

CODE	DESCRIPTION
##	SYSTEM-MORE ADJUSTMENTS
#C	CAPITATED SERVICE
1	DEDUCTIBLE AMOUNT
2	COINSURANCE AMOUNT
3	COPAYMENT AMOUNT
4	MODIFIER MISSING OR INCORRECT
5	PROC/BILL TYPE/POS CONFLICT
6	PROC CONFLICTS WITH PAT AGE
7	PROC CONFLICTS WITH PAT SEX
8	PROC CONFLICTS W/ PROV TYPE
9	DIAGNOSIS CONFLICTS W/ PAT AGE
10	DIAGNOSIS CONFLICTS W/ PAT SEX
11	DIAGNOSIS CONFLICTS W/ PROCED
12	DIAGNOSIS CONFLICTS W/ PRV TYP
13	SERVICE POSTDATES MEMBER DEATH
14	SERVICE PREDATES DATE OF BIRTH
15	AUTH MISSING OR INVALID
16	MISSING INFORMATION
17	PMT ADJ; REQ INFO INCOMPLETE
18	DUPLICATE CLAIM/SERVICE
19	DENIED; WORK-RELATED INJURY
20	DENIED; INJURY COVERED BY TPL
21	DENIED; BILL NO-FAULT CARRIER
22	DENIED; BILL PRIMARY
23	SECONDARY PAYMENT
24	SVC COVERED UNDER CAPITATION
25	DENIED; DEDUCTIBLE NOT MET
26	EXPENSES INCURRED PRIOR TO COV
27	EXPENSES INCURRED AFTER TERMIN
29	NOT IN TIMELY FILING,WRITE OFF
30	PMT ADJ; PT REQ NOT MET
31	DENIED; NOT ELIGIBLE ON DATE OF SERVICE
32	DEPENDENT NOT ELIGIBLE
33	DENIED; INSURED HAS NO DEP COV
34	DENIED; INSURED HAS NO NB COV
35	BENEFIT MAX HAS BEEN REACHED
36	DENIED; NDC NBR REQUIRED
37	DENIED; NOT COV BY MEDICARE
38	SERVICES NOT AUTHORIZED
39	SERVICES NOT AUTHORIZED
40	NON-EMERGENT/URGENT TREATMENT
42	CHARGES EXCEED ALLOWED AMT
43	GRAMM-RUDMAN REDUCTION
44	PROMPT-PAY DISCOUNT
45	CHARGES EXCEED CONTRACT AMT
47	ICD-9 INVALID/MISSING/NOT COV
49	NON-COVERED; PART OF EXAM
50	DENIED; IMPROP/NOT MED NEC SVC

CODE	DESCRIPTION
51	DENIED; PRE-EXISTING COND
52	INELIGIBLE SVC BY PROVIDER
53	DENIED; SERVICES BY RELATION
54	MULT PHYS/ASST NOT COVERED
55	DENIED; EXPERIMENTAL PROC
56	DENIED; PROC CODE HAS BEEN DELETED
57	PAYMENT DENIED/REDUCED BECAUSE
58	POS CONFLICT WITH FAC BILL
59	ADJ; MULTI-SURG OR ANES RULE
60	CHGS FOR OP SVC GLOBAL TO INPT
61	ADJ; NO SECOND OPINION
62	PAYMENT DENIED/REDUCED FOR ABS
66	BLOOD DEDUCTIBLE
69	OUTLIER AMOUNT PAID
70	COST OUTLIER; ADJ ADDL COSTS
74	INDIRECT MED EDUC ADJUSTMENT
75	DIRECT MED EDUC ADJUSTMENT
76	DISP SHARE ADJUSTMENT
78	NON-COV DAYS; RM CHG ADJUST
85	INTEREST AMOUNT
87	TRANSFER AMOUNT
88	SPLIT COPAYMENT
89	PROF FEES REMOVED FROM CHGS
90	INGREDIENT COST ADJUSTMENT
91	DISPENSING FEE ADJUSTMENT
94	PAID IN EXCESS OF CHARGES
95	BENEFITS ADJ; PLAN NOT FOLLOWE
96	NON-COVERED CHARGES
97	PMT INCLUDED IN OTHER SVC
100	PAYMENT MADE TO ENROLLEE
101	PREDETERMINATION OF BENEFITS
102	MAJOR MEDICAL ADJUSTMENT
103	PROVIDER PROMOTIONAL DISCOUNT
104	MANAGED CARE WITHHOLDING
105	TAX WITHHOLDING
106	PATIENT PAYMENT NOT ALLOWED
107	DENIED; QUAL SVC NOT IDENTIFIE
108	ADJ; RENT/PURCH GUIDELINES NOT
109	CLAIM FORWARDED TO CORRECT PAY
110	BILLING DATE PREDATES SVC DATE
111	NOT COVD UNLESS PROV ACCEPTS
112	PAYMENT ADJUSTED AS NOT FURNIS
113	DENIED; OUT OF COUNTRY/ACT OF
114	DENIED; NOT APPROVED BY FDA
115	PMT DENIED; SVC POSTPONED OR CANCELED
116	DENIED; INVALID ADVANCE NOTICE
117	ADJ; INVALID TRANSPORT
118	ADJ FOR ESRD NETWORK SUPPORT

CODE	DESCRIPTION
119	BENEFIT MAX HAS BEEN REACHED; PLEASE SUBMIT ITEMIZED BILL
120	PT COVERED BY MANAGED CARE
121	INDEMNIFICATION ADJ
122	PSYCHIATRIC REDUCTION
123	REFUND; OVERPMT
124	REFUND; NOT OUR PT
125	PAY ADJ DUE TO BILLING ERROR
126	DEDUCTIBLE - MAJOR MEDICAL
127	COINSURANCE - MAJOR MEDICAL
128	NEWBORN SVC COVERED UNDER MOM
129	DENIED; INFO SUPPLIED INCORRECTLY
130	CLAIM SUBMISSION FEE
131	CLAIM-SPECIFIC NEGOTIATED RATE
132	PREARRANGED DEMO PROJECT ADJ
133	PENDED FOR FURTHER REVIEW
134	TECHNICAL FEES REMOVED
135	DENIED DUE TO INTERIM BILL
136	ADJ; PLAN PROC NOT FOLLOWED
137	ADJ; REGULATORY SURCHG OR TAX
138	DENIED; INVALID APPEAL PROC
139	SUBSCRIBER EMPLOYED BY PROV
140	PT ID/PT NAME MISMATCH
141	ADJ; SPANS ELIG & INELIG DATES
142	ADJ BY MEDICAID PT LIAB AMT
143	PORTION OF PMT DEFERRED
144	INCENTIVE ADJUSTMENT
145	PREMIUM PAYMENT WITHHOLDING
146	DENIED; CODE NOT VALID FOR MEDICARE
147	PROVIDER CONTRACTED/NEGOTIATED
148	CLAIM/SERVICE REJECTED AT THIS
149	INVALID TYPE OF BILL
150	MISSING DRG
151	INVALID PLACE OF SERVICE CODE
152	MISSING PRIMARY ICD9 CODE
153	DENIED; VALID J CODE AVAIL.
157	REFUND; DUP PMT
158	REFUND; BILLED IN ERROR
159	REFUND; PUP SECONDARY PAYOR
160	REFUND; WRONG PROVIDER
161	REFUND; OTHER
162	REFUND PROCESSED
163	NO REIMBURSEMENT REQUIRED
169	REFUND- MEMBER NOT ELG.
189	DENIED; PMT INCLUDED IN FAC/HOSP BILL
190	OUTLIER AMT NOT INCLUDED, PER MC FEE ARRANGEMENT
555	INCORRECT DRG PAYMENT CALCULATION
556	INCORRECT DRG PAYMENT CALCULATION DUE TO TRANSFER OR READMISSION
557	PER CRNA GUIDELINES, SUPERVISING ANESTH & CRNA SPLIT THE BENEFIT 50/50

CODE	DESCRIPTION
558	WEEKLY RADIATION CODE PAID INCORRECTLY. PAY ONLY QTY (1) PER WEEK
559	ER CHARGES W/IN 24 HRS PRIOR TO INPT ADMISSION INCLUDED IN INPT PMT
560	OUTPT SVS W/IN 24 HRS PRIOR TO INPT ADMISSION INCLUDED IN INPT PMT
A0	PATIENT REFUND AMOUNT
A1	CLAIM DENIED CHARGES
A2	CONTRACTUAL ADJUSTMENT
A3	APPEAL APPROVED; NO AUTH DENIAL
A4	MEDICARE PPS CAPTL DAY OUTLIER
A5	MEDICARE PPS CAPTL COST OUTLIE
A6	PRIOR HOSP/TRANS REQ NOT MET
A7	PRESUMPTIVE PMT ADJ
A8	DENIED; UNGROUPABLE DRG
ACC	ACCUPUNCTURE LIMIT MET FOR VISIT
ADR	OVERTURNED BY THE ADR COMMITTEE
ANES	DENIED; MISSING ANESTHESIA ST/STP TIME
AP	APPROVED UNDER CLMS APPEAL
APC	APC COMPOSITE RATE APPLIED
AS	ASST SURGEON REDUCTION
B1	NON-COVERED VISITS
B2	DENIED; BUNDLED CODE
B4	LATE FILING PENALTY
B5	PROGRAM GUIDELINES NOT MET
B6	PROVIDER-SPECIFIC ADJ
B7	PROV NOT CERTIFIED FOR SVC
B8	ADJ; ALT SVCS AVAILABLE
B9	SVC NOT COVERED; PT IN HOSPICE
B10	ALLOWED AMT REDUCED; ALREADY PD
B11	CLAIM SENT TO PROPER PAYER
B12	SERVICES NOT DOCUMENTED IN PAT
B13	PREVIOUSLY PAID
B14	DENIED; ONE CONSULT PER DAY
B15	PROCEDURE NOT PAID SEPARATELY
B16	NEW PATIENT QUAL NOT MET
B17	PMT ADJ; PRESCRIPTION INVALID
B18	DENIED, MOD/CODE NOT VALID
B19	NOT PAID UNDER OPP-APC
B20	PAYMENT ADJUSTED BECAUSE PROCE
B22	PMT ADJ BASED ON DIAGNOSIS
B23	PAYMENT DENIED BECAUSE THIS PR
BE	AUTH DENIED; BENEFIT LIMIT REACHED
CAH	DENIED; CRITICAL ACCESS HOSP, MC RATE LETTER NEEDED
CC	CORRECTED CLAIM
CCI	DENIED; BUNDLED, BILL MORE APPROPRIATE CODE
CH	DENIED; COVERED UNDER CAPITATION TO CHIROPRACTIC VENDOR
CP	ADJUSTMENT; COPAY CORRECTION
CR	DENIED; CAP RENTAL RULE
CS	AUTH DENIED; CEASE BENEFIT INPATIENT SERVICES
D1	ADJ; MULTI-DIAGNOSTIC REDUCTION

CODE	DESCRIPTION
D2	DENIED; COVERED UNDER PART D BENEFITS
DIAG	DENIED; CMS REQUIRES 4TH OR 5TH DIGIT FOR THIS DIAGNOSIS
DL	DENIED; COVERED UNDER CAPITATION TO DENTAL VENDOR
DP	DENIED UNDER CLMS APPEAL
DRG	DRG INVALID/MISSING
DRG1	DENIED; INCLUDED IN DRG, 1DAY WINDOW RULE APPLIED
DRG3	DENIED; INCLUDED IN DRG, 3DAY WINDOW RULE APPLIED
DS	DENIED; DATE SPAN REQUIRED
ERA	REDUCED; ENDOSCOPY RULE APPLIES
EST	DENIED; PROVIDER HAS SEEN THIS PATIENT BEFORE AND IS CONSIDERED ESTABL
FCSO	APPEAL OVERTURNED BY FCSO
HE	HEDIS
HIPPS	REBILL WITH HIPPS CODE
HP	DENIED; INCLUDED IN HIPPS PYMENT
INV	VALID INVOICE REQ. FOR PRICING
IQ	DENIED; INVALID QUANTITY
LT	AUTH DENIED; PATIENT MOVED TO LONG TERM CARE
MAX	APPROVED UNDER APPEAL BY MAXIMUS
MH	DENIED; COVERED UNDER CAPITATION TO MENTAL HEALTH VENDOR
MN	AUTH DENIED; NOT MEDICALLY NECESSARY
MOD	PROC/MODIFIER CONFLICT
MR	DENIED; MEDICAL RECORDS NEEDED
NA	DENIED; NONPAR WITH NO AUTHORIZATION
NCP	MBR HAS MET OOP MAX; NO COPAY SHOULD BE TAKEN
NEAB	DENIED; NON EMERGENT AMBULANCE
NP	DENIED; MBR NOT ON PCP PANEL
NPI	DENIED; MUST BILL WITH SERVICING PROVIDERS NPI NUMBER
NR	DENIED; REFERRAL NEEDED FROM PCP
OOP	REFUND; MBR OUT OF POCKET MAX MET
OP	DENIED; OP REPORT NEEDED
PATH	DENIED; CLINICAL PATH WITH MOD 26
PC	DENIED; SERVICES SHOULD BE BILLED TO PSYCHCARE
PDR	DENIED; INCLUDED IN PER DIEM RATE
PE	DENIED; SUB PRIMARY EOB
POSTOP	DENIED; WITHIN THE SURGICAL POST-OP PERIOD
PQ	FOR PQRI REPORTING PURPOSES ONLY
PR	PAID BY PRIMARY CARRIER
PREOP	DENIED; WITHIN THE SURGICAL PRE-OP PERIOD
QK	REDUCTION; ANESTHESIA
QX	REDUCTION; ANESTHESIA CRNA
QY	REDUCTION; ANESTHESIA CRNA
R54	REDUCTION; PRE + INTRAOPERATIVE MGMT ONLY
R56	REDUCTION; PREOP MGMT ONLY
R62	REDUCTION; TWO SURGEONS
R78	REDUCTION; INTRAOPERATIVE MGMT ONLY
RG	INCLUDED IN RUG RATE
RR	REFUND REVERSAL
RUG	DENIED; PLEASE RESUBMIT WITH RUG CODES

CODE	DESCRIPTION
RV	ADJ; CLAIM REVIEW
SAP	APPROVED; SECOND LEVEL APPEAL
SNF	INCLUDED IN LEVEL PAYMENT
TA	DENIED;HH TREATMENT AUTH REQUIRED
TB	TKBK; REFUND REQUESTED, NO CHECK RCVD
TF	NOT IN TIMELY FILING
TKBK	ADJUSTED; TAKE-BACK CORRECTION
TL	DENIED; TRIG LEVEL MUST BE >400
TPL	THIRD PARTY LIABILITY/COB
UB	DENIED, INCLUDED IN DRG
UD1	COPAY
UD2	ALLOWED AMT > BILLED CHGS
UD3	NOT AUTHORIZED
UD4	NON PLAN PROVIDER
UD5	OTHER
UD6	PRIMARY INSURANCE PMT
UDC	CAPITATED SERVICE
UN	PMT ADJ; MAX ALLOWED UNITS PD
V1	DENIED; COMPOUND WITH COMPREHENSIVE
V2	DENIED; LAB UNBUNDLING
V3	DENIED; GLOBAL ANESTHESIA
V4	DENIED; SEX CONFLICT
V5	DENIED; SIGMOIDOSCOPY TAKES PRECEDENCE
V6	DENIED; BASICALLY SAME PROCEDURE
V7	DENIED; EXCISION INCLUDES WOUND REPAIR
V8	DENIED; GLOBAL ENDOSCOPIC
V9	DENIED; INCIDENTAL PROCEDURE
V10	DENIED; MUTUALLY EXCLUSIVE
V11	DENIED; INCLUDED IN E&M
V13	DENIED; QUANTITATIVE AND QUALITATIVE
V14	DENIED; MUTUALLY EXCLUSIVE
V15	DENIED; GLOBAL ORTHOPEDIC
V16	DENIED; GLOBAL PROCEDURE
V17	DENIED; INCIDENTAL PROCEDURE
V18	DENIED; BLOOD COLLECTION
V19	DENIED; EXPLORATION INCLUDED
V20	DENIED; SEPARATE PROCEDURE
V21	DENIED; SEPARATE PROCEDURE
V22	DENIED; GLOBAL PROCEDURE
V23	DENIED;SEPARATE PROCEDURE
V24	DENIED; ANESTHESIA INCLUDED
V25	DENIED; SURGERY W/ SPECIMEN HANDLING
V26	DENIED; CAST/SPLINT/STRAP
V27	DENIED; GLOBAL PROCEDURE
V28	DENIED; UNBUNDLED
V29	DENIED; UNBUNDLED
V30	DENIED; WITH VS. WITHOUT CONFLICT
V31	DENIED; COMPOUND WITH COMPREHENSIVE

CODE	DESCRIPTION
V32	DENIED; COMPOUND WITH COMPREHENSIVE
V33	DENIED; COMPOUND WITH COMPREHENSIVE
V34	DENIED; COMPOUND WITH COMPREHENSIVE
V35	DENIED; COMPOUND WITH COMPREHENSIVE
V36	DENIED; COMPOUND WITH COMPREHENSIVE
V37	DENIED; COMPOUND WITH COMPREHENSIVE
V38	DENIED; COMPOUND WITH COMPREHENSIVE
V39	DENIED; COMPOUND WITH COMPREHENSIVE
V40	DENIED; COMPOUND WITH COMPREHENSIVE
V41	DENIED; LABORATORY PANELS
V43	DENIED; QUANTITY CHECK
V47	DENIED; ASST ON SELF
V50	DENIED; MULTIPLE 1 DAY VISITS
V51	DENIED; INVALID SEX
V53	DENIED; INVALID MEMBER AGE
V57	DENIED; COMPOUND WITH COMPREHENSIVE
V58	DENIED; GLOBAL ANESTHESIA
V69	ASST/COSRG MISMATCH
V73	DENIED; GLOBAL PERIOD
V74	DENIED; GLOBAL PERIOD
V75	DENIED; GLOBAL PERIOD
V76	REDUCTION; SITE OF SERVICE
V77	DENIED; SRG TRAY
V81	DX DETAIL
V82	ADJUSTMENT; TC REDUCTION
V83	ADJUSTMENT; MULTIPLE PROC
V84	ADJUSTMENT; BILATERAL PROCEDURES
V85	ADJUSTMENT; DOWN CODED PROC INTO A CORRESPONDING BILLED BILATERAL CODE
V87	DENIED; Assistant Surgeon
V94	ADJUSTED; DX CODE TERMED BY CMS
V96	DENIED; SURGICAL DUP
V99	DENIED; DUPLICATE PROCEDURE
V104	REDUCTION; POSTOP PORTION
V105	REDUCTION; REDUCED SVCS, PD 63%
V109	REDUCED; REDUCED SERVICES
V110	REDUCED; DISCONTINUED PROCEDURE
V118	DENIED; APPLICATION OF CAST
V119	DENIED; Casting & Strapping
V121	DENIED; CMS BUNDLED
V122	DENIED; BUNDLED/EXCLUDED CMS
V123	DENIED; INJECTIONS
V124	DENIED; PULMONARY WITH PATH
V126	DENIED; CAST/SPLINT/STRAP
V127	DENIED; E&M COUNSELING
V135	DENIED; SEX CONFLICT
V139	DENIED; LAB/XRAY READ
V140	DENIED; BUNDLED TO GLOBAL PROCEDURE
V147	DENIED; NEW PATIENT VISIT

[Updated: 1/26/2011]

CODE	DESCRIPTION
V149	DENIED; MUTUALLY EXCLUSIVE
V152	DENIED; DECISION FOR SURGERY
V153	DENIED; INVALID 26/TC MODIFIER
V157	DENIED; DISTINCT PROCEDURE
V162	DENIED; LAB PANEL
V163	DENIED; CRITICAL CARE QTY
V164	DENIED; TIMELY FILING
V167	DENIED; ADD-ON PROCEDURE
V168	DENIED; ADD-ON PROCEDURE
V170	DENIED; CMS STATES THAT THIS COSMETIC PROCEDURE IS NEVER PAYABLE
V174	DENIED; COSMETIC/RECONSTRUCTIVE
V178	DENIED; ADD-ON PROC
V196	DENIED; INVALID PRIMARY DX CODE
V199	DENIED; CMS HAS TERMINATED PMT FOR CONSULTS
VOID	CLAIM VOIDED
VSN	DENIED; COVERED UNDER CAPITATION TO VISION VENDOR
W1	ADJ; WORKERS COMP
WMED	DENIED; SUBMIT CLAIM TO WELLMED
WWC	WORLD WIDE COVERAGE