

EOB	EOB DESC	ADJ GRP	ADJ RSN	RSN DESC
				THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, O
001	PROVIDER TYPE INCONSISTENT WITH CLAIM TYPE	OA	B6	
002	RECIPIENT INELIGIBLE FOR DATES OF SERVICE	CO	26	EXPENSES INCURRED PRIOR TO COVERAGE.
003	PAYMENT FOR SERVICE INCLUDED IN ENCOUNTER RATE	OA	49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.
004	MUST BILL CLAIM USING PATIENT MID, NOT HEAD OF HOUSEHOLD MID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
005	YOUR CLAIM WAS GIVEN INDIVIDUAL CONSIDERATION AND REIMBURSED ACCORDINGLY	PI	B19	CLAIM/SERVICE ADJUSTED BECAUSE OF THE FINDING OF A REVIEW ORGANIZATION.
006	PROVIDER NUMBER HAS NOT BEEN RENEWED. CONTACT EDS ENROLLMENT FOR ASSISTANCE	CO	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
007	PLEASE RESUBMIT CLAIM ACCORDING TO NEW AMBULANCE BILLING GUIDELINES	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
008	RECIPIENT NUMBER MISSING/INVALID/NOT ON FILE	CO	31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OURINSURED.
009	RECIPIENT NAME/NUMBER MISMATCH/MISSING/INVALID	CO	140	PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.
010	RECIPIENT INELIGIBLE FOR DATE OF SERVICE BILLED/UNKNOWN TO INRHODES	CO	31	CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OURINSURED.
011	CLAIM DENIED. PROVIDER NAME/NUMBER ON CLAIM DOESN'T MATCH OUR FILES	OA	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
012	NO PRICE ON FILE FOR REVENUE CODE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
013	INDIVIDUAL CHARGE IS MISSING OR NOT EQUAL TO THE SUM OF THE DETAILS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
014	OTHER INSURANCE INDICATOR MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
015	PAYMENT REDUCED TO SPENDDOWN AMOUNT	OA	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
016	YOUR CLAIM WAS REVIEWED BY DHS. YOUR COVERAGE WAS STILL IN EFFECT	OA	22	PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
017	NET CHARGE MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
018	REFERRING PHYSICIAN INFORMATION REQUIRED AND NOT PRESENT	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
019	CLAIM DENIED. AMBULANCE CERTIFICATION INCOMPLETE. PLEASE CORRECT AND RESUBMIT	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
020	CLAIM DENIED. DOES NOT WARRANT AMBULANCE USE	CO	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.
021	INITIAL TEN (10) AMBULANCE MILEAGE INCLUDED IN BASE CODE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
022	PRIMARY DIAGNOSIS MISSING/INVALID	CO	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
023	PRO SIGNATURE MISSING	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
024	ANESTHESIA CLAIM DENIED. CAN NOT PAY UNTIL SUBMISSION & PMT OF PHYSICIAN CLAIM.	CO	107	CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PAID OR IDENTIFIED ON THE CLAIM.
025	ATTENDING/PERFORMING PROVIDER NUMBER MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
026	SURGICAL DATE IS MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
027	2ND SURGICAL PROCEDURE DATE IS MISSING/INVALID/ILLOGICAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
028	3RD SURGICAL PROCEDURE DATE MISSING/INVALID/ILLOGICAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
029	PRIMARY SURGICAL DATE MISSING/INVALID/ILLOGICAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
030	PROVIDER INACTIVE ON DATE OF SERVICE	CO	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
031	PLEASE RESUBMIT ON APPROPRIATE CLAIM FORM	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
032	TYPE OF BILL MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
033	PAYMENT OF THIS DETAIL CONSIDERED ON FIRST LINE WITH THIS DATE OF SERVICE BILLED	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
034	ADMISSION DATE MISSING/INVALID/ILLOGICAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
035	THE ADMISSION DATE IS LATER THAN THE FROM AND/OR THROUGH DATE OF SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
036	INAPPROPRIATE CODE. REFER TO YOUR CURRENT DENTAL LIST	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS

037	ADMISSION CODE DOES NOT WARRANT EMERGENCY ROOM SERVICE	CO	40	CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENCY/URGENT CARE.
038	CLAIM PAST 365 DAY FILING LIMIT	CO	29	THE TIME LIMIT FOR FILING HAS EXPIRED.
039	SECOND DIAGNOSIS NOT ON FILE OR INVALID	CO	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
040	CLAIM DENIED. ATTACHMENTS ARE INVALID AND/OR ILLEGIBLE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
041	DISPENSED DATE OR FROM DATE OF SERVICE MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
042	PATIENT STATUS CODE IS MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
043	ADMISSION CODE MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
044	SERVICES CAN'T BE BILLED PRIOR TO DATE PERFORMED	CO	110	BILLING DATE PREDATES SERVICE DATE.
045	THE DISCHARGE/THROUGH DATE OF SERVICE IS MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
046	THE THROUGH/DISCHARGE DATE OF SERVICE IS MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
047	NDC IS MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
048	INAPPROPRIATE PROCEDURE CODE. PLEASE REFER TO YOUR CURRENT MANUAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
049	CLAIM DENIED; PROCEDURE CODE BILLED MUST MATCH PA APPROVAL	CO	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR
050	INAPPROPRIATE BILLING OF MULTIPLE PROCEDURE CODES, PLEASE ADD MODIFIER 51.	CO	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
051	PROCEDURE CODE IS NOT VALID FOR DOS BILLED	CO	B18	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.
052	PLEASE DOCUMENT LENS PROVIDER, TYPE OF LENS, AND PRICE OF LENS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
053	DATE OF SERVICE REQUIRED FOR EACH LINE BILLED	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
054	THIS CODE HAS BEEN DELETED BY HCPCS. REFER TO CURRENT MANUALS	CO	48	THIS (THESE) PROCEDURE(S) IS (ARE) NOT COVERED.
055	THE THRU DATE OF SERVICE IS BEFORE THE FROM DATE OF SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
056	DOCUMENTATION NEEDED SUBSTANTIATING NUMBER OF UNITS BILLED	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
057	BILL CODE ONCE ONLY WITH TOTAL NUMBER OF UNITS. INCLUDE OP NOTES AND/OR EXPLAIN	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
058	QUANTITY OR UNITS MISSING/INVALID	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
059	NOTICE OF DECISION SPENDDOWN AMOUNT ATTACHMENT MISSING OR INVALID	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
060	DETAIL CHARGE IS MISSING OR INVALID	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
061	NO PAYMENT DUE. SPENDDOWN GREATER THAN OR EQUAL TO ALLOWED AMMOUNT	CO	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
062	INCORRECT BILLING OF SPENDDOWN ACCORDING TO INSTRUCTIONS	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
063	THIS SERVICE REQUIRES PRIOR AUTHORIZATION	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
064	REVENUE CODE DOES NOT MATCH DESCRIPTION PROVIDED	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
065	THE PLACE OF SERVICE CODE IS INVALID OR MISSING FOR THIS PROCEDURE	CO	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.
066	CLAIM CURRENTLY IN PROCESS. DO NOT RESUBMIT	CO	18	DUPLICATE CLAIM/SERVICE.
067	PROCEDURE CODE MISSING OR INVALID	CO	B18	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.
068	NDC NOT ON FILE OR DESCRIPTION IS MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
069	NDC/PROCEDURE DOES NOT MATCH DESCRIPTION PROVIDED	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
070	METRIC QUANTITY MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
071	THIS DIAGNOSIS REQUIRES PRIOR AUTHORIZATION	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
072	DISPENSING DATE MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
073	ESTIMATED DAYS SUPPLY MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS

074	DETAIL DENIED, SERVICE INCLUDED IN OFFICE VISIT	OA	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
075	PORTABLE SITZ BATH LIMITED TO ONE PER LIFETIME	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
076	CLAIM/DETAIL DENIED. DME PURCHASE PRICE HAS BEEN REACHED	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
077	REFILL INDICATOR IS MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
078	ADJUSTMENT RESULTED IN REDUCED PAYMENT. ACCOUNTS RECEIVABLE SET UP FOR RESIDUAL	OA	88	ADJUSTMENT AMOUNT REPRESENTS COLLECTION AGAINST RECEIVABLE CREATED IN PRIOR OVERPAYMENT.
079	RI MEDICAL ASSISTANCE HAS A UNIQUE PROCEDURE CODE FOR THIS SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
080	MEDICAL NECESSITY FORM INCOMPLETE/OUT OF DATE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
081	MEDICAL NECESSITY FORM GREATER THAN 6 MONTHS OLD	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
082	THIS PAYMENT IS THE RESULT OF AN ADJUSTMENT REQUEST	CO	63	CORRECTION TO A PRIOR CLAIM.
083	THIS RECOUPMENT IS THE RESULT OF AN ADJUSTMENT REQUEST.	CO	63	CORRECTION TO A PRIOR CLAIM.
084	THIS AMOUNT WITHHELD AS A RESULT OF AN OUTSTANDING RECEIVABLE	CO	88	ADJUSTMENT AMOUNT REPRESENTS COLLECTION AGAINST RECEIVABLE CREATED IN PRIOR OVERPAYMENT.
085	THIS CREDIT TRANSACTION IS THE RESULT OF YOUR REFUND REQUEST.	CO	123	PAYER REFUND DUE TO OVERPAYMENT.
086	DETAIL DENIED: CONSIDERED INCLUDED IN A PREVIOUSLY BILLED SERVICE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
087	THIS CREDIT TRANSACTION IS THE RESULT OF AN EDS CHECK ISSUED TO YOU IN ERROR	CO	123	PAYER REFUND DUE TO OVERPAYMENT.
088	PLEASE SUBMIT THIS CLAIM AS AN ADJUSTMENT	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
089	CLAIM DENIED. DISPENSED AS WRITTEN MUST BE Y OR N	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
090	CLAIM/DETAIL DENIED. NO PAYMENT DUE WHEN RECIPIENT PAYS CHARGE	CO	23	PAYMENT ADJUSTED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER.
091	SERVICE DENIED; NOT COVERED BY RHODE ISLAND MEDICAL ASSISTANCE PROGRAM	CO	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
092	IN ADDITION TO ENCOUNTER DETAIL MUST ZERO BILL A DETAIL FOR EACH PROC PERFORMED	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
093	PAYMENT AMOUNT REDUCED TO MAXIMUM ALLOWABLE AMOUNT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
094	CLAIM DENIED. A PORTION OF THESE DAYS WERE PAID AS AN INPATIENT	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
095	CLAIM CUTBACK DUE TO OTHER INSURANCE PAYMENT	CO	22	PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
096	CLAIM DENIED. EXACT DUPLICATE OF SERVICE PREVIOUSLY PAID, OR CURRENTLY SUSPENDED	OA	18	DUPLICATE CLAIM/SERVICE.
097	REIMBURSEMENT FOR ANCILLARY CHARGES INCLUDED IN INPATIENT/PER DIEM RATE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
098	THIS AMOUNT HAS BEEN APPLIED TO AN OUTSTANDING ACCOUNTS RECEIVABLE	CO	88	ADJUSTMENT AMOUNT REPRESENTS COLLECTION AGAINST RECEIVABLE CREATED IN PRIOR OVERPAYMENT.
099	PAYMENT REDUCED BY APPLIED INCOME AMOUNT	OA	142	CLAIM ADJUSTED BY THE MONTHLY MEDICAID PATIENT LIABILITY AMOUNT.
100	CLAIM RETURNED - PROVIDER SIGNATURE MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
101	PROVIDER NAME MISSING/INVALID/MISPELLED	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
102	CLAIM IS ILLEGIBLE. PLEASE RESUBMIT A LEGIBLE FORM	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
103	CLAIM (DETAIL) DENIED. ATTACHMENT DOES NOT MATCH THE CLAIM	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
104	CLAIM DENIED. NO COINSURANCE OR DEDUCTIBLE DUE	CO	23	PAYMENT ADJUSTED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER.
105	NO PAYMENT DUE. OTHER INSURANCE AMOUNT GREATER THAN OR EQUAL TO ALLOWED AMOUNT	OA	23	PAYMENT ADJUSTED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER.
106	NDC NOT FOUND PLEASE CHECK FOR CORRECT CODE/DESCRIPTION RESUBMIT W/DOCUMENTATION	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
107	CLAIM SUBMITTED WITHOUT ANY SERVICES BILLED	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
108	REVENUE CODE IS MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
109	INVALID REVENUE CODE FOR DIALYSIS CROSSOVER CLAIM	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
110	MEDICARE BENEFITS SHEET ILLEGIBLE. PLEASE RESUBMIT WITH LEGIBLE COPY	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
111	DEDUCTIBLE NON-COVERED. RECIPIENT IS INELIGIBLE ON THE FIRST DATE OF SERVICE	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
112	ATTENDING/PERFORMING PROVIDER INELIGIBLE ON DATE OF SERVICE	CO	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
113	MEDICARE BENEFITS SHEET DOES NOT MATCH CLAIM	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
114	NURSE PRACTITIONER CANNOT BE BILLING PROVIDER	CO	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, O

115	PLEASE RESUBMIT WITH ENTIRE PAGE OF MEDICARE EOMB/RA TO SHOW PAYMENT DATE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
116	NO CROSSOVER PAYMENT DUE. OTHER PAYMENT GREATER OR EQUAL TO ALLOWED AMOUNT	CO	23	PAYMENT ADJUSTED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER.
117	ATTENDING/PERFORMING PROVIDER MISSING/NOT ON FILE/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
118	SURGICAL PROCEDURE CODE MISSING OR INVALID. RESUBMIT W/CORRECT ICD-9 PROC CODE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
119	DIAGNOSTIC AND NON-SURGICAL PROCEDURE CODES NOT ALLOWED ON UB82/92 BILLING	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
120	PRO INDICATOR MUST BE A 1, 2, OR 5	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
121	PRO FROM DATE IS AFTER THE FDOS. PLEASE DELETE NON PRO DATES AND CHARGES	CO	110	BILLING DATE PREDATES SERVICE DATE.
122	PRO DATES ARE MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
123	ACCIDENT/OCCURRENCE/EMPLOYMENT INDICATOR MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
124	ACCORDING TO OUR RECORDS THIS NDC IS NO LONGER ACTIVE	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
125	ACCIDENT/OCCURRENCE DATE MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
126	NDC BEING BILLED HAS BEEN DELETED BY DHS	CO	96	NON-COVERED CHARGE(S).
127	YOUR SUBMITTED CLAIM'S RA DATE/CLAIM INFORMATION IS MISSING OR INELIGIBLE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
128	CONDITION/EMPLOYMENT INDICATOR MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
129	SURGICAL PROCEDURE CODES MUST BE BILLED IN DATE ORDER SEQUENCE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
130	CAST REMOVAL CODES CAN BE BILLED ONLY FOR CASTS APPLIED BY ANOTHER MD/MD GROUP	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
131	DETAIL DENIED. CAST APPLICATION INCLUDED IN INITIAL CARE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
132	EPSDT INDICATOR INVALID. PLEASE CORRECT AND RESUBMIT	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
133	MEDICAID DOES NOT PAY PHYSICIAN FOR CAST MATERIALS WHEN APPLIED POS 1 OR 2	CO	5	THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE.
134	PAYMENT REDUCED TO DRUG UCR AMOUNT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
135	PAYMENT DENIED: LOADING FEE CAP HAS BEEN REACHED	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
136	PHYSICIAN'S AUTHORIZATION MUST BE WITHIN 6 MONTHS OF DATE OF SERVICE	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
137	REVIEW AWAITING DRG PRICING FROM HOSPITAL. INVOLVED CLAIM WILL BE RESUBMITTED	PI	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
138	INPATIENT STAY PRICED ACCORDING TO DRG DIAGNOSIS	CO	B22	THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
139	SPENDDOWN BILLED CORRECTLY. NO PAYMENT DUE	CO	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
140	ONLY REVENUE CODES 300 OR 310 ARE ALLOWED ON OUTPATIENT CLAIMS WHEN BILLING LAB	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
141	OUTPATIENT ASC/LAB/RADIOLOGY SERVICES REQUIRE REVENUE AND HCPCS CODES	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
142	INAPPROPRIATE REVENUE CODE FOR SERVICES RENDERED. REFER TO YOUR LIST OF CODES	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
143	REIMBURSEMENT FOR ANCILLARY CHARGES INCLUDED IN %/PER DIEM RATE FOR BIRTH ROOM	OA	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
144	TIME/UNITS EXCEED(S) THE NORM. PLEASE RESUBMIT WITH EXPLANATION OR DOCUMENTATION	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
145	NON-INJECTED MEDS ADMINISTERED IN THE OFFICE REQUIRE OFFICE NOTES AND INVOICE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
146	CLAIM PAYMENT AMOUNT REDUCED BY REQUIRED CO-PAY	PR	3	CO-PAYMENT AMOUNT
147	PRO CERTIFICATION ATTACHMENT REQUIRED	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
148	PRO CERTIFICATION FORM IS INCOMPLETE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
149	FOURTH DIAGNOSIS NOT ON FILE OR IS INVALID	CO	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
150	THIRD DIAGNOSIS NOT ON FILE OR IS INVALID	CO	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
151	FIFTH DIAGNOSIS CODE NOT ON FILE OR IS INVALID	CO	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.

152	THIS ABORTION-RELATED SERVICE HAS BEEN FORWARDED TO DHS FOR PROCESSING/PAYMENT	PI	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
153	REBILL ABORTION RELATED SERVICES SEPARATELY	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
154	ABORTION CERTIFICATION FORM REQUIRED FOR PAYMENT	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
155	NON-URGENT SERVICE. RECIPIENT SHOULD BE REFERRED TO IN-STATE FACILITY	CO	B8	CLAIM/SERVICE NOT COVERED/REDUCED BECAUSE ALTERNATIVE SERVICES WERE AVAILABLE, AND SHOULD HAVE BEEN UTILIZED.
156	DIAGNOSIS DESCRIPTION ON MEDICARE EOMB NOT THE SAME AS ON CLAIM	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
157	OBSERVATION ROOM SVCS PAID AT PER/DIEM OR PERCENTAGE RATES INCLUDE ANCILLARIES	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
158	PRO CERT APPROVAL FOR INPATIENT. PAYMENT REDUCED TO %/PER DIEM RATE	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
159	PRIOR AUTHORIZATION FROM DHS WAS REQUIRED ON THIS DATE OF SERVICE	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
160	THIS MANUFACTURER'S NUMBER IS OBSOLETE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
161	DRUG REFILLS LIMITED TO 5 PER PRESCRIPTION	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
162	SEALANTS ARE NOT COVERED AFTER A RESTORATION OF THE OCCLUSAL SURFACE	CO	48	THIS (THESE) PROCEDURE(S) IS (ARE) NOT COVERED.
163	TOOTH NUMBER IS MISSING OR INVALID FOR PROCEDURE BILLED	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
164	REFILL NUMBER BILLED EXCEEDS NDC REFILL LIMITATION	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
165	THE TOOTH SURFACE CODE IS MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
166	PROVIDER INELIGIBLE FOR DATE OF SERVICE BILLED OR SERVICE PRIOR TO CUTOVER DATE	CO	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
167	REIMBURSEMENT FOR THIS SERVICE IS CONSIDERED AS PART OF YOUR %/PER DIEM RATE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
168	EPSDT/FAMILY PLANNING INDICATOR MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
169	PRESCRIPTION NUMBER MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
170	INAPPROPRIATE OR INVALID MANUFACTURER NUMBER. REBILL USING CORRECT NUMBER	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
171	NICU PROCEDURE CODE MUST BE BILLED ON FIRST DETAIL ONLY	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
172	NOT A VALID NDC FOR DATE OF SERVICE BILLED	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
173	SERVICE DENIED. DETERMINED NOT TO BE MEDICALLY NECESSARY BY DHS	CO	96	NON-COVERED CHARGE(S).
174	CLAIM DENIED. YOUR 2 MONTH SUPPLY OF NICORETTE HAS BEEN MET	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
175	PRIOR AUTHORIZATION NUMBER/ATTACHMENT IS NOT ADEQUATE FOR ALL SERVICES BILLED	CO	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR
176	THIS SERVICE IS AN EXACT DUPLICATE PER RX NUMBER AND REFILL NUMBER	CO	18	DUPLICATE CLAIM/SERVICE.
177	AS OF DATE OF SERVICE 7/1/91 SERVICE CLASSIFIED AS FQHC. USE LOCAL PROC CODE	CO	B18	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.
178	PLEASE SPECIFY IF SERVICE WAS IMPLANTATION OR REMOVAL OF SYSTEM	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
180	TOTAL DAYS BILLED ARE NOT EQUAL TO TOTAL ELAPSED DAYS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
181	SERVICE DENIED. DHS/PRO REVIEW INDICATES PRE-CERTIFICATION NOT MET	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
182	DEA REQUIRES PRIOR AUTHORIZATION	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
183	NICU REVENUE CODE MUST BE BILLED ON FIRST DETAIL ONLY	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
184	PROVIDER NUMBER NOT CERTIFIED FOR THIS TIME PERIOD	CO	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
185	CLIENT NOT AUTHORIZED AS HIGH ACUITY FOR DOS	CO	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
186	LEA ALLOWED AMOUNT MODIFIED TO REFLECT FEDERAL SHARE ONLY	CO	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, O
188	SURGICAL DATE OF SERVIC IS INVALID AND/OR DOES NOT MATCH NOTES	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
189	HOME HEALTH AIDE SERVICES MUST BE MINIMUM OF ONE HOUR PER DOS	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
190	REFERRED TO PHYSICIAN MISSING/INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS

192	OTHER INSURANCE DOCUMENT REVIEWED AND DENIED BY DHS	CO	B19	CLAIM/SERVICE ADJUSTED BECAUSE OF THE FINDING OF A REVIEW ORGANIZATION.
193	OTHER INSURANCE DOCUMENT REVIEWED AND APPROVED	CO	63	CORRECTION TO A PRIOR CLAIM.
194	PAYMENT HAS BEEN RECEIVED BY CLIENT OR ABSENT PARENT FOR THIS SERVICE	OA	100	PAYMENT MADE TO PATIENT/INSURED/RESPONSIBLE PARTY.
195	CLAIM CUTBACK DUE TO MEDICARE PAYMENT	CO	99	MEDICARE SECONDARY PAYER ADJUSTMENT AMOUNT.
196	NDC IS OBSOLETE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
197	DIAGNOSIS CODES MUST BE SUBMITTED WITHOUT DECIMAL POINTS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
198	DESI DRUG NOT COVERED	CO	96	NON-COVERED CHARGE(S).
199	PAYMENT DENIED. SECONDARY SURGERY INCIDENTAL TO PRIMARY SURGERY	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
200	PODIATRY SERVICES NOT ALLOWED FOR MEDICALLY NEEDY RECIPIENTS	CO	96	NON-COVERED CHARGE(S).
201	MANUFACTURER DID NOT SIGN REBATE AGREEMENT	CO	A1	CLAIM DENIED CHARGES.
202	MEDICARE PAID AMOUNT ON EOMB IS MISSING OR ILLEGIBLE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
203	FUNDING SOURCE/ELIGIBILITY OVERLAP. RESUBMIT AS SEPARATE CLAIMS PER SERVICE	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
204	NON-MAINTENANCE DRUGS CANNOT HAVE DAYS SUPPLY GREATER THAN 30	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
205	BILL SAME REVENUE CODE ONLY ONCE AND INCLUDE ALL SERVICES	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
206	PRODUCT HAS BEEN REMOVED FROM THE MARKET	CO	46	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED.
207	NATIONAL DRUG CODE NOT COVERED FOR NURSING HOME RECIPIENTS	CO	A1	CLAIM DENIED CHARGES.
208	DME PROCEDURE NOT ALLOWED FOR NURSING HOME RECIPIENT	CO	96	NON-COVERED CHARGE(S).
209	SERVICE DENIED. NOT COVERED BY RI MEDICAL ASSISTANCE WHEN BILLED AS A CROSSOVER	CO	96	NON-COVERED CHARGE(S).
210	WHEN BILLING FOR NONCONSECUTIVE DAYS, BILL SEPARATE ENCOUNTER CODES	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
211	WHEN BILLING FOR NONCONSECUTIVE DAYS, BILL EACH DATE SEPARATELY	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
212	THIS SERVICE REQUIRES A MODIFIER	CO	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
213	CUTBACK FOR GPA SERVICES	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
214	RECIPIENT DATE OF BIRTH IS MISSING OR INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
215	CLAIM PAID AMOUNT GREATER THAN ALLOWED AMOUNT DUE TO PAYMENT POLICY	CO	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, 0
216	RECIPIENT DATE OF BIRTH DOES NOT MATCH OUR FILE	OA	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
217	CLAIM DENIED DUE TO CLAIM CORRECTION FORM NOT RETURNED OR CCF INFO INVALID	CO	A1	CLAIM DENIED CHARGES.
218	SIXTH DIAGNOSIS CODE IS NOT CONSISTENT WITH THE AGE/SEX OF RECIPIENT	CO	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
219	SEVENTH DIAGNOSIS CODE IS NOT CONSISTENT WITH AGE/SEX OF RECIPIENT	CO	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
220	EIGHTH DIAGNOSIS CODE IS NOT CONSISTENT WITH THE AGE/SEX OF RECIPIENT	CO	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
221	NINTH DIAGNOSIS CODE IS NOT CONSISTENT WITH THE AGE/SEX OF RECIPIENT	CO	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
222	SIXTH DIAGNOSIS CODE NOT ON FILE OR IS INVALID	OA	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
223	THIRD DIAGNOSIS CODE IS NOT CONSISTENT WITH THE AGE/SEX OF RECIPIENT	CO	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
224	SEVENTH DIAGNOSIS CODE NOT ON FILE OR IS INVALID	OA	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
225	FOURTH DIAGNOSIS CODE IS NOT CONSISTENT WITH THE AGE/SEX OF RECIPIENT	CO	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
226	FIFTH DIAGNOSIS CODE IS NOT CONSISTENT WITH THE AGE/SEX OF RECIPIENT	OA	9	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
227	ATTENDING/PERFORMING PROVIDER IS NOT ELIGIBLE MEMBER OF BILLING GROUP	OA	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
228	EIGHTH DIAGNOSIS CODE NOT ON FILE OR IS INVALID	CO	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
229	NINTH DIAGNOSIS CODE NOT ON FILE OR IS INVALID	CO	47	THIS (THESE) DIAGNOSIS(ES) IS (ARE) NOT COVERED, MISSING, OR ARE INVALID.
230	SERVICE NOT COVERED FOR THIS RECIPIENT	CO	96	NON-COVERED CHARGE(S).
231	DME NOT COVERED WHEN BILLED INPATIENT/OUTPATIENT	CO	96	NON-COVERED CHARGE(S).
232	PHYSICAL THERAPY/CHIROPRACTIC SERVICES NOT COVERED WHEN POS INPATIENT/OUTPATIENT	CO	96	NON-COVERED CHARGE(S).
233	CLAIM PAYMENT REDUCED BY COSTSHARE AMOUNT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
234	SUPPLIES AND MATERIALS NOT COVERED WHEN POS INPATIENT/OURPATIENT	CO	96	NON-COVERED CHARGE(S).
235	PLACE OF SERVICE REQUIRES A MODIFIER.	CO	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
236	LAB SPECIALTY ONLY PAID FOR CYTOLOGY/PATHOLOGY WHEN POS INPATIENT/OUTPATIENT	CO	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, 0
237	FOURTH SURGICAL PROCEDURE DATE IS MISSING/INVALID/ILLOGICAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
238	FIFTH SURGICAL PROCEDURE DATE IS MISSING/INVALID/ILLOGICAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS

239	SIXTH SURGICAL PROCEDURE DATE IS MISSING/INVALID/ILLOGICAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
242	PLEASE CLARIFY INVOICE TO EXPLAIN BILLED AMOUNT	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
245	AMBULANCE CERTIFICATION FORM MUST STATE ORIGIN AND DESTINATION OF AMBULANCE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
246	AMBULANCE CERTIFICATION FORM MUST STATE EMERGENCY SERVICE OR INPATIENT ADMISSION	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
247	NO APPROPRIATE PART A/PART B MEDICARE COVERAGE ON FILE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
248	NO APPROPRIATE PART A/PART B MEDICARE COVERAGE ON DATE OF SERVICE	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED.
249	NO RATE ON FILE FOR DATES OF SERVICE BILLED	CO	A1	CLAIM DENIED CHARGES.
250	RECIPIENT HAS NO MEDICARE CROSSOVER COVERAGE ON FILE	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED.
252	PROVIDER NOT AUTHORIZED TO BILL FOR RECIPIENT/X6000	CO	52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED.
255	VSCRIPT COVERS DRUGS ONLY	CO	A1	CLAIM DENIED CHARGES.
260	SPECIAL FUNDED RECIPIENT LIMITED TO DRUGS	CO	A1	CLAIM DENIED CHARGES.
263	FEDERAL STERILIZATION/HYSTERECTOMY CONSENT FORM REQUIRED	CO	17	INFORMATION IS SUP
264	RESUBMIT ON PAPER/ATTACH EOMB USING RI MA GUIDELINES	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
265	RESUBMIT ON PAPER WITH EOMB AND MANUFACTURERS INVOICE OR SUGGESTED LIST PRICE	CO	A1	CLAIM DENIED CHARGES.
267	SPECIALLY FUNDED RECIPIENT NOT ELIGIBLE FOR MEDICAID	CO	A1	CLAIM DENIED CHARGES.
268	PROVIDER TYPE INCONSISTENT WITH BILL TYPE	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
269	BILL TYPE INCONSISTENT WITH LONG TERM CARE AUTH	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
270	BILL TYPE INCONSISTENT WITH LTC AUTH > 60 DAYS	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
271	REVENUE CODE INCONSISTENT WITH PROVIDER TYPE	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
272	DETAIL DIAGNOSIS POINTERS INVALID (PAPER ONLY)	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
273	DETAIL DENIAL PAYMENT REDUCTION.	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
274	CLAIM CHECK SET AT DETAIL	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
280	DETAIL BILLED AMOUNT GREATER THAN \$10,000. PLEASE VERIFY AND RESUBMIT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
281	DETAIL BILLED AMOUNT IS EXCESSIVE CHARGE. PLEASE VERIFY AND RESUBMIT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
283	LAB DETAIL BILLED AMOUNT IS EXCESSIVE CHARGE. PLEASE VERIFY AND RESUBMIT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
285	PHARMACY DETAIL BILLED AMOUNT IS EXCESSIVE CHARGE. PLEASE VERIFY AND RESUBMIT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
289	MR GROUP THERAPY IS LIMITED TO 40 UNITS (10 HOURS) PER WEEK	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
290	SURGICAL TRAYS ARE NON-COVERED FOR DATES OF SERVICE PRIOR TO JULY 1, 1987	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
291	GROUP THERAPY LIMITED TO 2 HOURS (8 UNITS) PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
293	MEDICAID PAID DED/COINS AMT	CO	22	PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
294	PLEASE BILL OUTPATIENT SERVICES FOR DIFFERENT CALENDAR YEARS ON SEPARATE CLAIMS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
295	PROCEDURE NOT ALLOWED FOR MEDICALLY NEEDY RECIPIENTS	CO	96	NON-COVERED CHARGE(S).
296	HOME HEALTH SERVICES LIMITED TO TWO HOURS PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
297	BILLED DISPENSING FEE NOT EQUAL TO CALCULATED DISPENSING FEE	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
298	DISPENSING FEE LIMITED TO ONCE PER TWO YEARS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
299	MR GROUP THERAPY IS LIMITED TO 8 UNITS (2 HOURS) PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
300	CLAIM DENIED. RESEARCH INDICATES INCORRECT BILLING	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
301	REBILL CORRECT CODE WITH TOTAL CHARGE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
302	CLAIM DENIED. REBILL PAPER CLAIM WITH REQUIRED ATTACHMENTS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
303	PLEASE ATTACH MEDICARE EOMB OR RA SHOWING PAYMENT OR DENIAL	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP

304	ORIGINAL MEDICARE EOMB NEEDED TO PROCESS CLAIM	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
305	CLAIM DENIED. MEDICARE'S ADJUSTMENT EOMB REQUIRED	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
306	MEDICARE REQUIRES ADDITIONAL INFORMATION. REBILL WITH FINAL DECISION AND EOMB	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
307	NON-CONSECUTIVE DAYS MUST BE BILLED SEPARATELY	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
308	THIS MODIFIER IS NOT VALID FOR THE SERVICE BILLED	OA	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
309	THESE CONSECUTIVE/SIMILAR CODES CANNOT BE BILLED SIMULTANEOUSLY (SAME DOS)	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
310	THIS MODIFIER IS NOT ACCEPTED BY RHODE ISLAND MEDICAL ASSISTANCE	CO	B18	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.
311	OVERLAPPING ELIGIBILITY. RESUBMIT WITH EOMB AND AN ITEMIZED STATEMENT OF CHARGES	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
312	DETAIL DENIED. THIS PROCEDURE CODE REQUIRES A MODIFIER	OA	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
313	THIS PROCEDURE CODE DOES NOT REQUIRE A MODIFIER	OA	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
315	PLEASE INDICATE START DATE FOR COINSURANCE DAYS	OA	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
316	DAYS SUPPLY INVALID	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
320	THIS CROSSOVER SERVICE REQUIRES A PAPER CLAIM WITH MEDICARE'S EOMB ATTACHED	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
321	MEDICARE PAID AMOUNT CANNOT BE DETERMINED. REBILL A PAPER CLAIM WITH EOMB	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
322	CRNA'S CAN ONLY BE PAID FOR MEDICARE/MEDICAID CROSSOVER CLAIMS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
324	SRVCS/QUANTITIES BEING BILLED DO NOT MATCH THE ALLOWED SRVCS/AMOUNTS ON THE PA	CO	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR
325	CLAIM PAYMENT REDUCED BY ASSISTED LIVING PATIENT LIABILITY	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
326	NAME OF OTHER INSURANCE COMPANY IS NOT PRESENT ON ATTACHMENT	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
327	THIS CLAIM PAID FOR DEA INCOME LEVEL 1	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
328	THIS CLAIM PAID FOR DEA INCOME LEVEL 2	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
329	CLAIM PAYMENT REDUCED BY PATIENT LIABILITY	CO	142	CLAIM ADJUSTED BY THE MONTHLY MEDICAID PATIENT LIABILITY AMOUNT.
330	THIS SERVICE COVERED WITHIN THE REIMBURSEMENT FOR THE INITIAL/PRIMARY PROCEDURE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
331	DOCUMENTATION REQUIRED SUPPORTING TWO SEPARATE OPERATIVE SESSIONS/SAME DOS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
332	PAID AMOUNT REDUCED TO ZERO/PATIENT LIABILITY AMOUNT GREATER THAN ALLOWED AMOUNT	OA	142	CLAIM ADJUSTED BY THE MONTHLY MEDICAID PATIENT LIABILITY AMOUNT.
333	SERVICE DENIED AS BEING SAME AS OR INCLUDED IN ANOTHER ON SAME DAY	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
335	ATTENDING/PERFORMING PHYSICIAN IS NON-PARTICIPATING/NON-REIMBURSEABLE	CO	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
336	ICN DOES NOT EXIST ON THE MMIS. REPLACEMENT OR VOID DENIED.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
338	CLAIM COULD NOT BE REPLACED OR VOIDED. REPLACEMENT OR VOID DENIED.	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
339	PHARMACY CLAIM DENIED. MANUAL REVIEW REQUIRED. PLEASE REBILL ON PAPER CLAIM	CO	A1	CLAIM DENIED CHARGES.
340	PROCEDURE EXCEEDS MAXIMUM UNITS ALLOWED	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
341	MAXIMUM DRUG QUANTITY LIMIT EXCEEDED	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
342	SERVICE DENIED MUST SUBMIT TO HEALTH PLAN FOR RITECARE RECIPIENT	CO	120	PATIENT IS COVERED BY A MANAGED CARE PLAN.
343	INDIAN HEALTH ENCOUNTER CODE X0190 MUST BE BILLED ON THE FIRST DETAIL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
344	MAXIMUM ALLOWED FOR INDIAN HEALTH CENTER ENCOUNTER CODE	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
348	RITESHARE EMPLOYER CANNOT RECEIVE CLAIMS PAYMENT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
349	YOUR BILLED AMOUNT INDICATES INCORRECT CODE/BILLING	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
350	CLAIM DENIED. NO PRIOR AUTHORIZATION FOR SUBMITTED SERVICE	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
352	NON-COVERED GPA SERVICE	CO	96	NON-COVERED CHARGE(S).
353	CLAIM DENIED. NO PARTICIPATION IN ELECTRONIC FUNDS TRANSFER PROGRAM	CO	A1	CLAIM DENIED CHARGES.

355	THE NUMBER OF LEAVE DAYS ALLOWED PER CALENDAR YEAR HAVE BEEN EXHAUSTED	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
356	NDC/AGE MISMATCH	CO	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.
357	PROVIDER NOT AUTHORIZED FOR THESE SERVICES	CO	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, O
360	CLAIM DENIED AND RETURNED FOR ADDITIONAL INFORMATION REQUIRED FOR PROCESSING	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
362	PHYSICIAN SIGNATURE DATE IS ILLEGIBLE. PLEASE CLARIFY	OA	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
363	HYSTERECTOMY CONSENT FORM REQUIRED	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
364	PROVIDER SIGNATURE AND DATE ON CONSENT FORM MUST BE ON OR AFTER DATE OF SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
365	HYSTERECTOMY CONSENT FORM MUST BE SIGNED BY RECIPIENT PRIOR TO SURGERY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
366	CONSENT FORM IS ILLEGIBLE. PLEASE CORRECT AND RESUBMIT WITH CLAIM	OA	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
367	EACH PROCEDURE CODE MUST HAVE A CORRESPONDING DATE OF SERVICE (SURGICAL DATE)	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
368	OPERATIVE NOTES OR EXPLANATION IS ILLEGIBLE. PLEASE RESUBMIT	OA	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
369	BILATERAL PROCEDURE MUST BE BILLED W/CODE AND THEN SAME CODE WITH SUFFIX -50	CO	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
370	PATIENT STATUS IS MISSING/INVALID	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
371	HOLD BED DAYS ARE NOT ALLOWED FOR H3 OR H4 LEVEL OF CARE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
372	RECIPIENT PLACEMENT LEVEL IS MISSING/INVALID	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
373	LEAVE DAYS NOT ALLOWED WHEN RECIPIENT PLACEMENT LEVEL IS H01 OR H02	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
374	MEDICARE COVERAGE INDICATOR IS MISSING/INVALID	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
375	HOLD BEDS ARE NOT ALLOWED FOR SWING BED CLAIMS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
376	BILLED DAYS ARE EQUAL TO MORE THAN ALLOWED FOR BILLED MONTH	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
378	NURSING HOME CLAIMS CAN ONLY BE BILLED ONE CLAIM PER MONTH	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
379	HOLD BED DAYS DENIED. MORE THAN TEN (10) CONSECUTIVE DAYS ARE NOT ALLOWED	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
380	SIGNATURE REQUIRED FOR CHANGES MADE TO OTHER INSURANCE ATTACHMENT	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
381	PLEASE PROVIDE DOCUMENTATION OF LETTER/CLAIM SENT TO OTHER INSURANCE COMPANY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
382	OTHER INSURANCE ATTACHMENT IS OUTDATED. PLEASE REBILL FOR UP-TO-DATE INFORMATION	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
383	OTHER INSURANCE ATTACHMENT REQUIRES BREAKDOWN OF PAYMENT APPLIED TO BILLED SERVS	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
384	CLAIM DENIED. ANOTHER PORTION OF YOUR POLICY TO BE CONSIDERED FOR COVERAGE.	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
385	EXPLANATION OF OTHER INSURANCE DENIAL IS REQUIRED	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
386	SECOND DIAGNOSIS IS NOT CONSISTENT WITH THE AGE/SEX OF RECIPIENT	CO	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.
387	ONE OF YOUR SECONDARY DIAGNOSIS CODES IS NOT CONSISTENT WITH SEX OF RECIPIENT	CO	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.
388	AMNIOCENTESIS IS LIMITED TO ONCE PER PREGNANCY	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
389	WAIVER CASE MANAGEMENT ASSESSMENT CLAIMS MUST HAVE APPROVAL LETTER ATTACHED	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
390	INSURANCE ATTACHMENT REQUIRES INFORMATION. REBILL WITH DENIAL OR PYMT DECISION	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
391	DATES ON INSURANCE ATTACHMENT DO NOT MATCH THE SERVICE DATES ON THE CLAIM	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
392	THIS IS A NON-COVERED SERVICE WHEN RULES DO NOT COMPLY WITH HMO	CO	24	PAYMENT FOR CHARGES ADJUSTED. CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.
393	PLEASE ATTACH A COPY OF YOUR MEDICARE DETERMINATION FORM	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE

394	PLEASE RESUBMIT WITH ORIGINAL OTHER INSURANCE ATTACHMENT	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
395	CLARIFICATION NEEDED AS TO WHICH PROCEDURE (OR PART OF TOTAL) 99 CODE REPRESENTS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
396	NO MEDICAID BENEFITS DUE-MEDICAID POLICY IS SAME AS MEDICARE FOR THIS SERVICE	CO	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.
397	MEDICARE DENIAL SHEET IS INCOMPLETE/INVALID	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
398	INSURANCE ATTACHMENTS SHOW A MAJOR MEDICAL PENDING. CLAIM DENIED	CO	102	MAJOR MEDICAL ADJUSTMENT.
399	PLEASE RESUBMIT W/INVOICE SHOWING WHAT YOU PAID FOR SERUM OR OTHER EXPLANATION	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
400	PLEASE BILL MEDICARE FIRST AND ATTACH COPY OF PAYMENT OR DENIAL	CO	22	PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
401	YOUR CLAIM HAS BEEN REFERRED TO DHS FOR FILE REVIEW.	CO	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
402	INSURANCE BENEFIT SHEET DOES NOT MATCH CLAIM	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
403	NO CROSSOVER PAYMENT DUE. PROVIDER DID NOT ACCEPT ASSIGNMENT	CO	111	NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.
404	PLEASE INDICATE THE AMOUNT PAID BY OTHER INSURANCE ON THE CLAIM FORM	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
405	CLAIM/DETAIL DENIED. NOT FILED WITHIN THE TIME FRAME ALLOWED	CO	29	THE TIME LIMIT FOR FILING HAS EXPIRED.
406	RESUBMIT 11 MONTHS FROM DOS WITH PROOF OF SUBMITTAL/REPLY FROM OTHER INSURANCE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
407	YOUR CLAIM HAS BEEN REFERRED TO DHS FOR FILE REVIEW. WE WILL RESUBMIT THE CLAIM	CO	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
408	PLEASE BILL OTHER INSURANCE CARRIER FIRST AND ATTACH COPY OF PAYMENT OR DENIAL	CO	22	PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
409	PLEASE PROVIDE DATES OF SERVICE ON INSURANCE ATTACHMENT	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
410	ORTHODONTIC TREATMENT MUST BE BILLED IN SIX MONTH TIME PERIODS	CO	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
411	RECIPIENT INELIGIBLE FOR A PORTION OF THE DAYS BILLED	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
412	PATIENT UNAUTHORIZED FOR A PORTION OF DAYS BILLED-CHECK AUTHORIZATION & REBILL	OA	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
413	RECIPIENT HAS OTHER INSURANCE TO BE CONSIDERED	CO	22	PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
414	PLEASE RESUBMIT AND INDICATE THE NUMBER OF TESTS PERFORMED	OA	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
415	TREATMENT OF ACCIDENTAL INJURY MUST BE PROVIDED WITHIN 72 HOURS OF THE ACCIDENT	CO	29	THE TIME LIMIT FOR FILING HAS EXPIRED.
416	DIAGNOSIS/SITUATION DOES NOT WARRANT EMERGENCY ROOM SERVICE	CO	40	CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE.
417	THIS "LOCK-IN" RECIPIENT CAN ONLY BE TREATED BY A SPECIFIC PROVIDER	CO	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, O
418	CLAIM IS PAST THE 365 DAY BILLING LIMITATION TIME FRAME	CO	29	THE TIME LIMIT FOR FILING HAS EXPIRED.
419	CLAIM/DETAIL DENIED. RECHECKS ARE NOT A LEGITIMATE EMERGENCY	CO	40	CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE.
420	CLAIM DENIED. TRUE EMERGENCY REQUIRES PRESENCE OF/EXAM BY A PHYSICIAN	CO	40	CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE.
421	BILLING OF REVENUE CODE 450 (ER) REQUIRES RECORD SHOWING TIME AND MD SIGNATURE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
422	PLEASE RESUBMIT WITH THE SUPPLIER/MANUFACTURER INVOICE ATTACHED	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
423	RECIPIENT NOT ELIGIBLE FOR DEA WAIVER ON DOS	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
424	PLEASE CONTACT DHS FOR CONSIDERATION OF LATE CHARGES	OA	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
425	PLEASE SUBMIT CLAIM AND ATTACHMENTS TO DHS FOR REQUIRED PRIOR AUTHORIZATION	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
426	PRIOR AUTHORIZATION NUMBER/ATTACHMENT IS MISSING/INVALID	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
427	MEDICAL NECESSITY AND PRIOR AUTHORIZATION REQUIRED	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
428	CLAIM DENIED. REQUIRED ATTACHMENT MUST HAVE AUTHORIZED SIGNATURE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
429	RI MEDICAID REIMBURSEMENT FOR MULTIPLE SURGERY APPLIES ONLY TO TWO PROCEDURES	CO	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
430	PROC CODES ENDING IN 99 REQUIRE DOCUMENTATION. RESUBMIT W/NOTES OR EXPLANATION	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
431	INFORMATION ON MEDICAL NECESSITY FORM DOES NOT MATCH CLAIM	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP

432	PLEASE RESUBMIT WITH A MEDICAL NECESSITY FORM	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
433	CLAIM REQUIRES MANUAL PRICING. PLEASE RESUBMIT ON PAPER WITH ATTACHMENTS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
434	CLAIM DENIED. THE REQUESTED DOCUMENTATION WAS NOT RECEIVED	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
435	REFER TO MANUAL FOR SPECIAL MEDICAID INJECTION CODES ("J" CODES)	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
436	CLAIM REQUIRES MANUAL PRICING. INADEQUATE OR INSUFFICIENT INFORMATION PROVIDED	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
437	INAPPROPRIATE PROCEDURE CODE. PLEASE REFER TO YOUR LIST OF ALLOWED CODES	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
438	CLAIM DENIED. THIS PROCEDURE REQUIRES MEDICAID AUTHORIZATION PRIOR TO SERVICE	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
439	PRIMARY SURGERY IS MANUALLY PRICED AT 100% OF ALLOWED AMOUNT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
440	SECONDARY SURGERY IS MANUALLY PRICED AT 50% OF ALLOWED AMOUNT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
441	ASSISTANT SURGEON IS NOT ALLOWED WITH THIS PROCEDURE CODE	CO	52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED. PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
442	REHABILITATIVE THERAPY START DATE IS MISSING/INVALID	OA	125	
443	CLAIM DENIED. DATE OF MEDICARE BENEFIT SHEET IS OVER SIX MONTHS	CO	29	THE TIME LIMIT FOR FILING HAS EXPIRED.
444	CLAIM/DETAIL DENIED. PLEASE RESUBMIT WITH LEGIBLE EMERGENCY ROOM RECORDS	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
445	NOTES/CONSENT FORM INCOMPLETE AND/OR ILLEGIBLE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
446	PA REQUIRED FOR REHAB THERAPY IF GREATER THAN 4 MONTHS FROM START DATE	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
447	NOTES/CONSENT FORM INVALID	OA	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
448	ATTENDING/PERFORMING PROVIDER NUMBER MUST BE FOR AN INDIVIDUAL PROVIDER	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
449	REHABILITATIVE/HOSPICE SERVICES SHOULD BE BILLED AS 1 UNIT PER DATE OF SERVICE	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
450	CANNOT BILL THIS CODE DUE TO LACK OF AUTHORIZATION FOR THE LAB SPECIALTY	CO	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR
451	COMPOUND DRUGS REQUIRE INGREDIENTS, QUANTITY AND COMPUTATION OF PRICE ON CLAIM	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
452	THE QUANTITY OF INGREDIENTS USED IN THE COMPOUND DRUG MUST BE LISTED	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
453	NOT BILLED ACCORDING TO COMPOUND PRICING FORMULA	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
454	REVENUE CODE 760 REQUIRES ADMISSION HX/ER RECORD AND PROGRESS NOTES	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
455	THIS PROCEDURE MAY ONLY BE BILLED AS ONE UNIT OF SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
456	DHS REQUIRES THIS SERVICE BE PROVIDED IN SESSIONS OF AT LEAST 1/2 HOUR (2 UNITS)	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
457	NDC REQUIRES THE PREGNANCY INDICATOR SHOULD BE EQUAL TO ONE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
458	CLAIM IS PRICED AT THE RHODE ISLAND MULTI-SOURCE DRUG PRICE	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
459	TAPE BILLING PROVIDER IS NOT ELIGIBLE TO BE BILLED FROM THIS SUBMITTOR.	CO	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
460	NON-COVERED SERVICE - RECIPIENT IS AGE 21 OR OLDER	CO	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.
461	LAB INDICATOR MISSING/INVALID OR INDICATES LAB PROC MUST BE PROCESSED ON-SITE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
462	CLAIM BILLED AMOUNT EXCEEDS MAXIMUM DOLLARS ALLOWED	OA	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
463	TREATMENT AND PLAN OF CARE MUST BE DOCUMENTED	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
465	DIAGNOSIS/PROCEDURE IS NOT CONSISTENT WITH THE RECIPIENT'S SEX	CO	10	THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.
466	DIAGNOSIS/PROCEDURE IS NOT CONSISTENT WITH THE RECIPIENT'S AGE.	CO	7	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER.
467	NOTES INDICATE NEW OBSERVATION SERVICE REVENUE CODE NEEDED	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
468	THIS PROCEDURE CODE IS FOR THE MOTHER'S SIX-WEEK POSTPARTUM CHECKUP.	CO	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
469	ELIGIBLE ONLY FOR STATE FUNDED DAY SERVICES, ON DATE OF SERVICE	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.

470	99 CODE NOT PERMITTED UNLESS PRIMARY SURGEON USED OR WAS PAID FOR SAME PROC CODE	CO	B15	PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID SEPARATELY.
471	STATE FUNDED RECIPIENT HAS NO REHAB PERCENTAGE ON FILE	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED.
472	ASSIST. SURGEON CANNOT BE PAID UNTIL PRIMARY SURGEON HAS BEEN PAID FOR THIS CODE	CO	107	CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PAID OR IDENTIFIED ON THE CLAIM.
473	RECIPIENT HAS NO REHAB PERCENTAGE ON FILE	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED.
474	PLEASE RESUBMIT WITH COMPLETE HOSPITAL RECORD	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
475	DATE OF DELIVERY MUST BE ON CLAIM WHEN BILLING D&C FOR POST PARTUM HEMORRHAGE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
476	CLAIM MODIFIER DOES NOT MATCH REHAB LEVEL FOR STATE FUNDED RECIPIENT	CO	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
477	CLAIM MODIFIER DOES NOT MATCH RECIPIENT REHAB LEVEL	CO	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
478	ASSISTANT SURGEON MUST USE THE SAME PROCEDURE CODE USED BY THE PRIMARY SURGEON	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
479	PSYCHIATRIC/EMOTIONAL DISORDERS/SUBSTANCE ABUSE REQUIRE PRO PRIOR AUTHORIZATION	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
480	EXPLANATION REQUIRED RE. MEDICAL NEED FOR GENERAL ANESTHESIA WITH THIS PROCEDURE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
481	D&C FOR POSTPARTUM HEMORRHAGE NOT COVERED IF PERFORMED WITHIN 7 DAYS OF DELIVERY	CO	46	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED.
482	CLAIM DENIED. PLEASE RESUBMIT WITH AUTHORIZED DENTAL FORM	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
483	PRIOR AUTH REQUIRED FROM DHS FOR DENTAL CODES IF RECIPIENT IS 21 AND OLDER	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
484	THESE SERVICES ARE COVERED IN FEE PAID FOR TOTAL OB CARE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
485	NDC NOT VALID FOR DATE OF SERVICE. MANUFACTURER'S CHANGE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
486	THE ONLY MEDICAID-COVERED CHIROPRACTIC SERVICE IS SPINAL MANIPULATION	CO	96	NON-COVERED CHARGE(S).
487	CODE NEEDS OP NOTES AND EXPLANATION TO JUSTIFY INDIVIDUAL CONSIDERATION.	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
488	NITROUS OXIDE NOT COVERED FOR PROVIDER/PATIENT CONVENIENCE.	CO	96	NON-COVERED CHARGE(S).
489	CHIROPRACTORS ARE ALLOWED TO BILL ONLY DIAGNOSIS CODES 83900 THROUGH 83959.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
490	NDC HAS NO PRICE ON FILE FOR DISPENSE DATE	CO	96	NON-COVERED CHARGE(S).
491	INDIVIDUAL'S EXPECTED DATE OF DELIVERY (SEE CONSENT FORM) NEEDED FOR PROCEDURE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
492	EPSDT INDICATOR MUST BE YES IF EPSDT PROCEDURE CODES ARE BILLED.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
493	MULTIPLE ERRORS ON CONSENT FORM. PLEASE CONTACT COMMUNICATIONS FOR ASSISTANCE	OA	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
494	EACH E.R. VISIT MUST BE BILLED SEPARATELY. DO NOT COMBINE INTO ONE CLAIM/BILL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
495	RECIPIENT SIGNATURE ON CONSENT FORM MUST BE ON OR BEFORE THE DATE OF SERVICE	CO	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
496	THE DATES OF SERVICE ON THE CLAIM DISAGREE WITH THOSE ON THE CONSENT FORM	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
497	THE RECIPIENT MUST BE 21 TO LEGALLY SIGN THE FEDERAL STERILIZATION CONSENT FORM	CO	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.
498	DATE OR DATES ON THE CONSENT FORM ARE ILLEGIBLE. PLEASE CLARIFY AND RESUBMIT	OA	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
499	STERILIZATION CAN BE PAID ON THE 31ST DAY-30 DAYS MUST PASS AFTER PATIENT SIGNS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
500	STERILIZATION MUST BE 180 DAYS OR LESS FROM DATE THE CONSENT SIGNED BY RECIPIENT	CO	29	THE TIME LIMIT FOR FILING HAS EXPIRED.
501	PROCEDURE ON CONSENT FORM MUST AGREE WITH THAT ON THE CLAIM	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
502	THE CONSENT FORM IS INCOMPLETE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
503	TIME LIMIT DENIED BY DHS. RESUBMIT ONLY IF NEW DOCUMENTATION IS AVAILABLE	CO	B19	CLAIM/SERVICE ADJUSTED BECAUSE OF THE FINDING OF A REVIEW ORGANIZATION.
504	DETAIL DENIED. PLEASE RESUBMIT WITH OP NOTES/EXPLANATION OF PROCEDURE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
505	DATA SUBMITTED DOES NOT SUBSTANTIATE PROCEDURE BILLED.	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
506	OUR FILE INDICATES NO AUTHORIZATION FOR DATE OF SERVICE.	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.

507	APPLIED INCOME NOT CURRENT ON ELIG FILE. CONTACT DISTRICT OFFICE FOR CORRECTION	OA	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
508	RESUBMIT WITH OPERATIVE/PROCEDURE NOTES, MEDICAL HISTORY AND DISCHARGE SUMMARY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
509	CLAIM DENIED. LEAVE DAYS NOT COVERED	CO	78	NON-COVERED DAYS/ROOM CHARGE ADJUSTMENT.
510	CLAIM DENIED. MAXIMUM NUMBER OF LEAVE DAYS HAS BEEN EXCEEDED	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
511	PLEASE RESUBMIT WITH AN EXPLANATION WHY SERVICE WAS MEDICALLY NECESSARY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
512	RECIPIENT NOT AUTHORIZED FOR THIS LEVEL OF CARE	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
513	CLAIM DENIED. INDEPENDENT LAB HAS ALREADY BEEN PAID FOR THIS SERVICE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
514	DENIED. SUBMITTED DATA DOES NOT JUSTIFY MEDICAL NECESSITY FOR ITEM(S) PROVIDED	CO	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.
515	DENIED. STERILIZATION CONSENT MUST BE GIVEN AT LEAST 72 HOURS PRIOR TO PROCEDURE	CO	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
516	PLEASE SUBMIT WITH ADMISSION HISTORY AND DISCHARGE SUMMARY.	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
517	PLEASE SUBMIT WITH DATA AND AN EXPLANATION SUBSTANTIATING PROCEDURE/TIME/UNITS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
518	THIS ITEM IS LIMITED TO ONE UNIT PER YEAR (365 DAYS) PER RECIPIENT	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
519	PLEASE RESUBMIT EXPLAINING HOW MUCH TIME WAS SPENT FOR THE BILLED PROCEDURE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
520	PLEASE RESUBMIT EXPLAINING WHY A D&C WAS MEDICALLY NECESSARY.	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
521	DATA SUBMITTED DOES NOT SUBSTANTIATE A MEDICAL NECESSITY	CO	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.
522	A D&C NOT MEDICALLY NECESSARY. PLEASE REBILL AND OMIT D&C RELATED SERVICES	CO	50	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.
523	HOSPITAL CLAIM MUST BE PAID PRIOR TO PRIMARY SURGEON	CO	107	CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PAID OR IDENTIFIED ON THE CLAIM.
524	PRIMARY SURGEON MUST BE PAID PRIOR TO ASSISTANT SURGEON OR ANESTHESIOLOGIST	CO	107	CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PAID OR IDENTIFIED ON THE CLAIM.
525	BENEFITS FOR REMOVAL/REPAIR OF ORGANS INJURED DURING SURGERY ARE NOT PROVIDED	CO	96	NON-COVERED CHARGE(S).
526	PLEASE RESUBMIT WITH LAB AND/OR X-RAY RESULTS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
527	ALL ITEMS BILLED MUST BE DOCUMENTED AND JUSTIFIED ON THE MEDICAL NECESSITY FORM	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
528	JUSTIFICATION IS REQUIRED FOR MEDICAL NECESSITY FOR THIS LENGTH OF STAY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
529	RELEVANT HISTORY REQUIRED FOR PROCESSING (HOSPITAL-OFFICE RECORDS SHOWING HX)	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
530	PAID HOME VISITS ARE LIMITED TO 24 PER YEAR/2 PER MONTH	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
531	CLAIMS FOR GRAFT CODES MUST INCLUDE DOCUMENTATION OF THE AREA COVERED	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
532	OUR FILES INDICATE AUTHORIZATION FOR DIFFERENT PROVIDER FOR ALL OR PART OF DOS	CO	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR
533	CLAIM SUSPENDED DUE TO DHS REVIEW OF RATES.	CO	B19	CLAIM/SERVICE ADJUSTED BECAUSE OF THE FINDING OF A REVIEW ORGANIZATION.
534	PRIOR AUTHORIZATION EXHAUSTED FOR SERVICE BILLED	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
535	INPATIENT ADMISSIONS LIMITED TO \$75,000 FOR DATES OF SERVICE AFTER 7/1/96	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
536	HOLD BEDS NOT ALLOWED WHEN ORIGINAL ADMISSION DATE IS AFTER 7/01/90	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
538	NORPLANT CONTRACEPTIVE SYSTEM COVERED ONCE EVERY 5 YEARS PER RECIPIENT.	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
539	APPLIANCE THERAPY IS LIMITED TO ONCE PER 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
540	ONLY ONE NICU REVENUE CODE PER CLAIM	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
541	IN ADDITION TO PER DIEM RATE DETAIL, MUST BILL INFORMATIONAL DETAILS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
542	ONLY AUTHORIZED NICU PROVIDERS MAY BILL REVENUE CODES 203 AND 209	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
543	BILLING PROVIDER NOT AUTHORIZED TO BILL THIS PROCEDURE CODE	CO	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, O
544	MHRH RECIPIENT MUST HAVE A FULL MONTH SEGMENT	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS

545	RECIPIENT HAS NO REHAB PERCENTAGE ON FILE/X6000	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED.
546	STATE FUNDED RECIPIENT HAS NO REHAB PERCENTAGE ON FILE/X6000	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
547	CLAIM MODIFIER DOES NOT MATCH RECIPIENT REHAB LEVEL/X6000	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
548	CLAIM MODIFIER DOES NOT MATCH REHAB LEVEL FOR STATE FUNDED RECIPIENT/X6000	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
549	PARTIAL MONTH BILLING REQUIRES PROC CODE X6010	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
550	RECIPIENT REHAB PERCENTAGE NOT ON FILE	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED.
551	DISPENSING FEE CUT BACK DUE TO NH DISPENSE FEE POLICY	OA	18	DUPLICATE CLAIM/SERVICE.
552	THIS SERVICE REQUIRES SPLIT BILLING FOR MANAGED CARE RECIPIENTS	CO	24	PAYMENT FOR CHARGES ADJUSTED. CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.
553	NUMBER OF UNITS BILLED EXCEEDS NUMBER OF UNIT AUTHORIZED	CO	15	PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR
554	THIS SERVICE IS NOT COVERED FOR RITE START RECIPIENTS	CO	96	NON-COVERED CHARGE(S).
555	THIS SERVICE IS NOT COVERED FOR MANAGED CARE RECIPIENTS	CO	24	PAYMENT FOR CHARGES ADJUSTED. CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.
556	PAYMENT FOR SERVICE INCLUDED IN PER DIEM RATE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
557	THIS SERVICE IS NOT COVERED FOR MANAGED CARE RECIPIENTS	CO	24	PAYMENT FOR CHARGES ADJUSTED. CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.
559	EFP RECIPIENT NOT ELIGIBLE FOR SERVICE	CO	25	PAYMENT DENIED. YOUR STOP LOSS DEDUCTIBLE HAS NOT BEEN MET.
560	SEPERATE COMPONENTS HAVE BEEN INCLUDED IN COMPREHENSIVE PANEL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
561	RECIPIENT NOT MANAGED CARE ELIGIBLE FOR BILLING PROVIDER - SOBRA	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
562	BILLING PROVIDER NOT RECIPIENT'S PROVIDER AT TIME OF PREGNANCY OUTCOME - SOBRA	CO	52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED.
563	TYPE OF PREGNANCY OUTCOME INVALID/MUST BE 1, 2, OR 3 - SOBRA	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
564	FIRST TYPE OF DELIVERY INVALID - SOBRA	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
565	SERVICE DENIED AS CONSIDERED COSMETIC	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
566	THIRD PREGNANCY OUTCOME OR TYPE OF DELIVERY INVALID - SOBRA	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
567	PREGNANCY OUTCOME LESS THAN 20 WEEKS/INDUCED ABORTION NOT ELIGIBLE - SOBRA	CO	46	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED.
568	GESTATION AGE MISSING/INVALID - SOBRA	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
569	DELAYED CLAIM/CAPITATION ADJUSTMENT - SOBRA	CO	24	PAYMENT FOR CHARGES ADJUSTED. CHARGES ARE COVERED UNDER A CAPITATION AGREEMENT/MANAGED CARE PLAN.
570	OUR HISTORY FILES SHOW NO BILLING FOR THE MOTHER'S DELIVERY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
571	SOBRA CLAIM LIMITED ONCE PER 140 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
572	COMPND SEG MUST BE PRESENT WHEN COMPND IND = 2	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
573	CLIA DATES DO NOT INCLUDE DATE OF SERVICE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
578	INPATIENT CLAIMS OF ONE DAY IN LENGTH REQUIRE DISCHARGE HOUR	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
579	PHARMACY CLAIM DATE OF SERVICE GREATER THAN 7/1/94	CO	46	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED.
580	MAINTENANCE ON OXYGEN CONCENTRATORS LIMITED TO ONCE EVERY TWO MONTHS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
581	INVALID PLACE OF SERVICE FOR FQHC OPTOMETRY/PODIATRY PROCEDURE	CO	58	PAYMENT ADJUSTED BECAUSE TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERV
582	INVALID PLACE OF SERVICE FOR FQHC IN-HOSPITAL PROCEDURE	CO	58	PAYMENT ADJUSTED BECAUSE TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERV
583	RECIPIENT WAS DECEASED ON CLAIM DATE OF SERVICE	CO	13	THE DATE OF DEATH PRECEDES THE DATE OF SERVICE.
590	THE MAXIMUM DOLLAR AMOUNT ALLOWED PER DAY HAS BEEN MET	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
591	NDC NOT COVERED, TERMINATED NDC	CO	96	NON-COVERED CHARGE(S).
592	NDC NOT COVERED, DESI DRUG	CO	96	NON-COVERED CHARGE(S).
593	NDC NOT COVERED, DRUG CLASS NOT COVERED	CO	96	NON-COVERED CHARGE(S).
594	NDC NOT COVERED, NON-REBATEABLE NDC	CO	96	NON-COVERED CHARGE(S).
595	NDC NOT COVERED, NDC REMOVED FROM MARKET	CO	96	NON-COVERED CHARGE(S).
596	DO NOT PAY, NO PRICE ON FILE	CO	96	NON-COVERED CHARGE(S).
598	DME RENTAL LIMIT HAS BEEN EXCEEDED	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.

599	RECIPIENT NAME IS MISPELLED.	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
600	DOCUMENT DRUG'S NAME,STRENGTH,EXACT QUANTITY USED AND HOW ADMINISTERED IS REQD	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
601	DIAGNOSIS CODE CANNOT BE MATCHED WITH NASALECTOMY PROCEDURE	CO	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.
604	MORE THAN ONE PROCEDURE PER DAY WITH THE SAME DIAGNOSIS REQUIRES A P.A.	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
606	CLAIM UNITS BILLED EXCEEDS REMAINING AUTHORIZED UNITS ON PA	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
608	OBSTETRICAL DELIVERY PAYMENTS ARE LIMITED TO ONCE PER 280 DAYS.	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
609	THIS OPTOMETRY SERVICE IS NON-COVERED PRIOR TO DATE OF SERVICE 07/01/89.	CO	46	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED.
610	PSYCHOTHERAPY UNITS GREATER THAN ONE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
611	PRESCRIPTION/FIT OF CONTACT LENS CANNOT BE PAID UNTIL LENS ITSELF PAID/APPROVED	CO	107	CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PAID OR IDENTIFIED ON THE CLAIM.
612	DISPENSING FRAMES OR PRESCRIBING CONTACT LENSES LIMITED TO ONE PER 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
613	DISPENSING OF LENSES LIMITED TO TWO PER 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
614	OFFICE/MEDICAL VISITS CANNOT BE PAID WITH THE SAME DATE OF SERVICE AS SURGERY	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
615	RECIPIENT NOT ELIGIBLE FOR SERVICES	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
616	QMB RECIPIENT NOT ELIGIBLE FOR SERVICES	CO	30	PAYMENT ADJUSTED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY, SPEND DOWN, WAITING, OR RESIDENCY REQUIREMENTS.
619	CLAIM DENIED FOR EARLY REFILL	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
620	CLAIM DENIED SAME THERAPEUTIC CLASS CODE	CO	18	DUPLICATE CLAIM/SERVICE.
621	CLAIM DENIED; NO CORRESPONDING CLAIM ON FILE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
622	THIS IS A NON-COVERED SERVICE FOR THIS PROVIDER	CO	B19	CLAIM/SERVICE ADJUSTED BECAUSE OF THE FINDING OF A REVIEW ORGANIZATION.
623	COMPOUND DRUG - SUBMIT WITH INGREDIENT NDC'S	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
624	NDC NOT COVERED	CO	96	NON-COVERED CHARGE(S).
625	MUST BE PARTICIPATING PROVIDER W/PRIMARY INSURER	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
626	NO LONG TERM CARE AUTH. ON FILE FOR DATES OF SERVICE BILLED/CLAIM > 60 DAYS OLD	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
627	RPL ON CLAIM DOESN'T MATCH RPL ON LONG TERM CARE AUTH. FILE/CLAIM > 60 DAYS OLD	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
628	PROV. ON CLAIM DOESN'T MATCH PROV. ON LONG TERM CARE AUTH. FILE/CLAIM > 60 DAYS	CO	52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED.
629	GAP IN BILLED DAYS/SPLIT MONTH CLAIM. CLAIM GREATER THAN 60 DAYS OLD.	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
630	BILL PROVIDER CANNOT DISPENSE ORAL CONTRACEPTIVES	CO	52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED.
631	NO LONG TERM CARE AUTHORIZATION ON FILE FOR DATES OF SERVICE BILLED	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
632	LTC PATIENT LIABILITY AMOUNT DOES NOT MATCH LIABILITY AMOUNT ON CLAIM SUBMITTED	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
633	GAP IN BILLED DAYS/SPLIT MONTH CLAIM	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
634	YOUR PROVIDER TYPE CANNOT BILL THE RPL SUBMITTED ON CLAIM	CO	B6	THIS PAYMENT IS ADJUSTED WHEN PERFORMED/BILLED BY THIS TYPE OF PROVIDER, BY THIS TYPE OF PROVIDER IN THIS TYPE OF FACILITY, O
635	PROVIDER ON CLAIM SUBMITTED DOES NOT MATCH PROVIDER ON LONG TERM CARE AUTH FILE	CO	52	THE REFERRING/PRESCRIBING/RENDERING PROVIDER IS NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED.
636	REVENUE CODE 636 COVERS ONLY INJECTED CHEMOTX AGENTS.HCPCS OR NDC IS REQUIRED.	CO	B19	CLAIM/SERVICE ADJUSTED BECAUSE OF THE FINDING OF A REVIEW ORGANIZATION.
637	RPL ON CLAIM SUBMITTED DOES NOT MATCH RPL ON LONG TERM CARE AUTHORIZATION FILE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
638	THE MAXIMUM ALLOWED (\$176 PER 30 DAYS) FOR INFUSION PUMP RENTAL HAS BEEN REACHED	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
639	OPTOMETRY BILLING PROVIDER CANNOT BILL LEVEL 1 MODIFIER	CO	4	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
645	CLAIM DENIED FOR DRUG TO DRUG INTERACTION	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
651	DRUG QUANTITY AND/OR DAYS SUPPLY LESS THAN MINIMUM QUANTITY	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
655	DETAIL PROCEDURE CODE NOT VALID	CO	96	NON-COVERED CHARGE(S).
656	DETAIL MODIFIER NOT VALID	CO	B18	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.
657	DETAIL PROCEDURE CODE NOT VALID FOR DATE OF SERVICE	CO	133	THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.

658	DETAIL MODIFIER ON REVIEW	CO	B18	PAYMENT DENIED BECAUSE THIS PROCEDURE CODE/MODIFIER WAS INVALID ON THE DATE OF SERVICE OR CLAIM SUBMISSION.
659	MODIFIER NOT VALID FOR DATE OF SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
660	MODIFIER BILLED IS NOT COVERED BY RI MEDICAL ASSISTANCE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
666	BILLED QUANTITY NOT WITHIN DRUG RX MINIMUM/MAXIMUM VALUES	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
668	DME COVERED SERVICE ONLY	CO	96	NON-COVERED CHARGE(S).
670	OTHER INSURANCE CARRIER CODE IS MISSING/INVALID	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
674	OTHER INSURANCE PAYMENT AMOUNT IS MISSING/INVALID	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
675	RECIPIENT HAS NO WAIVER ELIGIBILITY	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
676	RECIPIENT WAIVER SEGMENT INCONSISTENT WITH PROCEDURE BILLED	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
677	RECIPIENT NOT ELIGIBLE FOR DEA SERVICES BILLED	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
678	RECIPIENT NOT ELIGIBLE FOR MR/DD WAIVER ON DOS	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
679	THE MAXIMUM OF \$200 PER DAY PER CLIENT FOR MR SERVICES HAS BEEN MET	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
680	RECIPIENT NOT ELIGIBLE FOR PARI WAIVER ON DOS	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
681	MULT WISDOM TOOTH EXTRACTIONS ON ADULTS REQUIRES PRIOR AUTHORIZATION FROM DHS	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
682	RECIPIENT NOT ELIGIBLE FOR SDC WIAVER ON DOS	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
683	RECIPIENT NOT ELIGIBLE FOR A&D WAIVER ON DOS	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
684	CLAIM BILLED WITHOUT HEADER CLAIM ADJUSTMENT SEGMENT	PR	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
685	DAY HOSPITAL CANNOT BE BILLED WITH CHEMO, GROUP, PSYCHOTHERAPY OR DAY RX	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
686	ADJ RSN FOR RITESHARE RECIP BILLED MORE THAN ONCE FOR PR CODE/HEADER	PR	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
687	ADJ RSN FOR RITESHARE RECIP BILLED MORE THAN ONCE FOR PR CODE/DETAIL	PR	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
688	CLAIM ALLOWABLE GREATER THAN BILLED DUE TO COPAY	PR	3	CO-PAYMENT AMOUNT
689	CLAIM PAYMENT INCLUDED IN COPAY PAYMENT	PR	3	CO-PAYMENT AMOUNT
690	FEDERALLY QUALIFIED HEALTH CENTER VISITS LIMITED TO ONE PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
691	BILL CO-PAY AMOUNT FOR RITESHARE RECIPIENT	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
692	PAYMENT REQUIRED FROM RECIPIENT	PR	A1	CLAIM DENIED CHARGES.
693	CO-PAY BILLED AMOUNT MEETS OR EXCEEDS MAXIMUM ALLOWED	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
694	ANESTHETIC MANAGEMENT LIMITED TO ONE METHOD PER PATIENT FOR SAME DAY OF SERVICE	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
695	OTHER INSURANCE DID NOT PAY. PLEASE SUBMIT ON PAPER FOR REVIEW	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
696	PAYMENT MUST BE COLLECTED FROM OTHER INSURANCE CARRIER	OA	22	PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
697	OTHER COVERAGE CODE INCONSISTENT WITH OTHER PAYER AMOUNT	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
698	INVALID OTHER COVERAGE CODE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
699	HOSPITALIZATION STAMP FROM DHS IS REQUIRED WITH INPATIENT DENTAL SERVICES	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
700	RI MEDICAID DOES NOT REIMBURSE FOR CARE OF CORNS AND CALLUSES	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
701	CLAIM/DETAIL DENIED. PLEASE RESUBMIT WITH ANESTHESIA RECORD.	CO	96	NON-COVERED CHARGE(S).
702	THIS SERVICE NOT COVERED FOR PERSONS OVER 21 UNLESS FOR PRESURGICAL DIAGNOSIS	CO	58	PAYMENT ADJUSTED BECAUSE TREATMENT WAS DEEMED BY THE PAYER TO HAVE BEEN RENDERED IN AN INAPPROPRIATE OR INVALID PLACE OF SERV
703	PLACE OF SERVICE CODE MISSING/INVALID.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
704	PROCEDURE CODE NOT CONSISTENT WITH PROVIDER TYPE.	CO	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).
705	PROCEDURE NOT CONSISTENT WITH PROVIDER SPECIALTY.	CO	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).
706	PROCEDURE CODE NOT CONSISTENT WITH DIAGNOSIS.	CO	11	THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE.
707	PLEASE RESUBMIT WITH A MORE SPECIFIC DIAGNOSIS	CO	B22	THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
708	E CODES MAY NOT BE BILLED AS A PRIMARY DIAGNOSIS	CO	B22	THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.

709	ADULT DENTAL SERVICES ARE NOT COVERED BY RI MEDICAID PRIOR TO JANUARY 1, 1989	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
710	PLEASE USE APPROPRIATE PROVIDER NUMBER ASSIGNED FOR THIS SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
711	CHIROPRACTIC VISITS FOR RECIPIENTS LESS THAN 12 YEARS OLD REQUIRES PA	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
716	HOSPICE AND HOMEHEALTH PROV TYPE NOT CONSISTENT WITH PROCEDURE CODE/PROV TYPE	CO	8	THE PROCEDURE CODE IS INCONSISTENT WITH THE PROVIDER TYPE/SPECIALTY (TAXONOMY).
720	RECIPIENT NOT ELIGIBLE FOR ASSISTED LIVING WAIVER SERVICE	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
724	INVALID POS SUBMITTER IDENTIFICATION	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
725	MISSING OR DUPLICATE PRESCRIPTION NUMBER-PLEASE RESUBMIT	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
726	THIS NDC IS NOT ALLOWED FOR POS DEVICE-PLEASE SUBMIT PAPER CLAIM	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
730	PSYCHIATRIC DIAGNOSIS AND EVALUATION INTERVIEWS LIMITED TO 5 HOURS PER YEAR	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
731	GROUP PSYCHOTHERAPY LIMITED TO 24 UNITS/WK OR 6 HOURS/WK	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
732	LEA SERVICES FOR RECIPIENT WITH AID CATEGORY OF J1 THRU J8	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
733	FAMILY CARE PLAN REV OR FAMILY CARE PLAN DEVELOPMENT MUST BE PAID	CO	107	CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PAID OR IDENTIFIED ON THE CLAIM.
734	MUST BILL IFA BEFORE BILLING PROC CODE FOR FAMILY CARE PLAN	CO	22	PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
735	CEDARR CASE RATE MAXIMUM \$50.00 PER CALENDAR MONTH	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
736	PROC CODE REQUIRES CEDARR REGISTRATION ON FILE RECIP/CFC ON DOS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
737	REFERRING PROVIDER MUST BE CFC FOR RECIPIENT ON DOS	OA	B7	THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
738	COST OF ADMINISTERING MEDICATION ALREADY INCLUDED IN PRIMARY CODE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
740	W PROCEDURE CODES ON DENTAL CLAIMS ARE INVALID AFTER 7/15/88.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
741	ALL COMPLEX THIRD MOLAR SURGERY LIMITED TO SINGLE SYMPTOMATIC TEETH	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
744	PAYMENT CUT BACK TO MAXIMUM DOS LIMIT FOR INTRAORAL FILMS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
745	CHIROPRACTIC VISITS LIMITED TO 10 PER CALENDAR YEAR	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
748	CLAIM DENIED. INCORRECT BILLING OF RECIPIENT NAME FOR THIS CLAIM TYPE.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
749	SERVICE DENIED BY DHS/DENTAL	CO	B19	CLAIM/SERVICE ADJUSTED BECAUSE OF THE FINDING OF A REVIEW ORGANIZATION.
751	SEALANTS LIMITED TO OCCLUSAL SURFACE/TEETH	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
752	PERMANENT CROWNS LIMITED TO 1 PER TOOTH EVERY 2 YEARS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
753	PULPOTOMY LIMITED TO ONCE PER DECIDUOUS TOOTH PER LIFETIME	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
754	ROOT CANAL THERAPY LIMITED TO ONE PROCEDURE PER TOOTH PER RECIPIENT LIFETIME	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
756	ENDODONIC IMPLANTS LIMITED TO 1 PER TOOTH PER 2 YEARS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
760	PERIODONTAL SCALING PER QUADRANT LIMITED TO ONCE PER 365 DAYS, ANY PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
761	PARTIAL AND COMPLETE DENTURES LIMITED TO ONE PER FIVE YEARS, ANY PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
762	PROCEDURE LIMITED TO 1 PER 180 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
763	PROCEDURE LIMITED TO 1 PER 365 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
764	EXTRACTIONS LIMITED TO ONCE PER TOOTH PER LIFETIME	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
765	BITEWINGS ARE LIMITED TO 4 UNITS PER DATE OF SERVICE PER DHS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
766	PARTIAL RADIOGRAPHS CANNOT BE BILLED ON THE SAME DOS AS A COMPLETE SERIES	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
767	PROCEDURE LIMITED TO 4 UNITS PER LIFETIME	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
768	PROCEDURE LIMITED TO ONE UNIT PER 180 DAYS FOR ANY PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
769	MENTAL RETARDATION SERVICES ARE LIMITED TO \$200 PER DAY PER CLIENT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
771	PREFABRICATED CROWNS LIMITED TO 1 PER ANTERIOR TOOTH PER LIFETIME, ANY PROVIDER	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
773	PREOP SERVICE NOT ALLOWED WITHIN ONE DAY OF SURGERY	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WASPROVIDED.
774	DENTAL PROCEDURES D5212 AND D5214 CANNOT BE BILLED TOGETHER ON THE SAME DATE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
776	POSTOP/PREOP SERVICE NOT ALLOWED WITHIN 30 DAYS OF SURGERY	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
777	CANNOT BILL LAB PANEL & SEPARATE COMPONENTS SAME DOS	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.

778	DENTAL PROCEDURES D5730 AND D5750 CANNOT BE BILLED TOGETHER ON THE SAME DATE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
780	DENTAL PROCEDURES D5740 AND D5760 CANNOT BE BILLED TOGETHER ON THE SAME DATE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
783	ENTERAL SUPPLIES ARE LIMITED TO A MAXIMUM OF \$220 PER 30 DAYS	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
789	CLIENT CANNOT RECEIVE BOTH OUTPATIENT AND RESIDENTIAL TREATMENT ON THE SAME DOS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
790	THIS SERVICE/ITEM LIMITED TO ONCE PER RECIPIENT LIFETIME	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
793	SAME X-RAY/INTERPRETATION ON SAME DAY REQUIRE DOCUMENTATION OF NECESSITY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
794	PAYMENT ADJUSTMENT DUE TO PROVIDER ACCOMMODATION RATE REDUCTION	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
795	CLAIM DENIED OUTPATIENT SURGERY ALREADY PAID ON SEPERATE CLAIM FOR SAME DOS	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
796	PAID AMOUNT IS ZERO. THREE OUTPATIENT SURGERIES PAID.	CO	59	CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES OR CONCURRENT ANESTHESIA RULES.
797	DETAIL DENIED AS INCLUDED IN MEDICAID REIMBURSEMENT FOR NURSING HOME STAY	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
799	DETAIL DENIED AS INCLUDED WITHIN OR IDENTICAL TO A CONCURRENTLY BILLED SERVICE	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
800	MORE THAN ONE PGC 2, SAME DOS, REQUIRES ADMISSION HISTORY & PROCEDURE/OP NOTES	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
801	DETAIL DENIED. ANOTHER PROVIDER HAS ALREADY BEEN PAID FOR THE SAME SERVICE	CO	B20	PAYMENT ADJUSTED BECAUSE PROCEDURE/SERVICE WAS PARTIALLY ORFULLY FURNISHED BY ANOTHER PROVIDER.
802	A MAXIMUM OF FIVE HOME VISITS PER MONTH ARE ALLOWED BY THE SAME PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
803	ONLY 5 LIKE PROCEDURES PER 30 DAYS ARE PERMITTED FOR THE SAME PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
804	ONLY ONE PROCEDURE PER DAY IS ALLOWED FOR THE SAME DIAGNOSIS	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
805	NURSING HOME VISITS ARE LIMITED TO FIVE PER MONTH	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
806	VITAMIN B12 INJECTIONS ARE LIMITED TO ONE PER MONTH	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
807	LUMBAR-SACRAL ORTHOSSES LIMITED TO 2 PER 365 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
808	OUR HISTORY FILE INDICATES THIS IS NOT THE INITIAL VISIT FOR PLANNED PARENTHOOD	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
809	PLANNED PARENTHOOD ANNUAL EXAM MAY ONLY BE BILLED ONCE PER 365 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
810	THE MAXIMUM OF \$200 PER DAY, PER CLIENT, FOR MH SERVICES HAS BEEN MET	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
811	AMBULANCE TRIPS LIMITED TO ONE UNIT PER DAY PER PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
812	GROUP THERAPY SESSIONS MUST LAST A MINIMUM OF 1 HOUR	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
813	DISCHARGE DAY MANAGEMENT LIMITED TO ONE PER HOSPITAL STAY PER RECIPIENT	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
814	CHEMOTHERAPY TREATMENT IS LIMITED TO ONE UNIT PER DAY AND 4 UNITS PER WEEK	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
815	DIAGNOSIS AND EVALUATION LIMITED TO 4 HOURS/MONTH OR \$192/MONTH PER RECIPIENT	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
816	GROUP THERAPY IS LIMITED TO 10 HOURS PER WEEK.	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
817	PSYCHOTHERAPY IS LIMITED TO FIVE HOURS PER WEEK.	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
818	DAY ACTIVITY IS LIMITED TO FIVE PER WEEK.	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
819	CODE CANNOT BE PAID UNLESS PRIMARY SURGERY IS AUTHORIZED & COED SUBSTANTIATED	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
820	THIS PSYCHOLOGICAL/PSYCHIATRIC PROC MAY ONLY BE BILLED IN ONE UNIT OF SERVICE.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
821	PSYCHOTHERAPY PAYMENTS APPROACHING MAX. ALLOWED. IF EXTENSION NEEDED, APPLY NOW	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT. PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
822	RECIPIENT CANNOT BE CLASSIFIED AS BOTH MH AND MR FOR THE SAME DATE OF SERVICE	CO	125	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
823	MAXIMUM OF \$500 PER YEAR LIMIT HAS BEEN REACHED	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
824	PROCEDURE CODE LIMITED TO 5 HOURS PER YEAR	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
825	HISTORY SHOWS OB CARE GIVEN BY ONE PROVIDER. REBILL THE APPROPRIATE TOTAL CODE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
826	ADULT DENTAL BENEFITS APPROACHING MAXIMUM ALLOWED AMOUNT FOR THIS RECIPIENT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
827	ADULT DENTAL'S MAXIMUM ALLOWED AMOUNT HAS BEEN REACHED FOR THIS RECIPIENT	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
828	PROCEDURES LIMITED TO 5 HOURS PER YEAR	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
829	TOTAL OB CARE CANNOT BE BILLED BECAUSE PRENATAL VISITS ALREADY PAID	CO	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.

830	PRENATAL VISITS AND TOTAL OB CARE CANNOT BE BILLED FOR THE SAME PREGNANCY	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
831	TOTAL OB CARE CANNOT BE PAID BECAUSE PARTIAL OB CARE ALREADY PAID	CO	B13	PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED IN A PREVIOUS PAYMENT.
832	SECOND,ETC.CONSULT FOR RELATED CONDITIONS SHOULD BE BILLED WITH "FOLLOW-UP" CODE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
833	AMBULANCE CERTIFICATION FORM MISSING/INVALID.	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
834	AN MD PROVIDING ACTUAL TREATMENT CANNOT ALSO BILL AS A CONSULTANT	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
835	PLEASE RESUBMIT WITH DATE AND PROVIDER OF ORIGINAL SURGERY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
836	POST-OP CARE INCLUDED IN SURGICAL SERVICE FOR 30 DAYS FOLLOWING SURGERY.	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
837	NEW PATIENT PROCEDURE CODES ARE NOT ALLOWED FOR ESTABLISHED PATIENTS.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
838	MEDICAL BENEFITS NOT ALLOWED ON SAME DAY AS SURGERY	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
839	INITIAL CONSULTATION LIMITED TO ONE PER DIAGNOSIS PER PROVIDER	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
840	PLEASE RESUBMIT WITH COPIES OF THE APPROPRIATE INITIAL CONSULTATION RECORDS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
841	CAST APPLICATION INCLUDED IN PRICE PAID FOR FRACTURE WITH REDUCTION FOR 30 DAYS	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
842	POSTPARTUM CARE LIMITED TO ONE PER SIX MONTHS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
843	PRENATAL VISITS LIMITED TO 15 PER 280 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
844	POSTPARTUM CARE LIMITED TO ONE PER SIX MONTHS FOR NURSE MIDWIVES	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
845	THESE SERVICES INCLUDED IN PREVIOUSLY PAID ECG WITH STRESS TESTING	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
846	MORE THAN ONE ADMISSION CODE TO SAME FACILITY/SIMILAR DIAGNOSIS/30 DAYS NEEDS PA	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
847	WEEKLY RADIATION THERAPY MANAGEMENT IS LIMITED TO 5 UNITS PER 7 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
848	ADMISSION CODES LIMITED TO ONE PER HOSPITAL PER 30 DAYS FOR SIMILAR DIAGNOSES	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
849	PA REQUIRED FOR MORE THAN TWO CONTACT LENSES PER LIFETIME	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
850	ONE INTRAOCULAR LENS ALLOWED PER LIFETIME	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
851	THE MAXIMUM UNITS FOR REHAB EVALUATIVE SERVICES HAS BEEN MET FOR CALENDAR YEAR	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
852	SINGLE EXTRACTION LIMIT TO ONE/DAY. USE DIFF PROC FOR SECOND & MORE EXTRACTIONS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
853	SKILLED NURSING AND INTERMEDIATE CARE FACILITY VISITS ARE LIMITED TO ONE/WEEK	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
854	PRENATAL VISITS LIMITED TO 15/YEAR FOR NURSE MIDWIVES	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
855	INDIVIDUAL SERVICES AND WAIVER CANNOT BE BILLED FOR OVERLAPPING DATES	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
856	FOR 2ND ADMIT/MONTH/SIMILAR DIAGNOSIS, USE SUBSEQUENT HOSP. CARE CODE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
857	SERVICE INCLUDED WITHIN ROUTINE NEWBORN CARE	CO	49	THESE ARE NON-COVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION WITH A ROUTINE EXAM.
858	PROCEDURE CODES W1000 AND A9030 CANNOT BE BILLED ON THE SAME DATE OF SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
859	ROUTINE NEWBORN CARE LIMITED TO ONE PER DELIVERY	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
860	NEWBORN RESUSCITATION LIMITED TO ONE PER DELIVERY	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
861	THIS HUD/HHS IS NO LONGER A COVERED SERVICE	CO	96	NON-COVERED CHARGE(S).
863	PROCEDURE LIMITED TO 1 UNIT PER DATE OF SERVICE	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
864	PLEASE RESUBMIT WITH COPIES OF BOTH ADMISSION HISTORIES	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
865	ONLY ONE OFFICE/EPSTD VISIT PERMITTED PER DAY FOR SAME RECIPIENT, SAME PROVIDER	CO	B14	PAYMENT DENIED BECAUSE ONLY ONE VISIT OR CONSULTATION PERPHYSICIAN PER DAY IS COVERED.
866	PROCEDURE LIMITED TO ONE PER DOS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
867	HEMODIALYSIS CODES LIMITED TO 3 UNITS WITHIN 7 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
869	ALLERGY TESTING PROCEDURE LIMITED TO ONE UNIT PER DATE OF SERVICE	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
870	BILL ONLY ONE CODE PER GROUP FOR TOTAL # OF TESTS DONE; UNITS = 1	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
871	ALLERGY VACCINES MAY ONLY BE BILLED IN ONE UNIT PER DATE OF SERVICE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS

872	PROCEDURE CODE LIMITED TO 1 UNIT PER DATE OF SERVICE	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
873	PROCEDURE CODE LIMITED TO 1 UNIT PER DATE OF SERVICE	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
874	PROCEDURE CODE LIMITED TO 1 UNIT PER DATE OF SERVICE	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
875	PAYMENT REDUCED TO PSYCHOTHERAPY LIMITATION OF 1 UNIT PER DAY	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
876	MD CANNOT BILL NEWBORN ADMIT AND SUBSEQUENT HOSPITAL VISITS FOR NORMAL NEWBORN	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
877	PROCEDURE LIMITED TO TWO UNITS PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
878	GENERAL PSYCHOTHERAPY LIMITED TO 1 UNIT PER DAY OVER 21, 2 UNITS UNDER 21	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
879	DHS GENERAL PSYCHOTHERAPY LIMITED TO 28 UNITS PER WEEK	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
880	CONSULTATIONS LIMITED TO ONE UNIT PER DOS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
881	SA REHAB VISITS LIMITED PER 365 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
882	DHS DAY HOSPITAL LIMITED TO EIGHT UNITS PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
883	MH DAY TREATMENT LIMITED TO ONE UNIT PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
884	PROCEDURE CODE LIMITED TO 5 UNITS PER CALENDAR WEEK	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
885	MR MILEAGE LIMITED TO 2 UNITS PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
887	ECHOCARDIOGRAPHY LIMITED TO ONE PER DATE OF SERVICE.	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
888	MR/REHAB GENERAL PSYCHOTHERAPY IS LIMITED TO 7 HOURS PER WEEK	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
889	THIS TOS 5 AUDIOMETRIC TEST CAN ONLY BE BILLED IN UNITS OF ONE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
890	MR/REHAB DIAGNOSIS & EVAL. IS LIMITED TO 30 HOURS PER YEAR	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
893	SPAN OF DAYS FOR MILEAGE DOES NOT EQUAL DATES OF CLINIC VISITS.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
894	MR DAY TREATMENT IS LIMITED TO 1 UNIT PER DAY	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
895	MR DAY TREATMENT IS LIMITED TO 5 UNITS PER WEEK	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
896	WAIVER SERVICES LIMITED TO ONE UNIT PER DOS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
897	THE MAXIMUM LABOR TIME ALLOWED FOR SEATING SYSTEMS IS 5 HOURS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
898	THE MAXIMUM LABOR TIME ALLOWED FOR SEATING SYSTEM MODIFICATIONS IS 3 HOURS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
899	TRAINING/COUNSELING BY MD LIMITED TO ONE PER RECIPIENT LIFETIME, ANY PROVIDER	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
900	ROUTINE VENIPUNCTURE FOR SPECIMEN(S) COLLECTION LIMITED TO 1 UNIT/DAY/PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
901	ENCOUNTER VISITS LIMITED TO ONE PER DAY PER PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
902	P9001 LIMITED TO ONE UNIT/DAY FOR SAME PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
903	POS REVERSAL	CR	63	CORRECTION TO A PRIOR CLAIM.
904	P9650 LIMITED TO ONE UNIT/DAY FOR SAME PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
906	WAIVER CODES X8100-X8122 CANNOT BE BILLED WITH PROCEDURE CODES X3800-X3888	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
909	THE MOTHER'S ADMISSION IS INCLUDED WITHIN THE OB/DELIVERY REIMBURSEMENT	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
910	VISUAL ANALYSIS EXAMS LIMITED TO ONE PER 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
911	PROCEDURE X2887 CANNOT BE BILLED WITH PROCEDURE X2876	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
913	REFRACTION EXAM LIMITED TO ONCE PER 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
914	THE MAXIMUM ALLOWED OF 3 ROOT CANALS PER ADULT RECIPIENT LIFETIME HAS BEEN MET	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
915	PROCEDURE X3887 CANNOT BE BILLED WITH PROCEDURE X3871	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
919	P9600 AND 36415 CANNOT BE BILLED FOR SAME RECIPIENT, SAME DOS	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
923	THIS MODIFIER NOT ALLOWED FOR RECIPIENT AGE	CO	6	THE PROCEDURE/REVENUE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.
925	MH/REHAB EMERGENCY CARE PER 30 DAY LIMIT HAS BEEN PAID	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
926	PRESCRIBER IDENTIFICATION MISSING/INVALID	OA	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
928	RURAL HEALTH CLINIC AND FOHC ENCOUNTERS LIMITED TO 5 PER 30 DAYS	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
932	CEPHALOMETRIC X-RAY IS LIMITED TO ONCE IN 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
933	DIAGNOSTIC MODELS ARE LIMITED TO ONE PER 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
934	DIAGNOSTIC PHOTOGRAPHS LIMITED TO ONCE IN 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
938	TMJ SPLINT LIMITED TO ONE PER JOINT PER 730 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
939	MILEAGE IS COVERED ONLY WHEN CLINIC,CASE MANAGEMENT, OR REHAB SVCS. ARE PROVIDED	CO	96	NON-COVERED CHARGE(S).

940	INITIAL ORAL EXAM LIMITED TO 1 PER SAME PROVIDER PER LIFETIME	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
941	PERIODIC ORAL EXAM LIMITED TO ONE PER 180 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
942	ONLY TWO ORAL EXAMS (INITIAL AND/OR PERIODIC) ARE COVERED PER CALENDAR YEAR	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
943	COMPLETE SERIES RADIOGRAPHS LIMITED TO ONCE IN 365 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
944	MAXIMUM ALLOWED FOR INTRAORAL FILMS PER DOS, PER PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
947	PANORAMIC FILM LIMITED TO ONE PER 1095 DAYS BY THE SAME PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
948	DENTAL PROPHYLAXIS LIMITED - TWO PER CALENDAR YEAR	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
949	FOUR PINS FOR RESTORATION LIMITED TO ONE/TOOTH/365 DAYS, ANY PROVIDER	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
950	DME CANNOT BE RENTED FOR LONGER THAN 3 MONTHS UNLESS MEDICAID APPROVAL ATTACHED.	CO	108	PAYMENT ADJUSTED BECAUSE RENT/PURCHASE GUIDELINES WERE NOT MET.
951	BOTH THE DATE OF PRESCRIPTION AND THE DATE OF PROVIDER'S SIGN. NEEDED TO PROCESS	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
952	PLEASE RESUBMIT ON DME/SUPPLIES CLAIM FORM	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
953	CLAIM DENIED FOR MULTIPLE ERRORS. ANY QUESTIONS PLEASE CONTACT COMMUNICATIONS	CO	A1	CLAIM DENIED CHARGES.
954	CLAIM/DETAIL DENIED. MEDICAID COLUMN AMOUNTS MUST BE ENTERED. CORRECT AND REFILE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
955	RESTORATIVE TREATMENT LIMITED TO ONCE PER TOOTH/TOOTH SURFACE PER 365 DAYS.	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
956	DIAGNOSIS(ES) USED DO(ES) NOT RELATE TO ITEM(S)/SERVICE PROVIDED.	CO	B22	THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
957	DENIED. FIRST MONTH'S 'TENS' SUPPLIES INCLUDED IN RENTAL FEE FOR E0730-RR.	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
958	RESUBMIT WITH DATE ITEM PURCHASED (OR RENTAL START DATE) AND PROVIDER OF ITEM.	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
959	ENTERAL SUPPLIES ARE LIMITED TO HIGH TECH PROVIDERS, WITH A PA FROM MEDICAID	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
960	RESUBMIT WITH YOUR LABOR RATE (PER HOUR) AND THE TOTAL TIME BEING BILLED.	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
961	PLEASE RESUBMIT. UNITS SHOULD EQUAL NO. OF TOTAL ITEMS IN ALL INDIVIDUAL PACKAGES	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
962	DHS AUTHORIZATION REQUIRED WHEN SERVICE PROVIDED TO RECIPIENT UNDER 18 YEARS OLD	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
963	PLEASE ITEMIZE CHARGES TO INDIVIDUAL ITEMS BILLED ON THIS DME CLAIM & RESUBMIT	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
964	RESUBMIT WITH INVOICE AND COPY OF WARRANTY	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
965	INAPPROPRIATE PROCEDURE CODE. PLEASE REFER TO DME MANUAL	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
966	SERVICE DATE IS BEFORE AUTHORIZED DATE IN PA NUMBER.	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
967	PLEASE RESUBMIT W/COPY OF ORIGINAL CLAIM YOU USED TO OBTAIN PRIOR AUTHORIZATION.	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
968	MEDICAL NECESSITY FORM DOES NOT DOCUMENT NEED OF ITEM	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
969	QUANTITY PROVIDED PER 30 DAYS EXCEEDS NORMAL USAGE	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
970	PLEASE GIVE ITEMIZED LIST OF LABOR AND PARTS CHARGES	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
971	THESE SUPPLIES ARE INCLUDED WITHIN THE REIMBURSEMENT OF THE EQUIPMENT RENTAL	CO	97	PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
972	WHEELCHAIR PRICING REQUIRES BRAND NAME AND MODEL NUMBER	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
973	LENGTH OF NEED INDICATED ON THE MED. NECESSITY FORM CONTRADICTS BILLING RENTAL.	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
974	COMPLETE MED SUPPLIES SECTION OF MED. NEC. FORM AND INDICATE AVG. MONTHLY USAGE.	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
975	PLEASE RESUBMIT WITH MANUFACTURER'S INVOICE OR SUGGESTED LIST PRICE	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
976	DENIED. QUANTITY PROVIDED EXCEEDS ALLOWED/NORMAL AMOUNT(S).	CO	57	PAYMENT DENIED/REDUCED BECAUSE THE PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE, THIS MANY SE
977	THE DATE THAT THE PHYSICIAN'S CERTIFICATION WAS COMPLETED IS ILLEGIBLE/INVALID.	CO	17	PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SUP
978	RENTAL DENIED. CONSIDERATION OF PURCHASE IS INDICATED DUE TO LONG TERM NEED.	CO	108	PAYMENT ADJUSTED BECAUSE RENT/PURCHASE GUIDELINES WERE NOT MET.

979	QUANTITY/UNITS BILLED EXCEED(S) AMOUNT APPROVED ON MEDICAL NECESSITY FORM	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
980	PA OR EXPLANATION REQUIRED TO JUSTIFY EXCESSIVE QUANTITIES/UNITS	CO	62	PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION.
981	DOCUMENTATION INDICATES TEMPORARY NEED. REBILL FOR RENTAL INSTEAD OF PURCHASE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
982	ANNUAL PHYSICAL EXAM LIMITED TO ONCE PER 365 DAYS	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
983	EFFECTIVE 1-1-88, SERVICE COVERED UNDER SOLE-SOURCE RESPIRATORY CONTRACT	CO	96	NON-COVERED CHARGE(S).
984	ONLY SOLE-SOURCE CONTRACTOR ALLOWED OXYGEN IN NURSING HOME	CO	A1	CLAIM DENIED CHARGES.
985	NEW AOPA CODE IN EFFECT FOR DOS 4-1-88 AND AFTER. REFER TO YOUR UPDATED LISTING.	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
986	DENTAL SEALANTS TO ONCE PER PERMANENT TOOTH, RECIPIENT UNDER 21, ANY PROVIDER	CO	35	BENEFIT MAXIMUM HAS BEEN REACHED.
987	CODE Y9873 NEEDS MD PRESCRIPTION (DOSAGE,FREQ.,# DAYS) AND NATIONAL DRUG CODE #	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
988	EXPLANATION/DOCUMENTATION NEEDED TO JUSTIFY MORE EXPENSIVE ITEM	CO	16	CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. ADDITIONAL INFORMATION IS SUPPLIED USING REMITTANCE ADVICE
989	THERAPEUTIC FOSTER CARE (-TF) AND FAMILY BASED (-FB) SERVICES ARE EXCLUSIVE	CO	125	PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS
990	RECIPIENT ALLOWED MAXIMUM OF 124 UNITS IN A SIX MONTH PERIOD	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
991	RECIPIENT ALLOWED A MAXIMUM OF 1 UNIT PER EIGHT MONTH PERIOD	CO	119	BENEFIT MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED.
993	CASE MANAGEMENT LIMITED TO \$600 PER CALENDAR MONTH	CO	42	CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.
994	RECIPIENT NOT ENROLLED IN RITESHARE FOR DATES OF SERVICE BILLED ON CLAIM	CO	28	COVERAGE NOT IN EFFECT AT THE TIME THE SERVICE WAS PROVIDED.
995	RECIPIENT PARTIAL ENROLLMENT IN RITESHARE FOR DATES OF SERVICE BILLED ON CLAIM	CO	141	CLAIM ADJUSTMENT BECAUSE THE CLAIM SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.
996	PLEASE RESUBMIT ACCORDING TO FQHC ENCOUNTER BILLING GUIDELINES	CO	B5	PAYMENT ADJUSTED BECAUSE COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.
997	WE HAVE SPLIT AND REBATCHED YOUR CLAIM. IT WILL SHOW AS PENDING ON YOUR NEXT RA	CO	63	CORRECTION TO A PRIOR CLAIM.
998	CLAIM DENIED AT PROVIDER'S REQUEST	CO	63	CORRECTION TO A PRIOR CLAIM.
999	EDS WILL RESUBMIT. DO NOT RESUBMIT.	CO	63	CORRECTION TO A PRIOR CLAIM.