

**Not Covered Reason Codes  
(updated February 02, 2012)**

<b>Code</b>	<b>Description</b>	<b>HIPAA277 Reason Code</b>	<b>HIPAA835 Reason Code</b>
01	AFTER REVIEW, SERVICES NOT MEDICALLY NECESSARY	515	50
02	BENEFIT MAXIMUM HAS BEEN MET	483	119
03	LIFETIME MAXIMUM HAS BEEN MET	104	35
04	AUTHORIZATION FOR SERVICES NOT ON FILE	84	197
05	THESE SERVICES ARE NOT A COVERED BENEFIT	104	96
06	TREATMENT FOR THIS CONDITION NOT COVERED BY YOUR PLAN. EXPLANATION OF CLINICAL CRITERIA WILL BE PROVIDED FREE OF CHARGE UPON REQUEST.	104	96
07	SERVICES MUST BE RENDERED BY A NETWORK PCP	104	38
08	BENEFIT AVAILABLE UNDER MEDICARE HOSPICE FUND	104	B9
09	SERVICES NEED TO BE PROVIDED IN NETWORK TO BE ELIGIBLE FOR PAYMENT	104	38
10	CLAIM MUST BE SUBMITTED WITHIN THE TIMELY FILING LIMIT	104	29
11	NOT COVERED UNDER THE PLAN	104	96
12	SERVICE IS DENIED DUE TO CODING GUIDELINES	104	97
13	DUPLICATE SERVICE	54	18
14	MEMBER NOT ELIGIBLE AT THE TIME OF SERVICE	109	27
15	THIS PROCEDURE CODE HAS BEEN REPLACED	12	B18
16	RE-SUBMIT WITH PARTICIPATING REFERRING OR ORDERING PHYSICIAN'S NAME	104	183
17	RE-SUBMIT WITH EOP FROM YOUR PRIMARY CARRIER	286	22
18	RE-SUBMIT WITH A VALID TYPE OF SERVICE CODE	250	16
19	PROCEDURE CODE NOT ON MA FEE SCHEDULE OR IS INVALID FOR THIS PROVIDER TYPE	107	45
20	CONTRACTED ALLOWANCE LESS THAN MEDICARE/PRIMARY INSURANCE PAYMENT	104	23
21	PAYMENT IS INCLUDED IN THE REIMBURSEMENT RATE OF GLOBAL MANAGEMENT	107	97
23	RE-SUBMIT WITH VALID LOCATION CODE	249	5
24	THIS CODE IS INCLUDED IN THE REIMBURSEMENT FOR THE GLOBAL SERVICE	107	97
25	REQUESTED MEMBER INFO NOT RECEIVED	95	163
26	SERVICES MUST BE REFERRED BY YOUR PCP	94	38
27	CLAIM WILL BE REVIEWED UPON RECEIPT OF ER NOTES FROM THE FACILITY	299	16
28	PAYMENT INCLUDED IN CONTRACTED RATE	107	97
29	NURSERY CHARGE INCLUDED IN PER DIEM RATE FOR MOTHER	102	128
30	RE-SUBMIT WITH VALID CPT CODE AND DESCRIPTION	454	B18
32	PLEASE RESUBMIT WITH THE COMPLETE ICD9 CODE	37	146
33	RESUBMIT WITH CONTRACTED CPT4, HCPC, MODIFIER, REVENUE OR OTHER CODE	490	189

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35	RESUBMIT WITH EXPLANATION OF BENEFITS FROM MEDICARE OR OTHER PRIMARY CARRIER	286	22
37	RE-SUBMIT WITH VALID DIAGNOSIS CODE	255	146
38	PROCEDURE CODE BILLED DOES NOT MATCH THE AUTHORIZED SERVICE	84	197
39	MEMBERS GENDER OR AGE IS NOT VALID FOR DIAGNOSIS OR PROCEDURE	104	9
40	RE-SUBMIT WITH CORRECTED BILL	122	148
41	PROVIDER NOT CONTRACTED TO PROVIDE SERVICE OR SUBMIT DIAGNOSIS	104	B7
42	ADJUNCTIVE PROCEDURE LICENSE COPY NEEDED FOR ALL ADJ PROCEDURES BILLED	336	B7
43	NOT A COVERED SERVICE-INTEGRAL PART OF GLOBAL SERVICE	107	97
44	PLEASE SUBMIT CLAIM TO VALUE BEHAVIORAL HEALTH	116	109
45	DOLLAR AMOUNT BILLED DOES NOT MATCH EOB. PLEASE SUBMIT CORRECT EOB	286	22
46	NO PAYMENT DUE. SERVICES DENIED BY PRIMARY WITH NO MEMBER LIABILITY	104	22
47	PLEASE SUBMIT TO PHARMACY VENDOR.	116	109
48	SUBMIT TO BEHAVIORAL HEALTH VENDOR	116	109
49	THESE SERVICES WERE APPROVED AS OBSERVATION ONLY	104	97
50	RESUBMIT WITH CORRECTED EXPLANATION OF BENEFITS	286	148
51	SERVICE DESCRIPTION, OPERATIVE REPORT OR MEDICAL RECORDS REQUIRED	294	148
52	MULTIPLE SURGERY REIMBURSEMENT HAS BEEN MET	104	B13
53	NO BENEFITS AVAILABLE. PRIMARY PAYOR PAID IN FULL.	104	22
54	EPSDT PERFORMED OUT OF SCHEDULE	104	B18
55	PLEASE RESUBMIT CLAIM WITH CORRECT TAX ID NUMBER	104	B7
56	AUTHORIZATION LIMIT FOR PROCEDURE HAS BEEN MET	84	198
57	DOLLAR LIMIT MAXIMUM FOR SERVICE HAS BEEN MET	483	45
58	THIS CLAIM HAS BEEN ADJUSTED	521	95
59	THESE CHARGES SHOULD BE SUBMITTED TO THE MEMBER'S VISION CARRIER	116	109
60	RE-SUBMIT WITH CORRECT PROVIDER DEMOGRAPHIC INFO	104	B7
61	RE-SUBMIT WITH A COMPLETE RUG CODE	490	16
62	PLEASE SUBMIT TO COMMUNITY CARE BEHAVIORAL HEALTH	116	109
63	OFFSET RELEASED, REFUND RECEIVED PER JOURNAL ENTRY	519	195
64	INVALID OR MISSING COB INFORMATION WAS SUBMITTED; RESUBMIT PAPER CLAIM WITH EOB	286	22
65	INCOMPLETE EPSDT FORM	104	16
66	SUBMIT TO THE MEMBER'S DENTAL CARRIER	116	109

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67	RE-SUBMIT WITH CORRECT DATE OF SERVICE	104	B18
68	PROVIDER IS INACTIVE UNDER TAX ID NUMBER	104	B7
69	PLACE OF SERVICE IS INCONSISTENT WITH THE PROCEDURE CODE BILLED	104	5
70	RE-SUBMIT WITH CORRECTED DIAGNOSIS CODE	37	11
71	RE-SUBMIT CLAIM WITH ANESTHESIA TIME/UNITS	523	16
72	PAYMENT INCLUDED WITH ACCOMMODATION SERVICES	107	97
73	SUBMIT A COPY OF THE AMBULANCE TRIP SHEET	472	148
74	POTENTIAL WORKER'S COMP-SUBMIT DENIAL/PAYMENT EOB	363	19
75	INVALID PRIMARY INSURANCE DENIAL	286	22
76	RE-SUBMIT WITH ASA ANESTHESIA CROSSWALK CODES	454	16
77	OUT-OF-NETWORK SERVICES	104	38
78	NO SECONDARY BENEFIT IS AVAILABLE FOR SERVICES DENIED BY MEDICARE	286	22
79	SUBMIT MAJOR MEDICAL EOB	286	22
80	SERVICE MUST BE BILLED BY PRACTITIONER WHO EMPLOYS PA OR CRNP	104	B7
81	INCORRECT EPSDT FORM	104	B5
82	SERVICES MUST BE RENDERED BY YOUR PCP	94	38
83	SERVICE BILLED REQUIRES A BASE OR COMPANION CODE-REFER TO CPT 4	454	189
84	PLEASE SUBMIT AN ITEMIZED STATEMENT FOR RECONSIDERATION	279	148
85	RESUBMIT WITH ATTENDING PHYSICIAN NAME & LICENSE#	104	B7
86	AFTER REVIEW, HEALTH PLAN CRITERIA NOT MET	515	B5
87	PLEASE RESUBMIT WITH PRIMARY EOB REMARK CODE DESCRIPTION	286	22
88	PLEASE SUBMIT CLAIM TO STRAIGHT ACCESS	104	109
89	PROCEDURE ON EOB DOES NOT MATCH BILL; RESUBMIT CORRECTED BILL	286	189
90	PRIMARY INSURANCE GUIDELINES NOT FOLLOWED; APPEAL WITH PRIMARY CARRIER	286	22
91	DME RENTAL VISITS EXCEEDS 90 DAYS	104	108
92	DUE TO DPW REQUIREMENTS, E-CODES CANNOT BE BILLED AS PRIMARY	104	189
94	RESUBMIT WITH A VALID MODIFIER	453	4
95	30 DAY HOLD RELEASED-CASH RECEIVED	519	A1
96	AUTO/WORKER'S COMP PRIMARY; NO PAYMENT DUE	286	19
97	INTERIM BILL INCLUSIVE. PLEASE RESUBMIT FINAL BILL WITH TOTAL CHARGES	234	135

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Code	Description	HIPAA277 Reason Code	HIPAA835 Reason Code
98	EVALUATION & MGMT BY CHIROPRACTOR IS COVERED AS PER UPMC HP POLICY & PROCEDURE	104	97
99	PROV REFUND NOT RCVD WITHIN 30 DAYS OF REQUEST; OFFSET BEING PROCESSED	519	148
A1	SERVICE IS NOT ALLOWED WHEN PERFORMED BY THIS PROVIDER	104	52
A2	EPSDT CLAIM OVER 90 DAYS	104	29
A3	30 DAY HOLD RELEASED-HP CHECK VOIDED	519	29
A4	PLEASE SUBMIT THE SECONDARY CARRIER EXPLANATION OF BENEFITS	286	22
A5	MANUAL RELEASE OF OFFSET/NEGATIVE BALANCE	519	A1
A6	SUBMISSION OF CERT OF ABORTION FORM AND SUPP DOC NOT RECEIVED	104	148
A7	AFTER REVIEW, CRITERIA FOR TRANSITION OF CARE NOT MET	104	A1
A8	NOT REIMBURSEMENT ELIGIBLE FOR SERVICES RENDERED TO FAMILY MEMBERS	104	53
A9	CONVERSION-SERVICE HAS BEEN REPLACED WITH 9900 LINE FOR CLAIM LEVEL PRICING	104	A1
AA	PROCEDURE CODE IS NOT ON MEDICARE FEE SCHEDULE	104	189
AB	CLAIM MUST BE SUBMITTED WITHIN 180 DAYS OF THE SERVICE DATE	104	29
AC	RESUBMIT WITH CORRECTED UNITS	476	A1
AD	PROFESSIONAL CHARGES ARE NOT COVERED WHEN BILLED BY A FACILITY	104	8
AE	PRIMARY REMIT OVER TIMELY FILING LIMITS	104	29
AF	MEDICAID PLAN ONLY RESPONSIBLE FOR 30 DAY COVERAGE	104	22
AG	AWAITING NEWBORN RECEIPT#; ENROLLMENT TO NOTIFY DPW	104	28
AH	RESUBMIT WITH SURGICAL CPT CODE	454	189
AI	PLEASE RESUBMIT WITH 5 DIGIT CMG REHAB RUG CODE	104	189
AJ	ADJUSTMENT REQUEST OVER TIME LIMIT	104	29
AK	OUR CONTRACT WITH THE EMPLOYER HAS BEEN TERMINATED. PLEASE CONTACT THE EMPLOYER GROUP FOR MORE INFORMATION.	88	31
AL	AWAITING NOTIFICATION FROM DPW	104	A1
AM	PLEASE RESUBMIT EDI CLAIMS DIRECTLY TO MMO OR RESUBMIT PAPER CLAIMS TO UPMC HP	104	A1
AN	OUR RECORDS INDICATE THE PATIENT IS NOT NEW TO THIS PROVIDER <b>'for Bloodhound edit use only'</b>	104	189

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Code	Description	HIPAA277 Reason Code	HIPAA835 Reason Code
AO	THIS SERVICE IS CONSIDERED A COMPONENT OF MORE COMPREHENSIVE SERVICE <b>'for Bloodhound edit use only'</b>	104	97
AP	THIS SERVICE IS CONSIDERED MUTUALLY EXCLUSIVE TO ANOTHER SERVICE <b>'for Bloodhound edit use only'</b>	107	97
AQ	PROCEDURE CODE NOT VALID FOR MEMBER'S AGE.	104	6
AR	PROCEDURE CODE NOT VALID FOR MEMBER'S GENDER.	104	7
AS	CODE IS VALID ONLY FOR MEDICAID MEMBERS.	104	A1
AT	CHARGES DENIED. PLEASE SUBMIT WITH PROOF OF PAYMENT.	21	22
AU	DOCUMENTATION DOES NOT SUPPORT SERVICES BILLED.	104	B12
AV	DOCUMENTATION DOES NOT SUPPORT LEVEL OF E&M CODE BILLED.	104	B12
AW	DOCUMENTATION DOES NOT SUPPORT UNITS BILLED.	104	B12
AX	EXPENSES NOT ELIGIBLE UNDER IRS 21 3D SERVICES.	107	A1
AY	PLEASE RESUBMIT HRA CLAIM FORM WITH COMPLETE INFORMATION.	21	189
AZ	RESUBMIT WITH A PURCHASE MODIFIER.	453	4
B1	PROCEDURE CODE NOT ON FEE SCHEDULE	104	B12
B2	PLEASE RESUBMIT WITH INVOICE	186	148
B3	PLEASE SUBMIT WITH NDC#, DESCRIPTION AND DOSAGE OF DRUG	218	A1
B4	AUTHORIZATION FOR SERVICES, NOR REFERRING PROVIDER ON FILE	48	183
B5	DATE OF SERVICE IS OUTSIDE THE AUTHORIZED SPAN	84	198
B6	PLAN DOES NOT ALLOW PROCEDURE PERFORMED ON AN OUTPATIENT BASIS.	104	96
B7	MEDICARE HAS PAID 80% OR GREATER OF THEIR ALLOWABLE AMOUNT. NO ADDITIONAL BENEFIT IS DUE. DO NOT BALANCE BILL THE MEMBER.	592	22
B8	THIS CODE ONLY VALID AS A PURCHASE NOT A RENTAL; PLEASE RESUBMIT WITH CORRECT MODIFIER	104	4
B9	AMOUNT DENIED. THE HRA BENEFIT AMOUNT IS EXHAUSTED FOR THIS PLAN.	483	119
BA	THE SERVICE BILLED IS CONSIDERED A COMPONENT OF A MORE COMPREHENSIVE SERVICE.	104	97
BC	PER PAYOR POLICY, MAXIMUM PER VISIT ADJUNCTIVE/EXERCISE ALLOWANCE HAS BEEN MET.	107	119
BD	SERVICES RENDERED TO A NON-UPMC HEALTH PLAN MEMBER	88	31
BE	BENEFIT LIMIT HAS BEEN MET. NO MEMBER LIABILITY.	107	119

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Code	Description	HIPAA277 Reason Code	HIPAA835 Reason Code
BF	PHYSICIAN CHARGES ARE INCLUDED IN THE GLOBAL PAYMENT TO THE FACILITY. NO ADDITIONAL PAYMENT IS DUE.	107	97
BG	PROVIDER NOT ALLOWED FOR CARDIO SERVICES	104	52
BL	Code is defined as bilateral and should not be billed with both LT and RT or with a modifier 50.	1	4
BQ	AFTER REVIEW, SERVICES NOT REASONABLE AND APPROPRIATE	515	B5
BR	PAYMENT IS INCLUDED IN BUNDLED RATE.	107	97
C1	ITEM HAS NOT MET REQUIRED RENTAL PERIOD. PLEASE RESUBMIT WITH RENTAL MODIFIER.	104	4
C2	PROCEDURE WAS PERFORMED OUTSIDE OF THE REQUIRED TIME FRAME.	104	A1
C3	THIS CODE IS ONLY VALID AS A RENTAL, NOT A PURCHASE. PLEASE RESUBMIT WITH CORRECT MODIFIER.	122	4
C4	PROCEDURE CODE NOT ON CHIP FEE SCHEDULE OR IS INVALID FOR THIS PROVIDER TYPE	107	45
C5	MEDICAL COVERAGE ALLOWS FOR ADMINISTRATIVE FEE ONLY	104	89
C6	RESUBMIT WITH SERVICING PROVIDER.	122	185
C7	CLAIM DENIED DUE TO PROVIDER IS ON THE MEDICARE OPT-OUT LIST.	104	B7
CD	COVERAGE DEFERRED UNTIL HOSPITAL DISCHARGE; PRIOR CARRIER HAS LIABILITY FOR THIS CLAIM.	286	26
CF	PROCEDURE CODE NOT ON COMMERCIAL FEE SCHEDULE.	104	189
CP	AN ADDITIONAL COPAYMENT HAS BEEN APPLIED FOR FAILURE TO PRE-NOTIFY	104	45
CR	NEW PROCEDURE CODE UNDER CLINICAL REVIEW.	46	133
CT	CT COLONOGRAPHY ROUTINE SCREENING IS NOT COVERED	104	96
CV	CONVERSION DENIAL	104	A1
CZ	NON-CONTRACTED CODE OR MODIFIER	597	B7
D1	RESUBMIT TO DME VENDOR FOR PEBTF MEMBERS.	116	109
DC	THIS CODE CANNOT BE ACCEPTED MORE THAN ONCE ON A GIVEN DATE. <i>'for Bloodhound edit use only'</i>	107	18
DH	OUR RECORDS INDICATE THIS CLAIM HAS BEEN PREVIOUSLY PROCESSED. <i>'for Bloodhound edit use only'</i>	78	B13
DI	ONLY ONE UNIT IS ALLOWED FOR THIS CODE ON A GIVEN DATE. <i>'for Bloodhound edit use only'</i>	107	18
DM	DURABLE MEDICAL EQUIPMENT ITEM HAS MET PURCHASE PRICE.	184	108

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Code	Description	HIPAA277 Reason Code	HIPAA835 Reason Code
DT	THIS CODE CANNOT BE ACCEPTED MORE THAN ONCE IN A SPECIFIED TIME FRAME. <b>'for Bloodhound edit use only'</b>	107	18
DV	CODE IS NOT ON THE DEVON FEE SCHEDULE.	499	220
EI	EXPERIMENTAL / INVESTIGATIONAL SERVICES ARE EXCLUDED FROM COVERAGE.	104	55
EP	INVALID PLACE OF SERVICE FOR EPSDT ASSESSMENT	20	A1
ER	PLEASE RESUBMIT ON A CMS-1500 FORM OR ELECTRONIC 837	20	A1
ES	THIS MODIFIER IS NOT VALID FOR EPSDT SCREENING SERVICES.	453	4
EX	EXPERIMENTAL / INVESTIGATIONAL PROCEDURES ARE NOT COVERED.	104	55
FA	THIS CLAIM IS BEING PROCESSED BY THE FSA DEPARTMENT	28	204
FS	FLU SHOT COVERED BY MEDICAL PLAN NOT WELLNESS PLAN	104	A1
FU	THIS IS NOT A MEDICAL ITEM	104	50
GC	GLOBAL CARE SELF PAY PATIENT	31	34
GP	THIS SERVICE IS INCLUDED IN THE REIMBURSEMENT FOR THE GLOBAL CODE. <b>'for Bloodhound edit use only'</b>	12	97
H1	THIS VACCINE HAS BEEN FURNISHED AT NO COST TO THE PROVIDER OF SERVICE; THEREFORE, NO PAYMENT IS DUE	106	209
HP	REQUIRED PRESENT ON ADMISSION INDICATOR MISSING OR INVALID. RESUBMIT AS CORRECTED CLAIM.	688	16
ID	THIS MEMBER HAS A NEW ID NUMBER; PLEASE ASK MEMBER FOR A COPY OF THE NEW ID CARD.	104	A1
IS	SERVICE MAY ONLY BE RENDERED IN THE INPATIENT SETTING	104	5
J1	MEDICAL REVIEW DETERMINED SERVICES NOT MEDICALLY NECESSARY. EXPLANATION OF CLINICAL CRITERIA WILL BE PROVIDED FREE OF CHARGE UPON REQUEST.	515	50
J2	YOUR BENEFIT MAXIMUM HAS BEEN MET. PLEASE REFER TO YOUR SCHEDULE OF BENEFITS FOR FURTHER DETAIL.	483	119
J3	LIFETIME MAXIMUM HAS BEEN MET. NO FURTHER BENEFITS PAYABLE. PLEASE REFER TO YOUR SCHEDULE OF BENEFITS FOR FURTHER DETAIL.	104	35
J7	SERVICES MUST BE RENDERED BY A NETWORK PCP. PLEASE REFER TO GUIDE TO OBTAINING COVERED BENEFITS IN YOUR CERTIFICATE OF COVERAGE FOR FURTHER DETAIL.	107	38
J8	SERVICES MUST BE PROVIDED IN NETWORK. PLEASE REFER TO EXCLUSIONS SECTION OF YOUR CERTIFICATE OF COVERAGE FOR FURTHER DETAIL.	104	38

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J9	CLAIM FILING LIMITATIONS EXPIRED. PLEASE REFER TO THE BENEFIT COVERAGE REIMBURSEMENT SECTION IN YOUR CERTIFICATE OF COVERAGE FOR FURTHER DETAIL.	104	29
JA	THESE SERVICES MUST BE REFERRED BY YOUR PCP. PLEASE REFER TO EXCLUSIONS SECTION OF YOUR CERTIFICATE OF COVERAGE FOR FURTHER DETAIL.	94	38
JC	NO UPMC HEALTH PLAN PRESCRIPTION COVERAGE. PLEASE SUBMIT CLAIM TO YOUR PRESCRIPTION DRUG PLAN FOR CONSIDERATION.	116	109
JD	NO UPMC HEALTH PLAN BEHAVIORAL HEALTH COVERAGE. PLEASE SUBMIT TO YOUR BEHAVIORAL HEALTH CARRIER FOR CONSIDERATION.	116	109
JE	NO UPMC HEALTH PLAN VISION COVERAGE. PLEASE SUBMIT TO YOUR VISION CARRIER FOR CONSIDERATION.	116	109
JF	NO UPMC HEALTH PLAN DENTAL COVERAGE. PLEASE SUBMIT TO YOUR DENTAL CARRIER FOR CONSIDERATION.	116	109
JH	THESE SERVICES MUST BE RENDERED BY YOUR PCP. PLEASE REFER TO COVERED SERVICES SECTION OF CERTIFICATE OF COVERAGE FOR FURTHER DETAIL.	94	38
JK	REQUIRED PRIOR AUTHORIZATION WAS NOT OBTAINED. PLEASE REFER TO PLAN EXCLUSIONS SECTION OF YOUR CERTIFICATE OF COVERAGE FOR FURTHER DETAIL.	84	197
JL	YOUR BENEFIT MAXIMUM FOR ADJUNCTIVE/EXERCISE HAS BEEN MET. PLEASE REFER TO YOUR SCHEDULE OF BENEFITS FOR FURTHER DETAIL.	336	B7
JM	SERVICES WERE RENDERED TO A NON-UPMC HEALTH PLAN MEMBER. PLEASE REFER TO GENERAL PROVISIONS OF YOUR CERTIFICATE OF COVERAGE FOR FURTHER DETAIL.	109	27
JO	CT COLONOGRAPHY ROUTINE SCREENING IS NOT A COVERED BENEFIT. EXPLANATION OF CLINICAL CRITERIA WILL BE PROVIDED FREE OF CHARGE UPON REQUEST.	104	96
JS	A POWER WHEEL CHAIR HAS BEEN PREVIOUSLY PURCHASED. EXPLANATION OF CLINICAL CRITERIA WILL BE PROVIDED FREE OF CHARGE UPON REQUEST.	104	108
MM	MEDICAL RECORDS AND INVOICES REQUIRED. PLS FWD TO: UPMC HEALTH PLAN QUALITY REVIEW & AUDIT, BOX 2968, PITTSBURGH, PA 15230	294	16
MO	DISCONTINUED CODE FOR MEDICARE OPPTS	104	189
MR	MEDICAL RECORDS REQUIRED FOR REVIEW. PLS FORWARD TO: UPMC HEALTH PLAN QUALITY REVIEW & AUDIT, BOX 2968, PITTSBURGH, PA 15230	294	16

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MV	MAXIMUM PER VISIT CHIROPRACTIC MANIPULATION ALLOWANCE HAS BEEN MET	483	119
ND	PLEASE RESUBMIT WITH THE APPROPRIATE NDC, UNITS, AND UNIT OF MEASURE.	216	A1
NG	NPI NOT SUBMITTED / MISSING	21	189
NM	DENIED, NOT MEDICARE CONTRACTED PROVIDER.	104	B7
NP	NO PAYMENT DUE. THIS MEDICATION MUST BE BILLED THROUGH THE PHARMACY BENEFIT BY AN APPROVED HEALTH PLAN PHARMACY VENDOR.	8	125
NR	INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE	95	226
OC	ONLY ONE UNIT IS ALLOWED FOR THIS CODE PER MONTH.	107	119
P1	PAYMENT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT FOR ANOTHER SERVICE.	628	97
P2	THIS IS A NON-COVERED SERVICE.	64	96
P3	DIAGNOSIS DOES NOT SUPPORT THE MEDICAL NECESSITY OF THE SERVICE PROVIDED.	628	11
P4	AN ASSISTANT SURGEON IS NOT WARRANTED WITH THIS PROCEDURE.	628	54
P5	A CO-SURGEON IS NOT WARRANTED WITH THIS PROCEDURE.	628	54
P6	A TEAM SURGEON IS NOT WARRANTED WITH THIS PROCEDURE.	628	54
PA	PROVIDER NOT CONTRACTED TO PERFORM ANESTHESIA OR PAIN MANAGEMENT IN AN OFFICE SETTING.	104	B7
PB	NOT A PART B COVERED DRUG AT THIS PLACE OF SERVICE	104	52
PC	THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED	453	4
PD	AMOUNT PARTIALLY DENIED. THE HRA BENEFIT IS EXHAUSTED FOR THIS PLAN.	483	119
PF	PROCEDURE CODE NOT ON ADULT BASIC FEE SCHEDULE OR IS INVALID FOR THIS PROVIDER TYPE	104	45
PM	PROCEDURE CANNOT BE SUBMITTED WITH BOTH A MODIFIER 50 AND A SITE SPECIFIC MODIFIER	453	4
PN	A PENALTY HAS BEEN APPLIED FOR FAILURE TO PRE-NOTIFY	100	197
PP	PROVIDER PRECLUDED FROM PAYMENT UNDER GOVERNMENT-FUNDED BENEFIT PROGRAMS	491	87
PR	PLEASE RESUBMIT WITH VALID ZIP CODE INFORMATION IN BOX 23 OR 32 OF CLAIM FORM.	122	148
PV	PROVIDER REQUESTED VOID/CANCELLATION OF CLAIM.	9	38

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RC	MEDICAID RECLAMATION CLAIM - HEALTH PLAN PREVIOUSLY PROCESSED AS PRIMARY PAYOR NO ADDITIONAL PAYMENT DUE	101	18
RD	PLEASE ADVISE IF MEMBER ELECTED TO USE LIFETIME RESERVE DAYS.	286	22
RI	CHARGES HAVE BEEN DENIED BECAUSE THE REQUESTED INFORMATION WAS NOT RECEIVED FROM THE PROVIDER OF SERVICE	95	163
RP	RADPORT REFERENCE NUMBER NOT ON FILE. NO MEMBER LIABILITY.	84	197
RT	THIS IS A CAPPED RENTAL ITEM, NOT ELIGIBLE FOR PURCHASE. PLEASE RESUBMIT WITH A RENTAL MODIFIER.	104	108
SD	INSUFFICIENT SUPPORTING CLINICAL DOCUMENTATION.	294	148
SP	DENIED FOR INCORRECT CODING	46	150
SR	DENY; BEHAVIORAL HEALTH PROVIDER MUST RESUBMIT WITH SUPPORTING DOCUMENTATION AS PERMITTED BY PA LAW	104	A1
SV	SICK VISITS ARE NOT COVERED WHEN AN EPSDT VISIT IS PERFORMED ON THE SAME DAY	104	B1
TX	PLEASE RESUBMIT WITH THE PROVIDER'S TAX IDENTIFICATION NUMBER.	122	B7
U1	ONLY 1 UNIT IS ALLOWED PER DATE OF SERVICE FOR THIS CODE.	107	119
UB	UNITS BILLED ARE INAPPROPRIATE FOR THIS CODE.	104	A1
UN	ONLY 2 UNITS ALLOWED FOR THIS CODE ON A GIVEN DATE	107	119
WM	WELLNESS MEMBER ONLY - PLEASE RESUBMIT TO YOUR MEDICAL BENEFITS INSURANCE COMPANY.	104	31
WP	POWER WHEELCHAIR HAS PREVIOUSLY BEEN PURCHASED.	104	108