

EX Code	Reason Code	EX-Code Description
01	1	DEDUCTIBLE AMOUNT
02	2	COINSURANCE AMOUNT
03	3	COPAYMENT AMOUNT
04	4	PEND: PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED
05	5	PEND: THE PROCEDURE CODE IS INCONSISTENT WITH THE PLACE OF SERVICE
06	6	PEND: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S AGE
07	7	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S SEX
08	8	PEND: THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE
09	9	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE
10	10	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S SEX
11	11	PEND: THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE
12	12	PEND: THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE
13	13	PEND: THE DATE OF DEATH PRECEDES THE DATE OF SERVICE
14	14	DENY: THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE
15	133	PEND: PROCEDURE CODE ENTERED IS NOT ADDED IN THE PROCEDURE DETAIL
17	17	DENY: REQUESTED INFORMATION WAS NOT PROVIDED
18	18	DENY: DUPLICATE CLAIM/SERVICE
19	19	DENY: WORK RELATED INJURY AND THE LIABILITY OF WORKER'S COMP CARRIER
20	20	DENY: THIS INJURY IS COVERED BY THE LIABILITY CARRIER
21	21	DENY: CLAIM THE RESPONSIBILITY OF THE NO-FAULT CARRIER
22	22	DENY: THIS CARE IS COVERED BY A COORDINATION OF BENEFITS CARRIER
23	23	DENY: CHARGES HAVE BEEN PAID BY ANOTHER PARTY-COB
24	24	DENY: CHARGES COVERED UNDER CAPITATION
25	25	DENY: YOUR STOP LOSS DEDUCTIBLE HAS NOT BEEN MET
26	26	DENY: EXPENSES INCURRED PRIOR TO COVERAGE
27	27	DENY: EXPENSES INCURRED AFTER COVERAGE WAS TERMINATED
28	B5	DENY: COVERAGE NOT IN EFFECT WHEN SERVICE PROVIDED
29	29	DENY: THE TIME LIMIT FOR FILING HAS EXPIRED

30	133	PEND: FITNESS BENEFIT - DETERMINE AUTH STATUS PRIOR TO PAYING
31	133	PEND: PROCESSOR MUST DETERMINE FURTHER ALLOWANCE ON SUBMITTED PROCEDURE
32	133	PEND:\$ LIMIT REACHED FOR 40% OF BILLED-CONTACT INDIANA
34	34	DENY: INSURED HAS NO COVERAGE FOR NEWBORNS
35	35	DENY: BENEFIT MAXIMUM HAS BEEN REACHED
36	36	BALANCE DOES NOT EXCEED COPAYMENT AMOUNT
37	37	DENY: BALANCE DOES NOT EXCEED DEDUCTIBLE
38	38	DENY: SERVICES NOT PROVIDED OR AUTHORIZED BY OUR PROVIDERS
39	39	DENIED AT THE TIME OF AUTHORIZATION REQUEST
40	40	DENY: CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENCY CARE OUT OF AREA
41	A2	PREFERRED PROVIDER DISCOUNT
42	42	CHARGES EXCEED YOUR CONTRACTED FEE SCHEDULE
43	43	GRAMM RUDMAN REDUCTION
44	44	PROMPT PAY DISCOUNT
45	45	CHARGES EXCEED REASONABLE AND CUSTOMARY AMOUNTS
46	96	DENY: THIS SERVICE IS NOT COVERED
47	47	DENY: THIS DIAGNOSIS IS NOT COVERED
48	96	DENY: THIS PROCEDURE IS NOT COVERED
49	49	DENY: THESE ARE NONCOVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM
50	109	DENY:NOT A MCO COVERED BENEFIT
52	38	DENY: PROVIDER NOT CONTRACTED FOR THIS MEMBER'S GROUP
54	A1	DENY: PLEASE RESUBMIT TO CENPATICO FOR CONSIDERATION
55	A1	DENY: THIS ITEM AVAILABLE FOR PURCHASE ONLY
56	133	PAY: SERVICE ADDED BY CODE AUDITING SOFTWARE
57	97	DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE
58	97	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION
59	59	PAY: CHARGES ARE REDUCED BASED ON MULTIPLE SURGERY RULES
64	133	PEND: ERROR IN ANY FIELD PASSED THROUGH CODE AUDITING SOFTWARE
65	30	PAYMENT REDUCED.PT DID NOT SELECT MEDICARE PART B,BILL PT THE BALANCE

66	97	CODE IS BEING QUESTIONED BY CODE AUDITING SOFTWARE
67	97	PAY: CODE WAS SUPERSEDED BY CODE AUDITING SOFTWARE
69	133	CODE AUDITING SOFTWARE SERVICE FOLDING ERROR
70	97	ORIGINAL CODE REPLACED BY HPR CODEREVIEW SOFTWARE
71	23	ADJUST: PRIMARY INS/MEDICARE PAYMENT AMOUNT ADJUSTED
72	97	CODE IS BEING QUESTIONED BY CODEREVIEW
73	97	THIS CODE WAS SUPERCEDED BY HPR CODEREVIEW SOFTWARE
74	97	THIS CODE HAS BEEN DENIED BY HPR CODEREVIEW SOFTWARE
75	133	PEND: CHOW NICU PAID AT 75% OF NICU CHARGES-MANUAL CALCULATIONS
80	97	REPLACEMENT CODE REBUNDLED BY HPR CODEREVIEW SOFTWARE
81	97	ORIGINAL CODE WAS REPLACED BY HPR CODEREVIEW SOFTWARE
83	97	CODE IS DENIED BY HPR CODEREVIEW SOFTWARE
84	97	PAID AT REDUCED RATES PER HPR CODEREVIEW
85	85	INTEREST CHARGES
86	4	DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE
90	24	SERVICE IS PAID UNDER CAPITATION AGREEMENT
91	A2	PAYMENT IN FULL
92	A2	PAID IN FULL
93	133	HISTORICAL ERROR IDENTIFIED BY CODE AUDITING SOFTWARE
94	133	PEND: CLAIMS DENY CLAIM WITH EX:96
95	133	PEND: CHECK TO SEE IF OTHER EXAMS PERFORMED ON SAME DAY, DENY EX:7N
96	97	DENY: SERVICE CAN NOT BE COMBINED WITH OTHER SERVICE ON SAME DAY
97	97	PAYMENT IS INCLUDED IN ALLOWANCE FOR BASIC SERVICE
98	B18	DENY: PROCEDURE INVALID FOR YEAR WHICH SERVICE WAS RENDERED
99	16	DENY:MISC/UNLISTED CODES CAN NOT BE PROCESSED W/O DESCRIPTION/REPORT
0A	A2	ADJUST: PROVIDER REFUND RECEIVED, REINSTATE RECOUPED PAYMENT AMOUNT
0B	A1	ADJUST: CLAIM TO BE RE-PROCESSED/CORRECTED UNDER NEW CLAIM NUMBER
0C	B18	1999 CODE DELETED IN 2000, PLEASE REBILL WITH CORRECT CODE
0D	A2	ADJUSTMENT: \$ DUE IN ADDITIONAL TO ORIGINAL PAYMENT MADE FOR SERVICES

0E	A1	ADJUST BASED ON APPEAL RECEIVED. UPHELD ORIGINAL DENY DECISION.
0F	A2	ADJUST BASED ON APPEAL RECEIVED. OVERTURNED ORIGINAL DENY DECISION.
0H	A1	ADJUSTMENT: PROVIDER BILLED INCORRECTLY AND SUBMITTED REIMBURSEMENT
0I	A1	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER
0J	125	ADJUSTMENT: ADJUSTED PER POST PAYMENT MEDICAL AUDIT
0K	133	PEND: ROUTE TO ADJUSTMENT QUEUE
0M	A1	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
0N	A1	DENY: AJUSTED FOR INTERNAL PURPOSES-CORRECTION HAS BEEN GENERATED
1A	133	PEND: GROUP, DIVISION, CONTRACT, MEMBER RECORD/SPAN MISSING OR OVERLAPPING
1B	133	PEND: PEND UNDER 405 IAC 5-16-3 (2) (G)
1C	129	MEDICAL/HOSPITAL DETAIL RECORD CANCELLED
1D	A2	PAY IN FULL : (MEMBER ELIGIBILITY VERIFIED)
1E	133	PAY: THE CONTRACT IS INELIGIBLE DURING AUTHORIZED PERIOD.
1G	A2	PAY IN FULL: PARTIAL ELIGIBILITY VERIFIED
1J	A2	ADJUST: ONE TREATMENT ROOM PER DAY INCLUDING DRUGS AND SUPPLIES
1K	6	DENY: CPT OR DX CODE IS NOT VALID FOR AGE OF PATIENT
1L	B14	DENY: VISIT & PREVEN CODES ARE NOT PAYABLE ON SAME DOS W/O DOCUMENTATION
1M	31	MEMBER SERVICE PROBLEM, SEND TO MEMBER SERVICES DEPARTMENT
1O	A2	INCENTIVE PAYMENT PREVIOUSLY MADE FOR THIS DELIVERY
1S	147	PEND: PROVIDER CONTRACT IS NOT ON FILE.
2J	A2	ADJUST: COVERED STAND-ALONE REVENUE CODE LIMITED TO ONE UNIT
2L	58	DENY: NO AUTH OBTAINED FOR LOCATION BILLED/SUBMITTED
2P	133	PROVIDER RELATIONS PROBLEM, SEND TO PROVIDER RELATIONS DEPARTMENT
3D	146	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 4TH DIGIT PLEASE RESUBMIT
3J	96	ADJUST: REVENUE CODE INVALID FOR INDIANA MEDICAID
3L	35	DENY: BENEFIT IS LIMITED TO 4 IN A 90 DAY PERIOD
3P	B13	DENY: PAID UNDER SETTLEMENT
4D	146	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT
4E	A1	DENY: 2004 CPT CODES NOT ACCEPTABLE FOR SERVICE DATES PRIOR TO 4/01/04

4J	96	ADJUST: REV. CODE NOT COVERED BY INDIANA MEDICAID/DO NOT BILL MEMBER
5A	35	DENY: MAXIMUM ANNUAL BENEFIT HAS BEEN REACHED FOR MEMBER
5F	A1	RENDERING PROVIDER SPECIALTY NOT ELIGIBLE TO RENDER PROCEDURE CODE.
5J	125	ADJUST: CHARGES INCLUDED IN ASC PAYMENT
5P	133	PEND: FOR REVIEW BY PROVIDER RELATIONS
6J	125	ADJUST: PREVIOUS PAYMENT BASED ON INCORRECT UNIT BILLING
6L	22	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL
6P	133	PEND: FOR REVIEW BY MEMBER SERVICES
7B	125	ADJUSTMENT: ORIGINAL CLAIM BILLED USING INCORRECT CPT/HCPC CODE
7J	125	ADJUST: ADMISSION INAPPROPRIATE PER MEDICAL REVIEW OF RECORD
7N	97	DENY: SERVICE IS NOT PAYABLE CONCURRENTLY WITH VISION EXAM AS BILLED
7P	133	PEND: FOR REVIEW BY APPEALS COORDINATOR
8C	A1	DENY: CORAM CLAIMS AWAITING SETTLEMENT DECISION
8D	133	PEND:MOM OR BABY STAYED OVER 8 DAYS,ADJUSTOR MANUALLY PROCESS
8J	A2	ADJUST: PAID AT DRG RATE INSTEAD OF LEVEL OF CARE RATE
8K	133	PEND: HOLD, CHECK TO SEE IF BILLED WITH 59410,59515,59614,59622
8T	97	DENY: SERVICE INCLUDED IN DELIVERY PAYMENT
8Y	133	PEND: CLAIMS PLEASE DENY WITH EX:8T
9A	133	PEND: AWAITING ADDITIONAL INFORMATION -CLAIM QUESTIONED BY CODEREVIEW
9B	109	DENY: PATIENT IS 9TH MONTH EXEMPTION. BILL STRAIGHT T19
9C	B18	DENY: SEND COMPLETE MEDICAL RECORDS FROM DOS 1/97 TO PRESENT
9D	109	DENY:NINTH MONTH OUT OF AREA IS NOT A COVERED SERVICE
9E	97	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION
9F	A2	PAY: CODE (S) ADDED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION
9G	133	PEND: MRU REVIEWING CLAIM
9H	57	DENY: CODE QUESTIONED BY CODE AUDIT SOFTWARE-DENIED AFTER MEDICAL REVIEW
9I	17	INFORMATION REQUESTED WAS NOT RECEIVED WITHIN THE TIME FRAME SPECIFIED
9J	59	ADJUST: PREVIOUS ANESTHESIA PAYMENT BILLED/PAID INCORRECTLY
9K	16	CLAIM CANNOT BE PROCESSED WITHOUT PATHOLOGY REPORT

9L	A1	DENY: PROC MUST BE BILLED WITH COMMERICAL AMBULATORY SVC BASE RATE
9M	11	DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS
9N	16	CLAIM CANNOT BE PROCESSED WITHOUT OPERATIVE REPORT
9P	133	PEND: CHECK FOR PAID/CAP BASE RATE X3028 ON SAME DOS, ELSE DENY(9L)
9T	133	PEND: BASE RATE X3028 NOT CONSIDERED, THIS SERVICE IS NOT PAYABLE
9Z	133	PEND: PROVIDER ON REVIEW FOR NEGATIVE BALANCE RECONCILIATION
A1	62	DENY: AUTHORIZATION NOT ON FILE
A2	133	PEND: KEYWORD OR CODE SET ERROR
A3	16	DENY: SERVICES SUBMITTED WITHOUT MHSIC PROVIDER NUMBER
A4	133	PEND: MATERNITY ANESTHESIA MANUALLY CALCULATE PAYMENT
A5	133	PEND: TOTAL NUMBER OF QUALIFYING AUTHS EXCEEDS TABLE SIZE
A6	62	PEND: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT
A7	133	PEND: ERROR CODE USED IS NOT DEFINED IN CODE SET.
A8	62	DENY: NO AUTHORIZATION ON FILE
A9	141	PEND: TOTAL NUMBER OF DAYS IS GREATER THAN COVERAGE PERIOD
AA	62	DENY: UNAUTHORIZED SERVICE: BILL PATIENT
AB	62	DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW
AC	62	DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT
AD	62	DENY: UNAUTHORIZED ADMISSION. DO NOT BILL PATIENT. (INPATIENT REVIEW)
AE	62	DENY: HOSPITAL CONFINEMENT CEASED PER MED REVIEW
AF	B20	DENY: CONCURRENT CARE RENDERED BY SAME SPECIALTY PHYSICIAN
AG	A1	DENY: SERVICE DOES NOT MEET EMERGENCY CRITERIA, BILL PATIENT
AH	95	DENY:PER MEDICAL REVIEW PATIENT NOT HOSPITALIZED AT TIME OF SERVICE
AJ	A2	ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE
AK	B5	DENY: UNTIL HOSPITAL CALLS IN ADMISSION
AL	133	PEND: MOM MUST HAVE OTHER INSURANCE FOR BABY TO PAID EXTRA\$
AM	133	IF PT. ADMITTED, CHANGE LOCATION TO 21, THEN PAY
AN	133	PEND: USE EX.CODE D1 TO DENY ANCILLARY CHARGES BILLED WITH E.R. VISIT
AO	A2	PEND: MANUALLY PAY REMAINING CHARGES AT 100%

AP	133	PEND: PAY SERVICE IF AUTHORIZED. DENY WITH EX=35.
AR	38	DENY: NON-MEMBER LAB - BILL REFERRING PROVIDER
AS	40	DENY: BASED ON REVIEW OF MED REC - PLP EMERGENCY DEFINITION NOT MET
AT	A1	APNTA MONITORS WERE NOT PURCHASED
AU	133	PEND: MULTIPLE AUTHORIZATIONS QUALIFY, PICK CORRECT AUTH.#
AV	A1	PLEASE REMIT MEDICAL RECORDS FOR CONSIDERATION OF ADDITIONAL PAYMENTS
AW	A1	DENY: ANESTHESIA SERVICE MUST BE ON THE SAME DATE OF SERVICE TO PAY
AX	18	ADJUSTMENT: DUPLICATE PAYMENT PER CLAIM AUDIT
AY	133	PEND: ANESTHESIA SERVICE MUST BE ON THE SAME DATE OF SERVICE TO PAY
AZ	A2	HIV - STATE APPROVED
B2	133	PEND: BENEFIT OR RIDER HAS NOT BEEN PURCHASED OR IS NO LONGER EFFECTIVE
B3	133	PEND: SERVICE DOES NOT MAP TO A BENEFIT
B4	133	PEND: SERVICE DOES NOT MAP TO EXISTING BENEFIT, BECAUSE OF KEY IN.
B5	133	PEND: COUNTER TABLE IS FULL,COUNTER EXCEEDED OR AMOUNTS INCOMPATIBLE
BA	133	PEND: JCPENNEY - PENDING ELIG NOTIFICATION FROM HBA
BB	133	PEND: IF BOARDER BABY PAY EXTRA PER DIEM-IF NOT INCLUDED IN MOM
BC	133	PEND: MEMBER CHANGED BENEFIT PACKAGES DURING HOSPITALIZATION
BD	96	DENY: BENEFIT IS NOT COVERED BY HMO
BG	16	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT
BI	16	DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL
BJ	A2	ADJUST: HOME EQUIPMENT OR SUPPLIES PREVIOUSLY PAID INCORRECTLY
BL	133	PEND: SERVICE EXCEEDS THE BENEFIT LIMIT. SPLIT SERVICE AND REPROCESS
BM	31	BAD MEMBER
BN	133	PEND: CHIPS BENEFIT PACKAGE IS UNDER CONFIGURATION
BO	B20	DENY:NOT PAYABLE-ANOTHER PROIVDER/FACILTY BILLED FOR COMPLETE SERVICE
BS	125	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT
BZ	A1	DENY: PLEASE RESUBMIT WITH CORRESPONDING E & M CODE FOR PAYMENT
C0	133	PEND: LATE CLAIM SUBMISSION SUPER-TABLE IS REQUIRED
C1	133	PEND: ADJUSTOR MUST REVIEW CARDIAC SERVICES FOR PAYMENT

C2	97	CPT HAS BEEN REBUNDLED ACCORDING TO CLAIM AUDIT
C3	133	PEND: POSSIBLE DUPLICATE SERVICE
C4	133	PEND: VERIFY THE TREATMENT TYPE ASSIGNMENT
C5	133	PEND: SUPER TABLE ENTRY DUPLICATE SERVICE IS NOT ON FILE
C6	97	CPT HAS BEEN REPLACED ACCORDING TO CLAIM AUDIT
C7	133	PEND: VERIFY ANESTHESIA UNITS ON SWITCH TABLE
C8	B12	CPT HAS BEEN DENIED ACCORDING TO CLAIM AUDIT
C9	125	NEW CPT ISSUED DUE TO CLAIM AUDIT
CA	133	PEND: MAIN DEFAULT SUPER TABLE ENTRY IS NOT ON FILE
CB	125	AUTHORIZATION IS CANCELLED -ERROR IN ENTRY
CC	109	DENY: CONTINUITY OF CARE,BILL PREVIOUS INSURANCE CARRIER
CD	133	PEND: CARDIAC INPT CODES REVIEW DIAG FOR PAYMENT
CE	133	PEND: PROCESSOR NEEDS TO ENTER "CI" CODE FOR CORRECT %
CF	B5	DENY: WAITING FOR CONSENT FORM
CG	133	PEND: PROVIDER ON REVIEW UNTIL CAPITATION SUMMARY RECEIVED
CH	109	FORWARDED TO OUR CAPPED CHIROPRACTIC PROVIDER
CI	133	PEND: USE ROOM SUFFIX CODE S OR M FOR CORRECT FEE
CJ	133	PEND: NEED DME MODIFIER FOR CORRECT PRICING
CK	125	ADJUSTMENT: PROVIDER BILLED INCORRECTLY & SUBMITTED REIMBURSEMENT
CL	92	DO NOT USE
CM	A2	MEMBER ON REVIEW FOR CASE MANAGEMENT
CN	B20	DENY: NOTPAYABLE/ANESTHESIOLOGIST BILLED FOR COMPLETE SERVICES
CO	133	PEND: REVIEW COPAY & IF CORRECT USE EX CODE=03
CP	133	PEND: MEMBER CHANGED PROGRAMS DURING CLAIM COVERAGE PERIOD
CQ	133	PEND: CHIRO RAD OVER \$47.00 LIMIT-MANUALLY "AMT"
CR	147	PEND: PROVIDER NEEDS TO BE CREDENTIALLED
CS	32	DENY: PATIENT IN CHILD PROTECTIVE SERVICES
CT	147	PEND: PROVIDER HAS NOT SIGNED CONTRACT
CU	A2	TO CASE MANAGEMENT ADJUSTOR

CV	133	PEND: COMM. CHIRO PROV. VOID & FORWARD TO CAPPED CHIRO
CX	133	PEND: ONE SPINAL PER YEAR-CHANGE COUNT =1 /OR DENY 2ND
CY	A1	DENY: SERV PREVIOUSLY DENIED/ SUBMIT WRITTEN APPEAL FOR RECONSIDERATION
CZ	133	PEND: CLAIMS VERIFY CORRECT PROVIDER/AFFILIATION WAS PICKED
D0	133	PEND: THE DEFAULT PAID OR SAVINGS EQUATION IS NOT ON FILE
D1	97	DENY: SERVICE INCLUDED IN E.R. VISIT
D2	133	PEND:M.D. BILLING DENTAL CODE PICK NEW AFFIL.
D3	A1 or B5	DENY: EXCEEDS ESTABLISHED CONTRACTED REIMBURSEMENT - DO NOT BILL PT.
D4	B5	DENY: PROCEDURE NOT REIMBURASABLE PER CONTRACT
D5	133	PEND: MODIFIER SUPER TABLE ENTRY IS MISSING OR INVALID
D6	133	PEND: SUPER TABLE ENTRY IS MISSING OR INVALID
D7	133	PEND: LIMITED TO EXCEEDED OR MISSING KEYWORD
D8	97	DENY: SERVICES INCLUDED IN THE DRG PAYMENT
D9	133	PEND: SERVICE DOES NOT QUALIFY AGAINST A PROVIDER PAY/FUND CLASS
DA	133	PEND: FEE NOT FOUND
DB	133	PEND: PLUS UNITS OR MODIFIER ARE REQUIRED OR NOT NUMERIC
DC	133	PEND: MEMBER CHANGED DIVISIONS DURING THE HOSPITALIZATION
DD	16	DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED
DE	133	PEND: DATE OPTION ON THE PRICING COUNTER IS INVALID
DF	133	PEND: MANUAL PRICING REQUIRED
DG	133	PEND:IF ORAL SURG.GET CPT CODE,IF NOT DENY WITH "DT"
DH	133	PEND: DEPENDENT OF A DEPENDENT & MOM TURNED 18
DI	92	ANCILLARY CHARGES INCLUDED IN ER/TREATMENT ROOM VISIT
DJ	B18	DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT
DK	133	PEND: CLAIM GROUPED TO AN INVALID DRG, CHECK CLAIM FOR ERRORS
DL	B11	DENY: REBILL USING A PHARMACY CLAIM FOR THIS SERVICE
DM	A1	PMT FOR DRUG AND SUPPLIES ARE INCLUDED IN TREATMENT ROOM REINBURSEMENT
DN	97	DENY: PROCEDURES INCLUDED IN FINAL RESTORATION
DP	133	DEPENDENT REACHED MAXIMUM AGE - VERIFY STUDENT STATUS

DQ	95	DENY: MEMBER UNDER 21 YRS OF AGE WHEN SIGNING CONSENT FORM
DR	133	PEND: MANUALLY CALCULATE DRG#, DIAG NOT GROUPABLE OR ENTER BIRTH WEIGHT
DS	18	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS
DT	109	DENY: FORWARD TO DENTAL CARRIER
DU	133	COPAY IS WAIVED IF ADMISSION OCCURS FROM ER VISIT
DV	109	PEND: COMM DENTAL PROV.VOID CLAIM & ROUTE TO CAPPED PROV.
DW	146	DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT
DX	146	DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE.
DY	B5	DENY: APPEAL DENIED
DZ	62	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT
EA	125	ADJUST: APPEAL APPROVED -AUTHORIZATION ENTERED
EB	B12	DENY: DENIED BY MEDICAL SERVICES
EC	146	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT
EE	133	PEND: NO EVIDENCE OF AN ER VISIT, DENY CLAIM
EJ	A2	ADJUST: HOME HEALTH VISIT OVERHEAD PREVIOUSLY PAID INCORRECTLY
EM	133	PEND: ER AUTHORIZATION NOT ON FILE
EO	133	PEND: HOLD, PENDING RECEIPT OF EVIDENCE OF AN ER VISIT
EP	133	PEND: VERIFY ELIGIBILITY AND PRICING. PROCESS MANUALLY.
EQ	B12	DENY: DIAGNOSIS DOES NOT SUPPORT E/M BILLED
ER	133	PEND: REVIEW COUNT & COPAY. (ER VISITS > 1/DAY).
EX	133	PEND: USER EXIT ROUTINE NOT AVAILABLE ON THIS ACCOUNT
EY	96	DIAGNOSIS IS NOT COVERED, BILL STATE ENTITY
EZ	133	ROUTE TO CLAIMS MANAGER
F4	133	PEND: TAMI UNDER INVESTIGATION BY MHS
FA	A2	ADJUSTMENT: CLAIM WENT TO INCORRECT FUND
FB	133	PROVIDER ON REVIEW FOR CSS
FD	A1	DENY: RESUBMIT CLAIM TO FIRST DENT FOR PAYMENT
FF	133	PEND: MULTIPLE COUNT SHOULD ONLY PAY "1" AT FLAT RATE
FJ	92	ADJUST: VISIT OR SERVICE INCLUDED IN OB DELIVERY PAYMENT

FP	A1	DENY: Claims denied for Provider Fraud.
FR	133	PEND: MEMBER ON REVIEW - FRAUD INVESTIGATION UNDERWAY
FZ	B12	DENY: DOCUMENTATION DOES NOT REFLECT ALL COMPONENTS OF BILLED E/M
G8	A1	DENY: ONE CLAIM ALLOWED FOR TYPE OF SERVICE DURING 6 MTH PERIOD
G9	A1	RENDERING PROVIDER SPECIALTY NOT ELIGIBLE TO RENDER PROCEDURE CODE
GA	A1	DENY: PROCEDURE NOT COVERED FOR THE MEMBER'S AGE
GB	A1	DENY: GLOBAL CODE IS INVALID PER STATE GUIDELINES
GC	A1	DENY:PER ST. GUIDELINES DELIVERY MUST BE BILLED SEPARATE FROM VISITS
GD	92	PAY: REPROCESSED USING STATE GUIDELINES
GE	A1	DENY: GLOBAL CODE IS INVALID PER STATE GUIDELINES
GJ	A2	ADJUST: OB PAYMENT BASED ON INCORRECT FEE SCHEDULE
GK	133	PEND TO CSS
GL	97	SERVICE COVERED UNDER GLOBAL FEE AGREEMENT
GM	16	DENY: RESUBMIT W/ MEDICAID# OF INDIVIDUAL SERVICING PROVIDER IN BOX 24K
GR	133	REVIEW THE COUNT PER PROCEDURE IN A ROLLING THIRTY DAY PERIOD
GS	125	DENY: DATE OF SVC ON CLAIM IS GREATER THAN RECEIVED DATE,PLEASE RESUBMIT
GU	133	MANUAL PRICING FOR SYNAGIS INJECTIONS
GY	133	PEND:DEDUCT ALL ANTE/POSTPARTUM VISITS ASSOC.WITH DELIVERY
GZ	92	PAY: SERVICE COVERED UNDER GLOBAL FEE AGREEMENT
H1	B6	DENY: PROVIDER MUST USE HCPC/CPT FOR CORRECT PRICING
H2	133	PEND: WRONG AFFILIATION ON CLAIM- RE PICK CORRECT ONE
H3	A1	DENY: INCLUDED IN ASC FEE
H4	133	PEND:MUST BE BILLED WITH TREATMENT RM -USE "TR" TO DENY
H5	133	PEND: ENTER CPT/HCPCS INSTEAD OF REV CODE & MANUALLY PRICE
H6	A2	PROVIDER MUST BILL WITH HCPCS/CPT FOR CORRECT PRICING
H7	133	PEND: CALCULATE TRANSFER PER DIEM OR TOTAL STAY DRG
H8	B18	DENY: HOMEGROWN PROCEDURE CODES ARE NOT VALID FOR THIS DOS
H9	B18	DENY: HOMEGROWN MODIFIERS ARE NOT VALID FOR THIS DOS
HA	133	PEND: HOLD, A WAITING EVIDENCE OF A PARENTERAL INFUSION PUMP

HB	133	PEND: CLAIM AND AUTH DATES OF ADMISSION NOT MATCHING
HC	A2	AUTH PROCEDURE CLASS NOT MATCHING
HD	A2	PEND: DIAGNOSIS ON CLAIM DOES NOT MATCH DIAGNOSIS ON AUTHORIZATION
HE	133	PEND: CLAIMS DENY WITH EX:AU
HF	A2	PAY:PROCEDURE DOES NOT MATCH AUTHORIZATION
HG	15	DENY: GROUP PRACTICE DOES NOT MATCH AUTH
HH	15	PAY: CLAIM AND AUTH PROVIDER STATUS NOT MATCHING
HI	A2	PAY: HIGH COST
HJ	125	ADJUST: CORRECTION OF PREVIOUS PAYMENT FOR THIS DRUG
HK	A1	DATES ON MEDICAL DETAIL DO NOT MATCH
HL	15	DENY: CLAIM AND AUTH LOCATIONS DO NOT MATCH
HM	92	INPT & OUTPT CLAIMS TILL S.T. RESOLVES CONTRACT
HN	92	PAY: THE MODIFIER DOES NOT MATCH
HO	A2	PAY: MEMBER ON REVIEW FOR HIGH RISK OB
HP	15	DENY: CLAIM AND AUTH SERVICE PROVIDER NOT MATCHING
HR	92	PAY: ADDITIONAL PAYMENT FOR MEDICALLY HIGH-RISK DIAGNOSIS
HS	15	DENY: CLAIM AND AUTH PROVIDER SPECIALTY NOT MATCHING
HT	15	DENY: CLAIM AND AUTH TREATMENT TYPE NOT MATCHING
HU	15	DENY: CLAIM TYPE DOES NOT MATCH CLAIM TYPE ON THE AUTHORIZATION
HV	A2	PAY: HIV
HW	97 or A1	DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED
I1	16	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT
I2	58	DENY: PROCEDURE IS ONLY PAYABLE FOR INPATIENT LOCATION
I8	133	PROVIDER ON REVIEW FOR INTERNAL AUDIT
I9	146	DENY: DIAGNOSIS IS AN INVALID OR DELETED ICD9 CODE
IA	16	DENY: REQUIRE PROOF REPLACEMENT FRAMES ARE NECESSARY PER IAC
IB	16	DENY: PROCEDURE ONLY COVERED WITH DIAGNOSIS OF DIABETIC FOOT DISEASE
IC	A2	INTEREST AMOUNT
ID	147	DENY: NO W-9 FORM ON FILE

IE	A1	DENY: THIS CPT CODE BILLABLE ONCE PER CALENDAR YEAR PER MEMBER
IF	133	PEND: POSS. INFERTILITY SERVICES
IG	16	DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT
IH	133	HOLD, WAIT FOR EVIDENCE OF INPATIENT HOSPITALIZATION
II	A2	PAY: TIMELY FILING OB INCENTIVE PAYMENT
IJ	92	ADJUST: VISIT IS INCLUDED IN SURGICAL FEE
IK	04	DENY: 2ND EM NOT PAYABLE W/O MODIFIER 25 & MED RECORDS, PLEASE RESUBMIT
IL	A1	VERIFY THE CORRECT LOCATION CODE FOR SERVICE BILLED AND RESUBMIT
IM	B18	DENY: RESUBMIT WITH CORRECT MODIFIER
IN	A1	DENY: ORIGINAL CPT BILLED WAS AN INVALID CODE. PLEASE RE-BILL.
IP	133	PROVIDER PENDING FOR SET-UP FORM OR CONTRACT
IQ	A1	DENY: INCLUDED WITH RENTAL OR PURCHASE OF EQUIPMENT
IR	133	PEND: PROV ON REVIEW FOR IRS LEVY, SEND PAYMENTS TO IRS
IS	133	SYSTEM OR CONFIG PROBLEM, SEND CLAIM TO "IS" DEPARTMENT.
IT	133	PEND: PROVIDER UNDER FRAUD INVESTIGATION
IU	133	PEND: ICU ROOM DENY IF WITH GLOBAL CONTRACT FEE
IV	B18	DENY: INVALID/DELETED/MISSING CPT CODE
IW	A1	DENY: ORIGINAL HCPCS BILLED WAS AN INVALID CODE. PLEASE REBILL
IZ	133	PEND: CLAIMS, PLEASE DENY CLAIM WITH EX CODE AC.
J0	125	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER
J1	95	CONSENT FORM NOT VALID AT TIME OF SERVICE
J2	16	CONSENT FORM NOT SUBMITTED
J3	92	ADJUSTMENT: PAYMENT ADJUSTED TO APPROPRIATE TRANSFER CASE PER DIEM
J4	97	ADJUSTMENT: ANTEPARTUM VISIT INCLUDED IN TOTAL OB DELIVERY
J5	97	ADJUSTMENT: SERVICES ARE 3 DAYS PRIOR TO INPT INCLUDED IN DRG
J6	A2	ADJUSTMENT: DRG PAYMENT ADJUSTED PER REVIEW OF MEDICAL RECORDS
J7	A2	ADJUSTMENT: RECOUPMENT DUE TO PAYMENT BEYOND 90 DAYS.
J8	A2	ADJUST: HOME HEALTH VISITS PREVIOUSLY PAID INCORRECTLY
J9	A2	ADJUST: ADJUSTMENT TO CORRECT PMT OF 90% BILLED CHGS TO MEDICAID ALLOW

JA	A2	ADJUSTMENT: PAY ON APPEAL
JB	23	ADJUST: RECEIVED COB PAYMENT
JC	24	ADJUSTMENT: PAYMENT TO CAPPED PROVIDER
JD	23	ADJUST: RECEIVED MEDICARE PAYMENT
JE	A2	ADJUST: MHS IS PRIMARY INSURER FOR THIS SERVICE
JF	A2	ADJUST: PATIENT ELIGIBLE FOR DATE OF SERVICE
JG	22	ADJUST: PATIENT RESPONDED TO ACCIDENT LETTER
JH	A2	ADJUST: COVERED BENEFIT
JI	A2	ADJUST: SERVICE AUTHORIZED BY PCP
JJ	A2	ADJUST: GRIEVANCE - SERVICE AUTHORIZED
JK	A2	ADJUST: DATE OF SERVICE CORRECTED
JL	A2	ADJUST: NOT A COVERED SERVICE,BILL WORKER'S COMP
JM	125	ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER
JN	18	ADJUST: DUPLICATE PAYMENT
JO	96	ADJUST: NOT A COVERED BENEFIT
JP	125	ADJUST: BENEFIT MAXIMUM REACHED, BILL PATIENT
JQ	52	ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT
JR	52	ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT
JS	125	ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION
JT	125	ADJUST: PROCESSED FOR INCORRECT MEMBER
JU	125	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
JV	23	ADJUST: OTHER INSURANCE PAID PROVIDER
JW	125	ADJUSTMENT: ORIGINAL SERVICE PAID INCORRECT AMOUNT
JX	125	ADJUST: EMPLOYER GROUP RETRO TERMINATED CONTRACT, BILL MEMBER
JY	95	ADJUST:MEMBER UNDER AGE OF 21 AT TIME OF SIGNING TUBAL CONSENT FORM
JZ	109	ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19
K4	109	DENY: MEMBER IS NOT THE RESPONSIBILITY OF MANAGED HEALTH SERVICE
K5	125	DENY: MEDICAID # REQUIRED IN BOX 24K/HCFA OR 51/UB, CORRECT & RESUBMIT
K8	97	DENY: SERVICES INCLUDED IN GLOBAL SETTLEMENT AGREEMENT

KF	133	PROVIDER ON REVIEW - BADPROV
KK	B18	DENY:K CODES ARE NOT BILLABLE-USE APPROPRIATE HCPCS CODES
KO	133	PEND: REVIEW PROV BILLED COUNT FIELD SHOULD BE ONLY 1
KZ	A1	DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE INDIANA PROV MANUAL
L1	133	PEND: MEMBER IS AGE 65+ WITH NO MEDICARE COVERAGE ON FILE
L2	133	PEND: MEMBER HAS HANDICAPPED STATUS AND NO MEDICARE COVERAGE ON FILE
L3	133	PEND: MEMBER OTHER COVERAGE INCOMPLETE OR NO RESPONSE
L4	133	PEND: LIABILITY RECOVERY CONFIGURATION ERROR
L5	22	DENY: NO RESPONSE TO LETTER REGARDING OTHER HEALTH INSURANCE
L6	22	DENY: BILL PRIMARY INSURER 1ST. RESUBMIT WITH EOB.
L7	133	PEND: MAKE SURE MEDICARE ALLOWED/PAID IS ENTERED
L8	133	PEND: UNABLE TO DETERMINE PRIMACY BETWEEN MULTIPLE INSURERS
L9	133	PEND: T-19 MEMBER HAS OTHER INSURANCE - NEED TO VERIFY.
LA	133	PEND:OTHER INSURANCE IS EITHER HMO OR PPO
LC	29	PEND: TIMELY FILING LIMIT HAS EXPIRED
LI	133	PEND: LITHOTRIpsy DIAG/PROC - REVIEW PROVIDER CONTRACT
LJ	125	ADJUST: ADJUSTMENT DONE TO CLEAR NEGATIVE BALANCE
LL	133	PEND: CLAIM IS SET TO PAY OVER AUDIT AMOUNT (\$10,000 FOR H, \$5000 FOR M)
LM	133	PEND:PART A ONLY-PAY 20% OF PAYMENT
LO	A1	DENY: CPT & LOCATION ARE NOT COMPATIBLE, PLEASE RESUBMIT.
LR	22	DENY:WHEN PRIME INS.RECIEVES INFO-RESUBMIT TO SECONDARY INS.
LY	16	CLAIMS:MANUALLY PRICE AT 70% IF INVOICE ATTACHED. IF NO INV, DENY BI
M0	133	PEND: MEMBER PARTIALLY ELIGIBLE AT TIME OF SERVICE
M1	A1	DENY: NO FEE FOUND- SUBMIT STATE EOP SHOWING PAYMENT
M2	A1	DENY: NO INDIANA MEDICAL ASSISTANCE PROVIDER NUMBER ON FILE
M3	133	PEND: IF BILLED WITH A 450P, DENY AS ="GL"
M4	133	MULTIPLE EDITS BY CODEREVIEW
M5	A1	DENY: IMMUNIZATION ADMINISTRATION INCLUDED IN INJECTION FEE
M9	133	SEND TO ENROLLMENT DEPARTMENT

MA	16	PROV. IN MEDICAID # NOT OF FILE, SEND TO INDPLS OFFICE AND RESUBMIT CLM
MB	133	PEND: ELIGIBILITY FOR STATE OF INDIANA VERIFICATION
MC	133	ERROR ON SUPER TABLE FIND FOR MEMBER CARRIER
MD	A1	DENY:SERVICES PREVIOUSLY DENIED BY OUR MENTAL HEALTH PROVIDER
ME	133	PEND: MEMBER ON REVIEW - ELIGIBILITY UNDER REVIEW
MF	16	DENY: INAPPROPRIATE MEDICAID# SUBMITTED FOR SVC PROVIDER,PLEASE RESUBMIT
MG	125	DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT
MH	B11	CLAIM FORWARDED TO MENTAL HEALTH PROVIDER
MI	133	MOTHER OF HIV BABY
MJ	125	ADJUST: ADJUSTED DUE TO CHANGE IN CODE AUDITING SOFTWARE DECISION
MK	125	INAPPROPRIATE MEDICAID NUMBER FOR TAX ID SUBMITTED. CORRECT AND RESUBMIT
ML	133	PEND: MANUALLY PRICED CODES-CONTACT INDIANA FOR PRICE
MM	A1	DENY: PLEASE SUBMIT TRANSPORTATION CLAIMS TO MTM FOR PROCESSING
MN	62	PAY: CONTINUED INPT STAY NOT MEDICALLY NECESSARY
MO	125	MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE.
MP	92	DIAGNOSIS REQUIRES CM, QI AND/OR DP.
MQ	31	DENY: MEMBER NAME/NUMBER/DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT
MR	A2	MEMBER ON REVIEW FOR CASE MANAGEMENT
MS	133	PEND: MEMBER ON REVIEW - STUDENT STATUS UNDER INVESTIGATION
MT	133	PEND: Member is partially eligible during authorized period.
MU	112	PEND: MOM OF NICU BABY
MV	133	PEND: MOTHER OF VENTILATOR BABY
MW	133	PEND:IF BILLED WITHOUT MODIFER RR OR NU, DENY=EX-MO
MX	23	PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS
MY	A1	DENY: PROVIDER IS NOT MEMBER'S PCP
MZ	A1	DENY:Please Resubmit with Providers Medicaid ID number.
N1	133	PEND: CHECK FOR PRIOR DELIVERY IN PRIOR 6 MONTHS
N2	A1	DENY: OB NOTIFICATION NOT ON FILE
N5	57	DENY: NAME OF DRUG, NDC NUMBER AND QUANTITY IS REQUIRED TO PROCESS CLAIM

NA	136	OTHER INS. DENIED - OOP PROVIDER/NOT AUTHORIZED - SERVICES NOT PAYABLE
NB	133	PEND:CONTRACT MOM&BABY PAID GLOBAL-MOM'S CL ON SYS?
NC	95	DENY:TUBAL WAS PERFORMED BEFORE THE 30 DAY WAITING PERIOD
ND	146	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE
NG	133	PEND: NWBN CLM, ROUTED BY PL, PENDING PLAN RESPONSE
NI	92	PAY: NICU BABY
NM	42	UNABLE TO CALCULATE PROVIDER ALLOWED. PROCESSOR MUST SUPPLY IT
NN	92	OB GLOBAL FEE PAID
NO	133	PEND: NON-MEMBER PHYSICIAN 199991 ON REVIEW
NP	38	DENY: AUTHORIZATION REQUESTED FOR NON-PLAN PROVIDER
NQ	133	PROVIDER SET-UP PROBLEM, SEND TO NETWORK QUALITY DEPARTMENT
NR	92	REQUIRES NURSE REVIEW INDIANA
NS	A1	SERVICE NOT COVERED WHEN OBTAINED FROM A PROVIDER NON PAR IN MHS NETWORK
NT	38	DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT
NU	58	DENY:MHS RECORDS DO NOT INDICATE BABY WAS IN NICU ON THIS DATE
NW	133	NEWBORN MEMBER NOT FOUND
NX	125	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT
NZ	A1	DENY: BENEFIT COVERAGE IS LIMITED TO CONTRACTED PROVIDERS ONLY
O1	97	PAY: TOTAL OB REFLECTS A DEDUCTION OF ANTEPARTUM ALREADY PAID
OB	133	PEND:DR.DELIVERED AT ST.JOES?? IF SO MANUAL PAY EXTRA \$100.00
OF	92	PLEASE USE THE CORRECT LOCATION CODE 11 FOR FUTURE BILLING
OI	22	ADJUSTMENT: MHSIC IS SECONDARY INSURANCE/BILL PRIMARY
OJ	A2	ADJUST: PER CLAIM AUDIT - VISITS LIMITED TO ONE PER DAY
OK	92	ADJUST: PER CLAIM AUDIT, GLOBAL RATE PAID FOR PROCEDURE IN ERROR
OM	133	MODIFIER ON CLAIM NEEDS SET UP
OP	133	PEND: COUNT SHOULD BE=1 & DENY IF BILLED WITH TREATMENT ROOM=DM
OT	133	PEND:OFFICE THERAPY BY PHYS.REVIEW,TO DENY USE "TH"
OV	133	PEND:REVIEW VISIT WITH SURGERY.TO PAY=92 TO DENY=SU
OX	A1	DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E/M CODE BILLED

OZ	92	INFO: TO ALLOW THE VOIDING OF A CLAIM/SERVICE
P0	B6	DENY:LAB BILLED NOT PAYABLE TO PATHOLOGIST-NO DIRECT MD WORK/INVOLVEMENT
P1	A2	BEYOND TIMELY FILING LIMIT, PAID IN GOOD FAITH
P2	A2	PAID AT AUTHORIZED AMOUNT
P3	133	PEND:PAYING OKAY ?? IF NOT TRY PUTTING "5" IN M1 FIELD
P4	A2	PAID ACCORDING TO T-19 RATES
P5	133	PEND: CHECK FOR SURGERY CPT & CHECK COUNT -ONLY ONE 1
P6	B14	SERVICE PAYABLE ONLY ONCE PER DAY
P7	133	PEND: MENTAL HEALTH REVIEW, NOT OUR CAPPED PROVIDER
P8	42	PAID AT DOWN GRADED LEVEL
P9	133	PEND: PROCESSOR MUST REVIEW INFERTILITY BENEFITS
PA	A2	PAY ACCORDING TO CONTRACTUAL AGREEMENT
PB	133	PEND: SERVICING PROVIDER AFFILIATION NOT FOUND
PC	147	REFERRING PROVIDER NOT EFFECTIVE AT TIME OF SERVICE
PD	A2	PAID ACCORDING TO AUTHORIZED AMOUNT
PE	133	PEND: PROVIDER IS ON REVIEW
PF	B6	DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM
PG	133	PEND: SERVICE PROVIDER AFFILIATION NOT FOUND
PH	133	PEND: INDIANA PATHOLOGY PROVIDERS-NO FEES FOR CODES
PI	133	PEND: NO AFFILIATION EXISTS FOR PAYTO OF __
PJ	147	PAY: REFERRING PROVIDER AFFILIATION NOT FOUND
PK	B6	PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY
PL	133	PEND: PCP AFFILIATION NOT FOUND
PM	133	PEND: PCP IS NOT EFFECTIVE AT THE TIME OF SERVICE
PN	133	PEND: DO NOT USE THIS PROVIDER - SEE D-BASE TECH
PO	B6	DENY: CLINICAL LAB/X RAY NOT PAYABLE TO PATHOLOGISTS
PP	133	PEND: REFERRING PROVIDER IS NOT PRIMARY
PQ	133	PEND: REVIEW PODIATRY SERVICES FOR DOCUMENTATION
PR	133	PEND: PRIVATE ROOM NOT COVERED UNLESS MEDICALLY NECESSARY

PS	133	PEND: SERVICE PROVIDER NOT EFFECTIVE AT TIME OF SERVICE
PT	133	PEND: SERVICE PROVIDER HAS BEEN TERMINATED
PU	92	PAY: REFERRING PROVIDER HAS BEEN TERMINATED
PV	133	PEND: PROVIDER SHOULD BE ST.FRANCIS CENTER CHANGE TO 303131
PW	92	MEMBER IS IN THE MCPD TEAM SELECT PROGRAM
PX	133	POSSIBLE PRE-EXISTING CONDITION
PY	133	PEND - ER SERVICES - VERIFY CORRECT AFFILIATION
PZ	133	PEND: SEND TO PROVIDER RELATIONS FOR SETUP
Q1	133	PEND: PROCESS TO LOAD CODES IN PROGRESS BY BUSINESS
QB	147	INFO: SERVICE PROVIDER AFFILIATION NOT FOUND (AUTH)
QC	147	INFO: REFERRING PROVIDER IS NOT EFFECTIVE - AUTH PERIOD
QD	A1	TAX ID SUBMITTED IS INCORRECT FOR DATE OF SERVICE. PLEASE RESUBMIT
QG	147	INFO: MULTIPLE SERVICE AFFILIATIONS QUALIFY (AUTH)
QJ	147	INFO: REFERRING PROVIDER AFFILIATION NOT FOUND (AUTH)
QK	147	INFO: MULTIPLE REFERRING AFFILIATIONS QUALIFY (AUTH)
QL	147	INFO: PCP AFFILIATION NOT FOUND (AUTH)
QM	147	INFO: PCP NOT EFFECTIVE DURING AUTH'D PERIOD (AUTH)
QP	147	INFO: REFERRING PROVIDER AFFILIATION NOT PRIMARY (AUTH)
QS	147	INFO: SERVICE PROV NOT EFFECTIVE - AUTH PERIOD
QT	147	INFO: SERVICE PROVIDER HAS BEEN TERMINATED (AUTH)
QU	147	INFO: REFERRING PROVIDER HAS BEEN TERMINATED (AUTH)
QW	141	INFO: TOTAL NUMBER OF DAYS EXCEEDS COVERAGE PERIOD
R1	133	PEND: REFRACTION CANNOT BE BILLED WITH EYE EXAM
RA	133	PEND: CLAIMS, REMOVE MODIFIER "U" TO PRICE WITH CORRECT FEE
RB	133	PEND CODE TIED TO PRICING KEYWORD PEND SERV QUALIFIER
RC	133	PEND: DR HAS ASSIGNED MEMBERS,BUT NO REF. CIRCLE-INDIANA
RE	133	PEND: CLAIMS VOLUME PAID IS 500,000. DISC MUST BE NEGOTIATED
RF	133	PEND: REFERRING PROVIDER IS NOT IN PLAN
RG	133	INDIANA REVIEWING DRG

RH	133	PEND:PAY REVIEW OF MULTPL SURGICAL PROC/REBUNDLE CHRGS WHEN APPROPRIATE
RI	A1	BABY'S ASSIGNED RID NUMBER IS NEEDED FOR CLAIM PROCESSING
RJ	125	DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT
RL	133	PAY: REVIEW NOT TIMELY
RN	133	PEND: GET MOD/CHECK COUNT & LOC=12 & BILLED \$
RP	B5	RECOUP DUE TO PAYMENT BEYOND 90 DAYS
RR	97	DENY: RECOVERY ROOM INCLUDED IN ASC RATE
RS	A1	DENY: BILL ADDRESS DOES NOT MATCH SYSTEM-RESUBMIT WITH CORRECT BILL ADDR
RU	133	PEND: PAY EACH SERVICE LINE AT CONTRACT %
RV	133	PEND: PROVIDER ON REVIEW - FORWARD TO MEDICAL REVIEW
S1	133	PEND:CHECK FOR MULTI SURGERIES & NEED CPT CODE FOR PRICING
S2	133	PEND:ASSIST SURG MANUALLY PAY EXTRA 2% OF FEE ON CLAIM
S3	133	PEND:ASSIST SURG-MANAUALLY PAY EXTRA 1% OF FEE ON CLAIM
S7	133	PEND: DENY ALL NON-SURGICAL PROC ON THIS CLAIM WITH EX GL
S8	133	PEND: CHANGE M1 FIELD TO "PA" OR "SA" & M2 TO "8" ALSO SPLIT CLAIM
SA	133	PEND: ADJUSTOR MUST REVIEW FOR ANESTHESIA & OR SERVICES
SB	146	INFORMATIONAL: SUBSEQUENT DIAGNOSIS WAS NOT A VALID CODE.
SC	A1	DENIED PER CHP SETTLEMENT AGREEMENT
SD	147	DENY: CREDENTIALING WAS NOT APPROVED - ALL SERVICES ARE DENIED
SE	125	CORRECTION FOR SYSTEM ERROR
SF	133	PEND:PRICE PER CONTRACT-CHECK CLAIM FOR TIER LEVEL
SG	133	PEND: POSSIBLE SUBROGATION CASE
SH	133	PEND: ENTER ROOM CODE SUFFIX C,H,M,OR N FOR CORRECT FEE
SI	A1	DENY: CIMCO MEMBER-PLEASE SUBMIT CLAIM TO APPROPRIATE CIMCO PARTNER
SL	92	PAY: CLAIM PROCESSED FOR ER PROJECT 2/2000 DOS 07/01/98 - 09/30/99
SM	133	PEND: ADJ. REVIEW CLAIM FOR STOP/LOSS CONTRACT
SN	133	CONTACT STATE FOR SKILLED NURSING FACILITY (DHSS) RATE
SP	133	PEND: REVIEW FOR SPECIAL CONSIDERATION - LOOK FOR AUTH
SR	16	SUBMIT ER RECORDS & EOP W/IN 45 DAYS FOR PRESENTING SYMPTOM ASSESSMENT

SS	133	PEND: MEMBER ON REVIEW FOR NO SSN
ST	133	PEND:PER SANDY TUNIS-CPT CODE WITH HSPTS MOD FOR T19 ONLY
SU	97	DENY: VISIT IS INCLUDED IN SURGERY
SW	B6	DENY: SERVICES BILLED BY AN ER MD - SPEC 93 WHEN BILLED W/ MODIFIER 26
SZ	92	PAID ACCORDING TO NEGOTIATED SETTLEMENT
T1	A2	TRIAGE PAYMENT COVERED UNDER CAPITATION
T2	A2	PAID ACCORDING TO T-19 DRG OUT-PATIENT RATE
T3	A2	PAID ACCORDING TO OUT OF STATE MEDICAID GUIDELINES
T4	38	DENY:PROVIDER NOT CONTRACTED FOR SERVICE-DO NOT BILL PATIENT
T5	A1	DENY: PLEASE RESUBMIT TRANSPORTATION CLAIMS TO MEDCOMPLY
T8	133	PEND: SENT FOR COB AUTHORIZATION SET-UP
T9	133	PEND:TITLE-19 PENDING ELIGIBILITY (MEMBER STATUS EN OR PN OR NC)
TA	92	DENY: NO AUTHORIZATION ON FILE
TB	A1	DENY: TUBAL NOT PERFORMED IN THE 180 DAY TIME FRAME
TE	133	PEND: CLAIMS, VERIFY THE CLAIM IS PAID GLOBALLY
TF	A1	DENY: CPT CODES NOT ACCEPTABLE FOR SERVICE DATES PRIOR TO NEW YEAR
TG	A2	PAID ACCORDING TO TRIAGE MOU, AUTH. WAS DENIED OR NOT OBTAINED
TH	A1	DENY:PHYSICAL MEDICINE IS NOT COVERED IN PHYSICIAN'S OFFICE
TI	97	E.R. PHYS PAID TRIAGE, ANCILLARY SERVICES NOT PAYABLE
TM	16	TO COMPLETE PROCESSING, WE NEED THE TIME UNITS, PLEASE RESUBMIT.
TN	133	PEND: NO PROV TX# ON FILE,BUT PAYING MEM.INFORM PROV.TECH
TP	133	ROUTE TO TPL DEPARTMENT - OTHER INSURANCE
TQ	A2	PAY: TRANSPLANT SERVICES PAID AT % OF BILLED CHARGES
TR	A1	DENY: PAYABLE WITH TREATMENT ROOM OR STAND ALONE SERVICE ONLY
TS	A1	TEMPERATURE GRADIENT STUDIES ARE NOT COVERED FOR THIS DIAGNOSIS
TT	133	PEND: INVALID OR MISSING LOCATION CODE
TU	A1	DENY: SUBMIT TO TRANSPORTATION VENDOR FOR PROCESSING
TV	B11	CLAIM FORWARDED TO TRANSPORTATION VENDOR FOR PAYMENT
TW	A1	DENY: PLEASE SUBMIT TRANSPORTATION CLAIMS TO LCP TRANSPORTATION

TX	A1	NO W-9 ON FILE, SEND TO INDPLS OFFICE AND RESUBMIT CLAIM(S)
TZ	23	ADJUSTMENT: THIRD PARTY LIABILITY, SUBROGATION RECOVERY RECEIVED
U1	16	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS
U2	16	PEND: UNLISTED PROCEDURE NEED RECORDS TO PROCESS
U3	16	PEND:U.R.NEEDS MED.RECORDS
U4	B12	DENY:UPON REVIEW OF RECORDS-NO INDICATION OF PHYS SERVICES
U5	16	DENY:UNLISTED / UNSPECIFIC CODE -RE-BILL MORE SPECIFIC CODE
U6	133	PEND: REVIEW FOR NDC PRICING -IF NONE-DENY =U5
U8	133	PEND: VERIFY PATIENT AGE-IF OVER 18 SEND TO MEDICAL SERVICES
UA	133	PEND: AUTHORIZATION PROBLEM - MEDICAL SERVICES TO REVIEW
UB	35	PEND: 50 THERAPY VISITS PER YEAR-LIMIT EXCEEDED
UC	133	PEND: ADD CI CODE OF UC TO ALL SERVICE LINES
UD	A1	DENY: NO RECORD OF INPATIENT HOSPITAL STAY
UE	133	PEND TO UR - MEDICAL REVIEW
UF	A2	PATIENT INPATIENT OVER 10 DAYS RECOMM.TO CASE MGMT.
UG	133	PATIENT'S TOTAL BILLS OVER 10,000-RECOMM. TO CASE MGMT.
UH	92	PATIENT READMITTED WITHIN 14 DAYS-RECOMM. TO CASE MGMT
UI	16	DENY:PER REVIEW NO RECORD OF INPT STAY,SEND DISCHARGE SUMMARY
UJ	133	PEND: UR REVIEWING DOCUMENTATION
UK	A2	PAY: ZERO DOLLARS PAID, INCLUDE IN TRANSPLANT CASE
UM	133	MED MANAGEMENT PROBLEM, SEND TO MED MANAGEMENT DEPARTMENT
UN	A2	PAY: PLP MET
UP	125	PAY: AUTHORIZED TO PAY - PER MEDICAL REVIEW
US	B18	DENY:UNLISTED CODE-CORRECT AND RESUBMIT
UU	A1	DENY: ANTEPARTUM/POST PARTUM NOT PAYABLE INPT
UY	A1	DENY: REQUIRES APPROPRIATE MODIFIER TO IDENTIFY TRIMESTER (U1,U2,U3)
UZ	125	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92
V1	97	DENY: SERVICE IS INCLUDED IN THE DELIVERY PAYMENT
V2	133	PEND: SEE IF LENS=Z0107-Z0109,Y5105-Y5107 THEN DENY:GL

V3	A1	MED RECORDS RECEIVED FOR WRONG DATE OF SERVICE
V4	A1	MED RECORDS RECEIVED NOT LEGIBLE
V5	A1	MED RECORDS RECEIVED FOR WRONG PATIENT
V6	A1	MED RECORDS WITHOUT LEGIBLE PATIENT NAME AND/OR DOS
V8	A1	MED RECORDS RECEIVED WITHOUT DOS
V9	92	PAY: PROCEDURE BILLED AS 2 UNITS, PER GUIDELINES ONLY 1 UNIT ALLOWED
VA	A1	VOID ADJUSTMENT
VG	A8	DENY: VALID DRG CODE REQUIRED
VI	97	GLOBAL FEE PAID
VJ	92	PER THE IC 25-24-1-4 ONLY ONE UNIT PAYABLE PER SERVICE DATE
VK	A2	PAY: TRANSPLANT CASE RATE PAID
VL	A1	DENY: CLAIM HAS BEEN SENT TO ANCILLA FOR PROCESSING
VN	133	PEND: VENT
VO	B5	VOID SERVICE FOR ADMINISTRATIVE REASONS
VP	133	PEND: IF BILLED WITH LAB HANDLING, DENY WITH "D4"
VR	133	PEND: CLAIMS, VERIFY CLAIM IS PRICING PER CONTRACT
VS	A1	DENY: PROCEDURE CODE IS NO LONGER COVERED AS OF 11/1/1999
VT	92	MUST BE BILLED WITH TREATMENT ROOM OR STAND ALONE SERVICE
VY	92	SEND MD DC ORDER & MED REC W/IN 45 DAYS TO VERIFY MD ORDER/MED NECESSITY
VZ	A1	DENY: ROUTINE VISION CARE SERVICES SHOULD BE BILLED TO OPTICARE
W0	A1	DENY: TRANSPLANT CLAIM SUBMIT TO CIGNA LIFESOURCE FOR REPRICING
W1	A1	REL OUTP SVCS W/IN 72 HRS PREC ADM ALRDY PAID - RESUB ALL INCL INP CLAIM
W2	A1	REL INP CLM W/IN 72 HRS AFTER DOS ALRDY PD-INP CLM ADJ TO REFL OUTP SVCS
W3	A2	PAY: PAID ACCORDING TO TRANSPLANT AGREEMENT
W6	A1	DENY: TRANSPLANT CLAIM SUBMIT TO INTERLINK FOR REPRICING
W7	133	PEND: IF BILLED WITH W7000 USE EX CODE 97 FOR T-19
WA	133	PEND: PENDED FOR HIPAA CHANGES
WC	133	PEND: TRANSPLANT PRICING NEEDED
WE	A1	MHS NOT RESPONSIBLE FOR PAYMENT PLEASE FORWARD TO ANCILLA

WF	92	WESTFIELD INSURANCE CO
WR	133	PEND: PLEASE CHECK SPECIALTY FIELD FOR CORRECT SPECIALTY ON AFFILIATION
X1	133	PENED BY AUDITOR
X2	92	PAY: PAYMENT REFLECT THE IC-25-24-1-4 ONE UNIT ALLOWABLE
X4	92	PAY: PAYMENT REFLECT THE IC-25-24-1-4 TWO UNITS ALLOWABLE PER SVC DATE
X5	A1	DENY: NO SIGNATURE ON CONSENT FORM
X6	A1	DENY: SERVICES ARE UNDER REVIEW
X9	133	PEND: PENED BY AUDITOR
XB	133	PEND: POSSIBLE TRANSPLANT CLAIMS
XD	133	I.S. Undefined Ex Code ?????
XX	A1	COVERAGE NOT IN EFFECT ON DATE OF SERVICE - BILL THE STATE
XY	B12	DENY: BASED ON REVIEW OF MED REC
XZ	133	PEND: CONTRACT IS IN INFORMATION SYSTEM DEVELOPMENT
Y6	A1	DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W/PRIME'S ORIGINAL EOB
YA	133	PEND: MULTIPLE PROVIDER AFFILIATIONS QUALIFY
YB	A1	ADJUST: REVENUE CODE INVALID FOR INDIANA MEDICAID
YC	A1	ADJUST: REV. CODE NOT COVERED BY INDIANA MEDICAID/DO NOT BILL MEMBER
YD	A1	ADJUSTMENT: ORIGINAL CLAIM BILLED USING INCORRECT CPT/HCPC CODE
YE	A1	ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE
YF	A1	ADJUSTMENT: DUPLICATE PAYMENT PER CLAIM AUDIT
YG	A1	ADJUSTMENT: RECOUPMENT DUE TO PAYMENT BEYOND 90 DAYS.
YH	A1	ADJUST: NOT A COVERED SERVICE,BILL WORKER'S COMP
YJ	A1	ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER
YK	A1	ADJUST: DUPLICATE PAYMENT
YL	A1	ADJUST: NOT A COVERED BENEFIT
YM	A1	ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT
YN	A1	ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT
YP	A1	ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION
YQ	A1	ADJUST: PROCESSED FOR INCORRECT MEMBER

YR	A1	ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19
YY	133	PEND: CLAIMS PROCESSING REVIEW
YZ	A1	DENIED PER CHP SETTLEMENT AGREEMENT
Z0	133	POSSIBLE RELATED INP/OUTP CLAIMS WITHIN 72 HRS OF DOS - PEND FOR REVIEW
Z2	133	PEND: DEFAULT SYSTEM ERROR MESSAGE PEND CODE
Z4	A1	DENY: RESUBMIT WITH DOCUMENTATION THAT VALIDATES MEDICAL NECESSITY
ZA	133	THIS TRANSACTION WAS FOR INTERNAL DATA CORRECTION. NO ACTION NECESSARY
ZC	A1	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY
ZD	A1	SUBMIT ED RECORDS & EOP W/IN 30 DAYS FOR PRESENTING SYMPTOM ASSESS
ZK	133	PEND: CLAIMS VERIFY PROVIDER OF SERVICE, IF CORRECT DENY:ZC
ZM	A1	DENY: REQUIRES APPROPRIATE MODIFIER TO IDENTIFY TRIMESTER (Z1,Z2,Z3)
ZU	A1	DENY: PROCEDURE IS ONLY VALID AFTER 01/01/1999
ZY	A1	DENY: ALL ER CHARGES PENDING UNTIL FURTHER NOTICE
ZZ	133	PEND: ROUTE TO INFORMATION SERVICES "IS" DEPARTMENT