

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	CIm Adjust Rsn Code	CIm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	4	The procedure code is inconsistent with the modifier used or a required modifier is missing.	M78	Missing/incomplete/invalid HCPCS modifier	363	PROCEDURE MODIFIER CONFLICT
CO	5	The procedure code/bill type is inconsistent with the place of service.	M77	Missing/incomplete/invalid place of service	365	PROC/PLACE OF SERV CNFL
CO	6	The procedure/revenue code is inconsistent with the patient's age.	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s)	564	OTHER SURGICAL PROC AGE CONFLICT
CO	6	The procedure/revenue code is inconsistent with the patient's age.	MA66	Missing/incomplete/invalid principal procedure code of date	554	PRINCIPLE SURG PROC/AGE CNFL
CO	6	The procedure/revenue code is inconsistent with the patient's age.	N129	This amount represents the dollar amount not eligible due to the patient's age	393	RECIP OR PROV TYPE INELIGIBLE
CO	6	The procedure/revenue code is inconsistent with the patient's age.	N129	This amount represents the dollar amount not eligible due to the patient's age	434	PROC/AGE CNFL
CO	6	The procedure/revenue code is inconsistent with the patient's age.	N129	This amount represents the dollar amount not eligible due to the patient's age	591	C&TC CLAIM RECIP AGE > 20
CO	6	The procedure/revenue code is inconsistent with the patient's age.	N59	Please refer to your provider manual for additional program and provider information.	340	DRUG/RECIP AGE LT MIN ALLOW
CO	6	The procedure/revenue code is inconsistent with the patient's age.	N59	Please refer to your provider manual for additional program and provider information.	341	DRUG/RECIP AGE GT MAX ALLOW
CO	7	The procedure code is inconsistent with the patient's gender.	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s)	565	OTHER SURGICAL PROC SEX CONFLICT
CO	7	The procedure/revenue code is inconsistent with the patient's gender.	MA39	Missing/incomplete/invalid gender	435	PROC/SEX CNFL
CO	7	The procedure code is inconsistent with the patient's gender.	MA66	Missing/incomplete/invalid principal procedure code of date	555	PRINCIPLE SURG PROC SEX CONFLICT
CO	8	The procedure code is inconsistent with the provider type/specialty (taxonomy).	N95	This provider type/provider specialty may not bill this service	366	PROC/TRTG PROV SPEC MISMATCH
CO	8	The procedure code is inconsistent with the provider type/specialty (taxonomy).	N95	This provider type/provider specialty may not bill this service	367	PROC/TRTG PROV TYPE CNFL
CO	9	The diagnosis is inconsistent with the patient's age.	M76	Missing/incomplete/invalid diagnosis or condition	454	DIAG/AGE CNFL

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CO	9	The diagnosis is inconsistent with the procedure.	MA65	Missing/incomplete/invalid admitting diagnosis	499	ADM DIAG/AGE CNFL
CO	10	The diagnosis is inconsistent with the patient's gender.	M76	Missing/incomplete/invalid diagnosis or condition	455	DIAG/SEX CNFL
CO	10	The diagnosis is inconsistent with the patient's gender.	MA65	Missing/incomplete/invalid admitting diagnosis	489	ADM DIAG/SEX CNFL
CO	11	The diagnosis is inconsistent with the procedure.	M122	Missing/incomplete/invalid level of subluxation	790	PROC/DIAG CONFLICT
CO	11	The diagnosis is inconsistent with the procedure.	N59	Please refer to your provider manual for additional program and provider information	136	PROC/DIAG CNFL
CO	11	The diagnosis is inconsistent with the procedure.	N59	Please refer to your provider manual for additional program and provider information	141	GENERIC CODE/DIAG CNFL
CO	13	The date of death precedes the date of service.			622	DATE OF DEATH VS DOS
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	M29	Missing/incomplete/invalid operative report.	980	RESUBMIT CLAIM WITH A COPY OF THE OPERATIVE REPORT
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	M51	Missing/incomplete/invalid procedure codes(a) and/or rates	914	DESCRIPTION OF SERVICE IS MISSING
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	M51	Missing/incomplete/invalid procedure codes(a) and/or rates	915	REBILL WITH SPECIFIC PROCEDURE CODE
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	904	DESCRIPTION PROVIDED NOT SUFFICIENT

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CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	MA134	Missing/incomplete/invalid provider number of the facility where the patient resides	396	TRTG/PROV NOT OUT OF HOME PROV
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	N146	Missing/incomplete/not approved screening document.	398	DD SCREENING DOC MISS/INVALID
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	N29	Missing/incomplete invalid documentation/orders/notes/summary/report/invoice	974	RESUBMIT CLAIM WITH MANUFACTURER'S STATEMENT
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	N29	Missing/incomplete invalid documentation/orders/notes/summary/report/invoice	997	RESUBMIT CLAIM ON PAPER INVOICE
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	N59	Please refer to your provider manual for additional program and provider information.	241	CD SVC NOT BILLED THRU CDCTF
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate			993	DRUG NAME AND/OR DOSAGE IS MISSING
CO	17	Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice			928	THE DOCUMENTATION PROVIDED DOES NOT MEET CRITERIA FOR PAYMENT

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	18	Duplicate claim/service.	M86	Service denied because payment already made for similar procedure within set time frame	101	DUPLICATE/CONFLICT SAME PROV
CO	18	Duplicate claim/service.	M86	Service denied because payment already made for similar procedure within set time frame	102	DUPLICATE/CONFLICT DIFF PROV
CO	18	Duplicate claim/service.	M86	Service denied because payment already made for similar procedure within set time frame	103	POSSIBLE DUPLICATE OR CONFLICT
CO	18	Duplicate claim/service.	M86	Service denied because payment already made for similar procedure within set time frame	639	ASC DUPLICATE/CONFLICT
CO	18	Duplicate claim/service.	N152	Missing/incomplete/invalid replacement claim information.	840	REPLCMT OR CRED IS IN PROCESS
CO	18	Duplicate claim/service.	N152	Missing/incomplete/invalid replacement claim information.	845	CLM ALREADY CRED OR REPLCD
CO	18	Duplicate claim/service.	N47	Claim conflicts with another inpatient stay.	873	INPATIENT READMISSION DETECTED
CO	18	Duplicate claim/service.	N47	Claim conflicts with another inpatient stay.	874	INPATIENT TRANSFER DETECTED
CO	18	Duplicate claim/service.	N48	Claim information does not agree with information received from other insurance carrier.	926	TPL DENIAL INDICATES THIS IS A DUPLICATE CHARGE-RESUBMIT WITH A COPY OF THE ORIGINAL DENIAL.
CO	18	Duplicate claim/service.			875	DUPLICATE STERIL CLM
CO	18	Duplicate claim/service.			877	PHARM CLM DUPL W/I ONE DAY
CO	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.	N30	Recipient ineligible for this service.	304	RECIP INELIG SERV MONTH 7,8,9
CO	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.	N59	Please refer to your provider manual for additional program and provider information.	307	PPHP CONTRACT NOT FND
CO	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.			308	RECIP ENROL PPHP/PPHP UNMTCHD

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.			309	RECIP ENROL IN PPHP - PARTIAL
CO	24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.			777	CTF RECIPIENT ENROLLED IN PPHP
CO	29	The time limit for filing has expired.	MA119	Provider level adjustment for late claim filing applies to this claim.	128	CLM OVER 12-MO FILING LIMIT
CO	29	The time limit for filing has expired.			168	MCARE CLM GTE FILING LIMIT
CO	29	The time limit for filing has expired.			846	REPLCMT OVER 6-MO FILING LIMIT
CO	29	The time limit for filing has expired.			919	OVER YEAR OLD. DOES NOT MEET PAYMENT CRITERIA
CO	31	Claim denied as patient cannot be identified as our insured.	N30	Recipient ineligible for this service.	252	RECIP INELIG FOR XOVER SERV
CO	31	Claim denied as patient cannot be identified as our insured.	N59	Please refer to your provider manual for additional program and provider information	129	RECIP ID IS MIS OR INV
CO	31	Claim denied as patient cannot be identified as our insured.	N59	Please refer to your provider manual for additional program and provider information.	249	RECIP ELIG PENDING LT 60 DAYS
CO	31	Claim denied as patient cannot be identified as our insured.			250	RECIP NOT ON FILE LT 60 DAYS
CO	31	Claim denied as patient cannot be identified as our insured.			251	RECIP NOT ON FILE
CO	31	Claim denied as patient cannot be identified as our insured.			261	RECIP ELIG PENDING GT 59 DAYS
CO	35	Lifetime benefit maximum has been reached.	N117	This service is paid only once in a lifetime per beneficiary	2	ALLOWED ONCE PER LIFETIME
CO	38	Services not provided or authorized by designated (network) providers.			918	TPL COV IS PRIMARY-MUST FOLLOW PLAN RULES
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	M76	Missing/incomplete/invalid diagnosis or condition	240	1ST DIAG IS CD DIAG
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	M76	Missing/incomplete/invalid diagnosis or condition	450	DIAG NOT ON FILE

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CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	M81	Patient's diagnosis in a narrative form is not provided on an attachment or diagnosis code(s) is truncated, incorrect or missing; you are required to code to the highest level of specificity.	456	DIAGNOSIS NOT SPECIFIC
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	M81	Patient's diagnosis in a narrative form is not provided on an attachment or diagnosis code(s) is truncated, incorrect or missing; you are required to code to the highest level of specificity.	492	ADM DIAG NOT SPECIFIC
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	M81	Patient's diagnosis in a narrative form is not provided on an attachment or diagnosis code(s) is truncated, incorrect or missing; you are required to code to the highest level of specificity.	596	DIAG RELATED CODE INVALID
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	M81	Patient's diagnosis in a narrative form is not provided on an attachment or diagnosis code(s) is truncated, incorrect or missing; you are required to code to the highest level of specificity.	599	PREMATURITY DX CODE CONFLICT
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	MA63	Missing/incomplete/invalid principal diagnosis	451	DIAG NOT COVERED
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	MA65	Missing/incomplete/invalid admitting diagnosis	488	ADM DIAG NOT ON FILE
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	MA65	Missing/incomplete/invalid admitting diagnosis	497	ADM DIAG NOT COVERED
CO	47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	MA65	Missing/incomplete/invalid admitting diagnosis	498	ADM DIAG REQUIRES REVW

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.			955	PROVIDER IS NOT ENROLLED TO PERFORM THIS SERVICE
CO	59	Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.	N59	Please refer to your provider manual for additional program and provider information	104	MULTI SURG REQUIRES DHS REVW
CO	60	Charges for outpatient services with this proximity to inpatient services are not covered.	N20	Service not payable with other service rendered on the same date.	105	DUPLICATE INPATIENT/OUTPATIENT
CO	61	Charges adjusted as penalty for failure to obtain second surgical opinion.	N59	Please refer to your provider manual for additional program and provider information.	378	SSO REQD
CO	61	Charges adjusted as penalty for failure to obtain second surgical opinion.			388	SSO NOT ON FILE
CO	62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	M62	Missing/incomplete/invalid treatment authorization code	512	AUTH HEADER UNITS USED
CO	62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	M62	Missing/incomplete/invalid treatment authorization code	797	REPAIR > THAN \$400.00 REQ P.A.
CO	62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	M62	Missing/incomplete/invalid treatment authorization code	902	MEDICAL SUPPLY CLAIM USING MISCELLANEOUS CODE WITH SUBMITTED CHARGES OVER \$400.00 MUST BE AUTHORIZED
CO	62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	N54	Claim information is inconsistent with pre-certified/authorized services.	540	AUTH FREQ CNFL WITH CLM
CO	85	Interest amount.			835	INTEREST DUE
CO	92	Claim Paid in full.	N131	Total payments under multiple contracts cannot exceed the allowance for this service	912	ALLOWED CHARGE IS LESS THAN PRIOR PAYMENT

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	92	Claim Paid in full.	N82	Provider must accept insurance payment as payment in full when a third party payer contract specifies full reimbursement.	917	PROVIDER MUST ACCEPT INSURANCE PLAN PAYMENT AS PAYMENT IN FULL WHEN A THIRD PARTY PAYER CONTRACT SPECIFIES FULL REIMBURSEMENT.
CO	92	Claim Paid in full.			945	MEDICARE HAS PAID THIS CLAIM IN FULL
CO	96	Non-covered charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	431	PROC NOT COVERED
CO	96	Non-covered charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	437	PROC NOT COVERED FOR SERV DATE
CO	96	Non-covered charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	439	PROC NOT ALLOW FOR SERV DATE
CO	96	Non-covered charges.	M99	Missing/incomplete/invalid Universal Product Number/Serial Number	657	UPC NOT COVERED FOR SERV DATE
CO	96	Non-covered charges.	M99	Missing/incomplete/invalid Universal Product Number/Serial Number	659	UPC NOT ALLOW FOR SERV DATE
CO	96	Non-covered charges.	N28	Consent form requirements not fulfilled	682	STERIL CONSENT BFR RECIP SIG
CO	96	Non-covered charges.	N28	Consent form requirements not fulfilled	683	STERIL SIG DATE TOO OLD
CO	96	Non-covered charges.	N28	Consent form requirements not fulfilled	684	STERIL PROV SIG/DOS CNFL
CO	96	Non-covered charges.	N28	Consent form requirements not fulfilled	685	STERIL RECIP SIG MISSING
CO	96	Non-covered charges.	N28	Consent form requirements not fulfilled	689	STERIL CONSENT DATE MISSING
CO	96	Non-covered charges.	N28	Consent form requirements not fulfilled	690	STERIL CONSENT SIG MISSING
CO	96	Non-covered charges.	N59	Please refer to your provider manual for additional program and provider information.	342	DRUG EXCLUDED BY MINN
CO	96	Non-covered charges.	N59	Please refer to your provider manual for additional program and provider information.	348	DRUG NOT COVERED
CO	96	Non-covered charges.			242	MCARE REJECT - SERV NOT COVERE
CO	96	Non-covered charges.			649	NON COVD SERVICE FOR MNCARE
CO	96	Non-covered charges.			677	STERIL PERF ON INST RECIP
CO	96	Non-covered charges.			678	STERIL/CONSERVATOR STATUS CNFL

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	96	Non-covered charges.			906	MA DOES NOT COVER REDUCTIONS BY MEDICARE
CO	96	Non-covered charges.			907	SERVICE IS NOT COVERED BY MA
CO	97	Payment is included in the allowance for another service/procedure.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	433	SUSP SERV OR BUNDLED SERVICE
CO	97	Payment is included in the allowance for another service/procedure.	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.	636	RELATED BUNDLED SERVICE DENIED
CO	97	Payment is included in the allowance for another service/procedure.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	631	ASC PACKAGE SERVICE DENIAL
CO	97	Payment is included in the allowance for another service/procedure.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	633	PAY C&TC AS A PACKAGE
CO	97	Payment is included in the allowance for another service/procedure.	M75	Allowed amount adjusted. Multiple automated multichannel tests performed on the same day combined for payment.	876	MULTICHANNEL LAB BLNG POS
CO	97	Payment is included in the allowance for another service/procedure.	M75	Allowed amount adjusted. Multiple automated multichannel tests performed on the same day combined for payment.	888	MULTICHANNEL LAB BLNG CNFL
CO	97	Payment is included in the allowance for another service/procedure.	M86	Service denied because payment already made for similar procedure within set time frame	615	HOSP RATE INCLUDES CRNA SERV
CO	97	Payment is included in the allowance for another service/procedure.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	621	ASC SERVICE IS CPI PRICED
CO	97	Payment is included in the allowance for another service/procedure.			403	TRANS INCLUDED IN RATE

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CO	97	Payment is included in the allowance for another service/procedure.			404	THERAPY INCLUDED IN RATE
CO	97	Payment is included in the allowance for another service/procedure.			878	CRNA INCLUDED IN INPATIENT RAT
CO	97	Payment is included in the allowance for another service/procedure.			934	THIS SERVICE IS BUNDLED WITH ANOTHER SERVICE; NO ADDITIONAL PAYMENT IS MADE
CO	107	Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim.	N142	The original claim was denied. Resubmit a new claim, not a replacement claim	177	REPLCMT/CRED OF DENIED CLM
CO	107	Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim.	N152	Missing/incomplete/invalid replacement claim information.	201	REPLCMT/CRED TCN MIS OR INV
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	313	CAT OF SERV CANNOT BE DETERMIN
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	390	SSO RESOLUTION NOT APPROVED
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	391	SSO/RECIP ID CNFL
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	392	SSO/PROV NUM CNFL

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CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	397	MEDICARE NUMBER
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	399	CODING ERROR ON NEWBORN CLAIM
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	695	ATTACHMENT IND IS INVALID
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	N34	Incorrect claim form for this service.	370	PAY-TO-PROV/CLAIM TYPE CNFL
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	N59	Please refer to your provider manual for additional program and provider information.	440	COMPOUND CODE
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate	N63	Rebill services on separate claim lines.	395	PROC/CONSECUTIVE-DAY CNFL
CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate			335	PLACE OF SERV/PROC/MOD INVALID

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CO	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate			978	REJECTED DUE TO PROVIDER BILLING ERROR; PLEASE CALL THE PROVIDER HELP DESK FOR FURTHER INSTRUCTION.
CO	133	The disposition of this claim/service is pending further review.			900	CLAIM LINE IN PROCESS
CO	135	Claim denied. Interim bills cannot be processed.			581	INTERIM BLNG CNFL
CO	141	Claim adjustment because the claim spans eligible and ineligible periods of coverage.	MA129	This provider was not certified for this procedure on this date of service	274	RECIP/COVERED DAYS CNFL
CO	A1	Denied charges.	M118	Letter to follow containing further information.	648	CCTAD
CO	A1	Denied charges.	M119	Missing/incomplete/invalid National Drug Code (NDC)	152	DRUG CODE IS MISSING
CO	A1	Denied charges.	M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished	333	DRUG COMPOUND
CO	A1	Denied charges.	M44	Missing/incomplete/invalid condition code.	181	CONDITION CODE(S) INVALID
CO	A1	Denied charges.	M45	Missing/incomplete/invalid occurrence codes or dates.	210	OCCUR CODE INVALID
CO	A1	Denied charges.	M45	Missing/incomplete/invalid occurrence codes or dates.	211	OCCUR CODE DATE MIS OR INV
CO	A1	Denied charges.	M46	Missing/incomplete/invalid occurrence span code or dates	137	1ST OCCUR SPAN DATES INV
CO	A1	Denied charges.	M46	Missing/incomplete/invalid occurrence span code or dates	138	2ND OCCUR SPAN DATES INV
CO	A1	Denied charges.	M46	Missing/incomplete/invalid occurrence span code or dates	208	OCCUR SPAN DATE MIS OR INV
CO	A1	Denied charges.	M46	Missing/incomplete/invalid occurrence span code or dates	212	OCCUR SPAN CODE INVALID
CO	A1	Denied charges.	M49	Missing/incomplete/invalid value codes(s) or amount(s)	222	VALUE AMT IS MIS OR INV
CO	A1	Denied charges.	M49	Missing/incomplete/invalid value codes(s) or amount(s)	223	VALUE CODE INVALID

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CO	A1	Denied charges.	M49	Missing/incomplete/invalid value codes(s) or amount(s)	626	REV CODE/VALUE CODE CONFLICT
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	148	REV IS MIS OR INV
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	173	REV INVALID FOR HOSPICE
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	347	REV NOT ON FILE
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	531	REV/CONSECUTIVE-DAY CNFL
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	533	REV/AGE CNFL
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	535	REV/DIAG SEX CNFL W/RECIP SEX
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	536	REV REQUIRES MANUAL REVW
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	538	REV/FROM-THROUGH UNITS CNFL
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	539	REV/TRTG PROV SPEC MISMATCH
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	541	REV NOT ALLOW FOR SERV DATE
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	542	REV REQUIRES DIAG
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	544	REV NOT COVERED FOR SERV DATES
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	545	REV NOT COVERED
CO	A1	Denied charges.	M50	Missing/incomplete/invalid revenue code(s)	549	REV REQUIRES REVW
CO	A1	Denied charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	172	PROC MISSING
CO	A1	Denied charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	322	PROC CODE DISCONTINUED
CO	A1	Denied charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	428	PRICING DATA NOT AVAILABLE
CO	A1	Denied charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	429	RELATIVE VALUE PRICING INACTIV
CO	A1	Denied charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	430	PROC NOT ON FILE
CO	A1	Denied charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	438	PROC REQUIRES MANUAL PRICING
CO	A1	Denied charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	547	NUM PROC REQ MANUAL PRICING

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	M51	Missing/incomplete/invalid procedre codes(a) and/or rates	548	ALPHA PROC REQ MANUAL PRICING
CO	A1	Denied charges.	M52	Missing/incomplete/invalid "from" dates(s) of service.	124	FDOS IS MIS OR INV
CO	A1	Denied charges.	M52	Missing/incomplete/invalid "from" dates(s) of service.	126	FDOS AFTER LDOS
CO	A1	Denied charges.	M53	Missing/incomplete/invalid days or units of service	184	HOSPICE UNITS OF SERV INVALID
CO	A1	Denied charges.	M53	Missing/incomplete/invalid days or units of service	186	HOSPICE TOT UNITS GT TOT DAYS
CO	A1	Denied charges.	M53	Missing/incomplete/invalid days or units of service	189	SUB UNITS OF SERV MIS OR INV
CO	A1	Denied charges.	M53	Missing/incomplete/invalid days or units of service	369	CONSECUTIVE DAY/UNITS CNFL
CO	A1	Denied charges.	M53	Missing/incomplete/invalid days or units of service	519	SUB UNITS GREATER THAN ALLOWED
CO	A1	Denied charges.	M54	Missing/incomplete/invalid total charges.	132	SUB CHRG IS MIS OR INV
CO	A1	Denied charges.	M54	Missing/incomplete/invalid total charges.	160	TOTAL CLM CHRG CNFL
CO	A1	Denied charges.	M54	Missing/incomplete/invalid total charges.	206	NON-COVERED CHRG CNFL
CO	A1	Denied charges.	M56	Missing/incomplete/invalid payer identification	165	MCARE CARRIER ID MIS OR INV
CO	A1	Denied charges.	M56	Missing/incomplete/invalid payer identification	213	ONE PAYER CODE OF "D" REQD
CO	A1	Denied charges.	M56	Missing/incomplete/invalid payer identification	217	PAYER CODE INVALID
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	120	PAY-TO PROV IS MIS OR INV
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	122	TRTG PROV CHK DIGIT INVALID
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	125	PAY-TO PROV CHK DIGIT INVALID
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	135	TRTG PROV IS MIS OR INV
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	154	PRESCR PROV IS MIS OR INV
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	161	PRESCR CHK DIGIT INV
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	288	REF/PRSC/OTHR PROV NOT ON FILE
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	296	SUBMITTER ID INVALID
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	300	PAY-TO PROV NOT ON FILE
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	315	PAY-TO PROVIDER NOT POS
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	355	DRUG/PROV TYPE INVALID

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges	M57	Missing/incomplete/invalid provider identifier	412	TRTG PROV NOT ON FILE
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	415	TRTG PROV NOT ON FILE
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	421	TRTG PROV IS A GROUP PROV
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	422	TRTG PROV NOT ENROLLED
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	423	TRTG PROV NOT IN PAY-TO GROUP
CO	A1	Denied charges.	M57	Missing/incomplete/invalid provider identifier	427	PAY-TO/TRTG PROV BOTH INDIV
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	123	DATE BILLED IS MIS OR INV
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	140	PRIOR PAYMENTS CNFL
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	174	DISP PHARM INITIS MISSING
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	316	BSRT PARM CNFL
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	318	NSF NOT COVERED BY PPHP PLAN
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	319	BASE RATE ADD-ON/PARM CNFL
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	394	PROC/FROM-THROUGH UNITS CNFL
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	410	MSG MISSING OR INVALID
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	426	PAY-TO PROV SWA NUM REQ
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	577	ASC SERV BLNG INCONSISTENT

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	601	APC PRICING ERROR
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	602	INDIAN HS CONFL W DENIED LINES
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	605	REFER CLAIM IF MJR PGM E AND T
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	627	MSA CODE MISSING
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	630	BENLIM BKOUT NT FND
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	669	ASC X12 REASON CODE NOT FOUND
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	693	ATTACHMENT PRESENT
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	708	SCREENING ANNUAL REVIEW NOT PRESENT
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	714	CLAIM IN SUSPENSE MORE THAN 80 DAYS
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	715	CLAIM IN SUSPENSE MORE THAN 23 DAYS.
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	820	VACCINE ADMINISTRATION CONFLICT
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	824	INJURY CODE INVALID
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	859	DENY EOB IS MISSING

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	866	SUB CHARGE/SUB RATE CNFL
CO	A1	Denied charges.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	903	PROVIDER REQUESTED CLAIM OR LINE BE DENIED
CO	A1	Denied charges.	M59	Missing/incomplete/invalid "to" date(s) of service	127	LDOS AFTER JULIAN DATE
CO	A1	Denied charges.	M59	Missing/incomplete/invalid "to" date(s) of service	155	LDOS IS MIS OR INV
CO	A1	Denied charges.	M59	Missing/incomplete/invalid "to" date(s) of service	611	IEP SPAN DATE CONFLICT
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	297	CERT DATE IS ZERO
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	298	CERT DATE GT 30 BEFORE ADMIT
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	299	CERT DATE GT 30 AFTER ADMIT
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	436	AUTH IS REQD
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	500	AUTH NOT ON FILE
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	501	AUTH IS PENDING
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	503	AUTH IS DENIED
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	514	AUTH LI STATUS IS PENDING
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	518	AUTH LI STATUS IS DENIED
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	520	AUTH LI REQUIRES REVW
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	600	CERT NBR IS MIS OR INV
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	603	CERT NOT ON FILE
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	604	AUTH/SVC CNFL - ADJUD

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	610	AUTH LI REQ REVW - 30 DAYS
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	632	AUTH LIMIT REACHED - DD WAIVER
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	646	PA SA BKOUT NOT FND
CO	A1	Denied charges.	M62	Missing/incomplete/invalid treatment authorization code	696	PA SA MST REC NTFND
CO	A1	Denied charges.	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s)	560	OTHER SURGICAL PROCEDURE NOT ON FILE
CO	A1	Denied charges.	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s)	561	OTHER SURGICAL PROC NOT COVERED
CO	A1	Denied charges.	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s)	563	OTHER SURG PROC REQUIRES REVIEW
CO	A1	Denied charges.	M67	Missing/incomplete/invalid other procedure code(s) and/or date(s)	566	OTHER SURG PROC REQUIRES AUTH
CO	A1	Denied charges.	M68	Missing/incomplete/invalid attending or referring physician identification	133	ATTEND PROV CHK DIGIT INVALID
CO	A1	Denied charges.	M68	Missing/incomplete/invalid attending or referring physician identification	134	ATTEND PROV NBR IS MIS OR INV
CO	A1	Denied charges.	M68	Missing/incomplete/invalid attending or referring physician identification	204	REF/OTHER PROV CHK DIGIT INV
CO	A1	Denied charges.	M68	Missing/incomplete/invalid attending or referring physician identification	205	REF/PRESCR/OTHER PROV NBR REQD
CO	A1	Denied charges.	M76	Missing/incomplete/invalid diagnosis or condition	332	DIAG CODE MISSING
CO	A1	Denied charges.	M76	Missing/incomplete/invalid diagnosis or condition	453	DIAG REQUIRES REVW
CO	A1	Denied charges.	M76	Missing/incomplete/invalid diagnosis or condition	594	DIAG V57 W/O OTHER DIAG
CO	A1	Denied charges.	M76	Missing/incomplete/invalid diagnosis or condition	597	LEVEL 1 DX CODE 769
CO	A1	Denied charges.	M77	Missing/incomplete/invalid place of service	150	PLACE OF SERV IS MIS OR INV
CO	A1	Denied charges.	M78	Missing/incomplete/invalid HCPCS modifier	334	MODIFIER REQUIRES MANUAL PRICING
CO	A1	Denied charges.	M78	Missing/incomplete/invalid HCPCS modifier	376	PROC REQUIRES MODIFIER
CO	A1	Denied charges.	M78	Missing/incomplete/invalid HCPCS modifier	387	TRTG PROV SPEC/MOD CNFL

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	M78	Missing/incomplete/invalid HCPCS modifier	425	TRTG PROV TYPE/MOD CNFL
CO	A1	Denied charges.	M78	Missing/incomplete/invalid HCPCS modifier	629	MODIFIER CLAIM TYPE CONFLICT
CO	A1	Denied charges.	M78	Missing/incomplete/invalid HCPCS modifier	634	INVALID MODIFIER ON C&TC
CO	A1	Denied charges.	M86	Service denied because payment already made for similar procedure within set time frame	881	HOSPICE SERV CNFL ON SAME DAY
CO	A1	Denied charges.	M99	Missing/incomplete/invalid Universal Product Number/Serial Number	350	UPC NOT ON FILE
CO	A1	Denied charges.	M99	Missing/incomplete/invalid Universal Product Number/Serial Number	356	UPC PROC/CLM PROC CNFL
CO	A1	Denied charges.	M99	Missing/incomplete/invalid Universal Product Number/Serial Number	654	UPC REQ TO PRICE CLAIM
CO	A1	Denied charges.	M99	Missing/incomplete/invalid Universal Product Number/Serial Number	658	UPC REQUIRES MANUAL REVW
CO	A1	Denied charges.	MA04	Secondary payment can not be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	637	CREDIT MEDICARE CLAIM
CO	A1	Denied charges.	MA06	Missing/incomplete/invalid beginning and/or ending date(s)	163	LI DOS OUTSIDE FROM/THRU DATES
CO	A1	Denied charges.	MA06	Missing/incomplete/invalid beginning and/or ending date(s)	225	INVALID HOSPITAL TO FROM DATE
CO	A1	Denied charges.	MA100	Missing/incomplete/invalid Medigap information	149	INJURY DATE IS MIS OR INV
CO	A1	Denied charges.	MA104	Missing/incomplete/invalid date the patient was last seen or the provider identifier or the attending physician	302	ATTEND NBR NOT ON FILE
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	405	PAY-TO PROV ENROL STAT - PEND
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	406	PAY-TO PROV ENROL STAT - TERM
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	407	PAY-TO PROV NOT AUTH MAJ PROG

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	408	PAY-TO PROV IS UNDER REVW SU
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	409	PRESCR PROV TYPE INVALID
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	411	PAY-TO PROV IS UNDER REVW
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	413	TRTG PROV IS UNDER REVW
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	414	TRTG PROV IS UNDER REVW - SURS
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	415	TRTG PROV ENROL STAT - PEND
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	416	TRTG PROV ENROL STAT - TERM
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	417	TRTG PROV UNDER REVW - CLIA
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	418	PAY-TO PROV PRAC TYPE GRP DPND
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	419	PAY-TO PROV UNDER REVW - CLIA
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	420	PAY-TO PROV ENROL AS NO-PAY
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	424	PAY-TO PROV NOT ENROLLED
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	532	PROV DPA SEGMENT NOT FOUND
CO	A1	Denied charges.	MA129	This provider was not certified for this procedure on this date of service	705	PRIVATE ROOM NOT VALID FOR PROVIDER
CO	A1	Denied charges.	MA134	Missing/incomplete/invalid provider number of the facility where the patient resides.	310	REF/OTHER PROV NOT OUT HM PROV
CO	A1	Denied charges.	MA30	Missing/incomplete/invalid type of bill	258	BILL TYPE INV FOR LTC CLAIM
CO	A1	Denied charges.	MA30	Missing/incomplete/invalid type of bill	870	BILL TYPE INVALID
CO	A1	Denied charges.	MA31	Missing/incomplete/invalid beginning and ending dates of the period billed	707	BOARD AND CARE CANNOT BE BILLED IN MONTH OF SERV

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	MA32	Missing/incomplete/invalid number of covered days during the billing period	182	COVERED DAYS IS MIS OR INV
CO	A1	Denied charges.	MA32	Missing/incomplete/invalid number of covered days during the billing period	183	COVERED/NONCOVERED DAYS CNFL
CO	A1	Denied charges.	MA33	Missing/incomplete/invalid noncovered days during the billing period	185	OCC SPAN CODE OF 80 OR 74 REQ
CO	A1	Denied charges.	MA34	Missing/incomplete/invalid number of coinsurance days during the billing period	709	COINSURANCE DAYS INVALID
CO	A1	Denied charges.	MA34	Missing/incomplete/invalid number of coinsurance days during the billing period	711	COINSURANCE DAYS ENTERED ON NON-MEDICARE CLAIM
CO	A1	Denied charges.	MA38	Missing/incomplete/invalid birth date	130	RECIP DOB IS MIS OR INV
CO	A1	Denied charges.	MA38	Missing/incomplete/invalid birth date	248	RECIP ID/RECIP DOB MISMATCH
CO	A1	Denied charges.	MA39	Missing/incomplete/invalid gender	432	PROC/DIAG SEX CNFL W/RECIP SEX
CO	A1	Denied charges.	MA40	Missing/incomplete/invalid admission date	167	ADMIT DATE IS MIS OR INV
CO	A1	Denied charges.	MA40	Missing/incomplete/invalid admission date	379	CHECK ADMISSION DATE FIELD
CO	A1	Denied charges.	MA40	Missing/incomplete/invalid admission date	701	LTC ADMISSION DATE IS LATER THAN SERVICE START DATE
CO	A1	Denied charges.	MA41	Missing/incomplete/invalid admission type	147	ADMIT TYPE INVALID
CO	A1	Denied charges.	MA42	Missing/incomplete/invalid admission source	114	ADMIT SOURCE INVALID
CO	A1	Denied charges.	MA43	Missing/incomplete/invalid patient status	188	PATIENT STATUS INVALID
CO	A1	Denied charges.	MA53	Inconsistent demonstration project information. Correct and resubmit with information on no more than one demonstration project.	221	COVERED DAYS NE REV DAYS
CO	A1	Denied charges.	MA63	Missing/incomplete/invalid principal diagnosis	578	1ST DIAG CANNOT BEGIN WITH "E"
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	190	PRINC SURG PROC STAY CNFL
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	196	SURG PROC MISSING
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	197	PRINCIPLE SURGICAL DATE MISSING

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	198	OTHER SURGICAL DATE MISSING
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	354	ICD-9 PROCEDURE CODE MISSING
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	550	PRINCIPLE SURGICAL PROCEDURE NOT ON FILE
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	551	PRINCIPLE SURGICAL PROC NOT COVERED
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	553	PRINCIPLE SURG PROC REQUIRES REVIEW
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	556	PRINCIPLE SURG PROC REQUIRES AUTH
CO	A1	Denied charges.	MA66	Missing/incomplete/invalid principal procedure code of date	812	PRINCIPLE SURGICAL PROC ADMIT DATE CONFLICT
CO	A1	Denied charges.	MA70	Missing/incomplete/invalid provider representative signature	131	PAY-TO PROV SIG MISSING
CO	A1	Denied charges.	MA70	Missing/incomplete/invalid provider representative signature	402	DTH SERV REQUIRES TWO SIG
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	118	MCARE CO-INS/DED NOT ALLOCATED
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	166	DENIAL REASON INVALID
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	169	MEDICARE CARRIER WITHOUT PRIOR PAY OR COINSURANCE
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	237	MCARE IS ON RECIPIENT ELIG FIL
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	254	MCARE REJECT - TPL
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	255	MCARE ICN MIS OR INV
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	262	TPL RESOURCE AVAIL BUT REJECTE
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	263	TPL RESOURCE AVAIL - PAY

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	264	TPL RESOURCE AVAIL - PAY/BILL
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	265	TPL RESOURCE AVAIL - SUSP
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	266	TPL TORT RESOURCE AVAIL - SUSP
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	267	TPL RESOURCE AVAIL - DENY
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	268	TPL TOO LOW NO COST AVOID
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	270	TPL RESOURCE REC MAY BE REQD
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	277	TPL INITIATED CCTAD PROCESSING
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	278	TPL ABSENT PARENT INDICATED
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	279	CCTAD AUTOMATICALLY GENERATED
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	280	TPL CVRG REQD FOR INPATIENT CL
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	281	TPL TOO LOW MULTI COST AVOID
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	283	MCARE ACT/DEN - NONENTITLED
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	286	MCARE PAID DATE MIS OR INV
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	692	TPL ATTACHMENT PRESENT REVIEW
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	694	ATTACHMENT PRESENT - TORT
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	698	TPL RESOURCE SUSPENSE IND ON
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	823	TPL AMT IS MIS OR INV

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	827	ATTACHMENT PRESENT - MEDICARE
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	908	LINE ITEM CHARGES MUST BE BILLED TO MA AT THE RATE THE RECIPIENT WOULD OTHERWISE BE LIABLE TO PAY
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	909	THE AMOUNT RECEIVED FROM OTHER SOURCES MUST BE ENTERED ON THE CLAIM FORM; INSURANCE PAYMENT REPORTS SHOULD ONLY BE ATTACHED AS REQUIRED IN THE MANUAL
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	910	ATTACHMENTS WERE NOT REQUIRED FOR THE PROCESSING OF THIS CLAIM; PLEASE REFER TO THE MHCP PROVIDER MANUAL.
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	927	TPL DENIAL MISSING EXPLANATION OF DENIAL REASON CODE
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	933	SERVICE SHOULD BE BILLED TO INSURANCE COMPANY CURRENTLY IN EFFECT; INSURANCE INFORMATION ATTACHED TO CLAIM DOESN'T MATCH CURRENT TPL INFORMATION ; CONTACT EVS
CO	A1	Denied charges.	MA92	Missing/incomplete/invalid primary insurance information	936	CONTACT THE FINANCIAL WORKER AT THE LOCAL HUMAN SERVICES AGENCY FOR ASSISTANCE IN OBTAINING PATIENT COOPERATION FOR INSURANCE BILLING
CO	A1	Denied charges.	N10	Claim/service adjusted based on the findings of a review organization/profesional consult/manual adjudication/medical or dental advisor	905	THIS CLAIM WAS DENIED BY MEDICAL ASSISTANCE CONSULTANTS

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N123	This is a split service and represents a portion of the units from the originally submitted service	700	SPLIT LINE ITEM
CO	A1	Denied charges.	N129	This amount represents the dollar amount not eligible due to the patient's age	672	STERIL RECIP UNDER AGE 21
CO	A1	Denied charges.	N13	Payment based on professional/technical component modifier(s).	377	PROF/TECH PERCENT EQUAL ZERO
CO	A1	Denied charges.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	623	ADJUST AMT GT MA PAID AMT
CO	A1	Denied charges.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	624	MCARE COINS PLUS DED > ALLOW
CO	A1	Denied charges.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	699	TPL PHARM COPAY LT ALLOW CHRNG
CO	A1	Denied charges.	N141	The patient was not residing in a long-term care facility during all or part of the service dates billed	115	LTC DISCH DATE/LA SPAN CNFL
CO	A1	Denied charges.	N143	Please refer to your provider manual for additional program and provider information.	232	HOSPICE PARTICIPATION REQ
CO	A1	Denied charges.	N144	The rate changed during the dates of service billed	121	CAP MULT RATE CELLS
CO	A1	Denied charges.	N144	The rate changed during the dates of service billed	269	CASE MIX CHANGE DURING SVC PER
CO	A1	Denied charges.	N145	Missing/incomplete/invalid/not approved screening document	374	TRTG PROV/PLACE OF SERV CNFL
CO	A1	Denied charges.	N146	Missing/incomplete/invalid/not approved screening document.	380	SCREENING MISSING
CO	A1	Denied charges.	N146	Missing/incomplete/invalid/not approved screening document.	386	SCREENING TOO OLD
CO	A1	Denied charges.	N146	Missing/incomplete/invalid/not approved screening document.	612	ICFMR SCREENING OLD OR MISS

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N146	Missing/incomplete/invalid/not approved screening document.	613	ICFMR SCRNG TIMING
CO	A1	Denied charges.	N147	Long term care case mix or per diem rate can not be determined because the patient ID number is missing, incomplete, or invalid on the assignment request	595	CASE MIX IS MISSING
CO	A1	Denied charges.	N148	Missing/incomplete/invalid date of last menstrual period.	625	LAST MENSTRUAL DTE MISSING/INV
CO	A1	Denied charges.	N149	Rebill all applicable services on a single claim.	871	DTH TRANS W/O DTH SERV
CO	A1	Denied charges.	N149	Rebill all applicable services on a single claim.	872	C&TC/HCFA DUPL SERV - PROV EQ
CO	A1	Denied charges.	N15	Services for a newborn must be billed separately.	576	MOTHER/NEWBORN SHOULD BE SEP
CO	A1	Denied charges	N151	Telephone contact services will not be paid until the face to face contact requirement has been met.	794	TELE CONTACT/FACE TO FACE CONF
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	833	MCARE REPLCMT/CRED OVERLAP
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	836	REPL'D CLAIM HAS TPL ATTACH
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	837	REPLCMT REASON CODE CNFL
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	839	REPLCMT TCN IS MIS OR INV
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	842	RECIP ID MATCH NOT FOUND
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	843	PAY-TO PROV MATCH NOT FOUND
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	844	ADJ FROM HX (HISTORY)
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	847	RELATED TCN NOT ON FILE
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	850	CLM NOT FOUND ON HX

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	855	REASON CODE NOT ALLOW
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	856	CREDIT CANNOT BE CRED/REPLCD
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	857	REASON CODE INVALID
CO	A1	Denied charges.	N152	Missing/incomplete/invalid replacement claim information.	889	DEBIT RPL OR POS CREDIT CNFL
CO	A1	Denied charges.	N153	Missing/incomplete/invalid room and board rate.	867	ROOM AND BOARD RATE MIS OR INV
CO	A1	Denied charges.	N21	Range of dates separated onto single lines.	317	IHS FDOS DON'T MATCH
CO	A1	Denied charges.	N21	Range of dates separated onto single lines.	655	FROM/THRU DATE NOT ALLOWED
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	195	INVALID ATTACHMENT DT
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	674	AB CONSENT NOT VALID/MAJ PROG
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	676	STERIL ABDOMINAL SURG/FDOS CNF
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	679	STERIL DELIVERY DATE EXPECTED
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	680	STERIL DESC OF CIRC MISSING
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	686	STERIL SIG DATE EQUAL TO ZERO
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	687	STERIL SIG DATE/FDOS CNFL
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	688	STERIL SIG/DEL DATE CNFL
CO	A1	Denied charges.	N28	Consent form requirements not fulfilled	691	STERIL PROV SIG MISSING
CO	A1	Denied charges.	N29	Missing/incomplete invalid documentation/orders/notes/summary/report/invoice	323	PROC REQUIRES ATTACH/DESCRIPT
CO	A1	Denied charges.	N29	Missing/incomplete invalid documentation/orders/notes/summary/report/invoice	656	AUTH REQ IF GREATER THAN \$400
CO	A1	Denied charges.	N3	Missing/incomplete/invalid consent form	670	STERIL FORM REQD
CO	A1	Denied charges.	N3	Missing/incomplete/invalid consent form	671	ABORTION OPERATIVE RPT REQD
CO	A1	Denied charges.	N3	Missing/incomplete/invalid consent form	675	HYSTERECTOMY FORM REQD
CO	A1	Denied charges.	N3	Missing/incomplete/invalid consent form	901	STERILIZATION FORM DOS NOT MEET FEDERAL REQUIREMENTS

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N3	Missing/incomplete/invalid consent form	924	REQ FORMS FOR ABORTION ARE MISSING OR INCOMPLETE
CO	A1	Denied charges.	N30	Recipient is ineligible for this service.	238	LA/DAW CNFL
CO	A1	Denied charges.	N30	Recipient is ineligible for this service.	244	RECIP DOD AFTER CLM DOD
CO	A1	Denied charges.	N30	Recipient is ineligible for this service.	245	RECIP DOD PRIOR TO CLM DOD
CO	A1	Denied charges.	N30	Recipient is ineligible for this service.	246	RECIP NOT ELIG FOR SPMI CASE M
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	253	MAJ PROG DOES NOT COVER MCARE
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	259	MULTI ELIG SPANS FOR SERV PERI
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	260	SWING BED NEEDS QMB CVRG
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	271	RECIP INELIG FOR SERV
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	272	RECIP INELIG FOR PPHP
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	273	PAY-TO PROV/CONTRACT NBR CNFL
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	275	MAJ PROG/CAT OF SERV CNFL
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	276	WAIVER PROG/SERV CNFL
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	284	ENCOUNTER CLM W/O PPHP ENROLL
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	292	MAJ PROG/COS CNFL FOR RTC-DD
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	293	MAJ PROG/COS CNFL FOR RTC-MH
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	311	CD NOT VAL FOR AGE/PROV SP/FAC
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	312	CD IN RTC NOT VAL/MJR PROG/AGE
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	314	CAT OF SERV/AGE CNFL
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	331	NEWBORN CODE NOT PRESENT
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	368	NUTRIT NOT COVERED BY QMB IN N
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	384	PRENATAL HIGH RISK NOT AUTH
CO	A1	Denied charges.	N30	Recipient ineligible for this service.	598	NOT ELIGIBLE FOR SPECIAL TRANS
CO	A1	Denied charges.	N34	Incorrect claim form for this service	372	PROC/CLM TYPE CNFL
CO	A1	Denied charges.	N34	Incorrect claim form for this service.	673	REPL/CLAIM TYPE CNFL
CO	A1	Denied charges.	N37	Missing/incomplete/invalid tooth number/letter	361	TOOTH NBR REQD

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N37	Missing/incomplete/invalid tooth number/letter	868	TOOTH NBR INVALID
CO	A1	Denied charges.	N39	Procedure code is not compatible with tooth number/letter	364	PROC/TOOTH NBR CNFL
CO	A1	Denied charges.	N46	Missing/incomplete/invalid admission hour.	111	ADMIT HOUR MUST BE PRESENT
CO	A1	Denied charges.	N48	Please refer to your provider manual for additional program and provider information	192	INVD CONSV BEG END DT
CO	A1	Denied charges.	N48	Claim information does not agree with information received from other insurance carrier.	256	MCARE LI/CLAIM LI CNFL
CO	A1	Denied charges.	N48	Claim information does not agree with information received from other insurance carrier.	825	NET CLM CHRG CNFL
CO	A1	Denied charges.	N48	Claim information does not agree with information received from other insurance carrier.	911	DOS ON MEDICARE EOB DOES NOT MATCH DOB ON CLAIM
CO	A1	Denied charges.	N48	Claim information does not agree with information received from other insurance carrier.	916	RECIP NAME ON CLAIM DOES NOT MATCH NAME ON EOB
CO	A1	Denied charges.	N48	Claim information does not agree with information received from other insurance carrier.	920	DOLLAR AMOUNT ON CLAIM DOES NOT MATCH DOLLAR AMOUNT ON MEDICARE EOB
CO	A1	Denied charges.	N48	Claim information does not agree with information received from other insurance carrier.	922	SERVICE ON CLAIM DOES NOT MATCH SERVICE ON MEDICARE EOMB.
CO	A1	Denied charges.	N48	Claim information does not agree with information received from other insurance carrier.	923	MEDICARE CLAIM PAYMENT DATE IS MISSING FROM EOB; RESUBMIT FULL EOMB
CO	A1	Denied charges.	N48	Claim information does not agree with information received from other insurance carrier.	925	MEDICARE EOB INFO DOES NOT MATCH CLAIM INFO
CO	A1	Denied charges.	N50	Missing/incomplete/invalid discharge information	224	DISCH HOUR IS MIS OR INV
CO	A1	Denied charges.	N51	Electronic interchange agreement not on file for provider/submitter.	289	BLNG AGENT INVALID
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	209	PRIOR/TREATMENT AUTHORIZATION SYSTEM INCONSISTENCY

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	215	WAIVER SVC ON NON-WAIVER CLAIM
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	502	AUTH/RECIP CNFL
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	504	AUTH/MOD CNFL
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	510	AUTH/PROV CNFL
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	511	AUTH/SVC CNFL
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	513	AUTH SCH E/T IND CONFLICT
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	515	AUTH TYPE MISMATCH
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	516	AUTH/CLM MSG CNFL
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	517	AUTH/CLM DIAG CNFL
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	606	AUTH/SVC DATE CNFL - ADJUD
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	607	AUTH/MED SUPPLY CODE CNFL
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	608	AUTH/TOOTH NUM CNFL
CO	A1	Denied charges.	N54	Claim information is inconsistent with pre-certified/authorized services.	609	AUTH/TOOTH SURF CNFL

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N55	Procedures for billing with group/referring/performing providers were not followed.	616	REF PHYS MISSING ON CRNA CLAIM
CO	A1	Denied charges.	N58	Missing/incomplete/invalid patient liability amount	651	SPNDWN BKOUT NT FND
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	113	APC OUTPATIENT DENIAL UNTIL
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	139	LOS EXCEEDED FOR DIAG
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	142	FAMILY PLANNING IND INV
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	143	TRANS CLM W/O FROM-TO DEST
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	144	ANES UNITS GT 960
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	145	DAW/UNIT DOSE CODE INVALID
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	156	DATE BILLED GT BATCH DATE
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	157	LI COUNT IS ZERO
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	158	MCARE PART A BEN EXHAUSTED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	159	EOB LI INVALID
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	162	REFILL NBR IS MIS OR INV

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	164	CLAIM TYPE SUSPENDED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	170	PAYER CODE J REQD
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	171	BLOOD DED IS MIS OR INV
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	175	OVERRIDE LOCATION CODE INV
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	176	REPLCMT MANUALLY PRICED CLM
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	179	DEBIT GROSS ADJ IS NEG
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	180	CREDIT GROSS ADJ IS POS
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	187	EOB HEADER INVALID
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	191	OTHER SURG PROC STAY CONFLICE
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	202	ONE PAYER CODE OF C OR J REQD
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	207	CATEGORY OF SERVICE SUSPENDED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information	220	TCN TO CREDIT/BILL TYPE CNFL
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	227	FOLLOW UP CALC ERROR (DATE CONVERSION)

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	229	HOSPICE/DOS CNFL
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	231	DIAG/MAJ PROG CNFL
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	236	MA ELIGIBILITY POSSIBLE
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	239	MAJ PROG/PLACE OF SERV CNFL
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	247	MCARE RETRO IS PRESENT
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	257	RECIP UNDER REVW
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	294	RECIP MAJ PROG/INPAT CLM
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	295	BASE RATE EXCEEDS LIMIT
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	303	ORGAN TRANSPLANT SVS NOT COV'D
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	305	C.O.S. CD/ACCTG CODE INCORRECT
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	306	PPHP RATE CELL INVALID
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	325	TRAUMA/ACCIDENT CLM
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	326	DRUG NOT COVERED ON SERV DATE

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	327	DRUG LESS THAN EFFECTIVE
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	328	DRUG NOT IN FORMULARY
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	329	DRUG EXPIRED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	330	DRUG NOT REBATABLE
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	336	DRUG/SEX CNFL
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	338	DRUG QUANTITY LT MIN ALLOW
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	339	DRUG QUANTITY GT MAX ALLOW
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	343	DRUG REQUIRES MANUAL REVW
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	344	DRUG NOT ALLOW FOR SERV DATES
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	346	DRUG UNIT DOSE CNFL
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	349	DRUG REQUIRES REVW
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	351	ALLOW TO SUB PERCENT DIFF EXCD
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	352	SUB TO ALLOW PERCENT DIFF EXCD

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	353	DRUG MAC OVERRIDE NOT REQD
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	357	DRUG SUPPLY LT MIN DAYS ALLOW
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	358	DRUG SUPPLY GT MAX DAYS ALLOW
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	443	COMPOUND LINE ITEMS
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	445	INVALID LINE CNT
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	446	SUBMISSION CLARIF
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	447	COMPOUND RTE ADMIN
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	643	ALLOW CHRGT LT SURS COL AMT
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	644	PA SYSTEM ERROR
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	645	BEN/CAP SYSTEM ERROR
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	652	HISTORY RECORD NOT FOUND
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	666	GROUPER V15 VERIFICATION
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	769	RPAC FILE CLOSED OR CORRUPTED

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	770	RPAC RECORD NOT FOUND
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	771	CNTRCT/PROD FILE CLOSED/CORRUP
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	772	CNTRCT/PROD RECORD NOT FOUND
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	773	MANAGED CARE CO FILE CLOSED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	774	MANAGED CARE CO REC NOT FOUND
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	775	ESP FILE CLOSED OR CORRUPTED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	776	ESP RECORD NOT FOUND
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	778	RATING CRITERIA FILE CLOSED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	779	RATING CRITERIA REC NOT FOUND
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	780	BASE RATE FILE CLOSED/CORRUPT
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	781	ADJUSTED RATE RECORD NOT FOUND
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	782	ADJ RATE FILE CLOSED/CORRUPTED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	813	OTHER SURGICAL PROC ADMIT DATE CONFLICT

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	826	ATTACHMENT PRESENT - PRICING
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	828	COS INVALID
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	829	OBLIGATION ID NOT ON FILE
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	830	FUNDING CODE NOT ON FILE
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	831	GROSS ADJ AMT IS ZERO
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	848	COUNTY OF FIN RESP INV
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	887	ACCOUNT CODE MISMATCH
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	891	BASE RATE CHNG RSNS EXCEEDED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	892	ON-SIZE ERROR
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	895	AMT TOO LARGE FOR SYSTEM
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	896	RELATED HX REC MAX EXCEEDED
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	898	RECORD OVERFLOW NO ACTION
CO	A1	Denied charges.	N59	Please refer to your provider manual for additional program and provider information.	899	MORE THAN 25 EXCEPTIONS

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N61	Rebill services on separate claims.	373	PEDIATRIC ADD REQ SPLIT BILL
CO	A1	Denied charges.	N61	Rebill services on separate claims.	635	MULTIPLE SCRN ON SAME CLAIM
CO	A1	Denied charges.	N61	Rebill services on separate claims.	712	COVERED AND NON-COVERED DAYS ON THE SAME INVOICE.
CO	A1	Denied charges.	N61	Rebill services on separate claims.	713	MEDICARE CARRIER WITH COVERED AND NON-COVERED DAYS
CO	A1	Denied charges.	N63	Rebill services on separate claim lines.	921	THESE SERVICES MUST BE ITEMIZED
CO	A1	Denied charges.	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	381	RATE REC NOT FOUND
CO	A1	Claim denied charges	N66	Missing/incomplete/invalid documentation	51	DOCUMENTATION REQUIRED
CO	A1	Denied charges.	N66	Missing/incomplete/invalid documentation	543	AMBULANCE HOSP TO HOSP CNFL
CO	A1	Denied charges.	N74	Resubmit with multiple claims, each claim covering services provided in only one calendar month.	112	FDOS/LDOS NOT SAME MO/YR
CO	A1	Denied charges.	N75	Missing or invalid tooth surface information.	119	TOOTH SURFACE INVALID
CO	A1	Denied charges.	N75	Missing or invalid tooth surface information.	362	TOOTH SURFACE REQD
CO	A1	Denied charges.	N76	Missing/incomplete/invalid number of riders	153	NBR OF RIDERS IS MIS OR INV
CO	A1	Denied charges.	N77	Missing/incomplete/invalid designated provider number	203	PCUR PROV NBR REQD
CO	A1	Denied charges.	N78	The necessary components of the child and teen checkup (EPSDT) were not completed.	151	C&TC HEALTH HX NO NORM OR REF
CO	A1	Denied charges.	N78	The necessary components of the child and teen checkup (EPSDT) were not completed.	214	C&TC SCREENING NOT COMPLETE
CO	A1	Denied charges.	N78	The necessary components of the child and teen checkup (EPSDT) were not completed.	345	C&TC IND MISSING OR INVALID
CO	A1	Denied charges.	N79	Service billed is not compatible with patient location information.	230	LA/WAIVER CNFL

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.	N79	Service billed is not compatible with patient location information.	234	LA/CAT OF SERV CNFL
CO	A1	Denied charges.	N79	Service billed is not compatible with patient location information.	285	LA/TRTG PROV SPEC CNFL
CO	A1	Denied charges.	N79	Service billed is not compatible with patient location information.	290	LA/COS CNFL FOR RTC-DD
CO	A1	Denied charges.	N79	Service billed is not compatible with patient location information.	291	LA/COS CNFL FOR RTC-MH
CO	A1	Denied charges.	N79	Service billed is not compatible with patient location information.	337	DRUG/LA CNFL
CO	A1	Denied charges.	N79	Service billed is not compatible with patient location information.	375	PROC/LA CNFL
CO	A1	Denied charges.	N8	Crossover claim denied by previous payer and complete claim data not forwarded. Resubmit this claim to this payer to provide adequate data for adjudication.	798	ACTION CODE MISSING OR INVALID
CO	A1	Denied charges.	N80	Missing/incomplete/invalid prenatal screening information	383	PRENATAL SCREEN MISSING OR OLD
CO	A1	Denied charges.	N80	Missing/incomplete/invalid prenatal screening information	385	PRENATAL SCREEN NOT PRESENT
CO	A1	Denied charges.	N81	Procedure billed is not compatible with tooth surface code.	647	PROC CODE/TOOTH SURFACE CNFLT
CO	A1	Denied charges.	N95	This provider type/provider specialty may not bill this service	301	TRTG PROV/CAT OF SERV CNFL
CO	A1	Denied charges.	N95	This provider type/provider specialty may not bill this service	321	PROVIDER INELIGIBLE FOR TRANSPLANT
CO	A1	Denied charges.	N95	This provider type/provider specialty may not bill this service	359	DRUG/PROV UNIT DOSE CNFL
CO	A1	Denied charges.	N95	This provider type/provider specialty may not bill this service	382	DTH PROV BILLED WRONG PROC
CO	A1	Denied charges.	N95	This provider type/provider specialty may not bill this service	400	PAY-TO PRV NOT AUTH FOR PKG SV
CO	A1	Denied charges.	N95	This provider type/provider specialty may not bill this service	401	TRTG PROV TYPE/MAJ PROG CNFL

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A1	Denied charges.			360	DRUG NOT ON FILE
CO	A1	Denied charges.			505	PA/SA NUMBER IS INVALID. IT MUST BE NUMERIC
CO	A1	Denied charges.			572	MOTHER/NEWBORN SHOULD BE COMB
CO	A1	Denied charges.			661	DUR-MIN-UTIL
CO	A1	Denied charges.			662	DUR-SAFE-DAYS
CO	A1	Denied charges.			663	DUR-DRUG-DRUG
CO	A1	Denied charges.			664	DUR-DRUG-DIAG
CO	A1	Denied charges.			665	THERAPEUTIC DUPLICATION
CO	A1	Denied charges.			667	DUR LOW DOSE IDENTIFIED
CO	A1	Denied charges.			668	DUR HIGH DOSE IDENTIFIED
CO	A1	Denied charges.			853	GA CANNOT BE CRED/REPLCD
CO	A1	Denied charges.			854	RECIP ID/FUNDING CODE MIS
CO	A1	Denied charges.			858	EXC OVERRIDE NOT ALLOW
CO	A1	Denied charges.			880	REFILL NOT ALLOW
CO	A1	Denied charges.			929	TPL ATTACH NOT REQ IF PAYMENT EXCEEDS 25% (50% FOR HOSP CHGS) YOU ARE NOT REQUIRED TO ATTACH EOB
CO	A1	Denied charges.			930	TPL TERM DATE FOR THIS POLICY ENTERED INT SYSTEM; FUTURE CLAIMS FOR THIS PERSON DO NOT REQUIRE DENIAL DOCUMENTAITON.
CO	A1	Denied charges.			932	INSURANCE INFO FOR THIS POLICY HS BEEN UPDATED BASED ON DOCUMETNS PREVIOUS SUBMITTED; FUTURE CLAIMS FOR THIS SERVICE/PERSON DO NOT REQUIRE DOCUMENTATION
CO	A1	Denied charges.			935	PROVIDER DID NOT RETURN REQUESTED DOCUMENTATION OF INSURANCE DENIAL (CCTAD)

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	580	BASE PRICE MISSING ON ADMIT DA
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	582	DRG PRICING REC NOT FOUND
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	583	DRG RC 1
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	584	DRG RC 2
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	585	DRG RATE SPAN NOT FOUND
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	586	DRG REGROUPING FAILED
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	587	DRG RC 3
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	588	DRG RV/LOS MISSING
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	589	DRG RC 4
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	590	DRG RC 5

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	592	DRG RC 6
CO	A8	Claim denied; ungroupable DRG	N65	Procedure code or procedure rate count cannot be determined or was not on file, for the date of service/provider	593	DRG RC 7
CO	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.			937	THIS CLAIM HAS PREVIOUSLY BEEN PAID; IT MIGHT HAVE BEEN PAID ZERO, PLEASE DO A REPLACEMENT CLAIM.
CO	B15	Payment adjusted because this procedure/service is not paid separately.	N20	Service not payable with other service rendered on the same date.	789	DENTAL PROC/OFF VISIT SAME DAY
CO	B15	Payment adjusted because this procedure/service is not paid separately.			931	ADDITIONAL PAYMENT IS NOT WARRANTED
CO	B17	Payment adjusted because.....the prescription is incomplete, or the prescription is not current.	M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.	146	RX NBR IS MISSING
CO	B17	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is not current.	N59	Please refer to your provider manual for additional program and provider information	107	RX EXCEEDS 12 MONTHS
CO	B18	Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.	M78	Missing/incomplete/invalid HCPCS modifier	117	MODIFIER INVALID
CO	B18	Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.	M78	Missing/incomplete/invalid HCPCS modifier	324	MOD COMBINATION INVALID
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M13	No more than one initial visit may be covered per specialty per medical group. Visit may be rebilled with an established visit code.	108	NEW PATIENT VISIT PREV PAID
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M144	Pre-post--operative care payment is included in the allowance for the surgery/procedure	109	SURGERY FOLLOW-UP COVERS SERV

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M3	Equipment is the same or similar to equipment already being used.	22	AEROSOL COMP CNFLT WITH NEB CO
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M62	Missing/incomplete/invalid treatment authorization code	27	P.A. REQUIRED AFTER 2 MO. RENT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M62	Missing/incomplete/invalid treatment authorization code	28	P.A. REQUIRED AFTER 6 MO. RENT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M62	Missing/incomplete/invalid treatment authorization code	29	P.A. REQUIRED AFTER 3 MO. RENT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M62	Missing/incomplete/invalid treatment authorization code	30	P.A. REQUIRED AFTER 4 MO. RENT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M62	Missing/incomplete/invalid treatment authorization code	31	P.A. REQ IF GREATER THAN \$100.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M62	Missing/incomplete/invalid treatment authorization code	50	CHGS IN EXCESS OF \$100 REQ PA
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M62	Missing/incomplete/invalid treatment authorization code	617	AUTH LI USED NO UNITS REMAIN
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M62	Missing/incomplete/invalid treatment authorization code	618	AUTH HEADER AMT USED - ADJUD
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M75	Allowed amount adjusted. Multiple automated multichannel tests performed on the same day combined for payment.	96	LAB PROCEDURE CONFLICT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.(NU)	M86	Service denied because payment already made for similar procedure.	3	RCT-MORE THAN 1 MOLAR/DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M86	Service denied because payment already made for similar procedure within set time frame	7	1 RCT/TOOTH OR NO REIM ADD SUR

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M86	Service denied because payment already made for similar procedure within set time frame	11	DENTAL PROC CODES ARE SAME DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M86	Service denied because payment already made for similar procedure within set time frame	56	PROC CODES CONFLICT SAME DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M86	Service denied because payment already made for similar procedure within set time frame	614	OUTPATIENT OBSERVATION CONFLICTS SAME DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M90	Not covered more than once in a 12 month period.	9	DENTAL PROCS WITHIN 1 YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M90	Not covered more than once in a 12 month period.	17	NUTRITIONAL CONSULT. 1/CAL. YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M90	Not covered more than once in a 12 month period.	32	AUD SPEECH OR H.A. SERV 1/CAL-NU
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	M90	Not covered more than once in a 12 month period.	38	SERVICE ALLOWED ONCE/CAL. YR.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.	628	REIMB EXCEEDS DHS LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N20	Service not payable with other service rendered on the same date.	6	PROC CODE IN CONFLICT W EXTRAC
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N20	Service not payable with other service rendered on the same date.	58	HOSPICE PROC CODES/SAME DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N20	Service not payable with other service rendered on the same date.	60	PODIATRY PROC CODE/VISIT CODE
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N20	Service not payable with other service rendered on the same date.	61	SURG LUB INCL IN CATH TRAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N20	Service not payable with other service rendered on the same date.	70	908 & E/M SAME DAY NOT COVERED

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N20	Service not payable with other service rendered on the same date.	106	MULTI VISITS-SAME DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N20	Service not payable with other service rendered on the same date.	110	PROC COMBINATION INVALID
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N20	Service not payable with other service rendered on the same date.	116	SVC COMBINATION INVALID
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N43	Bed hold or leave days exceeded.	717	EOB CODE NOT USED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N43	Bed hold or leave days exceeded.	718	EOB CODE NOT USED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N43	Bed hold or leave days exceeded.	719	LTC HOSPITAL LKEAVE EXCEEDS 18 CONSECUTIVE DAYS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N43	Bed hold or leave days exceeded.	720	LTC PAID PLUS CLAIMED COINSURANCE DAYS EXCEED ANNUAL MAXIMUM
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	1	PROPHY, FLUORIDE, 1/180 DAYS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	4	ONE SEALANT ALLOWED PER 5 YRS.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	5	EXTRACTION PREVIOUSLY PAID
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	8	DENTAL PROC WITHIN 5 YRS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	10	PERIAPICALS, 6 PER 12 MONTHS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	12	SERVICE EXCEEDS MONTHLY ALLOW

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	13	CW-TCM 1/MO
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	14	CHIRO VISITS EXCEED 6/MONTH
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	15	RELIN OR REBASE WITHIN 3 YRS.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	16	MED TRANS EXCEEDS 6/CAL MO
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	18	NUTRIT CONSULT 2 FOLL-UP/CAL. Y
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	19	EXCEEDS 6 UNITS PER CAL. YR.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	20	EXCEEDS 4 UNITS PER CAL. YR.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	21	EXCEEDS 36 UNITS PER CAL. YR.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	23	SERVICE ALLOWED ONCE IN 3 YRS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	24	SERVICE ALLOWED ONCE IN 4 YRS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	25	SERVICE ALLOWED ONCE/5 YRS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	26	EXCEEDS 16 UNITS PER CAL. YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	33	EXCEEDS 2 UNITS PER CAL. YR.

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	34	O.T EVAL EXCEEDS 6/CAL. YR.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	35	O.T. CONSULT EXCEEDS 4/CAL. YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	36	O.T. SUPP EXCEEDS MAX/CAL YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	37	EXCEEDS 40 UNITS/CAL YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	39	MAX UNITS PER DAY = 4
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	40	EXCEEDS 8 UNITS PER CAL YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	41	PT TEST OR AUD. LIMIT 2/CAL YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	42	P.T. ROM EXCEEDS 12/CAL YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	43	BREAST PUMP RR EXCEEDS ALLOW.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	44	SERVICE EXCEEDS YEARLY LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	45	EXCEEDS LIMIT OF 2 PER CAL YR.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	46	H.A. CHECK EXCEEDS 4/CAL YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	47	MAX UNITS PER DAY = 2

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	48	1 YR PROC CODE EXCEEDS \$ LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	49	POD SERV EXCEEDS ONCE/60 DAYS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	52	ACUPUNCTURE, LIMIT EXCEEDED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	53	DENTAL PROC LIMIT EXCEEDED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	54	LIMIT EXCEEDED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	55	HRG AID SERV EXCEEDS 1/CAL YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	57	MAX UNITS = 47
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	59	MAX UNITS PER DAY = 24
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	62	SERVICE ALLOWED ONCE IN 2 YRS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	63	1 UNIT ALLOWED/30 DAYS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	64	PRENATAL INIT EXCEEDS LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	65	MAX UNITS PER CAL MO = 1
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	66	MAX UNITS PER YEAR = 13

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	CIm Adjust Rsn Code	CIm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	67	MH SERV CONFLICT DAY TX
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	68	IEP THERAPY EVAL - 6 UNITS/DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	69	IEP SERV EXCEEDS DAILY LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	71	DTH HOURLY SERV LIMIT EXCEEDED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	72	SPMI LIMIT - 1 PROVIDER/60 DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	73	MULTIFAM GROUP PSYCH 20 HR/YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	74	GRP PSYCH 6 UNIT/WK 1 PRV ONLY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	75	NEUROPSYCH CONSULT 20/78 YEAR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	76	HBMHS SKILLS TRAINING 192 HR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	77	EXPLAIN/FINDINGS 4 HOURS/YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	78	NEUROPSYCH TESTING 15 HR/YEAR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	79	PASARR DAILY OR CAL YR LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	80	10 DAY SPACE BETWEEN SERVICES

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

Current HIPAA Codes					Pre-HIPAA Codes	
Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	81	INDIV/FAMILY PSYCH 5 DAY SPACE
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	82	PSYCH TESTNG LIMIT 32 UNITS/YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	83	DIFFERENT MH MODE 5 DAYS APART
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	84	MED MGMT LIMIT IS ONCE/7 DAYS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	85	DAY TX LIMIT 3 UNIT/DAY 390 YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	86	TSFC BENEFITS EXHAUSTED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	87	FCSS BENEFITS EXHAUSTED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	88	HBMHS TRAVEL TIME 128 HR/6 MO
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	89	COG RETRN 4 HR/DAY 390 HR/YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	90	SPMI OUT-OF-CTY TRAV 8 HR/DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	91	5 DAY SPACING / DIFF MH PROV
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	92	SPMI EXCEEDS 10 HR/MO LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	93	SPMI TELEPHONE EXCEEDS 3 HR/MO

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	94	DIAG ASSESS 16 UNITS/CAL YEAR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	95	MED MGMT LIMIT IS 52 UNITS/YR
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	N59	Please refer to your provider manual for additional program and provider information	97	MH-TCM LIMIT EXCEEDED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			389	C&TC OUTREACH CAP EXCEEDED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			619	CPI CLM MAX UNTS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			620	CPI GPR 2ND LINE EXC MAX UNITS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			650	BENEFITS LIMITS EXHAUSTED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			660	DUR-MAX-UTIL
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			681	INPATIENT PER DAY LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			702	B & C LEAVE DAYS NOT ALLOWED/ OCCUPANCY RATE.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			783	HBMHS LIMIT IS 48 HR PER 6 MO
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			784	MENT HLTH SESSION 5 DAY SPACE
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			785	INDIV PSYCH 10 DAY SPACING

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			786	DENTAL LIMIT OF 4/12 MOS.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			787	NUTRITION PROD LIMIT EXCEEDED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			788	P.T. PROC EXCEEDS 1 HR/DAY
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			791	IND HS ENCOUNTER LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			792	H.A. REPAIR SERV EXCEEDS LIMIT
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			793	EVAL EXCEEDS 3 PER CAL. YR.
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			795	UNITS EXCEED 23 PER CAL MO
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			796	DTH PILOT LIMIT EXCEEDED
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			799	OUTPAT HOSPITAL LIM
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			879	SWING BED LOS IS > 40 DAYS
CO	B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.			890	ONLY 45 HOSP DAYS ALLOWED
CO	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Changed as of 10/98	MA129	This provider was not certified for this procedure on this date of service	320	LAB PROV NOT CLIA CERTIFIED
CO	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.	MA129	This provider was not certified for this procedure on this date of service	546	REV/TRTG PROV TYPE CNFL

Attachment C - HIPAA RA Claim Code to DHS EOB Code Crosswalk - October 23, 2003

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Group Code	Clm Adjust Rsn Code	Clm Adjust Rsn Description	Remark Code	Remark Description	DHS Error (EOB) Code	Code Definition
CO	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N95	This provider type/provider specialty may not bill this service	287	TRTG PROV NOT AUTH FOR PROG
CO	B9	Services not covered because the patient is enrolled in a Hospice.	N59	Please refer to your provider manual for additional program and provider information.	233	HOSPICE RECIP INELIG FOR SERV
PR	30	Payment adjusted because the patient has not met the required eligibility, spenddown, waiting, or residency requirements	N59	Please refer to your provider manual for additional program and provider information.	641	SPENDDOWN SYSTEM ERROR*
PR	30	Payment adjusted because the patient has not met the required eligibility, spenddown, waiting, or residency requirements	N59	Please refer to your provider manual for additional program and provider information.	834	CLIENT FEE ON CTF CLAIM
PR	30	Payment adjusted because the patient has not met the required eligibility, spenddown, waiting, or residency requirements			640	SPDWN REDUCED BY REIMB AMT
PR	30	Payment adjusted because the patient has not met the required eligibility, spenddown, waiting, or residency requirements			642	FDOS LT SPDWN SATIS DATE
PR	30	Payment adjusted because the patient has not met the required eligibility, spenddown, waiting, or residency requirements			838	IND HS CLAIM WITH SPENDDOWN
	125	Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate			371	EOB CODE NOT USED