

DMAS Edit	DMAS ESC	Virginia Medicaid EOB Description 08/2009	HIPAA Adj Group Code	HIPAA Adj Reason Code	HIPAA Remark Code 835/RA	NCPDP Error Code 835/RA	Claim Status Code 277/DDE
0001	0001	Provider Not Certified for Neonatal Services	CO	B7	N95		91
0002	0002	Invalid Reference Number	OA	16	MA61	85	85
0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0004	0004	Invalid or Missing Enrollee ID	OA	31	MA61	07	21
0005	0005	Invalid Accident Indicator/ Hour	OA	16	MA130		461
0006	0006	Invalid Patient Account Number	OA	16	MA130		478
0007	0007	Invalid Date of Service	OA	16	MA31	15	187
0009	0009	Invalid Tooth Code	OA	16	N37		242
0010	0010	Tooth Surface Invalid	OA	16	N75		240
0012	0012	Invalid Procedure Code	OA	16	M51		454
0014	0014	Billed Amount Missing or Invalid	OA	16	M54	DQ	178
0015	0015	Primary Carrier Pay Missing or Invalid	OA	22	MA04	DV	286
0017	0017	Missing Former Reference Number	CO	16	N152	85	122
0020	0020	Missing/Invalid Primary Carrier Code	OA	16	M56		21
0022	0022	Servicing Provider is Not Eligible to Bill this Payment Request Type	CO	185	N95	40	91
0023	0023	Units Missing/ Not in Valid Format	OA	16	M53		476
0025	0025	Service 'Thru' Date Missing/Invalid	OA	16	M59		188
0026	0026	Covered Days Missing or Invalid	OA	16	MA32		456
0028	0028	Admit Date Missing or Invalid	OA	16	MA40		189
0030	0030	Primary Diagnosis Code Not on File/Invalid	CO	146	M64		254
0031	0031	Patient Status is Missing or Invalid	OA	16	MA43		234
0032	0032	Invalid Patient Payment Amount	OA	16	N58		21
0033	0033	Total Charge Omitted or Out of Balance	OA	16	M54		178
0035	0035	Missing/Invalid Accommodation Code	OA	16	M50		455
0036	0036	Invalid Rate	OA	16	N65		110
0037	0037	Services not approved for FAMIS	CO	A1	N30		454
0038	0038	Invalid Place of Treatment	OA	58	M77		249
0039	0039	QMB Only Enrollee - Bill Medicare First	CO	45	N381	AE	107
0040	0040	Invalid Type of Service	OA	16	N55		250
0041	0041	Invalid Procedure Modifier	OA	182	N55		453
0042	0042	Coverage Limited to Medicaid Covered service	CO	96	N30		107
0044	0044	NDC Missing or Not in Valid Format	OA	16	M119	21	21
0045	0045	Invalid Metric Quantity	OA	16		E7	
0047	0047	Invalid Pharmacy Cost	OA	16		DQ	
0051	0051	Invalid Co-insurance Amount	OA	2	M49		21
0052	0052	Emergency Procedure Requires Diagnosis	OA	11	MA63		255
0053	0053	Invalid Date of First Service	OA	16	MA100		192
0054	0054	Invalid Procedure Date	OA	16	MA66		486
0055	0055	The type of bill is missing or invalid	OA	16	MA30		228
0056	0056	Prescription number is Missing	OA	16		16	
0057	0057	Refill Indicator is Invalid	OA	16		17	
0059	0059	The maximum units/visits/studies are exceeded	CO	151	M53		258
0061	0061	Improper Claim Form	OA	125	N34		15
0065	0065	The number of passengers is invalid	OA	16	N18		21
0070	0070	Invalid non-covered charges	OA	45	MA33		21
0071	0071	The adjustment or void reason code is invalid	OA	16	N152		21
0073	0073	Resubmit w/ Copy of Supplier's/Purchase Invoice	OA	16	N29		122
0077	0077	Adjustment Denied - Original Payment Request Already adjusted	CR	18	N152		54
0078	0078	Void Denied - Original Payment Already Voided	CR	18	M86	87	54
0082	0082	From/Thru Dates MUST BE IN SAME MONTH/YEAR	OA	125	N74		188
0085	0085	Admit Source Code Missing/Invalid	OA	16	MA42		229
0098	0098	Key Entry Error	OA	125	MA130	85	21
0100	0100	Invalid Mileage	OA	16	M22		267
0101	0101	Date of Service after Date Payment Request received	OA	110	MA31	82	187
0103	0103	Admission Date After Date Received	OA	110	MA40		189
0104	0104	Thru dos is after the date payment request received	OA	110	M59		188
0105	0105	The accommodation charge is missing	OA	16	M79		178
0107	0107	Surg Proc Code Omitted For O/R Charge	OA	16	M51		454
0109	0109	The diagnosis given is not compatible with the enrollee's sex	OA	10	MA39		86
0110	0110	The diagnosis given is not compatible with the enrollee's age	OA	9	M76		255
0111	0111	The 'from' date of service is after the 'thru' date of service	OA	125	M52		188
0112	0112	The admit date is after the statement period 'from' date	OA	125	MA40		189
0113	0113	ICD9-CM Procedure/Sex Restriction	OA	7	MA39		474
0116	0116	Invalid/Missing Prescribing Physician Number	OA	184		25	
0117	0117	Invalid Service/Modifier Combination	OA	4	N56		453
0118	0118	Recipient Age 21-64 Not Covered in IMD	OA	6	N129		475
0119	0119	Service Period Not Equal to Accommodation Days	OA	125	M53		258
0124	0124	Charges span two of provider's fiscal years	OA	125	MA31		188
0128	0128	Enrollee Not Authorized for Dates of Service	CO	15	M62		332
0129	0129	The revenue code billed is not covered.	OA	96	M50		455
0130	0130	Billing provider identification number not on file.	CO	B7	N257	50	132
0131	0131	The first other procedure code is not in the correct format or not on file	OA	125	M67		490
0133	0133	The revenue code is missing	OA	125	M50		455
0134	0134	No Medicare Coverage on File/Resubmit with EOMB/Copy of Medicare Card	OA	16	N29		284

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0135	0135	Submit lab charges on HCFA 1500	OA	125	N34		122
0140	0140	Information Incomplete	OA	16	N225	85	21
0142	0142	The Medicare allowed amount missing/Invalid	OA	16	N29		21
0143	0143	Enrollee Not Eligible on DOS	OA	31	N30	65	88
0144	0144	Billing provider not eligible on DOS	CO	B7	N95	40	132
0146	0146	The Procedure Code Billed is Not on File	OA	16	M51		454
0147	0147	This date of service is prior to the procedure code's effective date	OA	181	N56		454
0148	0148	Rendering provider is not certified to perform procedure	CO	185	N95		91
0149	0149	The Medicare paid amount is missing/invalid	OA	16	MA04		183
0152	0152	Num Surfaces Disagrees with Procedure Code	OA	16	N81		258
0153	0153	Invalid Tooth Number/Procedure	OA	16	N39		244
0154	0154	Tooth Code Disagrees with Allowable Type	OA	16	N39	85	244
0155	0155	Procedure Requires Authorization	CO	15	M62		252
0157	0157	Approved Authorization Not on File	OA	15	M62		252
0158	0158	Enrollee Disagrees with Authorization	OA	15	M62		252
0159	0159	Provider Disagrees with Authorization	OA	15	N54		252
0160	0160	Procedure Disagrees with Authorization	OA	15	N54		252
0161	0161	Authorization not valid for dates of service	OA	15	N54		252
0162	0162	Number of Procedures Exceeds Number Authorized	CO	198	N54		258
0163	0163	Surface code does not match authorization	OA	15	N54		240
0164	0164	Tooth Code Does Not Match Authorization	OA	15	N54		244
0169	0169	Invalid Dispensed As Written Indicator	OA	16	MA130	22	
0171	0171	Claim Type Does Not Match Original	OA	16	N55		132
0175	0175	Cannot Span State Current Fiscal Year	OA	125	MA31		188
0176	0176	Bill Mother and Baby Separately	OA	125	N15	62	238
0177	0177	Adult Days Greater Than 21 Must Split Bill	CO	151	M53		258
0178	0178	Invalid Diagnosis Code	OA	16	M64		255
0179	0179	Invalid Discharge Status for Type Bill	OA	16	N50		234
0183	0183	Procedure code does not agree with service.	OA	A1	N56		454
0186	0186	Procedure code does not agree with sex code	OA	7	MA39		474
0188	0188	Billing period exceeds 90 days	CO	151	M86		258
0189	0189	Previous Admission Must be Resolved	OA	107	N47		421
0191	0191	Provider Referral Required	OA	16	N55		48
0195	0195	Referring Provider ID Number Not on File	CO	183	N286		132
0196	0196	Referral Provider Not Eligible on Service Date	CO	183	N55		91
0197	0197	Invalid referring provider.	OA	183	N286		21
0201	1338	Duplicate Payment Request - Different Provider, Same Dates of Service	OA	18	M86		54
0201	1339	Duplicate Payment Request - Different Provider, Same Dates of Service	OA	18	M86		54
0201	1340	Duplicate Payment Request - Different Provider, Same Dates of Service	OA	18	M86		54
0201	1341	Duplicate Payment Request - Different Provider, Same Dates of Service	OA	18	M86		54
0201	0201	Duplicate Payment Request - Different Provider, Same Dates of Service	OA	B20	M86		54
0201	1350	Duplicate Payment Request - Different Provider, Same Dates of Service	OA	B20	M86		54
0201	1354	Duplicate Payment Request - Different Provider, Same Dates of Service	OA	B20	M86		54
0202	1438	Duplicate of History File Record, Different Provider, Same Dates of Service	OA	18	M86		54
0202	1439	Duplicate of History File Record, Different Provider, Same Dates of Service	OA	18	M86		54
0202	1440	Duplicate of History File Record, Different Provider, Same Dates of Service	OA	18	M86		54
0202	1441	Duplicate of History File Record, Different Provider, Same Dates of Service	OA	18	M86		54
0202	0202	Duplicate of History File Record, Different Provider, Same Dates of Service	OA	B20	M86		54
0202	1460	Duplicate of History File Record, Different Provider, Same Dates of Service	OA	B20	M86		54
0202	1464	Duplicate of History File Record, Different Provider, Same Dates of Service	OA	B20	M86		54
0203	1180	62 Service Units Per Calendar Year	CO	119	M86		259
0203	1181	93 Service Units Per Calendar Year	CO	119	M86		259
0203	1182	186 Service Units Per Calendar Year	CO	119	M86		259
0203	1183	250 Service Units Per Calendar Year	CO	119	M86		259
0203	1184	1 Service Unit Per 1 Month	CO	119	M86		259
0203	1185	30 Service Units Per 1 Month	CO	119	M86		259
0203	1186	12 Service Units Per 1 Month	CO	119	M86		259
0203	1187	62 Service Units Per 1 Month	CO	119	M86		259
0203	1188	1 Service Unit Per 3 Months	CO	119	M86		259
0203	1189	93 Service Units Per 3 Months	CO	119	M86		259
0203	1190	186 Service Units Per 6 Months	CO	119	M86		259
0203	1191	1 Service Unit Per 12 Months	CO	119	M86		259
0203	1192	2 Service Units Per 12 Months	CO	119	M86		259
0203	1193	12 Service Units Per 12 Months	CO	119	M86		259
0203	1194	365 Service Units Per 12 Months	CO	119	M86		259
0203	1195	372 Service Units Per 12 Months	CO	119	M86		259
0203	1196	1 Service Unit Per 36 Months	CO	119	M86		259
0203	1197	1 Service Unit Per 60 Months	CO	119	M86		259
0203	1198	2 Service Units Per 12 Months	CO	119	M86		259
0203	1215	1 Service Unit Per 6 Months	CO	119	M86		259
0203	1216	1 Service Unit Per Month	CO	119	M86		259
0203	1217	2 Service Units Per Month	CO	119	M86		259
0203	1218	2 Service Units Per 2 Months	CO	119	M86		259
0203	1219	3 Service Units Per Month	CO	119	M86		259
0203	1220	3 Service Units Per Month	CO	119	M86		259
0203	1221	6 Service Units Per Month	CO	119	M86		259
0203	1222	9 Service Units Per Month	CO	119	M86		259

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0203	1223	1 Service Unit Per 2 Months	CO	119	M86		259
0203	1224	3 Service Units Per 2 Months	CO	119	M86		259
0203	1225	8 Service Units Per 2 Months	CO	119	M86		259
0203	1226	2 Service Units Per 3 Months	CO	119	M86		259
0203	1227	7 Service Units Per 3 Months	CO	119	M86		259
0203	1228	1 Service Unit Per 6 Months	CO	119	M86		259
0203	1229	1 Service Unit Per 6 Months	CO	119	M86		259
0203	1230	2 Service Units Per 6 Months	CO	119	M86		259
0203	1231	2 Service Units Per 6 Months	CO	119	M86		259
0203	1232	3 Service Units Per 6 Months	CO	119	M86		259
0203	1233	4 Service Units Per 6 Months	CO	119	M86		259
0203	1234	6 Service Units Per 6 Months	CO	119	M86		259
0203	1235	1 Service Unit Per 8 Months	CO	119	M86		259
0203	1236	1 Service Unit Per 9 Months	CO	119	M86		259
0203	1237	2 Service Units Per 9 Months	CO	119	M86		259
0203	1239	2 Service Units Per 11 Months	CO	119	M86		259
0203	1240	9 Service Units Per 11 Months	CO	119	M86		259
0203	1241	1 Service Unit Per 12 Months	CO	119	M86		259
0203	1242	2 Service Units Per 12 Months	CO	119	M86		259
0203	1243	4 Service Units Per 12 Months	CO	119	M86		259
0203	1244	4 Service Units Per 12 Months	CO	119	M86		259
0203	1245	1 Service Unit Per 23 Months	CO	119	M86		259
0203	1246	2 Service Units Per 23 Months	CO	119	M86		259
0203	1247	1 Service Unit Per 24 Months	CO	119	M86		259
0203	1249	1 Service Unit Per 30 Months	CO	119	M86		259
0203	1257	Exceeds 2 Service Units Per Day	CO	119	M86		259
0203	1258	Exceeds 3 Service Units Per Day	CO	119	M86		259
0203	1259	Exceeds 4 Service Units Per Day	CO	119	M86		259
0203	1260	Exceeds 5 Service Units Per Day	CO	119	M86		259
0203	1261	Exceeds 9 Service Units Per Day	CO	119	M86		259
0206	1262	Exceeds 20 Service Units Per Day	CO	119	M86		259
0203	1263	Exceeds 5 Units Per 30 Days	CO	119	M86		259
0203	1264	Exceeds 2 Service Units Per 30 Days	CO	119	M86		259
0203	1265	Exceeds 3 Service Units Per 30 Days	CO	119	M86		259
0203	1266	Exceeds 4 Service Units Per 30 Day	CO	119	M86		259
0203	1270	1 Service Unit Per 36 Months	CO	119	M86		259
0203	1271	2 Service Units Per 36 Months	CO	119	M86		259
0203	1272	4 Service Units Per 36 Months	CO	119	M86		259
0203	1273	8 Service Units Per 47 Months	CO	119	M86		259
0203	1274	1 Service Unit Per 58 Months	CO	119	M86		259
0203	1275	1 Service Unit Per 60 Months	CO	119	M86		259
0203	1276	2 Service Units Per 60 Months	CO	119	M86		259
0203	1277	4 Service Units Per 60 Months	CO	119	M86		259
0203	1278	6 Service Units Per 83 Months	CO	119	M86		259
0203	1279	6 Service Units Per 96 Months	CO	119	M86		259
0203	1280	2 Service Units Per 36 Months	CO	119	M86		259
0203	1328	250 Service Units Per Year	CO	119	M86		259
0204	1107	Contraindicated Audit - Same Provider	OA	97	M86		446
0204	1108	Contraindicated Audit - Same Provider	OA	97	M86		446
0204	1109	Contraindicated Audit - Same Provider	OA	97	M86		446
0204	1110	Contraindicated Audit - Same Provider	OA	97	M86		446
0204	1111	Contraindicated Audit - Any Provider	OA	97	M86		446
0204	1112	Contraindicated Audit - Same Provider within 31 Days	OA	97	M86		446
0204	1113	Contraindicated Audit - Same Provider within 31 Days	OA	97	M86		446
0204	1114	Contraindicated Audit - Any Provider within 91 Days	OA	97	M86		446
0204	1115	Contraindicated Audit - Any Provider within 91 Days	OA	97	M86		446
0204	1116	Contraindicated Audit - Any Provider within 211 Days	OA	97	M86		446
0204	1117	Contraindicated Audit - Any Provider in a Lifetime	OA	97	M86		446
0204	1118	Limit of 4 Units Any Provider	OA	97	M86		446
0206	0206	Provider Suspend Payment Flag	CO	16		84	421
0208	0208	Date of Service Over 1 Year Old	CO	29	N182	81	107
0209	0209	Individual Consideration Requested (IC)	PEND				421
0210	0210	No Fees found on file	PEND				110
0211	0211	Enrollee Less Than Minimum Age	OA	6	N129	66	475
0212	0212	Enrollee Greater Than Maximum Age	OA	6	N129	66	475
0214	0214	Pending determination of allowance	PEND				110
0215	0215	Review of Mammography Certification Date	CO	16	N110		332
0218	0218	Review Length of Stay	OA	A1	N29		194
0219	0219	Review Inpatient Psych/EPST Pre-Auth	PEND				252
0220	0220	Pending Review of Services	OA	A1	N29		252
0221	0221	Pending Review for Other Insurance Coverage	OA	16	N48		52
0222	0222	Suspended for Enrollee Review	OA	133	N35	85	46
0223	0223	Review of Emergency Medical Documentation	OA	40	N29		471
0225	0225	Units billed exceeds Allowable Units for Procedure	CO	151	M53		258
0225	1033	Same Provider, Same Date of Service	OA	97	M86		446
0226	0226	Review of Documentation for Place of Treatment	OA	58	M77		107
0230	0230	Review Medicare Coverage	OA	23	N219		182

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0231	0231	Verify Enrollee Eligibility in HMO	PEND				97
0243	0243	Individual Consideration Requested	PEND				421
0244	0244	Review of Medicare remittance or EOMB	OA	16	MA04		286
0249	0249	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80		54
0249	1342	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80		54
0249	1343	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80		54
0249	1344	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80		54
0249	1351	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M86		54
0249	1355	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M86		54
0249	1372	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80		54
0249	1376	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80		54
0250	0250	Review Primary Carrier Payment	PEND				286
0251	0251	Review Blood and Coinsurance Charges	OA	66	M54		286
0252	0252	Review of Revised Medicare Coverage	PEND				171
0253	0253	Review of Coinsurance Charges	OA	2	N10		178
0254	0254	Review Pre-Op Day(s)	OA	16	MA58		258
0255	0255	Review Weekend Admission	CO	A1	N29		287
0257	0257	Length of Stay Exceed Percentile Limit	CO	151	N362		258
0258	0258	Review 21 Day Hospital Care	OA	B5	M53		258
0265	0265	Claim Priced at Zero	OA	16		85	
0266	0266	Multiple Payment Requests Exceed 21 Days	OA	B5	M86		258
0267	0267	Review Medicare Part A Coverage	OA	22	N34		52
0269	0269	Review Inpatient Surgery	OA	A1	N29		249
0275	0275	Pending Review of PA	OA	A1	M62		252
0278	0278	Review of Sterilization Consent Form	OA	16	N28		421
0280	0280	Review EPSDT Service	PEND				46
0282	0282	Review of Medicare Coinsurance Coverage	OA	16	N4		286
0283	0283	Medical Consultant Review	PEND				421
0286	0286	Review of CMM Restriction	OA	16	N130		421
0288	0288	Review Deductible Charges	OA	1	N10		421
0290	0290	Review of CMM Accident/Emergency Condition	OA	40	N130		421
0291	0291	Suspended for Budget Relief	CO	16		84	421
0295	0295	Review of Risk Screen	OA	16	N55		421
0298	0298	Review for Emergency Service for Alien	CO	40	N30		471
0300	0300	Other Payment Sources Exceed DMAS Allowable Amount	CO	23	N55		107
0301	0301	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	83	54
0301	1335	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86		54
0301	1336	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86		54
0301	1337	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86		54
0301	1349	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	83	54
0301	1353	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	83	54
0301	1371	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M80	83	54
0301	1374	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86		54
0301	1471	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M80	83	54
0302	0302	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	83	54
0302	1375	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86		54
0302	1435	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86		54
0302	1436	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86		54
0302	1437	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86		54
0302	1459	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	83	54
0302	1463	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	83	54
0303	1200	1 Service Unit Per Month - Deny	CO	119	M86		259
0303	1201	4 Service Units Per Month - Deny - Same Provider or Site	CO	119	M86		259
0303	1202	1 Service Unit Per 2 Months - Deny	CO	119	M86		259
0303	1203	1 Service Unit Per 3 Months - Deny	CO	119	M86		259
0303	1204	1 Service Unit Per 9 Months - Deny - Same Provider or Site	CO	119	M86		259
0303	1205	1 Service Unit Per 10 Months - Deny	CO	119	M86		259
0303	1206	1 Service Unit Per 11 Months - Deny	CO	119	M86		259
0303	1207	2 Service Units Per 11 Months- Deny- Same Provider or Site	CO	119	M86		259
0303	1208	5 Service Units Per 11 Months- Deny- Same Provider or Site	CO	119	M86		259
0303	1209	6 Service Units Per 11 Months- Deny	CO	119	M86		259
0303	1210	1 Service Unit Per 12 Months	CO	119	M86		259
0303	1211	1 Service Unit Per 12 Months - Deny- Same Provider or Site	CO	119	M86		259
0303	1212	1 Service Unit Per 36 Months - Deny - Same Provider or Site	CO	119	M86		259
0303	1213	1 Service Unit Per 48 Months - Deny - Same Provider or Site	CO	119	M86		259
0303	1214	2 Service Units Per 11 Months- Deny- Same Provider or Site	CO	119	M86		259
0304	0304	Procedure Related to Approved Major Procedure	OA	97	M86		446
0304	1119	Same Provider, Same Date of Service	OA	97	M86		446
0304	1120	Same Provider, Same Date of Service	OA	97	M86		446
0304	1457	Same Provider, Same Date of Service	OA	97	M86		446
0305	1121	Exceeds 5 Units- Same Provider Within 32 Days	CO	15	M62		252
0305	1458	Same Provider Within 32 Days	CO	15	M62		252
0305	0305	Services Not Authorized	CO	38	M62		84
0307	0307	Drug Not Covered for Enrollee's Age 21 or Older	CO	6	N30	85	
0308	0308	Payment Request Filed after 1 Yr Limit Not Justified	CO	29	N29	81	107
0309	0309	Services Not Covered	CO	96	N30		454

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0310	0310	This service is covered fully by Medicare	OA	23	N219		182
0313	0313	Bill Any Other Available Insurance	CO	22	MA04	41	171
0315	0315	Unlisted Procedure; Not Explained	OA	16	N29		454
0316	1123	\$5,000.00 Max Per Fiscal Year	CO	97	M86		421
0316	1124	Exceeds \$5,000.00 Per Calendar Year	CO	97	M86		421
0316	1128	\$5,000.00 Max Per Fiscal Year	CO	97	M86		258
0316	0316	Maximum Payment Previously Made	CO	B13	M86		67
0318	0318	Enrollee Not Eligible on DOS	CO	31	N30	65	88
0325	1125	Exceeds 12 Units Per Calendar Year	CO	119	M86		258
0325	1126	Exceeds 720 Units Per Calendar Year	CO	119	M86		258
0325	1147	Exceeds 720 Units Per Calendar Year	CO	119	M86		258
0326	0326	Non-Legend Drug	OA	125		70	
0330	0330	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	OA	18	M80		54
0330	1377	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	OA	18	M80		54
0330	1442	Duplicate of History File Record, Same Provider, Overlapping DOS	OA	18	M80		54
0330	1443	Duplicate of History File Record, Same Provider, Overlapping DOS	OA	18	M80		54
0330	1444	Duplicate of History File Record, Same Provider, Overlapping DOS	OA	18	M80		54
0330	1461	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	OA	18	M86		54
0330	1465	Duplicate of History File Record, Same Provider, Overlapping DOS	OA	18	M86		54
0330	1472	Duplicate of History File Record, Same Provider, Overlapping DOS	OA	18	M80		54
0338	0338	Bill Type 112/113 for Adults Must = 21 Days	CO	151	M53		258
0339	0339	Hysterectomy Certificate Not Acceptable	OA	16	N3		21
0340	0340	Abortion Certificate Not Acceptable	OA	16	N3		21
0341	0341	Sterilization Consent Form Not Acceptable	OA	16	N3		21
0342	0342	Insufficient Data Available/Illegible	OA	16	N3		21
0344	0344	Bill Medicare Part B for Coverage; Rebill on Title 18 Invoice	OA	109	N34		52
0349	0349	Sterilization Consent Form Needed	OA	16	N3		21
0350	0350	Info Rec Not Signed in Advance	OA	B5	N3		467
0352	0352	Only Paid Payment Requests Can be Adjusted/Voided	OA	129	N142		107
0353	0353	Incorrect Provider Number	OA	B7	N257		132
0355	0355	Payment Request Too Old to Adjust or Void	CO	29	N182	81	107
0356	0356	To Adjust Payment, Submit Adjustment Request	OA	129	N152	85	122
0360	1122	Same Provider, Same Date of Service	OA	97	M86		446
0360	1453	Any Provider, Within 91 Days	OA	97	M86		446
0360	1454	Any Provider, Same Date of Service	OA	97	M86		446
0360	1014	Same Provider, Same Date of Service	OA	97	M86		446
0362	0362	Service Limit Exception Not Substantiated	CO	A1	N29		258
0364	0364	Primary carrier payment equals or exceeds DMAS' Allowed Amount.	CO	23	N219	74	182
0366	0366	Authorized Number of Refills Exceeded	CO	16	M53	76	
0367	0367	Bill Medicare	CO	109	N34		52
0369	0369	Use 80 81 82 in Block 24D to Indicate Assistant	OA	125	N55		21
0370	0370	Wrong Procedure Code Billed	OA	125	M67		454
0370	1031	Same Provider, Same Date of Service	OA	125	N56		454
0370	1449	Wrong Procedure Code Billed	OA	125	M51		454
0371	0371	Wrong Procedure/Wrong Claim Type	OA	125	N34		454
0372	0372	Enrollee Name and ID number Do Not Match	OA	140		62	
0373	0373	Provider not authorized to bill these services	CO	B7	N95		91
0374	0374	Duplicate HMO Copay Payment Request	OA	18	M86	83	54
0374	1456	Same Provider, Same Date of Service	OA	18	M86		446
0374	1015	Any Provider, Same Date of Service	OA	125	M51		446
0375	0375	Requested Information Not Received	OA	16	N29		95
0376	0376	Procedure Performed Not Clearly Identified	OA	16	N65		21
0377	0377	Enrollee Below Min Age for Consent Signature	CO	6	N28		475
0378	0378	Sterilization Done Outside Consent Time Limits	CO	B5	N28		187
0379	0379	Date of Service Does Not Match Original Payment Request	OA	129	MA31		187
0380	0380	Bill Nursing Home for this Service	OA	109	N106		107
0382	0382	Maint Dose/Duration Exceeded - Give Diagnosis	CO	16		85	
0383	1045	Two Service Units Per Month	CO	15	M86		258
0383	1046	Three Service Units Per Month	CO	15	M86		258
0383	1047	Four Service Units Per Month	CO	15	M86		258
0383	1048	Five Service Units Per Month	CO	15	M86		258
0383	1049	Six Service Units Per Month	CO	15	M86		258
0383	1050	Eight Service Units Per Month	CO	15	M86		258
0383	1051	Ten Service Units Per Month	CO	15	M86		258
0383	1052	Eleven Service Units Per Month	CO	15	M86		258
0383	1053	Twelve Service Units Per Month	CO	15	M86		258
0383	1054	Thirteen Service Units Per Month	CO	15	M86		258
0383	1055	Fifteen Service Units Per Month	CO	15	M86		258
0383	1056	Twenty Service Units Per Month	CO	15	M86		258
0383	1057	Thirty Service Units Per Month	CO	15	M86		258
0383	1058	Thirty Service Units Per Month	CO	15	M86		258
0383	1059	Sixty Service Units Per Month	CO	15	M86		258
0383	1060	Seventy Five Service Units Per Month	CO	15	M86		258
0383	1061	Ninety Service Units Per Month	CO	15	M86		258

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0383	1062	One Hundred Service Units Per Month	CO	15	M86		258
0383	1063	One Hundred Twenty Service Units Per Month	CO	15	M86		258
0383	1064	One Hundred Eighty Service Units Per Month	CO	15	M86		258
0383	1066	Fourteen Service Units Per Month	CO	15	M86		258
0383	1067	Sixty Service Units Per Two Months	CO	15	M86		258
0383	1068	Sixty Two Service Units Per Two Months	CO	15	M86		258
0383	1069	Sixty Two Service Units Per Year	CO	15	M86		258
0383	1070	Fifty Service Units Per Month	CO	15	M86		258
0383	1071	One Service Unit Per Three Months	CO	15	M86		258
0383	1072	One Service Unit Per Sixty Months	CO	15	M86		258
0383	1073	Two Service Units Per Three Months	CO	15	M86		258
0383	1074	Ninety Three Service Units Per Year	CO	15	M86		258
0383	1077	One Service Unit Per Six Months	CO	15	M86		258
0383	1078	One Hundred Eighty Service Units Per Year	CO	15	M86		258
0383	1079	One Hundred Eighty Six Service Units Per Six Months	CO	15	M86		258
0383	1080	Thirty One Service Units Per Year	CO	15	M86		258
0383	1081	One Service Unit Per Twelve Months	CO	15	M86		258
0383	1082	Three Service Units Per Twelve Months	CO	15	M86		258
0383	1083	Four Service Units Per Twelve Months	CO	15	M86		258
0383	1084	Twelve Service Units Per Twelve Months	CO	15	M86		258
0383	1085	Three Hundred Sixty Five Service Units Per Twelve Months	CO	15	M86		258
0383	1086	Three Hundred Sixty Six Service Units Per Twelve Months	CO	15	M86		258
0383	1087	Three Hundred Seventy Two Service Units Per Twelve Months	CO	15	M86		258
0383	1088	Two Service Units Per Twenty Four Months	CO	15	M86		258
0383	1089	One Service Unit Per Thirty Six Months	CO	15	M86		258
0383	1093	One Service Unit Per One Month	CO	15	M86		258
0383	1094	Three Service Units Per Calendar Year	CO	15	M86		258
0383	1095	Fourteen Service Units Per Calendar Year	CO	15	M86		258
0383	1099	Two Units Per Twelve Months	CO	15	M86		258
0383	1100	Three Units Per Two Months	CO	15	M86		258
0383	1101	One Unit Per Twenty Four Months	CO	15	M86		258
0383	1102	Two Units Per Sixty Months	CO	15	M86		258
0383	1103	Six Units Per Twelve Months	CO	15	M86		258
0383	1105	Four Service Units Per Thirty Six Months	CO	15	M86		258
0383	1144	60 Units Per Calendar Year	CO	15	M86		258
0383	1145	2 Units Per Calendar Year	CO	15	M86		258
0383	1146	4 Units Per 3 Months	CO	15	M86		258
0383	1163	3 Units Per 3 Days	CO	15	M86		258
0383	1164	14 Units Per 14 Days	CO	15	M86		258
0383	1165	120 Units Per 120 Days	CO	15	M86		258
0383	1166	93 Units Per 3 Months	CO	15	M86		258
0383	1167	124 Units Per 4 Months	CO	15	M86		258
0383	1168	93 Units Per Year	CO	15	M86		258
0383	1316	124 Service Units Per Year	CO	15	M86		258
0385	0385	Re-bill on Title XVIII Invoice	OA	125	N34		122
0386	0386	Requested Primary Carrier Remittance Not Attached	CO	16	N29	85	286
0387	0387	Review of Medicare Coinsurance Coverage	OA	23	N4	13	285
0390	0390	More Than Three Sessions in Seven Days	CO	119	M86		259
0391	0391	Procedure Code Expired On Service Date	OA	16	N56		454
0394	0394	Drug Not Covered	CO	96		70	
0396	0396	Adjustment Denied- Original Payment Request is Not on File	OA	129	MA61	87	35
0397	0397	Void Denied- Original Payment Request is Not on File	OA	129	MA61	87	35
0398	0398	DESI Drug - Federal Funds Not Available	CO	56			
0399	0399	Multiple Errors	OA	125	MA130	85	421
0400	0400	Duplicate Rx Number/Different Drug Code	OA	18		83	
0401	0401	Charges Exceed Maximum Allowance	CO	42	M80	78	
0402	0402	Number of Days Exceed Medicare Allowable	CO	151	M53		258
0403	0403	NDC Not Covered	CO	96	N30	70	
0406	0406	Provider Not Approved for POS	CO	B7	N95	85	
0407	0407	No Bill Type 112	OA	107	MA30		228
0408	0408	21 Day Hospital Care Limit Exceeded	CO	151	M53		258
0409	0409	Medical Justification Not Indicated on Invoice	CO	A1	N29		21
0410	0410	Documentation Not Received	CO	16	N29		95
0411	0411	Resubmit Invoice with Supporting X-rays	CO	16	N40		318
0413	0413	Wrong X-ray Combination Use Code 00212	OA	125	N56		454
0415	0415	Servicing provider ID is not the approved provider.	OA	38	N290		25
0416	0416	Break in Date of Service for DRG Bill Type	CO	125	M59		188
0418	0418	ER RPH CALL 800-932-6648 FOR PA	CO	16		79	
0419	0419	Not an emergency and Not CMM Provider ID	CO	40	N55	M2	471
0420	0420	Not an Emergency and Not Primary Pharmacy	CO	40	N55	M2	
0421	0421	CMM Emergency Not Substantiated	CO	40	N29		471
0423	0423	NDC Not on File, Check NDC	OA	125	M119	54	
0424	0424	Provider not certified to bill unit dose.	CO	B7	N95	50	
0426	0426	Service May Be Covered Under Another Code	OA	125	N56		454
0428	0428	21 Day - 60 Day Exceeded Same Diagnosis	CO	119	M86		258
0430	0430	Procedure Must Be Billed Within 15 Days	CO	107	M58		21
0430	1140	Procedure Must Have Other Procedure Billed First	OA	107	M51		21

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0430	1142	Procedure Must Have Other Procedure Billed First	OA	107	M51		21
0432	0432	Quantity Per Ingredient	CO	16		ED	
0434	0434	Dosage? Advise VMAP/Resubmit	CO	16			221
0435	0435	Invalid Drug Code for Compound Rx	CO	16		70	
0436	0436	Hours/ Days Billed > Hours/ Days Approved	CO	151	M53		258
0440	0440	Previously Denied by DMAS - UR	CO	18	M86		421
0441	0441	Admission not justified	CO	A1	N29		287
0442	0442	Admission Not Justified > 3 < 8 Days LOS	CO	A1	N29		287
0443	0443	Requested Info Insufficient/Not Acceptable	CO	16	N29	85	122
0444	0444	Medicare Remittance (EOMB) Not Attached	OA	16	MA04		286
0447	0447	Procedure Not Authorized for This Patient	CO	15	M62		84
0448	0448	Neonatal/Nurse Days Not Allowed Patient over 3 Years	CO	6	N30		475
0449	0449	Adult/ Neonatal days are Not Allowed on the Same Invoice	CO	125	N15		102
0450	0450	Service Not Authorized for Alien	CO	40	N30		471
0451	0451	Two Nursery Revenue Codes on the Same Invoice	CO	151	M53		455
0452	0452	Overlapping Program Eligibilities	CO	B5	N36		188
0453	0453	Enrolled in HMO	CO	109	MA92	M1	88
0454	0454	Payment Request Exceeds 31-Day Billing Limit	CO	A1	N182		258
0455	0455	Enrolled In VALTC HMO	CO	109	MA92		88
0456	0456	Enrollee Not Covered for This Service	CO	96	N30	M1	88
0457	0457	Possible Retroactive Coverage, Send Letter From Social Services	CO	29	N29	85	421
0459	0459	Valid Risk screen not attached.	CO	16	N80		421
0461	0461	Units/Visits/Studies Not Equal Days	OA	125	M53		258
0462	0462	Identify Each Ingredient with NDC	CO	125		EC	
0464	0464	Invalid Drug Code; Not a Compound	CO	125		85	
0466	0466	Invalid payment request for HMO provider	CO	B7	N34		91
0469	0469	Submitted Documents Not Suitable for Review	OA	16	N225		21
0470	0470	Not Covered/Nursing Facility Supply Item	CO	96	N30	63	
0471	0471	Not Eligible for MICC Service on Date of Service	CO	96	N30		88
0472	0472	Enrollee Not Authorized for MICC Service	CO	15	M62		252
0475	0475	Adjustment Denied, Patient Status Cannot Change	OA	125	MA43		234
0480	0480	Provider not CLIA certified to perform procedure	CO	B7	MA120		91
0481	0481	Nursing Home Patient; PA required	CO	15	M62		252
0482	0482	Unable to Validate Enrollee in HMO	CO	125	N52		88
0483	0483	Prior Authorization Approval is Pending	CO	A1	M62		252
0485	0485	Authorization by medallion PCP not indicated	CO	16	N286		252
0486	0486	Units Billed Exceeds Units Authorized	CO	A1	M53	75	258
0487	0487	Patient Payment Greater Than Charge	PR	23	MA10		183
0488	0488	Resubmit with CMM Referral Form	CO	16	N29		48
0489	0489	CMM Referral Form Not Acceptable	CO	16	N225		48
0490	0490	**EPSDT condition code missing or not valid.	OA	16	M44		21
0491	0491	Included in Capitation Rate for LTC PCP/PACE	CO	24	M86	AF	107
0492	0492	Medicare Paid 100% of Allowed Charges	OA	23	N219		182
0493	0493	Prescribing Physician Not on File	OA	16		25	
0495	0495	Other insurance information is missing	CO	16	N48		171
0496	0496	CMN Required	CO	16	N29	85	48
0497	0497	CMM Emergency Not Substantiated	CO	40	N29		471
0498	0498	CMM Emergency Documentation Not Received	CO	16	N29		95
0501	0501	The Procedure Code/Bill Type Is Inconsistent With Place Of Service	OA	5			
0502	0502	The Procedure Code Is Inconsistent With The Patient's Age	OA	6			
0503	0503	The Procedure Code Is Inconsistent With The Patient's Sex	OA	7			
0504	0504	The Procedure Code Is Inconsistent With The Provider Type	OA	8			
0505	0505	The Diagnosis Is Inconsistent With The Patient's Age	OA	9			
0506	0506	The Diagnosis Is Inconsistent With The Patient's Sex	OA	10			
0507	0507	The Diagnosis Is Inconsistent With The Procedure Code	OA	11			
0508	0508	The Diagnosis Is Inconsistent With The Provider Type	OA	12			
0509	0509	The Date Of Death Precedes The Date Of Service	OA	13			
0510	0510	The Date Of Birth Follows The Date Of Service	OA	14			
0511	0511	Authorization Number Is Missing/Invalid	OA	15			
0512	0512	Claim/Service Lacks Information Which Is Needed For Adjudication	OA	16			
0513	0513	Requested Information Missing/Incomplete	OA	16			
0514	0514	Duplicate Claim/Service	OA	18			
0515	0515	Claim Denied due to Workmen's Comp	OA	19			
0516	0516	Claim Denied Due To Injury/Illness Covered By The Liability Carrier	OA	20			
0517	0517	Claim Denied Because Injury/Illness Is Liability Of No-Fault Carrier	OA	21			
0518	0518	Denied Service May Be Covered By Another Payer	OA	22			
0519	0519	Payment Adjusted Because Charges Have Been Paid By Another Payer	OA	23			
0520	0520	Service Covered Under A Capitation Agreement/Managed Care Plan	OA	24			
0521	0521	Date of service prior to Effective Date	OA	26			
0522	0522	Expenses Incurred After Coverage Terminated	OA	27			
0523	0523	Timely Filing	OA	29			
0524	0524	Denied not a covered enrollee	OA	31			
0525	0525	Dependent Is Not An Eligible Dependent As Defined	OA	32			
0526	0526	Claim Denied. Insured Has No Dependent Coverage	OA	33			
0527	0527	Denied no newborn coverage	OA	34			
0528	0528	Benefit Maximum Has Been Reached	OA	35			
0529	0529	Services Not Provided Or Authorized By Designated (Network) Providers	OA	38			

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0530	0530	Services Denied At Time Authorization/Pre-Certification Was Requested	OA	39			
0531	0531	Charges Do Not Meet Qualifications For Emergent/Urgent Care	OA	40			
0532	0532	Charges Exceed Our Fee Schedule Or Maximum Allowable Amount	OA	42			
0533	0533	Charges Exceed Your Contracted/ Legislated Fee Arrangement	CO	45			
0534	0534	Diagnosis Is (Are) Not Covered, Missing, Or Are Invalid	OA	47			
0535	0535	Non-Covered Services: Routine Procedure Done At Time Of Routine Exam	OA	49			
0536	0536	Non-Covered Services Because Not Deemed 'Medical Necessity' By Payer	OA	50			
0537	0537	These Are Non-Covered Services Because Pre-Existing Condition	OA	51			
0538	0538	Provider Inconsistent with Service	OA	185			
0539	0539	Services By Immed Relative Or Member Of Same Household Not Covered	OA	53			
0540	0540	Multiple Physicians/Assistants Are Not Covered In This Case	OA	54			
0541	0541	Denied Because It Is Deemed Experimental/Investigation By The Payer	OA	55			
0542	0542	Less Than Effective Treatment/Service.	OA	56			
0543	0543	Services) Not Justified	OA	16			
0544	0544	Inappropriate Or Invalid Place Of Service	OA	58			
0545	0545	Charges Are Adjusted Based On Multiple Surgery Rules	OA	59			
0546	0546	Outpatient Services With Proximity To Inpatient Services Not Covered	OA	60			
0547	0547	Charges Adjusted For Failure To Obtain Second Surgical Opinion	OA	61			
0548	0548	Payment Denied/Reduced Authorization Missing Or Exceeded	OA	62			
0549	0549	Primary Payer Amount	OA	71			
0550	0550	Non-Covered Days/Room Charge Adjustment	OA	78			
0551	0551	Interest Amount	OA	85			
0552	0552	Benefits Adjusted. Plan Procedures Not Followed	OA	95			
0553	0553	Non-Covered Charges	OA	96			
0554	0554	Payment Is Included In The Allowance For Another Service/Procedure	OA	97			
0555	0555	Payment Made To Patient/Insured/Responsible Party	OA	100			
0556	0556	Payment Upon Completion Of Services Or Claim Adjudication	OA	101			
0557	0557	Invalid Claim Submission Sequence	OA	107			
0558	0558	Payment Reduced Because Rent/Purchase Guidelines Were Not Met	OA	108			
0559	0559	You Must Send The Correct Claim To Correct Payer	OA	109			
0560	0560	Billing Date Predates Service Date	OA	110			
0561	0561	Not Covered Unless The Provider Accepts Assignment	OA	111			
0562	0562	Service not performed for patient	OA	112			
0563	0563	Denied Because Service Provided Outside U.S. Or As A Result Of War	OA	113			
0564	0564	Procedure/Product Not Approved By The Food And Drug Administration	OA	114			
0565	0565	Payment Adjusted As Procedure Postponed Or Canceled	OA	115			
0566	0566	Advance Indemnification Notice Did Not Comply With Requirements	OA	116			
0567	0567	Adjustment Because Transportation Only Covered To Closest Facility	OA	117			
0568	0568	Benefit Maximum For This Time Period Has Been Reached	OA	119			
0569	0569	Payment Adjusted Due To A Submission/Billing Errors	OA	125			
0570	0570	Newborn's Services Are Covered In The Mother's Allowance	OA	128			
0571	0571	Payment Denied - Prior Processing Information Appears Incorrect	OA	129			
0572	0572	The Disposition Of This Claim/Service Is Pending Further Review	OA	133			
0573	0573	Claim Denied. Interim Bills Cannot Be Processed	OA	135			
0574	0574	Claim Adjusted. Plan Procedures Of A Prior Payer Were Not Followed	OA	136			
0575	0575	Claim Denied. Appeal Procedures Not Followed Or Time Limits Not Met	OA	138			
0576	0576	Patient/Insured Health Identification Number and Name Do Not Match	OA	140			
0577	0577	Dates Spans Eligible And Ineligible Periods Of Coverage	OA	141			
0578	0578	Diagnosis Was Invalid For The Dates Of Service Reported.	OA	146			
0579	0579	Provider Contracted/Negotiated Rate Expired Or Not On File.	OA	147			
0580	0580	Info. From Another Provider Not Provided/Insufficient/Incomplete	OA	148			
0581	0581	Claim Denied; Ungroupable Drug	OA	A8			
0582	0582	Non-Covered Visits.	OA	B1			
0583	0583	Coverage/Program Guidelines Were Not Met Or Were Exceeded.	OA	B5			
0584	0584	Payment Is Adjusted When Performed/Billed By This Type Of Provider	OA	B6			
0585	0585	Provider Not Certified/Eligible For This Service On Date Of Service.	OA	B7			
0586	0586	Not Covered/Reduced, Alternative Services Available But Not Utilized.	OA	B8			
0587	0587	Services Not Covered Because The Patient Is Enrolled In A Hospice.	OA	B9			
0588	0588	Allowed Amt Reduced, A Component Of The Basic Procedure/Test Was Paid	OA	B10			
0589	0589	Claim Transferred To The Proper Payer/Processor For Processing.	OA	B11			
0590	0590	Services Not Documented In Patients' Medical Records.	OA	B12			
0591	0591	Duplicate	OA	B13			
0592	0592	Only One Visit Or Consultation Per Physician Per Day.	OA	B14			
0593	0593	Pynt Adjusted Because This Procedure/Service Is Not Paid Separately.	OA	B15			
0594	0594	Not Prescribed By Doctor, Prior To Delivery, Or Prescription Invalid	OA	B17			
0595	0595	Procedure Code/Modifier Invalid On Date Of Service	OA	16			
0596	0596	Service Was Partially Or Fully Furnished By Another Provider.	OA	B20			
0597	0597	This Payment Is Adjusted Based On The Diagnosis.	OA	B22			
0598	0598	Provider Failed An Aspect Of A Proficiency Testing Program.	OA	B23			
0600	0600	Reduced No Medical Necessity For Weekend Admission	CO	150	N29		287
0602	0602	Pre-Op Day(s) Not Justified	CO	A1	N29		287
0603	0603	Days Reduced - No Medical Necessity For Weekend Admission	CO	150	N19		287
0604	0604	No Accident/Medical Emergency Related	CO	40	N10		107
0605	0605	Length Of Stay Not Medically Justified	CO	A1	N29		258
0606	0606	Multiple Claims Exceed 21 Days	CO	119	M86		258
0607	0607	Outpatient Procedure Not Justified as Inpatient	CO	58	N29		107
0608	0608	Payments Reduced. Documents Illegible-Emergency Room	CO	40	N225		21

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0609	0609	Reduction Of LOS	CO	203	M86		258
0610	0610	Consent Form Must be Signed and Dated by Enrollee Prior to Surgery	CO	16	N28		467
0611	0611	Statement of Person Obtaining Consent Not Completed	CO	16	N28		21
0613	0613	Physician's Statement on DMAS 3004 Not Filled in Completely	CO	16	N28		21
0614	0614	ProDUR Pregnancy Alert	CO	B5		88	
0615	0615	Reduced - Unjustified Delay of Service	CO	45	N35		421
0620	0620	Reduced - Weekend Admission LOS Not Justified	CO	A1	N10		107
0621	0621	298 Not Emergency Coverage For Alien	CO	40	N10		107
0623	0623	Reduced - Letter Of Explanation Sent	CO	150	M118		107
0624	0624	ProDUR Age Alert	CO	B5		PA	
0625	0625	Abortion Certification Not Acceptable	CO	16	N28		122
0626	0626	Out of State Provider Billing Neonatal Revenue Code	CO	B5	M50		91
0627	0627	Days Reduced - Rehab Not Acute Care	CO	A1	N10		258
0628	0628	Days Reduced - Non-Covered Service	CO	A1	N10		258
0629	0629	Certification of Medical Necessity for Abortion Required	CO	16	N28		21
0630	0630	Reduced - >3<8 LOS Not Justified	CO	A1	N10		287
0631	0631	Reduced - >3<8 & Over % LOS Not Justified	CO	40	N10		287
0632	0632	Claim reduction related to manual review by DMAS staff.	CO	203	N10		107
0634	0634	Days/Units Paid Reduced To Days/Units Authorized on PA File	CO	15	N10		258
0635	0635	Max Days/Units Exceeded - Payment Reduced	CO	151	M53		258
0636	0636	ProDUR High Dose Alert	CO	B5		HD	
0637	0637	Approved TDO/LOS Not Justified	CO	A1	N29		194
0638	0638	Payment Reduced to Days/Units Eligible	CO	151	M53		258
0639	0639	Payment Reduced to Units Authorized	CO	119	M62		258
0640	0640	No Payment Due to Non-Eligibility	CO	31	N30		88
0641	0641	Pymt Made Based On Denied INPAT PA					
0642	0642	Pre-Op Day(s) Not Justified	CO	A1	N29		287
0643	0643	ProDUR Low Dose Alert	CO	B5		88	
0644	0644	Referred By CMM PCP Non ER	CO	40	N381		48
0645	0645	Payment reduces. Non-emergency services in the emergency room.	CO	40	N381		471
0647	0647	Payment For Non-ER Services at Standard % Rate	CO	40	N381		471
0648	0648	ER Claim Reduced. Documentation Does Not Justify	CO	40	N225		471
0649	0649	Reduced Payment for Non-Emergency Services/No Documentation	CO	40	N29		471
0650	0650	Approved - 218	CO	45	N10		421
0651	0651	Approved - 257	CO	45	N10		421
0654	0654	Approved - 254	CO	45	N10		421
0655	0655	Approved - 269	CO	45	N10		421
0657	0657	Approved - 249	CO	45	N10		421
0658	0658	Approved - 257/218	CO	45	N10		421
0659	0659	Approved - 258	CO	45	N10		421
0660	0660	Approved - 266	CO	45	N10		421
0661	0661	Please Complete All Portions of DMAS 3004 and Resubmit	CO	16	N3		421
0662	0662	Approved - 255	CO	45	N10		421
0663	0663	Approved - 276	CO	45	N10		421
0664	0664	Approved - 277	CO	45	N10		421
0665	0665	Approved-278	CO	45	N10		421
0666	0666	Approved-280	CO	45	N10		421
0667	0667	Approved-281	CO	45	N10		421
0668	0668	Approved-220	CO	45	N10		421
0671	0671	Approved - 298	CO	45	N10		421
0672	0672	Approved minus BTL charges	CO	150	N381		421
0673	0673	Approved > 3 < 8 LOS	CO	45	N10		421
0674	0674	Approved > 3 < 8 & over % LOS	CO	45	N10		421
0675	0675	ProDUR Drug / Drug Alert	CO	16		88	
0677	0677	Approved TDO	CO	45	N10		421
0678	0678	ProDUR Under Utilization	CO	16		88	
0680	0680	Paid- CMM Affiliation	CO	16	N381	P1	
0681	0681	Invalid CAS Adjustment Reason	OA	16	M56		
0683	0683	Procedure added due to rebundling by ClaimCheck	CO	125	N22		421
0684	0684	Approved to bypass ClaimCheck	CO	45	N10		421
0685	0685	Procedure Rebundled Into Another Procedure by ClaimCheck.	CO	125	M15		12
0687	0687	Multiple Surgery Procedure Void by ClaimCheck	CO	125	M15		12
0688	0688	Multiple Surgery Payment Reduction by ClaimCheck	CO	125	M15		70
0689	0689	LOA Days Cutback to Limit	CO	119	N43		258
0690	0690	Thru date of service defaulted to from date of service	OA	16	M59		421
0691	0691	Units Billed Cutback to Limit	CO	151	M53		258
0692	0692	ProDUR Drug / Disease	CO	16		88	
0693	0693	ProDUR Drug Allergy	CO	16		88	
0694	0694	Limitation Audit - One Dispensing Fee Per Month For LTC Enrollees	CO	16		P1	
0695	0695	Consent Form Must be Signed by Provider	CO	16	N28		466
0696	0696	Interpreter's Statement Not Filled in Completely	CO	16	N28		21
0697	0697	Physician Statement Not Completed by Performing Physician	CO	16	N28		21
0698	0698	Approved CMM emergency services	CO	45	N10		421
0699	0699	Approved 223 (Emergency Paid)	CO	45	N10		421
0701	0701	Review Medicare Coverage	PEND				52
0703	0703	Hospital Out of State Review	PEND				421
0705	0705	Pending Review of CSA Rate	PEND				421

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0706	0706	Invalid Third Diagnosis	CO	146	M64		488
0707	0707	Invalid Fourth Diagnosis	CO	146	M64		488
0708	0708	Invalid Fifth Diagnosis	CO	146	M64		488
0709	0709	Invalid Sixth Diagnosis	CO	146	M64		488
0710	0710	Invalid Seventh Diagnosis	CO	146	M64		488
0711	0711	Invalid Eighth Diagnosis	CO	146	M64		488
0712	0712	Invalid Ninth Diagnosis	CO	146	M64		454
0713	0713	Second Other Procedure Code Invalid	OA	125	M67		490
0714	0714	Third Other Procedure Code Invalid	OA	125	M67		490
0715	0715	Fourth Other Procedure Code Invalid	OA	125	M67		490
0716	0716	Fifth Other Procedure Code Invalid	OA	125	M67		490
0717	0717	First Other Procedure Date Is Missing or Invalid	OA	125	M67		492
0718	0718	Second Other Procedure Date is Missing or Invalid	OA	125	M67		492
0719	0719	Third Other Procedure Date is Missing or Invalid	OA	125	M67		492
0720	0720	IEP Procedures Allowed Twice Per Year	CO	119	M86		259
0721	0721	IEP Proc Not Allowed Unless SK NSG/Therapy Billed	CO	107	M51		454
0722	0722	First and Second IEP Must Both Be Billed	CO	107	N29		21
0723	0723	Daily Skilled Nursing Limit Exceeded	CO	119	M86		259
0723	1136	Skilled Nursing Limit Exceeded	CO	119	M86		259
0723	1137	Skilled Nursing Limit Exceeded	CO	119	M86		259
0723	1138	Skilled Nursing Limit Exceeded	CO	119	M86		259
0724	0724	Admit Type is Missing or Invalid	OA	16	MA41		21
0725	0725	Pend Review of Service/PCP Referral for CMM	OA	16	N55		48
0727	0727	Invalid Provider Number (Adjustment/Void)	OA	16	N257		132
0728	0728	Invalid Enrollee Number (Adjustment/Void)	OA	31	N30		153
0729	0729	Servicing Provider Not on File	OA	16	N290		132
0730	0730	Servicing Provider Not Member of Group	OA	38	N55		132
0731	0731	Servicing Provider Not Eligible on DOS	OA	B7	N290		132
0732	0732	Servicing Provider Invalid	OA	125	N290		132
0733	0733	Admitting Diagnosis Missing or Invalid	OA	125	MA65		232
0734	0734	Covered Days Entered Exceed Statement Period	OA	16	M53		456
0735	0735	Invalid Procedure Code for Anesthesia Services	OA	125	N56		262
0736	0736	Invalid Surface Code/Procedure	OA	125	N81		240
0738	0738	Procedure Modifier Disagrees with PA Modifier	OA	4	N56		453
0739	0739	Personal Care Begin Date After From Date of Service	OA	125	MA100		192
0740	1038	Same Procedure, Same Day, Different Modifiers	OA	18	M86		453
0740	0740	Same Procedure, Same Day, Different Modifiers	OA	18	M86		453
0740	1253	Same Procedure, Same Day, Different Modifiers	OA	18	M86		453
0740	1254	Same Procedure, Same Day, Different Modifiers	OA	18	M86		453
0740	1255	Same Procedure, Same Day, Different Modifiers	OA	18	M86		453
0741	0741	PA Units/Dollars vs. Limit Edit Type	OA	18	M86		21
0742	0742	Multiple Bill Type 114s for a Hospital Stay	CO	A1	MA30		228
0743	0743	Components Not Allowed When Global Has Been Paid - Med Svcs	OA	97	M86		446
0744	0744	Inpatient Respite Care Requires Home Care	CO	107	N29		107
0745	0745	One Service Unit Per Month -Pend-	CO	119	M86		259
0745	1281	8 Service Units Per Month - PA Override	CO	119	M86		259
0745	1282	1 Service Unit Per 2 Months - PA Override	CO	119	M86		259
0745	1283	3 Service Units Per 2 Months - PA Override	CO	119	M86		259
0745	1284	4 Service Units Per 2 Months - PA Override	CO	119	M86		259
0745	1285	5 Service Units Per 2 Months - Pa Override	CO	119	M86		259
0745	1286	1 Service Unit Per 3 Months - PA Override	CO	119	M86		259
0745	1287	1 Service Unit Per 6 Months - PA Override	CO	119	M86		259
0745	1288	2 Service Units Per 6 Months-PA Override	CO	119	M86		259
0745	1289	1 Service Unit Per 12 Months - PA Override	CO	119	M86		259
0745	1290	2 Service Units Per 12 Months-PA Override	CO	119	M86		259
0745	1291	4 Service Units Per 12 Months - PA Override	CO	119	M86		259
0745	1292	6 Service Units Per 12 Months - PA Override	CO	119	M86		259
0745	1293	1 Service Unit Per 24 Months - PA Override	CO	119	M86		259
0745	1294	2 Service Units Per 24 Months - PA Override	CO	119	M86		259
0745	1295	1 Service Unit Per 36 Months - PA Override	CO	119	M86		259
0745	1296	1 Service Unit Per 36 Months - PA Override	CO	119	M86		259
0745	1297	2 Service Units Per 36 Months - PA Override	CO	119	M86		259
0745	1298	1 Service Unit Per 60 Months - PA Override	CO	119	M86		259
0745	1299	1 Service Per 60 Months - PA Override	CO	119	M86		259
0745	1300	2 Service Units Per 60 Months - PA Override	CO	119	M86		259
0745	1301	2 Service Units Per 60 Months - PA Override	CO	119	M86		259
0746	0746	Exceeds Five-in-a-lifetime limitation	CO	119	M86		259
0747	1345	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	OA	18	M86		54
0747	1346	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	OA	18	M86		54
0747	1347	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	OA	18	M86		54
0747	1348	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	OA	18	M86		54
0747	1352	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	OA	18	M86		54
0747	1356	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	CO	119	M86		54
0747	0747	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	OA	B20	M86		54
0748	0748	Duplicate of History File Record, Different Provider, Overlapping Dates of	OA	18	M86		54
0748	1445	Duplicate of History File Record, Different Provider, Overlapping DOS	OA	18	M86		54
0748	1446	Duplicate of History File Record, Different Provider, Overlapping DOS	OA	18	M86		54

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0748	1447	Duplicate of History File Record, Different Provider, Overlapping DOS	OA	18	M86		54
0748	1448	Duplicate of History File Record, Different Provider, Overlapping DOS	OA	18	M86		54
0748	1462	Duplicate of History File Record, Different Provider, Overlapping Dates of	OA	18	M86		54
0748	1466	Duplicate of History File Record, Different Provider, Overlapping DOS	OA	18	M86		54
0750	0750	The deductible amount is invalid	OA	1	M49		21
0751	0751	EMC Title 18 Adjustment/Void Not Allowed	OA	125	M152		107
0752	0752	Missing HMO Claim Number	OA	16	MA61	DZ	21
0753	0753	Fourth Other Procedure Date is Missing or Invalid	OA	125	M67		492
0754	0754	Fifth Other Procedure Date is Missing or Invalid	OA	125	M67		492
0755	0755	Enrollee Name Missing	OA	16		62	
0756	0756	Billing Provider is Not a Group Provider	CO	38	N55		91
0757	0757	Servicing Provider Cannot Be a Group Provider	CO	38	N55		91
0758	0758	Provider Cannot Bill as an Individual	CO	38	N55		421
0760	0760	Claim Created by ClaimCheck	CO	6	N129		421
0761	0761	Claim Created by ClaimCheck for Proc/Sex Conflict	CO	7	MA39		474
0762	0762	ClaimCheck Duplicate Edit Claim	CO	18	M86		421
0763	0763	ClaimCheck Selection Pre Op	CO	7	M86		421
0764	0764	ClaimCheck Selection Post Op	CO	7	M86		474
0765	0765	ClaimCheck Selection Post Op	CO	7	M86		474
0770	0770	Equipment Repair Service Limit - 4 Per Year	CO	119	M86		259
0771	0771	Suction Purchase Service Limit - 2 Every 36 Months	CO	119	M86		259
0772	0772	Nebulizer Service Limit - 1 Every 36 Months	CO	119	M86		259
0773	0773	Admitting Diagnosis Missing or Invalid	OA	16	M56		21
0777	0777	Prof/Tech Component Not Payable	OA	16	N55		453
0780	0780	Invalid Procedure/Procedure Modifier School Psych Services	OA	4	N56		453
0781	0781	Family Planning Waiver	OA	107	N29		21
0782	0782	Workers Compensation State Fee Schedule Adjustment	OA	W1			
0783	0783	Other Denial Reason					
0784	0784	Other Denial Reason					
0785	0785	Other Denial Reason					
0786	0786	Other Denial Reason					
0787	0787	Other Denial Reason					
0788	0788	Other Denial Reason					
0789	0789	Other Denial Reason					
0790	0790	Other Denial Reason					
0791	0791	Other Denial Reason					
0799	0799	Table Information Not Found	CO	16		85	421
0800	0800	Charges Not Justified	OA	16	N225		178
0801	0801	Pending for Manual Review	PEND				421
0802	0802	Prior Fiscal Year Adjustment	OA	125	N182		107
0806	0806	Valid EVS Verification Number; Manually Price	PEND				110
0808	0808	Service Requires Special Review	CO	16		85	421
0809	0809	Invalid Type of Bill Prior to DRG	OA	125	MA30		228
0810	0810	Review of Abortion Consent Form	OA	16	N3		421
0811	0811	Review of Hysterectomy Consent Form	OA	16	N3		421
0813	0813	Review of Nursery Days/Age	PEND				421
0820	0820	Enrollee Birth date After From Date of Service	CO	14	MA31		187
0825	0825	Once-in-a-Lifetime Service	CO	A1	N117		259
0825	1303	Once-in-a-Lifetime Service	CO	A1	N117		259
0825	1304	Once-in-a-Lifetime Service	CO	A1	N117		259
0825	1305	Once-in-a-Lifetime Service	CO	A1	N117		259
0825	1309	Once-in-a-Lifetime Service	CO	A1	N117		259
0826	0826	Three-in-a-Lifetime Service	CO	119	M86		259
0827	0827	Unable to Assign Object Code	CO	16	N29	84	421
0828	0828	Inpatient versus Outpatient, Possible Duplicate	OA	18	M86		54
0829	0829	Inpatient versus Title 18, Possible Duplicate	OA	18	M86		54
0830	0830	Outpatient versus Title 18, Possible Duplicate	OA	18	M86		54
0831	0831	SNF versus Title 18, Possible Duplicate	OA	18	M86		54
0832	0832	Practitioner versus Title 18, Possible Duplicate	OA	B20	M86		54
0833	0833	Transportation versus Title 18, Possible Duplicate	OA	B20	M86		54
0834	0834	No Funding Available	CO	45	N10		421
0835	0835	Review HMO Coverage	CO	B5	N55		52
0836	0836	SLH Pend to Next Fiscal Year	PEND				421
0838	0838	PA End Date Missing or Invalid	OA	16		3C	
0840	0840	Quantity Dispensed > Intended Quantity	CO	16		HF	
0841	0841	Multiple Partial Filled Prescriptions Not Allowed	OA	16		RB	
0842	0842	Different NDC Between Partial and Completion fill	OA	16		RC	
0843	0843	Intended Quantity Exceeds Maximum	OA	16		RN	
0844	0844	M/I Associated Prescription Number on Completion Transaction	OA	16		RG	
0845	0845	M/I Associated Date of Service on the Complete Transaction	OA	16		RH	
0846	0846	Associated Partial Fill Transaction Not on File	OA	16		RJ	
0847	0847	Partial Fill Transaction Not Supported for Compounds	OA	16		RK	
0848	0848	Completion Transaction Must Be Different Than Partial	OA	16		RM	
0849	0849	Intended Days Supply Exceeds Maximum Allowed	OA	16		RN	
0850	0850	Intended Days Supply Missing or Invalid	OA	16		HG	
0851	0851	PA and Claim - Med/Surg DX vs. Psych DX	CO	16	M62		254

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0852	0852	Intended Quantity Missing or Invalid	OA	16		HF	
0853	0853	Dispensing Status Missing or Invalid	OA	16		HD	
0854	0854	Claim Does Not Require Prior Authorization	CO	16		3R	
0855	0855	Compounds Not Allowed for Prior Auth Transactions	CO	16		PF	
0856	0856	Missing/Invalid Basis of Request	CO	16		3D	
0857	0857	PA Begin Date Missing or Invalid	CO	16		3B	
0858	0858	Bill Type 111/112 Admit Date Not = From Date	CO	125	MA40		189
0859	0859	Bill Type 111 Days Greater Than 120	CO	151	M53		258
0860	0860	Bill Type 112 or 113 Must Bill 120 Days	CO	125	M53		258
0861	0861	Bill Type 113/114 Admit Day Thru From < 120	CO	151	N362		258
0862	0862	Non Covd Accommodation Days Not Equal Units	CO	125	M53		258
0863	0863	Unable to Match Enrollee Medicare Number	OA	16	N382		53
0864	0864	NDC Does Not Agree with Gender Code	OA	7	MA39	61	
0865	0865	Manual Price Greater Than Billed Charges	PEND			78	
0866	0866	Duplicate Provider, Prescription Number and Date of Service	OA	18		83	
0867	0867	Missing or Invalid Prescription Date Written	OA	16		28	
0868	0868	Quantity Exceeds Maximum	CO	16		76	
0869	0869	Drug Benefit Not Found	OA	16		85	
0870	0870	Unable to Match Provider Medicare Number	OA	B7	M56		131
0871	0871	Invalid Secondary Diagnosis	CO	146	M64		255
0872	0872	Drug Benefit Daily Dose Exceeded	CO	16		76	
0873	0873	Drug Benefit Total Dose Exceeded	CO	16		76	
0874	0874	Drug Daily Dose Exceeded	CO	16		76	
0875	0875	Drug Total Dose Quantity Exceeded	CO	16		76	
0876	0876	No Compound Ingredients Payable	CO	16		70	
0877	0877	Same Cycle Reversal With Different Media Not Allowed	OA	125		85	
0878	0878	Early Refill Allowed Due to Increase In Dosage	CO	B5		ER	
0879	0879	Non- Resident Alien Eligible for Dialysis Services Only	CO	B5	N30		88
0880	0880	No TDO Project Code	OA	133	N381		421
0889	0889	Mass Reprocess Pend	CO	16		85	46
0890	0890	Payment Suspended	CO	16		84	46
0891	0891	Suspended Payment Released	CO	16		84	3
0892	0892	Claim with More than 350 Lines	PEND				121
0893	0893	Days for Partial Fill Exceeds Intended Days	CO	16		AG	
0894	0894	Quantity for Partial Exceeds Intend	CO	16		RN	
0895	0895	Mass Adjustment Pend	CO	16		85	46
0896	0896	Capitation Adjustment Pend					105
0897	0897	Base ID Mass Adjust Pend	CO	16		85	46
0898	0898	DRG Pricing Error	OA	16	N65		256
0899	0899	DRG Grouper Error	OA	A8	N381		256
0901	0901	Provider Cannot Bill Part A	CO	B6	N95		107
0902	0902	Ass't Surg Mod and Co-Surg Mod Not Allowed on Same Procedure	CO	4	N55		453
0903	0903	Procedure Rebundled into New Procedure by ClaimCheck	CO	125	M15		12
0905	0905	Diagnosis Cannot Be Used as Principal Diagnosis based on the DRG Grouper.	CO	A8	MA63		255
0906	0906	Principal Diagnosis Failed DRG/MDC	CO	A8	MA63		255
0907	0907	Invalid Admit Age for DRG	CO	A8	N129		475
0908	0908	Invalid Sex for DRG	CO	A8	MA39		474
0909	0909	Invalid Discharge Status for DRG	CO	A8	MA43		234
0910	0910	Invalid Birth Weight for DRG	CO	A8	N207		273
0911	0911	Invalid Discharge Age for DRG	CO	A8	N129		475
0913	0913	Invalid Return Code from DRG	CO	A8	N55		21
0914	0914	Abortion Consent Form Needed	CO	16	N3		21
0915	0915	Hysterectomy Consent Form Needed	CO	16	N3		21
0917	0917	Service Provided in Prior State Fiscal Year	OA	125	N182		258
0918	0918	Contraindicated Audit - Rehab Services versus Nursing Home	CO	B20	M86		46
0919	0919	Inpatient vs Nursing Home - Possible Duplicate	CO	18	M86		54
0920	0920	Duplicate Audit - Rehab Services vs Waiver Services	CO	18	M80		54
0922	0922	Limitation Audit - Medicare Deductible Per Year	CO	1	M86		421
0923	0923	Contraindicated Audit- Home Heath vs Specialized Care Nursing Svcs	CO	B20	M86		46
0924	0924	Travel Mileage Billed without Care Coordination	CO	107	N29		421
0928	0928	Global Radiology Proc Pays at a Reduced Amt/ Related Components Paid	CO	97	M15		446
0929	0929	Global Surgery Payable at Reduced Amt/ Components of Surgical Care Paid	CO	97	M15		446
0931	0931	Global Payable at a Reduced Fee When Components Paid - Med Svcs	CO	97	M15		446
0932	0932	Related Component Radiology Procedures Not Payable When Global Paid	CO	97	M15		446
0933	0933	Components of Surgical Care Not Payable When Global Surgery Paid	CO	97	M15		446
0934	0934	Postpartum Visits ,Same Provider	OA	97	M144		259
0934	1256	Postpartum visits , Same Provider	CO	97	N30		259
0935	0935	Provider Locked Out to CMM Enrollee	CO	183	N130	40	132
0936	0936	Tooth/Procedure - Invalid Combination	CO	125	N39		244
0937	0937	This is a Twice-in-a-Lifetime Procedure	CO	119	M86		259
0937	1306	This is a twice-in-a-lifetime procedure	CO	119	M86		259
0937	1307	This is a twice-in-a-lifetime procedure	CO	119	M86		259
0938	0938	This is a Four-in-a-Lifetime procedure	CO	119	M86		259
0938	1308	This is a four-in-a-lifetime procedure	CO	119	M86		259
0939	0939	This is a Six-in-a-Lifetime Procedure	CO	119	M86		259
0940	0940	Only One New Patient Visit in a Lifetime	CO	119	M86		259

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
0941	0941	ProDUR Over Utilization	CO	B5		ER	
0942	0942	ProDUR Therapeutic Duplication	CO	B5		88	
0944	1310	Physical Therapy Annual Limit	CO	119	M86		259
0945	1311	Occupational Therapy Annual Limit	CO	119	M86		259
0946	1312	Speech Therapy Annual Limit	CO	119	M86		259
0947	0947	Outpatient Psychiatric Visits Limited in First Year Treatment	CO	119	M86		259
0947	1313	Outpatient Psychiatric Services Limited to 26 in First Treatment Year	CO	119	M86		259
0948	0948	Skilled Nursing Home Health Visits Limit Per Year Met	CO	119	M86		259
0949	0949	Home Health Aide Visits, 32 Per Year	CO	119	M86		259
0950	0950	Limitation Audit - Incontinence Undergarments, 2 Cases Per Month	CO	119	M86		259
0951	0951	Limitation Audit - Apnea Monitor Rental, 124 days Per Calendar Year	CO	119	M86		259
0952	0952	Limitation Audit - Wheelchair Purchase, 1 Every 60 Months	CO	119	M86		259
0953	0953	Limitation Audit - Wheelchair Rental, 93 Per Calendar Year	CO	119	M86		259
0954	0954	Inpatient versus Outpatient, Same Provider	CO	18	M86		54
0955	0955	Inpatient versus Title 18, Same Provider	CO	18	M86		54
0956	0956	Outpatient versus Title 18, Same Provider	CO	18	M86		54
0957	0957	SNF versus Title 18, Same Provider	CO	18	M86		54
0958	1317	Duplicate Payment Request, Same Provider Same Date of Service	CO	15	M86		258
0958	0958	Practitioner versus Title 18, Same Provider	CO	18	M86		54
0959	0959	Transportation versus Title 18, Same Provider	CO	18	M86		54
0960	0960	Provider Procedure Restriction	CO	16	N95		454
0961	0961	Provider Not Approved for Electronic Billing	OA	125	MA130	M8	24
0962	0962	Consent Form Must be Signed by Enrollee	CO	16	N28		466
0964	0964	Invalid DUR Conflict Code	OA	125		E4	
0965	0965	Invalid DUR Intervention Code	OA	125		E5	
0966	0966	Invalid DUR Outcome Code	OA	125		E6	
0967	0967	HCPCS/Diagnosis Restriction	OA	11	M64		255
0968	0968	Non-Rebatable NDC Not Covered	CO	96		70	
0970	0970	Enrollee Not Covered in Plan on the Date of Service		B5	N30		88
0970	0970	Enrollee Not Covered in Plan on the Date of Service	CO	B5	N30		88
0971	0971	Enrollee in Plan that Provider is Not	CO	185	N52		91
0972	0972	Substance Abuse Visits Limited in First Year of Treatment	CO	119	M86		259
0973	0973	ProDur High Dose Alert for Person Over Particular Age	CO	B5		HD	
0974	0974	ProDur High Dose Alert for Person Under Particular Age	CO	B5		HD	
0975	0975	ProDur Low Dose Alert for Person Over Particular Age	CO	B5		88	
0976	0976	ProDur Low Dose Alert for Person Under Particular Age	CO	B5		88	
0978	0978	Review Copay Amount	OA	3	N219		46
0979	0979	Duplicate Ingredient(s) on Compound Claim Not Paid	CO	18		83	
0980	0980	Enrollee Not Eligible for E.D. Drug	CO	16		70	
0981	0981	Quantity Exceeded for E.D. Drug	CO	16		76	
0982	0982	Disease State Management Enrollee	CO	16		85	
0983	0983	Enrollee Not on File	OA	31	N30	07	
0985	0985	Step Edit MD must call 800-932-6648	OA	16		76	
0986	0986	DRG Rate Not on File	OA	125	N65		46
0990	0990	Revenue Code Not on File	OA	16	M50		455
0991	0991	Revenue Code Not Valid For Dates of Service	OA	16	M50		455
0992	0992	Revenue Code Not Valid For Enrollee's Age	OA	6	M50		475
0993	0993	Revenue Code Not Valid For the Enrollee's Sex	OA	7	M50		474
0994	0994	Revenue Code Not Valid for Provider Type, Specialty	OA	B6	M50		455
0995	0995	Revenue HCPCS Not on File	OA	16	M50		455
0996	0996	Revenue HCPCS Not Valid For Dates of Service	OA	16	M50		455
0997	0997	HMO Copay	OA	3	N219		
0998	0998	Days Supply Exceeds Maximum Allowed	CO	16		76	
0999	0999	Days Supply Missing or Invalid	CO	16		19	
1000	1000	Consent Form Signed and Dated by Physician Prior to Procedure	OA	B5	N28		467
1001	1001	Invalid Consent Form	OA	16	N3		21
1002	1002	Entire Consent Form Must be Legible	OA	16	N3		21
1003	1003	Non-Therapeutic Abortion Not Covered by Medicaid	OA	16	N3		454
1004	1004	Enrollee Statement on Consent Form Not Filled in Completely	OA	16	N3		21
1005	1005	Dates of Enrollee and Consent Form Signatures Must Be the Same	OA	16	N3		395
1006	1006	Surgery Date on Payment Request Not Same as Consent Form	OA	125	N3		187
1007	1007	Duplicate Payment Request - Different Provider, Same DOS	OA	B20	M86		54
1008	1008	Passenger Limit Exceeded	CO	151	N362		258
1009	1009	Mileage Limit Exceeded	CO	151	N362		267
1010	1010	Payment Does Not Include One or More Ingredients	OA	125	M119	EC	
1170	1170	Dates of Service on Document Span Billing Changeover	CO	16	MA31		421
1171	1171	Service Code without Appropriate Mileage Code	CO	16	M51		421
1172	1172	Mileage Code without Appropriate Service Code	CO	16	M51		421
1174	1174	Adj/Void Generated for Service/Mileage Procedure	CO	16	N152		421
1175	1175	Pend Awaiting Paired Claim	CO	16	M51		275
1177	1177	Document Pend	CO	16	M51		21
1178	1178	Document Deny	CO	16	N56		421
1179	1179	Invalid Service/Mileage Code Combination for Adjustment	CO	16	M62		421
1250	1250	Transportation Service Code - Max Unit is 1	CO	151	M53		
1251	1251	Service Must Be Authorized	CO	15	M62		
1252	1252	Payment reduced to Medicare Billed/Allowed Amount	CO	23	N219		421

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
1332	1332	NPI Billing Provider Number Not on File	CO	B7	N257	50	132
1357	1357	NPI Servicing Provider Not on File	OA	16	N290		132
1358	1358	Zip Does Not Exist On Loc_Zip Data	CO	16	N258	05	21
1359	1359	Billing Taxonomy Does Not Match Prov Type	CO	16	N94	05	21
1364	1364	Service NPI Not Found on Claim	CO	16	N290	05	21
1365	1365	Billing NPI not Found on Claim	CO	16	N257	05	21
1366	1366	Referring Medicaid Provider ID Submitted after NPI Compliance Date	CO	16	N55	05	21
1367	1367	Attending Medicaid Provider ID Submitted after NPI Compliance Date	CO	16	N253	05	21
1368	1368	First Other Medicaid Provider ID Submitted after NPI Compliance Date	CO	16	N270	05	21
1369	1369	Second Other Medicaid Provider ID Submitted after NPI Compliance Date	CO	16	N270	05	21
1370	1370	Invalid Present on Admission Flag	CO	16	N434		21
1373	1373	Billing Provider must have a tax ID	CO	16	N209	05	21
1378	1378	Provider type/location cannot be determined for first other provider	CO	16	MA130		21
1379	1379	No Zip Code On The Claim	CO	16	N258		21
1381	1381	Invalid Tenth Diagnosis	CO	146	M76		21
1382	1382	Invalid Eleventh Diagnosis	CO	146	M76		21
1383	1383	Invalid Twelfth Diagnosis	CO	146	M76		21
1384	1384	Invalid Thirteenth Diagnosis	CO	146	M76		21
1385	1385	Invalid Fourteenth Diagnosis	CO	146	M76		21
1386	1386	Invalid Fifteenth Diagnosis	CO	146	M76		21
1387	1387	Invalid Sixteenth Diagnosis	CO	146	M76		21
1388	1388	Invalid Seventeenth Diagnosis	CO	146	M76		21
1389	1389	Invalid Eighteenth Diagnosis	CO	146	M76		21
1390	1390	Invalid Patient's Reason for Visit Diagnosis Code	CO	16	M76		21
1391	1391	Invalid External Cause of Injury Diagnosis Code	CO	16	M76		21
1392	1392	Servicing Taxonomy Does not Match Prov Type	CO	16	N94	05	21
1393	1393	No Svc Taxonomy Code on the Claim	CO	16	N288	05	21
1394	1394	No Bill Taxonomy Code on the Claim	CO	16	N288	05	21
1395	1395	Invalid Adjustment/Void with Medicaid Provider ID	CO	16	N255	05	21
1396	1396	Non-TDO Provider on TDO Claim	CO	16	N152	05	21
1397	1397	Zip Code Could Not Determine Service Location	CO	170	N95	05	21
1398	1398	Paper Claim Without NPI Reported on RA	CO	16	N258	05	21
1399	1399	Cannot Combine Medicaid/Medicare ID and NPI	CO	16	N77	05	21
1400	1400	Rebundle- Claim Check	CO	97	M15		104
1401	1401	Incidental - Claim Check	OA	B15	N19		104
1402	1402	Mutually Exclusive - Claim Check	OA	B15	M80		104
1403	1403	Assist Surgery Not Required (CC)	OA	54	N130		104
1404	1404	Age Conflict - Claim Check	CO	6	N30		104
1405	1405	Age Replace - Claim Check	OA	A1	N377		104
1406	1406	Sex Conflict -Claim Check	CO	7	N30		104
1407	1407	Sex Replace - Claim Check	OA	A1	N377		104
1408	1408	Cosmetic - Claim Check	OA	50	N130		104
1409	1409	Unilateral - Claim Check	CO	151	M53		104
1410	1410	Bilateral Proc > 1 Unit Billed (CC)	CO	151	M53		104
1411	1411	Experimental - Claim Check	OA	55	N130		104
1412	1412	Not Valid DOS - Claim Check	OA	16	N56		104
1413	1413	Pre Op - Claim Check	CO	97	M144		104
1414	1414	Post Op - Claim Check	CO	97	M144		104
1415	1415	MAX Units Lifetime - Claim Check	CO	151	M86		104
1416	1416	MAX Units Per Day - Claim Check	CO	151	M86		104
1417	1417	E&M SVC Cannot Be Billed Separately	CO	18	N20		421
1418	1418	Possible Duplicate	CO	97	M86		421
1420	1420	Rebundle- Claim Check	CO	63	M15		104
1421	1421	Age Replace - Claim Check	OA	A1	N377		104
1422	1422	Sex Replace - Claim Check	OA	A1	N377		104
1423	1423	Unilateral or Bilateral - Claim Check	CO	151	M53		104
1424	1424	Bilateral Proc > 1 Unit Billed (CC)	CO	151	M53		104
1425	1425	MAX Units Lifetime - Claim Check	CO	151	M86		104
1426	1426	MAX Units Per Day - Claim Check	CO	151	M86		104
1427	1427	Incidental - Claim Check	CO	A1	N19		421
1428	1428	Mutually Exclusive - Claim Check	CO	A1	N20		421
1429	1429	Pre Op - Claim Check	CO	A1	M144		421
1430	1430	Post Op - Claim Check	CO	A1	M144		421
1431	1431	CCI-Incidental - Claim Check	OA	B15	N19		104
1433	1433	CCI-Mutually Exclusive - Claim Check	OA	B15	M80		104
1470	1470	More Than 30 Errors	OA	125	N55		421
1490	1490	Medicaid Coverage Part D Eligible					
1491	1491	Verify Part D Coverage	CO	22		41	
1492	1492	Medicare Dual Eligible					
1493	1493	Drug Withdrawn From Market	CO	96		77	
1495	1495	Dispense Short ACT NARC Before Long	CO	16		76	
1496	1496	Priced at Vendor MAC	CO			75	
1497	1497	Dose OPT Limit 34/mot - MD Call 800-932-6648	CO	16		76	
1498	1498	Substitute Less Costly Generic	CO	96		AJ	
1499	1499	PDL PA Req - MD Call 800-932-6648	OA	6		60	
1501	1501	>9/DD-Alert Call 800-932-6648 for PA	CO	16		76	

0003	0003	Invalid Billing Provider Number	OA	16	N77	05	132
1502	1502	>9 Scripts, Retrospective DUR	CO	16		76	
1503	1503	Not Covered for PT Call 804-225-2873	CO	96		70	
1504	1504	>9 Scripts, Retrospective DUR	CO	16		76	
1505	1505	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1506	1506	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1507	1507	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1508	1508	Drug Not on Preferred List (PDL)	CO	16		75	
1509	1509	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1510	1510	PDL - Protonix or MD Call 804-932-6648	CO	16		75	
1511	1511	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1512	1512	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1513	1513	Nonprefered Narc MD Call 800-932-6648	CO	16		75	
1514	1514	Drug Not on Preferred List (PDL)	CO	16		75	
1515	1515	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1516	1516	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1517	1517	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1518	1518	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1519	1519	PA Required Call 800-932-6648	CO	16		75	
1520	1520	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1521	1521	PDL Ranitidine or MD 800-932-6648	CO	16		75	
1522	1522	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1523	1523	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1524	1524	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1525	1525	PDL - Actonel or MD Call 800-932-6648	CO	16		75	
1526	1526	PDL- Lamisil or MD Call 800-932-6648	CO	16		75	
1527	1527	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1528	1528	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1530	1530	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1531	1531	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1532	1532	PDL PA Req - MD Call 800-932-6648	CO	16		75	
1542	1542	OPH PDL PA REQ MD Call 800-932-6648	CO	16		75	
1543	1543	OPH PDL PA REQ MD Call 800-932-6648	CO	16		75	
1544	1544	Herpes PDL PA RQ MD Call 800-932-6648	CO	16		75	
1545	1545	Influ PDL PA RQ MD Call 800-932-6648	CO	16		75	
1546	1546	PPI Step Edit Trial of OTC Prilosec	OA	16		75	
1547	1547	Step Edit Trial - BENZO 800-932-6648	CO	16		75	
1548	1548	GH CLINICAL PA MD Call 800-932-6648	CO	16		75	
1551	1551	Top Antibiotic MD Call 800-932-6648	CO	16		75	