



CODE	DESCRIPTION
095	Member's date of birth on the claim does not match membership record
096	Member's gender is not the same between claim and membership
101	Subscriber not actively enrolled on service date
102	Member not actively enrolled on service date
105	No coverage during service period
108	Benefit not covered for spouse
109	Benefit not covered for dependent
130	Submit to Cofinity for Repricing
170	Service date after receive date
171	Date of service before date of birth
200	Missing diagnosis pointer OR Invalid HIPAA ICD9 code.
201	Additional digit is required for this ICD9 code
202	Unknown CPT code - Please resubmit with a HIPAA valid CPT code
203	Inactive CPT code - Please resubmit with a HIPAA valid CPT code
204	Unknown Modifier - Please resubmit with a HIPAA valid Modifier
207	Unknown ICD9 Procedure code - Please resubmit with a valid HIPAA code
212	Unspecified CPT code - XXX99 - Please resubmit with a more specific code and/or a description of cod
213	Ben Cat Priority config issue
300	Unlisted code - Please resubmit using a more specific code and/or a description of code
317	This type of contract will pay only last claim (see bill_type)
333	Family lifetime max limit is met
343	Exceeded max allowed amount for claim
346	Member lifetime allowed amount exceeded max
347	Number of visits exceeds allowable.
348	Family annual allowed amount exceeded max
351	Family life max for benefit category exceeded
352	Family annual allowed amount for benefit category exceeded max
357	Member age excludes benefit coverage
361	Student age limitation in this plan
363	Service date is after COBRA termination date
379	Discharge hour is required on UB_92 form
385	Fee schedule is not active
407	Code not in Fee Schedule.
431	Preexisting conditions
456	Authorization has been denied
500	Denied by Rebundler

502 Duplicate Line Item
503 Assistant Surgeon limit exceeded for this procedure
511 Rider Option - Number of visits exceed allowable
528 Age is out of range for the given Primary Diagnosis
529 Gender is invalid for the given Primary Diagnosis.
530 Age is out of range for the given code
531 Gender code is invalid for the given CPT
533 MODIFIER NOT CONSIDERED ELIGIBLE BY SIGNATURE CARE - PROV W/O
539 Claim being denied over filing limit
540 Total charges not equal to total charges of line items
602 Manual Denied
605 Inappropriate Coding
606 Primary Carrier EOB Required
607 Not A Covered Benefit
608 Denied - No Medical Coverage
609 Denied - No Dental Coverage
610 Denied - No Vision Coverage
611 Duplicate Claim
612 Eligibility Documentation Required (i.e., Birth Certificate, Marriage License, Divorce Decree)
613 Exceeds filing limit - Can Not Bill Patient
614 Investigating Other Insurance
615 Denied Incidental Procedure
616 Exceeds 60 Days Of Date On Primary EOB-Can't Bill Patient
617 Invalid/Deleted Diagnosis Code
618 Invalid/Deleted Procedure Code
619 Medical Records Must Be Submitted
620 Other Insurance Information Required
621 Part of Global Code
622 ER Review - Denied by Medical Director
623 Prior/After UR Authorized Dates
624 Denied - Over Plan Filing Limit
625 Unlisted Procedure - Submit Supporting Documentation
626 Not A Billable Service By This Provider
627 Pending for Cobra Election/Monthly Premium Payment
628 Denied-Service Exceeds Plan Limit
629 Charges Incurred After Term Date
630 Duplicate line item
631 Claim Exceeds Authorized Visits
632 Denied - No UR Authorization
633 Diagnosis Does Not Match Authorized Diagnosis
635 Inappropriate Place Of Service Billed
636 Itemized Statement Required
637 Denied Related To Workmans Comp

638 Provider Not Properly Credentialed
640 Charges Incurred Prior To Effective Date
642 Require Copy Of Operative Report
643 Pending For Medicare Effective Date
644 Age Is Out Of Range For Given CPT
645 Incorrect Patient Demographics
646 Require Attending Physicians Name- field 31
647 Denied Requested Information Not Received
648 Required Description of Primary's Remark Codes
653 Patient Pays - ID Card Not Shown
655 Submit Original Primary EOB
657 Resubmit With Anesthesia Code/Modifier
658 Total Anesthesia Minutes Required
661 Requested Information Received Greater Than 90 days. Patient Responsibility
662 No Review of Appeals Outside of 6 Months From Date of Service
663 No Secondary Consideration Until Primary's Request Satisfied
664 Require Primary Carrier's EOB
665 Student Status Information Required
666 Split Claim Needed for Non Covered Charges
667 Require Facility Name Where Services Were Rendered
668 EOB and Claim Do Not Match
669 Item Paid Up To Purchase Price, No Addtl Payment
670 Denied For Split For Year End
672 Not Included In Case Rate
673 Resubmit- illegible EOB
675 RX Payable Thru Drug Carrier Only
676 Require Copy of Birth Certificate
677 Require eligibility verification form
678 Require Copy of Marriage License
679 Require Copy of Birth Certificate and Divorce Decree/Court Order
680 Require Copy of Birth Certificate and Marriage License
681 Require Copy of Divorce Decree/Court Order and Marriage License
683 Non-Network Provider
684 Denied by Medical Director after Review
685 Covered In Contracted Case Rate
686 Per primary carrier EOB, This is a provider write-off
687 Denied-Exceeds annual maximum benefit limit
688 Provider ineligible/provider write-off
689 Submit to Cofinity for Pricing
690 Non Emergent Ambulance Dx
691 Not a THC Enrollee
692 Resubmit with a THC referral
693 Resubmit with Prenatal Dates

694 Invalid Place of Service
695 Not covered by Medicaid
696 Service Included
697 Previously paid
698 Capitated Service
699 Service not authorized on referral
701 Number of visit exceeds annual allowable
703 Claim exceeds days since accident (EOB)
704 Claim exceed EOB max pay amount
708 Missing accident date for accident related claim
711 Claim had been paid at header level
717 Denied - Empl/Auto Accident claim or Military service related
830 Exceed maximum allowed time for pended claim - Denied
852 Denied based on iCES edits
01Z Pricer - No available APC/fee schedule rate
04Z Not Covered Under OPSS
10Z Pricer - Line item denial or rejection from ACE
60A \$1500 Benefit Maximum Met
60B Forward claim to Psychcare 1-800-221-5487
60C Opth-Submit claim to Primary Plus/Compbenefits 1-800-393-2873
60D Submit Claim to HN1-P.O.Box 4107 Hallandale, Fl 33008. 1-800-595-9631
60E Srvc not provided by a designated or contracted PCP
60H Electronic Referral Required
60I Claim Under Review by The Sentinel Group
60J Submit Claim to Occupational Eyewear Network
60K Claim not submitted with contracted TIN / payee information.
60M Service Line Pending Fee Schedule Update
E01 Misrepresentation of Diagnosis
E02 Failure by PCP to comply
E03 Failure by Provider to comply
E04 Unbundled services
E05 Deliberate performance of unwarranted services
E06 Billing for services/supplies not provided
E07 Misrepresentation of services/supplies provided
E08 Treatment is not in accordance with standard of care
E09 No documentation in medical records of services billed
E10 Auto insurance primary
E11 Primary payment exceeds allowable
E12 HCPC Code Required
E14 NDC Code Required per MSA Bulletin 10-26
F01 Member not eligible
F02 No saving claims history
F05 Invalid Group

