



ACTION CODES

ENC 1500	ENC UB	Code	Description	Company
N	N	#P	SYSTEM-DEFINED PENDING ACTION CODE	HCI
Y	Y	\$\$	PAID CLAIM	HCI
Y	Y	01	01-DEDUCTIBLE AMOUNT	HCI
Y	Y	02	02- COINSURANCE AMOUNT	HCI
Y	Y	03	03-CO-PAYMENT AMOUNT	HCI
Y	Y	04	04-PROCEDURE CODE-MODIFIER MISMATCH/MODIFIER MISSING	HCI
Y	Y	05	05-PROCEDURE CODE/BILL TYPE DOES NOT MATCH PLACE OF SERVICE	HCI
Y	Y	06	06-PROCEDURE/REV CODE INVALID FOR AGE	HCI
Y	Y	07	07-PROCEDURE/REV CODE NOT VALID FOR MEMBER'S GENDER	HCI
Y	Y	08	08-PROCEDURE CODE INVALID WITH THE PROVIDER'S TYPE/SPECIALTY (TAXONOMY)	HCI
Y	Y	09	09-DIAGNOSIS INVALID FOR MEMBER'S AGE	HCI
Y	Y	10	10-DIAGNOSIS INVALID FOR MEMBER'S GENDER	HCI
Y	Y	11	11-DIAGNOSIS MISMATCH WITH PROCEDURE	HCI
Y	Y	12	12-DIAGNOSIS IS INVALID FOR PROVIDER TYPE	HCI



ACTION CODES

N	N	13	13-DATE OF DEATH PRECEDES DATE OF SERVICE	HCI
N	N	14	14-DATE OF BIRTH FOLLOWS THE DATE OF SERVICE	HCI
Y	Y	15	15-PAYMENT ADJUSTED/AUTH NUMBER IS MISSING, INVALID, OR DOES NOT APPLY	HCI
Y	Y	16	16-CLAIM/SERVICE LACKS INFO FOR ADJUDICATION	HCI
Y	Y	17	17-PAYMENT ADJUSTED/INFORMAITON WAS INSUFFIIICIENT OR INCOMPLETE	HCI
N	N	18	18-DUPLICATE CLAIM/SERVICE	HCI
Y	Y	19	19-CLAIM DENIED/WORK INJURY OR ILLNESS LIABILITY OF WORKER'S COMP	HCI
Y	Y	20	20-CLAIM DENIED-INJURY OR ILLNESS COVERED BY LIABILITY CARRIER	HCI
Y	Y	21	21-CLAIM DENIED-INJURY OR ILLNESS LIABILITY OF NO-FAULT CARRIER	HCI
Y	Y	22	22-PAYMENT ADJUSTED-MAY BE COVERED BY ANOTHER PAYOR PER COB	HCI
Y	Y	23	23-PAYMENT ADJUSTED-PAYMENT FROM OTHER PAYOR ADJUDICATION/PAYMENT OR ADJUST	HCI



ACTION CODES

Y	Y	24	24-PAYMENT FOR CHARGES ADJUSTED/COVERED UNDER CAPITATION AGREEMENT	HCI
Y	Y	25	25-PAYMENT DENIED, STOP LOSS DEDUCTIBLE NOT MET	HCI
N	N	26	26-EXPENSES INCURRED PRIOR TO COVERAGE	HCI
N	N	27	27-EXPENSES INCURRED AFTER COVERAGE TERMINATED	HCI
Y	Y	29	29-TIME LIMIT FOR FILING HAS EXPIRED	HCI
N	N	2H	READY TO PAY WITH ADMIT TYPE 1 OR 2	HCI
Y	Y	30	30-PAYMENT ADJUSTED/MEMBER HAS NOT MET ELIGIBILITY, SPEND DOWN, WAITING, OR RES	HCI
N	N	31	31-CLAIM DENIED MEMBER CANNOT BE IDENTIFIED AS OUR INSURED	HCI
N	N	32	32-OUR RECORDS INDICATE THAT THIS DEPENDENT IS NOT AN ELIGIBLE DEPENDENT	HCI
Y	Y	33	33-CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE	HCI
Y	Y	34	34-CLAIM DENIED. INSURED HAS NO COVERAGE FOR NEWBORNS	HCI
Y	Y	35	35-LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED	HCI



ACTION CODES

Y	Y	38	38-SERVICES NOT PROVIDED OR AUTHD BY DESIGNATED (NETWORK/PRIMARY CARE) PROV	HCI
Y	Y	39	39-SERVICES DENIED AT THE TIME AUTHORIZATION/PRE-CERTIFICATION WAS REQ	HCI
Y	Y	40	40-CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENT/URGENT CARE	HCI
Y	Y	42	42-CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT	HCI
Y	Y	43	43-GRAMM-RUDMAN REDUCTION	HCI
Y	Y	44	44-PROMPT-PAY DISCOUNT	HCI
Y	Y	45	45-CHARGES EXCEED YOUR CONTRACTED/ LEGISLATED FEE ARRANGEMENT	HCI
Y	Y	47	47-DIAGNOSIS NOT COVERED, MISSING, OR INVALID	HCI
Y	Y	49	49-NOT COVERED SERVICE/ROUTINE EXAM DONE IN CONJUCTION WITH A ROUTINE SRV	HCI
Y	Y	50	50-NOT COVERED SERVICE/DEEMED AS NOT MEDICALLY NECESSARY	HCI
Y	Y	51	51-NON-COVERED SERVICES BECAUSE THIS IS A PRE-EXISTING CONDITION	HCI



ACTION CODES

Y	Y	52	52-PROVIDER IS NOT ALLOWED TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE	HCI
Y	Y	53	53-SRVS BY AN IMMEDIATE RELATIVE OR A MEMBER OF SAME HOUSEHOLD ARE NOT COVERD	HCI
Y	Y	54	54-MULTIPLE PHYSICIANS/ASSISTANTS ARE NOT COVERED IN THIS CASE	HCI
Y	Y	55	55-CLAIM/SERVICE DENIED PROCEDURE/ TREATMENT IS DEEMED EXPERIMENTAL	HCI
Y	Y	56	56-CLAIM/SERVICE DENIED PROCEDURE/ TREATMENT HAS NOT BEEN DEEMED EFFECTIVE	HCI
Y	Y	57	57-PAYMENT DENIED/REDUCED NOT SUPPORTEDFOR QUANTITY/LEVEL OF CARE RII I FD	HCI
Y	Y	58	58-ADJUSTED-TREATMENT WAS PERFORMED IN INAPPROPRIATE OR INVALID PLACF OF SRVC	HCI
Y	Y	59	59-CHARGES ARE ADJUSTED BASED ON MULTI SURGERY OR CONCURRENT ANESTHESIA RULES	HCI
Y	Y	60	60-OUTPATIENT SRVCS WITH THIS PROXIMITYTO INPATIENT SRVCS ARE NOT COVERED	HCI



ACTION CODES

Y	Y	61	61-CHARGES ADJUSTED AS PENALTY FOR FAILURE TO OBTAIN 2ND SURGICAL OPINION	HCI
Y	Y	62	62-PAYMENT DENIED/REDUCED FOR NO AUTHORIZATION OR EXCEEDING AUTH	HCI
Y	Y	66	66-BLOOD DEDUCTIBLE	HCI
Y	Y	69	69-DAY OUTLIER AMOUNT	HCI
Y	Y	70	70-COST OUTLIER-ADJUSTMENT TO COMPENSATE FOR ADDITIONAL COSTS	HCI
Y	Y	74	74-INDIRECT MEDICAL EDUCATION ADJUSTMENT	HCI
Y	Y	75	75-DIRECT MEDICAL EDUCATION ADJUSTMENT	HCI
Y	Y	76	76-DISPROPORTIONATE SHARE ADJUSTMENT	HCI
Y	Y	78	78-NON-COVERED DAYS/ROOM CHARGE ADJUST	HCI
Y	Y	85	85-INTEREST AMOUNT	HCI
Y	Y	87	87-TRANSFER AMOUNT	HCI
Y	Y	88	88-ADJUST AMOUNT REPRESENTS COLLECTION AGAINST PRIOR OVERPAYMENT	HCI
Y	Y	89	89-PROFESSIONAL FEES REMOVED FROM CHARGES	HCI
N	N	8H	PEND DIRECT 1500 ELECTRONIC CLAIMS	HCI



ACTION CODES

N	N	8I	PEND DIRECT UB92 INPATIENT ELECTRONIC CLAIMS	HCI
N	N	8O	PEND DIRECT UB92 OUTPATIENT ELECTRONIC CLAIMS	HCI
Y	Y	90	90-INGREDIENT COST ADJUSTMENT	HCI
Y	Y	91	91-DISPENSING FEE ADJUSTMENT	HCI
N	N	92	ADJUSTMENT DENIED	HCI
Y	Y	94	94-PROCESSED IN EXCESS OF CHARGES	HCI
Y	Y	95	95-BENEFITS ADJUSTED. PLAN PROCEDURES NOT FOLLOWED	HCI
Y	Y	96	96-NON-COVERED CHARGE(S)	HCI
Y	Y	97	97-PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE	HCI
Y	Y	99	IN PROCESS	HCI
N	N	9X	PEND-CLAIM CANNOT EXCEED 98 LINES	HCI
Y	Y	A0	A0-PATIENT REFUND AMOUNT	HCI
Y	Y	A1	A1-CLAIM DENIED CHARGES	HCI
Y	Y	A2	A2-CONTRACTUAL ADJUSTMENT	HCI
N	N	A3	ADJUSTMENT PEND FOR MEDICAL REVIEW	HCI
Y	Y	A4	A4-MEDICAL CLAIM PPS CAPITAL DAY OUTLIER AMOUNT	HCI



ACTION CODES

Y	Y	A5	A5-MEDICAL CLAIM PPS CAPITAL COST OUTLIER AMOUNT	HCI
Y	Y	A6	A6-PRIOR HOSPITALIATION OR 30 DAY TRANSFER REQUIREMENT NOT MET	HCI
Y	Y	A7	A7-PRESUMPTIVE PAYMENT ADJUSTMENT	HCI
Y	Y	A8	A8-CLAIM DENIED; UNGROUPABLE DRG	HCI
N	N	A9	ADJUSTMENT PEND FOR IS AND NETWORK	HCI
Y	Y	AJ	150-PAYMENT ADJ, PAYER DEEMS INFO SUBMITTED DOES NOT SUPPORT LEVEL OF SERVICE	HCI
Y	Y	AN	PAID IN ACCORDANCE WITH THE PHCS DISCOUNT RATE AGREEMENT	HCI
N	N	AP	CLAIM LINES ARE PENED FOR DOCUMENTATION	HCI
Y	Y	AR	ADJUSTMENT MEDICARE SEQUESTRATION 2% REDUCTIONS	HCI
Y	Y	AT	PAID IN ACCORDANCE WITH THE MULTIPLAN DISCOUNT RATE AGREEMENT	HCI
Y	Y	AU	MAXIMUM UNITS SPLIT FOR PAYMENT	HCI
Y	Y	AY	115-PAYMENT ADJUSTED AS PROCEDURE POSTPONED OR CANCELED	HCI
Y	Y	AZ	118-CHARGES REDUCED FOR ESRD NETWORK SUPPORT	HCI



ACTION CODES

Y	Y	B0	B10-ALLOWED AMT HAS BEEN REDUCED; PART OF THE PROC/TEST WAS PAID.	HCI
Y	Y	B1	B1-NON-COVERED VISITS	HCI
Y	Y	B4	B4-LATE FILING PENALTY	HCI
Y	Y	B5	B5-PAYMENT ADJUSTED BECAUSE COVERAGE/ PROGRAM GUIDELINES NOT MET OR EXCEEDED	HCI
Y	Y	B6	B6-PAYMENT ADJUSTED WHEN PERFORMED BY THIS TYPE OF PROVIDER	HCI
Y	Y	B7	B7-PROVIDER NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS SERVICE ON DOS	HCI
Y	Y	B8	B8-CLAIM/SERVICE NOT COVERED/REDUCED; ALTERNATE SERVICES WERE AVAILABLE	HCI
Y	Y	B9	B9-SERVICES NOT COVERED BECAUSE THE PATIENT IS ENROLLED IN A HOSPICE	HCI
Y	Y	BA	122 - PSYCHIATRIC REDUCTION	HCI
Y	Y	BB	131 - CLAIM SPECIFIC NEGOTIATED DISCOUNT	HCI
N	N	BC	141-CLAIM ADJUSTMENT, CLAIM SPANS ELIG AND INELIG PERIODS OF COVERAGE	HCI
Y	Y	BD	151-PAYMENT ADJ, INFO DOES NOT SUPPORT THIS MANY SERVICE	HCI



ACTION CODES

Y	Y	BE	152-PAYMENT ADJ, INFO DOES NOT SUPPORT LENGHT OF SERVICE	HCI
Y	Y	BF	153-PAYMENT ADJ INFO DOES NOT SUPPORT DOSAGE	HCI
Y	Y	BG	154-PAYMENT ADJ INFO DOES NOT SUPPORT THIS DAYS SUPPLY	HCI
Y	Y	BH	157-PAYMENT DENIED/REDUC DUE TO SERV/PROC PROVIDED AS A RESULT OF WAR	HCI
Y	Y	BI	158-PAY REDUC/DENIED, SERVIC/PROCEDURE PROVIDED OUTSIDE UNITED STATES	HCI
Y	Y	BJ	159-DENIED/REDUC PROCEDURE/SERV WAS A RESULT OF TERRORISM	HCI
Y	Y	BK	160-PAY DEN/REDUC INJ/ILLNESS AS A RESULT OF ACTIVITY THAT IS BENEFIT EXCLUSIO	HCI
Y	Y	BL	163-CLM/SERV ADJ'D BECAUSE THE ATTACHMENT REFERENCED ON CLAIM WAS NOT RFC'D	HCI
Y	Y	BM	169-PAYMENT ADJUSTED BECAUSE AN ALTERNATE BENEFIT HAS BEEN PROVIDED	HCI
Y	Y	BN	172-PAYMENT IS ADJUSTED WHEN PERF/BILLED BY A PROVIDER OF THIS SPECIALTY	HCI



ACTION CODES

Y	Y	BO	173-PAY ADJ'D BECAUSE THIS SERVICE WAS NOT PRESCRIBED BY A PHYSICIAN	HCI
Y	Y	BP	181-PAY ADJ'D BECAUSE THIS PROCEDURE CODE WAS INVALID ON THE DOS	HCI
Y	Y	BQ	182-PAY ADJ'D BECAUSE THE PROCEDURE MODIFIER WAS INVALID ON DOS	HCI
Y	Y	BR	186-PAYMENT ADJUSTED SINCE THE LEVEL OF CARE CHANGED	HCI
Y	Y	BS	A4-MEDICARE CLAIM PPS CAPITAL DAY OUTLIER AMOUNT.	HCI
Y	Y	BT	A5-MEDICARE CLAIM PPS CAPITAL COST OUTLIER AMOUNT.	HCI
Y	Y	BU	B4-LATE FILING PENALTY	HCI
Y	Y	BV	B5-PAYMENT ADJUSTED BECAUSE COV/PROGRAMGUIDELINES WERE NOT MET OR WERE FXCFFD	HCI
Y	Y	BW	B6-PAY'T ADJ'D WHEN PERF/BILLED BY THISTYPE OF PROV,IN TYPE OF FAC,OR BY SPFC	HCI
Y	Y	BX	B8-CLM/SERV NOT COV'D/REDUCED BECAUSE ALTERNATIVE SERVICES WERE AVAILABLE	HCI
Y	Y	BY	B10-ALL'D AMT HAS BEEN REDUCED DUE TO ACOMPONENT OF THE BASIC PROC/TEST PAID	HCI



ACTION CODES

Y	Y	BZ	B15-PAYM'T ADJ'D BECAUSE THIS PROC/SERVIS NOT PAID SEPARATELY	HCI
Y	Y	C0	100-PAYMENT MADE TO PATIENT/INSURED/ RESPONSIBLE PARTY	HCI
Y	Y	C1	101-PREDETERMINATION: ANTICIPATED PAYMENT UPON COMPLETION OF SERVICES	HCI
Y	Y	C2	102-MAJOR MEDICAL ADJUSTMENT	HCI
Y	Y	C3	103-PROVIDER PROMOTIONAL DISCOUNT (E.G. SENIOR CITIZEN DISCOUNT)	HCI
Y	Y	C4	104-MANAGED CARE WITHHOLDING	HCI
Y	Y	C5	105-TAX WITHHOLDING	HCI
Y	Y	C6	106-PATIENT PAYMENT OPTION/ELECTION NOT IN EFFECT	HCI
Y	Y	C7	107-CLAIM/SERVICE DENIED-THE RELATED SERVICE WAS NOT PAID OR INDICATED	HCI
Y	Y	C8	108-PAYMENT ADJUSTED BECAUSE RENT/ PURCHASE GUIDELINES WERE NOT MET	HCI
Y	Y	C9	109-CLAIM NOT COVERED BY THIS PAYER.	HCI
Y	Y	CA	B16-PAYMENT ADJUSTED BECAUSE 'NEW PATIENT' QUALIFICATIONS WERE NOT MET	HCI



ACTION CODES

Y	Y	CB	B17-PAYM'T ADJ'D,THIS SERV WASN'T PRESCBY PHY,PRIOR,INCOMPLETE OR NOT CURRENT	HCI
Y	Y	CC	CAPITATED	HCI
Y	Y	CD	B20-PAYM'T ADJ'D, PROC/SERV WAS PARTIALLY/FULLY FURNISHED BY OTHER PROVIDER	HCI
Y	Y	CE	B22-THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.	HCI
Y	Y	CF	B18-PAYM'T ADJ'D BECAUSE PROCEDURE CODE & MODIFIER INVALID ON DATE OF SERVICE	HCI
Y	Y	CI	INSPIRIS CAPITATED CLAIM	HCI
Y	Y	CK	121 - INDEMNIFICATION ADJUSTMENT	HCI
Y	Y	CL	126 - DEDUCTIBLE -- MAJOR MEDICAL	HCI
Y	Y	CM	127 - COINSURANCE -- MAJOR MEDICAL	HCI
Y	Y	CN	132 - PREARRANGED DEMONSTRATION PROJECT ADJUSTMENT	HCI
Y	Y	CO	142-CLM ADJ'D BY MONTHLY MEDICAID PAT LIABILITY AMT	HCI
Y	Y	CP	143 - PORTION OF PAYMENT DEFERRED	HCI
Y	Y	CQ	144-INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT SERVICE	HCI



ACTION CODES

Y	Y	CR	145 - PREMIUM PAYMENT WITHHOLDING	HCI
Y	Y	CS	156-FLEXIBLE SPENDING ACCOUNT PAYMENTS	HCI
Y	Y	CT	161-PROVIDER PERFORMANCE BONUS	HCI
Y	Y	CU	162-STATE MANDATED REQ FOR PROPERTY/CASUALTY SEE CLM REMARKS FOR EXPLANATION	HCI
Y	Y	CV	178-PAY ADJ'D, THE PAT HAS NOT MET THE REQUIRED SPEND DOWN REQUIREMENTS	HCI
Y	Y	CW	179-PAY ADJ'D BECAUSE THE PATIENT HAS NOT MET THE REQ'D WAITING REQUIREMENTS	HCI
Y	Y	CX	180-PAY ADJ'D BECAUSE THE PATIENT HAS NOT MET THE REQ'D RESIDENCY REQUIREMENT	HCI
Y	Y	CY	187-HEALTH SAVINGS ACCOUNT PAYMENTS	HCI
Y	Y	CZ	A2-CONTRACTUAL ADJUSTMENT	HCI
N	N	D5	MEMBER ID NUMBER AND NAME DO NOT MATCH	HCI
Y	Y	D7	MAX DENTAL BENEFIT AMOUNT EXCEED	HCI
Y	Y	DA	A7-PRESUMPTIVE PAYMENT ADJUSTMENT	HCI
Y	Y	DB	B23-PAYM'T DENIED, THIS PROV HAS FAILED AN ASPECT OF A PROFICIENCY TEST PROG	HCI



ACTION CODES

Y	Y	DC	D16-CLAIM LACKS PRIOR PAYER PAYMENT INFORMATION	HCI
Y	Y	DD	D17-CLAIM/SERVICE HAS INVALID NON COVERED DAYS	HCI
Y	Y	DE	D18-CLAIM/SERV MISSING DIAGNOSIS INFORMATION	HCI
Y	Y	DF	D19-CLAIM/SERVICE LACKS PHY/OPERATIVE OR OTHER SUPPORTING DOCUMENTATION	HCI
Y	Y	DG	D20-CLAIM/SERVICE MISSING SERVICE/PRODUCT INFORMATION.	HCI
Y	Y	DH	D21-THIS (THESE) DIAGNOSIS(ES) IS (ARE) MISSING OR ARE INVALID	HCI
Y	Y	DI	W1-WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT	HCI
Y	Y	DJ	130 - CLAIM SUBMISSION FEE	HCI
Y	Y	DK	137-PAY/REDUC FOR REGULATORY SURCHRGES ASSESSMENTS,ALLOWANCES,H LTH RELATED TAX	HCI
Y	Y	DL	139-CONTRACTED FUNDING AGRMT,SUBSCRIBEREMPL'D BY PROVIDER OF SERVICES	HCI
Y	Y	DM	A0 - PATIENT REFUND AMOUNT	HCI
Y	Y	E1	110-BILLING DATE PREDATES SERVICE DATE	HCI



ACTION CODES

Y	Y	E2	111-NC UNLESS PROV ACCPETS ASSIGNMENT	HCI
Y	Y	E3	112-PAYMENT ADJUSTED AS NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOC.	HCI
Y	Y	E4	113-PAYMENT DENIED BECAUSE SERVICE/PROCWAS PROVIDED OUTSIDE THE US OR WAR	HCI
Y	Y	E5	114-PAYMENT/PROD NOT APPROVED BY THE FOOD AND DRUG ADMINISTRATION	HCI
Y	Y	E6	116-DENIED-THE ADVANCE INDEMNIFICATION NOTICE SIGNED BY PATIENT DID NOT COMPLY	HCI
Y	Y	E7	117-PAY ADJ BECAUSE TRANS IS ONLY COV'DTO NEAREST FAC THAT CAN PROV NECC CARE	HCI
Y	Y	E8	119-MAX BENEFIT FOR THIS TIME PERIOD OCCURENCE HAS BEEN REACHED	HCI
Y	Y	E9	120 - PATIENT IS COVERED BY A MANAGED CARE PLAN	HCI
N	N	ED	EXACT DUPLICATE OF ANOTHER CLAIM ON FILE	HCI
N	N	EP	ELEC CLMS THAT WOULD NORM WARN ERRORS OR NOT ERROR AT ALL/ FORCED TO PEND	HCI
Y	Y	EX	45-EXEMPT FROM CASE RATE	HCI
Y	Y	F1	123 - PAYOR REFUND DUE TO OVERPAYMENT	HCI



ACTION CODES

Y	Y	F2	124 - PAYOR REFUND AMOUNT, NOT OUR PATIENT	HCI
Y	Y	F3	125-PAYMENT ADJ DUE TO SUB/BILLING ERR ADD'L INFO SUPPLIED WITH REMIT REMARKS	HCI
Y	Y	F4	128 - NEWBORN SERVICES ARE COVERED IN MOTHERS ALLOWANCES	HCI
Y	Y	F5	129-PAYMENT DENIED PRIOR PROCESSING INFORMATION APPEARS INCORRECT	HCI
Y	Y	F6	133-THE DISPOSITION OF THIS CLAIM/SERV IS PENDING FURTHER REVIEW	HCI
Y	Y	F7	134 - TECHNICAL FEES REMOVED FROM CHARGES	HCI
Y	Y	F8	135 - CLAIM DENIED INTERIM BILLS CANNOT BE PROCESSED	HCI
Y	Y	F9	136-CLAIM ADJUSTED. PLAN PROCEDURES OFA PRIOR PAYOR WERE NOT FOLLOWED	HCI
Y	Y	G1	138-CLM SERV DENIED. APPEAL PROC NOT FOLLOWED OR TIME LIMITS NOT MET	HCI
Y	Y	G2	140 - PATIENT/INSURED HEALTH IDENTIFICATION NUMBER DO NOT MATCH	HCI
Y	Y	G3	146-PAYMENT DENIED-INVALID DX FOR DOS	HCI



ACTION CODES

Y	Y	G4	147-PROVIDER CONTRACT/NEG RATE EXPIRED OR NOT ON FILE	HCI
Y	Y	G5	148-CLAIM SERV REJ'D, INFO FROM OTHER PROVIDER INSUFFICIENT/INCOMPLETE	HCI
Y	Y	G6	149-LIFETIME PART A BENEFIT MAXED FOR SERVICE. RESUBMIT WITH PART B CHGS ONLY	HCI
Y	Y	G7	155-DENIED, PATIENT REFUSED SERVICE	HCI
Y	Y	G8	164-CLM/SERV ADJ'D ATTACHMENT REFERENCED ON CLM WAS NOT REC'D IN TIMELY MANNER	HCI
Y	Y	G9	165-PAYMENT DENIED/REDUCED FOR ABSENSE OF, OR EXCEEDED REFERRAL	HCI
Y	Y	GA	OUTPATIENT LINE APPROVED FOR PAYMENT	HCI
Y	Y	GB	BUNDLED PROCEDURE	HCI
Y	Y	GD	GRIEVANCE	HCI
Y	Y	H1	166-SERVICES SUBMITTED AFTER RESPONSIBILITY FOR PROCESSING CLM UNDER PLAN ENDED	HCI
Y	Y	H2	167-THIS/THESE DIAGNOSIS(ES) NOT COVERED	HCI
Y	Y	H3	168-PAY DENIED SERV(S) HAVE BEEN CONSIDERED UNDER THE PAT'S MED PLAN.DENTAL NC	HCI



ACTION CODES

Y	Y	H4	170-PAYMENT IS DENIED WHEN PERFORMED/ BILLED BY THIS TYPE OF PROVIDER	HCI
Y	Y	H5	171-PAY IS DENIED WHEN PERFORMED/BILLED BY THIS TYPE OF PROV IN TYPE FACILITY	HCI
Y	Y	H6	174-PAYMENT DENIED BECAUSE THIS SERVICE WAS NOT PRESCRIBED PRIOR TO DELIVERY	HCI
Y	Y	H7	175-PAYMENT DENIED BECAUSE THE PRESCRIPTION IS INCOMPLETE	HCI
Y	Y	H8	176-PAYMENT DENIED BECAUSE THE PRESCRIPTION IS NOT CURRENT	HCI
N	N	H9	177-PAY DENIED, PATIENT HAS NOT MET REQUIRED ELIGIBILITY REQUIREMENTS	HCI
N	N	HA	AUDIT PENDED CLAIM	HCI
N	N	HB	INAPPROPRIATE BILL TYPE	HCI
N	N	HD	DISCHARGE HOUR REQUIRED/INVALID	HCI
N	N	HP	PATIENT STATUS INVALID	HCI
N	N	HR	ADMIT HOUR REQUIRED/INVALID	HCI
N	N	HS	INVALID ADMIT SOURCE	HCI
N	N	HT	INVALID ADMIT TYPE	HCI
Y	Y	I%	INTEREST PAID	HCI
Y	Y	I1	183-REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THE SERVICE BILLED	HCI



ACTION CODES

Y	Y	I2	184-THE PRESCRIBING/ORDERING PROVIDER NOT ELIGIBLE TO PRESCRIBE/ORDER SERVICE	HCI
Y	Y	I3	185-RENDERING PROVIDER IS NOT ELIGIBLE TO PERFORM THE SERVICE BILLED	HCI
Y	Y	I4	188-PRODUCT/PROC IS ONLY COVERED WHEN USED ACCORDING TO FDA RECOMMENDATIONS	HCI
Y	Y	I5	189-"NOT OTHERWISE CLASS'D"/"UNLISTED" PROC CODE(CPT/HCPCS)WHEN THERE IS A COD	HCI
Y	Y	I6	A1-CLAIM DENIED CHARGES	HCI
Y	Y	I7	A6-PRIOR HOSPITALIZATION OR 30 DAY TRANSFER REQUIREMENT NOT MET.	HCI
Y	Y	I8	A8-CLAIM DENIED; UNGROUPABLE DRG	HCI
Y	Y	I9	B1-NON-COVERED VISITS	HCI
Y	Y	IC	45-INCLUDED IN CASE RATE ALLOWANCE	HCI
Y	Y	J1	B7-PROVIDER WAS NOT CERTIFIED/ELIG TO BE PAID FOR THIS PROC/SERV ON THIS DATE	HCI
Y	Y	J2	B9-SERVICES NOT COVERED BECAUSE THE PATIENT IS ENROLLED IN A HOSPICE.	HCI
Y	Y	J3	B11-CLM/SERV HAS BEEN TRANSF'D TO THE PROPER PAYER FOR PROCESSING. NOT COV'D	HCI



ACTION CODES

Y	Y	J4	B12-SERVICES NOT DOCUMENTED IN PATIENTS MEDICAL RECORDS	HCI
Y	Y	J5	B13-PREV PD. PAYM'T FOR THIS CLM/SERV MAY HAVE BEEN PROVIDED IN A PREV PAYM'T	HCI
Y	Y	J6	B14-PAYM'T DENIED, ONLY ONE VISIT OR CONSULTATION PER PHY PER DAY IS COVER'D	HCI
N	N	JL	E-RX 1% INCENTIVE PAYMENT	HCI
N	N	JM	PRIMARY CARE INCENTIVE PAYMENT	HCI
Y	Y	LA	LETTER OF AGREEMENT	HCI
N	N	M1	PEND ADJUSTMENT	HCI
N	N	M2	PEND MEDICAL REVIEW	HCI
N	N	M3	PEND TO NETWORK SERVICES	HCI
N	N	M4	PEND ADDITIONAL RESEARCH	HCI
N	N	M5	PEND SYSTEM/IS	HCI
N	N	M6	PEND PRIOR AUTH REVIEW	HCI
N	N	M7	PEND TO CASE MANAGEMENT	HCI
N	N	M8	PEND TRANSPLANT REVIEW	HCI
N	N	M9	PEND SUPERVISOR	HCI
N	N	MA	ANESTHESIA RECORD REQUIRED	HCI
N	N	MC	OFFICE/CHART NOTES REQUIRED	HCI
N	N	ME	PRIMARY INSURANCE EOB REQUIRED	HCI
N	N	MJ	MULTIPLE LOCATIONS FOUND FOR PROVIDER	HCI
N	N	MO	OPERATION REPORT REQUIRED	HCI



ACTION CODES

N	N	MP	DISPOSITION OF THE CLAIM IS PENDING FURTHER REVIEW	HCI
N	N	MR	MEDICAL RECORDS REQUIRED	HCI
N	N	MT	AMBULANCE TRIP REPORT REQUIRED	HCI
Y	N	MU	MUTUALLY EXCLUSIVE CODE - NOT BILLABLE WITH OTHER PROCEDURE	HCI
N	N	MW	MEDSOLUTIONS CLAIM RESPONSIBILITY	HCI
N	N	MX	MBR ELIGIBILITY OUTSIDE DOS / REVIEW	HCI
N	N	MZ	ITEMIZED STATEMENT REQUIRED	HCI
Y	Y	N8	NPI NUMBER BILLED DOES NOT MATCH THE RENDERING PROVIDER'S NPI NUMBER ON FILE	HCI
Y	Y	NB	NPI ATTENDING PROVIDER INFO MISSING	HCI
N	N	NC	NON-COMPLIANCE	HCI
Y	Y	ND	MISSING/INVALID NDC DATA REQ EFF	HCI
N	N	NE	NO ENCOUNTER	HCI
Y	Y	NI	REFERRING PROVIDER NPI INVALID FORMAT PLS RESUBMIT	HCI
N	N	NJ	REFERRING PROVIDER NPI	HCI
N	N	NK	REFERRING NPI INVALID PLEASE VERIFY	HCI
N	N	NL	REFERRING NPI INFO NO MATCH	HCI
Y	Y	NM	REFERRING PROVIDER NPI MISSING. PLS RESUBMIT	HCI



ACTION CODES

Y	Y	NN	REFERRING PROVIDER NPI NO MATCHED PLS RESUBMIT	HCI
Y	Y	NO	CLAIM PRICED WITH NO REDUCTION	HCI
Y	Y	NP	PROVIDER NOT TO BE PAID	HCI
N	N	OD	SERVICE DATES OUTSIDE THE HEADER DATES	HCI
Y	Y	OL	OUTLIER	HCI
N	N	OM	MAXIMUM UNITS EXCEEDED	HCI
Y	Y	ON	OVERRIDE OF NON COVERED	HCI
N	N	OP	OTHER LINES ON THIS CLAIM HAVE BEEN PENDED THEREFORE, ENTIRE CLAIM IS PENDED	HCI
Y	Y	OV	OVERRIDE	HCI
N	N	PO	PEND DAKOTA UB92 OUTPATIENT ELECTRONIC CLAIM	HCI
N	N	P1	ENCOUNTER ADJUSTMENT	HCI
N	N	P2	NURSE REVIEW	HCI
N	N	P3	MD REVIEW (OL/OOSIP/HI\$/SDAD)	HCI
N	N	P4	REQUIRES ADDITIONAL RESEARCH	HCI
N	N	P5	INFORMATION SYSTEM DEPARTMENT REVIEW	HCI
N	N	P6	PRIOR AUTHORIZATION REVIEW	HCI
N	N	P7	PROVIDER NETWORK REVIEW	HCI
N	N	P8	PROVIDER DEMOGRAPHICS COORDINATOR REV	HCI
N	N	P9	SUPERVISOR REVIEW	HCI
Y	Y	PA	PASSED EDIT READY TO PAY	HCI
N	N	PB	BEHAVIORAL HEALTH	HCI



ACTION CODES

N	N	PC	PEND DAKOTA UB92 OUTPATIENT COB ELECTRONIC CLAIM	HCI
Y	Y	PD	PRIMARY INSURANCE DENIED	HCI
N	N	PE	PEND DAKOTA 1500 ELECTRONIC CLAIMS	HCI
N	N	PF	PEND DAKOTA UB92 INPATIENT COB ELECTRONIC CLAIMS	HCI
Y	Y	PG	PEDS GRADUATE	HCI
N	N	PH	PEND DAKOTA HCFA COB	HCI
N	N	PI	PEND DAKOTA UB92 INPATIENT ELECTRONIC CLAIMS	HCI
N	N	PK	PEND DAKOTA DENTAL ELECTRONIC CLAIMS	HCI
N	N	PL	ECR - NOT ALL LINES HAVE INTERFACED	HCI
Y	Y	PM	CLAIM PRICED MANUALLY	HCI
Y	Y	PP	PRIOR PLAN COVERAGE OVERRIDE	HCI
N	N	PQ	PHYSICIAN QUALITY REPORT 1% INCENTIVE	HCI
Y	Y	PR	PAPER REFERRAL	HCI
N	N	PS	PEND PRIOR PLAN COVERAGE	HCI
N	N	PT	TRAINER REVIEW	HCI
N	N	PV	PROCESSOR COB VERIFICATION	HCI
Y	Y	QQ	ADJUDICATE CLAIM BUT DO NOT DROP TO EOB OR ENCOUNTER TO STATE	HCI
N	N	QT	PEND - QUANTITY DECIMAL	HCI
Y	Y	RO	REDUCED FOR COORDINATION OF BENEFITS ZERO PAY LINE	HCI



ACTION CODES

Y	Y	R1	REDUCED BY MEDICARE/OTHER INSURANCE	HCI
Y	Y	R2	REDUCED TO A LOWER LEVEL OF CARE	HCI
Y	Y	R3	REDUCED REIMBURSEMENT BY DENTAL REVIEW	HCI
Y	Y	R4	TRANSPORTATION REDUCED TO LOWER LEVEL OF CARE	HCI
Y	Y	R5	REDUCED FOR MULTIPLE PROCEDURES PERFORMED ON SAME DATE OF SERVICE	HCI
Y	Y	R6	REDUCED TO AUTHORIZED PROCEDURE	HCI
N	N	RA	RECOUPMENT FOR ADJUSTMENT	HCI
N	N	RC	RECOUPMENTS	HCI
N	N	RD	REVIEW BY PROCESSOR MBR DECEASED ON DOS	HCI
Y	Y	RE	REVENUE CODE REQUIRED CPT/HCPC	HCI
N	N	RF	REFUND PARTIAL AMOUNT	HCI
Y	Y	RL	CLAIM EXCEEDED 99 LINES, MANUALLY ROLLED LIKE LINES	HCI
Y	Y	RM	REVERSE MAX UNITS EXCEEDED	HCI
Y	Y	RQ	PRIOR AUTHORIZATION REQUIRED	HCI
Y	Y	RR	MEDICARE SEQUESTRATION ADJUSTMENT 2% REDUCTION	HCI
Y	Y	RS	SPLIT CLAIM DUE TO R.I. PCC	HCI



ACTION CODES

Y	Y	RV	REVEUNE CODE TO BILL TYPE INVALID OR INVALID REVENUE CODE	HCI
N	Y	RX	ATTENDING PROVIDER NPI MISSING. PLS RESUBMIT	HCI
Y	Y	SD	SPECIAL PER DIEM	HCI
N	N	U2	CARE RADIUS MEDICAL REVEIW	HCI
Y	Y	VD	ITEM HAS BEEN VOIDED AFTER PAYMENT	HCI
Y	Y	VN	CLAIM PAID REQ NDC EFF DOS 100112 OR MAY BE DENIED	HCI
N	N	VX	VERIFY DIAGNOSIS CODE COVERAGE	HCI
N	N	WB	PEND WEBMD 1500 COB ELECTRONIC CLAIMS	HCI
N	N	WD	PEND WEBMD DENT ELECTRONIC CLAIMS	HCI
N	N	WH	PEND WEBMD 1500 ELECTRONIC CLAIMS	HCI
N	N	WI	PEND WEBMD UB92 INPATIENT ELECTRONIC CLAIM	HCI
N	N	WO	PEND WEBMD UB92 OUTPATIENT ELECTRONIC CLAIM	HCI
N	N	WU	PEND WEBMD UB COB ELECTRONIC CLAIMS	HCI
Y	Y	X0	M2-NOT PD SEP WHEN PT IS INPATIENT	HCI
Y	Y	X1	M20- MISSING/INCOMPL/INVLAID HCPCS	HCI
Y	Y	X2	M23-MISSING INVOICE	HCI



ACTION CODES

Y	Y	X3	M29-MISSING OPERATIVE NOT/REPORT	HCI
Y	Y	X4	M30-MISSING PATHOLOGY REPORT	HCI
Y	Y	X5	M31-MISSING RADIOLOGY REPORT	HCI
Y	Y	X6	M44-MISSING/INCOMPLETE/INVALID CONDITION CODE	HCI
Y	Y	X7	M45-MISSING/INCOMPLETE/INVALID OCCURRENCE CODE(S)	HCI
Y	Y	X8	M46-MISSING/INCOMPLETE/INVALID OCCURRENCE SPAN CODE(S)	HCI
Y	Y	XA	M51-MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S)	HCI
Y	Y	XB	M53-MISSING/INCOMPLETE/INVALID DAYS OR UNITS OF SERVICE	HCI
Y	Y	XC	M54-MISSING/INCOMPLETE/INVALID TOTAL CHARGES	HCI
Y	Y	XD	M57-MISSING/INCOMPLETE/INVALID PROVIDER IDENTIFIER	HCI
Y	Y	XE	M64-MISSING/INCOMPLETE/INVALID OTHER DIAGNOSIS	HCI



ACTION CODES

Y	Y	XF	M67- MISSING/INCOMPLETE/INVALID OTHER PROCEDURE CODE(S)	HCI
Y	Y	XG	M76- MISSING/INCOMPLETE/INVALID DIAGNOSIS OR CONDITION	HCI
Y	Y	XH	M77- MISSING/INCOMPLETE/INVALID PLACE OF SERVICE	HCI
Y	Y	XI	M78- MISSING/INCOMPLETE/INVALID HCPCS MODIFIER	HCI
Y	Y	XJ	M79- MISSING/INCOMPLETE/INVALID CHARGE	HCI
Y	Y	XK	M144-PRE/POST OPERATIVE CARE PAYMENT IS INCLUDED IN ALLOWANCE FOR SUR/PROC	HCI
Y	Y	XN	MISSING/INVALID/INCOMPLETE NDC DATA	HCI