

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
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	INV PRIOR AUTH DATE	PRIOR AUTHORIZATION DATE NOT NUMERIC		133		252
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	SERV MORE THAN 12 MO	SERVICE MORE THAN 12 MONTHS OLD	3	29		263
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	INV BLOOD NOT REPL	BLOOD NOT REPLACED AMOUNT INVALID		133		021 236
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
055	INV ACCOM/ANCILL CHG	ACCOMODATION/ANCILLARY CHARGE MISSING OR INVALID	2	16	M79	178

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056	INV ANCILLARY CHARGE	ANCILLARY CHARGE INVALID	2	16	M79	178
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 OPIOID TX WKSHT 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	INVALID NET AMOUNT	THE NET BILLED AMOUNT IS NOT NUMERIC	2	16	M54	178
065	INVLD SIGNATURE IND	THE SIGNATURE INDICATOR MUST BE Y, N, OR BLANK	2	16	MA75	117
066	CLIN PRE-AUTH REQ'D	CLINICAL PRE-AUTH REQUIRED MD FAX FORM TO 866-797-2329	3	197		
067	INVALID NON-COVERED	NON COVERED HOSP DAYS NOT NUMERIC OR MISSING	2	16	MA33	021 457
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	STMT FRM LT SERV FRM	STATEMENT COVERS FROM DATE LESS THAN SERVICE FROM DATE	2	16	M52	021 188
074	STMT THRU GT SRV THR	STATEMENT COVERS THRU DATE IS GREATER THAN SERVICE THRU	2	16	M59	021 188
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	INVALID LAB INDICATR	LABORATORY INDICATOR MUST BE Y, N, OR BLANK		133		473
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	INVALID SERVICE CODE	INVALID SERVICE CODE	2	16	M51	455
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
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
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

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105	REF MUST BE MGR	REFERRING MUST BE CASE MANAGER	3	183		048
106	BILL PRV NOT PCP	BILLING PROVIDER NOT PCP OR SERVICE NOT AUTHOR BY PCP	3	242	N450	093
107	PARTIAL HOSP NOT PAY	PARTIAL HOSP NOT PAYABLE FOR MEDICAID ONLY	3	171	N428	258 249
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	REBILL OB/ABORT D&C	REBILL OB OR ABORTION D & C CPT CODE WITH REPORTS	1	252	N714	454
111	CHANGING AGAIN	THIS IS A CHANGED ERROR	3	96	N10	21
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	INVALID DAYS SUPPLY	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	MEDICARE REPLACEMENT	MEDICARE REPLACEMENT; SUBMIT HARDCOPY ADJ OR VOID CLAIM	1	252	N4	059 519
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
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

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153	QTY EXCEEDS MAX	QUANTITY EXCEEDS MAX MD FAX OVERRIDE FORM 866-797-2329	2	16	N378	
154	SITE # INVALID OR NOF	SITE NUMBER INVALID OR NOT ON FILE	2	16	M77	021 138
155	REF MISS/REQ-MEDICAL	REFERRAL MISSING AND REQUIRED FOR MEDICAL	3	288	N489	048
156	REF MISS/REQ-VISION	REFERRAL MISSING AND REQUIRED FOR VISION	3	288	N489	048
157	EXCEEDS LIMIT OF 8	EXCEEDS LIMIT OF 8 CO-INS DAYS	3	119	N362	483
158	REF MISS/REQ-HEARING	REFERRAL MISSING AND REQUIRED FOR HEARING	3	288	N489	048
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
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
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	N335	123
178	INVALID BLOOD DEDUCT	THE BLOOD DEDUCTIBLE FIGURE MUST BE NUMERIC	2	16	M49	021 037
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 NONCOVERD 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	TRIP CANCELED NONPAY	TRIP CANCELED NON PAYABLE	3	115		294 337
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
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

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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	PROV ALLOW 1 PROC/CM	PROVIDER ALLOWED 1 SERVICE PER RECIPIENT PER DAY	3	119	N362	483
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 ON 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	INV SURGERY MODIFIER	COMPONENTS OF SURGERY PAID ONLY TO TEACHING FACILITIES	3	171	N428	109
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 RESTR	P/F PROVIDER SPECIALTY RESTRICTION	3	96	N95	145
238	INV PAC CALL HELP DK	INVALID 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	STAND BY NEC.	PROLONGED ATTENDANCE BILLED;PENDED FOR REVIEW		133		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	DIAGNOSIS NOT ON FIL	DIAGNOSIS NOT ON FILE	2	16	MA63	255
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
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-RESTR	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

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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
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
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	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	DENY TO BE REBILLED	DENY TO BE REBILLED TO MEDICARE	3	22		116
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
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 OPIOID TX WRKSHT 1-866-797-2329	2	16	N322	408
353	MME LIMIT EXCEEDED	MD TO FAX OPIOID TX WORKSHEET 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	SND PLAN PROOF STERL	HYSTERECTOMY REQUIRES PROOF OF PRIOR STERILE TO PLAN	1	252	M29	298
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	ADJ. DENY	ADJUSTMENT DENIED/ORIG CLAIM PAID CORRECTLY	3	B13		021 101
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
371	TIMELY FILING REVIEW	ATTACHMENT REQUIRES REVIEW/FILING DEADLINE	3	29		046

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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
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	AMBULANCE-REQ-ATTACH	CLAIM REQUIRES MD CERTIFICATION ATTACHED AFTER 2/14/87	1	252	M60	337
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 # NOT ON FILE	NO CLIA # ON OUR FILE	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	ICF-MR LV OVER MAX	ICF-MR HOME LEAVE IN EXCESS OF MAXIMUM 22/30 BUDGET CUT	3	96	N43	483
393	MISS/INVLD COPAY	MISSING/INVALID RECIPIENT COPAY IN 1ST COB OCCURENCE	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
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

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ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
467	COV MDCARE IF INSULI	ITEM COVERED BY MEDICARE IF REC IS INSULIN TREATED	3	22		373
468	JUSTIFY EYEGLASSES	SEND DOCUMENTATION FOR MORE THAN 3 EYEGLASSES PER YEAR	1	251	N705	121
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	MFCTR NOT IN REBATE	MANUFACTURER HAS NOT ENTERED INTO HCFA 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
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 CLAIMCHECK EDITS	3	119	N45	020
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	

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613	INV TOOTH/CAVITY CDE	INVALID TOOTH CODE/ORAL CAVITY DESIGNATOR	2	16	N37	244
614	HEMA.COMP/IND/BILLED	HEMATOLOGY COMPONENT/INDICE/PROFILE BILLED INCORRECTLY	3	B13		419
615	REBIL W/APP PRIM CDE	MUST BE BILLED WITH APPROPRIATE PRIMARY CODE	2	107		021 507
616	ONE PANEL/PREGNANCY	ONLY ONE PRENATAL LAB PANEL PER PREGNANCY	3	119	M86	483
617	PYMNT INCDL DELV FEE	PAYMENT INCLUDED IN DELIVERY FEE	4	234	N20	419
618	URINALYSIS NOT BILLE	URINEALYSIS BILLED INCORRECTLY	3	96	M86	419
619	PAN & IND CODE/ PANE	BILLED PANEL AND INDIVIDUAL CODE WITHIN PANEL	3	49	M86	419
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	VOID COMPON,REBILL	VOID COMPONENTS, REBILL PANEL CODE	4	97	M15	419
634	VOID REBILL HIGH COD	VOID PAID CODE; REBILL HIGHER CODE IN TRIAD	4	97	M15	419
635	HIGH CODE TRIAD PAID	HIGHER CODE IN TRIAD ALREADY PAID	4	97	N20	419
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
638	ONLY LO-LEVEL OFFICE	ONLY LOW LEVEL OFF VISIT ALLOWED	2	16	M51	483
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	EXCEEDS MAX/HOSPITAL	EXCEEDS MAXIMUM ALLOWED PER HOSPITALIZATION	3	119	M86	483
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
650	PAY RED TO STATE MAX	PAYMENT MADE AT STATE MAXIMUM	0	45		483
653	PROCESSED FOR CHS	CHS CLAIM PROCESSED BY MOLINA	3	166		
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
663	NO ABORTION DONE	ABORTION NOT DONE-FETUS NOT ALIVE AT TIME OF PROCEDURE	3	11		001 291
664	1 PAYABLE/180 DAYS	ONLY ONE (1) PAYABLE PER 180 DAYS	3	119	M86	483

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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
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	LIFETIME LIMITS-ONE	ONLY 1 NEWBORN HOSPITAL CARE PER RECIPIENT ALLOWED	3	119	M80	483
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 MAMIMUM 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

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ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
CLMCHK-914	UNITS NOT=SVC DAY	UNITS DO NOT MATCH DATES OF SERVICE/CLAIMCHECK	2	16	N345	476
915	EMERG OP OVER 3	EMERGENCY OUTPATIENT VISITS EXCEED ANNUAL MAXIMUM (3)	3	119	M86	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 SPENDDOWN	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/CLAIMCHECK	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/CLAIMCHECK	2	4	N519	453
CLMCHK-934	MOD 51 REQ'D-ADDED	MODIFIER 51 REQUIRED. ADDED TO CLAIM-CLAIMCHECK	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-CLAIMCHECK	2	4	N519	453
939	CUTBACK PER SURS	CUTBACK PER SURS GUIDELINES	3	96	N35	001
940	DENY TO BE REBILLED	MEDICARE DENIED,IF COVERED BILL WITH PROVIDER EOB	2	16	MA04	001
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/CLAIMCHECK	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/CLAIMCHECK	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/CLAIMCHECK	2	4	N519	453

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ERROR CODE	SHORT DESCRIPTION	LONG DESCRIPTION	CORE GRP	ADJ RSN CODE	REMARK CODE	CLAIM STATUS
CLMCHK-962	MAX SERVICE SAME DAY	MAXIMUM SERVICES EXCEEDED SAME DAY/CLAIMCHECK	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-CLAIMCHECK	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/CLAIMCHECK	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/CLAIMCHK	3	59		465
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/CLAIMCHECK	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
981	INVALID W/O PET	ISOTOPE INVALID W/O PAID PET/CLAIMCHECK	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	CCI:MUT EXCLUS-CURR	CCI:PROCEDURE MUTUALLY EXCLUSIVE TO ANOTHER CURRENT PRO	3	231		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
988	COVERED BY MEDICARE	ITEM COVERED BY MEDICARE	3	22		171
NCCI -989	CCI:MUT EXCLUS-HIST	CCI:PROCEDURE MUTUALLY EXCLUSIVE TO PROCEDURE IN HISTOR	3	231		510 632
990	2 PROC SAME TOOTH/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	CCI:HX VOIDED-MUT EX	CCI:HISTORY PROC MUTUALLY EXCLUSIVE TO CURR-HIST VOIDED	3	231		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
996	MC-PAYMENT-REDUCED	DEDUCTIBLE & OR CO-INSURANCE REDUCED TO MAX ALLOWABLE	3	119	N45	483
997	COMP A-MODE ECHOENCH	COMPLETE A-MODE ECHOENCEPHALOGRAPHY-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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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	070
ERRTXT CODES READ	1,000