

EOB Code	EOB Description
0001	RECIPIENT NOT ELIGIBLE FOR MEDICAID ON SOME DATES OF SERVICE
Type:	
0002	BILLING PROVIDER NUMBER MISSING OR INVALID
Type:	
0003	RECIPIENT NUMBER MISSING OR INVALID
Type:	
0004	PROCEDURE INCLUDED IN COMBINED PROCEDURE
Type:	
0005	DOCUMENT CONTROL NUMBER IS MISSING OR INVALID
Type:	
0006	SERVICE FROM DATE IS MISSING OR INVALID
Type:	
0007	SERVICE THRU DATE IS MISSING OR INVALID
Type:	
0008	SERVICE "TO" DATE LESS THAN SERVICE "FROM" DATE
Type:	
0009	EXCEEDS ONE B-12 INJECTION MONTHLY
Type:	

EOB Code	EOB Description
0010	SERVICE DATE GREATER THAN DATE OF RECEIPT
Type:	
0011	MATERNITY CLINIC/PHY CONFLICT FOR PRENATAL SERVICE
Type:	
0012	TOTAL TPL AMOUNT IS INVALID
Type:	
0013	TPL INDICATOR/AMOUNT CONFLICT
Type:	
0014	RELATED CAUSE CODE IS INVALID
Type:	
0015	ACCIDENT INDICATOR IS INVALID
Type:	
0016	FROM DATE OF SERVICE LESS THAN JULY 1, 1996
Type:	
0017	PROVIDER SPECIALTY MISMATCH
Type:	
0018	DIAGNOSIS CODE IS MISSING OR INVALID
Type:	

EOB Code	EOB Description
0019	MUST SPECIFY QUADRANT(Q1,Q2,Q3,Q4)
Type:	
0020	YEARLY LIMIT FOR EYE GLASSES EXCEEDED
Type:	
0021	MCO/BHO FORMER ICN NON-MATCH FOR VOID/ADJUSTMENT
Type:	
0022	BILLED CHARGES MISSING OR INVALID
Type:	
0023	PATIENT NAME IS MISSING
Type:	
0024	UNITS OF SERVICE OR DAYS COVERED MISSING OR INVALID
Type:	
0025	THE UNITS OF SERVICE ARE LESS THAN DAYS BILLED
Type:	
0026	EXCEEDS EPSDT CLINIC LIMITS
Type:	
0027	EXCEEDS OB ULTRASOUND LIMIT FOR 9 MONTHS
Type:	

EOB Code	EOB Description
0028	PROCEDURE CODE OR NDC IS MISSING OR INVALID
Type:	
0029	ATTENDING PHYSICIAN/DMRS FACILITY INVALID OR MISSING
Type:	
0030	SAME SERV WITH 91/92 HCPC HAS BEEN PAID THIS DATE
Type:	
0031	EXCEPTION CODE 031
Type:	
0032	MAXIMUM RENTAL PAYMENT
Type:	
0033	NO VALID INDEX RATE ON FILE FOR ASC PROVIDER
Type:	
0034	SERVICE DATE GREATER THAN DATE OF SYS GEN ICN
Type:	
0035	THE 2 PHY VISIT PER MONTH LIMIT HAS BEEN EXCEEDED
Type:	
0036	ADD'L HOURS OF TESTING REQUIRE PRIOR AUTHORIZATION
Type:	

EOB Code	EOB Description
0037	MAXIMUM PAYMENT MADE
Type:	
0038	EXCEEDS OXYGEN LIMITS-ONE PER MONTH
Type:	
0039	FORMER ICN/SUBMITTER ID IS NOT FOUND FOR VOID/REPLACEMENT
Type:	
0040	TOTAL CALCULATED NON-COVERED CHARGES NOT EQUAL TOTAL AS REPORTED
Type:	
0041	ACCOMODATION REVENUE CODES NOT ALLOWED
Type:	
0042	REVENUE CHARGE MISSING OR INVALID
Type:	
0043	ADMISSION DATE INVALID OR MISSING
Type:	
0044	PATIENT STATUS CODE IS MISSING OR INVALID
Type:	
0045	SURGERY DATE IS INVALID/MISSING
Type:	

EOB Code	EOB Description
0046	COVERED DAYS AND FROM/THRU DAYS ARE NOT EQUAL.
Type:	
0047	COVERED DAYS ARE MISSING OR INVALID
Type:	
0048	REVENUE CODE IS MISSING OR INVALID
Type:	
0049	SOURCE OF ADMISSION IS INVALID OR MISSING
Type:	
0050	EXCEPTION CODE 050
Type:	
0051	ACCOMMODATION DAYS DO NOT EQUAL TOTAL COVERED DAYS
Type:	
0052	HOUR OF ADMISSION IS INVALID OR MISSING
Type:	
0053	DATE OF DISCHARGE IS INVALID OR MISSING
Type:	
0054	ADMITTING PHYSICIAN INVALID OR MISSING
Type:	

EOB Code	EOB Description
0055	TIME OF DISCHARGE IS INVALID OR MISSING
Type:	
0056	TYPE OF BILL IS INVALID OR MISSING
Type:	
0057	TYPE OF ADMISSION IS INVALID OR MISSING
Type:	
0058	INVALID CONDITION CODE
Type:	
0059	INVALID NON-COVERED DAYS
Type:	
0060	EXCEPTION CODE 060
Type:	
0061	OCCURRENCE CODE/DATE IS MISSING OR INVALID
Type:	
0062	EXCEPTION CODE 062
Type:	
0063	EXCEPTION CODE 063
Type:	

EOB Code	EOB Description
0064	EXCEPTION CODE 064
Type:	
0065	ACCOMMODATION REVENUE CODE NOT ENTERED FIRST
Type:	
0066	EXCEPTION CODE 066
Type:	
0067	REVENUE UNITS/MILEAGE ARE INVALID OR MISSING
Type:	
0068	TOTAL CHARGE IS MISSING OR INVALID
Type:	
0069	DATE OF BIRTH INVALID OR MISSING
Type:	
0070	PAID DATE IS INVALID OR MISSING
Type:	
0071	PATIENT SEX NOT EQUAL M OR F OR U
Type:	
0072	PREVIOUSLY PAID VISUAL EXAM IN 12 MONTHS
Type:	

EOB Code	EOB Description
0073	INPATIENT PART B ONLY CHARGE MISSING
Type:	
0074	SERVICES NOT COVERED FOR QMB/SLMB RECIPIENTS
Type:	
0075	EXCEPTION CODE 075
Type:	
0076	EXCEEDS YEARLY FAMILY PLANNING EXAM LIMIT
Type:	
0077	MEDICARE CROSSOVER - BILL TENNCARE DIRECTLY
Type:	
0078	PREVIOUSLY PAID ONE VISIT ON THIS DAY
Type:	
0079	PAY STATUS NOT EQUAL TO PAY OR DENY
Type:	
0080	PREVIOUSLY PAID AUDITORY EXAM IN 12 MONTHS
Type:	
0081	CHILDRENS DAYS EXCEEDED
Type:	

EOB Code	EOB Description
0082	CHILDRENS DAYS EXHAUSTED
Type:	
0083	CHILDRENS VISITS EXCEEDED
Type:	
0084	CHILDRENS VISITS EXHAUSTED
Type:	
0085	CHILDREN DAYS EXCEEDED FOR FISCAL YEAR PA REQUIRED
Type:	
0086	CHILDREN DAYS EXCEEDED FOR FISCAL YEAR PA REQUIRED
Type:	
0087	HOSPITAL PAYMENTS NOT ALLWED FOR PRESUMPTIVE ELIGIBLES
Type:	
0088	EXCEPTION CODE 088
Type:	
0089	EXCEPTION CODE 089
Type:	
0090	PCS - 1500
Type:	

EOB Code	EOB Description
0092	ALIEN-NO REQUEST FOR AUTHORIZATION RECEIVED
Type:	
0094	EMERGENCY TREATMENT CODE NOT BILLED
Type:	
0095	ANESTHESIA-INVALID OR EXCESSIVE HOURS/MINUTES
Type:	
0096	NON-COVERED DAYS CANNOT BE PAID
Type:	
0098	HCBW WAIVER HAS DENY/SUSPEND EDIT
Type:	
0099	PHARMACIST LICENSE NUMBER MISSING OR INVALID
Type:	
0100	KEYING VERIFICATION
Type:	
0101	ADP WAIVER HAS DENY/SUSP EDIT
Type:	
0102	REV CODE 224 MISSING FOR DOD AFTER NOON
Type:	

EOB Code	EOB Description
0103	PLACE OF SERVICE MISSING OR INVALID
Type:	
0104	PROCEDURE CODE MODIFIER IS MISSING OR INVALID
Type:	
0105	INVALID DIAGNOSIS FOR PROCEDURE
Type:	
0106	FAMILY PLANNING CLINIC CODE IS INVALID OR MISSING
Type:	
0107	DMRS FACILITY INVALID/MISSING/NOT ELIGIBLE ON DOS
Type:	
0112	MISSING TOTAL CHARGE FOR NURSING HOME CLAIMS
Type:	
0114	OUTPT HSP PRIOR TO 12/01/99-SUSPEND FOR REVIEW
Type:	
0117	INVALID OR MISSING TOOTH CODE OR TOOTH NUMBER
Type:	
0118	INVALID SURFACE CODE
Type:	

EOB Code	EOB Description
0119	INVALID EMERGENCY INDICATOR
Type:	
0120	VISIT PAID IN NORMAL SURGERY FOLLOW-UP PERIOD
Type:	
0121	PRESCRIBING PHYSICIAN DEA NUMBER MISSING OR INVALID
Type:	
0122	INVALID/MISSING PROVIDER CHECK-DIGIT NUMBER
Type:	
0123	NATIONAL DRUG UNITS ARE MISSING OR INVALID
Type:	
0124	MISSING FIRST DATE OF SERVICE ON CLAIM
Type:	
0125	PRESCRIPTION NUMBER MISSING
Type:	
0126	FIRST DATE OF SERV GREATER THAN LAST DATE OF SERV
Type:	
0127	ESTIMATED DAYS SUPPLY INVALID
Type:	

EOB Code	EOB Description
0128	REFILL CODE MUST BE 00 THROUGH 99
Type:	
0130	MCO/BHO TOTAL ALLOWED AMOUNT INVALID
Type:	
0131	UNITS EXCEED PROGRAM MAXIMUM FOR HCBS CODE
Type:	
0132	MISSING TOTAL CLAIM CHARGE
Type:	
0133	INVALID TOTAL CLAIM CHARGE
Type:	
0134	INVALID NET CLAIM CHARGE
Type:	
0136	REVENUE CODE IS INVALID/NOT ON FILE
Type:	
0138	INVALID HCBS TYPE-2 FACILITY NUMBER
Type:	
0140	HCPC CODE IS INVALID FOR REVENUE CODE
Type:	

EOB Code	EOB Description
0142	1 YR TIMELY FILE HAS BEEN OVERRIDDEN-TF ATTACHED
Type:	
0143	REFILLS EXHAUSTED
Type:	
0144	INVALID REFILL INDICATOR VALUE
Type:	
0146	HCPC/REVENUE CODE MISSING
Type:	
0148	PROCEDURE NOT PAYABLE THIS RECIPIENT
Type:	
0149	PROC REQUIRES REVIEW FOR RECIPIENT
Type:	
0150	NOT USED
Type:	
0151	MISSING PRESCRIBING PROVIDER NUMBER
Type:	
0152	MISSING DRUG CODE
Type:	

EOB Code	EOB Description
0153	INVALID DRUG CODE
Type:	
0154	MISSING PRESCRIPTION NUMBER
Type:	
0155	THRU DATE DISAGREES WITH PATIENT STATUS
Type:	
0156	MISSING DAYS SUPPLY
Type:	
0157	COVERED + NON-COVERED DAYS DOES NOT EQUAL TOTAL DAYS/UNITS BILLED
Type:	
0158	ADMIT DATE GREATER THAN FROM DOS
Type:	
0159	CLAIM PREVIOUSLY DENIED FOR INVALID PROCEDURE
Type:	
0160	ADMIT DATE IS INVALID
Type:	
0161	ADMISSION CODE INVALID
Type:	

EOB Code	EOB Description
0162	DETAIL SVC DATES INCONSISTENT WITH HEADER DATES
Type:	
0163	MISSING DIAGNOSIS CODE
Type:	
0165	TOTAL DAYS MISSING OR INVALID
Type:	
0167	PATIENT STATUS INVALID OR MISSING
Type:	
0168	THERAPEUTIC LEAVE DAYS INVALID
Type:	
0169	HOSPITAL LEAVE DAYS INVALID
Type:	
0170	NON-COVERED DAYS INVALID
Type:	
0171	PHYSICIAN CERTIFICATION DATE IS MISSING OR INVALID
Type:	
0172	PHYSICIAN VISIT DATE IS INVALID OR MISSING
Type:	

EOB Code	EOB Description
0173	TIME OF DEATH IS INVALID OR MISSING
Type:	
0174	VOID PER POLICY REVIEW
Type:	
0175	INVALID COVERED DAYS
Type:	
0176	INVALID CHARGE BILLED TO MEDICARE
Type:	
0177	MEDICARE ALLOWED AMOUNT INVALID OR MISSING, RESUBMIT CLAIM AND ORIGINAL MEDICARE EOMB.
Type:	
0178	MEDICARE PAID AMOUNT IS NOT NUMERIC
Type:	
0179	DEDUCTIBLE AMOUNT IS MISSING OR INVALID
Type:	
0180	BLOOD DEDUCTIBLE AMOUNT INVALID
Type:	
0181	COINSURANCE AMOUNT AND/OR COINSURANCE DAYS MISSING/INVALID. PLEASE RESUBMIT CLAIM WITH MEDICARE EOMB.
Type:	

EOB Code	EOB Description
0182	PART-A COINSURANCE GREATER MEDICARE PAID AMT
Type:	
0183	CASH DEDUCT+ BLOOD DEDUCT+ COINSURANCE MUST NOT EXCEED (MEDICARE ALLOWED - MEDICARE PAID)
Type:	
0184	MEDICARE PAID DATE IS AFTER THE ICN DATE
Type:	
0185	MEDICARE PAID DATE MISSING OR INVALID
Type:	
0186	CROSSOVER CLAIM BILLED INCORRECTLY
Type:	
0187	PROCEDURE NOT PAYABLE THIS RECIPIENT
Type:	
0188	DIAGNOSIS CODE NOT COVERED BY MEDICAID FOR DATE OF SERVICE
Type:	
0189	PROCEDURE REQUIRES MEDICAL REVIEW
Type:	
0190	EXCEEDS ALLOWED AMOUNT FOR CALENDAR YEAR
Type:	

EOB Code	EOB Description
0191	REIMBURSEMENT REFLECTS LESS THAN A FULL WEEK FOR MEGAVOLTAGE TREATMENT
Type:	
0192	TOTAL DAYS ON CLAIM CONFLICT WITH DATES SHOWN
Type:	
0193	NO HCBS CODE ENTERED
Type:	
0194	AGE IS NOT COVERED INPATIENT PSYCHIATRIC SERVICES
Type:	
0195	FUND CODE NOT VALID
Type:	
0196	MISSING ADMISSION DATE
Type:	
0198	MISSING ATTENDING SURGEON PRESCRIBER NUMBER
Type:	
0199	REFERRING PROVIDER CANNOT BE BILLING PROVIDER
Type:	
0200	PROVIDER NOT ON FILE
Type:	

EOB Code	EOB Description
0201	PROCEDURE CODE IS NOT IN THE SCOPE OF PROGRAM
Type:	
0202	PROVIDER INELIGIBLE FOR SUBMITTING THIS CLAIM TYPE
Type:	
0203	PROVIDER NAME/NUMBER MISMATCH
Type:	
0204	REBILL FOR PROVIDER ELIGIBLE DAYS ONLY
Type:	
0205	PATIENT NOT CERTIFIED
Type:	
0206	DATE OF SERVICE SPAN PROVIDER FISCAL YEAR
Type:	
0207	RENDERING PROVIDER ON PREPAYMENT REVIEW
Type:	
0208	BILLING PROVIDER IS AN OUT OF STATE PROVIDER
Type:	
0209	INVALID DESTINATION
Type:	

EOB Code	EOB Description
0210	FACILITY PROVIDER SERVICE LOCATION IS MISSING
Type:	
0211	SERVICING PROVIDER MISSING/INVALID OR NOT DIFFERENT FROM BILLING PROVIDER
Type:	
0212	SERVICING PROVIDER NOT ON FILE
Type:	
0213	PREGNANCY INDICATOR INVALID
Type:	
0214	ENROLLEE NOT ELIGIBLE FOR MCC/BHO ON DATES OF SERVICE
Type:	
0215	MEDICAID RECORDS INDICATE THAT THIS RECIPIENT HAS NOT BEEN APPROVED FOR MEDICAID
Type:	
0216	RECIPIENT NOT ELIGIBLE FOR MEDICAID
Type:	
0217	RECIPIENT NOT ELIGIBLE ON DATES OF SERVICE-ATTACHMENT PRESENT
Type:	
0218	RECIPIENT NOT ELIGIBLE FOR MEDICAID ON DATE(S) OF SERVICE
Type:	

EOB Code	EOB Description
0219	RECIPIENT NOT ELIGIBLE FOR MEDICAID ON SOME DATES OF SERVICE
Type:	
0220	RECIPIENT NOT ELIGIBLE FOR SOME DATES OF SERVICE
Type:	
0221	RECIPIENT NAME MISMATCH - ATTACHMENT PRESENT
Type:	
0222	RECIPIENT NAME DOES NOT MATCH TENNCARE NUMBER
Type:	
0223	RECIPIENT NOT ELIGIBLE FOR DATES OF SERVICE - RECYCLED
Type:	
0224	INVALID OCCURRENCE DATE
Type:	
0225	RECIPIENT DATE OF DEATH IS PRIOR TO DATE OF SERVICE
Type:	
0226	RECIPIENT ON REVIEW
Type:	
0227	EXCEPTION CODE 227
Type:	

EOB Code	EOB Description
0228	MISSING MEDICARE PAID DATE
Type:	
0229	RECIPIENT MEDICAID PLUS MEMBER. CONTACT PHYS ON ID CARD FOR APPROVAL
Type:	
0230	NO CROSSOVER COINSURANCE OR DEDUCTIBLE DUE
Type:	
0231	PROVIDER PROCEDURE RESTRICTIONS
Type:	
0232	PROCEDURE/MODIFIER OR DRUG CODE NOT ON PROCEDURE/FORMULARY FILE
Type:	
0233	PROCEDURE/NDC NOT COVERED BY MEDICAID FOR DATE OF SERVICE
Type:	
0234	PROCEDURE/FORMULARY AGE RESTRICTION
Type:	
0235	PROCEDURE/FORMULARY SEX RESTRICTION
Type:	
0236	PROCEDURE/FORMULARY PLACE OF SERVICE RESTRICTION
Type:	

EOB Code	EOB Description
0237	PROCEDURE/FORMULARY PROVIDER SPECIALTY RESTRICTION
Type:	
0238	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY SPAN
Type:	
0239	INVALID OCCURRENCE SPAN CODE
Type:	
0240	PROCEDURE/FORMULARY DIAGNOSIS RESTRICTION
Type:	
0241	PRICING FILE HAS NO VALID PRICE OR PERCENTAGE OR PER DIEM FOR DOS
Type:	
0242	MISSING OCCURRENCE CODE
Type:	
0243	PROVIDER NOT CERTIFIED FOR PROCEDURE
Type:	
0244	INVALID PAY-TO PROVIDER NUMBER
Type:	
0250	THIRD PARTY PAYMENT AMOUNT MORE THAN MEDICAID ALLOWED AMOUNT
Type:	

EOB Code	EOB Description
0251	RECIPIENT HAS THIRD PARTY RESOURCES - ATTACHMENT PRESENT
Type:	
0252	ADMITTING DIANOSIS CODE IS INVALID/NOT ON FILE
Type:	
0253	DIAGNOSIS DATE RESTRICTION
Type:	
0254	DIAGNOSIS AGE RESTRICTION
Type:	
0255	DIAGNOSIS SEX RESTRICTION
Type:	
0256	DIAGNOSIS FILE PROCEDURE RESTRICTION
Type:	
0257	THIS DIAGNOSIS REQUIRES MEDICAL REVIEW
Type:	
0258	RECIPIENT IS NOT ON ELIGIBILITY FILE
Type:	
0259	CROSSOVER CLAIM EXCEEDS FILING TIME LIMIT - RESUBMIT WITH PROOF OF TIMELY FILING
Type:	

EOB Code	EOB Description
0260	SLIMB ONLY/NO MEDICAL ELIGIBILITY
Type:	
0261	CATEGORY OF SERVICE CANNOT BE DERIVED
Type:	
0262	TPL AMOUNT APPEARS TO BE INSUFFICIENT. PLEASE VERIFY
Type:	
0263	TPL - RECIPIENT HAS THIRD PARTY RESOURCES
Type:	
0264	RECIP IS MEDICARE PART A ELIGIBLE
Type:	
0265	RECIP IS MEDICARE PART B ELIGIBLE
Type:	
0266	REFERRING PHYSICIAN NUMBER IS MISSING
Type:	
0267	HOSPICE XOVER NO COINSURANCE DUE
Type:	
0268	CLAIM EXCEEDS FILING TIME LIMIT- RESUBMIT WITH PROOF OF TIMELY FILING
Type:	

EOB Code	EOB Description
0269	CLAIM SPANS CALENDAR YEAR
Type:	
0270	CLAIM SPANS STATE FISCAL YEAR
Type:	
0271	RECIPIENT IS NOT ELIGIBLE ON SERVICE DATE
Type:	
0272	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY SPAN
Type:	
0273	SUSPENDED FOR RECIPIENT REVIEW
Type:	
0274	TOTAL BILLED NOT EQUAL SUM OF ALL LINE CHARGES
Type:	
0276	NEWBORN-HCA REVIEW
Type:	
0277	LTC ELIGIBILITY ERROR
Type:	
0278	DISCHARGE DTE UNEQ TO LTC ELIG
Type:	

EOB Code	EOB Description
0279	INVALID LAB PROCEDURE CODE
Type:	
0280	NO PATIENT LIABILITY IN EFFECT FOR DOS - RCY
Type:	
0281	PEND FOR MANUAL PRICING
Type:	
0282	PHYSICIAN AUDITOR REVIEW-MODIFIER 24
Type:	
0283	MANUAL PRICE EXCEEDS ALLOWABLE BUT IS LESS THAN BILLED CHARGE
Type:	
0284	MANUAL PRICE EXCEEDS BILLED CHARGES
Type:	
0285	UNLISTED PROCEDURE
Type:	
0287	STER/HYST/ABOR CONSENT INDICATOR IS MISSING OR INVALID
Type:	
0288	PROCEDURE NOT COVERED BY MEDICAID
Type:	

EOB Code	EOB Description
0289	JUSTIFICATION OF MEDICAL NECESSITY REQUIRED
Type:	
0290	PROCEDURE IS NOT IN THE SCOPE OF THE PROGRAM
Type:	
0291	PROCEDURE REQUIRES MEDICAL REVIEW
Type:	
0292	PROCEDURE REQUIRES PRIOR AUTHORIZATION
Type:	
0293	INCOMP. DOC. AND OR MISSING W9. PLS CONTACT PROV. INQ. AT 1-800-852-2683
Type:	
0294	SERVICE NOT COVERED BY MEDICAID
Type:	
0295	RECIPIENT HAS TPL RESOURCES BUT NO TYPE OF COVERAGE ON FILE
Type:	
0296	CONTACT PARENT FOR PAYMENT
Type:	
0297	PAY TO PROVIDER NOT ELIG FOR PAY-THIS DATE OF SERV
Type:	

EOB Code	EOB Description
0298	PROVIDER NUMBER IS A GROUP NUMBER
Type:	
0299	PEND FOR REVIEW OF MULTIPLE SURGERY
Type:	
0300	NO PROVIDER MASTER RECORD
Type:	
0301	FRI/SAT ADMISSION DENIED - JUSTIFICATION REQUIRED
Type:	
0302	REVENUE CODE NON APPLICABLE FOR MEDICAID
Type:	
0303	REVENUE CODE INVALID
Type:	
0304	PROVIDER INELIGIBLE ON SERVICE DATE
Type:	
0305	VISIT CODE CANNOT BE ALLOWED ON SAME DAY AS CONSULT
Type:	
0306	PAY TO PROVIDER IS SUSPENDED
Type:	

EOB Code	EOB Description
0307	BILLING OUT OF CLIA CERTIFICATE TYPE
Type:	
0308	NO PAY-TO PROVIDER RECORD
Type:	
0309	REVIEW CLAIM FOR PAY-TO- PROVIDER
Type:	
0310	INPATIENT PSYCHIATRIC AGE RESTRICTION
Type:	
0311	AMBULANCE SERVICES BILLED ON OUTPATIENT ENCOUNTER NOT JUSTIFIED
Type:	
0312	PAY-TO PROVIDER NOT ENROLLED
Type:	
0313	DIAGNOSIS CODE IN SEQUENCE 5TH-24TH INVALID OR NOT ON FILE
Type:	
0314	SURGICAL PROCEDURE CODE NOT FOUND
Type:	
0315	PEND FOR REVIEW OF GLOBAL SURGERY
Type:	

EOB Code	EOB Description
0316	MCC ICN MISSING FROM CLAIM
Type:	
0317	INVALID/MISSING MODIFIER FOR THIS PROCEDURE
Type:	
0318	DATE OF BIRTH AFTER THE DATE OF SERVICE
Type:	
0319	INVALID POA
Type:	
0320	POA MISSING
Type:	
0321	PROCEDURE CODE IS NO LONGER VALID
Type:	
0322	DATE OF SERVICE BEFORE PROCEDURE IS PAYABLE
Type:	
0323	DATES OF SERVICE SPAN PROVIDER PRICING SEGMENT (NO RATE ON FILE FOR DATES OF SERVICE)
Type:	
0324	INVALID RECIPIENT SEX FOR THIS DIAGNOSIS
Type:	

EOB Code	EOB Description
0325	DATES OF SERVICE SPAN ICD 10 IMPLEMENTATION DATE
Type:	
0326	SURG PROCEDURE CODE IS REQUIRED WITH OPERATING ROOM CHARGES
Type:	
0328	PROCEDURE NOT IN SCOPE OF PROGRAM FOR THIS AGE
Type:	
0329	INVALID RECIPIENT SEX FOR THIS PROCEDURE
Type:	
0330	FACILITY NOT QUALIFIED FOR LEVEL OF CARE BILLED
Type:	
0331	NO PAE AVAILABLE FOR RECIPIENT ADMISSION
Type:	
0332	INVALID PROVIDER TYPE FOR THIS PROCEDURE
Type:	
0333	LOC NOT AUTHORIZED BY PAE
Type:	
0334	NO PATIENT LIABILITY IN EFFECT FOR DATE OF SERVICE
Type:	

EOB Code	EOB Description
0335	PATIENT LIABILITY EXCEEDS OR EQUALS ALLOWED AMOUNT
Type:	
0336	REFILLS ARE NOT ALLOWED FOR NARCOTIC DRUGS
Type:	
0337	D AND C PAYMENT INCLUDED WITH HYSTERECTOMY
Type:	
0338	PATIENT LIABILITY CHANGED DURING MONTH
Type:	
0339	RECIPIENT CHANGES PATIENT STATUS AFTER HE IS DISCHARGED OR TRANSFERED
Type:	
0340	REPROCESSED CLAIM - PAID INCORRECT PER DIEM ON RA 07/21/89
Type:	
0341	VOID OF CLAIMS PREVIOUSLY PRICED/PROCESSED INCORRECTLY
Type:	
0342	THIS DIAGNOSIS REQUIRES MEDICAL REVIEW
Type:	
0344	SERVICE DENIED BY PRIOR PAYER
Type:	

EOB Code	EOB Description
0345	ATTENDING PROVIDER NOT FOUND
Type:	
0346	PHYSICIAN VISIT MUST NOT BE MORE THAN 365 DAYS NO GRACE PERIOD IS GIVEN ON THESE DATES
Type:	
0347	PHYSICIAN CERTIFICATION DATE EXCEEDS ALLOWABLE DAYS
Type:	
0348	PHYSICIAN CERTIFICATION DATE MUST MEET FEDERAL GUIDELINES
Type:	
0349	PHYSICIAN RECERTIFICATION DATE EXCEEDS ALLOWABLE DAYS
Type:	
0350	THE NUMBER OF DETAILS IS NOT EQUAL TO THE SUBMITTED DETAIL COUNT
Type:	
0351	SUBMITTED TO ALLOWED EXCEEDS PERCENT
Type:	
0352	ALLOWED TO SUBMITTED EXCEEDS PERCENT
Type:	
0353	SPECIALTY REQUIRES/EXCLUDES SPECIFIC MODIFIER
Type:	

EOB Code	EOB Description
0354	THIS LAB NOT CERTIFIED TO PROVIDE THIS SERVICE
Type:	
0355	BED HOLD ACCOMODATION REVENUE CODES 180-185 NOT ALLOWED FOR SNF
Type:	
0356	PROCEDURE DELETED FROM CPT/HCPS. REFER TO CPT/HCPCS FOR CURRENT CODE
Type:	
0357	THIS DRUG REQUIRES PRIOR AUTHORIZATION
Type:	
0358	INACTIVE DRUG
Type:	
0359	NATIONAL SUPPLIER PROVIDER NUMBER NOT ON FILE, CONTACT MEDICAID
Type:	
0360	THIS NATIONAL DRUG CODE IS NOT ON FILE
Type:	
0361	ASST. SURGEON NOT MEDICALLY NECESSARY OR JUSTIFIED
Type:	
0362	MEDICARE DEDUCTIBLE GREATER THAN MAXIMUM
Type:	

EOB Code	EOB Description
0363	ROUTINE PHYSICIAN EXAM NOT COVERED EXCEPT UNDER EPSDT
Type:	
0364	INVALID REVENUE CODE FOR ICF-ICF/MR LOA
Type:	
0365	PROCEDURE REQUIRES PRIMARY TOOTH CODE(S)
Type:	
0366	PROCEDURE REQUIRES PERMANENT TOOTH CODE(S)
Type:	
0367	PROCEDURE FILE INDICATES SURFACE CODES(S) REQUIRED
Type:	
0368	PROCEDURE/FORMULARY INDICATES TOOTH CODE REQUIRED
Type:	
0369	SEALANTS NOT COVERED ON PRIMARY TEETH
Type:	
0370	ACCIDENT INDICATOR MISSING OR INVALID
Type:	
0371	THIS DIAGNOSIS REQUIRES ADDITIONAL DOCUMENTATION
Type:	

EOB Code	EOB Description
0372	ITEM NOT PAYABLE IN LONG TERM CARE FACILITY
Type:	
0374	MISSING PRESCRIBER PROVIDER ON DEALER CLAIM
Type:	
0375	SERVICE NOT ON EXPLANTION OF MEDICARE PAYMENTS
Type:	
0377	RECIPIENT IS INELIGIBLE FOR THIS DRUG
Type:	
0379	PROCEDURE CODE MODIFIER REQUIRES MANUAL REVIEW
Type:	
0380	10TH, 11TH, OR 12TH DIAGNOSIS CODE IS INVALID
Type:	
0381	10TH, 11TH OR 12TH DIAGNOSIS CODE IS NOT ON FILE
Type:	
0383	MULTIPLE SURGERY REQUIRES REVIEW
Type:	
0385	REVENUE CODE NOT ON FILE
Type:	

EOB Code	EOB Description
0386	CARRIER CODE INVALID
Type:	
0387	ADJ REASON CD 22/23 MISSING/INVALID OR TPL INVALID
Type:	
0388	SERVICES OF THIS PROVIDER NOT COVERED BY MEDICAID
Type:	
0389	THIS MODIFIER IS ALLOWED FOR CRNA ONLY
Type:	
0390	MULTIPLE EXTRACTION REQUIRES APPROPRIATE PROC CODE
Type:	
0391	INVALID USE OF E DIAGNOSIS CODE
Type:	
0392	UNITS BILLED GREATER THAN COVERED DAYS
Type:	
0394	VERIFY RECIPIENTS TPL
Type:	
0396	LOC ON CLAIM CONFLICTS WITH LOC ON FILE
Type:	

EOB Code	EOB Description
0397	INVALID LTC TERMINATION CODE
Type:	
0399	REFERRING PROVIDER I.D. # IS NOT IN A VALID FORMAT
Type:	
0400	INVALID LOC DAYS
Type:	
0401	INVALID LEAVE DAYS
Type:	
0402	INVALID TYPE OF LEAVE
Type:	
0403	PAYMENT DOES NOT MATCH - ICF
Type:	
0404	PAYMENT DOES NOT MATCH - SNF
Type:	
0406	LTC LEAVE DATES CONFLICT
Type:	
0407	THERAPEUTIC DAYS GT THAN 14
Type:	

EOB Code	EOB Description
0410	PA IS REQUIRED
Type:	
0412	EXCEPTION CODE 412
Type:	
0413	LTC BLOCK 13:TOTAL DAYS DO NOT EQUAL FROM/TO DAYS
Type:	
0414	WAIVER SERVICES LONG TERM CARE CONFLICT
Type:	
0416	AMB SERVICES ORIGIN TO DESTINATION NOT IN SCOPE
Type:	
0417	REVIEW AMBULANCE NON ROUTINE DESTINATION
Type:	
0420	THIS DRUG NOT PAYABLE FOR RECIPIENT AGE
Type:	
0421	THIS DRUG NOT PAYABLE FOR RECIPIENT SEX
Type:	
0425	THIS PROCEDURE MUST BE BILLED SEPARATELY EACH DATE
Type:	

EOB Code	EOB Description
0429	HOMEBOUND SNA & SUPPORT DAILY LIMIT
Type:	
0430	LTC INVALID RECIP ID NUMBER
Type:	
0431	LTC NO PROV MASTER RECORD
Type:	
0432	SWING BEDS ARE NOT A TENNCARE COVERED SERVICE
Type:	
0433	LTC MISSING PROVIDER NUMBER
Type:	
0434	LTC INVALID PROV NUM CK-DIGIT
Type:	
0435	LTC FIRST DATE OF SERVICE MISSING
Type:	
0436	LTC FILING DEADLINE EXCEEDED
Type:	
0437	LTC FIRST DATE GREATER LAST DATE
Type:	

EOB Code	EOB Description
0438	LTC RECHECK SERVICE DATE
Type:	
0439	COINSURANCE NOT A MULTIPLE OF THE MEDICARE DAILY RATE
Type:	
0443	LTC RECIP NOT ON ELIG FILE
Type:	
0444	LTC RECIPIENT INELIGIBLE ON SERVICE DATES
Type:	
0445	LTC RECIPIENT NOT ELIGIBLE ON SERVICE DATES
Type:	
0446	LTC RECIP SUSPEND FOR REVIEW
Type:	
0447	LIMIT OF 15 HOSPITAL LEAVE DAYS PER HOSPITALIZATION EXCEEDED
Type:	
0448	LTC PROVIDER IS INELIGIBLE ON SERVICE DATES
Type:	
0449	LTC REVIEW CLAIM FOR PROV
Type:	

EOB Code	EOB Description
0450	INVALID QUADRANT
Type:	
0451	LTC INV PROVIDER NUMBER
Type:	
0452	RENDERING PROVIDER SERVICE LOCATION IS MISSING
Type:	
0453	INVALID DIAGNOSIS TREATMENT INDICATOR
Type:	
0454	INVALID ASSIGNMENT CODE
Type:	
0455	REFILL NOT ALLOWED FOR DRUG CODE BILLED
Type:	
0456	INVALID PROCEDURE TYPE
Type:	
0457	INVALID PRINCIPAL/OTHER PROCEDURE TYPE
Type:	
0458	ALIEN RECIPIENT ON REVIEW
Type:	

EOB Code	EOB Description
0459	REVENUE CODES OP401 NEED HCPC CODE
Type:	
0460	NOT MEDICAID ELIGIBLE FOR NURSING HOME PAYMENT
Type:	
0461	OCCURENCE CODE SPAN MISSING/INVALID
Type:	
0462	OCCURENCE SPAN DATE IS MISSING OR INVALID
Type:	
0463	NOT MEDICAID ELIGIBLE FOR MEDICARE CROSSOVER PAYMENT
Type:	
0464	SPAN DATE CONFLICT WITH DATES OF SERVICE SHOWN
Type:	
0465	MEDICAID ALLOWABLE AMOUNT REDUCED BY THIRD PARTY LIABILITY
Type:	
0466	MEDICAID ALLOWED REDUCED BY MEDICARE PAYMENT
Type:	
0467	OVERLAP DATES FOR SAME LEVEL OF CARE
Type:	

EOB Code	EOB Description
0468	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
Type:	
0469	LTC RECIPIENT NAME/ID MISMATCH
Type:	
0470	CROSS OVER PEND FOR MANUAL PRICE
Type:	
0471	NDC IS DEACTIVED AND NOT PAYABLE ON DATE FILLED
Type:	
0472	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
Type:	
0473	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
Type:	
0474	DATE DISPENSED AFTER BILLING DATE
Type:	
0475	DATE BILLED AFTER ICN DATE
Type:	
0476	MAXIMUM HOSPITAL DAYS FOR THIS ADULT HAS BEEN PAID
Type:	

EOB Code	EOB Description
0477	THE DIAGNOSIS CODE IN SEQUENCE 10-24 IS IN AN INVALID FORMAT
Type:	
0478	PCS MISSING SUBMITTED CHARGE
Type:	
0479	CLIA OUT OF DATE
Type:	
0480	PROVIDER NOT ELIGIBLE ON DATES OF SERVICE
Type:	
0481	CLAIM PENDED FOR REVIEW OF ATTACHMENTS
Type:	
0482	DDSD/NFM PROCEDURE - NOT DDSD/NFM PROVIDER
Type:	
0483	DDSD/NFM PROVIDER - NOT DDSD/NFM PROCEDURE
Type:	
0484	PREMATURE/NEONATAL NURSERY CARE MUST BE BILLED WITH NEWBORN'S ID
Type:	
0485	DATE DISPENSED EARLIER THAN DATE PRESCRIBED
Type:	

EOB Code	EOB Description
0486	INPATIENT PSYCHIATRIC NEEDS PRIOR AUTHORIZATION
Type:	
0487	PRIMARY DIAG CODE DETOX/NO DETOX REVENUE CODE
Type:	
0488	ADMIT DATE DOES NOT EQUAL FIRST DATE OF SERVICE
Type:	
0489	NO CLIA - DOS PRIOR TO CLIA EFFECTIVE DATE
Type:	
0490	INPATIENT SERVICES ARE NOT COVERED FOR THIS RECIP
Type:	
0491	DRUG NOT APPROVED
Type:	
0492	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
Type:	
0493	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
Type:	
0494	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
Type:	

EOB Code	EOB Description
0495	NO CLIA - DOS PRIOR TO CLIA EFFECTIVE DATE
Type:	
0496	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
Type:	
0497	NO CLIA - DOS PRIOR TO CLIA - EFFECTIVE DATE
Type:	
0498	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
Type:	
0499	TPL PAY CHASE IMMUNO SUPPRESS DRUG
Type:	
0500	DOCUMENT PEND
Type:	
0501	SUSPEND FOR TPL REVIEW
Type:	
0502	FILE CLAIM WITH MEDICARE
Type:	
0503	THIS PATIENT HAS OTHER INSURANCE
Type:	

EOB Code	EOB Description
0504	MCC RECEIPT DATE LESS THAN LAST DATE OF SERVICE
Type:	
0505	RETAIN INSURANCE DENIAL 6 MONTHS FOR TPL REVIEW
Type:	
0507	EPSDT-MAY HAVE TPL
Type:	
0508	TPL PAY AND CHASE PHARMACY
Type:	
0509	TPL PAY AND CHASE PRE-NATAL
Type:	
0510	THIS PATIENT HAS TWO COVERAGE TYPES
Type:	
0511	CLAIM DATA DOES NOT MATCH PRIOR AUTHORIZATION DATA
Type:	
0515	RESUBMISSION CODE INVALID
Type:	
0516	CCN MISSING ADJUSTMENT/VOIDS
Type:	

EOB Code	EOB Description
0517	ADJUSTMENT REPLACED BY THE LATEST ADJUSTMENT
Type:	
0518	PROVIDER TYPE - CLAIM INPUT CONFLICT
Type:	
0519	DRUG REQUIRES PRIOR AUTHORIZATION
Type:	
0520	DRUG QUANTITY PER DAY LIMIT HAS BEEN EXCEEDED
Type:	
0521	DUPLICATE ADJUSTMENT RECORDS ENTERED
Type:	
0522	RECIPIENT IS NOT ELIGIBLE FOR THESE SERVICES
Type:	
0524	CLAIM TO BE ADJUSTED IS THE CREDIT/VOID OF PREVIOUS ADJUSTMENT
Type:	
0525	ADJUSTMENT OR VOID INVALID FOR PREVIOUSLY DENIED CLAIMS
Type:	
0526	PRIOR AUTHORIZATION NOT ON FILE
Type:	

EOB Code	EOB Description
0527	NO UNITS AUTHORIZED-THESE DATES OF SERVICES
Type:	
0528	PRIOR AUTHORIZATION UNITS USED
Type:	
0530	TIER 2 NSAID NO RECORD OF TIER 1'S ON FILE
Type:	
0532	DISEASE STATE MANAGEMENT
Type:	
0534	PRODUR DRUG-AGE INTERACTION
Type:	
0535	PDUR INGREDIENT DUPLICATION
Type:	
0536	INSURANCE EOB DOES NOT MATCH CLAIM - RESUBMIT
Type:	
0537	PDUR DRUG-TO-DRUG INTERACTION
Type:	
0538	EOB ATTACHMENT INADEQUATE FOR TPL RESOLUTION-RESUBMIT
Type:	

EOB Code	EOB Description
0539	PDUR EARLY REFILL ON PRESCRIPTION
Type:	
0540	PDUR MINIMUM DURATION OF THERAPY
Type:	
0541	PDUR DOSING PRECAUTION-HIGH DOSE
Type:	
0542	PDUR DOSING PRECAUTION-LOW DOSE
Type:	
0543	ACCEPTABLE THIRD PARTY DENIAL JUSTIFIES PAYMENT
Type:	
0544	PDUR MAXIMUM DURATION OF THERAPY
Type:	
0545	PDUR LATE REFILL ON PRESCRIPTION
Type:	
0546	DRUG DISEASE MARKER
Type:	
0547	HMO CO-PAY/RECIPIENT HAS MEDICARE
Type:	

EOB Code	EOB Description
0548	PAY TO PROV FOR PROVIDER TYPE 63 MUST BE GROUP
Type:	
0549	ADJUSTMENT SUSPEND FOR MANUAL REVIEW
Type:	
0550	SERVICE NOT REFERRED BY PRIMARY CARE CASE MANAGER
Type:	
0551	LAST DATE OF SERVICE NOT LESS THAN BILL DATE
Type:	
0552	PROVIDER NOT ELIGIBLE TO PROVIDE SERVICE/MEDICAID
Type:	
0553	SNF/NF PAE EFF DATE MUST NOT BE GREATER THAN 90 DAYS PRIOR ADM/SERV DATE
Type:	
0555	CLAIM PAST 24 MONTH FILING - DTL
Type:	
0556	RECIPIENT IS NOT WAIVER ELIGIBLE
Type:	
0557	CLAIM PAST 24 MONTH FILING - HDR
Type:	

EOB Code	EOB Description
0558	SERVICE RESTRICTED TO MONDAY THRU FRIDAY
Type:	
0560	RECIPIENT SERVICES COVERED BY HMO PLAN
Type:	
0561	PROVIDER INELIGIBLE FOR T19 SERVICES/HMO ONLY
Type:	
0562	RECIP PCPCM-CANNOT BILL OP/RHC/FQHC CLINICS RATE
Type:	
0563	RECIPIENT NOT ENROLLED IN HMO FOR DOS
Type:	
0564	SUPPLEMENTAL DELIVERY PAYMENT DENIAL CODE
Type:	
0565	PAID AMOUNT IS GREATER THAN THE BILLED AMOUNT
Type:	
0566	EXCEPTION CODE 566
Type:	
0567	ROOM AND BOARD CHARGES NON-COVERED--CORRECT AND RESUBMIT
Type:	

EOB Code	EOB Description
0569	CC CLAIMS CAN'T PROCESS THRU SYSTEM
Type:	
0570	INVALID ELIGIBILITY FOR HMO COPAY
Type:	
0571	CLAIMCHECK REBUNDLED
Type:	
0572	CC INCIDENTAL TO PRIMARY PROCEDURE
Type:	
0573	CC MUTUALLY EXCLUSIVE
Type:	
0574	CLAIMCHECK COSMETIC SURGERY
Type:	
0575	CLAIMCHECK DUPLICATE
Type:	
0576	CC UNLISTED/OBSOLETE/EXPERIMENTAL/UNSPECIFIED
Type:	
0577	CLAIMCHECK POSSIBLE DUPLICATE
Type:	

EOB Code	EOB Description
0578	CLAIMCHECK PRE-OP/POST-OP
Type:	
0579	CC GROUPHEALTH SMARTSUSPENSE SUSPEND
Type:	
0580	CLAIMCHECK MEDICAL/EVALUATION VISIT
Type:	
0581	RECIPIENT IS LOCKED-IN TO ANOTHER PHYSICIAN
Type:	
0582	RECIPIENT IS LOCKED-IN TO ANOTHER PHARMACY
Type:	
0583	CLAIMREVIEW NEW VISIT FREQUENCY
Type:	
0584	CC GROUPHLTH SMARTSUSPENSE DENY
Type:	
0587	CLAIMREVIEW INTENSITY OF SERVICE
Type:	
0588	STOP LOSS NOT APPROVED
Type:	

EOB Code	EOB Description
0589	CC INVALID MODIFIER/PROCEDURE COMBINATION
Type:	
0590	CLAIMCHECK EXCEEDS 40 LINES
Type:	
0591	CLAIMREVIEW MULTIPLE/DUPLICATE COMP.BILLING
Type:	
0592	RECIPIENT NUMBER NOT ON FILE SAK -1 ASSIGNED
Type:	
0593	CLAIMREVIEW DIAGNOSIS TO PROCEDURE
Type:	
0594	CLAIMCHECK-BILL EACH DOS ON A SEPARATE LINE
Type:	
0595	CLIA REGISTRATION CERTIFICATE NUMBER NOT ON FILE
Type:	
0597	CLAIMCHECK MULTIPLE SURGERY
Type:	
0598	CC-MULTIPLE SURGERY-DOUBLE MODIFIERS
Type:	

EOB Code	EOB Description
0599	ATTACHMENT CONTROL NUMBER MISSING
Type:	
0600	UNITS NOT EQUAL TO TEETH BILLED
Type:	
0601	PART A CROSSOVER SPANS 20020501
Type:	
0602	UNITS NOT EQUAL TO TEETH BILLED
Type:	
0603	PROV ID ON CLAIM DOES NOT MATCH PROV ID ON PA
Type:	
0604	SERVICE AND/OR DATES DO NOT MATCH PRIOR AUTH
Type:	
0605	PRIOR AUTH FUND AND CLAIM FUND DOES NOT MATCH
Type:	
0606	PRIOR AUTH UNITS/AMOUNTS USED
Type:	
0608	JUSTIFICATION OF MEDICAL NECESSITY REQUIRED FOR THIS PROCEDURE
Type:	

EOB Code	EOB Description
0609	CHECK CLAIM ATTACHMENT
Type:	
0610	ECF MINOR HOME MODIFICATIONS PROJECT EXCEEDED
Type:	
0612	TOOTH NUM ON CLAIM DOES NOT MATCH TOOTH NUM ON PA
Type:	
0614	DIAG CODE MISSING/NOT ON FILE-INPATIENT CLAIMS
Type:	
0615	PROVIDER RATE NOT ON FILE FOR LEVEL OF CARE
Type:	
0616	PROCEDURE NOT COMPENSABLE FOR ASSISTANT SURGEON
Type:	
0617	MINOR HOME MODIFICATIONS PROJECT EXCEEDED
Type:	
0618	AUTH SERVICES-RECIP NOT ELIG
Type:	
0619	RECIP INELIGIBLE PAY (AUTH EXAM) FROM STATE FUND
Type:	

EOB Code	EOB Description
0620	MEDICARE ADJUSTED CLAIM-SUBMIT PAPER XOVER CLAIM
Type:	
0621	(CASH DEDUCTIBLE + BLOOD DEDUCTIBLE + COINSURANCE) IS GREATER THAN (MEDICARE ALLOWED - MEDICARE PAID)
Type:	
0622	MASS CREDIT/ADJ BEING SUSPEND
Type:	
0625	FUND CODE UNDETERMINED
Type:	
0627	X-OVER AMOUNT BILLED GREATER THAN AMOUNT BILLED TO MEDICARE
Type:	
0628	PHYSICIAN VISIT DATE MISSING/INVALID
Type:	
0629	PHYSICIAN VISIT DATE DOES NOT MEET FEDERAL REQUIREMENTS
Type:	
0630	DIAGNOSIS NOT IN SCOPE OF THE PROGRAM
Type:	
0631	DIAGNOSIS NOT IN SCOPE OF CCP PROGRAM
Type:	

EOB Code	EOB Description
0632	DIAGNOSIS NOT IN SCOPE OF CN PROGRAM
Type:	
0633	DIAGNOSIS NOT IN SCOPE OF MN PROGRAM
Type:	
0634	DETAIL ATTENDING PHYSICIAN ID INVALID
Type:	
0635	DETAIL FIRST OTHER PHYSICIAN ID INVALID
Type:	
0637	CLAIM PROCESSES MORE THAN 1 YEAR AFTER DATE OF SERVICE AND MORE THAN 183 DAYS AFTER MEDICARE PAID DATE
Type:	
0638	DRUG REQUIRES MEDICAL REVIEW/CN
Type:	
0639	DRUG REQUIRES MEDICAL REVIEW/MN
Type:	
0642	INVALID PROVIDER NUMBER
Type:	
0643	ABORTION REQUIRES REVIEW
Type:	

EOB Code	EOB Description
0644	PROCEDURE CODE MODIFIER NOT PAYABLE
Type:	
0645	NOT MEDICAID ELIGIBLE FOR MEDICARE CROSSOVER PAYMENT
Type:	
0646	PROVIDER RATE NOT ON FILE
Type:	
0647	REVENUE CODE 183 OR 185 NOT ALLOWED WITH PROCEDURE CODE Q5003
Type:	
0648	CC SITE SPECIFIC MODIFIER-FILE ON SEPARATE LINE
Type:	
0649	HOSPICE CLAIM PREVIOUSLY PAID FOR DATES OF SERVICE
Type:	
0650	MISSING 224 REVENUE/INVALID UNITS ON LATE DISCHARGE
Type:	
0651	INVALID TREATMENT DIAGNOSIS INDICATOR
Type:	
0652	PCS-INVALID NET CLAIM CHARGE
Type:	

EOB Code	EOB Description
0653	PAID IN FULL BY MEDICARE
Type:	
0654	RECIPIENT ID IS INVALID FOR AUTH EXAM PAY STATE FD
Type:	
0655	DENIED BY MEDICARE
Type:	
0656	MEDICARE PAYMENT EXCEEDS MEDICAID MAXIMUM ALLOWABLE
Type:	
0657	POTENTIAL DISABILITY CLAIM
Type:	
0658	NEWBORN CARE LIMITED TO 2 SUBSEQUENT VISITS
Type:	
0659	DATE OVER 1 YR MORE THAN 90 DAYS AFTER MEDICARE PD
Type:	
0660	FIELD OVERFLOW VALUE SET TO -1
Type:	
0662	LINE FAILURE - CLAIM DENIED
Type:	

EOB Code	EOB Description
0663	PCS-PROVIDER NUMBER IS NOT ON PROVIDER FILE
Type:	
0664	NDC MISSING FROM INSTITUTIONAL OR PROFESSIONAL CLAIMS
Type:	
0665	NDC ON INSTITUTIONAL OR PROFESSIONAL CLAIM INVALID FORMAT
Type:	
0666	NDC ON INSTITUTIONAL OR PROFESSIONAL CLAIM W/INVALID UNIT OF MEASURE
Type:	
0667	NDC ON INSTITUTIONAL CLAIM OR PROFESSIONAL W/INVALID OR ZERO QUANTITY
Type:	
0668	NDC DETAIL INFO MISSING ON INST/PROF J-CODE CLAIM
Type:	
0669	UNEXPECTED NDC DETAIL ON INSTITUTIONAL OR PROFESSIONAL CLAIM
Type:	
0670	NDC ON INSTITUTIONAL OR PROFESSIONAL CLAIM NOT ON FILE
Type:	
0671	PCS SERVICE DATE IS GREATER THAN RECEIVED DATE
Type:	

EOB Code	EOB Description
0672	PCS MISSING RECIPIENT NUMBER
Type:	
0673	SUBMIT PAPER CLAIM
Type:	
0674	PCS MISSING TOTAL CLAIM CHARGE
Type:	
0675	PCS INVALID TOTAL CLAIM CHARGE
Type:	
0676	PCS RECIPIENT NOT ON ELIGIBILITY FILE
Type:	
0677	PCS RECIPIENT INELIGIBLE ON DATE OF SERVICE
Type:	
0678	PCS ITEMIZED SERVICE DATE NOT IN RECIP ELIG SPAN
Type:	
0679	PCS SUSPEND FOR RECIPIENT REVIEW
Type:	
0680	PCS PROVIDER IS SUSPENDED
Type:	

EOB Code	EOB Description
0681	PROVIDER INELIGIBLE ON DATE OF SERVICE
Type:	
0682	PCS REVIEW CLAIM FOR PROVIDER
Type:	
0683	EXCEEDS 1 PROCEDURE PER TOOTH
Type:	
0684	PCS INVALID PROVIDER NUMBER
Type:	
0685	NON-LTC ACCOMMODATION REVENUE CODE USED ON LTC CLAIMS
Type:	
0687	EXCEEDS LIFETIME LIMIT FOR ORTHODONTICS
Type:	
0688	EXCEEDS \$750 PER FY FOR DENTAL PROCEDURES REQUIRING PRIOR APPROVAL
Type:	
0689	ENC BILLED W/UC MODIFIER AND ATTENDING PROV NOT MATCHED
Type:	
0690	ENC BILLED W/UC MODIFIER AND ATTENDING PROVIDER MISSING
Type:	

EOB Code	EOB Description
0691	PCS-NO UNITS OF SERVICE
Type:	
0696	CROSSOVER PART A NOT PAYABLE MEDICALLY NEEDY
Type:	
0698	COINSURANCE IS NOT A MULTIPLE OF THE MEDICARE DAILY RATE
Type:	
0699	INSTITUTIONAL CROSSOVER TYPE MISSING OR INVALID
Type:	
0700	PROCEDURE EXCEEDS LIFETIME LIMITATION
Type:	
0701	PHYSICIAN SIGNED CONSENT FORM BEFORE STERILIZATION
Type:	
0702	DATE OF SURGERY ON CONSENT FORM IS NOT ON CLAIM
Type:	
0703	RECIPIENT UNDER 21 WHEN SHE SIGNED CONSENT FORM
Type:	
0704	REQUIRES ADDRESS FOR FACILITY FOR STERILIZATION
Type:	

EOB Code	EOB Description
0705	STERILIZATION CONSENT FORM IS NOT LEGIBLE
Type:	
0706	DATE ON THE CONSENT FORM IS NOT LEGIBLE
Type:	
0707	STERILIZATION/HYSTERECTOMY CONSENT FORM IS MISSING
Type:	
0708	PATIENT NAME ON CONSENT FORM DOES NOT MATCH CLAIM
Type:	
0709	CONSENT LESS THAN 30 DAYS BEFORE STERILIZATION
Type:	
0710	CONSENT MORE THAN 180 DAYS BEFORE STERILIZATION
Type:	
0711	STERILIZATION CONSENT FORM NOT DATED BY PHYSICIAN
Type:	
0712	CONSENT FORM IS NOT SIGNED BY THE RECIPIENT
Type:	
0713	CONSENT FORM IS NOT SIGNED BY THE COUNSELOR
Type:	

EOB Code	EOB Description
0714	CONSENT FORM DOES NOT HAVE DATE COUNSELOR SIGNED
Type:	
0715	STERILIZATION CONSENT FORM IS INCOMPLETE
Type:	
0716	HYSTERECTOMY CONSENT FORM REQUIRED
Type:	
0717	STERILIZATION CONSENT FORM NOT SIGNED BY PHYSICIAN
Type:	
0718	EMERGENCY PROCEDURE CODE IS INVALID/NOT ON FILE
Type:	
0719	REFILE CLAIM WITH OPERATIVE REPORT
Type:	
0720	INCORRECT RECIPIENT DATE OF BIRTH ON CONSENT FORM
Type:	
0721	FURTHER DESCRIPTION OF SERVICE REQUIRED
Type:	
0722	STRENGTH AND DOSAGE OF INJECTION MEDICATION REQ
Type:	

EOB Code	EOB Description
0723	SERVICES REQ DOCUMENTATION FOR MEDICAL NECESSITY
Type:	
0724	REFILE CLAIM WITH CONSULTATION/PROGRESS NOTES
Type:	
0725	SERVICE NOT COVERED AS BILLED
Type:	
0726	REFERRING PHYSICIAN REQUIRED
Type:	
0727	ANOTHER PROVIDER HAS BEEN PAID FOR THESE SERVICES
Type:	
0728	SERVICES ARE NOT AUTHORIZED
Type:	
0729	DENIED AFTER SPECIAL REVIEW
Type:	
0730	HYSTERECTOMY CONSENT FORM SIGNED AFTER SURGERY
Type:	
0731	HEALTH CARE AUTHORITY WILL PROCESS CLAIM
Type:	

EOB Code	EOB Description
0732	COUNSELOR SIGNED CONSENT FORM PRIOR TO RECIPIENT
Type:	
0733	HCBS/ICF FOR SAME OR OVERLAPPING DATES OF SERVICE
Type:	
0734	HCBS/INPATIENT HOSPITAL/SNF FOR SAME OR OVERLAPPINNG DATES OF SERVICE
Type:	
0735	RECIPIENT INELIGIBLE ON SERVICE DATES
Type:	
0736	MODIFIER ADDED/DELETED DUE TO MEDICAL REVIEW
Type:	
0737	INVALID MODIFIER FOR THIS PROCEDURE
Type:	
0738	INVALID PROCEDURE CODE USE VALID CPT OR HCPC CODE
Type:	
0739	ONE AMBULATORY SURGERY ALLOWED PER DAY
Type:	
0740	INVALID CODE FOR NARRATIVE DESCRIPTION
Type:	

EOB Code	EOB Description
0741	INVALID SUBMITTED CHARGE
Type:	
0742	AUTHORIZED PHYSICAL REQUIRES ABCDM-16
Type:	
0743	EXCEPTION CODE 743
Type:	
0744	AUTHORIZED PHYSICAL DOES NOT MATCH ABCDM-16
Type:	
0745	REQUESTED ADDITIONAL INFORMATION NOT RECEIVED
Type:	
0746	DENTAL X-RAYS ARE REQUIRED
Type:	
0747	SERVICES ARE INCLUDED IN TOTAL PAID OB CARE
Type:	
0748	PROCEDURE IS AN INCIDENTAL TO PAID MAJOR SURGERY
Type:	
0749	OUTSIDE THE GUIDELINES OF THE MEDICAL PROGRAM
Type:	

EOB Code	EOB Description
0750	EXCEEDS SUPPLY LIMIT/1 MONTH WITHIN 12 MONTHS
Type:	
0751	EXCEPTION CODE 751
Type:	
0752	PER PHY MANUAL-USE 99202 ANTEPART WHEN NOT TOT. OB
Type:	
0753	PROCEDURE IS INCIDENTAL MAJOR PROCEDURE ON CLAIM
Type:	
0754	REFILE USING ""RECIPIENT AREA"" IN SQ CM
Type:	
0755	REFILE CLAIM WITH PROOF OF TIMELY FILING ATTACHED
Type:	
0756	EXCEPTION CODE 756
Type:	
0757	TAKE HOME MEDICATION IS NOT PAYABLE
Type:	
0758	PROVIDER NAME DOES NOT MATCH PROVIDER NUMBER
Type:	

EOB Code	EOB Description
0759	NEEDS COUNTY ADMIN AND/OR PROVIDER SIGNATURE
Type:	
0760	RECIPIENT IS DECEASED THIS DATE OF SERVICE
Type:	
0761	NAME ON SUBMITTED CLAIM DOES NOT MATCH DHS FILE
Type:	
0762	FILE AN ASSIGNED MEDICARE CLAIM ON THIS PATIENT
Type:	
0763	EXCEEDS MULTI-CHANNEL TEST LIMIT BLOOD ANALYZER CODE REQUIRED
Type:	
0764	DUPLICATE OF PAID CLAIM
Type:	
0765	INVALID HYSTERECTOMY CONSENT FORM
Type:	
0766	STERILIZATION/HYSTERECTOMY CONSENT FORM IS INVALID
Type:	
0767	EXCEPTION CODE 767
Type:	

EOB Code	EOB Description
0768	REQUEST ADJUSTMENT TO PAID CLAIM-PER MANUAL
Type:	
0769	PAYMENT CORRECTED/SPENDDOWN-ADM12-HIST ONLY ADJUST
Type:	
0770	INSURANCE PAYMENT MORE THAN ALLOWABLE
Type:	
0771	SERVICE NOT PAYABLE THIS DATE OF SERVICE
Type:	
0772	TYPE OF BILL-CLAIM CONFLICT
Type:	
0773	AUTHORIZED ROOM SERVICES ARE NOT ON CLAIM
Type:	
0774	EXCEPTION CODE 774
Type:	
0775	CLAIM HAS BEEN FORWARDED TO HCA
Type:	
0777	SHOW MEDICARE PART B PAYMENTS
Type:	

EOB Code	EOB Description
0778	HEALTH CARE AUTHORITY PROCESSED ADM12
Type:	
0779	ELIGIBILITY PROBLEM PROCESSED BY DHS
Type:	
0780	RESUBMIT WITH APPROPRIATE VALUE CODE AND UNITS
Type:	
0781	ANOTHER DDS PAID THIS SERVICE IN PREVIOUS 12 MONTH
Type:	
0782	PART OF INPATIENT HOSPITAL CHARGES
Type:	
0783	PROCEDURE INCLUDED IN OFFICE CALL
Type:	
0785	ANOTHER PHARMACY PAID FOR THIS PRESCRIPTION
Type:	
0786	SAME NDC/DATE PAID THIS PHARM
Type:	
0787	THERAPEUTIC LEAVE DAYS ARE NON-COVERED
Type:	

EOB Code	EOB Description
0788	MAXIMUM OF 60 THERAPEUTIC LEAVE DAYS EXCEEDED FOR FISCAL YEAR
Type:	
0789	PROCEDURE NOT APPLICABLE FOR DIAGNOSIS SHOWN
Type:	
0790	ABCDM-16/CLAIM PROV CONFLICT
Type:	
0791	INVALID DIAGNOSIS FOR DESCRIPTION
Type:	
0792	STERILIZATION CONSENT REQUIRED
Type:	
0793	SERVICE/SUPPLY INCLUDED IN AMBULANCE TRIP CHARGE
Type:	
0794	PAID CLAIM INCLUDED THIS PROCEDURE
Type:	
0795	CC MUTUALLY EXCLUSIVE
Type:	
0796	PATIENT HAS PRIVATE INSURANCE
Type:	

EOB Code	EOB Description
0797	RECIP TB ELIG ONLY-CLAIM REQUIRES TB DIAGNOSIS
Type:	
0798	REFILE WITH MEDICARE RECHECK HIC NUMBER
Type:	
0799	EXCEPTION CODE 799
Type:	
0800	PHARMACY-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
0801	SERVICE NOT ALLOWED DURING INPATIENT/SNF/ICF STAY
Type:	
0802	PHARMACY-POSSIBLE CONFLICT OF ANOTHER CLAIM
Type:	
0803	DENTAL-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
0804	DENTAL-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
0806	PRACTITIONER-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	

EOB Code	EOB Description
0807	PRACTITIONER-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
0808	MCO PAYMENT BELOW STATE RATE
Type:	
0809	MCO PAYMENT EXCEEDED STATE RATE
Type:	
0810	SNF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0812	CROSSOVER-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
0813	EXCEPTION CODE 813
Type:	
0814	CROSSOVER-POSSIBLE CONFLICT OF ANOTHER CLAIM
Type:	
0815	LTC-EXACT DUPLICATE OF ANOTHER CLAIM IN SYSTEM
Type:	
0816	LTC-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	

EOB Code	EOB Description
0820	INPATIENT/ICF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0821	PCS-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
0822	EXCEPTION CODE 822
Type:	
0823	ICF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0824	OUTPATIENT-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
0826	HOME HEALTH-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
0827	EXCEPTION CODE 827
Type:	
0828	CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0829	INPATIENT-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	

EOB Code	EOB Description
0830	MEDICARE CROSSOVER PREVIOUSLY PAID - BILL PART A MEDICARE
Type:	
0831	SNF/HOME HEALTH/DME SERVICE PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0832	TRANSPORTATION-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
0833	HCBS PREVIOUSLY PROCESSED FOR SAME DATES OF SERVICE
Type:	
0835	RECIPIENT IS PART B ELIGIBLE - BILL MEDICARE
Type:	
0836	PROFESSIONAL XOVER CONFLICT W/ CMS1500 ENCOUNTERS
Type:	
0838	LAB/XRAY-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
0839	LAB/XRAY-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
0840	INVALID FREQUENCY CODE
Type:	

EOB Code	EOB Description
0841	ORIGINAL CLAIM IS IN A DENIED STATUS
Type:	
0842	DEALER-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
0843	DEALER-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
0845	OPTOMETRIST-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
0846	OPTOMETRIST-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
0847	DENIED DSNP CROSSOVER CLAIM
Type:	
0848	DSNP XOVER - NO PATIENT RESPONSIBILTY DUE
Type:	
0849	INVALID MODIFIER COMBINATION
Type:	
0850	LTC/INPT POSSIBLE CONFLICT WITH INPT/LTC CLAIM
Type:	

EOB Code	EOB Description
0851	LTC-HOME HEALTH CLAIM CONFLICT
Type:	
0852	LTC-PCS POSSIBLE CONFLICT
Type:	
0853	SUSPECT DUPE HOME HEALTH VS DME
Type:	
0854	INPATIENT-PCS POSSIBLE CONFLICT
Type:	
0855	PCS-INPATIENT POSSIBLE CONFLICT
Type:	
0856	HH/INPT POSSIBLE CONFLICT WITH INPT/HH CLAIM
Type:	
0857	INPT/CROSSOVER POSSIBLE CONFLICT CROSSOVER/INPT
Type:	
0858	INPT/OUTPT POSSIBLE CONFLICT WITH OUTPT/INPT CLAIM
Type:	
0859	EXCEPTION CODE 859
Type:	

EOB Code	EOB Description
0860	CROSS CLAIM TYPE J CODE CONFLICT
Type:	
0861	CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0862	CROSSOVER CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0863	CROSSOVER CLAIM PREVIOUSLY PAID
Type:	
0864	DUPLICATE OF PREVIOUSLY PROCESSED CLAIM
Type:	
0865	OUTPATIENT CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0866	ICF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0867	HOME HEALTH CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0868	PART A CROSSOVER PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	

EOB Code	EOB Description
0869	DUPLICATE OF PREVIOUSLY PROCESSED CLAIM
Type:	
0870	OUTPATIENT ENCOUNTER NOT ALLOWED DURING INPATIENT STAY
Type:	
0871	DUPLICATE OF PREVIOUSLY PROCESSED ENCOUNTER/CLAIM
Type:	
0872	SNF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0873	MENTAL HEALTH CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0874	VISION CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0875	DME CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0876	FAMILY PLANNING CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0877	CHC CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	

EOB Code	EOB Description
0878	AMBULANCE CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0879	DENTAL CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0880	PHARMACY CLAIM PREVIOUSLY PAID FOR SAME DRUG/DATE OF SERVICE
Type:	
0881	HOME HEALTH-LTC CLAIM CONFLICT
Type:	
0882	HCBS CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
0883	PROFESSIONAL CROSSOVER CONFLICT WITH DCS CLAIM
Type:	
0884	PCS-CROSSOVER POSSIBLE CONFLICT
Type:	
0885	A CONFLICTING SERVICE HAS BEEN PAID FOR THIS DATE
Type:	
0886	DEALER LIMITS EXCEEDED
Type:	

EOB Code	EOB Description
0887	OTHER FED QUAL HEALTH CENTER SERV PAID THIS DATE
Type:	
0888	EXCEEDS EARLY INTERVENTION SERVICES LIMITS
Type:	
0889	PART-A COINSURANCE GREATER MEDICARE PD AMT
Type:	
0890	REVIEW CROSSOVER PART B COINSURANCE OVER \$1000.00
Type:	
0893	EXCEPTION CODE 893
Type:	
0894	RURAL HEALTH REVENUE REQUIRES HCPC CODE
Type:	
0895	RURAL HEALTH CLINIC REQUIRES REVENUE OP521
Type:	
0896	FILE SEPARATE CLAIMS FOR DIFFERENT YEARS
Type:	
0897	FROM DATE OF SERVICE LESS THAN JULY 1, 1999
Type:	

EOB Code	EOB Description
0898	DATE OF DEATH PRIOR TO DATE OF SERVICE
Type:	
0899	ICN OF CURRENT CLAIM IS SAME AS HISTORY ICN
Type:	
0900	PCS DAYS REDUCED-INPT/LTC CONFLICT
Type:	
0901	FILE SEPARATE CLAIM FOR REMAINING UNPAID DAYS
Type:	
0902	CHOICES MINOR HOME MODIFICATION PROJECT EXCEEDED
Type:	
0903	DIAGNOSIS INDICATOR MISSING OR INVALID
Type:	
0904	DENIED FOR OKLA FOUNDATION FOR PEER REVIEW AUDIT
Type:	
0905	REFILE SEPARATE CLAIM FOR EACH MONTH
Type:	
0906	MEDICARE DEDUCTIBLE APPLIED IN PREVIOUS 60 DAYS
Type:	

EOB Code	EOB Description
0907	TIME OF DEATH MISSING OR INVALID
Type:	
0908	ANOTHER PROVIDER WITHIN GROUP PAID FOR SERVICE
Type:	
0909	FILE SEPARATE CLAIM FOR SEPTEMBER AND OCTOBER
Type:	
0910	PSYCHIATRIC ADMIT AFTER 9/1/92 NEEDS PA
Type:	
0911	SERVICE PREVIOUSLY PAID ON GROSS ADJUSTMENT
Type:	
0912	CLAIM HAS BEEN ADJUSTED AFTER SPECIAL REVIEW
Type:	
0913	CLAIM HAS BEEN ADJUSTED AFTER MEDICAL REVIEW
Type:	
0914	SERVICE PREVIOUSLY PAID ON PROVIDER ALTERNATE NUM
Type:	
0915	PAID TO ANOTHER PROVIDER IN GROUP ON ALTERNATE NUM
Type:	

EOB Code	EOB Description
0916	EXCEPTION CODE 916
Type:	
0917	CHARGES INDICATE ERROR IN MATH
Type:	
0918	INDICATE UNITS WORKED NOT DAYS
Type:	
0919	FILE SEPARATE CLAIM FOR EACH DATE OF SERVICE
Type:	
0920	WAIVERED SERVICE/DATES NOT ON PRIOR AUTHORIZATION
Type:	
0921	LIST EACH DATE SEPARATELY
Type:	
0922	PATIENT RECEIVED SETTLE/BILL PATIENT
Type:	
0923	ITEMIZE CHARGES FOR SUPPLIES
Type:	
0924	CLIENT RESPONSIBLE EXCEEDS ALLOWABLE
Type:	

EOB Code	EOB Description
0925	MEDICAL CONDITION/DIAGNOSIS NOT COVERED
Type:	
0926	COINSURANCE REDUCED BY MEDICAID ALLOWABLE
Type:	
0927	INDICATE EXACT UNITS PROVIDED FOR RECIPIENT
Type:	
0928	WHOLESALE'S INVOICE REQUIRED FOR PAYMENT
Type:	
0929	PROC/DIAG REQUIRE FEDERAL MANDATED STATMT-ABORTION
Type:	
0930	PROCEDURE UNITS REDUCED TO ALLOWABLE
Type:	
0931	CARRIER DENED STATUS INVALID
Type:	
0932	STATUS PAID BUT ALLOWED AMOUNT EQUAL TO ZEROS
Type:	
0933	ORIGINAL CLAIM BEING ADJUSTED-ALLOW 30 DAYS
Type:	

EOB Code	EOB Description
0934	CLAIM WAS FILED WITH INVALID PROVIDER NUMBER
Type:	
0935	RENTAL PREVIOUSLY PAID FOR THIS ITEM THIS MONTH
Type:	
0936	VALUE CODES INDICATE DIFFERENT CO-INSURANCE AMOUNT
Type:	
0937	PROVIDER NOT ELIGIBLE THIS PROCEDURE CODE
Type:	
0938	EXCEPTION CODE 938
Type:	
0939	REFILE ON PAPER CLAIM
Type:	
0940	SUBMIT PAPER CLAIM WITH NARRATIVE FOR PRICING
Type:	
0941	REFILE WITH MEDICARE REMITTANCE STATEMENT
Type:	
0942	DUPLICATE PAID THRU FINANCE
Type:	

EOB Code	EOB Description
0943	REFILE ON ADM84-TRANSPORTATION CLAIM FORM
Type:	
0944	DENIED AFTER CLAIM CHECK REVIEW
Type:	
0945	INVALID PROOF OF DENIAL/HMO
Type:	
0946	CLAIM PAST 24 MONTH FILING - HDR
Type:	
0947	REFILE WITH CORRECT ADMIT DATE
Type:	
0948	RESUBMIT LEGIBLE CLAIM/ATTACHMENT
Type:	
0949	INCLUDED IN PAYMENT FOR OTHER SERVICES
Type:	
0950	THIS LEVEL TRANSPORTATION NOT REQUIRED
Type:	
0951	DDSD WILL PROCESS CLAIM THROUGH FINANCE
Type:	

EOB Code	EOB Description
0952	REFILE-NAME BRAND /ORDER NUMBER FOR PRICE
Type:	
0953	REFILE AS CROSSOVER WITH EOMP
Type:	
0954	REFILE WITH APPROPRIATE EOMP
Type:	
0955	NOT ELIGIBLE FOR WAIVERED SERVICES
Type:	
0956	TPL PAID COLLECT FROM PATIENT
Type:	
0957	NOT VERIFIED BY OPERATIVE REPORT
Type:	
0958	ITEMIZE SURGERIES PER OPERATIVE REPORT
Type:	
0959	CANNOT PROCESS NEGATIVE AMOUNTS
Type:	
0960	ADJUSTED PER OFPR RECOMMENDATION
Type:	

EOB Code	EOB Description
0961	NON EMERGENCY SERVICES NON PAYABLE FOR ALIEN
Type:	
0962	DOCUMENT OF NECESSITY/MRI REPORT REQUIRED
Type:	
0963	DOCUM DOES NOT JUSTIFY THE BILLED PROCEDURE
Type:	
0964	REFILE CLAIM AS LIMIT TARGETED OB ULTRASOUND
Type:	
0965	PAY REMAINING DAYS ON PARAMETER FILE
Type:	
0966	FILE MEDICARE PART A FOR INPATIENT SERVICES
Type:	
0967	PROVIDER NOT QUALIFIED FOR TARGETED OB US INTERP
Type:	
0968	REFILE AS PHARMACY WITH NATIONAL DRUG CODE
Type:	
0969	NO MEDICAL JUSTIFICATION FOR TARGETED OB US
Type:	

EOB Code	EOB Description
0970	SUBMIT PREVIOUSLY REQUESTED OB/US QUALIFICATION
Type:	
0971	PARTIAL HOURS NON ACCEPTABLE
Type:	
0972	NO MEDICAL JUSTIFICATION FOR REVERSAL/REMOVAL
Type:	
0973	REFILE AS AMBULATORY SURGERY
Type:	
0974	PRESCRIBING PROVIDER EXCLUDED
Type:	
0975	SUBMIT CLM WITH DOCUMENTATION/NDC TO TENNCARE MED DIV
Type:	
0976	HYSTERECTOMY REQUIRE SIGN DATE
Type:	
0977	REFILE CLAIM WITH MEDICAL RECORD
Type:	
0978	INPATIENT HOSPITAL CLAIM PAID THIS DATE OF SERVICE
Type:	

EOB Code	EOB Description
0979	NURSING HOME CLAIMS PAID THIS DATE OF SERVICE
Type:	
0980	PROCEDURE NOT PAYABLE FOR THIS AGE
Type:	
0981	VERIFY PA FOR THIS PROCEDURE/DATE OF SERVICE
Type:	
0982	REFILE WITH PHYSICIAN PROGRESS NOTES
Type:	
0983	PROV ID ON CLAIM DOES NOT MATCH PROV ID ON PA
Type:	
0984	DIAGNOSIS NOT PAYABLE FOR NURSE MIDWIFE
Type:	
0985	PROVIDER IS SUSPENDED OR TERMINATED
Type:	
0986	UNITS CANNOT BE GREATER THAN 999
Type:	
0987	PRIOR AUTHORIZATION UNITS/AMOUNTS USED
Type:	

EOB Code	EOB Description
0988	TB ONLY ELIGIBLE - NEED 'T'IN FORCE FIELD (FF)
Type:	
0989	SERVICE AND/OR DATES DO NOT MATCH PRIOR AUTH
Type:	
0990	SERVICES ALLOWED AS ENCOUNTER ON ALTERNATE NUMBER
Type:	
0991	UNITS REDUCED PER DOCU/AFTER SURS REVIEW
Type:	
0992	REFER TO LETTER TENNCARE-98-12 DATED 3/10/98
Type:	
0993	EXCEPTION CODE 993
Type:	
0994	EXCEPTION CODE 994
Type:	
0995	EXCEPTION CODE 995
Type:	
0996	EXCEPTION CODE 996
Type:	

EOB Code	EOB Description
0997	EXCEPTION CODE 997
Type:	
0998	EXCEPTION CODE 998
Type:	
0999	EXCEPTION CODE 999
Type:	
1000	CLAIM PENDED FOR EXAMINER REVIEW
Type:	
1001	INVALID ICD PROCEDURE CODE
Type:	
1002	ICD CODE NOT ON FILE
Type:	
1003	HEADER ALLOWED AMOUNT DOES NOT EQUAL THE SUM OF DETAIL ALLOWED AMOUNTS
Type:	
1004	THE DATE OF RECEIPT IS MISSING OR INVALID
Type:	
1006	FACILITY PROV NOT ELIG AT SERV LOC FOR PROG BILLED
Type:	

EOB Code	EOB Description
1007	PROVIDER NOT ELIGIBLE AT SERVICE LOCATION
Type:	
1010	PHYSICIAN ASSISTANT MUST BE A MEMBER OF A GROUP
Type:	
1011	INTERNAL ERROR
Type:	
1012	INVALID DISCHARGE HOUR OR PATIENT STATUS FOR SAME DAY TRANSFER
Type:	
1013	MCC SUBMITTER ID IS MISSING OR INVALID
Type:	
1014	MISSING OR INVALID GROUP ID
Type:	
1015	INCOMP. DOC. AND OR MISSING W9. PLS CONTACT PROV. INQ. AT 1-800-852-2683
Type:	
1018	NO PRICING SEGMENT FOR LEVEL OF CARE
Type:	
1019	RECIPIENT HAS MULTIPLE LEVELS OF CARE ON FILE
Type:	

EOB Code	EOB Description
1023	LEVEL OF CARE RATE NOT ON FILE FOR PROVIDER
Type:	
1024	PROVIDER DOES NOT MATCH THE PROVIDER SPECIFIED ON PAE FOR THIS RECIPIENT
Type:	
1025	MCC/BHO ID MISSING/INVALID FROM 2330B LOOP
Type:	
1031	PROVIDER PSYCHIATRIC AGE RESTRICTION -RESUBMIT USING UNDER 21 PSYCH PROVIDER NUMBER
Type:	
1035	PROVIDER SPECIALTY NOT ALLOWED TO BILL CLAIM TYPE
Type:	
1037	FACILITY PROVIDER I.D. NOT ON FILE
Type:	
1052	TAXONOMY CODE INVALID FOR RENDERING PROVIDER
Type:	
1053	TAXONOMY CODE INVALID FOR PERFORMING PROVIDER
Type:	
1054	TAXONOMY CODE INVALID FOR BILLING PROVIDER
Type:	

EOB Code	EOB Description
1055	DTL REFERRING PROV NOT ON FILE
Type:	
1056	RECIPIENT SSN AND DATE OF BIRTH AMBIGUOUS
Type:	
1058	NO PAY TO PROVIDER RECORD FOR CROSSOVER CLAIM
Type:	
1059	THIS SERVICE IS NOT A VALID ENCOUNTER UNDER THE SOONERCARE CHOICE PROGRAM UNLESS IT IS BILLED BY THE RECIPIENT'S PCP/CM.
Type:	
1060	NO RENDERING PROVIDER FOR CROSSOVER CLAIM
Type:	
1061	NO FACILITY PROVIDER FOR CROSSOVER CLAIM
Type:	
1065	BILLIING PROVIDER NOT A MEMBER OF GROUP
Type:	
1070	INVALID RENDERING PROVIDER ID QUALIFIER
Type:	
1071	INVALID ATTENDING PHYSICIAN ID QUALFIER
Type:	

EOB Code	EOB Description
1072	INVALID 1ST OTHER PHYSICIAN ID QUALIFIER
Type:	
1073	INVALID 2ND OTHER PHYSICIAN ID QUALIFIER
Type:	
1074	INVALID REFERRING PHYSICIAN ID QUALIFIER
Type:	
1075	INVALID BILLING PROVIDER ID QUALIFIER
Type:	
1076	INVALID FACILITY PROVIDER ID QUALIFIER
Type:	
1077	INVALID PERFORMING PHYSICIAN ID QUALIFIER
Type:	
1078	INVALID REFERRING PHYSICIAN 2 ID QUALIFIER
Type:	
1079	SERVICE CODES (REVENUE AND PROCEDURE CODE) ARE INVALID OR MISSING
Type:	
1086	CLAIM RECEIVED 360 DAYS AFTER RECIP ELIGIBILITY END DATE
Type:	

EOB Code	EOB Description
1088	RENDERING PROVIDER NOT A MEMBER OF GROUP HDR
Type:	
1089	BILLING PROVIDER MEDICAID ID DOES NOT MATCH CLAIM
Type:	
1090	ORIGINAL CLAIM VOIDED AND REPLACED WITH THIS TRANSACTION CONTROL NUMBER (ICN) AS A DENIAL
Type:	
1091	ORIGINAL CLAIM HAS BEEN REPLACED WITH THIS TRANSACTION IDENTIFIED BY THE ICN. IF THIS TRANSACTION DENIED THE ORIGINAL HAS BEEN VOIDED, PLEASE RESUBMIT A NEW CLAIM WITH THE CORRECTIONS. YOU MAY CONTACT THE HELP DESK FOR ASSISTANCE.
Type:	
1092	BILLING PROVIDER TAX ID DOES NOT MATCH CLAIM
Type:	
1093	RENDERING PROVIDER MEDICAID ID DOES NOT MATCH CLAIM HD
Type:	
1094	RENDERING PROVIDER TENNCARE ID DOES NOT MATCH CLAIM HDR
Type:	
1095	RENDERING PROVIDER TAXONOMY DOES NOT MATCH CLAIM HDR
Type:	
1096	RENDERING PROVIDER TAX ID DOES NOT MATCH CLAIM HDR
Type:	

EOB Code	EOB Description
1097	SUBMITTED BILLING PROV TAX ID AND NPI MISMATCH TENNCARE RECORD
Type:	
1098	SUBMITTED BILLING PROV TAX ID AND MEDICAID ID NUMBER MISMATCH TENNCARE RECORD
Type:	
1104	BILLING UNABLE TO CREATE NEW SERVICE LOCATION
Type:	
1105	RENDERING UNABLE TO CREATE NEW SERVICE LOCATION
Type:	
1106	BILLING TENNCARE ID POINTS TO MULTIPLE PROVIDERS (INFO ONLY)
Type:	
1107	RENDERING PROVIDER TENNCARE ID POINTS TO MULTIPLE PROVIDERS
Type:	
1184	MEDICARE PAID DATE IS PRIOR TO THE LAST DATE OF SERVICE
Type:	
1190	BILLING PROVIDER TENNCARE ID DOES NOT MATCH CLAIM
Type:	
1191	BILLING PROVIDER TAXONOMY DOES NOT MATCH CLAIM
Type:	

EOB Code	EOB Description
1192	DENTAL TAXONOMY CODE 125J00000X OR 125K00000X NOT VALID FOR TENNCARE PAYMENT
Type:	
1200	MULTIPLE RENDERING PROVIDERS MATCHED ON HEADER
Type:	
1201	MULTIPLE RENDERING PROVIDERS MATCHED ON DETAIL
Type:	
1202	MULTIPLE REFERRING PROVIDERS MATCHED ON HEADER
Type:	
1203	MULTIPLE REFERRING MATCH DETAIL
Type:	
1204	MULTIPLE ATTENDING PROVIDERS MATCHED ON HEADER
Type:	
1205	MULTIPLE ATTENDING PROVIDERS MATCHED ON DETAIL
Type:	
1206	MULTIPLE FACILITY PROVIDERS MATCHED ON HEADER
Type:	
1207	MULTIPLE OTHER PROVIDERS MATCHED ON HEADER
Type:	

EOB Code	EOB Description
1208	MULTIPLE OTHER PROVIDERS MATCHED ON DETAIL
Type:	
1209	TAXONOMY DOES NOT MATCH MATCHED FOR BILLING PROVIDER ON HEADER
Type:	
1210	TAXONOMY DOES NOT MATCH MATCHED FOR RENDERING PROVIDER ON HEADER
Type:	
1211	TAXONOMY DOES NOT MATCH MATCHED FOR RENDERING PROVIDER ON DETAIL
Type:	
1212	TAXONOMY DOES NOT MATCH MATCHED FOR REFERRING PROVIDER ON HEADER
Type:	
1213	TAXONOMY DOES NOT MATCH MATCHED FOR REFERRING PROVIDER ON DETAIL
Type:	
1214	TAXONOMY DOES NOT MATCH MATCHED FOR ATTENDING PROVIDER ON HEADER
Type:	
1215	DATE DISPENSED IS MISSING
Type:	
1216	TAXONOMY DOES NOT MATCH MATCHED FOR ATTENDING PROVIDER ON DETAIL
Type:	

EOB Code	EOB Description
1217	TAXONOMY DOES NOT MATCH MATCHED FOR FACILITY PROVIDER ON HEADER
Type:	
1218	TAXONOMY DOES NOT MATCH FOUND OTHER PROV ON DETAIL
Type:	
1219	TAXONOMY DOES NOT MATCH FOUND OTHER PROV ON DETAIL
Type:	
1220	ENROLLEE PARTIALLY ELIGIBLE FOR DATE OF SERVICE
Type:	
1221	ZIPCODE DOES NOT MATCH THE BILLING PROVIDER
Type:	
1222	BILLING PROVIDER NPI NOT SUBMITTED ON XOVER
Type:	
1223	RENDERING PROVIDER NPI NOT SUBMITTED ON XOVER-HDR
Type:	
1224	FACILITY PROVIDER NPI NOT SUBMITTED ON XOVER-HDR
Type:	
1225	RENDERING PROVIDER NPI NOT SUBMITTED ON XOVER-DTL
Type:	

EOB Code	EOB Description
1226	MULTIPLE BILLING PROVIDERS MATCH
Type:	
1227	ATTENDING PROVIDER NPI NOT SUBMITTED ON XOVER-HDR
Type:	
1228	ATTENDING PROVIDER NPI NOT SUBMITTED - DTL
Type:	
1229	ATTENDING PROVIDER NOT A MEMBER OF GROUP
Type:	
1230	REFERRING PROVIDER NOT A MEMBER OF GROUP
Type:	
1231	NPI NOT MATCH BILLING
Type:	
1232	RENDERING NPI NOT MATCHED FOR SELECTED PROV
Type:	
1233	ATTENDING NPI NOT MATCHED FOR SELECTED PROV
Type:	
1234	ATTENDING NPI NOT MATCHED FOR SELECTED PROV
Type:	

EOB Code	EOB Description
1235 Type:	BILLING NUMBER ON THE CLAIM DOES NOT MATCH THE BILLING NUMBER FOR THE SELECTED PROVIDER
1236 Type:	NPI ONLY USED TO SELECT PROVIDER - MEDICARE/CAID NUMBER NOT FOUND
1237 Type:	MULTIPLE TAX IDS SUBMITTED FOR THE BILLING PROVIDER
1238 Type:	BILLING PROVIDER TAX ID QUALIFIER INCORRECT
1239 Type:	BILLING PROVIDER TAX ID/QUAL NOT ON FILE FOR LOCATION
1240 Type:	FACILITY PROVIDER COPY OF BILLING
1241 Type:	PERFORMING PROVIDER COPY OF BILLING
1242 Type:	DETAIL RENDERING PROVIDER COPY OF BILLING OR RENDERING FROM HEADER
1243 Type:	BILLING NUMBER REPLACED WITH INEFFECTIVE NUMBER

EOB Code	EOB Description
1244	BILLING NUMBER NOT FOUND
Type:	
1245	PROCESSING ENCOUNTER - BILLING PROVIDER IS NOT ON FILE.
Type:	
1246	PROCESSING ENCOUNTER - RENDERING PROVIDER NOT ON FILE.
Type:	
1247	REFERRING PROVIDER NPI NOT SUBMITTED ON XOVER-HDR
Type:	
1248	OTHER PROVIDER NPI NOT SUBMITTED
Type:	
1251	PRIVATE ROOM CHARGES INVALID
Type:	
1257	BILLING PROV NPI ON CLM NOT FOUND IN TENNCARE SYS
Type:	
1260	LTC ATTENDING PROVIDER NOT ELIGIBLE
Type:	
1261	ATTENDING PROVIDER NPI MISSING OR INVALID
Type:	

EOB Code	EOB Description
1270	HCBS SUBMITTER ID/BILLING PROV ELIGIBILITY MISMATCH
Type:	
1271	ATTENDING PROVIDER NOT ELIGIBLE ON ALL DOS
Type:	
1272	OPERATING PROVIDER NOT ELIGIBLE ON ALL DOS-HDR
Type:	
1273	OPERATING PROVIDER NOT ELIGIBLE ON ALL DOS-DTL
Type:	
1274	OTHER OPERATING PROVIDER NOT ELIGIBLE ON ALL DOS-HDR
Type:	
1275	OTHER OPERATING PROVIDER NOT ELIGIBLE ON ALL DOS-DTL
Type:	
1276	REFERRING PROVIDER NOT ELIGIBLE ON ALL DOS-HDR
Type:	
1277	REFERRING PROVIDER NOT ELIGIBLE ON ALL DOS-DTL
Type:	
1278	RENDERING PROVIDER NOT ELIGIBLE ON ALL DOS-HDR
Type:	

EOB Code	EOB Description
1279	RENDERING PROVIDER NOT ELIGIBLE ON ALL DOS-DTL
Type:	
1280	PRESCRIBING PROVIDER NOT ELIGIBLE ON ALL DOS
Type:	
1281	ORDERING PROVIDER NOT ELIGIBLE ON ALL DOS
Type:	
1282	PURCHASED SERVICE PROVIDER NOT ELIGIBLE ON ALL DOS
Type:	
1284	ATTENDING NPI NOT SUBMITTED/VALID/ON FILE
Type:	
1285	OPERATING NPI NOT SUBMITTED/VALID/ON FILE-HDR
Type:	
1286	OPERATING NPI NOT SUBMITTED/VALID/ON FILE-DTL
Type:	
1287	OTHER OPERATING NPI NOT SUBMITTED/VALID/ON FILE-HDR
Type:	
1288	OTHER OPERATING NPI NOT SUBMITTED/VALID/ON FILE-DTL
Type:	

EOB Code	EOB Description
1289	ORDERING NPI NOT SUBMITTED/VALID/ON FILE
Type:	
1290	PURCHASED SERVICE PROVIDER NPI NOT SUBMITTED/VALID/ON FILE
Type:	
1291	REFERRING NPI NOT SUBMITTED/VALID/ON FILE-HDR
Type:	
1292	REFERRING NPI NOT SUBMITTED/VALID/ON FILE-DTL
Type:	
1293	RENDERING NPI NOT SUBMITTED/VALID/ON FILE-HDR
Type:	
1294	RENDERING NPI NOT SUBMITTED/VALID/ON FILE-DTL
Type:	
1295	PRESCRIBING NPI NOT SUBMITTED/VALID/ON FILE
Type:	
1296	SERVICE FACILITY PROVIDER NPI NOT SUBMITTED/VALID/ON FILE-HDR
Type:	
1297	SERVICE FACILITY PROVIDER NPI NOT SUBMITTED/VALID/ON FILE-DTL
Type:	

EOB Code	EOB Description
1301	BILLING PROVIDER NUMBER INVALID
Type:	
1302	EXCEEDS 9 MO LIMIT FOR THIS LEVEL PRENATAL CAR
Type:	
1303	PROVIDER SPECIALTY MISMATCH
Type:	
1305	TARGETED ULTRASOUND/AMNIOCENTESIS REVIEW
Type:	
1306	REVENUE CODE/PROVIDER SPECIALTY MISMATCH
Type:	
1308	PRIVATE ROOM CHARGES INVALID
Type:	
1309	EXCEPTION CODE 073
Type:	
1310	TB DRUG
Type:	
1311	PROCEDURE NOT COVERED WITH THIS PLACE OF SERVICE
Type:	

EOB Code	EOB Description
1312	RECIPIENT NAME IS MISSING
Type:	
1313	MISSING DRUG QUANTITY
Type:	
1314	INVALID PLACE OF SERVICE
Type:	
1315	UNITS CANNOT BE LESS THAN DAYS
Type:	
1316	PAYER PRIOR PAYMENT IS MISSING OR INVALID
Type:	
1318	PROCEDURE REQUIRES PRIOR AUTHORIZATION
Type:	
1319	MISSING COVERED DAYS
Type:	
1320	INVALID TYPE OF ADMISSION
Type:	
1321	PRESCRIBING PROVIDER NUMBER NOT IN VALID FORMAT
Type:	

EOB Code	EOB Description
1322	DATE PRESCRIBED IS INVALID
Type:	
1323	ESTIMATED DAYS SUPPLY INVALID
Type:	
1324	ADMITTING DIAGNOSIS IS MISSING OR INVALID
Type:	
1325	INVALID SECONDARY/TERTIARY DIAGNOSIS CODE
Type:	
1326	PROCEDURES NOT PAYABLE TB
Type:	
1327	CLAIM INDICATES RECIPIENT EXPIRED
Type:	
1328	LATE DISCHARGE REQUIRES PATIENT STATUS 20, 41 OR 42
Type:	
1329	RECIPIENT NOT ELIGIBLE FOR DATES OF SERVICE
Type:	
1330	PROCEDURE NOT PAYABLE VR
Type:	

EOB Code	EOB Description
1331	PROCEDURE REQUIRES PRIOR AUTHORIZATION
Type:	
1332	PROCEDURE REQUIRES PRIOR AUTHORIZATION
Type:	
1333	PROVIDER INELIGIBLE FOR PROCEDURES
Type:	
1334	PROVIDER IS SUSPENDED OR TERMINATED FOR PROGRAM BILLED
Type:	
1335	REVIEW CLAIMS FOR THIS PROVIDER
Type:	
1336	SERVICING PROVIDER IS NOT A MEMBER OF PAY TO GROUP
Type:	
1337	INVALID RECIPIENT AGE FOR THIS DIAGNOSIS
Type:	
1338	LTC RECIPIENT - NONCOMP DRUG
Type:	
1339	THIS DRUG REQUIRES PRIOR AUTHORIZATION
Type:	

EOB Code	EOB Description
1340	THIS DIAGNOSIS REQUIRES MEDICAL REVIEW
Type:	
1341	THIS DIAGNOSIS REQUIRES REVIEW
Type:	
1342	IMPROPER MODIFIER FOR CRNA
Type:	
1343	LTC PROV IS SUSPENDED
Type:	
1344	CANNOT DETERMINE THE INPATIENT LEVEL OF CARE
Type:	
1345	DDSD/NFM PROVIDER-NOT DDSD/NFM RECIPIENT
Type:	
1346	PROCEDURE REQUIRES ADDITIONAL DOCUMENTATION
Type:	
1347	DDSD SERVICE REQUIRES PRIOR AUTHORIZATION
Type:	
1348	OVERNITE LABOR ROOM REQUIRES OCC CODE 51 AND DATE
Type:	

EOB Code	EOB Description
1349	PDUR BREAST FEEDING/PREGNANCY PRECAUTION
Type:	
1350	HMO CO-PAY/NO TPL OR MEDICARE COVERAGE
Type:	
1351	CLAIMCHECK AGE CONFLICT
Type:	
1352	DRUG REQUIRES PRIOR AUTHORIZATION/MN
Type:	
1353	FILE SEPARATE CLAIMS FOR JUNE/JULY HOSPITAL DAYS
Type:	
1354	TENNCARE CHECK CLAIM ATTACHMENT
Type:	
1355	SERVICES/SUPPLY NOT IN SCOPE OF PROGRAM
Type:	
1356	PROCEDURE/REVENUE CODE-REQUIRE PRIOR AUTHORIZATION
Type:	
1357	PHARMACY-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	

EOB Code	EOB Description
1358	PCS-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
1359	OUTPATIENT-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
1360	HOME HEALTH-POSSIBLE CONFLICT OF ANOTHER CLAIM
Type:	
1361	INPATIENT-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
1362	EXCEPTION CODE 831
Type:	
1363	TRANSPORTATION-POSSIBLE DUPLICATE OF ANOTHER CLAIM
Type:	
1364	CHIROPRACTOR-EXACT DUPLICATE OF ANOTHER CLAIM
Type:	
1365	MEDICARE X-OVER PREVIOUSLY PAID FOR SAME DATE OF SERVICE
Type:	
1366	PCS-LTC POSSIBLE CONFLICT
Type:	

EOB Code	EOB Description
1367	EXCEEDS EMERGENCY ROOM VISITS FOR THIS DATE
Type:	
1368	MAXIMUM CRITICAL CARE VISITS EXCEEDED
Type:	
1369	EXCEEDS MONTHLY CLINIC VISIT LIMITS
Type:	
1370	SCHOOL BASED YEARLY LIMIT EXCEEDED
Type:	
1371	LIMIT OF HH VISITS HAS BEEN EXCEEDED FOR 1 YEAR
Type:	
1372	LIMIT FOR CHMC SERVICE HAS BEEN EXHAUSTED
Type:	
1373	DIABETIC SUPPLIES LIMITS EXCEEDED
Type:	
1374	REVIEW EDITS 4005/4006/4009/4084 PRIOR TO CUTBACK
Type:	
1375	12 MONTH LIMIT FOR THIS DENTAL SERVICE IS EXCEEDED
Type:	

EOB Code	EOB Description
1376	12 MONTH LIMIT FOR THIS DENTAL SERVICE IS EXCEEDED
Type:	
1377	PRODEDURE CODE NOT VALID FOR FORM
Type:	
1378	LTC/XOVER POSSIBLE CONFLICT WITH XOVER/LTC CLAIM
Type:	
1379	ZERO AMOUNT TO PAY
Type:	
1380	EXCEPTION CODE 949
Type:	
1538	HMO CO-PAY/RECIPIENT HAS TPL
Type:	
1626	COVERED FOR ORAL PATH ONLY
Type:	
1627	CROSSOVER BILLED AMOUNT IS GREATER THAN MEDICARE BILLED AMOUNT
Type:	
1646	NON-COVERED DAYS INVALID
Type:	

EOB Code	EOB Description
1650	ADJUSTMENT/REVERSAL HAS INVALID RECIPIENT
Type:	
1651	ADJUSTMENT/REVERSAL HAS INVALID PROVIDER
Type:	
1655	ELIG CHANGES/FILE SEPARATE CLAIMS FOR EACH MONTH
Type:	
1707	TENNCARE(MCC) ID MISSING
Type:	
1708	MEDICAID ID MISSING - BILLING
Type:	
1709	TENNCARE(MCC) ID MISSING - RENDERING
Type:	
1710	MEDICAID ID MISSING - RENDERING
Type:	
1711	TAX ID MISSING - RENDERING
Type:	
1720	BILLING NPI INVALID - HDR
Type:	

EOB Code	EOB Description
1721	RENDERING NPI INVALID - HDR
Type:	
1722	RENDERING NPI INVALID - DTL
Type:	
1723	REFERRING NPI INVALID - HDR
Type:	
1724	REFERRING NPI INVALID - DTL
Type:	
1725	ATTENDING NPI INVALID - HDR
Type:	
1726	ATTENDING NPI INVALID - DTL
Type:	
1727	OTHER PROVIDER NPI INVALID - HDR
Type:	
1728	OTHER PROVIDER NPI INVALID - DTL
Type:	
1729	FACILITY NPI INVALID - HDR
Type:	

EOB Code	EOB Description
1730	RENDERING/PRESCRIBING NPI INVALID - HDR
Type:	
1800	PAYMENT NOT ALLOWED FOR NON USA PROVIDER
Type:	
1900	PROVIDER NOT FOUND-SUBMITTER ID ASSIGNED TO CLAIM
Type:	
1918	DUPLICATE BILLING PROVIDER RECORD - HIGHEST SAK_PROV ASSIGNED
Type:	
1919	DUPLICATE ATTENDING OR RENDERING PROVIDER RECORD - HIGHEST SAK_PROV ASSIGNED
Type:	
1920	DUP SECONDARY PROV RECORD-HIGHEST SAK PROV ASSIGN
Type:	
1921	DME PROVIDER RECORD SELECTED
Type:	
1950	PROCEDURE INCLUDED IN BUNDLED RATE
Type:	
1951	HCPC IS REQUIRED
Type:	

EOB Code	EOB Description
1995	FACILITY PROVIDER ID NOT ENROLLED ON THESE DATES OF SERVICE
Type:	
1996	THE RENDERING PROVIDER HAS NOT BEEN ENROLLED IN A HEALTH COVERAGE PROGRAM
Type:	
1997	THIS CLAIM WAS BILLED WITH A RENDERING PROVIDER NUMBER FROM THE PREVIOUS MEDICAID SYSTEM. PLEASE BILL FUTURE CLAIMS WITH THE PROVIDER NUMBER ASSIGNED DURING THE REENROLLMENT PROCESS.
Type:	
1999	BILLING PROVIDER ID SUMITTED UNDER OLD FORMAT
Type:	
2000	MISSING UNITS OF SERVICE
Type:	
2001	MEDICARE BILLED AMOUNT INVALID
Type:	
2003	STOP LOSS THRESHOLD REACHED
Type:	
2004	SERVICE DATES ARE NOT IN SAME MONTH
Type:	
2005	SURGICAL PROCEDURE MISSING
Type:	

EOB Code	EOB Description
2006	TOTAL DAYS LESS THAN COVERED DAYS
Type:	
2007	MEDICARE COINSURANCE GREATER THAN MEDICARE PAID
Type:	
2008	COINSURANCE AND DEDUCTIBLE AMOUNT MISSING
Type:	
2009	BILLED DATE LESS THAN DATES OF SERVICE ON THE CLAIM
Type:	
2010	ERROR STATUS CODE NOT ENTERED ON ERROR DISPOSTION
Type:	
2011	ADJUSTMENT SET TO AUTO DENIAL FOR INTERNET AND 837, TO SUPER-SUSPEND FOR ONLINE AND MASS ADJUSTMENTS
Type:	
2012	PRIMARY PAYER IS MISSING
Type:	
2013	CLAIM HAS NO DETAILS
Type:	
2014	MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED
Type:	

EOB Code	EOB Description
2015	DETAIL SECOND OTHER PHYS ID INVALID
Type:	
2016	QMB RECIPIENT ELIGIBLE FOR CROSSOVER ONLY
Type:	
2017	PROVIDER NOT ELIGIBLE TO RENDER SERVICE ON THIS PROGRAM
Type:	
2018	REFERRING PROVIDER NOT FOUND
Type:	
2019	DDSD/NFM PROCEDURE - NOT DDSD/NFM RECIPIENT
Type:	
2020	PRESCRIBING PROVIDER NOT ON FILE
Type:	
2021	INVALID TOOTH NUMBER FOR THIS PROCEDURE
Type:	
2022	INVALID INPATIENT REVENUE CODE
Type:	
2023	ABORTION NOT COVERED
Type:	

EOB Code	EOB Description
2024	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
Type:	
2025	SPAN DATES DOES NOT EQUAL TOTAL LINE ITEM DAYS
Type:	
2026	THIS DRUG NOT COVERED FOR THE RECIPIENT
Type:	
2027	RECIPIENT IS NOT ELIGIBLE FOR LEVEL OF CARE BILLED
Type:	
2028	THIS DIAGNOSIS REQUIRES MEDICAL REVIEW
Type:	
2029	HCA FOR REVIEW
Type:	
2030	ASST SURGEON MUST FILE OWN CLM
Type:	
2031	CLINIC VISIT PAID THIS DATE
Type:	
2032	DME NAME BRAND DOES NOT MATCH ORDER NUMBER
Type:	

EOB Code	EOB Description
2033	SPAN DATES OVERLAP
Type:	
2034	MCO/BHO PAID DATE IS INVALID OR MISSING
Type:	
2035	PROCEDURE REQUIRES MANUAL PRICING
Type:	
2036	RECIP BENEFIT PLAN AND PROVIDER BENEFIT PLAN MISMATCH
Type:	
2037	RECIPIENT NUMBER HAS BEEN DEACTIVATED
Type:	
2039	RECIPIENT IS NOT A PACE MEMBER (NEW PAE NEEDED)
Type:	
2040	PACE CLAIM WITH CHOICES BENEFIT PLAN
Type:	
2056	HOSPICE - DETAIL DATES OF SERVICE WITHIN CHOICES BENEFIT PLAN
Type:	
2062	RECIPIENT ELIGIBLE FOR CHOICES - RESUBMIT CLAIM TO RECIPIENT'S MCO
Type:	

EOB Code	EOB Description
2063	RECIPIENT ELIGIBLE FOR CHOICES - RESUBMIT CLAIM TO RECIPIENT'S MCO
Type:	
2064	RECIPIENT PARTIALLY ELIGIBLE FOR CHOICES - SPLIT BILL CLAIM AND RESUBMIT TO TENNCARE AND RECIPIENT'S MCO
Type:	
2065	RECIPIENT PARTIALLY ELIGIBLE FOR CHOICES - SPLIT BILL CLAIM
Type:	
2066	INPATIENT ENCOUNTER HAS CHOICES BENEFIT PLAN AND TYPE OF BILL
Type:	
2067	OUTPATIENT ENCOUNTER HAS CHOICES BENEFIT PLAN AND TYPE OF BILL
Type:	
2068	RECIPIENT NOT ELIGIBLE FOR LOC
Type:	
2069	ADJ RSN CODE 142 AMT NOT EQUAL CALCULATED PAT LIAB
Type:	
2070	HOSPICE - DATES OF SERVICE WITHIN CHOICES BENEFIT PLAN
Type:	
2071	RECIPIENT IS NOT ON ELIGIBILITY FILE
Type:	

EOB Code	EOB Description
2073	RECIPIENT NOT ENROLLED WITH MCC ON DOS
Type:	
2074	RECIPIENT NUMBER INVALID
Type:	
2075	DCS CHILD RUNAWAY/YOUTH DEVELOP CTR-NO PAYMENT DUE
Type:	
2076	DCS CHILD RUNAWAY/YOUTH DEVELOP CTR-NO PAYMENT DUE
Type:	
2077	DCS CHILD MED SURG HOSP/INPAT PSYCH-NO PAYMENT DUE
Type:	
2078	DCS CHILD MED SURG HOSP/INPAT PSYCH-NO PAYMENT DUE
Type:	
2079	RECIPIENT NOT FOUND FOR ELIGIBILITY SUMMARY
Type:	
2085	ADJ RSN CODE 142 MISSING FOR VALID CALC. PAT LIAB
Type:	
2086	NO ENTERING DCS CUSTODY RECORD FOR DOS BILLED
Type:	

EOB Code	EOB Description
2087	RECIPIENT ELIGIBILITY SUSPENDED DUE TO INCARCERATION - HEADER LEVEL
Type:	
2088	RECIP ELIGIBILITY SUSPENDED DUE TO INCARCERATION - DETAIL LEVEL
Type:	
2089	SERVICE REQUIRES INPATIENT STAY FOR INCARCERATED INDIVIDUAL
Type:	
2113	PREGNANCY INDICATOR INCONSISTENT WITH RECIPIENT AGE OR GENDER
Type:	
2114	RECIP HAS PHARMACY COPAY - NOT DEDUCTED
Type:	
2115	RECIP HAS NO PHARMACY COPAY; PBM DEDUCTED ONE
Type:	
2116	MULTIPLE MCOS MAY BE AFFECTED BY SERVICE COUNT
Type:	
2310	ANESTHESIA MODIFIER IS INVALID OR MISSING
Type:	
2335	ACCOMMODATION DETAIL DATES OF SERVICE INCONSISTENT WITH UNITS SPECIFIED
Type:	

EOB Code	EOB Description
2360	TAXONOMY CODE INVALID
Type:	
2361	PROCEDURE CODE IS MISSING/NOT ON FILE
Type:	
2509	RECIPIENT HAS THIRD PARTY RESOURCES, RESUBMIT WITH PRIVATE INSURANCE EOB.
Type:	
2999	CLAIM BILLED WITH INACTIVE RID
Type:	
3000	EXCEEDS HOME COM BASED WAIVERED SERVICE LIMITS
Type:	
3001	HIGHER CEREBRAL FUNCTION PREVIOUSLY PAID IN 12 MTS
Type:	
3002	THE MAMMOGRAM LIMIT HAS BEEN EXCEEDED
Type:	
3003	ONE NEWBORN EXAM HAS BEEN PAID FOR THIS CHILD
Type:	
3004	EXCEEDS 2 VISIT LIMIT
Type:	

EOB Code	EOB Description
3005	LTC EMC CLAIM INVALID WHEN STAFFING IS SENT PAPER
Type:	
3006	PCS INELIGIBLE FOR CATEGORY OF SERVICE
Type:	
3007	2 RURAL HEALTH VISITS PER MONTH HAS BEEN EXCEEDED
Type:	
3008	OUTPATIENT MENTAL HEALTH LIMITS EXCEEDED
Type:	
3009	YEARLY ASSISTATIVE TECHNOLOGY LIMIT EXCEEDED
Type:	
3010	EXCEPTION CODE 065
Type:	
3011	EXCEPTION CODE 067
Type:	
3012	EXCEPTION CODE 069
Type:	
3013	2 NURSING HOME VISITS PREVIOUSLY PAID THIS MONTH
Type:	

EOB Code	EOB Description
3014	THIS SERV HAS BEEN PREVIOUSLY PAID FOR THIS RECIP
Type:	
3015	PREVIOUSLY PAID 3 PAP SMEARS IN 12 MONTHS
Type:	
3016	EXCEPTION CODE 077
Type:	
3017	EXCEPTION CODE 079
Type:	
3018	MANUALLY SUSPEND FOR HCA
Type:	
3019	VISIT WITHIN NORMAL SURGERY FOLLOW-UP PERIOD
Type:	
3020	EXCEPTION CODE 116
Type:	
3021	MISSING RECIPIENT ID NUMBER ON CLAIM
Type:	
3022	EXCEPTION CODE 130
Type:	

EOB Code	EOB Description
3023	INVALID PROVIDER SPECIALTY FOR PROCEDURE
Type:	
3024	2 YEAR RESUBMISSION DEADLINE EXCEEDED
Type:	
3025	DISCHARGE DATE IS LESS THAN ADMIT DATE
Type:	
3026	DISCHARGE DATE IS LESS THAN LAST DATE OF SERVICE
Type:	
3027	INVALID/MISSING PAY-TO PROVIDER CHECK-DIGIT NUMBER
Type:	
3028	ONE YEAR TIMELY FILING DEADLINE EXCEEDED-FED REG
Type:	
3029	DATE OF ACCIDENT IS GREATER THAN LAST DATE OF SERV
Type:	
3030	MISSING/INVALID TYPE OF BILL
Type:	
3031	UNITS OF SERVICE ARE LESS THAN PROC ALLOWED UNITS
Type:	

EOB Code	EOB Description
3032	INVALID SOURCE OF ADMISSION
Type:	
3033	CLAIM REQUIRES HCPC OR CPT-4 CODE
Type:	
3034	ADMIT DATE GREATER THAN FIRST DATE OF SERVICE
Type:	
3035	RECIPIENT NOT ON FILE PAY FROM STATE FUNDS
Type:	
3036	PROCEDURE REQUIRES PRIOR AUTHORIZATION
Type:	
3037	MISSING TOOTH SURFACE
Type:	
3038	INVALID TOOTH NUMBER
Type:	
3039	INVALID TOOTH SURFACE
Type:	
3040	MISSING TOOTH NUMBER
Type:	

EOB Code	EOB Description
3041	MISSING CHARGE
Type:	
3042	MISSING ADMISSION DATE
Type:	
3043	INVALID ADMISSION HOUR
Type:	
3044	ITEM DAYS NOT EQUAL TO COVERED DAYS ON CLAIM
Type:	
3045	DATE OF SURGERY IS MISSING
Type:	
3046	SUB TYPE REQUIRED FOR THIS DIAGNOSIS CODE
Type:	
3047	CLAIMANT SIGNATURE MISSING
Type:	
3048	PROVIDER SIGNATURE IS MISSING
Type:	
3049	INVALID TYPE OF BILL FOR RECIPIENT LEVEL OF CARE
Type:	

EOB Code	EOB Description
3050	DATE DISPENSED IS INVALID
Type:	
3051	MISSING OCCURRENCE DATE
Type:	
3052	INVALID CONDITION CODE
Type:	
3053	INSURANCE DENIAL REQUIRED
Type:	
3054	PROCEDURE REQUIRES PRIOR AUTHORIZATION
Type:	
3055	SURGERY DATE CANNOT BE PRIOR TO ADMIT DATE
Type:	
3056	SURGERY DATE CANNOT BE OUTSIDE DATE OF SERVICE
Type:	
3057	FACILITY PROVIDER NOT IN VALID FORMAT
Type:	
3058	THE DETAIL LINE 'TO' DATE OF SERVICE IS MISSING
Type:	

EOB Code	EOB Description
3059	RECIPIENT IS NOT ELIGIBLE ALL DATES OF SERVICES
Type:	
3060	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY SPAN
Type:	
3061	RECIPIENT NOT IN MANAGED CARE
Type:	
3062	DATE BILLED IS INVALID
Type:	
3063	INPATIENT TB NOT COVERED
Type:	
3064	PROC REQUIRES REVIEW - HCBW
Type:	
3065	LTC DRUG ONLY
Type:	
3066	NDC IS DEACTIVED AND NOT PAYABLE ON DATE FILLED
Type:	
3067	MISSING RECIPIENT ID
Type:	

EOB Code	EOB Description
3068	SPAN THRU DATE LESS THAN SPAN FROM DATE
Type:	
3070	PAY TO GROUP HAS BEEN PAID FOR THIS SERVICE
Type:	
3071	INVALID PROOF OF INSURANCE DENIAL
Type:	
4000	MORE THAN TWO SURGICAL UNITS ON THE CLAIM
Type:	
4003	DRUG IS LESS THAN EFFECTIVE - DESI
Type:	
4014	NO PRICING SEGMENT IS ON FILE.
Type:	
4018	PROC CODE TYPE SITTER - CONV. CARE - NOT ALLOWED
Type:	
4020	UNITS BILLED EXCEED ALLOWABLE UNITS FOR THIS PROCEDURE CODE
Type:	
4026	NDC/DAYS SUPPLY LIMITATIONS. THIS NDC CODE BILLED MAY NOT BE GREATER THAN THE NUMBER OF DAYS ALLOWED ON THE NDC FILE.
Type:	

EOB Code	EOB Description
4033	INVALID PROCEDURE CODE MODIFIER COMBINATION
Type:	
4039	DIAGNOSIS CANNOT BE USED AS THE PRINCIPAL DIAGNOSIS
Type:	
4089	MISSING OR INVALID SURGERY CODE-PLEASE VERIFY TO SEE IF HCPC CODE CAN BE BILLED WITH THE SURGERY REVENUE CODE AND RESUBMIT
Type:	
4095	NONSURGICAL SERVICES ARE NOT REIMBURSED INDIVIDUAL
Type:	
4098	PRICING BEING REVIEWED
Type:	
4107	REVENUE CODE IS NOT APPROPRIATE/NOT COVERED FOR THE 'TYPE' OF SERVICE BEING PROVIDED
Type:	
4108	NO ASC ON FILE
Type:	
4114	PRICING BEING REVIEWED
Type:	
4115	PRICING BEING REVIEWED
Type:	

EOB Code	EOB Description
4119	VALUE CODE AMOUNT MISSING
Type:	
4120	VALUE CODE IS MISSING
Type:	
4121	PROCEDURE CODE REQUIRES TOOTH QUADRANT
Type:	
4122	VALUE CODE IS INVALID
Type:	
4123	VALUE CODE AMOUNT IS MISSING
Type:	
4124	VALUE CODE AMOUNT IS INVALID
Type:	
4127	CANNOT PRIORITIZE RECIPIENT'S PROGRAMS (INTERNET USERS, TRY TO RESUBMIT IN 24 HOURS, IF STILL PROBLEM CALL HELP DESK)
Type:	
4203	THIS SERVICE IS A NON-COVERED HEALTH COVERAGE PROGRAM SERVICE AS THE RENDERING PROVIDER IS NOT RECOGNIZED BY THE HEALTH COVERAGE PROGRAM.
Type:	
4205	CANNOT PRIORITIZE RECIPIENT'S PROGRAMS (INTERNET USERS, TRY TO RESUBMIT IN 24 HOURS, IF STILL PROBLEM CALL HELP DESK)
Type:	

EOB Code	EOB Description
4209	NO MATCHING PRICING SEGMENT FOR THE PROCEDURE/MODIFIER COMBINATION BILLED
Type:	
4214	REV CODE 184 NOT VALID FOR LEAVE OF ABSENCE
Type:	
4215	REVENUE CODE NOT VALID FOR THIS BILL TYPE
Type:	
4218	INVALID PROCEDURE FOR CLAIM FORM
Type:	
4220	EPOGEN REQUIRES VALUE CODE 68
Type:	
4227	REVENUE CODE NOT COVERED BY PROGRAM
Type:	
4246	ADJUSTMENT NET PAID AMOUNT EXCEEDS THE CASH RECEIPT BALANCE
Type:	
4251	DECIMAL UNITS NOT BILLABLE FOR PROCEDURE.
Type:	
4252	DIAGNOSIS CODE 10-24 NOT ON FILE
Type:	

EOB Code	EOB Description
4253	REVENUE CODE REQUIRES MEDICAL REVIEW
Type:	
4254	REVENUE CODE VS AGE RESTRICTION
Type:	
4255	INSTITUTIONAL UNITS OF SERVICE EXCEED MEDICALLY UNLIKELY EDIT
Type:	
4256	PROFESSIONAL UNITS OF SERVICE EXCEED MEDICALLY UNLIKELY EDIT
Type:	
4257	OTC DRUG PRESCRIBED TO AN ADULT
Type:	
4260	PRESCRIPTION'S DAYS SUPPLY EXCEEDS 30 DAYS
Type:	
4261	CLAIM MET PBM/MCC LIMITS BUT NOT INTERCHANGE LIMIT
Type:	
4262	NOT USED
Type:	
4263	APPEAL PRESENT WHEN BENEFIT LIMITS EXCEEDED
Type:	

EOB Code	EOB Description
4264	RECIPIENT HAS NO PHARMACY COVERAGE
Type:	
4265	INTERCHANGE COUNT NOT MATCHED BY MCO
Type:	
4266	MCO COUNT NOT MATCHED BY INTERCHANGE - DETAIL
Type:	
4267	INTERCHANGE COUNTED THIS CLAIM AND THE MCO DID NOT
Type:	
4268	PRESCRIPTION'S 3 DAY SUPPLY ALREADY USED
Type:	
4269	IC COUNTED THIS CLAIM AND THE MCO DID NOT - DTL
Type:	
4270	IC COUNTED THIS CLAIM AND THE MCO DID NOT - DTL
Type:	
4271	IC COUNTED CLM, MCO IDENTIFIED AS COUNTABLE - HDR
Type:	
4272	MCO COUNTED CLAIM, IC DID NOT - DTL
Type:	

EOB Code	EOB Description
4273	MCO COUNTED CLAIM, IC DID NOT - HDR
Type:	
4274	MCO COUNTED CLAIM, IC IDENTIFIED AS COUNTABLE - HDR
Type:	
4275	MCO COUNTED CLAIM, IC IDENTIFIED AS COUNTABLE - DTL
Type:	
4276	MCO IDENTIFIED CLAIM AS COUNTABLE, IC DIDN'T - DTL
Type:	
4277	MCO IDENTIFIED CLAIM AS COUNTABLE, IC DID NOT - HDR
Type:	
4278	IC IDENTIFIED CLAIM AS COUNTABLE, MCO DID NOT - HDR
Type:	
4279	IC IDENTIFIED CLAIM AS COUNTABLE, MCO DID NOT - DTL
Type:	
4314	EXCESSIVE UNITS BILLED
Type:	
455	DENTAL PREDETERMINATION OF BENEFITS NOT ALLOWED
Type:	

EOB Code	EOB Description
5000	POSSIBLE DUPLICATE OF ANOTHER CLAIM.
Type:	
5001	THIS IS AN EXACT DUPLICATE OF ANOTHER CLAIM.
Type:	
5002	PREVIOUSLY VOIDED CLAIM
Type:	
5003	THIS IS A DUPLICATE OF ANOTHER CLAIM REVERSAL.
Type:	
5004	REVERSAL NOT PROCESSED, NO MATCH FOUND ON RX NUMBER AND PROVIDER NUMBER. PLEASE REFER TO YOUR POS MANUAL.
Type:	
5005	REVERSAL NOT PROCESSED- MULTIPLE MATCHES FOUND WITH SAME RX NUMBER, PROVIDER NUMBER AND DISPENSING DATE. PLEASE REFER TO YOUR POS MANUAL.
Type:	
5006	REVERSAL NOT PROCESSED, CLAIM OVER 60 DAYS - SUBMIT MANUAL ADJUSTMENT.
Type:	
5007	THIS IS A DUPLICATE OF ANOTHER CLAIM - HEADER
Type:	
5010	EXACT DUPLICATE - TOOTH SURFACE
Type:	

EOB Code	EOB Description
5013	A DUPLICATE CLAIM WITH SAME MCC ICN AND SUBMITTER ID IS IN THE SYSTEM
Type:	
5014	THIS IS A DUPLICATE OF ANOTHER CLAIM
Type:	
5100	MAXIMUM HOSPITAL DAYS FOR THIS ADULT HAVE BEEN PAID. NO ADDITIONAL VISITS WILL BE ALLOWED.
Type:	
5300	FORMER ICN OR MCC ICN IS NOT FOUND FOR VOID/REPLACEMENT
Type:	
5400	MET MONTHLY COPAY MAXIMUM- TENNCARE MEDICAID
Type:	
5401	MET MONTHLY COPAY MAXIMUM - TENNCARE STANDARD
Type:	
5402	MET YEARLY COPAY MAXIMUM - TENNCARE STD FPL < 200%
Type:	
5403	MET YEARLY COPAY MAXIMUM - TENNCARE STD FPL >=200%
Type:	
5404	MET YEARLY COPAY MAXIMUM - TENNCARE MEDICAID
Type:	

EOB Code	EOB Description
5500	STEP THERAPY REQUIREMENTS NOT MET FOR THIS DRUG
Type:	
5510	PATIENT WAS ALREADY DISCHARGED FROM A FACILITY DURING SAME COVERAGE TIME SPAN. NEW PAE NEEDED.
Type:	
5511	RECORD OF PATIENT EXPIRATION ALREADY RECORDED PREVIOUSLY.
Type:	
5512	PATIENT WAS ALREADY ADMITTED TO FACILITY DURING SAME COVERAGE TIME SPAN. NEW PAE NEEDED.
Type:	
5513	HCBS- ICF/SNF POSSIBLE CONFLICT
Type:	
5514	RECIPIENT IS PART B ELIGIBLE - HOME, MENTAL, COMMUNITY HELATH, DME AND PHYSICIAN POSSIBLE CONFLICT WITH CROSSOVER
Type:	
5515	VISIT CODE NOT ALLOWED ON SAME DAY AS CONSULT
Type:	
5516	D&C PAYMENT INCLUDED WITH HYSTERECTOMY
Type:	
5517	INPATIENT SERVICE NOT ON SAME DAY AS OBSERVATION
Type:	

EOB Code	EOB Description
5518	SAME DAY TRANSFER/EXPIRATION
Type:	
5519	PROCEDURE CODE T2031 CANNOT BE BILLED AT THE SAME TIME AS T2030
Type:	
5520	RESIDENTIAL HABILITATION INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE RESIDENTIAL HABILITATION SERVICE
Type:	
5521	MEDICAL RESIDENTIAL INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE MEDICAL RESIDENTIAL SERVICE
Type:	
5522	FAMILY RESIDENTIAL INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE
Type:	
5523	SUPPORTED LIVING(T2031) INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE SUPPORTED LIVING(T2031) SERVICE
Type:	
5524	SUPPORTED LIVING(T2033) INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE SUPPORTED LIVING(T2033) SERVICE
Type:	
5525	PERSONAL ASSISTANCE(S9122) SERVICE CANNOT BILL SAME TIME AS PERSONAL ASSISTANCE(T1020) SERVICE
Type:	
5526	DAY SRVS/FACILITY BASED SERVICES CANNOT BILL DURING DAY SRVS/SUPPORTED EMPLOYMENT SRV
Type:	

EOB Code	EOB Description
5527	RESPITE(IN THE HOME) SERVICE CANNOT BILL SAME TIME AS RESPITE(SITTER) SERVICE
Type:	
5528	SUPP LIVING SERVICES NOT ALLOWED ON SAME DOS
Type:	
5529	PERSONAL ASSISTANCE(S9122) INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE PERSONAL ASSISTANCE(S9122) SERVICE
Type:	
5530	PERSONAL ASSISTANCE(T1020) INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE PERSONAL ASSISTANCE(T1020) SERVICE
Type:	
5532	PERSONAL ASSISTANCE(T1019) INSTATE STAFF SERVICE CANNOT BILL SAME TIME AS OUT OF STATE PERSONAL ASSISTANCE(T1019) STAFF SERVICE
Type:	
5533	PERSONAL ASSISTANCE(T1019) SERVICE CANNOT BILL SAME TIME AS PERSONAL ASSISTANCE(T1020) SERVICE
Type:	
5534	DAY SERVICES CANNOT BILL DURING RESPITE/MEDICAL RESIDENTIAL SERVICES
Type:	
5535	NUTRITION RATE(S9470) SERVICE CANNOT BILL SAME TIME AS OTHER NUTRITION ASSESSMENT, PLAN DEVELOPMENT OR RATE SERVICES
Type:	
5536	OCCUPATIONAL THERAPY RATE(G0152) SERVICE CANNOT BILL SAME TIME AS OTHER OCC. THERAPY ASSESSMENT, PLAN DEVELOPMENT OR RATE SERVICES
Type:	

EOB Code	EOB Description
5537	ORIENTATION & MOBILITY TRAINING RATE(H2014) SERVICE CANNOT BILL SAME TIME AS OTHER ORIENTATION & MOBILITY TRAINING ASSESSMENT, PLAN DEVELOPMENT OR RATE SERVICES
Type:	
5538	PHYSICAL THERAPY RATE(G0151) SERVICE CANNOT BILL SAME TIME AS OTHER PHYSICAL THERAPY ASSESSMENT, PLAN DEVELOPMENT OR RATE SERVICES
Type:	
5539	SPEECH, LANGUAGE & HEARING RATE(G0153) SERVICE CANNOT BILL SAME TIME AS OTHER SPEECH, LANGUAGE & HEARING ASSESSMENT, PLAN DEVELOPMENT OR RATE SERVICES
Type:	
5540	PAYMENT LIMITED TO ONE CASE MANAGEMENT UNIT PER MONTH
Type:	
5541	ECF IBCFTSS NOT ALLOWED ON SAME DAY
Type:	
5543	PROCEDURE CODE T2030 NOT ALLOWED ON SAME DAY AS T2031
Type:	
5544	CHOICES GROUP 2 POSSIBLE CONFLICT AGAINST CHOICES GROUP 1
Type:	
5545	CHOICES GROUP 1 CONFLICT AGAINST ICF/SNF FFS
Type:	
5546	CHOICES GROUP 1 CONFLICT AGAINST CLAIM TYPE A
Type:	

EOB Code	EOB Description
5547	CHOICES GROUP 1 CONFLICT AGAINST CLAIM TYPE I
Type:	
5548	ECF IBCTSS NOT ALLOWED ON SAME DAY
Type:	
5549	CHOICES HOME SERVICES CONFLICT AGAINST HCBS FFS
Type:	
5550	NURSING SVC DURING MEDICAL RES SVC
Type:	
5551	IBRS SVC DURING BEHAVIORAL SVC
Type:	
5552	SIL VS SPECIFIED SUPPORT SERVICES
Type:	
5553	DUPLICATE TARGETED CASE MANAGEMENT
Type:	
5554	PRIOR RES SVC NOT MET FOR SIL TRANSITION ENHANCE RATE
Type:	
5555	PRIOR SIL SVC NOT MET FOR SIL TRANSITION INCENTIVE PAYMENT
Type:	

EOB Code	EOB Description
5556	IE&CP NOT ALLOWED WITH FBS, MED RES & RESP3 SVCS
Type:	
5557	RSNA-H & NR-HS NOT ALLOWED WITH EMPLOYMENT SVCS
Type:	
5558	DAILY SIL LIMIT
Type:	
5600	RESPITE BILLING CONFLICT (DAYS VS HOUR)
Type:	
5601	SUPPORTIVE HOME CARE SRV VS FAMILY CARGVR STIPEND
Type:	
5602	EMPLOYMNT SUPPORT SRVS VS IEPS/SELF EMPLOYMNT
Type:	
5603	CISS NOT ALLOWED SAME DAY AS CLS OR CLS-FM
Type:	
5605	PER ASSIST, CLS, CLS-FM NOT ALLOWED SAME DAY
Type:	
5606	RESPITE/CLS/CLSFM NOT ALLOWED SAME DAY
Type:	

EOB Code	EOB Description
5607	ILST/CLS/CLS-FM NOT ALLOWED SAME DAY
Type:	
5608	CLS AND CLSFM NOT ALLOWED SAME DAY
Type:	
5609	SOA SERVICES 1 PER 1095 DAYS
Type:	
5610	CP & SE NOT ALLOWED WITH MED RES & RESP 3 SVCS
Type:	
5611	SE-IND NOT ALLOWED WITH RESP3 SVCS
Type:	
5651	LAWYER FEE BILLED PRIOR TO EDUCATION SESSION
Type:	
5652	CAREER OBJECTIVE PYMT NOT ALLWD BEFORE CAREER PLN
Type:	
5653	CK EYEGLASSES NOT ALLOWED SAME YEAR AS CONTACTS
Type:	
6001	HOSPICE CARE LIMITED TO 210 DAYS PER RECIPIENT
Type:	

EOB Code	EOB Description
6002	LEAVE DAYS LIMITED TO 15 PER HOSPITALIZATION
Type:	
6003	NEWBORN CARE LIMITED TO TWO SUBSEQUENT VISITS
Type:	
6004	PROCEDURE EXCEEDS LIFETIME LIMITATION
Type:	
6005	INPATIENT PSYCHIATRIC DAYS LIMITATION EXCEEDED FOR FISCAL YEAR
Type:	
6006	MAXIMUM OF 18 THERAPEUTIC LEAVE DAYS EXCEEDED FOR FISCAL YEAR
Type:	
6007	EXCEEDED SUPPORT COORDINATION LIMIT
Type:	
6008	EXCEEDED DAY HABITATION/LEVEL B LIMIT
Type:	
6009	EXCEEDED DAY HABITATION/LEVEL C LIMIT
Type:	
6010	EXCEEDED RESIDENTIAL HABITATION LIMIT
Type:	

EOB Code	EOB Description
6011	EXCEEDED FAMILY BASED LIVING LIMIT
Type:	
6012	EXCEEDED HOME HEALTH AIDE LIMIT
Type:	
6013	EXCEEDED RESPITE/OVER NIGHT LIMIT
Type:	
6014	EXCEEDED ENVIRONMENT ACCESS ADAPTATION LIMIT
Type:	
6015	EXCEEDED PERSONAL ASSISTANCE LIMIT
Type:	
6016	EXCEEDED NURSING SERVICES LIMIT
Type:	
6017	EXCEEDED SUPPORTED EMPLOYMENT LIMIT
Type:	
6018	EXCEEDED COMMUNITY PARTICIPATION LIMIT
Type:	
6019	EXCEEDED RESPITE/SITTER SERVICE LIMIT
Type:	

EOB Code	EOB Description
6020	EXCEEDED TRANSPORTATION LIMIT
Type:	
6021	EXCEEDED BEHAVIOR SUPPORT/PSYCHIATRIST LIMIT
Type:	
6022	EXCEEDED BEHAVIOR SUPPORT/PSYCHOLOGIST
Type:	
6023	EXCEEDED BEHAVIOR SUPPORT/BEHAVIOR SPECIALIST LIMIT
Type:	
6024	EXCEEDED NUTRITION SERVICES LIMIT
Type:	
6025	EXCEEDED PHYSICAL THERAPY LIMIT
Type:	
6026	EXCEEDED OCCUPATIONAL THERAPY LIMIT
Type:	
6027	EXCEEDED SPEECH THERAPY LIMIT
Type:	
6028	EXCEEDED SPECIAL EQUIPMENT, SUPPLIES & ASSISTIVE TECHNOLOGY LIMIT
Type:	

EOB Code	EOB Description
6029	EXCEEDED FAMILY EDUCATION LIMIT
Type:	
6030	EXCEEDED ENHANCED DENTAL SERVICES LIMIT
Type:	
6031	EXCEEDED SUPPORTIVE EMPLOYMENT (MO) LIMIT
Type:	
6032	EXCEEDED COMMUNITY PARTICIPATION (MO) LIMIT
Type:	
6033	EXCEEDED PERSONAL EMERGENCY RESPONSE LIMIT
Type:	
6034	EXCEEDED BEHAVIOR SUPPORT/BEHAVIOR ANALYST LIMIT
Type:	
6035	EXCEEDED SUPPORTED LIVING LIMIT
Type:	
6036	EXCEEDED AUDIOLOGY SERVICES LIMIT
Type:	
6037	EXCEEDED NURSING ASSESSMENT LIMIT
Type:	

EOB Code	EOB Description
6038	EXCEEDED PHYSICAL THERAPY ASSESSMENT LIMIT
Type:	
6039	EXCEEDED OCCUPATIONAL THERAPY ASSESSMENT LIMIT
Type:	
6040	EXCEEDED SPEECH THERAPY ASSESSMENT LIMIT
Type:	
6041	EXCEEDED AUDIOLOGY ASSESSMENT LIMIT
Type:	
6042	EXCEEDED SUPPORT COORDINATION LIMIT
Type:	
6043	EXCEEDED DAY HABITATION LIMIT
Type:	
6044	EXCEEDED TRANSPORTATION, PRIVATE-PUBLIC-CORP LIMIT
Type:	
6045	EXCEEDED RESIDENTIAL HABITATION LIMIT
Type:	
6047	MAXIMUM OF 18 THERAPEUTIC LEAVE DAYS EXCEEDED FOR FISCAL YEAR
Type:	

EOB Code	EOB Description
6048	EXCEEDED RESPITE/OVER NIGHT LIMIT
Type:	
6049	EXCEEDED ENVIRONMENT ACCESS ADAPTATION LIMIT
Type:	
6050	EXCEEDED PERSONAL ASSISTANCE LIMIT
Type:	
6051	EXCEEDED NURSING SERVICES LIMIT
Type:	
6052	EXCEEDED SELF DETERMINATION TRAINING/CONSUMER EDUCATION LIMIT
Type:	
6053	EXCEEDED TRANSPORTATION/INDIVIDUALS/FAMILY LIMIT
Type:	
6054	EXCEEDED SUPPORTED EMPLOYMENT LIMIT
Type:	
6055	EXCEEDED COMMUNITY PARTICIPATION LIMIT
Type:	
6056	EXCEEDED RESPITE/SITTER SERVICE LIMIT
Type:	

EOB Code	EOB Description
6057	EXCEEDED TRANSPORTATION/SERVICE AGENCY LIMIT
Type:	
6058	EXCEEDED BEHAVIOR SUPPORT/PSYCHIATRIST, EVALUATION LIMIT
Type:	
6059	EXCEEDED BEHAVIOR SUPPORT/PSYCHOLOGIST, EVALUATION LIMIT
Type:	
6060	EXCEEDED BEHAVIOR SUPPORT/BEHAVIOR SPECIALIST LIMIT
Type:	
6061	EXCEEDED NUTRITION SERVICES LIMIT
Type:	
6062	EXCEEDED PHYSICAL THERAPY LIMIT
Type:	
6063	EXCEEDED OCCUPATIONAL THERAPY LIMIT
Type:	
6064	EXCEEDED SPEECH THERAPY LIMIT
Type:	
6065	EXCEEDED SPECIAL EQUIPMENT, SUPPLIES & ASSISTIVE TECHNOLOGY LIMIT
Type:	

EOB Code	EOB Description
6066	EXCEEDED FAMILY EDUCATION LIMIT
Type:	
6067	HOSPITAL LEAVE DAYS ARE NON-COVERED
Type:	
6068	MAXIMUM OF 60 THERAPEUTIC LEAVE DAYS EXCEEDED FOR FISCAL YEAR (ICF-MR)
Type:	
6069	EXCEEDED DENTAL SERVICES LIMIT
Type:	
6073	EXCEEDED AUDIOLOGY SERVICES LIMIT
Type:	
6074	EXCEEDED VISION SERVICES LIMIT
Type:	
6075	EXCEEDED NURSING ASSESSMENT LIMIT
Type:	
6076	EXCEEDED PHYSICAL THERAPY ASSESSMENT LIMIT
Type:	
6077	EXCEEDED OCCUPATIONAL THERAPY ASSESSMENT LIMIT
Type:	

EOB Code	EOB Description
6078	EXCEEDED SPEECH THERAPY ASSESSMENT LIMIT
Type:	
6079	EXCEEDED AUDIOLOGY ASSESSMENT LIMIT
Type:	
6080	EXCEEDED CASE MANAGEMENT LIMIT
Type:	
6081	EXCEEDED PERSONAL CARE LIMIT
Type:	
6082	EXCEEDED HOME DELIVERED MEALS LIMIT
Type:	
6083	EXCEEDED MINOR HOME MODIFICATIONS LIMIT
Type:	
6084	EXCEEDED PERSONAL EMERGENCY RESPONSE SYSTEM LIMIT
Type:	
6087	EXCEEDED CASE MANAGEMENT LIMIT
Type:	
6088	EXCEEDED PERSONAL CARE LIMIT
Type:	

EOB Code	EOB Description
6089	EXCEEDED RESPITE LIMIT
Type:	
6090	EXCEEDED MINOR HOME MODIFICATIONS LIMIT
Type:	
6091	HOSPITAL LEAVE DAYS ARE NON-COVERED
Type:	
6092	EXCEEDED PERSONAL EMERGENCY RESPONSE SYSTEM LIMIT
Type:	
6093	EXCEEDED HOME DELIVERED MEALS LIMIT
Type:	
6094	EXCEEDED HOME MAKER LIMIT
Type:	
6095	EXCEEDED HOME MAKER LIMIT
Type:	
6096	EXCEEDED FAMILY BASED LIVING LIMIT
Type:	
6097	EXCEEDED PERSONAL EMERGENCY RESPONSE LIMIT
Type:	

EOB Code	EOB Description
6098	EXCEEDED BEHAVIOR SUPPORT/BEHAVIOR ANALYST LIMIT
Type:	
6099	EXCEEDED SUPPORTED LIVING LIMIT
Type:	
6100	SNF STAY OCCURED BEFORE ICF PAE WAS USED. NEED A NEW PAE.
Type:	
6101	Y CODE DUPLICATES PROCEDURE ON THAT DATE
Type:	
6102	PAYMENT LIMITED TO ONE CASE MANAGEMENT UNIT PER MONTH
Type:	
6103	MONTHLY CASE MANAGEMENT RATE PAID FOR FACE-TO-FACE VISIT ONLY
Type:	
6104	SNF STAY OCCURED BEFORE ICF PAE WAS USED. NEED A NEW PAE.
Type:	
6108	ASSISTED LIVING EXCEEDED
Type:	
6118	SERVICE LIMITED TO ONE PER RECIPIENT; SUBMIT PAPER CLAIM WITH JUSTIFICATION
Type:	

EOB Code	EOB Description
6119	HCBS AD STATEWIDE CASE MANAGEMENT EXCEEDED
Type:	
6120	HCBS AD-STATEWIDE PERSONAL CARE EXCEEDED
Type:	
6121	HCBS AD-STATEWIDE MINOR HOME MODIFICATIONS EXCEEDED
Type:	
6123	HCBS AD-STATEWIDE PERSONAL EMERGENCY RESPONSE SYSTEM EXCEEDED
Type:	
6124	HCBS AD-STATEWIDE HOME DELIVERED MEALS EXCEEDED
Type:	
6125	HCBS AD-STATEWIDE HOME MAKER EXCEEDED
Type:	
6126	HCBS AD-STATEWIDE ADULT DAY CARE EXCEEDED
Type:	
6127	HCBS AD-STATEWIDE ASSISTIVE TECHNOLOGY EXCEEDED
Type:	
6128	HCBS AD-STATEWIDE PERSONAL CARE ATTENDANT EXCEEDED
Type:	

EOB Code	EOB Description
6129	HCBS AD-STATEWIDE PEST CONTROL EXCEEDED
Type:	
6130	AD STATEWIDE RESPITE EXCEEDED
Type:	
6200	COVERKIDS HOME HLTH SVCS EXCEEDS 70% THRESHOLD
Type:	
6201	COVERKIDS HOME HLTH SVCS EXCEEDS 100% THRESHOLD
Type:	
6202	COVERKIDS PHYSICAL THERAPY EXCEEDS 70% THRESHOLD
Type:	
6203	COVERKIDS PHYSICAL THERAPY EXCEEDS 100% THRESHOLD
Type:	
6204	COVERKIDS PHYSICAL OCCUPATIONAL EXCEEDS 70% THRESHOLD
Type:	
6205	COVERKIDS PHYSICAL OCCUPATIONAL EXCEEDS 100% THRESHOLD
Type:	
6206	CK SPEECH/HEARING/LANGUAGE EXCEEDS 70% THRESHOLD
Type:	

EOB Code	EOB Description
6207	CK SPEECH/HEARING/LANGUAGE EXCEEDS 100% THRESHOLD
Type:	
6208	COVERKIDS SNF EXCEEDS 70% THRESHOLD
Type:	
6209	COVERKIDS SNF EXCEEDS 100% THRESHOLD
Type:	
6210	EYEGLASS LENSES EXCEEDS 70% THRESHOLD
Type:	
6211	EYEGLASS LENSES EXCEEDS 100% THRESHOLD
Type:	
6212	EYEGLASS FRAMES EXCEEDS 70% THRESHOLD
Type:	
6213	EYEGLASS FRAMES EXCEEDS 100% THRESHOLD
Type:	
6214	CONTACT LENSES EXCEEDS 70% THRESHOLD
Type:	
6215	CONTACT LENSES EXCEEDS 100% THRESHOLD
Type:	

EOB Code	EOB Description
6216	CK UNDER AGE 5 HEARING AID LIMIT
Type:	
6217	CK OVER AGE 5 HEARING AID LIMIT
Type:	
6223	ASSISTIVE TECH, ADAPTIVE EQUIP, & SUPPLY EXCEEDS
Type:	
6224	MINOR HOME MOD ANNUAL EXCEEDS
Type:	
6225	MINOR HOME MODS LIFETIME EXCEEDS
Type:	
6226	FAMILY CAREGIVER EDUCATION & TRAINING LIMIT
Type:	
6227	DECISION MAKING SUPPORTS LIMIT
Type:	
6228	COMMUNITY TRANSPORTATION-6 TRIPS PER WEEK
Type:	
6229	INDIVIDUAL EDUCATION AND TRAINING
Type:	

EOB Code	EOB Description
6230	SPECIALIZED CONSULTATION & TRAINING
Type:	
6231	KB PART B ANNUAL BENEFIT EXCEEDED
Type:	
6234	KB ANNUAL VEHICLE MODIFICATION EXCEEDED
Type:	
6235	KB LIFETIME VEHICLE MODIFICATION EXCEEDED
Type:	
6248	DECISION MAKING SUPPORTS 75% THRESHOLD
Type:	
6249	KB PART A ANNUAL BENEFIT EXCEEDED-75% THRESHOLD
Type:	
6250	KB PART A ANNUAL BENEFIT EXCEEDED-100% THRESHOLD
Type:	
6300	EXCEEDS LEAVE DAY LIMIT
Type:	
6320	CHOICES ATTENDANT CARE EXCEEDED
Type:	

EOB Code	EOB Description
6321	CHOICES ATTENDANT CARE EXCEED - 75% THRESHOLD
Type:	
6323	CHOICES ADULT DAY CARE EXCEEDED
Type:	
6324	CHOICES ADULT DAY CARE EXCEEDED - 75% THRESHOLD LIMIT
Type:	
6325	CHOICES ASSISTED LIVING EXCEEDED
Type:	
6326	CHOICES ASSISTIVE TECHNOLOGY EXCEEDED
Type:	
6327	CHOICES ASSISTIVE TECHNOLOGY EXCEEDED - 75% THRESHOLD LIMIT
Type:	
6328	CHOICES PERSONAL CARE ATTENDANT EXCEEDED
Type:	
6329	CHOICES PERSONAL CARE ATTENDANT EXCEEDED - 75% THRESHOLD LIMIT
Type:	
6330	CHOICES HOME MAKER EXCEEDED
Type:	

EOB Code	EOB Description
6331	CHOICES IN-HOME RESPITE EXCEEDED
Type:	
6332	CHOICES IN-HOME RESPITE EXCEEDED - 75% THRESHOLD LIMIT
Type:	
6333	CHOICES INPATIENT RESPITE ANNUAL EXCEEDED
Type:	
6334	CHOICES INPATIENT RESPITE ANNUAL EXCEEDED - 75% THRESHOLD LIMIT
Type:	
6335	CHOICES MINOTR HOME MODIFICATION ANNUAL EXCEEDED
Type:	
6336	CHOICES MINOR HOME MODIFICATION ANNUAL EXCEEDED - 75% THRESHOLD LIMIT
Type:	
6337	CHOICES MINOR HOME MODIFICATION LIFETIME EXCEEDED
Type:	
6338	CHOICES MINOR HOME MODIFICATION LIFETIME EXCEEDED - 75% THRESHOLD LIMIT
Type:	
6339	CHOICES PERSONAL CARE VISITS EXCEEDED
Type:	

EOB Code	EOB Description
6340	CHOICES PERSONAL EMER RESPONSE SYSTEM INSTALLATION EXCEEDED
Type:	
6341	CHOICES PERSONAL EMER RESPONSE SYSTEM INSTALLATION EXCEEDED
Type:	
6342	CHOICES PERSONAL EMER RESPONSE SYSTEM - MONTHLY EXCEEDED
Type:	
6343	CHOICES PEST CONTROL EXCEEDED
Type:	
6344	CHOICES PEST CONTROL EXCEEDED - 75% THRESHOLD LIMIT
Type:	
6345	LIMIT EXCEEDED FOR COST NEUTRALITY CAP
Type:	
6346	LIMIT EXCEEDED FOR COST NEUTRALITY CAP - 75% THRESHOLD LIMIT
Type:	
6347	LIMIT EXCEEDED FOR TRANSITION ALLOTMENT LIFETIME
Type:	
6348	LIMIT EXCEEDED FOR TRANSITION ALLOTMENT LIFETIME - 75% THRESHOLD LIMIT
Type:	

EOB Code	EOB Description
6350	DAYS EXCEED 10 HOSPITAL/THERAPEUTIC LEAVE OF ABSENCE
Type:	
6351	CHOICES 3 - BENEFIT LIMIT EXCEEDED
Type:	
6352	CHOICES 3 BENEFIT LIMIT - 75% THRESHOLD
Type:	
6353	CHOICES 3 ADULT DAY CARE EXCEEDED
Type:	
6354	CHOICES 3 ADULT DAY CARE EXCEEDED - 75% THRESHOLD
Type:	
6355	CHOICES 3 ASSISTIVE TECHNOLOGY EXCEEDED
Type:	
6356	CHOICES 3 ASSISTIVE TECHNOLOGY EXCEEDED - 75% THRESHOLD
Type:	
6357	CHOICES 3 PERSONAL CARE ATTENDANT EXCEEDED
Type:	
6358	CHOICES 3 PERSONAL CARE ATTENDANT EXCEEDED - 75% THRESHOLD
Type:	

EOB Code	EOB Description
6359	CHOICES 3 IN-HOME RESPITE EXCEEDED
Type:	
6360	CHOICES 3 IN-HOME RESPITE EXCEEDED - 75% THRESHOLD
Type:	
6361	CHOICES 3 INPATIENT RESPITE ANNUAL EXCEEDED
Type:	
6362	CHOICES 3 INPATIENT RESPITE ANNUAL EXCEEDED - 75% THRESHOLD
Type:	
6363	CHOICES 3 MINOR HOME MODIFICATION EXCEEDED
Type:	
6364	CHOICES 3 MINOR HOME MODIFICATION EXCEEDED - 75% THRESHOLD
Type:	
6365	CHOICES 3 PEST CONTROL EXCEEDED
Type:	
6366	CHOICES 3 PEST CONTROL EXCEEDED - 75% THRESHOLD
Type:	
6367	CHOICES 3 PERSONAL CARE ATTENDANT EXCEEDED
Type:	

EOB Code	EOB Description
6368	CHOICES 3 PERSONAL CARE ATTENDANT EXCEEDED - 75% THRESHOLD
Type:	
6388	ECF IBFCTSS BENEFIT LIMIT EXCEEDED
Type:	
6389	ECF IBFCTSS MTHS 4-6 BENEFIT LIMIT EXCEEDED
Type:	
6390	ECF IBFCTSS MTHS 7-9 BENEFIT LIMIT EXCEEDED
Type:	
6392	ECF IBCTSS 1 BENEFIT LIMIT EXCEEDED
Type:	
6393	ECF IBCTSS 2 BENEFIT LIMIT EXCEEDED
Type:	
6394	ECF CH8 - IBCTSS ANNUAL LIMIT
Type:	
6395	ECF CH7A BENEFIT LIMIT EXCEEDED-75% THRESHOLD
Type:	
6396	ECF CH7A BENEFIT LIMIT EXCEEDED-100% THRESHOLD
Type:	

EOB Code	EOB Description
6397	ECF CH8A BENEFIT LIMIT EXCEEDED-75% THRESHOLD
Type:	
6398	ECF CH8A BENEFIT LIMIT EXCEEDED-100% THRESHOLD
Type:	
6399	COMMUNITY TRANSPORTATION FOR STAND-ALONE PROVIDER AGENCY TRANSPORTATION SERVICE
Type:	
6400	ECF CH4A BENEFIT LIMIT EXCEEDED-75% THRESHOLD
Type:	
6401	ECF CH4A BENEFIT LIMIT EXCEEDED-100% THRESHOLD
Type:	
6402	ECF CH5A BENEFIT LIMIT EXCEEDED-75% THRESHOLD
Type:	
6403	ECF CH5A BENEFIT LIMIT EXCEEDED-100% THRESHOLD
Type:	
6404	ECF CH6A BENEFIT LIMIT EXCEEDED-75% THRESHOLD
Type:	
6405	ECF CH6A BENEFIT LIMIT EXCEEDED-100% THRESHOLD
Type:	

EOB Code	EOB Description
6406	ECF DENTAL SERVICES EXCEEDS \$5,000 PER YEAR
Type:	
6407	ECF DENTAL SERVICES EXCEEDS \$7,500 PER 3 YEARS
Type:	
6408	RESPITE SERVICES EXCEEDS 30 DAYS
Type:	
6409	RESPITE SERVICES EXCEEDS 216 HOURS
Type:	
6410	EXPLORATION SERVICES EXCEEDED
Type:	
6411	DISCOVERY SERVICES EXCEEDED
Type:	
6412	SOA SERVICES EXCEEDED
Type:	
6413	JOB DEVELOPMENT PLAN SERVICES EXCEEDED
Type:	
6414	JOB DEVELOPMENT START-UP SERVICE EXCEEDED
Type:	

EOB Code	EOB Description
6416	CAREER ADVANCEMENT SRVS EXCEEDED-DIFF PROV
Type:	
6418	IEPS EXCEEDED
Type:	
6419	INITIAL BENEFITS COUNSELING EXCEEDED
Type:	
6420	SUPPLEMENT BENEFITS COUNSELING HRS EXCEEDED
Type:	
6421	CAREER ADVANCE OBJECTIVE EXCEEDED-SAME PROV
Type:	
6422	PRN PROBLEM-SOLVING HRS EXCEEDED
Type:	
6423	6 TEETH PER VISIT EXCEEDED FOR D1354
Type:	
6424	FAMILY CAREGIVER STIPEND EXCEEDS \$500 PER MONTH
Type:	
6425	FAMILY CAREGIVER STIPEND EXCEEDS \$1000 PER MONTH
Type:	

EOB Code	EOB Description
6426	TRANSPORTATION EXCEEDS MONTHLY LIMITATION
Type:	
6427	CONSERVATORSHIP LAWYER FEES EXCEEDED
Type:	
6429	TRANSITION INCENTIVE PAYMENT EXCEEDED
Type:	
6430	ASSISTIVE TECH, ADAPTIVE EQUIP, & SUPPLY EXCEEDS
Type:	
6431	ECF MINOR HOME MOD ANNUAL EXCEEDS 75% THRESHOLD
Type:	
6432	ECF MINOR HOME MODS LIFETIME EXCEEDS 75% THRESHOLD
Type:	
6433	COMMUNITY SUPRT DEVLPMNT, ORG & NAVIGATN EXCEEDED
Type:	
6434	FAMILY CAREGIVR EDUCATION & TRAINING 75%THRESHOLD
Type:	
6435	CONSERVATORSHIP COUNSELING 75% THRESHOLD
Type:	

EOB Code	EOB Description
6436	HEALTH INSURANCE COUNSELING EXCEEDED
Type:	
6437	PERSONAL ASSISTANCE EXCEEDS 215 HRS-PER MONTH
Type:	
6438	COMMUNITY LIVING SUPPORTS EXCEEDED
Type:	
6439	COMMUNITY LIVING SUPPORTS FAMILY MODEL EXCEEDED
Type:	
6440	INDIVIDUAL EDUCATION AND TRAINING 75% THRESHOLD
Type:	
6441	PEER SUP, SELF-DIRECT, IE/SE & ICLS 75% THRESHOLD
Type:	
6442	SPECIALIZED CONSULT & TRAINING SRVS 75% THRESHOLD
Type:	
6443	TRAINING-LON(LEM,LEB,HEM,HEB) 75% THRESHOLD
Type:	
6444	ASSISTIVE TECH, ADAPTIVE EQUIP, & SUPPLY EXCEEDS
Type:	

EOB Code	EOB Description
6445	SELF-EMPLOYMENT PLAN SERVICES EXCEEDED
Type:	
6446	SELF-EMPLOYMENT START-UP SERVICE EXCEEDED
Type:	
6447	MINOR HOME MOD ANNUAL EXCEEDS 75% THRESHOLD
Type:	
6448	CISS-SPECIALIZED SUPPLIES EXCEEDS \$500
Type:	
6449	CISS-SPECIALIZED SUPPLIES EXCEEDS \$1000
Type:	
6458	MINOR HOME MODS LIFETIME EXCEEDS 75% THRESHOLD
Type:	
6498	FAMILY CAREGIVER EDUCATION & TRAINING 75% THRESHOLD
Type:	
6514	HOME HEALTH LIMITS EXCEEDED FOR 1 MONTH
Type:	
6520	BHO ENCOUNTERS EXCEEDS DIAGNOSIS COST LIMIT
Type:	

EOB Code	EOB Description
6554	WAIVER LIMIT FOR PHARMACY HAS BEEN REACHED
Type:	
6631	INPATIENT ENCOUNTER THRESHOLD \$50,000
Type:	
6632	OUTPATIENT ENCOUNTER THRESHOLD \$10,000
Type:	
6633	PROFESSIONAL ENCOUNTER THRESHOLD \$10,000
Type:	
6634	HOME HEALTH ENCOUNTER THRESHOLD \$10,0000
Type:	
6635	LAB ENCOUNTER THRESHOLD \$10,000
Type:	
6636	MENTAL HEALTH ENCOUNTER THRESHOLD \$15,000
Type:	
6637	HOSPICE ENCOUNTER THRESHOLD \$10,000
Type:	
6638	PHARMACY ENCOUNTER THRESHOLD \$1,000
Type:	

EOB Code	EOB Description
6639	PHARMACY COMPOUND ENCOUNTER THRESHOLD \$1,500
Type:	
6640	DURABLE MEDICAL EQUIP ENCOUNTER THRESHOLD \$2,000
Type:	
6641	DENTAL ENCOUNTER THRESHOLD \$2,000
Type:	
6642	VISION ENCOUNTER THRESHOLD \$500
Type:	
6643	TRANSPORTATION ENCOUNTER THRESHOLD \$500
Type:	
6660	MAXIMUM OF 14 THERAPEUTIC LEAVE DAYS EXCEEDED PER OCCURRENCE (ICF-MR)
Type:	
6661	PROFESSIONAL AND TECHNICAL COMPONENTS OF SERVICES ARE NOT PAYABLE WHEN THE COMPREHENSIVE SERVICE HAS BEEN PAID.
Type:	
6662	INSTITUTIONAL XOVER EXCEEDS \$10,000
Type:	
6663	INSTITUTIONAL OUTPATIENT XOVER EXCEEDS \$5,000
Type:	

EOB Code	EOB Description
6664	PROFESSIONAL XOVER EXCEEDS \$10,000
Type:	
6665	SNF - (LONG TERM CARE) EXCEEDS \$9,000
Type:	
6666	ICF EXCEEDS \$8,000
Type:	
6667	ICF/MR EXCEEDS \$75,000
Type:	
6668	PHYSICIAN (DCS) EXCEEDS \$25,000
Type:	
6669	HCBS EXCEEDS \$26,000
Type:	
6670	NOT USED
Type:	
6700	ANNUAL DENTAL LIMIT
Type:	
6701	3-YR DENTAL LIMIT (EFFECTIVE 2/15/11)
Type:	

EOB Code	EOB Description
6702	ENVIRONMENTAL ACCESSIBILITY (EFFECTIVE 2/15/11)
Type:	
6703	ANNUAL NUTRITION ASSESSMENT
Type:	
6704	ANNUAL NUTRITION SERVICES
Type:	
6705	MR/ARL DAY SERVICES - WEEKLY LIMIT
Type:	
6706	SDW DAY SERVICES - WEEKLY LIMIT
Type:	
6707	HCBS NURSING SERVICES
Type:	
6708	PERSONAL ASSISTANT SERVICES
Type:	
6709	SEMI-INDEPENDENT LIVING SERVICES
Type:	
6710	3-YR DENTAL EFFECTIVE 1/1/2014
Type:	

EOB Code	EOB Description
6711	MR WAIVER SERVICES LIMIT
Type:	
6712	SIL ENHANCED TRANSITION DAY LIMIT
Type:	
6713	SIL TRANSITION INCENTIVE PAYMENT
Type:	
6714	MR WAIVER SERVICE LIMIT - EFFECTIVE 1/1/2016
Type:	
6715	MR WAIVER SERVICE LIMIT - EFFECTIVE 1/1/2017
Type:	
6716	MR WAIVER SERVICE LIMIT - EFFECTIVE 1/1/2018
Type:	
6717	MR WAIVER SERVICE LIMIT
Type:	
6721	DAILY DAY SERVICE LIMIT
Type:	
6722	SDW ENVIRONMENTAL ACCESSIBILITY MODS
Type:	

EOB Code	EOB Description
6723	SDW MONTHLY DAY SERVICES
Type:	
6724	SDW ANNUAL DAY SERVICES
Type:	
6725	EXCEEDED BEHAVIORAL RESPITE SERVICES LIMIT
Type:	
6726	EXCEEDED DAY SERVICES LIMIT
Type:	
6727	EXCEEDED ENVIRONMENTAL ACCESSIBILITY MODIFICATIONS LIMIT
Type:	
6728	EXCEEDED FAMILY MODEL RESIDENTIAL SUPPORT LIMIT
Type:	
6729	EXCEEDED INDIVIDUAL TRANSPORTATION SERVICES LIMIT
Type:	
6730	EXCEEDED DAY SERVICES LIMIT(MONTHLY)
Type:	
6731	EXCEEDED NUTRITION ASSESSMENTS/SERVICES LIMIT
Type:	

EOB Code	EOB Description
6732	EXCEEDED OCCUPATIONAL THERAPY ASSESSMENTS LIMIT
Type:	
6733	EXCEEDED ORIENTATION AND MOBILITY TRAINING/ASSESSMENTS LIMITS
Type:	
6734	EXCEEDED PERSONAL ASSISTANCE DAILY RATE LIMIT
Type:	
6735	EXCEEDED PERSONAL EMERGENCY RESPONSE SYSTEM LIMIT
Type:	
6736	EXCEEDED PHYSICAL THERAPY ASSESSMENTS LIMIT
Type:	
6737	EXCEEDED RESIDENTIAL HABILITATION LIMIT
Type:	
6738	EXCEEDED RESPITE/OVERNIGHT LIMIT
Type:	
6739	EXCEEDED SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES & ASSISTIVE TECHNOLOGY LIMIT
Type:	
6740	EXCEEDED SPEECH, LANGUAGE AND HEARING SERVICES ASSESSMENTS LIMIT
Type:	

EOB Code	EOB Description
6741	EXCEEDED SPEECH, LANGUAGE AND HEARING SERVICES LIMIT
Type:	
6742	EXCEEDED SUPPORT COORDINATION LIMIT
Type:	
6743	SUPPORTED LIVING LIMIT EXCEEDED
Type:	
6744	EXCEEDED VEHICLE ACCESSIBILITY MODIFICATIONS LIMIT
Type:	
6745	EXCEEDED FAMILY MODEL RESIDENTIAL SUPP(OUT OF STATE)LIMIT
Type:	
6746	EXCEEDED MEDICAL RESIDENTIAL SVCS(OUT OF STATE) LIMIT
Type:	
6747	EXCEEDED OCCUPATIONAL THERAPY SERVICES LIMIT
Type:	
6748	EXCEEDED PHYSICAL THERAPY SERVICES LIMIT
Type:	
6749	EXCEEDED RESIDENTIAL HABILITATION(OUT OF STATE) LIMIT
Type:	

EOB Code	EOB Description
6750	EXCEEDED RESPITE LIMIT
Type:	
6751	EXCEEDED SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES & ASSISTIVE TECHNOLOGY LIMIT
Type:	
6752	EXCEEDED SUPPORTED LIVING(OUT OF STATE) LIMIT
Type:	
6753	EXCEEDED DAY SERVICES SUPPL EMPLOYMENT LVL 5 LIMIT
Type:	
6754	EXCEEDED MED RES/RES HABIL/SUPP LVG SPCL NEED ADJ LIM
Type:	
6755	EXCEEDED MED RES/RES HABIL/SUPP LVG SPCL NEED ADJ LIMIT(OOS)
Type:	
6756	EXCEEDED PERSONAL ASSISTANCE LIMIT(S9122 ONLY)
Type:	
6757	MED RES SVCS EXCEEDED - ONLY 1 PER DAY ALLOWED
Type:	
6765	EXCEEDED SDW SUPPLEMENTAL EMERGENCY ASSISTANCE LIMIT
Type:	

EOB Code	EOB Description
6766	EXCEEDED SELF DETERMINATION WAIVER SERVICES LIMIT
Type:	
6767	EXCEEDED FINANCIAL ADMINISTRATION SERVICES LIMIT
Type:	
6769	EXCEEDED MONTHLY BEHAVIOR ANALYST ASSESSMENT SERVICES LIMIT
Type:	
6770	EXCEEDED ANNUAL BEHAVIOR ANALYST ASSESSMENT SERVICES LIMIT
Type:	
6771	EXCEEDED BEHAVIOR ANALYST MONTHLY BEHAVIOR PLAN SERVICES LIMIT
Type:	
6772	EXCEEDED BEHAVIOR ANALYST ANNUAL BEHAVIOR PLAN SERVICES LIMIT
Type:	
6773	EXCEEDED BEHAVIOR ANALYST ANNUAL PRESENTATION SERVICES LIMIT
Type:	
6774	EXCEEDED MONTHLY NUTRITION ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	
6775	EXCEEDED ANNUAL NUTRITION ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	

EOB Code	EOB Description
6776	EXCEEDED TRANSITIONAL CASE MANAGEMENT SERVICES LIMIT
Type:	
6777	EXCEEDED MONTHLY OCCUPATIONAL THERAPY ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	
6778	EXCEEDED ANNUAL OCCUPATIONAL THERAPY ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	
6779	EXCEEDED MONTHLY ORIENTATION AND MOBILITY TRAINING ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	
6780	EXCEEDED ANNUAL ORIENTATION AND MOBILITY TRAINING ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	
6781	EXCEEDED PERSONAL ASSISTANCE LIMIT STAFF RATE LIMIT
Type:	
6782	EXCEEDED MONTHLY PHYSICAL THERAPY ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	
6783	EXCEEDED ANNUAL PHYSICAL THERAPY ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	
6784	EXCEEDED MONTHLY SPEECH, LANGUAGE AND HEARING ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	

EOB Code	EOB Description
6785	EXCEEDED ANNUAL SPEECH, LANGUAGE AND HEARING ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
Type:	
6786	ANNUAL EMPLOYMENT & DAY SERVICES
Type:	
6787	SE INDIVIDUAL STABILIZATION & MONITORING EXCEEDED
Type:	
6788	SPECIAL NEEDS ADJ LIMIT EXCEEDED
Type:	
6789	SE QUALITY INCENTIVE LIMIT EXCEEDED
Type:	
6790	JOB DEVELOPMENT SERVICES EXCEEDED
Type:	
6791	14-DAY EMPLOYMENT & DAY SERVICES LIMIT EXCEEDED
Type:	
6792	IE & CP WRAPAROUND ANNUAL LIMIT EXCEEDED
Type:	
6793	14-DAY IE & CP PARTICIPATION WRAPAROUND
Type:	

EOB Code	EOB Description
6801	BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1)
Type:	
6802	THRESHOLD BEN LIMIT FOR INPATIENT HOSPITAL (R1)
Type:	
6803	BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1-C)
Type:	
6804	THRESHOLD BEN LIMIT FOR INPATIENT HOSPITAL (R1-C)
Type:	
6805	BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1)
Type:	
6806	TH BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1)
Type:	
6807	BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1-C)
Type:	
6808	TH BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1-C)
Type:	
6809	BENEFIT LIMIT FOR OUTPATIENT HOSPITAL VISITS (R1)
Type:	

EOB Code	EOB Description
6810	TH BEN LIMIT FOR OUTPATIENT HOSPITAL VISITS (R1)
Type:	
6811	BENEFIT LIMIT FOR OUTPATIENT HOSP VISITS (R1-C)
Type:	
6812	TH BEN LIMIT FOR OUTPATIENT HOSP VISITS (R1-C)
Type:	
6813	BENEFIT LIMIT PHYSICIAN VISITS (R1)
Type:	
6814	THRESHOLD BENEFIT LIMIT PHYSICIAN VISITS (R1)
Type:	
6815	BENEFIT LIMIT PHYSICIAN VISITS (R2)
Type:	
6816	THRESHOLD BENEFIT LIMIT FOR PHYSICIANS VISITS (R2)
Type:	
6817	RADIOLOGY AND LAB PRCEDURES (R1)
Type:	
6818	TH BEN LIMIT RAD AND LAB PROCEDURES (R1)
Type:	

EOB Code	EOB Description
6819	RADIOLOGY AND LAB PROCEDURES (R2)
Type:	
6820	THRESHOLD RADIOLOGY AND LAB PROCEDURES (R2)
Type:	
6821	BENEFIT LIMIT FOR THERAPY R1 (PHYSICAL, OCCUPATIONAL, SPEECH)
Type:	
6822	BENEFIT LIMIT FOR THERAPY R2 (PHYSICAL, OCCUPATIONAL, SPEECH)
Type:	
6840	BENEFIT LIMIT FOR PHARMACY PRESCRIPTIONS PER MONTH
Type:	
6841	EARLY PRESCRIPTION REFILL EXCEEDS THREE DAY LIMIT
Type:	
6842	BENEFIT LIMIT FOR PHARMACY BRAND NAME PRESCRIPTIONS PER MONTH
Type:	
6851	INPATIENT SERVICE (R1) NOT COVERED AFTER BEN LIMIT
Type:	
6852	INPATIENT SERVICE (R1-C) NOT COVERED AFTER BEN LIMIT
Type:	

EOB Code	EOB Description
6853	INPATIENT PHYS (R1) NOT COVERED AFTER BEN LIMIT
Type:	
6854	INPATIENT PHYS (R1-C) NOT COVERED AFTER BEN LIMIT
Type:	
6855	OUTPATIENT VISITS (R1) NOT COVERED AFTER BEN LIMIT
Type:	
6856	OUTPATIENT VISITS (R1-C) NOT COVERED AFTER BEN LIM
Type:	
6857	PHYSICIAN VISITS (R1) NOT COVERED AFTER BEN LIMIT
Type:	
6858	RADIOLOGY AND LAB (R1) NOT COVERED AFTER BEN LIMIT
Type:	
6859	RADIOLOGY AND LAB (R2) NOT COVERED AFTER BEN LIMIT
Type:	
6860	PHYSICIAN VISITS (R2) NOT COVERED AFTER BEN LIMIT
Type:	
6861	RADIOLOGY AND LAB (R3) NOT COVERED AFTER BEN LIMIT
Type:	

EOB Code	EOB Description
6862	I/P PSYCHIATRIC HOSPITAL
Type:	
6863	LIFETIME SUBSTANCE ABUSE
Type:	
6864	LIFETIME SUBSTANCE ABUSE (R2)
Type:	
6865	LIFETIME DETOX
Type:	
6866	TH LIFETIME SUBSTANCE ABUSE
Type:	
6867	TH LIFETIME SUBSTANCE ABUSE (R2)
Type:	
6868	TH LIFETIME DETOX
Type:	
6869	LIFETIME SUBSTANCE ABUSE NOT COVERED
Type:	
6870	LIFETIME SUBSTANCE ABUSE (R2) NOT COVERED
Type:	

EOB Code	EOB Description
6871	LIFETIME DETOX NOT COVERED
Type:	
6872	TRIGGER POINT INJECTIONS RECEIVED - POSSIBLE MEDICAL RECORD REVIEW
Type:	
6874	EPIDURAL STEROID INJECTIONS - 66% THRESHOLD LIMIT EXCEEDED
Type:	
6875	EPIDURAL STEROID INJECTIONS - 100% THRESHOLD LIMIT EXCEEDED
Type:	
6876	URINE DRUG SCREEN (MODERATE COMPLEXITY) - 50% THRESHOLD LIMIT EXCEEDED
Type:	
6877	URINE DRUG SCREEN (MODERATE COMPLEXITY) - 100% THRESHOLD LIMIT EXCEEDED
Type:	
6878	URINE DRUG SCREEN (HIGH COMPLEXITY) - 50% THRESHOLD LIMIT EXCEEDED
Type:	
6879	URINE DRUG SCREEN (HIGH COMPLEXITY) - 100% THRESHOLD LIMIT EXCEEDED
Type:	
6880	FACET/MEDIAL BRANCH BLOCK INJECTIONS 50% THRESHOLD LIMIT
Type:	

EOB Code	EOB Description
6881	FACET/MEDIAL BRANCH BLOCK INJECTIONS 100% THRESHOLD LIMIT
Type:	
6882	ASSAY OF OPIATES 50% THRESHOLD LIMIT
Type:	
6883	ASSAY OF OPIATES 100% THRESHOLD LIMIT
Type:	
6884	ASSAY OF METHADONE 50% THRESHOLD LIMIT
Type:	
6885	ASSAY OF METHADONE 100% THRESHOLD LIMIT
Type:	
6886	ASSAY OF AMPHETAMINES 50% THRESHOLD LIMIT
Type:	
6887	ASSAY OF AMPHETAMINES 100% THRESHOLD LIMIT
Type:	
6888	ASSAY OF PHENCYCLIDINE 50% THRESHOLD LIMIT
Type:	
6889	ASSAY OF PHENCYCLIDINE 100% THRESHOLD LIMIT
Type:	

EOB Code	EOB Description
6890	ASSAY OF COCAINE 50% THRESHOLD LIMIT
Type:	
6891	ASSAY OF COCAINE 100% THRESHOLD LIMIT
Type:	
6892	ASSAY OF DIHYDROMORPHINONE 50% THRESHOLD LIMIT
Type:	
6893	ASSAY OF DIHYDROMORPHINONE 100% THRESHOLD LIMIT
Type:	
6894	ASSAY OF BARBITURATES 50% THRESHOLD LIMIT
Type:	
6895	ASSAY OF BARBITURATES 100% THRESHOLD LIMIT
Type:	
6896	ASSAY OF DIHYDROCODEINONE 50% THREHOLD LIMIT
Type:	
6897	ASSAY OF DIHYDROCODEINONE 100% THREHOLD LIMIT
Type:	
6898	ASSAY OF METANEPHRINES 50% THRESHOLD LIMIT
Type:	

EOB Code	EOB Description
6899	ASSAY OF METANEPHRINES 100% THRESHOLD LIMIT
Type:	
6900	ASSAY OF URINE ALKALOIDS 50% THRESHOLD LIMIT
Type:	
6901	ASSAY OF URINE ALKALOIDS 100% THRESHOLD LIMIT
Type:	
6902	DRUG TESTING - 50% THRESHOLD
Type:	
6903	DRUG TESTING - 100% THRESHOLD
Type:	
6904	URINE DRUG SCREEN MOD - 50% THRESHOLD LMT EXCEEDED EFF 010119
Type:	
6905	URINE DRUG SCREEN MOD COMP-100% LMT-EFF 1/1/2019
Type:	
7000	CLAIM FAILED A PRODUR ALERT
Type:	
7001	CLAIM GENERATED AN INFORMATIONAL PRODUR ALERT
Type:	

EOB Code	EOB Description
7200	MISCELLANEOUS CLAIMCHECK ERROR
Type:	
7201	PROCEDURE IS A NEWBORN PROCEDURE; AGE SHOULD BE LESS THAN 1 YEAR
Type:	
7202	PROCEDURE IS A PEDIATRIC PROCEDURE; AGE SHOULD BE 1-17 YEARS
Type:	
7203	PROCEDURE IS A MATERNITY PROCEDURE; AGE SHOULD BE 12-55 YEARS
Type:	
7204	PROCEDURE IS AN ADULT PROCEDURE; AGE SHOULD BE OVER 14 YEARS
Type:	
7205	PROCEDURE IS NOT INDICATED FOR A MALE
Type:	
7206	PROCEDURE IS NOT INDICATED FOR A FEMALE
Type:	
7207	PROCEDURE IS CLASSIFIED AS A COSMETIC PROCEDURE
Type:	
7208	PROCEDURE IS AN UNLISTED PROCEDURE
Type:	

EOB Code	EOB Description
7209	PROCEDURE IS CLASSIFIED AS EXPERIMENTAL
Type:	
7210	PROCEDURE IS CLASSIFIED AS OBSOLETE
Type:	
7211	PROCEDURE IS INVALID FOR PATIENT'S AGE
Type:	
7212	PROCEDURE ADDED DUE TO ALTERNATE CODE REPLACEMENT (AGE)
Type:	
7213	PROCEDURE IS INVALID FOR PATIENT'S SEX
Type:	
7214	PROCEDURE ADDED DUE TO ALTERNATE CODE REPLACEMENT (SEX)
Type:	
7215	PROCEDURE CODE IS INCIDENTAL
Type:	
7216	VISIT PROCEDURE CODE IS NOT INDICATED FOR SEPARATE REIMBURSEMENT
Type:	
7217	PROCEDURE CODE HAS BEEN REBUNDLED
Type:	

EOB Code	EOB Description
7218	PROCEDURE ADDED DUE TO REBUNDLING
Type:	
7219	PROCEDURE IS MUTUALLY EXCLUSIVE
Type:	
7220	PROCEDURE IS WITHIN THE NUMBER OF DAYS PRE-OP RANGE
Type:	
7221	PROCEDURE IS WITHIN THE NUMBER OF DAYS POST-OP RANGE
Type:	
7222	PROCEDURE DOES NOT REQUIRE AN ASSISTANT SURGEON
Type:	
7223	PROCEDURE MAY NOT REQUIRE AN ASSISTANT SURGEON
Type:	
7233	DUPLICATE DENIED - INCLUDES UNILATERAL OR BILATERAL
Type:	
7234	DENIED DUPLICATE - IS BILATERAL
Type:	
7235	DENIED DUPLICATE - CAN ONLY BE DONE XX TIMES IN LIFETIME
Type:	

EOB Code	EOB Description
7236	DENIED DUPLICATE - CAN ONLY BE DONE XX TIMES IN A DAY
Type:	
7237	DENIED DUPLICATE (REBUNDLED)
Type:	
7238	PROCEDURE ADDED DUE TO DUPLICATE REBUNDLING
Type:	
7239	PROCEDURE IS A POSSIBLE DUPLICATE
Type:	
7240	SMARTSUSPENSE SUSPEND
Type:	
7241	SMARTSUSPENSE DENIAL
Type:	
7242	DIAGNOSIS TO PROCEDURE COMPARISON PROCEDURE DENIED
Type:	
7243	DIAGNOSIS TO PROCEDURE COMPARISON PROCEDURE SUSPENDED
Type:	
7244	MEDICAL VISIT DENIED
Type:	

EOB Code	EOB Description
7245	PROCEDURE ADDED DUE TO NEW VISIT FREQUENCY CODE REPLACEMENT
Type:	
7246	PROCEDURE REPLACED DUE TO INTENSITY OF SERVICE REPLACEMENT
Type:	
7247	PROCEDURE ADDED DUE TO INTENSITY OF SERVICE REPLACEMENT
Type:	
7248	INTENSITY OF PROCEDURE WAS FOUND TO BE HIGHER THAN EXPECTED BASED ON DIAGNOSIS
Type:	
7249	PROCEDURE SHOULD BE REVIEWED AS POSSIBLE MULTIPLE COMPONENT
Type:	
7250	PROCEDURE SHOULD BE REVIEWED AS POSSIBLE DUPLICATE COMPONENT
Type:	
7251	PROCEDURE IS ELIGIBLE FOR WORKER'S COMPENSATION/AUTO PAYOR
Type:	
7252	DIAGNOSIS 1 HAS BEEN DETECTED AS BEING ELIGIBLE FOR THIRD PARTY PAYOR BY CLAIMC
Type:	
7253	DIAGNOSIS 2 HAS BEEN DETECTED AS BEING ELIGIBLE FOR THIRD PARTY PAYOR BY CLAIMC
Type:	

EOB Code	EOB Description
7254	DIAGNOSIS 3 HAS BEEN DETECTED AS BEING ELIGIBLE FOR THIRD PARTY PAYOR BY CLAIMC
Type:	
7255	DIAGNOSIS 4 HAS BEEN DETECTED AS BEING ELIGIBLE FOR THIRD PARTY PAYOR BY CLAIMC
Type:	
7256	MODIFIER 51 INVALID FOR PRIMARY PROCEDURE
Type:	
7257	MODIFIER 51 MISSING FOR NON-PRIMARY PROCEDURE
Type:	
7258	REVIEW MODIFIER 51
Type:	
7259	SPLIT DECISION WAS RENDERED ON EXPANSION OF UNITS
Type:	
7260	MORE THAN 40 LINES WERE ELIGIBLE FOR CLAIMCHECK PROCESSING
Type:	
7261	INVALID PROCEDURE CODE
Type:	
7262	DOB CANNOT BE GREATER THAN DATE OF SERVICE
Type:	

EOB Code	EOB Description
7263	DOS REQUIRED FOR PROCEDURE
Type:	
7264	DOS CANNOT BE A FUTURE DATE
Type:	
7265	BIRTHDATE CANNOT BE A FUTURE DATE
Type:	
7266	AGE CANNOT BE GREATER THAN 124 YEARS
Type:	
7267	ONLY ONE PROVIDER ALLOWED FOR CURRENT PROCEDURES
Type:	
7268	PROVIDER IS REQUIRED FOR HISTORY PROCEDURES
Type:	
7269	MODIFIER NOT VALID FOR THIS PROCEDURE
Type:	
7270	INVALID MODIFIER/PROCEDURE CODE COMBINATION
Type:	
7271	CURRENT PROCEDURE LINES MUST HAVE SAME PROVIDER ID
Type:	

EOB Code	EOB Description
7272	DIAGNOSIS 1 MUST BE A VALID CODE
Type:	
7273	DIAGNOSIS 2 MUST BE A VALID CODE
Type:	
7274	DIAGNOSIS 3 MUST BE A VALID CODE
Type:	
7275	DIAGNOSIS 4 MUST BE A VALID CODE
Type:	
7276	DIAGNOSIS MUST BE A VALID CODE
Type:	
7277	PROCEDURE LINE DIAGNOSIS MUST BE A VALID CODE
Type:	
7278	INVALID DATE (DATE OF BIRTH)
Type:	
7279	INVALID AMOUNT CHARGED
Type:	
7280	CLAIM LEVEL PROVIDER OR PROCEDURE LINE PROVIDER IS REQUIRED
Type:	

EOB Code	EOB Description
7281	DIAGNOSIS TO PROCEDURE COMPARISON PROCEDURE
Type:	
7282	INTENSITY OF PROCEDURE WAS FOUND TO BE HIGHER THAN EXPECTED BASED ON DIAGNOSIS
Type:	
7283	PROCEDURE SHOULD BE REVIEWED AS POSSIBLE MULTIPLE COMPONENT
Type:	
7284	PROCEDURE SHOULD BE REVIEWED AS POSSIBLE DUPLICATE COMPONENT
Type:	
7285	PROCEDURE IS ELIGIBLE FOR WORKER'S COMPENSATION/AUTO PAYOR
Type:	
7286	DIAGNOSIS IS ELIGIBLE FOR WORKER'S COMPENSATION/AUTO PAYOR
Type:	
7287	DIAGNOSIS IS ELIGIBLE FOR WORKER'S COMPENSATION/AUTO PAYOR
Type:	
7288	SMARTSUSPENSE FLAG
Type:	
7289	SMARTSUSPENSE MONITOR
Type:	

EOB Code	EOB Description
7290	MODIFIER 51 DELETED FOR PRIMARY PROCEDURE
Type:	
7291	MODIFIER 51 ADDED FOR NON-PRIMARY PROCEDURE
Type:	
7499	RECIPIENT LOCK-IN TO SPECIFIC PRESCRIBING PROVIDER
Type:	
7500	YOUR CLAIM IS BEING REVIEWED
Type:	
7501	YOUR CLAIM IS BEING REVIEWED.
Type:	
7502	RECIPIENT LOCKED IN TO A SPECIFIC PROVIDER
Type:	
7503	MISSING/INVALID PRODUR CONFLICT CODE. ALERT ON RESPONSE DOES NOT MATCH AN ALERT SET ON THE CLAIM. PLEASE USE APPROPRIATE DD, LD, HD, ER, LR, PA, PG, MC, TD AND RESUBMIT.
Type:	
7504	MISSING/INVALID PRODUR INTERVENTION CODE. PLEASE USE M0, P0 OR R0 AND RESUBMIT.
Type:	
7505	MISSING/INVALID PRODUR OUTCOME CODE. PLEASE USE 1A-1G, 2A OR 2B.
Type:	

EOB Code	EOB Description
7506	RESPONSE CLAIM. ORIGINAL CLAIM POSTED NON-OVERRIDEABLE ALERT. CONTACT COLLEGE OF PHARMACY TO RECEIVE PRIOR AUTHORIZATION.
Type:	
7507	VALID OUTCOME CODE OF 'NOT FILLED' RECEIVED. RESPONSE ACCEPTED, CLAIM REJECTED .
Type:	
7508	RESERVED FOR FUTURE USE.
Type:	
7509	RENDERING PROVIDER ON PREPAYMENT REVIEW
Type:	
7777	PROVIDER INACTIVITY- RECERTIFICATION REQUIRED
Type:	
8000	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO BILLING ERROR.
Type:	
F	
8001	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO CHANGE IN OTHER.
Type:	
F	
8002	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO CHANGE IN MEDICARE.
Type:	
F	
8003	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO KEYING ERROR.
Type:	
F	

EOB Code	EOB Description
8004	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO PATIENT LIABILITY.
Type:	
F	
8005	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO SPENDDOWN.
Type:	
F	
8006	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO MISCELLANEOUS ERROR.
Type:	
F	
8007	PROVIDER REQUESTED CLAIM ADJUSTMENT DUE TO BILLING ERROR.
Type:	
F	
8008	PROVIDER REQUESTED CLAIM ADJUSTMENT DUE TO MISC. OR UNSPECIFIED ERROR
Type:	
F	
8019	PROVIDER REQUESTED A FULL OFFSET DUE TO A MISCELLANEOUS OR UNSPECIFIED ERROR.
Type:	
F	
8020	SURS INITIATED A FULL OFFSET DUE TO A DUPLICATE PAYMENT.
Type:	
F	
8021	SURS INITIATED A FULL OFFSET DUE TO WRONG PROVIDER.
Type:	
F	
8022	SURS INITIATED A FULL OFFSET DUE TO WRONG RECIPIENT NUMBER.
Type:	
F	

EOB Code	EOB Description
8023	SURS INITIATED A FULL OFFSET DUE TO WRONG NDC/PROCEDURE CODE/MODIFIER CODE
Type: F	
8024	SURS INITIATED A FULL OFFSET DUE TO WRONG UNITS OF SERVICE.
Type: F	
8025	SURS INITIATED A FULL OFFSET DUE TO WRONG PATIENT LIABILITY AMOUNT.
Type: F	
8026	SURS INITIATED A FULL OFFSET DUE TO PAYMENT IN FULL FROM ANOTHER INSURANCE.
Type: F	
8027	SURS INITIATED A FULL OFFSET DUE TO PAYMENT IN FULL FROM MEDICARE.
Type: F	
8028	SURS INITIATED A FULL OFFSET DUE TO WRONG DATE(S) OF SERVICE.
Type: F	
8030	PROVIDER REQUESTED OFFSET DUE TO BILLING ERROR.
Type: Xovr Prior 10/1/94	
8031	PROVIDER REQUESTED OFFSET DUE TO OTHER INSURANCE.
Type: Xovr Prior 10/1/94	
8032	PROVIDER REQUESTED OFFSET DUE MEDICARE.
Type: Xovr Prior 10/1/94	

EOB Code	EOB Description
8033	PROVIDER REQUESTED OFFSET DUE TO PATIENT LIABILITY.
Type:	
Xovr Prior 10/1/94	
8034	PROVIDER REQUESTED OFFSET DUE TO SPENDDOWN.
Type:	
Xovr Prior 10/1/94	
8035	PROVIDER REQUESTED OFFSET DUE TO AUTO LIABILITY.
Type:	
Xovr Prior 10/1/94	
8036	PROVIDER REQUESTED OFFSET DUE TO WORKERS COMP
Type:	
Xovr Prior 10/1/94	
8037	PROVIDER REQUESTED CLAIM VOID DUE TO BILLING ERROR.
Type:	
Xovr Prior 10/1/94	
8038	PROVIDER REQUESTED OFFSET DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR
Type:	
Xovr Prior 10/1/94	
8039	BATCH 837 VOID CLAIM.
Type:	
8040	THIRD PARTY LIABILITY RECOVERED
Type:	
8041	PROVIDER CORRECTION TO INCREASE PAYMENT
Type:	

EOB Code	EOB Description
8042	PROVIDER CORRECTION TO DECREASE PAYMENT
Type:	
8043	MCC CORRECTION TO INCREASE PAYMENT
Type:	
8044	MCC CORRECTION TO DECREASE PAYMENT
Type:	
8045	OTHER CHANGE TO INCREASE PAYMENT
Type:	
8046	OTHER CHANGE TO DECREASE PAYMENT
Type:	
8047	PAID FOR WRONG ENROLLEE
Type:	
8048	PAID TO WRONG PROVIDER
Type:	
8049	OTHER ADJUSTMENT
Type:	
8050	VOID
Type:	

EOB Code	EOB Description
8051	REPLACEMENT RECORD FOR PREVIOUSLY SUBMITTED ENCOUNTER
Type:	
8052	CLAIM ADJUSTED DUE TO INCORRECT TPL CALCULATION
Type:	
8053	SAVE FOR FUTURE USE.
Type:	
8054	SAVE FOR FUTURE USE.
Type:	
8055	SAVE FOR FUTURE USE.
Type:	
8056	SAVE FOR FUTURE USE.
Type:	
8057	SAVE FOR FUTURE USE.
Type:	
8058	SAVE FOR FUTURE USE.
Type:	
8059	PROVIDER SENT A FULL REFUND DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR.
Type:	
F	

EOB Code	EOB Description
8060	PROVIDER SENT REFUND DUE TO BILLING ERROR.
Type:	
F	
8061	PROVIDER SENT REFUND DUE TO CLAIMS PROCESSING ERROR.
Type:	
F	
8062	PROVIDER SENT REFUND DUE TO DUPLICATE PAYMENT.
Type:	
F	
8063	PROVIDER SENT REFUND DUE TO EFT DEPOSIT ERROR.
Type:	
F	
8064	PROVIDER SENT REFUND DUE TO MEDICARE.
Type:	
F	
8065	PROVIDER SENT REFUND DUE TO OFMQ REVIEW.
Type:	
F	
8066	PROVIDER SENT REFUND DUE TO OTHER INSURANCE.
Type:	
F	
8067	PROVIDER SENT REFUND DUE TO SURS REVIEW.
Type:	
F	
8068	PROVIDER SENT REFUND PAYMENT DUE TO SURS REVIEW.
Type:	
F	

EOB Code	EOB Description
8069	PROVIDER SENT REFUND DUE TO LEGAL SETTLEMENT.
Type: F	
8070	PROVIDER SENT REFUND DUE TO MEDICAID FRAUD.
Type: F	
8071	PROVIDER SENT REFUND PAYMENT DUE TO MEDICAID FRAUD.
Type:	
8072	PROVIDER SENT REFUND DUE TO AUTO LIABILITY.
Type: F	
8073	PROVIDER SENT REFUND DUE TO WORKERS COMP.
Type: F	
8074	PROVIDER SENT REFUND FOR CLAIM NOT IN HISTORY.
Type: F	
8075	PROVIDER SENT REFUND DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR.
Type: Xovr Prior 10/1/94	
8079	SAVE FOR FUTURE.
Type:	
8080	SAVE FOR FUTURE USE.
Type:	

EOB Code	EOB Description
8081	SAVE FOR FUTURE USE.
Type:	
8082	NON-CLAIM SPECIFIC REFUND DUE TO BILLING ERROR.
Type:	
8083	NON-CLAIM SPECIFIC REFUND DUE TO OTHER INSURANCE.
Type:	
8084	NON-CLAIM SPECIFIC REFUND DUE TO SURS.
Type:	
8085	NON-CLAIM SPECIFIC REFUND DUE TO MISC OR UNSPECIFIED ERROR.
Type:	
Underpayment	
8086	SAVE FOR FUTURE USE.
Type:	
8087	SAVE FOR FUTURE USE.
Type:	
8088	SAVE FOR FUTURE USE.
Type:	
8090	TENNCARE REQUESTED REFUND DUE TO ACCOUNTS RECEIVABLE
Type:	

EOB Code	EOB Description
8091	TENNCARE REQUESTED REFUND DUE TO AUDIT DIVISION REVIEW
Type:	
8092	TENNCARE REQUESTED REFUND DUE TO BILLING ERROR
Type:	
8093	TENNCARE REQUESTED REFUND DUE TO CLAIMS PROCESSING ERROR
Type:	
8094	TENNCARE REQUESTED REFUND DUE TO WRONG PROVIDER PAID/EFT ERROR
Type:	
8095	TENNCARE REQUESTED REFUND DUE TO MEDICARE
Type:	
8096	TENNCARE REQUESTED REFUND DUE TO OFMQ
Type:	
8097	TENNCARE REQUESTED REFUND DUE TO OTHER INSURANCE
Type:	
8098	TENNCARE REQUESTED REFUND DUE TO SURS REVIEW
Type:	
8099	TENNCARE REQUESTED REFUND DUE TO LEGAL SETTLEMENT
Type:	

EOB Code	EOB Description
8100	TENNCARE REQUESTED REFUND DUE TO MEDICAID FRAUD.
Type:	
8101	SAVE FOR FUTURE USE.
Type:	
8102	SAVE FOR FUTURE USE.
Type:	
8103	SAVE FOR FUTURE USE.
Type:	
8104	SAVE FOR FUTURE USE.
Type:	
8105	SAVE FOR FUTURE USE.
Type:	
8106	SAVE FOR FUTURE USE.
Type:	
8107	SAVE FOR FUTURE USE.
Type:	
8110	TENNCARE INITIATED OFFSET DUE AUDIT DIVISION REVIEW
Type:	

EOB Code	EOB Description
8111	TENNCARE INITIATED OFFSET DUE TO CALL CENTER
Type:	
8112	TENNCARE INITIATED OFFSET DUE TO CLAIMS RESOLUTION
Type:	
8113	TENNCARE INITIATED OFFSET DUE TO COST SETTLEMENT ADJUSTMENT
Type:	
8114	TENNCARE INITIATED OFFSET DUE TO CUSTOMER SERVICE
Type:	
8115	TENNCARE INITIATED OFFSET DUE TO SERVICES AFTER DEATH OF RECIPIENT
Type:	
8116	TENNCARE INITIATED OFFSET DUE TO DHS/CHILD WELFARE
Type:	
8117	TENNCARE INITIATED OFFSET DUE TO DHS/DCYS
Type:	
8118	TENNCARE INITIATED OFFSET DUE TO DHS/DDSD
Type:	
8119	TENNCARE INITIATED OFFSET DUE TO DISPROPORTIONATE SHARE ADJUS
Type:	

EOB Code	EOB Description
8120	TENNCARE INITIATED OFFSET DUE TO DRUG REBATE.
Type:	
8121	TENNCARE INITIATED OFFSET DUE TO FINANCIAL MANAGEMENT DIVISION REVIEW
Type:	
8122	TENNCARE INITIATED OFFSET DUE TO FQHC
Type:	
8123	TENNCARE INITIATED OFFSET DUE TO JUVENILE JUSTICE.
Type:	
8124	TENNCARE INITIATED OFFSET DUE TO KEYING ERROR
Type:	
8125	TENNCARE INITIATED OFFSET DUE TO LEGAL SETTLEMENT.
Type:	
8126	TENNCARE INITIATED OFFSET DUE TO MEDICAID FRAUD.
Type:	
8127	TENNCARE INITIATED OFFSET DUE TO MEDICAL REVIEW.
Type:	
8128	TENNCARE INITIATED OFFSET DUE TO MEDICARE
Type:	

EOB Code	EOB Description
8129	TENNCARE INITIATED OFFSET DUE TO OFMQ REVIEW
Type:	
8130	TENNCARE INITIATED OFFSET DUE TO PHARMACY REVIEW
Type:	
8131	TENNCARE INITIATED OFFSET DUE TO PROCESSING ERROR
Type:	
8132	TENNCARE INITIATED OFFSET DUE TO SURS REVIEW
Type:	
8133	TENNCARE INITIATED OFFSET DUE TO WRONG PROVIDER PAID
Type:	
8134	TENNCARE INITIATED OFFSET DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR
Type:	
8135	EDS INITIATED OFFSET DUE TO PROCESSING ERROR
Type:	
8136	EDS INITIATED ADJUSTMENTS DUE TO PROCESSING ERROR
Type:	
8137	SAVE FOR FUTURE USE
Type:	

EOB Code	EOB Description
8138	SAVE FOR FUTURE USE
Type:	
8139	SAVE FOR FUTURE USE.
Type:	
8140	SAVE FOR FUTURE USE.
Type:	
8141	SAVE FOR FUTURE USE.
Type:	
8142	SAVE FOR FUTURE USE.
Type:	
8143	SAVE FOR FUTURE USE.
Type:	
8144	SAVE FOR FUTURE USE.
Type:	
8145	SAVE FOR FUTURE USE.
Type:	
8146	SAVE FOR FUTURE USE.
Type:	

EOB Code	EOB Description
8147	SAVE FOR FUTURE USE.
Type:	
8148	SAVE FOR FUTURE USE.
Type:	
8149	SAVE FOR FUTURE USE.
Type:	
8150	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO CALL CENTER
Type:	
Underpayment	
8151	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO CLAIMS RESOLUTION
Type:	
Underpayment	
8152	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO DHS/CHILD WELFARE
Type:	
Underpayment	
8153	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO DHS/DDSD
Type:	
Underpayment	
8154	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO DISPROPORTIONATE SHARE
Type:	
Underpayment	
8155	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO FINANCIAL MANAGEMENT REVIEW
Type:	
Underpayment	

EOB Code	EOB Description
8156	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO FQHC
Type: Underpayment	
8157	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO KEYING ERROR
Type: Underpayment	
8158	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO MEDICAL REVIEW
Type: Underpayment	
8159	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO MEDICAL AUTHORIZATION
Type: Underpayment	
8160	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO MEDICARE
Type: Underpayment	
8161	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO OTHER INSURANCE
Type: Underpayment	
8162	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO PATIENT LIABILITY.
Type: Underpayment	
8163	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO PROCESSING ERROR
Type: Underpayment	
8164	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO RATE CHANGE
Type: Underpayment	

EOB Code	EOB Description
8165	TENNCARE INITIATED ADDTNL PYMNT DUE TO MISC OR UNSPEC ERROR
Type: Xovr Prior 10/1/94	
8166	EDS INITIATED ADDITIONAL PAYMENT DUE TO PROCESSING ERROR.
Type: Underpayment	
8167	EDS INITIATED ADJUSTMENTS DUE TO PROCESSING ERROR.
Type: Underpayment	
8179	SAVE FOR FUTURE USE.
Type:	
8180	MASS ADJUSTMENT - INPATIENT HOSPITAL RATE CHANGE.
Type: E	
8181	MASS ADJUSTMENT - OUTPATIENT HOSPITAL RATE CHANGE
Type: E	
8182	MASS ADJUSTMENT- INDIAN HOSPITAL RATE CHANGE.
Type: E	
8183	MASS ADJUSTMENT - RURAL HEALTH CLINIC RATE CHANGE.
Type: E	
8184	MASS ADJUSTMENT - PROCEDURE CODE RATE CHANGE
Type: E	

EOB Code	EOB Description
8185	MASS ADJUSTMENT - RETROACTIVE RATE CHANGE.
Type: E	
8186	MASS ADJUSTMENT PROVIDER BILLING ERROR (RATE CHANGE).
Type: E	
8187	OTHER REQUEST FOR MASS ADJUSTMENT
Type: E	
8188	VOID TRANSACTIONS - MASS ADJUSTMENT
Type: E	
8189	MASS ADJUSTMENT - VOID TRANSACTIONS - REFUND RECEIVED
Type: E	
8190	MASS ADJUSTMENT - VOID TRANSACTIONS - WARRANT CANCELLED
Type: E	
8191	MASS ADJUSTMENT - VOID TRANSACTIONS OTHER REQUEST
Type: E	
8199	SAVE FOR FUTURE USE.
Type:	
8200	TPL PRIVATE HEALTH INSURANCE - CARRIER
Type:	

EOB Code	EOB Description
8201	TPL PRIVATE HEALTH INSURANCE - PROVIDER
Type:	
8202	TPL PRIVATE HEALTH INSURANCE - RECIPIENT
Type:	
8203	AUTO LIABILITY - CARRIER
Type:	
Xovr Prior 10/1/94	
8204	AUTO LIABILITY - PROVIDER
Type:	
8205	AUTO LIABILITY - RECIPIENT
Type:	
8206	NON-AUTO LIABILITY - CARRIE
Type:	
8207	NON-AUTO LIABILITY - PROVIDER
Type:	
8208	NON-AUTO LIABILITY - RECIPIENT
Type:	
8209	WORKER'S COMP - CARRIER
Type:	

EOB Code	EOB Description
8210	WORKER'S COMP - PROVIDER
Type:	
8211	WORKER'S COMP - RECIPIENT
Type:	
8212	PROBATE'S ESTATE
Type:	
8213	INCOME PENSION TRUST RECOVERIES
Type:	
8214	VICTIM'S RESTITUTION
Type:	
8215	ABSENT PARENTS
Type:	
8216	TPL ERROR
Type:	
8217	DUE TO MISCELLANEOUS OR UNSPECIFIED REASON
Type:	
8220	SAVE FOR FUTURE USE
Type:	

EOB Code	EOB Description
8221	SAVE FOR FUTURE USE.
Type:	
8222	SAVE FOR FUTURE USE
Type:	
8223	SAVE FOR FUTURE USE.
Type:	
8224	SAVE FOR FUTURE USE.
Type:	
8225	CAPITATION - DEATH OF RECIPIENT
Type:	
8226	CAPITATION - RECIPIENT INCARCERATED
Type:	
8227	CAPITATION - EPSDT CLAIM
Type:	
8228	CAPITATION - RECIPIENT ENROLLED IN ERROR
Type:	
8229	CAPITATION - FAMILY PLANNING
Type:	

EOB Code	EOB Description
8230	CAPITATION - INCORRECT RATE CATEGO
Type:	
8231	CLAIM ADJUSTED DUE TO RETRO-PER DIEM RATE CHANGE
Type:	
8232	CAPITATION - OTHER
Type:	
8233	SAVE FOR FUTURE USE.
Type:	
8234	SAVE FOR FUTURE USE.
Type:	
8240	ADJUSTMENT GENERATED DUE TO SURS REVIEW
Type:	
8241	ADJUSTMENT GENERATED DUE TO CHANGE IN PATIENT LIABILITY
Type:	
8242	ADJUSTMENT GENERATED DUE TO RATE CHANGE
Type:	
8244	PAYOUT PROCESSED DUE TO DISPROPORTIONATE SHARE
Type:	

EOB Code	EOB Description
8245	POINT OF SALE
Type:	
8246	POINT OF SALE REVERSAL
Type:	
8299	ADJUSTMENT TO CROSSOVER PAID PRIOR TO AIM IMPLEMENTATION DATE. THIS CLAIM HAS BEEN MANUALLY PRICED USING THE MEDICARE COINSURANCE, DEDUCTIBLE, AND PSYCHE REDUCTION AMOUNTS AS BASIS FOR REIMBURSEMENT.
Type:	
X	
8300	A PAYOUT HAS BEEN ESTABLISHED FOR THE PROVIDER. THE REIMBURSEMENT IS INCLUDED IN THE CHECKWRITE.
Type:	
8301	A PAYOUT HAS BEEN ESTABLISHED FOR THE PROVIDER. THE REIMBURSEMENT HAS BEEN EXCLUDED FROM THE CHECKWRITE.
Type:	
8302	A PAYOUT IS DUE TO THE PROVIDER AS A RESULT OF OVER REFUND. THE REIMBURSEMENT IS INCLUDED IN THE CHECKWRITE.
Type:	
8303	A PAYOUT IS DUE TO THE PROVIDER AS A RESULT OF OVER PAYMENT. THE REIMBURSEMENT HAS BEEN EXCLUDED FROM THE CHECKWRITE.
Type:	
8304	PAYOUT DUE TO ADVANCE. PAYMENT INCLUDED IN CHECKWRITE.
Type:	
8305	PAYOUT DUE TO ADVANCE. PAYMENT EXCLUDED FROM CHECKWRITE.
Type:	

EOB Code	EOB Description
8306	CHECK RECEIVED BY EDS FOR CLAIM ADJUSTMENT ON A PREVIOUSLY ADJUSTED CLAIM. AMOUNT OF REFUND BEING RETURNED TO PROVIDER.
Type:	
8307	PAYOUT EXCLUDED FROM CHECKWRITE.
Type:	
8308	PAYOUT DUE TO HOSPITAL SUPPLEMENTAL GME ADJUSTMENT
Type:	
8309	PAYOUT DUE TO MANAGED CARE - RESIDENT PCP PAYMENT
Type:	
8310	PAYOUT DUE TO MANAGED CARE - RESIDENT DELIVERY PAYMENT
Type:	
8311	PAYOUT DUE TO MANAGED CARE - ABD RISK BASED PAYM
Type:	
8312	PAYOUT DUE TO MANAGED CARE - SP/ABD QUARTERLY PAYMENT
Type:	
8313	PAYOUT DUE TO MANAGED CARE - EPSDT BONUS PAYMENT
Type:	
8314	PAYOUT DUE TO MANAGED CARE - CUSTODY INDICATOR ERROR
Type:	

EOB Code	EOB Description
8315	PAYOUT DUE TO MANAGED CARE - ENROLLMENT ERROR
Type:	
8316	PAYOUT DUE TO MANAGED CARE - OTHER
Type:	
8317	PAYOUT DUE TO MEDICAL AUTHORIZATION UNIT REVIEW -CCU
Type:	
8318	PAYOUT DUE TO LONG TERM CARE FACILITY CERTIFICATION DATE ERROR
Type:	
8319	PAYOUT DUE TO LONG TERM CARE FACILITY CLAIM PROCESSING ERROR
Type:	
8320	PAYOUT DUE TO PATIENT LIABILITY ERROR
Type:	
8321	PAYOUT DUE TO PATIENT SPENDDOWN ERROR
Type:	
8322	PAYOUT DUE TO ENHANCED RATE-OUT OF STATE RTC SERVICES
Type:	
8323	PAYOUT DUE TO NON-EMERGENCY TRANSPORTATION
Type:	

EOB Code	EOB Description
8324	PAYOUT DUE TO SOONER RIDE PROGRAM.
Type:	
8325	PAYOUT DUE TO GAS SURCHARGE.
Type:	
8326	PAYOUT DUE TO CORRECTION TO ACCOUNTS RECEIVABLE PROCESSED.
Type:	
8327	PAYOUT DUE TO DHS/DDSD SUPPORTED LIVING PROGRAM AUDIT.
Type:	
8328	PAYOUT DUE TO DHS/DDSD AUDIT
Type:	
8329	PAYOUT PROCESSED FROM STATE ONLY FUNDS
Type:	
8330	PAYOUT DUE TO ELIGIBILITY NOT ON FILE.
Type:	
8331	PAYOUT DUE TO CLAIM TOO OLD TO PROCESS
Type:	
8332	PAYOUT DUE TO MISCELLANEOUS OR UNSPECIFIED REASON.
Type:	

EOB Code	EOB Description
8336	RETROACTIVE INTEREST PAYMENT
Type:	
8399	THIS ACTION IS THE RESULT OF A STOP PAYMENT. A MANUAL CHECK HAS BEEN ISSUED.
Type:	
8400	ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED . THE AMOUNT WILL BE DEDUCTED FROM YOUR FUTURE PAYMENTS.
Type:	
8401	DUE TO A CHECK ADVANCE, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR FUTURE PAYMENTS.
Type:	
8402	DUE TO AN IRS LIEN, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8403	DUE TO A GARNISHMENT, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8404	DUE TO A LIABILITY LIEN, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED . THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8405	DUE TO A LIEN, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8406	DUE TO TAX ASSESSMENT (31%), AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	

EOB Code	EOB Description
8407	RELEASE OF LIEN RECEIVED BY LIEN HOLDER
Type:	
8408	DECREASE TO ORIGINAL LIEN AMOUNT.
Type:	
8409	INCREASE TO ORIGINAL LIEN AMOUNT
Type:	
8410	SAVE FOR FUTURE USE
Type:	
8411	SAVE FOR FUTURE USE
Type:	
8412	SAVE FOR FUTURE USE
Type:	
8413	SAVE FOR FUTURE USE
Type:	
8414	SAVE FOR FUTURE USE
Type:	
8415	SAVE FOR FUTURE USE .
Type:	

EOB Code	EOB Description
8419	MEDICARE CROSS OVER CLAIMS MAY NOT BE BILLED VIA WEB INTERNET
Type:	
8420	AS THE RESULT OF AN AUDIT DIVISION REVIEW, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8421	AS THE RESULT OF CLAIMS PROCESSING ERROR, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8422	AS THE RESULT OF A COST SETTLEMENT REVIEW, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8423	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO DHS/DDSD AUDIT.
Type:	
8424	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO DHS/CHILD WELFARE.
Type:	
8425	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO JUVENILE JUSTICE.
Type:	
8426	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO DISPROPORTIONATE SHARE ADJUSTMENT.
Type:	
8427	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO DRUG REBATE..
Type:	

EOB Code	EOB Description
8428	AS THE RESULT OF A FINANCIAL MANAGEMENT REVIEW, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8429	AS THE RESULT OF A LEGAL SETTLEMENT, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8430	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO LONG TERM CARE FACILITY CLAIM PROCESSING ERROR.
Type:	
8431	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO MANAGED CARE ADJUSTMENTS.
Type:	
8432	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO MEDICAID FRAUD.
Type:	
8433	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO MEDICAL DIVISION REVIEW.
Type:	
8434	AS THE RESULT OF AN OFMQ REVIEW, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8435	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO PATIENT LIABILITY ERROR.
Type:	
8436	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO PATIENT SPENDDOWN ERROR.
Type:	

EOB Code	EOB Description
8437	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO PHARMACY DIVISION REVIEW.
Type:	
8438	AS THE RESULT OF A SURS AUDIT, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8439	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO THIRD PARTY LIABILITY.
Type:	
8440	SAVE FOR FUTURE USE.
Type:	
8441	SAVE FOR FUTURE USE.
Type:	
8442	SAVE FOR FUTURE USE.
Type:	
8443	SAVE FOR FUTURE USE.
Type:	
8444	SAVE FOR FUTURE USE.
Type:	
8445	SAVE FOR FUTURE USE.
Type:	

EOB Code	EOB Description
8446	SAVE FOR FUTURE USE.
Type:	
8447	SAVE FOR FUTURE USE.
Type:	
8448	SAVE FOR FUTURE USE.
Type:	
8449	SAVE FOR FUTURE USE.
Type:	
8450	DUE TO A TRANSFER OF ACCOUNT, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8451	DUE TO AN ADJUSTMENT SUBMITTED BY PROVIDER FOR A CLAIM TOO OLD TO PROCESS, AN ACCOUNT RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR PAYMENTS.
Type:	
8452	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR.
Type:	
8453	THIS ACCOUNTS RECEIVABLE WAS ESTABLISHED FOR THE WRONG AMOUNT. WE HAVE MADE CORRECTION AND INCREASED THIS ACCOUNTS RECEIVABLE.
Type:	
8454	THIS ACCOUNTS RECEIVABLE WAS ESTABLISHED FOR THE WRONG AMOUNT. WE HAVE MADE CORRECTION AND DECREASED THIS ACCOUNTS RECEIVABLE.
Type:	

EOB Code	EOB Description
8455	THIS ACCOUNTS RECEIVABLE WAS ESTABLISHED FOR THE WRONG PROVIDER. WE HAVE CORRECTED THE ACTION AND DECREASED THIS ACCOUNTS RECEIVABLE.
Type:	
8456	A CASH RECEIPT WAS APPLIED TO AND DECREASED THIS ACCOUNTS RECEIVABLE.
Type:	
8457	AN OVER REFUND HAS BEEN APPLIED AND DECREASED THIS ACCOUNTS RECEIVABLE
Type:	
8458	A STOP PAYMENT CHECK WAS APPLIED AND DECREASED THIS ACCOUNTS RECEIVABLE.
Type:	
8459	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED DUE TO FINANCIAL DIVISION REVIEW.
Type:	
8460	THIS ACCOUNTS RECEIVABLE HAS BEEN DECREASED DUE TO FINANCIAL DIVISION REVIEW
Type:	
8461	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED DUE TO AUDIT DIVISION REVIEW.
Type:	
8462	THIS ACCOUNTS RECEIVABLE HAS BEEN DECREASED DUE TO AUDIT DIVISION REVIEW.
Type:	
8463	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED DUE TO SURS REVIEW.
Type:	

EOB Code	EOB Description
8464	THIS ACCOUNTS RECEIVABLE HAS BEEN DECREASED DUE TO SURS REVIEW.
Type:	
8465	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED DUE TO INTEREST BEING APPLIED.
Type:	
8466	THIS ACCOUNTS RECEIVABLE HAS BEEN DECREASED BY A MISCELLANEOUS ACTION
Type:	
8467	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED BY A MISCELLANEOUS ACTION.
Type:	
8468	THIS ACCOUNTS RECEIVABLE HAS BEEN WRITTEN OFF.
Type:	
8469	THIS ACCOUNTS RECEIVABLE WAS DECREASED BY A CLAIM OFFSET
Type:	
8500	PAYMENT WITHHELD DUE TO A LIEN THAT WAS ESTABLISHED FROM A COURT ORDER.
Type:	
8501	PAYMENT WITHHELD DUE TO AN IRS LEVY ESTABLISHED.
Type:	
8502	PAYMENT WITHHELD DUE TO A LIEN THAT WAS ESTABLISHED FROM OTHER LEGAL ENTITY.
Type:	

EOB Code	EOB Description
8510	CYCLE ACTIVITY
Type:	
8511	DECREASE TO ORIGINAL LIEN AMOUNT RECEIVED BY LIEN HOLDER.
Type:	
8512	DECREASE TO ORIGINAL LIEN AMOUNT DUE TO PAYMENT RECEIVED.
Type:	
8513	INCREASE TO ORIGINAL LIEN AMOUNT RECEIVED BY LIEN HOLDER.
Type:	
8514	RELEASE OF LIEN RECEIVED BY LIEN HOLDER.
Type:	
8515	THIS CLAIM HAS BEEN DENIED DUE TO A POS REVERSAL TRANSACTION.
Type:	
8998	CLAIM BEING REVIEWED
Type:	
8999	ADJUSTMENT TO CROSSOVER PAID PRIOR TO 1/1/95. THIS CLAIM HAS BEEN MANUALLY PRICED USING THE MEDICARE COINSURANCE, DEDUCTIBLE, AND PSYCHE REDUCTION AMOUNTS.
Type:	
X	
9000	THE SUBMITTED CHARGE EXCEEDS THE ALLOWED CHARGE. CLAIM PAID AT THE TENNCARE HE ALTH PROGRAM ALLOWED AMOUNT.
Type:	

EOB Code	EOB Description
9001	REIMBURSEMENT REDUCED BY THE RECIPIENT'S CO-PAYMENT AMOUNT.
Type:	
9002	ACTUAL ITEMIZED COST INVOICE MUST BE SUBMITTED WHEN BILLING THIS PROCEDURE CODE. PLEASE RESUBMIT WITH AN INVOICE.
Type:	
9003	NO PAYMENT MADE-TPL/SPENDDOWN IS MORE THAN THE ALLOWED AMOUNT.
Type:	
9004	PATIENT LIABILITY EXCEEDS OR EQUALS ALLOWED AMOUNT
Type:	
9005	COMPLETE PROCEDURE NOT PAYABLE WHEN THE TECHNICAL AND PROFESSIONAL COMPONENTS HAVE BEEN PAID FOR THE SAME PROCEDURES ON THE SAME DATE OF SERVICE.
Type:	
9006	THIS ITEM SHOULD NOT BE BILLED WITH THIS PROCEDURE CODE.
Type:	
9007	A PROCEDURE CODE IS REQUIRED WHEN BILLING THIS REVENUE CODE. PLEASE RESUBMIT WITH A PROCEDURE CODE.
Type:	
9008	LINE ITEM SUBMITTED WITH UNCLEAR ITEMIZATION. PLEASE RESUBMIT WITH APPROPRIATEAND/OR ADDITIONAL INFORMATION.
Type:	
9009	SERVICE DENIED. REIMBURSEMENT FOR INPATIENT HOSPITAL CARE LIMITED TO ONCE PER DAY.
Type:	

EOB Code	EOB Description
9010	MUST BE MEDICAID ELIGIBLE FOR MEDICARE CROSSOVER PAYMENT
Type:	
9011	SUPPORTING DOCUMENTATION IS NEEDED FOR THE MODIFIER(S) SUBMITTED ON THIS CLAIM.
Type:	
9012	WRONG CLAIM FORM SUBMITTED. PLEASE RESUBMIT ON A UB92 CLAIM FORM.
Type:	
9013	NOT MEDICAID ELIGIBLE FOR PAYMENT
Type:	
9016	THE OVERHEAD OCCURRENCE DATES BILLED ON THE CLAIM DO NOT AGREE WITH THE DATES OF SERVICE BILLED ON THE CLAIM DETAILS. THE OVERHEAD FEE WAS APPLIED TO ALL DETAILS MATCHING THE OCCURRENCE DATES.
Type:	
9017	SEPARATE REIMBURSEMENT IS NOT AVAILABLE FOR COMPONENT PROCEDURES WHEN GLOBAL PROCEDURE HAS BEEN PAID.
Type:	
9030	CRITICAL CARE/NEONATAL INTENSIVE CARE VISIT CODES NOT PAYABLE WHEN THE AMOUNT PREVIOUSLY PAID FOR PROCEDURES INCLUDED IN THE VISIT CODE EQUAL THE REIMBURSEMENT AMOUNT FOR THE VISIT BILLED.
Type:	
9031	GLOBAL IMMUNIZATION PROCEDURE CODES NOT PAYABLE WHEN THE AMOUNT PREVIOUSLY REIMBURSED FOR THE RELATED COMPONENT IMMUNIZATION PROCEDURE(S) EQUALS THE REIMBURSEMENT AMOUNT FOR THE GLOBAL PROCEDURE BILLED.
Type:	
9036	ORAL SURGERY NOT PAYABLE WHEN AMOUNT PAID FOR APICOECTOMY ON SAME DATE OF SERVICE EXCEEDS TENNCARE HEALTH COVERAGE PROGRAM ALLOWABLE FOR THE PROCEDURE BILLED.
Type:	

EOB Code	EOB Description
9040	REIMBURSEMENT IS FOR THE VFC (VACCINE FOR CHILDRENS PROGRAM) VACCINE ADMINISTRATION FEE ONLY
Type:	
9075	CLAIM DENIED. STERILIZATION CONSENT FORM INCOMPLETE OR IMPROPERLY COMPLETED. A STERILIZATION CHECKLIST AND YOUR CLAIM ARE BEING SENT TO YOU WITH THE ERRORS/OMISSIONS.
Type:	
9107	FULL SERIES SPINAL X-RAY NOT PAYABLE WHEN THE AMOUNT PAID FOR COMPONENTS OF THE SPINAL SERIES X-RAYS WITHIN THE SAME CALENDAR YEAR EQUAL THE REIMBURSEMENT AMOUNT ALLOWED FOR THE SPINAL SERIES.
Type:	
9111	INTERNAL PROCESSING ERROR - CONTACT SE MANAGER
Type:	
9175	CLAIM DENIED. RECIPIENT'S SIGNATURE AND DATE OF SIGNATURE IN THE RECIPIENT'S SECTION OF THE CONSENT FORM ARE IN ERROR AND ARE NON CORRECTABLE FIELDS.
Type:	
9256	TREND EVENT MONITOR IS REIMBURSABLE TO A MAXIMUM OF \$850.00 PER MONTH, BUT IS NOT PAYABLE WHEN RELATED COMPONENTS HAVE BEEN REIMBURSED FOR THE MAXIMUM AMOUNT.
Type:	
9257	MAXIMUM REIMBURSEMENT FOR OXIMETRY IS \$280.00 PER 30 DAYS. MAXIMUM REIMBURSEMENT HAS BEEN PAID.
Type:	
9260	PARENTERAL/ENTERAL FEEDING KIT PAYABLE AT A REDUCED AMOUNT WHEN RELATED SUPPLIES HAVE BEEN PAID WITHIN THE SAME THIRTY DAY (30) TIME PERIOD. REIMBURSEMENT REFLECTS THE DIFFERENCE BETWEEN OKLAHOMA HEALTH COVERAGE PROGRAM'S ALLOWABLE FOR THE PROCEDURE CODE BILLED AND THE AMOUNT PAID FOR RELATED SUPPLIES.
Type:	
9400	THE NUMBER OF SERVICES EXCEED MEDICAL POLICY GUIDELINES. PRIOR AUTHORIZATION REQUIRED FOR ADDITIONAL SERVICES.
Type:	

EOB Code	EOB Description
9600	REIMBURSEMENT IS LIMITED TO A MAXIMUM OF ONE (1) PAIR OF LENSES PER YEAR FOR RECIPIENTS 18 YEARS OF AGE AND UNDER. PROVIDERS MUST SUBMIT XP-MODIFIER WHEN RECIPIENTS HAVE MET THE MINIMUM REQUIREMENTS FOR PRESCRIPTION CHANGE. XQ-MODIFIER WHEN LENSES OR FRAMES HAVE BEEN LOST,STOLEN,OR BROKEN BEYOND REPAIR. PLEASE RESUBMIT THE CLAIM WITH THE APPROPRIATE MODIFIER.
Type:	
9601	REIMBURSEMENT IS LIMITED TO A MAXIMUM OF ONE (1) PAIR OF FRAMES PER YEAR FOR RECIPIENTS 18 YEARS OF AGE AND UNDER. PROVIDERS MUST SUBMIT XP-MODIFIER WHEN RECIPIENTS HAVE MET THE MINIMUM REQUIREMENTS FOR PRESCRIPTION CHANGE. XQ-MODIFIER WHEN LENSES OR FRAMES HAVE BEEN LOST, STOLEN, OR BROKEN BEYOND REPAIR. PLEASE RESUBMIT THE CLAIM WITH THE APPROPRIATE MODIFIER.
Type:	
9603	THE DATE OF SERVICE ON THIS CLAIM MATCHES THE RECIPIENT'S SPENDDOWN MET DATE FORTHE MONTH. AN 8A FORM IS REQUIRED. POS PROVIDERS MUST SUBMIT THIS CLAIM ON P APER OR THROUGH ECS.
Type:	
9604	REIMBURSEMENT IS LIMITED TO A MAXIMUM OF ONE (1) PAIR OF LENSES EVERY (2) TWO YEARS FOR RECIPIENTS 19 YEARS OF AGE OR OLDER. PROVIDERS MUST SUBMIT XP-MODIFIER WHEN RECIPIENTS HAVE MET THE MINIMUM REQUIREMENTS FOR PRESCRIPTION CHANGE. XQ-MODIFIER WHEN LENSES OR FRAMES HAVE BEEN LOST,STOLEN,OR BROKEN BEYOND REPAIR. PLEASE RESUBMIT THE CLAIM WITH THE APPROPRIATE MODIFIER.
Type:	
9605	HOSPITAL LEAVE DAYS ARE LIMITED TO 15 PER HOSPITALIZATION. THE PATIENT SHOULD BE DISCHARGED AND READMITTED FOLLOWING THE HOSPITAL STAY.
Type:	
9634	COMPLETE PROCEDURE NOT PAYABLE WHEN THE TECHNICAL AND PROFESSIONAL COMPONENTS HAVE BEEN PAID FOR THE SAME PROCEDURE ON THE SAME DATE OF SERVICE.
Type:	
9651	SURGERIES ON THE SAME DATE OF SERVICE, IN THE EXCESS OF TWO, ARE PAID AT 25 PERCENT OF THE ALLOWED BY TENNCARE HEALTH COVERAGE PROGRAM
Type:	
9660	THIS SERVICE IS NOT PAYABLE, RECIPIENT IS QMB ALSO AND SPENDDOWN HAS NOT BEEN MET FOR THE MONTH. ONLY REIMBURSEMENT FOR COINSURANCE AND DEDUCTIBLE ON CLAIMS CROSSING OVER FROM MEDICARE IS AVAILABLE.
Type:	
9661	POS REVERSAL PROCESSING DEFERRED DURING FINANCIAL CYCLE
Type:	

EOB Code	EOB Description
9662	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM
Type:	
9663	ATTACHMENT BEING SENT BY PROVIDER WAS NOT RECEIVED.
Type:	
9664	THE NUMBER OF QUADRANTS BILLED ON THE CLAIM IS NOT EQUAL TO THE NUMBER OF UNITS BILLED.
Type:	
9665	TOOTH NUMBERS CANNOT BE BILLED WITH A PROCEDURE THAT REQUIRES QUADRANTS.
Type:	
9666	THE ATTACHMENT TYPE IS NOT VALID.
Type:	
9700	THE DISPENSING FEE HAS BEEN REDUCED TO THE ALLOWABLE
Type:	
9701	THE QUANTITY DISPENSED HAS BEEN REDUCED TO THE ALLOWABLE QUANTITY
Type:	
9702	DOLLARS ADJUSTED TO PARAMETER LIMIT
Type:	
9703	QTY ADJUSTED TO PARAMETER LIMIT
Type:	

EOB Code	EOB Description
9704	COVERED DAYS REDUCED TO ALLOWABLE
Type:	
9705	VISITS REDUCED TO AUTHORIZED
Type:	
9706	PA CHARGE REDUCED TO AUTHORIZED
Type:	
9707	PA UNITS REDUCED TO AUTHORIZED
Type:	
9708	THER DAYS REDUCED TO AUTHORIZED
Type:	
9709	MAX 14 CONSECUTIVE THER DAYS ALLOWED
Type:	
9710	HOSP LEAVE DAYS REDUCED TO AUTHORIZED
Type:	
9800	CUTBACK DUE TO HMO PAYMENT/COVERAGE UNDER SOONERCARE PLUS/CHOICE
Type:	
9900	REIMBURSEMENT LIMITED TO ONE SET OF LENSES PER YEAR FOR RECIPIENTS 18 YEARS OF AGE AND YOUNGER UNLESS REPAIRS OR REPLACEMENTS ARE DUE TO EXTENUATING CIRCUMSTANCES BEYOND THE RECIPIENT'S CONTROL. DOCUMENTATION RECEIVED DOES NOT INDICATE EXTENUATING CIRCUMSTANCES.
Type:	

EOB Code	EOB Description
9901	REIMBURSEMENT LIMITED TO ONE SET OF FRAMES PER YEAR FOR RECIPIENTS 18 YEARS OF AGE AND YOUNGER UNLESS REPAIRS OR REPLACEMENT IS DUE TO EXTENUATING CIRCUMSTANCES BEYOND THE RECIPIENT'S CONTROL. DOCUMENTATION RECEIVED DOES NOT INDICATE EXTENUATING CIRCUMSTANCES.
Type:	
9903	REIMBURSEMENT IS LIMITED TO A MAXIMUM OF ONE (1) PAIR OF FRAMES EVERY (2) YEARS FOR RECIPIENTS 19 YEARS OF AGE OR OLDER. PROVIDERS MUST SUBMIT XP-MODIFIER WHEN RECIPIENTS HAVE MET THE MINIMUM REQUIREMENTS FOR PRESCRIPTION CHANGE. XQ-MODIFIER WHEN LENSES OR FRAMES HAVE BEEN LOST, STOLEN, OR BROKEN BEYOND REPAIR. PLEASE RESUBMIT THE CLAIM WITH THE APPROPRIATE MODIFIER.
Type:	
9904	SERVICE DENIED. REIMBURSEMENT LIMITED TO ONE SET OF LENSES EVERY TWO YEARS FOR RECIPIENTS 19 YEARS OR OLDER UNLESS REPAIRS OR REPLACEMENT IS DUE TO EXTENUATING CIRCUMSTANCES BEYOND THE RECIPIENT'S CONTROL. DOCUMENTATION RECEIVED DOES NOT INDICATE EXTENUATING CIRCUMSTANCES
Type:	
9905	SERVICE DENIED-MEDICAL NECESSITY DOCUMENTATION MUST BE PROVIDED WITH CLAIM STATING REASON FOR MEDICAL NECESSITY.
Type:	
9906	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
Type:	
9907	TPL AMOUNT APPLIED
Type:	
9908	PRICING ADJUSTMENT - PHARMACY PRICING APPLIED
Type:	
9909	PRICING ADJUSTMENT - 50% OF AMOUNT BILLED APPLIED
Type:	
9910	PHARMACY DISPENSING FEE APPLIED
Type:	

EOB Code	EOB Description
9911	PRICING ADJUSTMENT - LONG TERM CARE PRICING APPLIED
Type:	
9912	PRICING ADJUSTMENT - AMBULATORY SURGERY PRICING APPLIED
Type:	
9913	PRICING ADJUSTMENT - OUTPATIENT EPOGEN PRICING APPLIED
Type:	
9914	PRICING ADJUSTMENT - REV CODE FLAT RATE PRICING APPLIED
Type:	
9915	PRICING ADJUSTMENT - MEDICARE PART A PRICING APPLIED
Type:	
9916	PRICING ADJUSTMENT - UCC RATE PRICING APPLIED
Type:	
9917	PRICING ADJUSTMENT - PREVAILING FEE PRICING APPLIED
Type:	
9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
Type:	
9919	PRICING ADJUSTMENT - PROVIDER LOC PRICING APPLIED
Type:	

EOB Code	EOB Description
9920	PRICING ADJUSTMENT - RBRVS PRICING APPLIED
Type:	
9921	PRICING ADJUSTMENT - PA PRICING APPLIED
Type:	
9922	PATIENT LIABILITY APPLIED
Type:	
9923	SPENDDOWN PATIENT LIABILITY APPLIED
Type:	
9924	CLAIM HAS FICA AMOUNT
Type:	
9925	CLAIM HAS RECOUPMENT AMOUNT
Type:	
9926	CLAIM HAS CUTBACK AMOUNT
Type:	
9927	SYSTEM FUND CODE REASSIGNMENT
Type:	
9928	PRICING ADJUSTMENT - QTY CUTBACK TO ALLOWED LIMIT
Type:	

EOB Code	EOB Description
9929	THIS CLAIM HAS BEEN REDUCED TO PAY 75% OF THE FEDERAL SHARE BASED ON CONTRACTUAL REQUIREMENTS.
Type:	
9930	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
Type:	
9931	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
Type:	
9932	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
Type:	
9933	PRICING ADJUSTMENT - XOVER PRICING APPLIED
Type:	
9934	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
Type:	
9935	PRICING ADJUSTMENT - XOVER PRICING APPLIED
Type:	
9936	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
Type:	
9937	PRICING ADJUSTMENT - XOVER PRICING APPLIED
Type:	

EOB Code	EOB Description
9938	PRICING ADJUSTMENT - XOVER PRICING APPLIED
Type:	
9939	PRICING ADJUSTMENT - XOVER PRICING APPLIED
Type:	
9940	PRICING ADJUSTMENT - XOVER SKILLED NURSING FACILITY PRICING APPLIED
Type:	
9941	PRICING ADJUSTMENT - XOVER PRICING APPLIED
Type:	
9942	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
Type:	
9943	PATIENT LIABILITY RECOUPED VIA ACCT RCVBLE
Type:	
9944	HCBS PAYMENT REDUCED TO BILLED CHARGES
Type:	
9945	ALLOWED AMOUNT ADJUSTED DUE TO ICF/MR-HOSPICE PRICING-PRICED AT 95% PER DIEM RATE
Type:	
9946	PCP INCREASED REIMBURSEMENT APPLIED AT 100%
Type:	

EOB Code	EOB Description
9947	MANUAL PATIENT LIABILITY AMOUNT APPLIED
Type:	
9965	TOOTH NUMBERS CANNOT BE BILLED WITH A PROCEDURE THAT REQUIRES A QUADRANT.
Type:	
9991	REFUND AMOUNT LESS THAN ADJUSTED AMOUNT
Type:	
9992	REFUND AMOUNT GREATER THAN ADJUSTED AMOUNT
Type:	
9995	ADJUSTMENT DETAIL MANUALLY DENIED
Type:	
9996	PAYMENT REDUCED DUE TO PATIENT LIABILITY DEDUCTION.
Type:	
9997	PERSONAL RESOURCES DEDUCTED FROM THE CLAIM ARE A RESULT OF PREVIOUS RESOURCES COLLECTED FOR THE RECIPIENT IN THE SAME MONTH.
Type:	
9998	CLAIM WAS PROCESSED IN ACCORDANCE WITH CURRENT TENNCARE PROGRAM POLICIES
Type:	
9999	PROCESSED PER MEDICAID POLICY...
Type:	
Partial Refund	