



HIPAA crosswalk with Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) that are referenced on the remits.

| DIAMOND CODE | DIAMOND CODE DESC                                             | CODE TYPE | CARC | RARC |
|--------------|---------------------------------------------------------------|-----------|------|------|
| DNEVR        | NONCOVERED REPORTABLE EVENT                                   | NC        | 50   |      |
| NCERT        | CERTIFICATION FORM MISSING OR INCOMPLETE                      | CO        | 16   | N34  |
| DN219        | INAPPROPRIATE MODIFIER(S)                                     | CO        | 4    |      |
| DN076        | DENIED: DUPLICATE OF A CLAIM CURRENTLY IN PROCESS             | NC        | 18   |      |
| DN002        | DENIED: PRIOR AUTHORIZATION IS REQUIRED BUT WAS NOT OBTAINED  | NC        | 197  |      |
| NDCXX        | DENIED:MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITH DRAWN NDC. | CO        | 16   | M119 |
| IH001        | INCLUDED IN PRIMARY PROCEDURE                                 | DN        | 97   |      |
| IH003        | NOT A COVERED SERVICE                                         | DN        | 96   | N429 |
| IH004        | NOT A COVERED SERVICE FOR PROVIDER SPECIALTY                  | DN        | 170  |      |
| IH006        | SURGEON AND SURGICAL ASSIST CANNOT BE THE SAME PROVIDER       | DN        | 54   |      |
| IH007        | ICD9 CODES ON THE CLAIM DO NOT SUPPORT THE BILLED PROC CODE   | DN        | 11   |      |
| IH008        | ONLY ONE E/M CODE ALLOWED PER DAY                             | DN        | B14  |      |
| IH009        | INCORRECT MODIFIER                                            | DN        | 4    |      |
| IH010        | MORE THAN ONE ASSISTANT SURGEON NOT ALLOWED                   | DN        | 54   |      |
| IH013        | DENIED: ADD-ON BILLED WITHOUT BASE CODE                       | DN        | 234  | N122 |
| IH016        | THE RELATED OR QUALIFYING SERVICE WAS NOT PAID OR IDENTIFIED  | DN        | 107  |      |
| IH017        | SERVICE IS BUNDLED INTO SERVICES NOT OTHERWISE SPECIFIED      | DN        | 97   |      |
| IH020        | CLINICAL TRIAL REQUIRES APPROPRIATE DIAGNOSIS                 | DN        | 11   |      |
| IH021        | CO-SURGEONS CANNOT BE SAME SUBSPECIALTY                       | DN        | 54   |      |
| IH022        | HCPCS INAPPROPRIATE FOR AGE                                   | DN        | 6    |      |
| IH024        | HCPCS INAPPROPRIATE FOR GENDER                                | DN        | 7    |      |
| IH028        | DUPLICATE SERVICE ON SAME DAY                                 | DN        | 18   |      |
| IH029        | DIAGNOSIS INAPPROPRIATE FOR AGE                               | DN        | 9    |      |
| IH031        | DENIED: PRINCIPAL DIAGNOSIS INAPPROPRIATELY CODED             | DN        | 16   | MA63 |
| IH033        | DENIED: EXCEEDS CLINICAL GUIDELINES                           | DN        | 273  | N362 |
| IH036        | MODIFIER INAPPROPRIATE FOR PROCEDURE                          | DN        | 4    |      |
| DN065        | OTHER INSURANCE LIABILITY                                     | DN        | 22   | MA04 |
| IH038        | INCONSISTENT MOD USED OR REQUIRED MOD IS MISSING              | CO        | 4    |      |





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|-------|--------------------------------------------------------------|----|-----|-------|
| IH040 | NOT COVERED FOR DIAGNOSIS INDICATED                          | DN | 11  |       |
| IH041 | PLACE OF SERVICE INAPPROPRIATE FOR PROCEDURE                 | DN | 58  |       |
| IH042 | MULTIPLE PHYSICIANS/ASSISTANTS NOT COVERED IN THIS CASE.     | DN | 54  |       |
| IH049 | DENIED:PROCEDURE INAPPROPRIATELY CODED                       | DN | 96  | N56   |
| IH050 | DUPLICATE SUBMISSION                                         | DN | 18  |       |
| IH055 | SERVICE PREV PROCESSED & PAID TO THE SAME OR DIFFERENT PROV  | DN | B13 |       |
| TFLDN | THE TIME LIMIT FOR FILING THIS CLAIM HAS EXPIRED             | DN | 29  |       |
| DNEOB | INSUFFICIENT INFORMATION CONTAINED IN EOB TO PROCESS CLAIM   | CO | 16  | N4    |
| DNAMB | DENIED MISSING ADDRESS AND/OR ZIPCODE OF THE PICKUP LOCATION | CO | 16  | MA114 |
| DN010 | PMNT INCLUDED IN THE GLOBAL FEE ALLOWANCE                    | NC | 97  |       |
| DN021 | COVERAGE RESCINDED                                           | NC | 31  |       |
| DN039 | SERVICES NOT INCLUDED IN AUTHORIZATION                       | CO | 243 |       |
| DN053 | SVCS CAPITATED                                               | NC | 24  |       |
| DN060 | SECONDARY PROCEDURE; PAYABLE AT 50% OF ALLOWED AMOUNT        | NC | 59  |       |
| DN061 | TERTIARY PROCEDURE; PAYABLE AT 25% OF ALLOWED AMOUNT         | NC | 59  |       |
| DN062 | PMNT WAS INCLUDED IN THE ALLOWANCE FOR ANOTHER SVC/PROCEDURE | NC | 97  | M15   |
| DN067 | DUPLICATE REVENUE CODE WITHIN SAME CLAIM                     | NC | 18  |       |
| DN071 | SERVICE BILLABLE DIRECTLY TO MEDICAID                        | NC | 109 |       |
| DN075 | EXACT DUPLICATE OF ANOTHER CLAIM OR SERVICE                  | NC | 18  |       |
| DN078 | PMNT FOR THIS CLAIM/SERVICE WAS PROVIDED IN A PREVIOUS PMNT  | NC | B13 |       |
| DN085 | RESUBMIT WITH ITEMIZED INVOICE                               | CO | 250 | N729  |
| DN150 | SUBMIT TO WORKERS COMPENSATION                               | NC | 19  |       |
| DN172 | FACILITY/DRG MEDICAID RATE INFORMATION REQUIRED              | CO | 16  | M49   |
| DN182 | EXCEEDS MAXIMUM ALLOWABLE UNITS PER DAY                      | NC | 119 |       |
| DNHSC | HOSPICE MEMBER-BILL MEDICARE DIRECTLY                        | NC | B9  |       |
| DNM02 | PMNT FOR SVC IS NOT ALLOWED UNDER OPPTS                      | NC | 97  | M15   |
| DNM05 | PMNT INCLUDED IN APC PRICING ALLOWABLE FOR ANOTHER SVC/PROC  | NC | 97  | M15   |
| DNM08 | THREE DIGIT DRG CODE REQUIRED                                | CO | 16  | M49   |
| IH079 | PATIENT PREVIOUSLY REPORTED AS EXPIRED                       | DN | 13  |       |
| IH085 | PAYMENT FOR SERVICES IS INCLUDED IN THE FACILITY FEE.        | DN | 171 |       |
| IH097 | MODIFIER INAPPROPRIATE FOR PLACE OF SERVICE                  | DN | 4   |       |
| DN173 | SERVICES INCLUSIVE TO INPATIENT STAY                         | NC | 97  | M2    |



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|-------|-------------------------------------------------------------|----|-----|------|
| DN183 | THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.           | NC | 11  |      |
| DN187 | POS MISSING/INVALID FOR CPT BILLED                          | CO | 16  | M77  |
| OUTAU | DATE OF SVC OF PROCEDURE IS OUTSIDE OF WHAT WAS AUTHORIZED  | NC | 198 | N54  |
| IH107 | PROCEDURE INVALID FOR MEDICARE PURPOSES                     | DN | 181 |      |
| IH120 | REVENUE CODE AND HCPCS DO NOT MATCH                         | DN | 199 |      |
| IH123 | REVENUE CODE REQUIRES HCPCS CODE                            | DN | 199 |      |
| DN218 | RESUBMIT DX WITH APPROPRIATE 4TH AND/OR 4TH AND 5TH DIGIT   | CO | 16  | M76  |
| DNCFM | DENIED:CONSENT FORM MISSING OR INCOMPLETE                   | CO | 163 | N3   |
| EXDUC | EXACT DUPLICATE OF ANOTHER CLAIM OR SERVICE                 | DN | 18  |      |
| TIMLY | EXCEEDS FILING LIMITATION                                   | DN | 29  |      |
| DN001 | PRIOR AUTHORIZATION IS REQUIRED BUT WAS NOT OBTAINED        | NC | 197 |      |
| DN004 | AUTHORIZATION DENIED                                        | NC | 39  |      |
| DN007 | PMNT INCLUSIVE WITH THE SURGICAL PROCEDURE                  | NC | 97  | M144 |
| DN017 | MUST SUBMIT AN EOB FROM MEDICARE                            | NC | 22  |      |
| DN018 | MUST SUBMIT AN EOB FROM PRIMARY INSURANCE                   | NC | 22  |      |
| DN023 | NO MEDICAID ALLOWABLE                                       | NC | 45  |      |
| DN025 | NO CONTRACTUAL FEE ALLOWANCE                                | NC | 204 |      |
| DN027 | THE TIME LIMIT FOR FILING THIS CLAIM HAS EXPIRED            | NC | 29  |      |
| DN037 | OTHER INSURANCE PAYMENT EXCEEDS LIABILITY                   | NC | 23  |      |
| DN038 | SVCS BILLED NOT CONSISTENT WITH THE AUTHORIZATION ON FILE   | CO | 243 |      |
| LIMAR | LIMIT REACHED-AUTHORIZATION REQUIRED                        | NC | 119 |      |
| DN044 | RESUBMIT A FULLY ITEMIZED BILL                              | CO | 252 | N26  |
| DN045 | THIS SVC REQUIRES MEDICAL RECORDS FOR REVIEW                | CO | 163 | M127 |
| DN048 | PROCEDURE IS MUTUALLY EXCLUSIVE                             | NC | 97  |      |
| DN083 | THE PROC/REVENUE CODE IS INCONSISTENT WITH THE PATIENTS AGE | NC | 6   |      |
| DN112 | PLEASE RESUBMIT CLAIM USING ONLY YOUR NPI                   | NC | 206 |      |
| TIMEF | EXCEEDS FILING TIME LIMIT                                   | NC | 29  |      |
| LIMIT | SERVICE NOT COVERED. BENEFIT MAXIMUM HAS BEEN REACHED       | NC | 119 |      |
| DN185 | RESUBMIT WITH NDC NUMBER                                    | CO | 16  | M119 |
| DNNPR | DENIED-NO PATIENT RESPONSIBILITY                            | NC | B13 | N472 |
| DXAGE | DIAGNOSIS IS INCONSISTENT WITH THE PATIENTS AGE.            | NC | 9   |      |
| DN025 | NO CONTRACTUAL FEE ALLOWANCE                                | CO | 45  |      |
| DUPCM | DUPLICATE CLAIM                                             | DN | 18  |      |
| BMCD  | BILL MEDICAID DIRECTLY                                      | NC | 109 |      |
| SMPID | SUBMIT PROVIDER MEDICARE ID NUMBER FOR PROCESSING           | DN | 206 |      |



|       |                                                              |    |     |      |
|-------|--------------------------------------------------------------|----|-----|------|
| PCMOD | MODIFIER REQUIRED FOR THIS PROCEDURE                         | NC | 4   |      |
| VISIO | MUST SUBMIT CLAIM TO THE VISION VENDOR                       | NC | 109 |      |
| CE239 | GA EPDST BRIEF EMOTIONAL ASSESSMENT GUIDELINES NOT MET       | CO | 272 |      |
| IH149 | PROCEDURE CODE REQUIRES AN ANATOMICAL MODIFIER               | DN | 4   |      |
| IH150 | MULTIPLE PROCEDURE REDUCTION HAS BEEN APPLIED                | DN | 59  |      |
| CE045 | DENIED: E/M SERVICE REQUIRES A MODIFIER                      | DN | 4   |      |
| CE154 | DENIED:MISSING OR INVALID DIAGNOSIS CODE                     | DN | 11  | N386 |
| CE167 | DENIED:MEDICARE-MISSING OR INVALID PATIENT GENDER            | DN | 16  | MA39 |
| CE155 | DENIED:DUPLICATE LINE IN SAME CLAIM                          | DN | 16  | N301 |
| NDCTT | DRUG MANUFACTURER LABELER IS NOT ALLOWED FOR REBATE.         | DN | 16  | M119 |
| NDCUU | DENIED: THE SUBMITTED NDC/HCPCS COMBINATION IS NOT VALID.    | CO | 16  | N846 |
| CE274 | DME RENTAL AND PURCHASE ON SAME DATE                         | DN | 108 | M7   |
| CE275 | CRITERIA FOR SCREENING HAVE NOT BEEN MET.                    | DN | 96  | N180 |
| CE278 | CRITERIA HAVE NOT BEEN MET                                   | DN | 96  | N180 |
| CE009 | DENIED:SERVICE WITH HIGHEST BASE UNIT HAS BEEN PAID          | DN | 59  |      |
| CE060 | DENIED: RESUBMIT WITH ASA ANESTHESIA CODE                    | DN | 16  | N657 |
| CE050 | DENIED:SERVICE CODE IS NON COVERED                           | DN | 96  | N643 |
| CE220 | INJURY SEQUELA CODES CANNOT BE PRIMARY/PRINCIPAL DIAGNOSIS   | DN | 16  | MA63 |
| NDCYY | DENIED: SUBMITTED NDC CODE EXPIRED-BASED ON CMS/FDB DATABASE | CO | 16  | M119 |
| NDCZZ | DENIED: REQUIRED NDC CODE IS MISSING.                        | CO | 16  | M119 |
| IH133 | PROCEDURE INAPPROPRIATELY CODED FOR AGE                      | DN | 6   |      |
| IH138 | INCONSISTENT MOD USED OR REQUIRED MOD IS MISSING             | CO | 4   |      |
| SC002 | DENIED:NEWBORN SERVICES MUST BE BILLED UNDER NEWBORN ID#     | DN | 6   |      |
| SC003 | DENIED:PROC CODE REQUIRES ADDITION OF MULTIPLE SURG MODIFIER | DN | 4   |      |
| CE254 | DENIED WHEN PERFORMED BY THIS PROVIDER IN THIS POS           | DN | 171 |      |
| CE282 | ANESTHESIA REQUIRES APPROPRIATE MODIFIER AND TAXONOMY CODE   | DN | 272 |      |
| CE139 | DENIED: INPATIENT MANIFESTATION CODE AS PRINCIPAL DX         | DN | 146 | MA63 |
| CE141 | DENIED: INPATIENT UNACCEPTABLE PRINCIPAL DX                  | DN | 146 | MA63 |
| CE199 | DENIED: TCPOS - TECHNICAL SERVICES NOT PAYABLE FOR THIS POS  | DN | 97  | M97  |
| CE004 | DENIED: PROCEDURE CODE IS AN "INCIDENT TO" SERVICE           | DN | 4   |      |
| CE055 | ESTABLISHED E/M CODE SHOULD HAVE BEEN USED                   | CO | 261 |      |
| CE012 | DIAGNOSIS AND/OR PROCEDURE CODE NOT APPROPRIATE              | DN | 9   |      |



|       |                                                              |    |     |      |
|-------|--------------------------------------------------------------|----|-----|------|
|       | FOR PT'S AGE                                                 |    |     |      |
| CE020 | PAYMENT NOT ALLOWED FOR CO-SURGEONS                          | DN | 54  |      |
| CE022 | ONLY ONE E/M ALLOWED PER PROVIDER/PER DAY                    | DN | B14 |      |
| CE027 | SERVICES RELATED TO A NEVER EVENT ARE NOT PAYABLE            | DN | 233 |      |
| CE035 | DENIED: DUPLICATE SERVICES BILLED                            | DN | 18  |      |
| CE019 | DENIED: NO SEPARATE PAYMENT FOR BUNDLED CODES                | DN | 234 | N122 |
| CE036 | DENIED: SERVICE BILLED IS CONSIDERED BUNDLED                 | DN | 234 | M15  |
| CE043 | DENIED: MAXIMUM FREQUENCY HAS BEEN EXCEEDED                  | DN | 119 | N362 |
| CE002 | DENIED: INCLUDED IN GLOBAL FOLLOW UP PERIOD                  | DN | 234 | N390 |
| CE007 | DENIED: DUPLICATE CLAIM                                      | DN | 18  |      |
| CE054 | DENIED: PRIMARY DIAGNOSIS IS REQUIRED                        | DN | 16  | M76  |
| IHUVT | URINE VALIDITY TESTING NOT PAYABLE WITH URINE DRUG TESTING   | DN | 97  | N390 |
| CE176 | DENIED:MEDICARE-MISSING REQUIRED MODIFIER                    | DN | 4   | N519 |
| CE182 | DENIED:UNBUNDLE RULE                                         | DN | 16  | M51  |
| CE025 | MODIFIER NOT APPROPRIATE FOR PROCEDURE CODE                  | DN | 4   |      |
| CE121 | DENIED: PROCEDURE NOT TYPICAL FOR PATIENT AGE                | DN | 6   |      |
| DN226 | DENIED: PRIOR CARRIER RESPONSIBLE FOR CHARGES TILL DISCHARGE | DN | 26  |      |
| CE069 | DENIED:PRINCIPAL DIAGNOSIS CODE MISSING                      | DN | 16  | M76  |
| CE071 | DENIED:INVALID CONDITION CODE                                | DN | 16  | M44  |
| CE085 | DENIED:INVALID PRINCIPAL DIAGNOSIS CODE                      | DN | 16  | MA63 |
| IH146 | PLACE OF SERVICE NOT CONSISTENT WITH CLAIM HISTORY           | DN | 97  | M86  |
| CE015 | ANESTHESIA CODE REQUIRES APPROPRIATE MODIFIER                | DN | 4   |      |
| CE030 | PRIMARY PROCEDURE MUST BE BILLED                             | DN | B15 |      |
| CE031 | TECHINICAL COMPONENT ONLY CODE                               | DN | 4   |      |
| CE034 | SERVICE NOT ALLOWED IN PLACE OF SERVICE                      | DN | 171 |      |
| CE037 | MODIFIER IS NOT TYPICAL FOR PROCEDURE                        | DN | 4   |      |
| CE048 | DENIED: REQUIRED MODIFIER IS MISSING                         | DN | 4   |      |
| CE128 | DENIED: INPATIENT DIAGOSIS AGE CONFLICT                      | DN | 9   |      |
| CE127 | DENIED:INPATIENT OTHER DIAGNOIS AGE CONFLICT                 | DN | 9   |      |
| CE126 | DENIED: INPATIENT ADMISSION DIAGNOSIS AGE CONFLICT           | DN | 9   |      |
| CE177 | DENIED:LCD -MISSING OR INVALID CONDITION CODE(S)             | DN | 16  | M51  |
| IH147 | INCONSISTENT ICD-10/MODIFIER OR MUTUALLY EXCLUSIVE DIAGNOSIS | DN | 11  |      |
| NOTAX | DENIED: PLEASE RESUBMIT WITH TAXONOMY CODE                   | DN | 16  | N255 |
| SC007 | CANNOT BILL SERVICES AS BOTH PRIMARY AND ASSISTANT SURGEON   | DN | B13 |      |
| CE321 | PER CMS, FREQUENCY FOR E1390 TO BE BILLED AT (1) PER MONTH   | CO | 119 | N362 |





|       |                                                              |    |     |      |
|-------|--------------------------------------------------------------|----|-----|------|
| CE313 | AGE REQUIREMENT NOT MET                                      | DN | 6   |      |
| KYSCL | MEMBER'S ELIGIBILITY SUSPENDED                               | DN | 200 |      |
| CE329 | PER ICD10, THE COMBINE DX CODES CANNOT BE REPORTED TOGETHER  | CO | 16  | M76  |
| IH199 | REQUIREMENTS NOT MET FOR REPORTED SERVICES OR ITEMS          | CO | 96  | N180 |
| CE320 | INCORRECT MODIFIER/DIAG CODE/CPT COMBINATION                 | DN | 16  | N657 |
| LT212 | AVOIDABLE IP READMISSION DUE TO SAME OR SIMILAR CONDITION    | DN | 249 |      |
| CPI21 | DENIED: ADD-ON CODE DENIED, PRIMARY CODE IS UNPAID           | DN | 234 | N122 |
| CPI22 | DENIED: DOCUMENTATION DOES NOT SUPPORT SERVICES BILLED       | DN | B12 |      |
| CPI02 | MEDICAL RECORDS NOT RECEIVED                                 | DN | 16  | M125 |
| DN300 | DENIED AFTER MEDICAL RECORD REVIEW                           | DN | 150 | N163 |
| DN250 | DENIED: CPT IS COMPONENT OF CPT 77301 BILLED FOR SAME MEMBER | CO | 234 | M15  |
| CE306 | AMBULANCE CHARGES NOT PAYABLE DURING INPATIENT STAY          | DN | 97  |      |
| PD200 | PLACE OF SERVICE INAPPROPRIATE; ANCILLARY LAB REQUIRED       | CO | 58  |      |
| LM002 | DENIED:ADULT PREVENTATIVE SERVICES LIMIT                     | CO | 119 | N362 |
| LM003 | DENIED:FLUORIDE TREATMENT LIMIT REACHED                      | CO | 119 | N362 |
| LM004 | DENIED:FAMILY PLANNING SERVICES LIMIT REACHED                | CO | 119 | N362 |
| LM005 | DENIED:SPORTS PHYSICAL LIMIT REACHED                         | CO | 119 | N362 |
| LM016 | DENIED:PT/OT/ST COMBINED LIMIT REACHED                       | CO | 119 | N362 |
| LM017 | DENIED:ROUTINE CIRCUMCISION LIMIT                            | CO | 119 | N362 |
| LM018 | DENIED:OBSERVATION LIMIT REACHED                             | CO | 119 | N362 |
| NEMT  | DENIED: PLEASE SUBMIT CLAIM TO NEMT VENDOR                   | CO | 109 | N418 |
| IH146 | EXCEEDS 1 ER VISIT FOR MEMBER ON SAME DAY                    | CO | 273 | N640 |
| LT028 | DUPLICATE SERVICE ON SAME DAY                                | CO | 18  |      |
| LT042 | MULTIPLE PHYSICIANS/ASSISTANTS NOT COVERED IN THIS CASE.     | CO | 54  |      |
| LT198 | CO-SURG RESTRICTIONS APPLY SUPPORTING DOCUMENTATION REQUIRED | CO | 163 |      |
| CE531 | PER NCD POLICY: DRUG TEST EXCEEDS LIMIT                      | DN | 222 | N640 |
| LT523 | PLACE OF SERVICE IS INAPPROPRIATE FOR THE PROCEDURE          | CO | 96  | N428 |
| VACCN | STATE SUPPLIED VACCINE.                                      | CO | 204 | N448 |
| CPI65 | DENIED: MISSING SIGNATURE ON MEDICAL RECORD                  | CO | 251 | MA81 |
| CE534 | PULMONARY FUNCTION TEST PROC NOT COVERED FOR MEMBER'S AGE    | CO | 6   | N129 |
| CE535 | PULMONARY FUNCTION TEST PROC MISSING MED NEC DX              | CO | 11  | N657 |
| CE527 | NC CAID NEBULIZER FREQUENCY EDIT WC263                       | CO | 96  | N431 |



|       |                                                              |    |     |      |
|-------|--------------------------------------------------------------|----|-----|------|
| CE526 | INAPPROPRIATE TREATMENT ROOM PROCEDURE                       | CO | 96  | N431 |
| DN231 | DENIED: EXCEEDS 1 ER VISIT FOR MEMBER ON SAME DAY            | CO | 96  | N20  |
| IH197 | NDC INVALID                                                  | CO | 16  | M119 |
| CE404 | CMS ASSIGNED MAX UNITS THAT MAY BE BILLED IN A SINGLE DAY    | CO | 222 | N640 |
| ONECA | SEND TO ONECALL                                              | CO | 109 | N418 |
| CE446 | OB ULTRASOUND MAXIMUM FREQUENCY HAS BEEN EXCEEDED            | CO | 222 | N640 |
| CE378 | EXCEEDS MAXIMUM UNITS                                        | CO | 119 | N362 |
| CE379 | PROCEDURE INAPPROPRIATELY CODED                              | CO | 16  | M51  |
| CECCD | DENIED: CRITICAL CARE CODES IN ER SETTING SAME DAY DISCHARGE | CO | 16  | N188 |
| DNPA  | DENIED: NOT PREAUTHORIZED BY THE PLAN                        | CO | 197 |      |
| IH198 | CO-SURG RESTRICTIONS APPLY SUPPORTING DOCUMENTATION REQUIRED | CO | 163 |      |
| LTUNS | MEDICAL RECORDS REQUIRED TO REVIEW UNSPECIFIED CODE BILLED   | CO | 250 | N706 |
| CE319 | ONE HOSPITAL DISCHARGE DAY IS PAYABLE PER HOSPITAL STAY      | CO | 16  | N332 |
| CE371 | SERVICES BILLED ARE INAPPROPRIATE FOR TYPE OF BILL           | CO | 16  | MA30 |
| CE373 | TC NOT ELIGIBLE FOR SEPARATE REIMBURSEMENT DUE TO POS        | CO | 234 | N390 |
| CE366 | FREQUENCY HAS BEEN EXCEED                                    | CO | 119 | N362 |
| LT049 | DENIED : ULTRASOUND PROCEDURE INAPPROPRIATELY CODED          | CO | 96  | N56  |
| LT033 | DENIED: EXCEEDS CLINICAL GUIDELINES                          | CO | 273 | N362 |
| CE509 | DENIED: SERVICE REPORTED IN EXCESS OF ONE PER SIX MONTHS     | CO | 119 | N640 |
| CE476 | DENIED: INCORRECT PROCEDURE CODE FOR LENGTH OF STAY          | CO | 152 |      |
| CE504 | DENIED: NCCI UNBUNDLE PROCEDURE                              | CO | 234 | M15  |
| CE508 | DENIED: SERVICE REPORTED IN EXCESS OF ONE PER CALENDAR MONTH | CO | 119 | N640 |
| CE523 | PLACE OF SERVICE IS INAPPROPRIATE FOR THE PROCEDURE          | CO | 96  | N428 |
| NDCRR | DENIED: STATE REQUIRES REVENUE CODE BE BILLED WITH HCPCS.    | CO | 16  | M119 |
| DNTOB | DENIED: RESUBMIT WITH CORRECT BILL TYPE                      | CO | 16  | MA30 |
| CE360 | DENY NCCI UNBUNDLED                                          | CO | 234 | N20  |
| CE524 | MODIFIER IS NOT TYPICAL FOR PROCEDURE                        | CO | 16  | M51  |
| CE398 | DENIED: PROCEDURE INAPPROPRIATELY CODED                      | CO | 16  | M51  |
| CE284 | INAPPROPRIATE MODIFIER AND/OR POS                            | CO | 4   | M20  |
| CE367 | PER MEDICAID GUIDELINES, CODE REQUIRE AN APPROPRIATE NDC     | CO | 4   |      |



|       |                                                              |    |     |      |
|-------|--------------------------------------------------------------|----|-----|------|
| CPISI | MEDICAL RECORDS AND/OR OTHER SERVICE DOCUMENTATION REQUIRED  | CO | 250 | N706 |
| DMNNE | DENIED MEDICAL NECESSITY NOT ESTABLISHED WITH INFO PROVIDED  | CO | 16  | M60  |
| CE339 | CRITERIA FOR COLORECTAL SCREENING HAVE NOT BEEN MET          | CO | 96  | N180 |
| DN230 | DENIED: NO PASRR RECEIVED - FAX PASRR TO 813-464-8320        | CO | 163 |      |
| DRATE | STATE RATE SHEET NEEDED                                      | AL | 147 |      |
| ANSMD | ANESTHESIA MODIFIER REQUIRED TO FURTHER PROCESS              | AL | 4   |      |
| BADM  | ALLOWED = 0, PROCEDURE BILLED WITH INVALID MODIFIER          | AL | 182 |      |
| BIMD  | BILL MEDICAID DIRECTLY                                       | AL | 109 |      |
| DN069 | PROCEDURE DOES NOT WARRANT SEPERATE REIMBURSEMENT            | AL | 97  |      |
| AAFAM | ALLOWED AMOUNT FOR AMBULANCE MILEAGE                         | AL | 16  | N56  |
| ENC01 | PRICED AT ALL-INCLUSIVE ENCOUNTER RATE                       | AL | 45  |      |
| ENC02 | SERVICE(S) INCLUDED IN ALL-INCLUSIVE ENCOUNTER RATE          | AL | 45  |      |
| DN114 | INCLUSIVE TO GROUP RATES                                     | AL | 45  |      |
| INCLB | INCLUDED IN BASE RATE                                        | AL | 97  |      |
| INCLU | INCLUDED IN TREATMENT RATE                                   | AL | 97  |      |
| MULTP | ALLOWED ADJUSTED FOR MULTIPLE PROCEDURES                     | AL | 59  |      |
| NRWMD | NOT REIMBURSABLE WHEN BILLED WITH THIS MODIFIER              | AL | 4   | N56  |
| NOFEE | PROCEDURE CODE NOT ON YOUR FEE SCHEDULE                      | AL | 204 |      |
| ASSTS | ALLOWED @ 16%, ASSISTANT SURGEON                             | AL | 59  |      |
| SUSPE | PER STATE, SUSPENDED FROM TREATING MEDICAID MEMBERS          | AL | 87  |      |
| BPAID | THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS | AL | 23  |      |
| PCFSC | AMOUNT ALLOWED PER CONTRACTED FEE SCHEDULE                   | CO | 45  |      |
| NOFEE | PROCEDURE CODE NOT ON YOUR FEE SCHEDULE                      | XX | 181 | N56  |
| PCDRG | AMOUNT ALLOWED PER DRG RATE                                  | CO | 45  |      |
| DN069 | PROCEDURE DOES NOT WARRANT SEPARATE REIMBURSEMENT            | CO | 97  | M15  |
| PCTBI | PERCENT OF BILLED                                            | CO | 45  |      |
| ALW   | PRICED AT FLAT RATE                                          | AL | 45  |      |
| INCLU | NULL                                                         | CO | 97  |      |
| MULTP | ALLOWED ADJUSTED FOR MULTIPLE PROCEDURES                     | CO | 59  |      |
| BILAT | ALLOWED @ 150%, BILATERAL PROCEDURE                          | AL | 45  |      |
| INCLB | INCLUDED IN BASE RATE                                        | CO | 97  |      |
| PCSPC | AMOUNT ALLOWED PER SPECIAL CONTRACT                          | AL | 45  |      |
| RECPY | REIMBURSE MEDICARE COPAY                                     | PR | 3   |      |
| INMOD | PROCEDURE CODE OR MODIFIER NOT PAYABLE ON FEE SCHEDULE       | CO | 4   |      |





|       |                                            |    |     |      |
|-------|--------------------------------------------|----|-----|------|
| SC009 | MULTIPLE SURGERY REDUCTION APPLIED         | AL | 59  |      |
| NCDHP | PROVIDER NOT ELIGIBLE FOR HEALTH PLAN      | CO | B7  | N570 |
| LT002 | FOLLOW-UP ULTRASOUND INAPPROPRIATELY CODED | CO | 16  | N56  |
| NCASC | ASC PROVIDER BILLING WITHOUT SG MODIFIER   | CO | 16  | N823 |
| PCPCT | PRICED AT PRECENT OF BILLED                | CO | 45  |      |
| PCPDM | PRICED AT PER DIEM RATE                    | CO | 97  |      |
| CP004 | COPAY - EMERGENCY ROOM                     | PR | 3   |      |
| CP008 | COPAY - THERAPY                            | PR | 3   |      |
| CP009 | COPAY - PCP SERVICES                       | PR | 3   |      |
| CP010 | COPAY - CHIROPRACTIC SERVICES              | PR | 3   |      |
| CP012 | COPAY - MENTAL HEALTH (INDIVIDUAL)         | PR | 3   |      |
| CP014 | COPAY - BASIC TEST                         | PR | 3   |      |
| CP015 | COPAY - ADVANCED TEST                      | PR | 3   |      |
| CP017 | COPAY - ADVANCED RADIOLOGY                 | PR | 3   |      |
| CP018 | COPAY - OUTPATIENT HOSPITAL (NON SURGICAL) | PR | 3   |      |
| CP019 | COPAY - OUTPATIENT HOSPITAL (SURGICAL)     | PR | 3   |      |
| CP020 | COPAY - AMBULATORY SURGICAL CENTER         | PR | 3   |      |
| CP025 | COPAY - PROSTHETICS AND ORTHOTICS          | PR | 3   |      |
| CP026 | COPAY - DIABETIC SUPPLIES                  | PR | 3   |      |
| CP028 | COPAY - BLOOD                              | PR | 3   |      |
| CP029 | COPAY - ACUPUNCTURE                        | PR | 3   |      |
| CO20% | COINSURANCE 20%                            | PR | 2   |      |
| COPAY | COPAYMENT                                  | PR | 3   |      |
| CP129 | ER COPAY/COINSURANCE                       | PR | 3   |      |
| CO010 | 10% COINSURANCE                            | PR | 2   |      |
| CO007 | COINSURANCE 20%                            | PR | 2   |      |
| CP046 | COPAYMENT                                  | PR | 3   |      |
| CP048 | MENTAL HEALTH INPATIENT COPAYMENT          | PR | 3   |      |
| CP049 | MENTAL HEALTH OUTPATIENT COPAYMENT         | PR | 3   |      |
| CP064 | \$5 COPAYMENT IS REQUIRED FOR THIS SERVICE | PR | 3   |      |
| CP078 | \$25 PREVENTIVE O.V. COPAY                 | PR | 3   |      |
| CP047 | OFFICE SURGERY COPAYMENT                   | PR | 3   |      |
| CP058 | SPECIALIST OFFICE VISIT COPAYMENT          | PR | 3   |      |
| CP108 | UNLIMITED DRUG COPAY                       | PR | 3   |      |
| DD011 | MEDICARE PART B DEDUCTIBLE                 | PR | 1   |      |
| CP040 | DENIED:INPATIENT ACUTE TIER 3              | PR | 3   |      |
| CP043 | DENIED: INPATIENT MENTAL HEALTH TIER 3     | PR | 3   |      |
| CP045 | COPAY SNF TIER 3                           | PR | 3   |      |
| FI07  | APPROVED AFTER REVIEW                      | AD | 216 |      |
| ICO01 | MULTIPLE PROCEDURE REDUCTION OVERRIDE      | CO | 96  | N10  |



|       |                                                             |    |     |     |
|-------|-------------------------------------------------------------|----|-----|-----|
| ICO11 | HOLIDAY/SUNDAY OVERRIDE                                     | CO | 96  | N10 |
| ICO12 | GENDER OVERRIDE                                             | CO | 96  | N10 |
| CL067 | SUPPLEMENTAL MEDICARE PAYMENT                               | AD | 23  |     |
| CL075 | CO-PAY, CO-INSURANCE AND/OR DEDUCTIBLE ADJUSTMENT           | CO | 45  |     |
| CL098 | PAYMENT BASED ON MEDICARE APC                               | CO | 45  |     |
| CL101 | ADJUSTMENT- ALLOWED AT MEDICARE FEE SCHEDULE                | CO | 45  |     |
| CL118 | ADJUSTMENT DUE TO FEE SCHEDULE INCREASE/DECREASE IN RATES   | CO | 45  |     |
| RV027 | PMNT REVERSAL-MEDICAID BENEFITS EXHAUSTED                   | AD | 149 |     |
| RV031 | PMNT REVERSAL-MEMBER NOT ELIGIBLE AT THE TIME OF SERVICE    | AD | 177 |     |
| ICO14 | DUPLICATE LINE ITEM OVERRIDE                                | CO | 96  | N10 |
| ICO17 | TIMELY FILING OVERRIDE                                      | CO | 96  | N10 |
| ICO19 | ADD-ON CODE OVERRIDE                                        | CO | 96  | N10 |
| RV034 | PMNT REVERSAL-PROVIDER BILLING ERROR-INCORRECT DATE OF SVC  | AD | 96  | N56 |
| RV069 | PMNT REVERSAL-INITIAL VISIT BILLED MORE THAN ONCE           | AD | 97  |     |
| RV070 | SERVICES INCLUSIVE TO INPATIENT STAY                        | XX | 97  |     |
| IHTCR | ADJUSTMENT BASED ON CLINICAL REVIEW                         | AD | 216 |     |
| IHTSU | ADJUSTMENT BASED ON SYSTEM UPDATE                           | AD | 216 |     |
| IHTSE | ADJUSTMENT BASED ON SPECIAL EXCEPTION                       | AD | 216 |     |
| IHTGA | GENERAL ADJUSTMENT                                          | AD | 216 |     |
| DUPOV | DUPLICATE OVERRIDE                                          | AD | 216 |     |
| IHTAB | ADDON CODE POLICY OVERRIDE                                  | AD | 216 |     |
| INTCS | ADDITIONAL PYMNT AND INTEREST/PENALTY CALCULATED SEPARATELY | CO | 94  |     |
| CL001 | ALLOWED AT PER DIEM RATE                                    | CO | 45  |     |
| CL002 | ALLOWED AT CONTRACTED FEE SCHEDULE                          | CO | 45  |     |
| CL003 | ALLOWED AT PERCENTAGE OF BILLED                             | CO | 45  |     |
| CL004 | ALLOWED AT DRG RATE                                         | CO | 45  |     |
| CL005 | ALLOWED AT FLAT RATE                                        | CO | 45  |     |
| CL006 | ALLOWED AT CASE RATE                                        | CO | 45  |     |
| CL007 | ALLOWED PER STOP LOSS PROVISION                             | CO | 45  |     |
| CL008 | ALLOWED PER SPECIAL CONTRACT                                | CO | 45  |     |
| CL009 | ALLOWED PER NEGOTIATED RATE                                 | AD | 131 |     |
| CL018 | PAID PER MULTI-PLAN DISCOUNT                                | AD | 131 |     |
| CL022 | ALLOWANCE REDUCED FOR MULTIPLE PROCEDURES                   | AD | 59  |     |
| CL041 | CODE ADDED DURING REBUNDLING                                | AD | 234 | M15 |
| CL060 | SECONDARY PROCEDURE; PAYABLE AT 50% OF ALLOWABLE            | AD | 59  |     |
| CL062 | MEDICARES PMNT EQUALS OR EXCEEDS OUR LIABILITY              | AD | 23  |     |





|       |                                                              |    |     |      |
|-------|--------------------------------------------------------------|----|-----|------|
| CL068 | PRIMARY INSURANCE PAYMENT APPLIED                            | AD | 23  |      |
| CL069 | OTHER INSURANCE PAYMENT CONSIDERED AS PAYMENT IN FULL        | AD | 23  |      |
| RV019 | PMNT REVERSAL-PROCESSING ERROR-PAID FOR UNAUTHORIZED SVC     | AD | 197 |      |
| RV030 | PMNT REVERSAL-PROCESSING ERROR-PD A NON-COVERED BENEFIT      | AD | 204 |      |
| RV033 | PMNT REVERSAL-PROVIDER BILLING ERROR-INCORRECT MEMBER #      | AD | 140 |      |
| RV055 | PMNT REVERSAL-SUBROGATION-SVC COVERED BY LIABILITY CARRIER   | AD | 20  |      |
| RV065 | PMNT REVERSAL-MULTIPLE SURGERIES-SHOULD HAVE BEEN PD AT 50%  | AD | 59  |      |
| RV067 | PAYMENT REVERSAL-CLAIM RECEIVED AFTER TIMELY FILING DEADLINE | AD | 29  |      |
| CL010 | ADMINISTRATIVE EXCEPTION                                     | CO | 45  | N199 |
| CL014 | CFHA EXCEPTION                                               | AD | 94  |      |
| CL071 | ADDITIONAL PAYMENT                                           | AD | 94  |      |
| CL094 | ELIGIBILITY UPDATED                                          | AD | 94  |      |
| CL103 | TIMELY FILING APPEAL APPROVED                                | AD | 29  |      |
| CL019 | PAID AT REASONABLE AND CUSTOMARY ALLOWANCE                   | CO | 45  |      |
| RV081 | PMNT REVERSAL-OUTPT SVC WAS W/IN 3 DAYS OF INPT STAY         | CO | 272 |      |
| RV103 | PMNT REVERSAL-INCLUSIVE WITH ANOTHER PROCEDURE               | CO | 272 |      |
| RV107 | PMNT REVERSAL-DATA ENTRY ERROR IN PROCESSING                 | CO | 272 |      |
| RV108 | PMNT REVERSAL-PAID INCACCURATE MODIFIER                      | CO | 272 |      |
| RV114 | PMNT REVERSAL-NO REFUND DUE                                  | CO | 272 |      |
| RV115 | PMNT REVERSAL-NOT FURNISHED TO PATIENT OR NOT DOCUMENTED     | CO | 272 |      |
| RV117 | PAYMENT REVERSAL-INCORRECT SUBMISSION/PROVIDER BILLING ERROR | CO | 272 |      |
| RVN01 | PMNT REVERSAL-BILLED INCORRECT DRG                           | CO | 272 |      |
| RVPPF | PMNT REVERSAL-PRIMARY INS PMNT CONSIDERED AS PMNT IF FULL    | CO | 272 |      |
| RVR00 | PMNT REVERSAL-AFTER REVIEW, PROCESSED MORE THAN ALLOWABLE    | CO | 272 |      |
| RVR12 | PMNT REVERSAL-OVERPMNT-PAID GREATER THAN BILLED              | CO | 272 |      |
| RVSIU | PMNT REVERSAL-DEDUCTIONS FOR SIGNED AGREEMENT                | CO | 272 |      |
| ADPUC | ADJUSTMENT DUE TO PREVIOUS UNDERPAYMENT OF CLAIM             | AD | 102 |      |
| RV189 | LCD/NCD PATIENT GENDER AND PROCEDURE ARE INCOMPATIBLE        | AD | 7   | N115 |
| RVI07 | NCCI DENIAL FOR COMPREHENSIVE/COMPONENT PROCEDURE            | AD | 97  | N19  |



|       |                                                              |    |     |     |
|-------|--------------------------------------------------------------|----|-----|-----|
| RVI10 | PROCEDURE INAPPROPRIATELY CODED                              | AD | 96  | N56 |
| CL205 | 0 PAID PRICING APPLIED                                       | AD | 246 |     |
| RV146 | REVERSAL-PLACE OF SERVICE INCONSISTENT WITH CLAIM HISTORY    | AD | 16  | M77 |
| RVC01 | MISSING OR INVALID DIAGNOSIS CODE                            | AD | 146 | M64 |
| RVC05 | LCD-MISSING REQUIRED MODIFIER                                | AD | 4   |     |
| RV015 | PAYMENT APPLIED TO PREVIOUS CASH ADVANCE                     | RV | 23  |     |
| CPIAD | DENIED AFTER MEDICAL RECORD REVIEW                           | AD | B12 |     |
| RVI13 | OVERPAYMENT DISCOVERED DURING POST PAYMENT REVIEW            | AD | 272 |     |
| MAPS  | MAPS ADJUSTMENT                                              | AD | 223 |     |
| RV143 | REVERSAL - UPDATED OP RCC PERCENTAGES                        | CO | 45  |     |
| RECOV | OVERPAYMENT                                                  | CO | 272 |     |
| RVPI2 | RECORDS INCOMPLETE OR DON'T SUPPORT SEVERE MALNUTRITION DX   | CO | 16  | M76 |
| RVMAL | MEDICAL RECORDS DO NOT SUPPORT SEVERE MALNUTRITION DX BILLED | CO | 50  | M64 |
| ICO07 | GLOBAL SURGICAL PACKAGE OVERRIDE                             | CO | 96  | N10 |
| ICO10 | BUNDLING OVERRIDE                                            | CO | 96  | N10 |
| ICO18 | DIAGNOSIS INAPPROPRIATE FOR PROCEDURE OVERRIDE               | CO | 96  | N10 |

