

MSG#	Description
1	MEDICARE PART A CLAIM FOR A VA/DOD PROV
2	PAYMENT REDUCED DUE TO MEDICARE
3	CLAIM MUST BE RESUBMITTED WITH A MSN
174	INSURED ID NOT FOUND
254	PROCEDURE CODE IS INVALID
482	AUTHORIZATION ID NOT FOUND
500	DIAGNOSIS CODE REQUIRED
512	CLAIM TYPE IS INVALID
513	PROV AGRMNT CD MUST BE P-PAR / N-NON PAR
514	FROM AND THRU DATES ARE REQUIRED
515	FROM DATE IS INVALID
516	FROM DATE IS GREATER THAN CURRENT DATE
517	THRU DATE IS INVALID
518	THRU DATE IS GREATER THAN CURRENT DATE
519	THRU DATE IS LESS THAN FROM DATE
520	BILLING PROVIDER IS REQUIRED
522	DCN IS REQUIRED
524	DCN IS NOT UNIQUE
528	DIAGNOSIS CODE NOT ON CLAIM
529	AMOUNT BILLED IS REQUIRED
530	CLAIM SERVICE DATES ARE REQUIRED
531	POSSIBLE DUPLICATE CLAIM
532	SERVICE DATES ARE NOT WITHIN CLAIM DATES
555	CASE NOT FOUND FOR CLAIM
557	CUSTOMER IS NOT ELIGIBLE
578	CUSTOMER CLAIMS MUST BE REVIEWED
592	NO BENEFITS FOUND FOR DATES OF SERVICE
593	PROC NOT COVERED IN CUSTOMER BENEFITS
609	INVALID PLACE OF SERVICE
617	CLAIM HAS NO LINEITEMS
628	CLAIM RELATED CAUSE IS INVALID
629	AUTHORIZATION IS PENDING
630	AUTHORIZATION IS DENIED
631	REFERRAL ID IS REQUIRED
632	REFERRAL NOT FOUND
633	CLAIM PAST REFERRAL THROUGH DATE
637	PROVIDER REVIEW REQUESTED
639	FEE NOT FOUND FOR PROCEDURE CODE
641	AUTHORIZATION ID IS REQUIRED
656	CLAIM SUSPENDED/POSSIBLE OTHER INS
660	CLAIM TYPE IS REQUIRED
661	CLAIM RECEIVED AFTER NO# OF DAYS LIMIT
663	INVALID FORMAT OF DCN
809	CLAIM DOES NOT MATCH THE AUTH
815	VERIFY CUSTOMER COB INFORMATION
826	DIAGNOSIS CODE #1 IS INVALID
827	DIAGNOSIS CODE #2 IS INVALID
828	DIAGNOSIS CODE #3 IS INVALID
829	DIAGNOSIS CODE #4 IS INVALID
862	AUTH PROV DOES NOT MATCH CLAIM PROV
864	CLAIM DATES NOT WITHIN AUTH DATES
866	REFERRAL INSURED NOT MATCH CLAIM INSURED
867	REFERRAL PROV DOES NOT MATCH CLAIM PROV
868	SERVICE NOT REFERRED
869	MULTIPLE AUTHS MATCH CLAIM, MUST LOOKUP
870	MULTIPLE REFRLS MATCH CLAIM, MUST LOOKUP
871	AUTH INSURED DOES NOT MATCH CLM INSURED
930	SERVICE LINE IS A DUP OF ANOTHER LINE
931	TRAUMA DIAGNOSIS INDICATED FOR DIAG #1
932	TRAUMA DIAGNOSIS INDICATED FOR DIAG #2
933	TRAUMA DIAGNOSIS INDICATED FOR DIAG #3
934	TRAUMA DIAGNOSIS INDICATED FOR DIAG #4
942	THIS IS A CAPITATED SERVICE
943	THIS IS A PARTIALLY CAPITATED SERVICE
1017	AUTHORIZATION IS CLOSED
1019	DIAGNOSIS 1 INDICATES POSS DENTAL CLAIM
1020	DIAG 2 - POSS WORKERS COMP/AUTO CLAIM
1021	DIAGNOSIS 2 INDICATES POSS DENTAL CLAIM
1022	DIAG 3 - POSS WORKERS COMP/AUTO CLAIM

1023 DIAGNOSIS 3 INDICATES POSS DENTAL CLAIM  
1024 DIAG 4 - POSS WORKERS COMP/AUTO CLAIM  
1025 DIAGNOSIS 4 INDICATES POSS DENTAL CLAIM  
1026 MORE THAN 10 SMARTSUSPENSE ERRORS FOUND  
1027 PROCEDURE NOT INDICATED FOR A MALE  
1028 PROCEDURE NOT INDICATED FOR A FEMALE  
1029 PROC IS CLASSIFIED AS A COSMETIC PROC  
1030 PROCEDURE IS AN UNLISTED PROCEDURE  
1031 PROC FOR NEWBORN PT (< 1 YEAR OLD)  
1032 PROC FOR PEDIATRIC PT (1-17 YEARS OLD)  
1033 PROC FOR MATERNITY PT (12-55 YEARS OLD)  
1034 PROC FOR ADULT PT (OVER 14 YEARS OLD)  
1035 PROC IS CLASSIFIED AS EXPERIMENTAL  
1036 PROCEDURE CLASSIFIED AS AN OBSOLETE PROC  
1037 PROC SUBMTD WITH MOD 26, BUT PROF RVU=0  
1038 PROCEDURE REPLACED DUE TO AGE  
1039 ASSISTANT SURGEON DENIED FOR THIS PROC  
1040 PROC REPLACED WITH ESTABLISHED PT PROC  
1041 PROC IS INCIDNTL PROC, PRIMARY PROC PRESENT  
1042 PROC IS MUTUALLY EXCLUSIVE TO OTHER PROC  
1043 PROCEDURE IS POST OPERATIVE  
1044 PROCEDURE IS PRE OPERATIVE  
1045 PROCEDURE REPLACED DUE TO REBUNDLING  
1046 PROCEDURE REPLACED DUE TO SEX  
1047 PROC REPLACED DUE TO INTENSITY OF SERV  
1048 PROC IS MEDCL VISIT, PRIMARY PROC PRESENT  
1049 PROC NOT EXPECTED WITH DIAGNOSIS CODE  
1050 PROC INCLUDES UNILAT OR BILAT PERFORMANCE  
1051 PROCEDURE IS A BILATERAL CODE  
1052 PROC ALRDY DONE ALWBLE # TIMES IN PT LIFE  
1053 PROC ALRDY DONE ALWBLE # TIMES IN DAY  
1054 PROC - POSS WORKERS COMP/AUTO LIABILITY  
1055 PROC INDICATES POSSIBLE DENTAL LIABILITY  
1056 DIAG - POSS WORKERS COMP/AUTO LIABILITY  
1057 DIAG INDICATES POSSIBLE DENTAL LIABILITY  
1058 DIAG 1 - POSS WORKERS COMP/AUTO CLAIM  
1066 INVALID TOOTH NUMBER  
1067 INVALID TOOTH SURFACE 1  
1068 INVALID PROSTHESIS CODE  
1069 INVALID ORAL CAVITY  
1079 PRESCRIBING PROVIDER ID IS INVALID  
1082 DIAG CANNOT BE USED AS PRINCPL FOR DRG  
1083 INVALID ADMISSION AGE FOR DRG PROCESSING  
1084 INVALID PATIENT SEX FOR DRG PROCESSING  
1085 INVALID DISCHRG STATUS FOR DRG PROCESS  
1086 ILLOGICAL PRINCIPLE DIAG FOR DRG PROCESS  
1087 INVALID PRINCIPLE DIAG FOR DRG PROCESS  
1088 INVALID BIRTHWGHT IN GRAMS FOR DRG PROCESS  
1089 CONFLICTING BIRTHWGHT/DIAG FOR DRG PROCESS  
1090 NON-SPECFC BIRTHWGHT/DIAG FOR DRG PROCESS  
1091 INVALID DISCHARGE AGE FOR DRG PROCESSING  
1092 INVALID LENGTH OF STAY FOR DRG PROCESS  
1093 INVALID FACILITY OR COUNTY FOR DRG PROCESS  
1094 INVALID ADMIT SOURCE FOR DRG PROCESSING  
1095 50 SERVICE LINE MAX EXCEEDED, SPLIT CLAIM  
1102 E303 - PT SEX IS REQUIRED AND MUST HAVE A VALUE OF M OR F  
1103 E304 - TABLE DATA INVALID - CONTACT GMIS - TABLE:  
1104 E305 - SYSTEM LIMITS EXCEEDED - CONTACT GMIS - TABLE:  
1105 E308 - INVALID PROCEDURE CODE  
1106 E309 - DOB CANNOT BE GREATER THAN DOS  
1107 E310 - FILE GCACPF UNAVAILABLE  
1108 E311 - FILE CUSTACPF UNAVAILABLE  
1109 E312 - NO PROCEDURE CODES ENTERED, CLAIM CANNOT BE AUDITED  
1110 E313 - DOS REQUIRED FOR PROCEDURE  
1111 E314 - CLIENT PROFILE RECORD NOT FOUND  
1112 E315 - FILE CUSTMOD UNAVAILABLE  
1113 E316 - FILE GCPLST UNAVAILABLE  
1114 E317 - FILE CUSTPLST UNAVAILABLE  
1115 E318 - ERROR WRITING INTEGRATED ERROR FILE (GCERR)  
1116 E319 - FILE CUSTSS UNAVAILABLE

1117 E320 - DOS CANNOT BE A FUTURE DATE  
1118 E321 - BIRTHDATE CANNOT BE A FUTURE DATE  
1119 E324 - AGE CANNOT BE GREATER THAN 124 YEARS  
1120 E426 - ACPF DATA INVALID - CONTACT GMIS  
1121 E327 - ACCT NOT FOUND ON CLIENT OPTIONS FILE  
1122 E430 - NUMBER OF PROCEDURES IS > 40  
1123 E331 - GCPROF FILE ERROR - CONTACT YOUR SUPPORT REP  
1124 E332 - ONLY ONE PROVIDER ALLOWED FOR CURRENT PROCEDURES  
1125 E333 - PROVIDER IS REQUIRED FOR HISTORY PROCEDURES  
1126 E334 - MODIFIER NOT VALID FOR THIS PROCEDURE  
1127 E335 - INVALID MODIFIER/PROCEDURE CODE COMBINATION  
1128 E336 - NO TRAILER RECORD FOR ACCOUNT  
1129 E337 - NO TRANSACTION RECORDS FOR ACCOUNT  
1130 E338 - RECORD COUNT MISMATCH  
1131 E339 - PX COUNT MISMATCH  
1132 E440 - CURRENT PROCEDURE LINES MUST HAVE SAME PROVIDER ID  
1133 E341 - NO CUSTSS OPTION RECORDS FOUND FOR THIS ACCOUNT  
1134 E442 - NOT USED  
1135 E343 - DIAGNOSIS 1 MUST BE A VALID CODE  
1136 E344 - DIAGNOSIS 2 MUST BE A VALID CODE  
1137 E345 - DIAGNOSIS 3 MUST BE A VALID CODE  
1138 E346 - DIAGNOSIS 4 MUST BE A VALID CODE  
1139 E347 - DIAGNOSIS MUST BE A VALID CODE  
1140 E448 - PROCEDURE LINE DIAGNOSIS MUST BE A VALID CODE  
1141 E449 - NOT USED  
1142 E350 - INVALID DATE (DATE OF BIRTH)  
1143 E351 - INVALID DATE (DEFAULT DOS)  
1144 E352 - INVALID DATE (PX-LEVEL DOS)  
1145 E353 - INVALID AMOUNT CHARGED  
1146 E354 - INVALID UCR  
1147 E355 - USER ID REQUIRED  
1148 E356 - RETURN PROGRAM REQUIRED  
1149 E357 - SPACES NOT ALLOWED IN A NUMERIC FIELD  
1150 E358 - ONLY 01 THROUGH 40 NUMBER PROCEDURES ALLOWED  
1151 E359 - PROCEDURE STATUS MUST BE ZERO (0)  
1152 E360 - CODE ORIGINATION MUST BE ZERO (0)  
1153 E361 - CLAIM STATUS MUST BE THREE (3)  
1154 E462 - CLAIM LEVEL PROVIDER OR PROCEDURE LINE PROVIDER REQUIRED  
1155 E363 - ENTRY FROM MUST BE ONE (1)  
1156 E364 - RESULTS DISPLAY MUST BE A, D, OR N  
1157 E365 - CLIENT CLAIM NUMBER REQUIRED  
1158 E366 - NUMBER PROCEDURES DOES NOT MATCH NUMBER SUBMITTED  
1159 E367 - CODING SYSTEM MUST BE THREE (3)  
1160 E368 - SOURCE PROGRAM MUST BE ONE (1)  
1161 E369 - ENTRY MODE MUST BE A C  
1162 E470 - NOT USED  
1163 E371 - FILE GCPROF UNAVAILABLE  
1164 E372 - FILE GCMCR UNAVAILABLE  
1165 E373 - FILE GCME UNAVAILABLE  
1166 E374 - FILE GCINC UNAVAILABLE  
1167 E375 - FILE GCCPF UNAVAILABLE  
1168 E376 - FILE GCLOG UNAVAILABLE  
1169 E477 - HISTORY STATUS INDICATOR MUST HAVE GMIS VALID VALUE  
1170 E378 - FILE GCLOG IS FULL  
1171 E382 - FILE CUSTMCR UNAVAILABLE  
1172 E383 - FILE CUSTME UNAVAILABLE  
1173 E384 - FILE CUSTINC UNAVAILABLE  
1174 E385 - FILE CUSTCPF UNAVAILABLE  
1175 E386 - FILE GCIOS UNAVAILABLE  
1176 E387 - FILE CUSTIOS UNAVAILABLE  
1177 E388 - FILE GCDXPX UNAVAILABLE  
1178 E389 - FILE CUSTDXPX UNAVAILABLE  
1179 E390 - FILE CUSTICD UNAVAILABLE  
1180 E391 - DATABASE VERSION NUMBER ERROR  
1181 E392 - FILE GCMCE UNAVAILABLE  
1182 E493 - FILE CUSTMCE UNAVAILABLE  
1183 E395 - FILE CUSTPXDX UNAVAILABLE  
1184 E396 - FILE MUE UNAVAILABLE  
1185 E397 - FILE GCICD UNAVAILABLE  
1186 E398 - FILE GCMOD UNAVAILABLE

1187 E399 - INVALID PROGRAM CALL  
1216 DIAGNOSIS CODE #5 IS INVALID  
1217 DIAGNOSIS CODE #6 IS INVALID  
1218 DIAGNOSIS CODE #7 IS INVALID  
1219 DIAGNOSIS CODE #8 IS INVALID  
1220 DIAGNOSIS CODE #9 IS INVALID  
1221 ADMIT DIAGNOSIS CODE IS INVALID  
1276 RESPONSIBILITY OF PROVIDER  
1334 CLAIM REACHED THRESHOLD OF  
1348 PROCEDURE CODE IS NOT VALID FOR DATE  
1350 CLAIM/AUTH TYPE IS NOT VALID FOR DATE  
1352 DIAGNOSIS CODE #1 IS NOT VALID FOR DATE  
1353 DIAGNOSIS CODE #2 IS NOT VALID FOR DATE  
1354 DIAGNOSIS CODE #3 IS NOT VALID FOR DATE  
1355 DIAGNOSIS CODE #4 IS NOT VALID FOR DATE  
1356 DIAGNOSIS CODE #5 IS NOT VALID FOR DATE  
1357 DIAGNOSIS CODE #6 IS NOT VALID FOR DATE  
1358 DIAGNOSIS CODE #7 IS NOT VALID FOR DATE  
1359 DIAGNOSIS CODE #8 IS NOT VALID FOR DATE  
1360 DIAGNOSIS CODE #9 IS NOT VALID FOR DATE  
1361 ADMIT DIAGNOSIS IS NOT VALID FOR DATE  
1376 SERVICE IS INCLUDED IN CASE RATE  
1377 UNITS AUTHORIZED LESS THAN UNITS BILLED  
1378 PLEASE REVIEW AUTHORIZATION FOR ADDITIONAL INFORMATION  
1379 RBRVS FEE SCHEDULE VALUES CONTAINS ZEROS-REQ MANUAL PRICING  
1382 SUSPEND FOR FINANCIAL REVIEW  
1384 MIN/MAX PRV CONTRACT FEE RULE USED  
1385 DUPLICATE CLAIM  
1386 MULTIPLE DUPLICATE CLAIMS  
1387 MULTI DUP CLMS FOR SRV LINE  
1388 CALC AMOUNT IS > TOTAL BILLED AMT  
1389 SERVICE PARTIALLY INCLUDED IN CASE RATE, HLF FEE SCHEDULE ID  
1390 CASE RATE COULD NOT BE PROCESSED FOR FEE SCHEDULE- NO ROOM AND BOARD REVENUE CODE FOUND  
1391 SERVICE INCLUDED IN INPATIENT CASE RATE  
1392 MEDICARE UNASSIGNED CLAIM  
1393 OTHER INSURANCE DENIED THIS SERVICE/CLAIM  
1394 MEDICARE EXCLUSION APPLIED  
1398 STATUS CAN'T CHG,ADJ/VD/REV ISSUED ORIG CLM  
1399 PROV RETRN NOT SUFF TO CVR SELECT CLAIM(S)  
1401 UCR FEE SCHEDULE VALUES CONTAIN ZEROS  
1405 QA - PERCENT OF CLAIMS  
1406 QA - CLAIMS NTH RECORD  
1407 QA - CLAIM BILLED AMT  
1408 QA - CLAIM ALW/PD AMT  
1409 QA - CLAIM TYPE  
1416 PROV MUST HAVE TIER SELECTOR CONTRCT RULE  
1500 INELIGIBLE PROVIDER-CONTACT PROVIDER SVCS  
1501 NOT COVERED PROVIDER  
1502 PROVIDER UNDER INVESTIGATION  
1503 PROVIDER UNDER REVIEW BY FRAUD/ABUSE UNIT  
1504 PROVIDER DEBARRED FROM THE PLAN  
1505 CLM MUST BE RESUBMIT W/ EOB FROM OTHER INS  
1506 VERIFY BENEFIT AND TIER COB INFORMATION  
1508 POSSIBLE DUPLICATE PAID CLAIM FOR MULT SERVICES/SAME DAY  
1509 BENEFITS EXHAUSTED - PAID TO BENEFIT LIMIT  
1513 SUSPENDED FOR ESRD REVIEW  
1514 PRE-CERTIFICATION REQUIRED - PENALTY APPLIED  
1517 CLAIM RECVD AFTER FILING LIMIT CUTOFF DATE  
1519 SERVICE COVERED WHEN AUTHORIZED  
1520 PPO BENEFITS HAVE BEEN APPLIED  
1521 SPECIAL DOD PRICING APPLIES  
1522 DRG LMTNG APPLIED;PT NOT RESP FOR DIFF  
1523 MEDICARE B LMT APPLD;PT NOT RESP FOR DIFF  
1524 MEDICARE 115% LMT;MBR NOT RESP FOR DIFF  
1525 DRG PROCESSING HAS BEEN APPLIED  
1526 PT MAY BE RESP-DIFF OF AMT CHRG & AMT PD  
1527 AUTH NOT TIMELY - PENALTY APPLIED  
1600 GROUPER RETURN CODE 1 IS INVALID  
1601 APG PACKING FILE I/O ERROR  
1602 APG CONSOLIDATION FILE I/O ERROR

1603 DIAG/PROCEDURE PARAMETERS INVALID  
1604 GROUPE RETURN CODE 2 IS INVALID  
1605 HSS GROUPE SYSTEM WAS NOT FOUND  
1606 HSS PRICING SYSTEM WAS NOT FOUND  
1607 NO HOSPITAL RATE  
1608 NO DRG RATE  
1609 INVALID TYPE  
1610 NEW YORK REIMBURSEMENT NEGATIVE  
1611 NO DRG WEIGHTS/RATES  
1612 ATTEMPTED DIVIDE BY ZERO  
1613 HHPO, UNKNOWN PAY STRATEGY  
1614 HHPO, NOT PRICING POSSIBLE FOR THIS DRG  
1615 HHPO, NO PRICING POSS FOR NEONATAL TRANSFER  
1616 HHPO OUTPT, UNKNOWN OUTPT PRICING STRATEGY  
1617 NORTH CAROLINA MEDICAID, ADMIT DATE EQUALS DISCHARGE DATE  
1618 MULTI-PRICER, INVALID PAYER TYPE  
1619 MULTI-PRICER, INVALID TIER START DAYS  
1620 INVALID FUNCTION CODE  
1621 INVALID PRICER TYPE  
1622 INVALID PATIENT TYPE  
1623 INVALID FUNCTION FOR THIS PATIENT TYPE  
1624 INVALID FROM/THROUGH DATE RELATIONSHIP  
1625 INVALID DIAGNOSIS OR PROC CODE COUNT  
1626 PRICER RETURN CODE 1 IS INVALID  
1627 HOSPITAL RATE CALCULATOR FILE I/O ERROR  
1628 DRG WEIGHT RATE FILE I/O ERROR  
1629 PRICER RETURN CODE 2 IS INVALID  
1630 PROVIDER IS MISSING MEDICARE NUMBER  
1631 E301 - CLAIM DIAGNOSIS INVALID BASED ON ICD-9 EXPIRATION DATE  
1632 E302 - CLAIM DIAGNOSIS INVALID BASED ON ICD-10-CM EFF DATE  
1633 E306 - NOT USING  
1634 E307 - DO NOT USE  
1635 E321 - BIRTHDATE CANNOT BE A FUTURE DATE  
1636 E323 - NOT USING  
1637 E325 - NOT USING  
1638 E328 - NOT USING  
1639 E329 - NOT USING  
1640 E379 - DIAGNOSIS INVALID BASED ON ICD-9 EXPIRATION DATE  
1641 E380 - DIAGNOSIS INVALID BASED ON ICD-10-CM EFFECTIVE DATE  
1642 E381 - FILE GCXWALK UNAVAILABLE  
1643 E394 - FILE GCPCDX UNAVAILABLE  
1644 AMT REDUCED DUE TO NONCVRD SERV/CONSTRAINT  
1645 OTHER PROC CODE IS REQ / BUNDLED SERVICE  
1646 OTHER PROCEDURE CODE IS INVALID  
1647 ADJUSTMENT HAS CREATED A CLAIM OVERPAYMENT  
1648 MANUAL RE-PRICING REQUIRED  
1649 PAY AMT THRESHOLD EXCEEDED;PROV FLAGGED-REVIEW  
1650 CLAIMCHECK DATA/DATABASE/FILE OPEN ERROR - CLAIM NOT AUDITED  
1651 PROV STATE MISSING - CLD NOT SEND TO REPRICE  
1652 BENEFIT MAXIMUM AMOUNT EXCEEDED  
1653 CLAIM REVIEW - DIAGNOSIS TO PROCEDURE DENIAL  
1654 CLAIM REVIEW - DIAGNOSIS TO PROCEDURE FLAG  
1655 CLAIM REVIEW - DX TO PROC MONITOR  
1656 CLAIM REVIEW - NEW VISIT FREQUENCY  
1657 CLAIM REVIEW - INTENSITY OF SRV REPLACEMENT  
1658 CLAIM REVIEW - INTENSITY OF SERVICE SUSPEND  
1659 CLAIM REVIEW - INTENSITY OF SERVICE MONITOR  
1660 CLAIM REVIEW - MULTIPLE COMPONENT BILLING SUSPEND  
1661 CLAIM REVIEW-MULTI COMPONENT BILLING MONITOR  
1662 CLAIM REVIEW - MULTIPLE COMPONENT BILLING SUSPEND  
1663 CLAIM REVIEW-MULTI COMPONENT BILLING MONITOR  
1664 MULTIPLE VALUE OPTION PROVIDERS FOUND  
1665 MULTIPLE REPRICING PROVIDERS FOUND  
1666 MULTIPLE MEDSOLUTIONS PROVIDERS FOUND  
1667 MULTIPLE MEDICARE B LIMITING PROVIDERS FOUND  
1668 CLM PAID TO MBR. MBR RESPONDS TO PAY PROV  
1669 SUBMIT CLAIM DIRECTLY TO  
1670 MULTIPLE TRAVEL NETWORK PROVIDERS FOUND  
1671 AUTHORIZATION REQUIRED FROM  
1672 ONLY PARTIAL DATES COVERED ON AUTH

1673 PROCEDURE CODE REQUIRES A MODIFIER  
1674 CLAIM UNIT TYPE NOT MATCH AUTH UNIT TYPE  
1675 MODIFIER IS INVALID  
1676 PROC NOT SUPPORT TECH COMPONENT MODF  
1677 PROC NOT SUPPORT PROF COMP MODIFIER  
1678 PROC NOT SUPPORT MULTIPLE PROC MODF  
1679 PROC NOT SUPPORT BILATERAL PROC MODF  
1680 PROC NOT SUPPORT ASST SURGERY MODF  
1681 PROC NOT SUPPORT CO-SURGERY MODIFIER  
1682 PROC IS NOT VALID FOR PATIENT GENDER  
1683 PROCEDURE IS NOT VALID FOR PATIENT AGE  
1684 MULTIPLE PROCPAY PERCENTAGE APPLIED  
1685 AUTO-RECOVERY OF SUBROGATION REQUIRED  
1686 CLM PAYMENT APPLIED TO ONGOING SUBRO CASE  
1687 CLAIM PART OF PENDING SUBROGATION CASE  
1688 POSSIBLE SUBROGATION EXISTS, INFO REQUIRED  
1690 RESUBMIT CLM W/ MEDICARE/OHC REMIT ADVICE  
1691 VA CLAIM - NO MEMBER LIABILITY ASSESSED  
1692 MANUAL OVERRIDE  
1693 NPI SELF CHECK DIGIT IS INVALID  
1694 NOT ACCEPTED AFTER 5/23/07 W/OUT VALID NPI  
1695 CLAIM SUSPENDED DUE TO W9 PROVIDER VALIDATION  
1696 PRIVATE ROOM CHRG-VALUE CODE/AMT INVALID  
1697 CODE IS INVALID / NOT VALID FOR SERV DATE  
1698 CODE IS VALID FOR SERV DATE,NOT ELIG ASC  
1699 INVALID GROUPEE TYPE  
1700 INVALID FROM/THRU DATE RELATIONSHIP  
1701 INVALID PRINCIPAL DIAGNOSIS CODE  
1702 DX/OP FILE I/O ERROR  
1703 EDIT RULE FILE I/O ERROR  
1704 EDIT RETURN CODE IS INVALID  
1705 INVALID EDITOR OPERATION CODE  
1706 NUMBER OF PROCEDURES < 1  
1707 OPCODE = 4 OR 5 AND MAXCCIERR < 1  
1708 UNSUPPORTED BILL TYPE  
1709 NUMBER OF DIAGNOSES < 1  
1710 NO MATCH ACE OVRRIE ID FOUND IN ACERLE FILE  
1711 ERROR OPENING ACE CODE FILE  
1712 ERROR OPENING CCI PAIRS FILE  
1713 ERROR OPENING OCE/CCI PAIRS FILE  
1714 ERROR OPENING ACERULE FILE  
1715 NO APG RATE RECORD  
1716 PRICER TYPE NOT LICENSED  
1717 CASE NOT PRICED  
1718 ER VISIT/NONEMERGNT DIAG, PAY REDUCED  
1719 INTEREST AND/OR PENALTY INCLUDED  
1720 NONE OF DX ON LINE MEET MED NEC FOR PROC  
1721 DX ON LINE MEET MED NEC FOR PROC,H/E NOT PRIM  
1722 PRIMARY DX ON LINE NOT MEET MED NEC FOR PROC  
1723 SEC DX ON LINE MISS/NOT MEET MED NEC FOR PROC  
1724 TERTRY DX ON LINE MISS/NOT MEET MED NEC FOR PROC  
1725 REQ MOD IS NEEDED TO MEET MED NECFOR PROC  
1726 PTS AGE NOT MEET POLICY FOR PROC  
1727 DX NOT MEET CODE TO CODE DX GUIDELNS FOR PROC  
1728 MOD NEEDED WHEN CODE-TO-CODE RELATION W/ PROC  
1729 NEED ADDL PROC TO MEET GUIDE WHEN BILL PROC  
1730 PER LCD/NCD, FREQ FOR PROC HAS BEEN EXCEEDED  
1731 POS DOES NOT MEET GUIDE FOR PROC  
1732 PER LCD/NCD,PTS GENDER DNM GUIDE FOR PROC  
1733 PROC REQ MOD WHEN BILLED IN THIS POS  
1734 ACCT ID CANNOT BE LOCATED IN THE ACCTS LIST  
1735 SURG PROC CXWLK TO ANESTH PROC FOR CLAIM EDIT  
1736 PROC BILLED NOT LISTED AS ANESTH/NURSE ANESTH  
1737 ONLY ALW ANESTH CODE W/HIGHEST VALUE PER OR SESS  
1738 BEGIN/END DOS INVID/MISS OR BEGIN DOS>PT DOB  
1739 REVIEW PROC FOR POSS BILAT REDUC/PAY ADJ/25%  
1740 THE PLACE OR SERVICE IS MISSING OR INVALID  
1741 UNABLE TO CXWALK SURG CODE TO ANESTH CODE  
1742 PROC CODE NOT TYPICAL FOR AGE OF PT  
1743 BEG/END DOS INVLD/MISS OR BEG DOS > PTS DOB

1744 PROCEDURE CODE HAS BEEN DELETED  
1745 PROC CODE IS TYPICALLY CONSIDERED COSMETIC  
1746 PROC CODE IS INVALID, MISSING OR DISABLED  
1747 PROC NOT TYPICALLY FOR PT WHOSE GENDER IS M  
1748 USE OF MODIFIER 59 MAY REQ SUPPORTING DOCS  
1749 THIS LINE IS POSSIBLE DUPLICATE  
1750 PATIENTS DOB IS MISSING/INVALID OR AFTER DOS  
1751 DISCREPANCY DETECTED BTWN NO OF UNITS AND DOS  
1752 CLAIM IS POSSIBLE DUPLICATE  
1753 PROC W/N GLBL PERIOD OF 30 DAYS OF PREV PROC  
1754 PROC W/N GLBL PERIOD OF 90 DAYS OF PREV PROC  
1755 DX CODE IS NOT TYPICAL FOR AGE OF PATIENT  
1756 NONE OF DX ON LINE ARE FREQ ASSOC DX FOR PROC  
1757 DIAGNOSIS CODE IS INVALID OR INACTIVE  
1758 THERE IS NO PRIMARY DX FOR THIS PROCEDURE  
1759 REPLACE SURG CPT W/ANESTH CODE  
1760 DX IS NON-SPECIFIC DX; REQUIRES 4TH/5TH DIGIT  
1761 MODIFIER COMBO CANNOT BE BILLED ON SAME LINE  
1762 MODIFIER IS INVALID OR DISABLED  
1763 PROC CONSIDERED INVESTIGATIONAL/EXPERIMENTAL  
1764 DIAGNOSIS IS NOT TYPICAL FOR GENDER  
1765 PROC REQ MOD 26 IF BILL PRO IN PLACE OF SERV 22  
1766 MEDCR RESTRICT FOR ASSTS AT SURGERY APPLIES  
1767 PER MEDCR, USUAL PAY ADJUST FOR BILAT PROC N/A  
1768 PAY FOR PROC ALWAYS BUNDLED  
1769 PAY BUNDLE INTO OTH SERV BILL SM DAY/SM PROV  
1770 BILLING FOR CO-SURGNs NOT PERMITTED FOR PROC  
1771 PROC REQ DOC REV TO ESTB MED NEC OF SRG ASST  
1772 PROC REQ DOC REVW TO ESTB MED NEC OF 2 SURGNs  
1773 PROC REQ DOC TO ESTABL MED NEC OF SURG TEAM  
1774 PROC W/ DAILY FREQ OF 1 EXCEEDED FOR DOS  
1775 PROC W/IN GLOBAL PRD OF HX PROC FOR SAME COND  
1776 ASST SURGEON MOD IS NOT APPROPRIATE FOR PROC  
1777 PROC BUNDLED WHEN OTHR BILLED SM DAY/SM PRV  
1778 PROC DOES NOT TYP REQ PERFORM BY PHYS IN POS  
1779 PROCEDURE CODE IS NOT COVERED BY MEDICARE  
1780 PROC CODE IS NOT VALID FOR MEDICARE PURPOSES  
1781 USE OF MODIFIER IS NOT TYPICAL FOR PROC CODE  
1782 REVW PROC FOR POSS MULTI REDUCTION/PAY ADJUST  
1783 PROC IS PT SRV, NO PAY IS MADE DUE TO POS  
1784 TEAM SURGERY IS NOT PERMITTED FOR PROCEDURE  
1785 HX PROC CODE HAS A UNBUNDLED RELATIONSHIP  
1786 PROC WAS BILLED ON SAME DAY AS E/M CODE  
1787 DX DESCRIBE EXTRNL CAUSE OR REQ ICD FOR DISEASE  
1788 PT SAW PRV W/IN LAST 3 YRS;ESTB E/M CODE S/B PD  
1789 PATIENT ID IS MISSING  
1790 MOD 26 NOT APPR;PROC IS 100% PRO OR TECH  
1791 PROCEDURE CODE WAS UNBUNDLED  
1792 PROC NOT TYP PERFORMED BY A PHYSICIAN AT POS  
1793 PROC REDUC APPLD FOR SA/CO-SURG/TEAM SURGERY  
1794 PREOP SERV 1 DAY BFRE/SM DAY AS HX SURG PROC  
1795 PROC NOT ALLOWED AS PART OF GLOBAL PCKG  
1796 PROVIDER ID IS MISSING  
1797 GENDER FOR PT IS EITHER MISSING OR INVALID  
1798 >1 PROC ON SAME DOB W/SA MOD; ONLY 1 SA /PROC  
1799 PROC CODE TYPICALLY REQUIRES NOT SURG ASST  
1800 DX COULD INVOLVE TPL AND/OR SUBRO OF BENEFITS  
1801 PROC CODE IS AN UNLISTED PROC OR SERVICE  
1802 RETAIN PROC-TRNSFR RELATION ON OTHER CLAIM  
1803 REMOVE HX PROC-TRNSFR RELATION ON OTHER CLAIM  
1804 RETAIN HX PROC-TX RELATIONSHIP ON OTHER CLAIM  
1805 DENY PROC - TRANSFER RELATIONSHIP IS 27465  
1806 ADD PROCEDURE CODE TO THE CURRENT CLAIM  
1807 APC PROCESSING HAS BEEN APPLIED  
1808 INVALID TOOTH SURFACE 2  
1809 INVALID TOOTH SURFACE 3  
1810 INVALID TOOTH SURFACE 4  
1811 INVALID TOOTH SURFACE 5  
1812 OTHER PROC CODE IS NOT VALID FOR DATE  
1813 INVALID AGE; NOT IN RANGE 0 - 124

1814 MEMBER GENDER IS REQUIRED/INVALID  
1815 INVALID DISCHARGE DISPOSITION/PATIENT STATUS  
1816 INVALID BIRTHWEIGHT  
1817 ALL O.R. PROCEDURES ARE UNSPECIFIC  
1818 TWO OR MORE DIFF JOINT PROCS ARE PRESENT  
1819 AGE OR GENDER AND DIAGNOSIS ARE INCONSISTENT  
1820 MEDICARE MAY BE SECONDARY PAYER  
1821 INVALID PROC CODE FOR DRG/APC PROCESSING  
1822 INVALID PATIENT SEX FOR PROCEDURE CODE  
1823 MEDICARE MAY BE SECONDARY PAYER  
1824 NON-COVERED FOR REASON OTHER THAN STATUTE  
1825 QUESTIONABLE COVERED SERVICE  
1826 SEPARATE PAYMENT FOR SERVICE IS NOT PROVIDED  
1827 SITE OF SERVICE NOT INCLUDED IN OPPTS  
1828 SERVICE UNITS OUT OF RANGE FOR PROCEDURE  
1829 MULTIPLE BILATERAL PROC WITHOUT MOD 50  
1830 INAPPROPRIATE SPECIFICATION OF BILAT PROC  
1831 INPATIENT PROCEDURE  
1832 MUT EXCLUSIVE PROC IS NOT ALLOWED BY NCCI  
1833 CODE 2 OF CODE PAIR NOT ALLOWED BY NCCI  
1834 VISIT SAME DAY AS TYPE T OR S W/O MOD 25  
1835 INVALID DATE OF SERVICE  
1836 TERMINATED BILATERAL PROCEDURE  
1837 INCONSIST INPLANTED DEVICE & ASSOC PRC  
1838 MUTUALLY EXCL PROC-ALLOWED WITH NCCI MOD  
1839 CODE 2 OF CODE PAIR-ALLOWED WITH NCCI MOD  
1840 INVALID/MISSING REVENUE CODE  
1841 MULTI MED VISITS SAME DAY W/SAME REV CODE  
1842 TRANSFUSE/BLOOD PROD W/O SPEC OF BLOOD PROD  
1843 OBS REV CODE ON LINE W/ NON OBS HCPCS CODE  
1844 INPATIENT SEPARATE PROCEDURES NOT PAID  
1845 SERVICE IS NOT SEPARATELY PAYABLE  
1846 REVENUE CENTER REQUIRES HCPCS CODE  
1847 SERVICE ON SAME DAY AS INPATIENT PROCEDURE  
1848 NON-COVERED BASED ON STATUTORY EXCLUSION  
1849 MULTIPLE OBSERVATIONS OVERLAP IN TIME  
1850 OBSERVATION DOES NOT MEET MINIMUM HOURS  
1851 G0378 & G0379 ONLY ALLWD W/ BILL TYPE13X  
1852 MULTIPLE CODES FOR THE SAME SERVICE  
1853 NON-REPORTABLE FOR SITE OF SERVICE  
1854 E/M COND NOT MET. G0244 NOT 12/31 OR 1/1  
1855 COMPOSITE E/M CODITION NOT MET FOR OBS  
1856 G0379 ONLY ALLOWED WITH G0378  
1857 CLINIC TRIAL REQ V707 AS OTH THAN PRIM DX  
1858 USE OF MOD CA W/ > 1 PROC NOT ALLOW  
1859 SERVICE CAN ONLY BE BILLED TO THE DMERC  
1860 CODE NOT RECOGNIZED BY OPPTS  
1861 OT CODE ONLY BILLED ON PARTIAL HOSP CLAIMS  
1862 AT SERV NOT PAY OUTSIDE PARTIAL HOSP PROG  
1863 REVENUE CODE NOT RECOGNIZED BY MEDICARE  
1864 CODE REQUIRES MANUAL PRICING  
1865 SERVICE PROVIDED PRIOR TO FDA APPROVAL  
1866 SERV PROV PRIOR TO DATE OF NCD APPROVAL  
1867 SERVICE PROVIDED OUTSIDE APPROVAL PERIOD  
1868 CA MODIFIER RQUIRES PT STATUS CODE 20  
1869 CLAIM LACKS REQUIRED DEVICE CODE  
1870 SERVICE NOT BILLABLE TO THE FI/MAC  
1871 INCORRECT BILLING OF BLOOD AND BLOOD PRODUCTS  
1872 UNITS > 1 FOR BILAT PROC BILLD W/ MOD 50  
1873 INCORRECT BILLING OF MODIFIER FB OR FC  
1874 TRMA RESP CC CD W/O REV CD 068X & CPT99291  
1875 CLAIMS LACKS ALLOWED PROCEDURE CODE  
1876 CLAIMS LACKS REQUIRED RADIOPHARMACEUTICAL  
1877 DO NOT CODE SERVICES ESSENTIAL TO PROCEDURE  
1878 CODE IS A CPT SEPARATE PROCEDURE  
1879 CODE ONLY MORE EXTNSV PROC FOR SAME SITE  
1880 W/ AND W/OUT CODES SHLD NOT USED TOGETHER  
1881 ANESTH SHLD NOT SEP WHEN ADMIN BY OPER MD  
1882 DO NOT CODE LAB SERV SEP;CODE LAB PANEL  
1883 REPORT CODE FOR COMPLETED SERVICE ONLY



1884 DO NOT CODE SERVICES INTEGRAL TO PROCEDURE  
1885 CODES-NOT BE REPRTD TOGETHER PER CPT GUIDE  
1886 CODES-NOT BE REPRTD TOGETHER PER DEFINITION  
1887 THESE SERV NOT TYPICALLY PERFORMD TOGETHER  
1888 MEDICARE IP PSYCHIATRIC ONLY INVALID ALC  
1889 MEDICARE IP PSYCH;# OF ECT TXS NOT CODED  
1890 MEDICARE IP PSYCH;INVALID OCCUR SPAN  
1891 MEDICARE IP PSYCH;ECT UNITS W/O ICD9 PRC  
1892 MEDICARE LONG TERM CARE ONLY  
1893 POA INDICATOR IS REQUIRED  
1894 DIFFERENCE BETWEEN PRIVATE & SEMI-PRIVATE ROOM RATE NOT COVERED  
1895 INVALID BILL TYPE (EASYGROUP)  
1896 DENIAL CLAIM (EASYGROUP)  
1897 INVALID SERVICE DATES OR FROM-THRU DATES (EASYGROUP)  
1898 CLAIM DENIED, REJECTED, OR RTP BY ACE (EASYGROUP)  
1899 INVALID PARTIAL HOSPITALIZATION CLAIM (EASYGROUP)  
1900 INCORRECT BILLING OF REVENUE CODE WITH HCPCS (EASYGROUP)  
1901 MENTAL HEALTH CODE NOT APPROVED FOR PARTIAL HOSPITALIZATION PROGRAM (EASYGROUP)  
1902 MENTAL HEALTH SERVICE NOT PAYABLE OUTSIDE PARTIAL HOSPITALIZATION PROGRAM (EASYGROUP)  
1903 CHARGES EXCEEDS TOKEN CHARGE(\$1.01) (EASYGROUP)  
1904 SERVICE PROVIDED ON OR ATER EFFECTIVE DATE OF NCD NON-COVERAGE (EASYGROUP)  
1905 PCN MATCH FOUND, DUPLICATE CLAIM  
1906 PCN MATCH FOUND, MULTIPLE DUPLICATE CLAIMS  
1907 DIAGNOSIS/GENDER CONFLICT (EASYGROUP)  
1908 MEDICARE AS SECND PAYER ALERT (EASYGROUP)  
1909 E-CODE AS REASON FOR VISIT (EASYGROUP)  
1910 NO HIPPS CODE ON CLAIM (EASYGROUP)  
1911 PRICER TYPE NOT LICENSED (EASYGROUP)  
1912 TOTAL UNITS EXCEED PATIENTS LENGTH OF STAY (EASYGROUP)  
1913 MEDSNF RECORD NOT FOUND (EASYGROUP)  
1914 NO WEIGHTS (EASYGROUP)  
1915 ERROR READING MEDSNF FILE (EASYGROUP)  
1916 ERROR READING RATESNF FILE (EASYGROUP)  
1917 ERROR READING FEE SCHEDULE FILE (EASYGROUP)  
1918 INITIALIZATION ERROR (EASYGROUP)  
1919 ERROR ALLOCATING MEMORY (EASYGROUP)  
1920 PARAMETER PASSING ERROR (EASYGROUP)  
1921 INVALID DIAGNOSIS (EASYGROUP)  
1922 DIAGNOSIS/AGE CONFLICT (EASYGROUP)  
1923 COMPUTED AGE IS GREATER THAN 140 YEARS (EASYGROUP)  
1924 SUBMITTED AGE IS INVALID (EASYGROUP)  
1925 BIRTH DATE BEFORE ADMISSION DATE/FROM DATE(EASYGROUP)  
1926 INVALID BIRTH DATE (EASYGROUP)  
1927 INVALID ADMISSION DATE/FROM DATE(EASYGROUP)  
1928 SELF CARE, EATING (FIM39A, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1929 SELF CARE, GROOMING (FIM39B, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1930 SELF CARE, BATHING (FIM39C, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1931 SELF CARE, DRESSING UPPER BODY(FIM39D, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1932 SELF CARE, DRESSING LOWER BODY(FIM39E, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1933 SELF CARE, TOILETING(FIM39F, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1934 SPHINCTER CONTROL, BLADDER MANAGEMENT (FIM39G, ADM VALUE) IS OUT OF RANGE(EASYGROUP)  
1935 SPHINCTER CONTROL, BOWEL MANAGEMENT (FIM39H, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1936 TRANSFERS, BED,CHAIR, WHEELCHAIR(FIM39I, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1937 TRANSFERS, TOILET(FIM39J, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1938 LOCOMOTION, WALK/WHEELCHAIR(FIM39L, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1939 LOCOMOTION, STAIRS(FIM39M, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1940 COMPREHENSION(FIM39N, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1941 EXPRESSION(FIM39O, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1942 SOCIAL INTERACTION(FIM39P, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1943 PROBLEM SOLVING(FIM39Q, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1944 MEMORY(FIM39R, ADM VALUE) IS OUT OF RANGE (EASYGROUP)  
1945 IMPAIRMENT GROUP CODE IS INVALID (EASYGROUP)  
1946 TOTAL MOTOR SCORE, ADMISSION, OUT OF RANGE (EASYGROUP)  
1947 TOTAL COGNITIVE SCORE, ADMISSION, OUT OF RANGE(EASYGROUP)  
1948 NO CMG RATE RECORD(EASYGROUP)  
1949 INVALID PAYOR TYPE (EASYGROUP)  
1950 LOS VALUE REQUIRED, MUST BE GREATER THAN ZERO (EASYGROUP)  
1951 LOS < (THRUDATE - FROMDATE) AND NON-INTERRUPTED STAY(EASYGROUP)  
1952 DISCHARGE STATUS IS MISSING(EASYGROUP)  
1953 CMG/HIPPS CODE MISSING(EASYGROUP)

1954 RIC CODE INVALID(EASYGROUP)  
1955 CMG/HIPPS ALOS IS MISSING; REQUIRED FOR TRANFER CALCULATION(EASYGROUP)  
1956 NO MATCHING ACE OVERRIDE ID FOUND IN ACERULE FILE (EASYGROUP)  
1957 NO APG RATE RECORD (EASYGROUP)  
1958 MEDICARE INPATIENT PSYCHIATRIC ONLY INVALID ALC (EASYGROUP)  
1959 MEDICARE INPATIENT PSYCHIATRIC ONLY;# OF ECT TREATMENTS NOT CODED (EASYGROUP)  
1960 MEDICARE INPATIENT PSYCHIATRIC ONLY; INVALID OCCURANCE SPAN (EASYGROUP)  
1961 MEDICARE INPATIENT PSYCHIATRIC ONLY; ECT UNITS W/O ICD-9 PRC (EASYGROUP)  
1962 MEDICARE LONG TERM CARE ONLY (EASYGROUP)  
1963 PRESENT ON ADMISSION INDICATOR IS REQUIRED BUT IS INVALID (EASYGROUP)  
1964 N434-MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR - 1964  
1966 MBR PROG PARTIC FALLS W/IN SERV DATE SPAN  
1967 TAXONOMY CODE IS INVALID FOR SERV DATES  
1968 INVALID ADMISSION AND/OR DISCHARGE DATE (EASYGROUP)  
1969 PROMPT PAY PROVIDER CLAIM  
1970 PCN MATCH FOUND, DUPLICATE CLAIM  
1971 PCN MATCH FOUND, MULTIPLE DUPLICATE CLAIMS  
1972 B4-LATE FILING PENALTY  
1973 N211-YOU MAY NOT APPEAL THIS DECISION  
1974 25.3-APPEAL RIGHTS NOT APPLIC FOR CLAIM  
1975 REVIEW FOR POSSIBLE MEDICARE TIMELY FILING EXCEPTION  
1976 REVIEW POSS TIMELY FILING EXCEP  
1977 29-FILING TIME LIMIT HAS EXPIRED(MEDICARE)  
1978 FILING TIME LIMIT HAS EXPIRED  
1979 LATE FILING PENALTY  
1980 ADMISSION DATE IS LESS THAN CLAIM FROM DATE  
1981 ADMISSION DATE IS GREATER THAN CLAIM TO DATE  
1982 DISCHARGE DATE IS GREATER THAN CLAIM TO DATE  
1983 DISCHARGE DATE IS LESS THAN CLAIM FROM DATE  
1984 DIAGNOSIS 5 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM  
1985 DIAGNOSIS 5 INDICATES POSSIBLE DENTAL CLAIM  
1986 DIAGNOSIS 6 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM  
1987 DIAGNOSIS 6 INDICATES POSSIBLE DENTAL CLAIM  
1988 DIAGNOSIS 7 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM  
1989 DIAGNOSIS 7 INDICATES POSSIBLE DENTAL CLAIM  
1990 DIAGNOSIS 8 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM  
1991 DIAGNOSIS 8 INDICATES POSSIBLE DENTAL CLAIM  
1992 CLAIMCHECK EXPANDED ERROR FILE I/O ERROR  
1993 ASSISTANT SURGEON IS SOMETIMES ACCEPTABLE FOR THIS PROCEDURE, PLEASE REVIEW  
1994 ASSISTANT AT SURGERY IS SOMETIMES ACCEPTABLE FOR THIS PROCEDURE, PLEASE REVIEW  
1995 ASSISTANT AT SURGERY DENIED FOR THIS PROCEDURE  
1996 CCI (OR OCE) INCIDENTAL PROCEDURE; SHOULD NOT BE REIMBURSED  
1997 CCI (OR OCE) MUTUALLY EXCLUSIVE PROCEDURE; SHOULD NOT BE REIMBURSED  
1998 PROCEDURE WOULD HAVE DENIED BUT MODIFIER OVERRODE EDIT, PLEASE REVIEW  
1999 CMS REQUIRES 9 DIGIT PROVIDER ZIP CODE TO PROPERLY PRICE SERVICES  
2000 SERVICE LINE COB REQUIRED/MISSING  
2001 PAYMENT IS SUBJECT TO DIAGNOSTIC IMAGING CAP  
2002 UPN IS REQUIRED FOR THE PROCEDURE CODE  
2003 PROCEDURE CODE DOES NOT ALLOW A UPN  
2004 UPN/NDC IS NOT VALID FOR THE PROCEDURE CODE  
2005 UPN IS VALID FOR THE PROCEDURE CODE BUT NOT FOR THE SERVICE DATE  
2006 DUPLICATE OF IN PROCESS CLAIM  
2007 DUPLICATE OF SUSPENDED CLAIM  
2008 NDC IS REQUIRED FOR PROCEDURE CODE  
2009 PROCEDURE CODE DOES NOT ALLOW A NDC  
2010 PCN MATCH FOUND, DUPLICATE OF IN PROCESS CLAIM  
2011 PCN MATCH FOUND, DUPLICATE OF SUSPENDED CLAIM  
2012 THIS CLAIM IS A REPLACEMENT OF CLAIM ID  
2013 >1000 BENEFITS ELIGIBLE FOR SERVICES ON CLAIM  
2014 CLAIM SUSPENDED (EASYGroup)  
2015 RETURN CLAIM TO PROV TO CORRECT (RTP)(EASYGroup)  
2016 CLAIM REJECTED (EASYGroup)  
2017 CLAIM DENIED (EASYGroup)  
2018 CONDITION CODE 21 (EASYGroup)  
2019 INVALID FROM/THRU DATES (EASYGroup)  
2020 DATE OUT OF OCE RANGE (EASYGroup)  
2021 INVALID AGE (EASYGroup)  
2022 INVALID SEX (EASYGroup)  
2023 ONLY INCIDENTAL SERVICES REPORTED (EASYGroup)  
2024 PARTIAL HOSP, NON-MENTAL-HEALTH DX (EASYGroup)

2025 INSUFFICIENT PARTIAL HOSP SERVICES (EASYGroup)  
2026 PHP SERV W/ PAYSTAT T SERVICE (EASYGroup)  
2027 PHP <4 DAYS W/ INSUFF/INAPPR SERV(EASYGroup)  
2028 PHP >3 DAYS W/ INSUFF PHP SERVICES (EASYGroup)  
2029 PHP >3 DAYS W/ INAPPROPRIATE SERV(EASYGroup)  
2030 ONLY MH ED/TX SERV PROVIDED 1 OR MORE DAYS (EASYGroup)  
2031 EXTNSVE MH SERV PROVDDED PAYSTAT T SERV (EASYGroup)  
2032 PHP COND CODE INVLD FOR BILL TYPE (EASYGroup)  
2033 TOTAL CHARGES AMOUNT DOES NOT MATCH TOTAL SERVICE LINE CHARGES  
2034 UPN VALUE IS INVALID  
2035 NDC VALUE IS INVALID  
2036 BUNDLED/NON COVERED OR OTHER CODE AVAILABLE  
2037 REASON FOR VISIT 1 VALUE OR QUALIFIER IS INVALID  
2038 REASON FOR VISIT 2 VALUE OR QUALIFIER IS INVALID  
2039 REASON FOR VISIT 3 VALUE OR QUALIFIER IS INVALID  
2040 NON-EXEMPT PROVIDER - REQUIRED PRESENT ON ADMISSION INDICATOR MISSING  
2041 ADMIT DIAGNOSIS/AGE CONFLICT (EASYGroup)  
2042 ADMIT DIAGNOSIS/GENDER CONFLICT (EASYGroup)  
2043 PROCEDURE NOT FOUND IN CODE TABLE (EASYGroup)  
2044 PROCEDURE NOT VALID FOR SERVICE DATE (EASYGroup)  
2045 SERVICES PAID UNDER FEE SCHEDULE OR OTHER PROSPECTIVELY DETERMINED RATE (EASYGroup)  
2046 SERVICE NOT ALLOWED UNDER OPPTS ON HOSPITAL OUTPATIENT CLAIM (EASYGroup)  
2047 INPATIENT SERVICE, NOT PAID UNDER OPPTS (EASYGroup)  
2048 NON-COVERED SERVICE, NOT PAID UNDER OPPTS (EASYGroup)  
2049 CORNEAL, CRNA AND HEPATITIS B (EASYGroup)  
2050 DRUG/BIOLOGICAL PASS-THROUGH (EASYGroup)  
2051 PASS-THROUGH DEVICE, BRACHYTHERAPY SOURCE, RADIOPHARMACEUTICALS (EASYGroup)  
2052 NEW DRUG/BIOLOGICAL, TRANSITIONAL PASS-THROUGH PAYMENT (EASYGroup)  
2053 NON-PASS-THROUGH DRUGS AND BIOLOGICALS (EASYGroup)  
2054 INFLUENZA VIRUS OR PNEUMOCOCCAL PNEUMONIA VACCINE(PPV) (EASYGroup)  
2055 SERVICE NOT BILLABLE TO THE FI/MAC (EASYGroup)  
2056 PACKAGED/INCIDENTAL SERVICE (EASYGroup)  
2057 PARTIAL HOSPITALIZATION SERVICE (EASYGroup)  
2058 PACKAGED SERVICE SUBJECT TO SEPARATE PAYMENT BASED ON PAYMENT CRITERIA (EASYGroup)  
2059 SIGNIFICANT PROCEDURE, NOT SUBJECT TO DISCOUNTING (EASYGroup)  
2060 SIGNIFICANT PROCEDURE, SUBJECT TO DISCOUNTING (EASYGroup)  
2061 CLINIC OR EMERGENCY DEPARTMENT VISIT (EASYGroup)  
2062 INVALID HCPCS, OR BLANK HCPCS AND INVALID REVENUE CODE (EASYGroup)  
2063 ANCILLARY SERVICE (EASYGroup)  
2064 NON-IMPLANTABLE DME (EASYGroup)  
2065 VALID REVENUE CODE, BLANK HCPCS, NO OTHER STATUS INDICATOR ASSIGNED (EASYGroup)  
2066 CONDITIONALLY BILATERAL (EASYGroup)  
2067 INHERENTLY BILATERAL (EASYGroup)  
2068 INDEPENDENTLY BILATERAL (EASYGroup)  
2069 NOT BILATERAL (EASYGroup)  
2070 PACKAGED SERVICE (EASYGroup)  
2071 PACKAGED AS PART OF PARTIAL HOSPITALIZATION OR MENTAL HEALTH PER DIEM (EASYGroup)  
2072 SURGICAL CHARGES ARE LESS THAN \$0.01 (EASYGroup)  
2073 PACKAGED AS PART OF DRUG ADMINISTRATION APC PAYMENT (EASYGroup)  
2074 PACKAGED AS PART OF COMPOSITE APC (EASYGroup)  
2075 DIAGNOSIS CODE #10 IS INVALID  
2076 DIAGNOSIS CODE #11 IS INVALID  
2077 DIAGNOSIS CODE #12 IS INVALID  
2078 DIAGNOSIS CODE #13 IS INVALID  
2079 DIAGNOSIS CODE #14 IS INVALID  
2080 DIAGNOSIS CODE #15 IS INVALID  
2081 DIAGNOSIS CODE #16 IS INVALID  
2082 DIAGNOSIS CODE #17 IS INVALID  
2083 DIAGNOSIS CODE #18 IS INVALID  
2084 DIAGNOSIS CODE #19 IS INVALID  
2085 DIAGNOSIS CODE #20 IS INVALID  
2086 DIAGNOSIS CODE #21 IS INVALID  
2087 DIAGNOSIS CODE #22 IS INVALID  
2088 DIAGNOSIS CODE #23 IS INVALID  
2089 DIAGNOSIS CODE #24 IS INVALID  
2090 DIAGNOSIS CODE #10 IS NOT VALID FOR DATE  
2091 DIAGNOSIS CODE #11 IS NOT VALID FOR DATE  
2092 DIAGNOSIS CODE #12 IS NOT VALID FOR DATE  
2093 DIAGNOSIS CODE #13 IS NOT VALID FOR DATE  
2094 DIAGNOSIS CODE #14 IS NOT VALID FOR DATE

2095 DIAGNOSIS CODE #15 IS NOT VALID FOR DATE  
2096 DIAGNOSIS CODE #16 IS NOT VALID FOR DATE  
2097 DIAGNOSIS CODE #17 IS NOT VALID FOR DATE  
2098 DIAGNOSIS CODE #18 IS NOT VALID FOR DATE  
2099 DIAGNOSIS CODE #19 IS NOT VALID FOR DATE  
2100 DIAGNOSIS CODE #20 IS NOT VALID FOR DATE  
2101 DIAGNOSIS CODE #21 IS NOT VALID FOR DATE  
2102 DIAGNOSIS CODE #22 IS NOT VALID FOR DATE  
2103 DIAGNOSIS CODE #23 IS NOT VALID FOR DATE  
2104 DIAGNOSIS CODE #24 IS NOT VALID FOR DATE  
2105 TOTAL NON-COVERED AMOUNT DOES NOT MATCH TOTAL SERVICE LINE NON-COVERED AMOUNT  
2106 DIAGNOSIS CODE #25 IS INVALID  
2107 DIAGNOSIS CODE #25 IS NOT VALID FOR DATE  
2108 CLAIM DX VERSION DOES NOT MATCH SERVICE DIAGNOSIS DX VERSION(S)  
2109 CLOSED OR INACTIVE RATE RECORD (EASYGroup)  
2110 CLAIM DATES < 01/01/2008 AND NO HOSPITAL RATE FOUND (EASYGroup)  
2111 CLAIM DATES >= 01/01/2008 AND NO HOSPITAL RATE FOUND (EASYGroup)  
2112 CONFIGURATION/HOSPITAL RATE FILES ARE OUT OF SYNCH (EASYGroup)  
2113 HAC EDITOR NOT FOUND (EASYGroup)  
2114 GROUPER INITIALIZATION ERROR (EASYGroup)  
2115 GROUPER ERROR COLLECTING MEMORY(EASYGroup)  
2116 NO CMG MATCH(EASYGroup)  
2117 NON-COVERED CLAIM - MEDICARE INPATIENT(EASYGroup)  
2118 NON-PAYMENT CLAIM - MEDICARE INPATIENT(EASYGroup)  
2119 CLAIM CONTAINS NEVER EVENT - NEW YORK STATE(EASYGroup)  
2120 WRONG PROCEDURE PERFORMED - MEDICARE INPATIENT, TRICARE YORK STATE(EASYGroup)  
2121 INVALID REIMBURSEMENT CONFIGURATION - MULTI-PRICER/DRG PRO(EASYGroup)  
2122 INVALID BIOPSY CODE (EASYGroup)  
2123 RESERVED FOR CREDIT/ADJUSTMENT CLAIM (EASYGroup)  
2124 INVALID HOME HEALTH CLAIM DATES (EASYGroup)  
2125 INVALID NUMBER OF HIPPS CODES (EASYGroup)  
2126 HIPPS CODE INDICATED NRS WERE PROVIDED, BUT NRS NOT ON CLAIM(EASYGroup)  
2127 INVALID OR MISSING CBSA(EASYGroup)  
2128 FINAL CLAIM MUST HAVE AT LEAST ONE VISIT-RELATED REVENUE CODE(EASYGroup)  
2129 NO AVAILABLE HHRG WEIGHT/RATE (EASYGroup)  
2130 INCORRECT BILLING OF AMCC ESRD-RELATED TESTS (EASYGroup)  
2131 INVALID BILLING OF THERAPY SERVICES (EASYGroup)  
2132 INVALID BILL TYPE NOT 18X,21X,22X OR 23X (EASYGroup)  
2133 SERVICE DATE INVALID OR OUT OF RANGE (EASYGroup)  
2134 CLAIM SPANS CALENDAR YEAR (EASYGroup)  
2135 INVALID BILLING OF THERAPY SERVICES (EASYGroup)  
2136 CLAIM SPANS > 365 DAYS (EASYGroup)  
2137 SERVICE SUBMITTED FOR FIMAC REVIEW - CONDITION CODE 20(EASYGroup)  
2138 INSUFFICIENT PARTIAL HOSPITALIZATION SERVICES (EASYGroup)  
2139 STVX - PACKAGED SERVICES (EASYGroup)  
2140 T - PACKAGED SERVICES (EASYGroup)  
2141 SERVICES THAT MAY BE PAID THROUGH A COMPOSITE APC (EASYGroup)  
2142 BLOOD AND BLOOD PRODUCTS (EASYGroup)  
2143 BRACHYTHERAPY SOURCES (EASYGroup)  
2144 DATE IN HOSPEXT FILE DOES NOT MATCH HOSPRATE FILE(EASYGroup)  
2145 MISSING DIAGNOSIS CODE (EASYGroup)  
2146 INVALID CASE-MIX ADJUSTMENT (EASYGroup)  
2147 ATTEMPTED DIVIDE BY ZERO (EASYGroup)  
2148 CONFIGURATION RECORD ERROR/OUT OF SYNCH (EASYGroup)  
2149 MEDEXT RECORD NOT FOUND(EASYGroup)  
2150 N434-MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR - 2150  
2151 E-CODE 1 VALUE OR QUALIFIER IS INVALID  
2152 E-CODE 2 VALUE OR QUALIFIER IS INVALID  
2153 E-CODE 3 VALUE OR QUALIFIER IS INVALID  
2154 CODES INDICATE MUTUALLY EXCLUSIVE SERVICES(EASYGroup)  
2155 NON-EXEMPT PROVIDER - REQUIRED PRESENT ON ADMISSION INDICATOR MISSING(EDI)  
2156 UNKNOWN RETURN CODE FROM CLAIM CHECK  
2159 PROCEDURE TO DIAGNOSIS PROCEDURE DENIED (CLAIM REVIEW)  
2160 MEDICALLY UNNECESSARY PROCEDURE DENIED (CLAIM REVIEW)  
2161 CLAIM REVIEW - PROCEDURE TO DIAGNOSIS DENIAL  
2162 CLAIM REVIEW - PROCEDURE TO DIAGNOSIS SUSPEND  
2163 CLAIM REVIEW - PROCEDURE TO DIAGNOSIS MONITOR  
2164 INVALID BILLING OF CARDIAC RESYNC THERAPY CODES(EASYGroup)  
2165 CLAIM SUSPENDED DUE TO W9 PROVIDER TO BE PAID VALIDATION  
2166 SERVICE HAS EXCEEDED FEE SCHEDULE MAXIMUM PER DAY

2167 FEE SCHEDULE MAXIMUM PER DAY EXCEEDED ON PREVIOUSLY PAID SERVICE/CLAIM

2168 PRINCIPAL DIAGNOSIS CODE IS NOT VALID FOR DATE

2169 ADMIT DIAGNOSIS CODE IS NOT VALID FOR DATE

2170 OTHER DIAGNOSIS CODE #1 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2171 OTHER DIAGNOSIS CODE #2 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2172 OTHER DIAGNOSIS CODE #3 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2173 OTHER DIAGNOSIS CODE #4 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2174 OTHER DIAGNOSIS CODE #5 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2175 OTHER DIAGNOSIS CODE #6 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2176 OTHER DIAGNOSIS CODE #7 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2177 OTHER DIAGNOSIS CODE #8 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2178 OTHER DIAGNOSIS CODE #9 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2179 OTHER DIAGNOSIS CODE #10 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2180 OTHER DIAGNOSIS CODE #11 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2181 OTHER DIAGNOSIS CODE #12 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2182 OTHER DIAGNOSIS CODE #13 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2183 OTHER DIAGNOSIS CODE #14 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2184 OTHER DIAGNOSIS CODE #15 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2185 OTHER DIAGNOSIS CODE #16 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2186 OTHER DIAGNOSIS CODE #17 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2187 OTHER DIAGNOSIS CODE #18 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2188 OTHER DIAGNOSIS CODE #19 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2189 OTHER DIAGNOSIS CODE #20 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2190 OTHER DIAGNOSIS CODE #21 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2191 OTHER DIAGNOSIS CODE #22 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2192 OTHER DIAGNOSIS CODE #23 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2193 OTHER DIAGNOSIS CODE #24 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2194 OTHER DIAGNOSIS CODE #25 IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2195 ADMIT DIAGNOSIS CODE IS DUPLICATE OF PRINCIPAL DIAGNOSIS

2196 AGE OR GENDER AND PRINCIPAL DIAGNOSIS ARE INCONSISTENT

2197 AGE OR GENDER AND ADMIT DIAGNOSIS ARE INCONSISTENT

2198 AGE OR GENDER AND OTHER DIAGNOSIS #1 ARE INCONSISTENT

2199 AGE OR GENDER AND OTHER DIAGNOSIS #2 ARE INCONSISTENT

2200 AGE OR GENDER AND OTHER DIAGNOSIS #3 ARE INCONSISTENT

2201 AGE OR GENDER AND OTHER DIAGNOSIS #4 ARE INCONSISTENT

2202 AGE OR GENDER AND OTHER DIAGNOSIS #5 ARE INCONSISTENT

2203 AGE OR GENDER AND OTHER DIAGNOSIS #6 ARE INCONSISTENT

2204 AGE OR GENDER AND OTHER DIAGNOSIS #7 ARE INCONSISTENT

2205 AGE OR GENDER AND OTHER DIAGNOSIS #8 ARE INCONSISTENT

2206 AGE OR GENDER AND OTHER DIAGNOSIS #9 ARE INCONSISTENT

2207 AGE OR GENDER AND OTHER DIAGNOSIS #10 ARE INCONSISTENT

2208 AGE OR GENDER AND OTHER DIAGNOSIS #11 ARE INCONSISTENT

2209 AGE OR GENDER AND OTHER DIAGNOSIS #12 ARE INCONSISTENT

2210 AGE OR GENDER AND OTHER DIAGNOSIS #13 ARE INCONSISTENT

2211 AGE OR GENDER AND OTHER DIAGNOSIS #14 ARE INCONSISTENT

2212 AGE OR GENDER AND OTHER DIAGNOSIS #15 ARE INCONSISTENT

2213 AGE OR GENDER AND OTHER DIAGNOSIS #16 ARE INCONSISTENT

2214 AGE OR GENDER AND OTHER DIAGNOSIS #17 ARE INCONSISTENT

2215 AGE OR GENDER AND OTHER DIAGNOSIS #18 ARE INCONSISTENT

2216 AGE OR GENDER AND OTHER DIAGNOSIS #19 ARE INCONSISTENT

2217 AGE OR GENDER AND OTHER DIAGNOSIS #20 ARE INCONSISTENT

2218 AGE OR GENDER AND OTHER DIAGNOSIS #21 ARE INCONSISTENT

2219 AGE OR GENDER AND OTHER DIAGNOSIS #22 ARE INCONSISTENT

2220 AGE OR GENDER AND OTHER DIAGNOSIS #23 ARE INCONSISTENT

2221 AGE OR GENDER AND OTHER DIAGNOSIS #24 ARE INCONSISTENT

2222 AGE OR GENDER AND OTHER DIAGNOSIS #25 ARE INCONSISTENT

2223 PRINCIPAL DIAGNOSIS IS DUPLICATE OF SECONDARY DIAGNOSIS

2224 ADMIT DIAGNOSIS IS DUPLICATE OF SECONDARY DIAGNOSIS

2225 OTHER DIAGNOSIS #1 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2226 OTHER DIAGNOSIS #2 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2227 OTHER DIAGNOSIS #3 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2228 OTHER DIAGNOSIS #4 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2229 OTHER DIAGNOSIS #5 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2230 OTHER DIAGNOSIS #6 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2231 OTHER DIAGNOSIS #7 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2232 OTHER DIAGNOSIS #8 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2233 OTHER DIAGNOSIS #9 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2234 OTHER DIAGNOSIS #10 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2235 OTHER DIAGNOSIS #11 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2236 OTHER DIAGNOSIS #12 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS

2237 OTHER DIAGNOSIS #13 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2238 OTHER DIAGNOSIS #14 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2239 OTHER DIAGNOSIS #15 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2240 OTHER DIAGNOSIS #16 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2241 OTHER DIAGNOSIS #17 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2242 OTHER DIAGNOSIS #18 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2243 OTHER DIAGNOSIS #19 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2244 OTHER DIAGNOSIS #20 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2245 OTHER DIAGNOSIS #21 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2246 OTHER DIAGNOSIS #22 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2247 OTHER DIAGNOSIS #23 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2248 OTHER DIAGNOSIS #24 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2249 OTHER DIAGNOSIS #25 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS  
2250 PRINCIPAL DIAGNOSIS POA INDICATOR REQUIRED  
2251 ADMIT DIAGNOSIS POA INDICATOR REQUIRED  
2252 OTHER DIAGNOSIS #1 POA INDICATOR REQUIRED  
2253 OTHER DIAGNOSIS #2 POA INDICATOR REQUIRED  
2254 OTHER DIAGNOSIS #3 POA INDICATOR REQUIRED  
2255 OTHER DIAGNOSIS #4 POA INDICATOR REQUIRED  
2256 OTHER DIAGNOSIS #5 POA INDICATOR REQUIRED  
2257 OTHER DIAGNOSIS #6 POA INDICATOR REQUIRED  
2258 OTHER DIAGNOSIS #7 POA INDICATOR REQUIRED  
2259 OTHER DIAGNOSIS #8 POA INDICATOR REQUIRED  
2260 OTHER DIAGNOSIS #9 POA INDICATOR REQUIRED  
2261 OTHER DIAGNOSIS #10 POA INDICATOR REQUIRED  
2262 OTHER DIAGNOSIS #11 POA INDICATOR REQUIRED  
2263 OTHER DIAGNOSIS #12 POA INDICATOR REQUIRED  
2264 OTHER DIAGNOSIS #13 POA INDICATOR REQUIRED  
2265 OTHER DIAGNOSIS #14 POA INDICATOR REQUIRED  
2266 OTHER DIAGNOSIS #15 POA INDICATOR REQUIRED  
2267 OTHER DIAGNOSIS #16 POA INDICATOR REQUIRED  
2268 OTHER DIAGNOSIS #17 POA INDICATOR REQUIRED  
2269 OTHER DIAGNOSIS #18 POA INDICATOR REQUIRED  
2270 OTHER DIAGNOSIS #19 POA INDICATOR REQUIRED  
2271 OTHER DIAGNOSIS #20 POA INDICATOR REQUIRED  
2272 OTHER DIAGNOSIS #21 POA INDICATOR REQUIRED  
2273 OTHER DIAGNOSIS #22 POA INDICATOR REQUIRED  
2274 OTHER DIAGNOSIS #23 POA INDICATOR REQUIRED  
2275 OTHER DIAGNOSIS #24 POA INDICATOR REQUIRED  
2276 OTHER DIAGNOSIS #25 POA INDICATOR REQUIRED  
2277 PRINCIPAL DIAGNOSIS POA INDICATOR IS INVALID  
2278 ADMIT DIAGNOSIS POA INDICATOR IS INVALID  
2279 OTHER DIAGNOSIS #1 POA INDICATOR IS INVALID  
2280 OTHER DIAGNOSIS #2 POA INDICATOR IS INVALID  
2281 OTHER DIAGNOSIS #3 POA INDICATOR IS INVALID  
2282 OTHER DIAGNOSIS #4 POA INDICATOR IS INVALID  
2283 OTHER DIAGNOSIS #5 POA INDICATOR IS INVALID  
2284 OTHER DIAGNOSIS #6 POA INDICATOR IS INVALID  
2285 OTHER DIAGNOSIS #7 POA INDICATOR IS INVALID  
2286 OTHER DIAGNOSIS #8 POA INDICATOR IS INVALID  
2287 OTHER DIAGNOSIS #9 POA INDICATOR IS INVALID  
2288 OTHER DIAGNOSIS #10 POA INDICATOR IS INVALID  
2289 OTHER DIAGNOSIS #11 POA INDICATOR IS INVALID  
2290 OTHER DIAGNOSIS #12 POA INDICATOR IS INVALID  
2291 OTHER DIAGNOSIS #13 POA INDICATOR IS INVALID  
2292 OTHER DIAGNOSIS #14 POA INDICATOR IS INVALID  
2293 OTHER DIAGNOSIS #15 POA INDICATOR IS INVALID  
2294 OTHER DIAGNOSIS #16 POA INDICATOR IS INVALID  
2295 OTHER DIAGNOSIS #17 POA INDICATOR IS INVALID  
2296 OTHER DIAGNOSIS #18 POA INDICATOR IS INVALID  
2297 OTHER DIAGNOSIS #19 POA INDICATOR IS INVALID  
2298 OTHER DIAGNOSIS #20 POA INDICATOR IS INVALID  
2299 OTHER DIAGNOSIS #21 POA INDICATOR IS INVALID  
2300 OTHER DIAGNOSIS #22 POA INDICATOR IS INVALID  
2301 OTHER DIAGNOSIS #23 POA INDICATOR IS INVALID  
2302 OTHER DIAGNOSIS #24 POA INDICATOR IS INVALID  
2303 OTHER DIAGNOSIS #25 POA INDICATOR IS INVALID  
2304 PRINCIPAL DIAGNOSIS POA INDICATOR INVALID FOR THIS EXEMPT CODE  
2305 ADMIT DIAGNOSIS POA INDICATOR INVALID FOR THIS EXEMPT CODE  
2306 OTHER DIAGNOSIS #1 POA INDICATOR INVALID FOR THIS EXEMPT CODE







2447 PRINCIPAL DIAGNOSIS CODE IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2448 ADMIT DIAGNOSIS CODE IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2449 OTHER DIAGNOSIS CODE #1 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2450 OTHER DIAGNOSIS CODE #2 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2451 OTHER DIAGNOSIS CODE #3 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2452 OTHER DIAGNOSIS CODE #4 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2453 OTHER DIAGNOSIS CODE #5 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2454 OTHER DIAGNOSIS CODE #6 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2455 OTHER DIAGNOSIS CODE #7 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2456 OTHER DIAGNOSIS CODE #8 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2457 OTHER DIAGNOSIS CODE #9 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2458 OTHER DIAGNOSIS CODE #10 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2459 OTHER DIAGNOSIS CODE #11 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2460 OTHER DIAGNOSIS CODE #12 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2461 OTHER DIAGNOSIS CODE #13 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2462 OTHER DIAGNOSIS CODE #14 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2463 OTHER DIAGNOSIS CODE #15 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2464 OTHER DIAGNOSIS CODE #16 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2465 OTHER DIAGNOSIS CODE #17 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2466 OTHER DIAGNOSIS CODE #18 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2467 OTHER DIAGNOSIS CODE #19 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2468 OTHER DIAGNOSIS CODE #20 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2469 OTHER DIAGNOSIS CODE #21 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2470 OTHER DIAGNOSIS CODE #22 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2471 OTHER DIAGNOSIS CODE #23 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2472 OTHER DIAGNOSIS CODE #24 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2473 OTHER DIAGNOSIS CODE #25 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2474 DIAGNOSIS CODE IS CC FOR MEDICARE MS-DRG ASSIGNMENT  
2475 DIAGNOSIS CODE IS MCC FOR MEDICARE MS-DRG ASSIGNMENT  
2476 PRINCIPAL DIAGNOSIS CODE INDICATES A WRONG PROCEDURE WAS PERFORMED  
2477 ADMIT DIAGNOSIS CODE INDICATES A WRONG PROCEDURE WAS PERFORMED  
2478 OTHER DIAGNOSIS CODE #1 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2479 OTHER DIAGNOSIS CODE #2 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2480 OTHER DIAGNOSIS CODE #3 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2481 OTHER DIAGNOSIS CODE #4 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2482 OTHER DIAGNOSIS CODE #5 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2483 OTHER DIAGNOSIS CODE #6 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2484 OTHER DIAGNOSIS CODE #7 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2485 OTHER DIAGNOSIS CODE #8 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2486 OTHER DIAGNOSIS CODE #9 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2487 OTHER DIAGNOSIS CODE #10 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2488 OTHER DIAGNOSIS CODE #11 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2489 OTHER DIAGNOSIS CODE #12 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2490 OTHER DIAGNOSIS CODE #13 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2491 OTHER DIAGNOSIS CODE #14 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2492 OTHER DIAGNOSIS CODE #15 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2493 OTHER DIAGNOSIS CODE #16 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2494 OTHER DIAGNOSIS CODE #17 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2495 OTHER DIAGNOSIS CODE #18 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2496 OTHER DIAGNOSIS CODE #19 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2497 OTHER DIAGNOSIS CODE #20 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2498 OTHER DIAGNOSIS CODE #21 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2499 OTHER DIAGNOSIS CODE #22 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2500 OTHER DIAGNOSIS CODE #23 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2501 OTHER DIAGNOSIS CODE #24 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2502 OTHER DIAGNOSIS CODE #25 INDICATES A WRONG PROCEDURE WAS PERFORMED  
2503 DIAGNOSIS CODE INDICATES A WRONG PROCEDURE WAS PERFORMED  
2504 REASON FOR VISIT 1 IS NOT VALID FOR DATE  
2505 REASON FOR VISIT 2 IS NOT VALID FOR DATE  
2506 REASON FOR VISIT 3 IS NOT VALID FOR DATE  
2507 AGE OR GENDER AND REASON FOR VISIT 1 ARE INCONSISTENT  
2508 AGE OR GENDER AND REASON FOR VISIT 2 ARE INCONSISTENT  
2509 AGE OR GENDER AND REASON FOR VISIT 3 ARE INCONSISTENT  
2510 REASON FOR VISIT 1 IS DUPLICATE OF ANOTHER REASON FOR VISIT  
2511 REASON FOR VISIT 2 IS DUPLICATE OF ANOTHER REASON FOR VISIT  
2512 REASON FOR VISIT 3 IS DUPLICATE OF ANOTHER REASON FOR VISIT  
2513 PRINCIPAL PROCEDURE CODE IS INVALID  
2514 OTHER PROCEDURE CODE #1 IS INVALID  
2515 OTHER PROCEDURE CODE #2 IS INVALID  
2516 OTHER PROCEDURE CODE #3 IS INVALID

2517 OTHER PROCEDURE CODE #4 IS INVALID  
2518 OTHER PROCEDURE CODE #5 IS INVALID  
2519 PRINCIPAL PROCEDURE CODE IS NOT VALID FOR DATE  
2520 OTHER PROCEDURE CODE #1 IS NOT VALID FOR DATE  
2521 OTHER PROCEDURE CODE #2 IS NOT VALID FOR DATE  
2522 OTHER PROCEDURE CODE #3 IS NOT VALID FOR DATE  
2523 OTHER PROCEDURE CODE #4 IS NOT VALID FOR DATE  
2524 OTHER PROCEDURE CODE #5 IS NOT VALID FOR DATE  
2525 INVALID PATIENT SEX FOR PRINCIPAL PROCEDURE CODE  
2526 INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #1  
2527 INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #2  
2528 INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #3  
2529 INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #4  
2530 INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #5  
2531 NON-COVERED PRINCIPAL PROCEDURE CODE  
2532 NON-COVERED OTHER PROCEDURE CODE #1  
2533 NON-COVERED OTHER PROCEDURE CODE #2  
2534 NON-COVERED OTHER PROCEDURE CODE #3  
2535 NON-COVERED OTHER PROCEDURE CODE #4  
2536 NON-COVERED OTHER PROCEDURE CODE #5  
2537 OPEN BIOPSY PRINCIPAL PROCEDURE CODE  
2538 OPEN BIOPSY OTHER PROCEDURE CODE #1  
2539 OPEN BIOPSY OTHER PROCEDURE CODE #2  
2540 OPEN BIOPSY OTHER PROCEDURE CODE #3  
2541 OPEN BIOPSY OTHER PROCEDURE CODE #4  
2542 OPEN BIOPSY OTHER PROCEDURE CODE #5  
2543 LIMITED COVERAGE PRINCIPAL PROCEDURE CODE  
2544 LIMITED COVERAGE OTHER PROCEDURE CODE #1  
2545 LIMITED COVERAGE OTHER PROCEDURE CODE #2  
2546 LIMITED COVERAGE OTHER PROCEDURE CODE #3  
2547 LIMITED COVERAGE OTHER PROCEDURE CODE #4  
2548 LIMITED COVERAGE OTHER PROCEDURE CODE #5  
2549 BILATERAL PRINCIPAL PROCEDURE CODE  
2550 BILATERAL OTHER PROCEDURE CODE #1  
2551 BILATERAL OTHER PROCEDURE CODE #2  
2552 BILATERAL OTHER PROCEDURE CODE #3  
2553 BILATERAL OTHER PROCEDURE CODE #4  
2554 BILATERAL OTHER PROCEDURE CODE #5  
2555 HSS CANNOT DETERMINE CODING VERSION (ICD9/ICD10) FOR CLAIM  
2556 INVALID OR MISSING REQUIRED ESRD CLAIMS DATA (EASYGroup)  
2557 PATIENT REFUSES TO ASSIGN BENEFITS  
2558 PER-DAY RATE ALREADY PAID FOR THIS SERVICE DATE  
2559 PER-DAY RATE ALREADY PAID, APPLIED DIFFERENCE BETWEEN RATES  
2560 2% REDUCTION-FEDERAL BUDGET SEQUESTRATION  
2562 PRINCIPAL DIAGNOSIS CODE IS REQUIRED  
2563 INVALID HIPPS CODE  
2564 CLAIM SUSPENDED - PROVIDER DID NOT ACCEPT BENEFITS ASSIGNMENT  
2571 SURGICAL PROCEDURE; OPPS WEIGHT (EASYGroup)  
2572 NON OFFICE-BASED PROCEDURE; OPPS WEIGHT(EASYGroup)  
2573 CORNEAL TISSUE ACQUISTION, HEP B VACCINE; REASONABLE COST(EASYGroup)  
2574 BRACHYTHERAPY SOURCE; OPPS RATE COST(EASYGroup)  
2575 BRACHYTHERAPY SOURCE; CONTRACTOR RATE(EASYGroup)  
2576 DEVICE-INTENSIVE PROCEDURE; ADJUSTED RATE(EASYGroup)  
2577 OPPS PASS-THROUGH DEVICE; CONTRACTOR RATE(EASYGroup)  
2578 DEVICE-INTENSIVE PROCEDURE; ADJUSTED RATE(EASYGroup)  
2579 DRUG/BIOLOGICAL; OPPS RATE(EASYGroup)  
2580 UNCLASS DRUG/BIOLOGICAL; CONTRATOR PRICED(EASYGroup)  
2581 INFLUENZA/PNEUMOCOCCAL VACCINE; PACKAGED SERVICE(EASYGroup)  
2582 NEW TECH INTRAOCULAR LENS; SPECIAL PAYMENT(EASYGroup)  
2583 QUALITY MEASUREMENT CODE USE FOR REPORTING PURPOSE ONLY; NO PAYMENT(EASYGroup)  
2584 PACKAGED SERVICE/ITEM; NO SEPARATE PAYMENT(EASYGroup)  
2585 OFFICE-BASED PROCEDURE; OPPS WEIGHT(EASYGroup)  
2586 OFFICE-BASED PROCEDURE; MPFS RVUS(EASYGroup)  
2587 SERVICE NOT COVERED BY MEDICARE FOR FREE-STANDING ASC(EASYGroup)  
2588 RADIOLOGY SERVICE; OPPS WEIGHT(EASYGroup)  
2589 RADIOLOGY SERVICE; MPFS NON-FACILITY PE RVUS(EASYGroup)  
8000 SUSPEND FOR DEVELOPMENT  
8001 SERVICE APPROVED - CONVERSION  
8002 SERVICE DENIED - CONVERSION  
8003 STATISTICAL ADJUST OF SERV - CONVERSION

8004 PROCEDURE CODE IS NOT COVERED  
8005 AUTHORIZATION REQD  
8006 REFERRAL REQ'D  
8007 MANUAL PRICING REQ'D  
8008 MODIFIER REQUIRED  
8009 INCLUDED IN OTHER PD SERVICE(S)  
8010 MEMBER NOT FOUND IN SYSTEM  
8011 ACE 340B PRICING NOT FOUND  
8012 PREMIUM NOT PAID - CLMS SUSPENDED  
8013 PROC INVALID FOR MEMBER'S GENDER  
8014 PROC INVALID FOR MEMBER'S AGE  
8015 PYMT BUNDLED/INCLUDED IN OTHR SRVC  
8016 INVALID PROCEDURE CODE  
8017 PLEASE BILL HF TO MRMIB/HK TO COUNTY CCS  
8018 AUTH ON FILE NOT FOR THIS PROC/MOD/NPI/DATE  
8019 NAME & NPI OF FACILITY REQ FOR PRICING  
8020 REJECTED CLAIM RETURNED  
8022 MOU ON FILE - MANUAL PRICING REQD  
8023 CODE 1 RESTRICTION NOT MET  
8024 PRICING REQD-CLAIM SUBJECT TO ER RATE  
8025 MOD 51 EXEMPT FROM CUTBACK PRCNG REQ  
8026 AUTHORIZATION REQUIRED  
8027 INVALID DIAGNOSIS FOR PROC/ITEM BILLED  
8028 SERVICE BUNDLE IN HIPPS PAYMENT  
8029 MEDICARE PPS PRICING PERFORMED  
8030 PLEASE PROVIDE ESRD-CMS RATE LETTER  
8031 REV CODE REQUIRED  
8032 ESRD CANNOT BE PRICED.CMS RATE LTR REQD  
8033 AUTHORIZATION REQUIRED FOR RELATED SERVICE  
8034 SERVICE LIMIT EXCEEDED  
8035 PLS REBILL USING CORRECT LISTED CODES  
8036 PLS PROVIDE TAXONOMY CODE  
8037 POINT OF PICK UP REQUIRED FOR PRICING  
8038 REDUCED BY 25% PER CMS GUIDELINES  
8039 POSSIBLE MH EXCLUSION  
8040 NOT PAYABLE UNTIL THE SOC HAS BEEN APPLIED  
8041 INVALID CCS CONDITION  
8042 SERVICES ARE COVERED UNDER MEDICARE FFS  
8043 REVIEW FOR TAXONOMY  
8044 RENDERING NUMBER REQUIRED OR INVALID  
8045 RENDERING NUMBER REQUIRES REVIEW  
8046 ORIGINALLY DENIED IN ERROR  
8047 RETRACTED AS REQUESTED  
8048 RETRO RATE ADJUSTMENT  
8049 ADJUSTED BASED ON ADDITIONAL INFORMATION  
8050 ADJUSTED BASED ON CORRECTED CLAIM  
8051 DX ON CLAIM DOES NOT MATCH DX ON SAR  
8052 DRG REQUIRES SEPARATE BILL FOR MOTHER & BABY  
8053 INVALID BILL TYPE  
8054 HOME HEALTH TAC AUTHORIZATION# REQUIRED  
8055 AUTHORIZATION IS DENIED  
8056 MSRP REQUIRED  
8057 TAR REQUIRED FOR FACILITY  
8058 MANUAL PRICING-PRICE ADULT RATE AGE 18 TO 21  
8059 DIAGNOSIS INCONSISTENT WITH PATIENT GENDER  
8060 PLEASE BILL WORKERS' COMP CARRIER  
8061 REVIEW FOR POSSIBLE WORKERS' COMP  
8062 VERIFICATION OF PROGRAM ELIGIBILITY REQD  
8063 PREFERRED NETWORK PROV-APPLY NEGOTIATED DISCOUNT  
8064 SUBMITTED INFO DOES NOT SUPPORT UNBUNDLING  
8065 BUNDLED-REDUCED BASED ON PREV PD CLAIM  
8066 NOT COVERED BY HPSM-BILL ARGUS  
8067 CCS-SUSPENDED FOR IP AUTHORIZATION  
8098 INVALID AGE: REVIEW FOR BABY USING MOM'S ID  
8099 SERVICE/ITEM REQUIRES REVIEW  
8100 MODIFIER REQUIRES REVIEW / PRICING  
8101 NOT A VALID MODIFIER ON DOS  
8102 NOT A VALID CODE ON DOS  
8103 FOR INPT DEDUCTIBLE  
8104 MCRE/OHC PRIMARY,CLM PROCESSED AS SECONDARY

8105 PROV NOT ELIGIBLE TO BILL SERVICE / ITEM  
8106 OHC/ICP/HIPP MEMBER. FURTHER REVIEW ON COVERAGE NEEDED  
8107 RESTRICT AID CODE - SRVS NOT COVERED  
8108 COVERAGE MAY BE AVAILABLE THROUGH CCS  
8109 CONSENT FORM MISSING/INCOMPLETE  
8110 PROVIDER SUBJECT TO MANUAL PRICING.  
8111 NOT BILLABLE TO HPSM FOR DATE(S) OF SERV  
8112 PART A DED/COINS PAYABLE TO CONT HOS ONLY  
8113 NOT COVERED BY HPSM-BILL SAN MATEO BHRS  
8114 BENEFIT AMT EXHAUSTED.NOT PAY W/O APP TAR  
8115 SUSPEND FOR AUDITOR REVIEW  
8116 DOCMNT NEEDED FOR SERVICE/ITEM BILLED  
8117 PER MED REV DOCS NOT JUSTIFY PROC/SRV BILLED  
8118 SOURCE/DESTINATION MISSING OR INVALID  
8119 SERVICE/ITEM NOT PAYABLE THROUGH HPSM  
8120 INPT CRITERIA NOT MET-REBILL OBSERV CODE  
8121 SOC APPLIED  
8122 SUSPEND PER VE EDIT  
8123 DENIED PER VE EDIT  
8124 INVOICE REQUIRED  
8125 MISSING/INVALID PLACE OF SERVICE  
8126 P4P INCENTIVE PAYMENT  
8127 MCRE/OHC RA DOES NOT JUSTIFY PYMT FROM HPSM  
8128 REPORTING PURPOSES ONLY  
8129 MBR ID# BILLED DOES NOT MATCH MBR'S NAME  
8130 MODIFIER MISSING OR INVALID  
8131 SAME SVC PREVIOUSLY PD TO ANOTHER PROV  
8132 INCENTIVE PYBLE TO MBRS ASSIGNED PCP ONLY  
8133 MUST BILL USING GROUP PROVIDER NUMBER  
8134 REBILL W/EOMB IF MCAL PAYMENT IS EXPECTED  
8135 MISSING OR INVALID NDC/UPN  
8136 CLAIM MUST BE ITEMIZED  
8137 PD UNDER CA VISION BENEFIT  
8138 NON COVERED CONDITION  
8139 INVALID/MISSING TIN  
8140 HOME HEALTH PRICING PERFORMED  
8141 NPI / ADDRESS MISMATCH  
8142 PYMT SUBJECT TO DOCUMENT REQMTS PER MEDICARE  
8143 PROVIDER NOT CERTIFIED TO PERFORM PROCEDURE  
8144 ONLY ONE VISIT IS ALLOWED PER DAY  
8145 E&M VISIT DISALLOWED ON SAME DOS AS SURG  
8146 OFFICE VISIT IS WITHIN SURG PRE-OP  
8147 OFFICE VISIT IS WITHIN SURG POST-OP  
8148 ADD-ON PROC DISALLOWED W/OUT PRIMARY PROC  
8149 REQUIRED PRESENT ON ADMISSION INDICATOR MISSING  
8150 INVALID POS FOR ITEM/SERVICE BILLED  
8151 PROFESSIONAL COMPONENT IS NOT REIMBURSABLE  
8152 MBR HAS OTHER CVRG-CA IS SECONDARY  
8153 PREVENTABLE CONDITION REPORTED-\$0 DUE  
8154 DIALYSIS CLAIM  
8155 PROCEDURE CODE HAS BEEN DELETED  
8156 ANOTHER CODE IS AVAILABLE  
8157 SVCS DURING HOSPICE NOT PAYABLE BY HPSM  
8158 UNITS BILLED DO NOT MATCH MEDICAL RECORDS  
8159 VERIFICATION OF PCP ASSIGNMENT  
8160 UPN IS INVALID  
8161 2% REDUCTION FEDERAL BUDGET SEQUESTRATION  
8162 CONSENT FORM MISSING/INCOMPLETE  
8163 HIPPS CODE REQUIRED  
8164 ONE CLAIM REQUIRED FOR MOM & BABY  
8165 RUGS CODE REQUIRED  
8166 MUST BILL USING GROUP PROVIDER NUMBER  
8167 REVIEW -POSSIBLE HOSPICE DIAGNOSIS  
8168 DIAGNOSIS COVERED UNDER HOSPICE  
8169 BIRTHWEIGHT REQUIRED BY AN ICD-9-CM DX CODE  
8170 PROCEDURE NOT PAYABLE TO ASSISTANT SURGEON  
8171 ID# CORRECTED, PLEASE VALIDATE YOUR RECORDS  
8172 NO RATES, SEND MEDICARE LEGACY# ASSOC W/NPI  
8173 INVALID NPI BILLED FOR THIS PLAN  
8174 SERVICE MUST BE BILLED WITH MULTIPLE UNITS

8175 CCS AUTHORIZATION IS REQUIRED  
8176 FWD'D TO HS TO REQUEST MED RECORDS  
8177 CRITICAL CARE HOSP - WEBSTRAT PRICING REQD  
8178 VISIT NOT DONE IN THE FIRST TRIMESTER  
8179 MULTIPLE PROCEDURE REDUCTION APPLIED  
8180 NOT COVERED BY HPSM-BILL MEDI-CAL FFS  
8181 INVALID / MISSING TIN  
8182 OP SERVICES BUNDLED WITH IP STAY  
8183 CHDP BILLING INVALID FOR PLAN  
8184 \$0 REIMBURSEMENT PER SM COUNTY AGREEMENT  
8185 REVIEW FOR REQUIRED DOCUMENTATION OR REMARK  
8186 AUTH SENT FOR CORRECTION  
8187 PLEASE REBILL USING CLAIM FORM UB04  
8197 VERISK REVIEW REQUIRED  
8198 MUST USE ALTERNATE HS PROV#-SEE PROVIDER COMMENT  
8199 MUST USE HS PROV# 23048  
8200 LEVEL OF CARE REVIEW REQUIRED  
8501 FULL RETRACTION,CLAIM TO BE REPROCESSED  
8502 PYMNT REDUCED TO EST PT DUE TO PREV NEW VST  
8503 ONLY ONE CONDITION CODE I.E. 73-76 PER CLM  
8504 LEVEL OF CARE UPDATED TO MATCH AUTHORIZATION  
8505 MISSING/INVALID DAYS OR UNITS OF SERVICE  
8881 MEMBER ON REVIEW  
8882 DENIED-AWAITING W9 PER MAILED REQUEST  
8883 PAYMENT REDUCED TO AUTHORIZED AMOUNT  
8887 ADJUSTMENT FOR ACA PRIMARY CARE INCENTIVE  
8888 SUSPEND FOR INTERNAL REVIEW  
8979 DEVELOPMENT VERIFIED  
8980 TOB REQUIRES REVIEW  
8981 REFERRAL REQ'D  
8982 PLS REBILL ON LTC 25-1 & LTC ACCOM CODES  
8983 ACE SNF CLAIM - SUBJECT TO 30-DAY MAX  
8984 MCE PAID AT ZERO  
8985 CMS PRIMARY CARE INCENTIVE PAYMENT  
8986 CMS E-PRESCRIBING BONUS PAYMENT  
8987 CMS PHY QUALITY REPORTING INITIATIVE PYMT  
8988 CAPITATED SRVC RENDERED BY ON CALL  
8989 SUSPEND FOR POSSIBLE SED COVERAGE  
8990 MCRE PRIMARY,CLM PROCESSED AS SECONDARY  
8991 CHDP PROCESSING APPLIED TO CLAIM  
8992 MCE ER SRVC PAY @ 30% OF MC RATE  
8993 PAYABLE USING ACE PPS RATE  
8994 MEMBER UNDER HOSPICE, BILL FFS MEDICARE  
8995 DENIED-SERVICE RENDERED TO A DIFFERENT PT  
8996 CAPITATED SERVICE - BILL KAISER  
8997 VE OVERRIDE  
8998 CAPITATED SERVICE  
8999 FORCE SUSPEND

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