DATA UNNECESSARY	DUR DATA UNNECESSARY FOR CONFLICT,INTERVENTION,OUTCOME	17	N59	216
480	DEDUCT EXCEEDS MAX	DEDUCTIBLE EXCEEDS MAXIMUM	1		483
481	JUSTIFY LAB TEST	SEND DOCUMENTS TO JUSTIFY SPECIFIC LAB TEST	16	N29	294 300
482	THERAPEUTIC DUP DENY	THERAPEUTIC DUPLICATION DENIAL-LIMITED TO SPECIFIC CLAS	B5		216
483	PREGNANCY DENIAL	PREGNANCY PRECAUTION-DENIAL-FDA CATEGORY X	B5		216
484	NEW RX REQUIRES PA	NEW RX WILL REQUIRE PA	B5		48
485	PA REQUIRED	MD MUST CALL ULM-PA OPERATIONS STAFF	197		48 1
486	PA EXPIRED	MD MUST CALL ULM-PA OPERATIONS STAFF	197		46 1
487	PA-EMERGENCY-OVERRID	EMERGENCY OVERRIDE OF DRUG THAT REQUIRES PA	15		48
488	ONLY-1ST DIAG,VS PD	KELOID TREATMENT-ONLY FIRST DIAGNOSTIC VISIT IS PAID	B5		103
489	INVALID PRESCRIBERNO	PROVIDER TYPE NOT AUTHORIZED TO PRESCRIBE	184	N95	25
490	UTILIZE HMO	MUST UTILIZE HMO SERVICES	38	N52	91
491	PRESCRIBER IS GROUP	PRESCRIBER NUMBER NOT FOR INDIVIDUAL PRESCRIBER	184	N31	25
492	HMO REVIEW	HMO EOB REQUIRES REVIEW	133	MA04	46 286
493	NON HOSPICE PROVIDER	SUBMIT JUSTIFICATION FOR SERVICES	B9	N29	21
494	INVALID MSA CODE	MSA CODE IS INVALID	125	M44	21
495	NOT HOSPICE ELIGIBLE	NOT HOSPICE ELIGIBLE	96	N30	84
496	DOC MEDICA NECESSITY	SUBMIT DOCUMENTATION TO WARRANT MEDICAL NECESSITY	16	N29	287
497	INV PRESCRIB ID QUAL	INVALID PRESCRIBER ID QUALIFIER MUST BE 01 OR 05	125	N31	021
498	NO OF RX GR THAN LIM	NUMBER OF PRESCRIPTIONS GREATER THAN LIMIT	119		483 216
499	JUSTIFY PATH CONSULT	SEND DOCUMENT TO JUSTIFY PATH CONSULT	16	M30	311
500	USE 62/66 MOD,RESUB	USE OF 62/66 MOD INDICATED BY REPORT;RESUB &/OR ADJUST	4		453
503	EXACT DUPE 16 TO 16	EXACT DUPE: IDENTICAL ADULT DAY CARE CLAIMS	18		54
CLMCHK-505	CLM RECD NO CC EDITS	CLAIM DID NOT RECEIVE CLAIMCHECK EDITS	16	M16	20
506	EXACT DUPE 17 TO 17	EXACT DUPE: IDENTICAL LHA CLAIMS	18		54
508	NON WAIVER PAY IP	WAIVER SVC NOT PAYABLE WHILE IP	MA133	009	
509	M/I SERV PRV ID QUAL	MISSING/INVALID SERVICE PROVIDER ID QUALIFIER	16	M57	9
510	ALLOW 1 PER 7 YEARS	ONLY 1 OF THESE PROCS IN 7 YEARS PER RECIP/PROVIDER	119	M86	483

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
511	PROV/HOSPICE NO MTCH	PROV ID NO ON CLAIM MUST MATCH PROV ID NO ON RECI FILE	16	N77	00
512	VNS REPROGRAMMING	SUBMIT MEDICAL DOCUMENTATION TO JUSTIFY REPROGRAMMING	133	N29	287
513	HCPCS REQ	HCPCS REQUIRED	16	M20	21 122
514	NO PRESCRIPTIVE AUTH	PRESCRIBING PROVIDER DOES NOT HAVE PRESCRIPTIVE AUTHORI	184	N95	25
515	O/R REQ-SEND TO PA	OVERRIDE REQUIRED-SEND TO DENTAL PA UNIT	16	M76	123
516	CANNOT ADJUST	CANNOT ADJUST DUE TO PREVIOUS FINANCIAL TRANSACTION	18	001	
517	KIDMED FORMAT REQUIR	CLAIM MUST BE SUBMITTED IN KIDMED FORMAT	16	N34	021
518	KIDMED INFO MISSING	IMMUNIZATION AND SUSPECTED CONDITION INFO REQUIRED	16	N29	021
519	NEWBORN ZERO PD	NEWBORN CLAIM ZERO PAID	128	1	
520	BILLED AMT MUST BE 0	VACCINES FROM VFC AT NO COST-BILLED AMT MUST BE 0	96	M79	178
521	USE INDIV PRESC NO	PRESCRIBING PRVI BILLED IS GROUP USE INDIVIDUAL PRES NO	16	N31	132
522	MOTH/NEWBRN BILL SEP	MOTHER/NEWBORN MUST BE BILLED SEPARATE	16	N15	1
523	CANNOT BE ADJUSTED	ADJUSTMENT IS INVALID, VOID AND REBILL	16	N15	001
524	ELIG FOR PACE ONLY	CAPITATED-SERVICE MUST BE AUTHORIZE/PAID BY PACE PROVDR	38	094	
525	LOC NOT ON RECI FILE	LEVEL OF CARE NOT ON RECIPIENT FILE	16	N188	21
528	LACHIP AFFORDABLE	LACHIP AFFORDABLE SUBMIT CLAIM TO OFFICE OF GROUP BENEF	109	28	
529	EXCEEDS MAX DOSE	EXCEEDS MAXIMUM DAILY DOSE	153	001	
530	SERVICE ALREADY PAID	RECIPIENT WAS REIMBURSED FOR THIS SERVICE	16	N111	065
531	UNNECESSARY DRUG	DRUG USE NOT WARRANTED - COX-2 INHIBITOR	50	M83	1
532	OOS SRVC REQ APPRVL	OUT OF STATE SERVICES REQUIRE DHH APPROVAL LETTER	16	N179	001
533	EXCEEDS MAX ER REVS	EXCEEDS MAXIMUM ER REVENUE CODES PER VISIT	151	M86	483
534	PA APRVD PROC DELETD	PRIOR AUTHORIZATION APPROVED PRIOR TO DELETION OF CODE	96	N133	001
535	BILL MEDICARE PART D	BILL MEDICARE PART D	22	MA85	171
536	BILL MEDICARE PART B	BILL MEDICARE PART B	22	MA85	171
537	OBRA 90 EXCLUDED DRU	OBRA 90 EXCUDED DRUG PAID BY MEDICAID	71	MA17	216
538	REV MED NECESSITY	REV DIAGNOSIS AND/OR ATTACHMENT FOR MEDICAL NECESSITY	133	287	
539	CLAIM REQ DETAIL	CLAIM REQUIRES DETAILED BILLING	107	021	
540	FPW OVER MAX	FPW VISIT EXCEEDS ANNUAL MAXIMUM ALLOWED	119	M139	483
541	IP SERV NOT COV FPW	INPATIENT SERVICES ARE NOT COVERED BY THE FPW PROGRAM	96	N30	009
542	UNITS > DAILY MAX	UNITS EXCEED MAXIMUM DAILY ALLOWED LIMIT	119	N362	612
543	UNITS 33-47	UNITS PAID BETWEEN 33 AND 47	B3	N45	104
544	CT NOT COV FPW	CLAIM TYPE/FORMAT NOT COVERED BY THE FPW PROGRAM	96	N30	009
545	REV CODE INVALID NDC	REVENUE CODE INVALID FOR REPORTING NDC INFO	199	21	218
CLMCHK-546	LINE ADDED-REB	CLAIM LINE ADDED AS A RESULT OF CLAIMCHECK REBUNDLING	59	N22	12
CLMCHK-547	PROC REB REL TO CURR	PROCEDURE REBUNDLED DUE TO CURRENT CLAIM/CLAIMCHECK	59	M15	12
CLMCHK-548	PROC REB REL TO HIST	PROCEDURE REBUNDLED DUE TO HISTORY CLAIM/CLAIMCHECK	59	M15	12
CLMCHK-549	HST PROC VOIDED-REB	HISTORY PROC VOIDED DUE TO REBUNDLING/CLAIMCHECK	59	M15	12
550	NO MULTI - PROVIDERS	MULTIPLE PROVIDERS WILL NOT BE PAID FOR THIS PROCEDURE	18		NOF
552	SUSPCT DUPE 16 TO 02	SUSPCT DUPE: ADULT DAY CARE AND LTC	18		54
553	SUSPCT DUPE 16 TO 16	SUSPCT DUPE: IDENTICAL ADULT DAY CARE CLAIMS	18		54
CLMCHK-554	DUPLICATE SERVICES	DUPLICATE UNILATERAL/BILATERAL SERVICE-CLAIMCHECK	18	M15	54
CLMCHK-558	ASSIST SURG INVALID	ASSISTANT SURGEON INVALID FOR THIS PROCEDURE/CLAIMCHECK	54	N247	154
559	HOME LEAVE DAYS ADJ	HOME LEAVE DAYS AT 75%	45	1	
560	ALL BUT MAJ. NEED 51	CANNOT PAY MAJOR UNTIL SECONDARY IS PAID AT 50%	59		1
561	ADJ SEC.51 AND 62/66	ADJUST SECONDARY PROC WITH 51 MOD AND WITH 62 OR 66	4	M78	1
562	EDC ON 96 AND NOTES	LESS THAN 30 DAYS NEED EDC ON 96 AND RECORDS TO SUPPORT	16	N29	1
563	ADJ-ADD-ON-WITH-51	ADJ ADD-ON CODE WITH 51 MOD THEN REBILL PRIMARY PROC	4	M78	453 454

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
CLMCHK-564	MAX SERVICE LIFETIME	MAXIMUM SERVICES EXCEEDED-LIFETIME/CLAIMCHECK	119	N362	483
CLMCHK-565	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK	119	N362	483
566	ADJ MAJOR WITH 62/66	ADJ MAJOR WITH 62 OR 66 THEN SECONDARY (S) WILL BE PAID	4	M78	453 454
CLMCHK-567	INCIDENTAL PROC/CURR	PROCEDURE INCIDENTAL TO PROC ON CURR CLAIM-CLAIMCHECK	59	N19	465
568	NOT LTC ELIGIBLE	NOT LTC ELIGIBLE	125	N59	187
569	HOSP LEAVE DAY ADJ.	HOSP LEAVE DAY ADJ. REL TO MEDICAID SPENDING RED PLAN	45		1
570	ADJ. REL BUDGET CUTS	ADJUSTMENT RELATED TO MEDICAID SPENDING REDUCTION PLAN	45		1
571	NH OFFSET	NH OFFSET ADJ. REL TO M'CAID SPEND REDUCT PLAN \$1.11	45		1
572	ER TRANSPORT OFFSET	ER TRANSPORT OFFSET REL TO M'CAID SPEND RED PLAN	45		1
CLMCHK-573	INCIDENTAL PROC/HIST	PROCEDURE INCIDENTAL TO PROC IN HISTORY-CLAIMCHECK	59	N19	465
CLMCHK-574	HIST PROC VOIDED-INC	HISTORY PROC VOIDED-INCIDENTAL TO CURRENT/CLAIMCHECK	59	N19	465
575	MISS/INVL D ICD9 RXOV	MISSING OR INVALID ICD-9 DIAGNOSIS CODE FOR RX OVERRIDE	167	M81	255
576	MISS/INVL PA/MC COD	MISSING OR INVALID PA/MC CODE OR NUMBER FOR RX OVERRIDE	16	N36	322
577	OVERRIDE OF RX LIMIT	OVERRIDE OF MONTHLY PRESCRIPTION LIMIT	16	M42	483
578	INV POS/MOD COMBO	INVALID PLACE OF SERVICE/PROCEDURE MODIFIER COMBINATION	5	M77	009
CLMCHK-579	MUTUALLY EXCLU-CURR	PROC MUTUALLY EXCLUSIVE TO ANOTHER CURR PROC/CLAIMCHECK	231	M51	465
580	ADJ INTO PAID LINE	COMBINE CHARGES AND ADJUST THIS LINE INTO THE PAID LINE	16	M15	NOF
581	HURRICANE-REL WO ATT	HURRICANE RELATED CLAIMS ALLOWED TO PROCESS W/O ATTACHM	16	N29	20
CLMCHK-582	MUTUALLY EXCLU-HIST	PROCEDURE MUTUALLY EXCLUSIVE TO PAID PROC/CLAIMCHECK	231	M51	465
CLMCHK-583	HIST PROC VOIDED-ME	HIST PROC VOIDED-MUTUALLY EXCLUSIVE TO CURR/CLAIMCHECK	231	M51	465
CLMCHK-584	PROC/SEX CONFLICT	PROCEDURE CODE/SEX CONFLICT-CLAIMCHECK	7	MA39	474
CLMCHK-585	PRE-OP PROC/CURR	PROCEDURE DENIED IN PRE-OP PERIOD-CURR/CLAIMCHECK	97	M144	454
CLMCHK-586	PRE-OP PROC/HIST	PROCEDURE DENIED IN PRE-OP PERIOD-HIST/CLAIMCHECK	97	M144	454
CLMCHK-587	HIST PROC VOIDED-PRE	HISTORY PROC VOIDED-PRE-OP PERIOD OF CURR/CLAIMCHECK	97	M144	454
CLMCHK-588	POST-OP PROC/CURR	PROCEDURE DENIED IN POST-OP PERIOD-CURR/CLAIMCHECK	97	M144	454
CLMCHK-589	POST-OP PROC/HIST	PROCEDURE DENIED IN POST-OP PERIOD-HIST/CLAIMCHECK	97	M144	454
590	RECI IS MEDCARETCROI	RECIPIENT IS MEDICARETCROI	16	N181	021
CLMCHK-591	HIST PROC VOIDED-PST	HISTORY PROC VOIDED-POST-OP PERIOD OF CURR/CLAIMCHECK	97	M144	454
CLMCHK-592	E&M NOT PAYABLE/CURR	E&M CODE NOT PAYABLE SAME DAY-CURR/CLAIMCHECK	97	N20	187
CLMCHK-593	E&M NOT PAYABLE/HIST	E&M CODE NOT PAYABLE SAME DAY-HIST/CLAIMCHECK	97	N20	187
CLMCHK-594	HIST PROC VOIDED/VIS	HISTORY PROC VOIDED-E&M NOT PAYABLE/CLAIMCHECK	97	N20	187
CLMCHK-595	PROC SPL REL TO CURR	PROCEDURE SPLIT TO ALLOW PARTIAL PAYMENT/CLAIMCHECK	16	N123	258
CLMCHK-596	LINE ADDED-SPL	CLAIM LINE ADDED AS A RESULT OF CLAIMCHECK SPLIT	16	N123	258
597	PA/CLM MOD NOT SAME	PA MODIFIER DOES NOT MATCH CLAIM MODIFIER	4	M54	453
598	PA TOOTH/CAV NQ CLM	PA TOOTH/ORAL CAVITY CODE NOT SAME AS CLAIM	15	N54	84
599	SONOS NOT JUSTIFIED	DOCUMENTATION DOES NOT JUSTIFY ADDITIONAL SONOGRAMS	50		284
600	TEMP PEND/NEW PROG	TEMPORARY PEND FOR NEW PROGRAM	133	M118	40
601	ADULT DENTAL-UNDER21	ADULT DENTAL CLAIM FILED FOR RECIPI UNDER 21	6		89
602	SURFACE CODE CONF	CLAIM DOES NOT INDICATE CORRECT NUMBER OF SURFACES	16	N75	240 454
603	TOOTH/CAVITY CDE REQ	TOOTH CODE/ORAL CAVITY DESIGNATOR REQUIRED	16	N37	244 245
604	EPSDT DENT AGE GR 21	EPSDT DENTAL CLAIM - RECIPIENT AGE GREATER THAN 21	6		89
605	OVER LMT PER PREG	EXCEEDS LIMIT PER PREGNANCY	119	M86	483
606	ADULT DENTAL REQ PA	ADULT DENTAL CLAIM MUST BE PRIOR AUTHORIZED	197		252
607	PA DATE GR SERV DATE	PA DATE GREATER THAN SERVICE DATE	198		332
608	SEAL.NOT PAY.TOOTH	SEALANT NOT PAYABLE FOR THIS TOOTH	16	N39	244
609	RESTOR NOT ALLOW-AGE	RESTORATION NOT ALLOWABLE DUE TO PATIENT AGE	6		475
610	PULP CAP NO PAY DECI	PULP CAP NOT PAYABLE FOR DECIDUOUS TOOTH	96	N174	107

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
611	PULPOTOMY NO PAY-PER	PULPOTOMY NOT PAYABLE FOR PERMANENT TOOTH	96	N174	107
612	PIN NOT PAY THIS TOO	PIN NOT PAYABLE FOR THIS TOOTH	96	N174	107
613	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	16	N37	244 245
614	HEMA.COMP/IND/BILLED	HEMATOLOGY COMPONENT/INDICE/PROFILE BILLED INCORRECTLY	B13		419
615	REBIL W/APP PRIM CDE	MUST BE BILLED WITH APPROPRIATE PRIMARY CODE	107	MA66	009 042
616	ONE PANEL/PREGNANCY	ONLY ONE PRENATAL LAB PANEL PER PREGNANCY	119		483
617	PYMNT INCDL DELV FEE	PAYMENT INCLUDED IN DELIVERY FEE	B13	M15	419
618	URINALYSIS NOT BILLE	URINEALYSIS BILLED INCORRECTLY	16	M86	419 483
619	PAN & IND CODE/ PANE	BILLED PANEL AND INDIVIDUAL CODE WITHIN PANEL	16	M86	419
620	PAN & IND CODE/ PANE	ONE URINALYSIS,PER PREGNANCY PAYABLE	119	M86	419
621	NEED OP/PATH/HISTORY	RESUBMIT WITH OPERATIVE AND PATH REPORTS AND HISTORY	16	N29	304
622	EXACT DUPE 01 TO 03	OUTPATIENT AND INPATIENT HOSPITAL SERVICES ON SAME DAY	18		54
623	EXCEEDS ONE PER YEAR	SEND DOCUMENTAION TO JUSTIFY MORE THAN ONE PER YEAR	16	N29	483 294
624	THIS SERV NOT PAYABL	THIS CHIROPRACTIC SERVICE NO LONGER PAYABLE	96	N30	107
625	MED NEC INSUFFICIENT	DOCUMENTATION OF MEDICAL NECESSITY INSUFFICIENT	50	N29	287 294
626	SEND EPSDT REFERRAL	SEND EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	50	N29	287 403
627	SEND MED NECESSITY	SEND PROOF OF MEDICAL NECESSITY AND EPSDT REFERRAL	50	N29	287 403
628	NEED EPSDT & MED NEC	NEED EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	50	N29	403
629	ALLOW 1 PER 8 YEARS	ONLY 1 OF THESE PROCES IN 8 YEARS PER RECIP/PROVIDER	119	M86	483
630	SER NOT HOSPICE RELA	NOT HOSPICE RELATED/SUBMIT BILL TO NURS FAC/ICF-DD FAC	97	187	
631	EPSDT AGE ERROR	EPSDT AGE OVER 21	6		475
632	ADJUST UB82 MISMATCH	ADJUSTMENT UB82 INDICATOR MISMATCH	125	N34	276
633	VOID COMPON,REBILL	VOID COMPONENTS, REBILL PANEL CODE	97		419
634	VOID REBILL HIGH COD	VOID PAID CODE; REBILL HIGHER CODE IN TRIAD	97		419
635	HIGH CODE TRIAD PAID	HIGHER CODE IN TRIAD ALREADY PAID	97	M86	419
636	REBILL VISIT CODE	CRITICAL CARE/CONSULT NOT DOCUMENTED-BILL CORRECT VISIT	16	M58	294
637	SEE MED SERV MANUAL	MATERNITY ANES. SEE PG. 10-5 OF MEDICAL SERVICES MANUAL	95		262
638	ONLY LO-LEVEL OFFICE	ONLY LOW LEVEL OFF VISIT ALLOWED	16	M51	483
640	EXCEEDS MAX,PHYS,YRS	EXCEEDS MAXIMUM ALLOWED BY SAME PHYSICIAN W/I 3 YEARS	119		483
641	EXCEEDS MAX/HOSPITAL	EXCEEDS MAXIMUM ALLOWED PER HOSPITALIZATION	119		483
642	1 CONSLT/PHYS/HOSP	ONLY 1 INITIAL CONSULT-SAME PHYS.PER HOSPITALIZATION	B14		483
643	EXCEEDS DAY MAX VISI	EXCEEDS DAILY MAXIMUM ALLOWED VISITS	119		483
644	VISIT CODE PD/DOS	VISIT CODE ALREADY PAID FOR THIS DATE OF SERVICE	B14		54
CLMCHK-645	NEW/EST PT CONFLICT	NEW/ESTABLISHED PATIENT CONFLICT-CC	B16	M86	107
646	EXCEEDS DAY MAX VISI	EXCEEDS DAILY MAXIMUM VISITS PER PROVIDER/SPECIALTY	119		483
648	DOC REQ CONCUR CARE	RESUBMIT W/DOCUMENTATION SUBSTANTIATING CONCURRENT CARE	16	N29	294
649	PAY ADMIN ONLY	ADMINISTRATION ONLY IS REIMBURSABLE	B20		490
650	PAY RED TO STATE MAX	PAYMENT MADE AT STATE MAXIMUM	45		483
656	OVER MAX DURATION	EXCEEDS MAXIMUM DURATION OF THERAPY	35		352
658	UNABLE PRICE CLAIM	PROC CODE/DESCRIPTION CONFLICT-UNABLE TO PRICE CLAIM	125	M20	110 454
659	REBIL W/ONE PRIM CDE	REBILL.ONLY ONE PRIMARY VACCINE ADMIN CODE ALLOWED/DAY	125	N20	122
660	PAY RED TO LMAC MAX	PAYMENT REDUCED TO LMAC MAXIMUM	45		68
661	MEDICARE-COVERAGE	CLM VOID/ADJ BY STATE**RECIPIENT HAS MEDICARE COVERAGE	22		101 171
662	PAY REDUCED BY COPAY	PAYMENT REDUCED BY COPAY	3		1 183
663	NO ABORTION DONE	ABORTION NOT DONE-FETUS NOT ALIVE AT TIME OF PROCEDURE	11		1
664	1 PAYABLE/180 DAYS	ONLY ONE (1) PAYABLE PER 180 DAYS	119		483
665	RESUB HRDCPY ADJ/VOI	MEDICARE ADJ/VOID;RESUBMIT HARDCOPY ADJ OR VOID CLAIM	16	N29	1 294

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
666	NO OF RX GR THAN 5	NUMBER OF PRESCRIPTIONS GREATER THAN FIVE	35		483 216
667	RX>5,MED NEC,DX REQU	RX GREATER THAN 5,MEDICALLY NECESSARY AND DX REQUIRED	35		483 255
668	NO HIST.INSULIN REQ.	NO PATIENT HISTORY OF INSULIN REQUIREMENTS	153		373 315
669	USE CODE W3340	REBILL USING CODE W3340 WITH APPROPRIATE MODIFER	4	M78	1
670	VOID REBILL VISIT	VOID PAID URINALYSIS REBILL VISIT	97		1
671	PAID. DO NOT REBILL	INCLUDED IN PAID PRE/POSTNATAL CAREVISIT. DO NOT REBILL	97		12
672	SERVICE IN PD 77427	SERVICE INCLUDED IN PAID 77427	97		12
673	EVAL & MGT PD DOS	EVAL AND MGT CODE PAID FOR THIS DOS	97		12
674	DOCUMENT NAME CHANGE	96/96A--DOC.NAME CHANGE-PG28 PROF SERV 2000 TRAIN PACK	17	N3	1
675	VACCINE/ADM CONFLICT	VACC & ADM MUST PAY/AGREE;IF ONLY ONE PAYS TOTAL DENIES	107	M67	122
676	PRIMARY CODE DENIED	PAYABLE ONLY IF PRIMARY CODE IS PAID	107	104	
677	RESTORATIVE/SURG REQ	RESTORATIVE AND/OR SURGICAL SERVICE REQ ON SAME DOS	107	M67	454
678	GLOBAL CODE PD	GLOBAL CODE PD THIS DOS THIS RECIP	B15		419
679	COMPONENT CODE PD	COMPONENT CODE PD THIS DOS RECIP	B15		419
680	ABORT PD MOTHER LIFE	ABORTION PAID MOTHERS LIFE ENDANGERED	B22		1
681	BLK 82/83 SRGN NAME	NEED SURGEONS NAME IN BLOCK 82 OR 83 ON UB92	16	N261	125
682	96A INCOMPLETE/INCOR	96A INCOMPLETE OR INCORRECT	16	N28	294
683	96A DATED AFTER HYST	96A DATED AFTER HYST-RESUB WITH EMERGENCY DOCUMENTATION	16	N28	471
684	NEED EDC ON FORM 96	NEED EDC ON 96-SIGNATURE LESS THAN 30 DAYS FROM TUBAL	17	N3	294
685	NEED SPECIFIC REPORT	RESUBMIT WITH SPECIFIC RELATED REPORT	16	N29	304
686	ADMIT HIST,PHY,DISCH	RESUBMIT WITH ADMIT HISTORY,PHYSICAL,DISCHARGE SUMMARY	16	N29	308
687	USE 52 REDUCE SERVIC	RESUBMIT WITH 52 MODIFIER FOR REDUCED SERVICES	4	M78	453
688	ICFMR RESPONSIBILITY	ICFMR FACILITY IS REQUIRED TO PROVIDE THIS SERVICE	97	M97	107
689	MHR SERV PD THIS DOS	MHR SERVICES ALREADY PAID FOR THIS DATE OF SERVICE	18		54
690	PAYMENT IN SURG FEE	PAYMENT INCLUDED IN SURGERY FEE	97		107
691	REBILL SURGERY	VISIT PAID IN GSP.VOID VISIT;REBILL SURGERY	97		107
692	SEND TEST AND RESULT	VISUAL FIELD TEST AND RESULTS NEEDED FOR REVIEW	16	M35	398
693	ADJUST PAID LINE	ONLY A PAID LINE/THE CORRECT PAID LINE CAN BE ADJUSTED	125	N59	1
694	DID NOT SUB REQ DOC	REQUESTED DOCUMENTS WERE NOT SUBMITTED/SEE PREVIOUS RA	16	N29	95
695	HOSP DISCHARGE PAID	ONE HOSPITAL DISCHARGE SERVICE PAID PER ADMISSION	18	N20	107
696	PROBLEM CODE PD 2YRS	PROBLEM ORIENTED CODE PAID WITHIN 2 YEARS	B5		107
697	REQ OVERRIDE >3650	REQUEST OVERRIDE FOR ELDERLY WVR PCA UNITS OVER 3650	16	N29	1
698	CUTBACK-SERV 1 YEAR	CUTBACK-REPAIR MUST YIELD DENTURE SERVICEABLE FOR 1 YR	B5		69
699	REPR DENIED 1 YEAR	REPAIR DENIED FOR 1 YR POST INSERTION	96	M86	107
701	FOLLOW UP VS CHG	CONSULT FOLLOW-UP VISITS NOT ALLOWED.	97	M86	107
702	NEW PT/EST PT CD CON	NEW PATIENT/ESTABLISHED PATIENT CODE CONFLICT	B16	M86	107
703	SEPARATE CHGS EPIS.	EPISOTOMY INCLUDED IN DELIVERY CHARGE	97		107
704	ER VISIT/INP HOS SER	ER VISIT ON DATE OF INP HOS SERVICES	16	M2	107
705	AID/RN/PT NO SAME DY	AIDE/RN/PT VISIT SAME DAY NOT ALLOWED/H.HEALTH	16	N20	107
706	SEPARATE NB CARE CHG	FOLLOWUP NB CARE BILLED SEPARATELY	97		238
709	STERIL CONSENT	STERILIZATION CONSENT FORM INCORRECT/ILLEGIBLE	133	N28	46
711	SAME SPEC/SUBSP PAID	SAME SPECIALTY/SUBSPECIALTY PAID ON SAME DATE OF SERV	18	N20	107
712	INITIAL HOSP INPT PD	ONE INITIAL HOSPITAL INPATIENT SERVICE PAID PER ADMISS	18	N20	107
713	MULTI-CHANN TEST SEP	PANEL AUTOMATED MULTICHANNEL TEST	97	M75	419
714	MULTI-URINE TEST SEP	MUTLI-URINE TESTS BILLED; TO BE COMBINED TO PANEL	B15		419
715	2ND. VISIT SAME DAY	FOUND DUPLICATE VISIT SAME DAY	18	M63	54
716	PROC INCLUDED IN OV	PROCEDURE INCLUDED IN THE PHYSICIAN VISIT	97		107

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
717	FOUND TWO PANEL CODE	MAX ALLOW ONE PANEL A DAY/BILLING PROVIDER	45	M63	54 483
718	CODE INC FRAMES/LENS	CD 00089 INCL FRAME&LENS-HIST INDIC COMP PMT	97		107
719	EMERG COMB XRAY ONLY	EMERGENCY CAN BE COMBINED WITH X-RAY ONLY	125	N40	107
720	TO BE BILLED BY PROV	MUST BE BILLED BY PROVIDER OF SERVICE	16	N32	1
721	SUR ASST NOT NEEDED	PROCEDURE DOES NOT WARRANT SURGICAL ASSIST	54		414
722	BILL EMERG OV/XRAY	EMERGENCY CANNOT BE COMBINED WITH CODES OTHER THAN XRAY	125	N40	107
723	PROV RESPONSIBLE/SVC	PROVIDER RESPONSIBLE FOR THIS SERVICE	151	M86	009 107
724	EXCEEDS MAX DOLLAR	EXCEEDS MAXIMUM DOLLAR AMOUNT PER TOOTH	45		483
725	D&C/BIOP-CERVIX CRG	SEE CPT-CODE 57520 INCLUDES D&C/DO NOT BILL CODE 58120	97		107
726	MULTIPLE SURGERY	MULTIPLE SURGERY-PENDED FOR REVIEW	133		46
727	EXCEEDS DAILY MAX	EXCEEDS DAILY SERVICE MAXIMUM	45	N20	483
728	BLOOD COMP + PANEL	BLOOD COMPONENT BILLED ALONG WITH PANEL CODE	97		419
729	URINE COMP + PANEL	URINE COMPONENT BILLED ALONG WITH PANEL CODE	97		419
730	1 INP HSP VST PER DA	ONE INP HOSP INITIAL/SUBSEQ CARE VISIT ALLOWED PER DAY	45	N20	483
732	ATTACH DETAIL.DESCR.	ATTACH DETAILED DESCRIPTION OF PROCEDURE	16	N29	306
733	95165-90 DAYS	95165-90 DAYS	119	M86	483
734	EXCEEDS-MAX-UNITS-AL	RECIPIENT HAS EXCEEDED MAXIMUM ALLOWED SERVICES PER 6MO	119	M86	483
735	PREV PD ANES-SAME RE	PREVIOUSLY PAID ANES.OR SUPERVISING ANES,SAME RECI/DOS	18	N20	107
737	FEE IN SCREEN. FEE	FEE INCLUDED IN SCREENING FEE	97	N20	12
738	ONLY ONE D0111/12 MO	RECIPIENT NOT ELIGIBLE FOR THIS SERVICE ON DATE OF SER	119	M90	483
739	EXCEEDS-MAX-UNITS-AL	RECIPIENT HAS EXCEEDED MAXIMUM ALLOWED SERVICES PER YR	119		483
740	1-INTRAOCULAR-LEN-AL	ONLY ONE PROCEDURE V2630,V2631,V2632 ALLOWED PER RECIP	35	M86	483
741	ONLY 1 PER YEAR/RECI	ONLY 1 D0120/D0272/D1110/D1120/D1203/D1204 PER YR/RECI	119	M90	483
742	ALLOW 1 PER 5 YEARS	ONLY 1 OF THESE PROCS ALLOWED IN 5 YEARS PER RECIP/PROV	119	M86	483
743	PREG EXCEEDED	MAX PER PREGNANCY EXCEEDED	119	M86	483
745	1/PREG-158A NEEDED	ONE ALLOWED/PREG.;158-A NEEDED FOR UNUSUAL SITUATIONS	119	N29	483
746	SAME ATTD PD IP CONS	SAME ATTENDING PROV PAID INPT CONSULTATION SAME STAY	18	N20	107
747	PROVIDE SPEC RADIONU	RESUB W/SPECIFIC NUCLIDE/AMT USED PER PT/AMT PD/INVOICE	125	N29	1
748	1 DEL.ALLOW. 6MTH.SP	ONLY 1 DELIVERY ALLOWED IN 6 MONTH SPAN	119	M86	483
749	DEL HYST/STER CONFLI	DELIVERY BILLED AFTER HYSTERECTOMY/STERLIZ WAS DONE	125	MA66	1
750	STERILIZATION INDIC	FOUND PROC. 2 X INDICATES STERILIZATION	125	M86	1
751	HYST REQ ACK	HYST REQ ACKNOWLEDGEMENT OR PROOF PREVIOUSLY STERILE	16	N3	107
752	TL NEEDS OFS 96	STERILIZATION REQUIRES OFS FORM 96.	16	N3	421
753	REBILL-DELIVERY	REBILL DELIVERY (DELIVERY-SURGERY) CODE & OFFICE VISIT	125	N179	1
754	RVW READMIT/DSCHG DX	PEND FOR REVIEW OF READMIT/DISCHARGE DIAGNOSIS	133	M64	46 255
755	BILL AS ADJ/CNT STAY	THIS SHOULD BE BILLED AS ADJUST.FOR CNT STAY	16	N50	1
756	DOC/READMIT SAME DAY	RESUBMIT WITH DOCUMENTATION OF DISC/READMIT SAME DATE	16	N50	294
757	ADJ PD LINE 51 MOD	ADJUST PAID LINE WITH 51 MODIFIER THEN RESUBMIT MAJOR	4	M78	1
758	FND DUP SERV SM DAY	FOUND DUPLICATE SERVICE SAME DAY	18	N20	54
760	AIR TRNSPT REQS P/A	AIR TRNSPT CLAIMS REQUIRES STATE APPROVAL	197	N29	48
761	SEND DATED OP REPORT	SEND DATED OPERATIVE REPORT FOR DATE BILLED	16	M29	298
762	SEND DATED NOTES	SEND SPECIFIC DATED NOTES FOR EACH DATE BILLED	16	N29	297
763	CORRECT OFS 96 SEC 1	OFS 96 CORRECTABLE ERROR IN SECTION 1	17	N28	21 1
764	CORRECT OFS 96 SEC 2	OFS 96 CORRECTABLE ERROR IN SECTION 2	17	N28	21 1
765	CORRECT OFS 96 SEC 3	OFS 96 CORRECTABLE ERROR IN SECTION 3	17	N28	21 1
766	CORRECT OFS 96 SEC 4	OFS 96 CORRECTABLE ERROR IN SECTION 4	17	N28	21 1
767	OFS96 NONCORRECTABLE	OFS 96 ERROR IN 7 8 10 11 14 15-DO NOT RESUBMIT	17	N28	21 1

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
768	RESUB/CORRECT MOD	NO DOCUMENTATION FOR 62/66;CORRECT/RESUBMIT	16	N29	294
769	REFERRED TO P.A.	TO BE REVIEWED BY PRIOR AUTHORIZATION;DO NOT RESUBMIT	133	N10	46
770	PERTINENT HIST/REQ	RESUBMIT WITH PERTINENT HISTORY	16	N29	406
771	SEND L & D RECORDS	RESUBMIT WITH LABOR AND DELIVERY RECORDS	16	N29	294
772	JUSTIFY/#UNITS	SEND NOTES JUSTIFYING # OF UNITS BILLED	16	N29	297
773	IN TRANSPLANT FEE	INCLUDED IN GLOBAL FEE FOR TRANSPLANT	97	M144	12
774	INC IN RELATED SERV	INCLUDED IN RELATED SERVICE	97		12
775	PAY CUT SAME TOOTH	PAYMENT CUTBACK SAME TOOTH	45		68
776	ONGOING CM PRIOR TO	ONGOING CM PRIOR TO INITIAL CM	B16		1
777	ABORTION RAPE-PAID	ABORTION DUE TO RAPE PAID	B22		1
778	CIRCLE UNLISTED DESC	CIRCLE UNLISTED CODE DESCRIPTION IN-OPERATIVE REPORT	16	N29	306
779	PROC:EXTRCT NOT PAY	PROCEDURE ON EXTRACTED TOOTH NOT PAYABLE	125	N39	1
780	REBILL CORRECT UNITS	UNITS AVAILABLE FOR CODE--REBILL USING UNITS	16	M53	476
781	MODIFIER NOT CORRECT	INAPPROPRIATE PROCEDURE CODE MODIFIER-REBILL	4	M78	453
782	SEND DATED NOTES	EXCEEDS SONOGRAMS/PREGNANCY IN 270 DAYS	119	N29	483
783	EXCEEDS SONOS/270DAY	JUSTIFY ADDITIONAL SONOGRAMS W PERTINENT DATED NOTES	119	N29	294
784	EXCEEDS MO LIMIT	EXCEEDS MONTHLY LIMIT	119	M86	483
785	SERV REV/CHIRO CNSLT	SERVICE LIMIT REVIEW BY CHIROPRACTIC CONSULTANT	133		46
786	UNKNOWN ABBREVIATION	RESUBMIT WITH ABBREVIATION LEGEND	16	N29	1
787	SEND ALL DOCUMENTS	INADEQUATE DOCUMENTATION-SEE FEB 94 & AUG 93 UPDATES	16	N29	21
788	DAILY NOTES NEEDED	DAILY NOTES(TREATMENT,PROGRESS)NEEDED	16	N29	297
789	ABORTION INCEST-PAID	ABORTION DUE TO INCEST PAID	B22		1
790	3 HOSP VISIT SERV PD	3 HOSPITAL INPATIENT SERV PAID FOR SAME DATE OF SERVICE	18	N20	107
791	CODE CONFLICT	BILLED CODE CONFLICTS WITH CODE ALREADY PAID	119		483
CLMCHK-792	CLM BYPASS CC EDITS	CLAIM BYPASSED THE CLAIMCHECK EDITS			
793	PCA SERV LIMIT EXCEE	PCA SERVICE LIMIT EXCEEDED	119	N29	483
794	INPT SER PD SAME ATT	INPT HOSP SERV PAID FOR SAME DOS TO SAME ATTENDING PROV	18	N20	107
CLMCHK-795	CLM BYPASS PAM EDITS	CLAIM BYPASSED THE PAM EDITS/CLAIMCHECK			
796	ORIG/ADJ PROV DIFF	ORIG/ADJ BILLING PROVIDER NUMBER DIFFERENT	16	N257	1
797	DUP ADJ. RECORD	DUPLICATE ADJUSTMENT RECORDS ENTERED	18		54
798	HIST ALREADY ADJUSTED	HISTORY RECORD ALREADY ADJUSTED	18		1
799	NO ADJ HISTORY	NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT	125	N206	1
800	ON-LINE DUPE DENY	DUPLICATE OF PREVIOUSLY PAID CLAIM	18	M86	54
801	EXACT DUPE 01 TO 01	EXACT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	18	M63	54
802	EXACT DUPE 01 TO 14	EXACT DUPLICATE ERROR: HOSPITAL AND TITLE18-INSTITUTION	18		54
803	EXACT DUPE 02 TO 02	EXACT DUPLICATE ERROR: IDENTICAL LTC CLAIMS	18	M63	54
804	EXACT DUPE 02 TO 14	EXACT DUPLICATE ERROR: LTC AND TITLE18-INSTITUTIONAL	18		54
805	EXACT DUPE 03 TO 03	EXACT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS	18	M63	54
806	EXACT DUPE 03 TO 05	EXACT DUPLICATE ERROR: OUTPATIENT AND REHAB SERVICES	18		54
807	EXACT DUPE 03 TO 06	EXACT DUPLICATE ERROR: OUTPATIENT AND HOME HEALTH	18		54
808	EXACT DUPE 03 TO 07	EXACT DUPLICATE ERROR: OUTPATIENT AND AMBULANCE	18		54
809	EXACT DUPE 03 TO 08	EXACT DUPLICATE ERROR: OUTPATIENT AND NON-AMBULANCE	18		54
810	EXACT DUPE 03 TO 09	EXACT DUPLICATE ERROR: OUTPATIENT AND DURABLE-EQUIPMENT	18		54
811	EXACT DUPE 03 TO 13	EXACT DUPLICATE ERROR: OUTPATIENT AND EPSDT	18		54
812	EXACT DUPE 03 TO 15	EXACT DUPLICATE ERROR: OUTPATIENT AND TITLE18	18		54
813	EXACT DUPE 04 TO 04	EXACT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS	18	M63	54
814	EXACT DUPE 04 TO 15	EXACT DUPLICATE ERROR: PHYSICIAN AND TITLE18	18		54

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
815	EXACT DUPE 05 TO 05	EXACT DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS	18	M63	54
816	EXACT DUPE 05 TO 06	EXACT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH	18		54
817	EXACT DUPE 05 TO 07	EXACT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE	18		54
818	EXACT DUPE 05 TO 08	EXACT DUPLICATE ERROR: REHAB-SERVICES AND NON-AMBULANCE	18		54
819	EXACT DUPE 05 TO 09	EXACT DUPLICATE ERROR: REHAB-SERVICES AND DURABLE EQUIP	18		54
820	EXACT DUPE 05 TO 13	EXACT DUPLICATE ERROR: REHAB-SERVICES AND EPSDT	18		54
821	EXACT DUPE 05-14	EXACT DUPE ERROR-REHAB SERVICES & TITLE 18	18		54
822	EXACT DUPE 06 TO 06	EXACT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS	18	M63	54
823	EXACT DUPE 06 TO 07	EXACT DUPLICATE ERROR: HOME HEALTH AND AMBULANCE	18		54
824	EXACT DUPE 06 TO 08	EXACT DUPLICATE ERROR: HOME HEALTH AND NON-AMBULANCE	18		54
825	EXACT DUPE 06 TO 09	EXACT DUPLICATE ERROR: HOME HEALTH AND DURABLE-EQUIP	18		54
826	EXACT DUPE 06 TO 13	EXACT DUPLICATE ERROR: HOME HEALTH AND EPSDT	18		54
827	EXACT DUPE 06-14	EXACT DUPE ERROR-HOME HEALTH & TITLE 18	18		54
828	EXACT DUPE 07 TO 07	EXACT DUPLICATE ERROR: IDENTICAL AMBULANCE CLAIMS	18	M63	54
829	EXACT DUPE 07 TO 08	EXACT DUPLICATE ERROR: AMBULANCE AND NON-AMBULANCE	18		54
830	EXACT DUPE 07 TO 09	EXACT DUPLICATE ERROR: AMBULANCE AND DURABLE-EQUIP	18		54
831	EXACT DUPE 07 TO 13	EXACT DUPLICATE ERROR: AMBULANCE AND EPSDT	18		54
832	EXACT DUPE 07 TO 15	EXACT DUPLICATE ERROR: AMBULANCE AND TITLE18	18		54
833	EXACT DUPE 08 TO 08	EXACT DUPLICATE ERROR: IDENTICAL NON-AMBULANCE CLAIMS	18	M63	54
834	EXACT DUPE 08 TO 09	EXACT DUPLICATE ERROR: NON-AMBULANCE AND DURABLE-EQUIP	18		54
835	EXACT DUPE 08 TO 13	EXACT DUPLICATE ERRORS: NON-AMBULANCE AND EPSDT	18		54
836	EXACT DUPE 08 TO 15	EXACT DUPLICATE ERROR: NON-AMBULANCE AND TITLE18	18		54
837	EXACT DUPE 09 TO 09	EXACT DUPLICATE ERROR: IDENTICAL DURABLE-EQUIP CLAIMS	18	M63	54
838	EXACT DUPE 09 TO 13	EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT	18		54
839	EXACT DUPE 09 TO 15	EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND TITLE18	18		54
840	EXACT DUPE 10 TO 10	EXACT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS	18	M63	54
841	EXACT DUPE 10 TO 11	EXACT DUPLICATE ERROR: DENTAL-EPSDT AND DENTAL-ADULT	18		54
842	EXACT DUPE 11 TO 11	EXACT DUPLICATE ERROR: IDENTICAL DENTAL-ADULT CLAIMS	18	M63	54
843	EXACT DUPE 12 TO 12	EXACT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS	18	M63	54
844	EXACT DUPE 13 TO 13	EXACT DUPLICATE ERROR: IDENTICAL EPSDT CLAIMS	18	M63	54
845	EXACT DUPE 13 TO 15	EXACT DUPLICATE ERROR: EPSDT AND TITLE18	18		54
846	EXACT DUPE 14 TO 14	EXACT DUPLICATE ERROR: IDENTICAL TITLE18 INST CLAIMS	18	M63	54
847	EXACT DUPE 15 TO 15	EXACT DUPLICATE ERROR: IDENTICAL TITLE18 PROF CLAIMS	18	M63	54
848	EXACT DUPE 12 TO 15	EXACT DUPLICATE ERROR: IDENTICAL DRUG & PARTB MC CLAIMS	18		54
849	PD SAME ATTEN/DIF BL	ALREADY PAID SAME ATTENDING DIFFERENT BILLING PROVIDER	18		54
851	SUSPCT DUPE 01 TO 01	SUSPCT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	18		54
852	SUSPCT DUPE 01 TO 14	SUSPCT DUPLICATE ERROR: HOSPITAL AND TITLE18	18		54
853	SUSPCT DUPE 02 TO 02	SUSPCT DUPLICATE ERROR: IDENTICAL LTC CLAIMS	18		54
855	SUSPCT DUPE 03 TO 03	SUSPCT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS	18		54
856	SUSPCT DUPE 03 TO 05	SUSPCT DUPLICATE ERROR: OUTPATIENT AND REHAB	18		54
857	SUSPCT DUPE 01 TO 06	SUSPCT DUPLICATE ERROR: OUTPATIENT AND HOME-HEALTH	18		54
858	SUSPCT DUPE 03 TO 07	SUSPCT DUPLICATE ERROR: OUTPATIENT AND AMBULANCE	18		54
859	SUSPCT DUPE 03 TO 08	SUSPCT DUPLICATE ERROR: OUTPATIENT AND NON-AMBULANCE	18		54
860	SUSPCT DUPE 03 TO 09	SUSPCT DUPLICATE ERROR: OUTPATIENT AND DURABLE-EQUIPMT	18		54
861	SUSPCT DUPE 03 TO 13	SUSPCT DUPLICATE ERROR: OUTPATIENT AND EPSDT	18		54
862	SUSPCT DUPE 03 TO 15	SUSPCT DUPLICATE ERROR: OUTPATIENT AND TITLE18-PROF	18		54
863	SUSPCT DUPE 04 TO 04	SUSPCT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS	18		54

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
864	SUSPCT DUPE 04 TO 15	SUSPCT DUPLICATE ERROR: PHYSICIAN AND TITLE18-PROF	18		54
865	SUSPCT DUPE 05 TO 05	SUSPEC DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS	18		54
866	SUSPCT DUPE 05 TO 06	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH	18		54
867	SUSPCT DUPE 05 TO 07	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE	18		54
868	SUSPCT DUPE 05 TO 08	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND NON-AMBULANC	18		54
869	SUSPCT DUPE 05 TO 09	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND DME	18		54
870	SUSPCT DUPE 05 TO 13	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND EPSDT	18		54
871	SUSPECT DUPE 05-14	SUSPECT DUPE ERROR-REHAB SERVICES & TITLE 18	18		54
872	SUSPCT DUPE 06 TO 06	SUSPCT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS	18		54
873	SUSPCT DUPE 06 TO 07	SUSPCT DUPLICATE ERROR: HOME HEALTH AND AMBULANCE	18		54
874	SUSPCT DUPE 06 TO 08	SUSPCT DUPLICATE ERROR: HOME HEALTH AND NON-AMBULANCE	18		54
875	SUSPCT DUPE 06 TO 09	SUSPCT DUPLICATE ERROR: HOME HEALTH AND DURABLE EQUIPMT	18		54
876	SUSPCT DUPE 06 TO 13	SUSPCT DUPLICATE ERROR: HOME HEALTH AND EPSDT	18		54
877	SUSPECT DUPE 06-14	SUSPECT DUPE ERROR-HOME HEALTH & TILE 18	18		54
878	SUSPCT DUPE 07 TO 07	SUSPCT DUPLICATE ERROR: IDENTICAL AMBULANCE CLAIMS	18		54
879	SUSPCT DUPE 07 TO 08	SUSPCT DUPLICATE ERROR: AMBULANCE AND NON-AMBULANCE	18		54
880	SUSPCT DUPE 07 TO 09	SUSPCT DUPLICATE ERROR: AMBULANCE AND DURABLE EQUIPMENT	18		54
881	SUSPCT DUPE 07 TO 13	SUSPCT DUPLICATE ERROR: AMBULANCE AND EPSDT	18		54
882	SUSPCT DUPE 07 TO 15	SUSPECT DUPLICATE ERROR: AMBULANCE AND TITLE18	18		54
884	SUSPCT DUPE 08 TO 09	SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND DME CLAIMS	18		54
885	SUSPCT DUPE 08 TO 13	SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND EPSDT CLAIMS	18		54
886	SUSPCT DUPE 08 TO 15	SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND TITLE18	18		54
887	SUSPCT DUPE 09 TO 09	SUSPECT DUPLICATE ERROR: IDENTICAL DURABLE-EQUIP CLAIMS	18		54
888	SUSPCT DUPE 09 TO 13	SUSPECT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT	18		54
889	SUSPCT DUPE 09 TO 15	SUSPECT DUPLICATE ERROR: DME AND TITLE18 CLAIMS	18		54
890	SUSPCT DUPE 10 TO 10	SUSPECT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS	18		54
891	SUSPCT DUPE 10 TO 11	SUSPECT DUPLICATE ERROR: DENTAL-EPSDT AND DENTAL-ADULT	18		54
893	SUSPCT DUPE 12 TO 12	SUSPECT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS	18		54
895	SUSPCT DUPE 13 TO 15	SUSPECT DUPLICATE ERROR: EPSDT AND TITLE18 CLAIMS	18		54
896	SUSPCT DUPE 14 TO 14	SUSPECT DUPLICATE ERROR: IDENTICAL TITLE18-INST CLAIMS	18		54
897	SUSPCT DUPE 15 TO 15	SUSPECT DUPLICATE ERROR: IDENTICAL TITLE18-PROF CLAIMS	18		54
898	EXACT DUPE SAME ICN	EXACT DUPE SAME ICN - DROPPED	18		54
899	SUSPCT DUPE 12 TO 15	SUSPECT DUPLICATE ERROR:DRUG & PARTB MC CLAIMS	18		54
900	LIFETIME LIMITS-ONE	ONLY 1 NEWBORN HOSPITAL CARE PER RECIPIENT ALLOWED	35		483
901	UNITS WERE CUTBACK	SERVICE LIMITS EXCEEDED - PARTIAL/FULL CUTBACK APPLIED	35		483
902	LTC HOME LV OVER MAX	LTC LEAVE DAYS EXCEED LIMIT	119	N43	483
904	SVC BEYOND TIME LIM	SERVICE PERFORMED BEYOND REQUIRED TIME SPECIFICATIONS	35		483
905	LTC MED-LOA OVER 15	LTC LEAVE DAYS EXCEED LIMIT - 15 PER HOSPITAL STAY	119	N43	483
906	EXCEEDS MAX ALLOWED	EXCEEDS MAMIMUM ALLOWED	45		483
907	PHY/CLINIC OVER MAX	PHYSICIAN/CLINIC VISITS EXCEEDS ANNUAL MAXIMUM	119		
908	HH VISITS OVER 50	HOME HEALTH VISITS EXCEEDS ANNUAL MAXIMUM ALLOWED (50)	119		483
909	LTC HOME LVD OVER 9	LTC HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (9)	119	N43	483
910	ICF-MR LIMIT OVER 45	ICF-MR HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (45)	119	N43	483
911	HOSP DAYS OVER MAX	HOSPITAL DAYS EXCEED ANNUAL MAXIMUM ALLOWED	119		483
912	PENICILLIN INJ OVER 12	PENICILLIN/BICILLIN INJCTNS EXCEED ANNUAL ALLOWED (12)	119		483
913	PHY/HOSP VIS OVER MX	PHYSICIAN HOSPITAL VISITS EXCEED ANNUAL MAXIMUM	119		483
CLMCHK-914	UNITS NOT=SVC DAY	UNITS DO NOT MATCH DATES OF SERVICE/CLAIMCHECK	16	N345	476

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
915	EMERG OP OVER 3	EMERGENCY OUTPATIENT VISITS EXCEED ANNUAL MAXIMUM (3)	119		483
916	NON-EMER OP OVER 12	NON-EMERGENCY OUTPATIENT VISITS EXCEED MAXIMUM (12)	119		483
917	OVER LIFETIME LIMIT	LIFETIME LIMITS FOR THIS SERVICE HAVE BEEN EXCEEDED	35		483
918	REDUCED BY TPL	MEDICAID ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	23		68
919	REDUCED BY SPENDDOWN	MEDICAID ALLOWABLE AMOUNT REDUCED BY RECIPIENT SPENDDOWN	178		68
920	OVER 5 REFILLS	MORE THAN 5 REFILLS PER PRESCRIPTION NOT REIMBURSABLE	119		483
CLMCHK-921	UNITS NOT=SITE MOD	UNITS DO NOT MATCH SITE-SPECIFIC MODIFIER/CLAIMCHECK	4	M53	476
922	EOMB MUST ATTACH	MEDICARE EOMB INVALID/OR MISSING.	16	N4	286
923	CHIROP E&M VISIT MAX	CHIROPRACTIC E & M VISIT MAX REACHED	119		483
925	SEND RECORDS FOR DOS	SEND OFFICE RECORDS FOR DATE OF SERVICE	16	N29	294
926	EXACT DUPLICATE.	EXACT DUPLICATE OF ANOTHER ADJUSTMENT.	18		54
927	OFS FORMS MISSING	OFS FORMS 158B & ACKNOWLEDGEMENT REQUIRED	17	N29	1
928	PD PATIENT RESP AMT	PAID PATIENT RESPONSIBILITY AMT PER THE EOB	23	N219	107
929	PD MEDICAID AMT	PD MEDICAID AMT TPL DENIED CLAIM	23	N219	65
930	BILL ONE PROC.PER L	BILL ONE PROCEDURE PER LINE FOR EACH DATE OF SERVICE	125	N63	1
931	DENIED PER TPL EOB	DENIED PER THE TPL EOB INFORMATION	A1	N36	107
932	BILL 3RD PARTY CARRI	PLEASE BILL THIRD PARTY CARRIER FIRST	16	MA92	171
CLMCHK-933	INVALID PROC/MOD	INVALID PROCEDURE-MODIFIER COMBINATION/CLAIMCHECK	4	M78	453
CLMCHK-934	MOD 51 REQUIRED	MODIFIER 51 REQUIRED-CLAIMCHECK	4	M78	453
935	BATCHED INCORRECTLY	BATCHED INCORRECTLY/ RE-ENTER	125		21 122
936	PROCESSING ERROR	PROCESSING ERROR	125		21 122
CLMCHK-938	MOD 51 INVALID	MODIFIER 51 INVALID-CLAIMCHECK	4	M78	453
939	CUTBACK PER SURS	CUTBACK PER SURS GUIDELINES	A-1	N35	1
940	DENY TO BE REBILLED	MEDICARE DENIED,IF COVERED BILL WITH PROVIDER EOB	16	MA04	1
941	DENIED PER SURS	DENIED PER SURS GUIDELINES	A-1	N35	46
942	DENY, NOT TO REBILL	DENIED BY MEDICARE, NOT COVERED BY MEDICAID	16	M54	1
943	SPEND DOWN FORM	SPEND DOWN FORM 110MNP INVALID/MISSING	16	N58	450
944	NOT PAID BY MEDICARE	NOT PAID BY MEDICARE	A2		1
CLMCHK-945	INVALID W/O PRIMARY	ADD-ON PROCEDURE INVALID WITHOUT PRIMARY/CLAIMCHECK	59	N122	465
946	SPLIT BILL FOR PART.	SPLIT BILL FOR PARTIAL ELIGIBILITY.	141		1
CLMCHK-947	MAX # CLM LINES EXC	MAX EXCEEDED FOR ADDED CLAIM LINES-RESUBMIT/CLAIMCHECK	B5	N61	121
948	INC IN MAJ SUR PROC	INCLUDED IN MAJOR SURGICAL PROCEDURE	97	N10	12
949	ANESTH TIME MISSING	ANESTHESIA MINUTES INVALID OR MISSING	16	N203	251 263
950	OPER & HIST REPT REQ	ATTACH BOTH OPERATIVE AND HISTORY REPORT	16	M29	298
951	DISCH DATE NOT COV	DATE OF DISCHARGE NOT COVERED	96	N174	190 107
952	INC IN OV/RELAT PROC	INCLUDED IN OFFICE VISIT/RELATED PROCEDURE	97		12
953	JUSTIFY 22 MOD	RESUBMIT WITH JUSTIFICATION FOR USE OF 22 MODIFIER	16	N29	453
954	PROC INAPPROPRIATE	INAPPROPRIATE PROCEDURE - SEE CPT FOR VALID CODE	125	M51	454
955	PAID ACC TO MED REV	PAID ACCORDING TO MEDICAL REVIEW	150	N10	068
956	PROC/DX AGE RESTRICT	PROC/DX NOT COVERED FOR RECIPIENT THIS AGE	6	N10	475
957	PROC/DIAG NO MED NEC	PROCEDURE/DIAGNOSIS NOT MEDICALLY NECESSARY	50		287
958	DENY BY MED REVIEW	DENIED ACCORDING TO MED REVIEW GUIDELINES	150	N10	046
959	RESUB SURGEONS CODE	RESUBMIT CLAIM USING CODE SURGEON BILLED	125	M51	1
960	NEED-AUTH-AND-REPORT	ATTACH BHSF AUTHORIZATION LETTER AND OPERATIVE REPORT	197	N29	1
CLMCHK-961	INVALID PROC/MOD	INVALID PROCEDURE-MODIFIER COMBINATION/CLAIMCHECK	4	M78	453
CLMCHK-962	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK	119	N362	483
963	PROC./DIAG. DESP.REQ	PROCEDURE/DIAGNOSIS DESCRIPTION REQUIRED.	16	N29	255

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
965	NOT COVERED BE HH	SERVICE NOT COVERED BY HOME HEALTH PROGRAM	96	N174	107
966	CLAIM HARD COPY NEED	SUBMIT HARD COPY OF CLAIM	16	N29	1
968	PROC/SERV REND CONF	PROCEDURE CODE DOES NOT REFLECT SERVICES RENDERED	125	N56	31
970	INAPPROPRIATE CODE,	INAPPROPRIATE CODE, BILL LAB OR SPECIFIC HANDLING.	125	N56	454
971	MEDICARE CLAIM > 6MO	CLAIM EXCEEDS FILLING LIMIT COIN/DEDUCT.	29		483
972	MEDICARE PAID 100%	ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	23		1
973	NO SURGERY MODIFIER	CLAIM DESCRIPT INDICATES PROC CODE SHOULD HAVE MODIFIER	4	M78	453
974	DIA CODE/DESC CONF	DIAGNOSIS CODE/DESCRIPTION CONFLICT	167	MA63	254
976	STAMPED SIGNATURE.	STAMPED SIGNATURE NOT ALLOWED.	16	MA70	466
978	CAL.PRICE IS ZERO	CALCULATED PRICING IS ZERO/CALL HELP DESK	133		402
979	CLAIM IN PROCESS	CLAIM IN PROCESS	133		476
980	INVALID ADJ REASON	INVALID ADJUSTMENT REASON	17	MA69	021
983	SYS CALC NET TOTAL	SYSTEM CALCULATED TOTAL - NET BILLED NOT IN BALANCE	125	M54	400
985	REBILL-MOTHERS INFO	REBILL UNDER MOTHERS NAME & MID NUMBER	128		102
986	REBILL-BABYS INFO	REBILL-BABYS MID & MOTHERS D/C DATE AS BABYS ADMIT DATE	125	5	1
987	DENIED TO REBILL/ADJ	DENIED TO BE REBILLED ON ADJUSTMENT FORM.	125	N149	1
988	COVERED BY MEDICARE	ITEM COVERED BY MEDICARE	22		171
990	2 PROC SAME TOOTH/DAY	EMERGENCY/DEFINITIVE NOT PAYABLE ON SAME TOOTH/SAME DAY	96	N20	1
991	PROCEDURE IN PANEL	PROCEDURE INCLUDED IN PANEL	97		419
993	MID CORRECTED.	MID HAS BEEN CORRECTED/PLEASE UPDATE YOUR FILES.	140		1
994	DOCUMENT NOT LEGIBLE	DOCUMENTS NOT LEGIBLE, PLEASE RESUBMIT	16	N205	21
996	MC-PAYMENT-REDUCED	DEDUCTIBLE & OR CO-INSURANCE REDUCED TO MAX ALLOWABLE	45		483
997	COMP A-MODE ECHOENCH	COMPLETE A-MODE ECHOENCHEPHALOGRAPHY-BILL HCPC Z9100	16	M20	1
998	LEG. ADT TEST CLAIMS	LEGISLATIVE AUDIT TEST CLAIMS	45		

CLMCHK = CODE USED FOR CLAIMCHECK ONLY.

LAM5M111

RUN: 06/28/10 19:32:33

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
SUMMARY REPORT OF ERRTXT CODES
LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

REPORT NO: RF-0-77
PAGE: 21

ERR CODES = ZERO	001
CODES OBSOLETE	076
ERRTXT CODES READ	994