MHS Denial Codes as of September 2017

(Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect)

EX_CODE	DESCRIPTION	CODE_STATUS
1	DEDUCTIBLE AMOUNT	PAY
2	COINSURANCE AMOUNT	PAY
3	COPAYMENT AMOUNT	PAY
7	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENTS SEX	DENY
9	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENTS AGE	DENY
0A	ADJUST: PROVIDER REFUND RECEIVED, REINSTATE RECOUPED PAYMENT AMOUNT	PAY
0B	ADJUST: CLAIM TO BE RE-PROCESSED CORRECTED UNDER NEW CLAIM NUMBER	DENY
0C	1999 CODE DELETED IN 2000, PLEASE REBILL WITH CORRECT CODE	DENY
0D	ADJUSTMENT: $ DUE IN ADDITIONAL TO ORIGINAL PAYMENT MADE FOR SERVICES	PAY
0E	ADJUST BASED ON APPEAL RECEIVED UPHELD ORIGINAL DENY DECISION	DENY
0F	ADJUST BASED ON APPEAL RECEIVED OVERTURNED ORIGINAL DENY DECISION	PAY
0G	DENY: PROVIDERS LICENSE INVALID	DENY
0H	ADJUSTMENT: PROVIDER BILLED INCORRECTLY AND SUBMITTED REIMBURSEMENT	DENY
0I	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER	DENY
0J	ADJUSTMENT: ADJUSTED PER POST PAYMENT MEDICAL AUDIT	PAY
0M	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM	DENY
0N	DENY: ADJUSTED FOR INTERNAL PURPOSES-CORRECTION HAS BEEN GENERATED	DENY
0O	DENY: AUTH DENIAL UPHELD - REVIEW PER CLP0700 PEND REPORT	DENY
0P	DENY: SUBMIT TO ACUPUNCTURE VENDOR-A.S.H.	DENY
0Q	DENY: PLEASE RESUBMIT THIS LINE TO CA HEALTH & WELLNESS ON SEPERATE CLAIM	DENY
0S	PAY: AUTH DENIAL OVERTURNED - REVIEW PER CLP0700 PEND REPORT	PAY
0X	DENY: INELIGIBLE DUE TO UNTIMELY SUBMISSION TO PRIMARY CARRIER	DENY
0Y	DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	DENY
10	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENTS SEX	DENY
14	DENY: THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE	DENY
16	DRG DENIAL: INVALID REHABILITATION CLAIM	DENY
17	DENY: REQUESTED INFORMATION WAS NOT PROVIDED	DENY
18	DENY: DUPLICATE CLAIM SERVICE	DENY

19	DENY: WORK RELATED INJURY AND THE LIABILITY OF WORKERS COMP CARRIER	DENY
1a	CHWP INITIATED ADUSTMENT TO IPA	INFO
1b	CCIPA ADJUSTED CLAIM	INFO
1C	MEDICAL HOSPITAL DETAIL RECORD CANCELLED	DENY
1D	PAY IN FULL : (MEMBER ELIGIBILITY VERIFIED)	PAY
1E	PAY: THE CONTRACT IS INELIGIBLE DURING AUTHORIZED PERIOD	PAY
1G	PAY IN FULL: PARTIAL ELIGIBILITY VERIFIED	PAY
1I	INFO: Provider Allowable adjusted to include ACA Parity Payment	INFO
1J	ADJUST: ONE TREATMENT ROOM PER DAY INCLUDING DRUGS AND SUPPLIES	PAY
1K	DENY: CPT OR DX CODE IS NOT VALID FOR AGE OF PATIENT	DENY
1L	DENY: VISIT & PREVEN CODES ARE NOT PAYABLE ON SAME DOS W O DOCUMENTATION	DENY
1O	INCENTIVE PAYMENT PREVIOUSLY MADE FOR THIS DELIVERY	PAY
1o	CONNOLLY MEDICARE DISALLOWANCE	PAY
1p	CONNOLLY MEDICARE DISALLOWANCE	DENY
1q	CONNOLLY OVERPAYMENT PROJECT	PAY
1R	PAY: PAID ACCORDING TO AUTHORIZED LEVELS OF CARE	PAY
1r	CONNOLLY OVERPAYMENT PROJECT	DENY
1s	RAWLINGS SUBROGATION	PAY
1U	DENY-NEW CODE- WILL BE PROCESSED AFTER DETERMINATION OF BENEFIT COVERAGE	DENY
20	DENY: THIS INJURY IS COVERED BY THE LIABILITY CARRIER	DENY
21	DENY: CLAIM THE RESPONSIBLITY OF THE NO-FAULT CARRIER	DENY
22	DENY: THIS CARE IS COVERED BY A COORDINATION OF BENEFITS CARRIER	DENY
23	DENY: CHARGES HAVE BEEN PAID BY ANOTHER PARTY-COB	DENY
24	DENY: CHARGES COVERED UNDER CAPITATION	DENY
25	DENY: YOUR STOP LOSS DEDUCTIBLE HAS NOT BEEN MET	DENY
26	DENY: EXPENSES INCURRED PRIOR TO COVERAGE	DENY
27	DENY: EXPENSES INCURRED AFTER COVERAGE WAS TERMINATED	DENY
28	DENY: COVERAGE NOT IN EFFECT WHEN SERVICE PROVIDED	DENY
29	DENY: THE TIME LIMIT FOR FILING HAS EXPIRED	DENY
2A	DENY: CCIPA CODE NOT MEETING HIPPA EDIT AND INFORMATION MISSING	DENY
2a	DENY: CLAIM HAS PROFESSIONAL AND FACILITY FEES ON 1 CLAIM - SPLIT CLAIM	DENY
2D	DENY: NON-SPECIFIC ICD9 PROCEDURE-REQUIRES 3RD DIGIT-PLEASE RESUBMIT	DENY

2F	DENY: FORM 2728 MUST ACCOMPANY CLAIM FOR PROCESSING	DENY
2g	PAY PENDING CCS DECISION	PAY
2H	DENY CSS REFERRED	DENY
2i	PAYMENT ADJUSTED ACCORDING TO PAYMENT OR CLINICAL POLICY	PAY
2J	ADJUST: COVERED STAND-ALONE REVENUE CODE LIMITED TO ONE UNIT	PAY
2L	DENY: NO AUTH OBTAINED FOR LOCATION BILLED SUBMITTED	DENY
2N	DENY: CLAIM MUST BE RECVD AT LEAST 31 DAYS AFT DOS WHEN USING OA192	DENY
34	DENY: INSURED HAS NO COVERAGE FOR NEWBORNS	DENY
35	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	DENY
36	BALANCE DOES NOT EXCEED COPAYMENT AMOUNT	PAY
37	DENY: BALANCE DOES NOT EXCEED DEDUCTIBLE	DENY
38	DENY: SERVICES NOT PROVIDED OR AUTHORIZED BY OUR PROVIDERS	DENY
39	DENIED AT THE TIME OF AUTHORIZATION REQUEST	DENY
3D	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 4TH DIGIT PLEASE RESUBMIT	DENY
3J	ADJUST: REVENUE CODE INVALID FOR INDIANA MEDICAID	PAY
3L	DENY: BENEFIT IS LIMITED TO 4 IN A 90 DAY PERIOD	DENY
3M	DENY: DENIED DUE TO MISSING MILITARY TIME OR MISSING/INVALID MOD	DENY
3P	DENY: PAID UNDER SETTLEMENT	DENY
3Q	DENY: PROVIDER PREVENTABLE CONDITIONS	DENY
40	DENY: CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENCY CARE OUT OF AREA	DENY
41	PREFERRED PROVIDER DISCOUNT	PAY
42	CHARGES EXCEED YOUR CONTRACTED FEE SCHEDULE	PAY
43	GRAMM RUDMAN REDUCTION	PAY
44	PROMPT PAY DISCOUNT	PAY
45	CHARGES EXCEED REASONABLE AND CUSTOMARY AMOUNTS	PAY
46	DENY: THIS SERVICE IS NOT COVERED	DENY
47	DENY: THIS DIAGNOSIS IS NOT COVERED	DENY
48	DENY: THIS PROCEDURE IS NOT COVERED	DENY
49	DENY: THESE ARE NONCOVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM	DENY
4A	DENY:DENIAL UPHELD UPON APPEAL	DENY
4a	DENY: ADMITTING DIAGNOSIS MISSING OR INVALID	DENY
4B	DENY - SERVICE NOT REIMBURSABLE IN LOCATION BILLED	DENY
4b	DENY: DIAGNOSIS CODE 1 MISSING OR INVALID	DENY
4C	DENY: DIAGNOSIS CODE 16 MISSING OR INVALID	DENY

4c	DENY: DIAGNOSIS CODE 2 MISSING OR INVALID	DENY
4D	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	DENY
4d	DENY: DIAGNOSIS CODE 3 MISSING OR INVALID	DENY
4E	DENY: 2004 CPT CODES NOT ACCEPTABLE FOR SERVICE DATES PRIOR TO 4 01 04	DENY
4e	DENY: DIAGNOSIS CODE 4 MISSING OR INVALID	DENY
4f	DENY: DIAGNOSIS CODE 5 MISSING OR INVALID	DENY
4G	DENY: MEDICAID SANCTIONED/TERMED/EXCLUDED PROVIDER	DENY
4g	DENY: DIAGNOSIS CODE 6 MISSING OR INVALID	DENY
4H	DENY-Breast MRI CAD not clinically proven	DENY
4h	DENY: DIAGNOSIS CODE 7 MISSING OR INVALID	DENY
4I	INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK	INFO
4i	DENY: DIAGNOSIS CODE 8 MISSING OR INVALID	DENY
4J	ADJUST: REV. CODE NOT COVERED BY INDIANA MEDICAID DO NOT BILL MEMBER	PAY
4j	DENY: DIAGNOSIS CODE 9 MISSING OR INVALID	DENY
4k	DENY: DIAGNOSIS CODE 10 MISSING OR INVALID	DENY
4l	DENY: DIAGNOSIS CODE 11 MISSING OR INVALID	DENY
4m	DENY: DIAGNOSIS CODE 12 MISSING OR INVALID	DENY
4N	DENY: DIAGNOSIS CODE 19 MISSING OR INVALID	DENY
4n	DENY: DIAGNOSIS CODE 13 MISSING OR INVALID	DENY
4o	DENY: DIAGNOSIS CODE 14 MISSING OR INVALID	DENY
4P	DENY: DIAGNOSIS CODE 20 MISSING OR INVALID	DENY
4p	DENY: DIAGNOSIS CODE 15 MISSING OR INVALID	DENY
4V	DENY: DIAGNOSIS CODE 21 MISSING OR INVALID	DENY
4Z	DENY: DIAGNOSIS CODE 22 MISSING OR INVALID	DENY
50	DENY:NOT A MCO COVERED BENEFIT	DENY
51	DENY: PLEASE RESUBMIT CLAIM TO THE STATE FOR CONSIDERATION	DENY
52	DENY: PROVIDER NOT CONTRACTED FOR THIS MEMBERS GROUP	DENY
54	DENY: PLEASE RESUBMIT TO CENPATICO FOR CONSIDERATION	DENY
55	DENY: THIS ITEM AVAILABLE FOR PURCHASE ONLY	DENY
56	PAY: SERVICE ADDED BY CODE AUDITING SOFTWARE	PAY
57	DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	DENY
58	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	DENY
59	PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE SURGERY GUIDELINES	PAY
5A	DENY: MAXIMUM ANNUAL BENEFIT HAS BEEN REACHED FOR MEMBER	PAY

5B	DENY: DIAGNOSIS CODE 17 MISSING OR INVALID	DENY
5D	DENY: DIAGNOSIS CODE 23 MISSING OR INVALID	DENY
5F	RENDERING PROVIDER SPECIALTY NOT ELIGIBLE TO RENDER PROCEDURE CODE	DENY
5J	ADJUST: CHARGES INCLUDED IN ASC PAYMENT	PAY
5N	DENY: NDC UNIT OF MEASURE QUALIFIER OR QUANTITY MISSING OR INVALID	DENY
5U	DENY: PATIENT REASON FOR VISIT REQ OUT-PT HOSPITAL	DENY
5w	DENY: DIAGNOSIS CODE 18 MISSING OR INVALID	DENY
65	PAYMENT REDUCED.PT DID NOT SELECT MEDICARE PART B,BILL PT THE BALANCE	PAY
67	PAY: CODE WAS SUPERSEDED BY CODE AUDITING SOFTWARE	PAY
6a	DENY: ICD9/10 PROC CODE 1 VALUE OR DATE IS MISSING/INVALID	DENY
6b	DENY: ICD9/10 PROC CODE 2 VALUE OR DATE IS MISSING/INVALID	DENY
6c	DENY: ICD9/10 PROC CODE 3 VALUE OR DATE IS MISSING/INVALID	DENY
6d	DENY: ICD9/10 PROC CODE 4 VALUE OR DATE IS MISSING/INVALID	DENY
6e	DENY: ICD9/10 PROC CODE 5 VALUE OR DATE IS MISSING/INVALID	DENY
6f	DENY: ICD9/10 PROC CODE 6 VALUE OR DATE IS MISSING/INVALID	DENY
6g	DENY: ICD9/10 PROC CODE 7 VALUE OR DATE IS MISSING/INVALID	DENY
6h	DENY: ICD9/10 PROC CODE 8 VALUE OR DATE IS MISSING/INVALID	DENY
6i	DENY: ICD9/10 PROC CODE 9 VALUE OR DATE IS MISSING/INVALID	DENY
6J	ADJUST: PREVIOUS PAYMENT BASED ON INCORRECT UNIT BILLING	PAY
6j	DENY: ICD9/10 PROC CODE 10 VALUE OR DATE IS MISSING/INVALID	DENY
6k	DENY: ICD9/10 PROC CODE 11 VALUE OR DATE IS MISSING/INVALID	DENY
6L	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	DENY
6l	DENY: ICD9/10 PROC CODE 12 VALUE OR DATE IS MISSING/INVALID	DENY
6M	DENY: ICD9/10 PROC CODE 13 VALUE OR DATE IS MISSING/INVALID	DENY
6N	DENY: NDC NUMBER MISSING OR INVALID	DENY
6o	DENY: ICD9/10 PROC CODE 14 VALUE OR DATE IS MISSING/INVALID	DENY
6p	DENY: ICD9/10 PROC CODE 15 VALUE OR DATE IS MISSING/INVALID	DENY
6Q	DENY: ALL LINES ON CLAIM DENIED BY IPA, SEE ADDITIONAL MESSAGES	DENY
6q	DENY: ICD9/10 PROC CODE 16 VALUE OR DATE IS MISSING/INVALID	DENY
6r	DENY: ICD9/10 PROC CODE 17 VALUE OR DATE IS MISSING/INVALID	DENY
6s	DENY: ICD9/10 PROC CODE 18 VALUE OR DATE IS MISSING/INVALID	DENY
6t	DENY: ICD9/10 PROC CODE 19 VALUE OR DATE IS MISSING/INVALID	DENY
6u	DENY: ICD9/10 PROC CODE 20 VALUE OR DATE IS MISSING/INVALID	DENY
6v	DENY: ICD9/10 PROC CODE 21 VALUE OR DATE IS MISSING/INVALID	DENY

6w	DENY: ICD9/10 PROC CODE 22 VALUE OR DATE IS MISSING/INVALID	DENY
6x	DENY: ICD9/10 PROC CODE 23 VALUE OR DATE IS MISSING/INVALID	DENY
6y	DENY: ICD9/10 PROC CODE 24 VALUE OR DATE IS MISSING/INVALID	DENY
6z	DENY: ICD9/10 PROC CODE 25 VALUE OR DATE IS MISSING/INVALID	DENY
71	ADJUST: PRIMARY INS MEDICARE PAYMENT AMOUNT ADJUSTED	PAY
72	CODE IS BEING QUESTIONED BY CODEREVIEW	DENY
76	DENY: MULTIPLE SURGERY REIMBURSEMENT HAS BEEN REACHED	DENY
79	PAY: PAYMENT REDUCED BASED ON MULTIPLE THERAPY RULES	PAY
7B	ADJUSTMENT: ORIGINAL CLAIM BILLED USING INCORRECT CPT HCPC CODE	PAY
7E	DENY: MEDICAL RECORDS ARE NECESSARY TO PROCESS THE CLAIM	DENY
7F	PAY:PAYMENT PROCESSED ACCORDING TO A MEDICAL RECORD REVIEW	PAY
7J	ADJUST: ADMISSION INAPPROPRIATE PER MEDICAL REVIEW OF RECORD	PAY
7N	DENY: SERVICE IS NOT PAYABLE CONCURRENTLY WITH VISION EXAM AS BILLED	DENY
7T	DENY: UNITS OF SVC GREATER THAN MAX DAILY UNIT ALLOWED	DENY
80	REPLACEMENT CODE REBUNDLED BY HPR CODEREVIEW SOFTWARE	PAY
81	ORIGINAL CODE WAS REPLACED BY HPR CODEREVIEW SOFTWARE	DENY
83	CODE IS DENIED BY HPR CODEREVIEW SOFTWARE	DENY
84	PAID AT REDUCED RATES PER HPR CODEREVIEW	PAY
85	INTEREST CHARGES	PAY
86	DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	DENY
8b	DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	DENY
8C	DENY: CORAM CLAIMS AWAITING SETTLEMENT DECISION	DENY
8d	DENY: DISCHARGE STATUS INVALID FOR TYPE OF BILL	DENY
8J	ADJUST: PAID AT DRG RATE INSTEAD OF LEVEL OF CARE RATE	PAY
8M	DENY: ECI Diagnosis 1 invalid or requires additional digit.	DENY
8N	DENY: ECI Diagnosis 2 invalid or requires additional digit.	DENY
8O	DENY: ECI Diagnosis 3 invalid or requires additional digit.	DENY
8P	DENY: ECI Diagnosis 4 invalid or requires additional digit.	DENY
8Q	DENY: ECI Diagnosis 5 invalid or requires additional digit.	DENY
8R	DENY: ECI Diagnosis 6 invalid or requires additional digit.	DENY
8S	DENY: ECI Diagnosis 7 invalid or requires additional digit.	DENY
8T	DENY: SERVICE INCLUDED IN DELIVERY PAYMENT	DENY
8U	DENY: ECI Diagnosis 8 invalid or requires additional digit.	DENY
8V	DENY: ECI Diagnosis 9 invalid or requires additional digit.	DENY
8W	DENY: ECI Diagnosis 10 invalid or requires additional digit.	DENY
8X	DENY: ECI Diagnosis 11 invalid or requires additional digit.	DENY

8Z	DENY: ECI Diagnosis 12 invalid or requires additional digit.	DENY
90	SERVICE IS PAID UNDER CAPITATION AGREEMENT	PAY
91	PAYMENT IN FULL	PAY
92	PAID IN FULL	PAY
96	DENY: SERVICE CAN NOT BE COMBINED WITH OTHER SERVICE ON SAME DAY	DENY
97	PAYMENT IS INCLUDED IN ALLOWANCE FOR BASIC SERVICE	DENY
98	DENY: PROCEDURE INVALID FOR YEAR WHICH SERVICE WAS RENDERED	DENY
99	DENY:MISC UNLISTED CODES CAN NOT BE PROCESSED W O DESCRIPTION REPORT	DENY
9B	DENY: PATIENT IS 9TH MONTH EXEMPTION. BILL STRAIGHT T19	DENY
9C	DENY: SEND COMPLETE MEDICAL RECORDS FROM DOS 1 97 TO PRESENT	DENY
9D	DENY:NINTH MONTH OUT OF AREA IS NOT A COVERED SERVICE	DENY
9E	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	DENY
9F	PAY: CODE (S) ADDED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	PAY
9h	PAID AT CURRENT IHCP RATES	PAY
9H	DENY: CODE QUESTIONED BY CODE AUDIT SOFTWARE-DENIED AFTER MEDICAL REVIEW	DENY
9I	INFORMATION REQUESTED WAS NOT RECEIVED WITHIN THE TIME FRAME SPECIFIED	DENY
9J	ADJUST: PREVIOUS ANESTHESIA PAYMENT BILLED PAID INCORRECTLY	PAY
9K	CLAIM CANNOT BE PROCESSED WITHOUT PATHOLOGY REPORT	DENY
9L	DENY: PROC MUST BE BILLED WITH COMMERICAL AMBULATORY SVC BASE RATE	DENY
9M	DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	DENY
9N	CLAIM CANNOT BE PROCESSED WITHOUT OPERATIVE REPORT	DENY
9O	DENY: PATIENT REASON DIAGNOSIS 1 INVALID OR REQ ADDL DIGIT	DENY
9Q	DENY: PATIENT REASON DIAGNOSIS 3 INVALID OR REQ ADDL DIGIT	DENY
9S	SERVICE DOESNT REQUIRE PRE-AUTH WHEN MEDICAL GUIDELINES HAVE BEEN MET	PAY
9U	DENY: Does not meet Continuity of Care	DENY
9V	DENY: PATIENT REASON DIAGNOSIS 2 INVALID OR REQ ADDL DIGIT	DENY
9W	OVERPAYMENT DETECTED ACCORDING TO PAYMENT OR CLINICAL POLICY	DENY
9y	ICD REFERRAL INDICATOR BILLED DOES NOT MATCH ICD DX CODE BILLED	DENY
9z	INCORRECT USE OF ICD-9 AND ICD-10 CODES	DENY
A1	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY

A3	DENY: SERVICES SUBMITTED WITHOUT MHSIC PROVIDER NUMBER	DENY
A8	DENY: NO AUTHORIZATION ON FILE	DENY
aA	APC PRICER: CLAIM PROCESSED SUCCESSFULLY	PAY
Aa	PAY: SERVICE PROCESSED THRU COB AUTOMATION	INFO
AA	DENY: UNAUTHORIZED SERVICE: BILL PATIENT	DENY
AB	DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW	DENY
aB	ACE LINE ITEM REJECTION	DENY
ab	DENY: AIM CREDIT BALANCE RECOVERY	DENY
ac	PAY: AIM CREDIT BALANCE RECOVERY	PAY
AC	DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT	DENY
Ac	APC/HHA/ASC/ESRD PRICER-INVALID HCPCS CODE	DENY
AD	DENY: UNAUTHORIZED ADMISSION. DO NOT BILL PATIENT. (INPATIENT REVIEW)	DENY
AE	DENY: HOSPITAL CONFINEMENT CEASED PER MED REVIEW	DENY
AF	DENY: CONCURRENT CARE RENDERED BY SAME SPECIALTY PHYSICIAN	DENY
af	ACE LINE ITEM DENIAL	DENY
AG	DENY: SERVICE DOES NOT MEET EMERGENCY CRITERIA, BILL PATIENT	DENY
Ag	ACE CLAIM LEVEL REJECTION	DENY
AH	DENY:PER MEDICAL REVIEW PATIENT NOT HOSPITALIZED AT TIME OF SERVICE	DENY
Ah	APC/HHA/ASC/ESRD PRICER-INVALID PARTIAL HOSPITALIZATION CLAIM	DENY
AJ	ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE	PAY
AK	DENY: UNTIL HOSPITAL CALLS IN ADMISSION	DENY
Am	ADMIN DENIAL	DENY
aM	ADMIN DENIAL	DENY
an	DENY: ADMIN CODE AND VACCINE MUST BE SUBMITTED TOGETHER	DENY
AQ	ACE CLAIM LEVEL RETURN TO PROVIDER (REVIEW CLAIM REMARKS)	DENY
AR	DENY: NON-MEMBER LAB - BILL REFERRING PROVIDER	DENY
aR	DENY: AVOIDABLE READMISSION FOR MED MGMT	DENY
AS	PAY: BASED ON REVIEW OF MED REC - PLP EMERGENCY DEFINITION NOT MET	PAY
at	AIM Medicare disallowance	PAY
AT	APNTA MONITORS WERE NOT PURCHASED	DENY
Au	APC/HHA/ASC/ESRD PRICER-INVALID UNITS FOR THIS MODIFIER	DENY
au	HMS Medicare disallowance	DENY
av	HMS Medicare disallowance	PAY
AV	PLEASE REMIT MEDICAL RECORDS FOR CONSIDERATION OF ADDITIONAL PAYMENTS	DENY

Av	APC/HHA/ASC/ESRD PRICER-INVALID MODIFIER	DENY
AW	DENY: ANESTHESIA SERVICE MUST BE ON THE SAME DATE OF SERVICE TO PAY	DENY
aw	AIM Overpayment recovery	DENY
AX	ADJUSTMENT: DUPLICATE PAYMENT PER CLAIM AUDIT	PAY
ax	AIM Overpayment recovery	PAY
Ay	APC: INCORRECT CODING OF LAB PANEL COMPONENTS	DENY
ay	AIM Medicare disallowance	DENY
AZ	HIV - STATE APPROVED	PAY
b2	MEDICAL RECORDS SUBMITTED DO NOT SUPPORT THE SERVICE BILLED	DENY
b3	SERVICE EXCEEDS OR IS NOT A PLAN BENEFIT	DENY
b4	ALLOWED AMOUNT ADJUSTED PER SCIO AUDIT	PAY
b5	DUPLICATE SERVICE PER SCIO AUDIT	DENY
b7	MEDICAL RECORDS NOT RECEIVED AS REQUESTED	DENY
bb	HMS Commercial disallowance	PAY
bc	HMS Commercial disallowance	DENY
BD	DENY: BENEFIT IS NOT COVERED BY HMO	DENY
BG	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	DENY
bh	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	DENY
BI	DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	DENY
BJ	ADJUST: HOME EQUIPMENT OR SUPPLIES PREVIOUSLY PAID INCORRECTLY	PAY
BK	DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	DENY
BO	DENY: NOT PAYABLE-ANOTHER PROVIDER FACILTY BILLED FOR COMPLETE SERVICE	DENY
BP	DENY: NON COVERED SERVICE FOR PACKAGE B MEMBER	DENY
bp	BILL PRIMARY INSURER-PLEASE CONTACT CORRECTIONAL FACILITY FOR INFO	DENY
BS	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	DENY
BT	DENY: Rebill. Cannot combine separately authorized facility stays	DENY
BU	B-BUNDLED CODES NOT SEPARATELY REIMBURSED	DENY
BV	DENY: BILL USSCRIPT-RESPONSIBLE FOR CAREMARK AFTER 06 01 08	DENY
BY	REQUEST COMPLETE NO ACTION NECESSARY	INFO
BZ	DENY: PLEASE RESUBMIT WITH CORRESPONDING E & M CODE FOR PAYMENT	DENY
c1	DENIED INVALID CLIA NUMBER	DENY
C2	CPT HAS BEEN REBUNDLED ACCORDING TO CLAIM AUDIT	DENY

c2	DENIED PROCEDURE NOT ALLOWED FOR CLIA CERTIFICATION TYPE	DENY
c4	INCORRECT CODE BILLED PER SCIO AUDIT	DENY
c5	SAME/SIMILAR EQUIPMENT BILLED BY DIFFERENT PROVIDER	DENY
C6	CPT HAS BEEN REPLACED ACCORDING TO CLAIM AUDIT	DENY
c7	CLAIM PAYMENT EXCEEDS CONTRACTED RATE/GUIDELINES	DENY
C8	CPT HAS BEEN DENIED ACCORDING TO CLAIM AUDIT	DENY
c8	MEMBER NOT ELIGIBLE OR OTHER INSURANCE PRIMARY	DENY
C9	NEW CPT ISSUED DUE TO CLAIM AUDIT	PAY
c9	INCORRECT BILLED QUANTITY/AMOUNT PER SCIO AUDIT	PAY
Ca	DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	DENY
cb	HMS credit balance recovery	PAY
CB	AUTHORIZATION IS CANCELLED -ERROR IN ENTRY	DENY
CC	DENY: CONTINUITY OF CARE,BILL PREVIOUS INSURANCE CARRIER	DENY
cd	PAY: CDR CREDIT BALANCE RECOVERY	PAY
CF	DENY: WAITING FOR CONSENT FORM	DENY
cG	DENY: ADMISSION HOUR IS MISSING OR INVALID	DENY
CH	FORWARDED TO OUR CAPPED CHIROPRACTIC PROVIDER	DENY
Ch	DENY: VERIFIED CLOSED OR INACTIVE RECORD	DENY
cH	DENY: ADMISSION TYPE IS MISSING OR INVALID	DENY
CK	ADJUSTMENT: PROVIDER BILLED INCORRECTLY & SUBMITTED REIMBURSEMENT	PAY
CL	DO NOT USE	PAY
cL	DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	DENY
CM	MEMBER ON REVIEW FOR CASE MANAGEMENT	PAY
cM	DENY: ADMISSION SOURCE IS MISSING OR INVALID	DENY
CN	DENY: NOTPAYABLE ANESTHESIOLOGIST BILLED FOR COMPLETE SERVICES	DENY
cN	DENY: ADMISSION DATE IS MISSING OR INVALID	DENY
cR	DENY: CLAIM LINE REQUIRES HCPCS	DENY
cr	HMS credit balance recoupment	DENY
Cs	INFO: POTENTIAL CCS CLAIM	INFO
CS	DENY: PATIENT IN CHILD PROTECTIVE SERVICES	DENY
CU	TO CASE MANAGEMENT ADJUSTOR	PAY
CW	DENY: CONTINUOUS CLMS CANNOT BE ACCEPTED, PLEASE SUBMIT AFTER DISCHARGE	DENY
CY	DENY: SERV PREVIOUSLY DENIED SUBMIT WRITTEN APPEAL FOR RECONSIDERATION	DENY
d0	DENY: INVALID AMBULANCE CONDITION CODE INDICATOR	DENY

D1	DENY: SERVICE INCLUDED IN E.R. VISIT	DENY
d1	ICD 10 DIAGNOSIS CODES THAT REQUIRE ADDITIONAL CHARACTERS	DENY
d2	ICD 10 PROCEDURE CODES THAT REQUIRE ADDITIONAL CHARACTERS	DENY
D3	DENY: EXCEEDS ESTABLISHED CONTRACTED REIMBURSEMENT - DO NOT BILL PT	DENY
d3	ICD 10 DIAGNOSIS CODES NOT ALLOWED AS PRIMARY IN AN INPATIENT SETTING	DENY
D4	DENY: PROCEDURE NOT REIMBURSABLE PER CONTRACT	DENY
d5	ICD 10 DIAGNOSIS CODES ONLY ALLOWED AS SECONDARY MANIFESTATION CODES	DENY
D8	DENY: SERVICES INCLUDED IN THE DRG PAYMENT	DENY
da	Anesthesia time must be reported in minutes. Please resubmit	DENY
Dc	DENY: NDC OBSOLETE	DENY
dc	DENY: CDR CREDIT BALANCE RECOVERY	DENY
DD	DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	DENY
DI	ANCILLARY CHARGES INCLUDED IN ER TREATMENT ROOM VISIT	PAY
DJ	DENY: INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT	DENY
DL	DENY: REBILL USING A PHARMACY CLAIM FOR THIS SERVICE	DENY
DM	PMT FOR DRUG AND SUPPLIES ARE INCLUDED IN TREATMENT ROOM REIMBURSEMENT	DENY
DN	DENY: PROCEDURES INCLUDED IN FINAL RESTORATION	DENY
dN	DENY: MIN/MAX NOT VALID FOR NDC LIMITS	DENY
DQ	DENY: MEMBER UNDER 21 YRS OF AGE WHEN SIGNING CONSENT FORM	DENY
dr	INFO PURPOSES-RESUBMISSION NOT SUBMITTED W/I TIMELY GUIDELINES	INFO
Ds	No fee on fee schedule, paid default % per state or provider contract	PAY
DS	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	DENY
DT	DENY: FORWARD TO DENTAL CARRIER	DENY
DW	DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT	DENY
DX	DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE	DENY
DY	DENY: APPEAL DENIED	DENY
DZ	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	DENY
E0	DENY: INVALID OR MISSING DISCHARGE HOUR	DENY
E2	DENY: ICD9/ICD10 PROCEDURE CODE MISSING OR INVALID	DENY
e2	DENY: ADMIT TYPE OR SOURCE OR DISCH STATUS MISSING/INVALID	DENY
E4	DENY: INVALID OR MISSING ADMISSION SOURCE	DENY
E6	DENY: DISCHARGE HOUR, ADMIT DATE/HOUR MISSING/INVALID ON INPAT CLAIM	DENY
E8	DENY: INVALID OR MISSING ADMIT TYPE	DENY

EA	ADJUST: APPEAL APPROVED -AUTHORIZATION ENTERED	PAY
Ea	ESRD PRICER: MISSING DIAGNOSIS CODE	DENY
EB	DENY: DENIED BY MEDICAL REVIEW AS SERVICE NOT MEDICALLY INDICATED	DENY
Eb	ESRD PRICER: INVALID UNITS FOR REVENUE CODE	DENY
EC	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	DENY
Ec	ESRD PRICER: MEDICALLY UNLIKELY EDIT	DENY
Ed	Delivery prior to 39 weeks of gestation, subject to post-payment review	INFO
ED	Non-medically necessary delivery prior to 39 weeks of gestation	DENY
EF	DENY: DOS NOT WITHIN EFF/TERM DATES FOR MANUFACTURER CODE	DENY
Ef	ESRD PRICER: SERVICE BILLED AS PANEL	DENY
Eg	ESRD PRICER: INVALID UNITS FOR MODIFIER	DENY
Eh	ESRD PRICER: PAYMENT INCLUDED IN COMPOSITE RATE	PAY
EH	DENY: LEVEL OF CARE NOT ON STATE FILE CALL CUSTOMER SERVICE	DENY
EI	DENY: CONTACT PROVIDER SERVICES WITH RATE LETTER INFORMATION	DENY
EJ	ADJUST: HOME HEALTH VISIT OVERHEAD PREVIOUSLY PAID INCORRECTLY	PAY
Ej	ESRD PRICER: INCORRECT BILLING OF TELEHEALTH SITE FEE	DENY
Ek	ESRD PRICER: ITEMS PAID AT A USER-DEFINED PERCENT OF CHARGES	PAY
EN	ENCOUNTER RATE PAY-ALL SVCS INCLUSIVE	PAY
En	ESRD PRICER: HCT/HGB EXCEEDS THRESHOLD W/O APPROPRIATE MODIFIER	DENY
Ep	ESRD PRICER: INVALID CASE-MIX ADJUSTMENT	DENY
EQ	DENY: DIAGNOSIS DOES NOT SUPPORT E M BILLED	DENY
Er	ESRD PRICER: INCORRECT BILLING OF AMCC TEST	DENY
ES	ER SCREENING FEE PAID, SUBMIT RECORDS FOR ADD L PAYMENT CONSIDERATION	PAY
ET	DENY: DOS NOT WITHIN EFF/TERM DATES FOR HCPCS/NDC CROSSWALK	DENY
EY	DIAGNOSIS IS NOT COVERED, BILL STATE ENTITY	DENY
FA	ADJUSTMENT: CLAIM WENT TO INCORRECT FUND	PAY
Fa	LOCOMOTION, WALK/WHEELCHAIR (FIM39L, ADMISSION VALUE) IS OUT OF RANGE	DENY
Fb	SOCIAL INTERACTION (FIM39P, ADMISSION VALUE) IS OUT OF RANGE	DENY
fb	SUBMITTED AGE IS INVALID	DENY
FC	BIRTH DATE BEFORE ADMISSION DATE/FROM DATE	DENY
Fc	MEMORY (FIM39R, ADMISSION VALUE) IS OUT OF RANGE	DENY
FD	DENY: RESUBMIT CLAIM TO FIRST DENT FOR PAYMENT	DENY
Fd	INVALID BIRTH DATE	DENY

Fe	INVALID ADMISSION DATE/FROM DATE	DENY
FG	SELF CARE, GROOMING (FIM39B, ADMISSION VALUE) IS OUT OF RANGE	DENY
Fh	SELF CARE, BATHING (FIM39C, ADMISSION VALUE) IS OUT OF RANGE	DENY
Fi	COVERAGE RESPONSIBILITY OF CORECIVIC	DENY
FJ	ADJUST: VISIT OR SERVICE INCLUDED IN OB DELIVERY PAYMENT	PAY
Fj	SELF CARE, DRESSING, UPPER BODY (FIM39D, ADMISSION VALUE) IS OUT OF RANG	DENY
FK	SELF CARE, DRESSING, LOWER BODY (FIM39E, ADMISSION VALUE) IS OUT OF RANG	DENY
Fl	SELF CARE, TOILETING (FIM39F, ADMISSION VALUE) IS OUT OF RANGE	DENY
FM	DENY: CODE COVERAGE REIMBURSEMENT NOT CURRENTLY OUTLINED BY MEDICAID	DENY
Fm	SPHINCTER, BLADDER MANAGEMENT (FIM39G, ADMISSION VALUE) OUT OF RANGE	DENY
FN	SPHINCTER, BOWEL MANAGEMENT (FIM39H, ADMISSION VALUE) IS OUT OF RANGE	DENY
FO	SELF CARE, EATING (FIM39A, ADMISSION VALUE) IS OUT OF RANGE	DENY
FP	DENY: Claims denied for Provider Fraud	DENY
Fp	TRANSFERS, BED, CHAIR, WHEELCHAIR (FIM39I, ADMISSION VALUE) IS OUT OF RA	DENY
fP	DENY: CUSTODIAL CARE IS NOT COVERED BY NTC	DENY
Fs	COMPUTED AGE IS GREATER THAN 140 YEARS	DENY
FT	TRANSFERS, TOILET (FIM39J, ADMISSION VALUE) IS OUT OF RANGE	DENY
FU	LOCOMOTION, STAIRS (FIM39M, ADMISSION VALUE) IS OUT OF RANGE	DENY
FV	DENY: SERVICES BILLED ON INCORRECT FORM. PLEASE RESUBMIT ON CMS1500	DENY
Fv	COMPREHENSION (FIM39N, ADMISSION VALUE) IS OUT OF RANGE	DENY
FW	EXPRESSION (FIM39O, ADMISSION VALUE) IS OUT OF RANGE	DENY
FY	PROBLEM SOLVING (FIM39Q, ADMISSION VALUE) IS OUT OF RANGE	DENY
FZ	DENY: DOCUMENTATION DOES NOT REFLECT ALL COMPONENTS OF BILLED E M	DENY
G3	CLAIM REVIEWED	INFO
G8	DENY: ONE CLAIM ALLOWED FOR TYPE OF SERVICE DURING 6 MTH PERIOD	DENY
G9	RENDERING PROVIDER SPECIALTY NOT ELIGIBLE TO RENDER PROCEDURE CODE	DENY
GA	DENY: PROCEDURE NOT COVERED FOR THE MEMBERS AGE	DENY
ga	IMPAIRMENT GROUP CODE IS INVALID	DENY
GB	DENY: GLOBAL CODE IS INVALID PER STATE GUIDELINES	DENY
gb	TOTAL MOTOR SCORE, ADMISSION, OUT OF RANGE	DENY

GC	DENY:PER ST. GUIDELINES DELIVERY MUST BE BILLED SEPARATE FROM VISITS	DENY
gc	TOTAL COGNITIVE SCORE, ADMISSION, OUT OF RANGE	DENY
GD	PAY: REPROCESSED USING STATE GUIDELINES	PAY
GE	DENY: GLOBAL CODE IS INVALID PER STATE GUIDELINES	DENY
GF	INVALID BILLING OF DEVICE CREDIT	DENY
GG	NOT COVERED UNDER OPPS	DENY
GJ	ADJUST: OB PAYMENT BASED ON INCORRECT FEE SCHEDULE	PAY
GL	SERVICE COVERED UNDER GLOBAL FEE AGREEMENT	DENY
GM	DENY: RESUBMIT W MEDICAID# OF INDIVIDUAL SERVICING PROVIDER IN BOX 24K	DENY
GN	DENY: RESUBMIT WITH INDIVIDUAL SERVICING PROVIDER¿S NPI IN BOX 24J	DENY
GQ	Admin fee only reimbursed when free vaccine available	PAY
GS	DENY: DATE OF SVC ON CLAIM IS GREATER THAN RECEIVED DATE,PLEASE RESUBMIT	DENY
GZ	PAY: SERVICE COVERED UNDER GLOBAL FEE AGREEMENT	PAY
H1	DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	DENY
h2	DENY:OVERPAYMENT DETECTED AS PART OF AN INTERNAL EXAMINATION	DENY
H3	DENY: INCLUDED IN ASC FEE	DENY
h4	PAY:PAYMENT ADJUSTED AS PART OF AN INTERNAL EXAMINATION	PAY
H6	PROVIDER MUST BILL WITH HCPCS CPT FOR CORRECT PRICING	PAY
h7	PAY ON RECONSIDERATION	PAY
H8	DENY: HOMEGROWN PROCEDURE CODES ARE NOT VALID FOR THIS DOS	DENY
H9	DENY: HOMEGROWN MODIFIERS ARE NOT VALID FOR THIS DOS	DENY
hA	DENIAL UPHELD ON RECONSIDERATION	DENY
Hb	HHA GROUPER INVALID BILL TYPE	DENY
Hc	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
hc	CLAIM DID NOT CONTAIN A HIPPS CODE OR HAD AN INVALID AMOUNT	DENY
HD	DIAGNOSIS ON CLAIM DOES NOT MATCH DIAGNOSIS ON AUTHORIZATION	PAY
Hd	HHA GROUPER INVALID HIPPS CODE	DENY
He	HHA PRICER: INVALID HOME HEALTH CLAIM DATES	DENY
HF	PAY:PROCEDURE DOES NOT MATCH AUTHORIZATION	PAY
hF	HHA PRICER: INVALID NUMBER OF HIPPS CODES	DENY
hf	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
HG	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY

Hg	HHA HIPPS CODE INDICATES NRS WERE PROVIDED, BUT NRS NOT ON CLAIM	DENY
HH	PAY: CLAIM AND AUTH PROVIDER STATUS NOT MATCHING	PAY
Hh	HHA PRICER: INVALID OR MISSING CBSA	DENY
HI	PAY: HIGH COST	PAY
HJ	ADJUST: CORRECTION OF PREVIOUS PAYMENT FOR THIS DRUG	PAY
Hj	HHA FINAL CLAIM MUST HAVE AT LEAST ONE VISIT-RELATED REVENUE CODE	DENY
HK	DATES ON MEDICAL DETAIL DO NOT MATCH	DENY
Hk	HHA PRICER: NO AVAILABLE HHRG WEIGHT/RATE	DENY
HL	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
HM	INPT & OUTPT CLAIMS TILL S.T. RESOLVES CONTRACT	PAY
hm	HMS RECOUPMENT PERFORMED	PAY
HN	PAY: THE MODIFIER DOES NOT MATCH	PAY
Hn	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
HO	PAY: MEMBER ON REVIEW FOR HIGH RISK OB	PAY
hp	PAY: PAYMENT MADE PREVIOUSLY BY STATE FISCAL AGENT	PAY
HP	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
Hp	Pregnancy not covered under HIP, bill/transition to HHW 877-647-4848	DENY
HQ	DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY WITH CONSENT FORM	DENY
HR	PAY: ADDITIONAL PAYMENT FOR MEDICALLY HIGH-RISK DIAGNOSIS	PAY
hr	ASC DEVICE INTENSIVE PROCEDURE W/O DEVICE	DENY
hs	PAY: HMS SUBROGATION RECOVERIES	PAY
HS	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
Hs	Deny: less than 8 hours/units minimum billed. Please correct and resubmit	DENY
HT	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
HU	DENY: CLAIM TYPE DOES NOT MATCH CLAIM TYPE ON THE AUTHORIZATION	DENY
HV	PAY: HIV	PAY
HW	DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	DENY
i0	PAY: FOR INTERNAL PURPOSES ONLY	INFO
i1	PAY: FOR INTERNAL PURPOSES ONLY	INFO
I1	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	DENY
i2	PAY: FOR INTERNAL PURPOSES ONLY	INFO
I2	DENY: PROCEDURE IS ONLY PAYABLE FOR INPATIENT LOCATION	DENY
i3	PAY: FOR INTERNAL PURPOSES ONLY	INFO

I3	DENY: NON-SPECIFIC ICD9 PROCEDURE-REQUIRES 4TH DIGIT-PLEASE RESUBMIT	DENY
I4	PAY: REPORTABLE BUT NOT REIMBURSABLE	PAY
i4	PAY: FOR INTERNAL PURPOSES ONLY	INFO
i5	PAY: FOR INTERNAL PURPOSES ONLY	INFO
I5	DENY: INAPPRT INVC ATTCHD TO THE CLM, PLS RESBMT W PROPER ATTMNT	DENY
i6	PAY: FOR INTERNAL PURPOSES ONLY	INFO
I6	DENY: DIAGNOSIS,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE	DENY
i7	PAY: FOR INTERNAL PURPOSES ONLY	INFO
I9	DENY: DIAGNOSIS MISSING OR INVALID	DENY
IA	DENY: REQUIRE PROOF REPLACEMENT FRAMES ARE NECESSARY PER IAC	DENY
iA	DENY: MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST	DENY
iB	PAY: DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS	PAY
IB	DENY: PROCEDURE ONLY COVERED WITH DIAGNOSIS OF DIABETIC FOOT DISEASE	DENY
ib	DENY: ICD10 CLAIM SPLIT REQUIRED FOR DOS BEFORE AND ON OR AFTER 10-1-15	DENY
IC	INTEREST AMOUNT	PAY
iC	PAY: DRG PAYMENT ADJUSTMENT AFTER REVIEW OF MEDICAL RECORDS	PAY
ic	ICD-10 CODES HAVE BEEN MAPPED TO ICD-9 CODES FOR ADJUDICATION PURPOSES	INFO
ID	DENY: NO W-9 FORM ON FILE	DENY
IE	DENY: THIS CPT CODE BILLABLE ONCE PER CALENDAR YEAR PER MEMBER	DENY
iE	DENY: DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM	DENY
iF	PAY: REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS	PAY
IG	DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	DENY
IH	HOLD, WAIT FOR EVIDENCE OF INPATIENT HOSPITALIZATION	PAY
II	PAY: TIMELY FILING OB INCENTIVE PAYMENT	PAY
IJ	ADJUST: VISIT IS INCLUDED IN SURGICAL FEE	PAY
IK	DENY: 2ND EM NOT PAYABLE W O MODIFIER 25 & MED RECORDS, PLEASE RESUBMIT	DENY
IL	DENY: INVALID OR MISSING LOCATION CODE	DENY
IM	DENY: MODIFIER MISSING OR INVALID	DENY
IN	DENY: ORIGINAL CPT BILLED WAS AN INVALID CODE PLEASE RE-BILL	DENY
Ip	SENT TO CCIPA FOR PRICING	PAY
IQ	DENY: INCLUDED WITH RENTAL OR PURCHASE OF EQUIPMENT	DENY
IV	DENY: CPT OR HCPCS MISSING OR INVALID	DENY

IW	DENY: ORIGINAL HCPCS BILLED WAS AN INVALID CODE. PLEASE REBILL	DENY
J0	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER	PAY
J1	CONSENT FORM NOT VALID AT TIME OF SERVICE	PAY
J2	CONSENT FORM NOT SUBMITTED	PAY
J3	ADJUSTMENT: PAYMENT ADJUSTED TO APPROPRIATE TRANSFER CASE PER DIEM	PAY
J4	ADJUSTMENT: ANTEPARTUM VISIT INCLUDED IN TOTAL OB DELIVERY	PAY
J5	ADJUSTMENT: SERVICES ARE 3 DAYS PRIOR TO INPT INCLUDED IN DRG	PAY
J6	ADJUSTMENT: DRG PAYMENT ADJUSTED PER REVIEW OF MEDICAL RECORDS	PAY
J7	ADJUSTMENT: RECOUPMENT DUE TO PAYMENT BEYOND 90 DAYS	PAY
J8	ADJUST: HOME HEALTH VISITS PREVIOUSLY PAID INCORRECTLY	PAY
J9	ADJUST: ADJUSTMENT TO CORRECT PMT OF 90% BILLED CHGS TO MEDICAID ALLOW	PAY
JA	ADJUSTMENT: PAY ON APPEAL	PAY
JB	ADJUST: RECEIVED COB PAYMENT	PAY
JC	ADJUSTMENT: PAYMENT TO CAPPED PROVIDER	PAY
JD	ADJUST: RECEIVED MEDICARE PAYMENT	PAY
JE	ADJUST: MHS IS PRIMARY INSURER FOR THIS SERVICE	PAY
JF	ADJUST: PATIENT ELIGIBLE FOR DATE OF SERVICE	PAY
JG	ADJUST: PATIENT RESPONDED TO ACCIDENT LETTER	PAY
JH	ADJUST: COVERED BENEFIT	PAY
JI	ADJUST: SERVICE AUTHORIZED BY PCP	PAY
JJ	ADJUST: GRIEVANCE - SERVICE AUTHORIZED	PAY
JK	ADJUST: DATE OF SERVICE CORRECTED	PAY
JL	ADJUST: NOT A COVERED SERVICE,BILL WORKERS COMP	PAY
JM	ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER	PAY
JN	ADJUST: DUPLICATE PAYMENT	PAY
JO	ADJUST: NOT A COVERED BENEFIT	PAY
JP	ADJUST: BENEFIT MAXIMUM REACHED, BILL PATIENT	PAY
JQ	ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT	PAY
Jq	ORIGINAL CHECK NOT CASHED- PAY TO/ADDRESS VERIFICATION NEEDED	DENY
JR	ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT	PAY
JS	ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION	PAY
JT	ADJUST: PROCESSED FOR INCORRECT MEMBER	PAY
JU	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM	PAY
JV	ADJUST: OTHER INSURANCE PAID PROVIDER	PAY

JW	ADJUSTMENT: ORIGINAL SERVICE PAID INCORRECT AMOUNT	PAY
JX	ADJUST: EMPLOYER GROUP RETRO TERMINATED CONTRACT, BILL MEMBER	PAY
JY	ADJUST: MEMBER UNDER AGE OF 21 AT TIME OF SIGNING TUBAL CONSENT FORM	PAY
JZ	ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19	PAY
K1	Deny: Please resubmit with abortion certification form	DENY
K2	Deny: Abortion certification form is not valid/missing information	DENY
K3	Deny: Please resubmit with premature birth certification form	DENY
K4	DENY: MEMBER IS NOT THE RESPONSIBLITY OF MANAGED HEALTH SERVICE	DENY
K5	DENY: MEDICAID # REQUIRED IN BOX 24K HCFA OR 51 UB, CORRECT & RESUBMIT	DENY
K6	Deny: Premature birth certification form is not valid/missing information	DENY
K8	DENY: SERVICES INCLUDED IN GLOBAL SETTLEMENT AGREEMENT	DENY
KA	Provider Medicaid ID required from member's state, register and resubmit	DENY
KB	APC/HHA/ASC/ESRDPRICER-MEDICARE WILL NOT PAY FOR THIS SERVICE	DENY
KK	DENY:K CODES ARE NOT BILLABLE-USE APPROPRIATE HCPCS CODES	DENY
kN	PERCENT OF CHARGES PAYMENT	PAY
KP	LOCATION NOT LISTED IN STATE FILE. NOTIFY MAXIMUS 844-374-5022	DENY
Ku	INFORMATIONAL:RE-ADJUDICATION PROCESS EX CODE	INFO
KV	DRG/APC: WRONG PROCEDURE PERFORMED: NOT A COVERED SERVICE	DENY
KZ	DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT PROV MANUAL OR CONTRACT	DENY
Kz	DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	DENY
L5	DENY: NO RESPONSE TO LETTER REGARDING OTHER HEALTH INSURANCE	DENY
L6	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	DENY
LB	Invoice amount is $100 or less	DENY
LH	DENY: NUBC CONDITION CODE INVALID	DENY
LJ	ADJUST: ADJUSTMENT DONE TO CLEAR NEGATIVE BALANCE	PAY
LO	DENY: CPT & LOCATION ARE NOT COMPATIBLE, PLEASE RESUBMIT	DENY
lp	DENY: Submit to MN Med Assist as prime, resubmit if member not eligible	DENY
LQ	CCIPA ADJUDICATED CLAIM	INFO
LR	DENY: WHEN PRIME INS RECEIVES INFO-RESUBMIT TO SECONDARY INS	DENY
Ls	INFO: LESSER OF BILLED CLAIM REVIEW COMPLETED	INFO
LS	Invoice amount and billed amount does not match	DENY
LU	DENY: NUBC VALUE CODE INVALID	DENY

LZ	DENY: INVOICE REQUIRED FOR PROCESSING	DENY
M1	DENY: NO FEE FOUND- SUBMIT STATE EOP SHOWING PAYMENT	DENY
M2	DENY: NO INDIANA MEDICAL ASSISTANCE PROVIDER NUMBER ON FILE	DENY
M5	DENY: IMMUNIZATION ADMINISTRATION INCLUDED IN INJECTION FEE	DENY
M7	DENY: MSRP pricing is available. Please resubmit with proper documentation	DENY
M8	DENY: MSRP documentation submitted is not acceptable for adjudication	DENY
MA	PROV. IN MEDICAID # NOT OF FILE, SEND TO INDPLS OFFICE AND RESUBMIT CLM	DENY
ma	Effective 7/1/15 - bill Mass Health for DOC inpatient services	DENY
MD	DENY:SERVICES PREVIOUSLY DENIED BY OUR MENTAL HEALTH PROVIDER	DENY
Md	MEDICA DENY	DENY
mE	MEDICARE PRIMARY INFOR CODE FOR ENCOUNTERS	INFO
MF	DENY: INAPPROPRIATE MEDICAID# SUBMITTED FOR SVC PROVIDER,PLEASE RESUBMIT	DENY
MG	DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	DENY
MH	CLAIM FORWARDED TO MENTAL HEALTH PROVIDER	DENY
MI	MOTHER OF HIV BABY	PAY
MJ	ADJUST: ADJUSTED DUE TO CHANGE IN CODE AUDITING SOFTWARE DECISION	PAY
MK	INAPPROPRIATE MEDICAID NUMBER FOR TAX ID SUBMITTED. CORRECT AND RESUBMIT	DENY
MM	DENY: PLEASE SUBMIT TRANSPORTATION CLAIMS TO MTM FOR PROCESSING	DENY
Mm	DENY: Please bill to Medical/Select Care using Group ID MN0001 & Inmate ID	DENY
MN	PAY: CONTINUED INPT STAY NOT MEDICALLY NECESSARY	PAY
mN	90 day provision. Claim subject to repayment when primary ins pays	PAY
MO	MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	DENY
MP	DIAGNOSIS REQUIRES CM, QI AND OR DP	PAY
Mp	MEDICA PAY	PAY
MQ	DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	DENY
MR	MEMBER ON REVIEW FOR CASE MANAGEMENT	PAY
MX	PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS	PAY
MY	DENY: PROVIDER IS NOT MEMBERS PCP	DENY
MZ	DENY: Please Resubmit with Providers Medicaid ID number	DENY
N2	DENY: OB NOTIFICATION NOT ON FILE	DENY
N3	YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	INFO

n3	DENY - NPI IS NOT ON FILE OR VALID FOR SERVICES BILLED, RESUBMIT	DENY
N5	DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	DENY
N6	DENY - SERVICE IS NOT ON KY STAT LAB LIST - INELIGIBLE FOR REIMBURSEMENT	DENY
N8	INCORRECT NPI FOR PROVIDER	DENY
N9	INCORRECT NPI FOR TIN	DENY
Na	NIA PRICING APPLIED	INFO
NA	OTHER INS. DENIED - OOP PROVIDER NOT AUTHORIZED - SERVICES NOT PAYABLE	DENY
nA	DENY:ADMISSION SOURCE INVALID WHEN REVENUE CODE 68X BILLED	DENY
NC	DENY:TUBAL WAS PERFORMED BEFORE THE 30 DAY WAITING PERIOD	DENY
Nc	DENY: MIN/MAX NOT VALID FOR HCPCS/NDC CROSSWALK	DENY
ND	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	DENY
Nd	DENY: UNIT OF MEASURE NOT VALID FOR NDC	DENY
NE	DENY:MEMBER NOT ELIGIBLE FOR SERVICES YET, AWAITING STATE ELIGIBILITY	DENY
NF	DENY: Corrected claim not submitted in accordance with Plan guidelines	DENY
Nh	DENY: NDC/HCPCS COMBINATION NOT VALID	DENY
NI	PAY: NICU BABY	PAY
NJ	DENY: A0160 MUST BE BILLED WITH MOD OR 99501 TO BE PAYABLE	DENY
Nk	DENY:DATE OF SERVICE DOES NOT MATCH AUTHORIZED DATE SPAN	DENY
Nl	DENY: PROCEDURE AND DOS DO NOT MATCH AUTH	DENY
NM	UNABLE TO CALCULATE PROVIDER ALLOWED. PROCESSOR MUST SUPPLY IT	PAY
nm	SUBMIT TO NM MEDICAID AS PRIMARY	DENY
NN	OB GLOBAL FEE PAID	PAY
Nn	DENY: NDC NOT VALID	DENY
No	DENY:PROCEDURE CODE AND PROVIDER DOES NOT MATCH AUTH	DENY
NP	DENY: AUTHORIZATION REQUESTED FOR NON-PLAN PROVIDER	DENY
Nq	DENY: PROVIDER AND DOS DOES NOT MATCH AUTH	DENY
NR	REQUIRES NURSE REVIEW INDIANA	PAY
NS	SERVICE NOT COVERED WHEN OBTAINED FROM A PROVIDER NON PAR IN MHS NETWORK	DENY
Ns	DENY: DID NOT USE AUTHORIZED PROVIDER-IN-NETWORK	DENY
NT	DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	DENY
Nt	DENY: ADMISSION SOURCE NOT VALID FOR NEWBORN ADMISSION TYPE	DENY
NU	DENY:MHS RECORDS DO NOT INDICATE BABY WAS IN NICU ON THIS DATE	DENY

Nu	DENY: DID NOT USE AUTHORIZED PROVIDER-NON PAR	DENY
NV	DENY: STERILIZATION CONSENT FORM NOT VALID OR MISSING INFORMATION	DENY
NX	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT	DENY
NZ	DENY: BENEFIT COVERAGE IS LIMITED TO CONTRACTED PROVIDERS ONLY	DENY
O1	PAY: TOTAL OB REFLECTS A DEDUCTION OF ANTEPARTUM ALREADY PAID	PAY
o2	DENY: OPERATING PROVIDER NAME AND NPI MISSING OR INVALID	DENY
OA	DENY:MEMBR NOT FULLY ELIG FOR HIP BENEFITS TIL PREMIUM PAID	DENY
OC	PAY: CHARGES PAID AT PROVIDERS COST-TO-CHARGE RATIO ON DATE OF PAYMENT	PAY
OE	ENCOUNTER EDIT OVERRIDE	PAY
OF	PLEASE USE THE CORRECT LOCATION CODE 11 FOR FUTURE BILLING	INFO
Of	DENY: NON-APL CODE ¿RESUBMIT ON NON-INSTITUTIONAL CLAIM FORM	DENY
OG	SUBMIT HOSPITAL TO HOSPITAL TRANSFER TO STATE MEDICAID	DENY
OH	PAY: DRG PMT, OUTLIER PMT WILL NEED ITEMIZED W IN 45 DAYS	PAY
OI	ADJUSTMENT: MHSIC IS SECONDARY INSURANCE BILL PRIMARY	PAY
OJ	ADJUST: PER CLAIM AUDIT - VISITS LIMITED TO ONE PER DAY	PAY
OK	ADJUST: PER CLAIM AUDIT, GLOBAL RATE PAID FOR PROCEDURE IN ERROR	PAY
OL	PAY:PAYMENT REDUCED DUE TO FORENSIC REVIEW	PAY
on	REDUCED PAYMENT FOR OUT OF NETWORK PROVIDER	PAY
ON	DENY: OON CLINICAL & PATHOLOGY LAB SRVCS-NOT REIMBURSABLE	DENY
op	HMS overpayment recovery	PAY
OQ	PAY: PYMT BASED ON DRG, OUTLIER WILL BE CALCULATED FROM INTEMIZED BILL	PAY
OS	OUTLIER PAYMENT BASED ON FORENSIC REVIEW - OUTLIER PAID	PAY
OU	DENY: OB NOTIFICATION NOT RECEIVED WITHIN 48HRS OF DELIVERY	DENY
Ov	DENY: MUST BE BILLED WITH OFFICE VISIT CODE	DENY
ov	HMS overpayment recoupment	DENY
OW	DENY: NUBC OCCURRENCE CODE INVALID	DENY
Ow	DENY: SERVICES ARE NOT ELIGIBLE FOR REIMBURSEMENT	DENY
OX	DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	DENY
OZ	INFO: TO ALLOW THE VOIDING OF A CLAIM SERVICE	INFO
P0	DENY:LAB BILLED NOT PAYABLE TO PATHOLOGIST-NO DIRECT MD WORK INVOLVEMENT	DENY
P1	BEYOND TIMELY FILING LIMIT, PAID IN GOOD FAITH	PAY

P2	PAID AT AUTHORIZED AMOUNT	PAY
P4	PAID ACCORDING TO T-19 RATES	PAY
P6	SERVICE PAYABLE ONLY ONCE PER DAY	PAY
P8	PAID AT DOWN GRADED LEVEL	PAY
PA	PAY ACCORDING TO CONTRACTUAL AGREEMENT	PAY
pB	REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE	PAY
PC	REFERRING PROVIDER NOT EFFECTIVE AT TIME OF SERVICE	PAY
pC	INVALID PLACE OF SERVICE, SEE PAYMENT POLICY ON PLAN WEBSITE	DENY
PD	PAID ACCORDING TO AUTHORIZED AMOUNT	PAY
pD	DENIED BASED ON A CLINICAL OR PAYMENT POLICY SEE PLAN WEBSITE	DENY
Pe	DENY: MEMBERS BENEFIT DOESNT COVER SERVICES	DENY
PF	DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	DENY
Pg	DENY INCORRECT CODE BILLED FOR PRESUMPTIVE ELIGIBLITY GUIDELINES	DENY
Pi	INFORMATIONAL: COB SUBRO INVESTIGATE	INFO
PJ	PAY: REFERRING PROVIDER AFFILIATION NOT FOUND	PAY
PK	PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY	PAY
PM	PAY: PCP IS NOT EFFECTIVE AT THE TIME OF SERVICE	PAY
Pn	90 days - No Response from Primary Insurance	PAY
Po	Power Account payment previously received by Provider	PAY
PO	DENY: CLINICIAL LAB X RAY NOT PAYABLE TO PATHOLOGISTS	DENY
pR	DENY:MISSING OR INVALID PATIENT REASON FOR VISIT	DENY
Ps	DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	DENY
PU	PAY: REFERRING PROVIDER HAS BEEN TERMINATED	PAY
PW	MEMBER IS IN THE MCPD TEAM SELECT PROGRAM	PAY
PX	POSSIBLE PRE-EXISTING CONDITION	PAY
QA	DENY: SURGICAL PROCEDURE DATE OUTSIDE OF CLAIM FROM/TO DATE	DENY
QB	INFO: SERVICE PROVIDER AFFILIATION NOT FOUND (AUTH)	PAY
QC	INFO: REFERRING PROVIDER IS NOT EFFECTIVE - AUTH PERIOD	PAY
QD	TAX ID SUBMITTED IS INCORRECT FOR DATE OF SERVICE. PLEASE RESUBMIT	DENY
QE	DENY: ADD ON CODE BILLED WITHOUT PRIMARY PROCEDURE	DENY
QG	INFO: MULTIPLE SERVICE AFFILIATIONS QUALIFY (AUTH)	PAY
QJ	INFO: REFERRING PROVIDER AFFILIATION NOT FOUND (AUTH)	PAY
QK	INFO: MULTIPLE REFERRING AFFILIATIONS QUALIFY (AUTH)	PAY
QL	INFO: PCP AFFILIATION NOT FOUND (AUTH)	PAY
QM	INFO: PCP NOT EFFECTIVE DURING AUTH D PERIOD (AUTH)	PAY

QP	INFO: REFERRING PROVIDER AFFILIATION NOT PRIMARY (AUTH)	PAY
QR	DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	DENY
QS	INFO: SERVICE PROV NOT EFFECTIVE - AUTH PERIOD	PAY
QT	INFO: SERVICE PROVIDER HAS BEEN TERMINATED (AUTH)	PAY
QU	INFO: REFERRING PROVIDER HAS BEEN TERMINATED (AUTH)	PAY
QW	INFO: TOTAL NUMBER OF DAYS EXCEEDS COVERAGE PERIOD	PAY
R2	DENY: MEMBER RID NUMBER IS INVALID FOR SERVICES BILLED	DENY
R3	GUIDELINES FOR SUBMITTING CORRECTED CLAIM WERE NOT FOLLOWED	DENY
R4	DENY: Invalid/Missing Rev code billed with CPT/HCPCS, please resubmit	DENY
Ra	IRF PAID AMOUNT CONTAINS AN OUTLIER	PAY
rB	PAY: SERVICES INCLUDED IN ROOM & BOARD REIMBURSEMENT	PAY
RD	DENY: REVENUE CODE AND DIAGNOSIS ARE NOT COMPATIBLE. PLEASE RESUBMIT,	DENY
Rd	DENY: THIS ITEM AVAILABLE AS A RENTAL ONLY	DENY
re	CLAIM ADJUSTED DUE TO RETROACTIVE ELIGIBILITY	INFO
rE	DENY: MANUFACTURER CODE NOT ELIGIBLE FOR REBATE	DENY
Rf	IRF PRICING AND EDITING APPLIED PER CMS GUIDELINES	PAY
rh	WITHDRAW AUTHORIZATION	INFO
rI	PROVIDER ALLOWABLE ADJUSTED FOR ACA PARITY PAYMENT	INFO
RI	BABYS ASSIGNED RID NUMBER IS NEEDED FOR CLAIM PROCESSING	DENY
rj	AUTHORIZATION NOT REQUIRED	INFO
RJ	DENY: REVENUE CODES MISSING OR INVALID	DENY
rk	OTHER (PLEASE CONTACT PLAN/CMO FOR ADDL INFORMATION)	INFO
RL	PAY: REVIEW NOT TIMELY	PAY
RM	DENY: PLEASE SUBMIT TRANSPORTATION CLAIMS TO LCP TRANSPORTATION	DENY
rn	MEMBER NOT ELIGIBLE	INFO
RO	PAY: OUTLIER AMOUNT INCLUDED IN ALLOWABLE	PAY
ro	DUPLICATE REQUEST	INFO
rP	SERVICE FOR REPORTING PURPOSES ONLY	PAY
rp	Release POA (Present on Admission) Pended Claims - Bypass POA Pend Job	INFO
RP	RECOUP DUE TO PAYMENT BEYOND 90 DAYS	DENY
RQ	DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	DENY
RR	DENY: RECOVERY ROOM INCLUDED IN ASC RATE	DENY
rr	ASSESSMENT DATE IS MISSING	DENY
RS	DENY: BILL ADDRESS DOES NOT MATCH SYSTEM-RESUBMIT WITH CORRECT BILL ADDR	DENY

Rv	DENY:REV CODE IS NOT APPROPRIATE OR NOT COVERED FOR THE TYPE SERVICE	DENY
RX	DENY: SUBMIT TO PHARMACY VENDOR FOR PROCESSING	DENY
RZ	DENY: Readmission w/in 14 days of another admission- same diagnosis	DENY
Sa	SNF CLAIM PAID PER CMS GUIDELINES	PAY
SB	INFORMATIONAL: SUBSEQUENT DIAGNOSIS WAS NOT A VALID CODE	PAY
Sb	SNF: TOTAL UNITS EXCEEDS PATIENTS LOS-PART A ONLY	DENY
sc	INFO= Refer to IHCP Manual for Smoking Cessation Rules	INFO
SC	DENIED PER CHP SETTLEMENT AGREEMENT	DENY
Sc	DENY: SERVICES ADMINISTERED BY CCS	DENY
SD	DENY: CREDENTIALING WAS NOT APPROVED - ALL SERVICES ARE DENIED	DENY
SE	CORRECTION FOR SYSTEM ERROR	PAY
Se	INVALID OR MISSING REQUIRED ESRD OR HHA CLAIMS DATA	DENY
Sh	SNF: NO RUG ON SERVICE LINE PAY $0	PAY
sH	INFO: CLAIM PROJECT/SPECIAL HANDLING	INFO
SI	DENY: CIMCO MEMBER-PLEASE SUBMIT CLAIM TO APPROPRIATE CIMCO PARTNER	DENY
Sj	SNF -NO RATE AVAILABLE FOR RUG	DENY
SK	DENY: SKILLED NURSING LEVEL OF CARE MISSING FROM BILL/AUTHORIZATION	DENY
SL	PAY: CLAIM PROCESSED FOR ER PROJECT 2 2000 DOS 07 01 98 - 09 30 99	PAY
Sm	SNF -REVENUE CODE NOT COVERED UNDER SNF PART B	DENY
sn	SNF: INVALID TYPE OF BILL	DENY
Sp	SNF: CLAIM SPANS CALENDAR YEAR-PART B ONLY	DENY
sp	DENY MISSING POA INDICATOR FOR 1 OR MORE DX, ENTIRE CLAIM DISALLOWED	DENY
SR	SUBMIT ER RECORDS & EOP W IN 45 DAYS FOR PRESENTING SYMPTOM ASSESSMENT	PAY
ss	Reimbursement includes site-of-service payment adjustment	INFO
SU	DENY: VISIT IS INCLUDED IN SURGERY	DENY
SW	DENY: SERVICES BILLED BY AN ER MD - SPEC 93 WHEN BILLED W MODIFIER 26	DENY
SZ	PAID ACCORDING TO NEGOTIATED SETTLEMENT	PAY
T1	TRIAGE PAYMENT COVERED UNDER CAPITATION	PAY
T2	PAID ACCORDING TO T-19 DRG OUT-PATIENT RATE	PAY
T3	PAID ACCORDING TO OUT OF STATE MEDICAID GUIDELINES	PAY
T4	DENY:PROVIDER NOT CONTRACTED FOR SERVICE-DO NOT BILL PATIENT	DENY
T5	DENY: PLEASE RESUBMIT TRANSPORTATION CLAIMS TO MED COMPLY	DENY
TA	DENY: NO AUTHORIZATION ON FILE	DENY

Ta	DRG/APC ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE	DENY
ta	DENY:OB ANESTHESIA BILLED-PLEASE RESUBMIT W/ ACTUAL TIME IN ATTENDANCE	DENY
TB	DENY: TUBAL NOT PERFORMED IN THE 180 DAY TIME FRAME	DENY
tB	DENY: BILLING PROVIDER TAXONOMY CODE MISSING OR INVALID	DENY
tD	DENY: RENDERING PROVIDER TAXONOMY CODE MISSING OR INVALID	DENY
Te	DENY: DOS NOT WITHIN EFF/TERM DATES FOR NDC	DENY
TF	DENY: CPT CODES NOT ACCEPTABLE FOR SERVICE DATES PRIOR TO NEW YEAR	DENY
tF	DENY: BILLING PROVIDER ZIP9 NOT VALID. SUBMIT MEDICAID REGISTERED ZIP	DENY
TG	PAID ACCORDING TO TRIAGE MOU, AUTH. WAS DENIED OR NOT OBTAINED	PAY
TH	DENY:PHYSICAL MEDICINE IS NOT COVERED IN PHYSICIANS OFFICE	DENY
TI	E.R. PHYS PAID TRIAGE, ANCILLARY SERVICES NOT PAYABLE	DENY
TM	TO COMPLETE PROCESSING, WE NEED THE TIME UNITS, PLEASE RESUBMIT	DENY
tn	CHECK MEMBER FOR POTENTIAL MEDICAID ELIGIBILITY	DENY
tO	DENY: NUBC OCCURRENCE SPAN CODE INVALID	DENY
TQ	PAY: TRANSPLANT SERVICES PAID AT % OF BILLED CHARGES	PAY
TR	DENY: PAYABLE WITH TREATMENT ROOM OR STAND ALONE SERVICE ONLY	DENY
TS	TEMPERATURE GRADIENT STUDIES ARE NOT COVERED FOR THIS DIAGNOSIS	DENY
tS	DENY-REQUESTED MED RECORDS NOT RECEIVED FOR NIA-MAGELLAN THERAPY	DENY
TU	DENY: SUBMIT TO TRANSPORTATION VENDOR FOR PROCESSING	DENY
TV	CLAIM FORWARDED TO TRANSPORTATION VENDOR FOR PAYMENT	PAY
TW	DENY: PLEASE SUBMIT TRANSPORTATION CLAIMS TO LCP TRANSPORTATION	DENY
TX	NO W-9 ON FILE, SEND TO INDPLS OFFICE AND RESUBMIT CLAIM(S)	DENY
Tx	DENY - DRG ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE	DENY
tY	DENY-POST SERVICE MEDICAL NECESSITY DENIAL FOR NIA-MAGELLAN THERAPY	DENY
TZ	ADJUSTMENT: THIRD PARTY LIABILITY, SUBROGATION RECOVERY RECEIVED	PAY
U1	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS	DENY
U4	DENY:UPON REVIEW OF RECORDS-NO INDICATION OF PHYS SERVICES	DENY
U5	DENY:UNLISTED UNSPECIFIC CODE -RE-BILL MORE SPECIFIC CODE	DENY
UD	DENY: NO RECORD OF INPATIENT HOSPITAL STAY	DENY

Ue	DRG/APC ERROR - NORTH CAROLINA MEDICAID, ADMISSION DATE = DISCHARGE DATE	DENY
UF	PATIENT INPATIENT OVER 10 DAYS RECOMM TO CASE MGMT	PAY
UG	PATIENTS TOTAL BILLS OVER 10,000-RECOMM TO CASE MGMT	PAY
UH	PATIENT READMITTED WITHIN 14 DAYS-RECOMM. TO CASE MGMT	PAY
UI	DENY:PER REVIEW NO RECORD OF INPT STAY,SEND DISCHARGE SUMMARY	DENY
UK	PAY: ZERO DOLLARS PAID, INCLUDE IN TRANSPLANT CASE	PAY
UN	PAY: PLP MET	PAY
UP	PAY: AUTHORIZED TO PAY - PER MEDICAL REVIEW	PAY
uP	DENY:CA MED SUPPLY REQ A VALID HCPCS & UPN RESUBMIT W/BOTH	DENY
US	DENY:UNLISTED CODE-CORRECT AND RESUBMIT	DENY
UT	DENY: CPT MODIFIER NOT APPROPRIATE WHEN BILLED WITH MULTIPLE UNITS	DENY
UU	DENY: ANTEPARTUM POST PARTUM NOT PAYABLE INPT	DENY
UY	DENY: REQUIRES APPROPRIATE MODIFIER TO IDENTIFY TRIMESTER (U1,U2,U3)	DENY
UZ	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL	DENY
v2	REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI	INFO
V3	MED RECORDS RECEIVED FOR WRONG DATE OF SERVICE	DENY
V4	MED RECORDS RECEIVED NOT LEGIBLE	DENY
V5	MED RECORDS RECEIVED FOR WRONG PATIENT	DENY
V6	MED RECORDS WITHOUT LEGIBLE PATIENT NAME AND OR DOS	DENY
V8	MED RECORDS RECEIVED WITHOUT DOS	DENY
V9	PAY: PROCEDURE BILLED AS 2 UNITS, PER GUIDELINES ONLY 1 UNIT ALLOWED	PAY
va	APC: PACKAGED SERVICE	PAY
VA	VOID ADJUSTMENT	DENY
vC	ADMINISTRATION PAYMENT IS INCLUDED ON VACCINE CODE	PAY
vc	MUST BILL VACCINATION AND ADMINISTRATION CODE	PAY
VC	DENY: BILL WITH SPECIFIC VACCINE CODE	DENY
VD	DENY: ONLY ONE VISIT CODE IS ALLOWED ON A GIVEN DAY	DENY
vF	DRG/APC - ECT UNITS CODED W/O ICD-9CM PROCEDURE CODE 94.27	DENY
VG	DENY: VALID DRG CODE REQUIRED	DENY
VI	GLOBAL FEE PAID	PAY
vi	PAY ZERO, ENCOUNTER TO STATE	PAY
VJ	PER THE IC 25-24-1-4 ONLY ONE UNIT PAYABLE PER SERVICE DATE	PAY
Vj	DRG/APC ERROR - INVALID BIRTHWEIGHTS	DENY
vJ	APC/ASC/ESRD - INVALID BILLING OF CARDIAC RESYNC THERAPY	DENY

VK	PAY: TRANSPLANT CASE RATE PAID	PAY
VL	DENY: CLAIM HAS BEEN SENT TO ANCILLA FOR PROCESSING	DENY
vN	DENY: IMPROPER BILLING OF DRUGS (PRC24)	DENY
vn	APC/HHA/ASC/ESRD IMPROPER BILLING OF DRUGS	DENY
vO	DENY: INVALID BILLING OF THERAPY SERVICES (PRC41)	DENY
vo	APC/HHA/ASC/ESRD/IRF/SNF INVALID BILLING OF THERAPY SERVICES	DENY
vR	DRG/APC - WRONG PROCEDURE PERFORMED - NOT A COVERED SERVICE	DENY
VS	DENY: PROCEDURE CODE IS NO LONGER COVERED AS OF 11 1 1999	DENY
Vs	DRG/APC ERROR - INVALID FACILITY TYPE OR COUNTY	DENY
vs	DENY:PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	DENY
VT	MUST BE BILLED WITH TREATMENT ROOM OR STAND ALONE SERVICE	PAY
vt	Deny - Submit to VT Medicaid as primary	DENY
VV	DENY: MISSING OR INVALID POA (UNCLEAN)	DENY
VW	PAY: OUTLIER PAYMENT	PAY
VY	SEND MD DC ORDER & MED REC W IN 45 DAYS TO VERIFY MD ORDER MED NECESSITY	PAY
VZ	Deny: Submit to Opticare for processing	DENY
W0	DENY: TRANSPLANT CLAIM SUBMIT TO CIGNA LIFESOURCE FOR REPRICING	DENY
W1	REL OUTP SVCS W IN 72 HRS PREC ADM ALRDY PAID - RESUB ALL INCL INP CLAIM	DENY
w1	CO-SURGEON/TEAM SURGEON DISALLOWED PER CMS SURGICAL BILLING GUIDELINES	DENY
W2	REL INP CLM W IN 72 HRS AFTER DOS ALRDY PD-INP CLM ADJ TO REFL OUTP SVCS	DENY
w2	ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS	DENY
W3	PAY: PAID ACCORDING TO TRANSPLANT AGREEMENT	PAY
w3	ASSISTANT, CO-SURGEON OR TEAM SURGEONS NOT TYPICALLY REQUIRED PER CMS	DENY
w4	NEW PATIENT E/M INAPPROPRIATE PER AMA GUIDELINES	DENY
w5	PRIMARY SERVICE IS DENIED, THEREFORE,ADD-ON SERVICE IS DENIED PER AMA	DENY
W6	DENY: TRANSPLANT CLAIM SUBMIT TO INTERLINK FOR REPRICING	DENY
w7	PREVENTABLE READMISSION RECOUPMENT	DENY
w9	15 OR 30 DAY READMISSION POLICY REVIEWED BY THE HEALTH PLAN	INFO
wa	DENY: CLAIM HAS DIAGNOSTIC AND THERAPEUTIC FEES ON 1 CLAIM - SPLIT CLAIM	DENY
WE	MHS NOT RESPONSIBLE FOR PAYMENT PLEASE FORWORD TO ANCILLA	DENY
WF	WESTFIELD INSURANCE CO	PAY

WH	DENY: PT WEIGHT IN KG & HEIGHT IN CM MUST BE REPORTED ON CLAIM	DENY
x1	INAPPROPRIATE LEVEL OF E M SERVICE BILLED	DENY
X2	PAY: PAYMENT REFLECT THE IC-25-24-1-4 ONE UNIT ALLOWABLE	PAY
x2	SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	DENY
x3	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	DENY
X4	PAY: PAYMENT REFLECT THE IC-25-24-1-4 TWO UNITS ALLOWABLE PER SVC DATE	PAY
x4	PROCEDURE CODE/DIAGNOSIS CODE INCONSISTENT WITH MEMBERS GENDER	DENY
X5	DENY: NO SIGNATURE ON CONSENT FORM	DENY
x5	PROCEDURE CODE CONFLICTS WITH MEMBER'S AGE/GENDER	DENY
X6	DENY: SERVICES ARE UNDER REVIEW	DENY
x6	ADD-ON CODE REQUIRED WITH PRIMARY CODE FOR QUANTITY GREATER THAN ONE	DENY
X7	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	DENY
x7	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	DENY
x8	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	DENY
x9	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	DENY
xA	RESERVED FOR CXT PROCESSING	DENY
xa	CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE	DENY
xB	DENY: CMS MEDICAID NCCI UNBUNDLING	DENY
xb	PROCEDURE CODE NOT ELIGIBLE FOR ANESTHESIA	DENY
xC	DENY: SERVICE MODIFIER PREVIOUSLY SUBMITTED	DENY
xc	INVALID PROC/DX/REV CODE OR REV-PROC CODE COMBINATION	DENY
xD	CMS MUE QUANTITY LIMIT EXCEEDED	DENY
xd	PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	DENY
xE	PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY	DENY
xe	PROCEDURE/DIAGNOSIS CODE INCONSISTENT WITH MEMBER'S AGE	DENY
xF	OUTPATIENT SERVICES OVERLAP INPATIENT SERVICES OR CLAIM SPLIT BILLED	DENY
xf	MAXIMUM ALLOWANCE EXCEEDED	DENY
xG	DENY: PROCEDURE CODE IS DISALLOWED PER FEDERAL OR STATE FEE SCHEDULE	DENY
xg	SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	DENY
xH	REDUCED FOR MULTIPLE SURGERY PRICING	DENY
xh	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	DENY
xI	RESERVED FOR CXT PROCESSING	DENY

xJ	EXCEEDS MAXIMUM ALLOWANCE FOR GLOBAL/PROFESSIONAL/TECHNICAL COMPONENTS	DENY
xK	CLAIM MANUALLY REVIEWED FOR CORRECT CODING RULES-NO ACTION REQUIRED	INFO
xL	PROCEDURE CODE UNBUNDLED PER STATE RULES, CONTRACT OR PAYMENT POLICY	DENY
xM	POTENTIAL PREVENTABLE READMISSION SUBMIT ALL RELATED MEDICAL RECORDS	DENY
xN	DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING	DENY
xO	POTENTIAL OBSTETRICAL CARE OVERPAYMENT	DENY
xo	MISSING MODIFIER 26	DENY
XP	DENY: NON COVERED SERVICES FOR PACKAGE P MEMBERS	DENY
xP	SERVICE IS DENIED ACCORDING TO A PAYMENT OR CLINICAL POLICY	DENY
xp	PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	DENY
xQ	DME BILLING NOT COVERED FOR RENTED/OWNED/FREQUENTLY SERVICED ITEMS	DENY
xq	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	DENY
xR	SERVICES BILLED ARE RELATED TO NON-COVERED SERVICE	DENY
xr	BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE	DENY
xS	Readmission Denied After Medical Record Review	DENY
xT	T CODE NOT PAYABLE WHEN BILLED WITH ANOTHER CODE ON CLAIM	DENY
xU	EXCEEDS MAXIMUM PAYMENT OR SUPPLIES ALLOWED FOR DME	DENY
XV	DENY: AMBULANCE MILES CANNOT BE 0 IF CHARGE AMOUNT > 0	DENY
XW	SERVICE INELIGIBLE PER PRIMARY INSURANCE RULES	DENY
XX	COVERAGE NOT IN EFFECT ON DATE OF SERVICE - BILL THE STATE	DENY
XY	DENY: BASED ON REVIEW OF MED REC	DENY
xy	PCP CANNOT BE REIMBURSED FOR THIS SERVICE	DENY
xZ	30 DAY READMISSION, PAYMENT DENIED AFTER CLINICAL REVIEW	DENY
Y0	PAY: APC-PROCESS SUCCESSFUL	PAY
Y1	DENY: APC-OCE LINE ITEM REJECTION	DENY
y1	DENY: SERVICES RENDERED BY NON AUTHORIZED NON PLAN PROVIDER	DENY
Y2	DENY: INCORRECT BILLING OF HIP CLMS, DOESN'T MATCH MEDICARE REQUIREMENT	DENY
y2	DENY: MEDICAL NECESSITY NOT MET	DENY
y3	DENY: GLOBAL CLAIM RECD PREVIOUSLY PAID TECH PROF COMPONENT TO PROVIDER	DENY
Y4	DENY: APC-OCE CLM LEVEL-RETURN TO PROVIDER	DENY
y4	DENY: GLOBAL CLAIM RECD PREV PAID TECH PROF COMP TO DIFFERENT PROVIDER	DENY
Y5	DENY: APC-OCE CLAIM LEVEL REJECTION	DENY

y5	DENY: GLOBAL RATE PROF TECH COMPONENT NOT REIMBURSED SEPARATELY	DENY
Y6	DENY: PROBLEM WITH PRIMARY INSURANCE ORIGINAL EOB	DENY
y6	DENY: PROF COMPONENT NOT REIMBURSED PROCEDURE IS GLOBAL OR TECHNICAL	DENY
Y7	DENY: APC-OCE CLAIM LEVEL DENIAL	DENY
y7	DENY: PROVIDER CONTRACT FOR GLOBAL BUT SUBMITTED CLAIM AS TECH PROF	DENY
y9	DENY: SVS INCLUDE INCORRECT CPT COMBINATIONS RESUBMIT CORRECTED BILL	DENY
Ya	ACE CLAIM LEVEL DENIAL	DENY
yA	MAXIMUM ALLOWANCE EXCEEDED	DENY
ya	DENY: CODE EDIT-NOT COMPLIANT WITH CODING AND/OR BILLING REGULATIONS	DENY
YB	ADJUST: REVENUE CODE INVALID FOR INDIANA MEDICAID	DENY
yB	INAPPROPRIATE LEVEL OF E M SERVICE BILLED;	DENY
YC	ADJUST: REV. CODE NOT COVERED BY INDIANA MEDICAID DO NOT BILL MEMBER	DENY
yC	PROCEDURE DIAGNOSIS CODE DELETED, INCOMPLETE OR INVALID	DENY
YD	ADJUSTMENT: ORIGINAL CLAIM BILLED USING INCORRECT CPT HCPC CODE	DENY
yD	DENY - DOPPLER STRESS ECHO SAME DOS NO ECHOCARDIO DX NOT ELIGIBLE	DENY
yd	DENY: DENIED AFTER REVIEW OF PROVIDERS CLAIMS HISTORY	DENY
YE	ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE	DENY
yE	E/M PAYMENT INCLUDED IN THE HIGHER INTENSITY E/M CODE BILLED;	DENY
ye	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS	DENY
YF	ADJUSTMENT: DUPLICATE PAYMENT PER CLAIM AUDIT	DENY
yF	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED;	DENY
yg	PAYMENT REDUCED BASED ON STANDARD CODING GUIDELINES	INFO
YG	ADJUSTMENT: RECOUPMENT DUE TO PAYMENT BEYOND 90 DAYS	DENY
YH	ADJUST: NOT A COVERED SERVICE,BILL WORKERS COMP	DENY
yh	DENY: PLEASE SUBMIT ITEMIZED BILLING STATEMENT FOR PAYMENT CONSIDERATION	DENY
yi	CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	DENY
YJ	ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER	DENY
YK	ADJUST: DUPLICATE PAYMENT	DENY

YL	ADJUST: NOT A COVERED BENEFIT	DENY
YM	ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT	DENY
ym	Potential Preventable Readmission Submit all Medical Records	DENY
YN	ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT	DENY
yN	DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING;	DENY
yn	MAXIMUM ALLOWANCE EXCEEDED	DENY
yo	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	DENY
YP	ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION	DENY
yP	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)	DENY
YQ	ADJUST: PROCESSED FOR INCORRECT MEMBER	DENY
yQ	ADJUSTMENT TO PREVIOUSLY PAID CLAIM	DENY
yq	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)	DENY
YR	ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19	DENY
yr	INCORRECT PROCEDURE CODE FOR DIAGNOSIS PER NCD/CMS	DENY
yS	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES	DENY
ys	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES	DENY
yT	INCORRECT PROCEDURE CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN	DENY
yt	INCORRECT PROCEDURE CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN	DENY
yu	INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES	DENY
yv	OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES	DENY
yw	NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER CMS OR PLAN RULES	DENY
yX	INCLUDED IN GLOBAL SURGICAL PACKAGE PER CMS	DENY
yx	INCLUDED IN GLOBAL SURGICAL OR MATERNITY PACKAGE PER CMS OR ACOG	DENY
yy	REIMBURSEMENT REDUCTION BASED ON CPT AND/OR CMS GUIDELINES	DENY
YZ	DENIED PER CHP SETTLEMENT AGREEMENT	DENY
yz	INCORRECT USE OF MODIFIER-26 OR -TC BASED ON CMS	DENY
z1	DENY: DIAGNOSIS CODE 24 MISSING OR INVALID	DENY
z2	DENY: DIAGNOSIS CODE 25 MISSING OR INVALID	DENY
z3	DENY: INCORRECT BILLING OF REVENUE CODE WITH HCPCS CODE	DENY

Z4	DENY: RESUBMIT WITH DOCUMENTATION THAT VALIDATES MEDICAL NECCESSITY	DENY
Z8	DENY: PROCEDURE CODE IS NOT COVERED FOR DATES OF SERVICE	DENY
z9	MULTIPLE PROCEDURE DISCOUNT APPLIED	PAY
ZA	THIS TRANSACTION WAS FOR INTERNAL DATA CORRECTION. NO ACTION NECESSARY	PAY
Za	DENY: No SCA on file. Please resubmit with SCA.	DENY
ZC	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	DENY
Zc	DENY: Informational modifiers require at least one payment modifier	DENY
ZD	SUBMIT ED RECORDS & EOP W IN 30 DAYS FOR PRESENTING SYMPTOM ASSESS	DENY
ZE	DENY: GENERIC DENIAL	DENY
ZL	DENY: INCORRECT CODING OF LAB PANEL COMPONENTS	DENY
ZM	DENY: REQUIRES APPROPRIATE MODIFIER TO IDENTIFY TRIMESTER (Z1,Z2,Z3)	DENY
ZN	DENY: REQUIRES USE OF MODIFIER U8 AFTER 12 31 08	DENY
ZP	PAY: PACKAGED SERVICES	PAY
ZU	DENY: PROCEDURE IS ONLY VALID AFTER 01 01 1999	DENY
ZV	DENY: MED SUPPLY INVOICES REQUIRE SELF-CERTIFICATION STATEMENT ON PAGES	DENY
ZW	AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	DENY
ZX	DENY: Claim not payable due to State Review	DENY
ZY	DENY: ALL ER CHARGES PENDING UNTIL FURTHER NOTICE	DENY