Claim Adjustment Reason Codes
Crosswalk to EX Codes

superior healthplan™

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EXxA			RESERVED FOR CXT PROCESSING	DENY
EXxI			RESERVED FOR CXT PROCESSING	DENY
EXOS			PAY: PAYMENT BASED ON FORENSIC REVIEW	PAY
EXiB	45		PAY: DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS	PAY
EXiC	45		PAY: DRG PAYMENT ADJUSTMENT AFTER REVIEW OF MEDICAL RECORDS	PAY
EXiF	45		PAY: REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS	PAY
EXiA	A1	M127	DENY: MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST	DENY
EXiE	A1	N109	DENY: DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM	DENY
EXBY	0		REQUEST COMPLETE NO ACTION NECESSARY	INFO
EX25	1		DENY: YOUR STOP LOSS DEDUCTIBLE HAS NOT BEEN MET	DENY
EX37	1		DENY: BALANCE DOES NOT EXCEED DEDUCTIBLE	DENY
EX01	1		DEDUCTIBLE AMOUNT	PAY
EX50	109	N557	DENY:SUBMIT SERVICE TO STATE; NOT COVERED BY HEALTHPLAN	DENY
EXCC	109	N557	DENY: CONTINUITY OF CARE,BILL PREVIOUS INSURANCE CARRIER	DENY
EXCE	109	N557	CLAIM FORWARDED TO CENTURY FOR PROCESSING	DENY
EXce	109	N557	ADD'L INFO REQ'D BY MEDICARE. CLAIM WILL BE REPROCESSED ONCE INFO REC'D	DENY
EXEK	109	N557	DENY: SERVICES NOT THE RESPONSIBILITY OF SUPERIOR HEALTH PLAN NETWORK	DENY
EXH6	109	N557	DENY: CLAIM IS RESPONSIBILITY OF HUMANA	DENY
EXK0	109	N557	DENY: SERVICE IS NOT THE RESPONSIBILITY OF SHP - SUBMIT CHARGES TO STATE	DENY
EXK1	109	N557	DENY: SUBMIT CHARGES TO BEHAVIORAL HEALTH PROVIDER FOR PROCESSING	DENY
EXK2	109	N557	DENY: PLEASE SUBMIT SERVICES TO BLOCK VISION FOR PROCESSING	DENY
EXK3	109	N557	DENY: SERVICE IS NOT THE RESPONSIBILITY OF SHP. SUBMIT CHARGES TO PACT	DENY
EXK4	109	N557	DENY: MEMBER IS NOT THE RESPONSIBILITY OF SHP	DENY
EXK6	109	N557	DENY: CLAIM IS THE RESPONSIBILITY OF MEDICARE	DENY
EXK7	109	N557	INPATIENT FACILITY CHARGES ARE NOT SHP RESPONSIBILITY- RE-SUBMIT TO TMHP	DENY
EXK8	109	N557	NF CHGS ARE NOT SHP RESPONSIBILITY - RE-SUBMIT TO STATE PAYER	DENY
EXK9	109	N557	INPATIENT SERVICES NOT COVERED BY IMHS FOR LTC MEMBERS - SUBMIT TO THMP	DENY
EXKR	109	N557	DENY: MEMBER IS NOT THE RESPONSIBILITY OF SHP - SUBMIT CHARGES TO NHIC	DENY
EXLR	109	N557	DENY:WHEN PRIME INS RECIEVES INFO-RESUBMIT TO SECONDARY INS	DENY
EXMP	109	N557	DENY: BILL TO MEDICAL	DENY
EXPX	109	N557	DENY:HEARING AID SERVICES COVERED UNDER (P.A.C.T) 1-512-458-7724	DENY
EXQQ	109	N557	DENY: CHIP ELIGIBILITY-NO COB PROVISION, REBILL APPROPRIATE CARRIER	DENY
EXRC	109	N557	REIMBURSEMENT SHOULD BE OBTAINED THROUGH THE STATE	DENY
EXRY	109	N557	CLAIM FORWARDED TO CENTURY FOR PROCESSING	DENY
EXSC	109	N557	DENY: PLEASE SUBMIT MRI AND CT SERVICES TO CENTRAL TEXAS IMAGING CENTER	DENY
EXVE	109	N557	DENY: PLEASE SUBMIT SERVICES TO VISION VENDOR FOR PROCESSING	DENY
EXVQ	109	N557	DENY: PLEASE SUBMIT SERVICES TO TOTAL VISION (VENDOR) FOR PROCESSING	DENY
EXW0	109	N557	DENY: TRANSPLANT CLAIM SUBMIT TO CIGNA LIFESOURCE FOR REPRICING	DENY
EXW6	109	N557	DENY: TRANSPLANT CLAIM SUBMIT TO INTERLINK FOR REPRICING	DENY
EXXM	109	N557	DENY: PLEASE SUBMIT TO THE MED SURG CARRIER FOR PROCESSING	DENY
EX53	11		DENY: SERVICE IS NOT THE RESPONSIBILITY OF SHP - SUBMIT CHARGES TO TMHP	DENY
EXDU	11	N657	DENY: PROCEDURE IS INAPPROPRIATE FOR DIAGNOSIS	DENY
EXEQ	11	N657	DENY: DIAGNOSIS DOES NOT SUPPORT E M BILLED	DENY
EXXD	11	N657	SERVICES FOR THE DIAGNOSIS SUBMITTED ARE NOT COVERED	DENY
EXGS	110	N622	DENY: DOS ON CLAIM IS GREATER THAN RECEIVED DATE,PLEASE RESUBMIT	DENY
EX35	119	N587	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	DENY
EX76	119	N587	DENY: MULTIPLE SURGERY REIMBURSEMENT HAS BEEN REACHED	DENY
EXBH	119	N587	BENEFIT EXHAUSTED	DENY
EXSV	119	N587	SERVICES HAVE EXCEEDED THE PERIODICITY FOR THIS BENEFIT	DENY
EXxD	119	N587	CMS MUE QUANTITY LIMIT EXCEEDED	DENY
EXxJ	119	N362	EXCEEDS MAXIMUM ALLOWANCE FOR GLOBAL/PROFESSIONAL/TECHNICAL COMPONENTS	DENY
EXxq	119	N587	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	DENY
EXyn	119	N587	MAXIMUM ALLOWANCE EXCEEDED	DENY
EXHJ	133		DENY: PROVIDER UNDER INVESTIGATION	DENY
EXAa	133		INFORMATIONAL: CLAIM PROCESSED THROUGH COORDINATION OF BENEFITS	INFO
EXB8	133		INFO: AN AUTHORIZATION IS NOT REQUIRED FOR THIS BENEFIT	INFO
EXG3	133		PENDED CLAIM REVIEW COMPLETED	INFO
EXCd	136		DENY:MEDICARE COVERAGE RULES NOT FOLLOWED THEREFORE SERVICES NOT ELIG	DENY
EXNA	136	NOT	OTHER INS. DENIED - PROVIDER NOT AUTHORIZED - SERVICES NOT PAYABLE	DENY
EX14	14		DENY: THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE	DENY
EXE2	144	C21	INFO: A LATER SERVICE HAS BEEN PROCESSED AGAINST COUNTERS	INFO
EXib	146		DENY: ICD10 CLAIM SPLIT REQUIRED FOR DOS BEFORE AND ON OR AFTER 10-1-15	DENY
EXND	146	M64	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	DENY
EXID	147	NOT	DENY: NO W-9 FORM ON FILE	DENY
EXSD	147	NOT	DENY:CREDENTIALING WAS NOT APPROVED - ALL SERVICES ARE DENIED	DENY
EXTD	147		PROVIDER NOT ACTIVE	DENY
EX15	15	N596	DENY: CLAIM DENIED BECAUSE THE SUBMITTED AUTH NUMBER IS INVALID	DENY
EX2L	15	N596	DENY: NO AUTH OBTAINED FOR LOCATION BILLED SUBMITTED	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EXCB	15	N596	AUTHORIZATION IS CANCELLED -ERROR IN ENTRY	DENY
EXHc	15	N517	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXhf	15	N596	DENY: NO AUTHORIZATION FOUND FOR PROCEDURE BILLED	DENY
EXHL	15	N596	NO AUTH ON FILE FOR SERVICES BILLED	DENY
EXHS	15	N596	DENY: NO AUTHORIZATION FOUND FOR SERVICES PROVIDED ON FILE	DENY
EXHT	15	N517	DENY:NO AUTH ON FILE FOR SERVICES BILLED	DENY
EXHU	15	N596	AUTH NO MATCH: DATES ON MEDICAL DETAIL DO NOT MATCH	DENY
EXsb	15		DENY:NO AUTH ON FILE FOR SERVICES BILLED	DENY
EXya	150	N640	DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	DENY
EXw7	151	M25	PREVENTABLE READMISSION RECOUPMENT	DENY
EX0H	16	MA67	ADJUSTMENT: PROVIDER BILLED INCORRECTLY AND SUBMITTED REIMBURSEMENT	DENY
EX16	16	M20	DENY: REV CODE ONLY BILLED - PLEASE RESUBMIT WITH CPT HCPCS CODE	DENY
EX2B	16	M53	DENY: OBSERVATION GREATER THAN 48 HOURS CORRECT AND RESUBMIT	DENY
EX2D	16	M51	DENY:ICD9 PROCEDURE CODE MISSING OR INVALID	DENY
EX4a	16	MA65	DENY: ADMITTING DIAGNOSIS MISSING OR INVALID	DENY
EX4B	16	M76	DENY: DIAGNOSIS CODE 16 MISSING OR INVALID	DENY
EX4b	16	MA63	DENY: DIAGNOSIS CODE 1 MISSING OR INVALID	DENY
EX4c	16	MA63	DENY: DIAGNOSIS CODE 2 MISSING OR INVALID	DENY
EX4d	16	M76	DENY: DIAGNOSIS CODE 3 MISSING OR INVALID	DENY
EX4e	16	M76	DENY: DIAGNOSIS CODE 4 MISSING OR INVALID	DENY
EX4f	16	M76	DENY: DIAGNOSIS CODE 5 MISSING OR INVALID	DENY
EX4g	16	M76	DENY: DIAGNOSIS CODE 6 MISSING OR INVALID	DENY
EX4h	16	M76	DENY: DIAGNOSIS CODE 7 MISSING OR INVALID	DENY
EX4i	16	M76	DENY: DIAGNOSIS CODE 8 MISSING OR INVALID	DENY
EX4j	16	M76	DENY: DIAGNOSIS CODE 9 MISSING OR INVALID	DENY
EX4k	16	M76	DENY: DIAGNOSIS CODE 10 MISSING OR INVALID	DENY
EX4l	16	M76	DENY: DIAGNOSIS CODE 11 MISSING OR INVALID	DENY
EX4m	16	M76	DENY: DIAGNOSIS CODE 12 MISSING OR INVALID	DENY
EX4n	16	M76	DENY: DIAGNOSIS CODE 13 MISSING OR INVALID	DENY
EX4o	16	M76	DENY: DIAGNOSIS CODE 14 MISSING OR INVALID	DENY
EX4P	16	M76	DENY: DIAGNOSIS CODE 17 MISSING OR INVALID	DENY
EX4p	16	M76	DENY: DIAGNOSIS CODE 15 MISSING OR INVALID	DENY
EX4V	16	M76	DENY: DIAGNOSIS CODE 21 MISSING OR INVALID	DENY
EX4W	16	M76	DENY: DIAGNOSIS CODE 22 MISSING OR INVALID	DENY
EX4Z	16	M76	DENY: DIAGNOSIS CODE 23 MISSING OR INVALID	DENY
EX58	16	M49	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	DENY
EX5U	16	MA69	DENY: PATIENT REASON FOR VISIT REQ OUT-PT HOSPITAL	DENY
EX6a	16	M51	DENY: ICD9/10 PROC CODE 1 VALUE OR DATE IS MISSING/INVALID	DENY
EX6b	16	M51	DENY: ICD9/10 PROC CODE 2 VALUE OR DATE IS MISSING/INVALID	DENY
EX6c	16	M51	DENY: ICD9/10 PROC CODE 3 VALUE OR DATE IS MISSING/INVALID	DENY
EX6d	16	M51	DENY: ICD9/10 PROC CODE 4 VALUE OR DATE IS MISSING/INVALID	DENY
EX6e	16	M51	DENY: ICD9/10 PROC CODE 5 VALUE OR DATE IS MISSING/INVALID	DENY
EX6f	16	M51	DENY: ICD9/10 PROC CODE 6 VALUE OR DATE IS MISSING/INVALID	DENY
EX6g	16	M51	DENY: ICD9/10 PROC CODE 7 VALUE OR DATE IS MISSING/INVALID	DENY
EX6i	16	M51	DENY: ICD9/10 PROC CODE 8 VALUE OR DATE IS MISSING/INVALID	DENY
EX6j	16	M51	DENY: ICD9/10 PROC CODE 9 VALUE OR DATE IS MISSING/INVALID	DENY
EX6k	16	M51	DENY: ICD9/10 PROC CODE 10 VALUE OR DATE IS MISSING/INVALID	DENY
EX6L	16	N4	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	DENY
EX6l	16	M51	DENY: ICD9/10 PROC CODE 11 VALUE OR DATE IS MISSING/INVALID	DENY
EX6m	16	M51	DENY: ICD9/10 PROC CODE 12 VALUE OR DATE IS MISSING/INVALID	DENY
EX6N	16	M119	DENY: NDC NUMBER MISSING OR INVALID	DENY
EX6o	16	M51	DENY: ICD9/10 PROC CODE 13 VALUE OR DATE IS MISSING/INVALID	DENY
EX6p	16	M51	DENY: ICD9/10 PROC CODE 14 VALUE OR DATE IS MISSING/INVALID	DENY
EX6q	16	M51	DENY: ICD9/10 PROC CODE 15 VALUE OR DATE IS MISSING/INVALID	DENY
EX6r	16	M51	DENY: ICD9/10 PROC CODE 16 VALUE OR DATE IS MISSING/INVALID	DENY
EX6s	16	M51	DENY: ICD9/10 PROC CODE 17 VALUE OR DATE IS MISSING/INVALID	DENY
EX6t	16	M51	DENY: ICD9/10 PROC CODE 18 VALUE OR DATE IS MISSING/INVALID	DENY
EX6u	16	M51	DENY: ICD9/10 PROC CODE 19 VALUE OR DATE IS MISSING/INVALID	DENY
EX6v	16	M51	DENY: ICD9/10 PROC CODE 20 VALUE OR DATE IS MISSING/INVALID	DENY
EX6w	16	M51	DENY: ICD9/10 PROC CODE 21 VALUE OR DATE IS MISSING/INVALID	DENY
EX6x	16	M51	DENY: ICD9/10 PROC CODE 22 VALUE OR DATE IS MISSING/INVALID	DENY
EX6y	16	M51	DENY: ICD9/10 PROC CODE 23 VALUE OR DATE IS MISSING/INVALID	DENY
EX6Z	16	M51	DENY: ICD9/10 PROC CODE 25 VALUE OR DATE IS MISSING/INVALID	DENY
EX6z	16	M51	DENY: ICD9/10 PROC CODE 24 VALUE OR DATE IS MISSING/INVALID	DENY
EX81	16	M49	ORIGINAL CODE WAS REPLACED BY HPR CODEREVIEW SOFTWARE	DENY
EX8d	16	N50	DENY: DISCHARGE STATUS INVALID FOR TYPE OF BILL	DENY
EX8i	16	MA41	DENY: ADMIT TYPE OR SOURCE MISSING OR INVALID	DENY
EX8j	16	MA41	DENY: ADMIT TYPE OR SOURCE OR DISCH STATUS MISSING/INVALID	DENY
EX8l	16	N253	DENY: ATTENDING PROVIDER NPI INVALID	DENY
EX8M	16	M76	DENY: ECI DIAGNOSIS 1 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8N	16	M76	DENY: ECI DIAGNOSIS 2 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8O	16	M76	DENY: ECI DIAGNOSIS 3 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8P	16	M76	DENY: ECI DIAGNOSIS 4 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8Q	16	M76	DENY: ECI DIAGNOSIS 5 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8R	16	M76	DENY: ECI DIAGNOSIS 6 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EX8T	16	M76	DENY: ECI DIAGNOSIS 7 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8U	16	M76	DENY: ECI DIAGNOSIS 8 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8V	16	M76	DENY: ECI DIAGNOSIS 9 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8W	16	M76	DENY: ECI DIAGNOSIS 10 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8X	16	M76	DENY: ECI DIAGNOSIS 11 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX8Y	16	M76	DENY: ECI DIAGNOSIS 12 INVALID OR REQUIRES ADDITIONAL DIGIT.	DENY
EX99	16	N657	DENY:MISC UNLISTED CODES CAN NOT BE PROCESSED W O DESCRIPTION REPORT	DENY
EX9E	16	M49	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	DENY
EX9K	16	MA130	CLAIM CANNOT BE PROCESSED WITHOUT PATHOLOGY REPORT	DENY
EX9O	16	M76	DENY: PATIENT REASON DIAGNOSIS 1 INVALID OR REQ ADDL DIGIT	DENY
EX9P	16	M76	DENY: PATIENT REASON DIAGNOSIS 2 INVALID OR REQ ADDL DIGIT	DENY
EX9Q	16	M76	DENY: PATIENT REASON DIAGNOSIS 3 INVALID OR REQ ADDL DIGIT	DENY
EX9y	16	M76	ICD REFERRAL INDICATOR BILLED DOES NOT MATCH ICD DX CODE BILLED	DENY
EXAh	16	N657	APC/HHA/ASC/ESRD PRICER-INVALID PARTIAL HOSPITALIZATION CLAIM	DENY
EXaP	16	N252	DENY: ATTENDING PROVIDER NAME OR NPI MISSING	DENY
EXAV	16	MA130	PLEASE REMIT MEDICAL RECORDS FOR CONSIDERATION OF ADDITIONAL PAYMENTS	DENY
EXB7	16	M76	DENY: DIAGNOSIS CODE 18 MISSING OR INVALID	DENY
EXb8	16	M76	DENY: DIAGNOSIS CODE 20 MISSING OR INVALID	DENY
EXbd	16	N61	DENY: BED DAYS CANNOT BE BILLED WITH OTHER SERVICES. CORRECT & RESUBMIT	DENY
EXBG	16	MA30	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	DENY
EXBi	16	N63	DENY: INVOICE AND ITEMIZED BILL REQUIRED FOR PROCESSING	DENY
EXBS	16	M52	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	DENY
EXBU	16	M51	DENY: DX,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE	DENY
EXc1	16	MA120	DENIED INVALID CLIA NUMBER	DENY
EXc4	16	N657	INCORRECT CODE BILLED PER SCIO AUDIT	DENY
EXcG	16	N46	DENY: ADMISSION HOUR IS MISSING OR INVALID	DENY
EXcH	16	MA41	DENY: ADMISSION TYPE IS MISSING OR INVALID	DENY
EXch	16	N471	CLAIM DID NOT CONTAIN A HIPPS CODE OR HAD AN INVALID AMOUNT	DENY
EXcM	16	MA42	DENY: ADMISSION SOURCE IS MISSING OR INVALID	DENY
EXcN	16	MA40	DENY: ADMISSION DATE IS MISSING OR INVALID	DENY
EXCs	16	MA130	DENY CLAIM AND SAS FILE DO NOT MATCH	DENY
EXCu	16	MA130	DENY CLAIM AND SAS FILE DO NOT MATCH	DENY
EXCv	16	MA130	DENY CLAIM AND SAS FILE DO NOT MATCH	DENY
EXCw	16	MA130	DENY CLAIM AND SAS FILE DO NOT MATCH	DENY
EXCx	16	MA130	DENY CLAIM AND SAS FILE DO NOT MATCH	DENY
EXd1	16	M76	ICD 10 DIAGNOSIS CODES THAT REQUIRE ADDITIONAL CHARACTERS	DENY
EXd2	16	M51	ICD 10 PROCEDURE CODES THAT REQUIRE ADDITIONAL CHARACTERS	DENY
EXd3	16	M76	ICD 10 DX CODES NOT ALLOWED AS PRIMARY CODES IN THE INPAT SETTING	DENY
EXd5	16	M76	ICD 10 DX CODES ALLOWED AS SECONDARY "MANIFESTATION" CODES	DENY
EXDC	16	M122	DENY: DIAGNOSIS INDICATING LEVEL OF SUBLUXATION MUST BE INDICATED	DENY
EXde	16	M51	DENY RESUBMIT WITH CORRECT REV CODE FOR MEDICAID NF R&B CHARGES	DENY
EXdh	16	N317	DENY: INVALID OR MISSING DISCHARGE HOUR	DENY
EXDk	16	M54	DENY: $0 AND/OR 0 UNITS BILLED RESUBMIT WITH CORRECTED CLAIM	DENY
EXDs	16	MA42	DENY: ADMIT SOURCE AND/OR DISCHARGE STATUS MISSING OR INVALID	DENY
EXDW	16	M76	DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT	DENY
EXE4	16	N317	DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	DENY
EXEa	16	M76	ESRD PRICER: MISSING DIAGNOSIS CODE	DENY
EXEb	16	M53	ESRD PRICER: INVALID UNITS FOR REVENUE CODE	DENY
EXEc	16	M53	ESRD PRICER: MEDICALLY UNLIKELY EDIT	DENY
EXEf	16	N61	ESRD PRICER: SERVICE BILLED AS PANEL	DENY
EXEj	16	M20	ESRD PRICER: INCORRECT BILLING OF TELEHEALTH SITE FEE	DENY
EXEp	16	N147	ESRD PRICER: INVALID CASE-MIX ADJUSTMENT	DENY
EXER	16	MA130	SUBMIT ER RECORDS & EOP W IN 45 DAYS FOR PRESENTING SYMPTOMS	DENY
EXev	16	N301	SOME OR ALL SERVICE DATES COULD NOT BE VALIDATED BY THE EVV VENDOR	DENY
EXFE	16	M67	ADDITIONAL PROCEDURE CODE REQUIRED FOR CLAIMS REIMBURSEMENT	DENY
EXFF	16	M67	ADDITIONAL PROCEDURE CODE REQUIRED FOR CLAIMS REIMBURSEMENT	DENY
EXHb	16	MA30	HHA GROUPER INVALID BILL TYPE	DENY
EXHd	16	N471	HHA GROUPER INVALID HIPPS CODE	DENY
EXHe	16	M53	HHA PRICER: INVALID HOME HEALTH CLAIM DATES	DENY
EXhF	16	N471	HHA PRICER: INVALID NUMBER OF HIPPS CODES	DENY
EXHg	16	N471	HHA HIPPS CODE INDICATES NRS WERE PROVIDED, BUT NRS NOT ON CLAIM	DENY
EXHh	16	M49	HHA PRICER: INVALID OR MISSING CBSA	DENY
EXHj	16	M50	HHA FINAL CLAIM MUST HAVE AT LEAST ONE VISIT-RELATED REVENUE CODE	DENY
EXHk	16	MA76	HHA PRICER: NO AVAILABLE HHRG WEIGHT/RATE	DENY
EXHQ	16	N3	DENY - EDI CLAIM MUST BE SUBMITTED IN HARD COPY WITH CONSENT FORM	DENY
EXI1	16	N4	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	DENY
EXI6	16	N657	DENY: DIAGNOSIS,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DOS	DENY
EXIf	16	M119	DENY: NDC CODE HAS INVALID FORMAT	DENY
EXIG	16	N50	DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	DENY
EXip	16	M51	INVALID PROC OR MODIFIER FOR NF CARVE IN SERVICES, CORRECT & RESUBMIT	DENY
EXJq	16	N281	ORIGINAL CHECK NOT CASHED- PAY TO/ADDRESS VERIFICATION NEEDED.	DENY
EXKv	16	M51	DRG/APC: WRONG PROCEDURE PERFORMED: NOT A COVERED SERVICE	DENY
EXLZ	16	MA130	DENY: INVOICE REQUIRED FOR PROCESSING	DENY
EXMK	16	N31	INAPPROPRIATE MEDICAID # FOR TAX ID SUBMITTED. CORRECT AND RESUBMIT	DENY
EXN6	16	M119	DENY: NDC UNIT OF MEASURE QUALIFIER OR QUANTITY MISSING OR INVALID	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EXo2	16	N262	DENY: OPERATING PROVIDER NAME AND NPI MISSING OR INVALID	DENY
EXPF	16	N34	PROFESSIONAL FEE MUST BE BILLED ON CMS 1500 FORM	DENY
EXQV	16	MA66	DENY: CODE NOT PAYABLE WITHOUT PRIMARY PROCEDURE CODE	DENY
EXRA	16	N34	DENY: SERVICE CANNOT BE PROCESSED AS BILLED, PLEASE RESUBMIT ON CMS1500	DENY
EXRD	16	MA130	SUBMIT ER RECORDS & EOP W IN 120 DAYS FOR REVIEW OF PRESENTING SYMPTOMS	DENY
EXRJ	16	M50	DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	DENY
EXSc	16	N62	MULTIPLE SAS RECORDS APPLY FOR DATE SPAN, SPLIT CLAIM AND RESUBMIT	DENY
EXSe	16	MA130	INVALID OR MISSING REQUIRED ESRD OR HHA CLAIMS DATA	DENY
EXsn	16	MA30	SNF: INVALID TYPE OF BILL	DENY
EXta	16	MA30	DRG/APC ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE	DENY
EXTM	16	N203	DENY: TO COMPLETE PROCESSING, WE NEED THE TIME UNITS, PLEASE RESUBMIT	DENY
EXTx	16	N434	DENY - DRG ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE	DENY
EXUI	16	N50	DENY:PER REVIEW NO RECORD OF INPT STAY,SEND DISCHARGE SUMMARY	DENY
EXUZ	16	N34	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB	DENY
EXv6	16	M76	DENY: DIAGNOSIS CODE 19 MISSING OR INVALID	DENY
EXvF	16	M51	DRG/APC - ECT UNITS CODED W/O ICD-9CM PROCEDURE CODE 94.27	DENY
EXvJ	16	M51	APC/ASC/ESRD - INVALID BILLING OF CARDIAC RESYNC THERAPY	DENY
EXvR	16	M51	DRG/APC - WRONG PROCEDURE PERFORMED - NOT A COVERED SERVICE	DENY
EXw1	16	N247	CO-SURGEON/TEAM SURGEON DISALLOWED PER CMS SURGICAL BILLING GUIDELINES	DENY
EXw2	16	M51	ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS	DENY
EXw3	16	N247	ASSISTANT,CO-SURGEION OR TEAM SURGEONS NOT TYPICALLY REQUIRED PER CMS	DENY
EXx1	16	N56	DENY:INAPPROPRIATE LEVEL OF VISIT BILLED BY THE PROVIDER	DENY
EXx5	16	M51	PROCEDURE CODE CONFLICTS WITH MEMBER'S AGE/GENDER	DENY
EXxd	16	M49	PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	DENY
EXxE	16	M51	PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY	DENY
EXxN	16	M77	DENY:SERVICE IS NOT REIMBURSEABLE AT THIS LOCATION	DENY
EXye	16	MA130	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS	DENY
EXyh	16	N63	DENY: PLEASE SUBMIT ITEMIZED BILLING STATEMENT FOR PAYMENT CONSIDERATION	DENY
EXyr	16	M51	INCORRECT PROCEDURE CODE FOR DIAGNOSIS PER NCD/CMS	DENY
EXyt	16	M51	INCORRECT PROCEDURE CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN	DENY
EXyu	16	M51	INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES	DENY
EXz1	16	M76	DENY: DIAGNOSIS CODE 24 MISSING OR INVALID	DENY
EXz2	16	M76	DENY: DIAGNOSIS CODE 25 MISSING OR INVALID	DENY
EXZD	16	MA130	DENY: SUBMIT ED RECORDS & EOP W IN 30 DAYS FOR PRESENTING SYMPTOMS	DENY
EX0X	164		DENY: INELIGIBLE DUE TO UNTIMELY SUBMISSION TO PRIMARY CARRIER	DENY
EX29	164		DENY:THE TIME LIMIT FOR FILING A CLAIM HAS EXPIRED	DENY
EX9I	164		INFORMATION REQUESTED WAS NOT RECEIVED WITHIN THE TIME FRAME SPECIFIED	DENY
EXQR	164		DENY:THE TIME FRAME FOR FILING A CLAIM RECONSIDERATION HAS EXPIRED	DENY
EXRQ	164		DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	DENY
EX47	167	N30	DENY: THIS DIAGNOSIS IS NOT COVERED	DENY
EXEY	167	N30	DIAGNOSIS IS NOT COVERED, BILL STATE ENTITY	DENY
EXMR	167	N30	DENY: MENTAL RETARDATION IS NOT A COVERED DIAGNOSIS OF TEXAS MEDICAID	DENY
EXP0	170	N665	DENY:LAB BILLED NOT PAYABLE TO PATHOLOGIST-NO DIRECT MD WRK INVOLVEMENT	DENY
EXSW	170	N665	DENY: SERVICES BILLED BY AN ER MD - SPEC 93 WHEN BILLED W MODIFIER 26	DENY
EX18	18	N522	DENY: DUPLICATE CLAIM SERVICE	DENY
EXCX	18	N522	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM IN PEND STATUS	DENY
EXxp	18	N522	PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	DENY
EXyq	18	N522	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)	DENY
EX4E	181	N657	DENY: 2004 PROC CODES NOT ACCEPTABLE FOR DOS PRIOR TO 07 01 04	DENY
EX5E	181	N657	DENY: 2004 PROC CODES NOT ACCEPTABLE FOR DOS PRIOR TO 8 1 04	DENY
EX98	181	N657	INVALID PROCEDURE FOR 1998, PLEASE RESUBMIT WITH CORRECT CODE	DENY
EX9C	181	N657	1999 CODE DELETED IN 2000, PLEASE REBILL WITH CORRECT CODE	DENY
EXH8	181	N657	DENY: HOMEGROWN PROCEDURE CODES ARE NOT VALID FOR THIS DOS	DENY
EXRP	181		DENY: INVALID PROCEDURE FOR 1999 PLEASE RESUBMIT WITH CORRECT CODE	DENY
EXTF	181	N657	DENY: 2003 CPT CODES NOT ACCEPTABLE FOR SERVICE DATES PRIOR TO 06 01 03	DENY
EXH9	182	N657	DENY: HOMEGROWN MODIFIERS ARE NOT VALID FOR THIS DOS	DENY
EXMO	182	N657	MODIFIER BILLED IS NOT A VALID CODE, PLEASE RESUBMIT	DENY
EXyz	182	657	INCORRECT USE OF MODIFIER-26 OR -TC BASED ON CMS	DENY
EXU5	189	N657	DENY:UNLISTED UNSPECIFIC CODE -RE-BILL MORE SPECIFIC CODE	DENY
EXUS	189	N657	DENY:UNLISTED CODE-CORRECT AND RESUBMIT	DENY
EX19	19	N418	DENY: WORK RELATED INJURY AND THE LIABILITY OF WORKER S COMP CARRIER	DENY
EXZE	19	N418	ADJUST: NOT A COVERED SERVICE,BILL WORKER S COMP	DENY
EX0E	193		ADJUST BASED ON APPEAL RECEIVED UPHELD ORIGINAL DENY DECISION	DENY
EX0O	193		DENY: AUTH DENIAL UPHELD - REVIEW PER CLP0700 PEND REPORT	DENY
EXZW	193		DENY:NO CHANGE TO ORIGINAL CLAIM DECISION AFTER REVIEW	DENY
EXA1	197		DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXAA	197		DENY: UNAUTHORIZED SERVICE: BILL PATIENT	DENY
EXAB	197		DENY: UNAUTHORIZED ADMISSION PER INPATIENT REVIEW	DENY
EXAC	197		DENY: UNAUTHORIZED SERVICE - DO NOT BILL PATIENT	DENY
EXAD	197		DENY: UNAUTHORIZED ADMISSION. DO NOT BILL PATIENT. (INPATIENT REVIEW)	DENY
EXaM	197		DENY:SERVICES PROVIDED WERE NOT AUTHORIZED	DENY
EXhp	197		DENY:NO AUTH ON FILE FOR SERVICES BILLED	DENY
EXNR	197		DENY: UNAUTHORIZED SERVICE	DENY
EXRZ	197		DENY: PRIOR AUTHORIZATION REQUIRED FOR NON EMERGENT TRANSPORT	DENY
EXDZ	198	N351	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EX02	2		COINSURANCE AMOUNT	PAY
EX20	20		DENY: THIS INJURY IS COVERED BY THE LIABILITY CARRIER	DENY
EXDL	204	N658	DENY: DENTAL SERVICES ARE NOT A BENEFIT OF TEXAS MEDICAID	DENY
EXdl	204	N658	DENY: SERVICES SHOULD BE SUBMITTED TO DENTAL VENDOR FOR CONSIDERATION	DENY
EXPb	204		DENY: PAID UNDER THE PHARMACY BENEFIT	DENY
EXxP	204	N130	SERVICE IS DENIED ACCORDING TO A PAYMENT OR CLINICAL POLICY	DENY
EXxQ	204	N130	DME BILLING NOT COVERED FOR RENTED/OWNED/FREQUENTLY SERVICED ITEMS	DENY
EXyw	204	N130	NOT COVERED OR ELIGIBLE SERVICE PER CMS OR PLAN GUIDELINES	DENY
EXZH	204	N658	ADJUST: NOT A COVERED BENEFIT	DENY
EXGM	206		RESUMBIT W NPI # OF INDIVIDUAL SERVICING PROVIDER IN BOX 24J	DENY
EXN3	206		YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	INFO
EXN8	208		INCORRECT NPI FOR PROVIDER	DENY
EXN9	208		INCORRECT NPI FOR TIN	DENY
EX21	21		DENY: CLAIM THE RESPONSIBILITY OF THE NO-FAULT CARRIER	DENY
EXv2	216		REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI	INFO
EXxK	216		CLAIM MANUALLY REVIEWED FOR CORRECT CODING RULES-NO ACTION REQUIRED	INFO
EX22	22	N598	DENY: THIS CARE IS COVERED BY A COORDINATION OF BENEFITS CARRIER	DENY
EXL0	22	N598	PLEASE RESUBMIT WITH THE PRIMARY MEDICARE EXPLANATION OF BENEFITS	DENY
EXL5	22	N598	DENY: NO RESPONSE TO LETTER REGARDING OTHER HEALTH INSURANCE	DENY
EXPi	22		INFORMATIONAL COB SUBRO INVESTIGATE	INFO
EXxh	222	N640	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	DENY
EXyo	222	N640	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	DENY
EX1I	223		INFO: PROVIDER ALLOWABLE ADJUSTED TO INCLUDE ACA PARITY PAYMENT	INFO
EX4I	223		INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK	INFO
EXic	223		ICD-10 CODES HAVE BEEN MAPPED TO ICD-9 CODES FOR ADJUDICATION PURPOSES	INFO
EXV3	226	M127	MED RECORDS RECEIVED FOR WRONG DATE OF SERVICE	DENY
EXV4	226	M127	MED RECORDS RECEIVED NOT LEGIBLE	DENY
EXV5	226	M127	MED RECORDS RECEIVED FOR WRONG PATIENT	DENY
EXV6	226	M127	MED RECORDS WITHOUT LEGIBLE PATIENT NAME AND OR DOS	DENY
EXV8	226	M127	MED RECORDS RECEIVED WITHOUT DOS	DENY
EX0B	23		ADJUST: CLAIM TO BE RE-PROCESSED CORRECTED UNDER NEW CLAIM NUMBER	DENY
EX0M	23		ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM	DENY
EX1r	23		CONNOLLY OVERPAYMENT PROJECT	DENY
EX23	23		DENY: CHARGES HAVE BEEN PAID BY ANOTHER PARTY-COB	DENY
EXaw	23		AIM OVERPAYMENT RECOVERY	DENY
EXh2	23		DENY:OVERPAYMENT DETECTED AS PART OF AN INTERNAL EXAMINATION	DENY
EXov	23		DENY: HMS OVERPAYMENT RECOUPMENT	DENY
EXVA	23		VOID ADJUSTMENT	DENY
EXZF	23		ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER	DENY
EXZM	23		ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION	DENY
EXZN	23		ADJUST: PROCESSED FOR INCORRECT MEMBER	DENY
EXus	23	N420	PAYMENT IN FULL FOR MEDICARE&MEDICAID,DO NOT BILL PATIENT	PAY
EX3Q	233		DENY: PROVIDER PREVENTABLE CONDITIONS	DENY
EXaR	233		AVOIDABLE READMISSION FOR MED MGMT	DENY
EX24	24		DENY: CHARGES COVERED UNDER CAPITATION	DENY
EXCa	24		DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	DENY
EXcm	24		MEDICARE PAID UNDER CAPITATION ARRANGEMENT NO ADD'L REMBURSEMENT DUE	DENY
EX90	24		SERVICE IS PAID UNDER CAPITATION AGREEMENT	PAY
EX94	24		SPECIALIST SERVICE IS PAID UNDER CAPITATION AGREEMENT	PAY
EXbw	240		DENY:PLEASE RESUBMIT WITH VALID CORRESPONDING DIAGNOSIS FOR BIRTH WEIGHT	DENY
EX38	242		DENY: SERVICES NOT PROVIDED OR AUTHORIZED BY OUR PROVIDERS	DENY
EX52	242		DENY: PROVIDER NOT CONTRACTED FOR THIS MEMBER S GROUP	DENY
EXKD	242		DENY: SUPPLIES & OR DME ARE ONLY PAYABLE TO AUTHORIZED DME PROVIDERS	DENY
EXNN	242		NON-MEMBER PROVIDER	DENY
EXNP	242		DENY: AUTHORIZATION REQUESTED FOR NON-PLAN PROVIDER	DENY
EXZK	243		ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT	DENY
EXZL	243		ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT	DENY
EXxM	249		POTENTIAL PREVENTABLE READMISSION SUBMIT ALL RELATED MEDICAL RECORDS	DENY
EXym	249		30-DAY READMISSION SUBMIT ALL MEDICAL RECORDS FOR 30-DAY PERIOD	DENY
EX0G	252	N232	CLM TOTAL DOES NOT MATCH TOTAL CHGS ON ITEMIZED STATEMENT FOR DOS BLD	DENY
EX7E	252	M127	DENY: MEDICAL RECORDS ARE NECESSARY TO PROCESS THE CLAIM	DENY
EXb2	252	N209	MEDICAL RECORDS SUBMITTED DO NOT SUPPORT THE SERVICE BILLED	DENY
EXb7	252	N102	MEDICAL RECORDS NOT RECEIVED AS REQUESTED	DENY
EXBI	252	N26	DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	DENY
EXmb	252	N706	WILL REPROCESS FOR PMT AFTER FINAL INTERIM BILL/CLAIM FOR ADMIT REC'D	DENY
EXvo	252	N466	APC/HHA/ASC/ESRD/IRF/SNF INVALID BILLING OF THERAPY SERVICES	DENY
EXIc	256	N365	INFORMATIONAL ONLY CODES	DENY
EXNf	256	N130	SERVICES NOT PAYABLE FOR NURSING FACILITY MEMBERS	DENY
EXNh	256	N130	DENY NF PROV ON PAYMENT HOLD PER STATE FILE. DO NOT RESUBMIT	DENY
EX26	26	N650	DENY:MEMBER NOT ELIGIBLE ON DATE OF SERVICE	DENY
EX28	26	N650	DENY:COVERAGE NOT IN EFFECT WITH SUPERIOR AT THE TIME OF SERVICE	DENY
EX27	27	N650	DENY: EXPENSES INCURRED AFTER COVERAGE WAS TERMINATED	DENY
EX03	3		COPAYMENT AMOUNT	PAY
EXMQ	31		DENY: MEMBER NAME NUMBER DATE OF BIRTH SEX DO NOT MATCH,PLEASE RESUBMIT	DENY
EX34	34		DENY: INSURED HAS NO COVERAGE FOR NEWBORNS	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EX39	39		DENIED AT THE TIME OF AUTHORIZATION REQUEST	DENY
EX6X	39		ENTIRE STAY DENIED BY MEDICAL SERVICES	DENY
EX1N	4	N657	RESUBMIT-2ND EM NOT PAYABLE W O MOD 25 & MED REC TO VERIFY SIGNIF SEP	DENY
EX86	4	N657	DENY: INVALID DELETED MISSING MODIFIER	DENY
EXAv	4		APC/HHA/ASC/ESRD PRICER-INVALID MODIFIER	DENY
EXb6	4	N657	DENY: INVALID DELETED MISSING MODIFIER	DENY
EXEg	4	N519	ESRD PRICER: INVALID UNITS FOR MODIFIER	DENY
EXEn	4	N519	ESRD PRICER: HCT/HGB EXCEEDS THRESHOLD W/O APPROPRIATE MODIFIER	DENY
EXEr	4	N519	ESRD PRICER: INCORRECT BILLING OF AMCC TEST	DENY
EXGH	4	N657	DENY:CODE CANNOT BE BILLED IN CONJ. WITH MOD 26 AND OR TC	DENY
EXhr	4	N519	ASC DEVICE INTENSIVE PROCEDURE W/O DEVICE	DENY
EXIK	4	N657	DENY: 2ND EM NOT PAYABLE W O MODIFIER 25 & MED RECORDS, PLEASE RESUBMIT	DENY
EXMp	4	N657	PROCEDURE IS NOT COVERED WITH MODIFER BILLED	DENY
EXTJ	4	N657	DENY: REQUIRED COMPONENTS FOR THSTEPS ARE EITHER MISSING OR INVALID	DENY
EXx8	4	N657	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	DENY
EXxo	4	N657	MISSING MODIFIER 26	DENY
EX40	40		DENY: CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENCY CARE OUT OF AREA	DENY
EXAS	40		DENY: BASED ON REVIEW OF MED REC - PLP EMERGENCY DEFINITION NOT MET	DENY
EXxf	45		MAXIMUM ALLOWANCE EXCEEDED	DENY
EXi0	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi1	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi2	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi3	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi4	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi5	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi6	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi7	45		PAY: FOR INTERNAL PURPOSES ONLY	INFO
EXi9	45		FOR INTERNAL PURPOSES ONLY	INFO
EXin	45		FOR INTERNAL PURPOSES ONLY	INFO
EXNa	45		NIA PRICING APPLIED	INFO
EXOI	45		INFO: OIG PARTIAL HOLD	INFO
EXsH	45		INFO: CLAIM PROJECT/SPECIAL HANDLING	INFO
EXSZ	45		PAY: PAID THROUGH SETTLEMENT	INFO
EXw9	45		15 OR 30 DAY READMISSION POLICY REVIEWED BY THE HEALTH PLAN	INFO
EXyg	45		PAYMENT REDUCED BASED ON STANDARD CODING GUIDELINES	INFO
EX+C	45		LATE CLAIM INTEREST EX CODE HEALTH PLAN ERROR	PAY
EX+O	45		LATE CLAIMS INTEREST EX CODE FOR ORIG YMDRCVD	PAY
EX+P	45		LATE CLAIM INTEREST EX CODE PROVIDER ERROR	PAY
EX0A	45		ADJUST: PROVIDER REFUND RECEIVED, REINSTATE RECOUPED PAYMENT AMOUNT	PAY
EX0D	45		ADJUSTMENT: $ DUE IN ADDITIONAL TO ORIGINAL PAYMENT MADE FOR SERVICES	PAY
EX0F	45		ADJUST BASED ON APPEAL RECEIVED OVERTURNED ORIGINAL DENY DECISION	PAY
EX0S	45		PAY: AUTH DENIAL OVERTURNED - REVIEW PER CLP0700 PEND REPORT	PAY
EX1D	45		PAY IN FULL: MEMBER ELIGIBILITY VERIFIED	PAY
EX1G	45		PAY IN FULL: PARTIAL ELIGIBILTY VERIFIED	PAY
EX1o	45		CONNOLLY MEDICARE DISALLOWANCE	PAY
EX1q	45		CONNOLLY OVERPAYMENT PROJECT	PAY
EX1R	45		PAY: PAID ACCORDING TO AUTHORIZED LEVELS OF CARE	PAY
EX1s	45		RAWLINGS SUBROGATION	PAY
EX1W	45	N640	PAY:30 DAY SPELL OF ILLNESS MAX MET, DO NOT BILL PATIENT	PAY
EX36	45		BALANCE DOES NOT EXCEED COPAYMENT AMOUNT	PAY
EX3V	45		PAY: NEGOTIATIED RATE	PAY
EX41	45		PREFERRED PROVIDER DISCOUNT	PAY
EX42	45		CHARGES EXCEED YOUR CONTRACTED FEE SCHEDULE	PAY
EX43	45		GRAMM RUDMAN REDUCTION	PAY
EX44	45		PROMPT PAY DISCOUNT	PAY
EX45	45	C21	CHARGES EXCEED REASONABLE AND CUSTOMARY AMOUNTS	PAY
EX56	45		PAY: SERVICE ADDED BY CODE AUDITING SOFTWARE	PAY
EX59	45		PAY: CHARGES ARE REDUCED BASED ON MULTIPLE SURGERY RULES	PAY
EX65	45		PAYMENT REDUCED.PT DID NOT SELECT MEDICARE PART B,BILL PT THE BALANCE	PAY
EX67	45		PAY: CODE WAS SUPERSEDED BY CODE AUDITING SOFTWARE	PAY
EX71	45		ADJUST: PRIMARY INS MEDICARE PAYMENT AMOUNT ADJUSTED	PAY
EX7F	45		PAY:PAYMENT PROCESSED ACCORDING TO A MEDICAL RECORD REVIEW	PAY
EX80	45		REPLACEMENT CODE REBUNDLED BY HPR CODEREVIEW SOFTWARE	PAY
EX82	45		ERROR:REFEERRING PROVIDER HAS BEEN TERMINATED	PAY
EX84	45		PAID AT REDUCED RATES PER HPR CODEREVIEW	PAY
EX85	45		INTEREST CHARGES	PAY
EX88	45		PAYMENT INCLUDES A 15% DISCOUNT	PAY
EX89	45		PAYMENT INCLUDES 5% DISCOUNT	PAY
EX91	45		PAYMENT INCLUDES 10% DISCOUNT	PAY
EX92	45		PAID IN FULL	PAY
EX95	45		PAYMENT IS INCLUDED IN ALLOWANCE FOR BASIC SERVICE	PAY
EX9F	45		PAY: CODE (S) ADDED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	PAY
EXA4	45		INFO: CLAIM AND AUTH REFERRING PROVIDERS DO NOT MATCH	PAY
EXA8	45		AUTHORIZATION DOES NOT MATCH PRIMARY DIAGNOSIS	PAY
EXaA	45		APC PRICER: CLAIM PROCESSED SUCCESSFULLY	PAY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EXac	45		PAY: AIM CREDIT BALANCE RECOVERY	PAY
EXAM	45		PAY: ADDITIONAL PAYMENT FOR ADMINISTRATION OF IMMUNIZATION	PAY
EXAP	45		NO AUTHORIZATION ON FILE, NO PAYMENT	PAY
EXAQ	45		PAYMENT BASED ON 25% DISCOUNT	PAY
EXAR	45		PAYMENT BASED ON A 40% DISCOUNT	PAY
EXat	45		AIM MEDICARE DISALLOWANCE	PAY
EXav	45		HMS MEDICARE DISALLOWANCE	PAY
EXax	45		AIM OVERPAYMENT RECOVERY	PAY
EXb4	45		ALLOWED AMOUNT ADJUSTED PER SCIO AUDIT	PAY
EXbb	45		HMS COMMERCIAL DISALLOWANCE	PAY
EXC9	45		NEW CPT ISSUED DUE TO CLAIM AUDIT	PAY
EXc9	45		INCORRECT BILLED QUANTITY/AMOUNT PER SCIO AUDIT	PAY
EXCb	45		ADJUSTMENT: APPLIED INCOME (SOC) CHANGES	PAY
EXcb	45		HMS CREDIT BALANCE RECOVERY	PAY
EXcd	45		PAY: CDR CREDIT BALANCE RECOVERY	PAY
EXCe	45		LEVEL OF SERVICE CHANGES	PAY
EXcF	45		ADJUSTMENT: AUTH DETAIL CHANGES	PAY
EXCi	45		ADJUSTMENT: RATE CHANGES	PAY
EXCj	45		ADJUSTMENT: RATE HISTORY CHANGES	PAY
EXCK	45		ADJUSTMENT: PROVIDER BILLED INCORRECTLY & SUBMITTED REIMBURSEMENT	PAY
EXcl	45		ADJUSTMENT: PROVIDER SERVICE CODE	PAY
EXCM	45		MEMBER ON REVIEW FOR CASE MANAGEMENT	PAY
EXCU	45		PAY: TO CASE MANAGEMENT ADJUSTOR	PAY
EXCV	45		COVERED UNDER VACCINE FOR CHILDRENS PROGRAM	PAY
EXDG	45		PAYMENT INCLUDED IN DRG	PAY
EXDI	45		PAY: ANCILLARY CHARGES INCLUDED IN E.R.VISIT	PAY
EXDM	45		PAID	PAY
EXEC	45		SERVICES CONSIDERED ENCOUNTER ONLY FOR PERINATE PROGRAM	PAY
EXEF	45		BASED ON REVIEW OF MED REC - PLP EMERGENCY DEFINITION NOT MET	PAY
EXEh	45	97	ESRD PRICER: PAYMENT INCLUDED IN COMPOSITE RATE	PAY
EXEk	45		ESRD PRICER: ITEMS PAID AT A USER-DEFINED PERCENT OF CHARGES	PAY
EXEN	45		REQUIRES NURSE REVIEW EL PASO	PAY
EXEV	45		PAY:WARNING:VISIT VERIFICATION DATA NOT ON FILE;SUBJECT TO RETRO REVIEW	PAY
EXFA	45		ADJUSTMENT: CLAIM WENT TO INCORRECT FUND	PAY
EXH2	45		PROCEDURE MUST BE BILLED WITH APPROPRIATE MODIFIER FOR REIMBURSEMENT	PAY
EXh4	45		PAY:PAYMENT ADJUSTED AS PART OF AN INTERNAL EXAMINATION	PAY
EXHA	45		INCLUDED IN HOSPITAL AMBULATORY REFORM PAYMENT	PAY
EXHC	45		AUTH PROCEDURE CLASS NOT MATCHING	PAY
EXHF	45		PROVIDER MUST BILL WITH HCPCS CPT FOR CORRECT PRICING	PAY
EXHH	45		PAY: CLAIM AND AUTH PROVIDER STATUS NOT MATCHING	PAY
EXHM	45		INPT & OUTPT CLAIMS TILL S.T. RESOLVES CONTRACT	PAY
EXhm	45		PAY: HMS RECOUPMENT PERFORMED	PAY
EXHN	45		REQUIRES NURSE REVIEW AUSTIN	PAY
EXhs	45		HMS SUBROGATION RECOVERIES	PAY
EXIC	45		INTEREST AMOUNT	PAY
EXIO	45		INFORMATIONAL PURPOSES ONLY	PAY
EXJ1	45		CONSENT FORM NOT VALID AT TIME OF SERVICE	PAY
EXJ2	45		CONSENT FORM NOT SUBMITTED	PAY
EXJ4	45		ADJUSTMENT: ANTEPARTUM VISIT INCLUDED IN TOTAL OB DELIVERY	PAY
EXJA	45		ADJUSTMENT: PAY ON APPEAL	PAY
EXJB	45		ADJUST: RECEIVED COB PAYMENT	PAY
EXJD	45		ADJUST: RECEIVED MEDICARE PAYMENT	PAY
EXJE	45		ADJUST: MHS IS PRIMARY INSURER FOR THIS SERVICE	PAY
EXJF	45		ADJUST: PATIENT ELIGIBLE FOR DATE OF SERVICE	PAY
EXJG	45		ADJUST: PATIENT RESPONDED TO ACCIDENT LETTER	PAY
EXJH	45		ADJUST: COVERED BENEFIT	PAY
EXJI	45		ADJUST: SERVICE AUTHORIZED BY PCP	PAY
EXJJ	45		ADJUST: GRIEVANCE - SERVICE AUTHORIZED	PAY
EXJK	45		ADJUST: DATE OF SERVICE CORRECTED	PAY
EXJL	45		ADJUST: NOT A COVERED SERVICE,BILL WORKER S COMP	PAY
EXJM	45		ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER	PAY
EXJN	45		ADJUST: DUPLICATE PAYMENT	PAY
EXJO	45		ADJUSTMENT: ADJUST PER CORRECTED BILLING FROM PROVIDER	PAY
EXJP	45		ADJUST: BENEFIT MAXIMUM REACHED, BILL PATIENT	PAY
EXJQ	45		ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT	PAY
EXJR	45		ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT	PAY
EXJS	45		ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION	PAY
EXJT	45		ADJUST: PROCESSED FOR INCORRECT MEMBER	PAY
EXJU	45		ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM	PAY
EXJV	45		ADJUST: OTHER INSURANCE PAID PROVIDER	PAY
EXJW	45		ADJUSTMENT: ORIGINAL SERVICE PAID INCORRECT AMOUNT	PAY
EXJY	45		ADJUST:MEMBER UNDER AGE OF 21 AT TIME OF SIGNING TUBAL CONSENT FORM	PAY
EXMJ	45		ADJUST: ADJUSTED DUE TO CHANGE IN CODE AUDITING SOFTWARE DECISION	PAY
EXmp	45		PAY: CHARGES REDUCED BASED ON CMS MULTIPLE PROCEDURE REDUCTION RULES	PAY
EXMX	45		PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS	PAY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EXNM	45	C21	UNABLE TO CALCULATE PROVIDER ALLOWED. PROCESSOR MUST SUPPLY IT	PAY
EXO2	45		PAYMENT AMOUNT REFLECTS APPLIED INCOME REDUCTION	PAY
EXOD	45		PAY: CLAIM PAID AT A DEFAULT PERCENTAGE UNTIL RATES VERIFIED WITH STATE	PAY
EXop	45		HMS OVERPAYMENT RECOVERY	PAY
EXOQ	45		PAY: PYMT BASED ON DRG, OUTLIER WILL BE CALCULATED FROM ITEMIZED BILL	PAY
EXP1	45		BEYOND TIMELY FILING LIMIT, PAID IN GOOD FAITH	PAY
EXP2	45		PAID AT AUTHORIZED AMOUNT	PAY
EXP4	45		PAID ACCORDING TO T-19 RATES	PAY
EXP6	45		SERVICE PAYABLE ONLY ONCE PER DAY	PAY
EXP8	45		PAID AT DOWN GRADED LEVEL	PAY
EXPA	45		PAY ACCORDING TO CONTRACTUAL AGREEMENT	PAY
EXPC	45		PAY: REFERRING PROVIDER NOT EFFECTIVE AT TIME OF SERVICE	PAY
EXPD	45		PAID ACCORDING TO AUTHORIZED AMOUNT	PAY
EXPJ	45		PAY: REFERRING PROVIDER AFFILIATION NOT FOUND	PAY
EXPK	45	C21	PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY	PAY
EXPM	45		PAY: PCP IS NOT EFFECTIVE AT THE TIME OF SERVICE	PAY
EXPU	45		PAY: REFERRING PROVIDER HAS BEEN TERMINATED	PAY
EXpx	45		SERVICE IS PAID UNDER PROSPECTIVE PAYMENT	PAY
EXPZ	45		PAY ZERO: MEDICAL NECESSITY REQUIREMENTS NOT MET	PAY
EXQB	45		INFO: SERVICE PROVIDER AFFILIATION NOT FOUND (AUTH)	PAY
EXQC	45		INFO: REFERRING PROVIDER IS NOT EFFECTIVE - AUTH PERIOD	PAY
EXQG	45		INFO: MULTIPLE SERVICE AFFILIATIONS QUALIFY (AUTH)	PAY
EXQJ	45		INFO: REFERRING PROVIDER AFFILIATION NOT FOUND (AUTH)	PAY
EXQK	45		INFO: MULTIPLE REFERRING AFFILIATIONS QUALIFY (AUTH)	PAY
EXQL	45		INFO: PCP AFFILIATION NOT FOUND (AUTH)	PAY
EXQM	45		INFO: PCP NOT EFFECTIVE DURING AUTH D PERIOD (AUTH)	PAY
EXQP	45		INFO: REFERRING PROVIDER AFFILIATION NOT PRIMARY (AUTH)	PAY
EXQS	45		INFO: SERVICE PROV NOT EFFECTIVE - AUTH PERIOD	PAY
EXQT	45		INFO: SERVICE PROVIDER HAS BEEN TERMINATED (AUTH)	PAY
EXQU	45		INFO: REFERRING PROVIDER HAS BEEN TERMINATED (AUTH)	PAY
EXQW	45		INFO: TOTAL NUMBER OF DAYS EXCEEDS COVERAGE PERIOD	PAY
EXRa	45		IRF PAID AMOUNT CONTAINS AN OUTLIER	PAY
EXRf	45		IRF PRICING AND EDITING APPLIED PER CMS GUIDELINES	PAY
EXRL	45		PAY: REVIEW NOT TIMELY	PAY
EXRX	45		PAY: CAPITATED PHARMACY ENCOUNTER	PAY
EXSa	45		SNF CLAIM PAID PER CMS GUIDELINES	PAY
EXSB	45		INFORMATIONAL: SUBSEQUENT DIAGNOSIS WAS NOT A VALID CODE	PAY
EXSE	45		CORRECTION FOR SYSTEM ERROR	PAY
EXSh	45		SNF: NO RUG ON SERVICE LINE PAY $0	PAY
EXSJ	45		INFO: PLP CRITERIA NOT MET - SCREENING FEE PAID FOR CHIP MEMBER	PAY
EXSL	45		PAID ACCORDING TO STOP LOSS AGREEMENT	PAY
EXSN	45		REQUIRES NURSE REVIEW SAN ANTONIO	PAY
EXTG	45		PAID ACCORDING TO TRIAGE MOU, AUTH. WAS DENIED OR NOT OBTAINED	PAY
EXTQ	45		PAY: TRANSPLANT SERVICES PAID AT % OF BILLED CHARGES	PAY
EXTR	45		PER STATE GUIDELINES REIMBURSED FOR TRACING ONLY	PAY
EXTZ	45		ADJUSTMENT: THIRD PARTY LIABILITY, SUBROGATION RECOVERY RECEIVED	PAY
EXUK	45		PAY: ZERO DOLLARS PAID, INCLUDED IN TRANSPLANT CASE	PAY
EXUN	45		PAY: PLP MET	PAY
EXUP	45		PAY: AUTHORIZED TO PAY - PER MEDICAL REVIEW	PAY
EXva	45		APC: PACKAGED SERVICE	PAY
EXVI	45		GLOBAL FEE PAID	PAY
EXVK	45		PAY: TRANSPLANT CASE RATE PAID	PAY
EXVM	45		NO ADDITIONAL PAYMENT DUE FOR MULTIPLE VISITS PER CONTRACT	PAY
EXW3	45		PAY: PAID ACCORDING TO TRANSPLANT AGREEMENT	PAY
EXWO	45		MEMBER COPAY	PAY
EXY1	45		INFO: AMOUNT CHARGED FOR SERVICE IS ZERO	PAY
EXYM	45		INFORMATIONAL ONLY: MODIFIER TWO BILLED WAS INVALID	PAY
EXz9	45		MULTIPLE PROCEDURE DISCOUNT APPLIED	PAY
EXZA	45		THIS TRANSACTION WAS FOR INTERNAL DATA CORRECTION. NO ACTION NECESSARY	PAY
EXZY	45		REVIEW ALL ER CHARGES FOR CORRECT PAYMENT	PAY
EX1E	45		PAY: THE CONTRACT IS INELIGIBLE DURING AUTHORIZED PERIOD	PAY
EX9B	45		PAID AT A % OF BILLED CHARGES	PAY
EX49	49	M86	DENY: THESE ARE NONCOVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM	DENY
EXDT	5	M77	DENY: PROCEDURE IS INAPPROPRIATE FOR PLACE OF SERVICE	DENY
EXLO	5	M77	DENY: VERIFY THE CORRECT LOCATION CODE FOR SERVICE BILLED AND RESUBMIT	DENY
EXPQ	5	M77	CPT AND LOCATION ARE NOT COMPATIBLE, PLEASE RESUBMIT	DENY
EXQY	5	M77	DENY: CHARGES FOR PROCEDURES FILED WITH AN INVALID LOCATION	DENY
EXXX	5	M77	PROCEDURE CODE IS INCONSISTENT WITH THE PLACE OF SERVICE	DENY
EX4H	50	N130	DENY-BREAST MRI CAD NOT CLINICALLY PROVEN	DENY
EXAE	50	N661	DENY: HOSPITAL CONFINEMENT CEASED PER MED REVIEW	DENY
EXxg	50	N362	SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	DENY
EXxr	50	N362	BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE	DENY
EXy2	50	N661	DENY: MEDICAL NECESSITY NOT MET	DENY
EXMN	50		PAY: CONTINUED INPT STAY NOT MEDICALLY NECESSARY	PAY
EXAT	54	N646	DENY: CODE CANNOT BE BILLED BY ASSISTANT SURGEON	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EXKB	58	N563	DENY: SUBSEQUENT HOSPITAL CARE IS NOT REIMBURSABLE TO BIRTHING CENTER	DENY
EXLY	58	N563	PROVIDER CAN T BILL SEPARATELY IN: INPATIENT, OUTPATIENT OR LTC SETTINGS	DENY
EXs9	59		PAY: CHARGES REDUCED BASED ON CMS MULTIPLE PROCEDURE REDUCTION RULES	PAY
EX1K	6	N129	DENY: PROCEDURE CODE IS INCONSISTENT WITH PATIENT S AGE	DENY
EXGA	6	N129	DENY: PROCEDURE NOT COVERD FOR THE MEMBER S AGE	DENY
EXxe	6	N129	PROCEDURE/DIAGNOSIS CODE INCONSISTENT WITH MEMBER'S AGE	DENY
EX07	7	N517	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	DENY
EX9L	8	N95	SERVICE AND PROV TAXONOMY CODE DO NOT MATCH, CORRECT AND RESUBMIT	DENY
EXDV	8	N95	DENY: PROCEDURE IS INCONSISTENT WITH PROVIDER SPECIALTY	DENY
EX09	9	N657	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE OR SEX	DENY
EXDr	9	N657	DENY; ENTIRE ADMISSION REQUIRED FOR DRG PAYMENT. PLEASE REBILL	DENY
EXAH	95		DENY:HOSPITAL DID NOT NOTIFY SHP OF ADMISSION DO NOT BILL MEMBER	DENY
EXNC	95		DENY:TUBAL WAS PERFORMED BEFORE THE 30 DAY WAITING PERIOD	DENY
EX1p	96	N130	CONNOLLY MEDICARE DISALLOWANCE	DENY
EX46	96	N216	DENY: THIS SERVICE IS NOT COVERED	DENY
EX48	96	N216	DENY: THIS PROCEDURE IS NOT COVERED	DENY
EX63	96	N129	DENY: SVC NOT COVERED BASED ON AGE OF PATIENT AND PROVIDER SPECIALTY	DENY
EXau	96	N130	HMS MEDICARE DISALLOWANCE	DENY
EXay	96	N130	AIM MEDICARE DISALLOWANCE	DENY
EXb3	96	N216	SERVICE EXCEEDS OR IS NOT A PLAN BENEFIT	DENY
EXbc	96	N130	HMS COMMERCIAL DISALLOWANCE	DENY
EXBD	96	N216	DENY:THIS IS NOT A COVERED SERVICE UNDER THIS PLAN	DENY
EXBF	96	N216	DENY: BIOFEEDBACK IS NOT A BENEFIT OF TEXAS MEDICAID	DENY
EXc7	96	N448	CLAIM PAYMENT EXCEEDS CONTRACTED RATE/GUIDELINES	DENY
EXc8	96	N30	MEMBER NOT ELIGIBLE OR OTHER INSURANCE PRIMARY	DENY
EXDJ	96	N563	DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT	DENY
EXDX	96	N216	SERVICES FOR THE DIAGNOSIS SUBMITTED ARE NOT COVERED	DENY
EXFY	96	N216	EFFECTIVE 9 1 03 THESE SERVICES ARE NOT A BENEFIT OF CHIP	DENY
EXGG	96	N643	NOT COVERED UNDER OPPS	DENY
EXHD	96	N216	DENY: TAKE HOME DRUGS AND SUPPLIES ARE NOT A BENEFIT OF TEXAS MEDICAID	DENY
EXHY	96	N129	DENY: SERVICE IS NOT COVERED FOR MEMBERS 21 IN THIS LOCATION	DENY
EXKA	96	N563	DENY:REV CODE IS NOT VALID FOR NON MEDICARE MEMBER	DENY
EXKn	96	N56	DENY: INVALID OR MISSING LOCATION CODE	DENY
EXLK	96	M86	LIKE CODES NOT PAYABLE ON SAME DATE OF SERVICE	DENY
EXMZ	96	N52	DENY: PROVIDER IS NOT MEMBER S PCP	DENY
EXnf	96	N141	MEMBER IS IN AN ACUTE FACILITY FOR DOS BILLED	DENY
EXnP	96	N351	DENY: SERVICES NOT PAYABLE BETWEEN JUNE AND AUGUST	DENY
EXvn	96	N381	APC/HHA/ASC/ESRD IMPROPER BILLING OF DRUGS	DENY
EXx3	96	N61	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	DENY
EXxb	96	N431	PROCEDURE CODE NOT ELIGIBLE FOR ANESTHESIA	DENY
EXxG	96	N643	DENY:PROCEDURE CODE IS NOT ALLOWED PER FEDERAL OR STATE GUIDELINES	DENY
EXxH	96	MA67	DENY:PROVIDER PAYMENT REDUCED FOR MULTIPLE SURGERY PRICING	DENY
EXxO	96	MA67	POTENTIAL OBSTETRICAL CARE OVERPAYMENT	DENY
EXxR	96	N356	SERVICES BILLED ARE RELATED TO NON-COVERED SERVICE	DENY
EXxU	96	N435	EXCEEDS MAXIMUM PAYMENT OR SUPPLIES ALLOWED FOR DME	DENY
EXxZ	96	N109	30 DAY READMISSION, PAYMENT DENIED AFTER CLINICAL REVIEW	DENY
EX97	97	N19	PAYMENT IS INCLUDED IN ALLOWANCE FOR BASIC SERVICE	DENY
EXb5	97	N111	DUPLICATE SERVICE PER SCIO AUDIT	DENY
EXC2	97	M15	CPT HAS BEEN REBUNDLED ACCORDING TO CLAIM AUDIT	DENY
EXCP	97	N19	DENY: COVERED UNDER PRIMARY PROCEDURE	DENY
EXD1	97	M15	SERVICE INCLUDED IN E.R. VISIT	DENY
EXdc	97	432	DENY: CDR CREDIT BALANCE RECOVERY	DENY
EXGL	97	N525	SERVICE COVERED UNDER GLOBAL FEE AGREEMENT	DENY
EXHW	97	M15	DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	DENY
EXIE	97	N19	CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	DENY
EXMS	97	M144	DENY: XRAY AND LAB SERVICES COVERED UNDER MED SURG DIAGNOSIS	DENY
EXNE	97	M15	DENY: PAYMENT INCLUDED IN OBSTETRICS RATE	DENY
EXOX	97	N626	DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	DENY
EXRE	97	M2	DENY:PROF/OUTP RELATED TO ADMISSION MUST BE BILLED ON INPATIENT CLAIM	DENY
EXST	97	M15	DENY: CODE IS NOT PAYABLE SEPARATELY	DENY
EXSU	97	M144	DENY: VISIT IS INCLUDED IN SURGERY	DENY
EXTI	97	M15	E.R. PHYS PAID TRIAGE, ANCILLARY SERVICES NOT PAYABLE	DENY
EXUG	97	M144	PAYMENT INCLUDED IN PRIMARY SURGICAL PROCEDURE	DENY
EXx2	97	M144	SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	DENY
EXx9	97	N525	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	DENY
EXxa	97	M15	CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE	DENY
EXxC	97	N111	DENY: SERVICE MODIFIER PREVIOUSLY SUBMITTED	DENY
EXy3	97	N525	DENY: GLOBAL CLAIM RECD PREVIOUSLY PAID TECH PROF COMPONENT TO PROV	DENY
EXy4	97	N525	DENY: GLOBAL CLAIM RECD PREV PAID TECH PROF COMP TO DIFFERENT PROVIDER	DENY
EXy5	97	N525	DENY: GLOBAL RATE PROF TECH COMPONENT NOT REIMBURSED SEPERATELY	DENY
EXyD	97	M15	DENY - DOPPLER STRESS ECHO SAME DOS NO ECHOCARDIO DX NOT ELIGIBLE	DENY
EX0P	97	M15	PAY ZERO: COVERED UNDER PERDIEM PERSTAY CONTRACTUAL ARRANGEMENTS	PAY
EXSj	A		SNF -NO RATE AVAILABLE FOR RUG	DENY
EX*2	A1	N473	DENY: ASSESSMENT, FILLING AND/OR DME CERTIFICATION NOT ON FILE	DENY
EX0I	A1	N172	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EX0N	A1	MA67	DENY: AJUSTED FOR INTERNAL PURPOSES-CORRECTION HAS BEEN GENERATED	DENY
EX17	A1	N102	DENY:REQUESTED INFORMATION BY THE PROVIDER WAS NOT PROVIDED	DENY
EX1C	A1	N237	MEDICAL HOSPITAL DETAIL RECORD CANCELLED	DENY
EX1U	A1	N448	DENY: PROCEDURE COVERAGE NOT DEFINED BY MEDICAID	DENY
EX2H	A1	MA41	DENY: ADMIT TYPE OR SOURCE MISSING OR INVALID	DENY
EX3C	A1	M76	DENY: 2004 NEW DIAG CODES NOT BILLABLE PER STATE BEFORE 4 1 04	DENY
EX3D	A1	M76	DENY: NON-SPECIFIC ICD-9 DIAG PROC CODES-REQUIRES 4TH DIGIT (RESUBMIT)	DENY
EX3L	A1	M20	DENY: PT ADMITTED-SUBMITTED SERVICES CHARGES BILLED INCLUSIVE	DENY
EX3P	A1	N381	DENY: PAID UNDER SETTLEMENT	DENY
EX3Z	A1	MA40	DENY: INTERIM BILL. ADMIT DATE PT STATUS IS MISSING OR INCORRECT	DENY
EX4A	A1	MA91	DENY:CLAIM WAS APPEALED AND CONTINUES TO BE DENIED	DENY
EX4C	A1	M76	DENY: 2005 NEW DIAGNOSIS CODE NOT YET BILLABLE PER STATE	DENY
EX4D	A1	M76	DENY: NON-SPECIFIC ICD-9 DIAG PROC CODE-REQUIRES 5TH DIGIT (RESUBMIT)	DENY
EX4G	A1	M143	DENY: MEDICAID SANCTIONED/TERMED/EXCLUDED PROVIDER	DENY
EX4J	A1	N255	DENY: BILLING NAME DOES NOT MATCH IRS FILE	DENY
EX4N	A1	M51	DENY: 2004 ICD-9 PROC CODES NOT PAYABLE UNTIL AFTER 4 1 04	DENY
EX55	A1	M51	ED PROCEDURE 00 55 NOT VALID FOR CHARGES AFTER 7 1 98	DENY
EX57	A1		DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	DENY
EX5N	A1	M119	DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	DENY
EX60	A1	M64	DENY: DIAGNOSIS IS INAPPROPRIATE FOR PLACE OF SERVICE BILLED	DENY
EX7T	A1	N362	DENY:MAXIMUM DAILY BENEFIT HAS BEEN REACHED	DENY
EX8S	A1	M62	DENY: NO AUTH FOR COURT ORDERED SERVICES	DENY
EX96	A1	M20	PLEASE REBILL WITH APPROPRIATE HCPCS NUMBER	DENY
EX9M	A1	N255	PROVIDER TAXONOMY CODE MISSING, PLEASE CORRECT AND RESUBMIT	DENY
EX9N	A1	M29	CLAIM CANNOT BE PROCESSED WITHOUT OPERATIVE REPORT	DENY
EX9U	A1	N661	DOES NOT MEET CONTINUITY OF CARE	DENY
EX9z	A1		INCORRECT USE OF ICD-9 AND ICD-10 CODES	DENY
EXaB	A1	M109	ACE LINE ITEM REJECTION	DENY
EXab	A1	N432	DENIAL: AIM CREDIT BALANCE RECOVERY	DENY
EXAc	A1	M20	APC/HHA/ASC/ESRD PRICER-INVALID HCPCS CODE	DENY
EXAd	A1	MA65	DENY: INVALID ADMITTING DIAG CODE	DENY
EXaf	A1	M109	ACE LINE ITEM DENIAL	DENY
EXAg	A1	M109	ACE CLAIM LEVEL REJECTION	DENY
EXAJ	A1	N517	DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	DENY
EXAm	A1		DENY; ADMINISTRATIVE DENIAL	DENY
EXAq	A1	M109	ACE CLAIM LEVEL RETURN TO PROVIDER (REVIEW CLAIM REMARKS)	DENY
EXAu	A1	M53	APC/HHA/ASC/ESRD PRICER-INVALID UNITS FOR THIS MODIFIER	DENY
EXAy	A1	M126	APC: INCORRECT CODING OF LAB PANEL COMPONENTS	DENY
EXC6	A1	N22	CPT HAS BEEN REPLACED ACCORDING TO CLAIM AUDIT	DENY
EXC8	A1	N199	CPT HAS BEEN DENIED ACCORDING TO CLAIM AUDIT	DENY
EXCD	A1	M76	DIAGNOSIS SUBMITTED IS NOT A VALID CODE, PLEASE RESUBMIT	DENY
EXCH	A1	N95	DENY: SRV IS NOT A PAYABLE BENEFIT WHEN PERFORMED BY A CHIROPRACTOR	DENY
EXcL	A1	N35	DENY: NEW CODE. DO NOT RESUBMIT - WILL BE AUTOMATICALLY PROCESSED	DENY
EXCO	A1	N448	SERVICES NOT REIMBURSABLE UNDER PROVIDERS CONTRACT	DENY
EXCo	A1	N95	CORF/ORF SRV NOT PAYABLE TO INDIVIDUAL PROV CORRECT & RESUBMIT	DENY
EXcr	A1	N432	DENY: HMS CREDIT BALANCE RECOUPMENT	DENY
EXCY	A1	N368	DENY:SERV PREVIOUSLY DENIED SUBMIT WRITTEN APPEAL FOR RECONSIDERATION	DENY
EXD3	A1	N381	DENY: EXCEEDS ESTABLISHED CONTRACTED REIMBURSEMENT - DO NOT BILL PT	DENY
EXD4	A1	N381	DENY: PROVIDER NOT CONTRACTED TO PROVIDE THIS SERVICE	DENY
EXDD	A1	N398	DENY:SIGNED PATIENT CONSENT FORM HAS NOT BEEN RECEIVED	DENY
EXDN	A1	N109	DENY: MEDICAL RECORDS DO NOT SUPPORT SERVICES BILLED	DENY
EXDO	A1	M64	PRIMARY DIAGNOSIS BILLED IS UN-ACCEPTABLE PDX PLEASE CORRECT & RESUBMIT	DENY
EXDp	A1	N258	BILLING PROVIDER STATE CODE MISSING/INVALID	DENY
EXDQ	A1	N399	DENY: MEMBER UNDER 21 YRS OF AGE WHEN SIGNING CONSENT FORM	DENY
EXDR	A1	N362	DENY: SERVICE IS LIMITED TO ONE PER DAY	DENY
EXDS	A1	NOT	DENY:DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	DENY
EXDY	A1	MA91	DENY: APPEAL DENIED	DENY
EXE9	A1	N56	DENY: PROCEDURE NOT COVERED FOR REVENUE CODE BILLED	DENY
EXEB	A1	N10	DENIED: MEDICAL NECESSITY UNDETERMINED FROM AVAILABLE DOCUMENTATION	DENY
EXFa	A1	M49	LOCOMOTION, WALK/WHEELCHAIR (FIM39L, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFb	A1	M49	SOCIAL INTERACTION (FIM39P, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXfb	A1	N129	SUBMITTED AGE IS INVALID	DENY
EXFC	A1	N129	BIRTH DATE BEFORE ADMISSION DATE/FROM DATE	DENY
EXFc	A1	M49	MEMORY (FIM39R, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFd	A1	N327	INVALID BIRTH DATE	DENY
EXFe	A1	MA40	INVALID ADMISSION DATE/FROM DATE	DENY
EXFG	A1	M49	SELF CARE, GROOMING (FIM39B, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFh	A1	M49	SELF CARE, BATHING (FIM39C, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFj	A1	M49	SELF CARE, DRESSING, UPPER BODY (FIM39D, ADMISSION VALUE) IS OUT OF RANG	DENY
EXFK	A1	M49	SELF CARE, DRESSING, LOWER BODY (FIM39E, ADMISSION VALUE) IS OUT OF RANG	DENY
EXFl	A1	M49	SELF CARE, TOILETING (FIM39F, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFm	A1	M49	SPHINCTER, BLADDER MANAGEMENT (FIM39G, ADMISSION VALUE) OUT OF RANGE	DENY
EXFN	A1	M49	SPHINCTER, BOWEL MANAGEMENT (FIM39H, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFO	A1	M49	SELF CARE, EATING (FIM39A, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFp	A1	M49	TRANSFERS, BED, CHAIR, WHEELCHAIR (FIM39I, ADMISSION VALUE) IS OUT OF RA	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EXFs	A1	6	COMPUTED AGE IS GREATER THAN 140 YEARS	DENY
EXFT	A1	M49	TRANSFERS, TOILET (FIM39J, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFU	A1	M49	LOCOMOTION, STAIRS (FIM39M, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFv	A1	M49	COMPREHENSION (FIM39N, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFW	A1	M49	EXPRESSION (FIM39O, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXFy	A1	M49	PROBLEM SOLVING (FIM39Q, ADMISSION VALUE) IS OUT OF RANGE	DENY
EXga	A1	M49	IMPAIRMENT GROUP CODE IS INVALID	DENY
EXGB	A1	N130	DENY: SERVICE PAID UNDER GLOBAL CONTRACTED RATE	DENY
EXgb	A1	M49	TOTAL MOTOR SCORE, ADMISSION, OUT OF RANGE	DENY
EXgc	A1	M49	TOTAL COGNITIVE SCORE, ADMISSION, OUT OF RANGE	DENY
EXGF	A1	M49	INVALID BILLING OF DEVICE CREDIT	DENY
EXGP	A1	N216	DENY: THIS SERVICE IS PAYABLE ONLY THROUGH A GENETICS PROGRAM	DENY
EXHE	A1	N129	EFFECTIVE 9 1 03 SERVICE IS NOT COVERED FOR MEMBERS 21 YEARS OR OLDER	DENY
EXHG	A1	MA112	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	DENY
EXHn	A1	N519	NO AUTH ON FILE FOR SERVICES BILLED	DENY
EXHO	A1	M119	DENY: USE APPROPRIATE NATIONAL CODE FOR BILLING	DENY
EXI9	A1	M76	DENY: DIAGNOSIS IS MISSING, INVALID OR DELETED ICD9 CODE	DENY
EXIF	A1	N216	DENY: INFERTILITY SERVICES ARE NOT COVERED BENEFIT OF TEXAS MEDICAID	DENY
EXIM	A1	N78	DENY: INCOMPLETE MEDICAL CHECKUP - REFER TO PROVIDER PROCEDURE MANUAL	DENY
EXIN	A1	M51	DENY: ORIGINAL CPT BILLED WAS AN INVALID CODE PLEASE RE-BILL	DENY
EXIV	A1	M51	DENY: INVALID DELETED MISSING CPT CODE, PLEASE RESUBMIT CLAIM	DENY
EXIW	A1	M20	DENY: ORIGINAL HCPCS BILLED WAS AN INVALID CODE. PLEASE REBILL	DENY
EXIZ	A1	N130	DENY:OUTPATIENT SERVICE AT MILITARY HOSPITAL NOT REIMBURSABLE	DENY
EXk3	A1	MA40	DENY: DISCHARGE HOUR, ADMIT DATE/HOUR MISSING/INVALID ON INPAT CLAIM	DENY
EXK5	A1	M56	DENY: TPI# REQUIRED IN BOX 24K HCFA OR 51 UB, CORRECT RESUBMIT	DENY
EXk5	A1	MA30	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	DENY
EXKb	A1	W9	APC/HHA/ASC/ESRDPRICER-MEDICARE WILL NOT PAY FOR THIS SERVICE	DENY
EXKC	A1	N130	DENY: TEMPORARY LENSES ARE NOT ALLOWED AFTER CONVALESCENT PERIOD	DENY
EXKE	A1	N129	DENY: ECMO IS NOT A BENEFIT FOR PATIENT OVER 1 YEAR OF AGE	DENY
EXKH	A1	N216	DENY: SERVICES ARE NOT A COVERED BENEFIT OF HOME HEALTH	DENY
EXKM	A1	M37	DENY: ROUTINE MAMMOGRAPHY IS NOT A COVERED BENEFIT UNTIL AGE 35	DENY
EXKT	A1	N129	DENY: TEXAS HEALTHY STEPS SERVICES ARE LIMITED TO CHILDREN UNDER 21 YRS	DENY
EXKY	A1	M77	DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE TEXAS PROV MANUAL	DENY
EXKZ	A1	M77	DENY:PROVIDER SUBMITTED AN INVALID PLACE OF SERVICE ON THE CLAIM	DENY
EXL6	A1	N479	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	DENY
EXLa	A1		SNF LEAVE OF ABSENCE DAYS ARE NOT PAYABLE	DENY
EXLT	A1	M76	DENY: PRIMARY DIAGNOSIS CODE INVALID FOR LTSS	DENY
EXLV	A1	M51	DENY: INVALID DELETED MISSING CPT CODE, PLEASE RESUBMIT CLAIM	DENY
EXM5	A1	N349	DENY: IMMUNIZATION ADMINISTRATION NOT PAYABLE WITHOUT CPT FOR VACCINE	DENY
EXM7	A1	N349	DENY: ADDITIONAL IMMUNIZATION CPT NOT PAYABLE WITHOUT INITIAL ADMIN CPT	DENY
EXMA	A1	M56	DENY: PROVIDER MEDICAID ID# NOT ON FILE	DENY
EXmc	A1		DENY: MEDICARE ADJUSTED CLAIM, NO MEDICARE PAYMENT DUE	DENY
EXMD	A1	N517	DENY: MODIFIER BILLED IS MISSING INVALID, PLEASE RESUBMIT	DENY
EXMF	A1	M56	DENY: INAPPROPRIATE MEDICAID# SUBMITTED FOR SVC PROV,PLEASE RESUBMIT	DENY
EXMG	A1	MA81	DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	DENY
EXN5	A1	M119	DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	DENY
EXNB	A1	N216	DENY: SERVICE IS NOT A COVERED BENEFIT OF TEXAS MEDICAID	DENY
EXNm	A1		SRVS RELATED TO NON MED NEC DELIVERY PRIOR TO 39 WK GESTATION NOT CVRD	DENY
EXNS	A1	M76	DENY: NONSPECIFIC DIAGNOSIS PLEASE RESUBMIT WITH PROPER CODE	DENY
EXNT	A1	N381	DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED	DENY
EXNV	A1	N228	DENY:PATIENT CONSENT FORM FOR SERVICES IS INCOMPLETE OR INVALID	DENY
EXNX	A1	MA113	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT	DENY
EXOG	A1	M85	OIG PAYMENT HOLD	DENY
EXOY	A1		DENY: OIG EXCLUDED PROVIDER	DENY
EXPH	A1	M67	GLOBAL PROCEDURE NOT REIMBURSABLE, BILL SEPARATE PROCEDURE CODES	DENY
EXPh	A1	M85	PAYMENT HOLD PENDING SUBMISSION OF PROVIDER COST REPORTING	DENY
EXPO	A1	N216	DENY: PROSTHETIC & ORTHOTIC DEVICES ARE NOT A BENEFIT OF TEXAS MEDICAID	DENY
EXPr	A1	N216	DENY: SERVICE NOT REIMBURSABLE, TX FC PDN RATIO	DENY
EXQE	A1	N122	DENY: ADD ON CODE BILLED WITHOUT PRIMARY PROCEDURE	DENY
EXQZ	A1	N95	DENY: THIS CODE IS NOT BILLABLE UNDER PROVIDER S DEGREE LEVEL	DENY
EXR1	A1	N257	DENY: RESUBMIT W LTSS# OF SERVICING PROVIDER	DENY
EXRI	A1	MA61	DENY: PLEASE RESUBMIT WITH THE MEMBER S MEDICAID ID NUMBER	DENY
EXrr	A1	N309	ASSESSMENT DATE IS MISSING	DENY
EXRS	A1	M258	DENY:BILL ADDRESS DOES NOT MATCH SYSTEM-RESUBMIT WITH CORRECT BILL ADDR	DENY
EXRT	A1	N216	DENY: RECREATION THERAPY IS NOT A COVERED BENEFIT OF TEXAS MEDICAID	DENY
EXSb	A1	N362	SNF: TOTAL UNITS EXCEEDS PATIENTS LOS-PART A ONLY	DENY
EXSH	A1	N216	DENY: SERVICES NOT THE RESPONSIBILITY SHP	DENY
EXSm	A1	M50	SNF -REVENUE CODE NOT COVERED UNDER SNF PART B	DENY
EXSp	A1	N62	SNF: CLAIM SPANS CALENDAR YEAR-PART B ONLY	DENY
EXSQ	A1	N473	DENY: STATE CERTIFICATION FOR THIS SERVICE NOT ON FILE	DENY
EXT4	A1	N381	DENY:PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED	DENY
EXTB	A1	N159	DENY: SUPPLIES MILAGE NOT REIMBURSED WITHOUT PAID TRANSPORT	DENY
EXTH	A1	M76	DENY:PRIMARY DIAGNOSIS INVALID FOR THSTEPS	DENY
EXTO	A1	N517	TPI NUMBER DOES NOT REFLECT THE SERVICES RENDERED, PLEASE RESUBMIT	DENY
EXTX	A1	N209	DENY: PROVIDER TAX ID# NOT ON FILE	DENY

EX Code	Reason Code (CARC)	RARC	DESCRIPTION	TYPE
EXU1	A1	M127	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS	DENY
EXUT	A1	N519	DENY CPT MODIFIER NOT APPROPRIATE WHEN BILLED W MULT UNITS	DENY
EXUU	A1	N517	OBSERVATION UNITS ARE REQUIRED FOR PROCESSING PLEASE RESUBMIT	DENY
EXV2	A1	N129	DENY: EFFECTIVE 10 16 03 SERVICE IS NOT COVERED FOR MEMBERS OVER 21	DENY
EXVF	A1	N216	DENY: IN VETRO FERTILIZATION IS NOT A BENEFIT OF TEXAS MEDICAID	DENY
EXVG	A1	N208	DENY: VALID DRG CODE REQUIRED	DENY
EXVV	A1	N434	DENY: MISSING OR INVALID POA (UNCLEAN)	DENY
EXvV	A1	N434	DENY: MISSING OR INVALID POA	DENY
EXw5	A1		PRIMARY SERVICE IS DENIED, THEREFORE,ADD-ON SERVICE IS DENIED PER AMA	DENY
EXx4	A1		PROCEDURE CODE/DIAGNOSIS CODE INCONSISTENT WITH MEMBERS GENDER	DENY
EXx6	A1	N122	ADD-ON CODE REQUIRED WITH PRIMARY CODE FOR QUANTITY GREATER THAN ONE	DENY
EXx7	A1	N122	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	DENY
EXxB	A1	M80	DENY: CMS MEDICAID NCCI UNBUNDLING	DENY
EXXC	A1	N216	DENY: THIS SERVICE IS EXCLUDED FROM THIS CONTRACT AGREEMENT	DENY
EXxc	A1		INVALID PROC/DX/REV CODE OR REV-PROC CODE COMBINATION	DENY
EXxF	A1		OUTPATIENT SERVICES OVERLAP INPATIENT SERVICES OR CLAIM SPLIT BILLED	DENY
EXxT	A1		T CODE NOT PAYABLE WHEN BILLED WITH ANOTHER CODE ON CLAIM	DENY
EXY6	A1	N4	DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	DENY
EXy6	A1	N13	DENY: PROF COMPONENT NOT REIMBURSED PROCEDURE IS GLOBAL OR TECHNICAL	DENY
EXy7	A1	N13	DENY: PROVIDER CONTRACT FOR GLOBAL BUT SUBMITTED CLAIM AS TECH PROF	DENY
EXy9	A1	N517	DENY: SVS INCLUDE INCORRECT CPT COMBINATIONS RESUBMIT CORRECTED BILL	DENY
EXYa	A1	M109	ACE CLAIM LEVEL DENIAL	DENY
EXyd	A1	N10	DENY: DENIED AFTER REVIEW OF PROVIDER S CLAIMS HISTORY	DENY
EXys	A1		REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES	DENY
EXyv	A1		OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES	DENY
EXyx	A1		INCLUDED IN GLOBAL SURGICAL OR MATERNITY PACKAGE PER CMS OR ACOG	DENY
EXyy	A1	N381	REIMBURSEMENT REDUCTION BASED ON CPT AND/OR CMS GUIDELINES	DENY
EXZJ	A1	130	DENY: NOT PAYABLE ON OR AFTER 05 01 03	DENY
EXCL	A1	N130	DO NOT USE	PAY
EXnF	A7		INFO: ADJUSTED DUE TO SAS FILE CHANGE	INFO
EXFZ	B12	N199	DENY: DOCUMENTATION DOES NOT REFLECT ALL COMPONENTS OF BILLED E M	DENY
EXU4	B12	N199	DENY:UPON REVIEW OF RECORDS-NO INDICATION OF PHYS SERVICES	DENY
EXZG	B13		ADJUST: DUPLICATE PAYMENT	DENY
EX1L	B14	M86	DENY: VISIT & PREVEN CODES ARE NOT PAYABLE ON SAME DOS W O DOCUMENTATION	DENY
EXVD	B14	M86	DENY: ONLY ONE VISIT CODE IS ALLOWED ON A GIVEN DATE	DENY
EXBZ	B15	M51	PLEASE RESUBMIT WITH CORRESPONDING E&M CODE FOR PAYMENT	DENY
EXw4	B16		NEW PATIENT E/M INAPPROPRIATE PER AMA GUIDELINES	DENY
EXAF	B20		DENY: CONCURRENT CARE RENDERED BY SAME SPECIALTY PHYSICIAN	DENY
EXBO	B20		DENY:NOT PAYABLE-ANOTHER PROVIDER FACILITY BILLED FOR COMPLETE SERVICE	DENY
EXc5	B20	N347	SAME/SIMILAR EQUIPMENT BILLED BY DIFFERENT PROVIDER	DENY
EXCN	B20		DENY: NOTPAYABLE ANESTHESIOLOGIST BILLED FOR COMPLETE SERVICES	DENY
EXFQ	B22		DENY: FQHC ENCOUNTERS ARE LIMITED TO ONE PER DAY PER DIAGNOSIS	DENY
EXKX	B22		DENY: MRI OF THE BREAST IS NOT A COVERED BENEFIT FOR THIS DIAGNOSIS	DENY
EXPV	B22		PRIVATE ROOM NOT MEDICALLY INDICATED BASED ON DIAGNOSIS SUBMITTED	DENY
EXc2	B23		DENIED PROCEDURE NOT ALLOWED FOR CLIA CERTIFICATION TYPE	DENY
EX*1	B5	N584	DENY: SHP GUIDELINES FOR SUBMITTING CORRECTED CLAIM WERE NOT FOLLOWED	DENY
EX5L	B5	N584	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET	DENY
EX83	B5	N584	CODE IS DENIED BY HPR CODEREVIEW SOFTWARE	DENY
EX9H	B5	N584	DENY: CODE QUESTIONED BY CODE AUDIT SOFTWARE-DENIED AFTER MED REVIEW	DENY
EXAK	B5	N584	DENY: UNTIL HOSPITAL CALLS IN ADMISSION	DENY
EXxL	B5		DENY: PROCEDURE CODE UNBUNDLED PER STATE OR CONTRACT GUIDANCE	DENY
EXxy	B7	N665	DENY:PROVIDER CANNOT BE REIMBURSED FOR THIS SERVICE	DENY
EXy1	B7	N665	DENY: SERVIES RENDERED BY NON AUTHORIZED NON PLAN PROVIDER	DENY