

## Adjustment Reason Codes (updated February 02, 2012)

Code	Description	HIPAA 277 Reason Code	HIPAA 835 Reason Code
01	MD REVIEWED RECORDS, PER EMTALA - SCREENING FEE APPLIED	68	45
02	REIMBURSED AT OUT OF NETWORK RATE.	65	45
03	PAID AT REASONABLE AND CUSTOMARY	66	45
04	CONTRACTUAL AGREEMENT - NO ADDT'L MEMBER LIABILITY	105	45
05	PROCEDURE CODE HAS BEEN REPLACED	12	45
06	THIS CLAIM WAS PAID UNDER THE UNITED PAYORS & PROVIDERS (UFX) SPOT.	64	45
07	REFUND RECEIVED	519	45
08	INTERCOMPANY REFUND ADJUSTMENT - FINANCE	521	45
09	INCLUDED IN EPSDT SERVICES	107	97
0A	PAID AT CONTRACTED RATE - DO NOT BILL MEMBER	104	45
0B	MEMBER INELIGIBLE	109	27
0C	SERVICE IS ENCOUNTERED/CAPITATED - NO PAYMENT ISSUED	105	24
0D	CLAIM HAS BEEN VOIDED	103	45
0E	ELIGIBLE PROCEDURE DENIED IN ERROR	521	45
0F	PAYMENT INCLUDED IN ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE	107	97
0G	REIMBURSED AT NEGOTIATED RATE-PATIENT NOT RESPONSIBLE FOR BALANCE.	104	131
0H	VANTAGE NETWORK-REIMBURSED PER CONTRACTED RATE	107	45
0I	PHS PPO NETWORK	107	45
0J	DEVON NETWORK-REIMBURSED AT CONTRACTED RATE	107	45
0K	THIS CLAIM WAS PAID UNDER THE NATIONAL PREFERRED PROVIDER NETWORK OR ITS AFFLIATE.	107	45
0L	THIS CLAIM WAS PAID UNDER THE NPPN/INTERGROUP CONTRACT	107	45
0M	THIS CLAIM WAS PAID UNDER THE UNITED PAYORS & UNITED PROVIDERS (UPU)	107	45
0N	RECOVERY REASON CODE	519	45
0O	THIS CLAIM WAS PAID UNDER THE BEECHSTREET CONTRACT	64	45
0P	THIS CLAIM WAS PAID UNDER THE MEDICAL RESOURCE INC - UP&UP	64	45
0Q	THIS CLAIM WAS PAID UNDER THE MANAGED CARE INC-UP&UP	107	45
0R	REFUND OF PREVIOUS COLLECTED OVERPAYMENT OR NEGATIVE BALANCE CREDIT	519	45
0S	PAID IN ACCORDANCE WITH THE MULTIPLAN DISCOUNT RATE AGREEMENT. DO NOT BILL MEMBER.	107	45
0T	THE CLAIM WAS PAID UNDER THE SELECTNET PLUS CONTRACT	107	45

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0U	CONTRACTUAL AGREEMENT - ADJUSTMENT TO MEMBER LIABILITY	107	45
0V	CHECK HAS BEEN VOIDED	519	45
0W	ALLOWABLE AMOUNT REDUCED FOR BILATERAL OR SECONDARY PROCEDURE	107	45
0X	THIS CLAIM WAS PAID UNDER THE NATIONS HEALTH PLAN - UP&UP	107	45
0Y	THE CLAIM WAS PAID UNDER THE SUPERMED PLUS OR TRADITIONAL CONTRACT	107	45
0Z	PAID IN ACCORDANCE WITH THE PHCS DISCOUNT RATE AGREEMENT. DO NOT BILL MEMBER.	107	45
10	ADJUSTMENT DUE TO PROVIDER BILLING ERROR(S)	521	125
11	ADJUSTMENT DUE TO UPDATED COB INFORMATION	521	22
12	ADJUSTMENT DUE TO AUTH UPDATE-MED MGMT REVIEW	521	45
13	ADJUSTMENT DUE TO DUPLICATE CLAIM PROCESSED	521	18
14	ADJ DUE TO BENEFIT/PROVIDER/PRICING/SYSTEM UPDATE	521	45
15	CLAIM PROCESSED AT THE MEDICARE APC RATE	107	45
16	NOTE: NDC WAS NOT SUBMITTED ON THIS CLAIM. FUTURE CLAIMS WILL BE DENIED IF NDC IS NOT BILLED.	104	45
17	MULTIPLE SURGERY REIMB MAX HAS BEEN MET	107	A1
18	BENEFITS EXHAUSTED BY PRIMARY CARRIER	104	45
19	ADJUSTMENT DUE TO ELIGIBILITY/PCP UPDATE	519	45
20	HRA BENEFIT IS BEING PAID FROM MEMBER'S HRA ACCOUNT	104	45
21	THIS MEMBER ID IS NO LONGER VALID FOR THE DATE(S) OF SERVICE BILLED.	109	27
22	THIS IS THE UPDATED MEMBER ID FOR THE DATE(S) OF SERVICE BILLED. PLEASE UPDATE YOUR RECORDS TO REFLECT THIS CHANGE.	521	45
23	CLAIM REVIEWED.	104	45
24	INTERNAL ADJUSTMENT - FINANCE WRITE-OFF BAD DEBT	521	45
25	INTERNAL ADJUSTMENT - FINANCE WRITE-OFF COB	521	45
26	INTERNAL ADJUSTMENT - FINANCE WRITE-OFF ELIGIBILITY	521	45
27	INTERNAL ADJUSTMENT - FINANCE WRITE-OFF MISC	521	45
28	MEMBER MAY BE RESPONSIBLE FOR BALANCE OF SERVICE.	104	45
29	OUT OF AREA MEDICARE PROVIDER BY ZIP CODE.	96	D19
30	ADJ: MEDICAID SAVINGS	519	88
31	DEVON NATIONAL NETWORK - REIMBURSED AT CONTRACTED RATE.	104	45
32	SERVICE IS BEING DENIED UNTIL CURRENT W-9 FORM IS SUBMITTED.	9	B7

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33	MEDICARE PROVIDER BY ZIP CODE, MEMBER MAY BE RESPONSIBLE FOR BALANCE OF SERVICE.	104	45
34	DPW ALLOWS ZERO REIMBURSEMENT	104	45
35	SYSTEM ADJUSTMENT DUE TO ELIGIBILITY UPDATE	519	45
36	THIS CODE SUPERCEDES 90899. NO PAYMENT VARIANCE.	12	45
37	AN ADMINISTRATIVE ALLOWANCE HAS BEEN MADE FOR THIS PROCEDURE.	104	45
38	HMS DISALLOWANCE RECOVERY	104	45
39	PAID IN ACCORDANCE WITH THE PHCS DISCOUNT RATE AGREEMENT. DO NOT BILL MEMBER.	64	45
40	APC COST OUTLIER.	104	45
41	CLAIM PROCESSED AT MEDICARE RATE.	65	45
42	ENHANCED BENEFIT REIMBURSEMENT	64	45
43	PHS NETWORK - REIMBURSED AT CONTRACTED RATE	104	45
44	HMS RECOVERY	104	45
45	ADJUSTMENT REASON CODE TO IDENTIFY HRI REFUND CHK	104	45
46	NEGOTIATED ADJUSTMENT THROUGH MULTIPLAN; ADJUSTMENT AMOUNT IS NOT BILLABLE TO PATIENT.	104	45
98	REDUCED SECOND AND SUBSEQUENT SURGERY	12	59
99	MAXIMUM AMOUNT FOR SURGERIES REACHED	12	119
AA	ADMINISTRATIVE ASSESSMENT PAYMENT - NO MEMBER LIABILITY.	104	45
AB	CLAIM NOT LINKED TO PREVIOUSLY PROCESSED CLAIM (AFFECTS PAYMENT OR APPLICATION OF MAXIMUM).	101	45
AC	RECEIVED DEDUCTIBLE INFORMATION FROM THE OTHER CARRIER (RUN IN).	101	45
AD	SUBSEQUENT DEDUCTIBLE ADJUSTMENT BECAUSE OF INCORRECT PAYMENT ON A PREVIOUS CLAIM.	101	45
AE	RECEIVED OUT-OF-POCKET (OOP) INFORMATION FROM THE OTHER CARRIER (RUN IN).	101	45
AF	SUBSEQUENT OOP ADJUSTMENT BECAUSE OF INCORRECT PAYMENT ON A PREVIOUS CLAIM.	101	45
AG	BENEFIT MAXIMUM ADJUSTMENT BECAUSE OF INCORRECT PAYMENT ON A CLAIM(DAY/DOLLAR).	101	45
AH	REMOVE CO-PAY: APPLIED ON ANOTHER CLAIM	101	45
AI	E/R:-VIST PAST MIDNIGHT REMOVE COPAY	101	45
AJ	I/P ADMITTANCE: REMOVE COPAY	101	45
AK	A CO-PAY APPLIES TO THIS CLAIM.	101	3
BA	PROVIDER SUBMITS A CORRECTED BILL - OVERPAYMENT.	521	125
BB	PROVIDER SUBMITS A CORRECTED BILL - UNDERPAYMENT.	101	125
BC	DATA TRANSMISSION INCORRECT.	521	125
BD	LATE CREDIT ADDED TO CLAIM - CLAIM OVERPAID.	521	125

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Code	Description	HIPAA 277 Reason Code	HIPAA 835 Reason Code
BE	LATE CHARGES SUBMITTED - CLAIM UNDERPAID.	101	125
BF	PROVIDER REQUEST - CHARGES BILLED IN ERROR	101	125
BH	BHP network accessed, pd at contracted rate, do not bill member.	107	45
CA	REISSUE OF A CHECK THAT IS OUTDATED, AND THE CLAIM WAS PAID CORRECTLY.	519	45
CB	STOP PAYMENT ISSUED - ORIGINAL CHECK LOST/DAMAGED.	519	45
CC	STOP PAYMENT ISSUED - ORIGINAL CHECK INCORRECT PAYEE AND UNCASHED.	519	45
CD	REISSUE OF A CHECK THAT WAS RETURNED IN ERROR.	519	45
CE	REFUND CHECK IS VOID.	519	45
DA	ELIGIBLE DIAGNOSIS DENIED IN ERROR.	255	B22
DB	ELIGIBLE PROCEDURE DENIED IN ERROR.	454	45
DC	INELIGIBLE DIAGNOSIS PAID IN ERROR.	255	B22
DD	INELIGIBLE PROCEDURE PAID IN ERROR.	454	B18
DE	INELIGIBLE FLEXIBLE REIMBURSEMENT CLAIM PAID IN ER	521	187
DF	ELIGIBLE FLEXIBLE REIMBURSEMENT CLAIM DENIED OR SUPPRESSED IN ERROR.	521	187
DG	FLEX DEPOSITS ENTERED OR CORRECTED TO ALLOW PAYMENT OF A PREVIOUSLY DENIED FLEX CLAIM.	521	187
DH	DUPLICATE CHARGES PROCESSED IN ERROR.	101	18
DI	CHARGES CORRECTLY DENIED AS DUPLICATE.	101	18
DJ	VENDOR STATES CHARGES ARE DUPLICATE, BUT MC400 DOESN'T. CLAIM NEEDS TO BE SENT TO VENDOR FOR PRICING.	101	18
DK	VENDOR PRICING CORRECTION - UNDERPAID	628	45
DL	VENDOR PRICING CORRECTION - OVERPAID RE-PRICED INCORRECTLY.	628	45
DM	ALL CHARGES DENIED INCORRECTLY BECAUSE OF INACCURATE ELIGIBILITY INFORMATION IN THE SYSTEM.	101	141
DN	SOME CHARGES DENIED INCORRECTLY BECAUSE OF INACCURATE ELIGIBILITY INFORMATION IN THE SYSTEM.	101	41
DO	ALL CHARGES PAID INCORRECTLY BECAUSE OF INACCURATE ELIGIBILITY INFORMATION IN THE SYSTEM.	101	141
DP	SOME CHARGES PAID INCORRECTLY BECAUSE OF INACCURATE ELIGIBILITY INFORMATION IN THE SYSTEM.	101	141
DQ	BE INAPPROPRIATELY USED ELIGIBILITY OVERRIDE CODE.	101	141
DR	NONCOVERED PROVIDER PAID IN ERROR.	101	45
DS	ELIGIBLE PROVIDER DENIED AS NONCOVERED.	101	45
DT	CHARGES DENIED INCORRECTLY BECAUSE OF A AUTHORIZATION ERROR.	48	39

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DU	CHARGES DENIED INCORRECTLY BECAUSE OF A EXAMINER ERROR.	48	39
DV	CHARGES PAID INCORRECTLY BECAUSE OF A AUTHORIZATION ERROR.	48	39
DW	REQUESTED INFORMATION RECEIVED FOR A SOFT DENY DENY CLAIM.	101	45
DX	WORKERS' COMPENSATION - CLAIM SHOULD HAVE BEEN DENIED.	521	19
DY	DENIAL CLAIM DOES NOT REQUIRE AN EOP FOR PAYMENT.	521	45
DZ	DUPLICATE CLAIM RECEIVED.	18	54
EA	INCORRECT ASSIGNMENT ENTERED/INCORRECT PAYEE.	101	45
EB	BE INCORRECTLY SPLIT PAYMENT ON THE FINAL SCREEN.	101	45
EC	CHARGE KEYED INCORRECTLY.	583	45
ED	SUBMITTED CHARGES NOT ENTERED.	583	45
EE	ALLOWED AMOUNT ENTERED INCORRECTLY - UNDERPAID.	101	45
EF	INCORRECT COB AMOUNT ENTERED.	171	23
EG	FAILURE TO COORDINATE BENEFITS.	171	23
EH	COB UPDATED AFTER CLAIM PROCESSED.	171	23
EI	INCORRECT DATES OF SERVICE ENTERED.	187	45
EJ	INCORRECT DIAGNOSIS (ICD) ENTERED.	255	47
EK	INCORRECT ALLOWED AMOUNT ENTERED FROM THE MEOB.	171	23
EL	INCORRECT PAID AMOUNT ENTERED FROM THE MEOB.	171	23
EM	INCORRECT NEGATIVE CONTRACTUAL AMOUNT ENTERED FROM ENTERED FROM THE MEOB.	171	23
EN	FAILURE TO COORDINATE BENEFITS WITH MEDICARE.	171	23
EO	INCORRECT MEDICARE ASSIGNMENT ENTERED.	171	23
EP	INCORRECT MESSAGE CODE ENTERED.	521	45
EQ	INCORRECT PROCEDURE (CPT, HCPCS, OR ADA) CODE ENTERED.	454	48
ER	INCORRECT NUMBER OF VISITS OR DAYS ENTERED.	583	45
ES	EXAMINER DID NOT FOLLOW EXISTING HOLD RULE REQUIREMENT.	521	129
ET	INCOMPLETE EPSDT SERVICE - PAID AT LOWER LEVEL	104	45
FA	INCORRECT EMPLOYEE SELECTED.	30	45
FB	INCORRECT PATIENT SELECTED.	30	45
FC	INCORRECT PROVIDER ADDRESS SELECTED.	101	45
FD	INCORRECT PROVIDER NAME SELECTED.	101	45
FE	INCORRECT PROVIDER TIN SELECTED.	101	45
FF	INCORRECT REFERRING PROVIDER ENTERED.	101	45
GA	ADDITIONAL INFORMATION RECEIVED FROM CLINICAL MANAGEMENT.	521	45
GB	MULTIPLE SURGERY CALCULATION INCORRECT.	101	45

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Code	Description	HIPAA 277 Reason Code	HIPAA 835 Reason Code
GC	PLAN BUILDING DEPARTMENT MADE A CHANGE OR CORRECTION TO THE BENEFITS - UNDERPAID.	104	169
GD	PLAN BUILDING DEPARTMENT MADE A CHANGE OR CORRECTION TO THE BENEFITS - OVERPAID.	104	169
GE	SUBROGATION (TPL) SETTLEMENT RECEIVED FROM THE THIRD PARTY.	171	23
GF	ADDITIONAL DOCUMENTATION RECEIVED - USE ONLY IF REASON FOR ADJUSTMENT IS NOT OTHERWISE CATEGORIZED	101	45
GG	USED TO TRACK ADJUSTMENTS RELATING TO SPECIFIC ISSUES. USE ONLY WHEN INSTRUCTED TO BY SUPERVISOR OR MANAGER.	101	45
GH	THE EMPLOYEE'S ADDRESS WAS WRONG ON THE ELIGIBILITY SCREEN; THE CLAIM WAS PAID CORRECTLY, BUT NEEDS TO BE RE-ISSUED TO THE CORRECT ADDRESS.	126	45
GI	PROCESS NEW CLAIM FOR CONSIDERATION.	101	45
GJ	STUDENT - OOA ADJUSTMENT	696	45
HA	ANCILLARY CHARGES SHOULD HAVE BEEN PAID AS PPO, PROVIDER, OR PLAN-SPECIFIC.	64	B6
HB	INCORRECT FEE SCHEDULE CONTRACT SELECTED.	64	B6
HC	CLAIM SHOULD HAVE BEEN PROCESSED IN THE OUT-OF-AREA BENEFIT.	64	B6
HD	PPO NETWORK SHOULD HAVE BEEN SELECTED.	64	B6
HE	INCORRECT PPO DISCOUNT ENTERED.	64	B6
HF	PPO WAS NOT FLAGGED.	64	B6
HG	PPO PROVIDER WAS NOT SELECTED.	64	B6
HH	NON-PPO PROVIDER PAID AS A PPO PROVIDER.	64	B6
HI	HRI SUBROGATION RECOVER.	171	23
HJ	HIA BENEFIT IS BEING PAID FROM MEMBER'S HIA ACCNT	104	45
HK	PREVIOUS INCOMPLETE EPSDT ASSESSMENT PAID FOR THIS AGE CATEGORY	107	97
HL	HRA/HIA BENEFITS ARE BEING PAID FROM MBR'S ACCNTS	104	45
MR	THIS PAYMENT IS THE RESULT OF A MEDICAID RECLAMATION.	101	63
MT	MA MEMBER RECEIVING MEDICAL TREATMENT	48	102
P4	P4P ADDITIONAL PAYMENT APPLIED	20	92
PH	PHC NETWORK DISCOUNT APPLIED	107	45
PR	PAID AS A PARTICIPATING PROVIDER UNDER TRANSITION OF CARE PERIOD	45	107
RA	CLAIM ADJUSTED TO PAY RE-PRICING NETWORK RATE	530	129
RP	RESUBMIT CLAIM TO THE PHC NETWORK	104	A1

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Code	Description	HIPAA 277 Reason Code	HIPAA 835 Reason Code
RV	CLAIM REVERSED- CORRECTED REPRICING INFO RECEIVED FROM NETWORK	530	129
SA	ELIGIBILITY UPDATED AFTER CLAIM PROCESSED.	1	129
SD	PRIMARY ASSESSMENT NEEDED FOR EPSDT SERVICES	104	95
SP	PAID AT CONTRACTED RATE - DO NOT BILL MEMBER	104	45
ST	EPSDT ASSESSMENT MISSING CLAIM REQUIREMENTS	104	95