



## Remittance Advice Pended Reason Codes Key

| REASON_CODE | DESCRIPTION  |
|-------------|--|
| AGE         | RESUBMIT CORRECTION - CPT CODE DOES NOT MATCH SERVICES FOR THE PATIENT AGE   |
| ANEST       | RESUBMIT CORRECTION - REQUIRE ANESTHESIA CPT CODE AND TIME TO ADJUDICATE   |
| AP001       | RESUBMIT CORRECTION - RETURN TO PROVIDER INVALID DIAGNOSIS CODE  |
| AP002       | RESUBMIT CORRECTION - RETURN TO PROVIDER DIAGNOSIS AND AGE CONFLICT  |
| AP003       | RESUBMIT CORRECTION - RETURN TO PROVIDER DIAGNOSIS AND GENDER CONFLICT   |
| AP005       | RESUBMIT CORRECTION - RETURN TO PROVIDER E-CODE AS REASON FOR VISIT  |
| AP006       | RESUBMIT CORRECTION - RETURN TO PROVIDER INVALID HCPCS PROCEDURE CODE  |
| AP007       | RESUBMIT CORRECTION - RETURN TO PROVIDER PROCEDURE AND AGE CONFLICT  |
| AP008       | RESUBMIT CORRECTION - RETURN TO PROVIDER PROCEDURE AND GENDER CONFLICT   |
| AP014       | RESUBMIT CORRECTION - RETURN TO PROVIDER SITE OF SERVICE NOT INCLUDED IN OPPTS   |
| AP015       | RESUBMIT CORRECTION - RETURN TO PROVIDER SERVICES UNITS OUT OF RANGE OFR PROCEDURE   |
| AP016       | RESUBMIT CORRECTION - RETURN TO PROVIDER MULTIPLE BILATERAL PROCEDURES WITHOUT MODIFIER 50   |
| AP017       | RESUBMIT CORRECTION - RETURN TO PROVIDER INAPPROPRIATE SPECIFICATION OF BILATERAL PROCEDURE  |
| AP018       | RESUBMIT CORRECTION - LINE DENIAL INPATIENT PROCEDURE  |
| AP021       | RESUBMIT CORRECTION - ERROR DISPOSITION 01 - LINE REJECTION MEDICAL VISIT ON SAME DAY AS PROCEDURE WITHOUT MODIFIER 25               |
| AP022       | RESUBMIT CORRECTION - ERROR DISPOSITION 04 - RETURN TO PROVIDER INVALID HCPCS MODIFIER   |
| AP023       | RESUBMIT CORRECTION - ERROR DISPOSITION 04 - RETURN TO PROVIDER INVALID DATE   |
| AP024       | RESUBMIT CORRECTION - ERROR DISPOSITION 03 - SUSPENSION DATE OUT OF OCE RANGE  |
| AP025       | RESUBMIT CORRECTION - ERROR DISPOSITION 04 - RETURN TO PROVIDER INVALID AGE  |
| AP026       | RESUBMIT CORRECTION - ERROR DISPOSITION 04 - RETURN TO PROVIDER INVALID GENDER   |
| AP027       | RESUBMIT CORRECTION - ERROR DISPOSITION 05 - CLAIM REJECTION RETURN TO PROVIDER ONLY INCIDENTAL SERVICES REPORTED                    |
| AP029       | RESUBMIT CORRECTION - ERROR DISPOSITION 04 - RETURN TO PROVIDER PARTIAL HOSPITALIZATION SERVICE FOR NON-MENTAL HEALTH DIAGNOSIS      |
| AP030       | RESUBMIT CORRECTION - ERROR DISPOSITION 03 - SUSPENSION INSUFFICIENT SERVICES ON DAY OF PARTIAL HOSPITALIZATION                      |
| AP035       | RESUBMIT CORRECTION - RETURN TO PROVIDER ONLY ACTIVITY AND/OR OCCUPATIONAL THERAPY SERVICES PROVIDED                                 |
| AP037       | RESUBMIT CORRECTION - RETURN TO PROVIDER TERMINATED BILATERAL PROCEDURE OR TERMINATED PROCEDURE WITH UNITS > 1                       |
| AP038       | RESUBMIT CORRECTION - RETURN TO PROVIDER INCONSISTENCY BETWEEN IMPLANT DEVICE AND IMPLANTATION PROCEDURE                             |
| AP039       | RESUBMIT CORRECTION - LINE REJECTION MUTUALLY EXCLUSIVE PROCEDURE, WOULD BE ALLOWED WITH APPROPRIATE MODIFIER                        |
| AP040       | RESUBMIT CORRECTION - LINE REJECTION COMPONENT OF COMPREHENSIVE PROCEDURE, WOULD BE ALLOWED WITH APPROPRIATE MODIFIER                |
| AP041       | RESUBMIT CORRECTION - RETURN TO PROVIDER INVALID UB-92 REVENUE CODE  |
| AP042       | RESUBMIT CORRECTION - RETURN TO PROVIDER MULTIPLE MEDICAL VISITS ON SAME DAY, SAME REVENUE CODE WITH UT CONDITION CODE G0            |
| AP043       | RESUBMIT CORRECTION - RETURN TO PROVIDER BLOOD TRANSFUSION OR BLOOD SERVICE WITHOUT SPECIFICATION OF APPROPRIATE BLOOD PRODUCT       |
| AP044       | RESUBMIT CORRECTION - RETURN TO PROVIDER OBSERVATION ROOM REVENUE CODE WITHOUT SPECIFICATION OF APPROPRIATE OBSERVATION ROOM SERVICE |
| AP046       | RESUBMIT CORRECTION - RETURN TO PROVIDER PARTIAL HOSPITALIZATION CONDITION CODE 41 NOT APPROPRIATE FOR THIS TYPE OF BILL             |
| AP048       | RESUBMIT CORRECTION - RETURN TO PROVIDER REVENUE CODE REQUIRES HCPC OR CPT CODE  |
| AP051       | RESUBMIT CORRECTION - RETURN TO PROVIDER OVERLAPPING OBSERVATION PERIODS (NOT YET IMPLEMENTED)                                       |
| AP052       | RESUBMIT CORRECTION - RETURN TO PROVIDER OBSERVATION SERVICES NOT SEPARATELY PAYABLE   |
| AP054       | RESUBMIT CORRECTION - RETURN TO PROVIDER MULTIPLE CODES FOR THE SAME SERVICE   |
| AP055       | RESUBMIT CORRECTION - RETURN TO PROVIDER NOT REPORTABLE FOR THIS SITE OF SERVICE   |
| AP056       | RESUBMIT CORRECTION - RETURN TO PROVIDER OBSERVATION SERVICE E&M REQUIREMENTS NOT MET, SERVICE DATE NOT 12/31 OR 01/01               |

| REASON_CODE | DESCRIPTION   |
|-------------|---|
| AP058       | RESUBMIT CORRECTION - RETURN TO PROVIDER G0379 ONLY ALLOWED WITH G0378  |
| AP059       | RESUBMIT CORRECTION - RETURN TO PROVIDER CLINICAL TRIAL REQUIRES DIAGNOSIS CODE V707 AS OTHER THAN PRIMARY DIAGNOSIS  |
| AP060       | RESUBMIT CORRECTION - RETURN TO PROVIDER USER OF MODIFIER CA WITH MORE THAN ONE PROCEDURE NOT ALLOWED                 |
| AP061       | RESUBMIT CORRECTION - RETURN TO PROVIDER CODE CAN ONLY BE BILLED TO THE DME REGIONAL CARRIER                          |
| AP062       | RESUBMIT CORRECTION - RETURN TO PROVIDER CODE NOT ALLOWED UNDER OPPTS, ALTERNATE MAY BE AVAILABLE                     |
| AP063       | RESUBMIT CORRECTION - RETURN TO PROVIDER OCCUPATION THERAPY CAN ONLY BE BILLED ON PARTIAL HOSPITALIZATION CLAIMS      |
| AP065       | RESUBMIT CORRECTION - ERROR DISPOSITION 01 - LINE REJECTION REVENUE CODE NOT RECOGNIZED BY MEDICARE                   |
| AP070       | RESUBMIT CORRECTION - RETURN TO PROVIDER CA MODIFIER REQUIRES PATIENT STATUS 20                                       |
| AP071       | RESUBMIT CORRECTION - RETURN TO PROVIDER CLAIM LACKS REQUIRED DEVICE CODE   |
| AP072       | RESUBMIT CORRECTION - RETURN TO PROVIDER SERVICE NOT BILLABLE TO FISCAL INTERMEDIARY                                  |
| AP073       | RESUBMIT CORRECTION - RETURN TO PROVIDER INCORRECT BILLING OF BLOOD AND BLOOD PRODUCT                                 |
| BILL        | RESUBMIT CORRECTION - REQUEST ITEMIZED BILL AND MEDICAL RECORDS FOR REVIEW TO PROPERLY ADJUDICATE THE CLAIM           |
| BTYPE       | RESUBMIT CORRECTION - THE BILL TYPE DOES NOT MATCH BILLED SERVICES  |
| CPTCD       | RESUBMIT CORRECTION - CPT CODE IS INVALID OR MISSING  |
| DIAGN       | RESUBMIT CORRECTION - ICD-9 DIAGNOSIS CODE MISSING OR INVALID FOR PT IN QUESTION                                      |
| DOS         | RESUBMIT CORRECTION - DATES OF SERVICE ON CLAIM APPEAR TO BE INCORRECT  |
| DUPNA       | RESUBMIT CORRECTION - DUPLICATE DENIAL FOR NO AUTHORIZATION   |
| FQHCL       | RESUBMIT CORRECTION - CCH FQHC LIMIT REACHED - AUTH REQUIRED FOR SERVICE  |
| GENDR       | RESUBMIT CORRECTION - BILLED CPT CODE DOES NOT MATCH PATIENT'S SEX  |
| HCPC        | RESUBMIT CORRECTION - OUTDATED OR MISSING HCPC CODE CANNOT ADJUDICATE   |
| HP006       | RESUBMIT CORRECTION - ACE - INVALID HCPCS PROCEDURE   |
| ICD-9       | RESUBMIT CORRECTION - ICD-9 DIAGNOSIS CODE IS MISSING OR INVALID  |
| IMMUN       | RESUBMIT CORRECTION - IMMUNIZATION CPT CODE REQUIRED FOR ADMIN CPT CODES  |
| INPOS       | RESUBMIT CORRECTION - PLACE OF SERVICE DOES NOT MATCH BILL TYPE   |
| INVAL       | RESUBMIT CORRECTION - INVALID CPT OR REV CODE OR HCPC CODES   |
| INVBL       | RESUBMIT CORRECTION - BILLED SERVICES DO NOT MATCH SERVICES AUTHORIZED  |
| INVMO       | RESUBMIT CORRECTION - INVALID MODIFIER FOR CPT CODE IN QUESTION   |
| MODIF       | RESUBMIT CORRECTION - THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.    |
| NCDRG       | RESUBMIT CORRECTION - RESUBMIT WITH INPATIENT DRG FOR PROPER ADJUDICATION MEDICARE VERSION 25 AND MEDICAID VERSION 24 |
| NCEOB       | RESUBMIT CORRECTION - REQUIRE EOB FROM PATIENT'S PRIMARY INSURANCE MEDICARE   |
| NCMDR       | RESUBMIT CORRECTION - REQUEST MEDICAL RECORDS AND ITEMIZED BILL IS REQUIRED TO ADJUDICATE CLAIM                       |
| NCREV       | RESUBMIT CORRECTION - OUTDATED OR INCORRECT REV CODE OR MISSING REV CODE  |
| NCSIT       | RESUBMIT CORRECTION - MISSING OR INVALID CLINIC SITE ID   |
| NDC         | RESUBMIT CORRECTION - NDC CODE NUMBER REQUIRED TO ADJUDICATE CLAIM IN QUESTION  |
| POS         | RESUBMIT CORRECTION - CPT CODE DOES NOT MATCH PLACE OF SERVICE  |
| SUBID       | RESUBMIT CORRECTION - CLAIM SUBMITTED WITH INCORRECT SUBSCRIBER ID RESUBMIT WITH CORRECTION                           |
| SVC         | RESUBMIT CORRECTION - SERVICES DO NOT MATCH PROVIDER SPECIALTY TYPE   |
| W-9         | RESUBMIT CORRECTION - REQUEST W9 WITH TIN# AND NPI # FOR PROVIDER AND VENDOR  |



NOT COVERED REASON CODES

| REASON_CODE | DESCRIPTION  |
|-------------|--|
| 120DY       | 120 DAYS TIMELY FILING   |
| 12MO        | CLAIM DENIED CLAIM IS BEYOND 12 MONTHS FOR RESUBMISSION  |
| 180DY       | CLAIM IS BEYOND 180 DAYS FOR RESUBMISSION PER CONTRACT   |
| 18MO        | CLAIM DENIED BEYOND 18 MONTHS FOR MEDICARE PRIMARY   |
| 190DY       | LIMIT OF 190 DAYS INPATIENT MENTAL HEALTH REACHED  |
| 20VST       | PT HAS REACHED 20 VISIT BENEFIT MAXIMUM FOR MENTAL HEALTH VISITS   |
| 24MO        | EYE GLASS BENEFIT USED WITHIN LAST 24 MONTH PERIOD   |
| 45DY        | APPEAL DENIED CLAIM RECEIVED AFTER 45 DAY LIMITS   |
| 60DAY       | CLAIM DENIAL CLAIM IS BEYOND 60 DAYS FOR RESUBMISSION  |
| 6FREE       | PER CONTRACT EVERY 6TH CLAIM IS FREE   |
| 90DAY       | CLAIM IS BEYOND 90 DAYS FOR RESUBMISSION PER CONTRACT  |
| ADDHM       | AUTH DENIED - SERVICES AVAILABLE AT DHMC   |
| ADGLO       | AUTH DENIED - INCLUDED IN GLOBAL SERVICES  |
| ADINE       | AUTH DENIED - MEMBER NOT ELIGIBLE  |
| ADOTC       | AUTH DENIED - OTHER COVERAGE PRIMARY   |
| ADWCC       | AUTH DENIED - WORKERS COMPENSATION   |
| AFTER       | CHARGES INCURRED AFTER TERMINATION DATE  |
| AP004       | ERROR DISPOSITION 03 - SUSPENSION MEDICARE AS SECONDARY PAYER ALERT  |
| AP009       | ERROR DISPOSITION 02 - LINE DENIAL NON-COVERED SERVICE   |
| AP010       | ERROR DISPOSITION 06 - CLAIM DENIAL NON-COVERED SERVICE SUBMITTED FOR VERIFICATION OF DENIAL (CONDITION CODE 21)   |
| AP011       | ERROR DISPOSITION 03 - SUSPENSION NON-COVERED SERVICE SUBMITTED FOR REVIEW (CONDITION CODE 20)   |
| AP012       | ERROR DISPOSITION 03 - SUSPENSION RETURN TO PROVIDER QUESTIONABLE COVERED SERVICE  |
| AP013       | ERROR DISPOSITION 01 - LINE REJECTION ADDITIONAL PAYMENT FOR SERVICES NOT PROVIDED BY MEDICARE   |
| AP019       | ERROR DISPOSITION 01 - LINE REJECTION MUTUALLY EXCLUSIVE PROCEDURE NOT ALLOWED   |
| AP020       | ERROR DISPOSITION 01 - LINE REJECTION COMPONENT OF COMPREHENSIVE PROCEDURE NOT ALLOWED   |
| AP028       | ERROR DISPOSITION 01 - LINE REJECTION CODE NOT RECOGNIZED BY MEDICARE; ALTERNATE CODE FOR SAME SERVICE MAY BE AVAILABLE  |
| AP031       | ERROR DISPOSITION 03 - SUSPENSION PARTIAL HOSPITALIZATION ON SAME DAY AS ELECTROCONVULSIVE THERAPY (ECT) OR SIGNIFICANT PROCEDURE (TYPE T)   |
| AP032       | ERROR DISPOSITION 03 - SUSPENSION PARTIAL HOSPITALIZATION WHICH SPANS THREE OR LESS DAYS AND HAS INSUFFICIENT SERVICES OR HAS SIGNIFICANT PROCEDURE (TYPE T) ON AT LEAST ONE OF THE DAYS |
| AP033       | ERROR DISPOSITION 03 - SUSPENSION PARTIAL HOSPITALIZATION CLAIM SPANS MORE THAN THREE DAYS, IN SUFFICIENT DAYS WITH MENTAL HEALTH SERVICES   |
| AP034       | ERROR DISPOSITION 03 - SUSPENSION PARTIAL HOSPITALIZATION CLAIM SPANS MORE THAN THREE DAYS WITH INSUFFICIENT NUMBER OF DAYS MEETING PARTIAL HOSPITALIZATION CRITERIA                     |
| AP036       | ERROR DISPOSITION 03 - SUSPENSION EXTENSIVE MENTAL HEALTH SERVICES ON DAY OF ELECTROCONVULSIVE THERAPY OR SIGNIFICANT PROCEDURE  |
| AP045       | ERROR DISPOSITION 01 - LINE REJECTION  |
| AP047       | ERROR DISPOSITION 01 - LINE REJECTION SERVICE IS NOT SEPARATELY PAYABLE  |
| AP049       | ERROR DISPOSITION 02 - LINE DENIAL SERVICE IS ON SAME DATE AS INPATIENT PROCEDURE  |
| AP050       | ERROR DISPOSITION 01 - LINE REJECTION NON-COVERED BY STATUTORY EXCLUSION   |
| AP053       | ERROR DISPOSITION 01 - LINE REJECTION OBSERVATION SERVICE CODE ONLY ALLOWED WITH BILL TYPE 13X   |
| AP057       | ERROR DISPOSITION 03 - CLAIM SUSPENSION OBSERVATION SERVICE E&M REQUIREMENTS NOT MET, SERVICE DATE 01/01   |
| AP064       | ERROR DISPOSITION 01 - LINE REJECTION ACTIVITY THERAPY NOT PAYABLE OUTSIDE THE PARTIAL HOSPITALIZATION PROGRAM   |
| AP066       | ERROR DISPOSITION 03 - CLAIM SUSPENSION CODE REQUIRES MANUAL PRICING   |
| AP067       | ERROR DISPOSITION 01 - LINE REJECTION SERVICE PROVIDED PRIOR TO FDA APPROVAL   |
| AP068       | ERROR DISPOSITION 01 - LINE REJECTION SERVICE PROVIDED PRIOR TO DATE OF NATIONAL COVERAGE DETERMINATION  |
| AP069       | ERROR DISPOSITION 01 - LINE REJECTION SERVICE PROVIDED OUTSIDE LIMITED APPROVAL PERIOD   |
| APCEX       | AJC PRICER EXCEPTION   |
| AUDT        | SERVICES ARE OUTSIDE AUTHORIZED DAYS   |
| AUEXP       | AUTHORIZATION EXPIRED  |
| AUTHD       | AUTHORIZATION DENIED   |
| AUTHF       | AUTH DENIED - NO FAULT COVERAGE  |
| AUVIS       | AUTHORIZATION VISITS EXCEEDED  |
| MX500       | 500.00 MAXIMUM BENEFIT EXCEEDED  |
| NAUTH       | EQUIPMENT PURCHASED/EQUIPMENT TO BE PURCHASED  |
| NC120       | DENIAL BEYOND 120 DAYS FOR TIMELY FILING   |

| REASON_CODE | DESCRIPTION   |
|-------------|---|
| BHO         | SERVICES NOT COVERED UNDER MEDICAL PLAN BILL BHO  |
| CHIRO       | ALL CHIRO CLAIMS NEED TO BE SUBMITTED THROUGH COLUMBINE CHIROPRACTICE SERVICES  |
| COFIN       | SUBMIT CLAIMS THROUGH COFINITY EDI PAYER #38335.  |
| CRATE       | COFINITY NEGOTATED CASE RATE INCLUDES WELL BABY DISCHARGED W/MOM  |
| DELIV       | MEDICAID REQUIREMENTS IF MOM & BABY ARE DISCHARGED SAME DAY CHARGES MUST BE COMBINED.   |
| DHMCO       | SERVICES ALLOWED AT DHMC ONLY   |
| DISCO       | SERVICE/EQUIPMENT WAS DISCONTINUED  |
| DN120       | CLAIMS SUBMITTED BEYOND 120 DAYS  |
| DNADC       | AUTH DENY-NO CONCURRENT REVIEW  |
| DNBMC       | BILL MEDICARE CHOICE PRIMARY INSURANCE (DHMC USE ONLY)  |
| DNMCA       | PRIMARY INSURANCE ALLOWED > MEDICAID ALLOWABLE - IT IS A CONTRACTUAL ADJUSTMENT.  |
| DNPRI       | PRIMARY PMT IS GREATER THAN ALLOWABLE CHARGE BALANCE IS A CONTRACTUAL ADJUSTMENT.   |
| DNREV       | OUTDATED OR INCORRECT REV CODE OR MISSING REV CODE  |
| DRUG        | DRUG IS NOT COVERED UNDER AUTH  |
| DUPAP       | DUPLICATE CLAIM ALLOWED AMT APPLIED TO DEDUCTIBLE   |
| DUPCP       | DUPLICATE OF A PREVIOUSLY CAPITATED CLAIM   |
| DUPDE       | DUPLICATE CLAIM ALLOWED AMT APPLIED TO DEDUCTIBLE   |
| DUPDN       | DUPLICATE OF A PREVIOUSLY DENIED CLAIM  |
| DUPLD       | EXACT DUPLICATE OF ANOTHER CLAIM  |
| DUPNE       | PREVIOUSLY DENIED FOR NOT ELIGIBLE  |
| DUPPD       | DUPLICATE OF A PREVIOUSLY PAID CLAIM  |
| DUPTF       | DUPLICATE DENIAL FOR TIMELY FILING  |
| EQUIP       | EQUIPMENT INCLUDED WITH RENTAL/PURCHASE   |
| EXCED       | SERVICES EXCEEDED PLAN BENEFIT LIMIT  |
| EXCVI       | SERVICES EXCEEDED PLAN VISIT LIMIT  |
| FM178       | COLORADO MEDICAL ASSISTANCE PROGRAM STERILIZATION CONSENT FORM MED 178 IS REQUIRED IN ORDER TO PROPERLY ADJUDICATE THE CLAIM. |
| FUTUR       | DOS ON CLAIM IS IN FUTURE CANNOT PROCESS  |
| GLOBL       | THIS SERVICE IS COVERED UNDER GLOBAL PERIOD   |
| HOSPC       | MEDICARE RESPONSIBILITY; ADMIT TO MEDICARE CERTIFIED HOSPICE  |
| INCLU       | SERVICES INCLUDED WITH NEGOTIATED RATE FOR SERVICE  |
| INGLO       | SERVICES INCLUDED WITH NEGOTIATED OR GLOBAL RATE  |
| IN-OT       | PATIENT HAS OTHER INSURANCE COVERAGE  |
| INPDM       | INCLUDED IN THE PER DIEM  |
| LIFET       | SERVICES EXCEEDED PLAN LIFETIME MAX   |
| MAMXX       | MAXIMUM MEMBER RESPONSIBILITY MET FOR MAMMOGRAM   |
| MAX10       | \$1000 MAXIMUM BENEFIT EXCEEDED   |
| MAX15       | \$1500.00 MAXIMUM BENEFIT EXCEEDED  |
| MAX20       | \$2000 MAXIMUM BENEFIT EXCEEDED   |
| MAX5        | \$50.00 MAXIMUM BENEFIT EXCEEDED  |
| MAX8        | \$800.00 MAXIMUM BENEFIT EXCEEDED   |
| MCDMI       | USED TO CORRECTLY ASSIGN COMPANY CODE TO INELIGIBLE MCD MEMS  |
| MCMAX       | MEMBER HAS MET THEIR MEDICARE LIFETIME MAX BENEFIT  |
| MHASA       | SERVICES NOT COVERED UNDER MEDICAL PLAN BILL BHO  |
| MRCAT       | MEDICARE CARRIER IS COLORADO ACCESS   |
| MRFFS       | MEDICARE CARRIER IS FEE FOR SERVICE MEDICARE  |
| MRPAC       | MEDICARE CARRIER IS PACIFICARE OF COLORADO  |
| MX12        | 1200.00 MAXIMUM BENEFIT EXCEEDED  |
| MX150       | 150.00 MAXIMUM BENEFIT EXCEEDED   |
| RESUB       | DENIED-CLAIM IS BEYOND CONTRACTED RESUBMISSION DATE   |
| REVIE       | REPROCESSED DUE TO MEDICAL REVIEW   |
| SLOAN       | SUBMIT CLAIMS THROUGH SLOANS LAKE PAYER CODE (80840)  |



**NOT COVERED REASON CODES**

| REASON_CODE | DESCRIPTION  |
|-------------|--|
| NC180       | PAST 180 DAYS TIMELY FILING  |
| NC40V       | NC 40 VISITS   |
| NCACN       | AUTHORIZAION HAS BEEN CANCELLED PER UTIL MANAGEMENT  |
| NCACS       | AUTHORIZATION CLOSED   |
| NCADA       | AUTH DENIED NOT PREAUTHORIZED  |
| NCADB       | AUTH DENIED - BENEFIT EXCEEDED   |
| NCADC       | AUTH DENIED - NO CONCURRENT REVIEW   |
| NCADM       | AUTH DENIED NOT MEDICALLY NECESSARY  |
| NCADN       | AUTH DENIED - NOT A CONTRACTED PROVIDER  |
| NCADX       | AUTH DENIED DOES NOT MEET INTERQUAL CRITERIA   |
| NCAP4       | APC DISPOSITION 04 - RETURN CLAIM TO PROVIDER  |
| NCAP5       | E-CODE DESCRIBE THE CIRCUMSTANCES THAT CAUSED AN INJURY, NOT THE NATURE OF THE INJURY. THESE ICD-9 CM CODES NOT ACCEPTABL BY THEMSELVES OR AS THE PRIAMRY DIAGNOSIS. |
| NCARQ       | AUTHORIZATION REQUIRED   |
| NCATG       | ATTENDING PROVIDER NOT IN SYSTEM COULD NOT IDENTIFY  |
| NCATR       | CLAIM SUBMITTED WITHOUT AUTHORIZATION NUMBER   |
| NCBMC       | BILL MEDICARE CHOICE PRIMARY INSURANCE (DHMC USE ONLY)   |
| NCCOB       | EOB FROM PRIMARY CARRIER NEEDED TO ADJUDICATE CLAIM  |
| NCDEN       | DENTAL SERVICES NOR COVERED  |
| NCDUP       | DUPLICATE CLAIM  |
| NCILN       | SUBMIT CLAIM TO INTER LINK FOR RE-PRICING  |
| NCLTK       | SUBMIT CLAIMS TO LIFE TRAC FOR RE-PRICING  |
| NCMAX       | OUT OF POCKET MAXIMUM HAS BEEN REACHED   |
| NCMCD       | MEDICAID OR COLORADO ACCESS INSURANCE COVERAGE   |
| NCMCR       | PT HAS MEDICARE COVERAGE   |
| NCMPE       | MAXIMUM MEMBER RESPONSIBILITY MET - PROSTATE EXAM  |
| NCMXM       | MAXIMUM MEMBER RESPONSIBILITY HAS BEEN MET FOR MAMMOGRAM   |
| NCNCB       | AUTH DENIED - NOT A COVERED BENEFIT  |
| NCNFM       | DENY NON-FORMULARY MEDICATIONS   |
| NCPKS       | APC PACKAGED SERVICES  |
| NCPRC       | NO VALID PROVIDER CONTRACT ON FILE   |
| NCPRV       | CANNOT ID PROVIDER IN QUESTION AS PARTICIPATING WITH DHMP  |
| NCWRP       | WRAPAROUND BENEFIT - BILL MEDICAID FEE FOR SERVICE   |
| NELIG       | MEMBER NOT ELIGIBLE ON DATE OF SERVICE   |
| NOAUT       | SERVICES WERE NOT AUTHORIZED   |
| NOCLM       | DENVER HEALTH MEDICAL PLAN DOES NOT PROCESS CLAIMS FOR THIS LINE OF BUSINESS - CLAIM DENIED  |
| NOFAC       | NO FACTOR IN RBRVS CANNOT CALCULATE PRICE  |
| NOFLT       | NO FAULT ACCIDENT  |
| NOPAR       | PROVIDER IS NOT A PARTICIPATING PROVIDER   |
| OFFIC       | OFFICE VISIT IS NOT PAYABLE SAME DAY AS SURGERY  |
| OOA         | OUT OF NETWORK   |
| OON         | OON PROVIDER - WITHOUT AUTHORIZATION   |
| OON1        | NON-EMERGENT, NON-URGENT OUT OF NETWORK SERVICES NOT COVERED ON THIS PLAN.   |
| OOP         | OUT-OF-POCKET MAXIMUM MET  |
| PCS         | PHARMACY CLAIM SHOULD BE SENT TO PCS ADVANCE SYSTEMS   |
| POS50       | PLACE OF SERVICE-50 FQHC SITE CLAIM SUBMITTED ON INCORRECT FORM USE UB92   |
| PRATE       | *SERVICE PLACE OR REASON : NC  |
| PRIOR       | CHARGES INCURRED PRIOR TO EFFECTIVE DATE   |
| PURCH       | THIS IS A PURCHASE ONLY ITEM   |
| PZERO       | CPT OR HCPC CODES HAS NO RELATIVE VALUE ALLOWED IS \$0.00  |
| REFLM       | REFRACTION LIMIT HAS BEEN MET  |

| REASON_CODE | DESCRIPTION   |
|-------------|---|
| SUPPL       | PER CONTRACT ONLY ONE APPROVED                            |
| URN         | CLAIM TO BE SENT TO UNITED RESOURCE NETWORK FOR REPRICING |
| VISIT       | BILL AMOUNT EXCEEDS APPROVED AMOUNTS PER ELAINE           |
| VISLM       | VISION LIMIT HAS BEEN MET                                 |
| WCOMP       | CLAIM DENIED BECAUSE SERVICES ARE RELATED TO WORKERS COMP |



**COPAY/COINSURANCE REASON CODES**

| REASON_CODE | DESCRIPTION                          |
|-------------|--------------------------------------|
| 20ERC       | 20% ER COINSURANCE                   |
| CICOP       | COPAY INCLUDES ALL PATIENT LIABILITY |
| CO100       | \$100 COPAY                          |
| CO125       | \$125 COPAY                          |
| CO140       | \$140 COPAY                          |
| CO150       | \$150 COPAY                          |
| CO175       | \$175 CO-PAY PER DAY                 |
| CO200       | \$200 COPAY                          |
| CO250       | \$250 COPAY                          |
| CO300       | \$300 COPAY                          |
| CO400       | \$400 INPATIENT COPAY                |
| CO500       | \$500 COPAY                          |
| CO850       | \$850 PER ADMIT COPAY                |
| COI10       | 10% COINSURANCE                      |
| COI15       | 15% COINSURANCE                      |
| COI20       | 20% COINSURANCE                      |
| COI40       | 40% COINSURANCE                      |
| COI50       | 50% COINSURANCE                      |
| COI60       | 60% COINSURANCE                      |
| COP02       | \$2 COPAY                            |
| COP03       | \$3 COPAY                            |
| COP05       | \$5 COPAY                            |
| COP06       | \$6 COPAY                            |
| COP10       | \$10 COPAY                           |
| COP15       | \$15 COPAY                           |
| COP20       | \$20 COPAY                           |
| COP25       | \$25 COPAY                           |
| COP30       | \$30 COPAY                           |
| COP35       | \$35 COPAY                           |

| REASON_CODE | DESCRIPTION                                       |
|-------------|---|
| COP40       | \$40 COPAY  |
| COP45       | \$45 COPAY  |
| COP50       | \$50 COPAY  |
| COP60       | \$60 COPAYMENT                                    |
| COP75       | \$75 COPAY  |
| COP80       | \$80 COPAY  |
| COPAY       | DEFAULT COPAYMENT FOR TERMED RULES                |
| CP10        | \$10 COPAYMENT                                    |
| CP20        | \$20 COPAYMENT                                    |
| CP238       | \$238 PER DAY INPATIENT DAYS 61-90                |
| CP45D       | \$45 COPAY PER DAY USE FOR DETOX ONLY             |
| CPMAX       | OUT OF POCKET MAXIMUM HAS BEEN REACHED            |
| CPMPE       | MAXIMUM MEMBER RESPONSIBILITY MET - PROSTATE EXAM |
| CPMXM       | MAXIMUM MEMBER RESPONSIBILITY MET FOR MAMMOGRAM   |
| DD248       | \$248 PER DAY INPATIENT DAYS 61-90                |
| DD256       | \$256 PER DAY INPATIENT DAYS 61-90                |
| DD267       | \$267 PER DAY INPATIENT DAYS 61-90                |
| DD476       | \$476 PER DAY, DAYS 91-150                        |
| DD496       | \$496 PER DAY, DAYS 91-150                        |
| DD512       | \$512 PER DAY, DAYS 91-150                        |
| DD534       | \$534 PER DAY, DAYS 91-150                        |
| POSCP       | POS - COPAY                                       |
| SN119       | \$119 PER DAY SKILLED NURSING DAYS 21-100         |
| SN124       | \$124 PER DAY SKILLED NURSING DAYS 21-100         |
| SN128       | \$128 PER DAY SKILLED NURSING DAYS 21-100         |
| SN133       | \$133.50 PER DAY SKILLED NURSING DAYS 21 - 100    |
| SN134       | \$133.50 PER DAY SKILLED NURSING DAYS 21-100      |
| SNF30       | \$30 PER DAY SKILLED NURSING DAYS 21-100          |



**DEDUCTIBLE REASON CODES**

| REASON_CODE  | DESCRIPTION                                      |
|--------------|--|
| <b>CEDU</b>  | CONVERSION DEDUCTIBLE                            |
| <b>D1024</b> | \$1,024 INITIAL INPATIENT DEDUCTIBLE (DAYS 1-60) |
| <b>D1068</b> | \$1068 INITIAL INPATIENT DEDUCTIBLE (DAYS 1-60)  |
| <b>DD100</b> | \$100 DEDUCTIBLE                                 |
| <b>DD124</b> | \$124 INITIAL OUTPATIENT DEDUCTIBLE              |
| <b>DD131</b> | \$131 INITIAL OUTPATIENT DEDUCTIBLE              |
| <b>DD135</b> | \$135 INITIAL OUTPATIENT DEDUCTIBLE              |
| <b>DD238</b> | \$238 PER DAY INPATIENT DAYS 61-90               |
| <b>DD375</b> | \$375 DEDUCTIBLE                                 |
| <b>DD952</b> | \$952 INITIAL INPATIENT DEDUCTIBLE               |
| <b>DD992</b> | \$992 INITIAL INPATIENT DEDUCTIBLE               |
| <b>DDCOP</b> | COPAY INCLUDES ALL PATIENT LIABILITY             |
| <b>DDMAX</b> | MAXIMUM DEDUCTIBLE                               |
| <b>ERDED</b> | EMERGENCY DEDUCTIBLE                             |
| <b>FDED</b>  | FAMILY DEDUCTIBLE                                |
| <b>FDM</b>   | FAMILY DEDUCTIBLE MET                            |
| <b>NPARD</b> | NON-PAR DEDUCTIBLE                               |

| REASON_CODE  | DESCRIPTION                                  |
|--------------|--|
| <b>PA01K</b> | \$1000.00 PER ADMISSION DEDUCTIBLE           |
| <b>PA100</b> | \$100.00 PER ADMISSION DEDUCTIBLE            |
| <b>PA200</b> | \$200.00 PER ADMISSION DEDUCTIBLE            |
| <b>PA250</b> | \$250.00 PER ADMISSION DEDUCTIBLE            |
| <b>PA300</b> | \$300.00 PER ADMISSION DEDUCTIBLE            |
| <b>PA350</b> | \$350 PER ADMISSION DEDUCTIBLE               |
| <b>PA500</b> | \$500 PER ADMISSION DEDUCTIBLE               |
| <b>PARD</b>  | PAR DEDUCTIBLE                               |
| <b>PONEC</b> | POS - OON DEDUCTIBLE - EMPLOYEE + CHILD(REN) |
| <b>PONEE</b> | POS - OON DEDUCTIBLE - EMPLOYEE ONLY         |
| <b>PONEF</b> | POS - OON DEDUCTIBLE - EMPLOYEE + FAMILY     |
| <b>PONES</b> | POS - OON DEDUCTIBLE - EMPLOYEE + SPOUSE     |
| <b>POSEC</b> | POS - EMPLOYEE & CHILD DEDUCTIBLE            |
| <b>POSEE</b> | POS - EMPLOYEE ONLY DEDUCTIBLE               |
| <b>POSEF</b> | POS - EMPLOYEE + FAMILY DEDUCTIBLE           |
| <b>POSES</b> | POS - EMPLOYEE & SPOUSE DEDUCTIBLE           |



OTHER CARRIER REASON CODES

| REASON_CODE | DESCRIPTION               |
|-------------|---------------------------|
| OCGRT       | OTHER CARRIER GRANT MONEY |
| OCMCR       | MEDICARE PRIMARY PAYMENT  |

| REASON_CODE | DESCRIPTION                                 |
|-------------|---|
| OCPRM       | PRIMARY PAYMENT BY OTHER CARRIER            |
| OCWWC       | OTHER CARRIER - WOMENS WELLNESS CONNECTIONS |