

EOB	EFFDATE	EOB DESCRIPTION
0001	19910101	RECIPIENT NOT ELIGIBLE FOR MEDICAID ON SOME DATES OF SERVICE
0002	19900101	BILLING PROVIDER NUMBER MISSING OR INVALID
0003	19900101	RECIPIENT NUMBER MISSING OR INVALID
0004	19900101	PROCEDURE INCLUDED IN COMBINED PROCEDURE
0005	19900101	DOCUMENT CONTROL NUMBER IS MISSING OR INVALID
0006	19900101	SERVICE FROM DATE IS MISSING OR INVALID
0007	19900101	SERVICE THRU DATE IS MISSING OR INVALID
0008	19900101	SERVICE "TO" DATE LESS THAN SERVICE "FROM" DATE
0009	19900101	EXCEEDS ONE B-12 INJECTION MONTHLY
0010	19900101	SERVICE DATE GREATER THAN DATE OF RECEIPT
0011	19900101	MATERNITY CLINIC/PHY CONFLICT FOR PRENATAL SERVICE
0012	19900101	TOTAL TPL AMOUNT IS INVALID
0013	19910101	TPL INDICATOR/AMOUNT CONFLICT
0014	19900101	RELATED CAUSE CODE IS INVALID
0015	19900101	ACCIDENT INDICATOR IS INVALID
0016	19900101	FROM DATE OF SERVICE LESS THAN JULY 1, 1996
0017	19910101	PROVIDER SPECIALTY MISMATCH
0018	19900101	DIAGNOSIS CODE IS MISSING OR INVALID
0019	19900101	MUST SPECIFY QUADRANT(Q1,Q2,Q3,Q4)
0020	19900101	YEARLY LIMIT FOR EYE GLASSES EXCEEDED
0021	19900101	MCO/BHO FORMER ICN NON-MATCH FOR VOID/ADJUSTMENT
0022	19900101	BILLED CHARGES MISSING OR INVALID
0023	19900101	PATIENT NAME IS MISSING
0024	19900101	UNITS OF SERVICE OR DAYS COVERED MISSING OR INVALID
0025	19900101	THE UNITS OF SERVICE ARE LESS THAN DAYS BILLED
0026	19900101	EXCEEDS EPSDT CLINIC LIMITS
0027	19900101	EXCEEDS OB ULTRASOUND LIMIT FOR 9 MONTHS
0028	19900101	PROCEDURE CODE OR NDC IS MISSING OR INVALID
0029	19900101	ATTENDING PHYSICIAN/DMRS FACILITY INVALID OR MISSING
0030	19900101	SAME SERV WITH 91/92 HCPC HAS BEEN PAID THIS DATE
0031	19900101	EXCEPTION CODE 031
0032	19900101	MAXIMUM RENTAL PAYMENT
0033	19900101	NO VALID INDEX RATE ON FILE FOR ASC PROVIDER
0034	19900101	SERVICE DATE GREATER THAN DATE OF SYS GEN ICN

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0035	19900101	THE 2 PHY VISIT PER MONTH LIMIT HAS BEEN EXCEEDED
0036	19900101	ADD'L HOURS OF TESTING REQUIRE PRIOR AUTHORIZATION
0037	19900101	MAXIMUM PAYMENT MADE
0038	19900101	EXCEEDS OXYGEN LIMITS-ONE PER MONTH
0039	19910101	FORMER ICN OR MCC ICN IS NOT FOUND FOR VOID/REPLACEMENT
0040	19900101	TOTAL CALCULATED NON-COVERED CHARGES NOT EQUAL TOTAL AS REPORTED
0041	19910101	ACCOMODATION REVENUE CODES NOT ALLOWED
0042	19900101	REVENUE CHARGE MISSING OR INVALID
0043	19900101	ADMISSION DATE INVALID OR MISSING
0044	19900101	PATIENT STATUS CODE IS MISSING OR INVALID
0045	19900101	SURGERY DATE IS INVALID/MISSING
0046	19900101	COVERED DAYS AND FROM/THRU DAYS ARE NOT EQUAL.
0047	19900101	COVERED DAYS ARE MISSING OR INVALID
0048	19900101	REVENUE CODE IS MISSING OR INVALID
0049	19900101	SOURCE OF ADMISSION IS INVALID OR MISSING
0050	19900101	EXCEPTION CODE 050
0051	19900101	ACCOMMODATION DAYS DO NOT EQUAL TOTAL COVERED DAYS
0052	19900101	HOUR OF ADMISSION IS INVALID OR MISSING
0053	19900101	DATE OF DISCHARGE IS INVALID OR MISSING
0054	19900101	ADMITTING PHYSICIAN INVALID OR MISSING
0055	19900101	TIME OF DISCHARGE IS INVALID OR MISSING
0056	19900101	TYPE OF BILL IS INVALID OR MISSING
0057	19900101	TYPE OF ADMISSION IS INVALID OR MISSING
0058	19900101	INVALID CONDITION CODE
0059	19900101	INVALID NON-COVERED DAYS
0060	19900101	EXCEPTION CODE 060
0061	19900101	OCCURRENCE CODE/DATE IS MISSING OR INVALID
0062	19900101	EXCEPTION CODE 062
0063	19900101	EXCEPTION CODE 063
0064	19900101	EXCEPTION CODE 064
0065	19900101	ACCOMMODATION REVENUE CODE NOT ENTERED FIRST
0066	19900101	EXCEPTION CODE 066
0067	19900101	REVENUE UNITS/MILEAGE ARE INVALID OR MISSING
0068	19900101	TOTAL CHARGE IS MISSING OR INVALID
0069	19900101	DATE OF BIRTH INVALID OR MISSING
0070	19910101	PAID DATE IS INVALID OR MISSING

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0071	19900101	PATIENT SEX NOT EQUAL M OR F OR U
0072	19900101	PREVIOUSLY PAID VISUAL EXAM IN 12 MONTHS
0073	19910101	INPATIENT PART B ONLY CHARGE MISSING
0074	19900101	SERVICES NOT COVERED FOR QMB/SLMB RECIPIENTS
0075	19900101	EXCEPTION CODE 075
0076	19900101	EXCEEDS YEARLY FAMILY PLANNING EXAM LIMIT
0077	19900101	MEDICARE CROSSOVER - BILL TENNCARE DIRECTLY
0078	19900101	PREVIOUSLY PAID ONE VISIT ON THIS DAY
0079	19900101	PAY STATUS NOT EQUAL TO PAY OR DENY
0080	19900101	PREVIOUSLY PAID AUDITORY EXAM IN 12 MONTHS
0081	19900101	CHILDRENS DAYS EXCEEDED
0082	19900101	CHILDRENS DAYS EXHAUSTED
0083	19900101	CHILDRENS VISITS EXCEEDED
0084	19900101	CHILDRENS VISITS EXHAUSTED
0085	19900101	CHILDREN DAYS EXCEEDED FOR FISCAL YEAR PA REQUIRED
0086	19900101	CHILDREN DAYS EXCEEDED FOR FISCAL YEAR PA REQUIRED
0087	19910101	HOSPITAL PAYMENTS NOT ALLWED FOR PRESUMPTIVE ELIGIBLES
0088	19900101	EXCEPTION CODE 088
0089	19900101	EXCEPTION CODE 089
0090	19900101	PCS - 1500
0092	19900101	ALIEN-NO REQUEST FOR AUTHORIZATION RECEIVED
0094	19910101	EMERGENCY TREATMENT CODE NOT BILLED
0095	19900101	ANESTHESIA-INVALID OR EXCESSIVE HOURS/MINUTES
0096	19000101	NON-COVERED DAYS CANNOT BE PAID
0098	19900101	HCBW WAIVER HAS DENY/SUSPEND EDIT
0099	19910101	PHARMACIST LICENSE NUMBER MISSING OR INVALID
0100	19900101	KEYING VERIFICATION
0101	19900101	ADP WAIVER HAS DENY/SUSP EDIT
0103	19910101	PLACE OF SERVICE MISSING OR INVALID
0104	19900101	PROCEDURE CODE MODIFIER IS MISSING OR INVALID
0105	19900101	INVALID DIAGNOSIS FOR PROCEDURE
0106	19910101	FAMILY PLANNING CLINIC CODE IS INVALID OR MISSING
0107	19900101	DMRS FACILITY INVALID/MISSING/NOT ELIGIBLE ON DOS
0112	19900101	MISSING TOTAL CHARGE FOR NURSING HOME CLAIMS
0114	19900101	OUTPT HSP PRIOR TO 12/01/99-SUSPEND FOR REVIEW
0117	19900101	INVALID OR MISSING TOOTH CODE OR TOOTH NUMBER

EOB	EFFDATE	EOB DESCRIPTION
0118	19900101	INVALID SURFACE CODE
0119	19900101	INVALID EMERGENCY INDICATOR
0120	19900101	VISIT PAID IN NORMAL SURGERY FOLLOW-UP PERIOD
0121	19900101	PRESCRIBING PHYSICIAN DEA NUMBER MISSING OR INVALID
0122	19900101	INVALID/MISSING PROVIDER CHECK-DIGIT NUMBER
0123	19900101	NATIONAL DRUG UNITS ARE MISSING OR INVALID
0124	19900101	MISSING FIRST DATE OF SERVICE ON CLAIM
0125	19900101	PRESCRIPTION NUMBER MISSING
0126	19900101	FIRST DATE OF SERV GREATER THAN LAST DATE OF SERV
0127	19900101	ESTIMATED DAYS SUPPLY INVALID
0128	19900101	REFILL CODE MUST BE 00 THROUGH 99
0130	19900101	MCO/BHO TOTAL ALLOWED AMOUNT INVALID
0131	19900101	UNITS EXCEED PROGRAM MAXIMUM FOR HCBS CODE
0132	19900101	MISSING TOTAL CLAIM CHARGE
0133	19900101	INVALID TOTAL CLAIM CHARGE
0134	19900101	INVALID NET CLAIM CHARGE
0136	19900101	REVENUE CODE IS INVALID/NOT ON FILE
0138	19900101	INVALID HCBS TYPE-2 FACILITY NUMBER
0140	19900101	HCPC CODE IS INVALID FOR REVENUE CODE
0142	19900201	1 YR TIMELY FILE HAS BEEN OVERRIDDEN-TF ATTACHED
0143	19900101	REFILLS EXHAUSTED
0144	19900101	INVALID REFILL INDICATOR VALUE
0146	19900101	HCPC/REVENUE CODE MISSING
0148	19900101	PROCEDURE NOT PAYABLE THIS RECIPIENT
0149	19900101	PROC REQUIRES REVIEW FOR RECIPIENT
0150	19900101	MCO/BHO TOTAL PAYMENT IS INVALID OR MISSING
0151	19900101	MISSING PRESCRIBING PROVIDER NUMBER
0152	19900101	MISSING DRUG CODE
0153	19900101	INVALID DRUG CODE
0154	19900101	MISSING PRESCRIPTION NUMBER
0155	19910101	THRU DATE DISAGREES WITH PATIENT STATUS
0156	19900101	MISSING DAYS SUPPLY
0157	19900101	COVERED + NON-COVERED DAYS DOES NOT EQUAL TOTAL DAYS/UNITS BILLED
0158	19900101	ADMIT DATE GREATER THAN FROM DOS
0159	19910101	CLAIM PREVIOUSLY DENIED FOR INVALID PROCEDURE
0160	19900101	ADMIT DATE IS INVALID

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0161	19900101	ADMISSION CODE INVALID
0162	19900101	DETAIL SVC DATES INCONSISTENT WITH HEADER DATES
0163	19900101	MISSING DIAGNOSIS CODE
0165	19900101	TOTAL DAYS MISSING OR INVALID
0167	19900101	PATIENT STATUS INVALID OR MISSING
0168	19900101	THERAPEUTIC LEAVE DAYS INVALID
0169	19900101	HOSPITAL LEAVE DAYS INVALID
0170	19910101	NON-COVERED DAYS INVALID
0171	19900101	PHYSICIAN CERTIFICATION DATE IS MISSING OR INVALID
0172	19900101	PHYSICIAN VISIT DATE IS INVALID OR MISSING
0173	19900101	TIME OF DEATH IS INVALID OR MISSING
0174	19910101	VOID PER POLICY REVIEW
0175	19910101	INVALID COVERED DAYS
0176	19910101	INVALID CHARGE BILLED TO MEDICARE
0177	19900101	MEDICARE ALLOWED AMOUNT INVALID OR MISSING
0178	19900101	MEDICARE PAID AMOUNT IS NOT NUMERIC
0179	19900101	DEDUCTIBLE AMOUNT IS MISSING OR INVALID
0180	19900101	BLOOD DEDUCTIBLE AMOUNT INVALID
0181	19900101	COINSURANCE AMOUNT IS MISSING OR INVALID
0182	19900101	PART-A COINSURANCE GREATER MEDICARE PAID AMT
0183	19900101	CASH DEDUCT+ BLOOD DEDUCT+ COINSURANCE MUST NOT EXCEED (MEDICARE ALLOWED - MEDI
0184	19900101	MEDICARE PAID DATE IS AFTER THE ICN DATE
0185	19900101	MEDICARE PAID DATE MISSING OR INVALID
0186	19910101	CROSSOVER CLAIM BILLED INCORRECTLY
0187	19900101	PROCEDURE NOT PAYABLE THIS RECIPIENT
0188	19900101	DIAGNOSIS CODE NOT COVERED BY MEDICAID FOR DATE OF SERVICE
0189	19900101	PROCEDURE REQUIRES MEDICAL REVIEW
0190	19910101	EXCEEDS ALLOWED AMOUNT FOR CALENDAR YEAR
0191	19900101	REIMBURSEMENT REFLECTS LESS THAN A FULL WEEK FOR MEGAVOLTAGE TREATMENT
0192	19900101	TOTAL DAYS ON CLAIM CONFLICT WITH DATES SHOWN
0193	19910101	NO HCBS CODE ENTERED
0194	19900101	AGE IS NOT COVERED INPATIENT PSYCHIATRIC SERVICES
0196	19900101	MISSING ADMISSION DATE
0198	19900101	MISSING ATTENDING SURGEON PRESCRIBER NUMBER
0199	19900101	REFERRING PROVIDER CANNOT BE BILLING PROVIDER
0200	19910101	PROVIDER NOT ON FILE

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0201	19900101	PROCEDURE CODE IS NOT IN THE SCOPE OF PROGRAM
0202	19900101	PROVIDER INELIGIBLE FOR SUBMITTING THIS CLAIM TYPE
0203	19900101	PROVIDER NAME/NUMBER MISMATCH
0204	19900101	REBILL FOR PROVIDER ELIGIBLE DAYS ONLY
0205	19900101	PATIENT NOT CERTIFIED
0206	19910101	DATE OF SERVICE SPAN PROVIDER FISCAL YEAR
0207	19900101	RENDERING PROVIDER ON PREPAYMENT REVIEW
0208	19900101	BILLING PROVIDER IS AN OUT OF STATE PROVIDER
0209	19900101	INVALID DESTINATION
0210	19900101	FACILITY PROVIDER SERVICE LOCATION IS MISSING
0211	19900101	SERVICING PROVIDER MISSING/INVALID OR NOT DIFFERENT FROM BILLING PROVIDER
0212	19910101	SERVICING PROVIDER NOT ON FILE
0213	19000101	PREGNANCY INDICATOR INVALID
0214	19910101	ENROLLEE NOT ELIGIBLE FOR MCC/BHO ON DATES OF SERVICE
0215	19910101	MEDICAID RECORDS INDICATE THAT THIS RECIPIENT HAS NOT BEEN APPROVED FOR MEDICAID
0216	19900101	RECIPIENT NOT ELIGIBLE FOR MEDICAID
0217	19910101	RECIPIENT NOT ELIGIBLE ON DATES OF SERVICE-ATTACHMENT PRESENT
0218	19900101	RECIPIENT NOT ELIGIBLE FOR MEDICAID ON DATE(S) OF SERVICE
0219	19900101	RECIPIENT NOT ELIGIBLE FOR MEDICAID ON SOME DATES OF SERVICE
0220	19910101	RECIPIENT NOT ELIGIBLE FOR SOME DATES OF SERVICE
0221	19900110	RECIPIENT NAME MISMATCH - ATTACHMENT PRESENT
0222	19900101	RECIPIENT NAME DOES NOT MATCH TENNCARE NUMBER
0223	19910101	RECIPIENT NOT ELIGIBLE FOR DATES OF SERVICE - RECYCLED
0224	19900101	INVALID OCCURRENCE DATE
0225	19900101	RECIPIENT DATE OF DEATH IS PRIOR TO DATE OF SERVICE
0226	19900101	RECIPIENT ON REVIEW
0227	19900101	EXCEPTION CODE 227
0228	19900101	MISSING MEDICARE PAID DATE
0229	19900101	RECIPIENT MEDICAID PLUS MEMBER. CONTACT PHYS ON ID CARD FOR APPROVAL
0230	19900101	NO CROSSOVER COINSURANCE OR DEDUCTIBLE DUE
0231	19910101	PROVIDER PROCEDURE RESTRICTIONS
0232	19900101	PROCEDURE/MODIFIER OR DRUG CODE NOT ON PROCEDURE/FORMULARY FILE
0233	19900101	PROCEDURE/NDC NOT COVERED BY MEDICAID FOR DATE OF SERVICE
0234	19900101	PROCEDURE/FORMULARY AGE RESTRICTION
0235	19900101	PROCEDURE/FORMULARY SEX RESTRICTION
0236	19900101	PROCEDURE/FORMULARY PLACE OF SERVICE RESTRICTION

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0237	19900101	PROCEDURE/FORMULARY PROVIDER SPECIALTY RESTRICTION
0238	19900101	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY SPAN
0239	19900101	INVALID OCCURRENCE SPAN CODE
0240	19900101	PROCEDURE/FORMULARY DIAGNOSIS RESTRICTION
0241	19900101	PRICING FILE HAS NO VALID PRICE OR PERCENTAGE OR PER DIEM FOR DOS
0242	19900101	MISSING OCCURRENCE CODE
0243	19910101	PROVIDER NOT CERTIFIED FOR PROCEDURE
0244	19900101	INVALID PAY-TO PROVIDER NUMBER
0251	19910101	RECIPIENT HAS THIRD PARTY RESOURCES - ATTACHMENT PRESENT
0252	19910101	ADMITTING DIANOSIS CODE IS INVALID/NOT ON FILE
0253	19900101	DIAGNOSIS DATE RESTRICTION
0254	19900101	DIAGNOSIS AGE RESTRICTION
0255	19900101	DIAGNOSIS SEX RESTRICTION
0256	19900101	DIAGNOSIS FILE PROCEDURE RESTRICTION
0257	19900101	THIS DIAGNOSIS REQUIRES MEDICAL REVIEW
0258	19900101	RECIPIENT IS NOT ON ELIGIBILITY FILE
0259	19900101	CROSSOVER CLAIM EXCEEDS FILING TIME LIMIT - RESUBMIT WITH PROOF OF TIMELY FILIN
0260	19900101	SLIMB ONLY/NO MEDICAL ELIGIBILITY
0261	19900101	CATEGORY OF SERVICE CANNOT BE DERIVED
0262	19910101	TPL AMOUNT APPEARS TO BE INSUFFICIENT. PLEASE VERIFY
0263	19900101	TPL - RECIPIENT HAS THIRD PARTY RESOURCES
0264	19900101	RECIP IS MEDICARE PART A ELIGIBLE
0265	19900101	RECIP IS MEDICARE PART B ELIGIBLE
0266	19900101	REFERRING PHYSICIAN NUMBER IS MISSING
0267	19000101	HOSPICE XOVER CLAIM SUPER-SUSPEND FOR REVIEW
0268	19900101	CLAIM EXCEEDS FILING TIME LIMIT- RESUBMIT WITH PROOF OF TIMELY FILING
0269	19900101	CLAIM SPANS CALENDAR YEAR
0270	19900101	CLAIM SPANS STATE FISCAL YEAR
0271	19900101	RECIPIENT IS NOT ELIGIBLE ON SERVICE DATE
0272	19900101	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY SPAN
0273	19900101	SUSPENDED FOR RECIPIENT REVIEW
0274	19910101	TOTAL BILLED NOT EQUAL SUM OF ALL LINE CHARGES
0276	19900101	NEWBORN-HCA REVIEW
0277	19900101	LTC ELIGIBILITY ERROR
0278	19900101	DISCHARGE DTE UNEQ TO LTC ELIG
0279	19910101	INVALID LAB PROCEDURE CODE

EOB	EFFDATE	EOB DESCRIPTION
0281	19900101	PEND FOR MANUAL PRICING
0282	19900101	PHYSICIAN AUDITOR REVIEW-MODIFIER 24
0283	19910101	MANUAL PRICE EXCEEDS ALLOWABLE BUT IS LESS THAN BILLED CHARGE
0284	19910101	MANUAL PRICE EXCEEDS BILLED CHARGES
0285	19910101	UNLISTED PROCEDURE
0287	19910101	STER/HYST/ABOR CONSENT INDICATOR IS MISSING OR INVALID
0288	19910101	PROCEDURE NOT COVERED BY MEDICAID
0289	19910101	JUSTIFICATION OF MEDICAL NECESSITY REQUIRED
0290	19900101	PROCEDURE IS NOT IN THE SCOPE OF THE PROGRAM
0291	19900101	PROCEDURE REQUIRES MEDICAL REVIEW
0292	19900101	PROCEDURE REQUIRES PRIOR AUTHORIZATION
0293	19000101	INCOMP. DOC. AND OR MISSING W9. PLS CONTACT PROV. INQ. AT 1-800-852-2683
0294	19900101	SERVICE NOT COVERED BY MEDICAID
0295	19910101	RECIPIENT HAS TPL RESOURCES BUT NO TYPE OF COVERAGE ON FILE
0296	19910101	CONTACT PARENT FOR PAYMENT
0297	19900101	PAY TO PROVIDER NOT ELIG FOR PAY-THIS DATE OF SERV
0298	19900101	PROVIDER NUMBER IS A GROUP NUMBER
0299	19910101	PEND FOR REVIEW OF MULTIPLE SURGERY
0300	19900101	NO PROVIDER MASTER RECORD
0301	19910101	FRI/SAT ADMISSION DENIED - JUSTIFICATION REQUIRED
0302	19900101	REVENUE CODE NON APPLICABLE FOR MEDICAID
0303	19910101	REVENUE CODE INVALID
0304	19900101	PROVIDER INELIGIBLE ON SERVICE DATE
0305	19910101	VISIT CODE CANNOT BE ALLOWED ON SAME DAY AS CONSULT
0306	19900101	PAY TO PROVIDER IS SUSPENDED
0307	19900101	BILLING OUT OF CLIA CERTIFICATE TYPE
0308	19900101	NO PAY-TO PROVIDER RECORD
0309	19900101	REVIEW CLAIM FOR PAY-TO- PROVIDER
0310	19910101	INPATIENT PSYCHIATRIC AGE RESTRICTION
0311	19910101	AMBULANCE SERVICES BILLED ON OUTPATIENT ENCOUNTER NOT JUSTIFIED
0312	19900101	PAY-TO PROVIDER NOT ENROLLED
0313	19900101	DIAGNOSIS CODE IN SEQUENCE 5TH-24TH INVALID OR NOT ON FILE
0314	19900101	SURGICAL PROCEDURE CODE NOT FOUND
0315	19910101	PEND FOR REVIEW OF GLOBAL SURGERY
0316	19900101	MCC ICN MISSING FROM CLAIM
0317	19900101	INVALID/MISSING MODIFIER FOR THIS PROCEDURE

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0318	19900101	DATE OF BIRTH AFTER THE DATE OF SERVICE
0321	19900101	PROCEDURE CODE IS NO LONGER VALID
0322	19900101	DATE OF SERVICE BEFORE PROCEDURE IS PAYABLE
0323	19910101	DATES OF SERVICE SPAN PROVIDER PRICING SEGMENT (NO RATE ON FILE FOR DATES OF SE
0324	19900101	INVALID RECIPIENT SEX FOR THIS DIAGNOSIS
0326	19910101	SURG PROCEDURE CODE IS REQUIRED WITH OPERATING ROOM CHARGES
0328	19900101	PROCEDURE NOT IN SCOPE OF PROGRAM FOR THIS AGE
0329	19900101	INVALID RECIPIENT SEX FOR THIS PROCEDURE
0330	19910101	FACILITY NOT QUALIFIED FOR LEVEL OF CARE BILLED
0331	19900101	NO PAE AVAILABLE FOR RECIPIENT ADMISSION
0332	19900101	INVALID PROVIDER TYPE FOR THIS PROCEDURE
0333	19910101	LOC NOT AUTHORIZED BY PAE
0334	19900101	NO PATIENT LIABILITY IN EFFECT FOR DATE OF SERVICE
0335	19910101	PATIENT LIABILITY EXCEEDS OR EQUALS ALLOWED AMOUNT
0336	19900101	REFILLS ARE NOT ALLOWED FOR NARCOTIC DRUGS
0337	19910101	D AND C PAYMENT INCLUDED WITH HYSTERECTOMY
0338	19900101	PATIENT LIABILITY CHANGED DURING MONTH
0339	19900101	RECIPIENT CHANGES PATIENT STATUS AFTER HE IS DISCHARGED OR TRANSFERED
0340	19910101	REPROCESSED CLAIM - PAID INCORRECT PER DIEM ON RA 07/21/89
0341	19910101	VOID OF CLAIMS PREVIOUSLY PRICED/PROCESSED INCORRECTLY
0342	19900101	THIS DIAGNOSIS REQUIRES MEDICAL REVIEW
0345	19900101	ATTENDING PROVIDER NOT FOUND
0346	19900101	PHYSICIAN VISIT MUST NOT BE MORE THAN 365 DAYS NO GRACE PERIOD IS GIVEN ON THES
0347	19000101	PHYSICIAN CERTIFICATION DATE EXCEEDS ALLOWABLE DAYS
0348	19900101	PHYSICIAN CERTIFICATION DATE MUST MEET FEDERAL GUIDELINES
0349	19900101	PHYSICIAN RECERTIFICATION DATE EXCEEDS ALLOWABLE DAYS
0350	19000101	THE NUMBER OF DETAILS IS NOT EQUAL TO THE SUBMITTED DETAIL COUNT
0351	19900101	SUBMITTED TO ALLOWED EXCEEDS PERCENT
0352	19900101	ALLOWED TO SUBMITTED EXCEEDS PERCENT
0353	19900101	SPECIALTY REQUIRES/EXCLUDES SPECIFIC MODIFIER
0354	19900101	THIS LAB NOT CERTIFIED TO PROVIDE THIS SERVICE
0356	19900101	PROCEDURE DELETED FROM CPT/HCPS. REFER TO CPT/HCPCS FOR CURRENT CODE
0357	19900101	THIS DRUG REQUIRES PRIOR AUTHORIZATION
0358	19900101	INACTIVE DRUG
0359	19900101	NATIONAL SUPPLIER PROVIDER NUMBER NOT ON FILE, CONTACT MEDICAID
0360	19900101	THIS NATIONAL DRUG CODE IS NOT ON FILE

EOB	EFFDATE	EOB DESCRIPTION
0361	19910101	ASST. SURGEON NOT MEDICALLY NECESSARY OR JUSTIFIED
0362	19900101	MEDICARE DEDUCTIBLE GREATER THAN MAXIMUM
0363	19910101	ROUTINE PHYSICIAN EXAM NOT COVERED EXCEPT UNDER EPSDT
0365	19910101	PROCEDURE REQUIRES PRIMARY TOOTH CODE(S)
0366	19910101	PROCEDURE REQUIRES PERMANENT TOOTH CODE(S)
0367	19910101	PROCEDURE FILE INDICATES SURFACE CODE(S) REQUIRED
0368	19910101	PROCEDURE/FORMULARY INDICATES TOOTH CODE REQUIRED
0369	19910101	SEALANTS NOT COVERED ON PRIMARY TEETH
0370	19910101	ACCIDENT INDICATOR MISSING OR INVALID
0371	19900101	THIS DIAGNOSIS REQUIRES ADDITIONAL DOCUMENTATION
0372	19900101	ITEM NOT PAYABLE IN LONG TERM CARE FACILITY
0374	19900101	MISSING PRESCRIBER PROVIDER ON DEALER CLAIM
0375	19900101	SERVICE NOT ON EXPLANATION OF MEDICARE PAYMENTS
0377	19900101	RECIPIENT IS INELIGIBLE FOR THIS DRUG
0379	19900101	PROCEDURE CODE MODIFIER REQUIRES MANUAL REVIEW
0383	19900101	MULTIPLE SURGERY REQUIRES REVIEW
0385	19900101	REVENUE CODE NOT ON FILE
0386	19000101	CARRIER CODE INVALID
0387	19000101	ADJ REASON CD 22/23 MISSING/INVALID OR TPL INVALID
0388	19910101	SERVICES OF THIS PROVIDER NOT COVERED BY MEDICAID
0389	19900101	THIS MODIFIER IS ALLOWED FOR CRNA ONLY
0390	19900101	MULTIPLE EXTRACTION REQUIRES APPROPRIATE PROC CODE
0391	19900101	INVALID USE OF E DIAGNOSIS CODE
0392	19910101	UNITS BILLED GREATER THAN COVERED DAYS
0394	19900101	VERIFY RECIPIENTS TPL
0396	19900101	LOC ON CLAIM CONFLICTS WITH LOC ON FILE
0397	19900101	INVALID LTC TERMINATION CODE
0399	19900101	REFERRING PROVIDER I.D. # IS NOT IN A VALID FORMAT
0400	19900101	INVALID LOC DAYS
0401	19900101	INVALID LEAVE DAYS
0402	19900101	INVALID TYPE OF LEAVE
0406	19900101	LTC LEAVE DATES CONFLICT
0407	19900101	THERAPEUTIC DAYS GT THAN 14
0410	19900101	PA IS REQUIRED
0412	19900101	EXCEPTION CODE 412
0413	19900101	LTC BLOCK 13:TOTAL DAYS DO NOT EQUAL FROM/TO DAYS

EOB	EFFDATE	EOB DESCRIPTION
0414	19900101	WAIVER SERVICES LONG TERM CARE CONFLICT
0416	19900101	AMB SERVICES ORIGIN TO DESTINATION NOT IN SCOPE
0417	19900101	REVIEW AMBULANCE NON ROUTINE DESTINATION
0420	19900101	THIS DRUG NOT PAYABLE FOR RECIPIENT AGE
0421	19900101	THIS DRUG NOT PAYABLE FOR RECIPIENT SEX
0425	19900101	THIS PROCEDURE MUST BE BILLED SEPARATELY EACH DATE
0430	19900101	LTC INVALID RECIP ID NUMBER
0431	19900101	LTC NO PROV MASTER RECORD
0433	19900101	LTC MISSING PROVIDER NUMBER
0434	19900101	LTC INVALID PROV NUM CK-DIGIT
0435	19900101	LTC FIRST DATE OF SERVICE MISSING
0436	19900101	LTC FILING DEADLINE EXCEEDED
0437	19900101	LTC FIRST DATE GREATER LAST DATE
0438	19900101	LTC RECHECK SERVICE DATE
0439	19900101	COINSURANCE NOT A MULTIPLE OF THE MEDICARE DAILY RATE
0443	19900101	LTC RECIP NOT ON ELIG FILE
0444	19900101	LTC RECIPIENT INELIGIBLE ON SERVICE DATES
0445	19900101	LTC RECIPIENT NOT ELIGIBLE ON SERVICE DATES
0446	19900101	LTC RECIP SUSPEND FOR REVIEW
0447	19910101	LIMIT OF 15 HOSPITAL LEAVE DAYS PER HOSPITALIZATION EXCEEDED
0448	19900101	LTC PROVIDER IS INELIGIBLE ON SERVICE DATES
0449	19900101	LTC REVIEW CLAIM FOR PROV
0450	19000101	INVALID QUADRANT
0451	19900101	LTC INV PROVIDER NUMBER
0452	19900101	RENDERING PROVIDER SERVICE LOCATION IS MISSING
0453	19000101	INVALID DIAGNOSIS TREATMENT INDICATOR
0454	19900101	INVALID ASSIGNMENT CODE
0455	19910101	REFILL NOT ALLOWED FOR DRUG CODE BILLED
0456	19900101	INVALID PROCEDURE TYPE
0457	19900101	INVALID PRINCIPAL/OTHER PROCEDURE TYPE
0458	19900101	ALIEN RECIPIENT ON REVIEW
0459	19900101	REVENUE CODES OP401 NEED HCPC CODE
0460	19910101	NOT MEDICAID ELIGIBLE FOR NURSING HOME PAYMENT
0461	19900101	OCCURENCE CODE SPAN MISSING/INVALID
0462	19900101	OCCURENCE SPAN DATE IS MISSING OR INVALID
0463	19900101	NOT MEDICAID ELIGIBLE FOR MEDICARE CROSSOVER PAYMENT

EOB	EFFDATE	EOB DESCRIPTION
0464	19900101	SPAN DATE CONFLICT WITH DATES OF SERVICE SHOWN
0465	19900101	MEDICAID ALLOWABLE AMOUNT REDUCED BY THIRD PARTY LIABILITY
0466	19900101	MEDICAID ALLOWED REDUCED BY MEDICARE PAYMENT
0467	19900101	OVERLAP DATES FOR SAME LEVEL OF CARE
0468	19900101	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
0469	19900101	LTC RECIPIENT NAME/ID MISMATCH
0470	19900101	CROSS OVER PEND FOR MANUAL PRICE
0471	19900101	NDC IS DEACTIVED AND NOT PAYABLE ON DATE FILLED
0472	19900101	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
0473	19900101	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
0474	19000101	DATE DISPENSED AFTER BILLING DATE
0475	19000101	DATE BILLED AFTER ICN DATE
0476	19900101	MAXIMUM HOSPITAL DAYS FOR THIS ADULT HAS BEEN PAID
0477	19000101	THE DIAGNOSIS CODE IN SEQUENCE 10-24 IS IN AN INVALID FORMAT
0478	19900101	PCS MISSING SUBMITTED CHARGE
0479	19900101	CLIA OUT OF DATE
0480	19910101	PROVIDER NOT ELIGIBLE ON DATES OF SERVICE
0481	19910101	CLAIM PENDED FOR REVIEW OF ATTACHMENTS
0482	19900101	DDSD/NFM PROCEDURE - NOT DDSD/NFM PROVIDER
0483	19900101	DDSD/NFM PROVIDER - NOT DDSD/NFM PROCEDURE
0484	19910101	PREMATURE/NEONATAL NURSERY CARE MUST BE BILLED WITH NEWBORN'S ID
0485	19900101	DATE DISPENSED EARLIER THAN DATE PRESCRIBED
0486	19900101	INPATIENT PSYCHIATRIC NEEDS PRIOR AUTHORIZATION
0487	19900101	PRIMARY DIAG CODE DETOX/NO DETOX REVENUE CODE
0488	19900101	ADMIT DATE DOES NOT EQUAL FIRST DATE OF SERVICE
0489	19900101	NO CLIA - DOS PRIOR TO CLIA EFFECTIVE DATE
0490	19900101	INPATIENT SERVICES ARE NOT COVERED FOR THIS RECIP
0491	19900101	DRUG NOT APPROVED
0492	19900101	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
0493	19900101	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
0494	19900101	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
0495	19900101	NO CLIA - DOS PRIOR TO CLIA EFFECTIVE DATE
0496	19900101	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
0497	19900101	NO CLIA - DOS PRIOR TO CLIA - EFFECTIVE DATE
0498	19900101	NO CLIA-DOS PRIOR TO CLIA EFFECTIVE DATE
0499	19900101	TPL PAY CHASE IMMUNO SUPPRESS DRUG

EOB	EFFDATE	EOB DESCRIPTION
0500	19900101	DOCUMENT PEND
0501	19900101	SUSPEND FOR TPL REVIEW
0502	19900101	FILE CLAIM WITH MEDICARE
0503	19900101	THIS PATIENT HAS OTHER INSURANCE
0505	19900101	RETAIN INSURANCE DENIAL 6 MONTHS FOR TPL REVIEW
0507	19900101	EPSDT-MAY HAVE TPL
0508	19900101	TPL PAY AND CHASE PHARMACY
0509	19900101	TPL PAY AND CHASE PRE-NATAL
0510	19900101	THIS PATIENT HAS TWO COVERAGE TYPES
0511	19900101	CLAIM DATA DOES NOT MATCH PRIOR AUTHORIZATION DATA
0515	19910101	RESUBMISSION CODE INVALID
0516	19910101	CCN MISSING ADJUSTMENT/VOIDS
0517	19910101	ADJUSTMENT REPLACED BY THE LATEST ADJUSTMENT
0518	19990101	PROVIDER TYPE - CLAIM INPUT CONFLICT
0519	19900101	DRUG REQUIRES PRIOR AUTHORIZATION
0520	19900101	DRUG QUANTITY PER DAY LIMIT HAS BEEN EXCEEDED
0521	19910101	DUPLICATE ADJUSTMENT RECORDS ENTERED
0522	19900101	RECIPIENT IS NOT ELIGIBLE FOR THESE SERVICES
0524	19910101	CLAIM TO BE ADJUSTED IS THE CREDIT/VOID OF PREVIOUS ADJUSTMENT
0525	19900101	ADJUSTMENT OR VOID INVALID FOR PREVIOUSLY DENIED CLAIMS
0526	19900101	PRIOR AUTHORIZATION NOT ON FILE
0527	19900101	NO UNITS AUTHORIZED-THESE DATES OF SERVICES
0528	19900101	PRIOR AUTHORIZATION UNITS USED
0530	19900101	TIER 2 NSAID NO RECORD OF TIER 1'S ON FILE
0532	19900101	DISEASE STATE MANAGEMENT
0534	19000101	PRODUR DRUG-AGE INTERACTION
0535	19900101	PDUR INGREDIENT DUPLICATION
0536	19900101	INSURANCE EOB DOES NOT MATCH CLAIM - RESUBMIT
0537	19900101	PDUR DRUG-TO-DRUG INTERACTION
0538	19910101	EOB ATTACHMENT INADEQUATE FOR TPL RESOLUTION-RESUBMIT
0539	19000101	PDUR EARLY REFILL ON PRESCRIPTION
0540	19000101	PDUR MINIMUM DURATION OF THERAPY
0541	19900101	PDUR DOSING PRECAUTION-HIGH DOSE
0542	19900101	PDUR DOSING PRECAUTION-LOW DOSE
0543	19910101	ACCEPTABLE THIRD PARTY DENIAL JUSTIFIES PAYMENT
0544	19900101	PDUR MAXIMUM DURATION OF THERAPY

EOB	EFFDATE	EOB DESCRIPTION
0545	19900101	PDUR LATE REFILL ON PRESCRIPTION
0546	19900101	DRUG DISEASE MARKER
0547	19900101	HMO CO-PAY/RECIPIENT HAS MEDICARE
0548	19900101	PAY TO PROV FOR PROVIDER TYPE 63 MUST BE GROUP
0549	19900101	ADJUSTMENT SUSPEND FOR MANUAL REVIEW
0550	19900101	SERVICE NOT REFERRED BY PRIMARY CARE CASE MANAGER
0552	19900101	PROVIDER NOT ELIGIBLE TO PROVIDE SERVICE/MEDICAID
0553	19900101	SNF/NF PAE EFF DATE MUST NOT BE GREATER THAN 90 DAYS PRIOR ADM/SERV DATE
0555	19000101	CLAIM PAST 24 MONTH FILING - DTL
0556	19900101	RECIPIENT IS NOT WAIVER ELIGIBLE
0557	19000101	CLAIM PAST 24 MONTH FILING - HDR
0560	19900101	RECIPIENT SERVICES COVERED BY HMO PLAN
0561	19900101	PROVIDER INELIGIBLE FOR T19 SERVICES/HMO ONLY
0562	19900101	RECIP PCPCM-CANNOT BILL OP/RHC/FQHC CLINICS RATE
0563	19900101	RECIPIENT NOT ENROLLED IN HMO FOR DOS
0564	19900101	SUPPLEMENTAL DELIVERY PAYMENT DENIAL CODE
0565	19900101	PAID AMOUNT IS GREATER THAN THE BILLED AMOUNT
0566	19900101	EXCEPTION CODE 566
0567	19910101	ROOM AND BOARD CHARGES NON-COVERED--CORRECT AND RESUBMIT
0569	19900101	CC CLAIMS CAN'T PROCESS THRU SYSTEM
0570	19900101	INVALID ELIGIBILITY FOR HMO COPAY
0571	19900101	CLAIMCHECK REBUNDLED
0572	19900101	CC INCIDENTAL TO PRIMARY PROCEDURE
0573	19900101	CC MUTUALLY EXCLUSIVE
0574	19900101	CLAIMCHECK COSMETIC SURGERY
0575	19900101	CLAIMCHECK DUPLICATE
0576	19900101	CC UNLISTED/OBSOLETE/EXPERIMENTAL/UNSPECIFIED
0577	19900101	CLAIMCHECK POSSIBLE DUPLICATE
0578	19900101	CLAIMCHECK PRE-OP/POST-OP
0579	19900101	CC GROUPHEALTH SMARTSUSPENSE SUSPEND
0580	19900101	CLAIMCHECK MEDICAL/EVALUATION VISIT
0581	19900101	RECIPIENT IS LOCKED-IN TO ANOTHER PHYSICIAN
0582	19900101	RECIPIENT IS LOCKED-IN TO ANOTHER PHARMACY
0583	19900101	CLAIMREVIEW NEW VISIT FREQUENCY
0584	19900101	CC GROUPLTH SMARTSUSPENSE DENY
0587	19900101	CLAIMREVIEW INTENSITY OF SERVICE

EOB	EFFDATE	EOB DESCRIPTION
0588	19900101	STOP LOSS NOT APPROVED
0589	19900101	CC INVALID MODIFIER/PROCEDURE COMBINATION
0590	19900101	CLAIMCHECK EXCEEDS 40 LINES
0591	19900101	CLAIMREVIEW MULTIPLE/DUPLICATE COMP.BILLING
0592	19900101	CLAIMCEHCK AGE REPLACEMENT
0593	19900101	CLAIMREVIEW DIAGNOSIS TO PROCEDURE
0594	19900101	CLAIMCHECK-BILL EACH DOS ON A SEPARATE LINE
0595	19910101	CLIA REGISTRATION CERTIFICATE NUMBER NOT ON FILE
0597	19900101	CLAIMCHECK MULTIPLE SURGERY
0598	19900101	CC-MULTIPLE SURGERY-DOUBLE MODIFIERS
0599	19900101	ATTACHMENT CONTROL NUMBER MISSING
0600	19900101	UNITS NOT EQUAL TO TEETH BILLED
0601	19900101	PART A CROSSOVER SPANS 20020501
0602	19900101	UNITS NOT EQUAL TO TEETH BILLED
0603	19900101	PROV ID ON CLAIM DOES NOT MATCH PROV ID ON PA
0604	19900101	SERVICE AND/OR DATES DO NOT MATCH PRIOR AUTH
0605	19900101	PRIOR AUTH FUND AND CLAIM FUND DOES NOT MATCH
0606	19900101	PRIOR AUTH UNITS/AMOUNTS USED
0608	19900101	JUSTIFICATION OF MEDICAL NECESSITY REQUIRED FOR THIS PROCEDURE
0609	19900101	CHECK CLAIM ATTACHMENT
0612	19900101	TOOTH NUM ON CLAIM DOES NOT MATCH TOOTH NUM ON PA
0614	19900101	DIAG CODE MISSING/NOT ON FILE-INPATIENT CLAIMS
0615	19900101	PROVIDER RATE NOT ON FILE FOR LEVEL OF CARE
0616	19900101	PROCEDURE NOT COMPENSABLE FOR ASSISTANT SURGEON
0618	19900101	AUTH SERVICES-RECIP NOT ELIG
0619	19900101	RECIP INELIGIBLE PAY (AUTH EXAM) FROM STATE FUND
0620	19900101	MEDICARE ADJUSTED CLAIM-SUBMIT PAPER XOVER CLAIM
0621	19900101	(CASH DEDUCTIBLE + BLOOD DEDUCTIBLE + COINSURANCE) IS GREATER THAN (MEDICARE AL
0622	19900101	MASS CREDIT/ADJ BEING SUSPEND
0625	19900101	FUND CODE UNDETERMINED
0627	19910101	X-OVER AMOUNT BILLED GREATER THAN AMOUNT BILLED TO MEDICARE
0628	19910101	PHYSICIAN VISIT DATE MISSING/INVALID
0629	19900101	PHYSICIAN VISIT DATE DOES NOT MEET FEDERAL REQUIREMENTS
0630	19900101	DIAGNOSIS NOT IN SCOPE OF THE PROGRAM
0631	19900101	DIAGNOSIS NOT IN SCOPE OF CCP PROGRAM
0632	19900101	DIAGNOSIS NOT IN SCOPE OF CN PROGRAM

EOB	EFFDATE	EOB DESCRIPTION
0633	19900101	DIAGNOSIS NOT IN SCOPE OF MN PROGRAM
0634	19000101	DETAIL ATTENDING PHYSICIAN ID INVALID
0635	19000101	DETAIL FIRST OTHER PHYSICIAN ID INVALID
0637	19900101	CLAIM PROCESSES MORE THAN 1 YEAR AFTER DATE OF SERVICE AND MORE THAN 183 DAYS A
0638	19900101	DRUG REQUIRES MEDICAL REVIEW/CN
0639	19900101	DRUG REQUIRES MEDICAL REVIEW/MN
0642	19900101	INVALID PROVIDER NUMBER
0643	19900101	ABORTION REQUIRES REVIEW
0644	19900101	PROCEDURE CODE MODIFIER NOT PAYABLE
0645	19900101	NOT MEDICAID ELIGIBLE FOR MEDICARE CROSSOVER PAYMENT
0646	19900101	PROVIDER RATE NOT ON FILE
0648	19900101	CC SITE SPECIFIC MODIFIER-FILE ON SEPARATE LINE
0649	19910101	HOSPICE CLAIM PREVIOUSLY PAID FOR DATES OF SERVICE
0650	19900101	MISSING 224 REVENUE/INVALID UNITS ON LATE DISCHARGE
0651	19900101	INVALID TREATMENT DIAGNOSIS INDICATOR
0652	19900101	PCS-INVALID NET CLAIM CHARGE
0653	19900101	PAID IN FULL BY MEDICARE
0654	19900101	RECIPIENT ID IS INVALID FOR AUTH EXAM PAY STATE FD
0655	19910101	DENIED BY MEDICARE
0656	19910101	MEDICARE PAYMENT EXCEEDS MEDICAID MAXIMUM ALLOWABLE
0657	19900101	POTENTIAL DISABILITY CLAIM
0658	19910101	NEWBORN CARE LIMITED TO 2 SUBSEQUENT VISITS
0659	19900101	DATE OVER 1 YR MORE THAN 90 DAYS AFTER MEDICARE PD
0662	19900101	LINE FAILURE - CLAIM DENIED
0663	19900101	PCS-PROVIDER NUMBER IS NOT ON PROVIDER FILE
0664	19900101	PCS OVER 31 DAYS BILLED
0665	19900101	PCS MISSING PROVIDER NUMBER
0666	19910101	HOSPITAL INPATIENT SERVICE CANNOT BE PAID ON SAME DAY AS OBSERVATION
0667	19900101	PCS-INVALID PROVIDER NUMBER CHECK DIGIT
0668	19900101	PCS MISSING FIRST DATE OF SERVICE
0669	19900101	PCS FILING DEADLINE EXCEEDED
0670	19900101	PCS FIRST DATE OF SERVICE GREATER THAN LAST DATE
0671	19900101	PCS SERVICE DATE IS GREATER THAN RECEIVED DATE
0672	19900101	PCS MISSING RECIPIENT NUMBER
0673	19900101	SUBMIT PAPER CLAIM
0674	19900101	PCS MISSING TOTAL CLAIM CHARGE

EOB	EFFDATE	EOB DESCRIPTION
0675	19900101	PCS INVALID TOTAL CLAIM CHARGE
0676	19900101	PCS RECIPIENT NOT ON ELIGIBILITY FILE
0677	19900101	PCS RECIPIENT INELIGIBLE ON DATE OF SERVICE
0678	19900101	PCS ITEMIZED SERVICE DATE NOT IN RECIP ELIG SPAN
0679	19900101	PCS SUSPEND FOR RECIPIENT REVIEW
0680	19900101	PCS PROVIDER IS SUSPENDED
0681	19900101	PROVIDER INELIGIBLE ON DATE OF SERVICE
0682	19900101	PCS REVIEW CLAIM FOR PROVIDER
0683	19900101	EXCEEDS 1 PROCEDURE PER TOOTH
0684	19900101	PCS INVALID PROVIDER NUMBER
0687	19900101	EXCEEDS LIFETIME LIMIT FOR ORTHODONTICS
0688	19900101	EXCEEDS \$750 PER FY FOR DENTAL PROCEDURES REQUIRING PRIOR APPROVAL
0691	19900101	PCS-NO UNITS OF SERVICE
0696	19900101	CROSSOVER PART A NOT PAYABLE MEDICALLY NEEDY
0698	19500101	COINSURANCE IS NOT A MULTIPLE OF THE MEDICARE DAILY RATE
0699	19900101	INSTITUTIONAL CROSSOVER TYPE MISSING OR INVALID
0700	19900101	PROCEDURE EXCEEDS LIFETIME LIMITATION
0701	19900101	PHYSICAN SIGNED CONSENT FORM BEFORE STERILIZATION
0702	19900101	DATE OF SURGERY ON CONSENT FORM IS NOT ON CLAIM
0703	19900101	RECIPIENT UNDER 21 WHEN SHE SIGNED CONSENT FORM
0704	19900101	REQUIRES ADDRESS FOR FACILITY FOR STERILIZATION
0705	19900101	STERILIZATION CONSENT FORM IS NOT LEGIBLE
0706	19900101	DATE ON THE CONSENT FORM IS NOT LEGIBLE
0707	19900101	STERILIZATION/HYSTERECTOMY CONSENT FORM IS MISSING
0708	19900101	PATIENT NAME ON CONSENT FORM DOES NOT MATCH CLAIM
0709	19900101	CONSENT LESS THAN 30 DAYS BEFORE STERILIZATION
0710	19900101	CONSENT MORE THAN 180 DAYS BEFORE STERILIZATION
0711	19900101	STERILIZATION CONSENT FORM NOT DATED BY PHYSICIAN
0712	19900101	CONSENT FORM IS NOT SIGNED BY THE RECIPIENT
0713	19900101	CONSENT FORM IS NOT SIGNED BY THE COUNSELOR
0714	19900101	CONSENT FORM DOES NOT HAVE DATE COUNSELOR SIGNED
0715	19900101	STERILIZATION CONSENT FORM IS INCOMPLETE
0716	19900101	HYSTERECTOMY CONSENT FORM REQUIRED
0717	19900101	STERILIZATION CONSENT FORM NOT SIGNED BY PHYSICIAN
0718	19900101	EMERGENCY PROCEDURE CODE IS INVALID/NOT ON FILE
0719	19900101	REFILE CLAIM WITH OPERATIVE REPORT

EOB	EFFDATE	EOB DESCRIPTION
0720	19900101	INCORRECT RECIPIENT DATE OF BIRTH ON CONSENT FORM
0721	19900101	FURTHER DESCRIPTION OF SERVICE REQUIRED
0722	19900101	STRENGTH AND DOSAGE OF INJECTION MEDICATION REQ
0723	19900101	SERVICES REQ DOCUMENTATION FOR MEDICAL NECESSITY
0724	19900101	REFILE CLAIM WITH CONSULTATION/PROGRESS NOTES
0725	19900101	SERVICE NOT COVERED AS BILLED
0726	19900101	REFERRING PHYSICIAN REQUIRED
0727	19900101	ANOTHER PROVIDER HAS BEEN PAID FOR THESE SERVICES
0728	19900101	SERVICES ARE NOT AUTHORIZED
0729	19900101	DENIED AFTER SPECIAL REVIEW
0730	19900101	HYSTERECTOMY CONSENT FORM SIGNED AFTER SURGERY
0731	19900101	HEALTH CARE AUTHORITY WILL PROCESS CLAIM
0732	19900101	COUNSELOR SIGNED CONSENT FORM PRIOR TO RECIPIENT
0733	19910101	HCBS/ICF FOR SAME OR OVERLAPPING DATES OF SERVICE
0734	19910101	HCBS/INPATIENT HOSPITAL/SNF FOR SAME OR OVERLAPPING DATES OF SERVICE
0735	19900101	RECIPIENT INELIGIBLE ON SERVICE DATES
0736	19900101	MODIFIER ADDED/DELETED DUE TO MEDICAL REVIEW
0737	19900101	INVALID MODIFIER FOR THIS PROCEDURE
0738	19900101	INVALID PROCEDURE CODE USE VALID CPT OR HCPC CODE
0739	19900101	ONE AMBULATORY SURGERY ALLOWED PER DAY
0740	19900101	INVALID CODE FOR NARRATIVE DESCRIPTION
0741	19900101	INVALID SUBMITTED CHARGE
0742	19900101	AUTHORIZED PHYSICAL REQUIRES ABCDM-16
0743	19900101	EXCEPTION CODE 743
0744	19900101	AUTHORIZED PHYSICAL DOES NOT MATCH ABCDM-16
0745	19900101	REQUESTED ADDITIONAL INFORMATION NOT RECEIVED
0746	19900101	DENTAL X-RAYS ARE REQUIRED
0747	19900101	SERVICES ARE INCLUDED IN TOTAL PAID OB CARE
0748	19900101	PROCEDURE IS AN INCIDENTAL TO PAID MAJOR SURGERY
0749	19900101	OUTSIDE THE GUIDELINES OF THE MEDICAL PROGRAM
0750	19900101	EXCEEDS SUPPLY LIMIT/1 MONTH WITHIN 12 MONTHS
0751	19900101	EXCEPTION CODE 751
0752	19900101	PER PHY MANUAL-USE 99202 ANTEPART WHEN NOT TOT. OB
0753	19900101	PROCEDURE IS INCIDENTAL MAJOR PROCEDURE ON CLAIM
0754	19900101	REFILE USING "RECIPIENT AREA" IN SQ CM
0755	19900101	REFILE CLAIM WITH PROOF OF TIMELY FILING ATTACHED

EOB	EFFDATE	EOB DESCRIPTION
0756	19900101	EXCEPTION CODE 756
0757	19900101	TAKE HOME MEDICATION IS NOT PAYABLE
0758	19900101	PROVIDER NAME DOES NOT MATCH PROVIDER NUMBER
0759	19900101	NEEDS COUNTY ADMIN AND/OR PROVIDER SIGNATURE
0760	19900101	RECIPIENT IS DECEASED THIS DATE OF SERVICE
0761	19900101	NAME ON SUBMITTED CLAIM DOES NOT MATCH DHS FILE
0762	19900101	FILE AN ASSIGNED MEDICARE CLAIM ON THIS PATIENT
0763	19900101	EXCEEDS MULTI-CHANNEL TEST LIMIT BLOOD ANALYZER CODE REQUIRED
0764	19900101	DUPLICATE OF PAID CLAIM
0765	19900101	INVALID HYSTERECTOMY CONSENT FORM
0766	19900101	STERILIZATION/HYSTERECTOMY CONSENT FORM IS INVALID
0767	19900101	EXCEPTION CODE 767
0768	19900101	REQUEST ADJUSTMENT TO PAID CLAIM-PER MANUAL
0769	19900101	PAYMENT CORRECTED/SPENDDOWN-ADM12-HIST ONLY ADJUST
0770	19900101	INSURANCE PAYMENT MORE THAN ALLOWABLE
0771	19900101	SERVICE NOT PAYABLE THIS DATE OF SERVICE
0772	19900101	TYPE OF BILL-CLAIM CONFLICT
0773	19900101	AUTHORIZED ROOM SERVICES ARE NOT ON CLAIM
0774	19900101	EXCEPTION CODE 774
0775	19900101	CLAIM HAS BEEN FORWARDED TO HCA
0777	19900101	SHOW MEDICARE PART B PAYMENTS
0778	19900101	HEALTH CARE AUTHORITY PROCESSED ADM12
0779	19900101	ELIGIBILITY PROBLEM PROCESSED BY DHS
0780	19900101	RESUBMIT WITH APPROPRIATE VALUE CODE AND UNITS
0781	19900101	ANOTHER DDS PAID THIS SERVICE IN PREVIOUS 12 MONTH
0782	19900101	PART OF INPATIENT HOSPITAL CHARGES
0783	19900101	PROCEDURE INCLUDED IN OFFICE CALL
0785	19900101	ANOTHER PHARMACY PAID FOR THIS PRESCRIPTION
0786	19900101	SAME NDC/DATE PAID THIS PHARM
0787	19900101	THERAPEUTIC LEAVE DAYS ARE NON-COVERED
0788	19900101	MAXIMUM OF 60 THERAPEUTIC LEAVE DAYS EXCEEDED FOR FISCAL YEAR
0789	19900101	PROCEDURE NOT APPLICABLE FOR DIAGNOSIS SHOWN
0790	19900101	ABCDM-16/CLAIM PROV CONFLICT
0791	19900101	INVALID DIAGNOSIS FOR DESCRIPTION
0792	19900101	STERILIZATION CONSENT REQUIRED
0793	19900101	SERVICE/SUPPLY INCLUDED IN AMBULANCE TRIP CHARGE

EOB	EFFDATE	EOB DESCRIPTION
0794	19900101	PAID CLAIM INCLUDED THIS PROCEDURE
0795	19900101	CC MUTUALLY EXCLUSIVE
0796	19900101	PATIENT HAS PRIVATE INSURANCE
0797	19900101	RECIP TB ELIG ONLY-CLAIM REQUIRES TB DIAGNOSIS
0798	19900101	REFILE WITH MEDICARE RECHECK HIC NUMBER
0799	19900101	EXCEPTION CODE 799
0800	19900101	PHARMACY-EXACT DUPLICATE OF ANOTHER CLAIM
0801	19910101	SERVICE NOT ALLOWED DURING INPATIENT/SNF/ICF STAY
0802	19900101	PHARMACY-POSSIBLE CONFLICT OF ANOTHER CLAIM
0803	19900101	DENTAL-EXACT DUPLICATE OF ANOTHER CLAIM
0804	19900101	DENTAL-POSSIBLE DUPLICATE OF ANOTHER CLAIM
0806	19900101	PRACTITIONER-EXACT DUPLICATE OF ANOTHER CLAIM
0807	19900101	PRACTITIONER-POSSIBLE DUPLICATE OF ANOTHER CLAIM
0810	19910101	SNF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0812	19900101	CROSSOVER-EXACT DUPLICATE OF ANOTHER CLAIM
0813	19900101	EXCEPTION CODE 813
0814	19900101	CROSSOVER-POSSIBLE CONFLICT OF ANOTHER CLAIM
0815	19900101	LTC-EXACT DUPLICATE OF ANOTHER CLAIM IN SYSTEM
0816	19900101	LTC-POSSIBLE DUPLICATE OF ANOTHER CLAIM
0820	19910101	INPATIENT/ICF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0821	19900101	PCS-POSSIBLE DUPLICATE OF ANOTHER CLAIM
0822	19900101	EXCEPTION CODE 822
0823	19910101	ICF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0824	19900101	OUTPATIENT-POSSIBLE DUPLICATE OF ANOTHER CLAIM
0826	19900101	HOME HEALTH-EXACT DUPLICATE OF ANOTHER CLAIM
0827	19900101	EXCEPTION CODE 827
0828	19910101	CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0829	19900101	INPATIENT-EXACT DUPLICATE OF ANOTHER CLAIM
0830	19910101	MEDICARE CROSSOVER PREVIOUSLY PAID - BILL PART A MEDICARE
0831	19910101	SNF/HOME HEALTH/DME SERVICE PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0832	19900101	TRANSPORTATION-EXACT DUPLICATE OF ANOTHER CLAIM
0833	19910101	HCBS PREVIOUSLY PROCESSED FOR SAME DATES OF SERVICE
0835	19910101	RECIPIENT IS PART B ELIGIBLE - BILL MEDICARE
0836	19910101	PROFESSIONAL XOVER CONFLICT W/ CMS1500 ENCOUNTERS
0838	19900101	LAB/XRAY-EXACT DUPLICATE OF ANOTHER CLAIM
0839	19900101	LAB/XRAY-POSSIBLE DUPLICATE OF ANOTHER CLAIM

EOB	EFFDATE	EOB DESCRIPTION
0842	19900101	DEALER-EXACT DUPLICATE OF ANOTHER CLAIM
0843	19900101	DEALER-POSSIBLE DUPLICATE OF ANOTHER CLAIM
0845	19900101	OPTOMETRIST-EXACT DUPLICATE OF ANOTHER CLAIM
0846	19900101	OPTOMETRIST-POSSIBLE DUPLICATE OF ANOTHER CLAIM
0849	19900101	INVALID MODIFIER COMBINATION
0850	19900101	LTC/INPT POSSIBLE CONFLICT WITH INPT/LTC CLAIM
0851	19900101	LTC-HOME HEALTH CLAIM CONFLICT
0852	19900101	LTC-PCS POSSIBLE CONFLICT
0853	19910101	SUSPECT DUPE HOME HEALTH VS DME
0854	19900101	INPATIENT-PCS POSSIBLE CONFLICT
0855	19900101	PCS-INPATIENT POSSIBLE CONFLICT
0856	19900101	HH/INPT POSSIBLE CONFLICT WITH INPT/HH CLAIM
0857	19900101	INPT/CROSSOVER POSSIBLE CONFLICT CROSSOVER/INPT
0858	19900101	INPT/OUTPT POSSIBLE CONFLICT WITH OUTPT/INPT CLAIM
0859	19900101	EXCEPTION CODE 859
0860	19900101	CROSS CLAIM TYPE J CODE CONFLICT
0861	19910101	CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0862	19910101	CROSSOVER CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0863	19910101	CROSSOVER CLAIM PREVIOUSLY PAID
0864	19910101	DUPLICATE OF PREVIOUSLY PROCESSED CLAIM
0865	19910101	OUTPATIENT CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0866	19910101	ICF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0867	19910101	HOME HEALTH CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0868	19910101	PART A CROSSOVER PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0869	19910101	DUPLICATE OF PREVIOUSLY PROCESSED CLAIM
0870	19910101	OUTPATIENT ENCOUNTER NOT ALLOWED DURING INPATIENT STAY
0871	19910101	DUPLICATE OF PREVIOUSLY PROCESSED ENCOUNTER/CLAIM
0872	19910101	SNF CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0873	19910101	MENTAL HEALTH CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0874	19910101	VISION CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0875	19910101	DME CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0876	19910101	FAMILY PLANNING CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0877	19910101	CHC CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0878	19910101	AMBULANCE CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0879	19910101	DENTAL CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0880	19910101	PHARMACY CLAIM PREVIOUSLY PAID FOR SAME DRUG/DATE OF SERVICE

EOB	EFFDATE	EOB DESCRIPTION
0881	19900101	HOME HEALTH-LTC CLAIM CONFLICT
0882	19910101	HCBS CLAIM PREVIOUSLY PAID FOR SAME DATE OF SERVICE
0883	19900101	PROFESSIONAL CROSSOVER CONFLICT WITH DCS CLAIM
0884	19900101	PCS-CROSSOVER POSSIBLE CONFLICT
0885	19900101	A CONFLICTING SERVICE HAS BEEN PAID FOR THIS DATE
0886	19900101	DEALER LIMITS EXCEEDED
0887	19900101	OTHER FED QUAL HEALTH CENTER SERV PAID THIS DATE
0888	19900101	EXCEEDS EARLY INTERVENTION SERVICES LIMITS
0889	19900101	PART-A COINSURANCE GREATER MEDICARE PD AMT
0890	19900101	REVIEW CROSSOVER PART B COINSURANCE OVER \$1000.00
0893	19900101	EXCEPTION CODE 893
0894	19900101	RURAL HEALTH REVENUE REQUIRES HCPC CODE
0895	19900101	RURAL HEALTH CLINIC REQUIRES REVENUE OP521
0896	19900101	FILE SEPARATE CLAIMS FOR DIFFERENT YEARS
0897	19900101	FROM DATE OF SERVICE LESS THAN JULY 1, 1999
0898	19900101	DATE OF DEATH PRIOR TO DATE OF SERVICE
0899	19910101	ICN OF CURRENT CLAIM IS SAME AS HISTORY ICN
0900	19900101	PCS DAYS REDUCED-INPT/LTC CONFLICT
0901	19900101	FILE SEPARATE CLAIM FOR REMAINING UNPAID DAYS
0903	19900101	DIAGNOSIS INDICATOR MISSING OR INVALID
0904	19900101	DENIED FOR OKLA FOUNDATION FOR PEER REVIEW AUDIT
0905	19900101	REFILE SEPARATE CLAIM FOR EACH MONTH
0906	19900101	MEDICARE DEDUCTIBLE APPLIED IN PREVIOUS 60 DAYS
0907	19900101	DATE AND/OR TIME OF DEATH MISSING OR INVALID
0908	19900101	ANOTHER PROVIDER WITHIN GROUP PAID FOR SERVICE
0909	19900101	FILE SEPARATE CLAIM FOR SEPTEMBER AND OCTOBER
0910	19900101	PSYCHIATRIC ADMIT AFTER 9/1/92 NEEDS PA
0911	19900101	SERVICE PREVIOUSLY PAID ON GROSS ADJUSTMENT
0912	19900101	CLAIM HAS BEEN ADJUSTED AFTER SPECIAL REVIEW
0913	19900101	CLAIM HAS BEEN ADJUSTED AFTER MEDICAL REVIEW
0914	19900101	SERVICE PREVIOUSLY PAID ON PROVIDER ALTERNATE NUM
0915	19900101	PAID TO ANOTHER PROVIDER IN GROUP ON ALTERNATE NUM
0916	19900101	EXCEPTION CODE 916
0917	19900101	CHARGES INDICATE ERROR IN MATH
0918	19900101	INDICATE UNITS WORKED NOT DAYS
0919	19900101	FILE SEPARATE CLAIM FOR EACH DATE OF SERVICE

EOB	EFFDATE	EOB DESCRIPTION
0920	19900101	WAIVERED SERVICE/DATES NOT ON PRIOR AUTHORIZATION
0921	19900101	LIST EACH DATE SEPARATELY
0922	19900101	PATIENT RECEIVED SETTLE/BILL PATIENT
0923	19900101	ITEMIZE CHARGES FOR SUPPLIES
0924	19900101	CLIENT RESPONSIBLE EXCEEDS ALLOWABLE
0925	19900101	MEDICAL CONDITION/DIAGNOSIS NOT COVERED
0926	19900101	COINSURANCE REDUCED BY MEDICAID ALLOWABLE
0927	19900101	INDICATE EXACT UNITS PROVIDED FOR RECIPIENT
0928	19900101	WHOLESALE'S INVOICE REQUIRED FOR PAYMENT
0929	19900101	PROC/DIAG REQUIRE FEDERAL MANDATED STATMT-ABORTION
0930	19900101	PROCEDURE UNITS REDUCED TO ALLOWABLE
0931	19900101	CARRIER DENED STATUS INVALID
0932	19910101	STATUS PAID BUT ALLOWED AMOUNT EQUAL TO ZEROS
0933	19900101	ORIGINAL CLAIM BEING ADJUSTED-ALLOW 30 DAYS
0934	19900101	CLAIM WAS FILED WITH INVALID PROVIDER NUMBER
0935	19900101	RENTAL PREVIOUSLY PAID FOR THIS ITEM THIS MONTH
0936	19900101	VALUE CODES INDICATE DIFFERENT CO-INSURANCE AMOUNT
0937	19900101	PROVIDER NOT ELIGIBLE THIS PROCEDURE CODE
0938	19900101	EXCEPTION CODE 938
0939	19900101	REFILE ON PAPER CLAIM
0940	19900101	SUBMIT PAPER CLAIM WITH NARRATIVE FOR PRICING
0941	19900101	REFILE WITH MEDICARE REMITTANCE STATEMENT
0942	19900101	DUPLICATE PAID THRU FINANCE
0943	19900101	REFILE ON ADM84-TRANSPORTATION CLAIM FORM
0944	19900101	DENIED AFTER CLAIM CHECK REVIEW
0945	19900101	INVALID PROOF OF DENIAL/HMO
0946	19900101	CLAIM PAST 24 MONTH FILING - HDR
0947	19900101	REFILE WITH CORRECT ADMIT DATE
0948	19900101	RESUBMIT LEGIBLE CLAIM/ATTACHMENT
0949	19910101	INCLUDED IN PAYMENT FOR OTHER SERVICES
0950	19900101	THIS LEVEL TRANSPORTATION NOT REQUIRED
0951	19900101	DDSD WILL PROCESS CLAIM THROUGH FINANCE
0952	19900101	REFILE-NAME BRAND /ORDER NUMBER FOR PRICE
0953	19900101	REFILE AS CROSSOVER WITH EOMP
0954	19900101	REFILE WITH APPROPRIATE EOMP
0955	19900101	NOT ELIGIBLE FOR WAIVERED SERVICES

EOB	EFFDATE	EOB DESCRIPTION
0956	19900101	TPL PAID COLLECT FROM PATIENT
0957	19900101	NOT VERIFIED BY OPERATIVE REPORT
0958	19900101	ITEMIZE SURGERIES PER OPERATIVE REPORT
0959	19900101	CANNOT PROCESS NEGATIVE AMOUNTS
0960	19900101	ADJUSTED PER OFPR RECOMMENDATION
0961	19900101	NON EMERGENCY SERVICES NON PAYABLE FOR ALIEN
0962	19900101	DOCUMENT OF NECESSITY/MRI REPORT REQUIRED
0963	19900101	DOCUM DOES NOT JUSTIFY THE BILLED PROCEDURE
0964	19900101	REFILE CLAIM AS LIMIT TARGETED OB ULTRASOUND
0965	19900101	PAY REMAINING DAYS ON PARAMETER FILE
0966	19900101	FILE MEDICARE PART A FOR INPATIENT SERVICES
0967	19900101	PROVIDER NOT QUALIFIED FOR TARGETED OB US INTERP
0968	19900101	REFILE AS PHARMACY WITH NATIONAL DRUG CODE
0969	19900101	NO MEDICAL JUSTIFICATION FOR TARGETED OB US
0970	19900101	SUBMIT PREVIOUSLY REQUESTED OB/US QUALIFICATION
0971	19900101	PARTIAL HOURS NON ACCEPTABLE
0972	19900101	NO MEDICAL JUSTIFICATION FOR REVERSAL/REMOVAL
0973	19900101	REFILE AS AMBULATORY SURGERY
0974	19900101	PRESCRIBING PROVIDER EXCLUDED
0975	19900101	SUBMIT CLM WITH DOCUMENTATION/NDC TO TENNCARE MED DIV
0976	19900101	HYSTERECTOMY REQUIRE SIGN DATE
0977	19900101	REFILE CLAIM WITH MEDICAL RECORD
0978	19900101	INPATIENT HOSPITAL CLAIM PAID THIS DATE OF SERVICE
0979	19900101	NURSING HOME CLAIMS PAID THIS DATE OF SERVICE
0980	19900101	PROCEDURE NOT PAYABLE FOR THIS AGE
0981	19900101	VERIFY PA FOR THIS PROCEDURE/DATE OF SERVICE
0982	19900101	REFILE WITH PHYSICIAN PROGRESS NOTES
0983	19900101	PROV ID ON CLAIM DOES NOT MATCH PROV ID ON PA
0984	19900101	DIAGNOSIS NOT PAYABLE FOR NURSE MIDWIFE
0985	19900101	PROVIDER IS SUSPENDED OR TERMINATED
0986	19900101	UNITS CANNOT BE GREATER THAN 999
0987	19900101	PRIOR AUTHORIZATION UNITS/AMOUNTS USED
0988	19900101	TB ONLY ELIGIBLE - NEED 'T' IN FORCE FIELD (FF)
0989	19900101	SERVICE AND/OR DATES DO NOT MATCH PRIOR AUTH
0990	19900101	SERVICES ALLOWED AS ENCOUNTER ON ALTERNATE NUMBER
0991	19900101	UNITS REDUCED PER DOCU/AFTER SURS REVIEW

EOB	EFFDATE	EOB DESCRIPTION
0992	19900101	REFER TO LETTER TENNCARE-98-12 DATED 3/10/98
0993	19900101	EXCEPTION CODE 993
0994	19900101	EXCEPTION CODE 994
0995	19900101	EXCEPTION CODE 995
0996	19900101	EXCEPTION CODE 996
0997	19900101	EXCEPTION CODE 997
0998	19900101	EXCEPTION CODE 998
0999	19900101	EXCEPTION CODE 999
1000	19900101	CLAIM PENDED FOR EXAMINER REVIEW
1001	19900101	INVALID ICD-9 PROCEDURE CODE
1002	19900101	ICD-9 CODE NOT ON FILE
1003	19910101	HEADER ALLOWED AMOUNT DOES NOT EQUAL THE SUM OF DETAIL ALLOWED AMOUNTS
1004	19900101	THE DATE OF RECEIPT IS MISSING OR INVALID
1006	19900101	FACILITY PROV NOT ELIG AT SERV LOC FOR PROG BILLED
1007	19900101	PROVIDER NOT ELIGIBLE AT SERVICE LOCATION
1010	19900101	PHYSICIAN ASSISTANT MUST BE A MEMBER OF A GROUP
1011	19900101	INTERNAL ERROR
1012	19900101	INVALID DISCHARGE HOUR OR PATIENT STATUS FOR SAME DAY TRANSFER
1013	19900101	MCC SUBMITTER ID IS MISSING OR INVALID
1014	19900101	MISSING OR INVALID GROUP ID
1018	19900101	NO PRICING SEGMENT FOR LEVEL OF CARE
1019	19900101	RECIPIENT HAS MULTIPLE LEVELS OF CARE ON FILE
1023	19900101	LEVEL OF CARE RATE NOT ON FILE FOR PROVIDER
1024	19900101	PROVIDER DOES NOT MATCH THE PROVIDER SPECIFIED ON PAE FOR THIS RECIPIENT
1025	19900101	MCC/BHO ID MISSING/INVALID FROM 2330B LOOP
1037	19900101	FACILITY PROVIDER I.D. NOT ON FILE
1052	19000101	TAXONOMY CODE INVALID FOR RENDERING PROVIDER
1053	19000101	TAXONOMY CODE INVALID FOR PERFORMING PROVIDER
1054	19000101	TAXONOMY CODE INVALID FOR BILLING PROVIDER
1055	19900101	DTL REFERRING PROV NOT ON FILE
1056	19900101	RECIPIENT SSN AND DATE OF BIRTH AMBIGUOUS
1058	19000101	NO PAY TO PROVIDER RECORD FOR CROSSOVER CLAIM
1059	19000101	THIS SERVICE IS NOT A VALID ENCOUNTER UNDER THE SOONERCARE CHOICE PROGRAM UNLES
1060	19000101	NO RENDERING PROVIDER FOR CROSSOVER CLAIM
1061	19000101	NO FACILITY PROVIDER FOR CROSSOVER CLAIM
1065	19900101	BILLIING PROVIDER NOT A MEMBER OF GROUP

EOB	EFFDATE	EOB DESCRIPTION
1070	19900101	INVALID RENDERING PROVIDER ID QUALIFIER
1071	19900101	INVALID ATTENDING PHYSICIAN ID QUALIFIER
1072	19900101	INVALID 1ST OTHER PHYSICIAN ID QUALIFIER
1073	19900101	INVALID 2ND OTHER PHYSICIAN ID QUALIFIER
1074	19900101	INVALID REFERRING PHYSICIAN ID QUALIFIER
1075	19900101	INVALID BILLING PROVIDER ID QUALIFIER
1076	19900101	INVALID FACILITY PROVIDER ID QUALIFIER
1077	19900101	INVALID PERFORMING PHYSICIAN ID QUALIFIER
1078	19900101	INVALID REFERRING PHYSICIAN 2 ID QUALIFIER
1079	19900101	SERVICE CODES (REVENUE AND PROCEDURE CODE) ARE INVALID OR MISSING
1086	19900101	CLAIM RECEIVED 360 DAYS AFTER RECIP ELIGIBILITY END DATE
1088	19900101	RENDERING PROVIDER NOT A MEMBER OF GROUP HDR
1089	19900101	BILLING PROVIDER MEDICAID ID DOES NOT MATCH CLAIM
1090	19640101	ORIGINAL CLAIM VOIDED AND REPLACED WITH THIS TRANSACTION CONTROL NUMBER (ICN) A
1091	19640101	ORIGINAL CLAIM HAS BEEN REPLACED WITH THIS TRANSACTION IDENTIFIED BY THE ICN.
1092	19900101	BILLING PROVIDER TAX ID DOES NOT MATCH CLAIM
1093	19900101	RENDERING PROVIDER MEDICAID ID DOES NOT MATCH CLAIM HD
1094	19900101	RENDERING PROVIDER TENNCARE ID DOES NOT MATCH CLAIM HDR
1095	19900101	RENDERING PROVIDER TAXONOMY DOES NOT MATCH CLAIM HDR
1096	19900101	RENDERING PROVIDER TAX ID DOES NOT MATCH CLAIM HDR
1104	19900101	BILLING UNABLE TO CREATE NEW SERVICE LOCATION
1105	19900101	RENDERING UNABLE TO CREATE NEW SERVICE LOCATION
1106	19900101	BILLING TENNCARE ID POINTS TO MULTIPLE PROVIDERS (INFO ONLY)
1107	19900101	RENDERING PROVIDER TENNCARE ID POINTS TO MULTIPLE PROVIDERS
1184	19900101	MEDICARE PAID DATE IS PRIOR TO THE LAST DATE OF SERVICE
1190	19900101	BILLING PROVIDER TENNCARE ID DOES NOT MATCH CLAIM
1191	19900101	BILLING PROVIDER TAXONOMY DOES NOT MATCH CLAIM
1200	19900101	MULTIPLE RENDERING PROVIDERS MATCHED ON HEADER
1201	19900101	MULTIPLE RENDERING PROVIDERS MATCHED ON DETAIL
1202	19900101	MULTIPLE REFERRING PROVIDERS MATCHED ON HEADER
1203	19900101	MULTIPLE REFERRING MATCH DETAIL
1204	19900101	MULTIPLE ATTENDING PROVIDERS MATCHED ON HEADER
1205	19900101	MULTIPLE ATTENDING PROVIDERS MATCHED ON DETAIL
1206	19900101	MULTIPLE FACILITY PROVIDERS MATCHED ON HEADER
1207	19900101	MULTIPLE OTHER PROVIDERS MATCHED ON HEADER
1208	19900101	MULTIPLE OTHER PROVIDERS MATCHED ON DETAIL

EOB	EFFDATE	EOB DESCRIPTION
1209	19900101	TAXONOMY DOES NOT MATCH MATCHED FOR BILLING PROVIDER ON HEADER
1210	19900101	TAXONOMY DOES NOT MATCH MATCHED FOR RENDERING PROVIDER ON HEADER
1211	19900101	TAXONOMY DOES NOT MATCH MATCHED FOR RENDERING PROVIDER ON DETAIL
1212	19900101	TAXONOMY DOES NOT MATCH MATCHED FOR REFERRING PROVIDER ON HEADER
1213	19900101	TAXONOMY DOES NOT MATCH MATCHED FOR REFERRING PROVIDER ON DETAIL
1214	19900101	TAXONOMY DOES NOT MATCH MATCHED FOR ATTENDING PROVIDER ON HEADER
1215	19900101	DATE DISPENSED IS MISSING
1216	19900101	TAXONOMY DOES NOT MATCH MATCHED FOR ATTENDING PROVIDER ON DETAIL
1217	19900101	TAXONOMY DOES NOT MATCH MATCHED FOR FACILITY PROVIDER ON HEADER
1218	19900101	TAXONOMY DOES NOT MATCH FOUND OTHER PROV ON DETAIL
1219	19900101	TAXONOMY DOES NOT MATCH FOUND OTHER PROV ON DETAIL
1220	19910101	ENROLLEE PARTIALLY ELIGIBLE FOR DATE OF SERVICE
1221	19900101	ZIPCODE DOES NOT MATCH THE BILLING PROVIDER
1222	19900101	NPI NUMBER EXPECTED FOR BILLING PROVIDER
1223	19900101	NPI NUMBER EXPECTED FOR RENDERING PROVIDER ON HEADER
1224	19900101	NPI NUMBER EXPECTED FOR FACILITY PROVIDER
1225	19900101	NPI NUMBER EXPECTED FOR RENDERING PROVIDER ON DETAIL
1226	19900101	MULTIPLE BILLING PROVIDERS MATCH
1227	20070101	NPI NUMBER EXPECTED FOR ATTEND PROVIDER IN CLAIM HEADER
1228	20070101	NPI NUMBER EXPECTED FOR ATTEND PROVIDER IN CLAIM DETAIL
1229	19900101	ATTENDIING PROVIDER NOT A MEMBER OF GROUP
1230	19900101	REFERRING PROVIDER NOT A MEMBER OF GROUP
1231	19900101	NPI NOT MATCH BILLING
1232	19900101	NPI NOT MATCH RENDERING
1233	19900101	NPI NOT MATCH REFERRING
1234	19900101	NPI NOT MATCH ATTENDING
1251	19910101	PRIVATE ROOM CHARGES INVALID
1301	19900101	BILLING PROVIDER NUMBER INVALID
1302	19900101	EXCEEDS 9 MO LIMIT FOR THIS LEVEL PRENATAL CAR
1303	19900101	PROVIDER SPECIALTY MISMATCH
1305	19900101	TARGETED ULTRASOUND/AMNIOCENTISIS REVIEW
1306	19900101	REVENUE CODE/PROVIDER SPECIALTY MISMATCH
1308	19900101	PRIVATE ROOM CHARGES INVALID
1309	19900101	EXCEPTION CODE 073
1310	19900101	TB DRUG
1311	19900101	PROCEDURE NOT COVERED WITH THIS PLACE OF SERVICE

EOB	EFFDATE	EOB DESCRIPTION
1312	19000101	RECIPIENT NAME IS MISSING
1313	19900101	MISSING DRUG QUANTITY
1314	19900101	INVALID PLACE OF SERVICE
1315	19900101	UNITS CANNOT BE LESS THAN DAYS
1316	19900101	PAYER PRIOR PAYMENT IS MISSING OR INVALID
1318	19900101	PROCEDURE REQUIRES PRIOR AUTHORIZATION
1319	19900101	MISSING COVERED DAYS
1320	19900101	INVALID TYPE OF ADMISSION
1321	19000101	PRESCRIBING PROVIDER NUMBER NOT IN VALID FORMAT
1322	19000101	DATE PRESCRIBED IS INVALID
1323	19000101	ESTIMATED DAYS SUPPLY INVALID
1324	29900101	ADMITTING DIAGNOSIS IS MISSING OR INVALID
1325	19900101	INVALID SECONDARY/TERTIARY DIAGNOSIS CODE
1326	19900101	PROCEDURES NOT PAYABLE TB
1327	19900101	CLAIM INDICATES RECIPIENT EXPIRED
1328	19900101	LATE DISCHARGE REQUIRES PATIENT STATUS 20, 41 OR 42
1329	19900101	RECIPIENT NOT ELIGIBLE FOR DATES OF SERVICE
1330	19900101	PROCEDURE NOT PAYABLE VR
1331	19900101	PROCEDURE REQUIRES PRIOR AUTHORIZATION
1332	19900101	PROCEDURE REQUIRES PRIOR AUTHORIZATION
1333	19900101	PROVIDER INELIGIBLE FOR PROCEDURES
1334	19900101	PROVIDER IS SUSPENDED OR TERMINATED FOR PROGRAM BILLED
1335	19900101	REVIEW CLAIMS FOR THIS PROVIDER
1336	19900101	SERVICING PROVIDER IS NOT A MEMBER OF PAY TO GROUP
1337	19900101	INVALID RECIPIENT AGE FOR THIS DIAGNOSIS
1338	19900101	LTC RECIPIENT - NONCOMP DRUG
1339	19900101	THIS DRUG REQUIRES PRIOR AUTHORIZATION
1340	19900101	THIS DIAGNOSIS REQUIRES MEDICAL REVIEW
1341	19900101	THIS DIAGNOSIS REQUIRES REVIEW
1342	19900101	IMPROPER MODIFIER FOR CRNA
1343	19900101	LTC PROV IS SUSPENDED
1344	19900101	CANNOT DETERMINE THE INPATIENT LEVEL OF CARE
1345	19900101	DDSD/NFM PROVIDER-NOT DDSD/NFM RECIPIENT
1346	19900101	PROCEDURE REQUIRES ADDITIONAL DOCUMENTATION

EOB	EFFDATE	EOB DESCRIPTION
1347	19900101	DDSD SERVICE REQUIRES PRIOR AUTHORIZATION
1348	19900101	OVERNITE LABOR ROOM REQUIRES OCC CODE 51 AND DATE
1349	19900101	PDUR BREAST FEEDING/PREGNANCY PRECAUTION
1350	19900101	HMO CO-PAY/NO TPL OR MEDICARE COVERAGE
1351	19900101	CLAIMCHECK AGE CONFLICT
1352	19900101	DRUG REQUIRES PRIOR AUTHORIZATION/MN
1353	19900101	FILE SEPARATE CLAIMS FOR JUNE/JULY HOSPITAL DAYS
1354	19900101	TENNCARE CHECK CLAIM ATTACHMENT
1355	19900101	SERVICES/SUPPLY NOT IN SCOPE OF PROGRAM
1356	19900101	PROCEDURE/REVENUE CODE-REQUIRE PRIOR AUTHORIZATION
1357	19900101	PHARMACY-POSSIBLE DUPLICATE OF ANOTHER CLAIM
1358	19900101	PCS-EXACT DUPLICATE OF ANOTHER CLAIM
1359	19900101	OUTPATIENT-EXACT DUPLICATE OF ANOTHER CLAIM
1360	19900101	HOME HEALTH-POSSIBLE CONFLICT OF ANOTHER CLAIM
1361	19900101	INPATIENT-POSSIBLE DUPLICATE OF ANOTHER CLAIM
1362	19900101	EXCEPTION CODE 831
1363	19900101	TRANSPORTATION-POSSIBLE DUPLICATE OF ANOTHER CLAIM
1364	19900101	CHIROPRACTOR-EXACT DUPLICATE OF ANOTHER CLAIM
1365	19900101	MEDICARE X-OVER PREVIOUSLY PAID FOR SAME DATE OF SERVICE
1366	19900101	PCS-LTC POSSIBLE CONFLICT
1367	19900101	EXCEEDS EMERGENCY ROOM VISITS FOR THIS DATE
1368	19900101	MAXIMUM CRITICAL CARE VISITS EXCEEDED
1369	19900101	EXCEEDS MONTHLY CLINIC VISIT LIMITS
1370	19900101	SCHOOL BASED YEARLY LIMIT EXCEEDED
1371	19900101	LIMIT OF HH VISITS HAS BEEN EXCEEDED FOR 1 YEAR
1372	19900101	LIMIT FOR CHMC SERVICE HAS BEEN EXHAUSTED
1373	19900101	DIABETIC SUPPLIES LIMITS EXCEEDED
1374	19900101	REVIEW EDITS 4005/4006/4009/4084 PRIOR TO CUTBACK
1375	19900101	12 MONTH LIMIT FOR THIS DENTAL SERVICE IS EXCEEDED
1376	19900101	12 MONTH LIMIT FOR THIS DENTAL SERVICE IS EXCEEDED
1377	19900101	PRODEDURE CODE NOT VALID FOR FORM
1378	19900101	LTC/XOVER POSSIBLE CONFLICT WITH XOVER/LTC CLAIM
1379	19900101	ZERO AMOUNT TO PAY
1380	19900101	EXCEPTION CODE 949
1538	19900101	HMO CO-PAY/RECIPIENT HAS TPL
1626	19900101	COVERED FOR ORAL PATH ONLY

EOB	EFFDATE	EOB DESCRIPTION
1627	19900101	CROSSOVER BILLED AMOUNT IS GREATER THAN MEDICARE BILLED AMOUNT
1646	19900101	NON-COVERED DAYS INVALID
1650	19900101	ADJUSTMENT/REVERSAL HAS INVALID RECIPIENT
1651	19900101	ADJUSTMENT/REVERSAL HAS INVALID PROVIDER
1655	19900101	ELIG CHANGES/FILE SEPARATE CLAIMS FOR EACH MONTH
1707	19900101	TENNCARE(MCC) ID MISSING
1708	19900101	MEDICAID ID MISSING - BILLING
1709	19900101	TENNCARE(MCC) ID MISSING - RENDERING
1710	19900101	MEDICAID ID MISSING - RENDERING
1711	19900101	TAX ID MISSING - RENDERING
1720	19900101	BILLING NPI CHECK DIGIT IS INCORRECT
1721	19900101	HEADER RENDERING NPI CHECK DIGIT IS INCORRECT
1722	19900101	DETAIL RENDERING NPI CHECK DIGIT IS INCORRECT
1723	19900101	HEADER REFERRING NPI CHECK DIGIT IS INCORRECT
1724	19900101	DETAIL REFFERRING NPI CHECK DIGIT IS INCORRECT
1725	19900101	HEADER ATTENDING NPI CHECK DIGIT IS INCORRECT
1726	19900101	DETAIL ATTENDING NPI CHECK DIGIT IS INCORRECT
1727	19900101	HEADER OTHER PROV NPI CHECK DIGIT IS INCORRECT
1728	19900101	DETAIL OTHER PROV NPI CHECK DIGIT IS INCORRECT
1729	19900101	HEADER FACILITY NPI CHECK DIGIT IS INCORRECT
1730	19900101	HEADER PRESCRIBING NPI CHECK DIGIT IS INCORRECT
1950	19900101	PROCEDURE INCLUDED IN BUNDLED RATE
1951	19900101	HCPC IS REQUIRED
1995	19900101	FACILITY PROVIDER ID NOT ENROLLED ON THESE DATES OF SERVICE
1996	19900101	THE RENDERING PROVIDER HAS NOT BEEN ENROLLED IN A HEALTH COVERAGE PROGRAM
1997	19900101	THIS CLAIM WAS BILLED WITH A RENDERING PROVIDER NUMBER FROM THE PREVIOUS MEDICA
1999	19640101	BILLING PROVIDER ID SUMITTED UNDER OLD FORMAT
2000	19900101	MISSING UNITS OF SERVICE
2001	19900101	MEDICARE BILLED AMOUNT INVALID
2003	19900101	STOP LOSS THRESHOLD REACHED
2004	19900101	SERVICE DATES ARE NOT IN SAME MONTH
2005	19900101	SURGICAL PROCEDURE MISSING
2006	19900101	TOTAL DAYS LESS THAN COVERED DAYS
2007	19900101	MEDICARE COINSURANCE GREATER THAN MEDICARE PAID
2008	19900101	COINSURANCE AND DEDUCTIBLE AMOUNT MISSING
2009	19900101	BILLED DATE LESS THAN DATES OF SERVICE ON THE CLAIM

EOB	EFFDATE	EOB DESCRIPTION
2010	19900101	ERROR STATUS CODE NOT ENTERED ON ERROR DISPOSTION
2011	19900101	ADJUSTMENT SET TO AUTO DENIAL FOR INTERNET AND 837, TO SUPER-SUSPEND FOR ONLINE
2012	19900101	PRIMARY PAYER IS MISSING
2013	19000101	CLAIM HAS NO DETAILS
2014	19000101	MAXIMUM NUMBER OF CLAIM DETAILS EXCEEDED
2015	19000101	DETAIL SECOND OTHER PHYS ID INVALID
2016	19900101	QMB RECIPIENT ELIGIBLE FOR CROSSOVER ONLY
2017	19900101	PROVIDER NOT ELIGIBLE TO RENDER SERVICE ON THIS PROGRAM
2018	19990101	REFERRING PROVIDER NOT FOUND
2019	19900101	DDSD/NFM PROCEDURE - NOT DDSD/NFM RECIPIENT
2020	19900101	PRESCRIBING PROVIDER NOT ON FILE
2021	19900101	INVALID TOOTH NUMBER FOR THIS PROCEDURE
2022	19900101	INVALID INPATIENT REVENUE CODE
2023	19900101	ABORTION NOT COVERED
2024	19900101	NAME ON CLAIM MUST MATCH DHS IDENTIFICATION
2025	19900101	SPAN DATES DOES NOT EQUAL TOTAL LINE ITEM DAYS
2026	19900101	THIS DRUG NOT COVERED FOR THE RECIPIENT
2027	19900101	RECIPIENT IS NOT ELIGIBLE FOR LEVEL OF CARE BILLED
2028	19900101	THIS DIAGNOSIS REQUIRES MEDICAL REVIEW
2029	19900101	HCA FOR REVIEW
2030	19900101	ASST SURGEON MUST FILE OWN CLM
2031	19900101	CLINIC VISIT PAID THIS DATE
2032	19900101	DME NAME BRAND DOES NOT MATCH ORDER NUMBER
2033	19900101	SPAN DATES OVERLAP
2034	19900101	MCO/BHO PAID DATE IS INVALID OR MISSING
2035	19900101	PROCEDURE REQUIRES MANUAL PRICING
2037	19900101	RECIPIENT NUMBER HAS BEEN DEACTIVATED
2071	19900101	RECIPIENT IS NOT ON ELIGIBILITY FILE
2074	19900101	RECIPIENT NUMBER INVALID
2075	19000101	DCS CHILD RUNAWAY/YOUTH DEVELOP CTR-NO PAYMENT DUE
2076	19000101	DCS CHILD RUNAWAY/YOUTH DEVELOP CTR-NO PAYMENT DUE
2077	19000101	DCS CHILD MED SURG HOSP/INPAT PSYCH-NO PAYMENT DUE
2078	19000101	DCS CHILD MED SURG HOSP/INPAT PSYCH-NO PAYMENT DUE
2079	20050101	RECIPIENT NOT FOUND FOR ELIGIBILITY SUMMARY
2113	20050101	PREGNANCY INDICATOR INCONSISTENT WITH RECIPIENT AGE OR GENDER
2114	19900101	RECIP HAS PHARMACY COPAY - NOT DEDUCTED

EOB	EFFDATE	EOB DESCRIPTION
2115	19900101	RECIP HAS NO PHARMACY COPAY; PBM DEDUCTED ONE
2116	19900101	MULTIPLE MCOS MAY BE AFFECTED BY SERVICE COUNT
2310	19900101	ANESTHESIA MODIFIER IS INVALID OR MISSING
2335	19900101	ACCOMMODATION DETAIL DATES OF SERVICE INCONSISTENT WITH UNITS SPECIFIED
2360	19000101	TAXONOMY CODE INVALID
2361	19900101	PROCEDURE CODE IS MISSING/NOT ON FILE
2509	19000101	TPL/COB SUSPEND FOR REVIEW
2999	19900101	CLAIM BILLED WITH INACTIVE RID
3000	19900101	EXCEEDS HOME COM BASED WAIVERED SERVICE LIMITS
3001	19900101	HIGHER CEREBRAL FUNCTION PREVIOUSLY PAID IN 12 MTS
3002	19900101	THE MAMMOGRAM LIMIT HAS BEEN EXCEEDED
3003	19900101	ONE NEWBORN EXAM HAS BEEN PAID FOR THIS CHILD
3004	19900101	EXCEEDS 2 VISIT LIMIT
3005	19900101	LTC EMC CLAIM INVALID WHEN STAFFING IS SENT PAPER
3006	19900101	PCS INELIGIBLE FOR CATEGORY OF SERVICE
3007	19900101	2 RURAL HEALTH VISITS PER MONTH HAS BEEN EXCEEDED
3008	19900101	OUTPATIENT MENTAL HEALTH LIMITS EXCEEDED
3009	19900101	YEARLY ASSISTATIVE TECHNOLOGY LIMIT EXCEEDED
3010	19900101	EXCEPTION CODE 065
3011	19900101	EXCEPTION CODE 067
3012	19900101	EXCEPTION CODE 069
3013	19900101	2 NURSING HOME VISITS PREVIOUSLY PAID THIS MONTH
3014	19900101	THIS SERV HAS BEEN PREVIOUSLY PAID FOR THIS RECIP
3015	19900101	PREVIOUSLY PAID 3 PAP SMEARS IN 12 MONTHS
3016	19900101	EXCEPTION CODE 077
3017	19900101	EXCEPTION CODE 079
3018	19900101	MANUALLY SUSPEND FOR HCA
3019	19900101	VISIT WITHIN NORMAL SURGERY FOLLOW-UP PERIOD
3020	19900101	EXCEPTION CODE 116
3021	19900101	MISSING RECIPIENT ID NUMBER ON CLAIM
3022	19900101	EXCEPTION CODE 130
3023	19900101	INVALID PROVIDER SPECIALTY FOR PROCEDURE
3024	19900101	2 YEAR RESUBMISSION DEADLINE EXCEEDED
3025	19900101	DISCHARGE DATE IS LESS THAN ADMIT DATE
3026	19900101	DISCHARGE DATE IS LESS THAN LAST DATE OF SERVICE
3027	19900101	INVALID/MISSING PAY-TO PROVIDER CHECK-DIGIT NUMBER

EOB	EFFDATE	EOB DESCRIPTION
3028	19900101	ONE YEAR TIMELY FILING DEADLINE EXCEEDED-FED REG
3029	19900101	DATE OF ACCIDENT IS GREATER THAN LAST DATE OF SERV
3030	19900101	MISSING/INVALID TYPE OF BILL
3031	19900101	UNITS OF SERVICE ARE LESS THAN PROC ALLOWED UNITS
3032	19900101	INVALID SOURCE OF ADMISSION
3033	19900101	CLAIM REQUIRES HCPC OR CPT-4 CODE
3034	19900101	ADMIT DATE GREATER THAN FIRST DATE OF SERVICE
3035	19900101	RECIPIENT NOT ON FILE PAY FROM STATE FUNDS
3036	19900101	PROCEDURE REQUIRES PRIOR AUTHORIZATION
3037	19900101	MISSING TOOTH SURFACE
3038	19900101	INVALID TOOTH NUMBER
3039	19900101	INVALID TOOTH SURFACE
3040	19900101	MISSING TOOTH NUMBER
3041	19900101	MISSING CHARGE
3042	19900101	MISSING ADMISSION DATE
3043	19900101	INVALID ADMISSION HOUR
3044	19900101	ITEM DAYS NOT EQUAL TO COVERED DAYS ON CLAIM
3045	19900101	DATE OF SURGERY IS MISSING
3046	19900101	SUB TYPE REQUIRED FOR THIS DIAGNOSIS CODE
3047	19900101	CLAIMANT SIGNATURE MISSING
3048	19900101	PROVIDER SIGNATURE IS MISSING
3049	19900101	INVALID TYPE OF BILL FOR RECIPIENT LEVEL OF CARE
3050	19900101	DATE DISPENSED IS INVALID
3051	19900101	MISSING OCCURRENCE DATE
3052	19900101	INVALID CONDITION CODE
3053	19900101	INSURANCE DENIAL REQUIRED
3054	19900101	PROCEDURE REQUIRES PRIOR AUTHORIZATION
3055	19900101	SURGERY DATE CANNOT BE PRIOR TO ADMIT DATE
3056	19900101	SURGERY DATE CANNOT BE OUTSIDE DATE OF SERVICE
3057	19900101	FACILITY PROVIDER NOT IN VALID FORMAT
3058	19000101	THE DETAIL LINE 'TO' DATE OF SERVICE IS MISSING
3059	19900101	RECIPIENT IS NOT ELIGIBLE ALL DATES OF SERVICES
3060	19900101	ITEMIZED SERVICE DATE NOT IN ELIGIBILITY SPAN
3061	19900101	RECIPIENT NOT IN MANAGED CARE
3062	19000101	DATE BILLED IS INVALID
3063	19900101	INPATIENT TB NOT COVERED

EOB	EFFDATE	EOB DESCRIPTION
3064	19900101	PROC REQUIRES REVIEW - HCBW
3065	19900101	LTC DRUG ONLY
3066	19900101	NDC IS DEACTIVED AND NOT PAYABLE ON DATE FILLED
3067	19900101	MISSING RECIPIENT ID
3068	19900101	SPAN THRU DATE LESS THAN SPAN FROM DATE
3070	19900101	PAY TO GROUP HAS BEEN PAID FOR THIS SERVICE
3071	19900101	INVALID PROOF OF INSURANCE DENIAL
4000	19900101	MORE THAN TWO SURGICAL UNITS ON THE CLAIM
4003	19900101	DRUG IS LESS THAN EFFECTIVE - DESI
4014	19900101	NO PRICING SEGMENT IS ON FILE.
4018	20050801	PROC CODE TYPE SITTER - CONV. CARE - NOT ALLOWED
4020	19900101	UNITS BILLED EXCEED ALLOWABLE UNITS FOR THIS PROCEDURE CODE
4026	19900101	NDC/DAYS SUPPLY LIMITATIONS. THIS NDC CODE BILLED MAY NOT BE GREATER THAN THE
4033	19900101	INVALID PROCEDURE CODE MODIFIER COMBINATION
4039	19900101	DIAGNOSIS CANNOT BE USED AS THE PRINCIPAL DIAGNOSIS
4089	19900101	MISSING OR INVALID SURGERY CODE-PLEASE VERIFY TO SEE IF HCPC CODE CAN BE BILLED
4095	19900101	NONSURGICAL SERVICES ARE NOT REIMBURSED INDIVIDUAL
4098	19900101	PRICING BEING REVIEWED
4107	19900101	REVENUE CODE IS NOT APPROPRIATE/NOT COVERED FOR THE 'TYPE' OF SERVICE BEING PRO
4108	19900101	NO ASC ON FILE
4114	19900101	PRICING BEING REVIEWED
4115	19900101	PRICING BEING REVIEWED
4119	19900101	VALUE CODE AMOUNT MISSING
4120	19000101	VALUE CODE IS MISSING
4121	19900101	PROCEDURE CODE REQUIRES TOOTH QUADRANT
4122	19900101	VALUE CODE IS INVALID
4123	19900101	VALUE CODE AMOUNT IS MISSING
4124	19900101	VALUE CODE AMOUNT IS INVALID
4127	19900101	CANNOT PRIORITIZE RECIPIENT'S PROGRAMS (INTERNET USERS, TRY TO RESUBMIT IN 24 H
4203	19900101	THIS SERVICE IS A NON-COVERED HEALTH COVERAGE PROGRAM SERVICE AS THE RENDERING
4209	19900101	NO MATCHING PRICING SEGMENT FOR THE PROCEDURE/MODIFIER COMBINATION BILLED
4215	19981001	REVENUE CODE NOT VALID FOR THIS BILL TYPE
4218	19900101	INVALID PROCEDURE FOR CLAIM FORM
4220	19000101	EPOGEN REQUIRES VALUE CODE 68
4227	19900101	REVENUE CODE NOT COVERED BY PROGRAM
4246	19900101	ADJUSTMENT NET PAID AMOUNT EXCEEDS THE CASH RECEIPT BALANCE

EOB	EFFDATE	EOB DESCRIPTION
4251	19900101	DECIMAL UNITS NOT BILLABLE FOR PROCEDURE.
4252	19000101	DIAGNOSIS CODE 10-24 NOT ON FILE
4253	19900101	REVENUE CODE REQUIRES MEDICAL REVIEW
4254	19900101	REVENUE CODE VS AGE RESTRICTION
4257	20050101	OTC DRUG PRESCRIBED TO AN ADULT
4260	20050101	PRESCRIPTION'S DAYS SUPPLY EXCEEDS 30 DAYS
4261	20050101	CLAIM MET PBM/MCC LIMITS BUT NOT INTERCHANGE LIMIT
4262	20050101	CLAIM MET INTERCHANGE LIMIT BUT NOT PBM/MCC LIMIT
4263	20050101	APPEAL PRESENT WHEN BENEFIT LIMITS EXCEEDED
4264	20050101	RECIPIENT HAS NO PHARMACY COVERAGE
4265	20050801	INTERCHANGE COUNT NOT MATCHED BY MCO
4266	20050101	MCO COUNT NOT MATCHED BY INTERCHANGE - DETAIL
4267	20050801	INTERCHANGE COUNTED THIS CLAIM AND THE MCO DID NOT
4268	20060101	PRESCRIPTION'S 3 DAY SUPPLY ALREADY USED
455	19900101	DENTAL PREDETERMINATION OF BENEFITS NOT ALLOWED
5000	19900101	POSSIBLE DUPLICATE OF ANOTHER CLAIM.
5001	19900101	THIS IS AN EXACT DUPLICATE OF ANOTHER CLAIM.
5002	19900101	THIS ADJUSTMENT IS A DUPLICATE OF A PREVIOUS ADJUSTMENT.
5003	19900101	THIS IS A DUPLICATE OF ANOTHER CLAIM REVERSAL.
5004	19900101	REVERSAL NOT PROCESSED, NO MATCH FOUND ON RX NUMBER AND PROVIDER NUMBER. PLEAS
5005	19900101	REVERSAL NOT PROCESSED- MULTIPLE MATCHES FOUND WITH SAME RX NUMBER, PROVIDER NU
5006	19900101	REVERSAL NOT PROCESSED, CLAIM OVER 60 DAYS - SUBMIT MANUAL ADJUSTMENT.
5007	19000101	THIS IS A DUPLICATE OF ANOTHER CLAIM - HEADER
5010	19000101	EXACT DUPLICATE - TOOTH SURFACE
5013	19900101	A DUPLICATE CLAIM WITH SAME MCC ICN AND SUBMITTER ID IS IN THE SYSTEM
5014	19900101	THIS IS A DUPLICATE OF ANOTHER CLAIM
5100	19900101	MAXIMUM HOSPITAL DAYS FOR THIS ADULT HAVE BEEN PAID. NO ADDITIONAL VISITS WILL
5300	19900101	FORMER ICN OR MCC ICN IS NOT FOUND FOR VOID/REPLACEMENT
5400	19900101	MET MONTHLY COPAY MAXIMUM- TENNCARE MEDICAID
5401	19900101	MET MONTHLY COPAY MAXIMUM - TENNCARE STANDARD
5402	19900101	MET YEARLY COPAY MAXIMUM - TENNCARE STD FPL < 200%
5403	19900101	MET YEARLY COPAY MAXIMUM - TENNCARE STD FPL >=200%
5404	19900101	MET YEARLY COPAY MAXIMUM - TENNCARE MEDICAID
5500	19900101	STEP THERAPY REQUIREMENTS NOT MET FOR THIS DRUG
5510	19900101	PATIENT WAS ALREADY DISCHARGED FROM A FACILITY DURING SAME COVERAGE TIME SPAN.
5511	19900101	RECORD OF PATIENT EXPIRATION ALREADY RECORDED PREVIOUSLY.

EOB	EFFDATE	EOB DESCRIPTION
5512	19900101	PATIENT WAS ALREADY ADMITTED TO FACILITY DURING SAME COVERAGE TIME SPAN. NEW P
5513	19910101	HCBS- ICF/SNF POSSIBLE CONFLICT
5514	19910101	RECIPIENT IS PART B ELIGIBLE - HOME, MENTAL, COMMUNITY HELATH, DME AND PHYSICIA
5515	19910101	VISIT CODE NOT ALLOWED ON SAME DAY AS CONSULT
5516	19910101	D&C PAYMENT INCLUDED WITH HYSTERECTOMY
5517	19910101	INPATIENT SERVICE NOT ON SAME DAY AS OBSERVATION
5518	19900101	SAME DAY TRANSFER/EXPIRATION
5520	20050101	RESIDENTIAL HABILITATION INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE
5521	20050101	MEDICAL RESIDENTIAL INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE MEDIC
5522	20050101	FAMILY RESIDENTIAL INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE
5523	20050101	SUPPORTED LIVING(T2031) INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE S
5524	20050101	SUPPORTED LIVING(T2033) INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STATE S
5525	20050101	PERSONAL ASSISTANCE(S9122) SERVICE CANNOT BILL SAME TIME AS PERSONAL ASSISTANCE
5526	20050101	DAY SRVS/FACILITY BASED SERVICES CANNOT BILL DURING DAY SRVS/SUPPORTED EMPLOYME
5527	20050101	RESPIRE(IN THE HOME) SERVICE CANNOT BILL SAME TIME AS RESPIRE(SITTER) SERVICE
5528	20050101	SUPPORTED LIVING(T2031) SERVICE CANNOT BILL SAME TIME AS SUPPORTED LIVING(T2033
5529	20050101	PERSONAL ASSISTANCE(S9122) INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STAT
5530	20050101	PERSONAL ASSISTANCE(T1020) INSTATE SERVICE CANNOT BILL SAME TIME AS OUT OF STAT
5532	20060701	PERSONAL ASSISTANCE(T1019) INSTATE STAFF SERVICE CANNOT BILL SAME TIME AS OUT O
5533	20060701	PERSONAL ASSISTANCE(T1019) SERVICE CANNOT BILL SAME TIME AS PERSONAL ASSISTANCE
5534	20060701	DAY SERVICES CANNOT BILL DURING RESPIRE/MEDICAL RESIDENTIAL SERVICES
5535	20060701	NUTRITION RATE(S9470) SERVICE CANNOT BILL SAME TIME AS OTHER NUTRITION ASSESSME
5536	20060701	OCCUPATIONAL THERAPY RATE(G0152) SERVICE CANNOT BILL SAME TIME AS OTHER OCC. TH
5537	20060701	ORIENTATION & MOBILITY TRAINING RATE(H2014) SERVICE CANNOT BILL SAME TIME AS OT
5538	20060701	PHYSICAL THERAPY RATE(G0151) SERVICE CANNOT BILL SAME TIME AS OTHER PHYSICAL TH
5539	20060701	SPEECH, LANGUAGE & HEARING RATE(G0153) SERVICE CANNOT BILL SAME TIME AS OTHER S
6001	19910101	HOSPICE CARE LIMITED TO 210 DAYS PER RECIPIENT
6002	19910101	LEAVE DAYS LIMITED TO 15 PER HOSPITILIZATION
6003	19910101	NEWBORN CARE LIMITED TO TWO SUBSEQUENT VISITS
6004	19910101	PROCEDURE EXCEEDS LIFETIME LIMITATION
6005	19910101	INPATIENT PSYCHIATRIC DAYS LIMITATION EXCEEDED FOR FISCAL YEAR
6006	19910101	MAXIMUM OF 18 THERAPEUTIC LEAVE DAYS EXCEEDED FOR FISCAL YEAR
6007	19910101	EXCEEDED SUPPORT COORDINATION LIMIT
6008	19910101	EXCEEDED DAY HABITATION/LEVEL B LIMIT
6009	19910101	EXCEEDED DAY HABITATION/LEVEL C LIMIT
6010	19910101	EXCEEDED RESIDENTIAL HABITATION LIMIT

EOB	EFFDATE	EOB DESCRIPTION
6011	19910101	EXCEEDED FAMILY BASED LIVING LIMIT
6012	19910101	EXCEEDED HOME HEALTH AIDE LIMIT
6013	19910101	EXCEEDED RESPITE/OVER NIGHT LIMIT
6014	19910101	EXCEEDED ENVIRONMENT ACCESS ADAPTATION LIMIT
6015	19910101	EXCEEDED PERSONAL ASSISTANCE LIMIT
6016	19910101	EXCEEDED NURSING SERVICES LIMIT
6017	19910101	EXCEEDED SUPPORTED EMPLOYMENT LIMIT
6018	19910101	EXCEEDED COMMUNITY PARTICIPATION LIMIT
6019	19910101	EXCEEDED RESPITE/SITTER SERVICE LIMIT
6020	19910101	EXCEEDED TRANSPORTATION LIMIT
6021	19910101	EXCEEDED BEHAVIOR SUPPORT/PSYCHIATRIST LIMIT
6022	19910101	EXCEEDED BEHAVIOR SUPPORT/PSYCHOLOGIST
6023	19910101	EXCEEDED BEHAVIOR SUPPORT/BEHAVIOR SPECIALIST LIMIT
6024	19910101	EXCEEDED NUTRITION SERVICES LIMIT
6025	19910101	EXCEEDED PHYSICAL THERAPY LIMIT
6026	19910101	EXCEEDED OCCUPATIONAL THERAPY LIMIT
6027	19910101	EXCEEDED SPEECH THERAPY LIMIT
6028	19910101	EXCEEDED SPECIAL EQUIPMENT, SUPPLIES & ASSISTIVE TECHNOLOGY LIMIT
6029	19910101	EXCEEDED FAMILY EDUCATION LIMIT
6030	19910101	EXCEEDED ENHANCED DENTAL SERVICES LIMIT
6031	19910101	EXCEEDED SUPPORTIVE EMPLOYMENT (MO) LIMIT
6032	19910101	EXCEEDED COMMUNITY PARTICIPATION (MO) LIMIT
6033	19910101	EXCEEDED PERSONAL EMERGENCY RESPONSE LIMIT
6034	19910101	EXCEEDED BEHAVIOR SUPPORT/BEHAVIOR ANALYST LIMIT
6035	19910101	EXCEEDED SUPPORTED LIVING LIMIT
6036	19910101	EXCEEDED AUDIOLOGY SERVICES LIMIT
6037	19910101	EXCEEDED NURSING ASSESSMENT LIMIT
6038	19910101	EXCEEDED PHYSICAL THERAPY ASSESSMENT LIMIT
6039	19910101	EXCEEDED OCCUPATIONAL THERAPY ASSESSMENT LIMIT
6040	19910101	EXCEEDED SPEECH THERAPY ASSESSMENT LIMIT
6041	19910101	EXCEEDED AUDIOLOGY ASSESSMENT LIMIT
6042	19910101	EXCEEDED SUPPORT COORDINATION LIMIT
6043	19910101	EXCEEDED DAY HABITATION LIMIT
6044	19910101	EXCEEDED TRANSPORTATION, PRIVATE-PUBLIC-CORP LIMIT
6045	19910101	EXCEEDED RESIDENTIAL HABITATION LIMIT
6047	19910101	MAXIMUM OF 18 THERAPEUTIC LEAVE DAYS EXCEEDED FOR FISCAL YEAR

EOB	EFFDATE	EOB DESCRIPTION
6048	19910101	EXCEEDED RESPITE/OVER NIGHT LIMIT
6049	19910101	EXCEEDED ENVIRONMENT ACCESS ADAPTATION LIMIT
6050	19910101	EXCEEDED PERSONAL ASSISTANCE LIMIT
6051	19910101	EXCEEDED NURSING SERVICES LIMIT
6052	19910101	EXCEEDED SELF DETERMINATION TRAINING/CONSUMER EDUCATION LIMIT
6053	19910101	EXCEEDED TRANSPORTATION/INDIVIDUALS/FAMILY LIMIT
6054	19910101	EXCEEDED SUPPORTED EMPLOYMENT LIMIT
6055	19910101	EXCEEDED COMMUNITY PARTICIPATION LIMIT
6056	19910101	EXCEEDED RESPITE/SITTER SERVICE LIMIT
6057	19910101	EXCEEDED TRANSPORTATION/SERVICE AGENCY LIMIT
6058	19910101	EXCEEDED BEHAVIOR SUPPORT/PSYCHIATRIST, EVALUATION LIMIT
6059	19910101	EXCEEDED BEHAVIOR SUPPORT/PSYCHOLOGIST, EVALUATION LIMIT
6060	19910101	EXCEEDED BEHAVIOR SUPPORT/BEHAVIOR SPECIALIST LIMIT
6061	19910101	EXCEEDED NUTRITION SERVICES LIMIT
6062	19910101	EXCEEDED PHYSICAL THERAPY LIMIT
6063	19910101	EXCEEDED OCCUPATIONAL THERAPY LIMIT
6064	19910101	EXCEEDED SPEECH THERAPY LIMIT
6065	19910101	EXCEEDED SPECIAL EQUIPMENT, SUPPLIES & ASSISTIVE TECHNOLOGY LIMIT
6066	19910101	EXCEEDED FAMILY EDUCATION LIMIT
6067	19910101	HOSPITAL LEAVE DAYS ARE NON-COVERED
6068	19910101	MAXIMUM OF 60 THERAPEUTIC LEAVE DAYS EXCEEDED FOR FISCAL YEAR (ICF-MR)
6069	19910101	EXCEEDED DENTAL SERVICES LIMIT
6073	19910101	EXCEEDED AUDIOLOGY SERVICES LIMIT
6074	19910101	EXCEEDED VISION SERVICES LIMIT
6075	19910101	EXCEEDED NURSING ASSESSMENT LIMIT
6076	19910101	EXCEEDED PHYSICAL THERAPY ASSESSMENT LIMIT
6077	19910101	EXCEEDED OCCUPATIONAL THERAPY ASSESSMENT LIMIT
6078	19910101	EXCEEDED SPEECH THERAPY ASSESSMENT LIMIT
6079	19910101	EXCEEDED AUDIOLOGY ASSESSMENT LIMIT
6080	19910101	EXCEEDED CASE MANAGEMENT LIMIT
6081	19910101	EXCEEDED PERSONAL CARE LIMIT
6082	19910101	EXCEEDED HOME DELIVERED MEALS LIMIT
6083	19910101	EXCEEDED MINOR HOME MODIFICATIONS LIMIT
6084	19910101	EXCEEDED PERSONAL EMERGENCY RESPONSE SYSTEM LIMIT
6087	19910101	EXCEEDED CASE MANAGEMENT LIMIT
6088	19910101	EXCEEDED PERSONAL CARE LIMIT

EOB	EFFDATE	EOB DESCRIPTION
6089	19910101	EXCEEDED RESPITE LIMIT
6090	19910101	EXCEEDED MINOR HOME MODIFICATIONS LIMIT
6091	19910101	HOSPITAL LEAVE DAYS ARE NON-COVERED
6092	19910101	EXCEEDED PERSONAL EMERGENCY RESPONSE SYSTEM LIMIT
6093	19910101	EXCEEDED HOME DELIVERED MEALS LIMIT
6094	19910101	EXCEEDED HOME MAKER LIMIT
6095	19910101	EXCEEDED HOME MAKER LIMIT
6096	19910101	EXCEEDED FAMILY BASED LIVING LIMIT
6097	19910101	EXCEEDED PERSONAL EMERGENCY RESPONSE LIMIT
6098	19910101	EXCEEDED BEHAVIOR SUPPORT/BEHAVIOR ANALYST LIMIT
6099	19910101	EXCEEDED SUPPORTED LIVING LIMIT
6100	19900101	SNF STAY OCCURED BEFORE ICF PAE WAS USED. NEED A NEW PAE.
6101	19900101	Y CODE DUPLICATES PROCEDURE ON THAT DATE
6104	19900101	SNF STAY OCCURED BEFORE ICF PAE WAS USED. NEED A NEW PAE.
6119	20061001	HCBS AD STATEWIDE CASE MANAGEMENT EXCEEDED
6120	20061001	HCBS AD-STATEWIDE PERSONAL CARE EXCEEDED
6121	20061001	HCBS AD-STATEWIDE MINOR HOME MODIFICATIONS EXCEEDED
6123	20061001	HCBS AD-STATEWIDE PERSONAL EMERGENCY RESPONSE SYSTEM EXCEEDED
6124	20061001	HCBS AD-STATEWIDE HOME DELIVERED MEALS EXCEEDED
6125	20061001	HCBS AD-STATEWIDE HOME MAKER EXCEEDED
6126	20061001	HCBS AD-STATEWIDE ADULT DAY CARE EXCEEDED
6127	20061001	HCBS AD-STATEWIDE ASSISTIVE TECHNOLOGY EXCEEDED
6128	20061001	HCBS AD-STATEWIDE PERSONAL CARE ATTENDANT EXCEEDED
6129	20061001	HCBS AD-STATEWIDE PEST CONTROL EXCEEDED
6130	20061001	AD STATEWIDE RESPITE EXCEEDED
6300	20050901	EXCEEDS LEAVE DAY LIMIT
6514	19990101	HOME HEALTH LIMITS EXCEEDED FOR 1 MONTH
6520	19900101	BHO ENCOUNTERS EXCEEDS DIAGNOSIS COST LIMIT
6554	20021001	WAIVER LIMIT FOR PHARMACY HAS BEEN REACHED
6631	19000101	INPATIENT ENCOUNTER THRESHOLD \$50,000
6632	19000101	OUTPATIENT ENCOUNTER THRESHOLD \$10,000
6633	19000101	PROFESSIONAL ENCOUNTER THRESHOLD \$10,000
6634	19000101	HOME HEALTH ENCOUNTER THRESHOLD \$10,0000
6635	19000101	LAB ENCOUNTER THRESHOLD \$10,000
6636	19000101	MENTAL HEALTH ENCOUNTER THRESHOLD \$15,000
6637	19000101	HOSPICE ENCOUNTER THRESHOLD \$10,000

EOB	EFFDATE	EOB DESCRIPTION
6638	19000101	PHARMACY ENCOUNTER THRESHOLD \$1,000
6639	19000101	PHARMACY COMPOUND ENCOUNTER THRESHOLD \$1,500
6640	19000101	DURABLE MEDICAL EQUIP ENCOUNTER THRESHOLD \$2,000
6641	19000101	DENTAL ENCOUNTER THRESHOLD \$2,000
6642	19000101	VISION ENCOUNTER THRESHOLD \$500
6643	19000101	TRANSPORTATION ENCOUNTER THRESHOLD \$500
6660	19900101	MAXIMUM OF 14 THERAPEUTIC LEAVE DAYS EXCEEDED PER OCCURRENCE (ICF-MR)
6661	19900101	PROFESSIONAL AND TECHNICAL COMPONENTS OF SERVICES ARE NOT PAYABLE WHEN THE COMP
6662	19900101	INSTITUTIONAL XOVER EXCEEDS \$10,000 - PEND FOR MANUAL REVIEW
6663	19900101	INSTITUTIONAL OUTPATIENT XOVER EXCEEDS \$5,000 - PEND FOR MANUAL REVIEW
6664	19900101	PROFESSIONAL XOVER EXCEEDS \$1,500 - PEND FOR MANUAL REVIEW
6665	19900101	SNF - (LONG TERM CARE) EXCEEDS \$18,000 - PEND FOR MANUAL REVIEW
6666	19900101	ICF EXCEEDS \$15,000 - PEND FOR MANUAL REVIEW
6667	19900101	ICF/MR EXCEEDS \$40,000 - PEND FOR MANUAL REVIEW
6668	19900101	PHYSICIAN (DCS) EXCEEDS \$12,000- PEND FOR MANUAL REVIEW
6669	19900101	HCBS EXCEEDS \$26,000 - PEND FOR MANUAL REVIEW
6670	19900101	CT C XOVER EXCEEDS \$5,000-PEND FOR MANUAL REVIEW
6700	19900101	FOLLOW-UP VISITS NOT PAYABLE WITHIN 10 DAYS OF SURGICAL PROCEDURE
6701	19990101	FOLLOW-UP VISITS NOT PAYABLE WITHIN 30 DAYS OF SURGICAL PROCEDURE
6702	19900101	FOLLOW-UP VISITS NOT PAYABLE WITHIN 45 DAYS OF SURGICAL PROCEDURE
6703	19900101	FOLLOW-UP VISITS NOT PAYABLE WITHIN 60 DAYS OF SURGICAL PROCEDURE
6704	19900101	FOLLOW-UP VISITS NOT PAYABLE WITHIN 90 DAYS OF SURGICAL PROCEDURE
6725	20050101	EXCEEDED BEHAVIORAL RESPITE SERVICES LIMIT
6726	20050101	EXCEEDED DAY SERVICES LIMIT
6727	20050101	EXCEEDED ENVIRONMENTAL ACCESSIBILITY MODIFICATIONS LIMIT
6728	20050101	EXCEEDED FAMILY MODEL RESIDENTIAL SUPPORT LIMIT
6729	20050101	EXCEEDED INDIVIDUAL TRANSPORTATION SERVICES LIMIT
6730	20050101	EXCEEDED DAY SERVICES LIMIT(MONTHLY)
6731	20050101	EXCEEDED NUTRITION ASSESSMENTS/SERVICES LIMIT
6732	20050101	EXCEEDED OCCUPATIONAL THERAPY ASSESSMENTS LIMIT
6733	20050101	EXCEEDED ORIENTATION AND MOBILITY TRAINING/ASSESSMENTS LIMITS
6734	20050101	EXCEEDED PERSONAL ASSISTANCE DAILY RATE LIMIT
6735	20050101	EXCEEDED PERSONAL EMERGENCY RESPONSE SYSTEM LIMIT
6736	20050101	EXCEEDED PHYSICAL THERAPY ASSESSMENTS LIMIT
6737	20050101	EXCEEDED RESIDENTIAL HABILITATION LIMIT
6738	20050101	EXCEEDED RESPITE/OVERNIGHT LIMIT

EOB	EFFDATE	EOB DESCRIPTION
6739	20050101	EXCEEDED SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES & ASSISTIVE TECHNOLOGY LIMIT
6740	20050101	EXCEEDED SPEECH, LANGUAGE AND HEARING SERVICES ASSESSMENTS LIMIT
6741	20050101	EXCEEDED SPEECH, LANGUAGE AND HEARING SERVICES LIMIT
6742	20050101	EXCEEDED SUPPORT COORDINATION LIMIT
6743	20050101	SUPPORTED LIVING LIMIT EXCEEDED
6744	20050101	EXCEEDED VEHICLE ACCESSIBILITY MODIFICATIONS LIMIT
6745	20050101	EXCEEDED FAMILY MODEL RESIDENTIAL SUPP(OUT OF STATE)LIMIT
6746	20050101	EXCEEDED MEDICAL RESIDENTIAL SVCS(OUT OF STATE) LIMIT
6747	20050101	EXCEEDED OCCUPATIONAL THERAPY SERVICES LIMIT
6748	20050101	EXCEEDED PHYSICAL THERAPY SERVICES LIMIT
6749	20050101	EXCEEDED RESIDENTIAL HABILITATION(OUT OF STATE) LIMIT
6750	20050101	EXCEEDED RESPITE-SITTER LIMIT
6751	20050101	EXCEEDED SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES & ASSISTIVE TECHNOLOGY LIMIT
6752	20050101	EXCEEDED SUPPORTED LIVING(OUT OF STATE) LIMIT
6753	20050101	EXCEEDED DAY SERVICES SUPPL EMPLOYMENT LVL 5 LIMIT
6754	20050101	EXCEEDED MED RES/RES HABIL/SUPP LVG SPCL NEED ADJ LIM
6755	20050101	EXCEEDED MED RES/RES HABIL/SUPP LVG SPCL NEED ADJ LIMIT(OOS)
6756	20050101	EXCEEDED PERSONAL ASSISTANCE LIMIT(S9122 ONLY)
6757	20050101	MED RES SVCS EXCEEDED - ONLY 1 PER DAY ALLOWED
6765	20050101	EXCEEDED SDW SUPPLEMENTAL EMERGENCY ASSISTANCE LIMIT
6766	20050101	EXCEEDED SELF DETERMINATION WAIVER SERVICES LIMIT
6767	20050101	EXCEEDED FINANCIAL ADMINISTRATION SERVICES LIMIT
6769	20060701	EXCEEDED MONTHLY BEHAVIOR ANALYST ASSESSMENT SERVICES LIMIT
6770	20060701	EXCEEDED ANNUAL BEHAVIOR ANALYST ASSESSMENT SERVICES LIMIT
6771	20060701	EXCEEDED BEHAVIOR ANALYST MONTHLY BEHAVIOR PLAN SERVICES LIMIT
6772	20060701	EXCEEDED BEHAVIOR ANALYST ANNUAL BEHAVIOR PLAN SERVICES LIMIT
6773	20060701	EXCEEDED BEHAVIOR ANALYST ANNUAL PRESENTATION SERVICES LIMIT
6774	20060701	EXCEEDED MONTHLY NUTRITION ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
6775	20060701	EXCEEDED ANNUAL NUTRITION ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
6776	20060701	EXCEEDED TRANSITIONAL CASE MANAGEMENT SERVICES LIMIT
6777	20060701	EXCEEDED MONTHLY OCCUPATIONAL THERAPY ASSESSMENT/PLAN DEVELOPMENT SERVICES LIM
6778	20060701	EXCEEDED ANNUAL OCCUPATIONAL THERAPY ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
6779	20060701	EXCEEDED MONTHLY ORIENTATION AND MOBILITY TRAINING ASSESSMENT/PLAN DEVELOPMENT
6780	20060701	EXCEEDED ANNUAL ORIENTATION AND MOBILITY TRAINING ASSESSMENT/PLAN DEVELOPMENT S
6781	20060701	EXCEEDED PERSONAL ASSISTANCE LIMIT STAFF RATE LIMIT
6782	20060701	EXCEEDED MONTHLY PHYSICAL THERAPY ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT

EOB	EFFDATE	EOB DESCRIPTION
6783	20060701	EXCEEDED ANNUAL PHYSICAL THERAPY ASSESSMENT/PLAN DEVELOPMENT SERVICES LIMIT
6784	20060701	EXCEEDED MONTHLY SPEECH, LANGUAGE AND HEARING ASSESSMENT/PLAN DEVELOPMENT SERVI
6785	20060701	EXCEEDED ANNUAL SPEECH, LANGUAGE AND HEARING ASSESSMENT/PLAN DEVELOPMENT SERVIC
6801	20050101	BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1)
6802	20050101	THRESHOLD BEN LIMIT FOR INPATIENT HOSPITAL (R1)
6803	20050101	BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1-C)
6804	20050101	THRESHOLD BEN LIMIT FOR INPATIENT HOSPITAL (R1-C)
6805	20050101	BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1)
6806	20050101	TH BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1)
6807	20050101	BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1-C)
6808	20050101	TH BENEFIT LIMIT FOR INPATIENT HOSPITAL (R1-C)
6809	20050101	BENEFIT LIMIT FOR OUTPATIENT HOSPITAL VISITS (R1)
6810	20050101	TH BEN LIMIT FOR OUTPATIENT HOSPITAL VISITS (R1)
6811	20050101	BENEFIT LIMIT FOR OUTPATIENT HOSP VISITS (R1-C)
6812	20050101	TH BEN LIMIT FOR OUTPATIENT HOSP VISITS (R1-C)
6813	20050101	BENEFIT LIMIT PHYSICIAN VISITS (R1)
6814	20050101	THRESHOLD BENEFIT LIMIT PHYSICIAN VISITS (R1)
6815	19000101	BENEFIT LIMIT PHYSICIAN VISITS (R2)
6816	19000101	THRESHOLD BENEFIT LIMIT FOR PHYSICIANS VISITS (R2)
6817	19900101	RADIOLOGY AND LAB PRCEDURES (R1)
6818	19900101	TH BEN LIMIT RAD AND LAB PROCEDURES (R1)
6819	19900101	RADIOLOGY AND LAB PROCEDURES (R2)
6820	19900101	THRESHOLD RADIOLOGY AND LAB PROCEDURES (R2)
6821	20050101	BENEFIT LIMIT FOR THERAPY R1 (PHYSICAL, OCCUPATIONAL, SPEECH)
6822	20050101	BENEFIT LIMIT FOR THERAPY R2 (PHYSICAL, OCCUPATIONAL, SPEECH)
6840	20050101	BENEFIT LIMIT FOR PHARMACY PRESCRIPTIONS PER MONTH
6841	20050101	EARLY PRESCRIPTION REFILL EXCEEDS THREE DAY LIMIT
6842	20050101	BENEFIT LIMIT FOR PHARMACY BRAND NAME PRESCRIPTIONS PER MONTH
6851	20050101	INPATIENT SERVICE (R1) NOT COVERED AFTER BEN LIMIT
6852	20050101	INPATIENT SERVICE (R1-C) NOT COVERED AFTER BEN LIMIT
6853	20050101	INPATIENT PHYS (R1) NOT COVERED AFTER BEN LIMIT
6854	20050101	INPATIENT PHYS (R1-C) NOT COVERED AFTER BEN LIMIT
6855	20050101	OUTPATIENT VISITS (R1) NOT COVERED AFTER BEN LIMIT
6856	20050101	OUTPATIENT VISITS (R1-C) NOT COVERED AFTER BEN LIM
6857	20050101	PHYSICIAN VISITS (R1) NOT COVERED AFTER BEN LIMIT
6858	20050101	RADIOLOGY AND LAB (R1) NOT COVERED AFTER BEN LIMIT

EOB	EFFDATE	EOB DESCRIPTION
6859	20050101	RADIOLOGY AND LAB (R2) NOT COVERED AFTER BEN LIMIT
6860	20050101	PHYSICIAN VISITS (R2) NOT COVERED AFTER BEN LIMIT
6861	20050101	RADIOLOGY AND LAB (R3) NOT COVERED AFTER BEN LIMIT
6862	19000101	I/P PSYCHIATRIC HOSPITAL
6863	19900101	LIFETIME SUBSTANCE ABUSE
6864	19900101	LIFETIME SUBSTANCE ABUSE (R2)
6865	19900101	LIFETIME DETOX
6866	19900101	TH LIFETIME SUBSTANCE ABUSE
6867	19900101	TH LIFETIME SUBSTANCE ABUSE (R2)
6868	19900101	TH LIFETIME DETOX
6869	19900101	LIFETIME SUBSTANCE ABUSE NOT COVERED
6870	19900101	LIFETIME SUBSTANCE ABUSE (R2) NOT COVERED
6871	19900101	LIFETIME DETOX NOT COVERED
7000	19000101	CLAIM FAILED A PRODUR ALERT
7001	19000101	CLAIM GENERATED AN INFORMATIONAL PRODUR ALERT
7200	19010101	MISCELLANEOUS CLAIMCHECK ERROR
7201	19010101	PROCEDURE IS A NEWBORN PROCEDURE; AGE SHOULD BE LESS THAN 1 YEAR
7202	19010101	PROCEDURE IS A PEDIATRIC PROCEDURE; AGE SHOULD BE 1-17 YEARS
7203	19010101	PROCEDURE IS A MATERNITY PROCEDURE; AGE SHOULD BE 12-55 YEARS
7204	19010101	PROCEDURE IS AN ADULT PROCEDURE; AGE SHOULD BE OVER 14 YEARS
7205	19010101	PROCEDURE IS NOT INDICATED FOR A MALE
7206	19010101	PROCEDURE IS NOT INDICATED FOR A FEMALE
7207	19010101	PROCEDURE IS CLASSIFIED AS A COSMETIC PROCEDURE
7208	19010101	PROCEDURE IS AN UNLISTED PROCEDURE
7209	19010101	PROCEDURE IS CLASSIFIED AS EXPERIMENTAL
7210	19010101	PROCEDURE IS CLASSIFIED AS OBSOLETE
7211	19010101	PROCEDURE IS INVALID FOR PATIENT'S AGE
7212	19010101	PROCEDURE ADDED DUE TO ALTERNATE CODE REPLACEMENT (AGE)
7213	19010101	PROCEDURE IS INVALID FOR PATIENT'S SEX
7214	19010101	PROCEDURE ADDED DUE TO ALTERNATE CODE REPLACEMENT (SEX)
7215	19010101	PROCEDURE CODE IS INCIDENTAL
7216	19010101	VISIT PROCEDURE CODE IS NOT INDICATED FOR SEPARATE REIMBURSEMENT
7217	19010101	PROCEDURE CODE HAS BEEN REBUNDLED
7218	19010101	PROCEDURE ADDED DUE TO REBUNDLING
7219	19010101	PROCEDURE IS MUTUALLY EXCLUSIVE
7220	19010101	PROCEDURE IS WITHIN THE NUMBER OF DAYS PRE-OP RANGE

EOB	EFFDATE	EOB DESCRIPTION
7221	19010101	PROCEDURE IS WITHIN THE NUMBER OF DAYS POST-OP RANGE
7222	19010101	PROCEDURE DOES NOT REQUIRE AN ASSISTANT SURGEON
7223	19010101	PROCEDURE MAY NOT REQUIRE AN ASSISTANT SURGEON
7233	19010101	DUPLICATE DENIED - INCLUDES UNILATERAL OR BILATERAL
7234	19010101	DENIED DUPLICATE - IS BILATERAL
7235	19010101	DENIED DUPLICATE - CAN ONLY BE DONE XX TIMES IN LIFETIME
7236	19010101	DENIED DUPLICATE - CAN ONLY BE DONE XX TIMES IN A DAY
7237	19010101	DENIED DUPLICATE (REBUNDLED)
7238	19010101	PROCEDURE ADDED DUE TO DUPLICATE REBUNDLING
7239	19010101	PROCEDURE IS A POSSIBLE DUPLICATE
7240	19010101	SMARTSUSPENSE SUSPEND
7241	19010101	SMARTSUSPENSE DENIAL
7242	19010101	DIAGNOSIS TO PROCEDURE COMPARISON PROCEDURE DENIED
7243	19010101	DIAGNOSIS TO PROCEDURE COMPARISON PROCEDURE SUSPENDED
7244	19010101	MEDICAL VISIT DENIED
7245	19010101	PROCEDURE ADDED DUE TO NEW VISIT FREQUENCY CODE REPLACEMENT
7246	19010101	PROCEDURE REPLACED DUE TO INTENSITY OF SERVICE REPLACEMENT
7247	19010101	PROCEDURE ADDED DUE TO INTENSITY OF SERVICE REPLACEMENT
7248	19010101	INTENSITY OF PROCEDURE WAS FOUND TO BE HIGHER THAN EXPECTED BASED ON DIAGNOSIS
7249	19010101	PROCEDURE SHOULD BE REVIEWED AS POSSIBLE MULTIPLE COMPONENT
7250	19010101	PROCEDURE SHOULD BE REVIEWED AS POSSIBLE DUPLICATE COMPONENT
7251	19010101	PROCEDURE IS ELIGIBLE FOR WORKER'S COMPENSATION/AUTO PAYOR
7252	19010101	DIAGNOSIS 1 HAS BEEN DETECTED AS BEING ELIGIBLE FOR THIRD PARTY PAYOR BY CLAIMC
7253	19010101	DIAGNOSIS 2 HAS BEEN DETECTED AS BEING ELIGIBLE FOR THIRD PARTY PAYOR BY CLAIMC
7254	19010101	DIAGNOSIS 3 HAS BEEN DETECTED AS BEING ELIGIBLE FOR THIRD PARTY PAYOR BY CLAIMC
7255	19010101	DIAGNOSIS 4 HAS BEEN DETECTED AS BEING ELIGIBLE FOR THIRD PARTY PAYOR BY CLAIMC
7256	19010101	MODIFIER 51 INVALID FOR PRIMARY PROCEDURE
7257	19010101	MODIFIER 51 MISSING FOR NON-PRIMARY PROCEDURE
7258	19010101	REVIEW MODIFIER 51
7259	19010101	SPLIT DECISION WAS RENDERED ON EXPANSION OF UNITS
7260	19010101	MORE THAN 40 LINES WERE ELIGIBLE FOR CLAIMCHECK PROCESSING
7261	19010101	INVALID PROCEDURE CODE
7262	19010101	DOB CANNOT BE GREATER THAN DATE OF SERVICE
7263	19010101	DOS REQUIRED FOR PROCEDURE
7264	19010101	DOS CANNOT BE A FUTURE DATE
7265	19010101	BIRTHDATE CANNOT BE A FUTURE DATE

EOB	EFFDATE	EOB DESCRIPTION
7266	19010101	AGE CANNOT BE GREATER THAN 124 YEARS
7267	19010101	ONLY ONE PROVIDER ALLOWED FOR CURRENT PROCEDURES
7268	19010101	PROVIDER IS REQUIRED FOR HISTORY PROCEDURES
7269	19010101	MODIFIER NOT VALID FOR THIS PROCEDURE
7270	19010101	INVALID MODIFIER/PROCEDURE CODE COMBINATION
7271	19010101	CURRENT PROCEDURE LINES MUST HAVE SAME PROVIDER ID
7272	19010101	DIAGNOSIS 1 MUST BE A VALID CODE
7273	19010101	DIAGNOSIS 2 MUST BE A VALID CODE
7274	19010101	DIAGNOSIS 3 MUST BE A VALID CODE
7275	19010101	DIAGNOSIS 4 MUST BE A VALID CODE
7276	19010101	DIAGNOSIS MUST BE A VALID CODE
7277	19010101	PROCEDURE LINE DIAGNOSIS MUST BE A VALID CODE
7278	19010101	INVALID DATE (DATE OF BIRTH)
7279	19010101	INVALID AMOUNT CHARGED
7280	19010101	CLAIM LEVEL PROVIDER OR PROCEDURE LINE PROVIDER IS REQUIRED
7281	19010101	DIAGNOSIS TO PROCEDURE COMPARISON PROCEDURE
7282	19010101	INTENSITY OF PROCEDURE WAS FOUND TO BE HIGHER THAN EXPECTED BASED ON DIAGNOSIS
7283	19010101	PROCEDURE SHOULD BE REVIEWED AS POSSIBLE MULTIPLE COMPONENT
7284	19010101	PROCEDURE SHOULD BE REVIEWED AS POSSIBLE DUPLICATE COMPONENT
7285	19010101	PROCEDURE IS ELIGIBLE FOR WORKER'S COMPENSATION/AUTO PAYOR
7286	19010101	DIAGNOSIS IS ELIGIBLE FOR WORKER'S COMPENSATION/AUTO PAYOR
7287	19010101	DIAGNOSIS IS ELIGIBLE FOR WORKER'S COMPENSATION/AUTO PAYOR
7288	19010101	SMARTSUSPENSE FLAG
7289	19010101	SMARTSUSPENSE MONITOR
7290	19010101	MODIFIER 51 DELETED FOR PRIMARY PROCEDURE
7291	19010101	MODIFIER 51 ADDED FOR NON-PRIMARY PROCEDURE
7499	19900101	RECIPIENT LOCK-IN TO SPECIFIC PRESCRIBING PROVIDER
7500	19900101	YOUR CLAIM IS BEING REVIEWED
7501	19900101	YOUR CLAIM IS BEING REVIEWED.
7502	19900101	RECIPIENT LOCKED IN TO A SPECIFIC PROVIDER
7503	19951102	MISSING/INVALID PRODUR CONFLICT CODE. ALERT ON RESPONSE DOES NOT MATCH AN ALER
7504	19951102	MISSING/INVALID PRODUR INTERVENTION CODE. PLEASE USE M0, P0 OR R0 AND RESUBMIT
7505	19951102	MISSING/INVALID PRODUR OUTCOME CODE. PLEASE USE 1A-1G, 2A OR 2B.
7506	19951102	RESPONSE CLAIM. ORIGINAL CLAIM POSTED NON-OVERRIDEABLE ALERT. CONTACT COLLEGE
7507	19951102	VALID OUTCOME CODE OF 'NOT FILLED' RECEIVED. RESPONSE ACCEPTED, CLAIM REJECTED
7508	19900101	RESERVED FOR FUTURE USE.

EOB	EFFDATE	EOB DESCRIPTION
7509	19900101	RENDERING PROVIDER ON PREPAYMENT REVIEW
8000	19760101	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO BILLING ERROR.
8001	19940501	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO CHANGE IN OTHER.
8002	19940501	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO CHANGE IN MEDICARE.
8003	19940501	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO KEYING ERROR.
8004	19940501	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO PATIENT LIABILITY.
8005	19940501	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO SPENDDOWN.
8006	19940501	PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO MISCELLANEOUS ERROR.
8007	19940501	PROVIDER REQUESTED CLAIM ADJUSTMENT DUE TO BILLING ERROR.
8008	19940501	PROVIDER REQUESTED CLAIM ADJUSTMENT DUE TO MISC. OR UNSPECIFIED ERROR
8019	19940501	PROVIDER REQUESTED A FULL OFFSET DUE TO A MISCELLANEOUS OR UNSPECIFIED ERROR.
8020	19990101	SURS INITIATED A FULL OFFSET DUE TO A DUPLICATE PAYMENT.
8021	19990101	SURS INITIATED A FULL OFFSET DUE TO WRONG PROVIDER.
8022	19990101	SURS INITIATED A FULL OFFSET DUE TO WRONG RECIPIENT NUMBER.
8023	19990101	SURS INITIATED A FULL OFFSET DUE TO WRONG NDC/PROCEDURE CODE/MODIFIER CODE
8024	19990101	SURS INITIATED A FULL OFFSET DUE TO WRONG UNITS OF SERVICE.
8025	19990101	SURS INITIATED A FULL OFFSET DUE TO WRONG PATIENT LIABILITY AMOUNT.
8026	19990101	SURS INITIATED A FULL OFFSET DUE TO PAYMENT IN FULL FROM ANOTHER INSURANCE.
8027	19990101	SURS INITIATED A FULL OFFSET DUE TO PAYMENT IN FULL FROM MEDICARE.
8028	19990101	SURS INITIATED A FULL OFFSET DUE TO WRONG DATE(S) OF SERVICE.
8030	19940101	PROVIDER REQUESTED OFFSET DUE TO BILLING ERROR.
8031	19940101	PROVIDER REQUESTED OFFSET DUE TO OTHER INSURANCE.
8032	19940101	PROVIDER REQUESTED OFFSET DUE MEDICARE.
8033	19940101	PROVIDER REQUESTED OFFSET DUE TO PATIENT LIABILITY.
8034	19940101	PROVIDER REQUESTED OFFSET DUE TO SPENDDOWN.
8035	19940101	PROVIDER REQUESTED OFFSET DUE TO AUTO LIABILITY.
8036	19940101	PROVIDER REQUESTED OFFSET DUE TO WORKERS COMP
8037	19940101	PROVIDER REQUESTED CLAIM VOID DUE TO BILLING ERROR.
8038	19940101	PROVIDER REQUESTED OFFSET DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR
8039	19990101	BATCH 837 VOID CLAIM.
8040	19900101	THIRD PARTY LIABILITY RECOVERED
8041	19900101	PROVIDER CORRECTION TO INCREASE PAYMENT
8042	19900101	PROVIDER CORRECTION TO DECREASE PAYMENT
8043	19900101	MCC CORRECTION TO INCREASE PAYMENT
8044	19900101	MCC CORRECTION TO DECREASE PAYMENT
8045	19900101	OTHER CHANGE TO INCREASE PAYMENT

EOB	EFFDATE	EOB DESCRIPTION
8046	19900101	OTHER CHANGE TO DECREASE PAYMENT
8047	19900101	PAID FOR WRONG ENROLLEE
8048	19900101	PAID TO WRONG PROVIDER
8049	19900101	OTHER ADJUSTMENT
8050	19900101	VOID
8051	19900101	REPLACEMENT RECORD FOR PREVIOUSLY SUBMITTED ENCOUNTER
8052	19940101	SAVE FOR FUTURE USE.
8053	19940101	SAVE FOR FUTURE USE.
8054	19940101	SAVE FOR FUTURE USE.
8055	19940101	SAVE FOR FUTURE USE.
8056	19940101	SAVE FOR FUTURE USE.
8057	19940101	SAVE FOR FUTURE USE.
8058	19940101	SAVE FOR FUTURE USE.
8059	19940501	PROVIDER SENT A FULL REFUND DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR.
8060	19990101	PROVIDER SENT REFUND DUE TO BILLING ERROR.
8061	19990101	PROVIDER SENT REFUND DUE TO CLAIMS PROCESSING ERROR.
8062	19990101	PROVIDER SENT REFUND DUE TO DUPLICATE PAYMENT.
8063	19990101	PROVIDER SENT REFUND DUE TO EFT DEPOSIT ERROR.
8064	19990101	PROVIDER SENT REFUND DUE TO MEDICARE.
8065	19990101	PROVIDER SENT REFUND DUE TO OFMQ REVIEW.
8066	19990101	PROVIDER SENT REFUND DUE TO OTHER INSURANCE.
8067	19990101	PROVIDER SENT REFUND DUE TO SURS REVIEW.
8068	19900101	PROVIDER SENT REFUND PAYMENT DUE TO SURS REVIEW.
8069	19990101	PROVIDER SENT REFUND DUE TO LEGAL SETTLEMENT.
8070	19940101	PROVIDER SENT REFUND DUE TO MEDICAID FRAUD.
8071	19940101	PROVIDER SENT REFUND PAYMENT DUE TO MEDICAID FRAUD.
8072	19940101	PROVIDER SENT REFUND DUE TO AUTO LIABILITY.
8073	19940101	PROVIDER SENT REFUND DUE TO WORKERS COMP.
8074	19940101	PROVIDER SENT REFUND FOR CLAIM NOT IN HISTORY.
8075	19940101	PROVIDER SENT REFUND DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR.
8079	19990101	SAVE FOR FUTURE.
8080	19940501	SAVE FOR FUTURE USE.
8081	19940501	SAVE FOR FUTURE USE.
8082	19940501	NON-CLAIM SPECIFIC REFUND DUE TO BILLING ERROR.
8083	19940501	NON-CLAIM SPECIFIC REFUND DUE TO OTHER INSURANCE.
8084	19940501	NON-CLAIM SPECIFIC REFUND DUE TO SURS.

EOB	EFFDATE	EOB DESCRIPTION
8085	19940501	NON-CLAIM SPECIFIC REFUND DUE TO MISC OR UNSPECIFIED ERROR.
8086	19940501	SAVE FOR FUTURE USE.
8087	19940501	SAVE FOR FUTURE USE.
8088	19000101	SAVE FOR FUTURE USE.
8090	19940101	TENNCARE REQUESTED REFUND DUE TO ACCOUNTS RECEIVABLE
8091	19940101	TENNCARE REQUESTED REFUND DUE TO AUDIT DIVISION REVIEW
8092	19940101	TENNCARE REQUESTED REFUND DUE TO BILLING ERROR
8093	19940101	TENNCARE REQUESTED REFUND DUE TO CLAIMS PROCESSING ERROR
8094	19940101	TENNCARE REQUESTED REFUND DUE TO WRONG PROVIDER PAID/EFT ERROR
8095	19940101	TENNCARE REQUESTED REFUND DUE TO MEDICARE
8096	19940101	TENNCARE REQUESTED REFUND DUE TO OFMQ
8097	19940101	TENNCARE REQUESTED REFUND DUE TO OTHER INSURANCE
8098	19990101	TENNCARE REQUESTED REFUND DUE TO SURS REVIEW
8099	19940501	TENNCARE REQUESTED REFUND DUE TO LEGAL SETTLEMENT
8100	19940501	TENNCARE REQUESTED REFUND DUE TO MEDICAID FRAUD.
8101	19940501	SAVE FOR FUTURE USE.
8102	19940501	SAVE FOR FUTURE USE.
8103	19940501	SAVE FOR FUTURE USE.
8104	19940501	SAVE FOR FUTURE USE.
8105	19940501	SAVE FOR FUTURE USE.
8106	19940501	SAVE FOR FUTURE USE.
8107	19940501	SAVE FOR FUTURE USE.
8110	19940101	TENNCARE INITIATED OFFSET DUE AUDIT DIVISION REVIEW
8111	19940101	TENNCARE INITIATED OFFSET DUE TO CALL CENTER
8112	19940101	TENNCARE INITIATED OFFSET DUE TO CLAIMS RESOLUTION
8113	19940101	TENNCARE INITIATED OFFSET DUE TO COST SETTLEMENT ADJUSTMENT
8114	19940101	TENNCARE INITIATED OFFSET DUE TO CUSTOMER SERVICE
8115	19940101	TENNCARE INITIATED OFFSET DUE TO SERVICES AFTER DEATH OF RECIPIENT
8116	19940101	TENNCARE INITIATED OFFSET DUE TO DHS/CHILD WELFARE
8117	19940101	TENNCARE INITIATED OFFSET DUE TO DHS/DCYS
8118	19900101	TENNCARE INITIATED OFFSET DUE TO DHS/DDSD
8119	19940501	TENNCARE INITIATED OFFSET DUE TO DISPROPORTIONATE SHARE ADJUS
8120	19760101	TENNCARE INITIATED OFFSET DUE TO DRUG REBATE.
8121	19940501	TENNCARE INITIATED OFFSET DUE TO FINANCIAL MANAGEMENT DIVISION REVIEW
8122	19940501	TENNCARE INITIATED OFFSET DUE TO FQHC
8123	19940501	TENNCARE INITIATED OFFSET DUE TO JUVENILE JUSTICE.

EOB	EFFDATE	EOB DESCRIPTION
8124	19940501	TENNCARE INITIATED OFFSET DUE TO KEYING ERROR
8125	19940501	TENNCARE INITIATED OFFSET DUE TO LEGAL SETTLEMENT.
8126	19940501	TENNCARE INITIATED OFFSET DUE TO MEDICAID FRAUD.
8127	19940501	TENNCARE INITIATED OFFSET DUE TO MEDICAL REVIEW.
8128	19940101	TENNCARE INITIATED OFFSET DUE TO MEDICARE
8129	19900101	TENNCARE INITIATED OFFSET DUE TO OFMQ REVIEW
8130	19940101	TENNCARE INITIATED OFFSET DUE TO PHARMACY REVIEW
8131	19940101	TENNCARE INITIATED OFFSET DUE TO PROCESSING ERROR
8132	19900101	TENNCARE INITIATED OFFSET DUE TO SURS REVIEW
8133	19940101	TENNCARE INITIATED OFFSET DUE TO WRONG PROVIDER PAID
8134	19940101	TENNCARE INITIATED OFFSET DUE TO MISCELLANEOUS OR UNSPECIFIED ERROR
8135	19940101	EDS INITIATED OFFSET DUE TO PROCESSING ERROR
8136	19940101	EDS INITIATED ADJUSTMENTS DUE TO PROCESSING ERROR
8137	19940101	SAVE FOR FUTURE USE
8138	19940101	SAVE FOR FUTURE USE
8139	19940501	SAVE FOR FUTURE USE.
8140	19990101	SAVE FOR FUTURE USE.
8141	19990101	SAVE FOR FUTURE USE.
8142	19990101	SAVE FOR FUTURE USE.
8143	19990101	SAVE FOR FUTURE USE.
8144	19990101	SAVE FOR FUTURE USE.
8145	19990101	SAVE FOR FUTURE USE.
8146	19990101	SAVE FOR FUTURE USE.
8147	19990101	SAVE FOR FUTURE USE.
8148	19940101	SAVE FOR FUTURE USE.
8149	19940101	SAVE FOR FUTURE USE.
8150	19940101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO CALL CENTER
8151	19940101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO CLAIMS RESOLUTION
8152	19940101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO DHS/CHILD WELFARE
8153	19940101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO DHS/DDSD
8154	19900101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO DISPROPORTIONATE SHARE
8155	19940101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO FINANCIAL MANAGEMENT REVIEW
8156	19940101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO FQHC
8157	19940101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO KEYING ERROR
8158	19940101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO MEDICAL REVIEW
8159	19990101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO MEDICAL AUTHORIZATION

EOB	EFFDATE	EOB DESCRIPTION
8160	19760101	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO MEDICARE
8161	19940501	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO OTHER INSURANCE
8162	19940501	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO PATIENT LIABILITY.
8163	19940501	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO PROCESSING ERROR
8164	19940501	TENNCARE INITIATED ADDITIONAL PAYMENT DUE TO RATE CHANGE
8165	19940501	TENNCARE INITIATED ADDTNL PYMNT DUE TO MISC OR UNSPEC ERROR
8166	19940501	EDS INITIATED ADDITIONAL PAYMENT DUE TO PROCESSING ERROR.
8167	19940501	EDS INITIATED ADJUSTMENTS DUE TO PROCESSING ERROR.
8179	19940501	SAVE FOR FUTURE USE.
8180	19990101	MASS ADJUSTMENT - INPATIENT HOSPITAL RATE CHANGE.
8181	19990101	MASS ADJUSTMENT - OUTPATIENT HOSPITAL RATE CHANGE
8182	19990101	MASS ADJUSTMENT- INDIAN HOSPITAL RATE CHANGE.
8183	19990101	MASS ADJUSTMENT - RURAL HEALTH CLINIC RATE CHANGE.
8184	19990101	MASS ADJUSTMENT - PROCEDURE CODE RATE CHANGE
8185	19990101	MASS ADJUSTMENT - RETROACTIVE RATE CHANGE.
8186	19990101	MASS ADJUSTMENT PROVIDER BILLING ERROR (RATE CHANGE).
8187	19990101	OTHER REQUEST FOR MASS ADJUSTMENT
8188	19940101	VOID TRANSACTIONS - MASS ADJUSTMENT
8189	19940101	MASS ADJUSTMENT - VOID TRANSACTIONS - REFUND RECEIVED
8190	19940101	MASS ADJUSTMENT - VOID TRANSACTIONS - WARRANT CANCELLED
8191	19940101	MASS ADJUSTMENT - VOID TRANSACTIONS OTHER REQUEST
8199	19990101	SAVE FOR FUTURE USE.
8200	19940501	TPL PRIVATE HEALTH INSURANCE - CARRIER
8201	19940501	TPL PRIVATE HEALTH INSURANCE - PROVIDER
8202	19940501	TPL PRIVATE HEALTH INSURANCE - RECIPIENT
8203	19940501	AUTO LIABILITY - CARRIER
8204	19900101	AUTO LIABILITY - PROVIDER
8205	19940101	AUTO LIABILITY - RECIPIENT
8206	19900101	NON-AUTO LIABILITY - CARRIE
8207	19900101	NON-AUTO LIABILITY - PROVIDER
8208	19940101	NON-AUTO LIABILITY - RECIPIENT
8209	19900101	WORKER'S COMP - CARRIER
8210	19900101	WORKER'S COMP - PROVIDER
8211	19940101	WORKER'S COMP - RECIPIENT

EOB	EFFDATE	EOB DESCRIPTION
8212	19900101	PROBATE'S ESTATE
8213	19900101	INCOME PENSION TRUST RECOVERIES
8214	19900101	VICTIM'S RESTITUTION
8215	19940101	ABSENT PARENTS
8216	19940101	TPL ERROR
8217	19940101	DUE TO MISCELLANEOUS OR UNSPECIFIED REASON
8220	19940501	SAVE FOR FUTURE USE
8221	19940501	SAVE FOR FUTURE USE.
8222	19940501	SAVE FOR FUTURE USE
8223	19940501	SAVE FOR FUTURE USE.
8224	19940501	SAVE FOR FUTURE USE.
8225	19940501	CAPITATION - DEATH OF RECIPIENT
8226	19990101	CAPITATION - RECIPIENT INCARCERATED
8227	19900101	CAPITATION - EPSDT CLAIM
8228	19900101	CAPITATION - RECIPIENT ENROLLED IN ERROR
8229	19940501	CAPITATION - FAMILY PLANNING
8230	19940501	CAPITATION - INCORRECT RATE CATEGO
8231	19940501	CAPITATION - DEMOGRAPHIC CHANGE
8232	19940501	CAPITATION - OTHER
8233	19940501	SAVE FOR FUTURE USE.
8234	19940501	SAVE FOR FUTURE USE.
8240	19940101	ADJUSTMENT GENERATED DUE TO SURS REVIEW
8241	19940101	ADJUSTMENT GENERATED DUE TO CHANGE IN PATIENT LIABILITY
8242	19940101	ADJUSTMENT GENERATED DUE TO RATE CHANGE
8244	19940101	PAYOUT PROCESSED DUE TO DISPROPORTIONATE SHARE
8245	19940101	POINT OF SALE
8246	19900101	POINT OF SALE REVERSAL
8299	19900101	ADJUSTMENT TO CROSSOVER PAID PRIOR TO AIM IMPLEMENTATION DATE. THIS CLAIM HAS
8300	19900101	A PAYOUT HAS BEEN ESTABLISHED FOR THE PROVIDER. THE REIMBURSEMENT IS INCLUDED
8301	19930909	A PAYOUT HAS BEEN ESTABLISHED FOR THE PROVIDER. THE REIMBURSEMENT HAS BEEN EXC
8302	19930901	A PAYOUT IS DUE TO THE PROVIDER AS A RESULT OF OVER REFUND. THE REIMBURSEMENT
8303	19930901	A PAYOUT IS DUE TO THE PROVIDER AS A RESULT OF OVER PAYMENT. THE REIMBURSEMENT
8304	19930901	PAYOUT DUE TO ADVANCE. PAYMENT INCLUDED IN CHECKWRITE.
8305	19930901	PAYOUT DUE TO ADVANCE. PAYMENT EXCLUDED FROM CHECKWRITE.

EOB	EFFDATE	EOB DESCRIPTION
8306	19000101	CHECK RECEIVED BY EDS FOR CLAIM ADJUSTMENT ON A PREVIOUSLY ADJUSTED CLAIM. AMO
8307	19930901	PAYOUT EXCLUDED FROM CHECKWRITE.
8308	19940101	PAYOUT DUE TO HOSPITAL SUPPLEMENTAL GME ADJUSTMENT
8309	19940101	PAYOUT DUE TO MANAGED CARE - RESIDENT PCP PAYMENT
8310	19940101	PAYOUT DUE TO MANAGED CARE - RESIDENT DELIVERY PAYMENT
8311	19940101	PAYOUT DUE TO MANAGED CARE - ABD RISK BASED PAYM
8312	19940101	PAYOUT DUE TO MANAGED CARE - SP/ABD QUARTERLY PAYMENT
8313	19940101	PAYOUT DUE TO MANAGED CARE - EPSDT BONUS PAYMENT
8314	19940101	PAYOUT DUE TO MANAGED CARE - CUSTODY INDICATOR ERROR
8315	19940101	PAYOUT DUE TO MANAGED CARE - ENROLLMENT ERROR
8316	19940101	PAYOUT DUE TO MANAGED CARE - OTHER
8317	19940101	PAYOUT DUE TO MEDICAL AUTHORIZATION UNIT REVIEW -CCU
8318	19940101	PAYOUT DUE TO LONG TERM CARE FACILITY CERTIFICATION DATE ERROR
8319	19940101	PAYOUT DUE TO LONG TERM CARE FACILITY CLAIM PROCESSING ERROR
8320	19940101	PAYOUT DUE TO PATIENT LIABILITY ERROR
8321	19930901	PAYOUT DUE TO PATIENT SPENDDOWN ERROR
8322	19930901	PAYOUT DUE TO ENHANCED RATE-OUT OF STATE RTC SERVICES
8323	19930901	PAYOUT DUE TO NON-EMERGENCY TRANSPORTATION
8324	19930901	PAYOUT DUE TO SOONER RIDE PROGRAM.
8325	19930901	PAYOUT DUE TO GAS SURCHARGE.
8326	19930901	PAYOUT DUE TO CORRECTION TO ACCOUNTS RECEIVABLE PROCESSED.
8327	19900101	PAYOUT DUE TO DHS/DDS SUPPORTED LIVING PROGRAM AUDIT.
8328	19900101	PAYOUT DUE TO DHS/DDS AUDIT
8329	19930901	PAYOUT PROCESSED FROM STATE ONLY FUNDS
8330	19930901	PAYOUT DUE TO ELIGIBILITY NOT ON FILE.
8331	19930901	PAYOUT DUE TO CLAIM TOO OLD TO PROCESS
8332	19930901	PAYOUT DUE TO MISCELLANEOUS OR UNSPECIFIED REASON.
8336	19000101	RETROACTIVE INTEREST PAYMENT
8399	19900101	THIS ACTION IS THE RESULT OF A STOP PAYMENT. A MANUAL CHECK HAS BEEN ISSUED.
8400	19940101	ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED . THE AMOUNT WILL BE DEDUCTED FROM YO
8401	19930901	DUE TO A CHECK ADVANCE, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT
8402	19930901	DUE TO AN IRS LIEN, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WIL
8403	19930901	DUE TO A GARNISHMENT, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT
8404	19930901	DUE TO A LIABILITY LIEN, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED
8405	19930901	DUE TO A LIEN, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE
8406	19940101	DUE TO TAX ASSESSMENT (31%), AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE A

EOB	EFFDATE	EOB DESCRIPTION
8407	19930901	RELEASE OF LIEN RECEIVED BY LIEN HOLDER
8408	19930901	DECREASE TO ORIGINAL LIEN AMOUNT.
8409	19930901	INCREASE TO ORIGINAL LIEN AMOUNT
8410	19900101	SAVE FOR FUTURE USE
8411	19000101	SAVE FOR FUTURE USE
8412	19940101	SAVE FOR FUTURE USE
8413	19930901	SAVE FOR FUTURE USE
8414	20001115	SAVE FOR FUTURE USE
8415	19000101	SAVE FOR FUTURE USE .
8419	19930901	MEDICARE CROSS OVER CLAIMS MAY NOT BE BILLED VIA WEB INTERNET
8420	19930901	AS THE RESULT OF AN AUDIT DIVISION REVIEW, AN ACCOUNTS RECEIVABLE HAS BEEN ESTA
8421	19900101	AS THE RESULT OF CLAIMS PROCESSING ERROR, AN ACCOUNTS RECEIVABLE HAS BEEN ESTAB
8422	19940101	AS THE RESULT OF A COST SETTLEMENT REVIEW, AN ACCOUNTS RECEIVABLE HAS BEEN ESTA
8423	19940101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO DHS/DDSD AUDIT.
8424	19900101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO DHS/CHILD WELFARE.
8425	19940101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO JUVENILE JUSTICE.
8426	19940101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO DISPROPORTIONATE SHARE ADJUS
8427	19900101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO DRUG REBATE..
8428	19990101	AS THE RESULT OF A FINANCIAL MANAGEMENT REVIEW, AN ACCOUNTS RECEIVABLE HAS BEEN
8429	19990101	AS THE RESULT OF A LEGAL SETTLEMENT, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHE
8430	19940101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO LONG TERM CARE FACILITY CLAI
8431	19900101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO MANAGED CARE ADJUSTMENTS.
8432	19900101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO MEDICAID FRAUD.
8433	19900101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO MEDICAL DIVISION REVIEW.
8434	19900101	AS THE RESULT OF AN OFMQ REVIEW, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. T
8435	19900101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO PATIENT LIABILITY ERROR.
8436	19940501	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO PATIENT SPENDDOWN ERROR.
8437	19900101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO PHARMACY DIVISION REVIEW.
8438	19900101	AS THE RESULT OF A SURS AUDIT, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE
8439	19900101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO THIRD PARTY LIABILITY.
8440	19900101	SAVE FOR FUTURE USE.
8441	19900101	SAVE FOR FUTURE USE.
8442	19900101	SAVE FOR FUTURE USE.
8443	19900101	SAVE FOR FUTURE USE.
8444	19900101	SAVE FOR FUTURE USE.
8445	19900101	SAVE FOR FUTURE USE.

EOB	EFFDATE	EOB DESCRIPTION
8446	19900101	SAVE FOR FUTURE USE.
8447	19900101	SAVE FOR FUTURE USE.
8448	19900101	SAVE FOR FUTURE USE.
8449	19900101	SAVE FOR FUTURE USE.
8450	19940101	DUE TO A TRANSFER OF ACCOUNT, AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE
8451	19900101	DUE TO AN ADJUSTMENT SUBMITTED BY PROVIDER FOR A CLAIM TOO OLD TO PROCESS, AN A
8452	19940101	AN ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED DUE TO MISCELLANEOUS OR UNSPECIFIED
8453	19940101	THIS ACCOUNTS RECEIVABLE WAS ESTABLISHED FOR THE WRONG AMOUNT. WE HAVE MADE COR
8454	19940101	THIS ACCOUNTS RECEIVABLE WAS ESTABLISHED FOR THE WRONG AMOUNT. WE HAVE MADE COR
8455	19940101	THIS ACCOUNTS RECEIVABLE WAS ESTABLISHED FOR THE WRONG PROVIDER. WE HAVE CORREC
8456	19940101	A CASH RECEIPT WAS APPLIED TO AND DECREASED THIS ACCOUNTS RECEIVABLE.
8457	19940101	AN OVER REFUND HAS BEEN APPLIED AND DECREASED THIS ACCOUNTS RECEIVABLE
8458	19940101	A STOP PAYMENT CHECK WAS APPLIED AND DECREASED THIS ACCOUNTS RECEIVABLE.
8459	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED DUE TO FINANCIAL DIVISION REVIEW.
8460	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN DECREASED DUE TO FINANCIAL DIVISION REVIEW
8461	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED DUE TO AUDIT DIVISION REVIEW.
8462	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN DECREASED DUE TO AUDIT DIVISION REVIEW.
8463	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED DUE TO SURS REVIEW.
8464	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN DECREASED DUE TO SURS REVIEW.
8465	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED DUE TO INTEREST BEING APPLIED.
8466	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN DECREASED BY A MISCELLANEOUS ACTION
8467	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN INCREASED BY A MISCELLANEOUS ACTION.
8468	19940101	THIS ACCOUNTS RECEIVABLE HAS BEEN WRITTEN OFF.
8469	19940101	THIS ACCOUNTS RECEIVABLE WAS DECREASED BY A CLAIM OFFSET
8500	19900101	PAYMENT WITHHELD DUE TO A LIEN THAT WAS ESTABLISHED FROM A COURT ORDER.
8501	19900101	PAYMENT WITHHELD DUE TO AN IRS LEVY ESTABLISHED.
8502	19900101	PAYMENT WITHHELD DUE TO A LIEN THAT WAS ESTABLISHED FROM OTHER LEGAL ENTITY.
8510	19900101	CYCLE ACTIVITY
8511	19900101	DECREASE TO ORIGINAL LIEN AMOUNT RECEIVED BY LIEN HOLDER.
8512	19900101	DECREASE TO ORIGINAL LIEN AMOUNT DUE TO PAYMENT RECEIVED.
8513	19900101	INCREASE TO ORIGINAL LIEN AMOUNT RECEIVED BY LIEN HOLDER.
8514	19900101	RELEASE OF LIEN RECEIVED BY LIEN HOLDER.
8515	19900101	THIS CLAIM HAS BEEN DENIED DUE TO A POS REVERSAL TRANSACTION.
8998	19900101	CLAIM BEING REVIEWED
8999	19900101	ADJUSTMENT TO CROSSOVER PAID PRIOR TO 1/1/95. THIS CLAIM HAS BEEN MANUALLY PRI
9000	19900101	THE SUBMITTED CHARGE EXCEEDS THE ALLOWED CHARGE. CLAIM PAID AT THE TENNCARE HE

EOB	EFFDATE	EOB DESCRIPTION
9001	19900101	REIMBURSEMENT REDUCED BY THE RECIPIENT'S CO-PAYMENT AMOUNT.
9002	19900101	ACTUAL ITEMIZED COST INVOICE MUST BE SUBMITTED WHEN BILLING THIS PROCEDURE CODE
9003	19900101	NO PAYMENT MADE-TPL/SPENDDOWN IS MORE THAN THE ALLOWED AMOUNT.
9004	19900101	PATIENT LIABILITY EXCEEDS OR EQUALS ALLOWED AMOUNT
9005	19900101	COMPLETE PROCEDURE NOT PAYABLE WHEN THE TECHNICAL AND PROFESSIONAL COMPONENTS H
9006	19900101	THIS ITEM SHOULD NOT BE BILLED WITH THIS PROCEDURE CODE.
9007	19900101	A PROCEDURE CODE IS REQUIRED WHEN BILLING THIS REVENUE CODE. PLEASE RESUBMIT WI
9008	19900101	LINE ITEM SUBMITTED WITH UNCLEAR ITEMIZATION. PLEASE RESUBMIT WITH APPROPRIATE
9009	19900101	SERVICE DENIED. REIMBURSEMENT FOR INPATIENT HOSPITAL CARE LIMITED TO ONCE PER
9010	19900101	MUST BE MEDICAID ELIGIBLE FOR MEDICARE CROSSOVER PAYMENT
9011	19000101	SUPPORTING DOCUMENTATION IS NEEDED FOR THE MODIFIER(S) SUBMITTED ON THIS CLAIM.
9012	19000101	WRONG CLAIM FORM SUBMITTED. PLEASE RESUBMIT ON A UB92 CLAIM FORM.
9013	19900101	NOT MEDICAID ELIGIBLE FOR PAYMENT
9016	19900101	THE OVERHEAD OCCURRENCE DATES BILLED ON THE CLAIM DO NOT AGREE WITH THE DATES O
9017	19900101	SEPARATE REIMBURSEMENT IS NOT AVAILABLE FOR COMPONENT PROCEDURES WHEN GLOBAL PR
9030	19900101	CRITICAL CARE/NEONATAL INTENSIVE CARE VISIT CODES NOT PAYABLE WHEN THE AMOUNT P
9031	19900101	GLOBAL IMMUNIZATION PROCEDURE CODES NOT PAYABLE WHEN THE AMOUNT PREVIOUSLY REIM
9036	19900101	ORAL SURGERY NOT PAYABLE WHEN AMOUNT PAID FOR APICOECTOMY ON SAME DATE OF SERVI
9040	19000101	REIMBURSEMENT IS FOR THE VFC (VACCINE FOR CHILDRENS PROGRAM) VACCINE ADMINISTR
9075	19900101	CLAIM DENIED. STERILIZATION CONSENT FORM INCOMPLETE OR IMPROPERLY COMPLETED.
9107	19900101	FULL SERIES SPINAL X-RAY NOT PAYABLE WHEN THE AMOUNT PAID FOR COMPONENTS OF THE
9111	19900101	INTERNAL PROCESSING ERROR - CONTACT SE MANAGER
9175	19901010	CLAIM DENIED. RECIPIENT'S SIGNATURE AND DATE OF SIGNATURE IN THE RECIPIENT'S SE
9256	19900101	TREND EVENT MONITOR IS REIMBURSABLE TO A MAXIMUM OF \$850.00 PER MONTH, BUT IS N
9257	19900101	MAXIMUM REIMBURSEMENT FOR OXIMETRY IS \$280.00 PER 30 DAYS. MAXIMUM REIMBURSEME
9260	19941201	PARENTERAL/ENTERAL FEEDING KIT PAYABLE AT A REDUCED AMOUNT WHEN RELATED SUPPLIE
9400	19900101	THE NUMBER OF SERVICES EXCEED MEDICAL POLICY GUIDELINES. PRIOR AUTHORIZATION R
9600	19900101	REIMBURSMENT IS LIMITED TO A MAXIMUM OF ONE (1) PAIR OF LENSES PER YEAR FOR REC
9601	19900101	REIMBURSEMENT IS LIMITED TO A MAXIMUM OF ONE (1) PAIR OF FRAMES PER YEAR FOR RE
9603	19900101	THE DATE OF SERVICE ON THIS CLAIM MATCHES THE RECIPIENT'S SPENDOWN MET DATE FOR
9604	19900101	REIMBURSMENT IS LIMITED TO A MAXIMUM OF ONE (1) PAIR OF LENSES EVERY (2) TWO YE
9605	19900101	HOSPITAL LEAVE DAYS ARE LIMITED TO 15 PER HOSPITALIZATION. THE PATIENT SHOULD
9634	19941201	COMPLETE PROCEDURE NOT PAYABLE WHEN THE TECHNICAL AND PROFESSIONAL COMPONENTS H
9651	19900101	SURGERIES ON THE SAME DATE OF SERVICE, IN THE EXCESS OF TWO, ARE PAID AT 25 PER
9660	19900101	THIS SERVICE IS NOT PAYABLE, RECIPIENT IS QMB ALSO AND SPENDDOWN HAS NOT BEEN M
9661	19900101	POS REVERSAL PROCESSING DEFERRED DURING FINANCIAL CYCLE

EOB	EFFDATE	EOB DESCRIPTION
9662	19900101	ATTACHMENT BEING SENT BY PROVIDER FOR AN ELECTRONIC CLAIM
9663	19901010	ATTACHMENT BEING SENT BY PROVIDER WAS NOT RECEIVED.
9664	19900101	THE NUMBER OF QUADRANTS BILLED ON THE CLAIM IS NOT EQUAL TO THE NUMBER OF UNITS
9665	19900101	TOOTH NUMBERS CANNOT BE BILLED WITH A PROCEDURE THAT REQUIRES QUADRANTS.
9666	19900101	THE ATTACHMENT TYPE IS NOT VALID.
9700	19900101	THE DISPENSING FEE HAS BEEN REDUCED TO THE ALLOWABLE
9701	19900101	THE QUANTITY DISPENSED HAS BEEN REDUCED TO THE ALLOWABLE QUANTITY
9702	19900101	DOLLARS ADJUSTED TO PARAMETER LIMIT
9703	19900101	QTY ADJUSTED TO PARAMETER LIMIT
9704	19900101	COVERED DAYS REDUCED TO ALLOWABLE
9705	19900101	VISITS REDUCED TO AUTHORIZED
9706	19900101	PA CHARGE REDUCED TO AUTHORIZED
9707	19900101	PA UNITS REDUCED TO AUTHORIZED
9708	19900101	THER DAYS REDUCED TO AUTHORIZED
9709	19900101	MAX 14 CONSECUTIVE THER DAYS ALLOWED
9710	19900101	HOSP LEAVE DAYS REDUCED TO AUTHORIZED
9800	20010101	CUTBACK DUE TO HMO PAYMENT/COVERAGE UNDER SOONERCARE PLUS/CHOICE
9900	19900101	REIMBURSEMENT LIMITED TO ONE SET OF LENSES PER YEAR FOR RECIPIENTS 18 YEARS OF
9901	19900101	REIMBURSEMENT LIMITED TO ONE SET OF FRAMES PER YEAR FOR RECIPIENTS 18 YEARS OF
9903	19900101	REIMBURSMNT IS LIMITED TO A MAXIMUM OF ONE (1) PAIR OF FRAMES EVERY (2) YEARS
9904	19900101	SERVICE DENIED. REIMBURSEMENT LIMITED TO ONE SET OF LENSES EVERY TWO YEARS FOR
9905	19991001	SERVICE DENIED-MEDICAL NECESSITY DOCUMENTATION MUST BE PROVIDED WITH CLAIM STAT
9906	20010101	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
9907	19500101	TPL AMOUNT APPLIED
9908	19500101	PRICING ADJUSTMENT - PHARMACY PRICING APPLIED
9909	19500101	PRICING ADJUSTMENT - 50% OF AMOUNT BILLED APPLIED
9910	19500101	PHARMACY DISPENSING FEE APPLIED
9911	19500101	PRICING ADJUSTMENT - LONG TERM CARE PRICING APPLIED
9912	19500101	PRICING ADJUSTMENT - AMBULATORY SURGERY PRICING APPLIED
9913	19500101	PRICING ADJUSTMENT - OUTPATIENT EPOGEN PRICING APPLIED
9914	19500101	PRICING ADJUSTMENT - REV CODE FLAT RATE PRICING APPLIED
9915	19500101	PRICING ADJUSTMENT - MEDICARE PART A PRICING APPLIED
9916	19500101	PRICING ADJUSTMENT - UCC RATE PRICING APPLIED
9917	19500101	PRICING ADJUSTMENT - PREVAILING FEE PRICING APPLIED
9918	19500101	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED
9919	19500101	PRICING ADJUSTMENT - PROVIDER LOC PRICING APPLIED

EOB	EFFDATE	EOB DESCRIPTION
9920	19500101	PRICING ADJUSTMENT - RBRVS PRICING APPLIED
9921	19500101	PRICING ADJUSTMENT - PA PRICING APPLIED
9922	19500101	PATIENT LIABILITY APPLIED
9923	19500101	SPENDDOWN PATIENT LIABILITY APPLIED
9924	19960101	CLAIM HAS FICA AMOUNT
9925	19960101	CLAIM HAS RECOUPMENT AMOUNT
9926	19960101	CLAIM HAS CUTBACK AMOUNT
9927	19000101	SYSTEM FUND CODE REASSIGNMENT
9928	20000101	PRICING ADJUSTMENT - QTY CUTBACK TO ALLOWED LIMIT
9929	19640101	THIS CLAIM HAS BEEN REDUCED TO PAY 75% OF THE FEDERAL SHARE BASED ON CONTRACTUA
9930	19640101	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
9931	19640101	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
9932	19640101	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
9933	19640101	PRICING ADJUSTMENT - XOVER PRICING APPLIED
9934	19640101	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
9935	19640101	PRICING ADJUSTMENT - XOVER PRICING APPLIED
9936	19640101	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
9937	19640101	PRICING ADJUSTMENT - XOVER PRICING APPLIED
9938	19640101	PRICING ADJUSTMENT - XOVER PRICING APPLIED
9939	19640101	PRICING ADJUSTMENT - XOVER PRICING APPLIED
9940	19640101	PRICING ADJUSTMENT - XOVER SKILLED NURSING FACILITY PRICING APPLIED
9941	19640101	PRICING ADJUSTMENT - XOVER PRICING APPLIED
9942	19640101	PRICING ADJUSTMENT - MEDICARE PART B PRICING APPLIED
9943	19640101	PATIENT LIABILITY RECOUPED VIA ACCT RCVBLE
9944	19000101	HCBS PAYMENT REDUCED TO BILLED CHARGES
9965	19900101	TOOTH NUMBERS CANNOT BE BILLED WITH A PROCEDURE THAT REQUIRES A QUADRANT.
9991	19000101	REFUND AMOUNT LESS THAN ADJUSTED AMOUNT
9992	19000101	REFUND AMOUNT GREATER THAN ADJUSTED AMOUNT
9995	19900101	ADJUSTMENT DETAIL MANUALLY DENIED
9996	19900101	PAYMENT REDUCED DUE TO PATIENT LIABILITY DEDUCTION.
9997	19940101	PERSONAL RESOURCES DEDUCTED FROM THE CLAIM ARE A RESULT OF PREVIOUS RESOURCES C
9998	19900101	CLAIM WAS PROCESSED IN ACCORDANCE WITH CURRENT TENNCARE PROGRAM POLICIES
9999	19900101	PROCESSED PER MEDICAID POLICY...

2041 rows selected.