

MC400 Reason	Description	835 Reason Code	Cat Code
1	AFTER REVIEW, SERVICES NOT MEDICALLY NECESSARY	50	CO
2	BENEFIT MAXIMUM HAS BEEN MET	A1	CO
3	LIFETIME MAXIMUM HAS BEEN MET	35	CO
4	AUTHORIZATION FOR SERVICES NOT ON FILE	62	CO
5	THESE SERVICES ARE NOT A COVERED BENEFIT	96	CO
6	SERVICES FOR THIS CONDITION ARE NOT COVERED UNDER	96	CO
6	THE PLAN	96	CO
7	SERVICES MUST BE RENDERED A NETWORK PCP	38	CO
8	BENEFIT AVAILABLE UNDER MEDICARE HOSPICE FUND	B9	CO
9	SERVICES NEED TO BE PROVIDED IN NETWORK TO BE	38	CO
9	ELIGIBLE FOR PAYMENT	38	CO
10	CLAIM MUST BE SUBMITTED WITHIN THE TIMELY FILING	29	CO
10	LIMIT	29	CO
11	NOT COVERED UNDER THE PLAN	96	CO
12	SERVICE IS DENIED DUE TO CODING GUIDELINES	97	CO
13	DUPLICATE SERVICE	18	CO
14	MEMBER NOT ELIGIBLE AT THE TIME OF SERVICE	27	CO
15	THIS PROCEDURE CODE HAS BEEN REPLACED	A1	CO
16	RE-SUBMIT WITH PARTICIPATING REFERRING OR ORDERING	16	CO
16	PHYSICIAN'S NAME	16	CO
17	RE-SUBMIT WITH EOP FROM YOUR PRIMARY CARRIER	16	CO
18	RE-SUBMIT WITH A VALID TYPE OF SERVICE CODE	A1	CO
19	PROCEDURE CODE NOT ON MA FEE SCHEDULE OR IS	A1	CO
19	INVALID FOR THIS PROVIDER TYPE	A1	CO
20	CONTRACTED ALLOWANCE LESS THAN MEDICARE/PRIMARY	23	CO
20	INSURANCE PAYMENT	23	CO
21	PAYMENT IS INCLUDED IN THE REIMBURSEMENT RATE OF	97	CO
21	GLOBAL MANAGEMENT	97	CO
23	RE-SUBMIT WITH VALID LOCATION CODE	5	CO
24	THIS CODE IS INCLUDED IN THE REIMBURSEMENT FOR THE	97	CO
AC	RESUBMIT WITH CORRECTED UNITS	A1	CO
24	GLOBAL SERVICE	97	CO
25	REQUESTED MEMBER INFO NOT RECEIVED	16	CO
26	SERVICES MUST BE REFERRED BY YOUR PCP	A1	CO
27	CLAIM WILL BE REVIEWED UPON RECEIPT OF ER NOTES	16	CO
27	FROM THE FACILITY	16	CO
28	PAYMENT INCLUDED IN CONTRACTED RATE	A2	CO
29	NURSERY CHARGE INCLUDED IN PER DIEM RATE FOR	128	CO
29	MOTHER	128	CO
30	RE-SUBMIT WITH VALID CPT CODE AND DESCRIPTION	B18	CO
32	PLEASE RESUBMIT WITH THE COMPLETE ICD9 CODE	A1	CO
33	RESUBMIT WITH CONTRACTED CPT4, HCPC, MODIFIER,	A1	CO
33	REVENUE OR OTHER CODE	A1	CO
35	RESUBMIT WITH EXPLANATION OF BENEFITS FROM	16	CO
35	MEDICARE OR OTHER PRIMARY CARRIER	16	CO
37	RE-SUBMIT WITH VALID DIAGNOSIS CODE	146	CO
38	PROCEDURE CODE BILLED DOES NOT MATCH THE	62	CO
38	AUTHORIZED SERVICE	62	CO
39	MEMBERS GENDER OR AGE ARE NOT VALID FOR DIAGNOSIS	A1	CO
39	OR PROCEDURE	A1	CO
40	RE-SUBMIT WITH CORRECTED BILL	16	CO
41	PROVIDER NOT CONTRACTED TO PROVIDE SERVICE OR	B7	CO
41	SUBMIT DIAGNOSIS	B7	CO

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42	ADJUNCTIVE PROCEDURE LICENSE COPY NEEDED FOR ALL	B7	CO
42	ADJ PROCEDURES BILLED	B7	CO
43	NOT A COVERED SERVICE-INTEGRAL PART OF GLOBAL	97	CO
43	SERVICE	97	CO
44	PLEASE SUBMIT CLAIM TO VALUE BEHAVIORAL HEALTH	109	CO
45	DOLLAR AMOUNT BILLED DOES NOT MATCH EOB.	A1	CO
45	PLEASE SUBMIT CORRECT EOB	A1	CO
46	NO PAYMENT DUE. SERVICES DENIED BY PRIMARY WITH	A1	CO
46	NO MEMBER LIABILITY	A1	CO
47	SUBMIT TO THE PRESCRIPTION DRUG PLAN	109	CO
48	SUBMIT TO BEHAVIORAL HEALTH VENDOR	109	CO
49	THESE SERVICES WERE APPROVED AS OBSERVATION	A1	CO
49	ONLY	A1	CO
50	RESUBMIT WITH CORRECTED EXPLANATION OF BENEFITS	A1	CO
51	SERVICE DESCRIPTION, OPERATIVE REPORT OR MEDICAL	16	CO
51	RECORDS REQUIRED	16	CO
52	MULTIPLE SURGERY REIMBURSEMENT HAS BEEN MET	A1	CO
53	NO BENEFITS AVAILABLE, MEDICARE PAID IN FULL	A1	CO
54	EPSDT PERFORMED OUT OF SCHEDULE	A1	CO
55	PLEASE RESUBMIT CLAIM WITH CORRECT TAX ID NUMBER	16	CO
56	AUTHORIZATION LIMIT FOR PROCEDURE HAS BEEN MET	62	CO
57	DOLLAR LIMIT MAXIMUM FOR SERVICE HAS BEEN MET	A1	CO
58	THIS CLAIM HAS BEEN ADJUSTED	A1	CO
59	THESE CHARGES SHOULD BE SUBMITTED TO THE MEMBER'S	109	CO
59	VISION CARRIER	109	CO
60	RE-SUBMIT WITH CORRECT PROVIDER DEMOGRAPHIC INFO	16	CO
61	RE-SUBMIT WITH RUG CODE	16	CO
62	PLEASE SUBMIT TO COMMUNITY CARE BEHAVIORAL HEALTH	109	CO
63	OFFSET RELEASED, REFUND RECEIVED PER JOURNAL ENTRY	A1	CO
64	INVALID OR MISSING COB INFORMATION WAS SUBMITTED,	16	CO
64	RESUBMIT PAPER CLAIM WITH EOB	16	CO
65	INCOMPLETE EPSDT FORM	16	CO
66	SUBMIT TO THE MEMBER'S DENTAL CARRIER	109	CO
67	RE-SUBMIT WITH CORRECT DATE OF SERVICE	A1	CO
68	PROVIDER IS INACTIVE UNDER TAX ID NUMBER	A1	CO
69	PLACE OF SERVICE IS INCONSISTENT WITH THE	5	CO
69	PROCEDURE CODE BILLED	5	CO
70	RE-SUBMIT WITH CORRECTED DIAGNOSIS CODE	11	CO
71	RE-SUBMIT CLAIM WITH ANESTHESIA TIME/UNITS	16	CO
72	PAYMENT INCLUDED WITH ACCOMODATION SERVICES	A1	CO
73	SUBMIT A COPY OF THE AMBULANCE TRIP SHEET	16	CO
74	POTENTIAL WORKER'S COMP-SUBMIT DENIAL/PAYMENT EOB	19	CO
75	INVALID PRIMARY INSURANCE DENIAL	A1	CO
76	RE-SUBMIT WITH ASA ANESTHESIA CROSSWALK CODES	16	CO
77	OUT-OF -NETWORK SERVICES	A1	CO
78	NO SECONDARY BENEFIT IS AVAILABLE FOR SERVICES	A1	CO
79	SUBMIT MAJOR MEDICAL EOB	A1	CO
80	SERVICE MUST BE BILLED BY PRACTITIONER WHO	A1	CO
80	EMPLOYS PA OR CRNP	A1	CO
81	INCORRECT EPSDT FORM	A1	CO
82	SERVICES MUST BE RENDERED BY YOUR PCP	A1	CO
83	SERVICE BILLED REQUIRES A BASE OR COMPANION	A1	CO
83	CODE-REFER TO CPT 4	A1	CO

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84	PLEASE SUBMIT AN ITEMIZED STATEMENT FOR	16	CO
84	RECONSIDERATION	16	CO
85	RESUBMIT WITH ATTENDING PHYSICIAN NAME &	16	CO
85	LICENSE#	16	CO
86	AFTER REVIEW, HEALTHPLAN CRITERIA NOT MET	A1	CO
87	PLEASE RESUBMIT WITH EOB REMARK CODE DESCRIPTION	16	CO
88	PLEASE SUBMIT CLAIM TO STRAIGHT ACCESS	109	CO
89	PROCEDURE ON EOB DOES NOT MATCH BILL, RESUBMIT	16	CO
89	CORRECTED BILL	16	CO
90	PRIMARY INSURANCE GUIDELINES NOT FOLLOWED,	A1	CO
90	APPEAL WITH PRIMARY CARRIER	A1	CO
91	DME RENTAL VISITS EXCEEDS 90 DAYS	A1	CO
92	DUE TO DPW REQUIREMENTS, E-CODES CANNOT BE	A1	CO
92	BILLED AS PRIMARY	A1	CO
94	RESUBMIT WITH A VALID MODIFIER	4	CO
95	30 DAY HOLD RELEASED-CASH RECEIVED	A1	CO
96	AUTO/WORKER'S COMP PRIMARY NO PAYMENT DUE	A1	CO
97	INTERIM BILL INCLUSIVE. PLEASE RESUBMIT FINAL BILL	A1	CO
97	WITH TOTAL CHARGES	A1	CO
98	EVALUATION & MGMT IS COVERED ONLY ONCE BY A	A1	CO
98	CHIROPRACTOR	A1	CO
99	PROV REFUND NOT RCVD WITHIN 30 DAYS OF REQUEST,	A1	CO
99	OFFSET BEING PROCESSED	A1	CO
A1	SERVICE IS NOT ALLOWED WHEN PERFORMED BY THIS	52	CO
A1	PROVIDER	52	CO
A2	EPSDT CLAIM OVER 90 DAYS	A1	CO
A3	30 DAY HOLD RELEASED-HP CHECK VOIDED	A1	CO
A4	PLEASE SUBMIT THE SECONDARY CARRIER EXPLANATION	16	CO
A4	OF BENEFITS	16	CO
A5	MANUAL RELEASE OF OFFSET/NEGATIVE BALANCE	A1	CO
A6	SUBMISSION OF CERT OF ABORTION FORM AND SUPP	16	CO
A6	DOC NOT RECEIVED	16	CO
A7	AFTER REVIEW, CRITERIA FOR TRANSITION OF	A1	CO
A7	CARE NOT MET	A1	CO
A8	NOT REIMBURSEMENT ELIGIBLE FOR SERVICES	53	CO
A8	RENDERED TO FAMILY MEMBERS	53	CO
A9	CONVERSION-SERVICE HAS BEEN REPLACED WITH 9900	A1	CO
A9	LINE FOR CLAIM LEVEL PRICING	A1	CO
B1	PROCEDURE CODE NOT ON FEE SCHEDULE	A1	CO
B2	PLEASE RESUBMIT WITH INVOICE	16	CO
CV	CONVERSION DENIAL	A1	CO
AA	PROCEDURE CODE IS NOT ON MEDICARE FEE SCHEDULE	A1	CO
AB	CLAIM MUST BE SUBMITTED WITHIN 180 DAYS OF THE	29	CO
AB	SERVICE DATE	29	CO
PN	A PENALTY HAS BEEN APPLIED FOR FAILURE TO	62	CO
PN	PRE-NOTIFY	62	CO
B3	PLEASE SUBMIT WITH NDC#, DESCRIPTION AND DOSAGE	A1	CO
B3	OF DRUG	A1	CO
AD	PROFESSIONAL CHARGES ARE NOT COVERED WHEN BILLED	8	CO
AD	BY A FACILITY	8	CO
B4	AUTHORIZATION FOR SERVICES, NOR REFERRING PROVIDER	16	CO
B4	ON FILE	16	CO
78	DENIED BY MEDICARE	A1	CO

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AE	PRIMARY REMIT OVER TIMELY FILING LIMITS	29	CO
AF	MEDICAID PLAN ONLY RESPONSIBLE FOR 30 DAYCOVERAGE	A1	CO
AG	AWAITING NEWBORN RECEIPT#,ENROLLMENT TO NOTIFY DPW	27	CO
B5	DATE OF SERVICE IS OUTSIDE THE AUTHORIZED SPAN	62	CO
AH	RESUBMIT WITH SURGICAL CPT CODE	A1	CO
AI	PLEASE RESUBMIT WITH 5 DIGIT CMG REHAB RUG CODE	A1	CO
FU	THIS IS NOT A MEDICAL ITEM	A1	CO
AJ	ADJUSTMENT REQUEST OVER TIME LIMIT	29	CO
AK	OUR CONTRACT WITH THE EMPLOYER HAS BEEN	A1	CO
AK	TERMINATED. PLEASE CONTACT THE EMPLOYER GROUP	A1	CO
AK	FOR MORE INFORMATION.	A1	CO
AL	AWAITING NOTIFICATION FROM DPW	A1	CO
AM	PLEASE RESUBMIT EDI CLAIMS DIRECTLY TO MMO OR	A1	CO
AM	RESUBMIT PAPER CLAIMS TO UPMC HP	A1	CO
AN	OUR RECORDS INDICATE THE PATIENT IS NOT NEW TO	A1	CO
AN	THIS PROVIDER	A1	CO
AO	THIS SERVICE IS CONSIDERED A COMPONENT OF MORE	A1	CO
AO	COMPREHENSIVE SERVICE	A1	CO
AP	THIS SERVICE IS CONSIDERED MUTUALLY EXCLUSIVE TO	A1	CO
AP	ANOTHER SERVICE	A1	CO