Neighborhood Health Plan OF RHODE ISLAND™

Adjudication Message Descriptions

Adjudication Message Code	Adjudication Message
0	Fee not found for this service code in fee schedule (FeeTableCalculationMethod). Priced according to policy for fee method undetermined
01COR	CORRECTED CLAIM RECEIVED
03COR	CORRECTED CLAIM RECEIVED
04COR	CORRECTED CLAIM RECEIVED
05COR	CORRECTED CLAIM RECEIVED
06COR	CORRECTED CLAIM RECEIVED
07COR	CORRECTED CLAIM RECEIVED
08COR	CORRECTED CLAIM RECEIVED
09COR	CORRECTED CLAIM RECEIVED
1	Claim crosses accumulator interval.
1	Duplicate claim/service
1	The procedure code/bill type is inconsistent with the place of service
10	Claim/service adjusted because of the finding of a Review Organization
1001	Line paid for member not covered through discharge for Medical.
107CO	CORRECTED CLAIM RECEIVED
108CO	CORRECTED CLAIM RECEIVED 108
11	The diagnosis is inconsistent with the procedure
12	Payment adjusted because this care may be covered by another payer per coordination of benefits
13	Our records indicate that this dependent is not an eligible dependent as defined
136CO	CORRECTED CLAIM RECEIVED
139CO	CORRECTED CLAIM RECEIVED 139
13COR	CORRECTED CLAIM RECEIVED
147	Services rendered by an out of network provider.
149	Lifetime benefit maximum has been reached
15	Non-covered charge(s)
15	Services not provided or authorized by designated (network/primary care) providers
151	Fee not found for this service code in fee schedule (FeeTableCalculationMethod). Priced according to policy for fee method undetermined
16	Discount agreed to in Preferred Provider contract
160	Payment denied for absence of authorization or exceeds authorization units

Adjudication Message Code	Adjudication Message
167CO	CORRECTED CLAIM RECEIVED
168	Payment for this service is included in the per diem rate.
17	These are non-covered services because this is not deemed a `medical necessity' by the payer
170	Primary payor denied this service
172	Payment adjusted because this care may be covered by another payer per coordination of benefits
175	Statistical paid amount could not be calculated. See server log for errors.
177	Payment for this service is included in the confinement rate.
178	No payment has been made on this service because primary insurer has paid in full with no remaining balance.
179	Payment was adjusted due to multiple surgeries performed on the same day.
18	These are non-covered services because this is a pre-existing condition
180	Pricing was adjusted due to Modifier Pricing rules.
182	Reimbursed at per diem rate.
183	Reimbursed at confinement rate.
187	Allowed amount capped at primary insurers member responsibility.
188	Allowed amount limit has been exceeded.
189	Allowed amount limit has been reached.
19	Benefit maximum for this time period has been reached
19	Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply
191	Denied authorization penalty. Provider is responsible.
197CO	CORRECTED CLAIM RECEIVED
1UNIT	DENIED - ONE UNIT DISPENSED PER ENCOUNTER ALLOWED
2	Historical claim line(s) cross(es) date range
2	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate
20	Charges for outpatient services with this proximity to inpatient services are not covered
200	Surgical service line with multiple units
201	More than one authorization matched this service.

Adjudication Message Code	Adjudication Message
202	Manual Review
203	Must be reviewed to determine if the services should be paid in addition to the DRG/per diem rate.
207	Unable to determine surgery order due to manually priced surgical claim(s).
20COR	CORRECTED CLAIM RECEIVED
21	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization
210	Denial message overridden by user.
21COR	CORRECTED CLAIM RECEIVED
22	Non-covered charge(s)
22COR	CORRECTED CLAIM RECEIVED
23	Payment is included in the allowance for another service/procedure
239	Manual split required because DOFR supplier contract CAP changes during service date span.
24	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor
240	Manual split required because capitated payment component PCS-MEM changes during service date span. Suggested split date is 2012-01-01.
240	This line crosses a pricing tier and was adjusted due to dollars paid in history for this confinement or treatment case.
25	Deductible Amount
25	Patient/Insured health identification number and name do not match
253	Line is split for member accumulator intervals.
255	Line is split for multiple member versions: date range: 05-01-2015 through 05-09-2015, activeCode: null, isEffective: false
256	Line is split for multiple product versions
257	Room and board line is split for paid/unpaid days: 09-19-2015 through 09-21-2015
258	Line is split for multiple service authorizations
26	Co-payment Amount
26	Payment adjusted because procedure/service was partially or fully furnished by another provider
261	Line is split for multiple supplier versions
262	Line is split for multiple supplier contracts.
265	Line is split for multiple benefit plan component versions
268	Line is split because service limit is reached

Adjudication Message Code	Adjudication Message
27	Coinsurance Amount
27	This provider was not certified/eligible to be paid for this procedure/service on this date of service
270	Service is excluded from supplier contract
274	Supplier does not have a contract for member's plan but is in-network
276	This line is denied per default benefit provision.
277	Service is denied according to fee method or fee method undetermined
278	No payment has been made on this service because there was no remaining balance from the primary insurer.
27COR	CORRECTED CLAIM RECEIVED
28	The member's out of pocket maximum has been met
28	Send directly to WellCare at P.O. Box 31373 Tampa, FL 33631-3373 attn - Claim Department
3	Duplicate claim/service
300	Manual split required because authorization/agreement covers service partially.
30COR	CORRECTED CLAIM RECEIVED
310	Allowed amount was manually set for this line
311	Benefit network was manually set for this line
317	NHPRI Billing guidelines were not met or were exceeded, Possibly detected by Ingenix
31COR	CORRECTED CLAIM RECEIVED
33COR	CORRECTED CLAIM RECEIVED
34COR	CORRECTED CLAIM RECEIVED
35	The time limit for filing has expired
35COR	CORRECTED CLAIM RECEIVED
378	Service has been denied, no secondary payment has been considered.
37COR	CORRECTED CLAIM RECEIVED
38COR	CORRECTED CLAIM RECEIVED
39	Service not included in supplier contract
4	Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier
40COR	CORRECTED CLAIM RECEIVED
41COR	CORRECTED CLAIM RECEIVED

Adjudication Message Code	Adjudication Message
43	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan
43	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan
432	Please submit to other party
43COR	CORRECTED CLAIM RECEIVED
499	Message Code Indicates Review
5	Manual split required because benefit plan component Authorizations (Global) Component changes during service date span.
5	Adjustment amount represents collection against receivable created in prior overpayment
501	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer
502	Charges for outpatient services with this proximity to inpatient services are not covered
503	Newborn's services are covered in the mother's Allowance
504	Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules
505	Payment has been reduced because multiple surgeries were performed on the same day
505um	Payment has been reduced because multiple surgeries were performed on the same day
506	Payment for this service is included in the room and board/per diem rate
507	Billed prior to authorization
508	Billed past authorization
509	Services not authorized
510	Line is split for multiple supplier location versions
510	Duplicate previously paid
511	Altered claim/corrective material used
512	Denied due to motor vehicle accident
513	Tax ID discrepency
514	Subrogation case
515	Not contracted for service
517	The time limit for filing has expired
518	Maximum number of authorization units previously paid
519	Appeal denied

Adjudication Message Code	Adjudication Message
520	Member not eligible on date of service
521	This line or portion of a line is denied because the supplier location is not effective.
521	Appeal upheld
522	This line or portion of a line is denied because the supplier location is terminated.
522	Appeal over turned
522um	Appeal overturned
523	Incorrect provider paid
524	Claim paid provider in error
525	Claim has been adjusted to retract the monies paid to you in error
526	This is reissue of payment from a previously voided/stopped payment
527	Claim has been adjusted to reflect the monies you have returned
52COR	CORRECTED CLAIM RECEIVED
530	Deductible amount has been taken on this service line
531	This line or portion of a line is denied because the practitioner role is not effective.
531	Out of Pocket Maximum has been applied on this service line
532	This line or portion of a line is denied because the practitioner role is terminated.
532	Limit applied to this service line
533	Invalid/incorrect member immigration status
535	Claim was replaced
55COR	CORRECTED CLAIM RECEIVED
6	Payment is included in the allowance for another service/procedure
60	Manual split required because member changes during service date span.
609	This service is not separately payable
61	This line or portion of a line is denied because the date of service is before the Medical coverage is effective.
62	This line or portion of a line is denied because the Medical coverage is terminated.
65	Manual split required because benefit plan changes during service date span.
652	This claim line is denied due to an invalid diagnosis or procedure code
653	The claim line is denied due to invalid diagnosis or procedure codes on other claim lines
66	This line or portion of a line is denied because the benefit plan is not effective.
660	Line is split for member care reserve
67	This line or portion of a line is denied because the benefit plan is terminated.

Adjudication Message Code	Adjudication Message
7	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate
70	Manual split required because supplier contract Case Management Services changes during service date span.
75	Manual split required because product changes during service date span.
8	Payment/Reduction for Regulatory Surcharges, Assessments, Allowances or Health Related Taxes
81COR	CORRECTED CLAIM RECEIVED
86	This claim is a candidate for coordination of benefits, but payment information from the other insurer was not provided.
88COR	CORRECTED CLAIM RECEIVED 88
9	Contractual adjustment
90	Manual split required because supplier changes during service date span.
91	Manual split required because supplier location changes during service date span.
91	This line or portion of a line is denied because the supplier is not effective.
92	Manual split required because rendering practitioner role changes during service date span.
92	This line or portion of a line is denied because the supplier is terminated.
94	Manual split required because rendering practitioner changes during service date span.
95	This line or portion of a line is denied because the rendering practitioner is not effective.
96	Manual split required per day within interval since service units can-not be properly allocated within the date range.
96	This line or portion of a line is denied because the rendering practitioner status is terminated.
9CA	Contractual adjustment denial reason
ADBIL	ADJUSTMENT-PROVIDER SUBMITTED CORRECTED BILLED AMT
ADCAP	Adjusted To Pay - Capitated Rate
ADCON	ADJUSTMENT BASED ON CONTRACTUAL CHANGE
ADDON	DENIED - THIS SERVICE REQUIRES A PRIMARY PROCEDURE
ADFFS	Adjusted To Pay - FFS
ADGLB	ADJUSTMENT OF DENIED SERVICE - INCLUDED IN GLOBAL
ADLAT	ADJUSTED TO PAY - ORIGINALLY DENIED LATE CLAIM

Adjudication Message Code	Adjudication Message
ADMEM	ADJUSTED CLAIM DUE TO RETROACTIVE MEMBER ACTIVITY
ADMHR	DENIED - PLEASE RESUBMIT WITH ADMISSION HOUR
ADMIT	ADMIT TYPE BILLED DOES NOT MATCH TYPE OF SERVICE
ADPAY	ADJUSTMENT TO A PREVIOUSLY PAID OR DENIED CLAIM
ADRAT	ADJUSTMENT - RATE INCREASE DUE TO CONTRACTUAL AGRE
ADRVW	NOTES FROM CUST SERVICE REVIEWED, DENIAL STANDS
AGESX	DENIED - MEMBER AGE/SEX INAPPROPRIATE FOR DX/PROC
AICPD	ALLOWED - ICU PER DIEM
ALCON	AMOUNT ALLOWED PER CONTRACT
ALLOW	ALLOWANCE FOR DISCONTINUED PROCEDURE
ALNCD	CODE NOT ALLOWED UNDER CONTRACT
ALTRQ	DENIED LATE AUTHORIZATION REQUEST
AMBCR	AMBULATORY SURGERY CASE RATE
AMBEL	DENIED - AUTHORIZATION FOR MEMBER NOT ELIGIBLE
AMBPB	AMBULATORY SURGERY-PERCENT OF BILLED CHARGES
AMBRP	DENIED - RESUBMIT WITH AMBULANCE RUN REPORT
ANESS	DENIED - RESUBMIT WITH ANEST START AND STOP TIME
ANEST	REJECTED - RESUBMIT WITH ANESTHESIA NOTES
ANLRV	Can not find code Entry for codeSetName=UserMessageDomain and codeEntry=ANLRV
ANOCV	DENIED - AUTHORIZATION NOT COVERED
ANOME	DENIED - AUTHORIZATION NOT MEDICALLY NECESSARY
APEAL	ALLOWED AT CONTRACTED RATE PER APPROVED APPEAL
ASNGL	DENIED - SERVICE IS INCLUDED IN PER DIEM
ASURG	ASSIST SURG NOT ALLOWED FOR PROCEDURE
ATTK	REVIEW-SERVICE(S) REQUIRE REVIEW
ATTPH	DENIED - RESUBMIT WITH VALID ATTENDING PHYS NAM
AUDDC	Claim reviewed as part of an audit and final decision has been made to deny payment. No further adjustments should be made on this claim per Auditing Department.
AUDIT	ADJUSTMENT DUE TO INTERNAL AUDIT
AUMSI	DENIED- SERVICE BILLED NOT APPROVED
AUTCD	PROCEDURE CODE NOT IN AUTH DETAIL
AUTDT	DENIED - DOS OUTSIDE OF AUTH DATES

Adjudication Message Code	Adjudication Message
AUTEX	DENIED - AUTHORIZATION EXPIRED
AUTHC	AUTH CLOSURE
AUTHD	AUTH DENIAL
AUTHV	HOLD - AUTH VISITS EXCEEDED NEEDS REVIEW
AUTVS	DENIED - EXCEEDS NUMBER OF AUTHORIZED VISITS
BHDDH	DENIED – Non Covered Service- submit to BHDDH
BILAM	DENIED - ZERO DOLLAR AMOUNT BILLED
BILAT	BILATERAL PROCEDURE ALLOWANCE
BILTP	DENIED - INCORRECT BILL TYPE USED-PLEASE RESUBMIT
BILTPd	DENIED - INCORRECT BILL TYPE USED-PLEASE RESUBMIT
BLDNC	BLOOD PRODUCTS NOT COVERED
BLOOD	BLOOD PRODUCTS NOT COVERED
BRKDN	DENIED - RESUBMIT BREAKDOWN OF CHARGES
BUNDL	DENIED - SERVICE CONSIDERED A COMPONENT OF ANOTHER
CAPAD	CLAIM ADJUSTED AT THE APPEAL LEVEL
CASE	ALLOWED PER CASE RATE
CATII	DENIED - CATEGORY II & III ARE NOT REIMBURSABLE
CCMOD	DENIED - PER NCCI MODIFIER REQUIRED FOR CONSIDER
CHGIN	DENIED - CHANGES ON CLAIMS MUST BE INITIALED
CHGNC	CHARGE IS NOT REIMBURSABLE FOR DATE OF SERVICE
CHIRO	CHIROPRACTIC SERVICES NOT COVERED
CHKRT	ADJUSTMENT - PROVIDER RETURNED CHECK
CLMDP	DENIED - PREVIOUSLY SUBMITTED WITH DIFF BILLED AMT
CLMRV	HOLD - CLAIM UNDER REVIEW
CLMVN	DENIED - PREV SUBMITTED BY DIFF PROV SAME SUPPLIER
COBAE	AETNA IS PRIMARY FOR THIS SERVICE
COBBC	BLUE CROSS IS PRIMARY FOR THIS SERVICE
COBCG	CIGNA HEALTH IS PRIMARY FOR THIS SERVICE
COBDN	DENIED - OTHER INS PRIMARY FOR THIS SERVICE
COBHP	DENIED - HARVARD PILGRIM IS PRIMARY FOR SERVICE
COBMC	DENIED - MEDICARE IS PRIMARY FOR THIS SERVICE
COBNA	PRIMARY INSURANCE DENIED OR APPLIED TO DEDUCTIBLE
COBPY	NET PAYMENT REDUCED BY PRIMARY CARRIER PAYMENT

Adjudication Message Code	Adjudication Message
COBRH	DENIED - OTHER INSURANCE PRIMARY FOR THIS SERVICE
COBRM	RETRACT PAYMENT DUE TO COB- BILL PRIMARY CARRIER
COBRT	RETRACT PAYMENT DUE TO COB - BILL PRIMARY CARRIER
COBTH	DENIED - TUFTS HEALTH PLAN IS PRIMARY FOR SERVICE
COBTM	PRIMARY COVERAGE TERMED PER ATTACHED EOB
COBTR	DENIED - TRICARE IS PRIMARY FOR THIS SERVICE
COBUN	DENIED - UNITED HEALTH PLAN IS PRIMARY FOR SERVICE
con	Fee not found for this service code in fee schedule (FeeTableCalculationMethod). Priced according to policy for fee method undetermined
CONNS	CONSULT NOT SUPPORTED.SUBMIT CORRECT E/M CODE.
CONVF	ALLOWED PER CONVERSION FACTOR
CORAA	CORRECTED CLAIM, PREVIOUSLY DENIED BY AUTO AUDIT
CORAR	CORRECTED CLAIM-PREVIOUSLY DENIED BY QUALITY REV
CORCL	DENIED - PLEASE RESUBMIT AS CORRECTED CLAIM
CORRT	CORRECTED CLAIM RECEIVED AND PROCESSED
CORRTd	DENIED-CORRECTED CLAIM RECEIVED AND PROCESSED
CORVE	CORRECTED CLAIM-PREVIOUSLY DENIED BY VE
COSNC	DENIED - COSMETIC SURGERY NOT COVERED
CPOFF	OFFICE VISIT COPAY
CPTCD	DENIED - RESUBMIT WITH CORRECTED CPT/HCPC
CSECR	C-SECTION CASE RATE
CSNGL	DENIED - SERVICE INCLUDED IN PER DIEM PRICING
CUSNC	CUSTODIAL CARE NOT COVERED
DCPEC	DENIED - RESUBMIT PAPER EOB FOR CONSIDERATION
DCYFL	DCYF LIABILITY
DENDN	DENIED - SUBMIT DENTAL CLAIMS TO EDS
DENTL	DENIED - DENTAL SERVICES NOT COVERED
DMENS	DENIED - SERVICE MUST BE FILED WITH DMENSIONS
DNCCI	DENIED - CCI STANDARD CODE MAY NOT BE TOGETHER
DNNIC	DENIED - NICU CHG'S MUST BE SUBMITTED TO THE STATE
DOBMA	DATE OF BIRTH DOES NOT MATCH MEMBER RECORD
DOSCA	DENIED - PLEASE SEND ALL SUPPORTING DOCUMENTATION
DPRCE	DENIED - INTERNAL PROCESSING ERROR

Adjudication Message Code	Adjudication Message
DPRCEd	DENIED-INTERNAL PROCESSING ERROR
DTDME	DENIED-RESUBMIT W/DATE RANGE FOR DME EQUIPMENT
DTEIP	DENIED - RESUBMIT WITH DATE RANGE FOR EIP SERVICE
DTRNG	DENIED - RESUBMIT W/DATE RANGE FOR PRENATAL VISITS
DXCPT	DENIED - DIAGNOSIS INCONSISTENT WITH CPT BILLED
DXDNS	DENIED - DX DOES NOT SUPPORT SERVICE OR NOTES
EFPAU	DENIED - EFP SERVICE NOT AUTHORIZED
EFPDN	DENIED - MEMBER HAS LIMITED BENEFIT PLAN
EIPUN	DENIED - EXCEEDS NUMBER OF UNITS FOR EIP SERVICES
EMECR	EMERGENCY ROOM CASE RATE
EMEPB	EMERGENCY ROOM PERCENT OF BILLED CHARGES
EMLVL	DENIED - E/M CODE UNDERCODED BASED ON REC REVIEW
EOBDN	DENIED - EOB DOES NOT MATCH CLAIM FORM
ERNTS	DENIED - RESUBMIT WITH EMERGENCY ROOM NOTES
ESTPT	DENIED - PREVIOUSLY CLAIMED - NOT A NEW PATIENT
EXDUP	DENIED - EXACT DUPLICATE
EXPNC	DENIED - EXPERIMENTAL PROCEDURES NOT COVERED
EYEWR	EYEWEAR LIMIT MET- AUTH REQUIRED
FEESC	AMOUNT ALLOWED PER FEE SCHEDULE
FEESD	ALLOWED - PER FEE SCHEDULE
FEESH	ALLOWED PER FEE SCHEDULE
FEESP	AMT ALLOWED PER FEE SCHEDULE
FEESV	AMNT ALLOWED PER FEE SCHEDULE
FRAGM	DENIED - THIS SVC PART OF A COMPREHENSIVE CODE
GENNC	GENETIC TESTING SERVICES ARE NOT COVERED
GLCAS	DENIED - GLOBAL TO CASE RATE
GLCASd	DENIED- GLOBAL TO CASE RATE
GLOBL	ALLOWED - PAYMENT INCLUDED IN GLOBAL REIMBURSEMENT
HCNDC	INVALID HCPC AND NDC COMBINATION BILLED CODES DO NOT CROSSWALK
ICDCD	DENIED - RESUBMIT WITH VALID ICD9CM CODE
ICDMA	DENIED - PRIMARY DX CANNOT BE BILLED FIRST / ALONE
ICDTR	DENIED - PRIMARY DX REQUIRES ADDITIONAL DIGIT

Adjudication Message Code	Adjudication Message
ICUPD	ICU PER DIEM
INCOD	DENIED - RESUBMIT WITH APPROPRIATE CODE FOR SVC
INDRG	INVALID DRG BILLED PER CONTRACT
INDTE	DATE RANGE INVALID FOR SERVICE BILLED
INFNC	DENIED - INFERTILITY TREATMENT NOT COVERED
INFOR	INFORMATIONAL LINE FOR WHOLE CLAIM PRICING
INJIN	DENIED - SUBMIT DETAILS OF DRUG INJECTED / INFUSED
INMBR	RETRACTION-CLAIM PAID UNDER INCORRECT MEMBER ID
INMOD	DENIED - INCORRECT OR MISSING MODIFIER
INPDD	Not specified
INPPD	INPATIENT PER DIEM
INPRV	DENIED - PROVIDER BILLED WITH INVALID PROVIDER NUM
INTRM	DENIED - INTERIM BILL-RESUBMIT ENTIRE BILL
INTRV	PAYMENT ADJUSTED AFTER INTERNAL REVIEW
INVCE	DENIED - RESUBMIT WITH INVOICE TO CLAIMS DEPT
INVPR	VALID CODING REQUIRED FOR PRICING AND ADJUDICATION
INVUN	DENIED - 1 UNIT ALLOWED OR DISPENSED PER ENCOUNTER
IPDAY	DENIED - INPATIENT DAYS NOT AUTHORIZED
IPSTA	DENIED - RESUBMIT AS PART OF INPATIENT STAY
ITEMB	DENIED - PLEASE SUBMIT ITEMIZED BILL
IVNDC	DENIED - INVALID OR MISSING NDC CODE
L1ARD	LEVEL 1 ADMIN APPEAL REVIEWED/DENIAL STANDS
L2ARD	LEVEL 2 ADMIN APPEAL REVIEWED/DENIAL STANDS
LATCH	LATE CHARGE REIMBURSED AT CONTRACTED RATE
LMBEN	BENEFIT MAXIMUM LIMIT OF ONE (1) PER YEAR
LMEFP	EXCEEDS ALLOWED VISITS PER BENEFIT PACKAGE
LMGYN	DENIED - EXCEEDS NUMBER OF ANNUAL GYN VISITS
LMHPV	EXCEEDS LIMIT ON HPV VACCINE
LMLTC	EXCEEDS NUMBER OF DAYS ALLOWED FOR LONG TERM CARE
LMPFV	LIMIT 2 PEDIATRIC FLUORIDE VARNISH/YEAR NO AUTH
LTCHG	LATE CHARGES INCLUDED IN PER DIEM/CASE RATE
LTCLM	DENIED - LATE CLAIM SUBMISSION
LTCOB	DATE OF EOB EXCEEDS CONTRACTUAL FILING LIMIT

Adjudication Message Code	Adjudication Message
LTRVW	FACILITY LATE CHARGE REVIEW
MACC	MULTI-ADJUSTED CONVERSION CLAIM
MBRIN	DENIED - MEMBER INELIGIBLE ON DATE OF SERVICE
MBRPY	ALLOWED - REIMBURSEMENT TO MEMBER
MDPAY	ADJUSTMENT AFTER ASSOCIATE MEDICAL DIRECTOR REVIEW
MDPPD	MEDICAL/PEDIATRIC ROOM & BOARD PER DIEM
MDRVW	DENIAL UPHELD - REVIEWED BY ASSOC MEDICAL DIRECTOR
MEDICAREM15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
MEDNT	DENIED - SEND SUPPORTING MED NOTE FOR ADD'L REVIEW
MEMAG	DENIED - MEMBER AGE INAPPROPRIATE FOR SERVICE
MEMDG	NOT ELIGIBLE FOR PAYMENT, DRUG SUPPLIED BY PATIENT
MEMGR	DENIED - GENDER DOES NOT MATCH MEMBER RECORD
MEMMA	DENIED - MEMBER NAME/ID DOES NOT MATCH MEM RECORD
MEMNE	DENIED - MEMBER IS NOT ELIGIBLE
MHLTH	SUBMIT MENTAL HEALTH CLAIMS TO MAGELLAN
MNDOS	DATE ON NOTES SUBMITTED DO NOT MATCH DATE ON CLAIM
MNHLT	DENIED - RESUBMIT TO BEACON HEALTH
MNMID	DENIED - NOTES NEED PATIENT INFO & DATES ALL PAGES
MNNSD	DENIED - MEDICAL NOTES NOT SIGNED BY RENDERING MD
MNRDS	CLAIM HAS BEEN RECONSIDERED - DENIAL STANDS
MNRQR	DENIED - MED NOTES REQUEST FOR MODIFIER REVIEW
MNRVW	MANUAL REVIEW
MODIV	INVALID MODIFIER FOR PROVIDER OF SERVICE
MODNR	DENIED - MODIFIER NOT RECOGNIZED BY CARRIER
MODNT	DENIED - MED NOTES REQUIRED TO SUPPORT MODIFIER
MODRD	ALLOWANCE FOR MODIFIER BILLED
MODRV	MODIFIER REVIEW FOR BENEFIT AND PRICING REQUIRED
MODSV	MODIFFIED SERVICE
MPSPD	MEDICAL/PEDIATRIC/SURGICAL PER DIEM
MRLEG	DENIED - MEDICAL RECORDS SUBMITTED ARE NOT LEGIBLE
MULTI	DENIED - MULTIPLE SURGERY MODIFIER REQUIRED
MULUN	DENIED - MULTI UNITS; PART OF COMPREHENSIVE CODE

Adjudication Message Code	Adjudication Message
MUTEX	DENIED - MUTUALLY EXCLUSIVE TO OTHER SVC SAME DAY
N2006	NEW CODE FOR 2006 REQUIRING PRICING
N2007	NEW CODE FOR 2007 REQUIRING REVIEW
N2008	NEW CODE FOR 2008 REQUIRING REVIEW
NBOCR	NEWBORN CASE RATE
NBOIN	NEWBORN REIMBURSEMENT IN MOTHER'S CASE RATE
NBOPD	NEWBORN PER DIEM
NBOUT	NEWBORN OUTLIER DAYS
NC3PE	NOT COVERED - EXAMS REQUIRED BY THIRD PARTY
NCAMB	AMBULANCE SERVICE NOT COVERED
NCBEN	Not Covered Benefit
NCCOB	DENIED - PER EOB ATTACHED, MEMBER NOT LIABLE
NCCOD	DENIED - SERVICE(S) NOT INCLUDED IN CONTRACT
NCEFP	DENIED - NOT COVERED SERVICE FOR EFP MEMBER
NCEIP	INVOICE DOES NOT REFLECT COVERED EIP SERVICE
NCGLB	DENIED - PAYMENT INCLUDED IN GLOBAL REIMBURSEMENT
NCITP	DENIED - SERVICE NOT BILLABLE FOR PROVIDER'S SPEC
NCOON	DENIED - SERVICES NOT COVERED OUT OF NETWORK
NCRX1	SUPPLY DRUG SPECIFIC J-CODE / INVOICE
NCRX2	DENIED - RESUBMIT WITH DRUG SPECIFIC J-CODE
NCSNF	NON COVERED SKILLED NURSING SERVICES
NCSSV	DENIED - STATE SUPPLIED VACCINE
NCSVC	DENIED - SERVICE DENIED AS INAPPROPRIATE VACCINE
NCTPL	DENIED - TPL CARRIER IS PRIMARY
NDCIN	DENIED - DRUG NAME DOSAGE AND MANUF REQUIRED
NEAMB	NON EMERGENT AMBULANCE SERVICE NOT COVERED BENEFIT
NEWCD	ALLOWED - ONE TIME REIMBURSEMENT FOR NEW CODE
NH001	Allowed amount capped at primary insurers member responsibility.
NH002	ADJUSTED - RETRACTED DUE TO COB - BILL PRIMARY
NH003	Denied other insurance primary
NHCOB	ADJUST TO PAY-OTHER CARRIER NOT EFF FOR THIS DOS
NICPB	NEWBORN ICU PERCENT OF BILLED CHARGES
NICPD	ALLOWED - NICU PER DIEM

Adjudication Message Code	Adjudication Message
NOCOB	ADJUST TO PAY-OTHER CARRIER TERMED BEFORE THIS DOS
NONPD	ALLOWED - NON ACUTE PER DIEM
NOPAR	DENIED - SERVICE NOT COVERED FOR NON PAR PROVIDERS
NOPCP	DENIED - SERVICE NOT MEMBERS PCP
NOSDX	REBILL WITH SPECIFIC DX AND/OR MEDICAL RECORDS
NOTAU	DENIED - SERVICE NOT AUTHORIZED
NOTCV	DENIED - SERVICE NOT COVERED
NOTMB	DENIED - NOT AN NHPRI MEMBER
NPERE	NON-PAR ER CHARGES HELD FOR PRICING
NUMUN	DENIED - NUMBER OF UNITS REQUIRES MEDICAL RECORDS
OBDCR	OBSTETRICAL CASE RATE
OBFRG	DENIED - FRAGMENTED OBS SVC; RESUBMIT GLOBAL
OBNCR	OBSERVATION ROOM CASE RATE
OBOUT	OBSTETRICAL OUTLIER DAYS
OBSDN	DENIED - NO OBSTETRICAL AUTH ON FILE
OBSGL	DENIED - SVC INCLUDED IN PROFESSIONAL CLAIM
OBSPA	DENIED - SERVICE PART OF OBSTETRICAL GLOBAL CARE
OBVCR	VAGINAL DELIVERY CASE RATE
OCPCR	OBSERVATION AS CONDITION OF PREGNANCY - CASE RATE
OFFCK	ALLOWED - PAYMENT INCLUDED IN OFFLINE CHECK
ONEUN	ADD-ON CODE AVAILABLE FOR MORE THAN ONE UNIT
OONPY	OUT OF NETWORK PAYMENT
OPNOT	DENIED - RESUBMIT OPERATIVE NOTES TO CLAIMS DEPT
OVLVL	DENIED - VISIT LEVEL NOT SUPPORTED BY DOCUMENT
PAMOD	MODIFIER ALLOWED FOR PHYSICIAN ASSISTANT ONLY
PCDNM	DENIED - SERVICE CODE DOES NOT MATCH DATES/LOS
PCMOD	DENIED - SERVICE CODE/MOD COMBINATION IS INVALID
PCTBI	ALLOWED AT PERCENT OF BILLED CHARGES PER CONTRACT
PCTBL	ALLOWED PER PERCENT OF BILLED
PDAUT	DENY PED DEV TESTING - AUTH REQUIRED
PDDNS	DENIED - PROVIDER NOTES DO NOT SUPPORT THIS CHARGE
PDIEM	ALLOWED PER DIEM
PHARM	CODE PRICED BY PHARMACY DEPARTMENT

Adjudication Message Code	Adjudication Message
PICPD	PEDIATRIC ICU PER DIEM
PINVC	PAID AT COST PER INVOICE
PMAUT	PAIN MANAGEMENT SERVICES REQUIRE AUTHORIZATION.
POCOB	POSSIBLE COB
POSCD	DENIED - PROCEDURE CODE AND POS INCOMPATIBLE
PPDEN	DENIED - PRIMARY SVC DENIED; ADD ON CODE DENIED
PRBIL	BILLING PROVIDER DOES NOT MATCH DOCUMENTATION
PRCER	ADJUSTMENT DUE TO NHPRI PROCESSING ERROR
PRCIC	PRICING BASED ON INDIVIDUAL CONSIDERATION PRICING
PRCOR	PROVIDER SUBMITTED CORRECTED CLAIM FOR PROCESSING
PRCPD	PROGRESSIVE CARE PER DIEM
PRCRW	PROCEDURE TO BE REVIEWED PRIOR TO PRICING
PRDUP	PROBABLE DUPLICATE - PLEASE REVIEW
PRMOD	26 MOD REQUIRED - TECH COMPONENT ALREADY BILLED
PRNOT	DENIED - PLEASE SUBMIT NOTES FOR REVIEW
PRPOS	DENIED - PLACE OF SERVICE INVALID FOR PROVIDER
PRVBL	REJECTED - PROVIDER BILLING ERROR
PRVIN	PROVIDER INELIGIBLE
PRVPD	ALLOWED-PRIVATE ROOM PAID AT SEMI-PRIVATE RATES
PRVRM	PRIVATE ROOMS NOT COVERED
PSAUT	PSYCHOLOGICAL TESTING REQUIRES A BENEFIT EXCEPTION
PSOVV	ADJUSTED PER PROVIDER SERVICES
PSTFO	TIMELY FILING OVERRIDE
PTCNC	PATIENT CONVENIENCE ITEMS NOT COVERED
QAPAY	CLAIM ADJUSTED FOR PAYMENT AFTER REVIEW
RADRD	MULTIPLE RADIOLOGY REDUCTION ALLOWANCE
RAUTB	ADJUSTMENT DUE TO RETRO AUTHORIZATION OF SERVICE
RAUTH	ADJUSTMENT DUE TO RETROACTIVE AUTHORIZATION
REHPD	REHABILITATION PER DIEM
REJLT	REJECTED CLAIM MUST BE REFILED W/I FILING LIMIT
REQIN	DENIED - REQUESTED INFORMATION NOT RECEIVED
REREV	Retraction/Adjustment due to retroactive review
RETID	CLAIM TRANSFERED DUE TO NEW MEMBER ID ELIGIBILITY

Adjudication Message Code	Adjudication Message
RETRO	RETRACTED DUE TO RETROTERM OF MBR-BILL PRIME PAYOR
REVCD	DENIED - RESUBMIT WITH VALID REVENUE CODE
RHBPD	REHAB PER DIEM
RSITE	ADJUSTED TO PAY DUE TO RETROACTIVE SITE CHANGE
RTAAR	RETRACTION - DUE TO AUTO AUDIT REVIEW
RTCAP	RETRACTION-SERVICE SHOULD HAVE BEEN CAPITATED
RTDUP	RETRACTION OF DUPLICATE PAYMENT
RTFFS	Retraction - Should Have Paid FFS
RTGLB	RETRACTION OF CHARGES - INCLUDED IN GLOBAL
RTPRO	RETRACTED PER PROVIDER'S REQUEST
RTPSR	PAYMENT RETRACTED PER PROVIDER SVCS/RATE CHANGE
RTRMR	RETRACTION/RETRO REVIEW - SUBMIT MEDICAL RECORDS
RTTPL	PROVIDER REQUESTED ADJUSTMENT DUE TO TPL
RTVER	RETRACTED AFTER VIRTUAL EXAMINER REVIEW
RVPRV	REVIEW PRIVATE ROOM CHARGES
SCDUP	RETRACTION OF PAID CLAIM - POST PAYMENT REVIEW
SEPCS	DENIED - NCCI SEPARATE SVCS NOT SUPPORTED
SEPIN	DENIED - SUBMIT ER CHRGS SEPARATE FROM INPT
SEPOP	DENIED - SUBMIT ER CHRGS SEPARATE FROM OUTPT
SPCON	ALLOWED PER SPECIAL CONTRACT
STATE	ALLOWED - LEGISLATED STATE OF RI MEDICAID RATE
SUBHC	DENIED - RESUBMIT CHARGES ON A CMS-1500
SUBRO	INFORMATIONAL ADJ ONLY- REFUND FROM ATTY/OTHER CAR
SUBTM	DOCUMENTATION DOES NOT SUPPORT TIME BILLED
SUBUB	DENIED - RESUBMIT CHARGES ON A UB04
SUPMD	DENIED - RESUBMIT UNDER NAME OF SUPERVISING MD
SURDY	PAYMENT FOR SURGICAL DAY REQUIRES SURGICAL SERVICE
SURPD	SURGICAL PER DIEM
SVNSD	2ND VISIT SAME DAY NOT SUPPORTED BY DOCUMENTATION
TCCOR	TRANSPLANT CLAIM- CORRECTED
TCREQ	DENIED - TC MOD REQUIRED -PROF COMP ALREADY BILLED
TELAC	CLAIM LINE REVISED BASED ON SCANNED IMAGE REVIEW
TFOYR	DENIED - DOES NOT MEET TIMELY FILING PER CONTRACT

Adjudication Message Code	Adjudication Message
TFRCN	DENIED - TIMELY FILING FOR RECONS HAS EXPIRED
TFRDS	CLEAN CLAIM NOT SUBMITTED WITHIN CONTRACTED TERMS
TFRVW	TIMELY FILING DENIED, INSUFFICIENT PROOF
TMFLO	TIMELY FILING OVERRIDE
TOBINFOR	Type of Bill Submitted is Informational Only
TOTCH	DENIED - SERVICE LINES DOES NOT EQUAL TOTAL AMT
TRCON	TRANSPLANT RELATED CLAIM - SPECIAL CONTRACT
TRFDS	TIMELY FILING REVIEWED, DENIAL STILL STANDS
TRREP	DENIED - TRANSP RELATED CLAIM - BILL REPRICING CO
UNLCD	DENIED - SUBMIT MEDICAL RECORDS FOR REVIEW
URGCR	URGENT CARE RATE
URGPB	URGENT CARE PERCENT OF BILLED CHARGES
VACCD	DENIED - CORRECT VACCINATION CPT CODE REQUIRED
VACIN	DENIED - VACCINE MUST BE BILLED WITH ADMIN CODE
VADAD	DENIED - VACCINES DO NOT MATCH ADMIN CHARGES
VADTP	DENIED - ORAL/NASAL VACC REQUIRE ORAL/NASAL ADMIN
VAMOD	DENIED - MODIFIER INVALID FOR USE WITH VACCINE
WCODN	DENIED - WORKERS COMPENSATION CARRIER IS PRIMARY
WDXSV	WELL DX BILLED WITH SICK VISIT - REVIEW CODING
WVSDX	DENIED - WELL VISIT BILLED WITH SICK DX
ZEROU	DENIED - ZERO UNITS BILLED