

CODE_NBR	CARC	RARC	DESCRIPTION	TYPE
EX**			**DO NOT DELETE** HISTORICAL EX CODE	PEND
EX*1	272	N584	HEALTH PLAN GUIDELINES FOR SUBMITTING CORRECTED CLAIM WERE NOT FOLLOWED	DENY
EX+C	45		LATE CLAIM INTEREST EX CODE HEALTH PLAN ERROR	PAY
EX+O	45		LATE CLAIMS INTEREST EX CODE FOR ORIG YMDCRVD	PAY
EX+P	45		LATE CLAIM INTEREST EX CODE PROVIDER ERROR	PAY
EX00	16	N257	BILLING PROVIDER NPI NOT REGISTERED AS ARKANSAS MEDICAID	DENY
EX01	1		DEDUCTIBLE AMOUNT	PAY
EX02	2		COINSURANCE AMOUNT	PAY
EX03	3		COPAYMENT AMOUNT	PAY
EX04	4	N517	PEND: PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	PEND
EX05	133		PEND: THE PROCEDURE CODE IS INCONSISTENT WITH THE PLACE OF SERVICE	PEND
EX06	133		PEND: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	PEND
EX07	7	N517	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	DENY
EX08	133		PEND: THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE	PEND
EX09	9	N517	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	DENY
EX0A	45		ADJUST: PROVIDER REFUND RECEIVED, REINSTATE RECOUPED PAYMENT AMOUNT	PAY
EX0B	23		ADJUST: CLAIM TO BE RE-PROCESSED CORRECTED UNDER NEW CLAIM NUMBER	DENY
EX0C	181	N657	1999 CODE DELETED IN 2000, PLEASE REBILL WITH CORRECT CODE	DENY
EX0D	45		ADJUSTMENT: \$ DUE IN ADDITIONAL TO ORIGINAL PAYMENT MADE FOR SERVICES	PAY
EX0E	193		ADJUST BASED ON APPEAL RECEIVED UPHELD ORIGINAL DENY DECISION	DENY
EX0F	45		ADJUST BASED ON APPEAL RECEIVED OVERTURNED ORIGINAL DENY DECISION	PAY
EX0G	133		LATE CHARGES: ADJUST ORIGINAL CLAIM	PEND
EX0H	16	M79	ADJUSTMENT: PROVIDER BILLED INCORRECTLY AND SUBMITTED REIMBURSEMENT	DENY
EX0I	A1	MA67	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER	DENY
EX0J	45		ADJUSTMENT: ADJUSTED PER POST PAYMENT MEDICAL AUDIT	PAY
EX0K	133		PEND: ROUTE TO ADJUSTMENT QUEUE	PEND
EX0L	133		PEND: ROUTE TO A2 COB ADJUSTMENT	PEND
EX0M	23		ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM	DENY
EX0N	A1	MA67	DENY: AJUSTED FOR INTERNAL PURPOSES-CORRECTION HAS BEEN GENERATED	DENY
EX0O	193		DENY: AUTH DENIAL UPHELD - REVIEW PER CLP0700 PEND REPORT	DENY
EX0P	16	M50	DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	DENY
EX0Q	133		PAID BY REPORT/ MANUALLY PRICED	PEND
EX0R	133		PEND: COB: CLM SUBMITTED WITH DUAL COB PAYMENTS PROCESS ACCORDINGLY	PEND
EX0S	45		PAY: AUTH DENIAL OVERTURNED - REVIEW PER CLP0700 PEND REPORT	PAY
EX0T	133		PEND: CLAIM SUBMITTED WITH AUTH INDICATED - MANUAL REVIEW REQUIRED	PEND
EX0U	133		PEND:BHP VALUE CODE REVIEW	PEND
EX0V	133		THERAPY CODE WITHOUT MPFS RATE	PEND
EX0W	45		PAY:ANY AMT SHOWN IN COINS COLUMN EQUALS MEMBERS LUMP SUM AMT	PAY
EX0X	29	N30	DENY: INELIGIBLE DUE TO UNTIMELY SUBMISSION TO PRIMARY CARRIER	DENY
EX0Y	96	M139	SERVICE LIMITED TO ONE PER CONDITION	DENY
EX0Z	96	M139	SERVICE LIMITED TO ONE CODE PER DAY	DENY
EX0a			RESERVED FOR OCE EDITS	
EX0b			RESERVED FOR OCE EDITS	
EX0c			RESERVED FOR OCE EDITS	
EX0d			RESERVED FOR OCE EDITS	
EX0e			RESERVED FOR OCE EDITS	
EX0f			RESERVED FOR OCE EDITS	
EX0g			RESERVED FOR OCE EDITS	
EX0h			RESERVED FOR OCE EDITS	
EX0i			RESERVED FOR OCE EDITS	
EX0j			RESERVED FOR OCE EDITS	

EX0k			RESERVED FOR OCE EDITS	
EX0l			RESERVED FOR OCE EDITS	
EX0m			RESERVED FOR OCE EDITS	
EX0n			RESERVED FOR OCE EDITS	
EX0o			RESERVED FOR OCE EDITS	
EX0p			RESERVED FOR OCE EDITS	
EX0q			RESERVED FOR OCE EDITS	
EX0r			RESERVED FOR OCE EDITS	
EX0s			RESERVED FOR OCE EDITS	
EX0t			RESERVED FOR OCE EDITS	
EX0u			RESERVED FOR OCE EDITS	
EX0v			RESERVED FOR OCE EDITS	
EX0w			RESERVED FOR OCE EDITS	
EX0x			RESERVED FOR OCE EDITS	
EX0y			RESERVED FOR OCE EDITS	
EX0z			RESERVED FOR OCE EDITS	
EX10	10	N517	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	DENY
EX11	11	N657	PEND: THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE	PEND
EX12	133		PEND: THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE	PEND
EX13	13		PEND: THE DATE OF DEATH PRECEDES THE DATE OF SERVICE	PEND
EX14	14		DENY: THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE	DENY
EX15	133		PEND: PROCEDURE CODE ENTERED IS NOT ADDED IN THE PROCEDURE DETAIL	PEND
EX16	199	N657	DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	DENY
EX17	164		DENY:REQUESTED INFORMATION BY THE PROVIDER WAS NOT PROVIDED	DENY
EX18	18	N522	DENY: DUPLICATE CLAIM SERVICE	DENY
EX19	19	N418	DENY: WORK RELATED INJURY AND THE LIABILITY OF WORKER S COMP CARRIER	DENY
EX1A	133		PEND: GROUP,DIVISION,CONTRACT,MEMBER RECORD SPAN MISSING OR OVERLAPPING	PEND
EX1B	133		PEND: PEND UNDER 405 IAC 5-16-3 (2) (G)	PEND
EX1C	A1	N237	MEDICAL HOSPITAL DETAIL RECORD CANCELLED	DENY
EX1D	45		PAY IN FULL : (MEMBER ELIGIBILITY VERIFIED)	PAY
EX1E	45		PAY: THE CONTRACT IS INELIGIBLE DURING AUTHORIZED PERIOD	PAY
EX1F	133		Health Homes - MEMBER/PROVIDER CLASS CODE MISSING OR MISMATCH	PEND
EX1G	45		PAY IN FULL: PARTIAL ELIGIBILITY VERIFIED	PAY
EX1H	A1	N767	PROVIDER NOT CURRENTLY ON STATE LTSS FILE-WILL RECONSIDER ONCE ON FILE	DENY
EX1I	223		INFO: Provider Allowable adjusted to include ACA Parity Payment	INFO
EX1J	A1	N362	ADJUST: ONE TREATMENT ROOM PER DAY INCLUDING DRUGS AND SUPPLIES	PAY
EX1K	6	N129	DENY: CPT OR DX CODE IS NOT VALID FOR AGE OF PATIENT	DENY
EX1L	B14	M86	DENY: VISIT & PREVEN CODES ARE NOT PAYABLE ON SAME DOS W O DOCUMENTATION	DENY
EX1M	133		MEMBER SERVICE PROBLEM, SEND TO MEMBER SERVICES DEPARTMENT	PEND
EX1N	A1	N362	DENY-REIMBURSEMENT LIMITED TO 1 PER CALENDAR MONTH	DENY
EX1P	96	N767	DENY: RENDERING PROVIDER NOT REGISTERED WITH STATE MEDICAID FOR THIS DOS	DENY
EX1R	45		PAY: PAID ACCORDING TO AUTHORIZED LEVELS OF CARE	PAY
EX1S	147		PEND: PROVIDER CONTRACT IS NOT ON FILE	PEND
EX1T	96	N30	DENY: MEMBER ENROLLED IN HEALTH HOME, DENY TCM	DENY
EX1U	A1	N448	DENY: PROCEDURE COVERAGE NOT DEFINED BY MEDICAID - PROVIDER TO RESUBMIT	DENY
EX1Y	A1	M90	DENY: SERVICE LIMITED TO 1 PER YEAR	DENY
EX1a	206		DENY ORDERING PROVIDER NPI/NAME IS MISSING	DENY
EX1b	206		DENY REFERRING PROVIDER NPI/NAME IS MISSING	DENY
EX1c	183	N767	DENY: REFERRING PROVIDER NOT REGISTERED WITH STATE MEDICAID	DENY
EX1d	184	N767	DENY: ORDERING/PRESCRIBING PROVIDER NOT REGISTERED WITH STATE MEDICAID	DENY
EX1g			RESERVED FOR OCE EDITS	
EX1h			RESERVED FOR OCE EDITS	

EX1j			RESERVED FOR OCE EDITS	
EX1k			RESERVED FOR OCE EDITS	
EX1l			RESERVED FOR OCE EDITS	
EX1m			RESERVED FOR OCE EDITS	
EX1o	22		CONNOLLY MEDICARE DISALLOWANCE	PAY
EX1p	22		CONNOLLY MEDICARE DISALLOWANCE	DENY
EX1q	45		CONNOLLY OVERPAYMENT PROJECT	PAY
EX1r	45		CONNOLLY OVERPAYMENT PROJECT	DENY
EX1s	215		RAWLINGS SUBROGATION	PAY
EX1t			RESERVED FOR OCE EDITS	
EX1u			RESERVED FOR OCE EDITS	
EX1v			RESERVED FOR OCE EDITS	
EX1w			RESERVED FOR OCE EDITS	
EX1x			RESERVED FOR OCE EDITS	
EX1y			RESERVED FOR OCE EDITS	
EX1z			RESERVED FOR OCE EDITS	
EX20	20		DENY: THIS INJURY IS COVERED BY THE LIABILITY CARRIER	DENY
EX21	21		DENY: CLAIM THE RESPONSIBILITY OF THE NO-FAULT CARRIER	DENY
EX22	22	N598	DENY: THIS CARE IS COVERED BY A COORDINATION OF BENEFITS CARRIER	DENY
EX23	23		DENY: CHARGES HAVE BEEN PAID BY ANOTHER PARTY-COB	DENY
EX24	24		DENY: CHARGES COVERED UNDER CAPITATION	DENY
EX25	1		DENY: YOUR STOP LOSS DEDUCTIBLE HAS NOT BEEN MET	DENY
EX26	26	N650	DENY:MEMBER NOT ELIGIBLE ON DATE OF SERVICE	DENY
EX27	27	N52	DENY: EXPENSES INCURRED AFTER COVERAGE WAS TERMINATED	DENY
EX28	26	N650	DENY:MEMBER NOT ELIGIBLE ON DATE OF SERVICE	DENY
EX29	29	N30	DENY:THE TIME LIMIT FOR FILING A CLAIM HAS EXPIRED	DENY
EX2B	133		MEMBER QUALIFIES FOR POTENTIAL CLIENT OBLIGATION	PEND
EX2D	16	M51	DENY: NON-SPECIFIC ICD9 PROCEDURE-REQUIRES 3RD DIGIT-PLEASE RESUBMIT	DENY
EX2J	45		ADJUST: COVERED STAND-ALONE REVENUE CODE LIMITED TO ONE UNIT	PAY
EX2L	197	N596	DENY: NO AUTH OBTAINED FOR LOCATION BILLED SUBMITTED	DENY
EX2N	29	N30	CLAIM MUST BE RECVD AT LEAST 31 DAYS AFT DOS WHEN USING OA192	DENY
EX2P	133		PROVIDER RELATIONS PROBLEM, SEND TO PROVIDER RELATIONS DEPARTMENT	PEND
EX2Y	A1	N362	DENY: SERVICE LIMITED TO 2 PER YEAR	DENY
EX2a	45		OTHER INS CARRIER PAYMENT APPLIED	PAY
EX2i	45		PAYMENT ADJUSTED ACCORDING TO PAYMENT OR CLINICAL POLICY	PAY
EX2r			RESERVED FOR OCE EDITS	
EX2s			RESERVED FOR OCE EDITS	
EX2t			RESERVED FOR OCE EDITS	
EX2u			RESERVED FOR OCE EDITS	
EX2v			RESERVED FOR OCE EDITS	
EX2w			RESERVED FOR OCE EDITS	
EX2x			RESERVED FOR OCE EDITS	
EX2y			RESERVED FOR OCE EDITS	
EX2z			RESERVED FOR OCE EDITS	
EX30	133		PEND: FITNESS BENEFIT - DETERMINE AUTH STATUS PRIOR TO PAYING	PEND
EX31	133		PEND: PROCESSOR MUST DETERMINE FURTHER ALLOWANCE ON SUBMITTED	PEND
EX32	133		PEND:\$ LIMIT REACHED FOR 40% OF BILLED-CONTACT OHIO	PEND
EX34	34		DENY: INSURED HAS NO COVERAGE FOR NEWBORNS	DENY
EX35	119	N587	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	DENY
EX36	45		BALANCE DOES NOT EXCEED COPAYMENT AMOUNT	PAY
EX37	1		DENY: BALANCE DOES NOT EXCEED DEDUCTIBLE	DENY
EX38	38		DENY: SERVICES NOT PROVIDED OR AUTHORIZED BY OUR PROVIDERS	DENY

EX39	39	N627	DENIED AT THE TIME OF AUTHORIZATION REQUEST	DENY
EX3D	A1	M76	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 4TH DIGIT PLEASE RESUBMIT	DENY
EX3I	A1	M76	DENY: NON-SPECIFIC ICD9 PROCEDURE-REQUIRES 4TH DIGIT-PLEASE RESUBMIT	DENY
EX3J	16	M50	ADJUST: REVENUE CODE INVALID FOR OHIO MEDICAID	PAY
EX3L	19	N418	DENY: BENEFIT IS LIMITED TO 4 IN A 90 DAY PERIOD	DENY
EX3M	A1	M51	DENY: CODE(S) MUST BE SUBMITTED WITH 80500-26. PLEASE RE-BILL	DENY
EX3P	A1	N381	DENY: PAID UNDER SETTLEMENT	DENY
EX3Q	233	N627	DENY: PROVIDER PREVENTABLE CONDITIONS	DENY
EX3R			RESERVED FOR OCE EDITS	
EX3S			RESERVED FOR OCE EDITS	
EX3T			RESERVED FOR OCE EDITS	
EX3U			RESERVED FOR OCE EDITS	
EX3V	45		PAY: NEGOTIATED RATE	PAY
EX3W			RESERVED FOR OCE EDITS	
EX3d			RESERVED FOR OCE EDITS	
EX3i			RESERVED FOR OCE EDITS	
EX3o			RESERVED FOR OCE EDITS	
EX3p			RESERVED FOR OCE EDITS	
EX3q			RESERVED FOR OCE EDITS	
EX3r			RESERVED FOR OCE EDITS	
EX3s			RESERVED FOR OCE EDITS	
EX3t			RESERVED FOR OCE EDITS	
EX3u			RESERVED FOR OCE EDITS	
EX3v			RESERVED FOR OCE EDITS	
EX3w			RESERVED FOR OCE EDITS	
EX3x			RESERVED FOR OCE EDITS	
EX3y			RESERVED FOR OCE EDITS	
EX3z			RESERVED FOR OCE EDITS	
EX40	40	N627	DENY: CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENCY CARE OUT OF AREA	DENY
EX41	45		PREFERRED PROVIDER DISCOUNT	PAY
EX42	45		CHARGES EXCEED YOUR CONTRACTED FEE SCHEDULE	PAY
EX43	45		GRAMM RUDMAN REDUCTION	PAY
EX44	45		PROMPT PAY DISCOUNT	PAY
EX45	45		CHARGES EXCEED REASONABLE AND CUSTOMARY AMOUNTS	PAY
EX46	96	N216	DENY: THIS SERVICE IS NOT COVERED	DENY
EX47	167	N30	DENY: THIS DIAGNOSIS IS NOT COVERED	DENY
EX48	96	N216	DENY: THIS PROCEDURE IS NOT COVERED	DENY
EX49	49	M86	DENY: THESE ARE NONCOVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM	DENY
EX4A	A1	MA91	DENY:CLAIM WAS PREVIOUSLY APPEALED AND CONTINUES TO BE DENIED	DENY
EX4B	58	N563	DENY: SERVICE NOT REIMBURSABLE IN THIS LOCATION	DENY
EX4C	16	M76	DENY: DIAGNOSIS CODE 16 MISSING OR INVALID	DENY
EX4D	A1	M76	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	DENY
EX4E	16	M76	DENY: DIAGNOSIS CODE 17 MISSING OR INVALID	DENY
EX4F	133		PEND:MISC BIOPHARMACY-MANUAL WORK PROCESS	PEND
EX4G	A1	M143	DENY: MEDICAID SANCTIONED/TERMED/EXCLUDED PROVIDER	DENY
EX4H	50	N130	DENY-Breast MRI CAD not clinically proven	DENY
EX4I	223		INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK	INFO
EX4J	45		ADJUST: REV. CODE NOT COVERED BY OHIO MEDICAID DO NOT BILL MEMBER	PAY
EX4K	133		PEND: MISCELLANEOUS DME - MANUAL WORK PROCESS	PEND
EX4L			RESERVED FOR OCE EDITS	
EX4M			RESERVED FOR OCE EDITS	
EX4N	16	M76	DENY: DIAGNOSIS CODE 19 MISSING OR INVALID	DENY

EX4O			RESERVED FOR OCE EDITS	
EX4P	16	M76	DENY: DIAGNOSIS CODE 20 MISSING OR INVALID	DENY
EX4Q			RESERVED FOR OCE EDITS	
EX4R			RESERVED FOR OCE EDITS	
EX4S			RESERVED FOR OCE EDITS	
EX4T			RESERVED FOR OCE EDITS	
EX4U			RESERVED FOR OCE EDITS	
EX4V	97	M15	SERVICES REIMBURSED ACCORDING TO THE ASC GUIDELINES/FEE SCHEDULE	DENY
EX4W	16	M76	DENY: DIAGNOSIS CODE 22 MISSING OR INVALID	DENY
EX4X			RESERVED FOR OCE EDITS	
EX4Y			RESERVED FOR OCE EDITS	
EX4Z	16	M76	DENY: DIAGNOSIS CODE 23 MISSING OR INVALID	DENY
EX4a	16	MA65	DENY: ADMITTING DIAGNOSIS MISSING OR INVALID	DENY
EX4b	16	MA63	DENY: DIAGNOSIS CODE 1 MISSING OR INVALID	DENY
EX4c	16	MA76	DENY: DIAGNOSIS CODE 2 MISSING OR INVALID	DENY
EX4d	16	MA76	DENY: DIAGNOSIS CODE 3 MISSING OR INVALID	DENY
EX4e	16	MA76	DENY: DIAGNOSIS CODE 4 MISSING OR INVALID	DENY
EX4f	16	MA76	DENY: DIAGNOSIS CODE 5 MISSING OR INVALID	DENY
EX4g	16	MA76	DENY: DIAGNOSIS CODE 6 MISSING OR INVALID	DENY
EX4h	16	MA76	DENY: DIAGNOSIS CODE 7 MISSING OR INVALID	DENY
EX4i	16	MA76	DENY: DIAGNOSIS CODE 8 MISSING OR INVALID	DENY
EX4j	16	MA76	DENY: DIAGNOSIS CODE 9 MISSING OR INVALID	DENY
EX4k	16	MA76	DENY: DIAGNOSIS CODE 10 MISSING OR INVALID	DENY
EX4l	16	MA76	DENY: DIAGNOSIS CODE 11 MISSING OR INVALID	DENY
EX4m	16	MA76	DENY: DIAGNOSIS CODE 12 MISSING OR INVALID	DENY
EX4n	16	MA76	DENY: DIAGNOSIS CODE 13 MISSING OR INVALID	DENY
EX4o	16	MA76	DENY: DIAGNOSIS CODE 14 MISSING OR INVALID	DENY
EX4p	16	MA76	DENY: DIAGNOSIS CODE 15 MISSING OR INVALID	DENY
EX4q			RESERVED FOR OCE EDITS	
EX4r			RESERVED FOR OCE EDITS	
EX4s			RESERVED FOR OCE EDITS	
EX4t			RESERVED FOR OCE EDITS	
EX4u	133		PEND:HCI ADJUSTMENT	PEND
EX4v	133		PEND:CXT ADJUSTMENT	PEND
EX4w			RESERVED FOR OCE EDITS	
EX4x			RESERVED FOR OCE EDITS	
EX4y			RESERVED FOR OCE EDITS	
EX4z			RESERVED FOR OCE EDITS	
EX50	A1	N216	DENY:NOT A COVERED BENEFIT	DENY
EX51	10	N517	PLEASE RESUBMIT CLAIM TO THE STATE FOR CONSIDERATION	DENY
EX52	38		DENY: PROVIDER NOT CONTRACTED FOR THIS MEMBER S GROUP	DENY
EX55	108	N130	DENY: THIS ITEM AVAILABLE FOR PURCHASE ONLY	DENY
EX56	45		PAY: SERVICE ADDED BY CODE AUDITING SOFTWARE	PAY
EX57	16	M51	DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	DENY
EX58	16	M49	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	DENY
EX59	133		PEND: CHARGES ARE REDUCED BASED ON MULTIPLE SURGERY RULES	PEND
EX5A	1		DENY: MAXIMUM ANNUAL BENEFIT HAS BEEN REACHED FOR MEMBER	DENY
EX5B	133		PEND: DIAGNOSIS CODE 17 MISSING OR INVALID	PEND
EX5G			RESERVED FOR OCE EDITS	
EX5H			RESERVED FOR OCE EDITS	
EX5J	45		ADJUST: CHARGES INCLUDED IN ASC PAYMENT	PAY
EX5K			RESERVED FOR OCE EDITS	

EX5L	272	N584	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET	DENY
EX5O			RESERVED FOR OCE EDITS	
EX5P	133		PEND: FOR REVIEW BY PROVIDER RELATIONS	PEND
EX5Q	133		PEND: DIAGNOSIS CODE 23 MISSING OR INVALID	PEND
EX5R	133		PEND: DIAGNOSIS CODE 21 MISSING OR INVALID	PEND
EX5S	133		PEND: DIAGNOSIS CODE 22 MISSING OR INVALID	PEND
EX5T	133		PEND: DIAGNOSIS CODE 24 MISSING OR INVALID	PEND
EX5U	133		PEND: DIAGNOSIS CODE 25 MISSING OR INVALID	PEND
EX5V	133		PEND: PATIENT REASON FOR VISIT REQ OUT-PT HOSPITAL	PEND
EX5W	16	MA69	DENY: PATIENT REASON FOR VISIT REQ OUT-PT HOSPITAL	DENY
EX5a	133		PEND: ADMITTING DIAGNOSIS MISSING OR INVALID	PEND
EX5b	133		PEND: DIAGNOSIS CODE 1 MISSING OR INVALID	PEND
EX5c	133		PEND: DIAGNOSIS CODE 2 MISSING OR INVALID	PEND
EX5d	133		PEND: DIAGNOSIS CODE 3 MISSING OR INVALID	PEND
EX5e	133		PEND: DIAGNOSIS CODE 4 MISSING OR INVALID	PEND
EX5f	133		PEND: DIAGNOSIS CODE 5 MISSING OR INVALID	PEND
EX5g	133		PEND: DIAGNOSIS CODE 6 MISSING OR INVALID	PEND
EX5h	133		PEND: DIAGNOSIS CODE 7 MISSING OR INVALID	PEND
EX5i	133		PEND: DIAGNOSIS CODE 8 MISSING OR INVALID	PEND
EX5j	133		PEND: DIAGNOSIS CODE 9 MISSING OR INVALID	PEND
EX5k	133		PEND: DIAGNOSIS CODE 10 MISSING OR INVALID	PEND
EX5l	133		PEND: DIAGNOSIS CODE 11 MISSING OR INVALID	PEND
EX5m	133		PEND: DIAGNOSIS CODE 12 MISSING OR INVALID	PEND
EX5n	133		PEND: DIAGNOSIS CODE 13 MISSING OR INVALID	PEND
EX5o	133		PEND: DIAGNOSIS CODE 14 MISSING OR INVALID	PEND
EX5p	133		PEND: DIAGNOSIS CODE 15 MISSING OR INVALID	PEND
EX5q	133		PEND: DIAGNOSIS CODE 16 MISSING OR INVALID	PEND
EX5r			RESERVED FOR OCE EDITS	
EX5s			RESERVED FOR OCE EDITS	
EX5t			RESERVED FOR OCE EDITS	
EX5u	133		PEND:DUAL CLAIM WITHOUT PRIMARY INSURANCE INFORMATION	PEND
EX5v	16	M76	DENY: DIAGNOSIS CODE 18 MISSING OR INVALID	DENY
EX5w	133		PEND: DIAGNOSIS CODE 18 MISSING OR INVALID	PEND
EX5x	133		PEND: DIAGNOSIS CODE 19 MISSING OR INVALID	PEND
EX5y	133		PEND: DIAGNOSIS CODE 20 MISSING OR INVALID	PEND
EX5z	16	M76	DENY: DIAGNOSIS CODE 21 MISSING OR INVALID	DENY
EX62	133		PEND: POSSIBLE PHD MSW SERVICES RENDERED TO A MEMBER OVER 21	PEND
EX63	96	N129	DENY: SERVICE NOT COVERED BASED ON AGE OF PATIENT AND PROVIDER SPECIALTY	DENY
EX64	133		PEND: ERROR IN ANY FIELD PASSED THROUGH CODE AUDITING SOFTWARE	PEND
EX65	45		PAYMENT REDUCED.PT DID NOT SELECT MEDICARE PART B,BILL PT THE BALANCE	PAY
EX66	133		CODE IS BEING QUESTIONED BY CODE AUDITING SOFTWARE	PEND
EX67	45		PAY: CODE WAS SUPERSEDED BY CODE AUDITING SOFTWARE	PAY
EX69	133		CODE AUDITING SOFTWARE SERVICE FOLDING ERROR	PEND
EX6A	133		PEND - Partial Approval	PEND
EX6J	45		ADJUST: PREVIOUS PAYMENT BASED ON INCORRECT UNIT BILLING	PAY
EX6L	16	N4	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	DENY
EX6N	16	M119	DENY: NDC NUMBER MISSING OR INVALID	DENY
EX6O	133		PEND:NON-EXECUTED SPECIAL PRICING AGREEMENT. SIGNED DOCUMENT NEEDED	PEND
EX6P	133		PEND: FOR REVIEW BY MEMBER SERVICES	PEND
EX6X	39	N627	ENTIRE STAY DENIED BY MEDICAL SERVICES	
EX6a	16	M51	DENY: ICD9/10 PROC CODE 1 VALUE OR DATE IS MISSING/INVALID	DENY
EX6b	16	M51	DENY: ICD9/10 PROC CODE 2 VALUE OR DATE IS MISSING/INVALID	DENY

EX6c	16	M51	DENY: ICD9/10 PROC CODE 3 VALUE OR DATE IS MISSING/INVALID	DENY
EX6d	16	M51	DENY: ICD9/10 PROC CODE 4 VALUE OR DATE IS MISSING/INVALID	DENY
EX6e	16	M51	DENY: ICD9/10 PROC CODE 5 VALUE OR DATE IS MISSING/INVALID	DENY
EX6f	16	M51	DENY: ICD9/10 PROC CODE 6 VALUE OR DATE IS MISSING/INVALID	DENY
EX6g	16	M51	DENY: ICD9/10 PROC CODE 7 VALUE OR DATE IS MISSING/INVALID	DENY
EX6h	16	M51	DENY: ICD9/10 PROC CODE 8 VALUE OR DATE IS MISSING/INVALID	DENY
EX6i	16	M51	DENY: ICD9/10 PROC CODE 9 VALUE OR DATE IS MISSING/INVALID	DENY
EX6j	16	M51	DENY: ICD9/10 PROC CODE 10 VALUE OR DATE IS MISSING/INVALID	DENY
EX6k	16	M51	DENY: ICD9/10 PROC CODE 11 VALUE OR DATE IS MISSING/INVALID	DENY
EX6l	16	M51	DENY: ICD9/10 PROC CODE 12 VALUE OR DATE IS MISSING/INVALID	DENY
EX6m	16	M51	DENY: ICD9/10 PROC CODE 13 VALUE OR DATE IS MISSING/INVALID	DENY
EX6n	133		PEND: NDC UNIT QUANTITY OR UNIT MEASURE QUAL MISSING OR INVALID	PEND
EX6o	16	M51	DENY: ICD9/10 PROC CODE 14 VALUE OR DATE IS MISSING/INVALID	DENY
EX6p	16	M51	DENY: ICD9/10 PROC CODE 15 VALUE OR DATE IS MISSING/INVALID	DENY
EX6q	16	M51	DENY: ICD9/10 PROC CODE 16 VALUE OR DATE IS MISSING/INVALID	DENY
EX6r	16	M51	DENY: ICD9/10 PROC CODE 17 VALUE OR DATE IS MISSING/INVALID	DENY
EX6s	16	M51	DENY: ICD9/10 PROC CODE 18 VALUE OR DATE IS MISSING/INVALID	DENY
EX6t	16	M51	DENY: ICD9/10 PROC CODE 19 VALUE OR DATE IS MISSING/INVALID	DENY
EX6u	16	M51	DENY: ICD9/10 PROC CODE 20 VALUE OR DATE IS MISSING/INVALID	DENY
EX6v	16	M51	DENY: ICD9/10 PROC CODE 21 VALUE OR DATE IS MISSING/INVALID	DENY
EX6w	16	M51	DENY: ICD9/10 PROC CODE 22 VALUE OR DATE IS MISSING/INVALID	DENY
EX6x	16	M51	DENY: ICD9/10 PROC CODE 23 VALUE OR DATE IS MISSING/INVALID	DENY
EX6y	16	M51	DENY: ICD9/10 PROC CODE 24 VALUE OR DATE IS MISSING/INVALID	DENY
EX6z	16	M51	DENY: ICD9/10 PROC CODE 25 VALUE OR DATE IS MISSING/INVALID	DENY
EX70	133		ORIGINAL CODE REPLACED BY HPR CODEREVIEW SOFTWARE	PEND
EX71	45		ADJUST: PRIMARY INS MEDICARE PAYMENT AMOUNT ADJUSTED	PAY
EX72	133		CODE IS BEING QUESTIONED BY CODEREVIEW	PEND
EX73	133		THIS CODE WAS SUPERCEDED BY HPR CODEREVIEW SOFTWARE	PEND
EX74	133		THIS CODE HAS BEEN DENIED BY HPR CODEREVIEW SOFTWARE	PEND
EX75	133		PEND: CHOW NICU PAID AT 75% OF NICU CHARGES-MANUAL CALCULATIONS	PEND
EX76	119	N587	DENY: MULTIPLE SURGERY REIMBURSEMENT HAS BEEN REACHED	DENY
EX79	45		PAY: PAYMENT REDUCED BASED ON MULTIPLE THERAPY RULES	PAY
EX7A	133		PEND - Partial Approval, on Appeal	PEND
EX7B	45		ADJUSTMENT: ORIGINAL CLAIM BILLED USING INCORRECT CPT HCPC CODE	PAY
EX7D	16	N56	DENY: Non Covered - Billed outside of the last 7 days of life for SIA	DENY
EX7E	252	M127	DENY: MEDICAL RECORDS ARE NECESSARY TO PROCESS THE CLAIM	DENY
EX7F	45		PAY:PAYMENT PROCESSED ACCORDING TO A MEDICAL RECORD REVIEW	PAY
EX7G	133		PEND: CLAIM PENDED FOR ICD10 MEDICAL RECORD REVIEW	PEND
EX7H	133		BADPROV- REVIEW FOR VALID PROVIDER AFF	PEND
EX7J	45		ADJUST: ADMISSION INAPPROPRIATE PER MEDICAL REVIEW OF RECORD	PAY
EX7N	97	M15	DENY: SERVICE IS NOT PAYABLE CONCURRENTLY WITH VISION EXAM AS BILLED	DENY
EX7P	133		PEND: FOR REVIEW BY APPEALS COORDINATOR	PEND
EX7T	A1	N362	DENY:MAXIMUM DAILY BENEFIT HAS BEEN REACHED	DENY
EX7a	133		PEND: ICD9/10 PROC CODE 1 VALUE OR DATE IS MISSING/INVALID	PEND
EX7b	133		PEND: ICD9/10 PROC CODE 2 VALUE OR DATE IS MISSING/INVALID	PEND
EX7c	133		PEND: ICD9/10 PROC CODE 3 VALUE OR DATE IS MISSING/INVALID	PEND
EX7d	133		PEND: ICD9/10 PROC CODE 4 VALUE OR DATE IS MISSING/INVALID	PEND
EX7e	133		PEND: ICD9/10 PROC CODE 5 VALUE OR DATE IS MISSING/INVALID	PEND
EX7f	133		PEND: ICD9/10 PROC CODE 6 VALUE OR DATE IS MISSING/INVALID	PEND
EX7g	133		PEND: ICD9/10 PROC CODE 7 VALUE OR DATE IS MISSING/INVALID	PEND
EX7h	133		PEND: ICD9/10 PROC CODE 8 VALUE OR DATE IS MISSING/INVALID	PEND
EX7i	133		PEND: ICD9/10 PROC CODE 9 VALUE OR DATE IS MISSING/INVALID	PEND

EX7j	133		PEND: ICD9/10 PROC CODE 10 VALUE OR DATE IS MISSING/INVALID	PEND
EX7k	133		PEND: ICD9/10 PROC CODE 11 VALUE OR DATE IS MISSING/INVALID	PEND
EX7l	133		PEND: ICD9/10 PROC CODE 12 VALUE OR DATE IS MISSING/INVALID	PEND
EX7m	133		PEND: ICD9/10 PROC CODE 13 VALUE OR DATE IS MISSING/INVALID	PEND
EX7n	133		PEND: ICD9/10 PROC CODE 14 VALUE OR DATE IS MISSING/INVALID	PEND
EX7o	133		PEND: ICD9/10 PROC CODE 15 VALUE OR DATE IS MISSING/INVALID	PEND
EX7p	133		PEND: ICD9/10 PROC CODE 16 VALUE OR DATE IS MISSING/INVALID	PEND
EX7q	133		PEND: ICD9/10 PROC CODE 17 VALUE OR DATE IS MISSING/INVALID	PEND
EX7r	133		PEND: ICD9/10 PROC CODE 18 VALUE OR DATE IS MISSING/INVALID	PEND
EX7s	133		PEND: ICD9/10 PROC CODE 19 VALUE OR DATE IS MISSING/INVALID	PEND
EX7t	133		PEND: ICD9/10 PROC CODE 20 VALUE OR DATE IS MISSING/INVALID	PEND
EX7u	133		PEND: ICD9/10 PROC CODE 21 VALUE OR DATE IS MISSING/INVALID	PEND
EX7v	133		PEND: ICD9/10 PROC CODE 22 VALUE OR DATE IS MISSING/INVALID	PEND
EX7w	133		PEND: ICD9/10 PROC CODE 23 VALUE OR DATE IS MISSING/INVALID	PEND
EX7x	133		PEND: ICD9/10 PROC CODE 24 VALUE OR DATE IS MISSING/INVALID	PEND
EX7y	133		PEND: ICD9/10 PROC CODE 25 VALUE OR DATE IS MISSING/INVALID	PEND
EX7z	133		PEND:CXT ROUTE TO CLAIMS QUEUE	PEND
EX80	45		REPLACEMENT CODE REBUNDLED BY HPR CODEREVIEW SOFTWARE	PAY
EX81	16	M49	ORIGINAL CODE WAS REPLACED BY HPR CODEREVIEW SOFTWARE	DENY
EX83	B5	N584	CODE IS DENIED BY HPR CODEREVIEW SOFTWARE	DENY
EX84	45		PAID AT REDUCED RATES PER HPR CODEREVIEW	PAY
EX85	45		INTEREST CHARGES	PAY
EX86	4	N517	DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	DENY
EX87	133		PEND: ADJ. REVIEW CLAIM BY 87% OF BILLED CHARGES FOR 274,276,276,278	PEND
EX88	133		PEND: Pended for claims Training Review	PEND
EX8C	133		DENY: CORAM CLAIMS AWAITING SETTLEMENT DECISION	DENY
EX8D	133		PEND:MOM OR BABY STAYED OVER 8 DAYS,ADJUSTOR MANUALLY PROCESS	PEND
EX8J	186		ADJUST: PAID AT DRG RATE INSTEAD OF LEVEL OF CARE RATE	PAY
EX8K	133		PEND: HOLD, CHECK TO SEE IF BILLED WITH 59410,59515,59614,59622	PEND
EX8M	16	M76	DENY: ECI Diagnosis 1 invalid or requires additional digit.	DENY
EX8N	16	M76	DENY: ECI Diagnosis 2 invalid or requires additional digit.	DENY
EX8O	16	M76	DENY: ECI Diagnosis 3 invalid or requires additional digit.	DENY
EX8P	16	M76	DENY: ECI Diagnosis 4 invalid or requires additional digit.	DENY
EX8Q	16	M76	DENY: ECI Diagnosis 5 invalid or requires additional digit.	DENY
EX8R	16	M76	DENY: ECI Diagnosis 6 invalid or requires additional digit.	DENY
EX8S	16	M76	DENY: ECI Diagnosis 7 invalid or requires additional digit.	DENY
EX8T	97	M15	DENY: SERVICE INCLUDED IN DELIVERY PAYMENT	DENY
EX8U	16	M76	DENY: ECI Diagnosis 8 invalid or requires additional digit.	DENY
EX8V	16	M76	DENY: ECI Diagnosis 9 invalid or requires additional digit.	DENY
EX8W	16	M76	DENY: ECI Diagnosis 10 invalid or requires additional digit.	DENY
EX8X	16	M76	DENY: ECI Diagnosis 11 invalid or requires additional digit.	DENY
EX8Y	133		PEND: CLAIMS PLEASE DENY WITH EX:8T	PEND
EX8Z	16	M76	DENY: ECI Diagnosis 12 invalid or requires additional digit.	DENY
EX8c	16	N317	DENY: DISCHARGE HOUR MISSING OR INVALID	DENY
EX8d	16	N50	DENY: DISCHARGE STATUS INVALID FOR TYPE OF BILL	DENY
EX8f	133		PEND : DISCHARGE HOUR MISSING OR INVALID	PEND
EX8j	16	MA41	DENY: ADMIT TYPE OR SOURCE OR DISCH STATUS MISSING/INVALID	DENY
EX8m	133		PEND: ECI Diagnosis 1 invalid or requires additional digit.	PEND
EX8n	133		PEND: ECI Diagnosis 2 invalid or requires additional digit.	PEND
EX8o	133		PEND: ECI Diagnosis 3 invalid or requires additional digit.	PEND
EX8p	133		PEND: ECI Diagnosis 4 invalid or requires additional digit.	PEND
EX8q	133		PEND: ECI Diagnosis 5 invalid or requires additional digit.	PEND



EX8r	133		PEND: ECI Diagnosis 6 invalid or requires additional digit.	PEND
EX8s	133		PEND: ECI Diagnosis 7 invalid or requires additional digit.	PEND
EX8t	133		PEND: ECI Diagnosis 8 invalid or requires additional digit.	PEND
EX8u	133		PEND: ECI Diagnosis 9 invalid or requires additional digit.	PEND
EX8v	133		PEND: ECI Diagnosis 10 invalid or requires additional digit.	PEND
EX8w	133		PEND: ECI Diagnosis 11 invalid or requires additional digit.	PEND
EX8x	133		PEND: ECI Diagnosis 12 invalid or requires additional digit.	PEND
EX90	24		SERVICE IS PAID UNDER CAPITATION AGREEMENT	PAY
EX91	45		PAYMENT IN FULL	PAY
EX92	45		PAID IN FULL	PAY
EX93	133		HISTORICAL ERROR IDENTIFIED BY CODE AUDITING SOFTWARE	PEND
EX94	133		PEND: CLAIMS DENY CLAIM WITH EX:96	PEND
EX95	133		PEND: CHECK TO SEE IF OTHER EXAMS PERFORMED ON SAME DAY, DENY EX:7N	PEND
EX96	23		DENY: SERVICE CAN NOT BE COMBINED WITH OTHER SERVICE ON SAME DA	DENY
EX97	97	M15	PAYMENT IS INCLUDED IN ALLOWANCE FOR BASIC SERVIC	DENY
EX98	181	N517	DENY: PROCEDURE INVALID FOR YEAR WHICH SERVICE WAS RENDERED	DENY
EX99	16	MA130	DENY:MISC UNLISTED CODES CAN NOT BE PROCESSED W O DESCRIPTION REPORT	DENY
EX9A	133		PEND: AWAITING ADDITIONAL INFORMATION -CLAIM QUESTIONED BY CODEREVIEW	PEND
EX9B	109	N216	DENY: PATIENT IS 9TH MONTH EXEMPTION. BILL STRAIGHT T19	DENY
EX9C	A1	M127	DENY: SEND COMPLETE MEDICAL RECORDS FROM DOS 1 97 TO PRESENT	DENY
EX9D	204	N130	DENY:NINTH MONTH OUT OF AREA IS NOT A COVERED SERVICE	DENY
EX9E	16	M49	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	DENY
EX9F	45		PAY: CODE (S) ADDED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	PAY
EX9G	133		PEND: MRU REVIEWING CLAIM	PEND
EX9H	272	N58	DENY: CODE QUESTIONED BY CODE AUDIT SOFTWARE-DENIED AFTER MEDICAL REVIEW	DENY
EX9I	164		INFORMATION REQUESTED WAS NOT RECEIVED WITHIN THE TIME FRAME SPECIFIED	DENY
EX9J	45		ADJUST: PREVIOUS ANESTHESIA PAYMENT BILLED PAID INCORRECTLY	PAY
EX9K	16	MA130	CLAIM CANNOT BE PROCESSED WITHOUT PATHOLOGY REPORT	DENY
EX9L	B15	M51	DENY: PROC MUST BE BILLED WITH COMMERCIAL AMBULATORY SVC BASE RATE	DENY
EX9M	11	N657	DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	DENY
EX9N	A1	M29	CLAIM CANNOT BE PROCESSED WITHOUT OPERATIVE REPORT	DENY
EX9O	16	M76	DENY: PATIENT REASON DIAGNOSIS 1 INVALID OR REQ ADDL DIGIT	DENY
EX9P	133		PEND: CHECK FOR PAID CAP BASE RATE X3028 ON SAME DOS, ELSE DENY(9L)	PEND
EX9Q	45		PAID AT A % OF BILLED CHARGES	PAY
EX9R	45		AMOUNT CHARGE FOR SERVICE EQUALS ZERO	PAY
EX9S	16	M76	DENY: PATIENT REASON DIAGNOSIS 2 INVALID OR REQ ADDL DIGIT	DENY
EX9T	133		PEND: BASE RATE X3028 NOT CONSIDERED, THIS SERVICE IS NOT PAYABLE	PEND
EX9U	A1	N661	DOES NOT MEET CONTINUITY OF CARE	DENY
EX9V	16	M76	DENY: PATIENT REASON DIAGNOSIS 3 INVALID OR REQ ADDL DIGIT	DENY
EX9W	45		OVERPAYMENT DETECTED ACCORDING TO PAYMENT OR CLINICAL POLICY	DENY
EX9Z	133		PEND: PROVIDER ON REVIEW FOR NEGATIVE BALANCE RECONCILIATION	PEND
EX9a	133		PEND: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	PEND
EX9b	16	N46	DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	DENY
EX9c	45		PAY: NOT AN ENCOUNTER CODE	PAY
EX9j	133		PEND: ADMIT TYPE OR SOURCE OR DISCH STATUS MISSING/INVALID	PEND
EX9k	133		PEND: PATIENT REASON DIAGNOSIS 1 INVALID OR REQ ADDL DIGIT	PEND
EX9l	133		PEND: PATIENT REASON DIAGNOSIS 2 INVALID OR REQ ADDL DIGIT	PEND
EX9m	133		PEND: PATIENT REASON DIAGNOSIS 3 INVALID OR REQ ADDL DIGIT	PEND
EX9y	16	M76	ICD REFERRAL INDICATOR BILLED DOES NOT MATCH ICD DX CODE BILLED	DENY
EX9z	16	M76	INCORRECT USE OF ICD-9 AND ICD-10 CODES	DENY
EXA0	16	M53	DENY: \$0 AND/OR 0 UNITS BILLED RESUBMIT WITH CORRECTED CLAIM	DENY
EXA1	197		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY

EXA2	133		PEND: KEYWORD OR CODE SET ERROR	PEND
EXA3	16	N291	DENY: SERVICES SUBMITTED WITHOUT BCHP PROVIDER NUMBER	DENY
EXA5	133		PEND: TOTAL NUMBER OF QUALIFYING AUTHS EXCEEDS TABLE SIZE	PEND
EXA6	133		PEND: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	PEND
EXA7	133		PEND: ERROR CODE USED IS NOT DEFINED IN CODE SET	PEND
EXA8	197		DENY: NO AUTHORIZATION ON FILE	DENY
EXA9	141		PEND: TOTAL NUMBER OF DAYS IS GREATER THAN COVERAGE PERIOD	PEND
EXAA	197		DENY: UNAUTHORIZED SERVICE: BILL PATIENT	DENY
EXAB	197		DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW	DENY
EXAC	197		DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT	DENY
EXAD	197		DENY: UNAUTHORIZED ADMISSION. DO NOT BILL PATIENT. (INPATIENT REVIEW)	DENY
EXAE	50	N661	DENY: HOSPITAL CONFINEMENT CEASED PER MED REVIEW	DENY
EXAF	B20		DENY: CONCURRENT CARE RENDERED BY SAME SPECIALTY PHYSICIAN	DENY
EXAG	40	N627	DENY: SERVICE DOES NOT MEET EMERGENCY CRITERIA, BILL PATIENT	DENY
EXAH	95	N627	DENY:PER MEDICAL REVIEW PATIENT NOT HOSPITALIZED AT TIME OF SERVICE	DENY
EXAI	45		PAY: ADMINISTRATION INCLUDED IN IMMUNIZATION PAYMENT	PAY
EXAJ	45		ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE	PAY
EXAK	B5	N584	DENY: UNTIL HOSPITAL CALLS IN ADMISSION	DENY
EXAL	133		PEND: MOM MUST HAVE OTHER INSURANCE FOR BABY TO PAID EXTRA\$	PEND
EXAM	133		IF PT. ADMITTED, CHANGE LOCATION TO 21, THEN PAY	PEND
EXAN	133		PEND: USE EX.CODE D1 TO DENY ANCILLARY CHARGES BILLED WITH E.R. VISIT	PEND
EXAO	133		PEND: MANUALLY PAY REMAINING CHARGES AT 100%	PEND
EXAP	133		PEND: PAY SERVICE IF AUTHORIZED DENY WITH EX=35	PEND
EXAQ	236		ACE CLAIM LEVEL RETURN TO PROVIDER (REVIEW CLAIM REMARKS)	DENY
EXAR	38		DENY: NON-MEMBER LAB - BILL REFERRING PROVIDER	DENY
EXAS	40	N627	DENY: BASED ON REVIEW OF MED REC - PLP EMERGENCY DEFINITION NOT MET	DENY
EXAT	108	N130	APNTA MONITORS WERE NOT PURCHASED	DENY
EXAU	133		PEND: MULTIPLE AUTHORIZATIONS QUALIFY, PICK CORRECT AUTH.#	PEND
EXAV	45		APC: PACKAGED SERVICE	PAY
EXAX	45		ADJUSTMENT: DUPLICATE PAYMENT PER CLAIM AUDIT	PAY
EXAY	236		ACE CLAIM LEVEL DENIAL	DENY
EXAZ	45		HIV - STATE APPROVED	PAY
EXAa	23		INFORMATIONAL: CLAIM PROCESSED THROUGH COORDINATION OF BENEFITS	INFO
EXAb	133		PEND: APPLY PAYMENT TO LINE WHERE AMT CHARGE > \$0	PEND
EXAc	A1	M20	APC/HHA/ASC/ESRD PRICER-INVALID HCPCS CODE	DENY
EXAd	11		DENY: COMPLIANCE ISSUE WITH DELIVERY CODE BILLED ON PREGNANCY CLAIM	DENY
EXAe	133		ACE CLAIM LEVEL SUSPENSION	PEND
EXAf	45		INFO: APPEAL WITHDRAWN	INFO
EXAg	236		ACE CLAIM LEVEL REJECTION	DENY
EXAh	16	N657	APC/HHA/ASC/ESRD PRICER-INVALID PARTIAL HOSPITALIZATION CLAIM	DENY
EXAj	133		APC STAT 99: ADJUSTED CLAIM WITH PAID SERVICE LINES	PEND
EXAk	133		NO HOSPITAL RATE CALCULATOR RECORD	PEND
EXAm	197		DENY: ADMINISTRATIVE DENIAL	DENY
EXAn	A1	N349	DENY: ADMIN CODE AND VACCINE MUST BE SUBMITTED TOGETHER	DENY
EXAo	133		ADJUSTED AND ORIGINAL CHARGE AMOUNTS MUST MATCH	PEND
EXAp	133		PEND CODE FOR CLAIMS ADJUSTMENT BACKLOG PROJECT	PEND
EXAr	133		APC/HHA/ASC/ESRD NO AVAILABLE APC/FEE SCHEDULE RATE RECORD	PEND
EXAs	16	MA40	DENY: INPT CLAIM EFF DATE BEFORE ADMIT DATE	DENY
EXAt	133		PEND: INPT CLAIM EFF DATE BEFORE ADMIT DATE	PEND
EXAu	A1	M53	APC/HHA/ASC/ESRD PRICER-INVALID UNITS FOR THIS MODIFIER	DENY
EXAv	4		APC/HHA/ASC/ESRD PRICER-INVALID MODIFIER	DENY
EXAy	A1	M126	APC: INCORRECT CODING OF LAB PANEL COMPONENTS	DENY

EXAz	133		APC/HHA/ASC/ESRD PRICER-AMBULANCE FEE SCHEDULE ITEM WITH NO ZIP CODE	PEND
EXB2	133		PEND: BENEFIT OR RIDER HAS NOT BEEN PURCHASED OR IS NO LONGER EFFECTIVE	PEND
EXB3	133		PEND: SERVICE DOES NOT MAP TO A BENEFIT	PEND
EXB4	133		PEND: SERVICE DOES NOT MAP TO EXISTING BENEFIT, BECAUSE OF KEY IN	PEND
EXB5	133		PEND: COUNTER TABLE IS FULL,COUNTER EXCEEDED OR AMOUNTS INCOMPATIBLE	PEND
EXB9	133		PEND: MULTIPLE BANK CODES, ROUTE TO BENEFIT CONFIGURATION	PEND
EXBA	133		PEND: DUPLICATE MEMBER RECORDS, PLEASE CORRECT	PEND
EXBB	133		PEND: IF BOARDER BABY PAY EXTRA PER DIEM-IF NOT INCLUDED IN MOM	PEND
EXBC	133		PEND: MEMBER CHANGED BENEFIT PACKAGES DURING HOSPITALIZATION	PEND
EXBD	96	N216	DENY:THIS IS NOT A COVERED SERVICE	DENY
EXBG	16	MA30	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	DENY
EXBH	45		PAID AS PRIMARY, NON-COMPLIANT MEMBER	PAY
EXBI	16	N63	DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	DENY
EXBJ	45		ADJUST: HOME EQUIPMENT OR SUPPLIES PREVIOUSLY PAID INCORRECTLY	PAY
EXBK	16	N345	DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	DENY
EXBL	133		PEND: SERVICE EXCEEDS THE BENEFIT LIMIT. SPLIT SERVICE AND REPROCESS	PEND
EXBM	31		BAD MEMBER - UNABLE TO LOCATE IN AMISYS	PEND
EXBN	133		PEND: CHIPS BENEFIT PACKAGE IS UNDER CONFIGURATION	PEND
EXBO	B20		DENY: NOT PAYABLE-ANOTHER PROVIDER FACILITY BILLED FOR COMPLETE SERVICE	DENY
EXBP	26	N650	DENY: MBR NOT EFFECTIVE W BCHP ON DATE OF SERVICE SUBMIT TO SUMMA CARE	DENY
EXBQ	26	N650	DENY: MEMBER NOT EFF. W BUCKEYE ON DATE OF SERVICE, SUBMIT TO MEDIPLAN	DENY
EXBR	13		PEND: RECOVERY CLAIM INVESTIGATION	PEND
EXBS	16	M52	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	DENY
EXBT	96	N130	INPATIENT ANCILLARY SERVICES NOT PAYABLE WHEN ROOM & BOARD DENIED	DENY
EXBV	27	N52	DENY: BILL USSCRIPT - RESPONSIBLE FOR CAREMARK AFTER 6 15 08	DENY
EXBW	16	M49	DENY: MISSING VALUE CODE AND OR BIRTHWEIGHT ON CLAIM, PLEASE RESUBMIT	DENY
EXBY	A2		REQUEST COMPLETE - NO ACTION NECESSARY	INFO
EXBZ	B15	M51	DENY: PLEASE RESUBMIT WITH CORRESPONDING E & M CODE FOR PAYMENT	DENY
EXBa	133		APC/HHA/ASC/ESRD/IRF/SNF PRICING NOT PERFORMED UNTIL AFTER BCP0500	PEND
EXBd	16	M64	DENY: UNSPECIFIED DIAGNOSIS BILLED--CORRECT AND RESUBMIT	DENY
EXBg	288	N489	DENY: NO REFERRAL ON FILE THAT MATHCES SERVICE(S) BILLED	DENY
EXBo	133		PEND: ENTER AFF PROV NAMES INTO REND PROV FIELDS	PEND
EXBv	133		PROVIDER DATA MISMATCH FROM ORIG. AFFILIATION HEADER INFO	PEND
EXC0	133		PEND: LATE CLAIM SUBMISSION SUPER-TABLE IS REQUIRED	PEND
EXC1	133		PEND: ADJUSTOR MUST REVIEW CARDIAC SERVICES FOR PAYMENT	PEND
EXC2	97	M15	CPT HAS BEEN REBUNDLED ACCORDING TO CLAIM AUDIT	DENY
EXC3	133		PEND: POSSIBLE DUPLICATE SERVICE	PEND
EXC4	133		PEND: VERIFY THE TREATMENT TYPE ASSIGNMENT	PEND
EXC5	133		PEND: SUPER TABLE ENTRY DUPLICATE SERVICE IS NOT ON FILE	PEND
EXC6	A1	N22	CPT HAS BEEN REPLACED ACCORDING TO CLAIM AUDIT	DENY
EXC7	133		PEND: VERIFY ANESTHESIA UNITS ON SWITCH TABLE	PEND
EXC8	A1	N199	CPT HAS BEEN DENIED ACCORDING TO CLAIM AUDIT	DENY
EXC9	45		NEW CPT ISSUED DUE TO CLAIM AUDIT	PAY
EXCA	133		PEND: MAIN DEFAULT SUPER TABLE ENTRY IS NOT ON FILE	PEND
EXCB	197	N596	AUTHORIZATION IS CANCELLED -ERROR IN ENTRY	DENY
EXCC	109	N216	DENY: CONTINUITY OF CARE,BILL PREVIOUS INSURANCE CARRIER	DENY
EXCD	133		PEND: CARDIAC INPT CODES REVIEW DIAG FOR PAYMENT	PEND
EXCE	133		PEND: PROCESSOR NEEDS TO ENTER CI CODE FOR CORRECT %	PEND
EXCF	133		PEND - CHECK FOR CONSENT FORM	PEND
EXCG	133		PEND: PROVIDER ON REVIEW UNTIL CAPITATION SUMMARY RECEIVED	PEND
EXCH	109	N216	FORWARDED TO OUR CAPPED CHIROPRACTIC PROVIDER	DENY
EXCI	133		PEND: USE ROOM SUFFIX CODE S OR M FOR CORRECT FEE	PEND

EXCJ	133		PEND: NEED DME MODIFIER FOR CORRECT PRICING	PEND
EXCK	45		ADJUSTMENT: PROVIDER BILLED INCORRECTLY & SUBMITTED REIMBURSEMENT	PAY
EXCL	A1	N130	DO NOT USE	PAY
EXCM	45		MEMBER ON REVIEW FOR CASE MANAGEMENT	PAY
EXCN	B20		DENY: NOTPAYABLE ANESTHESIOLOGIST BILLED FOR COMPLETE SERVICES	DENY
EXCO	133		PEND: REVIEW COPAY & IF CORRECT USE EX CODE=03	PEND
EXCP	133		PEND: MEMBER CHANGED PROGRAMS DURING CLAIM COVERAGE PERIOD	PEND
EXCQ	133		PEND: CHIRO RAD OVER \$47.00 LIMIT-MANUALLY AMT	PEND
EXCR	147		PEND: PROVIDER NEEDS TO BE CREDENTIALLED	PEND
EXCS	32	N52	DENY: PATIENT IN CHILD PROTECTIVE SERVICES	DENY
EXCT	147		PEND: PROVIDER HAS NOT SIGNED CONTRACT	PEND
EXCU	45		TO CASE MANAGEMENT ADJUSTOR	PAY
EXCV	133		PEND: COMM. CHIRO PROV. VOID & FORWARD TO CAPPED CHIRO	PEND
EXCW	45		PAY ZERO: PLEASE RESUBMIT SERVICES UNDER CLINIC PROVIDER # FOR PAYMENT	PAY
EXCX	133		PEND: ONE SPINAL PER YEAR-CHANGE COUNT =1 OR DENY 2ND	PEND
EXCY	A1	N210	DENY: SERV PREVIOUSLY DENIED SUBMIT WRITTEN APPEAL FOR RECONSIDERATION	DENY
EXCZ	133		PEND: CLAIMS VERIFY CORRECT PROVIDER AFFILIATION WAS PICKED	PEND
EXCa	24		DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	DENY
EXCd	96	N61	DENY: INDIVIDUAL DATES OF SERVICE ARE REQUIRED - CORRECT AND RESUBMIT	DENY
EXCf	133		EVV VENDOR INCIDENT - API CALL TO VERIFY COULD NOT BE MADE	PEND
EXCg	A1	M49	TOTAL COGNITIVE SCORE, ADMISSION, OUT OF RANGE	DENY
EXCo	133		PEND-REVIEW FOR STATE COB EXCEPTION	PEND
EXCp	133		PEND CIA REVIEW REQUIRED	PEND
EXCq	133		PEND: PENDING SCA INFORMATION	PEND
EXCr	133		Check Run Payables Corrections	PEND
EXCv	16	M119	DENY:NDC NOT REBATABLE BASED ON STATE PDL	DENY
EXCy	133		RECLASS CLAIM PENDED BY ROBOTICS - MANUAL PROCESSING REQUIRED	PEND
EXD0	133		PEND: THE DEFAULT PAID OR SAVINGS EQUATION IS NOT ON FILE	PEND
EXD1	97	M15	DENY: SERVICE INCLUDED IN E.R. VISIT	DENY
EXD2	133		PEND:M D BILLING DENTAL CODE PICK NEW AFFIL	PEND
EXD3	A1	N381	DENY: EXCEEDS ESTABLISHED CONTRACTED REIMBURSEMENT - DO NOT BILL PT	DENY
EXD4	A1	N381	DENY:NOT REIMBURSEABLE PER STATE GUIDELINES	DENY
EXD5	133		PEND: MODIFIER SUPER TABLE ENTRY IS MISSING OR INVALID	PEND
EXD6	133		PEND: SUPER TABLE ENTRY IS MISSING OR INVALID	PEND
EXD7	133		PEND: LIMITED TO EXCEEDED OR MISSING KEYWORD	PEND
EXD8	97	M15	DENY: SERVICES INCLUDED IN THE R&B PAYMENT	DENY
EXD9	133		PEND: SERVICE DOES NOT QUALIFY AGAINST A PROVIDER PAY FUND CLASS	PEND
EXDA	133		PEND: FEE NOT FOUND	PEND
EXDB	133		PEND: PLUS UNITS OR MODIFIER ARE REQUIRED OR NOT NUMERIC	PEND
EXDC	133		PEND: MEMBER CHANGED DIVISIONS DURING THE HOSPITALIZATION	PEND
EXDD	A1	N398	DENY:SIGNED PATIENT CONSENT FORM HAS NOT BEEN RECEIVED	DENY
EXDE	133		PEND: DATE OPTION ON THE PRICING COUNTER IS INVALID	PEND
EXDF	133		PEND: MANUAL PRICING REQUIRED	PEND
EXDG	133		PEND:IF ORAL SURG.GET CPT CODE,IF NOT DENY WITH DT	PEND
EXDH	133		PEND: DEPENDENT OF A DEPENDENT & MOM TURNED 18	PEND
EXDI	16	M64	DENY: DIAGNOSIS LEVEL MISSING OR INVALID--CORRECT AND RESUBMIT	DENY
EXDJ	96	N56	DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT	DENY
EXDK	133		PEND: CLAIM GROUPED TO AN INVALID DRG, CHECK CLAIM FOR ERRORS	PEND
EXDL	16	N34	DENY: REBILL USING A PHARMACY CLAIM FOR THIS SERVICE	DENY
EXDM	97	M15	PMT FOR DRUG AND SUPPLIES ARE INCLUDED IN TREATMENT ROOM REINBURSEMENT	DENY
EXDN	97	M15	DENY: PROCEDURES INCLUDED IN FINAL RESTORATION	DENY
EXDO	A1	M64	E&V DIAGNOSIS CODES ARE NOT VALID FOR PRIMARY DIAG PLEASE RESUBMIT	DENY

EXDP	133		DEPENDENT REACHED MAXIMUM AGE - VERIFY STUDENT STATUS	PEND
EXDQ	A1	N399	DENY: MEMBER UNDER 21 YRS OF AGE WHEN SIGNING CONSENT FORM	DENY
EXDR	133		PEND: MANUALLY CALCULATE DRG# SPECIAL DRG PRICING REQUIRED	PEND
EXDS	18	N522	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	DENY
EXDT	109	N216	DENY: PLEASE SUBMIT TO DENTAL CARRIER FOR PROCESSING	DENY
EXDU	133		COPAY IS WAIVED IF ADMISSION OCCURS FROM ER VISIT	PEND
EXDV	133		PEND: COMM DENTAL PROV VOID CLAIM & ROUTE TO CAPPED PROV	PEND
EXDW	16	M64	DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT	DENY
EXDX	A1	M76	DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE	DENY
EXDY	A1	MA91	DENY: APPEAL DENIED	DENY
EXDZ	198	N54	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	DENY
EXDc	181	M67	DENY: OH DISCONTINUED CODES	DENY
EXDi	97	M15	INFO ONLY: DRG Payment reflects drg payment and payment for implants	INFO
EXDj	133		HOLD UP TO X DAYS FOR IPOP	PEND
EXDm	45		PAY: RENDERING PROVIDER NOT REGISTERED WITH OHIO MEDICAID FOR THIS DOS	PAY
EXDn	45		PAY: MANUAL REVIEW OF PMF STATUS TO DETERMINE PAY OR DENY	PAY
EXDr	16	MA30	DENY: CLAIM DOES NOT MEET EARLY ELECTIVE DELIVERY	DENY
EXDs	45		No fee on fee schedule, paid default % per state or provider contract	PAY
EXE0	16	N318	DENY: DISCHARGE HOUR, ADMIT DATE/HOUR MISSING/INVALID ON INPAT CLAIM	DENY
EXE1	133		PEND: ADMIT TYPE/SOURCE AND/OR DISCHARGE STATUS/HOUR COMBO INVALID	PEND
EXE2	16	N46	DENY: ADMIT TYPE/SOURCE AND/OR DISCHARGE STATUS/HOUR COMBO INVALID	DENY
EXE3	133		PEND: INVALID OR MISSING ADMISSION SOURCE	PEND
EXE4	16	MA42	DENY: INVALID OR MISSING ADMISSION SOURCE	DENY
EXE5	133		PEND: INVALID OR MISSING ADMIT TYPE	PEND
EXE6	16	MA41	DENY: INVALID OR MISSING ADMIT TYPE	DENY
EXE7	133		PEND: INVALID OR MISSING DISCHARGE HOUR	PEND
EXE8	16	N50	DENY: INVALID OR MISSING DISCHARGE STATUS OR HOUR	DENY
EXE9	133		PEND: DISCHARGE HOUR, ADMIT DATE/HOUR MISSING/INVALID ON INPAT CLAIM	PEND
EXEA	45		ADJUST: APPEAL APPROVED -AUTHORIZATION ENTERED	PAY
EXEB	A1	N10	DENY:BASED ON MEDICAL REVIEW, THIS SERVICE WAS NOT MEDICALLY NECESSARY	DENY
EXEC	16	MA63	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	DENY
EXED	45		INFO ONLY-Early Elective Delivery Payment	INFO
EXEE	133		PEND: NO EVIDENCE OF AN ER VISIT, DENY CLAIM	PEND
EXEF	184	N767	BILLING PROVIDER NOT REGISTERED WITH IA DHS/IOWA MEDICAID	DENY
EXEG	133		PEND- DELIVERY CODE-VALIDATE COB PER PROCESS	PEND
EXEI	184	N767	ORDERING PROV NOT REGISTERED WITH IA DHS/IOWA MEDICAID	DENY
EXEJ	45		ADJUST: HOME HEALTH VISIT OVERHEAD PREVIOUSLY PAID INCORRECTLY	PAY
EXEK	8	N657	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	DENY
EXEL	164		DENY: SERVICE MUST BE BILLED WITHIN 72 HOURS OF DISCHARGE	DENY
EXEM	133		PEND: ER AUTHORIZATION NOT ON FILE	PEND
EXEN	234	M15	ENCOUNTER RATE PAY-ALL SVCS INCLUSIVE	PAY
EXEO	133		PEND: HOLD, PENDING RECEIPT OF EVIDENCE OF AN ER VISIT	PEND
EXEP	133		PEND: VERIFY ELIGIBILITY AND PRICING PROCESS MANUALLY	PEND
EXEQ	11	N657	DENY: DIAGNOSIS DOES NOT SUPPORT E M BILLED	DENY
EXER	133		PEND: REVIEW COUNT & COPAY (ER VISITS 1 DAY)	PEND
EXES	251	N12	DENY: MISSING EPSDT SCREENING CODE	DENY
EXET	16	M44	DENY: REQUIRED REFERRAL CODE FOR HEALTH CHECK VISIT INVALID OR MISSING	DENY
EXEX	133		PEND: USER EXIT ROUTINE NOT AVAILABLE ON THIS ACCOUNT	PEND
EXEY	167	N30	DIAGNOSIS IS NOT COVERED, BILL STATE ENTITY	DENY
EXEZ	133		ROUTE TO CLAIMS MANAGER	PEND
EXEa	16	M76	ESRD PRICER: MISSING DIAGNOSIS CODE	DENY
EXEb	16	M53	ESRD PRICER: INVALID UNITS FOR REVENUE CODE	DENY

EXEc	16	M53	ESRD PRICER: MEDICALLY UNLIKELY EDIT	DENY
EXEd	133		PEND - REVIEW EED DIAGNOSIS BILLED	PEND
EXEf	16	N61	ESRD PRICER: SERVICE BILLED AS PANEL	DENY
EXEg	4	N519	ESRD PRICER: INVALID UNITS FOR MODIFIER	DENY
EXEh	45	97	ESRD PRICER: PAYMENT INCLUDED IN COMPOSITE RATE	PAY
EXEj	16	M20	ESRD PRICER: INCORRECT BILLING OF TELEHEALTH SITE FEE	DENY
EXEk	45		ESRD PRICER: ITEMS PAID AT A USER-DEFINED PERCENT OF CHARGES	PAY
EXEm	133		ESRD/HHA PRICER: CONTRACTOR PRICED ITEM REQUIRES ADDITIONAL SETUP FOR RE	PEND
EXEn	4	N519	ESRD PRICER: HCT/HGB EXCEEDS THRESHOLD W/O APPROPRIATE MODIFIER	DENY
EXEp	16	N147	ESRD PRICER: INVALID CASE-MIX ADJUSTMENT	DENY
EXEq	133		ESRD PRICER: ATTEMPTED DIVIDE BY ZERO	PEND
EXEr	4	N519	ESRD PRICER: INCORRECT BILLING OF AMCC TEST	DENY
EXEs	16	MA130	INVALID OR MISSING REQUIRED ESRD OR HHA CLAIMS DATA	DENY
EXEt	133		PEND: REQUIRED REFERRAL CODE FOR HEALTH CHECK VISIT INVALID OR MISSING	PEND
EXEv	97	N111	VENDOR VISIT DATA CURRENTLY USED ON A PRIOR CLAIM (DUPLICATE)	DENY
EXF1	16	M76	Deny: Field 19 does not contain value 20-44	DENY
EXF2	16	MA30	Deny: Field 19 does not contain LV,LC, IV, IC, CN, CS	DENY
EXF3	16	M76	DENY: MISSING DELIVERY CODE IN FIELD 19	DENY
EXFA	45		ADJUSTMENT: CLAIM WENT TO INCORRECT FUND	PAY
EXFB	133		PROVIDER ON REVIEW FOR CSS	PEND
EXFC	A1	N129	BIRTH DATE BEFORE ADMISSION DATE/FROM DATE	DENY
EXFD	109	N216	DENY: RESUBMIT CLAIM TO FIRST DENT FOR PAYMENT	DENY
EXFF	133		PEND: MULTIPLE COUNT SHOULD ONLY PAY 1 AT FLAT RATE	PEND
EXFG	A1	M49	SELF CARE, GROOMING (FIM39B, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFH	A1	N54	DENY: LEVEL OF CARE BILLED IS DIFFERENT THAN AUTHORIZED	DENY
EXFI	133		Pend: Final Review Coordination of Benefit	PEND
EXFJ	45		ADJUST: VISIT OR SERVICE INCLUDED IN OB DELIVERY PAYMENT	PAY
EXFK	A1	M49	SELF CARE, DRESSING, LOWER BODY (FIM39E, ADMISSION VALUE) IS OUT OF RANG	DENY
EXFM	A1	M49	SPHINCTER, BLADDER MANAGEMENT (FIM39G, ADMISSION VALUE) OUT OF RANGE	DENY
EXFN	A1	M49	SPHINCTER, BOWEL MANAGEMENT (FIM39H, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFO	A1	M49	SELF CARE, EATING (FIM39A, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFP	A1	N109	DENY: Claims denied for Provider Fraud	DENY
EXFR	133		PEND: MEMBER ON REVIEW - FRAUD INVESTIGATION UNDERWAY	PEND
EXFS	A1	6	COMPUTED AGE IS GREATER THAN 140 YEARS	DENY
EXFT	A1	M49	TRANSFERS, TOILET (FIM39J, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFU	A1	M49	LOCOMOTION, STAIRS (FIM39M, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFV	A1	M49	COMPREHENSION (FIM39N, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFW	A1	M49	EXPRESSION (FIM39O, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFX	96	N760	DENY: SE MODIFIER NOT ALLOWED FOR NON-340B ENTITIES	DENY
EXFY	A1	M49	PROBLEM SOLVING (FIM39Q, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFZ	B12	N199	DENY: DOCUMENTATION DOES NOT REFLECT ALL COMPONENTS OF BILLED E M	DENY
EXFa	A1	M49	LOCOMOTION, WALK/WHEELCHAIR (FIM39L, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFb	A1	M49	SOCIAL INTERACTION (FIM39P, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFc	A1	M49	MEMORY (FIM39R, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFd	A1	N327	INVALID BIRTH DATE	DENY
EXFe	A1	MA40	INVALID ADMISSION DATE/FROM DATE	DENY
EXFh	A1	M49	SELF CARE, BATHING (FIM39C, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFj	A1	M49	SELF CARE, DRESSING, UPPER BODY (FIM39D, ADMISSION VALUE) IS OUT OF RANG	DENY
EXFi	A1	M49	SELF CARE, TOILETING (FIM39F, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFp	A1	M49	TRANSFERS, BED, CHAIR, WHEELCHAIR (FIM39I, ADMISSION VALUE) IS OUT OF RA	DENY
EXFy	45		AFTER REVIEW,PREVIOUS DECISION IS UPHELD	INFO
EXG3	133		PENDED CLAIM REVIEW COMPLETED	INFO

EXG8	119	N587	DENY: ONE CLAIM ALLOWED FOR TYPE OF SERVICE DURING 6 MTH PERIOD	DENY
EXGA	6	N129	DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	DENY
EXGB	A1	N130	DENY: GLOBAL CODE IS INVALID PER STATE GUIDELINES	DENY
EXGC	A1	N61	DENY:PER ST. GUIDELINES DELIVERY MUST BE BILLED SEPARATE FROM VISITS	DENY
EXGD	45		PAY: REPROCESSED USING STATE GUIDELINES	PAY
EXGE	A1	N130	DENY: GLOBAL CODE IS INVALID PER GUIDELINES	DENY
EXGF	A1	M49	INVALID BILLING OF DEVICE CREDIT	DENY
EXGG	96	N643	NOT COVERED UNDER OPPS	DENY
EXGI	16	N182	DENY: INCORRECTLY BILLED UNDER THE GROUP RECORD	DENY
EXGJ	45		ADJUST: OB PAYMENT BASED ON INCORRECT FEE SCHEDULE	PAY
EXGK	133		PEND TO CSS	PEND
EXGL	97	M15	SERVICE COVERED UNDER GLOBAL FEE AGREEMENT	DENY
EXGM	16	N277	DENY: RESUBMIT W MEDICAID# OF INDIVIDUAL SERVICING PROVIDER IN BOX 24K	DENY
EXGR	133		REVIEW THE COUNT PER PROCEDURE IN A ROLLING THIRTY DAY PERIOD	PEND
EXGS	110	N622	DENY: DATE OF SVC ON CLAIM IS GREATER THAN RECEIVED DATE,PLEASE RESUBMIT	DENY
EXGT	16	M52	INVALID SERVICE DATES BILLED	DENY
EXGX	A1	M51	DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	DENY
EXGY	133		PEND:DEDUCT ALL ANTE POSTPARTUM VISITS ASSOC.WITH DELIVERY	PEND
EXGZ	45		PAY: SERVICE COVERED UNDER GLOBAL FEE AGREEMENT	PAY
EXGa	133		DRG/APC: UNKNOWN PAYMENT STRATEGY	PEND
EXGb	133		DRG/APC: NO PRICING POSSIBLE FOR THE DRG	PEND
EXGc	16	M67	RESUBMIT INDIVIDUAL PROC CODES BASED UPON DATES OF SERVICE	DENY
EXGd	133		DRG/APC: OUTPATIENT, UNKNOWN OUTPATIENT PRICING STRATAGY	PEND
EXGe	133		DRG/APC: ADMISSION DATE = DISCHARGE DATE	PEND
EXGf	133		DRG/APC: THE PRICER SOFTWARE HAS NOT BEEN INSTALLED	PEND
EXGg	133		DRG/APC: OPTIMIZER TASK FLAG INVALID	PEND
EXGh	133		DRG/APC: "IPB: GRP: TYPE" INVALID	PEND
EXGj	133		DRG/APC: NO DRG RATE RECORD FOR ONE OF THE SUGGESTED "OPTIMIZED"	PEND
EXGk	133		DRG/APC: INVALID REIMBURSEMENT DATE	PEND
EXGm	96	N61	DENY:GLOBAL OB NOT ALLOWED FOR THIS MBR	DENY
EXGn	133		DRG/APC: AWB: DRG: P: CODE COULD NOT BE FOUND	PEND
EXGp	133		DRG/APC: GROUPER FILE I/O ERROR	PEND
EXGq	133		DRG/APC: INVALID PATIENT TYPE	PEND
EXGr	133		DRG/APC: INVALID FUNCTION FOR PATIENT TYPE	PEND
EXGs	133		DRG/APC: OVERRIDE KEY CANNOT BE FOUND OR RETRIEVED	PEND
EXGu	133		DRG/APC: DS CODE CANNOT BE FOUND OR RETRIEVED	PEND
EXGw	133		DRG/APC: SP CODE CANNOT BE FOUND OR RETRIEVED	PEND
EXGx	133		DRG/APC: DX CANNOT BE USED AS PRINCIPAL (PDX MDC = 0)	PEND
EXGz	133		DRG/APC: NO DRG MATCH IN MDC	PEND
EXH1	16	M79	DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	DENY
EXH2	133		PEND: WRONG AFFILIATION ON CLAIM- RE PICK CORRECT ONE	PEND
EXH3	97	M15	DENY: INCLUDED IN ASC FEE	DENY
EXH4	133		PEND:MUST BE BILLED WITH TREATMENT RM -USE TR TO DENY	PEND
EXH5	133		PEND: ENTER CPT HCPCS INSTEAD OF REV CODE & MANUALLY PRICE	PEND
EXH7	133		PEND: CALCULATE DRG- OUTLIER	PEND
EXH8	181	N517	DENY: HOMEGROWN PROCEDURE CODES ARE NOT VALID FOR THIS DOS	DENY
EXH9	182	N517	DENY: HOMEGROWN MODIFIERS ARE NOT VALID FOR THIS DOS	DENY
EXHA	133		PEND: HOLD, A WAITING EVIDENCE OF A PARENTERAL INFUSION PUMP	PEND
EXHB	133		PEND: CLAIM AND AUTH DATES OF ADMISSION NOT MATCHING	PEND
EXHC	45		AUTH PROCEDURE CLASS NOT MATCHING	PAY
EXHD	133		PEND: DIAGNOSIS ON CLAIM DOES NOT MATCH DIAGNOSIS ON AUTHORIZATION	PEND
EXHE	133		PEND: CLAIMS DENY WITH EX:AU	PEND

EXHF	45		PAY:PROCEDURE DOES NOT MATCH AUTHORIZATION	PAY
EXHG	A1	MA112	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXHH	45		PAY: CLAIM AND AUTH PROVIDER STATUS NOT MATCHING	PAY
EXHI	45		PAY: HIGH COST	PAY
EXHJ	45		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	PAY
EXHK	226	N237	DATES ON MEDICAL DETAIL DO NOT MATCH	DENY
EXHL	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXHM	45		INPT & OUTPT CLAIMS TILL S.T. RESOLVES CONTRACT	PAY
EXHN	45		PAY: THE MODIFIER DOES NOT MATCH	PAY
EXHO	45		PAY: MEMBER ON REVIEW FOR HIGH RISK OB	PAY
EXHP	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXHQ	16	MA130	DENY - EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	DENY
EXHR	45		PAY: ADDITIONAL PAYMENT FOR MEDICALLY HIGH-RISK DIAGNOSIS	PAY
EXHS	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXHT	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXHU	197	N596	DENY: CLAIM TYPE DOES NOT MATCH CLAIM TYPE ON THE AUTHORIZATION	DENY
EXHV	45		PAY: HIV	PAY
EXHW	97	M15	DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	DENY
EXHY	96	N129	EFFECTIVE 01 01 04 SERVICE IS NOT COVERED FOR MEMBERS 21 YEARS OR OLDER	DENY
EXHZ	133		PEND: MANUAL REVIEW OF PMF STATUS TO DETERMINE PAY OR DENY	PEND
EXHa	133		ESRD/HHA INVALID REVENUE CODE FOR PRICING	PEND
EXHb	16	MA30	HHA GROUPER INVALID BILL TYPE	DENY
EXHc	16	N471	CLAIM DID NOT CONTAIN A HIPPS CODE OR HAD AN INVALID AMOUNT	DENY
EXHd	16	N471	HHA GROUPER INVALID HIPPS CODE	DENY
EXHe	16	M53	HHA PRICER: INVALID HOME HEALTH CLAIM DATES	DENY
EXHg	16	N471	HHA HIPPS CODE INDICATES NRS WERE PROVIDED, BUT NRS NOT ON CLAIM	DENY
EXHh	16	M49	HHA PRICER: INVALID OR MISSING CBSA	DENY
EXHj	16	M50	HHA FINAL CLAIM MUST HAVE AT LEAST ONE VISIT-RELATED REVENUE CODE	DENY
EXHk	16	MA76	HHA PRICER: NO AVAILABLE HHRG WEIGHT/RATE	DENY
EXHm	133		APC/ESRD/HHA EXTENDED FEE SCHEDULE NOT FOUND	PEND
EXHn	4	N517	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXHo	16	MA130	DENY: HOSPICE NARRATIVE NOT PRESENT	DENY
EXHp	A1	N448	DENY:SERVICES NOT ON THE FEE SCHEDULE ARE NOT SEPERATLY REIMBURSABLE	DENY
EXHr	16	N443	DENY: PROVIDERS MUST BILL A MINIMUM OF 8 HOURS	DENY
EXIO	133		PEND: PAY PER INVOICE PAYMENT RULES	PEND
EXI1	16	N4	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	DENY
EXI2	58	N563	DENY: PROCEDURE IS ONLY PAYABLE FOR INPATIENT LOCATION	DENY
EXI3	97	M15	CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	DENY
EXI6	146	M64	DENY: DIAGNOSIS,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE	DENY
EXI8	133	147	PROVIDER ON REVIEW FOR INTERNAL AUDIT	PEND
EXI9	A1	M76	DENY: DIAGNOSIS MISSING OR INVALID	DENY
EXIA	16	MA130	DENY: REQUIRE PROOF REPLACEMENT FRAMES ARE NECESSARY PER IAC	DENY
EXIB	11	N657	DENY: PROCEDURE ONLY COVERED WITH DIAGNOSIS OF DIABETIC FOOT DISEASE	DENY
EXIC	45		INTEREST AMOUNT	PAY
EXID	147		DENY: NO W-9 FORM ON FILE	DENY
EXIE	A1	M90	DENY: THIS CPT CODE BILLABLE ONCE PER CALENDAR YEAR PER MEMBER	DENY
EXIF	133		PEND: POSS. INFERTILITY SERVICES	PEND
EXIG	16	N50	DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	DENY
EXIH	45		HOLD, WAIT FOR EVIDENCE OF INPATIENT HOSPITALIZATION	PAY
EXIJ	97	M15	ADJUST: VISIT IS INCLUDED IN SURGICAL FEE	PAY
EXIK	4	N517	DENY: 2ND EM NOT PAYABLE W O MODIFIER 25 & MED RECORDS, PLEASE RESUBMIT	DENY
EXIL	A1	M77	DENY: INVALID OR MISSING LOCATION CODE	DENY



EXIM	4	N517	DENY: RESUBMIT WITH CORRECT MODIFIER	DENY
EXIN	A1	M51	DENY: ORGINIAL CPT BILLED WAS AN INVALID CODE PLEASE RE-BILL	DENY
EXIO	133		PEND: ICD10 - PENDING VERSION 33 GROUPER	PEND
EXIP	133		PROVIDER PENDING FOR SET-UP FORM OR CONTRACT	PEND
EXIQ	97	M15	DENY: INCLUDED WITH RENTAL OR PURCHASE OF EQUIPMENT	DENY
EXIR	133		PEND: PROV ON REVIEW FOR IRS LEVY, SEND PAYMENTS TO IRS	PEND
EXIS	133		SYSTEM OR CONFIG PROBLEM, SEND CLAIM TO IS DEPARTMENT	PEND
EXIT	133		PEND: PROVIDER UNDER FRAUD INVESTIGATION	PEND
EXIU	133		PEND: ICU ROOM DENY IF WITH GLOBAL CONTRACT FEE	PEND
EXIV	A1	M51	DENY: CPT OR HCPCS MISSING OR INVALID	DENY
EXIW	A1	M20	DENY: ORIGINAL HCPCS BILLED WAS AN INVALID CODE. PLEASE REBILL	DENY
EXIX	A1	N50	DENY: INVALID OR MISSING ADMIT TYPE, PLEASE RESUBMIT	DENY
EXIY	135		DENY: INTERIM BILLING PRIOR TO 180 DAYS	DENY
EXIZ	133		PEND: CLAIMS, PLEASE DENY CLAIM WITH EX CODE AC	PEND
EXJ0	45		ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER	PAY
EXJ1	45		CONSENT FORM NOT VALID AT TIME OF SERVICE	PAY
EXJ2	45		CONSENT FORM NOT SUBMITTED	PAY
EXJ3	45		ADJUSTMENT: PAYMENT ADJUSTED TO APPROPRIATE TRANSFER CASE PER DIEM	PAY
EXJ4	45		ADJUSTMENT: ANTEPARTUM VISIT INCLUDED IN TOTAL OB DELIVERY	PAY
EXJ5	45		ADJUSTMENT: SERVICES ARE 3 DAYS PRIOR TO INPT INCLUDED IN DRG	PAY
EXJ6	45		ADJUSTMENT: DRG PAYMENT ADJUSTED PER REVIEW OF MEDICAL RECORDS	PAY
EXJ7	45		ADJUSTMENT: RECOUPMENT DUE TO PAYMENT BEYOND 90 DAYS	PAY
EXJ8	45		ADJUST: HOME HEALTH VISITS PREVIOUSLY PAID INCORRECTLY	PAY
EXJ9	45		ADJUST: ADJUSTMENT TO CORRECT PMT OF 90% BILLED CHGS TO MEDICAID ALLOW	PAY
EXJA	45		ADJUSTMENT: PAY ON APPEAL	PAY
EXJB	45		ADJUST: RECEIVED COB PAYMENT	PAY
EXJC	24		ADJUSTMENT: PAYMENT TO CAPPED PROVIDER	PAY
EXJD	45		ADJUST: RECEIVED MEDICARE PAYMENT	PAY
EXJE	45		ADJUST: BCHP IS PRIMARY INSURER FOR THIS SERVICE	PAY
EXJF	45		ADJUST: PATIENT ELIGIBLE FOR DATE OF SERVICE	PAY
EXJG	45		ADJUST: PATIENT RESPONDED TO ACCIDENT LETTER	PAY
EXJH	45		ADJUST: COVERED BENEFIT	PAY
EXJI	45		ADJUST: SERVICE AUTHORIZED BY PCP	PAY
EXJJ	45		ADJUST: GRIEVANCE - SERVICE AUTHORIZED	PAY
EXJK	45		ADJUST: DATE OF SERVICE CORRECTED	PAY
EXJL	45		ADJUST: NOT A COVERED SERVICE,BILL WORKER S COMP	PAY
EXJM	45		ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER	PAY
EXJN	45		ADJUST: DUPLICATE PAYMENT	PAY
EXJO	45		ADJUST: NOT A COVERED BENEFIT	PAY
EXJP	45		ADJUST: BENEFIT MAXIMUM REACHED, BILL PATIENT	PAY
EXJQ	45		ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT	PAY
EXJR	45		ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT	PAY
EXJS	45		ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION	PAY
EXJT	45		ADJUST: PROCESSED FOR INCORRECT MEMBER	PAY
EXJU	45		ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM	PAY
EXJV	45		ADJUST: OTHER INSURANCE PAID PROVIDER	PAY
EXJW	45		ADJUSTMENT: ORIGINAL SERVICE PAID INCORRECT AMOUNT	PAY
EXJX	45		ADJUST: EMPLOYER GROUP RETRO TERMINATED CONTRACT, BILL MEMBER	PAY
EXJY	45		ADJUST:MEMBER UNDER AGE OF 21 AT TIME OF SIGNING TUBAL CONSENT FORM	PAY
EXJZ	45		ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19	PAY
EXJq	16	N281	ORIGINAL CHECK NOT CASHED-PAY TO/ADDRESS VERIFICATION NEEDED	DENY
EXJr	B7	N665	DENY:PROVIDER NOT ELIGIBLE FOR REIMBURSEMENT	DENY

EXJs	133		THE DISPOSITION OF THE CLAIM/SERVICE IS PENDING FURTHER REVIEW	PEND
EXK1	A1	N418	Deny: submit charges to Behavioral Health provider for processing	DENY
EXK2	109	N216	DENY: PLEASE SUBMIT TO VISION VENDOR FOR PROCESSING	DENY
EXK3	181	N65	DENY: HCPCS IS NOT COVERED-PLEASE RESUBMIT WITH APPROPRIATE CPT CODE	DENY
EXK4	109	N216	DENY: MEMBER IS NOT THE RESPONSIBILITY OF BUCKEYE COMMUNITY HEALTH PLAN	DENY
EXK5	A1	M56	DENY: MEDICAID # REQUIRED IN BOX 24K HCFA OR 51 UB, CORRECT & RESUBMIT	DENY
EXK8	A1	N381	DENY: SERVICES INCLUDED IN GLOBAL SETTLEMENT AGREEMENT	DENY
EXKA	A1	M56	PROVIDER MEDICAID ID REQUIRED FROM MEMBER STATE; OBTAIN ID & RESUBMIT	DENY
EXKB	A1	W9	APC/HHA/ASC/ESRDPRICER-MEDICARE WILL NOT PAY FOR THIS SERVICE	DENY
EXKD	133		DRG/APC: INVALID DISCHARGE STATUS	PEND
EXKF	133		PROVIDER ON REVIEW - BADPROV	PEND
EXKG	133		DRG/APC: ILLOGICAL PDX	PEND
EXKJ	45		INFO: RECONSIDERATION WITHDRAWN	INFO
EXKK	A1	M20	DENY:K CODES ARE NOT BILLABLE-USE APPROPRIATE HCPCS CODES	DENY
EXKL	133		PEND: DO NOT USE PROV AFFILIATION SEE ADDRESS FOR CORRECT AFFILIATION	PEND
EXKM	133		PEND: CHEMOTHERPY WORK PROCESS APPLIES	PEND
EXKN	133		DRG/APC: CONFLICTING BIRTHWEIGHTS	PEND
EXKO	133		PEND: REVIEW PROV BILLED COUNT FIELD SHOULD BE ONLY 1	PEND
EXKQ	133		DRG/APC: PROVIDER AFFILIATION CANNOT BE FOUND OR RETRIEVED	PEND
EXKR	133		DRG/APC: INVALID DRG KEYWORD ON DS CODE	PEND
EXKS	133		DRG/APC: NONSPECIFIC BIRTHWEIGHT	PEND
EXKT	133		DRG/APC: INVALID DISCHARGE AGE	PEND
EXKU	133		DRG/APC: INVALID LENGTH OF STAY	PEND
EXKV	16	M51	DRG/APC: WRONG PROCEDURE PERFORMED: NOT A COVERED SERVICE	DENY
EXKY	133		DRG/APC: INVALID FACILITY TYPE OR COUNTY	PEND
EXKZ	A1	M77	DENY:PROVIDER SUBMITTED AN INVALID PLACE OF SERVICE ON THE CLAIM	DENY
EXKk	133		DRG/APC: INVALID PDX (PDX NOT FOUND)	PEND
EXKm	133		DRG/APC: INVALID BIRTHWEIGHTS	PEND
EXKu	45		INFORMATIONAL:RE-ADJUDICATION PROCESS EX CODE	INFO
EXL1	133		PEND: MEMBER IS AGE 65+ WITH NO MEDICARE COVERAGE ON FILE	PEND
EXL2	133		PEND: MEMBER HAS HANDICAPPED STATUS AND NO MEDICARE COVERAGE ON FILE	PEND
EXL3	133		PEND: MEMBER OTHER COVERAGE INCOMPLETE OR NO RESPONSE	PEND
EXL4	133		PEND: LIABILITY RECOVERY CONFIGURATION ERROR	PEND
EXL5	22	N598	DENY: NO RESPONSE TO LETTER REGARDING OTHER HEALTH INSURANCE	DENY
EXL6	252	N479	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	DENY
EXL7	133		PEND: MAKE SURE MEDICARE ALLOWED PAID IS ENTERED	PEND
EXL8	133		PEND: UNABLE TO DETERMINE PRIMACY BETWEEN MULTIPLE INSURERS	PEND
EXL9	133		PEND: T-19 MEMBER HAS OTHER INSURANCE - NEED TO VERIFY	PEND
EXLA	133		PEND:OTHER INSURANCE IS EITHER HMO OR PPO	PEND
EXLB	45		PAY: PAID BILLED CHARGES	PAY
EXLC	133		PEND: TIMELY FILING LIMIT HAS EXPIRED	PEND
EXLD	22	N598	Deny: svcs not eligible for Medicare Primary members	DENY
EXLE	133		PEND: PRIMARY CARRIER EOB DOES NOT MATCH BILLED CHARGES PLEASE REVIEW	PEND
EXLH	16	M44	DENY: NUBC CONDITION CODE INVALID	DENY
EXLI	133		PEND: LITHOTRIPSY DIAG PROC - REVIEW PROVIDER CONTRACT	PEND
EXLJ	45		ADJUST: ADJUSTMENT DONE TO CLEAR NEGATIVE BALANCE	PAY
EXLK	A1	M23	Invoice is missing/invalid for Pricing	DENY
EXLL	133		PEND: CLAIM IS SET TO PAY OVER AUDIT AMOUNT (\$10,000 FOR H, \$5000 FOR M)	PEND
EXLM	133		PEND:PART A ONLY-PAY 20% OF PAYMENT	PEND
EXLO	5	M77	DENY: CPT & LOCATION ARE NOT COMPATIBLE, PLEASE RESUBMIT	DENY
EXLR	109	N216	DENY:WHEN PRIME INS RECIEVES INFO-RESUBMIT TO SECONDARY INS	DENY
EXLS	58	N563	PROVIDER CAN T BILL SEPARATELY IN: INPATIENT, OUTPATIENT OR LTC SETTINGS	DENY

EXLU	16	M49	DENY: NUBC VALUE CODE INVALID	DENY
EXLV	B14	M86	INPATIENT HOSPITAL VISITS ARE LIMITED TO 1 VISIT PER DAY, PER PROVIDER	DENY
EXLW	133		PEND: CENTENE MEDICARE PRIMARY REVIEW DST SYSTEM FOR MEDICARE PAYMENT	PEND
EXLY	133		CLAIMS:MANUALLY PRICE AT 70% IF INVOICE ATTACHED. IF NO INV, DENY BI	PEND
EXLZ	A1	N55	DENIED REFERRING PROVIDER MUST BE MEMBERS PCP TO RECEIVE PAYMENT	DENY
EXLa	133		LANE ER MEDICAL RECORD REVIEW	PEND
EXLb	133		PEND:PLEASE REVIEW PER LESSER OF BILLED WORK PROCESS	PEND
EXLk	133		PEND: NUBC CONDITION CODE INVALID	PEND
EXLs	216		INFO:LESSER OF BILLED CLAIM REVIEW COMPLETED	INFO
EXM0	133		PEND: MEMBER PARTIALLY ELIGIBLE AT TIME OF SERVICE	PEND
EXM1	220		DENY: NO FEE FOUND- SUBMIT STATE EOP SHOWING PAYMENT	DENY
EXM2	A1	M56	DENY: NO OHIO MEDICAL ASSISTANCE PROVIDER NUMBER ON FILE	DENY
EXM3	133		PEND: IF BILLED WITH A 450P, DENY AS = GL	PEND
EXM4	133		MULTIPLE EDITS BY CODEREVIEW	PEND
EXM5	97	M15	DENY: IMMUNIZATION ADMINISTRATION INCLUDED IN INJECTION FEE	DENY
EXM6	45		DENY: MUST BE BILLED WITH J CODE	PAY
EXM7	45		PAYMENT INCLUDED IN OTHER PHYSICIAN SERVICE	PAY
EXM8	45		PAY: PAYMENT FOR MINIMUM OF 8 HOURS MAXIMUM OF 24 HOURS PER DAY	PAY
EXM9	133		SEND TO ENROLLMENT DEPARTMENT	PEND
EXMA	16	N271	PROV. IN MEDICAID # NOT OF FILE, SEND TO BCHP AND RESUBMIT CLM	DENY
EXMB	133		PEND: ELIGIBILITY FOR STATE OF OHIO VERIFICATION	PEND
EXMC	133		ERROR ON SUPER TABLE FIND FOR MEMBER CARRIER	PEND
EXMD	96	N130	DENY:SERVICES PREVIOUSLY DENIED BY OUR MENTAL HEALTH PROVIDER	DENY
EXME	133		PEND: MEMBER ON REVIEW - ELIGIBILITY UNDER REVIEW	PEND
EXMF	A1	M56	DENY: INAPPROPRIATE MEDICAID# SUBMITTED FOR SVC PROVIDER,PLEASE RESUBMIT	DENY
EXMG	A1	MA81	DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	DENY
EXMH	109	N216	DENY: PLEASE SUBMIT TO MENTAL HEALTH VENDOR FOR PROCESSING	DENY
EXMI	45		MOTHER OF HIV BABY	PAY
EXMJ	45		ADJUST: ADJUSTED DUE TO CHANGE IN CODE AUDITING SOFTWARE DECISION	PAY
EXMK	16	N31	INAPPROPRIATE MEDICAID NUMBER FOR TAX ID SUBMITTED. CORRECT AND RESUBMIT	DENY
EXML	133		PEND: MANUALLY PRICED CODES-CONTACT OHIO FOR PRICE	PEND
EXMN	50	N661	PAY: CONTINUED INPT STAY NOT MEDICALLY NECESSARY	PAY
EXMO	182	N517	MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	DENY
EXMP	45		DIAGNOSIS REQUIRES CM, QI AND OR DP	PAY
EXMQ	31		DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	DENY
EXMR	45		MEMBER ON REVIEW FOR CASE MANAGEMENT	PAY
EXMS	133		PEND: MEMBER ON REVIEW - STUDENT STATUS UNDER INVESTIGATION	PEND
EXMT	133		PEND: Member is partially eligible during authorized period	PEND
EXMU	133		PEND: MOM OF NICU BABY	PEND
EXMV	133		PEND: MOTHER OF VENTILATOR BABY	PEND
EXMW	133		PEND:IF BILLED WITHOUT MODIFER RR OR NU, DENY=EX-MO	PEND
EXMX	23		PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS	PAY
EXMY	45		PAY: PROVIDER IS NOT MEMBER S PCP	PAY
EXMZ	16	M56	DENY:Please Resubmit with Providers Medicaid ID number	DENY
EXMi	246	N620	THIS PROC CODE IS FOR QUALITY REPORTING/INFORMATION PURPOSES	INFO
EXMm			RESERVED FOR MDMS PROCESSING	PEND
EXMo	4	N517	DENY: RESUBMIT WITH CORRECT MODIFIER	DENY
EXMp	102	N10	PAY:PROCEDURE CODE HAS BEEN MANUALLY PRICED	PAY
EXMt	A1	N418	Deny: submit charges to ACCESS 2 CARE provider for processing	DENY
EXMw	133		PEND:MRU CLINICAL	PEND
EXMx	45		PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY MEDICARE	PAY
EXMy	133		PEND:MRU CLINICAL APPEAL	PEND

EXMz	4	M20	DENY: MUST BILL WITH MODIFIER TD OR TE	DENY
EXN3	206		YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	INFO
EXN4	16	M119	DENY:NDC NOT VALID FOR DATE OF SERVICE	DENY
EXN5	A1	M119	DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	DENY
EXN6	16	M119	DENY: NDC UNIT OF MEASURE QUALIFIER OR QUANTITY MISSING OR INVALID	DENY
EXN7	133		PEND CLAIM AMTCHG 100K AND PAYMENT 10K	PEND
EXN8	208		INCORRECT NPI FOR PROVIDER	DENY
EXN9	208		INCORRECT NPI FOR TIN	DENY
EXNA	136		OTHER INS. DENIED - OOP PROVIDER NOT AUTHORIZED - SERVICES NOT PAYABLE	DENY
EXNB	133		PEND:CONTRACT MOM&BABY PAID GLOBAL-MOM S CL ON SYS?	PEND
EXNC	95	N627	DENY:TUBAL WAS PERFORMED BEFORE THE 30 DAY WAITING PERIOD	DENY
EXND	146	M64	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	DENY
EXNE	45		REIMBURSEMENT HAS BEEN LIMITED TO THE NON EMERGENT RATE	PAY
EXNF	109	N193	NF SERVICES, MEDICARE RELATED POLICY, PER STATE BYPASS TPL	INFO
EXNG	133		PEND: NWBN CLM, ROUTED BY PL, PENDING PLAN RESPONSE	PEND
EXNH	45		OUTLIER CLAIM-DRG PAYMENT ONLY. LEVEL OF CARE HIGHER THAN AUTHORIZED	PAY
EXNI	45		PAY: NICU BABY	PAY
EXNJ	251	N705	DENY:NECESSITY FORM IS INCOMPLETE OR INVALID	DENY
EXNK	163	N706	DENY:NECESSITY FORM WAS NOT SUBMITTED	DENY
EXNL	96	N216	DENY: ANCILLARY CHARGES NOT SEPARATELY PAYABLE	DENY
EXNM	45		UNABLE TO CALCULATE PROVIDER ALLOWED. PROCESSOR MUST SUPPLY IT	PAY
EXNN	45		OB GLOBAL FEE PAID	PAY
EXNO	133		PEND: NON-MEMBER PHYSICIAN 199991 ON REVIEW	PEND
EXNP	38		DENY: AUTHORIZATION REQUESTED FOR NON-PLAN PROVIDER	DENY
EXNQ	133		PROVIDER SET-UP PROBLEM, SEND TO NETWORK QUALITY DEPARTMENT	PEND
EXNR	45		REQUIRES NURSE REVIEW OHIO	PAY
EXNS	38		SVC NOT COVERED WHEN OBTAINED FROM A NON PAR PROVIDER	DENY
EXNT	B7	N665	DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED	DENY
EXNU	58	N563	DENY:BCHP RECORDS DO NOT INDICATE BABY WAS IN NICU ON THIS DATE	DENY
EXNV	A1	228	DENY:PATIENT CONSENT FORM FOR SERVICES IS INCOMPLETE OR INVALID	DENY
EXNW	133		NEWBORN MEMBER NOT FOUND	PEND
EXNX	A1	MA113	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT	DENY
EXNa	45		NIA PRICING APPLIED	INFO
EXNb	A1	N15	DENY: NEWBORN CHRGS NOT ALLWD TO BE BILLED UNDER MOM BASED ON CODES	DENY
EXNh	133		PEND: NUBC VALUE CODE INVALID	PEND
EXNi	133		PEND FOR NIA REVIEW PROCESSING	PEND
EXNk	16	M52	DENY:DATE OF SERVICE DOES NOT MATCH AUTHORIZED DATE SPAN	DENY
EXNl	16	M51	DENY: PROCEDURE AND DOS DO NOT MATCH AUTH	DENY
EXNo	16	M51	DENY:PROCEDURE CODE AND PROVIDER DOES NOT MATCH AUTH	DENY
EXNq	B7		DENY: PROVIDER AND DOS DOES NOT MATCH AUTH	DENY
EXNs	243	N130	DENY: DID NOT USE AUTHORIZED PROVIDER-IN-NETWORK	DENY
EXNu	A1		DENY: DID NOT USE AUTHORIZED PROVIDER-NON PAR	DENY
EXNx	133		PEND: NATIONAL CONTRACT INVESTIGATION	PEND
EXNy			RESERVED FOR NIA PROCESSING	
EXNz			RESERVED FOR NIA PROCESSING	
EXO1	45		PAY: TOTAL OB REFLECTS A DEDUCTION OF ANTEPARTUM ALREADY PAID	PAY
EXO2	45		PAY: ANY AMT SHOWN IN DEDUCT COPAY COLUMN EQUALS MEMBERS AMT OF SOC	PAY
EXO3	3		COPAYMENT AMOUNT	PAY
EXO4	45		OB FEE PAID	PAY
EXO7			INCOMPLETE EX CODE TO BE APPLIED TO DUPLICATE ADMISSION AND AUTH DETAILS	
EXO8	96	N643	DENY: NOT REIMBURSEABLE PER STATE GUIDELINES	DENY
EXO9	16	N63	DENY: SPLIT CLAIM DATES OF SERVICE AND RESUBMIT	DENY

EXOB	133		PEND:DR.DELIVERED AT ST.JOES?? IF SO MANUAL PAY EXTRA \$100.00	PEND
EXOC	133		PEND: PRICE AT PROVIDERS COST TO CHARGE RATIO	PEND
EXOD	45		PAY: ASSIGNED AND PAID DRG BASED ON SYSTEM DRG GROUPER	PAY
EXOF	92		PLEASE USE THE CORRECT LOCATION CODE 11 FOR FUTURE BILLING	INFO
EXOG	252	N26	DENY: ITEMIZED BILL NOT RECEIVED PER PREVIOUS REQUEST	DENY
EXOH	133		PEND: BH SERVICES 2 1 09 AND AFTER PROCESSED IN OH-CBH	PEND
EXOI	45		ADJUSTMENT: BCHP IS SECONDARY INSURANCE BILL PRIMARY	PAY
EXOJ	45		ADJUST: PER CLAIM AUDIT - VISITS LIMITED TO ONE PER DAY	PAY
EXOK	45		ADJUST: PER CLAIM AUDIT, GLOBAL RATE PAID FOR PROCEDURE IN ERROR	PAY
EXOL	45		STOP LOSS THRESHOLD MET - PAYMENT BASED ON FORENSIC REVIEW	PAY
EXOM	133		MODIFIER ON CLAIM NEEDS SET UP	PEND
EXON	45		PAY: PYMT INCLUDES OUTLIER AMT, ITEMIZED BILL NEEDED TO VERIFY CHARGES	PAY
EXOP	133		PEND: COUNT SHOULD BE=1 & DENY IF BILLED WITH TREATMENT ROOM=DM	PEND
EXOQ	45		PAY: PYMT BASED ON DRG, OUTLIER WILL BE CALCULATED FROM ITEMIZED BILL	PAY
EXOR	45		ADJUST: PYMT ADJUSTED AFTER ITEMIZED BILL REVIEW	PAY
EXOS	45		OUTLIER PAYMENT BASED ON FORENSIC REVIEW - OUTLIER PAID	PAY
EXOT	133		PEND:OFFICE THERAPY BY PHYS.REVIEW,TO DENY USE TH	PEND
EXOU	186		REIMBURSEMENT APPLIED ACCORDING TO AUTHORIZED LEVELS OF CARE	INFO
EXOV	133		PEND:REVIEW VISIT WITH SURGERY.TO PAY=92 TO DENY=SU	PEND
EXOW	16	M45	DENY: NUBC OCCURRENCE CODE INVALID	DENY
EXOZ	92		INFO: TO ALLOW THE VOIDING OF A CLAIM SERVICE	INFO
EXOb	A1	N323	DENY: MISSING/INCOMPLETE/INVALID LAST SEEN/VISIT DATE/POST PARTUM DATE	DENY
EXOc	45		PAY: CHARGES PAID AT PROVIDER S COST-TO-CHARGE RATIO ON DATE OF PAYMENT	PAY
EXOp	109	N418	DENY: TRANSPLANT CALIM SUBMIT TO OPTUM FOR REPRICING	DENY
EXP0	170	N95	DENY:LAB BILLED NOT PAYABLE TO PATHOLOGIST-NO DIRECT MD WORK INVOLVEMENT	DENY
EXP1	45		BEYOND TIMELY FILING LIMIT, PAID IN GOOD FAITH	PAY
EXP2	45		PAID AT AUTHORIZED AMOUNT	PAY
EXP3	133		PEND:PAYING OKAY ?? IF NOT TRY PUTTING 5 IN M1 FIELD	PEND
EXP4	45		PAID ACCORDING TO T-19 RATES	PAY
EXP5	133		PEND: CHECK FOR SURGERY CPT & CHECK COUNT -ONLY ONE 1	PEND
EXP6	45		SERVICE PAYABLE ONLY ONCE PER DAY	PAY
EXP7	133		PEND: MENTAL HEALTH REVIEW, NOT OUR CAPPED PROVIDER	PEND
EXP8	45		PAID AT DOWN GRADED LEVEL	PAY
EXP9	133		PEND: PROCESSOR MUST REVIEW INFERTILITY BENEFITS	PEND
EXPA	45		PAY ACCORDING TO CONTRACTUAL AGREEMENT	PAY
EXPB	133		PEND: SERVICING PROVIDER AFFILIATION NOT FOUND	PEND
EXPC	45		REFERRING PROVIDER NOT EFFECTIVE AT TIME OF SERVICE	PAY
EXPD	45		PAID ACCORDING TO AUTHORIZED AMOUNT	PAY
EXPE	133		PEND: PROVIDER IS ON REVIEW	PEND
EXPF	16	N34	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON CMS 1500	DENY
EXPG	133		PEND: SERVICE PROVIDER AFFILIATION NOT FOUND	PEND
EXPH	133		PEND: OHIO PATHOLOGY PROVIDERS-NO FEES FOR CODES	PEND
EXPI	133		PEND: NO AFFILIATION EXISTS FOR PAYTO OF __	PEND
EXPJ	45		PAY: REFERRING PROVIDER AFFILIATION NOT FOUND	PAY
EXPK	45		PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY	PAY
EXPL	133		PEND: PCP AFFILIATION NOT FOUND	PEND
EXPM	45		PCP IS NOT EFFECTIVE AT THE TIME OF SERVICE	PAY
EXPN	133		PEND: DO NOT USE THIS PROVIDER - SEE D-BASE TECH	PEND
EXPO	B7	N665	DENY: CLINICAL LAB X RAY NOT PAYABLE TO PATHOLOGISTS	DENY
EXPP	133		PEND: REFERRING PROVIDER IS NOT PRIMARY	PEND
EXPQ	133		PEND: REVIEW PODIATRY SERVICES FOR DOCUMENTATION	PEND
EXPR	133		PEND: PRIVATE ROOM NOT COVERED UNLESS MEDICALLY NECESSARY	PEND

EXPS	133		PEND: SERVICE PROVIDER NOT EFFECTIVE AT TIME OF SERVICE	PEND
EXPT	133		PEND: SERVICE PROVIDER HAS BEEN TERMINATED	PEND
EXPU	45		PAY: REFERRING PROVIDER HAS BEEN TERMINATED	PAY
EXPV	133		PEND: PROVIDER SHOULD BE ST.FRANCIS CENTER CHANGE TO 303131	PEND
EXPW	45		MEMBER IS IN THE MCPD TEAM SELECT PROGRAM	PAY
EXPX	45		POSSIBLE PRE-EXISTING CONDITION	PAY
EXPY	133		PEND - ER SERVICES - VERIFY CORRECT AFFILIATION	PEND
EXPZ	133		PEND: SEND TO PROVIDER RELATIONS FOR SETUP	PEND
EXPa	133		PEND: NIA PARTIALLY APPROVED UNITS CLAIM NEEDS MANUAL PRICING	PEND
EXPd	16	M76	DENY- MISSING ICD-10 DIAG CODE Z3A.00, Z3A.01, Z3A.08-Z3A.42, Z3A.49	DENY
EXPi	45		INCLUDES ICD-10 DIAG CODE FROM Z3A.00, Z3A.01, Z3A.08-Z3A.42, Z3A.49	INFO
EXPm	45		PAY: PAIN INJECTION AND SURGERY ON THE SAME DOS	PAY
EXPn	45		PAY: PAYMENT INCLUDES PAY FOR PERFORMANCE	PAY
EXPo	6	N129	DENY-ADULT PODIATRY SERVICES ARE NOT COVERED	DENY
EXPr	133		PEND: ATTEND PROVIDER NAME/NPI MISSING OR INVALID	PEND
EXPs	16	N251	DENY: ATTENDING PROVIDER NAME NPI MISSING/INVALID	DENY
EXQ1	133		PEND: PROCESS TO LOAD CODES IN PROGRESS BY BUSINESS	PEND
EXQ3	133		Pend: Process to load ICD 9 Dx codes in process by Plan	PEND
EXQ4	133		Pend: Process to load icd 9 Px codes in process by Plan	PEND
EXQ5	133		Pend: Process to load CPT codes in process by Plan	PEND
EXQ6	133		Pend: Process to load HCPCS codes in process by Plan	PEND
EXQA	16	M50	DENY: REVENUE CODE AND TYPE OF BILL ARE NOT COMPATIBLE. PLEASE RESUBMIT	DENY
EXQB	45		INFO: SERVICE PROVIDER AFFILIATION NOT FOUND (AUTH)	PAY
EXQC	45		INFO: REFERRING PROVIDER IS NOT EFFECTIVE - AUTH PERIOD	PAY
EXQD	A1	MA113	TAX ID SUBMITTED IS INCORRECT FOR DATE OF SERVICE. PLEASE RESUBMIT	DENY
EXQE	A1	N122	DENY: ADD ON CODE BILLED WITHOUT PRIMARY PROCEDURE	DENY
EXQF	133		PEND: NUBC OCCURRENCE CODE INVALID	PEND
EXQG	45		INFO: MULTIPLE SERVICE AFFILIATIONS QUALIFY (AUTH)	PAY
EXQI	133		PEND: Plan Quality Improvement Review needed	PEND
EXQJ	45		INFO: REFERRING PROVIDER AFFILIATION NOT FOUND (AUTH)	PAY
EXQK	45		INFO: MULTIPLE REFERRING AFFILIATIONS QUALIFY (AUTH)	PAY
EXQL	45		INFO: PCP AFFILIATION NOT FOUND (AUTH)	PAY
EXQM	45		INFO: PCP NOT EFFECTIVE DURING AUTH D PERIOD (AUTH)	PAY
EXQP	45		INFO: REFERRING PROVIDER AFFILIATION NOT PRIMARY (AUTH)	PAY
EXQR	286		DENY:THE TIME FRAME FOR FILING A CLAIM RECONSIDERATION HAS EXPIRED	DENY
EXQS	45		INFO: SERVICE PROV NOT EFFECTIVE - AUTH PERIOD	PAY
EXQT	45		INFO: SERVICE PROVIDER HAS BEEN TERMINATED (AUTH)	PAY
EXQU	45		INFO: REFERRING PROVIDER HAS BEEN TERMINATED (AUTH)	PAY
EXQW	45		INFO: TOTAL NUMBER OF DAYS EXCEEDS COVERAGE PERIOD	PAY
EXQZ	A1	N95	DENY: THIS CODE IS NOT BILLABLE UNDER THE PROVIDER S DEGREE LEVEL	DENY
EXR1	133		PEND: REFRACTION CANNOT BE BILLED WITH EYE EXAM	PEND
EXR2	133		PEND: PROVIDER REQUIRES AN AREA CODE SPECIFIC PROV RATE ON FEE SCHED	PEND
EXR4		M50	DENY: INVALID MISSING REV CODE BILLED WITH CPT/HCPCS, PLEASE RESUBMIT	DENY
EXR8	133		PEND: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RESUBMIT	PEND
EXRA	133		PEND: CLAIMS, REMOVE MODIFIER U TO PRICE WITH CORRECT FEE	PEND
EXRB	133		PEND CODE TIED TO PRICING KEYWORD PEND SERV QUALIFIER	PEND
EXRC	133		PEND: DR HAS ASSIGNED MEMBERS,BUT NO SUB PROG# - OHIO	PEND
EXRD	133		DENY: REVENUE CODE AND DIAGNOSIS ARE NOT COMPATIBLE PLEASE RESUBMIT	DENY
EXRE	133		PEND: CLAIMS VOLUME PAID IS 500,000. DISC MUST BE NEGOTIATED	PEND
EXRF	133		PEND: REFERRING PROVIDER IS NOT IN PLAN	PEND
EXRG	133		OHIO REVIEWING DRG	PEND
EXRH	133		PEND:PAY REVIEW OF MULTPL SURGICAL PROC REBUNDLE CHRGS WHEN APPROPRIATE	PEND

EXRI	A1	MA61	BABY S ASSIGNED RID NUMBER IS NEEDED FOR CLAIM PROCESSING	DENY
EXRJ	16	N34	DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	DENY
EXRL	45		PAY: REVIEW NOT TIMELY	PAY
EXRM	35	N370	RENTAL LIMIT REACHED	DENY
EXRN	133		PEND: GET MOD CHECK COUNT & LOC=12 & BILLED \$	PEND
EXRO	45		APC - OUTLIER AMOUNT INCLUDED IN ALLOWABLE	PAY
EXRP	23		RECOUP DUE TO PAYMENT BEYOND 90 DAYS	DENY
EXRQ	29	N30	DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	DENY
EXRR	97	M15	DENY: RECOVERY ROOM INCLUDED IN ASC RATE	DENY
EXRS	A1	M258	DENY: BILL ADDRESS DOES NOT MATCH SYSTEM-RESUBMIT WITH CORRECT BILL ADDR	DENY
EXRU	133		PEND: PAY EACH SERVICE LINE AT CONTRACT %	PEND
EXRV	133		PEND: PROVIDER ON REVIEW - FORWARD TO MEDICAL REVIEW	PEND
EXRX	109	N216	DENY: PLEASE SUBMIT TO PHARMACY VENDOR FOR PROCESSING	DENY
EXRZ	16	M76	DENY:DIAGNOSIS IS INVALID AS PRIMARY WITH EP MODIFIER	DENY
EXRa	45		IRF PAID AMOUNT CONTAINS AN OUTLIER	PAY
EXRc	133		NO CMG RATE RECORD	PEND
EXRe	133		INVALID PRICER TYPE	PEND
EXRf	45		IRF PRICING AND EDITING APPLIED PER CMS GUIDELINES	PAY
EXRg	133		INVALID OR MISSING THRU DATE	PEND
EXRj	133		LOS VALUE REQUIRED, MUST BE > 0	PEND
EXRk	133		LOS < (THRU DATE: FROM DATE) AND NON-INTERRUPTED STAY	PEND
EXRm	133		DISCHARGE STATUS MISSING	PEND
EXRn	133		CMG/HIPPS CODE MISSING	PEND
EXRo	45	N210	INFO: RECONSIDERATION RECEIVED - ORIGINAL DECISION OVERTURNED	INFO
EXRp	133		RIC CODE INVALID	PEND
EXRq	133		NO CORRESPONDING CMG WAS FOUND	PEND
EXRr	131		STATE PAYMENT REDUCTION	PAY
EXRs	133		CMC/HIPPS ALOS IS MISSING; REQUIRED FOR TRANSFER CALCULATIONS	PEND
EXS1	133		PEND:CHECK FOR MULTI SURGERIES & NEED CPT CODE FOR PRICING	PEND
EXS2	133		PEND:ASSIST SURG MANUALLY PAY EXTRA 2% OF FEE ON CLAIM	PEND
EXS3	133		PEND:ASSIST SURG-MANUALLY PAY EXTRA 1% OF FEE ON CLAIM	PEND
EXS4	133		PEND: REFER TO SPEC PRICING INSTRUCTIONS - SURG ONLY PAYABLE W ANES	PEND
EXS5	133		PEND: PAY \$0 ON ENTIRE CLAIM WITH EX CW - SEE PROCEDURES	PEND
EXS6	133		PEND: PRICE PER SINGLE CASE AGREEMENT	PEND
EXS7	133		PEND: DENY ALL NON-SURGICAL PROC ON THIS CLAIM WITH EX GL	PEND
EXS8	133		PEND: CHANGE M1 FIELD TO PA OR SA & M2 TO 8 ALSO SPLIT CLAIM	PEND
EXSA	133		PEND: ADJUSTOR MUST REVIEW FOR ANESTHESIA & OR SERVICES	PEND
EXSB	45		INFORMATIONAL: SUBSEQUENT DIAGNOSIS WAS NOT A VALID CODE	PAY
EXSC	A1	N381	DENIED PER CHP SETTLEMENT AGREEMENT	DENY
EXSD	147		DENY: CREDENTIALING WAS NOT APPROVED - ALL SERVICES ARE DENIED	DENY
EXSE	45		CORRECTION FOR SYSTEM ERROR	PAY
EXSF	133		PEND:PRICE PER CONTRACT-CHECK CLAIM FOR TIER LEVEL	PEND
EXSG	133		PEND: POSSIBLE SUBROGATION CASE	PEND
EXSH	133		PEND: ENTER ROOM CODE SUFFIX C,H,M,OR N FOR CORRECT FEE	PEND
EXSI	109	N216	DENY: CIMCO MEMBER-PLEASE SUBMIT CLAIM TO APPROPRIATE CIMCO PARTNER	DENY
EXSJ	A1	M67	DENY: SURGERY & SURGICAL SERVICES ONLY PAYABLE WHEN SURG BILL W ANES	DENY
EXSK	133		PEND: FACILITY NOT FOUND ON FS, REVIEW AND PRICE IF VALID	PEND
EXSL	45		PAY: CLAIM PROCESSED FOR ER PROJECT 2 2000 DOS 07 01 98 - 09 30 99	PAY
EXSM	133		PEND: ADJ. REVIEW CLAIM FOR STOP LOSS CONTRACT	PEND
EXSN	133		CONTACT STATE FOR SKILLED NURSING FACILITY (DHSS) RATE	PEND
EXSP	133		PEND: REVIEW FOR SPECIAL CONSIDERATION - LOOK FOR AUTH	PEND
EXSR	45		SUBMIT ER RECORDS & EOP W IN 45 DAYS FOR PRESENTING SYMPTOM ASSMNT	PAY

EXSS	133		PEND: MEMBER ON REVIEW FOR NO SSN	PEND
EXST	133		PEND:PER SANDY TUNIS-CPT CODE WITH HSPS MOD FOR T19 ONLY	PEND
EXSU	97	M15	DENY: VISIT IS INCLUDED IN SURGERY	DENY
EXSW	170	N95	DENY: SERVICES BILLED BY AN ER MD - SPEC 93 WHEN BILLED W MODIFIER 26	DENY
EXSZ	45		PAID ACCORDING TO NEGOTIATED SETTLEMENT	PAY
EXSa	45		SNF CLAIM PAID PER CMS GUIDELINES	PAY
EXSb	A1	N362	SNF: TOTAL UNITS EXCEEDS PATIENTS LOS-PART A ONLY	DENY
EXSc	133		INFO: KS SpendDown Member - Coordinate Benefits using SpendDown Process	INFO
EXSd	178		PAY: AMOUNT APPLIED TO SPENDDOWN	PAY
EXSe	133		PEND: SPENDDOWN AMT FROM STATE > THAN CHARGE MANUALLY APPLY SPENDDOWN	PEND
EXSf	133		PEND: ERROR FROM STATE MANUAL CALL TO WDSL REQUIRED	PEND
EXSg	133		PEND: NOT ALL SERVICES RECEIVED FROM STATE WDSL MANUALLY PROCESS	PEND
EXSh	133		PEND: BAD/INVALID DATA RECEIVED FROM STATE WDSL MANUALLY PROCESS	PEND
EXSi	133		Provider on Review Pending State Action	PEND
EXSj	A		SNF -NO RATE AVAILABLE FOR RUG	DENY
EXSm	A1	M50	SNF -REVENUE CODE NOT COVERED UNDER SNF PART B	DENY
EXSn	16	MA30	SNF: INVALID TYPE OF BILL	DENY
EXSp	A1	N62	SNF: CLAIM SPANS CALENDAR YEAR-PART B ONLY	DENY
EXSq	133		IRF: CONFIG RATE RECORD ERROR. NO PAYOR FILE FOUND	PEND
EXSr	59	N644	PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE SURGERY GUIDELINES	PAY
EXSt	109		DENY: RESUBMIT CLAIM TO THE STATE FOR CONSIDERATION	DENY
EXSu	A1		DENY: NO PAYMENT PER STATE WITHHOLD/SUSPENSION NOTICE	DENY
EXSz	45		PAID, CLIENT PARTICIPATION HAS BEEN APPLIED IF APPLICABLE	PAY
EXT0	133		PEND: COB billed at BOTH Header and Detail Levels require Manual Release	PEND
EXT1	24		TRIAGE PAYMENT COVERED UNDER CAPITATION	PAY
EXT2	45		PAID ACCORDING TO T-19 DRG OUT-PATIENT RATE	PAY
EXT3	45		PAID ACCORDING TO OUT OF STATE MEDICAID GUIDELINES	PAY
EXT4	A1	N381	DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED	DENY
EXT5	109	N216	DENY: PLEASE RESUBMIT TRANSPORTATION CLAIMS TO MEDCOMPLY	DENY
EXT6	133		PEND CLAIM TOT AMTCHG 50 K AND ALL LINES DENIED	PEND
EXT7	A1		DENY: MBR RECORD ON LTSS FILE INCONSISTENT WITH CLAIM	DENY
EXT8	133		PEND: SENT FOR COB AUTHORIZATION SET-UP	PEND
EXT9	133		PEND:TITLE-19 PENDING ELIGIBILITY (MEMBER STATUS EN OR PN OR NC)	PEND
EXTA	197		DENY: NO AUTHORIZATION ON FILE	DENY
EXTB	29	N30	DENY: TUBAL NOT PERFORMED IN THE 180 DAY TIME FRAME	DENY
EXTE	133		PEND: CLAIMS, VERIFY THE CLAIM IS PAID GLOBALLY	PEND
EXTF	181	N517	DENY: 2003 CPT CODES NOT ACCEPTABLE FOR SERVICE DATES PRIOR TO 04 01 03	DENY
EXTG	45		PAID ACCORDING TO TRIAGE MOU, AUTH. WAS DENIED OR NOT OBTAINED	PAY
EXTH	58	N563	DENY:PHYSICAL MEDICINE IS NOT COVERED IN PHYSICIAN S OFFICE	DENY
EXTI	97	M15	E.R. PHYS PAID TRIAGE, ANCILLARY SERVICES NOT PAYABLE	DENY
EXTJ	A1	N381	SERVICE OR SERVICE/MODIFIER COMBO NOT FOUND ON FEE SCHEDULE	DENY
EXTM	16	N203	TO COMPLETE PROCESSING, WE NEED THE TIME UNITS, PLEASE RESUBMIT	DENY
EXTN	133		PEND: NO PROV TX# ON FILE,BUT PAYING MEM.INFORM PROV.TECH	PEND
EXTO	109	N216	DENY: PLEASE RESUBMIT TO THE MEDICAL PLAN FOR CONSIDERATION	DENY
EXTP	133		ROUTE TO TPL DEPARTMENT - OTHER INSURANCE	PEND
EXTQ	45		PAY: TRANSPLANT SERVICES PAID AT % OF BILLED CHARGES	PAY
EXTR	B15	M51	DENY: PAYABLE WITH TREATMENT ROOM OR STAND ALONE SERVICE ONLY	DENY
EXTS	11	N657	TEMPERATURE GRADIENT STUDIES ARE NOT COVERED FOR THIS DIAGNOSIS	DENY
EXTT	133		PEND: INVALID OR MISSING LOCATION CODE	PEND
EXTU	109	N216	DENY: PLEASE SUBMIT TO TRANSPORTATION VENDOR FOR PROCESSING	DENY
EXTV	B11	N418	CLAIM FORWARDED TO TRANSPORTATION VENDOR FOR PAYMENT	PAY
EXTW	109	N216	DENY: PLEASE SUBMIT TRANSPORTATION CLAIMS TO LCP TRANSPORTATION	DENY



EXTX	A1	M56	NO W-9 ON FILE, SEND TO BCHP AND RESUBMIT CLAIM(S)	DENY
EXTY	109	N216	DENY: SUBMIT TO FACILITY FOR REIMBURSEMENT	DENY
EXTZ	45		ADJUSTMENT: THIRD PARTY LIABILITY, SUBROGATION RECOVERY RECEIVED	PAY
EXTa	133		PEND: KS SPENDDOWN COB CLAIM - COB AT HEADER NEEDS BREAKDOWN	PEND
EXTb	45		INFO: AMOUNT APPLIED TO SPENDDDDOWN	INFO
EXTc	133		PEND: COB EVALUATED AND CLAIM DOES NOT QUALIFY	PEND
EXTx	16	N434	DENY - DRG ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE	DENY
EXTy	133		PEND - DRG ERROR - INVALID REIMBURSEMENT CONFIGURATION	PEND
EXTz	133		PEND - DRG ERROR - NO MATCHING RATE RECORD FOUND	PEND
EXU1	A1	M127	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS	DENY
EXU2	133		PEND: UNLISTED PROCEDURE NEED RECORDS TO PROCESS	PEND
EXU3	133		PEND:U.R.NEEDS MED.RECORDS	PEND
EXU4	B12	N199	DENY:UPON REVIEW OF RECORDS-NO INDICATION OF PHYS SERVICES	DENY
EXU5	189	M81	DENY:UNLISTED UNSPECIFIC CODE -RE-BILL MORE SPECIFIC CODE	DENY
EXU6	133		PEND: REVIEW FOR NDC PRICING -IF NONE-DENY =U5	PEND
EXU7	133		PEND: PROVIDER ON REVIEW - DUE TO MISSING OR INSUFFICIENT INFORMATION	PEND
EXU8	133		PEND: VERIFY PATIENT AGE-IF OVER 18 SEND TO MEDICAL SERVICES	PEND
EXU9	133		PEND CLM RESOLUTION 10 NO DOLLARS BEING PAID	PEND
EXUA	133		PEND: AUTHORIZATION PROBLEM - MEDICAL SERVICES TO REVIEW	PEND
EXUB	133		PEND: 50 THERAPY VISITS PER YEAR-LIMIT EXCEEDED	PEND
EXUC	133		PEND: ADD CI CODE OF UC TO ALL SERVICE LINES	PEND
EXUD	A1	N537	DENY: NO RECORD OF INPATIENT HOSPITAL STAY	DENY
EXUE	133		PEND TO UR - MEDICAL REVIEW	PEND
EXUF	45		PATIENT INPATIENT OVER 10 DAYS RECOMM TO CASE MGMT	PAY
EXUG	45		PATIENT S TOTAL BILLS OVER 10,000-RECOMM TO CASE MGMT	PAY
EXUH	45		PATIENT READMITTED WITHIN 14 DAYS-RECOMM. TO CASE MGMT	PAY
EXUI	16	N50	DENY:PER REVIEW NO RECORD OF INPT STAY,SEND DISCHARGE SUMMARY	DENY
EXUJ	133		PEND: UR REVIEWING DOCUMENTATION	PEND
EXUK	45		PAY: ZERO DOLLARS PAID, INCLUDE IN TRANSPLANT CASE	PAY
EXUL	133		PEND SUM AMTPAY GREATER THAN TOT AMT CHARGE FOR CLAIM	PEND
EXUM	133		MED MANAGEMENT PROBLEM, SEND TO MED MANAGEMENT DEPARTMENT	PEND
EXUN	45		PAY: PLP MET	PAY
EXUP	45		PAY: AUTHORIZED TO PAY - PER MEDICAL REVIEW	PAY
EXUS	189	M81	DENY:UNLISTED CODE-CORRECT AND RESUBMIT	DENY
EXUT	A1	N519	DENY: CPT MODIFIER NOT APPROPRIATE WHEN BILLED WITH MULTIPLE UNITS	DENY
EXUU	A1	M2	DENY: ANTEPARTUM POST PARTUM NOT PAYABLE INPT	DENY
EXUW	133		PEND: SPLIT SERVICES TO CAPTURE CORRECT UNITS BILLED	PEND
EXUZ	16	N34	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB04	DENY
EXUa	133		HSS ERROR - HHPO, UNKNOWN PAYMENT STRATEGY	PEND
EXUb	133		HSS ERROR - HHPO, NO PRICING POSSIBLE FOR THE DRG	PEND
EXUc	133		HSS ERROR - HHPO, NO REIMBURSEMENT POSSIBLE FOR NEONATE TRANSFERS	PEND
EXUd	133		HSS ERROR - HHPO OUTPATIENT, UNKNOWN OUTPATIENT PRICING STRATAGY	PEND
EXUe	133		HSS ERROR - NORTH CAROLINA MEDICAID, ADMISSION DATE = DISCHARGE DATE	PEND
EXUf	133		HSS ERROR - THE PRICER SOFTWARE HAS NOT BEEN INSTALLED	PEND
EXUg	133		HSS ERROR - OPTIMIZER TASK FLAG INVALID	PEND
EXUh	133		HSS ERROR - "IPB - GRP - TYPE" INVALID	PEND
EXUj	133		HSS ERROR - NO DRG RATE RECORD FOR ONE OF THE SUGGESTED "OPTIMIZED"	PEND
EXUk	A1	N578	HSS ERROR - INVALID REIMBURSEMENT DATE	DENY
EXUm	133		HSS ERROR - MAPPER PROGRAM NOT AVAILABLE	PEND
EXUn	133		HSS ERROR - AWB - DRG - P - CODE COULD NOT BE FOUND	PEND
EXUp	133		HSS ERROR - GROUPER FILE I/O ERROR	PEND
EXUq	133		HSS ERROR - INVALID PATIENT TYPE	PEND

EXUr	133		HSS ERROR - INVALID FUNCTION FOR PATIENT TYPE	PEND
EXUs	109	N216	DENY:BILL SERVICES TO USSCRIPTS	DENY
EXV1	97	M15	DENY: SERVICE IS INCLUDED IN THE DELIVERY PAYMENT	DENY
EXV2	133		PEND: SEE IF LENS=Z0107-Z0109,Y5105-Y5107 THEN DENY:GL	PEND
EXV3	226	M127	MED RECORDS RECEIVED FOR WRONG DATE OF SERVICE	DENY
EXV4	226	M127	MED RECORDS RECEIVED NOT LEGIBLE	DENY
EXV5	226	M127	MED RECORDS RECEIVED FOR WRONG PATIENT	DENY
EXV6	226	M127	MED RECORDS WITHOUT LEGIBLE PATIENT NAME AND OR DOS	DENY
EXV8	226	M127	MED RECORDS RECEIVED WITHOUT DOS	DENY
EXV9	45		PAY: PROCEDURE BILLED AS 2 UNITS, PER GUIDELINES ONLY 1 UNIT ALLOWED	PAY
EXVA	23		VOID ADJUSTMENT	DENY
EXVB	133		HSS ERROR - SP CODE CANNOT BE FOUND OR RETRIEVED	PEND
EXVC	97	M15	PAY: VACCINE REIMBURSED BY THE VFC PROGRAM	PAY
EXVD	B14	M86	DENY: ONLY ONE VISIT CODE IS ALLOWED ON A GIVEN DAY	DENY
EXVE	133		PEND KA SNF CLAIMS FOR MANUAL PRICING FOR ARVE	PEND
EXVG	A1	N208	DENY: VALID DRG CODE REQUIRED	DENY
EXVI	45		GLOBAL FEE PAID	PAY
EXVJ	45		PER THE IC 25-24-1-4 ONLY ONE UNIT PAYABLE PER SERVICE DATE	PAY
EXVK	45		PAY: TRANSPLANT CASE RATE PAID	PAY
EXVL	109	N216	DENY: CLAIM HAS BEEN SENT TO ANCILLA FOR PROCESSING	DENY
EXVN	133		PEND: VENT	PEND
EXVO	272	N584	VOID SERVICE FOR ADMINISTATIVE REASONS	VOID
EXVP	133		PEND: IF BILLED WITH LAB HANDLING,DENY WITH D4	PEND
EXVR	133		PEND: CLAIMS, VERIFY CLAIM IS PRICING PER CONTRACT	PEND
EXVS	A1	N56	DENY: PROCEDURE CODE IS NO LONGER COVERED AS OF 11 1 1999	DENY
EXVT	45		MUST BE BILLED WITH TREATMENT ROOM OR STAND ALONE SERVICE	PAY
EXVU	16	M119	MISSING/INCOMPLETE/INVALID/DEACTIVATED/WITHDRAWN NATIONAL DRUG CODE	DENY
EXVV	16	N434	DENY: MISSING OR INVALID POA	DENY
EXVW	45		PAY: OUTLIER PAYMENT	PAY
EXVY	45		SEND MD DC ORDER & MED REC W IN 45 DAYS TO VERIFY MD ORDER MED NECESSITY	PAY
EXVa	133		HSS ERROR - OVERRIDE KEY CANNOT BE FOUND OR RETRIEVED	PEND
EXVb	133		HSS ERROR - DS CODE CANNOT BE FOUND OR RETRIEVED	PEND
EXVc	97	M15	PAY: PLEASE SUBMIT TO THE PHARMACY VENDOR FOR PROCESSING	PAY
EXVd	133		HSS ERROR - DX CANNOT BE USED AS PRINCIPAL (PDX MDC = 0)	PEND
EXVe	133		HSS ERROR - NO DRG MATCH IN MDC	PEND
EXVf	133		HSS ERROR - INVALID DISCHARGE STATUS	PEND
EXVg	133		HSS ERROR - ILLOGICAL PDX	PEND
EXVh	133		HSS ERROR - INVALID PDX (PDX NOT FOUND)	PEND
EXVj	A1	N207	HSS ERROR - INVALID BIRTHWEIGHTS	DENY
EXVk	A1	N207	HSS ERROR - CONFLICTING BIRTHWEIGHTS	DENY
EXVm	133		HSS ERROR - PROVIDER AFFILIATION CANNOT BE FOUND OR RETRIEVED	PEND
EXVn	133		HSS ERROR - INVALID DRG KEYWORD ON DS CODE	PEND
EXVp	A1	N207	HSS ERROR - NON - SPECIFIC BIRTHWEIGHT	DENY
EXVq	133		HSS ERROR - INVALID DISCHARGE AGE	PEND
EXVr	133		HSS ERROR - INVALID LENGTH OF STAY	PEND
EXVs	133		HSS ERROR - INVALID FACILITY TYPE OR COUNTY	PEND
EXVt	133		HSS ERROR - INVALID ADMISSION SOURCE	PEND
EXVu	133		HSS ERROR - DRG# COULD NOT BE RETRIEVED	PEND
EXVv	133		HSS ERROR - NO HOSPITAL RATE CALCULATOR RECORD	PEND
EXVw	133		HSS ERROR - NO DRG RATE RECORD	PEND
EXVx	133		HSS ERROR - PRICER TYPE NOT LICENSED	PEND
EXVy	133		HSS ERROR - INVALID PTYPE	PEND

EXVz	133		HSS ERROR - PRICER RATES COULD NOT BE RETRIEVED	PEND
EXW0	109	N216	DENY: TRANSPLANT CALIM SUBMIT TO CIGNA LIFESOURCE FOR REPRICING	DENY
EXW3	45		PAY: PAID ACCORDING TO TRANSPLANT AGREEMENT	PAY
EXW6	109	N216	DENY: TRANSPLANT CLAIM SUBMIT TO INTERLINK FOR REPRICING	DENY
EXW7	133		PEND: IF BILLED WITH W7000 USE EX CODE 97 FOR T-19	PEND
EXWC	133	133	PEND: TRANSPLANT PRICING NEEDED	PEND
EXWE	109	N216	BCHP NOT RESPONSIBLE FOR PAYMENT PLEASE FORWARD TO ANCILLA	DENY
EXWF	45		WESTFIELD INSURANCE CO	PAY
EXWI	A1	N15	MOTHERS MEDICAID IDENTIFICATION # MAY NOT BE USED FOR NEWBORN CLAIMS	DENY
EXWO	3		MEMBER COPAY	PAY
EXWR	133		PEND: PLEASE CHECK SPECIALTY FIELD FOR CORRECT SPECIALTY ON AFFILIATION	PEND
EXWV	133		PEND: WAIVER AUTHORIZATION NOT ON FILE	PEND
EXWa	133		HSS ERROR - NO DRG WEIGHTS/RATES AVAILABLE	PEND
EXWb	133		HSS ERROR - ATTEMPTED DIVIDE BY ZERO	PEND
EXWc	133		HSS ERROR - PRICER RATES COULD NOT BE RETRIEVED	PEND
EXWd	133		HSS ERROR - GROUPER VERSION NOT AVAILABLE	PEND
EXWe	133		HSS ERROR - DIAGNOSIS COUNT INVALID	PEND
EXWf	133		HSS ERROR - DRG RATE FILE ERROR	PEND
EXWg	133		HSS ERROR - GROUPER NOT AVAILABLE	PEND
EXWh	133		HSS ERROR - INVALID FUNCTION CODE	PEND
EXWj	133		HSS ERROR - PRICER NOT AVAILABLE	PEND
EXWk	133		HSS ERROR - HSS SERVER IS UNAVAILABLE	PEND
EXWm	133		HSS ERROR - ERROR ACCESSING PAYORS FILE	PEND
EXWn	133		HSS ERROR - ERROR ACCESSING HOSPITAL RATE FILE	PEND
EXWp	133		HSS ERROR - HSS TABLE COULD NOT BE FOUND	PEND
EXWq	133		HSS ERROR - DRG DATA COULD NOT BE RETRIEVED	PEND
EXWr	133		HSS ERROR - OVERRIDE PAYSOURCE CODE COULD NOT BE FOUND	PEND
EXWs	133		HSS ERROR - ERROR OPENING DRG WEIGHT FILE	PEND
EXWt	133		HSS ERROR - INITIALIZATION ERROR	PEND
EXWu	133		HSS ERROR - MEMORY ALLOCATION ERROR	PEND
EXWv	133		HSS ERROR - PARAMETER ERROR	PEND
EXWx	133		HSS ERROR - ERROR OPENING HEALTH DATA BASE	PEND
EXWy	133		HSS ERROR - ERROR OPENING OPTION DATA BASE	PEND
EXWz	133		HSS ERROR - ERROR FINDING OR RETRIEVING CLAIM - D - P(DIAGS,PROCS)	PEND
EXX1	198		\$x WAS DEDUCTED IN EXCESS R & B DUE TO DENIED AND OR LEVELED DAYS	PAY
EXX2	45		PAY: PAYMENT REFLECTS ONE UNIT ALLOWABLE	PAY
EXX4	45		PAY: PAYMENT REFLECT THE IC-25-24-1-4 TWO UNITS ALLOWABLE PER SVC DATE	PAY
EXX5	A1	N228	DENY: NO SIGNATURE ON CONSENT FORM	DENY
EXX6	133		DENY: SERVICES ARE UNDER REVIEW	DENY
EXX9	133		PEND: PENDED BY AUDITOR	PEND
EXXB	133		PEND: POSSIBLE TRANSPLANT CLAIMS	PEND
EXXD	133		I.S. Undefined Ex Code ??????	PEND
EXXE	11	N657	REVENUE PROCEDURE CODE BILLED FOR THE DIAGNOSIS SUBMITTED IS NOT COVERED	DENY
EXXR	133		PEND:VALID XREF # NEEDED ON REKEYS	PEND
EXXX	109	N216	COVERAGE NOT IN EFFECT ON DATE OF SERVICE - BILL THE STATE	DENY
EXXY	B12	N199	DENY:MEDICAL RECORDS DO NOT SUPPORT SERVICES BILLED	DENY
EXXZ	133		PEND: CONTRACT IS IN INFORMATION SYSTEM DEVELOPMENT	PEND
EXXa	133		NO DECIMALS ALLOWED IN UNIT/COUNT FIELD ON SERVICE	PEND
EXXb	133		ONLY ONE DECIMAL ALLOWED IN UNIT/COUNT FIELD ON SERVICE	PEND
EXXc	133		100+ AMBULANCE MILES MUST BE ENTERED AS A WHOLE NUMBER	PEND
EXXd	133		AMBULANCE MILES < 100 MUST HAVE ONLY ONE DECIMAL PLACE	PEND
EXXe	133		AMBULANCE MILES CANNOT BE 0 IF CHARGE AMOUNT > 0	PEND

EXXf	133		AMBULANCE MILEAGE NOT VALID FOR DENTAL PROCEDURE CODE	PEND
EXXg	133		DIAGDETAIL NOT FOUND ON FILE.	PEND
EXXh	133		PRIMARY PROC IS OBSOLETE ON THE SERVICE EFFECTIVE DATE.	PEND
EXXi	133		SECONDARY PROC IS OBSOLETE ON THE SERVICE EFFECTIVE DATE	PEND
EXXj	133		PRIMARY DIAGNOSIS CODE IS OBSOLETE ON DATE OF SERVICE	PEND
EXXk	133		SECONDARY DIAG IS OBSOLETE ON THE SERVICE EFFECTIVE DATE	PEND
EXXI	133		MEMBERNO PRIOR COVERAGE AT AUTHORIZED PERIOD.	PEND
EXXm	133		TABSE errPFind FAILED ON MEMBER	PEND
EXXn	133		OUTPATIENT SERVICE DATES NOT IN COVERAGE DATES	PEND
EXXo	133		INVALID BP ANNIV PERIOD. ANNIV DT MAPPING DISABLED.	PEND
EXXp	133		SUBROUTINE CLS1500 ERROR ^	PEND
EXXq	133		TABSE err5Found ERROR IN MEMXREFI	PEND
EXXr	133		TABSE err4Error GETTING SERVICEI RECORD	PEND
EXXs	133		MEMBERNO PRIOR COVERAGE AT TIME OF SERVICE.	PEND
EXXt	133		TABSE errPFind FAILED ON MEMBER	PEND
EXXu	133		SUBROUTINE CLS1500 ERROR ^	PEND
EXY1	A1	N109	DENY: BASED ON REVIEW OF MEDICAL RECORDS	DENY
EXY6	A1	N4	DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	DENY
EXYA	133		PEND: MULTIPLE PROVIDER AFFILIATIONS QUALIFY	PEND
EXYB	A1	M50	ADJUST: REVENUE CODE INVALID FOR OHIO MEDICAID	DENY
EXYC	23		ADJUST: REV. CODE NOT COVERED BY OHIO MEDICAID DO NOT BILL MEMBER	DENY
EXYD	A1	M51	ADJUSTMENT: ORIGINAL CLAIM BILLED USING INCORRECT CPT HCPC CODE	DENY
EXYE	A1	M60	ADJUST: NO MEDICAL NECESSITY SHOWN FOR ANESTHESIA FOR THIS PROCEDURE	DENY
EXYF	B13		ADJUSTMENT: DUPLICATE PAYMENT PER CLAIM AUDIT	DENY
EXYG	23		ADJUSTMENT: RECOUPMENT DUE TO PAYMENT BEYOND 90 DAYS	DENY
EXYH	19	N418	ADJUST: NOT A COVERED SERVICE,BILL WORKER S COMP	DENY
EXYI	23		ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER	DENY
EXYJ	B13		ADJUST: DUPLICATE PAYMENT	DENY
EXYK	45		MAXIMUM HAS BEEN MET PER PROVIDER CONTRACT	PAY
EXYL	23		ADJUST: NOT A COVERED BENEFIT	DENY
EXYM	38		ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT	DENY
EXYN	38		ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT	DENY
EXYO	23		ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION	DENY
EXYP	23		ADJUST: PROCESSED FOR INCORRECT MEMBER	DENY
EXYQ	23		ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19	DENY
EXYW	133		DUPLICATE PROVIDER FOUND WITH SAME NPI AND TIN	PEND
EXYX	133		PEND: A2 CLAIM INVESTIGATION	PEND
EXYY	133		PEND: CLAIMS PROCESSING REVIEW	PEND
EXYZ	A1	N381	DENIED PER CHP SETTLEMENT AGREEMENT	DENY
EXYv	133		PAYTO FIELD ON SL DOES NOT MATCH AFFILIATION TABLE	PEND
EXZ1	109	N216	DENY:BCHP not responsible, bill state pharmacy vendor effective 2 1 2010	DENY
EXZ2	133		PEND: DEFAULT SYSTEM ERROR MESSAGE PEND CODE	PEND
EXZ4	A1	M60	DENY: RESUBMIT WITH DOCUMENTATION THAT VALIDATES MEDICAL NECESSITY	DENY
EXZ5	133		PEND: LOCK IN	PEND
EXZA	45		THIS TRANSACTION WAS FOR INTERNAL DATA CORRECTION. NO ACTION NECESSARY	PAY
EXZC	8	N95	DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED	DENY
EXZD	16	MA130	SUBMIT ED RECORDS & EOP W IN 30 DAYS FOR PRESENTING SYMPTOM ASSESS	DENY
EXZK	133		PEND: CLAIMS VERIFY PROVIDER OF SERVICE, IF CORRECT DENY:ZC	PEND
EXZL	A1	M79	DENY: LATE CHARGES DENIED. REPLACEMENT BILL REQUIRED FOR PROCESSING	DENY
EXZM	4	N517	DENY: REQUIRES APPROPRIATE MODIFIER TO IDENTIFY TRIMESTER (Z1,Z2,Z3)	DENY
EXZO	286		DENY- REPLACEMENT BILL RECEIVED AFTER TIMELY FILING ADJUSTMENT PERIOD	DENY
EXZP	133		PEND:OBSERVATION SERVICES UNDER REVIEW	PEND

EXZQ	29	N30	DENY: REPLACEMENT BILL RECEIVED AFTER TIMELY FILING ADJUSTMENT PERIOD	DENY
EXZR	133		PEND: REPLACEMENT BILL PROCESSING REQUIRED	PEND
EXZU	181	N517	DENY: PROCEDURE IS ONLY VALID AFTER 01 01 1999	DENY
EXZW	A1	N368	DENY:CLAIM WAS PREVIOUSLY APPEALED AND CONTINUES TO BE DENIED	INFO
EXZY	A1	N130	DENY: ALL ER CHARGES PENDING UNTIL FURTHER NOTICE	DENY
EXZZ	133		PEND: ROUTE TO INFORMATION SERVICES IS DEPARTMENT	PEND
EXZa	45		BILLING PROVIDER NOT REGISTERED WITH OHIO MEDICAID FOR THIS DOS	PAY
EXZw	133		APPEAL	PEND
EXZx	133		ADJUSTMENT	PEND
EX^0			MORE THAN ONE ARRANGEMENT ID FOR THIS CLAIM	PEND
EX^1			ERROR RETRIEVING TOB	PEND
EX^2			ERROR RETRIEVING PP-REASON-CODE FROM SUPERTABLE	PEND
EX^3			ERROR RETRIEVING EX CODE FROM CODE_DETAIL	PEND
EX^4			ERROR DELETING FROM PP_RESULTS	PEND
EX^5			ERROR WRITING KEY ON XML-REQUEST FILE	PEND
EX^6			ERROR DOING START ON XML-REQUEST FILE	PEND
EX^7			ERROR WRITING XML-REQUEST OR READING XML-RESULT FILE	PEND
EX^8			ERROR RETRIEVING DIVISION NUMBER FROM SERVICE_X	PEND
EX^9			ERROR RETRIEVING PROVIDER_SCF	PEND
EX^A			PRICING ALLOW TYPE INCOMPATIBLE WITH ARRANGEMENT ID	PEND
EX^B			PROVIDER PRICING HAS NOT BEEN ACTIVATED ON THE SWITCH TABLE	PEND
EX^C			MULTIPLE PP-RESULTS RECORDS ARE FOUND	PEND
EX^D			MULTIPLE SUPERTABLE RECORDS ARE FOUND	PEND
EX^E			EXTERNAL PROVIDER PRICING SWITCH NOT ACTIVATED	PEND
EX^F			INVALID API REQUEST	PEND
EX^G			PROVIDER PRICING ONLY VALID WITH SERVICE ALLOW PRICING	PEND
EX^H			INVALID CLAIM RESOLUTION OR INVALID CLAIM TYPE	PEND
EX^I			ERROR FETCHING FROM OR OPENING/CLOSING CURSOR ON PP_RESULTS	PEND
EX^J			ERROR OBTAINING VALUE FROM PP_RESULTS_ID_SEQ	PEND
EX^K			ERROR RETRIEVING PP-PRICING-REQEST-URL FROM SUPERTABLE	PEND
EX^L			ERROR RETRIEVING PP-LOGIN-ID OR PP-SWITCHES FROM SUPERTABLE	PEND
EX^M			ERROR CALLING AA_UTIL.FORMAT_DIAG OR AA_UTIL.FORMAT_PROCEDURE	PEND
EX^N			ERROR RETRIEVING CLAIM	PEND
EX^O			ERROR RETRIEVING MEMBER OR MEMBER_SPAN	PEND
EX^P			ERROR RETRIEVING CARRIER RECORD FROM SUPERTABLE	PEND
EX^Q			ERROR RETRIEVING MAIN DEFAULT TABLE FROM SUPERTABLE	PEND
EX^R			ERROR RETRIEVING SWITCH TABLE OR PPCONFIG FROM SUPERTABLE	PEND
EX^S			ERROR RETRIEVING CLAIM_SCF	PEND
EX^T			ERROR RETRIEVING AUTHORIZATION NUMBER FROM SERVICE_X	PEND
EX^U			ERROR RETRIEVING AUTHORIZATION_X	PEND
EX^V			ERROR RETRIEVING EARLIEST SERVICE DATE FROM SERVICE_X	PEND
EX^X			ERROR RETRIEVING AFFILIATION NUMBERS FROM SERVICE_X	PEND
EX^Y			ERROR RETRIEVING AFFILIATION	PEND
EX^a			ERROR RETRIEVING GROUP_PRACTICE_M OR OFFICE_M	PEND
EX^b			ERROR RETRIEVING SUBPROGRAM FROM SUPERTABLE	PEND
EX^c			ERROR RETRIEVING ADDRESS	PEND
EX^d			ERROR RETRIEVING PR CODE SET FROM CODE_DETAIL	PEND
EX^e			ERROR RETRIEVING UB	PEND
EX^f			ERROR FETCHING FROM OR OPENING/CLOSING CURSOR UB_CONDITION	PEND
EX^g			ERROR FETCHING FROM OR OPENING/CLOSING CURSOR ON UB_DIAGNOSIS	PEND
EX^h			ERROR RETRIEVING PATIENT_SCF	PEND
EX^i			ERROR RETRIEVING PROVIDER	PEND

EX^j			ERROR FETCHING FROM OR OPENING/CLOSING CURSOR ON SERVICE_X	PEND
EX^k			ERROR RETRIEVING SERVICE_X OR SERVICE_SCF	PEND
EX^l			ERROR RETRIEVING UB_DIAGNOSIS	PEND
EX^m			ERROR RETRIEVING DIAG_DETAIL	PEND
EX^n			ERROR FETCHING FROM OR OPENING/CLOSING CURSOR ON UB_OCCUR	PEND
EX^o			ERROR FETCHING FROM OR OPENING/CLOSING CURSOR ON SPANNED UB_OCCUR	PEND
EX^p			ERROR RETRIEVING CLAIM_D_P	PEND
EX^q			ERROR FETCHING FROM OR OPENING/CLOSING CUSOR ON DIAGNOSIS_POA	PEND
EX^r			ERROR RETRIEVING DIAGNOSIS_POA	PEND
EX^s			ERROR FETCHING FROM OR OPENING/CLOSING CURSOR ON UB_VALUE	PEND
EX^t			ERROR INSERTING PP_RESULTS OR COMMITTING PP_RESULTS ON INSERT/DELETE	PEND
EX^u			UNSUPPORTED VERSION OF MF COBOL	PEND
EX^v			COMMUNICATIONS FAULT OR COMMUNICATIONS FAILURE	PEND
EX^w			HTTP ERROR	PEND
EX^x			ERROR OPENING XML-REQUEST FILE OR XML-RESULT FILE	PEND
EX^y			PP-RESULTS OR PP-SWITCHES SUPER TABLE RECORD MISSING	PEND
EX^z			PP-REASON-CODE-SUPERTABLE RECORD MISSING	PEND
EXaA	45		APC PRICER: CLAIM PROCESSED SUCCESSFULLY	PAY
EXaB	236		ACE LINE ITEM REJECTION	DENY
EXaD	286		INFO: APPEAL NOT SUBMITTED W/I TIMELY GUIDELINES	INFO
EXaE	133		PEND:SYSTEM ERROR IN PROCESSING THROUGH DUPLICATE LOGIC	PEND
EXaJ	B12		CLAIM DENIED AFTER PERFORMANT MEDICAL RECORD REVIEW	DENY
EXaK	B12		CLAIM DENIED AFTER PERFORMANT DME BILLING AUDIT	DENY
EXaL	B12	N199	CLAIM ADJUSTMENT AFTER PERFORMANT MEDICAL RECORD REVIEW	PAY
EXaM	197		DENY:SERVICES PROVIDED WERE NOT AUTHORIZED	DENY
EXaN	B12	N199	CLAIM ADJUSTMENT AFTER PERFORMANT REVIEW	PAY
EXaQ	A1		MED RECORDS WERE NOT RECEIVED AS REQUESTED BY PERFORMANT - PYMT DENIED	DENY
EXaR	233	N627	DENY: AVOIDABLE READMISSION FOR MED MGMT	DENY
EXaU	A1	N210	INFO: APPEAL RECEIVED - ORIGINAL DECISION UPHELD	INFO
EXaV	96	N20	DENY: ADMIN CODE AND VFC CANNOT BE SUBMITTED TOGETHER	DENY
EXaW	133		PEND-INVALID/MISSING SERVICE ADJUST DATE	PEND
EXaY	133		PEND:AFFILIATION SPAN DOES NOT MATCH CLAIM YMD EFFECTIVE DATES	PEND
EXab	45		DENY: AIM CREDIT BALANCE RECOVERY	DENY
EXac	45		PAY: AIM CREDIT BALANCE RECOVERY	PAY
EXad	133		APC/HHA/ASC/ESRD PRICER-INVALID DATES	PEND
EXaf	236		ACE LINE ITEM DENIAL	DENY
EXaj	133		SIU ADJUSTMENT	PEND
EXao	45	N210	INFO: APPEAL RECEIVED - ORIGINAL DECISION OVERTURNED	INFO
EXat	22		AIM Medicare disallowance	PAY
EXau	22		HMS Medicare disallowance	DENY
EXav	22		HMS Medicare disallowance	PAY
EXaw	45		AIM Overpayment recovery	DENY
EXax	45		AIM Overpayment recovery	PAY
EXay	22		AIM Medicare disallowance	DENY
EXb1	133		PEND: INVESTIGATE REFERRING PHYSICIAN PAR STATUS	PEND
EXb2	252	N209	MEDICAL RECORDS SUBMITTED DO NOT SUPPORT THE SERVICE BILLED	DENY
EXb3	96	N216	SERVICE EXCEEDS OR IS NOT A PLAN BENEFIT	DENY
EXb4	45		ALLOWED AMOUNT ADJUSTED PER SCIO AUDIT	PAY
EXb5	97	N111	DUPLICATE SERVICE PER SCIO AUDIT	DENY
EXb7	164		MEDICAL RECORDS NOT RECEIVED AS REQUESTED	DENY
EXbQ	133		AFFILIATION DOES NOT MATCH ON THE GROUP NPI	PEND
EXbW	133		EX CODE AND STATUS MISMATCH, PLEASE CORRECT	PEND

EXbb	22		HMS Commercial disallowance	PAY
EXbc	22		HMS Commercial disallowance	DENY
EXbg	133		PEND: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	PEND
EXbh	16	MA30	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	DENY
EXbk	45		MAX UNITS ALLOWED PER STATE GUIDELINES	PAY
EXc0	133		PEND: INVALID AMBULANCE CONDITION CODE INDICATOR	PEND
EXc1	16	MA120	DENIED:INVALID CLIA NUMBER	DENY
EXc2	B23		DENIED:PROCEDURE NOT ALLOWED FOR CLIA CERTIFICATION TYPE	DENY
EXc3	133		COB ADJUSTMENT	PEND
EXc4	16	N657	INCORRECT CODE BILLED PER SCIO AUDIT	DENY
EXc5	B20	N347	SAME/SIMILAR EQUIPMENT BILLED BY DIFFERENT PROVIDER	DENY
EXc7	96	N448	CLAIM PAYMENT EXCEEDS CONTRACTED RATE/GUIDELINES	DENY
EXc8	96	N30	MEMBER NOT ELIGIBLE OR OTHER INSURANCE PRIMARY	DENY
EXc9	45		INCORRECT BILLED QUANTITY/AMOUNT PER SCIO AUDIT	PAY
EXcA	133		PEND: REVIEW CLAM DATA FOR DISCREPANCIES	PEND
EXcB	133		PEND: MAXIMUM SERVICE LINES EXCEEDED	PEND
EXcC	133		PEND: EFT PROVIDER BANK INFORMATION DOES NOT EXIST	PEND
EXcD	136		DENY:MEDICARE COVERAGE RULES NOT FOLLOWED THEREFORE SERVICES NOT ELIG	DENY
EXcE	133		PEND: NURSING FACILITIES REVIEW	PEND
EXcG	16	N46	DENY: ADMISSION HOUR IS MISSING OR INVALID	DENY
EXcH	16	MA41	DENY: ADMISSION TYPE IS MISSING OR INVALID	DENY
EXcL	A1	N35	DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	DENY
EXcM	16	MA42	DENY: ADMISSION SOURCE IS MISSING OR INVALID	DENY
EXcN	16	MA40	DENY: ADMISSION DATE IS MISSING OR INVALID	DENY
EXcS	16	N341	DENY: SURGERY BEFORE OR AFTER CONFINEMENT DATES	DENY
EXcW	16	M56	ATYPICAL PROVS MUST SUBMIT VALID STATE MEDICAID ID	DENY
EXca	45		ADJUST: RECOUPMENT FOR CLAIM AUDIT	PAY
EXcb	45		CLAIMS-HMS EX CODE - CREDIT BALANCE RECOVERY	PAY
EXcc	133		PEND:CROSSOVER CLAIMS,MANUAL REVIEW REQUIRED	PEND
EXcd	45		PAY: CDR CREDIT BALANCE RECOVERY	PAY
EXce	109	N557	ADD'L INFO REQ'D BY MEDICARE. CLAIM WILL BE REPROCESSED ONCE INFO REC'D	DENY
EXcf	133		PEND: Review for abortion certification/medical records	PEND
EXcg	133		PEND: ADMISSION HOUR IS MISSING OR INVALID	PEND
EXch	133		Kansas Pay and Chase Member	PEND
EXci	133		PEND: ADMISSION SOURCE IS MISSING OR INVALID	PEND
EXcj	251	N474	ABORTION CERTIFICATION FORM IS NOT VALID/MISSION INFO	DENY
EXck	251	N473	PLEASE RESUBMIT WITH ABORTION CERTIFICATION FORM	DENY
EXcm	133		PEND: ADMISSION TYPE IS MISSING OR INVALID	PEND
EXcn	133		PEND: ADMISSION DATE IS MISSING OR INVALID	PEND
EXco	133		PEND:BHP VALUE CODE REVIEW	PEND
EXcr	45		CLAIMS- HMS EX CODE - CREDIT BALANCE RECOUPMENT	DENY
EXcs	133		PEND:CLAIM SHOP-CHECK RUN PAYABLE CHANGES	PEND
EXd0	16	M44	DENY: INVALID AMBULANCE CONDITION CODE INDICATOR	DENY
EXd1	16	M76	ICD 10 DIAGNOSIS CODES THAT REQUIRE ADDITIONAL CHARACTERS	DENY
EXd2	16	M51	ICD 10 PROCEDURE CODES THAT REQUIRE ADDITIONAL CHARACTERS	DENY
EXd3	16	MA63	ICD 10 DIAGNOSIS CODES NOT ALLOWED AS PRIMARY IN THE INPATIENT SETTING	DENY
EXd4	B15	M51	DENY: PER STATE GUIDELINES- PROCEDURE NOT SEPARATELY REIMBURSABLE	DENY
EXd5	16	M64	ICD 10 DIAGNOSIS CODES ONLY ALLOWED AS SECONDARY "MANIFESTATION" CODES	DENY
EXdD	133		REVIEW PRIMARY DX AND MEMBER BILLED	PEND
EXdG	133		DRG PROCESSING WILL BE FINALIZED WITH NEXT BATCH PROCESSING	PEND
EXdc	5		DENY: CDR CREDIT BALANCE RECOVERY	DENY
EXdr	45		INFO PURPOSES-RESUBMISSION NOT SUBMITTED W/I TIMELY GUIDELINES	INFO

EXds	133		PEND:CROSSOVER CLAIMS	PEND
EXdt	108	N171	DENY: REPAIRED ITEM IS A RENTAL OR NOT COVERED BY ODM	DENY
EXdu	133		PEND: VALIDATE REPAIRED ITEM IS A PURCHASE AND COVERED BY ODM	PEND
EXdx	133		PEND: OB SONOGRAM PROCEDURE REVIEW DIAGNOSIS	PEND
EXe1	133		PEND: CLAIMS CANNOT 28 SERVICE LINES PER MO MEDICAID	PEND
EXe2	B5	N584	DENY: CLAIMS CANNOT 28 SERVICE LINES PER MO MEDICAID	DENY
EXe3	133		PEND: ICD9 PROCEDURE CODE MISSING OR INVALID	PEND
EXe4	16	M51	DENY: ICD PROCEDURE CODE MISSING OR INVALID	DENY
EXe5	133		PEND: MODIFIER MISSING OR INVALID	PEND
EXe6	4	N517	DENY: MODIFIER MISSING OR INVALID	DENY
EXeA	16	N252	DENY: ATTENDING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE	DENY
EXeB	272	N20	PROCEDURE NOT TYPICALLY PERFORMED ON SAME DOS AS OTHER BILLED PROCEDURES	DENY
EXeF	16	N276	DENY: REFERRING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE	DENY
EXeK	16	N265	DENY: ORDERING PROVIDER NOT REGISTERED WITH ARKANSAS TOTAL CARE	DENY
EXeM	45		DENY: PLEASE RESUBMIT WITH CORRESPONDING CPT/HCPC FOR PAYMENT	DENY
EXeR	16	N277	RENDERING PROV NPI NOT REGISTERED AS ARKANSAS MEDICAID	DENY
EXeS	185	N767	RENDERING PROV NOT REGISTERED WITH IA DHS/IOWA MEDICAID	DENY
EXeT	283	N767	ATTENDING PROV NOT REGISTERED WITH IA DHS/IOWA MEDICAID	DENY
EXeU	183	N767	REFERRING PROV NOT REGISTERED WITH IA DHS/NM MEDICAID	DENY
EXec	16	N257	BILL PROV MEDICAID STATUS CAN'T BE VERIFIED WITH INFO SUBMITTED	DENY
EXed	133		PEND EDI: RPT TABLE DATA MISSING	PEND
EXem	251	N705	DENY: MEMBER ASSESSMENT DOES NOT INDICATE APPROPRIATE LEVEL OF CARE	DENY
EXep	55	N623	DENY EXPERIMENTAL/INVESTIGATIONAL PER NIA PROCESS	DENY
EXer	45		PAY: LEVEL 2 ER PAID-PLEASE SUBMIT MED REC FOR HIGHER LEVEL PAYMENT	PAY
EXet	208		PROVIDER NPI NOT ENROLLED WITH STATE MEDICAID AGENCY.ALL SERVICES DENIED	DENY
EXev	16	N301	SOME OR ALL SERVICE UNITS COULD NOT BE VALIDATED BY THE EVV VENDOR	DENY
EXfS	133		PEND: READMISSION WITHIN 30 DAYS, SAME PROV, SAME DIAG.	PEND
EXfb	A1	N129	SUBMITTED AGE IS INVALID	DENY
EXfc	133		PEND: REVIEW CLAIM FOR FUND COUNTER ERRORS	PEND
EXgA	45		APG PRICING SUCCESSFULLY PROCESSED	PAY
EXgB	133		APG - NO CLAIM LINES SUBMITTED	PEND
EXgC	133		APG - NO PRINCIPAL DIAGNOSIS SUBMITTED	PEND
EXgD	133		INVALID OR INCONSISTENT FROM/THRU OR SERVICE DATES	PEND
EXgE	58		INPATIENT PROCEDURE	DENY
EXgF	16	M51	INVALID PROCEDURE CODE	DENY
EXgG	133		NOT USED BY APGS	PEND
EXgH	16	M76	INVALID DIAGNOSIS FOR MEDICAL VISIT	DENY
EXgJ	16	M76	E-CODE DIAGNOSIS FOR MEDICAL VISIT	DENY
EXgK	96	N428	NON-COVERED CARE OF SETTINGS	DENY
EXgL	133		INVALID DATE OR DATE OUT OF RANGE	PEND
EXgM	16	M51	NO CPT/HCPCS PROCEDURE CODE SUBMITTED	PAY
EXgN	16	MA63	DIRECT PER DIEM CODE W/O QUALIFYING PX DX	DENY
EXgP	16	M44	OBSERVATION CONDITION ERROR	DENY
EXgQ	16	M44	DAO CONDITION ERROR	DENY
EXgR	16	MA39	GENDER UNKNOWN OR INVALID FOR MEDICAL GENDER SPECIFIC	DENY
EXgS	96	N428	HOME MANAGEMENT	DENY
EXgT	96	N643	VISIT CONSISTS OF ALL "NEVER PAY" OR "STAND ALONE"	DENY
EXgU	96	N643	SERVICE IS A "NEVER PAY"	DENY
EXgV	5	M77	INVLAID AMBULATORY SURGICAL CENTER CLAIM	DENY
EXgW	4	N519	INVALID MODIFIER PAIR	DENY
EXgX	256	N246	LINE REJECTION FROM CODE EDITOR-REVIEW REMARK	DENY
EXgY	96	N643	NO PAYMENT PER MEDICAID POLICY	DENY



EXgZ	133		ADJUSTED CLAIM WITH PAID SERVICES	PEND
EXga	A1	M49	IMPAIRMENT GROUP CODE IS INVALID	DENY
EXgb	A1	M49	TOTAL MOTOR SCORE, ADMISSION, OUT OF RANGE	DENY
EXgc	133		DRG/APC: NO REIMBURSEMENT POSSIBLE FOR NEONATE TRANSFERS	PEND
EXge	133		PROGRAM CANNOT BE LOADED	PEND
EXgg	133		PRICING NOT PERFORMED UNTIL AFTER BCP0500	PEND
EXgm	133		DRG/APC: MAPPER PROGRAM NOT AVAILABLE	PEND
EXh2	45		PAYMENT ADJUSTED; OVERPAYMENT IDENTIFIED	DENY
EXh4	45		PAYMENT REDUCED; OVERPAYMENT IDENTIFIED	PAY
EXh7	45		PAY ON RECONSIDERATION	PAY
EXhA	193		DENIAL UPHELD ON RECONSIDERATION	DENY
EXhF	16	N471	HHA PRICER: INVALID NUMBER OF HIPPS CODES	DENY
EXhS	170	N95	DENY: PROVIDER TYPE NOT COVERED UNDER AR PASSE PROGRAM	DENY
EXha	24		REIMBURSEMENT LIMITED TO 1 PER CALENDAR MONTH	PAY
EXhb	133		MEMBER ENROLLED IN HEALTH HOME, PEND FOR SPENDDOWN REVIEW;	PEND
EXhc	197		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXhd	133		PEND: PROCEDURE CODES USED FOR SPENDDOWN MEMBERS	PEND
EXhe	96	N95	PROVIDER NOT A HEALTH HOME PROVIDER	DENY
EXhf	197	N596	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXhl	178	N130	SPENDDOWN NOT MET, DENY HH CLAIMS	DENY
EXhm	22		PAY: HMS RECOUPMENT PERFORMED	PAY
EXhn	133		HHA GROUPER INVALID OR NO TREATMENT AUTHORIZATION CODE PROVIDED	PEND
EXho	133		MANUAL PRICING REQUIRED FOR HOSPICE SERVICES	PEND
EXhp	96	N32	PROVIDER ON CLAIM NOT ASSIGNED TO MEMBER	DENY
EXhr	4	N519	ASC DEVICE INTENSIVE PROCEDURE W/O DEVICE	DENY
EXhs	215		PAY:HMS SUBROGATION RECOVERIES	PAY
EXhv	5	N657	DENY: CLAIM INCLUDES SERVICES OTHER THAN HEALTH HOMES	DENY
EXhy	96	N30	MEMBER NOT ELIGIBLE FOR HEALTH HOME SERVICES	DENY
EXi0	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi1	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi2	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi3	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi4	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi5	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi6	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi7	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi9	133		PEND: DIAGNOSIS MISSING OR INVALID	PEND
EXiA	A1	M127	DENY: MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST	DENY
EXiB	45		PAY: DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS	PAY
EXiC	45		PAY: DRG PAYMENT ADJUSTMENT AFTER REVIEW OF MEDICAL RECORDS	PAY
EXiE	A1	N109	DENY: DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM	DENY
EXiF	45		PAY: REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS	PAY
EXia	133		PEND: ICD10 CLAIM SPLIT REQUIRED FOR DOS BEFORE AND ON OR AFTER 10-1-15	PEND
EXib	146		DENY: ICD10 CLAIM SPLIT REQUIRED FOR DOS BEFORE AND ON OR AFTER 10-1-15	DENY
EXic	223		ICD-10 CODES HAVE BEEN MAPPED TO ICD-9 CODES FOR ADJUDICATION PURPOSES	INFO
EXiv	133		PEND: CPT OR HCPCS MISSING OR INVALID	PEND
EXiw	133		PEND: REVIEW MANUALLY ENTERED CLAIM RECEIVE DATE	PEND
EXix	133		PEND: INVALID OR MISSING DISCHARGE STATUS	PEND
EXiy	135		INTERIM BILLING PRIOR TO 30 DAYS	DENY
EXk1	45		CAPPED AT CHARGES	PAY
EXk2	234	M15	PAID VIA FEE SCHEDULE 0 RATE	PAY
EXk3	45		FLAT RATE PAYMENT	PAY

EXkA	133		CASE NOT PRICED	PEND
EXkB	40		ER VISIT/NON-EMERGENT DX, PAYMENT REDUCED	PAY
EXkC	16	M67	NO APL CODE FOUND	PEND
EXkD	16	M64	PATIENT'S REASON FOR VISIT CODE NOT FOUND (FIELD LOCATION 70a-c)	DENY
EXkE	45		FULL PAYMENT APPLIED	PAY
EXkF	59		CONSOLIDATED PAYMENT	PAY
EXkG	59		PAYMENT SUBJECT TO DISCOUNTING	PAY
EXkH	234	M15	PACKAGED SERVICE \$0 APPLIED	PAY
EXkJ	96	N643	NO PAYMENT PER STATE METHODOLOGY	DENY
EXkK	16	M67	NO APL CODE FOR DOS OR MISSING REV-PROC APL COMBO FOR ER OBS PSYCH	DENY
EXkL	59	N644	BILATERAL PROCEDURE	PAY
EXkM	59	N644	DISCOUNTED BILATERAL	PAY
EXkN	45		PERCENT OF CHARGES PAYMENT	PAY
EXkP	45		PAID VIA FEE SCHEDULE	PAY
EXkQ	5		INVALID BILLING OF OFF-SITE SERVICES	DENY
EXkR	11		DIAGNOSIS AND PROCEDURE CONFLICT	DENY
EXkS	4		MISSING OR INVALID MODIFIER FOR PRICING	DENY
EXkT	97	N70	CONSOLIDATED SERVICE	PAY
EXkU	96	N643	NON-COVERED REVENUE CODE	DENY
EXkW	133		NO AVAILABLE APG OR FEE SCHEDULE RATE	PEND
EXkX	45		PAYMENT REDUCED DUE TO OCE EDIT 0015 LINE PAID UP TO ALLOWED UNITS	PAY
EXkZ	45	N673	USER OPTION FOR DIRECT PER DIEM ASSIGNMENT OFF	PAY
EXls	133		PEND MEDICARE CROSSOVER SPLIT CLAIM	PEND
EXm0	45		PAY: PAYMENT ADJUSTMENT BASED ON INTERNAL CLAIM REVIEW	PAY
EXm3	45		DRG paid. Itemized bill required for Internal Claim Review	PAY
EXm4	45		PAY: CLAIM OUTLIER PAYMENT ADJUSTED BASED ON INTERNAL CLAIM REVIEW	PAY
EXm5	16	N26	DENY: ITEMIZED BILL REQUIRED FOR INTERNAL CLAIM REVIEW	DENY
EXm6	45		PERCENT OF CONTRACTED RATE PD. SUBMIT ITEMIZED BILL FOR INTERNAL REVIEW.	PAY
EXm7	96	N130	RAWLINGS DISALLOW-OTHER COMM. INSURANCE IDENTIFIED	DENY
EXm9	45		RAWLINGS DISALLOW-OTHER COMM. INSURANCE IDENTIFIED	PAY
EXmM	45		RESERVED FOR PAYMENT INTEGRITY	PAY
EXmc	234	M15	DENY: MEDICARE ADJUSTED CLAIM, NO MEDICARE PAYMENT DU	DENY
EXmg	197		NO AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION.	DENY
EXmh	16	M62	NO APPROVED AUTHORIZATION ON FILE FOR ASSOCIATED INPATIENT ADMISSION	DENY
EXmr	133		PEND: HEALTH PLAN MR REVIEW REQUIRED	PEND
EXms	133		PEND: MULT SURG AUDIT FOUND POSSIBLE REDUCTION ERROR WITH THIS LINE	PEND
EXmt	50		NOT MEDICALLY NECESSARY DUE TO ADVANCE BENEFICIARY NOTICE NOT ISSUED	DENY
EXn4	133		PEND: REVIEW NDC NOT VALID FOR DATE OF SERVICE	PEND
EXn5	133		Pend - NAME OF DRUG, NDC NUMBER AND QUANTITY IS REQUIRED TO PROCESS	PEND
EXn6	133		PEND: NDC NUMBER MISSING OR INVALID	PEND
EXn8			RESERVED FOR FWA NDC PROCESS	
EXnB	96	N15	DENY:RESUBMIT UNDER THE NEWBORNS MEDICAID ID#, NAME AND DATE OF BIRTH	DENY
EXnc	67		DENY: CPT/HCPCS required in field 44 when submitting code T1015	DENY
EXne	96	N30	DENY - MEMBER IS NOT ELIGIBLE TO RECEIVE THIS SERVICE	DENY
EXnn	16	N80	DENY-NO NOTICE OF PREGNANCY ON FILE	DENY
EXnp	133		PEND: MEMBER MERGE IN PROCESS	PEND
EXnt	133		PEND FOR NIA THERAPY REVIEW PROCESSING	PEND
EXo1	133		PEND: OPERATING PROVIDER NAME AND NPI MISSING OR INVALID	PEND
EXo2	16	N262	DENY: OPERATING PROVIDER NAME AND NPI MISSING OR INVALID	DENY
EXoR	251	N705	ORDERING/REFERRING/PRESCRIBING NPI IS INACTIVE	DENY
EXoS	97		CONTENT OF SERVICE	PAY
EXon	119	N362	DENY: ONLY ONE UNIT ALLOWED PER DATE OF SERVICE	DENY

EXop	45		CLAIMS-HMS EX CODE - OVERPAYMENT RECOVERY	PAY
EXov	45		CLAIMS-HMS EX CODES - OVERPAYMENT RECOUPMENT	DENY
Exp0			PROVIDER PRICING - INVALID ARRANGEMENT	PEND
Exp1			PROVIDER PRICING - INVALID CONDITION EXPRESSION	PEND
Exp2			PROVIDER PRICING - INVALID CALCULATION EXPRESSION	PEND
Exp3			PROVIDER PRICING - ONLY MATCHING TERM RETURNED NO VALUE	PEND
Exp4			PROVIDER PRICING - CALCULATION ON CONTRACT TERM RETURNED NULL	PEND
Exp5			PROVIDER PRICING - UNDEFINED VARIABLE IN EXPRESSION	PEND
Exp6			PROVIDER PRICING - INFINITE LOOP	PEND
Exp7			PROVIDER PRICING - REQUIRED DATA MISSING	PEND
Exp8			PROVIDER PRICING - CONTRACT INACTIVE	PEND
Exp9			PROVIDER PRICING - FEE SCHEDULES INACTIVE	PEND
ExpA	133		APC/HHA/ASC/ESRD PRICER-INVALID PAYMENT STATUS	PEND
ExpB	150	M25	REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE	PAY
ExpC	16	M77	INVALID PLACE OF SERVICE, SEE PAYMENT POLICY ON PLAN WEBSITE	DENY
ExpD	96	N130	DENIED BASED ON A CLINICAL OR PAYMENT POLICY SEE PLAN WEBSITE	DENY
ExpE	150	M25	INAPPROPRIATE LEVEL OF E M SERVICE BILLED, SEE POLICY ON PLAN WEBSITE	DENY
ExpF	150	M25	INAPPROPRIATE LEVEL OF E M SERVICE BILLED PER MEDICAL RECORD REVIEW	DENY
ExpG	150	M25	CLAIM LINE PROCESSED USING MORE ACCURATE CODE FOR TREATMENT RECEIVED	DENY
ExpH	193		UPHELD AFTER MANUAL CODING REVIEW	DENY
ExpJ	163	M127	DENY:MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST	DENY
ExpK	45		PAY:DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS	PAY
ExpM	45		PAY:DRG PAYMENT ADJUSTMENT AFTER REVIEW OF MEDICAL RECORDS	PAY
ExpN	A1	N109	DENY:DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM	DENY
ExpO	133		PEND: REQUIRES MANUAL PROCESSING FOR POA REQUIREMENTS	PEND
ExpP	45		PAY:REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS	PAY
ExpQ	45		RAWLINGS - OVERPAYMENT RECOVERY	PAY
ExpR	206		ORDERING/REFERRING/PRESCRIBING NPI REQUIRED	DENY
ExpS	45		RAWLINGS - OVERPAYMENT RECOVERY	DENY
ExpT	22		RAWLINGS - MEDICARE DISALLOWANCE	PAY
ExpU	22		RAWLINGS - MEDICARE DISALLOWANCE	DENY
ExpW	45		EQUIAN - OVERPAYMENT RECOVERY	PAY
ExpX	45		EQUIAN - OVERPAYMENT RECOVERY	PAY
ExpY	45		PERFORMANT - INS CARRIER PYMT APPLIED	PAY
ExpZ	215		FIRST RECOVERY GROUP SUBROGATION	PAY
ExpA			PROVIDER PRICING - CONTRACT NOT ACTIVE FOR SERVICE DATE	PEND
ExpB			PROVIDER PRICING - INVALID CONTRACT TERM	PEND
ExpC	133		MEMBER NOT FOUND ON PLCO SHARE OF COST TABLE	PEND
ExpD			PROVIDER PRICING - FEE SCHEDULE MULTIPLE MATCHING RESULTS	PEND
ExpE			PROVIDER PRICING - FEE SCHEDULE INCORRECT TYPE	PEND
ExpF			PROVIDER PRICING - PRICING METHOD FAILURE	PEND
ExpG			PROVIDER PRICING - MODIFIER SET INCORRECT TYPE	PEND
ExpH			PROVIDER PRICING - MODIFIER SET NO MATCHING RESULTS	PEND
ExpI			PROVIDER PRICING - MODIFIER SET MULTIPLE MATCHING RESULTS	PEND
ExpJ			PROVIDER PRICING - ROOT CONTRACT NODE CONDITION FAILED	PEND
ExpK			PROVIDER PRICING - UNKNOWN REASON	PEND
ExpL			PROVIDER PRICING - NO REASON CODE RETURNED FROM PROVIDER PRICING	PEND
ExpM			PROVIDER PRICING - REASON CODE OTHER THAN BLANK OR ONES LISTED ABOVE	PEND
ExpN			PROVIDER PRICING - FEE SCHEDULE NO MATCHING RESULT	PEND
ExpO	133		DST PRICER COUNTER/ACCUMULATOR ERROR.	PEND
ExpP			PROVIDER PRICING PEND EX CODE FOR API COMMUNICATION FAILURES	PEND
ExpR	133		ORDERING/REFERRING/PRESCRIBING NPI REQUIRED	PEND

EXpt	133		PEND:HEALTH PLAN APPEALS	PEND
EXqm	113		AFFILIATION IRS DOES NOT MATCH BILLING IRS	PEND
EXqn	133		AFFILIATION IRS DOES NOT MATCH GROUP PRACTICE IRS	PEND
EXqz	16	M64	DIAGNOSIS CODE MUST BE BILLED AS PRIMARY FOR OUTPATIENT SERVICES	DENY
EXrA	16	MA130	APG ASSIGNMENT CONDITION NOT MET	DENY
EXrB		45	PAY:SERVICES INCLUDED IN R & B REIMBURSEMENT	PAY
EXrC	16	M44	OBSERVATION HOURS CONDITION ERROR	DENY
EXrD	16	N329	PATIENT AGE NOT REPORTED FOR PREVENTATIVE MEDICINE VISIT	DENY
EXrE	133		CANNOT LOAD EXTERNAL SOFTWARE	PEND
EXrF	133		PROGRAM CANNOT BE LOADED	PEND
EXrG	133		INITIALIZATION ERROR, CHECK COMPONENTS	PEND
EXrH	133		NOT ENOUGH MEMORY CAN BE ALLOCATED	PEND
EXrI	45		PROVIDER ALLOWABLE ADJUSTED FOR ACA PARITY PAYMENT	INFO
EXrJ	133		ERROR OPENING GROUPER TABLE	PEND
EXrK	133		PARAMETER ERROR	PEND
EXrM	133		ERROR READING CODE TABLE FILE	PEND
EXrN	233		NEVER EVENT MODIFIER PRESENT	DENY
EXrP	16	M119	NDC MISSING OR INVALID NDC/HCPCS COMBINATION	INFO
EXrR	A1	N210	INFO: RECONSIDERATION RECEIVED - ORIGINAL DECISION UPHELD	INFO
EXrd	A1	N210	INFO: CLAIM PREVIOUSLY RECONSIDERED. MUST FILE AN APPEAL	INFO
EXrg	B11	N418	DENY: INAPPROPRIATE TAXONOMY SUBMITTED FOR SERVICES PROVIDED	DENY
EXrh	45		WITHDRAW AUTHORIZATION	INFO
EXrj	45		AUTHORIZATION NOT REQUIRED	INFO
EXrk	45		OTHER (PLEASE CONTACT PLAN/CMO FOR ADDL INFORMATION)	INFO
EXrn	45		MEMBER NOT ELIGIBLE	INFO
EXro	45		DUPLICATE REQUEST	INFO
EXrr	A1	N309	ASSESSMENT DATE IS MISSING	DENY
EXrt	133		PEND: 1ST TIME MEDICAL RECORDS REVIEWED - TO CLAIM FOR PROCESS	PEND
EXru	133		PEND: 1ST TIME CLAIM ER MEDICAL RECORDS ATTACHED - TO CCM FOR REVIEW	PEND
EXsA	45		PAY: PAID ACCORDING TO SINGLE CASE AGREEMENT	PAY
EXsH	45		INFO: CLAIM PROJECT/SPECIAL HANDLING	INFO
EXsb	45		PAID: PAID IN FULL AS PRIMARY	PAY
EXsc	133		PEND: SURGERY BEFORE OR AFTER CONFINEMENT DATES	PEND
EXse	133		PEND: FOR REVIEW OF FIELD 74-EPSDT SCREENING CODE MISSING	PEND
EXsf	133		SNF: WEIGHT NOT FOUND	PEND
EXsg	133		SNF: INVALID DATES	PEND
EXsh	45		SNF: NO RUG ON SERVICE LINE PAY \$0	PAY
EXsk	A1		DENY:MBR NOT CURRENTLY ON LTSS FILE-WILL RECONSIDER ONCE ON FILE	DENY
EXsr	133		SNF: NO AVAILABLE EXTENDED FS	PEND
EXss	133		SPLIT CLAIMS OVER 50 LINES PER KS MEDICAID	PEND
Ext2	133		PEND: HEALTH HOME MEMBER ASSIGNED TO SUNFLOWER	PEND
ExtA	16	N466	DRG/APC ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE	DENY
ExtH	133		PEND: REVIEW AND PROCESS P4P PAYMENT	PEND
ExtN	133		PEND: NUBC OCCURRENCE SPAN CODE INVALID	PEND
ExtO	16	M46	DENY: NUBC OCCURRENCE SPAN CODE INVALID	DENY
ExtP	133		PEND: POSSIBLE TRANSPLANT CASE, MANUAL REVIEW NEEDED	PEND
ExtS	163	N706	DENY-REQUESTED MED RECORDS NOT RECEIVED FOR NIA-MAGELLAN THERAPY	DENY
ExtY	50	N661	DENY-POST SERVICE MEDICAL NECESSITY DENIAL FOR NIA-MAGELLAN THERAPY	DENY
Exta	133		APC/HHA/ASC/ESRD MISSING OR INVALID FEE SCHEDULE TYPE	PEND
Extb	133		DRG/APC ERROR - DRG ERROR - CCR IS SET TO ZERO	PEND
Extc	16	N657	SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE	DENY
EXun	133		PEND: Service line has units greater than 999 - Split line	PEND

EXus	23	N420	PAYMENT IN FULL FOR MEDICARE&MEDICAID,DO NOT BILL PATIENT	PAY
EXux	133		PEND: UI REKEY CLAIM NON-COB	PEND
EXuy	133		PEND: UI REKEY CLAIM COB	PEND
EXv2	216		REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI	INFO
EXvA	133		PRICER RETURN 62 - CLOSED OR INACTIVE RATE RECORD	PEND
EXvB	133		PRICER RETURN 15 - INVALID TIER START DAYS	PEND
EXvD	133		PRICER RETURN 17 - NUMBER OF ECT TREATMENTS NOT CODED	PEND
EXvE	133		PRICER RETURN 18 - INVALID OCCURRENCE SPAN DATE	PEND
EXvF	16	M51	DRG/APC - ECT UNITS CODED W/O ICD-9CM PROCEDURE CODE 94.27	DENY
EXvG	133		PRICER RETURN 20 - REQUESTED PPS RATE INFORMATION CANNOT BE FOUND	PEND
EXvH	133		GROUPER RETURN 27 - INVALID OR NO TREATMENT AUTHORIZATION CODE PROVIDED	PEND
EXvJ	16	N657	APC/ASC/ESRD - INVALID BILLING OF CARDIAC RESYNC THERAPY	DENY
EXvK	133		PRICER RETURN 16 - INVALID ALC DAYS/INTERUPTED DAYS	PEND
EXvO	252	N466	APC/HHA/ASC/ESRD/IRF/SNF INVALID BILLING OF THERAPY SERVICES	DENY
EXvR	96	N130	DRG/APC - WRONG PROCEDURE PERFORMED - NOT A COVERED SERVICE	DENY
EXvS	133		GROUPER RETURN 60 - CANNOT LOAD 3M EXTERNAL SOFTWARE	PEND
EXvT	133		GROUPER RETURN 61 - ERROR FROM EXTERNAL SOFTWARE OTHER THAN 3M	PEND
EXvU	96	N643	APC/APG INVALID OBSERVATION BILLING	DENY
EXvV	96	N643	IMPROPER BILLING OF DRUGS	DENY
EXvW	96	N643	SERVICE NOT PAID ON AN INDEPENDENTLY BILLED CLAIM	DENY
EXva		133	VALUE-ADD NOT FOR ENCOUNTER SUBMISSION	INFO
EXve	45		EVV VALIDATED	PAY
EXvl	133		DRG/APC ERROR - MEDEXT RECORD NOT FOUND CONTACT CONFIGURATION	PEND
EXvm	133		DRG/APC ERROR - ERROR READING MEDEXT FILE CONTACT CONFIGURATION	PEND
EXvn	96	N381	APC/HHA/ASC/ESRD IMPROPER BILLING OF DRUGS	DENY
EXvv	133		PEND: MISSING OR INVALID POA	PEND
EXw1	4	N517	CO-SURGEON/TEAM SURGEON DISALLOWED PER CMS SURGICAL BILLING GUIDELINES	DENY
EXw2	16	M51	ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS	DENY
EXw3	4	N517	ASSISTANT,CO-SURGEION OR TEAM SURGEONS NOT TYPICALLY REQUIRED PER CMS	DENY
EXw4	B16		NEW PATIENT E/M INAPPROPRIATE PER AMA GUIDELINES	DENY
EXw5	B15	N122	PRIMARY SERVICE IS MISSING OR DENIED PER AMA GUIDELINES	DENY
EXw6			RESERVED FOR PAYMENT POLICY	PEND
EXw7	151	M25	PREVENTABLE READMISSION RECOUPMENT	DENY
EXw8			RESERVED FOR PAYMENT POLICY	PEND
EXw9	45		15 OR 30 DAY READMISSION POLICY REVIEWED BY THE HEALTH PLAN	INFO
EXx1	96	N666	INAPPROPRIATE LEVEL OF E M SERVICE BILLED	DENY
EXx2	97	M15	SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	DENY
EXx3	P14	N20	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	DENY
EXx4	7		PROCEDURE CODE/DIAGNOSIS CODE INCONSISTENT WITH MEMBERS GENDER	DENY
EXx5	6		PROCEDURE CODE CONFLICTS WITH MEMBER'S AGE/GENDER	DENY
EXx6	A1	N122	ADD-ON CODE REQUIRED WITH PRIMARY CODE FOR QUANTITY GREATER THAN ONE	DENY
EXx7	A1	N122	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	DENY
EXx8	4	N517	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	DENY
EXx9	P14	N19	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	DENY
EXxA	P14	M15	CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE	DENY
EXxB	236		DENY: CMS MEDICAID NCCI UNBUNDLING	DENY
EXxC	97	N111	DENY: SERVICE MODIFIER PREVIOUSLY SUBMITTED	DENY
EXxD	222	N640	CMS MUE QUANTITY LIMIT EXCEEDED	DENY
EXxE	11		PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY	DENY
EXxF	60	N130	OUTPATIENT SERVICES OVERLAP INPATIENT SERVICES OR CLAIM SPLIT BILLED	DENY
EXxG	P14	N20	PROCEDURE CODE IS DISALLOWED PER FEDERAL OR STATE FEE SCHEDULE	DENY
EXxH	96	MA67	REDUCED FOR MULTIPLE SURGERY PRICING	DENY

EXxI	96	N666	INAPPROPRIATE LEVEL OF E/M SERVICE BILLED	DENY
EXxJ	222		EXCEEDS MAXIMUM ALLOWANCE FOR GLOBAL/PROFESSIONAL/TECHNICAL	DENY
EXxK	216		CLAIM MANUALLY REVIEWED FOR CORRECT CODING RULES-NO ACTION REQUIRED	INFO
EXxL	P14	N20	PROCEDURE CODE UNBUNDLED PER STATE RULES, CONTRACT OR PAYMENT POLICY	DENY
EXxM	249		POTENTIAL PREVENTABLE READMISSION SUBMIT ALL RELATED MEDICAL RECORDS	DENY
EXxN	5	M77	DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING	DENY
EXxO	97	N525	POTENTIAL OBSTETRICAL CARE OVERPAYMENT	DENY
EXxP	204	N130	SERVICE IS DENIED ACCORDING TO A PAYMENT OR CLINICAL POLICY	DENY
EXxQ	204	N130	DME BILLING NOT COVERED FOR RENTED/OWNED/FREQUENTLY SERVICED ITEMS	DENY
EXxR	96	N356	SERVICES BILLED ARE RELATED TO NON-COVERED SERVICE	DENY
EXxS	96	N10	Readmission Denied After Medical Record Review	DENY
EXxT	272	N20	T CODE NOT PAYABLE WHEN BILLED WITH ANOTHER CODE ON CLAIM	DENY
EXxU	96	N435	EXCEEDS MAXIMUM PAYMENT OR SUPPLIES ALLOWED FOR DME	DENY
EXxV			RESERVED FOR CXT PROCESSING	
EXxW			RESERVED FOR CXT PROCESSING	
EXxX	97	N390	DENY: CMS MEDICAID NCCI UNBUNDLING	DENY
EXxY			RESERVED FOR CXT PROCESSING	
EXxZ	96	N109	30 DAY READMISSION, PAYMENT DENIED AFTER CLINICAL REVIEW	DENY
EXxa	P14	M15	CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE	DENY
EXxb	8	N95	PROCEDURE CODE NOT ELIGIBLE FOR ANESTHESIA	DENY
EXxc	16	N657	INVALID PROC/DX/REV CODE OR REV-PROC CODE COMBINATION	DENY
EXxd	236	N644	PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	DENY
EXxe	16	M51	PROCEDURE/DIAGNOSIS CODE INCONSISTENT WITH MEMBER'S AGE	DENY
EXxf	222	N640	MAXIMUM ALLOWANCE EXCEEDED	DENY
EXxg	16	N430	SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	DENY
EXxh	222	N640	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	DENY
EXxi	133		UNRESOLVED STATUS	PEND
EXxj	133		PRODUCT WARNING	PEND
EXxl	133		PRODUCT ERROR	PEND
EXxm	133		SYSTEM ERROR	PEND
EXxn	133		NO EX CODE RETURNED	PEND
EXxo	4		MISSING MODIFIER 26	DENY
EXxp	222		PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	DENY
EXxq	222	N640	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	DENY
EXxr	16	N430	BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE	DENY
EXxy	B7		PCP CANNOT BE REIMBURSED FOR THIS SERVICE	DENY
EXy1	B7	N665	DENY: SERVICIES RENDERED BY NON AUTHORIZED NON PLAN PROVIDER	DENY
EXy2	50	N661	DENY: MEDICAL NECESSITY NOT MET	DENY
EXy3	97	M15	DENY: GLOBAL CLAIM RECD PREVIOUSLY PAID TECH PROF COMPONENT TO PROVIDER	DENY
EXy4	97	M15	DENY: GLOBAL CLAIM RECD PREV PAID TECH PROF COMP TO DIFFERENT PROVIDER	DENY
EXy5	97	M15	DENY: GLOBAL RATE PROF TECH COMPONENT NOT REIMBURSED SEPERATELY	DENY
EXy6	A1	N13	DENY: PROF COMPONENT NOT REIMBURSED PROCEDURE IS GLOBAL OR TECHNICAL	DENY
EXy7	A1	N13	DENY: PROVIDER CONTRACT FOR GLOBAL BUT SUBMITTED CLAIM AS TECH PROF	DENY
EXy9	A1	N517	DENY: SVS INCLUDED INCORRECT CPT COMBINATIONS RESUBMIT CORRECTED BILL	DENY
EXyA	119	N587	MAXIMUM ALLOWANCE EXCEEDED	DENY
EXyB	150	N163	INAPPROPRIATE LEVEL OF E M SERVICE BILLED;	DENY
EXyC	16	M64	PROCEDURE DIAGNOSIS CODE DELETED, INCOMPLETE OR INVALID	DENY
EXyD	97	M15	DENY - DOPPLER STRESS ECHO SAME DOS NO ECHOCARDIO DX NOT ELIGIBLE	DENY
EXyE			E/M PAYMENT INCLUDED IN THE HIGHER INTENSITY E/M CODE BILLED;	DENY
EXyF	4	N657	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED;	DENY
EXyG			RESERVED FOR HCI PROCESSING	
EXyH			RESERVED FOR HCI PROCESSING	

EXyI			RESERVED FOR HCI PROCESSING	
EXyJ			RESERVED FOR HCI PROCESSING	
EXyK			RESERVED FOR HCI PROCESSING	
EXyL			RESERVED FOR HCI PROCESSING	
EXyM			RESERVED FOR HCI PROCESSING	
EXyN	5	M77	DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING;	DENY
EXyO			RESERVED FOR HCI PROCESSING	
EXyP	18	N702	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)	DENY
EXyQ	B13	N10	ADJUSTMENT TO PREVIOUSLY PAID CLAIM	DENY
EXyR			RESERVED FOR HCI PROCESSING	
EXyS	P14	N20	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES	DENY
EXyT	16	M51	INCORRECT PROCEDURE CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN	DENY
EXyU			RESERVED FOR HCI PROCESSING	
EXyV			RESERVED FOR HCI PROCESSING	
EXyW			RESERVED FOR HCI PROCESSING	
EXyX	97	M144	INCLUDED IN GLOBAL SURGICAL PACKAGE PER CMS	DENY
EXyY			RESERVED FOR HCI PROCESSING	
EXyZ			RESERVED FOR HCI PROCESSING	
EXya	222	N640	DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	DENY
EXyb	133		PEND: PENDED PER COMPLIANCE REVIEW	PEND
EXyc	133		PEND: PENDED PER INTERNAL COMPLIANCE REVIEW	PEND
EXyd	A1	N10	DENY: DENIED AFTER REVIEW OF PROVIDER S CLAIMS HISTORY	DENY
EXye	252	M127	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS	DENY
EXyf	133		PEND: HCI PARTIALLY APPROVED UNITS CLAIM NEEDS MANUAL PRICING	PEND
EXyg	45		PAYMENT REDUCED BASED ON STANDARD CODING GUIDELINES	INFO
EXyh	16	N63	DENY: PLEASE SUBMIT ITEMIZED BILLING STATEMENT FOR PAYMENT CONSIDERATION	DENY
EXyj	133		PEND: REVIEW FOR ITEMIZED STATE AUDIT	PEND
EXyk	133		PEND: HCI -Bad data in claim review for correction	PEND
EXym	249		POTENTIAL PREVENTABLE READMISSION SUBMIT ALL MEDICAL RECORDS	DENY
EXyn	222	N640	MAXIMUM ALLOWANCE EXCEEDED	DENY
EXyo	222	N640	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	DENY
EXyp			RESERVED FOR VERISK FREQUENCY EDIT PROJECT	PEND
EXyq	18	N702	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)	DENY
EXyr	11	N386	INCORRECT PROCEDURE CODE FOR DIAGNOSIS PER NCD/CMS	DENY
EXys	P14	N20	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES	DENY
EXyt	16	M51	INCORRECT PROCEDURE CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN	DENY
EXyu	16	M51	INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES	DENY
EXyv	60	N130	OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES	DENY
EXyw	204	N130	NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER CMS OR PLAN RULES	DENY
EXyx	97	M15	INCLUDED IN GLOBAL SURGICAL OR MATERNITY PACKAGE PER CMS OR ACOG	DENY
EXyy	A1	N381	REIMBURSEMENT REDUCTION BASED ON CPT AND/OR CMS GUIDELINES	DENY
EXyz	4	N517	INCORRECT USE OF MODIFIER FOR PROCEDURE PER CMS/CPT/PLAN GUIDELINES	DENY
EXz0	133		PEND: PAYMENT TO ENTITY OTHER THAN PROVIDER OR GROUP	PEND
EXz1	16	M76	DENY: DIAGNOSIS CODE 24 MISSING OR INVALID	DENY
EXz2	16	M76	DENY: DIAGNOSIS CODE 25 MISSING OR INVALID	DENY
EXz9	45		MULTIPLE PROCEDURE DISCOUNT APPLIED	PAY
EXza	96	N767	BILLING PROVIDER NOT REGISTERED WITH STATE MEDICAID FOR THIS DOS	DENY
EXzw	119	N587	MAXIMUM ALLOWANCE EXCEEDED	DENY