



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

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