LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
001	INVALID CLM/SUBM FRM	CLAIM/SUBMISSION FORMAT IS INVALID	2	16	N34	021 481
002	INVALID PROVIDER NO	PROVIDER NUMBER MISSING OR NOT NUMERIC	2	16	N77	021 153
003	RECIPIENT # INVALID	RECIPIENT NUMBER INVALID OR LESS THAN 13 DIGITS	3	31		021 153
004	INVALID CT/POS	CLAIM TYPE/POS MISMATCH	2	16	M77	453
005	INVAL SERV FROM DATE	SERVICE FROM DATE MISSING/INVALID	2	16	M52	021 188
006	INVAL SERV THRU DATE	INVALID OR MISSING THRU DATE	2	16	M59	021 188
007	SERV THRU LT SERV FM	SERVICE THRU DATE LESS THAN SERVICE FROM DATE	2	16	MA31	021 188
008	SERV FRM GT ENTR DTE	SERVICE FROM DATE LATER THAN DATE PROCESSED	2	110		021 188
009	SERV THR GT ENTR DTE	SERVICE THRU DATE GREATER THAN DATE OF ENTRY	2	16	MA31	021 188
010	SERVICE NOT APPROVED	DOULA IN LIEU OF NOT APPROVED; CONTACT LDH FOR APPROVAL	2	16	N407	538
011	INVALID TPL INDICATR	TPL INDICATOR NOT Y, N, OR SPACE	2	16	MA92	021 361
012	ORG CLM W/ADJ/VD CDE	ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID REASON CODE	2	16	MA30	021 521
013	ORG CLM W ADJ/VD ICN	ORIGINAL CLAIM WITH AN ADJUSTMENT OR VOID ICN	2	16	MA30	021 584
014	IMM COMPL MISS/INVLD	IMMUN COMPLETE AND CURRENT FOR THIS AGE PATIENT MISSING		133		021 331 564
020	INVAL/MISS DIAG CODE	INVALID OR MISSING DIAGNOSIS CODE	2	16	MA63	255
021	INVALID FORMER REFNO	FORMER REFERENCE NUMBER MISSING OR INVALID	2	16	M47	464
022	INVALID BILLED CHRGS	BILLED CHARGES MISSING OR NOT NUMERIC	2	16	M79	178
023	INV PARTIAL RECIP	RECIPIENT NAME IS MISSING	2	16	MA36	021 504
024	INV BILLING PROV NO	BILLING PROVIDER NUMBER NOT NUMERIC	2	16	N257	021 153
025	IMM NOT COMP RSN MIS	IMMUN NOT COMPLETE AND CURRENT REASON CODE MISSING		133		021 331 564
026	INVALID TOT DOC CHG	TOTAL DOCUMENT CHARGE MISSING OR NOT NUMERIC	2	16	M54	178
027	PROC NEEDS DOCUMENT.	PROCEDURE CODE NOT SUBSTANTIATED BY DOCUMENT	3	150		294 287
028	INVAL/MISS PROC CODE	INVALID OR MISSING PROCEDURE CODE	2	16	M51	454
029	M/I QTY PRESC CII RX	MISSING OR INVALID QUANTITY PRESCRIBED FOR SCHEDULE II	0	226		021
030	SERV THRU DT TOO OLD	SERV THRU DATE MORE THAN TWO YEARS OLD	3	29		187
031	NOT EMC ELIGIBLE	PROVIDER NOT APPROVED FOR EMC BY STATE OFS	3	95		496
032	EOB/CARR.CD MISMATCH	EOB(S) ATTACHED/CARRIER CODE DOES NOT MATCH	1	251	N4	286
033	NEED EOB-CARR/RECIP.	NEED EOB FOR EACH CARRIER INDICATED ON RESOURCE FILE	1	251	N4	286
034	22 MOD.NOT JUSTIFIED	22 MOD.SERVICES NOT JUSTIFIED/PAID AT UNMODIFIED RATE	3	150		047
035	REBILL CORRECT HCPC	ASC,OP FAC/PHYS.BILLED DIFF CODE;REBILL CORRECT HCPC	2	16	M20	454
037	MEDICARE ADJUSTMENT	MEDICARE ADJUSTMENT/VOID,ADJUST OR ADJUST MEDICARE CLAI	1	252	N4	101
038	99297-52 NICU REDUCE	99297-52 NICU PAID AT REDUCED RATE	3	150		628
039	MOD.NOT USED FOR CLM	MODIFIER NOT USED TO PROCESS CLAIM	2	4	N519	453
040	INV ADMISSION DATE	ADMISSION DATE MISSING OR INVALID	2	16	MA40	189
042	INVALID UB92 BILL CD	INVALID UB92 TYPE BILL CODE	2	16	MA30	228
043	INV ATTENDING PHYS	ATTENDING PHYSICIAN NUMBER NOT NUMERIC	2	16	N290	132
044	INV NATURE OF ADMIT	NATURE OF ADMISSION MISSING OR INVALID	2	16	MA41	231
045	INV PATIENT STATUS	PATIENT STATUS CODE INVALID OR MISSING	2	16	MA43	021 431
046	MISSING CARC	CARC REQUIRED ON PLAN ENC	2	129	MA130	
047	INVALID/MISSING PROV	INVALID OR MISSING ORDERING PROVIDER	2	16	N265	562
048	INVALID/MISS PROC	INVALID OR MISSING PROCEDURE CODE	2	16	M51	021 454
049	INV/CONFLIC SURG DTE	INVALID/CONFLICT SURGICAL DATE	2	16	N301	021 666
050	INVALID TELEMED PROC	INVALID TELEMEDICINE PROCEDURE	3	96	N776	454
051	INV BLOOD/PINT CHG	BLOOD CHARGE PER PINT INVALID		133		021 235
052	>12 MONTH QTY LIMIT	> 12 MONTH QTY LIMIT MD FAX OVERRIDE FORM 866-797-2329	3	198	N351	
053	INV ACCOMODATION DAY	ACCOMODATION DAYS MISSING OR INVALID	2	16	M53	476
054	CONDITION NOT PAYABL	PROVIDER PREVENTABLE CONDITION NOT PAYABLE	3	233		744

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055	INV ACCOM/ANCILL CHG	ACCOMODATION/ANCILLARY CHARGE MISSING OR INVALID	2	16	M79	178
056	ACCUM QTY>RX QTY	ACCUMULATED QTY OF PAID PARTIAL FILLS>RX QUANTITY	0	A1		400
057	WERE SUSP COND -MISS	WERE THERE SUSPECTED CONDITIONS-MISSING		133		021 431
058	SUSP COND DISCRPANCY	WERE THERE SUSPECTED CONDITIONS IS NO BUT COND EXISTS		133		021 431
059	SUSP COND MISSNG/REQ	SUSPECTED CONDITIONS ARE MISSING AND REQUIRED		133		021 431
060	INVALID COVERED DAYS	COVERED HOSPITAL DAYS NOT NUMERIC OR MISSING	2	16	MA32	456
061	INVALID PSRO DATE	A PSRO DATE IS NOT A VALID DATE		133		021 142
062	QTY EXCEEDS MAX	QTY EXCEEDS MAX-MD FAX LA UNIFORM PA FORM 866-797-2329	2	16	MA32	456
063	NOT A 340B PHARMACY	NOT A 340B PHARMACY- REBILL REGULAR STOCK	2	16	N657	021 178
064	# REFILLS=0 FOR CII	NUMBER OF REFILLS AUTHORIZED MUST BE 0 FOR SCHEDULE II	0	A1		021
065	INVLD SIGNATURE IND	THE SIGNATURE INDICATOR MUST BE Y, N, OR BLANK	2	16	MA75	117
066	CLINICAL AUTH REQ'D	CLINICAL AUTH REQUIRED MD FAX FORM TO 866-797-2329	3	197		
067	ALLOWED AMOUNT REQ'D	ALLOWED AMOUNT REQUIRED ON ALL CLAIMS/ENCOUNTERS	2	16	M79	508
068	INV POINT ORIGIN	INVALID POINT OF ORIGIN	2	16	MA42	229
069	INV OCCUR DATE	INVALID OCCURRENCE DATE	2	16	M46	719
070	PSRO/UR CLAIM DENIED	PSRO/ UR CLAIM DENIED	3	50	N10	084
071	INV STMT COVERS FROM	STATEMENT COVERS FROM DATE INVALID	2	16	M52	188
072	INV STMT COVER THRU	STATEMENT COVERS THRU DATE INVALID	2	16	M59	188
073	CII W/IN 30/60 DAY	CII FILL MUST BE W/I 30/60DAYS OF ORIGINAL DATE WRITTEN	0	A1		214
074	CII ORG RX DATE REQ	FOR C II FILLS, RX DATE MUST MATCH ORG RX DATE	0	A1		214
075	INVALID TYPE SERVICE	TYPE SERVICE FOR AMBULANCE MUST BE 3 OR 9		133		021 250
076	INV DME PA AMOUNT	PRIOR AUTHORIZATION AMOUNT NOT NUMERIC	2	16	N54	048
077	ATTEND MUST=BILLING	ATTENDING PROV MUST EQUAL BILLING	2	16	N77	132
078	RESUB W/ DOCUMENTS	RESUB W/DOCUMENTS	1	252	N706	287
079	FOUND NO PSRO CODE	PSRO CODE MISSING OR INVALID	2	16	M44	048
080	P/U METF/DPP4/SGLT2	REQ PRIOR USE OF METFORMIN WITH DPP4 OR SGLT2	3	96	N130	054
081	INVALID STATUS DATE	INVALID OR MISSING PATIENT STATUS DATE	2	16	M59	021 387
082	INVALID STATUS CODE	INVALID PATIENT STATUS CODE	2	16	MA43	001 021
083	STER/HYS REQ CONSENT	STERIL/HYSTER REQ PAID PRIMARY SURGEON CLAIM OR CONSENT	1	251	N28	421 107
084	INVALID TREAT PLACE	INVALID OR MISSING PLACE OF TREATMENT	2	16	M77	249
085	INVALID UNITS/VISITS	INVALID OR MISSING UNITS, VISITS, AND STUDIES	2	16	M53	476
086	PEND FOR RECYCLE	CLAIM PENDED FOR FUTURE RECYCLE		133		020
087	MISSINVAL COINS DAY	MISSING OR INVALID COINSURANCE DAYS	2	16	M53	476
089	M/I INCENTIVE AMOUNT	MISSING/INVALID INCENTIVE AMOUNT	2	16	N190	021 402 178
090	REF PROV NOF FOR DOS	REFERRING PROVIDER NOT ON FILE FOR DATE OF SERVICE	2	16	N286	132
091	PROC NOT COV BY FP	PROCEDURE IS NOT COVERED BY THE FAMILY PLANNING PROGRAM	3	96	N30	227 626 084
092	INVLD/MISSNG MODIFR	INVALID OR MISSING MODIFIER	2	4	N519	453
093	REVENUE CODE MISSING	REVENUE CODE MISSING/INVALID	2	16	M50	455
094	MISSING PINTS BLOOD	MISSING PINTS BLOOD	2	16	M53	235
095	FROM THRU NOT EQUAL	CONDITION CODE 40 FROM THRU NOT EQUAL	2	16	M52	188
096	REVENUE CHG MISSING	REVENUE CHARGE MISSING OR INVALID	2	16	M79	178
097	NON-COVCHG > BILLCHG	NON-COVERED CHARGES EXCEED BILLED CHARGES		133		178
098	BILL-CODE-REQ-MC-CHG	BILL CLASS 2 REQUIRES MEDICARE ALLOWED AMOUNT IN LOC#54	2	16	MA04	178
099	DME COVERAGE ONLY	ITEM COVERED UNDER DURABLE MED EQUIP. PROG ONLY	3	50	N180	096
100	INVALID BOC/ING COST	INVALID BASIS OF COST/INGREDIENT COST	0	90		009
101	NDC PRICE MISSING	NDC PRICE MISSING, CALL MYERS&STAUFFER @ 1-800-591-1183	2	16	N65	021 216
102	INVALID SURFACE	INVALID TOOTH SURFACE CODE	2	16	N75	240

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103	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	2	16	N37	244
104	INDICTR/CPT CONFLICT	INDICATOR 3 INVALID WITH CPT CODES-PCP REFERRAL REQ	2	16	N56	481
105	REF MUST BE MGR	REFERRING MUST BE CASE MANAGER	3	183		048
106	RENDERING PROV NPI	RENDERING PROVIDER NPI INELIGIBLE OR ABSENT	2	208	N290	542
107	SUBMIT-CLM-HARDCOPY	CHILD SUP ENF WAIT AND SEE-MUST BILL HARDCOPY W FORM	1	163	N706	095
108	PRV TYPE AGE RESTRIC	PROV TYPE SERVICES NOT COVERED FOR RECIPIENT THIS AGE	3	96	N30	158
109	NOT HCBS LOCKED IN	NOT HCBS LOCKED IN	3	26	N52	097
110	NEMT VAS NONMEDICAL	NEMT VAS TRIP TO/FROM NON-MEDICAL SITE: ENCOUNTER ERROR	3	96	N157	585
111	DIFF VACCIN LABELER	DIFFERENT LABELER DISCREPANCY FOR VACCINE	0	A1		009
112	PROC - PT CONFLICT	PROCEDURE CODE - PROVIDER TYPE CONFLICT	3	8	N95	132
113	ONE ER CDE PER VISIT	ONLY ONE ER REVENUE (450/459) CODE PER VISIT	3	119	N362	455
114	INV/MISSING HCPCS	INVALID OR MISSING HCPCS	2	16	M20	454
115	HCPC CD NOT ON FILE	HCPC CODE NOT ON FILE	2	16	N65	454
116	DEFRA REDUCTION	PAYMENT REDUCED TO MEDICARE MAXIMUM	3	119	N45	655
117	MAX:2DAYS TRSFR MHIS	MAXIMUM OF 2 DAYS ALLOWED TO TRANSFER MHISA PATIENTS	3	119	N362	456
118	HOSP LIMITED TO EMER	HOSP LIMITED TO EMERG CARE & TRANSFER OF MHISA PATIENTS	3	170	N95	231
119	INVEST,EXPER,OR NOT	NOT COVERED-IS INVESTIG.,EXPERI.OR NOT MED.NECESSARY	3	55		287
120	QTY INVALID/MISSING	QUANTITY INVALID/MISSING	2	16	M53	476
121	MISS OR INV PRESCRIB	A PRESCRIBING PHYSICIAN NPI OR MEDICAID ID REQUIRED	2	16	N31	132
122	INVALID RX DATE	RX DATE MISSING OR INVALID	2	16	N57	214
123	RX > SERVICE DATE	RX DATE WAS AFTER DATE FILLED	3	174		187
124	RX-DAYS-SUPPLY-ERR	DAYS SUPPLY MISSING,NOT NUMERIC, OR ZERO	2	16	M53	021 221
125	PRESCRIP NO MISSING	PRESCRIPTION NUMBER MISSING	2	16	N388	021 219
126	INVALID REFILL CODE	REFILL CODE MISSING NOT NUMERIC OR GREATER THAN 11	2	16	N657	021 216
127	MISSING NDC	NDC CODE MISSING OR INCORRECT.	2	16	M119	218
128	INVALID MAC INDICATR	THE MAC OVERRIDE INDICATOR MUST BE A 'C'	2	16	M62	021 381
129	PRESCRIB PROV NPI NO	PRESCRIBING PROV NPI MISSING/NOT ON FILE	2	16	N257	020 562
130	DENY PROV. 9999999	ALL PROVIDERS 9999999 TO BE DENY.	2	16	N257	132
131	PRIMARY DX NOF	PRIMARY DIAGNOSIS NOT ON FILE	2	16	MA63	254
132	SECONDARY DX NOF	SECONDARY DIAGNOSIS NOT ON FILE	2	16	M64	255
133	BH XOVER SENT TO SMO	BEHAVIORAL HEALTH CROSSOVER SENT TO SMO(MAGELLAN)	4	24		
134	ENC DENIED BY PLAN	DENIED ENCOUNTER SUBMITTED BY PLAN	3	109	N36	
135	PATIENT NOT COVERED	PATIENT NOT COVERED FOR PHARMACY SERVICE	3	96	N30	107
136	NO ELIG SERVICE PAID	NO ELIGIBLE SERVICE PAID - ENCOUNTER DENIED	2	16	N657	021 538
137	DETAIL LINE REQUIRED	PHYSICIAN DIRECTED TIP DETAIL LINE REQUIRED	3	282		585
138	REBILL W/ALL DETAILS	ADJUNCT CD RPTD AS ONLY DETAIL LNE: REBILL W/ALL DETAIL	2	16	N56	021 306
139	REBILL W/APPROP CODE	ONE ADJUNCT CODE ALLOWED PER DDS: REBILL W/APPROP CODE	2	16	N56	021 453
140	THERAPEUTIC DUP-MD	THERAPEUTIC DUPLICATION-DIFFERENT PRESCRIBER	1	251	MA81	
141	REFILL OVR 12 MONTHS	REFILL NOT FILLED WITHIN 12 MONTHS	3	176	N592	263
142	BILL PROV NPI NOF	BILLING PROVIDER NPI MISSING/NOT ON FILE	2	16	N257	562
143	SERV PROV NPI NOF	SERVING PROVIDER NPI MISSING/NOT ON FILE	2	16	N290	562
144	REF/PCP PROV NPI NOF	REF OR PCP PROVIDER NPI MISSING/NOT ON FILE	2	16	N286	562
145	BILL PROV NPI NO MAT	BILLING PROVIDER NPI MISMATCH	2	16	N257	020 562
146	SER PROV NPI NO MATC	SERVICING PROVIDER NPI MISMATCH	2	16	N290	020 562
147	REF/PCP NPI NO MATCH	REFERRING/PCP NPI MISMATCH	2	16	N286	020 562
148	9F REF AUTH MISSING	9F REFERENCE AUTHORIZATION MISSING IN LOOP 2300	2	16	M62	020 562
149	DESI-NOT PAYABLE	DESI INEFFECTIVE-NOT PAYABLE	3	96	N448	218 220

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150	P/U PREFER'D GENERIC	REQ PRIOR USE OF PREFERRED GENERIC	3	96	N130	054
151	MIXED ICD CODE SETS	CLAIM CONTAIN MIXED ICD CODE SETS	2	16	N657	21 255
152	INV ICD CODE ON DOS	INVALID ICD CODE SET FOR CLAIM DATES OF SERVICE	2	146	M76	21 255 187
153	QTY EXCEEDS MAX	QUANTITY EXCEEDS MAX MD FAX OVERRIDE FORM 866-797-2329	2	16	N378	
154	VAB AND ILOS	ACUPUNCTURE, DRY NEEDLING & CHIROPRACTIC ENCOUNTER EDIT	3	170	N95	764
155	REF MISS/REQ-MEDICAL	REFERRAL MISSING AND REQUIRED FOR MEDICAL	3	288	N489	048
156	SUB CLAR CODE SUSP	SUB. CLARIFICATION CODE SUSPECT BASED ON CLAIM HX	0	A1		009
157	TREATMENT IN PLACE	PHYSICIAN DIRECTED TIP REQUIREMENTS NOT SATISFIED	3	272		736
158	REBATE STAT UNKNOWN	REBATE STATUS IS UNKNOWN	2	16	M56	
159	LTC PROV NOT MATCHED	LTC PROV NOT MATCHED	2	16	N257	021 153
168	DENY SPANDATE/UVS >1	SPANDATE OR UVS>1 WILL DENY-BILL LA ST TX DATE AND UVS=	3	59		465
169	CV V/A BILLING ERROR	COVID-19 VACCINE & ADMIN FQHC/RHC BILLING ERROR	2	16	N657	021 538
170	NO CV VAC/ADM PAID	BOTH COVID-19 VACCINE AND ADMIN MUST BE PAID	2	16	N657	021 538
172	CLM/PA DTE MUST MTCH	CLAIM DATES MUST MATCH PRIOR AUTHORIZATION DATES	2	16	N54	084
173	LON/LOC NOT MATCHED	LEVEL OF NEED / LEVEL OF CARE NOT MATCHED	2	16	M50	021 649 258
174	RECIP NOT XREF	NO MEDICAID ID FOUND FOR MEDICARE ID	3	31		162
CLMCHK-175	CHARGES MISSING	NO CHARGES/COINS/DEDUCT GIVEN	2	16	M54	178
176	PAYABLE WITH TPL	GLOBAL SERVICE ONLY PAYABLE IF ALSO COVERED BY TPL	3	22	MA92	171
177	POST-OP XRAY REQUIRE	POST-OP XRAY REPORT REQUIRED SEND TO DENTAL PA UNIT	3	96	N435	123
178	TOS CONFLICT	AMBULANCE CPT CONFLICTS WITH TYPE OF SERVICE REPORTED	3	40	N10	009
179	REF MISS/REQ-DENTAL	REFERRAL MISSING AND REQUIRED FOR DENTAL	3	288	N489	048
180	INVALID ADMIT DATE	THE ADMISSION DATE WAS NOT A VALID DATE	2	16	MA40	189
181	INVALID COVERED DAYS	THE COVERED DAYS WAS NOT A VALID NUMERIC AMOUNT	2	16	MA32	456
182	PROC/CLAIM TYP CONFL	PROCEDURE CLAIM TYPE CONFLICT	3	5		275
183	SURGERY PROC NOF	SURGICAL PROCEDURE NOT ON FILE	2	16	M51	227
184	REF MISS/REQ-NUTRITN	REFERRAL MISSING AND REQUIRED FOR NUTRITIONAL	3	288	N489	048
185	REQ NONCOVRD CHARGES	NON-COVERED CHARGES REQUIRED OR USED FOR PAYMENT				
186	USE CORRECT MODIFIER	CRNA'S MUST BILL CORRECT MODIFIER	2	4	N517	453
187	RECIP NOT ENROLL BYU	RECIPIENT NOT ENROLLED WITH BYU HEALTH PLAN	3	243	N130	093
188	TRIP CANC BY DISPTCH	TRIP CANCELED BY DISPATCH (CLAIM VOIDED)	3	115		294 337
189	SHARED PLAN DOC MISS	BYU SHARED PLAN DID NOT SUBMIT DOCUMENTATION TO MOLINA	1	252	N706	132 276
190	PA NO NOT ON FILE	PA NUMBER NOT ON FILE	2	284	M62	252
191	PROC REQUIRES PA	PROCEDURE REQUIRES PRIOR AUTHORIZATION	2	16	M62	454
192	PA NOT APPROVED	PA HAS NOT BEEN APPROVED	3	39		084
193	DOS NOT COVERED/PA	DATE ON CLAIM NOT COVERED BY PA	2	16	N54	084
194	CLAIM OVER PA LIMITS	CLAIM EXCEEDS PRIOR AUTHORIZED LIMITS	3	198	N54	252 258
195	NEED SPANNING DOS	MUST HAVE SPANNING DOS IF BILLING FOR TOTAL AUTH AMOUNT	2	16	N54	252
196	PA RECIP NQ CLM RECI	CLAIM RECIPIENT ID DOES NOT MATCH ID ON PRIOR AUTH FILE	2	16	N382	084
197	PA PROV NQ CLM PROV	PA PROVIDER ID NOT SAME AS CLAIM PROVIDER ID	2	16	N257	084
198	PA PROC/NDC NE CLM	PA PROCEDURE/NDC NOT EQ CLAIM PROCEDURE/NDC	2	16	N54	084
199	MISSING CONTROL NUM.	MISSING/INVALID BILLING PROVIDER CONTROL NUMBER TRIP ID	2	16	M47	21 464
200	PROV/ATTEND NOF	PROVIDER/ATTENDING PROVIDER NOT ON FILE	2	16	N289	132
201	PROVIDER NOT ELIG	PROVIDER NOT ELIGIBLE ON DATES OF SERVICE	3	B7	N570	109
202	PROV CLAIM TYP CONFL	PROVIDER CANNOT SUBMIT THIS TYPE CLAIM	3	170	N95	132
203	PROVIDER ON REVIEW	PROVIDER ON REVIEW		133		049
204	GRP NOT ON INDIV REC	BILLING PROV NOT ON ATTENDING PROV RECORD ON DOS	3	96	N55	026
206	OUT OF DATE RANGE	SIA/DOS NOT WITHIN LAST 7 DAYS OF LIFE	3	B7	N570	109

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207	BILL PROV NOT ELIG	BILLING PROVIDER INELIGIBLE ON DATE OF SERV	3	B7	N570	109
208	PRESCRIB PROV ONLY	PRESCRIBER ONLY-CALL 1-800-473-2783 FOR INFO	3	96	N95	109
209	GRP MST BILL FOR PRV	GROUP MUST BILL FOR PROVIDER	3	96	N55	026
210	PROV PROC CONFLICT	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE	3	8	N95	132
211	DOS LESS THAN DOB	DATE OF SERVICE LESS THAN DATE OF BIRTH	2	14		158
212	PROV MUST BE INDIV	ATTENDING PROVIDER MUST BE INDIVIDUAL	3	96	N55	132
213	PROVIDER NOT COVERED	PROVIDER NOT COVERED FOR SERVICES RENDERED BY MEDICAID	3	B7	N570	109
214	PU 2 ANTICONVULSANTS	REQUIRES PRIOR USE OF TWO ANTICONVULSTANTS	3	96	N130	054
215	RECIPIENT NOT ON FIL	RECIPIENT NOT ON FILE	3	31		026
216	RECIPIENT NOT ELIG	RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE	3	27	N30	109
217	RECIP NAME MISMATCH	NAME AND/OR NUMBER ON CLAIM DOES NOT MATCH FILE RECORD	2	140		030
218	LOCK IN RECIPIENT	RECIPIENT IS MD, PHARM RESTRICTED-MD INVALID	3	184		085
220	NO DOD ON FILE	NO DOD ON FILE. SEND 81B FORM TO HOSPICE PA	3	B7	N570	109
221	GEN ASST - NOT COVRD	STATE ONLY ASSISTANCE - SERVICE NOT COVERED	3	96	N30	109
222	SVC OVERLAPS REC ELI	RECIPIENT INELIGIBLE ON ONE OR MORE SERVICE DATE(S)	3	27	N30	109
223	RECYC RECIP N/O FILE	RECYCLED RECIPIENT NOT 0N FILE	3	31		026
224	INVALID BIRTHDATE	INVALID BIRTHDATE ON RECIPIENT FILE	2	16	N329	158
225	P.E. - NOT COVERED	CLAIM NOT COVERED FOR PRESUM ELIG RECIP	3	96	N30	097
226	DENIAL EFF 12-1-23	DENIAL ON AND AFTER 12-1-23	3	280		
230	PROC REVIEW	PROC REQUIRES REVIEW		133		046
231	NDC NOT ON P/F FILE	NDC CODE NOT ON FILE	2	16	M119	218
232	PROCEDURE CODE NOF	PROCEDURE/TYPE OF SERVICE NOT COVERED BY PROGRAM	2	16	N56	454
233	P/F DATE RESTRICTION	PROCEDURE/NDC NOT COVERED FOR SERVICE DATE GIVEN	2	16	N56	454 585
234	P/F AGE RESTRICTION	P/F AGE RESTRICTION	3	6	N129	475
235	P/F SEX RESTRICTION	P/F SEX RESTRICTION	3	7		474
236	P/F PLACE RESTRICT	P/F PLACE RESTRICTION	3	5	M77	249
237	P/F PROV SPEC RESTRT	P/F PROVIDER SPECIALTY RESTRICTION	3	96	N95	145
238	INV PAC CALL HELP DK	INVALD PAC VS DOS / CALL HELP DESK	2	16	N65	021 402 490
239	PRICE MISSING ON P/F	PRICE MISSING FOR DATE OF SERVICE ON P/F CALL HELP DESK	2	16	N65	021 402 490
240	PRICE MISSING ON U/C	U AND C FILE - NO VALID PRICE FOR DOS	2	16	N65	066
241	CLAIM IN PROCESS	CLAIM HELD FOR PRE-PAYMENT REVIEW		133		046
242	INPUT SPENDDOWN AMT	110-MNP REQUIRED FOR RECIP LIABILITY AMOUNT	2	16	N58	294 450
243	POT NOT ICF-I OR II	PLACE OF TREATMENT MUST BE ICF-I OR ICF-II	3	5	M77	249
244	PROV RATE NOF	PROVIDER FILE DOES NOT CONTAIN VALID RATE FOR DOS	3	B7	N570	001 499
245	INVAL PROC TOS TRANS	INVALID PROCEDURE TOS FOR TRANSPORTATION	2	16	N56	250
246	DENIAL EFF 12-1-23	DENIAL ON AND AFTER 12-1-23	3	280		001
248	DELETED,BILL CURR CD	DELETED,BILL CURRENT CODE	2	16	M20	001
249	SURG REQ MED REV	SURGERY REQUIRES REVIEW FOR ATTACHMENTS		133		046
250	DIAG/PROC REQ REVIEW	DIAGNOSIS/PROCEDURE REQUIRES REVIEW		133		046
251	DENY FOR DIAGNOSIS	PROCEDURE DENIED NOT JUSTIFIED BY DIAGNOSIS	3	11		255
252	OP LACTATION SUPPORT	OP LACTATION SUPPORT DOS OR PROC CODE OR DX NOT APPROVE	2	181		002
254	DIAG AGE RESTRICTION	DIAGNOSIS AGE RESTRICTION	3	9	N517	255
255	DIAG SEX RESTRICTION	DIAG SEX RESTRICTION	3	10	N517	086
256	DIAG PROC RESTRICT	DIAGNOSIS/PROCEDURE RESTRICTION	3	11		255
258	SPAN DATES/QUANT DIF	DIFFERENCE BETWEEN SERVICE DATES AND QUANT	2	16	M53	476
259	ANESTH REQ REVIEW	ANESTHESIA UNITS/MINUTES REQUIRE MED REVIEW		133		046
260	ANESTHESIA UNITS NOF	ANESTHESIA BASE UNITS ARE NOT ON FILE	2	16	M53	476

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LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
261	INPUT M-CARE PD AMT.	INSERT PROVIDER PAID AMOUNT BY MEDICARE	2	16	MA92	001 655
262	ADJ-REQUIRES-REVIEW	PROVIDER'S ADJUSTMENTS ON REVIEW		133		046
263	PROCEDURE-AGE-RESTRT	PROCEDURE ALLOWED FOR RECIP 0-30 DAYS OLD	3	6	N129	475
264	PA-01 REQUIRES REVIE	PA-01 FORM REQUIRES REVIEW FOR VALIDITY		133		046
265	SURG REQUIRES PA-0	SURGERY DONE AS IP REQUIRES VALID PA-01 FORM	1	252	N706	252
266	INVALID AMB SURG REV	REV CODE INVALID FOR AMBULATORY SURG PROC.	2	16	M50	455
267	REQ-ICD9-SURGICAL-CD	REVENUE CODE 490 REQUIRES VALID ICD9 SURGICAL PROCEDURE	2	16	M51	001 666
268	INVALID-TREATMENT-PL	TREATMENT PLACE IS INCORRECT	2	16	M77	249
269	ANES.CPT N/C-M'AID	ANES.CPT NOT COVERED FOR MEDICAID ONLY-BILL SURG+MOD.	2	16	N34	454
271	SER HOSPICE RELATED	HOSPICE RELATED/SUB BILL TO HOSPICE 30 DAYS TO APPEAL	3	29		187
272	CLAIM OVER 1 YEAR	CLAIM EXCEEDS 1 YEAR FILING LIMIT	3	29		187
273	TPL/PRIVATE	3RD PARTY CARRIER CODE MISSING-REFER TO CARRIER CD.LIST	2	16	MA92	286
275	RECIP MEDICARE ELIG	RECIPIENT IS MEDICARE ELIGIBLE	3	22		171
277	LOW VARIANCE ERROR	LOW VARIANCE ERROR		133		178
279	PROF COMP INVLD POT	INVALID PLACE OF TREATMENT FOR PROF COMP	3	5	M77	249
280	MANUAL PRICE REQ	MANUAL PRICING REQUIRED/HARD COPY BILL		133		046
281	P/U TOP STEROID/CNI	PRIOR USE OF TOPICAL STEROID/CALCINEURIN(-)	3	96	N130	054
282	PRE-OP INC IN SURG.	PRE-OP INCLUDED IN TOTAL SURGICAL FEE	4	97	M144	001 526
283	SALES TAX NOT ON CLM	SALES TAXES NOT PRESENT ON RX CLAIM WITH TPL	2	16	M54	
284	MANUAL PRICE GR BILL	MANUAL PRICE EXCEEDS BILLED CHARGES	2	16	M49	046
285	PAYMENT GR BILLED CH	PAYMENT EXCEEDS BILLED CHARGES/REQUIRES REVIEW	2	16	M49	178
286	REF MISS/REQ-DEVELOP	REFERRAL MISSING AND REQUIRED FOR DEVELOPMENTAL	3	288	N489	048
287	PAT LIAB EXCEEDS CHG	PATIENT LIABILITY EXCEEDS BILLED CHARGES	3	178		106
288	PROC/DESC CONFLICT	PROCEDURE CODE/DESCRIPTION CONFLICT	2	16	M51	306
289	INV DENY FOR PROV NO	INVALID PROVIDER NUMBER WHEN DENY APPLIED	2	16	N77	132
290	TPL RESOURCE REQ EOB	NO EOB ATTACHED FOR RECIP WITH OTHER RESOURCE INDICATED	2	16	MA04	285
291	FOUND MULT RESOURCES	CLAIM REQUIRES REVIEW FOR MULTIPLE TPL RESOURCES		133		052
292	FOUND NO TPL AMOUNT	NO TPL AMOUNT INDICATED ON CLAIM/REQUIRES REVIEW		133		052
293	RECYC RECI INELG DOS	RECYCLED RECIPIENT INELIG ON DOS	3	27	N30	109
294	RECYC RECIP NOF	RECIPIENT NOT ON FILE RECYCLED 3 TIMES	3	31		026
295	RECIP RECYC 3 TIMES.	RECIPIENT INELIGIBLE RECYCLED THREE TIMES	3	27	N30	109
296	CAR-CODE REQ REVIEW	CARRIER CODE REQUIRES REVIEW/POSS NO MATCH		133		046
297	BANKRUPT.FILE W/CARR	DECLARED BANKRUPTCY.FILE W/CARRIER FOR POSSIBLE PMTS.	3	22		001
298	INVALID PROC CODE	INVALID PROCEDURE CODE FOR DATE-OF-SERVICE	2	16	N56	454
299	PROC/DRUG NOTCOVERED	PROC/DRUG NOT COVERED BY MEDICAID	3	96	N643	454
300	CLAIM SPANS FISCL YR	CLAIM SPANS FISCAL YEAR		133		046
301	ONE DISP FEE 30 DAYS	ONE DISP FEE PER 30 DAYS FOR MAINTENANCE MEDICATIONS	2	16	M49	231
302	REF MISS/REQ-AB/NEGL	REFERRAL MISSING AND REQUIRED FOR ABUSE/NEGLECT	3	288	N489	048
303	HOSPICE DAYS > 5	INPATIENT RESPITE DAYS GREATER THAN FIVE	2	16	MA31	021 483
304	RECIP NOT IN DBP	RECIPIENT EXCLUDED FROM DBP	3	243	N130	093
305	EXCEEDS 120 MME/DAY	OVR 120 MME/DAY MD FAX OPIOID TX WRKSHT 1-866-797-2329	2	16	N56	626 666
306	INV BABY ADMISSION	BABY ONLY / PENDING FOR REVIEW.		133		046
307	SURG PROC MISSING	SURGICAL PROCEDURE MISSING	2	16	M51	021 666
308	REF MISS/REQ-PSY/SOC	REFERRAL MISSING AND REQUIRED FOR PSYCHOLOGICAL/SOCIAL	3	288	N489	048
309	SURG DATE MISSING	DATE OF SURGERY MISSING	2	16	MA31	187
310	SURG DTE LT SRV FROM	DATE OF SURGERY LESS THAN SERVICE FROM DATE	2	16	MA31	187
311	C-II EXPIRED 90 DAYS	C-II EXPIRED-GREATER THAN 90 DAYS	3	176	N592	

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ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
312	REF MISS/REQ-SPEECH	REFERRAL MISSING AND REQUIRED FOR SPEECH/LANGUAGE	3	288	N489	048
313	SUBMIT TO FI	SUBMIT CLAIM TO FISCAL INTERMEDIARY,NOT BYU OR LBHP PLN	3	96	N52	487
314	SUSP CON MIS/REQ-RF1	SUSPECTED CONDITION MISSING AND REQUIRED FOR REFERRAL 1	3	288	N475	048
315	NEGATIVE TPL AMT NOT	NEGATIVE TPL AMOUNT NOT ALLOWED	3	22	N245	
316	COV DAYS NE ACCOM	COVERED DAYS DO NOT EQUAL ACCOMODATION DAYS	2	16	MA32	456
317	STMT DTE/ACCOM CONFL	STATEMENT DATES CONFLICT WITH ACCOMODATION DAYS	2	16	M53	188
318	SUSP CON MIS/REQ-RF2	SUSPECTED CONDITION MISSING AND REQUIRED FOR REFERRAL 2	3	288	N475	048
319	SUSP CON MIS/REQ-RF3	SUSPECTED CONDITION MISSING REQUIRED FOR REFERRAL 3	3	288	N475	048
320	REF ASST MIS/REQ-RF1	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 1	3	288	N475	048
321	DISP NALOXONE MME>50	ADVISE NALOXONE PRN USAGE: DAILY MME > OR = 50	3	96	N130	054
322	>120MME-RPH OVERRIDE	>120 MME/DAY-RPH OVRD ALLOWED AFTER REVIEW	2	16	MA32	483
323	REF ASST MIS/REQ-RF2	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 2	3	288	N475	048
324	REF ASST MIS/REQ-RF3	REFERRAL ASSISTANCE MISSING AND REQUIRED FOR REFERRAL 3	3	288	N475	048
325	EXCEEDS MAX DOSE	EXCEEDS MAX DAILY DOSE-MD FAX FORM TO 866-797-2329	2	16	N378	
326	APP DATE MIS/REQ-RF1	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #1	3	288	N475	048
328	NH/ICF NOT COVERED	NOT COVERED FOR RECIPIENT IN NH/ICF	3	96	M97	107
329	CLIA NOT CERT DOS	CLIA # DOES NOT COVER DATE OF SERVICE	3	B23		630
330	QMB NOT MED. ELIG.	QMB NOT MEDICAID ELIGIBLE	3	31		109
331	ABORTION JUST	DOES NOT MEET PROGRAM CRITERIA FOR ABORTION	3	272		046
332	STERILIZATION < 21	STERILIZATION IS NOT COVERED FOR RECIPIENT UNDER 21	3	6	N129	475
333	AUTH MINOR UNM MO	FOUND NO DOCUMENT/OVERRIDE CODE MINOR UNM MOTHER/UNBORN	1	252	N706	475
334	CONSENT 30/180 DAYS	CONSENT MUST BE AT LEAST 30 BUT NO MORE THAN 180 DAYS	1	251	N28	187
335	SERVICE LIMIT REVIEW	ATTACHMENT REVIEW SERVICE LIMITS		133		046
336	AB REQUIRES REVIEW	ABORTION REQUIRES REVIEW		133		046
337	CONSENT FORM REVIEW	STERILIZATION OFS FORM 96 REQUIRES REVIEW		133		046
338	HYSTER REQ REVIEW	ACKNOWLEDGEMENT REQUIRES REVIEW		133		046
339	OCCUR DATES CONFLICT	OCCUR CODES/DATES CONFLICT	2	16	M46	719
340	SPAN DAYS CONFLICT	SPAN DAYS/NON COVERED DAYS CONFLICT	2	16	MA33	457
341	ENROLL BILLING PROV	BILLING PROVIDER NOT ENROLLED IN LDH PROVIDER PORTAL	0	226	N831	
343	APP DATE MIS/REQ RF2	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #2	3	288	N475	048
344	MUST SPLIT BILL	SPAN FROM & THRU DATES CONFLICT MUST SPLIT BILL	2	16	N300	722
345	INV ZERO BILLED DAYS	DAYS ZERO, PATIENT STATUS NOT 9	2	16	M53	258
346	BILL MEDICARE PT B/D	BILL MEDICARE B FOR QUALIFIED SERVICE OTHERWISE PART D	3	22		
347	EXCEEDS MAX-23 DAYS	EXCEEDS MAXIMUM MONTHLY DAYS	3	119	N362	483
348	S/C EXCDS 80% C-CARE	SERVICE CHARGE EXCEEDS 80% OF COMPARABLE CARE	3	96	N372	178
349	INVALID TYPE CASE	RECIPIENT NOT COVERED FOR THIS SERVICE	3	96	N30	107
350	PRESCRB NOT ENROLLED	PRESCRIBER NOT ENROLLED IN LDH PROVIDER PORTAL	0	226	N831	
351	SPAN DATE INVALID	SPAN DATE NOT ALLOWED MUST BILL PER DAY	2	16	N63	021 187
352	EXCEEDS 90 MME/DAY	OVR 90 MME/DAY MD FAX LA UNIFORM PA FORM 1-866-797-2329	2	16	N322	408
353	MME LIMIT EXCEEDED	MD FAX LA UNIFORM PA FORM TO 1-866-797-2329	2	16	M52	187
354	PRESCRIBER ENROLL	PRESCRIBER NEEDS TO ENROLL CALL 225-216-6370	3	184		
355	NO 51 NH	NO 51 NH ATTACHED OR ADMIT CODE MUST BE A '6'	1	252	N473	021 408
356	TOT/LOC DAYS CONFL	TO-DAY / TOT-DAYS / STATUS CONFLICT	2	16	M53	476
357	LTC DAYS/DATES CONFL	LTC LOC DAYS CONFLICT WITH LTC LOC FROM AND THRU DATES	2	16	M53	188
358	INVLD RATE FOR LOC	NO VALID RATE WAS FOUND FOR LTC LEVEL OF CARE	2	16	N65	021 499
359	APP DATE MIS/REQ-RF3	APPOINTMENT DATE MISSING AND REQUIRED FOR REFERRAL #3	3	288	N475	048
362	P/U ORAL LORAZEPAM	P/U IR LORAZEPAM #90 OR XR LORAZEPAM IN LAST 30 DAYS	3	96	N130	054

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363	REQ PRIOR MED USE	6 MONTHS OF PRIOR USE OF MED DISP REQ FOR 6-MTH SUPPLY	3	96	N130	054
364	RECIP INELIG/DECEASE	RECIPIENT INELIGIBLE/DECEASED	2	13		109
365	ANESTH REP REQ	ANESTHESIOLOGY REPORT REQUESTED	1	252	N439	304
366	SEND OP&PATH REPORT	SEND BOTH OPERATIVE AND PATHOLOGY REPORT	1	252	M29	298
367	M/I GROUP NUMBER	GROUP NUMBER IS MISSING OR INVALID FOR HUMANA	2	16	N255	562
368	REF REAS MIS/REQ-RF1	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 1	3	288	N475	048
369	SUBMIT TO DBPM	SUBMIT TO DENTAL BENEFITS PLAN	3	166		132
370	EVV SERVICE RECROD	EVV RECORD NOT ON FILE	0	835		
371	TIMELY FILING REVIEW	ATTACHMENT REQUIRES REVIEW/FILING DEADLINE	3	29		046
372	INVALID LEAVE CODE	ABSENT DAY TYPE MUST BE AN A OR B		133		021 258
373	INVALID LEAVE DATE	ABSENT DAY AND/OR TOTAL DAYS CONFLICT		133		021 258
374	INSUFFICIENT DATA	UNABLE TO PROCESS/REBILL/ATTENTION P.MISNER	2	16	N657	021 287
375	PT STAT REQ HOSP LVE	PT STATUS CODE 1 REQUIRES HOSPITAL ABSENT DAYS	2	16	M46	258
376	ADJ DAYS CONFL HIST	ADJUSTMENT DAYS CONFLICT WITH HISTORY DAYS	2	16	M53	021 258
377	PAYABLE QMB RECIP	PAYABLE ONLY FOR QMB RECIP	3	96	N30	590
378	NO MEDICARE PAID DTE	MEDICARE PAYMENT DATE IS MISSING OR INVALID	2	16	MA04	286
379	HOME LEAVE DAY REDUC	HOME LEAVE DAYS REDUCED TO ONE/HALF PER DIEM	3	96	N43	187
380	COUNSELING NOT PAID	COUNSELING NOT REIMBURSED DUE TO RECIPIENT AGE	3	6	N129	475
381	LTC-MED-LOA-OVER-10	LTC LEAVE DAYS EXCEED LIMIT - 10 PER HOSPITAL STAY	3	96	N43	483
382	HOSPICE MUST BILL	HOSPICE CLIENT -ONLY HOSPICE PROVIDER CAN BILL	3	B9		487
383	SERV. IN MED SCREEN.	SERVICE INCLUDED IN MED SCREENING	4	97	N390	103
384	NOT COVERED NH RESID	NOT COVERED FOR NURSING HOME RESIDENT	3	96	N174	091
385	NOT COVERED NH RESID	DIABETIC SUPPLIES NOT COVERED FOR LTC RECIPIENT	3	96	N174	091 373
386	NOT PAY W/CLIA CERT	NOT PAYABLE WITH CLIA CERT TYPE	3	B23		630
387	CLIA # BLANK/INVALID	CLIA NUMBER SUBMITTED BLANK OR INVALID	2	16	MA120	026 630
388	RECIP NOT COVER,DRUG	RECIPIENT NOT COVERED FOR THIS DRUG	3	96	N30	084
389	LOCK-IN RECIPIENT	RECIP IS MD,PHARM RESTRICTED-PHARMACY INVALID	3	185		155
390	SERV, MAX 1 PER MO	SERVICE EXCEEDS MAXIMUM ALLOWABLE OF 1 PER MONTH	3	119	M86	483
391	LTC LV DAYS OVER MAX	LTC HOSP LEAVE DAYS IN EXCESS OF MAXIMUM-5-BUDGET CUT	3	96	N43	483
392	EXCEED 4 SESSIONS/YR	COUNSELING REIMBURSEMENT LIMITED TO 4 SESSIONS PER YR	3	119	N414	483
393	MISS/INVLD COPAY	MISSING/INVALID RECIPIENT COPAY IN 1ST COB OCCURRENCE	2	16	MA04	
394	REHAB CTR SRV NOT CO	REHAB CENTER SERVICES NOT COVERED-NURSING HOME RESIDENT	3	96	N174	088
395	HOSP LEAVE DAYS > 7	HOSPITAL LEAVE DAYS EXCEED 7	3	96	N43	483
396	HOME LEAVE DAYS > 15	HOME LEAVE DAYS EXCEED 15	3	96	N43	483
397	CLAIM-NEEDS-80-MOD	APPEARS TO BE ASSISTANT--REBILL WITH 80 MODIFIER	2	4	N517	453
398	NEED VALID HOSP SVC	PROCEDURE MUST BE BILLED WITH VALID HOSPITAL SERVICE	2	16	N56	454
399	REF REAS MIS/REQ-RF2	REASON FOR REFERRAL MISSING AND REQUIRED FOR REFERRAL 2	3	288	N475	048
400	REFER PHYSICIAN REQD	REFERRING/ATTENDING PHYSICIAN REQUIRED	2	16	N286	132
401	CONCURRENT CARE	CONCURRENT CARE IS NOT COVERED BY THE PROGRAM	3	B14	M86	483
402	NO SERV EXCEEDS MAX	NUMBER OF SERVICES EXCEEDS STATE MAX/ CUTBACK APPLIED	3	119	N362	483
403	MULTIPLE SURGERY	MULTIPLE SURGERY - PENDED FOR MANUAL PRICING	3	59		046
404	PMPM RECOUP FOR DOD	PMPM RECOVERY FOR DECEASED MEMBERS BASED ON DATEOFDEATH	3	256		187
405	OUTSIDE LAB NOT COVD	OUTSIDE LABORATORY SERVICES NOT COVERED	3	5	M77	179
406	EXCEEDS 3 TREATMENTS	EXCEEDS THREE CHIRO TREATMENTS SAME DAY	3	119	M86	483
407	NONEMER TRANS REQ PA	NON-EMER TRANSPORTATION REQUIRES PRIOR AUTHORIZATION	2	16	M62	252
408	INVALID POA INDICATO	DENY WHEN INIVALID POA INDICATOR IS REPORTED	2	16	N434	021 688
409	RECOVER DUP PMPM	RECOVERED PMPM FOR INVALIDATED MEMBER ID	3	256		187

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ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
410	ENC PREFIX ERROR	LICN PREFIX ON ENCOUNTER IS MISSING OR INVALID	2	16	M47	048
411	REF NAME MIS/REQ-RF1	REFERRED TO NAME IS MISSING AND REQUIRED FOR REFERRAL 1	3	288	N475	048
412	REF NAME MIS/REQ-RF2	REFERRED TO NAME MISSING AND REQUIRED FOR REFERRAL #2	3	288	N475	048
413	DME REQUIRES PA	DME REQUIRES PRIOR AUTHORIZATION	2	16	M62	252
414	ENC PLAN PMT DT ERR	PLAN PAYMENT DATE ON ENCOUNTER IS MISSING OR INVALID	2	16	N480	048
415	PA AMOUNT GR LEVEL3	PRIOR AUTHORIZED AMOUNT GREATER THAN LEVEL 3 CHARGE		133		048 628
416	ENC RCV DT ERROR	PLAN RECEIVE DATE ON ENCOUNTER IS MISSING OR INVALID	1	251	N446	048
417	ENC INT PMT ERROR	INTEREST PAYMENT ON PLAN ENCOUNTER IS INVALID	2	16	M49	048
418	PMPM RECOUP - DOC	PMPM RECOVERY FOR INCARCERATED MEMBERS	3	256		187
419	OFS REV PA DT GT DOS	OFS TO REVIEW-PA DATE GREATER THAN SERVICE DATE		133		046
420	SPECIALTY RESTRICTED	PROVIDER IS RESTRICTED TO DESIGNATED PROCEDURES PER OFS	3	170	N95	025
421	SUBMIT PROV FEE$0.10	PROVIDER FEE MUST BE SUBMITTED AS $0.10	2	16	M49	
422	NEW PRESC OVER 12 MO	NEW PRESCRIPTION NOT FILLED WITHIN 12 MO OF DATE PRESC	3	176	N592	263
423	ADDITIVE TOXICITY	POTENTIAL ADDITIVE TOXICITY	3	96	M86	054
424	NOT PROV OF RECORD	BILLING PROVIDER IS NOT THE DESIGNTED PROV. OF RECORD	3	185		093
425	NEMT FFS,SENDTO SETI	NEMT FFS SERVICE, SEND CLAIM TO SOUTHEASTRANS	4	24		
426	BILL HR CD PRE 15MIN	BILL CM HOUR CODE BEFORE 15 MIN CODE	2	16	M20	452
427	NO PRIOR OPIOID USE	NO PRIOR USE OF SHORT OR LONG OPIOID IN LAST 90 DAYS	3	96	N130	054
429	NOT PAY FOR MED NEED	NOT PAYABLE FOR MED NEEDY PROGRAM	3	96	N30	088
430	MOD NOT NEEDED-RESUB	MODIFIER NOT NEEDED-REMOVE AND RESUBMIT	2	4	N517	453
431	M/I PROF SERV CODE	MISSING/INVALID PROFESSIONAL SERVICE CODE	2	16	N56	562
432	QTY > PACKAGE SIZE	QUANTITY EXCEEDS PACKAGE SIZE	2	16	N378	476
433	MISSING/INVALID DIAG	MISSING/INVALID DIAGNOSIS CODE	2	16	M76	021 255
434	BILL MEDCARE NEB MED	BILL MEDICARE NEBULIZER MED	3	22		116
435	KIDMED TIMELY FILLIN	KM CLAIMS SHOULD BE SUBMITTED WITHIN 60 DAYS OF SERVICE	3	29		187
436	DAYS SUPPLY OVER MAX	DAYS SUPPLY >100 EXCEEDS PROGRAM MAXIMUM	3	154		221
437	QTY OF 1 = 1 VIAL	DRUG IS A VIAL. QUANTITY OF 1 = 1 VIAL	2	16	N378	221
438	NDC OBSOLETE/MFTR	MANUFACTURER NOTIFIED US THAT NDC IS OBSOLETE	3	96	N448	218
439	MFT SAYS FOOD SUPPLM	MANUFACTURER HAS IDENTIFIED PRODUCT AS FOOD SUPPLEMENT	3	272		107
440	SITE N/ALLW BILL/DOS	PROV SITE NOT ALLWD TO BILL SCR TYPE ON DATE OF SERVICE	3	171	N428	021 025
441	2A,2B-RX NOT FILLED	OUTCOME 2A OR 2B -RX NOT FILLED -TRANSACTION REPORTING	3	115		216
442	DRUG/DRUG INTERACT	DRUG/DRUG INTERACTION	3	153		216
443	THERAPEUTIC OVERLAY	THERAPEUTIC OVERLAY	3	153		216
444	M/I SERVICE PROVIDER	MISSING/INVALID SERVICE PROVIDER	2	206		021 562
445	DUP DRUG THERAPY	DUPLICATE DRUG THERAPY	2	18	N522	216
446	PREGNANCY PRECAUTION	PREGNANCY PRECAUTION	3	153		216
447	MON.EARLY/LATE REFIL	COMPLIANCE MONITORING/EARLY OR LATE REFILL	3	154		216
448	GIVE DATE FOR TRANSP	TRANSPLANT DISCHARGE DATE OR OTHER DX NEEDED	2	16	N341	021 190
449	REQUIRES PRIOR USE	REQ PRIOR USE OF DRUGS 2 CLASSES CA BLKR,AR BLK,DIURETI	3	22		116
450	EVV REC PROC/MOD	EVV SERVICE REC PROC/MOD NO MATCH	0	835		
451	PRESC DENTAL AGE ERR	DENTAL PRESCRIBER, RECIPIENT 21 OR OVER		133		109
452	SCH2 NARC NO REFILL	SCHEDULE 2 NARCOTIC CANNOT BE REFILLED	3	96	N410	216
453	SCH2 NARC OVER 5 DAY	SCHEDULE 2 NARCOTIC NOT FILLED WITHIN 5 DAYS	3	96	N410	263
454	NEW PRESC OVER 6 MOS	NEW PRESCRIPTION NOT FILLED WITHIN 6 MOS. OF DATE PRESC	3	176		263
455	REFILL OVER 6 MONTHS	REFILL NOT FILLED WITHIN 6 MONTHS	3	176		263
456	SUBMIT CLAIM TO MGLN	SUBMIT CLAIM TO CSOC PROVIDER (MAGELLAN)	4	24		
457	QTY OVER PROGRAM MAX	QUANTITY AND/OR DAYS SUPPLY EXCEEDS PROGRAM MAXIMUM	3	154		483

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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	2	16	N65	046
460	NDC MAY BE OBSOLETE	NDC POSSIBLY OBSOLETE	2	16	M119	218
461	REFILLS NOT PAYABLE	REFILLS NOT PAYABLE	3	96	N410	483
462	NDC TERMINATED/CMS	CMS NOTIFIED US THAT NDC IS TERMINATED	2	16	M119	218
463	MAC OVERRIDE NOT NEE	DRUG DOES NOT NEED MAC OVERRIDE		133		021 216
464	DRUG IS KIT/VERF.QTY	DRUG UNIT OF MEASUREMENT IS A KIT.PLEASE VERIFY QUANTIT	3	153		001 724
465	INVALID NDC	INVALID NDC - NOT AVAILABLE	2	16	M119	218
466	HRD COPY REQ-FERTILI	HARD COPY REQUIRED-FERTILITY PREPARATION	1	252	M127	001 279
467	HHS PDGM	UNAPPROVED REVENUE, HIPPS, CPT OR HCPCS COMBINATION	2	16	N657	21 455 507
468	REV CODE HCPC ERROR	REVENUE CODE/HCPC CODE PRICING MISMATCH	0	A1		
469	EYEWEAR DENIED	LIMITATION MET - SUBMIT JUSTIFICATION FOR ADD'L EYEWEAR	3	119	N435	294 483
470	ANES AND MED DOC REQ	ATTACH ANESTHESIA RECORD AND DOCUMENT MEDICAL NECESSITY	1	252	N439	294 287
471	DRUG-DRUG INTERACTIO	DRUG TO DRUG INTERACTION-DENY	3	96	M80	216
472	MFG NOT IN REBATE	MANUFACTURER HAS NOT ENTERED INTO CMS REBATE AGREEMENT	2	16	M119	001 743
473	EDITED FOR MEDICARE	EDITED FOR MEDICARE -SERV. PAYABLE	3	22		001
474	EDITED FOR INSURANCE	EDITED FOR INSURANCE SERV. PAYABLE	3	22		001
475	QW MODIFIER NEEDED	QW MODIFIER NEEDED FOR TYPE OF CLIA CERTIFICATE	2	4	N517	453
476	BILL VISITS--SEE CPT	SEE CPT-MEDICAL TREATMENT OF ABORTION USE E AND M CODES	3	11		454
477	JUSTIFY OVER 1/A/YR	SEND DOC TO JUSTIFY OVER ONE PROCEDURE PER YEAR	3	119	N435	294 483
478	SONOGRAM-AND REPORTS	SEND WRITTEN SONOGRAM RESULTS WITH OP,PATH AND HISTORY	1	252	M29	300
479	DUR DATA UNNECESSARY	DUR DATA UNNECESSARY FOR CONFLICT,INTERVENTION,OUTCOME	3	95		566 216
480	DEDUCT EXCEEDS MAX	DEDUCTIBLE EXCEEDS MAXIMUM		1		483
481	JUSTIFY LAB TEST	SEND DOCUMENTS TO JUSTIFY SPECIFIC LAB TEST	1	252	N467	294 287
482	THERAPEUTIC DUP DENY	THERAPEUTIC DUPLICATION DENIAL,LIMITED TO SPECIFIC CLAS	3	96	M86	054 216
483	PREGNANCY DENIAL	PREGNANCY PRECAUTION-DENIAL-FDA CATEGORY X	3	114	N623	626
484	NEW RX REQUIRES PA	NEW RX WILL REQUIRE PA	3	197		048 219
485	PA REQUIRED	MD MUST CALL ULM-PA OPERATIONS STAFF	2	16	M62	048
486	PA EXPIRED	MD MUST CALL ULM-PA OPERATIONS STAFF	2	16	M62	046
487	PA-EMERGENCY-OVERRID	EMERGENCY OVERRIDE OF DRUG THAT REQUIRES PA	2	16	N54	048 216
488	ONLY-1ST DIAG,VS PD	KELOID TREATMENT-ONLY FIRST DIAGNOSTIC VISIT IS PAID	3	273		103
489	INVALID PRESCRIBERNO	PROVIDER TYPE NOT AUTHORIZED TO PRESCRIBE	3	184		25
490	UTILIZE HMO	MUST UTILIZE HMO SERVICES	4	24		139
491	PRESCRIBER IS GROUP	PRESCRIBER NUMBER NOT FOR INDIVIDUAL PRESCRIBER	3	184		025
492	HMO REVIEW	HMO EOB REQUIRES REVIEW		133		046
493	NON HOSPICE PROVIDER	SUBMIT JUSTIFICATION FOR SERVICES	3	B9		021 441
494	INVALID MSA CODE	MSA CODE IS INVALID	2	16	M49	021 490
495	NOT HOSPICE ELIGIBLE	NOT HOSPICE ELIGIBLE	3	96	N30	084
496	LEERS DATA CONFLICT	CONFLICT W LEERS DATA. VERIFY INFORMATION ON BIRTH REC	3	50	N661	287
497	INV PRESCRIB ID QUAL	INVALID PRESCRIBER ID QUALIFIER MUST BE 01 OR 05	2	16	N31	577 087
498	NO OF RX GR THAN LIM	NUMBER OF PRESCRIPTIONS GREATER THAN LIMIT	3	119	N362	483
499	JUSTIFY PATH CONSULT	SEND DOCUMENT TO JUSTIFY PATH CONSULT	1	252	M29	311
500	USE 62/66 MOD,RESUB	USE OF 62/66 MOD INDICATED BY REPORT;RESUB &/OR ADJUST	2	4	N517	453
501	CANNOT ADJUST PREPAY	CANNOT ADJUST ZERO-PAID CLAIM FROM PRE-PAY RVW PROCESS	3	B13		021 101
502	THER DUP-PA REQ	THERAPEUTIC DUP,MD TO FAX PA FORM TO 866-797-2329	3	39		
503	EXACT DUPE 16 TO 16	EXACT DUPE: IDENTICAL ADULT DAY CARE CLAIMS	2	18	N522	054
CLMCHK-505	CLM RECD NO CC EDITS	CLAIM DID NOT RECEIVE CXT EDITS	3	119	N45	020

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LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
507	SUBMIT CLAIM TO BYU	SUBMIT CLAIM TO BYU HEALTH PLAN	4	24		
508	SVC NOT PAID FOR IP	SVC NOT PAYABLE WHILE INPATIENT	3	96	M2	249 050 080
509	M/I SERV PRV ID QUAL	MISSING/INVALID SERVICE PROVIDER ID QUALIFIER	2	16	N253	745 050
510	ALLOW 1 PER 7 YEARS	ONLY 1 OF THESE PROCS IN 7 YEARS PER RECIP/PROVIDER	3	119	M86	483
511	PROV/HOSPICE NO MTCH	PROV ID NO ON CLAIM MUST MATCH PROV ID NO ON RECI FILE	2	16	N521	021 562
512	VNS REPROGRAMMING	SUBMIT MEDICAL DOCUMENTATION TO JUSTIFY REPROGRAMMING	1	252	N706	287
513	HCPCS REQ	HCPCS REQUIRED	2	16	M20	021 507
514	NO PRESCRIPTIVE AUTH	PRESCRIBING PROVIDER DOES NOT HAVE PRESCRIPTIVE AUTHORI	3	184		025 743
515	O/R REQ-SEND TO PA	OVERRIDE REQUIRED-SEND TO DENTAL PA UNIT	2	16	M76	123
516	CANNOT REVERSE CLAIM	PHARMACY CLAIM CANNOT BE REVERSED	2	18	N522	
517	NEMT MILEAGE	NEMT (CT08) ENCOUNTER MISSING MILEAGE	2	16	M53	021 267
518	EVV WORKER RECORD	EVV WORKER RECORD NOT ON FILE	0	835		
519	NEWBORN ZERO PD	NEWBORN CLAIM ZERO PAID	3	128		102
520	BILLED AMT MUST BE 0	VACCINES FROM VFC AT NO COST-BILLED AMT MUST BE 0	2	16	M79	178
521	USE INDIV PRESC NO	PRESCRIBING PRVI BILLED IS GROUP USE INDIVIDUAL PRES NO	2	16	N31	132
522	MOTH/NEWBRN BILL SEP	MOTHER/NEWBORN MUST BE BILLED SEPARATE	3	96	N15	238
523	CANNOT BE ADJUSTED	ADJUSTMENT IS INVALID, VOID AND REBILL	2	16	N152	001
524	ELIG FOR PACE ONLY	CAPITATED-SERVICE MUST BE AUTHORIZE/PAID BY PACE PROVDR	4	24		094
525	LOC NOT ON RECI FILE	LEVEL OF CARE NOT ON RECIPIENT FILE	2	16	N54	021 455
528	LACHIP AFFORDABLE	LACHIP AFFORDABLE SUBMIT CLAIM TO BCBS	3	22		114
529	EXCEEDS MAX DOSE	EXCEEDS MAXIMUM DAILY DOSE	3	153		483 724
530	SERVICE ALREADY PAID	RECIPIENT WAS REIMBURSED FOR THIS SERVICE	3	119	N111	065
531	DG USE NOT WARRANTED	DRUG USE NOT WARRANTED	3	50	N180	001 446
532	OOS SRVC REQ APPRVL	OUT OF STATE SERVICES REQUIRE DHH APPROVAL LETTER	3	197		001 048
533	OTC NOT COVERED LTC	OTC DRUGS ARE PART OF PER DIEM FOR LTC RECIPIENT	3	96	N174	091 373
534	PA APRVD PROC DELETD	PRIOR AUTHORIZATION APPROVED PRIOR TO DELETION OF CODE	3	96	N448	021 507
535	BILL MEDICARE PART D	BILL MEDICARE PART D	3	22	N751	171
536	BILL MEDICARE PART B	BILL MEDICARE PART B	3	22		171
537	OBRA 90 EXCLUDED DRU	OBRA 90 EXCUDED DRUG PAID BY MEDICAID	0	23		216
538	REV MED NECESSITY	REV DIAGNOSIS AND/OR ATTACHMENT FOR MEDICAL NECESSITY		133		287
539	CLAIM REQ DETAIL	CLAIM REQUIRES DETAILED BILLING	2	107		021 279
540	FP VISIT OVER MAX	FP VISIT EXCEEDS ANNUAL MAXIMUM ALL OWED	3	119	M86	483
541	IP SERV NOT COV FP	INPATIENT SERVICES ARE NOT COVERED BY THE FP PROGRAM	3	96	N30	227 626 084
542	UNITS > DAILY MAX	UNITS EXCEED MAXIMUM DAILY ALLOWED LIMIT	3	119	N362	612
543	UNITS 33-47	UNITS PAID BETWEEN 33 AND 47	3	119	N45	104
544	CT NOT COV FP	CLAIM TYPE/FORMAT NOT COVERED BY THE FP PROGRAM	3	96	N30	227 626 084
545	REV CODE INVALID NDC	REVENUE CODE INVALID FOR REPORTING NDC INFO	2	199		021 455
CLMCHK-546	LINE ADDED-REB	CLAIM LINE ADDED AS A RESULT OF CXT REBUNDLING	3	59		012
CLMCHK-547	PROC REB REL TO CURR	PROCEDURE REBUNDLED DUE TO CURRENT CLAIM/CXT	4	97		012
CLMCHK-548	PROC REB REL TO HIST	PROCEDURE REBUNDLED DUE TO CURRENT CLAIM/CXT	4	97		012
CLMCHK-549	HST PROC VOIDED-REB	HISTORY PROC VOIDED DUE TO REBUNDLING/CXT	3	59		012
550	NO MULTI - PROVIDERS	MULTIPLE PROVIDERS WILL NOT BE PAID FOR THIS PROCEDURE	2	18	N522	676
551	PRE-PAY REVIEW 0-PAY	ZERO PAID DUE TO PRE-PAYMENT REVIEW	3	96	N10	20
552	SUSPCT DUPE 16 TO 02	SUSPCT DUPE: ADULT DAY CARE AND LTC	2	18	N522	054
553	SUSPCT DUPE 16 TO 16	SUSPCT DUPE: IDENTICAL ADULT DAY CARE CLAIMS	2	18	N522	054
CLMCHK-554	DUPLICATE SERVICES	DUPLICATE UNILATERAL/BILATERAL SERVICE/CXT	2	18	N522	054
555	SUBMIT CLAIM TO SMO	SUBMIT CLAIM TO LBHP SMO	4	24		

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ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
556	ATND PRV NOT LNK BYU	BILLING/ATTENDING/SERVICING/PROVIDER NOT LINKED TO PLAN	3	185		054
557	PRE-PAY REV OVERRIDE	ALLOW ADJUST/VOID FOR PREPAY ZERO-PAID CLAIM		216	MA67	20
CLMCHK-558	ASSIST SURG INVALID	ASSISTANT SURGEON INVALID FOR THIS PROCEDURE/CXT	3	54		154
559	HOME LEAVE DAYS ADJ	HOME LEAVE DAYS AT 75%	3	119	N45	001
560	ALL BUT MAJ. NEED 51	CANNOT PAY MAJOR UNTIL SECONDARY IS PAID AT 50%	3	59		001
561	COMPOUND NOT ALLOWED	LA POS DOES NOT PROCESS COMPOUND PRESCRIPTIONS	3	96	N643	454
562	EDC ON 96 AND NOTES	LESS THAN 30 DAYS NEED EDC ON 96 AND RECORDS TO SUPPORT	1	252	N28	001
563	PRIOR USE METFORMIN	REQ AT LEAST 90 DAYS OF METFORMIN USE IN LAST 180 DAYS	3	96	N130	054
CLMCHK-564	MAX SERVICE LIFETIME	MAXIMUM SERVICES EXCEEDED-LIFETIME/CXT	3	35		483
CLMCHK-565	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CXT	3	119	N362	483
566	ADJ MAJOR WITH 62/66	ADJ MAJOR WITH 62 OR 66 THEN SECONDARY (S) WILL BE PAID	2	4	N517	530 521
CLMCHK-567	INCIDENTAL PROC/CURR	PROCEDURE INCIDENTAL TO PROC ON CURR CLAIM/CXT	3	59		465
568	NOT LTC ELIGIBLE	NOT LTC ELIGIBLE	3	96	N30	187
569	HOSP LEAVE DAY ADJ.	HOSP LEAVE DAY ADJ. REL TO MEDICAID SPENDING RED PLAN	3	96	N130	001
570	ADJ. REL BUDGET CUTS	ADJUSTMENT RELATED TO MEDICAID SPENDING REDUCTION PLAN	3	96	N130	001
571	NH OFFSET	NH OFFSET ADJ. REL TO M'CAID SPEND REDUCT PLAN $1.11	3	96	N130	001
572	ER TRANSPORT OFFSET	ER TRANSPORT OFFSET REL TO M'CAID SPEND RED PLAN	3	96	N130	001
CLMCHK-573	INCIDENTAL PROC/HIST	PROCEDURE INCIDENTAL TO PROC IN HISTORY/CXT	3	59		465
CLMCHK-574	HIST PROC VOIDED-INC	HISTORY PROC VOIDED-INCIDENTAL TO CURRENT/CXT	3	59		465
575	MISS/INV DIAG CODE	MISSING OR INVALID DIAGNOSIS CODE	2	16	MA63	255
576	MISS/INVLD PA/MC COD	MISSING OR INVALID PA/MC CODE OR NUMBER FOR RX OVERRIDE	2	16	M62	322
577	OVERRIDE OF RX LIMIT	OVERRIDE OF MONTHLY PRESCRIPTION LIMIT	3	119	N45	483
578	INV POS/MOD COMBO	INVALID PLACE OF SERVICE/PROCEDURE MODIFIER COMBINATION	3	5	M77	249 453
CLMCHK-579	MUTUALLY EXCLU-CURR	PROC MUTUALLY EXCLUSIVE TO ANOTHER CURR PROC/CXT	3	231		465
580	ADJ INTO PAID LINE	COMBINE CHARGES AND ADJUST THIS LINE INTO THE PAID LINE	4	97	M15	042
581	HURRICANE-REL WO ATT	HURRICANE RELATED CLAIMS ALLOWED TO PROCESS W/O ATTACHM	1	252	N706	020
CLMCHK-582	MUTUALLY EXCLU-HIST	PROCEDURE MUTUALLY EXCLUSIVE TO PAID PROC/CXT	3	231		465
CLMCHK-583	HIST PROC VOIDED-ME	HIST PROC VOIDED-MUTUALLY EXCLUSIVE TO CURR/CXT	3	231		465
584	PROC/SEX CONFLICT	PROCEDURE CODE/SEX CONFLICT-CLAIMCHECK	3	7		474
CLMCHK-585	PRE-OP PROC/CURR	PROCEDURE DENIED IN PRE-OP PERIOD-CURR/CXT	4	97	M144	454
CLMCHK-586	PRE-OP PROC/HIST	PROCEDURE DENIED IN PRE-OP PERIOD-HIST/CXT	4	97	M144	454
CLMCHK-587	HIST PROC VOIDED-PRE	HISTORY PROC VOIDED-PRE-OP PERIOD OF CURR/CXT	4	97	M144	454
CLMCHK-588	POST-OP PROC/CURR	PROCEDURE DENIED IN POST-OP PERIOD-CURR/CXT	4	97	M144	454
CLMCHK-589	POST-OP PROC/HIST	PROCEDURE DENIED IN POST-OP PERIOD-HIST/CXT	4	97	M144	454
590	RECI IS MEDCARETCHOI	RECIPIENT IS MEDICARETCHOICE	3	22		085 590
CLMCHK-591	HIST PROC VOIDED-PST	HISTORY PROC VOIDED-POST-OP PERIOD OF CURR/CXT	4	97	M144	454
CLMCHK-592	E&M NOT PAYABLE/CURR	E&M CODE NOT PAYABLE SAME DAY-CURR/CXT	4	97	N20	187
CLMCHK-593	E&M NOT PAYABLE/HIST	E&M CODE NOT PAYABLE SAME DAY-HIST/CXT	4	97	N20	187
CLMCHK-594	HIST PROC VOIDED/VIS	HISTORY PROC VOIDED-E&M NOT PAYABLE/CXT	4	97	N20	187
CLMCHK-595	PROC SPL REL TO CURR	PROCEDURE SPLIT TO ALLOW PARTIAL PAYMENT/CXT	4	B10		258
CLMCHK-596	LINE ADDED-SPL	CLAIM LINE ADDED AS A RESULT OF CXT SPLIT	3	59		258
597	PA/CLM MOD NOT SAME	PA MODIFIER DOES NOT MATCH CLAIM MODIFIER	2	4	N519	453
598	PA TOOTH/CAV NQ CLM	PA TOOTH/ORAL CAVITY CODE NOT SAME AS CLAIM	2	16	N346	084
599	PROC CODE MISMATCH	PROCEDURE CODE MISMATCH	3	7		84
600	QTY EXCEEDS MAX	QTY EXCEEDS MAX-MD FAX LA UNIFORM PA FORM 866-797-2329	2	16	N378	483
601	ADULT DENTAL-UNDER21	ADULT DENTAL CLAIM FILED FOR RECIP UNDER 21	3	6	N129	089 158
602	SURFACE CODE CONF	CLAIM DOES NOT INDICATE CORRECT NUMBER OF SURFACES	2	16	N75	240

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603	TOOTH/CAVITY CDE REQ	TOOTH CODE/ORAL CAVITY DESIGNATOR REQUIRED	2	16	N37	244
604	EPSDT DENT AGE GR 21	EPSDT DENTAL CLAIM - RECIPIENT AGE GREATER THAN 21	3	6	N129	089 158
605	OVER LMT PER PREG	EXCEEDS LIMIT PER PREGNANCY	3	119	M86	483
606	ADULT DENTAL REQ PA	ADULT DENTAL CLAIM MUST BE PRIOR AUTHORIZED	2	16	N54	252
607	PA DATE GR SERV DATE	PA DATE GREATER THAN SERVICE DATE	3	198	N351	642
608	SEAL.NOT PAY.TOOTH	SEALANT NOT PAYABLE FOR THIS TOOTH	2	16	N39	244
609	RESTOR NOT ALLOW-AGE	RESTORATION NOT ALLOWABLE DUE TO PATIENT AGE	3	6	N129	475
610	PRVIDERMUSTSUBMIT	NOT ACCEPTING CLAIMS FROM SHARED PLANS	2	16	N32	496
611	PULPOTOMY NO PAY-PER	PULPOTOMY NOT PAYABLE FOR PERMANENT TOOTH	3	96	N174	107
612	PIN NOT PAY THIS TOO	PIN NOT PAYABLE FOR THIS TOOTH	3	96	N174	107
613	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	2	16	N37	244
614	REN-PRO-ID-NOT-ON-FI	RENDERING PROVIDER IDENTIFIER NOT ON FILE	0	226	N831	001
615	REBIL W/APP PRIM CDE	MUST BE BILLED WITH APPROPRITATE PRIMARY CODE	2	107		021 507
616	ONE PANEL/PREGNANCY	ONLY ONE PRENATAL LAB PANEL PER PREGNANCY	3	119	M86	483
617	OTH-PROV-NOT-ON-FILE	OTHER PROVIDER NOT ON FILE	0	226	N831	001
618	REF-PROV-NOT-ON-FILE	REFERRING PROVIDER NOT ON FILE	0	226	N831	001
619	ORD-PROV-NOT-ON-FILE	ORDERING PROVIDER NOT ON FILE	0	226	N831	001
620	PAN & IND CODE/ PANE	ONE URINALYSIS,PER PREGNANCY PAYABLE	3	119	M86	419
621	NEED OP/PATH/HISTORY	RESUBMIT WITH OPERATIVE AND PATH REPORTS AND HISTORY	1	252	M29	304
622	EXACT DUPE 01 TO 03	OUTPATIENT AND INPATIENT HOSPITAL SERVICES ON SAME DAY	3	60		054
623	EXCEEDS ONE PER YEAR	SEND DOCUMENTAION TO JUSTIFY MORE THAN ONE PER YEAR	1	252	N706	483
624	THIS SERV NOT PAYABL	THIS CHIROPRACTIC SERVICE NO LONGER PAYABLE	3	96	N30	107
625	MED NEC INSUFFICIENT	DOCUMENTATION OF MEDICAL NECESSITY INSUFFICIENT	3	50	N661	287
626	SEND EPSDT REFERRAL	SEND EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	1	252	N706	287
627	SEND MED NECESSITY	SEND PROOF OF MEDICAL NECESSITY AND EPSDT REFERRAL	1	252	N706	287
628	NEED EPSDT & MED NEC	NEED EPSDT REFERRAL AND PROOF OF MEDICAL NECESSITY	1	252	N706	403
629	ALLOW 1 PER 8 YEARS	ONLY 1 OF THESE PROCES IN 8 YEARS PER RECIP/PROVIDER	3	119	M86	483
630	DOC/FAILED RESTORATI	RESUBMIT WITH DOCUMENTATION OF PREV FAILED RESTORATION	1	251	N683	123
631	EPSDT AGE ERROR	EPSDT AGE OVER 21	3	6	N129	475
632	PROCESSED FOR UHC	UHC CLAIM PROCESSED BY MOLINA	3	166		
633	DENY FOR NOCVERSHEET	MISSING COVER SHEET ON MEDICARE CROSSOVER PAPER CLAIM	1	250	N706	21
CLMCHK-634	HX MAX ALLOWED/DAY	HISTORICAL SERVICE EXCEEDS MAXIMUM ALLOWED PER DAY/CXT	3	119	N362	483
CLMCHK-635	HX REQ MOD-51 CXT	HISTORICAL PROCEDURE REQUIRES MODIFIER 51/CXT	2	4	N517	453
636	REBILL VISIT CODE	CRITICAL CARE/CONSULT NOT DOCUMENTED-BILL CORRECT VISIT	2	16	N56	294 193
637	SEE MED SERV MANUAL	MATERNITY ANES. SEE PG. 10-5 OF MEDICAL SERVICES MANUAL	3	95		262
CLMCHK-638	HX DN REQ-51 CXT	HISTORICAL PROCEDURE DOES NOT REQUIRE MODIFIER 51/CXT	2	4	N519	453
639	MC-XOVER-NON-FINANCE	MEDICARE CROSSOVER ADJUSTMENT MON-FINANCIAL	0	23		065
640	EXCEEDS MAX,PHYS,YRS	EXCEEDS MAXIMUM ALLOWED BY SAME PHYSICIAN W/I 3 YEARS	3	119	M86	483
641	INVALID CLAIM ADJUD	NO SECONDARY SERVICE LINES RELATED TO HR490 APPROVED	3	272		481
642	1 CONSLT/PHYS/HOSP	ONLY 1 INITIAL CONSULT-SAME PHYS.PER HOSPITALIZATION	3	B14	M86	483
643	EXCEEDS DAY MAX VISI	EXCEEDS DAILY MAXIMUM ALLOWED VISITS	3	119	M86	483
644	VISIT CODE PD/DOS	VISIT CODE ALREADY PAID FOR THIS DATE OF SERVICE	3	B14	M86	054
645	NEW/EST PT CONFLICT	NEW/ESTABLISHED PATIENT CONFLICT	3	B16		107
646	EXCEEDS DAY MAX VISI	EXCEEDS DAILY MAXIMUM VISITS PER PROVIDER/SPECIALTY	3	119	N362	483
647	RXNO USE GR THAN LIM	USAGE OF SAME RX NUMBER GREATER THAN SYSTEM LIMIT	3	273		219
648	DOC REQ CONCUR CARE	RESUBMIT W/DOCUMENTATION SUBSTANTIATING CONCURRENT CARE	1	252	N4	294 287
649	PAY ADMIN ONLY	ADMINISTRATION ONLY IS REIMBURSABLE	3	B20		490

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650	PAY RED TO STATE MAX	PAYMENT MADE AT STATE MAXIMUM	0	45		483
651	EVV PROC NO MATCH	EVV SERVICE REC PROC NO MATCH	0	835		
653	PROCESSED FOR CHS	CHS CLAIM PROCESSED BY MOLINA	3	166		
655	BRAND DRUG PREFERRED	BRAND DRUG PREFERRED WITHOUT PA	2	16	M119	216 701
656	OVER MAX DURATION	EXCEEDS MAXIMUM DURATION OF THERAPY	3	119	N362	352
658	PRIOR PAYMNT REDUCED	PRIOR PAYMENT REDUCED	2	4	N517	453
659	REBIL W/ONE PRIM CDE	REBILL.ONLY ONE PRIMARY VACCINE ADMIN CODE ALLOWED/DAY	3	96	N362	216
660	RED TO MULTI-SRC MAX	PAYMENT REDUCED TO MULTI-SOURCE MAXIMUM	0	45		631
661	MEDICARE-COVERAGE	CLM VOID/ADJ BY STATE**RECIPIENT HAS MEDICARE COVERAGE	3	22		101
662	PAY REDUCED BY COPAY	PAYMENT REDUCED BY COPAY		3		001 106
CLMCHK-663	NEW/EST PT CONFLICT	NEW/ESTABLISHED PATIENT CONFLICT/CXT	3	B16	M86	454
664	1 PAYABLE/180 DAYS	ONLY ONE (1) PAYABLE PER 180 DAYS	3	119	M86	483
665	RESUB HRDCPY ADJ/VOI	MEDICARE ADJ/VOID;RESUBMIT HARDCOPY ADJ OR VOID CLAIM	1	252	N706	001 279
666	CLAIM FROM BYU UHC	CLAIM SUBMITTED TO MOLINA BY BYU UHC (UNITED)	4	24		
667	CLAIM FROM BYU CHS	CLAIM SUBMITTED TO MOLINA BY BYU CHS (COMMUNITY)	4	24		
668	MUST HAVE EPI INJ RX	MUST HAVE EPINEPHRINE INJ RX WITHIN THE LAST YEAR	1	250	N667	
CLMCHK-669	RESERVED FOR CXT	RESERVED FOR CLAIMSXTEN	2	4		
670	ATT-PRO-ID-NOT-ON-FI	ATTENDING PROVIDER PRIMARY IDENTIFIER NOT ON FILE	0	226	N831	001
671	PAID. DO NOT REBILL	INCLUDED IN PAID PRE/POSTNATAL CAREVISIT. DO NOT REBILL	4	97	M80	012
672	SERVICE IN PD 77427	SERVICE INCLUDED IN PAID 77427	4	97	M80	012
673	EVAL & MGT PD DOS	EVAL AND MGT CODE PAID FOR THIS DOS	4	97	M80	012 054
674	DOCUMENT NAME CHANGE	96/96A--DOC.NAME CHANGE-PG28 PROF SERV 2000 TRAIN PACK	1	251	N28	001
675	VACCINE/ADM CONFLICT	VACC & ADM MUST PAY/AGREE;IF ONLY ONE PAYS TOTAL DENIES	2	107		216
676	PRIMARY CODE DENIED	PAYABLE ONLY IF PRIMARY CODE IS PAID	2	107		104
677	RESTORATIVE/SURG REQ	RESTORATIVE AND/OR SURGICAL SERVICE REQ ON SAME DOS	2	107		454
678	GLOBAL CODE PD	GLOBAL CODE PD THIS DOS THIS RECIP	3	B15	N20	419
679	NEMT TEMP MILEAGE	NEMT TEMPORARY MILEAGE RATE INCREASE	2	16	M51	21 454
680	ABORT PD MOTHER LIFE	ABORTION PAID MOTHERS LIFE ENDANGERED	3	119	N45	001 291
681	BLK 82/83 SRGN NAME	NEED SURGEONS NAME IN BLOCK 82 OR 83 ON UB92	2	16	N261	125
682	96A INCOMPLETE/INCOR	96A INCOMPLETE OR INCORRECT	1	251	N28	294 466
683	96A DATED AFTER HYST	96A DATED AFTER HYST-RESUB WITH EMERGENCY DOCUMENTATION	1	251	N28	471
684	NEED EDC ON FORM 96	NEED EDC ON 96-SIGNATURE LESS THAN 30 DAYS FROM TUBAL	1	251	N28	294 466
685	NEED SPECIFIC REPORT	RESUBMIT WITH SPECIFIC RELATED REPORT	1	252	N714	304
686	ADMIT HIST,PHY,DISCH	RESUBMIT WITH ADMIT HISTORY,PHYSICAL,DISCHARGE SUMMARY	1	252	N221	308
687	EVV NONCOMPLIANCE	EPSDT PERSONAL CARE SERVICES PROVIDER EVV NONCOMPLIANCE	3	95	N824	784
688	ICFMR RESPONSIBILITY	ICFMR FACILITY IS REQUIRED TO PROVIDE THIS SERVICE	4	97	M97	107
689	MHR SERV PD THIS DOS	MHR SERVICES ALREADY PAID FOR THIS DATE OF SERVICE	2	18	N522	054
690	PAYMENT IN SURG FEE	PAYMENT INCLUDED IN SURGERY FEE	4	97	M144	107
691	REBILL SURGERY	VISIT PAID IN GSP.VOID VISIT;REBILL SURGERY	4	97	M80	107
692	SEND TEST AND RESULT	VISUAL FIELD TEST AND RESULTS NEEDED FOR REVIEW	1	252	M29	398
693	ADJUST PAID LINE	ONLY A PAID LINE/THE CORRECT PAID LINE CAN BE ADJUSTED	2	16	N152	001 258
694	DID NOT SUB REQ DOC	REQUESTED DOCUMENTS WERE NOT SUBMITTED	1	252	N706	095
695	HOSP DISCHARGE PAID	ONE HOSPITAL DISCHARGE SERVICE PAID PER ADMISSION	2	18	N522	107
696	PROBLEM CODE PD 2YRS	PROBLEM ORIENTED CODE PAID WITHIN 2 YEARS	3	96	N357	107
697	EXCEEDS MAX DURATION	EXCEEDS MAX DURATION MD FAX OVERRIDE FORM 866-797-2329	3	35		352
698	CUTBACK-SERV 1 YEAR	CUTBACK-REPAIR MUST YIELD DENTURE SERVICEABLE FOR 1 YR	3	273		483
699	REPR DENIED 1 YEAR	REPAIR DENIED FOR 1 YR POST INSERTION	3	96	M86	107

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LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
700	EVV REC MOD	EVV SERVICE REC MOD NO MATCH	0	835		
701	FOLLOW UP VS CHG	CONSULT FOLLOW-UP VISITS NOT ALLOWED.	4	97	M86	107
702	NEW PT/EST PT CD CON	NEW PATIENT/ESTABLISHED PATIENT CODE CONFLICT	3	B16		107
703	SEPARATE CHGS EPIS.	EPISIOTOMY INCLUDED IN DELIVERY CHARGE	4	97	N19	107
704	ER VISIT/INP HOS SER	ER VISIT ON DATE OF INP HOS SERVICES	3	96	M2	107
705	AID/RN/PT NO SAME DY	AIDE/RN/PT VISIT SAME DAY NOT ALLOWED/H.HEALTH	3	96	N20	107
706	SEPARATE NB CARE CHG	FOLLOWUP NB CARE BILLED SEPARATELY	4	97	M86	238
CLMCHK-707	RESUB W/MOD-50 1UNIT	BILATERAL-RESUBMIT WITH MODIFIER-50-ONE UNIT	2	4	N517	
708	340B NOT ALLOWED	340B CLAIM NOT ALLOWED FOR THE NDC SUBMITTED	3	96	N448	003
709	STERIL CONSENT	STERILIZATION CONSENT F0RM INCORRECT/ILLEGIBLE	1	251	N28	046
CLMCHK-710	VOID PD CLM-SUB W/50	BILATERAL-VOID PAID CLAIM-RESUBMIT WITH MOD-50 ONE UNIT	2	4	N517	
711	SAME SPEC/SUBSP PAID	SAME SPECIALTY/SUBSPECIALTY PAID ON SAME DATE OF SERV	2	18	N522	107
712	INITIAL HOSP INPT PD	ONE INITIAL HOSPITAL INPATIENT SERVICE PAID PER ADMISS	2	18	N522	107
713	MULTI-CHANN TEST SEP	PANEL AUTOMATED MULTICHANNEL TEST	4	97	N20	419
714	HMA ADJ DEN NEG AMT	HMA ADJ DENIED DUE TO NEG OR ZERO AMT	3	22	N245	
715	2ND. VISIT SAME DAY	FOUND DUPLICATE VISIT SAME DAY	2	18	N522	054
716	PROC INCLUDED IN OV	PROCEDURE INCLUDED IN THE PHYSICIAN VISIT	4	97	N122	107
717	NON-PHARMACY BENEFIT	NON-PHARMACY BENEFIT	2	16	N65	046
718	COPAY LIFTED TEMP	RECIPIENTS COPAY LIFTED TEMPORARILY	0	3	N58	001 106
719	EMERG COMB XRAY ONLY	EMERGENCY CAN BE COMBINED WITH X-RAY ONLY	3	96	M80	107
720	TO BE BILLED BY PROV	MUST BE BILLED BY PROVIDER OF SERVICE	3	96	N32	487
721	SUR ASST NOT NEEDED	PROCEDURE DOES NOT WARRANT SURGICAL ASSIST	3	54		414
722	BILL EMERG OV/XRAY	EMERGENCY CANNOT BE COMBINED WITH CODES OTHER THAN XRAY	3	96	M80	107
723	PROV RESPONSIBLE/SVC	PROVIDER RESPONSIBLE FOR THIS SERVICE	3	119	N362	106
724	EXCEEDS MAX DOLLAR	EXCEEDS MAXIMUM DOLLAR AMOUNT PER TOOTH	3	273		483
725	D&C/BIOP-CERVIX CRG	SEE CPT-CODE 57520 INCLUDES D&C/DO NOT BILL CODE 58120	4	97	N122	107
726	MULTIPLE SURGERY	MULTIPLE SURGERY-PENDED FOR REVIEW		133		046
727	EXCEEDS DAILY MAX	EXCEEDS DAILY SERVICE MAXIMUM	3	96	N362	483
728	BLOOD COMP + PANEL	BLOOD COMPONENT BILLED ALONG WITH PANEL CODE	4	97	N122	419
729	URINE COMP + PANEL	URINE COMPONENT BILLED ALONG WITH PANEL CODE	4	97	N122	419
730	1 INP HSP VST PER DA	ONE INP HOSP INITIAL/SUBSEQ CARE VISIT ALLOWED PER DAY	3	96	N640	483
NCCI -731	CCI:INCIDENTAL-CURR	CCI:PROCEDURE INCIDENTAL TO ANOTHER CURRENT PROCEDURE	3	59		001
732	ATTACH DETAIL.DESCR.	ATTACH DETAILED DESCRIPTION OF PROCEDURE	1	252	N706	306
733	95165-90 DAYS	95165-90 DAYS	3	119	M86	483
734	EXCEEDS-MAX-UNITS-AL	RECIPIENT HAS EXCEEDED MAXIMUM ALLOWED SERVICES PER 6MO	3	119	M86	483
735	PREV PD ANES-SAME RE	PREVIOUSLY PAID ANES.OR SUPERVISING ANES,SAME RECI/DOS	2	18	N522	107
737	FEE IN SCREEN. FEE	FEE INCLUDED IN SCREENING FEE	4	97	N20	012
738	NOT CCM ELIGIBLE	RECIPIENT NOT ELIG FOR THIS SERVICE-ON DATE OF SERVICE	3	27	N30	109
739	EXCEEDS-MAX-UNITS-AL	RECIPIENT HAS EXCEEDED MAXIMUM ALLOWED SERVICES PER YR	3	119	M90	483
740	1-INTRAOCULAR-LEN-AL	ONLY ONE PROCEDURE V2630,V2631,V2632 ALLOWED PER RECIP	3	96	M86	483
741	ONLY 1 PER YEAR/RECI	ONLY 1 D0120/D0272/D1110/D1120/D1203/D1204 PER YR/RECI	3	119	M90	483
742	ALLOW 1 PER 5 YEARS	ONLY 1 OF THESE PROCS ALLOWED IN 5 YEARS PER RECIP/PROV	3	119	M86	483
743	PREG EXCEEDED	MAX PER PREGNANCY EXCEEDED	3	119	M86	483
744	EVV REC DOS	WORKER REC NOT ON FILE FOR DOS	0	835		
745	1/PREG-158A NEEDED	ONE ALLOWED/PREG.;158-A NEEDED FOR UNUSUAL SITUATIONS	1	252	N170	483
746	SAME ATTD PD IP CONS	SAME ATTENDING PROV PAID INPT CONSULTATION SAME STAY	2	18	N522	107
747	MCO MISMATCH	MCO MISMATCH ON INCOMING ENCOUNTER VOID	2	16	M56	001

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LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

	ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
	748	1 DEL.ALLOW. 6MTH.SP	ONLY 1 DELIVERY ALLOWED IN 6 MONTH SPAN	3	119	M86	483
	749	DEL HYST/STER CONFLI	DELIVERY BILLED AFTER HYSTERECTOMY/STERLIZ WAS DONE	2	16	MA66	451
	750	STERILIZATION INDIC	FOUND PROC. 2 X INDICATES STERILIZATION		216		001
	751	HYST REQ ACK	HYST REQ ACKNOWLEDGEMENT OR PROOF PREVIOUSLY STERILE	1	251	N28	107
	752	TL NEEDS OFS 96	STERILIZATION REQUIRES OFS FORM 96.	1	251	N28	421
	753	REBILL-DELIVERY	REBILL DELIVERY (DELIVERY-SURGERY) CODE & OFFICE VISIT	3	96	N61	238
	754	RVW READMIT/DSCHG DX	PEND FOR REVIEW OF READMIT/DISCHARGE DIAGNOSIS		133		046
	755	BILL AS ADJ/CNT STAY	THIS SHOULD BE BILLED AS ADJUST.FOR CNT STAY	2	16	N50	001
	756	DOC/READMIT SAME DAY	RESUBMIT WITH DOCUMENTATION OF DISC/READMIT SAME DATE	1	251	N222	294 317
	757	ADJ PD LINE 51 MOD	ADJUST PAID LINE WITH 51 MODIFIER THEN RESUBMIT MAJOR	2	4	N517	001
	758	FND DUP SERV SM DAY	FOUND DUPLICATE SERVICE SAME DAY	2	18	N522	054
NCCI	-759	CCI:INCIDENTAL-HIST	CCI:PROCEDURE INCIDENTAL TO PROCEDURE IN HISTORY	3	59		483
	760	AIR TRNSPT REQS P/A	AIR TRANSPT CLAIMS REQUIRES STATE APPROVAL	2	16	N54	048
	761	SEND DATED OP REPORT	SEND DATED OPERATIVE REPORT FOR DATE BILLED	1	252	M29	298
	762	SEND DATED NOTES	SEND SPECIFIC DATED NOTES FOR EACH DATE BILLED	1	252	N710	297
	763	CORRECT OFS 96 SEC 1	OFS 96 CORRECTABLE ERROR IN SECTION 1	1	251	N28	021 065
	764	CORRECT OFS 96 SEC 2	OFS 96 CORRECTABLE ERROR IN SECTION 2	1	251	N28	021 065
	765	CORRECT OFS 96 SEC 3	OFS 96 CORRECTABLE ERROR IN SECTION 3	1	251	N28	021 065
	766	CORRECT OFS 96 SEC 4	OFS 96 CORRECTABLE ERROR IN SECTION 4	1	251	N28	021 065
	767	OFS96 NONCORRECTABLE	OFS 96 ERROR IN 7 8 10 11 14 15-DO NOT RESUBMIT	1	251	N28	021 065
	768	RESUB/CORRECT MOD	NO DOCUMENTATION FOR 62/66;CORRECT/RESUBMIT	1	252	N706	294 453
	769	REFERRED TO P.A.	TO BE REVIEWED BY PRIOR AUTHORIZATION;DO NOT RESUBMIT	3	96	N10	046
	770	PERTINENT HIST/REQ	RESUBMIT WITH PERTINENT HISTORY	1	252	N683	406
	771	SEND L & D RECORDS	RESUBMIT WITH LABOR AND DELIVERY RECORDS	1	252	M127	294 317
	772	JUSTIFY/#UNITS	SEND NOTES JUSTIFYING # OF UNITS BILLED	1	252	N710	297
	773	IN TRANSPLANT FEE	INCLUDED IN GLOBAL FEE FOR TRANSPLANT	4	97	M144	012
	774	INC IN RELATED SERV	INCLUDED IN RELATED SERVICE	4	97	M80	012
	775	PAY CUT SAME TOOTH	PAYMENT CUTBACK SAME TOOTH	3	273		054
	776	ONGOING CM PRIOR TO	ONGOING CM PRIOR TO INITIAL CM ~	3	B16		451
	777	ABORTION RAPE-PAID	ABORTION DUE TO RAPE PAID	3	119	N45	291
	778	CIRCLE UNLISTED DESC	CIRCLE UNLISTED CODE DESCRIPTION IN-OPERATIVE REPORT	1	251	N233	306
	779	PROC:EXTRCT NOT PAY	PROCEDURE ON EXTRACTED TOOTH NOT PAYABLE	2	16	N39	451
	780	REBILL CORRECT UNITS	UNITS AVAILABLE FOR CODE--REBILL USING UNITS	2	16	M53	476
	781	MODIFIER NOT CORRECT	INAPPROPRIATE PROCEDURE CODE MODIFIER-REBILL	2	4	N519	453
	782	SEND DATED NOTES	EXCEEDS SONOGRAMS/PREGNANCY IN 270 DAYS	3	119	M86	483
	783	EXCEEDS SONOS/270DAY	JUSTIFY ADDITIONAL SONOGRAMS W PERTINENT DATED NOTES	1	252	N710	294 287
	784	EXCEEDS MO LIMIT	EXCEEDS MONTHLY LIMIT	3	119	M86	483
	785	SERV REV/CHIRO CNSLT	SERVICE LIMIT REVIEW BY CHIROPRACTIC CONSULTANT		133		046
	786	N/A	HUMANA REIMBURSED MEDICAID FOR CLAIM PAYMENT	4	24		
	787	SEND ALL DOCUMENTS	INADEQUATE DOCUMENTATION-SEE FEB 94 & AUG 93 UPDATES	1	252	N683	021 317
	788	DAILY NOTES NEEDED	DAILY NOTES(TREATMENT,PROGRESS)NEEDED	1	252	N710	297
	789	ABORTION INCEST-PAID	ABORTION DUE TO INCEST PAID	3	119	N45	001
	790	3 HOSP VISIT SERV PD	3 HOSPITAL INPATIENT SERV PAID FOR SAME DATE OF SERVICE	3	96	M86	107
	791	CODE CONFLICT	BILLED CODE CONFLICTS WITH CODE ALREADY PAID	3	119	M86	483
CLMCHK	-792	CLM BYPASS CC EDITS	CLAIM BYPASSED THE CXT EDITS	4	97	N130	065
	793	PCA SERV LIMIT EXCEE	PCA SERVICE LIMIT EXCEEDED	3	119	M86	483
	794	INPT SER PD SAME ATT	INPT HOSP SERV PAID FOR SAME DOS TO SAME ATTENDING PROV	2	18	N522	107

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CLMCHK-795	CLM BYPASS PAM EDITS	CLAIM BYPASSED THE PAM EDITS/CXT	4	97	N130	065
796	ORIG/ADJ PROV DIFF	ORIG/ADJ BILLING PROVIDER NUMBER DIFFERENT	2	16	N257	521
797	DUP ADJ. RECORD	DUPLICATE ADJUSTMENT RECORDS ENTERED	2	18	N522	054
798	HIST ALREADY ADJSTED	HISTORY RECORD ALREADY ADJUSTED	2	18	N522	521 054
799	NO ADJ HISTORY	NO HISTORY RECORD ON FILE FOR THIS ADJUSTMENT	2	16	N152	035
800	ON-LINE DUPE DENY	DUPLICATE OF PREVIOUSLY PAID CLAIM	2	18	N522	054
801	EXACT DUPE 01 TO 01	EXACT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	2	18	N522	054
802	EXACT DUPE 01 TO 14	EXACT DUPLICATE ERROR: HOSPITAL AND TITLE18-INSTITUTION	2	18	N522	054
803	EXACT DUPE 02 TO 02	EXACT DUPLICATE ERROR: IDENTICAL LTC CLAIMS	2	18	N522	054
804	EXACT DUPE 02 TO 14	EXACT DUPLICATE ERROR: LTC AND TITLE18-INSTITUTIONAL	2	18	N522	054
805	EXACT DUPE 03 TO 03	EXACT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS	2	18	N522	054
806	EXACT DUPE 03 TO 05	EXACT DUPLICATE ERROR: OUTPATIENT AND REHAB SERVICES	2	18	N522	054
807	EXACT DUPE 03 TO 06	EXACT DUPLICATE ERROR: OUTPATIENT AND HOME HEALTH	2	18	N522	054
808	EXACT DUPE 03 TO 07	EXACT DUPLICATE ERROR: OUTPATIENT AND AMBULANCE	2	18	N522	054
NCCI -809	CCI:UNITS EXCEED MUE	CCI: UNITS OF SERVICE EXCEEDS MEDICALLY UNLIKELY EDIT	3	59		001
810	EXACT DUPE 03 TO 09	EXACT DUPLICATE ERROR: OUTPATIENT AND DURABLE-EQUIPMENT	2	18	N522	054
811	EXACT DUPE 03 TO 13	EXACT DUPLICATE ERROR: OUTPATIENT AND EPSDT	2	18	N522	054
812	EXACT DUPE 03 TO 15	EXACT DUPLICATE ERROR: OUTPATIENT AND TITLE18	2	18	N522	054
813	EXACT DUPE 04 TO 04	EXACT DUPLICATE ERROR: IDENTICAL PHYSICIAN CLAIMS	2	18	N522	054
814	EXACT DUPE 04 TO 15	EXACT DUPLICATE ERROR: PHYSICIAN AND TITLE18	2	18	N522	054
815	EXACT DUPE 05 TO 05	EXACT DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS	2	18	N522	054
816	EXACT DUPE 05 TO 06	EXACT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH	2	18	N522	054
817	EXACT DUPE 05 TO 07	EXACT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE	2	18	N522	054
818	EXACT DUPE 05 TO 08	EXACT DUPLICATE ERROR: REHAB-SERVICES AND NON-AMBULANCE	2	18	N522	054
819	EXACT DUPE 05 TO 09	EXACT DUPLICATE ERROR: REHAB-SERVICES AND DURABLE EQUIP	2	18	N522	054
820	AETNA REIMB MEDICAID	AETNA REIMBURSED MEDICAID FOR CLAIM PAYMENT	4	24		
821	UHC REIMB MEDICAID	UHC REIMBURSED MEDICAID FOR CLAIM PAYMENT	4	24		
822	EXACT DUPE 06 TO 06	EXACT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS	2	18	N522	054
823	EXACT DUPE 06 TO 07	EXACT DUPLICATE ERROR: HOME HEALTH AND AMBULANCE	2	18	N522	054
824	QTLY CSOC PMPM RETRO	QUARTERLY CSOS PMPM RETROS, ADJUSTMENTS AND RECOVERIES	3	272		
825	REBILL TO MEDICARE	RESUBMIT CORRECTED CLAIM OR ADDITIONAL INFO TO MEDICARE	3	22		171
826	EXACT DUPE 06 TO 13	EXACT DUPLICATE ERROR: HOME HEALTH AND EPSDT	2	18	N522	054
827	EXACT DUPE 06-14	EXACT DUPE ERROR-HOME HEALTH & TITLE 18	2	18	N522	054
828	EXACT DUPE 07 TO 07	EXACT DUPLICATE ERROR: IDENTICAL AMBULANCE CLAIMS	2	18	N522	054
829	BILL LIABLE PARTY	INJURY/ILLNESS IS RESPONSIBILITY OF ANOTHER LIABLE PART	3	22		171
830	EXACT DUPE 07 TO 09	EXACT DUPLICATE ERROR: AMBULANCE AND DURABLE-EQUIP	2	18	N522	054
831	MISS/INVLD PROD QLFR	MISSING/INVALID PRODUCT/SERVICE ID QUALIFIER IN 436-E1	2	16	M119	
832	EXACT DUPE 07 TO 15	EXACT DUPLICATE ERROR: AMBULANCE AND TITLE18	2	18	N522	054
833	EXACT DUPE 08 TO 08	EXACT DUPLICATE ERROR: IDENTICAL NON-AMBULANCE CLAIMS	2	18	N522	054
CLMCHK-834	MOD 95 DOESN'T APPLY	MOD 95 DOES NOT APPLY TO THIS PROC CODE/CXT	2	4	N519	453
835	EXACT DUPE 08 TO 13	EXACT DUPLICATE ERRORS: NON-AMBULANCE AND EPSDT	2	18	N522	054
CLMCHK-836	CV VAC/TX & ADMIN ER	CV VACCINE/TREATMENT & ADMINISTRATION MUST PAY (ERROR)	2	107		216
837	EXACT DUPE 09 TO 09	EXACT DUPLICATE ERROR: IDENTICAL DURABLE-EQUIP CLAIMS	2	18	N522	054
838	EXACT DUPE 09 TO 13	EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT	2	18	N522	054
839	EXACT DUPE 09 TO 15	EXACT DUPLICATE ERROR: DURABLE-EQUIPMENT AND TITLE18	2	18	N522	054
840	EXACT DUPE 10 TO 10	EXACT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS	2	18	N522	054
CLMCHK-841	INV W/O CV VAC/ADMIN	INVALID WITHOUT COVID-19 VACCINE OR ADMINISTRATION CODE	3	59		465

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ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
842	EXACT DUPE 11 TO 11	EXACT DUPLICATE ERROR: IDENTICAL DENTAL-ADULT CLAIMS	2	18	N522	054
843	EXACT DUPE 12 TO 12	EXACT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS	2	18	N522	054
844	EXACT DUPE 13 TO 13	EXACT DUPLICATE ERROR: IDENTICAL EPSDT CLAIMS	2	18	N522	054
845	EXACT DUPE 04 TO 13	EXACT DUPLICATE ERROR: PHYSICIAN AND EPSDT	2	18	N522	
846	EXACT DUPE 14 TO 14	EXACT DUPLICATE ERROR: IDENTICAL TITLE18 INST CLAIMS	2	18	N522	054
847	EXACT DUPE 15 TO 15	EXACT DUPLICATE ERROR: IDENTICAL TITLE18 PROF CLAIMS	2	18	N522	054
848	EXACT DUPE 12 TO 15	EXACT DUPLICATE ERROR:IDENTICAL DRUG & PARTB MC CLAIMS	2	18	N522	054
849	PD SAME ATTEN/DIF BL	ALREADY PAID SAME ATTENDING DIFFERENT BILLING PROVIDER	2	18	N522	054
851	SUSPCT DUPE 01 TO 01	SUSPCT DUPLICATE ERROR: IDENTICAL HOSPITAL CLAIMS	2	18	N522	054
852	SUSPCT DUPE 01 TO 14	SUSPT DUPLICATE ERROR: HOSPITAL AND TITLE18	2	18	N522	054
853	SUSPCT DUPE 02 TO 02	SUSPCT DUPLICATE ERROR: IDENTICAL LTC CLAIMS	2	18	N522	054
855	SUSPCT DUPE 03 TO 03	SUSPCT DUPLICATE ERROR: IDENTICAL OUTPATIENT CLAIMS	2	18	N522	054
856	ONLY EXM&XRAY ON DOS	ONLY EXAM&XRAY MAY BE ON SAME DOS AS FULL MOUTH DEBRIDE	3	96	M80	107
857	SUSPCT DUPE 01 TO 06	SUSPCT DUPLICATE ERROR: OUTPATIENT AND HOME-HEALTH	3	96	M80	054
858	NOT COVERED BY TCP	SERVICE NOT COVERED BY TAKE CHARGE PLUS	3	96	N30	227 626 084
859	SUSPCT DUPE 03 TO 08	SUSPCT DUPLICATE ERROR: OUTPATIENT AND NON-AMBULANCE	3	96	M80	054
860	INVALID COB ID	INVALID COB-1 ID COB-1 PAYER ID MUST BE PLAN ID	2	16	MA04	
861	MISS/INVLD UNIT MEAS	MISSING/INVALID UNIT OF MEASURE IN NCPDP FIELD 600-28	2	16	M53	
862	SUSPCT DUPE 03 TO 15	SUSPCT DUPLICATE ERROR: OUTPATIENT AND TITLE18-PROF	2	18	N522	054
863	SUSPCT DUPE 04 TO 04	SUSPCT DUPLICATE ERROR:IDENTICAL PHYSICIAN CLAIMS	2	18	N522	054
864	SUSPCT DUPE 04 TO 15	SUSPCT DUPLICATE ERROR: PHYSICIAN AND TITLE18-PROF	2	18	N522	054
865	SUSPCT DUPE 05 TO 05	SUSPEC DUPLICATE ERROR: IDENTICAL REHAB-SERVICES CLAIMS	2	18	N522	054
866	SUSPCT DUPE 05 TO 06	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND HOME HEALTH	3	96	M80	054
867	SUSPCT DUPE 05 TO 07	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND AMBULANCE	3	96	M80	054
868	SUSPCT DUPE 05 TO 08	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND NON-AMBULANC	3	96	M80	054
869	SUSPCT DUPE 05 TO 09	SUSPCT DUPLICATE ERROR: REHAB-SERVICES AND DME	3	96	M80	054
870	SEND CLAIM TO AETNA	SEND CLAIM TO AETNA BETTER HEALTH OF LOUISIANA	4	24		
871	SUSPECT DUPE 05-14	SUSPECT DUPE ERROR-REHAB SERVICES & TITLE 18	2	18	N522	054
872	SUSPCT DUPE 06 TO 06	SUSPCT DUPLICATE ERROR: IDENTICAL HOME HEALTH CLAIMS	2	18	N522	054
873	SUSPCT DUPE 06 TO 07	SUSPCT DUPLICATE ERROR: HOME HEALTH AND AMBULANCE	3	96	M80	054
874	SUSPCT DUPE 06 TO 08	SUSPCT DUPLICATE ERROR: HOME HEALTH AND NON-AMBULANCE	3	96	M80	054
875	SEND CLAIM TO UHC	SEND CLAIM TO UNITED HEALTHCARE OF LOUISIANA-PREPAID	4	24		
876	SUSPCT DUPE 06 TO 13	SUSPCT DUPLICATE ERROR: HOME HEALTH AND DME	3	96	M80	054
877	SUSPECT DUPE 06-14	SUSPECT DUPE ERROR-HOME HEALTH & TILE 18	2	18	N522	054
878	SUSPCT DUPE 07 TO 07	SUSPCT DUPLICATE ERROR: IDENTICAL AMBULANCE CLAIMS	2	18	N522	054
879	SUSPCT DUPE 07 TO 08	SUSPCT DUPLICATE ERROR: AMBULANCE AND NON-AMBULANCE	3	96	M80	054
880	SUBMIT CLAIM TO ACLA	SUBMIT CLAIM TO AMERIHEALTH CARITAS LOUISIANA	4	24		
881	SUBMIT CLAIM TO AMG	SUBMIT CLAIM TO AMERIGROUP OF LOUISIANA	4	24		
882	SUSPCT DUPE 07 TO 15	SUSPECT DUPLICATE ERROR: AMBULANCE AND TITLE18	2	18	N522	054
883	SUSPCT DUPE 08 TO 08	SUSPECT DUPLICATE ERROR: IDENTICAL NON-AMBULANCE CLAIMS	2	18	N522	054
884	SUSPCT DUPE 08 TO 09	SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND DME CLAIMS	3	96	M80	054
885	SUSPCT DUPE 08 TO 13	SUSPECT DUPLICATE ERROR: NON-AMBULANCE AND EPSDT CLAIMS	3	96	M80	054
886	SUBMIT CLAIM TO LHC	SUBMIT CLAIM TO LOUISIANA HEALTHCARE CONNECTIONS	4	24		
887	SUSPCT DUPE 09 TO 09	SUSPECT DUPLICATE ERROR: IDENTICAL DURABLE-EQUIP CLAIMS	2	18	N522	054
888	SUSPCT DUPE 09 TO 13	SUSPECT DUPLICATE ERROR: DURABLE-EQUIPMENT AND EPSDT	3	96	M80	054
889	SUSPCT DUPE 09 TO 15	SUSPECT DUPLICATE ERROR: DME AND TITLE18 CLAIMS	2	18	N522	054
890	SUSPCT DUPE 10 TO 10	SUSPECT DUPLICATE ERROR: IDENTICAL DENTAL-EPSDT CLAIMS	2	18	N522	054

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891	AMG REIMB MEDICAID	AMG REIMBURSED MEDICAID FOR CLAIM PAYMENT	4	24		
893	SUSPCT DUPE 12 TO 12	SUSPECT DUPLICATE ERROR: IDENTICAL PHARMACY CLAIMS	2	18	N522	054
895	SUSPCT DUPE 13 TO 15	SUSPECT DUPLICATE ERROR: EPSDT AND TITLE18 CLAIMS	2	18	N522	054
896	SUSPCT DUPE 14 TO 14	SUSPECT DUPLICATE ERROR: IDENTICAL TITLE18-INST CLAIMS	2	18	N522	054
897	SUSPCT DUPE 15 TO 15	SUSPECT DUPLICATE ERROR: IDENTICAL TITLE18-PROF CLAIMS	2	18	N522	054
898	EXACT DUPE SAME ICN	EXACT DUPE SAME ICN - DROPPED	2	18	N522	054
899	SUSPCT DUPE 12 TO 15	SUSPCT DUPLICATE ERROR: DRUG AND PART B MC CLAIMS	3	96	M80	054
900	TX-IN-PL/TRANSPORT	AMBULANCE TX-IN-PLACE & TRANSPORT SAME OCCURRENCE	3	119	M80	337
901	UNITS WERE CUTBACK	SERVICE LIMITS EXCEEDED - PARTIAL/FULL CUTBACK APPLIED	3	119	N45	483
902	LTC HOME LV OVER MAX	LTC LEAVE DAYS EXCEED LIMIT	3	96	N43	483
904	SVC BEYOND TIME LIM	SERVICE PERFORMED BEYOND REQUIRED TIME SPECIFICATIONS	3	119	N362	483
905	LTC MED-LOA OVER 7	LTC LEAVE DAYS EXCEED LIMIT-15 PER HOSPITAL STAY	3	96	N43	483
906	EXCEEDS MAX ALLOWED	EXCEEDS MAXIMUM ALLOWED	3	119	M86	483
907	PHY/CLINIC OVER MAX	PHYSICIAN/CLINIC VISITS EXCEEDS ANNUAL MAXIMUM	3	119	M86	483
908	HH VISITS OVER 50	HOME HEALTH VISITS EXCEEDS ANNUAL MAXIMUM ALLOWED (50)	3	119	M86	483
909	LTC HOME LVD OVER 9	LTC HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (9)	3	96	N43	483
910	ICF-MR LIMIT OVER 45	ICF-MR HOME LEAVE EXCEEDS ANNUAL MAXIMUM ALLOWED (45)	3	96	N43	483
911	HOSP DAYS OVER MAX	HOSPITAL DAYS EXCEED ANNUAL MAXIMUM ALLOWED	3	119	M86	483
912	PENICL INJ OVER 12	PENICILLIN/BICILLIN INJCTNS EXCEED ANNUAL ALLOWED (12)	3	119	M86	483
913	PHY/HOSP VIS OVER MX	PHYSICIAN HOSPITAL VISITS EXCEED ANNUAL MAXIMUM	3	119	M86	483
CLMCHK-914	CLAIM DENIED MOD -51	CLAIM DENIED/CXT.INCORRECT USE OF MODIFIER -51	2	4		453
915	EMERG OP OVER 3	EMERGENCY OUTPATIENT VISITS EXCEED ANNUAL MAXIMUM (3)	3	119	M86	483
916	GENERIC SUB REQUIRED	GENERIC SUBSTITUTION REQUIRED	2	16	M119	483
917	OVER LIFETIME LIMIT	LIFETIME LIMITS FOR THIS SERVICE HAVE BEEN EXCEEDED	3	35		483
918	REDUCED BY TPL	MEDICAID ALLOWABLE AMOUNT REDUCED BY OTHER INSURANCE	0	23		550
919	REDUCED BY SPENDDOWN	MEDICAID ALLOWABLE AMOUNT REDUCED BY RECIPIENT SPENDOWN	3	178		450 517
920	OVER 5 REFILLS	MORE THAN 5 REFILLS PER PRESCRIPTION NOT REIMBURSABLE	3	119	M86	483
CLMCHK-921	UNITS NOT=SITE MOD	UNITS DO NOT MATCH SITE-SPECIFIC MODIFIER/CXT	2	4	N519	476
922	EOMB MUST ATTACH	MEDICARE EOMB INVALID/OR MISSING.	1	251	N4	286
923	CHIROP E&M VISIT MAX	CHIROPRACTIC E & M VISIT MAX REACHED	3	119	M86	483
924	EFF 11/5/10 NDC REQU	EFF 11/5/10 PAS FOR THIS HCPC REQUIRES CORRECT NDC CODE	2	16	M119	218
925	SEND RECORDS FOR DOS	SEND OFFICE RECORDS FOR DATE OF SERVICE	1	252	M127	294 287
926	LHCC REIMB MEDICAID	LHCC REIMBURSED MEDICAID FOR CLAIM PAYMENT	4	24		
927	OFS FORMS MISSING	OFS FORMS 158B & ACKNOWLEDGEMENT REQUIRED	1	251	N28	001
928	PD PATIENT RESP AMT	PAID PATIENT RESPONSIBILITY AMT PER THE EOB	0	23		107
929	MCAID PD ALLOWABLE	PRIMARY INS NON-COVERED SERVICE - MCAID ALLOWABLE PAID	0	23		65
930	BILL ONE PROC.PER L	BILL ONE PROCEDURE PER LINE FOR EACH DATE OF SERVICE	2	16	N63	001
931	DENIED PER TPL EOB	DENIED PER THE TPL EOB INFORMATION	3	22	N36	107
932	BILL 3RD PARTY CARRI	PLEASE BILL THIRD PARTY CARRIER FIRST	2	16	MA92	171
CLMCHK-933	INVALID PROC/MOD	INVALID PROCEDURE-MODIFIER COMBINATION/CXT	2	4	N519	453
CLMCHK-934	MOD 51 REQ'D-ADDED	MODIFIER 51 REQUIRED. ADDED TO CLAIM/CXT	2	4	N517	453
935	BATCHED INCORRECTLY	BATCHED INCORRECTLY/RE-ENTER	3	273		021 684
936	PROCESSING ERROR	PROCESSING ERROR	3	273		021 481
937	MC-CROSSOVER-ADJVOID	MEDICARE CROSSOVER ADJUSTMENT OR VOID	0	23		065
CLMCHK-938	MOD 51 INVAL-REMOVED	MODIFIER 51 INVALID. REMOVED FROM CLAIM/CXT	2	4	N519	453
939	M/I 340B CLAIM IND	MISSING OR INVALID 340B CLAIM LEVEL INDICATOR	3	96	N448	003
940	DENY TO BE REBILLED	MEDICARE DENIED,IF COVERED BILL WITH PROVIDER EOB	2	16	MA04	001

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LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
941	DENIED PER SURS	DENIED PER SURS GUIDELINES	3	96	N35	046
942	DENY, NOT TO REBILL	DENIED BY MEDICARE, NOT COVERED BY MEDICAID	3	96	N425	585
943	SPEND DOWN FORM	SPEND DOWN FORM 110MNP INVALID/MISSING	2	16	N58	450
944	NOT PAID BY MEDICARE	NOT PAID BY MEDICARE	0	23		654
CLMCHK-945	INVALID W/O PRIMARY	ADD-ON PROCEDURE INVALID WITHOUT PRIMARY/CXT	3	59		465
946	SPLIT BILL FOR PART.	SPLIT BILL FOR PARTIAL ELIGIBILITY.	3	200		178 088
CLMCHK-947	MAX # CLM LINES EXC	MAX EXCEEDED FOR ADDED CLAIM LINES-RESUBMIT/CXT	3	273		121
948	INC IN MAJ SUR PROC	INCLUDED IN MAJOR SURGICAL PROCEDURE	4	97	N19	012
949	ANESTH TIME MISSING	ANESTHESIA MINUTES INVALID OR MISSING	2	16	N203	251
950	OPER & HIST REPT REQ	ATTACH BOTH OPERATIVE AND HISTORY REPORT	1	252	M29	298
951	DISCH DATE NOT COV	DATE OF DISCHARGE NOT COVERED	3	96	N174	190
952	INC IN OV/RELAT PROC	INCLUDED IN OFFICE VISIT/RELATED PROCEDURE	4	97	M80	012
953	JUSTIFY 22 MOD	RESUBMIT WITH JUSTIFICATION FOR USE OF 22 MODIFIER	1	252	M29	453
954	PROC INAPPROPRIATE	INAPPROPRIATE PROCEDURE - SEE CPT FOR VALID CODE	2	16	N56	454
955	PAID ACC TO MED REV	PAID ACCORDING TO MEDICAL REVIEW	3	119	N45	046
956	PROC/DX AGE RESTRICT	PROC/DX NOT COVERED FOR RECIPIENT THIS AGE	3	6	N129	475
957	PROC/DIAG NO MED NEC	PROCEDURE/DIAGNOSIS NOT MEDICALLY NECESSARY	3	50	N163	287
958	DENY BY MED REVIEW	DENIED ACCORDING TO MED REVIEW GUIDELINES	3	150		046
959	RESUB SURGEONS CODE	RESUBMIT CLAIM USING CODE SURGEON BILLED	2	16	N56	666
960	NEED-AUTH-AND-REPORT	ATTACH BHSF AUTHORIZATION LETTER AND OPERATIVE REPORT	1	163	M29	048 298
CLMCHK-961	MOD -50 INVALID	MODIFIER -50 INVALID/CXT	2	4	N519	453
CLMCHK-962	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CXT	3	119	N362	483
963	PROC./DIAG. DESP.REQ	PROCEDURE/DIAGNOSIS DESCRIPTION REQUIRED.	1	252	N457	021 255 065
CLMCHK-964	MOD 51 DOESN'T APPLY	MODIFIER 51 DOES NOT APPLY TO THIS PROC CODE/CXT	2	4	N519	453
965	NOT COVERED BE HH	SERVICE NOT COVERED BY HOME HEALTH PROGRAM	3	96	N174	107
966	CLAIM HARD COPY NEED	SUBMIT HARD COPY OF CLAIM	1	252	N706	277
CLMCHK-967	INVALID W/O PRIMARY	PROCEDURE INVALID W/O PRIMARY PD/CXT	3	59		510 632
968	PROC/SERV REND CONF	PROCEDURE CODE DOES NOT REFLECT SERVICES RENDERED	2	16	N56	021 507
CLMCHK-969	PP CARE INCL IN DEL	PP CARE INCLUDED IN REIMBURSEMENT FOR DELIVERY/CXT	3	59		465
970	INV 340B INGRED COST	INVALID 340B INGREDIENT COST SUBMITTED	3	96	N643	454
CLMCHK-971	MEDICARE CLAIM > 6MO	CLAIM EXCEEDS FILLING LIMIT COIN/DEDUCT	3	29		483
972	MEDICARE PAID 100%	ALLOWABLE AMOUNT PAID IN FULL BY MEDICARE	0	23		591
973	NO SURGERY MODIFIER	CLAIM DESCRIPT INDICATES PROC CODE SHOULD HAVE MODIFIER	2	4	N517	453
974	DIA CODE/DESC CONF	DIAGNOSIS CODE/DESCRIPTION CONFLICT	2	16	MA63	254
975	FY COST SETTLED	FISCAL YEAR COST SETTLED	3	B13		1
976	STAMPED SIGNATURE.	STAMPED SIGNATURE NOT ALLOWED.	2	16	MA70	466
CLMCHK-977	PP PREVIOUSLY PAID	POSTPARTUM CARE PREVIOUSLY PAID-EXCEEDS MAX/CXT	3	59		465
978	CAL.PRICE IS ZERO	CALCULATED PRICING IS ZERO	0	133		222
979	CLAIM IN PROCESS	CLAIM IN PROCESS		133		476
980	INVALID ADJ REASON	INVALID ADJUSTMENT REASON	2	16	MA69	021 521 065
CLMCHK-981	INVALID W/O PET	ISOTOPE INVALID W/O PAID PET/CXT	3	59		510 632
NCCI -982	CCI:HIST VOIDED-INC	CCI:HISTORY PROCEDURE INCIDENTAL TO CURRENT-HIST VOIDED	3	59		001
983	SYS CALC NET TOTAL	SYSTEM CALCULATED TOTAL - NET BILLED NOT IN BALANCE	2	16	M54	400
NCCI -984	NEW/EST PT CD CONFL	NEW PATIENT/ESTABLISHED PATIENT CODE CONFLICT-CXT	3	B16		102
985	REBILL-MOTHERS INFO	REBILL UNDER MOTHERS NAME & MID NUMBER	3	128		102
986	REBILL-BABYS INFO	REBILL-BABYS MID & MOTHERS D/C DATE AS BABYS ADMIT DATE	3	96	N15	001
987	DENIED TO REBILL/ADJ	DENIED TO BE REBILLED ON ADJUSTMENT FORM.	2	16	N34	001

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LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

	ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
	988	COVERED BY MEDICARE	ITEM COVERED BY MEDICARE	3	22		171
NCCI	-989	NEW/EST PT CD CONFL	NEW PATIENT/ESTABLISHED PATIENT CODE CONFLICT-CXT	3	B16		510 632
	990	2 PROC SAME TOTH/DAY	EMERGENCY/DEFINITIVE NOT PAYABLE ON SAME TOOTH/SAME DAY	3	96	M86	054 242
	991	PROCEDURE IN PANEL	PROCEDURE INCLUDED IN PANEL	4	97	N122	419
NCCI	-992	NEW/EST PT CD CONFL	NEW PATIENT/ESTABLISHED PATIENT CODE CONFLICT-CXT	3	B16		510 632
	993	MID CORRECTED.	MID HAS BEEN CORRECTED/PLEASE UPDATE YOUR FILES.	2	140		153
	994	DOCUMENT NOT LEGIBLE	DOCUMENTS NOT LEGIBLE, PLEASE RESUBMIT	1	251	N205	021 277
CLMCHK	-995	INV WO CV PRI LAB PD	INVALID WITHOUT COVID-19 PRIMARY LAB PROCEDURE PAID	3	59		465
	996	MC-PAYMENT-REDUCED	DEDUCTIBLE & OR CO-INSURANCE REDUCED TO MAX ALLOWABLE	3	119	N45	483
	997	COMP A-MODE ECHOENCH	COMPLETE A-MODE ECHOENCHEPHALOGRAPHY-BILL HCPC Z9100	2	16	M20	305
	998	ACLA REIMB MEDICAID	ACLA REIMBURSED MEDICAID FOR CLAIM PAYMENT	4	24		
	999	ADMIN CORRECTION	ADMINISTRATIVE CORRECTION		129	MA67	

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SUMMARY REPORT OF ERRTXT CODES
LA MEDICAID ERROR CODE/HIPAA ERROR CODE CROSSWALK

ERR CODES = ZERO	001
CODES OBSOLETE	047
ERRTXT CODES READ	1,000