

CODE_NBR	CARC	RARC	DESCRIPTION
EX*1	272	N584	HEALTH PLAN GUIDELINES FOR SUBMITTING CORRECTED CLAIM WERE NOT FOLLOWED
EX+C	45		LATE CLAIM INTEREST EX CODE HEALTH PLAN ERROR
EX+O	45		LATE CLAIMS INTEREST EX CODE FOR ORIG YMDRCVD
EX+P	45		LATE CLAIM INTEREST EX CODE PROVIDER ERROR
EX00	16	N257	BILLING PROVIDER NPI NOT REGISTERED AS ARKANSAS MEDICAID
EX01	1		DEDUCTIBLE AMOUNT
EX02	2		COINSURANCE AMOUNT
EX03	3		COPAYMENT AMOUNT
EX07	7	N517	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX
EX09	9	N517	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE
EX0A	45		ADJUST: PROVIDER REFUND RECEIVED, REINSTATE RECOUPED PAYMENT AMOUNT
EX0B	A1	MA67	ADJUST: CLAIM TO BE RE-PROCESSED CORRECTED UNDER NEW CLAIM NUMBER
EX0C	181	N657	1999 CODE DELETED IN 2000, PLEASE REBILL WITH CORRECT CODE
EX0D	45		ADJUSTMENT: \$ DUE IN ADDITIONAL TO ORIGINAL PAYMENT MADE FOR SERVICES
EX0E	216	N539	ADJUST BASED ON APPEAL RECEIVED UPHELD ORIGINAL DENY DECISION
EX0F	216	N421	ADJUST BASED ON APPEAL RECEIVED OVERTURNED ORIGINAL DENY DECISION
EX0H	16	M79	ADJUSTMENT: PROVIDER BILLED INCORRECTLY AND SUBMITTED REIMBURSEMENT
EX0I	A1	MA67	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER
EX0J	45		ADJUSTMENT: ADJUSTED PER POST PAYMENT MEDICAL AUDIT
EX0M	A1	MA67	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
EX0N	A1	MA67	DENY: AJUSTED FOR INTERNAL PURPOSES-CORRECTION HAS BEEN GENERATED
EX0O	193		DENY: AUTH DENIAL UPHELD - REVIEW PER CLP0700 PEND REPORT
EX0P	16	M50	DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT
EX0S	45		PAY: AUTH DENIAL OVERTURNED - REVIEW PER CLP0700 PEND REPORT
EX0W	45		PAY:ANY AMT SHOWN IN COINS COLUMN EQUALS MEMBERS LUMP SUM AMT
EX0X	29	N30	DENY: INELIGIBLE DUE TO UNTIMELY SUBMISSION TO PRIMARY CARRIER
EX0Y	96	M139	SERVICE LIMITED TO ONE PER CONDITION
EX0Z	96	M139	SERVICE LIMITED TO ONE CODE PER DAY
EX10	10	N517	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX
EX14	14		DENY: THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE
EX16	199	N657	DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED
EX17	164		DENY:REQUESTED INFORMATION BY THE PROVIDER WAS NOT PROVIDED
EX18	18	N522	DENY: DUPLICATE CLAIM SERVICE
EX19	19	N418	DENY: WORK RELATED INJURY AND THE LIABILITY OF WORKER S COMP CARRIER
EX1C	A1	N237	MEDICAL HOSPITAL DETAIL RECORD CANCELLED
EX1D	45		PAY IN FULL : (MEMBER ELIGIBILITY VERIFIED)
EX1E	45		PAY: THE CONTRACT IS INELIGIBLE DURING AUTHORIZED PERIOD
EX1G	45		PAY IN FULL: PARTIAL ELIGIBILITY VERIFIED
EX1H	A1	N767	PROVIDER NOT CURRENTLY ON STATE LTSS FILE-WILL RECONSIDER ONCE ON FILE
EX1I	223		INFO: Provider Allowable adjusted to include ACA Parity Payment
EX1J	A1	N362	ADJUST: ONE TREATMENT ROOM PER DAY INCLUDING DRUGS AND SUPPLIES
EX1K	6	N129	DENY: CPT OR DX CODE IS NOT VALID FOR AGE OF PATIENT
EX1L	B14	M86	DENY: VISIT & PREVEN CODES ARE NOT PAYABLE ON SAME DOS W O DOCUMENTATION
EX1N	A1	N362	DENY-REIMBURSEMENT LIMITED TO 1 PER CALENDAR MONTH
EX1O	45		PAY \$0: PER STATE GUIDELINES - PROCEDURE REPORTABLE BUT NOT REIMBURSABLE
EX1P	96	N767	DENY: RENDERING PROVIDER NOT REGISTERED WITH STATE MEDICAID FOR THIS DOS
EX1Q	16	M49	DENY: MISSING OR INVALID CBSA AREA
EX1R	45		PAY: PAID ACCORDING TO AUTHORIZED LEVELS OF CARE
EX1T	96	N30	DENY: MEMBER ENROLLED IN HEALTH HOME, DENY TCM
EX1U	A1	N448	DENY: PROCEDURE COVERAGE NOT DEFINED BY MEDICAID - PROVIDER TO RESUBMIT
EX1V	16	MA30	TYPE OF BILL: NONPAYMENT/ZERO CLAIMS

EX1W	96	N30	DENY: MEMBER NOT ELIGIBLE FOR ONECARE CLAIMS
EX1Y	A1	M90	DENY: SERVICE LIMITED TO 1 PER YEAR
EX1a	206		DENY ORDERING PROVIDER NPI/NAME IS MISSING
EX1b	206		REFERRING NPI NOT SUBMITTED ON CLAIM
EX1c	183	N767	DENY: REFERRING PROVIDER NOT REGISTERED WITH STATE MEDICAID
EX1d	184	N767	DENY: ORDERING/PRESCRIBING PROVIDER NOT REGISTERED WITH STATE MEDICAID
EX1i	16	M49	DENY: MISSING OR INVALID CBSA AREA
EX1n	45		PAYMENT HAS BEEN REDUCED BASED ON THE STATE ER REDUCTION GUIDELINES
EX1o	22		CONNOLLY MEDICARE DISALLOWANCE
EX1p	22		CONNOLLY MEDICARE DISALLOWANCE
EX1q	45		CONNOLLY OVERPAYMENT PROJECT
EX1r	96	N10	CONNOLLY OVERPAYMENT PROJECT
EX1s	215		RAWLINGS SUBROGATION
EX20	20		DENY: THIS INJURY IS COVERED BY THE LIABILITY CARRIER
EX21	21		DENY: CLAIM THE RESPONSIBILITY OF THE NO-FAULT CARRIER
EX22	22	N598	DENY: THIS CARE IS COVERED BY A COORDINATION OF BENEFITS CARRIER
EX23	23		DENY: CHARGES HAVE BEEN PAID BY ANOTHER PARTY-COB
EX24	24		DENY: CHARGES COVERED UNDER CAPITATION
EX25	299		DENY: YOUR STOP LOSS DEDUCTIBLE HAS NOT BEEN MET
EX26	26	N650	DENY:MEMBER NOT ELIGIBLE ON DATE OF SERVICE
EX27	27	N52	DENY: EXPENSES INCURRED AFTER COVERAGE WAS TERMINATED
EX28	26	N650	DENY:MEMBER NOT ELIGIBLE ON DATE OF SERVICE
EX29	29	N30	DENY:THE TIME LIMIT FOR FILING A CLAIM HAS EXPIRED
EX2A	45		YOU ARE NOT THE PREFERRED PROVIDER FOR THIS SERVICE
EX2D	16	M51	DENY: NON-SPECIFIC ICD9 PROCEDURE-REQUIRES 3RD DIGIT-PLEASE RESUBMIT
EX2J	45		ADJUST: COVERED STAND-ALONE REVENUE CODE LIMITED TO ONE UNIT
EX2L	197	N596	DENY: NO AUTH OBTAINED FOR LOCATION BILLED SUBMITTED
EX2N	29	N30	CLAIM MUST BE RECVD AT LEAST 31 DAYS AFT DOS WHEN USING OA192
EX2Y	A1	N362	DENY: SERVICE LIMITED TO 2 PER YEAR
EX2a	45		OTHER INS CARRIER PAYMENT APPLIED
EX2h	45		INFO: PROC CODES CONSIDERED INFORMATIONAL ONLY BY CMS
EX2i	45		PAYMENT ADJUSTED ACCORDING TO PAYMENT OR CLINICAL POLICY
EX34	34		DENY: INSURED HAS NO COVERAGE FOR NEWBORNS
EX35	119	N587	DENY: BENEFIT MAXIMUM HAS BEEN REACHED
EX36	45		BALANCE DOES NOT EXCEED COPAYMENT AMOUNT
EX37	23		DENY: BALANCE DOES NOT EXCEED DEDUCTIBLE
EX38	242		DENY: SERVICES NOT PROVIDED OR AUTHORIZED BY OUR PROVIDERS
EX39	39	N627	DENIED AT THE TIME OF AUTHORIZATION REQUEST
EX3D	A1	M76	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 4TH DIGIT PLEASE RESUBMIT
EX3I	A1	M76	DENY: NON-SPECIFIC ICD9 PROCEDURE-REQUIRES 4TH DIGIT-PLEASE RESUBMIT
EX3J	16	M50	ADJUST: REVENUE CODE INVALID FOR OHIO MEDICAID
EX3L	19	N418	DENY: BENEFIT IS LIMITED TO 4 IN A 90 DAY PERIOD
EX3M	A1	M51	DENY: CODE(S) MUST BE SUBMITTED WITH 80500-26. PLEASE RE-BILL
EX3P	A1	N381	DENY: PAID UNDER SETTLEMENT
EX3Q	233	N627	DENY: PROVIDER PREVENTABLE CONDITIONS
EX3V	45		PAY: NEGOTIATED RATE
EX40	40	N627	DENY: CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENCY CARE OUT OF AREA
EX41	45		PREFERRED PROVIDER DISCOUNT
EX42	45		CHARGES EXCEED YOUR CONTRACTED FEE SCHEDULE
EX43	45		GRAMM RUDMAN REDUCTION
EX44	45		PROMPT PAY DISCOUNT
EX45	45		CHARGES EXCEED REASONABLE AND CUSTOMARY AMOUNTS

EX46	96	N216	DENY: THIS SERVICE IS NOT COVERED
EX47	167	N30	DENY: THIS DIAGNOSIS IS NOT COVERED
EX48	96	N216	DENY: THIS PROCEDURE IS NOT COVERED
EX49	49	M86	DENY: THESE ARE NONCOVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM
EX4A	216	N539	DENY:CLAIM WAS PREVIOUSLY APPEALED AND CONTINUES TO BE DENIED
EX4B	58	N563	DENY: SERVICE NOT REIMBURSABLE IN THIS LOCATION
EX4C	16	M76	DENY: DIAGNOSIS CODE 16 MISSING OR INVALID
EX4D	A1	M76	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT
EX4E	16	M76	DENY: DIAGNOSIS CODE 17 MISSING OR INVALID
EX4G	95		DENY: MEDICAID SANCTIONED/TERMED/EXCLUDED PROVIDER
EX4H	50	N130	DENY-Breast MRI CAD not clinically proven
EX4I	223		INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK
EX4J	45		ADJUST: REV. CODE NOT COVERED BY OHIO MEDICAID DO NOT BILL MEMBER
EX4N	16	M76	DENY: DIAGNOSIS CODE 19 MISSING OR INVALID
EX4P	16	M76	DENY: DIAGNOSIS CODE 20 MISSING OR INVALID
EX4V	97	M15	SERVICES REIMBURSED ACCORDING TO THE ASC GUIDELINES/FEE SCHEDULE
EX4W	16	M76	DENY: DIAGNOSIS CODE 22 MISSING OR INVALID
EX4Z	16	M76	DENY: DIAGNOSIS CODE 23 MISSING OR INVALID
EX4a	16	MA65	DENY: ADMITTING DIAGNOSIS MISSING OR INVALID
EX4b	16	MA63	DENY: DIAGNOSIS CODE 1 MISSING OR INVALID
EX4c	16	MA76	DENY: DIAGNOSIS CODE 2 MISSING OR INVALID
EX4d	16	MA76	DENY: DIAGNOSIS CODE 3 MISSING OR INVALID
EX4e	16	MA76	DENY: DIAGNOSIS CODE 4 MISSING OR INVALID
EX4f	16	MA76	DENY: DIAGNOSIS CODE 5 MISSING OR INVALID
EX4g	16	MA76	DENY: DIAGNOSIS CODE 6 MISSING OR INVALID
EX4h	16	MA76	DENY: DIAGNOSIS CODE 7 MISSING OR INVALID
EX4i	16	MA76	DENY: DIAGNOSIS CODE 8 MISSING OR INVALID
EX4j	16	MA76	DENY: DIAGNOSIS CODE 9 MISSING OR INVALID
EX4k	16	MA76	DENY: DIAGNOSIS CODE 10 MISSING OR INVALID
EX4l	16	MA76	DENY: DIAGNOSIS CODE 11 MISSING OR INVALID
EX4m	16	MA76	DENY: DIAGNOSIS CODE 12 MISSING OR INVALID
EX4n	16	MA76	DENY: DIAGNOSIS CODE 13 MISSING OR INVALID
EX4o	16	MA76	DENY: DIAGNOSIS CODE 14 MISSING OR INVALID
EX4p	16	MA76	DENY: DIAGNOSIS CODE 15 MISSING OR INVALID
EX50	A1	N216	DENY:NOT A COVERED BENEFIT
EX51	10	N517	PLEASE RESUBMIT CLAIM TO THE STATE FOR CONSIDERATION
EX52	A1		DENY: PROVIDER NOT CONTRACTED FOR THIS MEMBER S GROUP
EX55	108	N130	DENY: THIS ITEM AVAILABLE FOR PURCHASE ONLY
EX56	45		PAY: SERVICE ADDED BY CODE AUDITING SOFTWARE
EX57	16	M51	DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE
EX58	16	M49	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION
EX5A	1		DENY: MAXIMUM ANNUAL BENEFIT HAS BEEN REACHED FOR MEMBER
EX5J	45		ADJUST: CHARGES INCLUDED IN ASC PAYMENT
EX5L	272	N584	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET
EX5W	16	MA69	DENY: PATIENT REASON FOR VISIT REQ OUT-PT HOSPITAL
EX5v	16	M76	DENY: DIAGNOSIS CODE 18 MISSING OR INVALID
EX5z	16	M76	DENY: DIAGNOSIS CODE 21 MISSING OR INVALID
EX63	96	N129	DENY: SERVICE NOT COVERED BASED ON AGE OF PATIENT AND PROVIDER SPECIALTY
EX65	45		PAYMENT REDUCED.PT DID NOT SELECT MEDICARE PART B,BILL PT THE BALANCE
EX67	45		PAY: CODE WAS SUPERSEDED BY CODE AUDITING SOFTWARE
EX6J	45		ADJUST: PREVIOUS PAYMENT BASED ON INCORRECT UNIT BILLING
EX6L	16	N4	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL

EX6M	16	N252	ATTENDING NPI NOT SUBMITTED ON CLAIM
EX6N	16	M119	DENY: NDC NUMBER MISSING OR INVALID
EX6X	39	N627	ENTIRE STAY DENIED BY MEDICAL SERVICES
EX6a	16	M51	DENY: ICD9/10 PROC CODE 1 VALUE OR DATE IS MISSING/INVALID
EX6b	16	M51	DENY: ICD9/10 PROC CODE 2 VALUE OR DATE IS MISSING/INVALID
EX6c	16	M51	DENY: ICD9/10 PROC CODE 3 VALUE OR DATE IS MISSING/INVALID
EX6d	16	M51	DENY: ICD9/10 PROC CODE 4 VALUE OR DATE IS MISSING/INVALID
EX6e	16	M51	DENY: ICD9/10 PROC CODE 5 VALUE OR DATE IS MISSING/INVALID
EX6f	16	M51	DENY: ICD9/10 PROC CODE 6 VALUE OR DATE IS MISSING/INVALID
EX6g	16	M51	DENY: ICD9/10 PROC CODE 7 VALUE OR DATE IS MISSING/INVALID
EX6h	16	M51	DENY: ICD9/10 PROC CODE 8 VALUE OR DATE IS MISSING/INVALID
EX6i	16	M51	DENY: ICD9/10 PROC CODE 9 VALUE OR DATE IS MISSING/INVALID
EX6j	16	M51	DENY: ICD9/10 PROC CODE 10 VALUE OR DATE IS MISSING/INVALID
EX6k	16	M51	DENY: ICD9/10 PROC CODE 11 VALUE OR DATE IS MISSING/INVALID
EX6l	16	M51	DENY: ICD9/10 PROC CODE 12 VALUE OR DATE IS MISSING/INVALID
EX6m	16	M51	DENY: ICD9/10 PROC CODE 13 VALUE OR DATE IS MISSING/INVALID
EX6o	16	M51	DENY: ICD9/10 PROC CODE 14 VALUE OR DATE IS MISSING/INVALID
EX6p	16	M51	DENY: ICD9/10 PROC CODE 15 VALUE OR DATE IS MISSING/INVALID
EX6q	16	M51	DENY: ICD9/10 PROC CODE 16 VALUE OR DATE IS MISSING/INVALID
EX6r	16	M51	DENY: ICD9/10 PROC CODE 17 VALUE OR DATE IS MISSING/INVALID
EX6s	16	M51	DENY: ICD9/10 PROC CODE 18 VALUE OR DATE IS MISSING/INVALID
EX6t	16	M51	DENY: ICD9/10 PROC CODE 19 VALUE OR DATE IS MISSING/INVALID
EX6u	16	M51	DENY: ICD9/10 PROC CODE 20 VALUE OR DATE IS MISSING/INVALID
EX6v	16	M51	DENY: ICD9/10 PROC CODE 21 VALUE OR DATE IS MISSING/INVALID
EX6w	16	M51	DENY: ICD9/10 PROC CODE 22 VALUE OR DATE IS MISSING/INVALID
EX6x	16	M51	DENY: ICD9/10 PROC CODE 23 VALUE OR DATE IS MISSING/INVALID
EX6y	16	M51	DENY: ICD9/10 PROC CODE 24 VALUE OR DATE IS MISSING/INVALID
EX6z	16	M51	DENY: ICD9/10 PROC CODE 25 VALUE OR DATE IS MISSING/INVALID
EX71	45		ADJUST: PRIMARY INS MEDICARE PAYMENT AMOUNT ADJUSTED
EX76	119	N587	DENY: MULTIPLE SURGERY REIMBURSEMENT HAS BEEN REACHED
EX79	45		PAY: PAYMENT REDUCED BASED ON MULTIPLE THERAPY RULES
EX7B	45		ADJUSTMENT: ORIGINAL CLAIM BILLED USING INCORRECT CPT HCPC CODE
EX7D	16	N56	DENY: Non Covered - Billed outside of the last 7 days of life for SIA
EX7E	252	M127	DENY: MEDICAL RECORDS ARE NECESSARY TO PROCESS THE CLAIM
EX7F	45		PAY:PAYMENT PROCESSED ACCORDING TO A MEDICAL RECORD REVIEW
EX7J	45		ADJUST: ADMISSION INAPPROPRIATE PER MEDICAL REVIEW OF RECORD
EX7N	97	M15	DENY: SERVICE IS NOT PAYABLE CONCURRENTLY WITH VISION EXAM AS BILLED
EX7T	A1	N362	DENY:MAXIMUM DAILY BENEFIT HAS BEEN REACHED
EX80	45		REPLACEMENT CODE REBUNDLED BY HPR CODEREVIEW SOFTWARE
EX81	16	M49	ORIGINAL CODE WAS REPLACED BY HPR CODEREVIEW SOFTWARE
EX83	B5	N584	CODE IS DENIED BY HPR CODEREVIEW SOFTWARE
EX84	45		PAID AT REDUCED RATES PER HPR CODEREVIEW
EX85	45		INTEREST CHARGES
EX86	16	N823	DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE
EX8C	133		DENY: CORAM CLAIMS AWAITING SETTLEMENT DECISION
EX8J	186		ADJUST: PAID AT DRG RATE INSTEAD OF LEVEL OF CARE RATE
EX8M	16	M76	DENY: ECI Diagnosis 1 invalid or requires additional digit.
EX8N	16	M76	DENY: ECI Diagnosis 2 invalid or requires additional digit.
EX8O	16	M76	DENY: ECI Diagnosis 3 invalid or requires additional digit.
EX8P	16	M76	DENY: ECI Diagnosis 4 invalid or requires additional digit.
EX8Q	16	M76	DENY: ECI Diagnosis 5 invalid or requires additional digit.
EX8R	16	M76	DENY: ECI Diagnosis 6 invalid or requires additional digit.

EX8S	16	M76	DENY: ECI Diagnosis 7 invalid or requires additional digit.
EX8T	97	M15	DENY: SERVICE INCLUDED IN DELIVERY PAYMENT
EX8U	16	M76	DENY: ECI Diagnosis 8 invalid or requires additional digit.
EX8V	16	M76	DENY: ECI Diagnosis 9 invalid or requires additional digit.
EX8W	16	M76	DENY: ECI Diagnosis 10 invalid or requires additional digit.
EX8X	16	M76	DENY: ECI Diagnosis 11 invalid or requires additional digit.
EX8Z	16	M76	DENY: ECI Diagnosis 12 invalid or requires additional digit.
EX8c	16	N317	DENY: DISCHARGE HOUR MISSING OR INVALID
EX8d	16	N50	DENY: DISCHARGE STATUS INVALID FOR TYPE OF BILL
EX8j	16	MA41	DENY: ADMIT TYPE OR SOURCE OR DISCH STATUS MISSING/INVALID
EX90	24		SERVICE IS PAID UNDER CAPITATION AGREEMENT
EX91	45		PAYMENT IN FULL
EX92	45		PAID IN FULL
EX96	236		DENY: SERVICE CAN NOT BE COMBINED WITH OTHER SERVICE ON SAME DAY
EX97	97	M15	PAYMENT IS INCLUDED IN ALLOWANCE FOR BASIC SERVIC
EX98	181	N517	DENY: PROCEDURE INVALID FOR YEAR WHICH SERVICE WAS RENDERED
EX99	16	MA130	DENY:MISC UNLISTED CODES CAN NOT BE PROCESSED W O DESCRIPTION REPORT
EX9B	109	N216	DENY: PATIENT IS 9TH MONTH EXEMPTION. BILL STRAIGHT T19
EX9C	A1	M127	DENY: SEND COMPLETE MEDICAL RECORDS FROM DOS 1 97 TO PRESENT
EX9D	204	N130	DENY:NINTH MONTH OUT OF AREA IS NOT A COVERED SERVICE
EX9E	16	M49	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION
EX9F	45		PAY: CODE (S) ADDED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION
EX9H	272	N58	DENY: CODE QUESTIONED BY CODE AUDIT SOFTWARE-DENIED AFTER MEDICAL REVIEW
EX9I	164		INFORMATION REQUESTED WAS NOT RECEIVED WITHIN THE TIME FRAME SPECIFIED
EX9J	45		ADJUST: PREVIOUS ANESTHESIA PAYMENT BILLED PAID INCORRECTLY
EX9K	16	MA130	CLAIM CANNOT BE PROCESSED WITHOUT PATHOLOGY REPORT
EX9L	B15	M51	DENY: PROC MUST BE BILLED WITH COMMERICAL AMBULATORY SVC BASE RATE
EX9M	11	N657	DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS
EX9N	A1	M29	CLAIM CANNOT BE PROCESSED WITHOUT OPERATIVE REPORT
EX9O	16	M76	DENY: PATIENT REASON DIAGNOSIS 1 INVALID OR REQ ADDL DIGIT
EX9Q	45		PAID AT A % OF BILLED CHARGES
EX9R	45		AMOUNT CHARGE FOR SERVICE EQUALS ZERO
EX9S	16	M76	DENY: PATIENT REASON DIAGNOSIS 2 INVALID OR REQ ADDL DIGIT
EX9U	A1	N661	DOES NOT MEET CONTINUITY OF CARE
EX9V	16	M76	DENY: PATIENT REASON DIAGNOSIS 3 INVALID OR REQ ADDL DIGIT
EX9W	96	N10	OVERPAYMENT DETECTED ACCORDING TO PAYMENT OR CLINICAL POLICY
EX9b	16	N46	DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30
EX9c	45		PAY: NOT AN ENCOUNTER CODE
EX9y	16	M76	ICD REFERRAL INDICATOR BILLED DOES NOT MATCH ICD DX CODE BILLED
EX9z	16	M76	INCORRECT USE OF ICD-9 AND ICD-10 CODES
EXA0	16	M53	DENY: \$0 AND/OR 0 UNITS BILLED RESUBMIT WITH CORRECTED CLAIM
EXA1	197		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXA3	16	N291	DENY: SERVICES SUBMITTED WITHOUT BCHP PROVIDER NUMBER
EXA8	197		DENY: NO AUTHORIZATION ON FILE
EXAA	197		DENY: UNAUTHORIZED SERVICE: BILL PATIENT
EXAB	197		DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW
EXAC	197		DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT
EXAD	197		DENY: UNAUTHORIZED ADMISSION. DO NOT BILL PATIENT. (INPATIENT REVIEW)
EXAE	50	N661	DENY: HOSPITAL CONFINEMENT CEASED PER MED REVIEW
EXAF	B20		DENY: CONCURRENT CARE RENDERED BY SAME SPECIALTY PHYSICIAN
EXAG	40	N627	DENY: SERVICE DOES NOT MEET EMERGENCY CRITERIA, BILL PATIENT
EXAH	95	N627	DENY:PER MEDICAL REVIEW PATIENT NOT HOSPITALIZED AT TIME OF SERVICE

EXAI	45		PAY: ADMINISTRATION INCLUDED IN IMMUNIZATION PAYMENT
EXAJ	45		ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE
EXAK	B5	N584	DENY: UNTIL HOSPITAL CALLS IN ADMISSION
EXAQ	236		ACE CLAIM LEVEL RETURN TO PROVIDER (REVIEW CLAIM REMARKS)
EXAR	242		DENY: NON-MEMBER LAB - BILL REFERRING PROVIDER
EXAS	40	N627	DENY: BASED ON REVIEW OF MED REC - PLP EMERGENCY DEFINITION NOT MET
EXAT	108	N130	APNTA MONITORS WERE NOT PURCHASED
EXAV	45		APC: PACKAGED SERVICE
EXAX	45		ADJUSTMENT: DUPLICATE PAYMENT PER CLAIM AUDIT
EXAY	236		ACE CLAIM LEVEL DENIAL
EXAZ	45		HIV - STATE APPROVED
EXAa	23		INFORMATIONAL: CLAIM PROCESSED THROUGH COORDINATION OF BENEFITS
EXAc	A1	M20	APC/HHA/ASC/ESRD PRICER-INVALID HCPCS CODE
EXAd	11		DENY: COMPLIANCE ISSUE WITH DELIVERY CODE BILLED ON PREGNANCY CLAIM
EXAf	45		INFO: APPEAL WITHDRAWN
EXAg	236		ACE CLAIM LEVEL REJECTION
EXAh	16	N657	APC/HHA/ASC/ESRD PRICER-INVALID PARTIAL HOSPITALIZATION CLAIM
EXAi	96	N216	DENY: ICD-10 procedure not covered
EXAm	197		DENY: ADMINISTRATIVE DENIAL
EXAn	A1	N349	DENY: ADMIN CODE AND VACCINE MUST BE SUBMITTED TOGETHER
EXAs	16	MA40	DENY: INPT CLAIM EFF DATE BEFORE ADMIT DATE
EXAu	16	M53	APC/HHA/ASC/ESRD PRICER-INVALID UNITS FOR THIS MODIFIER
EXAv	16	N823	APC/HHA/ASC/ESRD PRICER-INVALID MODIFIER
EXAy	A1	M126	APC: INCORRECT CODING OF LAB PANEL COMPONENTS
EXBD	96	N216	DENY:THIS IS NOT A COVERED SERVICE
EXBG	282	MA30	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT
EXBH	45		PAID AS PRIMARY, NON-COMPLIANT MEMBER
EXBI	16	N63	DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL
EXBJ	45		ADJUST: HOME EQUIPMENT OR SUPPLIES PREVIOUSLY PAID INCORRECTLY
EXBK	16	N345	DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT
EXBO	B20		DENY:NOT PAYABLE-ANOTHER PROVIDER FACILITY BILLED FOR COMPLETE SERVICE
EXBP	26	N650	DENY: MBR NOT EFFECTIVE W BHP ON DATE OF SERVICE SUBMIT TO SUMMA CARE
EXBQ	26	N650	DENY: MEMBER NOT EFF. W BUCKEYE ON DATE OF SERVICE, SUBMIT TO MEDIPLAN
EXBS	16	M52	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT
EXBT	96	N130	INPATIENT ANCILLARY SERVICES NOT PAYABLE WHEN ROOM & BOARD DENIED
EXBV	27	N52	DENY: BILL USSCRIPT - RESPONSIBLE FOR CAREMARK AFTER 6 15 08
EXBW	16	M49	DENY: MISSING VALUE CODE AND OR BIRTHWEIGHT ON CLAIM, PLEASE RESUBMIT
EXBY	45		REQUEST COMPLETE - NO ACTION NECESSARY
EXBZ	B15	M51	DENY: PLEASE RESUBMIT WITH CORRESPONDING E & M CODE FOR PAYMENT
EXBd	16	M64	DENY: UNSPECIFIED DIAGNOSIS BILLED--CORRECT AND RESUBMIT
EXBg	288	N489	DENY: NO REFERRAL ON FILE THAT MATHCES SERVICE(S) BILLED
EXC2	97	M15	CPT HAS BEEN REBUNDLED ACCORDING TO CLAIM AUDIT
EXC6	A1	N22	CPT HAS BEEN REPLACED ACCORDING TO CLAIM AUDIT
EXC8	A1	N199	CPT HAS BEEN DENIED ACCORDING TO CLAIM AUDIT
EXC9	45		NEW CPT ISSUED DUE TO CLAIM AUDIT
EXCB	197	N596	AUTHORIZATION IS CANCELLED -ERROR IN ENTRY
EXCC	109	N216	DENY: CONTINUITY OF CARE,BILL PREVIOUS INSURANCE CARRIER
EXCH	109	N216	FORWARDED TO OUR CAPPED CHIROPRACTIC PROVIDER
EXCK	45		ADJUSTMENT: PROVIDER BILLED INCORRECTLY & SUBMITTED REIMBURSEMENT
EXCL	A1	N130	DO NOT USE
EXCM	45		MEMBER ON REVIEW FOR CASE MANAGEMENT
EXCN	B20		DENY: NOTPAYABLE ANESTHESIOLOGIST BILLED FOR COMPLETE SERVICES

EXCS	32	N52	DENY: PATIENT IN CHILD PROTECTIVE SERVICES
EXCU	45		TO CASE MANAGEMENT ADJUSTOR
EXCW	45		PAY ZERO: PLEASE RESUBMIT SERVICES UNDER CLINIC PROVIDER # FOR PAYMENT
EXCY	A1	N210	DENY: SERV PREVIOUSLY DENIED SUBMIT WRITTEN APPEAL FOR RECONSIDERATION
EXCa	24		DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT
EXCd	96	N61	DENY: INDIVIDUAL DATES OF SERVICE ARE REQUIRED - CORRECT AND RESUBMIT
EXCg	A1	M49	TOTAL COGNITIVE SCORE, ADMISSION, OUT OF RANGE
EXCh	45		PAID PER OPTUM TRANSPLANT CONTRACT
EXCv	16	M119	DENY:NDC NOT REBATABLE BASED ON STATE PDL
EXD1	97	M15	DENY: SERVICE INCLUDED IN E.R. VISIT
EXD3	A1	N381	DENY: EXCEEDS ESTABLISHED CONTRACTED REIMBURSEMENT - DO NOT BILL PT
EXD4	A1	N381	DENY:NOT REIMBURSEABLE PER STATE GUIDELINES
EXD8	97	M15	DENY: SERVICES INCLUDED IN THE R&B PAYMENT
EXDD	252	N3	DENY:SIGNED PATIENT CONSENT FORM HAS NOT BEEN RECEIVED
EXDI	16	M64	DENY: DIAGNOSIS LEVEL MISSING OR INVALID--CORRECT AND RESUBMIT
EXDJ	96	N56	DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT
EXDL	16	N34	DENY: REBILL USING A PHARMACY CLAIM FOR THIS SERVICE
EXDM	97	M15	PMT FOR DRUG AND SUPPLIES ARE INCLUDED IN TREATMENT ROOM REINBURSEMENT
EXDN	97	M15	DENY: PROCEDURES INCLUDED IN FINAL RESTORATION
EXDO	A1	M64	E&V DIAGNOSIS CODES ARE NOT VALID FOR PRIMARY DIAG PLEASE RESUBMIT
EXDQ	251	N228	DENY: MEMBER UNDER 21 YRS OF AGE WHEN SIGNING CONSENT FORM
EXDS	18	N522	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS
EXDT	109	N216	DENY: PLEASE SUBMIT TO DENTAL CARRIER FOR PROCESSING
EXDW	16	M64	DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT
EXDX	A1	M76	DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE
EXDY	A1	MA91	DENY: APPEAL DENIED
EXDZ	198	N54	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT
EXDc	181	M67	DENY: OH DISCONTINUED CODES
EXDi	97	M15	INFO ONLY: DRG Payment reflects drg payment and payment for implants
EXDm	45		PAY: RENDERING PROVIDER NOT REGISTERED WITH OHIO MEDICAID FOR THIS DOS
EXDn	45		PAY: MANUAL REVIEW OF PMF STATUS TO DETERMINE PAY OR DENY
EXDr	16	MA30	DENY: CLAIM DOES NOT MEET EARLY ELECTIVE DELIVERY
EXDs	45	N448	NO FEE ON FEE SCHEDULE, PAID DEFAULT % PER STATE OR PROVIDER CONTRACT
EXE0	16	N318	DENY: DISCHARGE HOUR, ADMIT DATE/HOUR MISSING/INVALID ON INPAT CLAIM
EXE2	16	N46	DENY: ADMIT TYPE/SOURCE AND/OR DISCHARGE STATUS/HOUR COMBO INVALID
EXE4	16	MA42	DENY: INVALID OR MISSING ADMISSION SOURCE
EXE6	16	MA41	DENY: INVALID OR MISSING ADMIT TYPE
EXE8	16	N50	DENY: INVALID OR MISSING DISCHARGE STATUS OR HOUR
EXEA	45		ADJUST: APPEAL APPROVED -AUTHORIZATION ENTERED
EXEB	A1	N10	DENY:BASED ON MEDICAL REVIEW, THIS SERVICE WAS NOT MEDICALLY NECESSARY
EXEC	16	MA63	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT
EXED	45		INFO ONLY-Early Elective Delivery Payment
EXEF	184	N767	BILLING PROVIDER NOT REGISTERED WITH IA DHS/IOWA MEDICAID
EXEI	184	N767	ORDERING PROV NOT REGISTERED WITH IA DHS/IOWA MEDICAID
EXEJ	45		ADJUST: HOME HEALTH VISIT OVERHEAD PREVIOUSLY PAID INCORRECTLY
EXEK	8	N657	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY
EXEL	164		DENY: SERVICE MUST BE BILLED WITHIN 72 HOURS OF DISCHARGE
EXEN	234	M15	ENCOUNTER RATE PAY-ALL SVCS INCLUSIVE
EXEQ	11	N657	DENY: DIAGNOSIS DOES NOT SUPPORT E M BILLED
EXES	251	N12	DENY: MISSING EPSDT SCREENING CODE
EXET	16	M44	DENY: REQUIRED REFERRAL CODE FOR HEALTH CHECK VISIT INVALID OR MISSING
EXEY	167	N30	DIAGNOSIS IS NOT COVERED, BILL STATE ENTITY

EXEa	16	M76	ESRD PRICER: MISSING DIAGNOSIS CODE
EXEb	16	M53	ESRD PRICER: INVALID UNITS FOR REVENUE CODE
EXEc	16	M53	ESRD PRICER: MEDICALLY UNLIKELY EDIT
EXEf	16	N61	ESRD PRICER: SERVICE BILLED AS PANEL
EXEg	16	M53	ESRD PRICER: INVALID UNITS FOR MODIFIER
EXEh	45	97	ESRD PRICER: PAYMENT INCLUDED IN COMPOSITE RATE
EXEj	16	M20	ESRD PRICER: INCORRECT BILLING OF TELEHEALTH SITE FEE
EXEk	45		ESRD PRICER: ITEMS PAID AT A USER-DEFINED PERCENT OF CHARGES
EXEn	16	N822	ESRD PRICER: HCT/HGB EXCEEDS THRESHOLD W/O APPROPRIATE MODIFIER
EXEp	16	N147	ESRD PRICER: INVALID CASE-MIX ADJUSTMENT
EXEr	4	N519	ESRD PRICER: INCORRECT BILLING OF AMCC TEST
EXEs	16	MA130	INVALID OR MISSING REQUIRED ESRD OR HHA CLAIMS DATA
EXEv	97	N111	Vendor visit data currently used on a prior claim (duplicate)
EXF1	16	M76	Deny: Field 19 does not contain value 20-44
EXF2	16	MA30	Deny: Field 19 does not contain LV,LC, IV, IC, CN, CS
EXF3	16	M76	DENY: MISSING DELIVERY CODE IN FIELD 19
EXF8	45		PAY : \$0 HAP BONUS ALREADY PAID WITHIN 90 DAYS
EXF9	96	N30	DENY: ONECARE SPENDDOWN MEMBER'S STATUS IS UNMET
EXFA	45		ADJUSTMENT: CLAIM WENT TO INCORRECT FUND
EXFC	A1	N129	BIRTH DATE BEFORE ADMISSION DATE/FROM DATE
EXFD	109	N216	DENY: RESUBMIT CLAIM TO FIRST DENT FOR PAYMENT
EXFG	A1	M49	SELF CARE, GROOMING (FIM39B, ADMISSION VALUE) IS OUT OF RANGE
EXFH	A1	N54	DENY: LEVEL OF CARE BILLED IS DIFFERENT THAN AUTHORIZED
EXFJ	45		ADJUST: VISIT OR SERVICE INCLUDED IN OB DELIVERY PAYMENT
EXFK	A1	M49	SELF CARE, DRESSING, LOWER BODY (FIM39E, ADMISSION VALUE) IS OUT OF RANG
EXFM	A1	M49	SPHINCTER, BLADDER MANAGEMENT (FIM39G, ADMISSION VALUE) OUT OF RANGE
EXFN	A1	M49	SPHINCTER, BOWEL MANAGEMENT (FIM39H, ADMISSION VALUE) IS OUT OF RANGE
EXFO	A1	M49	SELF CARE, EATING (FIM39A, ADMISSION VALUE) IS OUT OF RANGE
EXFP	96	N35	DENY: Claims denied for Provider Fraud
EXFS	A1	6	COMPUTED AGE IS GREATER THAN 140 YEARS
EXFT	A1	M49	TRANSFERS, TOILET (FIM39J, ADMISSION VALUE) IS OUT OF RANGE
EXFU	A1	M49	LOCOMOTION, STAIRS (FIM39M, ADMISSION VALUE) IS OUT OF RANGE
EXFV	A1	M49	COMPREHENSION (FIM39N, ADMISSION VALUE) IS OUT OF RANGE
EXFW	A1	M49	EXPRESSION (FIM39O, ADMISSION VALUE) IS OUT OF RANGE
EXFX	96	N760	DENY: SE MODIFIER NOT ALLOWED FOR NON-340B ENTITIES
EXFY	A1	M49	PROBLEM SOLVING (FIM39Q, ADMISSION VALUE) IS OUT OF RANGE
EXFZ	B12	N199	DENY: DOCUMENTATION DOES NOT REFLECT ALL COMPONENTS OF BILLED E M
EXFa	A1	M49	LOCOMOTION, WALK/WHEELCHAIR (FIM39L, ADMISSION VALUE) IS OUT OF RANGE
EXFb	A1	M49	SOCIAL INTERACTION (FIM39P, ADMISSION VALUE) IS OUT OF RANGE
EXFc	A1	M49	MEMORY (FIM39R, ADMISSION VALUE) IS OUT OF RANGE
EXFd	A1	N327	INVALID BIRTH DATE
EXFe	A1	MA40	INVALID ADMISSION DATE/FROM DATE
EXFh	A1	M49	SELF CARE, BATHING (FIM39C, ADMISSION VALUE) IS OUT OF RANGE
EXFj	A1	M49	SELF CARE, DRESSING, UPPER BODY (FIM39D, ADMISSION VALUE) IS OUT OF RANG
EXFi	A1	M49	SELF CARE, TOILETING (FIM39F, ADMISSION VALUE) IS OUT OF RANGE
EXFp	A1	M49	TRANSFERS, BED, CHAIR, WHEELCHAIR (FIM39I, ADMISSION VALUE) IS OUT OF RA
EXFy	45		AFTER REVIEW,PREVIOUS DECISION IS UPHELD
EXG3	133		PENDED CLAIM REVIEW COMPLETED
EXG8	119	N587	DENY: ONE CLAIM ALLOWED FOR TYPE OF SERVICE DURING 6 MTH PERIOD
EXGA	6	N129	DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE
EXGB	A1	N130	DENY: GLOBAL CODE IS INVALID PER STATE GUIDELINES
EXGC	A1	N61	DENY:PER ST. GUIDELINES DELIVERY MUST BE BILLED SEPARATE FROM VISITS

EXGD	45		PAY: REPROCESSED USING STATE GUIDELINES
EXGE	A1	N130	DENY: GLOBAL CODE IS INVALID PER GUIDELINES
EXGF	A1	M49	INVALID BILLING OF DEVICE CREDIT
EXGG	96	N643	NOT COVERED UNDER OPPS
EXGI	16	N182	DENY: INCORRECTLY BILLED UNDER THE GROUP RECORD
EXGJ	45		ADJUST: OB PAYMENT BASED ON INCORRECT FEE SCHEDULE
EXGL	97	M15	SERVICE COVERED UNDER GLOBAL FEE AGREEMENT
EXGM	16	N277	DENY: RESUBMIT W MEDICAID# OF INDIVIDUAL SERVICING PROVIDER IN BOX 24K
EXGS	110	N622	DENY: DATE OF SVC ON CLAIM IS GREATER THAN RECEIVED DATE,PLEASE RESUBMIT
EXGT	16	M52	INVALID SERVICE DATES BILLED
EXGX	A1	M51	DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES
EXGZ	45		PAY: SERVICE COVERED UNDER GLOBAL FEE AGREEMENT
EXGc	16	M67	RESUBMIT INDIVIDUAL PROC CODES BASED UPON DATES OF SERVICE
EXGm	96	N61	DENY:GLOBAL OB NOT ALLOWED FOR THIS MBR
EXH1	16	M79	DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING
EXH3	97	M15	DENY: INCLUDED IN ASC FEE
EXH8	181	N517	DENY: HOMEGROWN PROCEDURE CODES ARE NOT VALID FOR THIS DOS
EXH9	182	N517	DENY: HOMEGROWN MODIFIERS ARE NOT VALID FOR THIS DOS
EXHC	45		AUTH PROCEDURE CLASS NOT MATCHING
EXHF	45		PAY:PROCEDURE DOES NOT MATCH AUTHORIZATION
EXHG	197		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXHH	45		PAY: CLAIM AND AUTH PROVIDER STATUS NOT MATCHING
EXHI	45		PAY: HIGH COST
EXHJ	45		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXHK	226	N237	DATES ON MEDICAL DETAIL DO NOT MATCH
EXHL	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXHM	45		INPT & OUTPT CLAIMS TILL S.T. RESOLVES CONTRACT
EXHN	45		PAY: THE MODIFIER DOES NOT MATCH
EXHO	45		PAY: MEMBER ON REVIEW FOR HIGH RISK OB
EXHP	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXHQ	252	N3	DENY - EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED
EXHR	45		PAY: ADDITIONAL PAYMENT FOR MEDICALLY HIGH-RISK DIAGNOSIS
EXHS	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXHT	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXHU	197	N596	DENY: CLAIM TYPE DOES NOT MATCH CLAIM TYPE ON THE AUTHORIZATION
EXHV	45		PAY: HIV
EXHW	97	M15	DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED
EXHY	96	N129	EFFECTIVE 01 01 04 SERVICE IS NOT COVERED FOR MEMBERS 21 YEARS OR OLDER
EXHb	16	MA30	HHA GROUPER INVALID BILL TYPE
EXHc	16	N471	CLAIM DID NOT CONTAIN A HIPPS CODE OR HAD AN INVALID AMOUNT
EXHd	16	N471	HHA GROUPER INVALID HIPPS CODE
EXHe	16	M53	HHA PRICER: INVALID HOME HEALTH CLAIM DATES
EXHg	16	N471	HHA HIPPS CODE INDICATES NRS WERE PROVIDED, BUT NRS NOT ON CLAIM
EXHh	16	M49	HHA PRICER: INVALID OR MISSING CBSA
EXHj	16	M50	HHA FINAL CLAIM MUST HAVE AT LEAST ONE VISIT-RELATED REVENUE CODE
EXHk	16	MA76	HHA PRICER: NO AVAILABLE HHRG WEIGHT/RATE
EXHn	4	N517	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXHo	16	MA130	DENY: HOSPICE NARRATIVE NOT PRESENT
EXHp	A1	N448	DENY:SERVICES NOT ON THE FEE SCHEDULE ARE NOT SEPERATLY REIMBURSABLE
EXHr	16	N443	DENY: PROVIDERS MUST BILL A MINIMUM OF 8 HOURS
EXI1	16	N4	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT
EXI2	58	N563	DENY: PROCEDURE IS ONLY PAYABLE FOR INPATIENT LOCATION

EXI3	97	M15	CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE
EXI6	146	M64	DENY: DIAGNOSIS,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE
EXI9	A1	M76	DENY: DIAGNOSIS MISSING OR INVALID
EXIA	16	MA130	DENY: REQUIRE PROOF REPLACEMENT FRAMES ARE NECESSARY PER IAC
EXIB	11	N657	DENY: PROCEDURE ONLY COVERED WITH DIAGNOSIS OF DIABETIC FOOT DISEASE
EXIC	45		INTEREST AMOUNT
EXID	147		DENY: NO W-9 FORM ON FILE
EXIE	A1	M90	DENY: THIS CPT CODE BILLABLE ONCE PER CALENDAR YEAR PER MEMBER
EXIG	16	N50	DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT
EXIH	45		HOLD, WAIT FOR EVIDENCE OF INPATIENT HOSPITALIZATION
EXIJ	97	M15	ADJUST: VISIT IS INCLUDED IN SURGICAL FEE
EXIK	4	N517	DENY: 2ND EM NOT PAYABLE W O MODIFIER 25 & MED RECORDS, PLEASE RESUBMIT
EXIL	A1	M77	DENY: INVALID OR MISSING LOCATION CODE
EXIM	16	N823	DENY: RESUBMIT WITH CORRECT MODIFIER
EXIN	A1	M51	DENY: ORGINIAL CPT BILLED WAS AN INVALID CODE PLEASE RE-BILL
EXIQ	97	M15	DENY: INCLUDED WITH RENTAL OR PURCHASE OF EQUIPMENT
EXIV	A1	M51	DENY: CPT OR HCPCS MISSING OR INVALID
EXIW	A1	M20	DENY: ORIGINAL HCPCS BILLED WAS AN INVALID CODE. PLEASE REBILL
EXIX	A1	N50	DENY: INVALID OR MISSING ADMIT TYPE, PLEASE RESUBMIT
EXIY	135		DENY: INTERIM BILLING PRIOR TO 180 DAYS
EXJ0	129	MA67	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER
EXJ1	251	N228	CONSENT FORM NOT VALID AT TIME OF SERVICE
EXJ2	252	N3	CONSENT FORM NOT SUBMITTED
EXJ3	45		ADJUSTMENT: PAYMENT ADJUSTED TO APPROPRIATE TRANSFER CASE PER DIEM
EXJ4	45		ADJUSTMENT: ANTEPARTUM VISIT INCLUDED IN TOTAL OB DELIVERY
EXJ5	45		ADJUSTMENT: SERVICES ARE 3 DAYS PRIOR TO INPT INCLUDED IN DRG
EXJ6	45		ADJUSTMENT: DRG PAYMENT ADJUSTED PER REVIEW OF MEDICAL RECORDS
EXJ7	45		ADJUSTMENT: RECOUPMENT DUE TO PAYMENT BEYOND 90 DAYS
EXJ8	45		ADJUST: HOME HEALTH VISITS PREVIOUSLY PAID INCORRECTLY
EXJ9	45		ADJUST: ADJUSTMENT TO CORRECT PMT OF 90% BILLED CHGS TO MEDICAID ALLOW
EXJA	216	N421	ADJUSTMENT: PAY ON APPEAL
EXJB	45		ADJUST: RECEIVED COB PAYMENT
EXJC	24		ADJUSTMENT: PAYMENT TO CAPPED PROVIDER
EXJD	45		ADJUST: RECEIVED MEDICARE PAYMENT
EXJE	45		ADJUST: BCHP IS PRIMARY INSURER FOR THIS SERVICE
EXJF	45		ADJUST: PATIENT ELIGIBLE FOR DATE OF SERVICE
EXJG	45		ADJUST: PATIENT RESPONDED TO ACCIDENT LETTER
EXJH	45		ADJUST: COVERED BENEFIT
EXJI	45		ADJUST: SERVICE AUTHORIZED BY PCP
EXJJ	45		ADJUST: GRIEVANCE - SERVICE AUTHORIZED
EXJK	45		ADJUST: DATE OF SERVICE CORRECTED
EXJL	45		ADJUST: NOT A COVERED SERVICE,BILL WORKER S COMP
EXJM	45		ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER
EXJN	45		ADJUST: DUPLICATE PAYMENT
EXJO	45		ADJUST: NOT A COVERED BENEFIT
EXJP	45		ADJUST: BENEFIT MAXIMUM REACHED, BILL PATIENT
EXJQ	45		ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT
EXJR	45		ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT
EXJS	45		ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION
EXJT	45		ADJUST: PROCESSED FOR INCORRECT MEMBER
EXJU	129	MA67	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
EXJV	45		ADJUST: OTHER INSURANCE PAID PROVIDER

EXJW	45		ADJUSTMENT: ORIGINAL SERVICE PAID INCORRECT AMOUNT
EXJX	45		ADJUST: EMPLOYER GROUP RETRO TERMINATED CONTRACT, BILL MEMBER
EXJY	45		ADJUST:MEMBER UNDER AGE OF 21 AT TIME OF SIGNING TUBAL CONSENT FORM
EXJZ	45		ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19
EXJe	A1	N432	CHC RECOVERY CHECK POSTED
EXJq	16	N281	ORIGINAL CHECK NOT CASHED-PAY TO/ADDRESS VERIFICATION NEEDED
EXJr	B7	N665	DENY:PROVIDER NOT ELIGIBLE FOR REIMBURSEMENT
EXK1	301		Deny: submit charges to Behavioral Health provider for processing
EXK2	297	N658	DENY: PLEASE SUBMIT TO VISION VENDOR FOR PROCESSING
EXK3	181	N65	DENY: HCPCS IS NOT COVERED-PLEASE RESUBMIT WITH APPROPRIATE CPT CODE
EXK4	109	N216	DENY: MEMBER IS NOT THE RESPONSIBILITY OF BUCKEYE COMMUNITY HEALTH PLAN
EXK5	A1	M56	DENY: MEDICAID # REQUIRED IN BOX 24K HCFA OR 51 UB, CORRECT & RESUBMIT
EXK8	A1	N381	DENY: SERVICES INCLUDED IN GLOBAL SETTLEMENT AGREEMENT
EXKA	A1	M56	PROVIDER MEDICAID ID REQUIRED FROM MEMBER STATE; OBTAIN ID & RESUBMIT
EXKB	A1	W9	APC/HHA/ASC/ESRDPRICER-MEDICARE WILL NOT PAY FOR THIS SERVICE
EXKJ	45		INFO: RECONSIDERATION WITHDRAWN
EXKK	A1	M20	DENY:K CODES ARE NOT BILLABLE-USE APPROPRIATE HCPCS CODES
EXKV	16	M51	DRG/APC: WRONG PROCEDURE PERFORMED: NOT A COVERED SERVICE
EXKZ	A1	M77	DENY:PROVIDER SUBMITTED AN INVALID PLACE OF SERVICE ON THE CLAIM
EXKu	45		INFORMATIONAL:RE-ADJUDICATION PROCESS EX CODE
EXL5	22	N598	DENY: NO RESPONSE TO LETTER REGARDING OTHER HEALTH INSURANCE
EXL6	252	N479	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB
EXLB	45		PAY: PAID BILLED CHARGES
EXLD	22	N598	Deny: svcs not eligible for Medicare Primary members
EXLH	16	M44	DENY: NUBC CONDITION CODE INVALID
EXLJ	45		ADJUST: ADJUSTMENT DONE TO CLEAR NEGATIVE BALANCE
EXLK	251	N354	INVOICE IS MISSING/INVALID FOR PRICING
EXLO	5	M77	DENY: CPT & LOCATION ARE NOT COMPATIBLE, PLEASE RESUBMIT
EXLR	109	N216	DENY:WHEN PRIME INS RECIEVES INFO-RESUBMIT TO SECONDARY INS
EXLS	58	N563	PROVIDER CAN T BILL SEPARATELY IN: INPATIENT, OUTPATIENT OR LTC SETTINGS
EXLU	16	M49	DENY: NUBC VALUE CODE INVALID
EXLV	B14	M86	INPATIENT HOSPITAL VISITS ARE LIMITED TO 1 VISIT PER DAY, PER PROVIDER
EXLZ	A1	N55	DENIED REFERRING PROVIDER MUST BE MEMBERS PCP TO RECEIVE PAYMENT
EXLs	216		INFO:LESSER OF BILLED CLAIM REVIEW COMPLETED
EXM1	220		DENY: NO FEE FOUND- SUBMIT STATE EOP SHOWING PAYMENT
EXM2	A1	M56	DENY: NO OHIO MEDICAL ASSISTANCE PROVIDER NUMBER ON FILE
EXM5	97	M15	DENY: IMMUNIZATION ADMINISTRATION INCLUDED IN INJECTION FEE
EXM6	45		DENY: MUST BE BILLED WITH J CODE
EXM7	45		PAYMENT INCLUDED IN OTHER PHYSICIAN SERVICE
EXM8	45		PAY: PAYMENT FOR MINIMUM OF 8 HOURS MAXIMUM OF 24 HOURS PER DAY
EXMA	16	N271	PROV. IN MEDICAID # NOT OF FILE, SEND TO BCHP AND RESUBMIT CLM
EXMD	96	N130	DENY:SERVICES PREVIOUSLY DENIED BY OUR MENTAL HEALTH PROVIDER
EXMF	A1	M56	DENY: INAPPROPRIATE MEDICAID# SUBMITTED FOR SVC PROVIDER,PLEASE RESUBMIT
EXMG	A1	MA81	DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT
EXMH	301	N216	DENY: PLEASE SUBMIT TO MENTAL HEALTH VENDOR FOR PROCESSING
EXMI	45		MOTHER OF HIV BABY
EXMJ	45		ADJUST: ADJUSTED DUE TO CHANGE IN CODE AUDITING SOFTWARE DECISION
EXMK	16	N31	INAPPROPRIATE MEDICAID NUMBER FOR TAX ID SUBMITTED. CORRECT AND RESUBMIT
EXMN	50	N661	PAY: CONTINUED INPT STAY NOT MEDICALLY NECESSARY
EXMO	16	N823	MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE
EXMP	45		DIAGNOSIS REQUIRES CM, QI AND OR DP
EXMQ	140	N382	DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT

EXMR	45		MEMBER ON REVIEW FOR CASE MANAGEMENT
EXMX	23		PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS
EXMY	45		PAY: PROVIDER IS NOT MEMBER S PCP
EXMZ	16	M56	DENY:Please Resubmit with Providers Medicaid ID number
EXMi	246	N620	THIS PROC CODE IS FOR QUALITY REPORTING/INFORMATION PURPOSES
EXMo	16	N823	DENY: RESUBMIT WITH CORRECT MODIFIER
EXMp	102	N10	PAY:PROCEDURE CODE HAS BEEN MANUALLY PRICED
EXMt	A1	N418	Deny: submit charges to ACCESS 2 CARE provider for processing
EXMx	45		PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY MEDICARE
EXMz	16	N823	DENY: MUST BILL WITH MODIFIER TD OR TE
EXN3	206		YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI
EXN4	16	M119	DENY:NDC NOT VALID FOR DATE OF SERVICE
EXN5	A1	M119	DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE
EXN6	16	N816	DENY: NDC UNIT OF MEASURE QUALIFIER OR QUANTITY MISSING OR INVALID
EXN8	208		INCORRECT NPI FOR PROVIDER
EXN9	208		INCORRECT NPI FOR TIN
EXNA	136		OTHER INS. DENIED - OOP PROVIDER NOT AUTHORIZED - SERVICES NOT PAYABLE
EXNC	95	N627	DENY:TUBAL WAS PERFORMED BEFORE THE 30 DAY WAITING PERIOD
EXND	146	M64	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE
EXNE	45		REIMBURSEMENT HAS BEEN LIMITED TO THE NON EMERGENT RATE
EXNF	109	N193	NF SERVICES, MEDICARE RELATED POLICY, PER STATE BYPASS TPL
EXNH	150	N45	OUTLIER CLAIM-DRG PAYMENT ONLY. LEVEL OF CARE HIGHER THAN AUTHORIZED
EXNI	45		PAY: NICU BABY
EXNJ	251	N705	DENY:NECESSITY FORM IS INCOMPLETE OR INVALID
EXNK	163	N706	DENY:NECESSITY FORM WAS NOT SUBMITTED
EXNL	96	N216	DENY: ANCILLARY CHARGES NOT SEPARATELY PAYABLE
EXNM	45		UNABLE TO CALCULATE PROVIDER ALLOWED. PROCESSOR MUST SUPPLY IT
EXNN	45		OB GLOBAL FEE PAID
EXNP	242		DENY: AUTHORIZATION REQUESTED FOR NON-PLAN PROVIDER
EXNR	45		REQUIRES NURSE REVIEW OHIO
EXNS	242		SVC NOT COVERED WHEN OBTAINED FROM A NON PAR PROVIDER
EXNT	96	N381	DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED
EXNU	58	N563	DENY:BCHP RECORDS DO NOT INDICATE BABY WAS IN NICU ON THIS DATE
EXNV	251	N228	DENY:PATIENT CONSENT FORM FOR SERVICES IS INCOMPLETE OR INVALID
EXNX	A1	MA113	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT
EXNa	45		NIA PRICING APPLIED
EXNb	A1	N15	DENY: NEWBORN CHRGS NOT ALLWD TO BE BILLED UNDER MOM BASED ON CODES USED
EXNk	16	M52	DENY:DATE OF SERVICE DOES NOT MATCH AUTHORIZED DATE SPAN
EXNI	16	M51	DENY: PROCEDURE AND DOS DO NOT MATCH AUTH
EXNo	16	M51	DENY:PROCEDURE CODE AND PROVIDER DOES NOT MATCH AUTH
EXNp	96	N35	DENY: FRAUD/WASTE/ABUSE
EXNq	B7		DENY: PROVIDER AND DOS DOES NOT MATCH AUTH
EXNs	243	N130	DENY: DID NOT USE AUTHORIZED PROVIDER-IN-NETWORK
EXNu	A1		DENY: DID NOT USE AUTHORIZED PROVIDER-NON PAR
EXO1	45		PAY: TOTAL OB REFLECTS A DEDUCTION OF ANTEPARTUM ALREADY PAID
EXO2	45		PAY: ANY AMT SHOWN IN DEDUCT COPAY COLUMN EQUALS MEMBERS AMT OF SOC
EXO3	3		COPAYMENT AMOUNT
EXO4	45		OB FEE PAID
EXO8	96	N643	DENY: NOT REIMBURSEABLE PER STATE GUIDELINES
EXO9	16	N63	DENY: SPLIT CLAIM DATES OF SERVICE AND RESUBMIT
EXOD	45		PAY: ASSIGNED AND PAID DRG BASED ON SYSTEM DRG GROUPER
EXOF	92		PLEASE USE THE CORRECT LOCATION CODE 11 FOR FUTURE BILLING

EXOG	252	N26	DENY: ITEMIZED BILL NOT RECEIVED PER PREVIOUS REQUEST
EXOI	45		ADJUSTMENT: BCHP IS SECONDARY INSURANCE BILL PRIMARY
EXOJ	45		ADJUST: PER CLAIM AUDIT - VISITS LIMITED TO ONE PER DAY
EXOK	45		ADJUST: PER CLAIM AUDIT, GLOBAL RATE PAID FOR PROCEDURE IN ERROR
EXOL	45		STOP LOSS THRESHOLD MET - PAYMENT BASED ON FORENSIC REVIEW
EXON	252	N26	PAY: PYMT INCLUDES OUTLIER AMT, ITEMIZED BILL NEEDED TO VERIFY CHARGES
EXOQ	252	N26	PAY: PYMT BASED ON DRG, OUTLIER WILL BE CALCULATED FROM ITEMIZED BILL
EXOR	70	N199	ADJUST: PYMT ADJUSTED AFTER ITEMIZED BILL REVIEW
EXOS	70	N199	OUTLIER PAYMENT BASED ON FORENSIC REVIEW - OUTLIER PAID
EXOU	186		REIMBURSEMENT APPLIED ACCORDING TO AUTHORIZED LEVELS OF CARE
EXOW	16	M45	DENY: NUBC OCCURRENCE CODE INVALID
EXOZ	92		INFO: TO ALLOW THE VOIDING OF A CLAIM SERVICE
EXOb	A1	N323	DENY: MISSING/INCOMPLETE/INVALID LAST SEEN/VISIT DATE/POST PARTUM DATE
EXOc	45		PAY: CHARGES PAID AT PROVIDER S COST-TO-CHARGE RATIO ON DATE OF PAYMENT
EXOp	109	N418	DENY: TRANSPLANT CALIM SUBMIT TO OPTUM FOR REPRICING
EXOr	170	N95	DENIED: ORAP PROVIDER ENROLLMENT ONLY
EXOv	208		PLEASE RESUBMIT WITH NURSING FACILITY NPI
EXP0	170	N95	DENY:LAB BILLED NOT PAYABLE TO PATHOLOGIST-NO DIRECT MD WORK INVOLVEMENT
EXP1	45		BEYOND TIMELY FILING LIMIT, PAID IN GOOD FAITH
EXP2	45		PAID AT AUTHORIZED AMOUNT
EXP4	45		PAID ACCORDING TO T-19 RATES
EXP6	45		SERVICE PAYABLE ONLY ONCE PER DAY
EXP8	45		PAID AT DOWN GRADED LEVEL
EXPA	45		PAY ACCORDING TO CONTRACTUAL AGREEMENT
EXPC	45		REFERRING PROVIDER NOT EFFECTIVE AT TIME OF SERVICE
EXPD	45		PAID ACCORDING TO AUTHORIZED AMOUNT
EXPF	16	N34	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON CMS 1500
EXPJ	45		PAY: REFERRING PROVIDER AFFILIATION NOT FOUND
EXPK	45		PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY
EXPM	45		PCP IS NOT EFFECTIVE AT THE TIME OF SERVICE
EXPO	B7	N665	DENY: CLINICAL LAB X RAY NOT PAYABLE TO PATHOLOGISTS
EXPU	45		PAY: REFERRING PROVIDER HAS BEEN TERMINATED
EXPW	45		MEMBER IS IN THE MCPD TEAM SELECT PROGRAM
EXPX	45		POSSIBLE PRE-EXISTING CONDITION
EXPd	16	M76	DENY- MISSING ICD-10 DIAG CODE Z3A.00, Z3A.01, Z3A.08-Z3A.42, Z3A.49
EXPi	45		INCLUDES ICD-10 DIAG CODE FROM Z3A.00, Z3A.01, Z3A.08-Z3A.42, Z3A.49
EXPm	45		PAY: PAIN INJECTION AND SURGERY ON THE SAME DOS
EXPn	45		PAY: PAYMENT INCLUDES PAY FOR PERFORMANCE
EXPo	6	N129	DENY-ADULT PODIATRY SERVICES ARE NOT COVERED
EXPs	16	N251	DENY: ATTENDING PROVIDER NAME NPI MISSING/INVALID
EXPv	45	N199	N199 ADDITIONAL ENHANCED PAYMENT APPROVED FOR PROVIDER
EXQA	16	M50	DENY: REVENUE CODE AND TYPE OF BILL ARE NOT COMPATIBLE. PLEASE RESUBMIT
EXQB	45		INFO: SERVICE PROVIDER AFFILIATION NOT FOUND (AUTH)
EXQC	45		INFO: REFERRING PROVIDER IS NOT EFFECTIVE - AUTH PERIOD
EXQD	A1	MA113	TAX ID SUBMITTED IS INCORRECT FOR DATE OF SERVICE. PLEASE RESUBMIT
EXQE	234	N122	DENY: ADD ON CODE BILLED WITHOUT PRIMARY PROCEDURE
EXQG	45		INFO: MULTIPLE SERVICE AFFILIATIONS QUALIFY (AUTH)
EXQJ	45		INFO: REFERRING PROVIDER AFFILIATION NOT FOUND (AUTH)
EXQK	45		INFO: MULTIPLE REFERRING AFFILIATIONS QUALIFY (AUTH)
EXQL	45		INFO: PCP AFFILIATION NOT FOUND (AUTH)
EXQM	45		INFO: PCP NOT EFFECTIVE DURING AUTH D PERIOD (AUTH)
EXQP	45		INFO: REFERRING PROVIDER AFFILIATION NOT PRIMARY (AUTH)

EXQR	286		DENY:THE TIME FRAME FOR FILING A CLAIM RECONSIDERATION HAS EXPIRED
EXQS	45		INFO: SERVICE PROV NOT EFFECTIVE - AUTH PERIOD
EXQT	45		INFO: SERVICE PROVIDER HAS BEEN TERMINATED (AUTH)
EXQU	45		INFO: REFERRING PROVIDER HAS BEEN TERMINATED (AUTH)
EXQW	45		INFO: TOTAL NUMBER OF DAYS EXCEEDS COVERAGE PERIOD
EXQZ	A1	N95	DENY: THIS CODE IS NOT BILLABLE UNDER THE PROVIDER S DEGREE LEVEL
EXRD	133		DENY: REVENUE CODE AND DIAGNOSIS ARE NOT COMPATIBLE PLEASE RESUBMIT
EXRI	A1	MA61	BABY S ASSIGNED RID NUMBER IS NEEDED FOR CLAIM PROCESSING
EXRJ	16	N34	DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT
EXRL	45		PAY: REVIEW NOT TIMELY
EXRM	35	N370	RENTAL LIMIT REACHED
EXRO	70		APC - OUTLIER AMOUNT INCLUDED IN ALLOWABLE
EXRP	23		RECOUP DUE TO PAYMENT BEYOND 90 DAYS
EXRQ	29	N30	DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT
EXRR	97	M15	DENY: RECOVERY ROOM INCLUDED IN ASC RATE
EXRS	A1	M258	DENY: BILL ADDRESS DOES NOT MATCH SYSTEM-RESUBMIT WITH CORRECT BILL ADDR
EXRX	280		DENY: PLEASE SUBMIT TO PHARMACY VENDOR FOR PROCESSING
EXRZ	16	M76	DENY:DIAGNOSIS IS INVALID AS PRIMARY WITH EP MODIFIER
EXRa	45		IRF PAID AMOUNT CONTAINS AN OUTLIER
EXRf	45		IRF PRICING AND EDITING APPLIED PER CMS GUIDELINES
EXRo	45	N210	INFO: RECONSIDERATION RECEIVED - ORIGINAL DECISION OVERTURNED
EXRr	131		STATE PAYMENT REDUCTION
EXSB	45		INFORMATIONAL: SUBSEQUENT DIAGNOSIS WAS NOT A VALID CODE
EXSC	A1	N381	DENIED PER CHP SETTLEMENT AGREEMENT
EXSD	147		DENY: CREDENTIALING WAS NOT APPROVED - ALL SERVICES ARE DENIED
EXSE	45		CORRECTION FOR SYSTEM ERROR
EXSI	109	N216	DENY: CIMCO MEMBER-PLEASE SUBMIT CLAIM TO APPROPRIATE CIMCO PARTNER
EXSJ	A1	M67	DENY: SURGERY & SURGICAL SERVICES ONLY PAYABLE WHEN SURG BILL W ANES
EXSL	45		PAY: CLAIM PROCESSED FOR ER PROJECT 2 2000 DOS 07 01 98 - 09 30 99
EXSR	45		SUBMIT ER RECORDS & EOP W IN 45 DAYS FOR PRESENTING SYMPTOM ASSMNT
EXSU	97	M15	DENY: VISIT IS INCLUDED IN SURGERY
EXSW	170	N95	DENY: SERVICES BILLED BY AN ER MD - SPEC 93 WHEN BILLED W MODIFIER 26
EXSZ	45		PAID ACCORDING TO NEGOTIATED SETTLEMENT
EXSa	45		SNF CLAIM PAID PER CMS GUIDELINES
EXSb	A1	N362	SNF: TOTAL UNITS EXCEEDS PATIENTS LOS-PART A ONLY
EXSc	133		INFO: KS SpendDown Member - Coordinate Benefits using SpendDown Process
EXSd	178		PAY: AMOUNT APPLIED TO SPENDDOWN
EXSj	A		SNF -NO RATE AVAILABLE FOR RUG
EXSm	A1	M50	SNF -REVENUE CODE NOT COVERED UNDER SNF PART B
EXSn	282	MA30	SNF: INVALID TYPE OF BILL
EXSo	A1	N517	NOT COVERED UNLESS SUBMITTED VIA ELECTRONIC CLAIM
EXSp	A1	N62	SNF: CLAIM SPANS CALENDAR YEAR-PART B ONLY
EXSr	59	N644	PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE SURGERY GUIDELINES
EXSt	109		DENY: RESUBMIT CLAIM TO THE STATE FOR CONSIDERATION
EXSu	A1		DENY: NO PAYMENT PER STATE WITHHOLD/SUSPENTION NOTICE
EXSz	45		PAID, CLIENT PARTICIPATION HAS BEEN APPLIED IF APPLICABLE
EXT1	24		TRIAGE PAYMENT COVERED UNDER CAPITATION
EXT2	45		PAID ACCORDING TO T-19 DRG OUT-PATIENT RATE
EXT3	45		PAID ACCORDING TO OUT OF STATE MEDICAID GUIDELINES
EXT4	96	N381	DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED
EXT5	109	N216	DENY: PLEASE RESUBMIT TRANSPORTATION CLAIMS TO MEDCOMPLY
EXT7	A1		DENY: MBR RECORD ON LTSS FILE INCONSISTENT WITH CLAIM

EXTA	197		DENY: NO AUTHORIZATION ON FILE
EXTB	29	N30	DENY: TUBAL NOT PERFORMED IN THE 180 DAY TIME FRAME
EXTF	181	N517	DENY: 2003 CPT CODES NOT ACCEPTABLE FOR SERVICE DATES PRIOR TO 04 01 03
EXTG	45		PAID ACCORDING TO TRIAGE MOU, AUTH. WAS DENIED OR NOT OBTAINED
EXTH	58	N563	DENY:PHYSICAL MEDICINE IS NOT COVERED IN PHYSICIAN S OFFICE
EXTI	97	M15	E.R. PHYS PAID TRIAGE, ANCILLARY SERVICES NOT PAYABLE
EXTJ	A1	N381	SERVICE OR SERVICE/MODIFIER COMBO NOT FOUND ON FEE SCHEDULE
EXTM	16	N203	TO COMPLETE PROCESSING, WE NEED THE TIME UNITS, PLEASE RESUBMIT
EXTO	109	N216	DENY: PLEASE RESUBMIT TO THE MEDICAL PLAN FOR CONSIDERATION
EXTQ	45		PAY: TRANSPLANT SERVICES PAID AT % OF BILLED CHARGES
EXTR	B15	M51	DENY: PAYABLE WITH TREATMENT ROOM OR STAND ALONE SERVICE ONLY
EXTS	11	N657	TEMPERATURE GRADIENT STUDIES ARE NOT COVERED FOR THIS DIAGNOSIS
EXTU	109	N216	DENY: PLEASE SUBMIT TO TRANSPORTATION VENDOR FOR PROCESSING
EXTV	B11	N418	CLAIM FORWARDED TO TRANSPORTATION VENDOR FOR PAYMENT
EXTW	109	N216	DENY: PLEASE SUBMIT TRANSPORTATION CLAIMS TO LCP TRANSPORTATION
EXTX	A1	M56	NO W-9 ON FILE, SEND TO BCHP AND RESUBMIT CLAIM(S)
EXTY	109	N216	DENY: SUBMIT TO FACILITY FOR REIMBURSEMENT
EXTZ	45		ADJUSTMENT: THIRD PARTY LIABILITY, SUBROGATION RECOVERY RECEIVED
EXTb	45		INFO: AMOUNT APPLIED TO SPENDDDOWN
EXTx	16	N434	DENY - DRG ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE
EXU1	A1	M127	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS
EXU4	B12	N199	DENY:UPON REVIEW OF RECORDS-NO INDICATION OF PHYS SERVICES
EXU5	189	M81	DENY:UNLISTED UNSPECIFIC CODE -RE-BILL MORE SPECIFIC CODE
EXUD	A1	N537	DENY: NO RECORD OF INPATIENT HOSPITAL STAY
EXUF	45		PATIENT INPATIENT OVER 10 DAYS RECOMM TO CASE MGMT
EXUG	45		PATIENT S TOTAL BILLS OVER 10,000-RECOMM TO CASE MGMT
EXUH	45		PATIENT READMITTED WITHIN 14 DAYS-RECOMM. TO CASE MGMT
EXUI	16	N50	DENY:PER REVIEW NO RECORD OF INPT STAY,SEND DISCHARGE SUMMARY
EXUK	45		PAY: ZERO DOLLARS PAID PER TRANSPLANT AGREEMENT
EXUN	45		PAY: PLP MET
EXUP	45		PAY: AUTHORIZED TO PAY - PER MEDICAL REVIEW
EXUS	189	M81	DENY:UNLISTED CODE-CORRECT AND RESUBMIT
EXUT	16	N823	DENY: CPT MODIFIER NOT APPROPRIATE WHEN BILLED WITH MULTIPLE UNITS
EXUU	A1	M2	DENY: ANTEPARTUM POST PARTUM NOT PAYABLE INPT
EXUZ	16	N34	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB04
EXUk	A1	N578	HSS ERROR - INVALID REIMBURSEMENT DATE
EXUs	109	N216	DENY:BILL SERVICES TO USSCRIPTS
EXV1	97	M15	DENY: SERVICE IS INCLUDED IN THE DELIVERY PAYMENT
EXV3	226	M127	MED RECORDS RECEIVED FOR WRONG DATE OF SERVICE
EXV4	226	M127	MED RECORDS RECEIVED NOT LEGIBLE
EXV5	226	M127	MED RECORDS RECEIVED FOR WRONG PATIENT
EXV6	226	M127	MED RECORDS WITHOUT LEGIBLE PATIENT NAME AND OR DOS
EXV8	226	M127	MED RECORDS RECEIVED WITHOUT DOS
EXV9	45		PAY: PROCEDURE BILLED AS 2 UNITS, PER GUIDELINES ONLY 1 UNIT ALLOWED
EXVA	A1	N693	VOID ADJUSTMENT
EXVC	97	M15	PAY: VACCINE REIMBURSED BY THE VFC PROGRAM
EXVD	B14	M86	DENY: ONLY ONE VISIT CODE IS ALLOWED ON A GIVEN DAY
EXVG	A1	N208	DENY: VALID DRG CODE REQUIRED
EXVI	45		GLOBAL FEE PAID
EXVJ	45		PER THE IC 25-24-1-4 ONLY ONE UNIT PAYABLE PER SERVICE DATE
EXVK	45		PAY: TRANSPLANT CASE RATE PAID
EXVL	109	N216	DENY: CLAIM HAS BEEN SENT TO ANCILLA FOR PROCESSING

EXVO	272	N584	VOID SERVICE FOR ADMINISTRATIVE REASONS
EXVS	A1	N56	DENY: PROCEDURE CODE IS NO LONGER COVERED AS OF 11 1 1999
EXVT	45		MUST BE BILLED WITH TREATMENT ROOM OR STAND ALONE SERVICE
EXVU	16	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE
EXVV	16	N434	DENY: MISSING OR INVALID POA
EXVW	70		PAY: OUTLIER PAYMENT
EXVY	45		SEND MD DC ORDER & MED REC W IN 45 DAYS TO VERIFY MD ORDER MED NECESSITY
EXVc	97	M15	PAY: PLEASE SUBMIT TO THE PHARMACY VENDOR FOR PROCESSING
EXVj	A1	N207	HSS ERROR - INVALID BIRTHWEIGHTS
EXVk	A1	N207	HSS ERROR - CONFLICTING BIRTHWEIGHTS
EXVo	45		INFO: OVERRIDE/PAY
EXVp	A1	N207	HSS ERROR - NON - SPECIFIC BIRTHWEIGHT
EXW0	109	N216	DENY: TRANSPLANT CALIM SUBMIT TO CIGNA LIFESOURCE FOR REPRICING
EXW3	45		PAY: PAID ACCORDING TO TRANSPLANT AGREEMENT
EXW6	109	N216	DENY: TRANSPLANT CLAIM SUBMIT TO INTERLINK FOR REPRICING
EXWB	45		PAID IN FULL - CLIENT PARTICIPATION WAS NOT DEDUCTED
EXWE	109	N216	BCHP NOT RESPONSIBLE FOR PAYMENT PLEASE FORWARD TO ANCILLA
EXWF	45		WESTFIELD INSURANCE CO
EXWI	A1	N15	MOTHERS MEDICAID IDENTIFICATION # MAY NOT BE USED FOR NEWBORN CLAIMS
EXWO	3		MEMBER COPAY
EXX1	198		\$x WAS DEDUCTED IN EXCESS R & B DUE TO DENIED AND OR LEVELED DAYS
EXX2	45		PAY: PAYMENT REFLECTS ONE UNIT ALLOWABLE
EXX4	45		PAY: PAYMENT REFLECT THE IC-25-24-1-4 TWO UNITS ALLOWABLE PER SVC DATE
EXX5	251	N228	DENY:NO SIGNATURE ON CONSENT FORM
EXX6	133		DENY: SERVICES ARE UNDER REVIEW
EXXE	11	N657	REVENUE PROCEDURE CODE BILLED FOR THE DIAGNOSIS SUBMITTED IS NOT COVERED
EXXX	109	N216	COVERAGE NOT IN EFFECT ON DATE OF SERVICE - BILL THE STATE
EXXY	B12	N199	DENY:MEDICAL RECORDS DO NOT SUPPORT SERVICES BILLED
EXY1	A1	N109	DENY: BASED ON REVIEW OF MEDICAL RECORDS
EXY6	A1	N4	DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB
EXYB	A1	M50	ADJUST: REVENUE CODE INVALID FOR OHIO MEDICAID
EXYC	23		ADJUST: REV. CODE NOT COVERED BY OHIO MEDICAID DO NOT BILL MEMBER
EXYD	A1	M51	ADJUSTMENT: ORIGINAL CLAIM BILLED USING INCORRECT CPT HCPC CODE
EXYE	A1	M60	ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE
EXYF	B13		ADJUSTMENT: DUPLICATE PAYMENT PER CLAIM AUDIT
EXYG	23		ADJUSTMENT: RECOUPMENT DUE TO PAYMENT BEYOND 90 DAYS
EXYH	19	N418	ADJUST: NOT A COVERED SERVICE,BILL WORKER S COMP
EXYI	23		ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER
EXYJ	B13		ADJUST: DUPLICATE PAYMENT
EXYK	45		MAXIMUM HAS BEEN MET PER PROVIDER CONTRACT
EXYL	23		ADJUST: NOT A COVERED BENEFIT
EXYM	243		ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT
EXYN	243		ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT
EXYO	A1	MA67	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM
EXYP	23		ADJUST: PROCESSED FOR INCORRECT MEMBER
EXYQ	23		ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19
EXYZ	A1	N381	DENIED PER CHP SETTLEMENT AGREEMENT
EXZ1	280		DENY:BCHP not responsible, bill state pharmacy vendor effective 2 1 2010
EXZ4	A1	M60	DENY: RESUBMIT WITH DOCUMENTATION THAT VALIDATES MEDICAL NECESSITY
EXZA	45		THIS TRANSACTION WAS FOR INTERNAL DATA CORRECTION. NO ACTION NECESSARY
EXZC	96	N381	DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED
EXZD	16	MA130	SUBMIT ED RECORDS & EOP W IN 30 DAYS FOR PRESENTING SYMPTOM ASSESS

EXZL	A1	M79	DENY: LATE CHARGES DENIED. REPLACEMENT BILL REQUIRED FOR PROCESSING
EXZM	16	N822	DENY: REQUIRES APPROPRIATE MODIFIER TO IDENTIFY TRIMESTER (Z1,Z2,Z3)
EXZO	286		DENY- REPLACEMENT BILL RECEIVED AFTER TIMELY FILING ADJUSTMENT PERIOD
EXZQ	29	N30	DENY: REPLACEMENT BILL RECEIVED AFTER TIMELY FILING ADJUSTMENT PERIOD
EXZU	181	N517	DENY: PROCEDURE IS ONLY VALID AFTER 01 01 1999
EXZW	A1	N368	DENY:CLAIM WAS PREVIOUSLY APPEALED AND CONTINUES TO BE DENIED
EXZY	A1	N130	DENY: ALL ER CHARGES PENDING UNTIL FURTHER NOTICE
EXZa	45		BILLING PROVIDER NOT REGISTERED WITH OHIO MEDICAID FOR THIS DOS
EXa8	45	N363	DENIAL WOULD BE APPLIED IF NOT VERIFIED THROUGH EVV VISIT VERIFICATION
EXaA	45		APC PRICER: CLAIM PROCESSED SUCCESSFULLY
EXaB	236		ACE LINE ITEM REJECTION
EXaD	286		INFO: APPEAL NOT SUBMITTED W/I TIMELY GUIDELINES
EXaH	45		HCA PAYMENT WAS REDUCED DUE TO NO AUTHORIZATION ON FILE
EXaJ	B12		CLAIM DENIED AFTER PERFORMANT MEDICAL RECORD REVIEW
EXaK	B12		CLAIM DENIED AFTER PERFORMANT DME BILLING AUDIT
EXaL	B12	N199	CLAIM ADJUSTMENT AFTER PERFORMANT MEDICAL RECORD REVIEW
EXaM	197		DENY:SERVICES PROVIDED WERE NOT AUTHORIZED
EXaN	B12	N199	CLAIM ADJUSTMENT AFTER PERFORMANT REVIEW
EXaQ	A1		MED RECORDS WERE NOT RECEIVED AS REQUESTED BY PERFORMANT - PYMT DENIED
EXaR	249	N623	DENY: AVOIDABLE READMISSION FOR MED MGMT
EXaU	A1	N210	INFO: APPEAL RECEIVED - ORIGINAL DECISION UPHELD
EXaV	96	N20	DENY: ADMIN CODE AND VFC CANNOT BE SUBMITTED TOGETHER
EXab	96	N10	DENY: AIM CREDIT BALANCE RECOVERY
EXac	45		PAY: AIM CREDIT BALANCE RECOVERY
EXaf	236		ACE LINE ITEM DENIAL
EXao	45	N210	INFO: APPEAL RECEIVED - ORIGINAL DECISION OVERTURNED
EXat	22		AIM Medicare disallowance
EXau	22		HMS Medicare disallowance
EXav	22		HMS Medicare disallowance
EXaw	96	N10	AIM OVERPAYMENT RECOVERY
EXax	45		AIM Overpayment recovery
EXay	22		AIM Medicare disallowance
EXb2	252	N209	MEDICAL RECORDS SUBMITTED DO NOT SUPPORT THE SERVICE BILLED
EXb3	96	N216	SERVICE EXCEEDS OR IS NOT A PLAN BENEFIT
EXb4	45		ALLOWED AMOUNT ADJUSTED PER SCIO AUDIT
EXb5	97	N111	DUPLICATE SERVICE PER SCIO AUDIT
EXb7	164		MEDICAL RECORDS NOT RECEIVED AS REQUESTED
EXbA	45		PAID ACCORDING TO NATIONAL CONTRACT AGREEMENT
EXbB	45		PAID AT PERCENT OF MSRP ACCORDING TO NATIONAL CONTRACT AGREEMENT
EXbD	45		PAID IN FULL
EXbE	45		PERCENT OF ALLOWABLE CHARGE PAID PER NATIONAL CONTRACT AGREEMENT
EXbb	22		HMS Commercial disallowance
EXbc	22		HMS Commercial disallowance
EXbh	282	MA30	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT
EXbk	45		MAX UNITS ALLOWED PER STATE GUIDELINES
EXbt	45		INFO - POSSIBLE TPL
EXc1	16	MA120	DENIED:INVALID CLIA NUMBER
EXc2	B23		DENIED:PROCEDURE NOT ALLOWED FOR CLIA CERTIFICATION TYPE
EXc4	16	N657	INCORRECT CODE BILLED PER SCIO AUDIT
EXc5	B20	N347	SAME/SIMILAR EQUIPMENT BILLED BY DIFFERENT PROVIDER
EXc7	96	N448	CLAIM PAYMENT EXCEEDS CONTRACTED RATE/GUIDELINES
EXc8	96	N30	MEMBER NOT ELIGIBLE OR OTHER INSURANCE PRIMARY

EXc9	45		INCORRECT BILLED QUANTITY/AMOUNT PER SCIO AUDIT
EXcD	136		DENY:MEDICARE COVERAGE RULES NOT FOLLOWED THEREFORE SERVICES NOT ELIG
EXcG	16	N46	DENY: ADMISSION HOUR IS MISSING OR INVALID
EXcH	16	MA41	DENY: ADMISSION TYPE IS MISSING OR INVALID
EXcL	A1	N35	DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE
EXcM	16	MA42	DENY: ADMISSION SOURCE IS MISSING OR INVALID
EXcN	16	MA40	DENY: ADMISSION DATE IS MISSING OR INVALID
EXcS	16	N341	DENY: SURGERY BEFORE OR AFTER CONFINEMENT DATES
EXcW	16	M56	ATYPICAL PROVS MUST SUBMIT VALID STATE MEDICAID ID
EXca	45		ADJUST: RECOUPMENT FOR CLAIM AUDIT
EXcb	45		CLAIMS-HMS EX CODE - CREDIT BALANCE RECOVERY
EXcd	45		PAY: CDR CREDIT BALANCE RECOVERY
EXce	109	N557	ADD'L INFO REQ'D BY MEDICARE. CLAIM WILL BE REPROCESSED ONCE INFO REC'D
EXcj	251	N474	ABORTION CERTIFICATION FORM IS NOT VALID/MISSION INFO
EXck	251	N473	PLEASE RESUBMIT WITH ABORTION CERTIFICATION FORM
EXcr	96	N10	HMS CREDIT BALANCE RECOUPMENT
EXd0	16	M44	DENY: INVALID AMBULANCE CONDITION CODE INDICATOR
EXd1	16	M76	ICD 10 DIAGNOSIS CODES THAT REQUIRE ADDITIONAL CHARACTERS
EXd2	16	M51	ICD 10 PROCEDURE CODES THAT REQUIRE ADDITIONAL CHARACTERS
EXd3	16	MA63	ICD 10 DIAGNOSIS CODES NOT ALLOWED AS PRIMARY IN THE INPATIENT SETTING
EXd4	B15	M51	DENY: PER STATE GUIDELINES- PROCEDURE NOT SEPARATELY REIMBURSABLE
EXd5	16	M64	ICD 10 DIAGNOSIS CODES ONLY ALLOWED AS SECONDARY "MANIFESTATION" CODES
EXdC	45		PAID PER CIGNA LIFESOURCE TRANSPLANT CONTRACT
EXdc	5		DENY: CDR CREDIT BALANCE RECOVERY
EXdr	45		INFO PURPOSES-RESUBMISSION NOT SUBMITTED W/I TIMELY GUIDELINES
EXdt	108	N171	DENY: REPAIRED ITEM IS A RENTAL OR NOT COVERED BY ODM
EXdv	45		FULL OR PARTIAL PAYMENT HAS BEEN RECOUPED FROM AN IDENTIFIED OVERPAYMENT
EXdw	19		RAWLINGS - WORKERS COMPENSATION
EXe2	B5	N584	DENY: CLAIMS CANNOT 28 SERVICE LINES PER MO MEDICAID
EXe4	16	M51	DENY: ICD PROCEDURE CODE MISSING OR INVALID
EXe6	16	N822	DENY: MODIFIER MISSING OR INVALID
EXeA	16	N252	DENY: ATTENDING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE
EXeB	272	N20	PROCEDURE NOT TYPICALLY PERFORMED ON SAME DOS AS OTHER BILLED PROCEDURES
EXeF	16	N276	DENY: REFERRING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE
EXeK	16	N265	DENY: ORDERING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE
EXeM	16	M20	DENY: PLEASE RESUBMIT WITH CORRESPONDING CPT/HCPC FOR PAYMENT
EXeR	16	N277	RENDERING PROV NPI NOT REGISTERED AS ARKANSAS MEDICAID
EXeS	185	N767	RENDERING PROV NOT REGISTERED WITH IA DHS/IOWA MEDICAID
EXeT	283	N767	ATTENDING PROV NOT REGISTERED WITH IA DHS/IOWA MEDICAID
EXeU	183	N767	REFERRING PROV NOT REGISTERED WITH IA DHS/IOWA MEDICAID
EXec	16	N257	BILL PROV MEDICAID STATUS CAN'T BE VERIFIED WITH INFO SUBMITTED
EXem	251	N705	DENY: MEMBER ASSESSMENT DOES NOT INDICATE APPROPRIATE LEVEL OF CARE
EXep	55	N623	DENY EXPERIMENTAL/INVESTIGATIONAL PER NIA PROCESS
EXer	45		PAY: LEVEL 2 ER PAID-PLEASE SUBMIT MED REC FOR HIGHER LEVEL PAYMENT
EXet	208		PROVIDER NPI NOT ENROLLED WITH STATE MEDICAID AGENCY.ALL SERVICES DENIED
EXev	16	N301	SOME OR ALL SERVICE UNITS COULD NOT BE VALIDATED BY THE EVV VENDOR
EXf7	96	N216	DENY: CLAIM CONTAINS PROCEDURES OTHER THAN ONECARE PROCEDURES
EXfb	A1	N129	SUBMITTED AGE IS INVALID
EXgA	45		APG PRICING SUCCESSFULLY PROCESSED
EXgE	58		INPATIENT PROCEDURE
EXgF	16	M51	INVALID PROCEDURE CODE
EXgH	16	M76	INVALID DIAGNOSIS FOR MEDICAL VISIT

EXgJ	16	M76	E-CODE DIAGNOSIS FOR MEDICAL VISIT
EXgK	96	N428	NON-COVERED CARE OF SETTINGS
EXgM	16	M51	NO CPT/HCPCS PROCEDURE CODE SUBMITTED
EXgN	16	MA63	DIRECT PER DIEM CODE W/O QUALIFYING PX DX
EXgP	16	M44	OBSERVATION CONDITION ERROR
EXgQ	16	M44	DAO CONDITION ERROR
EXgR	16	MA39	GENDER UNKNOWN OR INVALID FOR MEDICAL GENDER SPECIFIC
EXgS	96	N428	HOME MANAGEMENT
EXgT	96	N643	VISIT CONSISTS OF ALL "NEVER PAY" OR "STAND ALONE"
EXgU	96	N643	SERVICE IS A "NEVER PAY"
EXgV	5	M77	INVLAID AMBULATORY SURGICAL CENTER CLAIM
EXgW	4	N519	INVALID MODIFIER PAIR
EXgX	256	N246	LINE REJECTION FROM CODE EDITOR-REVIEW REMARK
EXgY	96	N643	NO PAYMENT PER MEDICAID POLICY
EXga	A1	M49	IMPAIRMENT GROUP CODE IS INVALID
EXgb	A1	M49	TOTAL MOTOR SCORE, ADMISSION, OUT OF RANGE
EXh2	96	N10	PAYMENT ADJUSTED; OVERPAYMENT IDENTIFIED
EXh4	45		PAYMENT REDUCED; OVERPAYMENT IDENTIFIED
EXh7	45		PAY ON RECONSIDERATION
EXhA	193		DENIAL UPHELD ON RECONSIDERATION
EXhF	16	N471	HHA PRICER: INVALID NUMBER OF HIPPS CODES
EXhS	170	N95	DENY: PROVIDER TYPE NOT COVERED UNDER AR PASSE PROGRAM
EXhU	45		TREND HEALTH CREDIT BALANCE
EXha	24		REIMBURSEMENT LIMITED TO 1 PER CALENDAR MONTH
EXhc	197		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXhe	96	N95	PROVIDER NOT A HEALTH HOME PROVIDER
EXhf	197		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED
EXhl	178	N130	SPENDDOWN NOT MET, DENY HH CLAIMS
EXhm	22		PAY: HMS RECOUPMENT PERFORMED
EXhp	96	N32	PROVIDER ON CLAIM NOT ASSIGNED TO MEMBER
EXhr	4	N519	ASC DEVICE INTENSIVE PROCEDURE W/O DEVICE
EXhs	215		PAY:HMS SUBROGATION RECOVERIES
EXhu	45		TREND HEALTH CREDIT BALANCE
EXhv	5	N657	DENY: CLAIM INCLUDES SERVICES OTHER THAN HEALTH HOMES
EXhy	96	N30	MEMBER NOT ELIGIBLE FOR HEALTH HOME SERVICES
EXi0	45		PAY: FOR INTERNAL PURPOSES ONLY
EXi1	45		PAY: FOR INTERNAL PURPOSES ONLY
EXi2	45		PAY: FOR INTERNAL PURPOSES ONLY
EXi3	45		PAY: FOR INTERNAL PURPOSES ONLY
EXi4	45		PAY: FOR INTERNAL PURPOSES ONLY
EXi5	45		PAY: FOR INTERNAL PURPOSES ONLY
EXi6	45		PAY: FOR INTERNAL PURPOSES ONLY
EXi7	45		PAY: FOR INTERNAL PURPOSES ONLY
EXiA	A1	M127	DENY: MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST
EXiB	45		PAY: DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS
EXiC	45		PAY: DRG PAYMENT ADJUSTMENT AFTER REVIEW OF MEDICAL RECORDS
EXiE	A1	N109	DENY: DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM
EXiF	45		PAY: REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS
EXib	146		DENY: ICD10 CLAIM SPLIT REQUIRED FOR DOS BEFORE AND ON OR AFTER 10-1-15
EXic	223		ICD-10 CODES HAVE BEEN MAPPED TO ICD-9 CODES FOR ADJUDICATION PURPOSES
EXiy	135		INTERIM BILLING PRIOR TO 30 DAYS
EXk1	45		CAPPED AT CHARGES

EXk2	234	M15	PAID VIA FEE SCHEDULE 0 RATE
EXk3	45		FLAT RATE PAYMENT
EXkB	40		ER VISIT/NON-EMERGENT DX, PAYMENT REDUCED
EXkD	16	M64	PATIENT'S REASON FOR VISIT CODE NOT FOUND (FIELD LOCATION 70a-c)
EXkE	45		FULL PAYMENT APPLIED
EXkF	59		CONSOLIDATED PAYMENT
EXkG	59		PAYMENT SUBJECT TO DISCOUNTING
EXkH	234	M15	PACKAGED SERVICE \$0 APPLIED
EXkJ	96	N643	NO PAYMENT PER STATE METHODOLOGY
EXkK	16	M67	NO APL CODE FOR DOS OR MISSING REV-PROC APL COMBO FOR ER OBS PSYCH
EXkL	59	N644	BILATERAL PROCEDURE
EXkM	59	N644	DISCOUNTED BILATERAL
EXkN	45		PERCENT OF CHARGES PAYMENT
EXkP	45		PAID VIA FEE SCHEDULE
EXkQ	5		INVALID BILLING OF OFF-SITE SERVICES
EXkR	11		DIAGNOSIS AND PROCEDURE CONFLICT
EXkS	16	N822	MISSING OR INVALID MODIFIER FOR PRICING
EXkT	97	N70	CONSOLIDATED SERVICE
EXkU	96	N643	NON-COVERED REVENUE CODE
EXkX	45		PAYMENT REDUCED DUE TO OCE EDIT 0015 LINE PAID UP TO ALLOWED UNITS
EXkZ	45	N673	USER OPTION FOR DIRECT PER DIEM ASSIGNMENT OFF
EXm0	45		PAY: PAYMENT ADJUSTMENT BASED ON INTERNAL CLAIM REVIEW
EXm3	252	N26	DRG paid. Itemized bill required for Internal Claim Review
EXm4	70	N199	PAY: CLAIM OUTLIER PAYMENT ADJUSTED BASED ON INTERNAL CLAIM REVIEW
EXm5	16	N26	DENY: ITEMIZED BILL REQUIRED FOR INTERNAL CLAIM REVIEW
EXm6	252	N26	PERCENT OF CONTRACTED RATE PD. SUBMIT ITEMIZED BILL FOR INTERNAL REVIEW.
EXm7	96	N130	RAWLINGS DISALLOW-OTHER COMM. INSURANCE IDENTIFIED
EXm9	45		RAWLINGS DISALLOW-OTHER COMM. INSURANCE IDENTIFIED
EXmM	A1	N431	RESERVED FOR PAYMENT INTEGRITY
EXmV	96	N130	PRIMARY CARRIER IDENTIFIED - COB
EXmW	45		PRIMARY CARRIER IDENTIFIED - COB
EXmc	234	M15	DENY: MEDICARE ADJUSTED CLAIM, NO MEDICARE PAYMENT DU
EXmg	197		NO AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION.
EXmh	16	M62	NO APPROVED AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION
EXmt	50		NOT MEDICALLY NECESSARY DUE TO ADVANCE BENEFICIARY NOTICE NOT ISSUED
EXnB	96	N15	DENY:RESUBMIT UNDER THE NEWBORNS MEDICAID ID#, NAME AND DATE OF BIRTH
EXnc	67		DENY: CPT/HCPCS required in field 44 when submitting code T1015
EXne	96	N30	DENY - MEMBER IS NOT ELIGIBLE TO RECEIVE THIS SERVICE
EXnm	299	MA12	DENY: TERM/SANCTION/EXCLUSION
EXnn	16	N80	DENY-NO NOTICE OF PREGNANCY ON FILE
EXo2	16	N262	DENY: OPERATING PROVIDER NAME AND NPI MISSING OR INVALID
EXo6	150		PAY: SERVICE LEVELED BY CODE AUDITING SOFTWARE
EXoR	251	N705	ORDERING/REFERRING/PRESCRIBING NPI IS INACTIVE
EXoS	97		CONTENT OF SERVICE
EXoZ	96	N35	PAY: SOI DOWNGRADE DUE TO NON-RECEIPT OF MEDICAL RECORDS
EXon	119	N362	DENY: ONLY ONE UNIT ALLOWED PER DATE OF SERVICE
EXop	45		CLAIMS-HMS EX CODE - OVERPAYMENT RECOVERY
EXov	96	N10	HMS OVERPAYMENT RECOUPMENT
EXpB	150	M25	REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE
EXpC	16	M77	INVALID PLACE OF SERVICE, SEE PAYMENT POLICY ON PLAN WEBSITE
EXpD	96	N130	DENIED BASED ON A CLINICAL OR PAYMENT POLICY SEE PLAN WEBSITE
EXpE	150	M25	INAPPROPRIATE LEVEL OF E M SERVICE BILLED, SEE POLICY ON PLAN WEBSITE

EXpF	45		INAPPROPRIATE LEVEL OF E M SERVICE BILLED PER MEDICAL RECORD REVIEW
EXpG	150		CLAIM LINE PROCESSED USING MORE ACCURATE CODE FOR TREATMENT RECEIVED
EXpH	193		UPHELD AFTER MANUAL CODING REVIEW
EXpJ	163	M127	DENY:MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST
EXpK	45		PAY:DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS
EXpM	45		PAY:DRG PAYMENT ADJUSTMENT AFTER REVIEW OF MEDICAL RECORDS
EXpN	A1	N109	DENY:DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM
EXpP	45		PAY:REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS
EXpQ	45		RAWLINGS - OVERPAYMENT RECOVERY
EXpR	206		ORDERING/REFERRING/PRESCRIBING NPI REQUIRED
EXpS	96	N10	RAWLINGS - OVERPAYMENT RECOVERY
EXpT	22		RAWLINGS - MEDICARE DISALLOWANCE
EXpU	22		RAWLINGS - MEDICARE DISALLOWANCE
EXpW	45		EQUIAN - OVERPAYMENT RECOVERY
EXpX	45		EQUIAN - OVERPAYMENT RECOVERY
EXpY	45		PERFORMANT - INS CARRIER PYMT APPLIED
EXpZ	215		FIRST RECOVERY GROUP SUBROGATION
EXqz	16	M64	DIAGNOSIS CODE MUST BE BILLED AS PRIMARY FOR OUTPATIENT SERVICES
EXrA	16	MA130	APG ASSIGNMENT CONDITION NOT MET
EXrC	16	M44	OBSERVATION HOURS CONDITION ERROR
EXrD	16	N329	PATIENT AGE NOT REPORTED FOR PREVENTATIVE MEDICINE VISIT
EXrI	45		PROVIDER ALLOWABLE ADJUSTED FOR ACA PARITY PAYMENT
EXrN	233		NEVER EVENT MODIFIER PRESENT
EXrP	16	M119	NDC MISSING OR INVALID NDC/HCPDS COMBINATION
EXrR	A1	N210	INFO: RECONSIDERATION RECEIVED - ORIGINAL DECISION UPHELD
EXrd	A1	N210	INFO: CLAIM PREVIOUSLY RECONSIDERED. MUST FILE AN APPEAL
EXrg	B11	N418	DENY: INAPPROPRIATE TAXONOMY SUBMITTED FOR SERVICES PROVIDED
EXrh	45		WITHDRAW AUTHORIZATION
EXrj	45		AUTHORIZATION NOT REQUIRED
EXrk	45		OTHER (PLEASE CONTACT PLAN/CMO FOR ADDL INFORMATION)
EXrn	45		MEMBER NOT ELIGIBLE
EXro	45		DUPLICATE REQUEST
EXrr	A1	N309	ASSESSMENT DATE IS MISSING
EXsA	45		PAY: PAID ACCORDING TO SINGLE CASE AGREEMENT
EXsD	96	N216	DENY: SERVICE REVIEWED AND IS NOT COVERED BY IOWA MEDICAID
EXsE	198	640	DENY: EXCEEDED PER DAY ENCOUNTER LIMIT
EXsH	45		INFO: CLAIM PROJECT/SPECIAL HANDLING
EXsb	45		PAID: PAID IN FULL AS PRIMARY
EXsh	45		SNF: NO RUG ON SERVICE LINE PAY \$0
EXsk	A1		DENY:MBR NOT CURRENTLY ON LTSS FILE-WILL RECONSIDER ONCE ON FILE
EXtA	16	N466	DRG/APC ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE
EXtO	16	M46	DENY: NUBC OCCURRENCE SPAN CODE INVALID
EXtS	163	N706	DENY-REQUESTED MED RECORDS NOT RECEIVED FOR NIA-MAGELLAN THERAPY
EXtY	50	N661	DENY-POST SERVICE MEDICAL NECESSITY DENIAL FOR NIA-MAGELLAN THERAPY
EXtc	16	M51	SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE
EXu0	45		AUTO APPROVED SERVICE DUE TO COVID 19 STATE OF EMERGENCY
EXus	23	N420	PAYMENT IN FULL FOR MEDICARE&MEDICAID,DO NOT BILL PATIENT
EXv2	45	N805	REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI
EXvF	16	M51	DRG/APC - ECT UNITS CODED W/O ICD-9CM PROCEDURE CODE 94.27
EXvJ	16	N657	APC/ASC/ESRD - INVALID BILLING OF CARDIAC RESYNC THERAPY
EXvO	252	N466	APC/HHA/ASC/ESRD/IRF/SNF INVALID BILLING OF THERAPY SERVICES
EXvR	96	N130	DRG/APC - WRONG PROCEDURE PERFORMED - NOT A COVERED SERVICE

EXvU	96	N643	APC/APG INVALID OBSERVATION BILLING
EXvV	96	N643	IMPROPER BILLING OF DRUGS
EXvW	96	N643	SERVICE NOT PAID ON AN INDEPENDENTLY BILLED CLAIM
EXve	45		EVV VALIDATED
EXvn	96	N381	APC/HHA/ASC/ESRD IMPROPER BILLING OF DRUGS
EXvo	45		INFO: DENY CLAIM
EXw1	4	N517	CO-SURGEON/TEAM SURGEON DISALLOWED PER CMS SURGICAL BILLING GUIDELINES
EXw2	16	M51	ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS
EXw3	4	N517	ASSISTANT,CO-SURGEION OR TEAM SURGEONS NOT TYPICALLY REQUIRED PER CMS
EXw4	B16		NEW PATIENT E/M INAPPROPRIATE PER AMA GUIDELINES
EXw5	B15	N122	PRIMARY SERVICE IS MISSING OR DENIED PER AMA GUIDELINES
EXw7	151	M25	PREVENTABLE READMISSION RECOUPMENT
EXw9	45		15 OR 30 DAY READMISSION POLICY REVIEWED BY THE HEALTH PLAN
EXwA	222	N640	MAXIMUM ALLOWANCE EXCEEDED BASED ON PAYMENT POLICY SEE PLAN WEBSITE
EXwB	150	M25	REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE
EXwE	11		PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY
EXwM	249	N623	POTENTIAL PREVENTABLE READMISSION SUBMIT ALL MEDICAL RECORDS
EXwN	5	M77	PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING PER PLAN POLICY
EXwS	97	N390	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER PLAN POLICY
EXwT	16	M51	INCORRECT PROCEDURE OR DX CODE FOR MEMBER AGE OR GENDER PER PLAN POLICY
EXwV	60	N130	OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES
EXwW	204	N130	NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER PLAN POLICY
EXwc	45		INFORMATIONAL: CLIENT PARTICIPATION WAS NOT TAKEN
EXx1	96	N666	INAPPROPRIATE LEVEL OF E M SERVICE BILLED
EXx2	97	M15	SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD
EXx3	P14	N20	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE
EXx4	7		PROCEDURE CODE/DIAGNOSIS CODE INCONSISTENT WITH MEMBERS GENDER
EXx5	6		PROCEDURE CODE CONFLICTS WITH MEMBER'S AGE/GENDER
EXx6	A1	N122	ADD-ON CODE REQUIRED WITH PRIMARY CODE FOR QUANTITY GREATER THAN ONE
EXx7	234	N122	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE
EXx8	16	N823	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED;
EXx9	234	N390	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED
EXxA	P14	M15	CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE
EXxB	236		DENY: CMS MEDICAID NCCI UNBUNDLING
EXxC	97	N111	DENY: SERVICE MODIFIER PREVIOUSLY SUBMITTED
EXxD	222	N640	CMS MUE QUANTITY LIMIT EXCEEDED
EXxE	11		PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY
EXxF	60	N130	OUTPATIENT SERVICES OVERLAP INPATIENT SERVICES OR CLAIM SPLIT BILLED
EXxG	P14	N20	PROCEDURE CODE IS DISALLOWED PER FEDERAL OR STATE FEE SCHEDULE
EXxH	96	MA67	REDUCED FOR MULTIPLE SURGERY PRICING
EXxI	96	N666	INAPPROPRIATE LEVEL OF E/M SERVICE BILLED
EXxJ	222		EXCEEDS MAXIMUM ALLOWANCE FOR GLOBAL/PROFESSIONAL/TECHNICAL COMPONENTS
EXxK	216		CLAIM MANUALLY REVIEWED FOR CORRECT CODING RULES-NO ACTION REQUIRED
EXxL	P14	N20	PROCEDURE CODE UNBUNDLED PER STATE RULES, CONTRACT OR PAYMENT POLICY
EXxM	249	N623	POTENTIAL PREVENTABLE READMISSION SUBMIT ALL RELATED MEDICAL RECORDS
EXxN	5	M77	DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING
EXxO	97	N525	POTENTIAL OBSTETRICAL CARE OVERPAYMENT
EXxP	204	N130	SERVICE IS DENIED ACCORDING TO A PAYMENT OR CLINICAL POLICY
EXxQ	204	N130	DME BILLING NOT COVERED FOR RENTED/OWNED/FREQUENTLY SERVICED ITEMS
EXxR	96	N356	SERVICES BILLED ARE RELATED TO NON-COVERED SERVICE
EXxS	96	N623	Readmission Denied After Medical Record Review
EXxT	272	N20	T CODE NOT PAYABLE WHEN BILLED WITH ANOTHER CODE ON CLAIM

EXxU	96	N435	EXCEEDS MAXIMUM PAYMENT OR SUPPLIES ALLOWED FOR DME
EXxX	97	N390	DENY: CMS MEDICAID NCCI UNBUNDLING
EXxZ	96	N623	30 DAY READMISSION, PAYMENT DENIED AFTER CLINICAL REVIEW
EXxa	P14	M15	CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE
EXxb	8	N95	PROCEDURE CODE NOT ELIGIBLE FOR ANESTHESIA
EXxc	16	N657	INVALID PROC/DX/REV CODE OR REV-PROC CODE COMBINATION
EXxd	236	N644	PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER
EXxe	16	M51	PROCEDURE/DIAGNOSIS CODE INCONSISTENT WITH MEMBER'S AGE
EXxf	273		MAXIMUM ALLOWANCE EXCEEDED
EXxg	16	N430	SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS
EXxh	222	N640	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED
EXxo	16	N822	MISSING MODIFIER 26
EXxp	222		PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM
EXxq	222	N640	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE
EXxr	16	N430	BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE
EXxy	B7		PCP CANNOT BE REIMBURSED FOR THIS SERVICE
EXy1	B7	N665	DENY: SERVICES RENDERED BY NON AUTHORIZED NON PLAN PROVIDER
EXy2	50	N661	DENY: MEDICAL NECESSITY NOT MET
EXy3	97	M15	DENY: GLOBAL CLAIM RECD PREVIOUSLY PAID TECH PROF COMPONENT TO PROVIDER
EXy4	97	M15	DENY: GLOBAL CLAIM RECD PREV PAID TECH PROF COMP TO DIFFERENT PROVIDER
EXy5	97	M15	DENY: GLOBAL RATE PROF TECH COMPONENT NOT REIMBURSED SEPERATELY
EXy6	A1	N13	DENY: PROF COMPONENT NOT REIMBURSED PROCEDURE IS GLOBAL OR TECHNICAL
EXy7	A1	N13	DENY: PROVIDER CONTRACT FOR GLOBAL BUT SUBMITTED CLAIM AS TECH PROF
EXy9	A1	N517	DENY: SVS INCLUDED INCORRECT CPT COMBINATIONS RESUBMIT CORRECTED BILL
EXyA	119	N587	MAXIMUM ALLOWANCE EXCEEDED
EXyB	B16		INAPPROPRIATE USE OF NEW PATIENT E/M CODE PER AMA GUIDELINES
EXyC	204	N130	NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER CENTENE POLICY
EXyD	97	M15	DENY - DOPPLER STRESS ECHO SAME DOS NO ECHOCARDIO DX NOT ELIGIBLE
EXyE	11		PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY
EXyF	16	N823	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED;
EXyG	150	M25	DENY: REIMBURSED AS LOWER COMPLEXITY E/M PER PAYMENT POLICY
EXyH	150		PAY: REDUCED RATE FOR LOWER COMPLEXITY E/M SERVICE PER PAYMENT POLICY
EXyI	45		REDUCTION APPLIED FOR MULTIPLE PROCEDURES PER PAYMENT POLICY
EXyJ	18	N702	DUPLICATE CLAIMS BILLING SAME/SIMILAR CODE(S) FOR DATE OF SERVICE
EXyL	204	N130	NOT MEDICALLY NECESSARY OR INELIGIBLE COSMETIC SURGERY PER CMS/PLAN
EXyN	5	M77	DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING;
EXyP	18	N702	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)
EXyQ	18	N702	SAME OR MULTIPLE PROVIDERS BILLING EXACT OR SIMILAR CODE(S)
EXyR	249		POTENTIALLY PREVENTABLE READMISSION SUBMIT ALL MEDICAL RECORDS
EXyS	97	N390	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES
EXyT	16	M51	INCORRECT PROCEDURE CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN
EXyU	16	M51	UNLISTED CODE BASED ON CPT/CMS GUIDELINES
EXyV	60	N130	OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES
EXyW	204	N130	NOT MED NECESSARY/NON-REIMBURSABLE SERVICE PER CMS OR PLAN GUIDELINES
EXyX	97	M144	INCLUDED IN GLOBAL SURGICAL PACKAGE PER CMS
EXyZ	223		FWA UPHELD APPEALS
EXya	222	N640	DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY
EXyd	A1	N10	DENY: DENIED AFTER REVIEW OF PROVIDER S CLAIMS HISTORY
EXye	252	M127	DENIED FOR REVIEW OF MEDICAL RECORDS AND/OR DOCUMENTATION
EXyg	45		PAYMENT REDUCED BASED ON STANDARD CODING GUIDELINES
EXyh	16	N63	DENY: PLEASE SUBMIT ITEMIZED BILLING STATEMENT FOR PAYMENT CONSIDERATION
EXym	249	N623	POTENTIAL PREVENTABLE READMISSION SUBMIT ALL MEDICAL RECORDS

EXyn	222	N640	MAXIMUM ALLOWANCE EXCEEDED
EXyo	222	N640	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED
EXyq	18	N702	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)
EXyr	11	N386	INCORRECT PROCEDURE CODE FOR DIAGNOSIS PER NCD/CMS
EXys	97	N390	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES
EXyt	16	M51	INCORRECT PROCEDURE OR DX CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN
EXyu	16	M51	INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES
EXyv	60	N130	OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES
EXyw	204	N130	NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER CMS OR PLAN RULES
EXyx	97	M15	INCLUDED IN GLOBAL SURGICAL OR MATERNITY PACKAGE PER CMS OR ACOG
EXyy	A1	N381	REIMBURSEMENT REDUCTION BASED ON CPT AND/OR CMS GUIDELINES
EXyz	16	N823	INCORRECT USE OF MODIFIER FOR PROCEDURE PER CMS/CPT/PLAN GUIDELINES
EXz1	16	M76	DENY: DIAGNOSIS CODE 24 MISSING OR INVALID
EXz2	16	M76	DENY: DIAGNOSIS CODE 25 MISSING OR INVALID
EXz9	45		MULTIPLE PROCEDURE DISCOUNT APPLIED
EXza	96	N767	BILLING PROVIDER NOT REGISTERED WITH STATE MEDICAID FOR THIS DOS
EXzw	119	N587	MAXIMUM ALLOWANCE EXCEEDED