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<th>EX Code</th>
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<tr>
<td>EX*1</td>
<td>95</td>
<td>N584</td>
<td>DENY: SHP guidelines for submitting corrected claim were not followed</td>
<td>DENY</td>
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<tr>
<td>EX*2</td>
<td>A1</td>
<td>N473</td>
<td>DENY: ASSESSMENT, FILLING AND/OR DME CERTIFICATION NOT ON FILE</td>
<td>DENY</td>
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<td>EX+C</td>
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<td>EX07</td>
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<td>DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S SEX</td>
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<td>EX09</td>
<td>9</td>
<td>N657</td>
<td>DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE OR SEX</td>
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<td>EX0A</td>
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<td>ADJUST: PROVIDER REFUND RECEIVED, REINSTATE RECOUPED PAYMENT AMOUNT</td>
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<td>EX0B</td>
<td>23</td>
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<td>ADJUST: CLAIM TO BE RE-PROCESSED CORRECTED UNDER NEW CLAIM NUMBER</td>
<td>DENY</td>
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<td>EX0D</td>
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<td>ADJUSTMENT: $ DUE IN ADDITIONAL TO ORIGINAL PAYMENT MADE FOR SERVICES</td>
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<td>ADJUSTMENT: $ DUE IN ADDITIONAL TO ORIGINAL PAYMENT MADE FOR SERVICES</td>
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<td>EX0F</td>
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<td>ADJUST BASED ON APPEAL RECEIVED UPHELD ORIGINAL DENY DECISION</td>
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<td>EX0G</td>
<td>252</td>
<td>N232</td>
<td>CLM TOTAL DOES NOT MATCH TOTAL CHGS ON ITEMIZED STATEMENT FOR DOS BLD</td>
<td>PAY</td>
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<td>EX0H</td>
<td>16</td>
<td>MA67</td>
<td>ADJUSTMENT: PROVIDER BILLED INCORRECTLY AND SUBMITTED REIMBURSEMENT</td>
<td>PAY</td>
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<tr>
<td>EX0I</td>
<td>A1</td>
<td>N172</td>
<td>ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER</td>
<td>DENY</td>
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<td>EX0M</td>
<td>23</td>
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<td>ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM</td>
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<td>EX0N</td>
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<td>MA67</td>
<td>DENY: ADJUSTED FOR INTERNAL PURPOSES-CORRECTION HAS BEEN GENERATED</td>
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<td>EX0O</td>
<td>193</td>
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<td>DENY: AUTH DENIAL UPHLD - REVIEW PER CLP0700 PEND REPORT</td>
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<td>EX0P</td>
<td>97</td>
<td>M15</td>
<td>PAY ZERO: COVERED UNDER PERDIEM PERSTAY CONTRACTUAL ARRANGEMENT</td>
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<tr>
<td>EX0Q</td>
<td>184</td>
<td>N767</td>
<td>BILLING PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
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<td>EX0S</td>
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<td>PAY: AUTH DENIAL OVERTURNED - REVIEW PER CLP0700 PEND REPORT</td>
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<td>EX0U</td>
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<td>ATTENDING PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
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<td>EX0V</td>
<td>184</td>
<td>N767</td>
<td>ORDERING PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
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<td>EX0W</td>
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<td>N767</td>
<td>RENDERING PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
<td>DENY</td>
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<td>EX0X</td>
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<td>DENY: INELIGIBLE DUE TO UNTIMELY SUBMISSION TO PRIMARY CARRIER</td>
<td>DENY</td>
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<td>EX0Y</td>
<td>A1</td>
<td>N767</td>
<td>OPERATING PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
<td>DENY</td>
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<tr>
<td>EX0Z</td>
<td>183</td>
<td>N767</td>
<td>REFERRING PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
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<tr>
<td>EX14</td>
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<td>DENY: THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE</td>
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<tr>
<td>EX15</td>
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<td>DENY: CLAIM DENIED BECAUSE THE SUBMITTED AUTH NUMBER IS INVALID</td>
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<tr>
<td>EX16</td>
<td>16</td>
<td>M20</td>
<td>DENY: REV CODE ONLY BILLED - PLEASE RESUBMIT WITH CPT HCPCS CODE</td>
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<tr>
<td>EX17</td>
<td>A1</td>
<td>N102</td>
<td>DENY: REQUESTED INFORMATION BY THE PROVIDER WAS NOT PROVIDED</td>
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<td>EX18</td>
<td>18</td>
<td>N522</td>
<td>DENY: DUPLICATE CLAIM SERVICE</td>
<td>DENY</td>
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<td>EX19</td>
<td>19</td>
<td>N418</td>
<td>DENY: WORK RELATED INJURY AND THE LIABILITY OF WORKER'S COMP CARRIER</td>
<td>DENY</td>
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<tr>
<td>EX1a</td>
<td>A1</td>
<td>N767</td>
<td>SERVICE FACILITY PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
<td>DENY</td>
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<tr>
<td>EX1b</td>
<td>50</td>
<td>M130</td>
<td>DENY: NON MEDICALLY NECESSARY TRANSPORT</td>
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<td>EX1B</td>
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<td>SUPERVISING PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
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<td>EX1C</td>
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<td>N237</td>
<td>MEDICAL HOSPITAL DETAIL RECORD CANCELLED</td>
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<td>EX1c</td>
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<td>PCP PROVIDER NOT ENROLLED WITH TX MEDICAID</td>
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<td>EX1D</td>
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<td>PAY IN FULL: MEMBER ELIGIBILITY VERIFIED</td>
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<td>EX1e</td>
<td>226</td>
<td>N258</td>
<td>BILLING PROVIDER ADDRESS CAN NOT BE A PO BOX.</td>
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<td>EX1E</td>
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<td>PAY: THE CONTRACT IS INELIGIBLE DURING AUTHORIZED PERIOD</td>
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<td>EX1F</td>
<td>A1</td>
<td>N255</td>
<td>PROVIDER TAXONOMY CODE INVALID, PLEASE CORRECT AND RESUBMIT.</td>
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<tr>
<td>EX1G</td>
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<td>PAY IN FULL: PARTIAL ELIGIBILITY VERIFIED</td>
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<tr>
<td>EX1H</td>
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<td>EVV VISIT MATCH</td>
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<td>EX1I</td>
<td>223</td>
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<td>INFO: Provider Allowable adjusted to include ACA Parity Payment</td>
<td>INFO</td>
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<tr>
<td>EX1i</td>
<td>251</td>
<td>N237</td>
<td>NO EVV VISIT MATCH FOR MEDICAID ID BILLED</td>
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<tr>
<td>EX1j</td>
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<td>N237</td>
<td>NO EVV VISIT MATCH FOR MEDICAID ID AND DATE OF SERVICE BILLED</td>
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<td>EX1K</td>
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<td>N129</td>
<td>DENY: PROCEDURE CODE IS INCONSISTENT WITH PATIENT'S AGE</td>
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<tr>
<td>EX1L</td>
<td>B14</td>
<td>M86</td>
<td>DENY: VISIT &amp; PREVEN CODES ARE NOT PAYABLE ON SAME DOS W O DOCUMENTATION</td>
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<td>EX1n</td>
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<td>NO EVV VISIT MATCH FOR MEDICAID ID AND NPI/API FOR DATE OF SVC BILLED</td>
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EX1N  4  N657  RESUBMIT-2ND EM NOT PAYABLE W/O MOD 25 & MED REC TO VERIFY SIGNIFICANT SEP  DENY
EX1o  22  CONNOLLY MEDICARE DISALLOWANCE  PAY
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EX1U  A1  N448  DENY: PROCEDURE COVERAGE NOT DEFINED BY MEDICAID  DENY
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EX20  20  DENY: THIS INJURY IS COVERED BY THE LIABILITY CARRIER  DENY
EX21  21  DENY: CLAIM THE RESPONSIBILITY OF THE NO-FAULT CARRIER  DENY
EX22  22  N598  DENY: THIS CARE IS COVERED BY A COORDINATION OF BENEFITS CARRIER  DENY
EX23  23  DENY: CHARGES HAVE BEEN PAID BY ANOTHER PARTY-COB  DENY
EX24  24  DENY: CHARGES COVERED UNDER CAPITATION  DENY
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EX27  27  N650  DENY: EXPENSES INCURRED AFTER COVERAGE WAS TERMINATED  DENY
EX28  26  N650  DENY: COVERAGE NOT IN EFFECT WITH SUPERIOR AT THE TIME OF SERVICE  DENY
EX29  164  DENY: THE TIME LIMIT FOR FILING A CLAIM HAS EXPIRED  DENY
EX2a  45  OTHER INS CARRIER PAYMENT APPLIED  PAY
EX2b  16  M53  DENY: OBSERVATION GREATER THAN 48 HOURS CORRECT AND RESUBMIT  DENY
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EX2e  16  MA30  DENY: NON PAYMENT BILL TYPE XX0  DENY
EX2h  45  INFO: PROC CODES CONSIDERED INFORMATIONAL ONLY BY CMS  PAY
EX2H  A1  MA41  DENY: ADMIT TYPE OR SOURCE MISSING OR INVALID  DENY
EX2i  45  PAYMENT ADJUSTED ACCORDING TO PAYMENT OR CLINICAL POLICY  PAY
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EX2m  16  M50  REVENUE CODE NOT DEFINED  DENY
EX34  34  DENY: INSURED HAS NO COVERAGE FOR NEWBORNS  DENY
EX35  119  N587  DENY: BENEFIT MAXIMUM HAS BEEN REached  DENY
EX36  45  BALANCE DOES NOT EXCEED COPAYMENT AMOUNT  PAY
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EX3C  A1  M76  DENY: 2004 NEW DIAG CODES NOT BILLABLE PER STATE BEFORE 4/1/04  DENY
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EX3P  A1  N381  DENY: PAID UNDER SETTLEMENT  DENY
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EX40  40  DENY: CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENCY CARE OUT OF AREA  DENY
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EX49  49  M86  DENY: THESE ARE NONCOVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM  DENY
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EX4A  A1 MA91  DENY: CLAIM WAS APPEALED AND CONTINUES TO BE DENIED
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EX4d  16 M76  DENY: DIAGNOSIS CODE 3 MISSING OR INVALID
EX4D  A1 M76  DENY: NON-SPECIFIC ICD-9 DIAG PROC CODE-REQUIRES 5TH DIGIT (RESUBMIT)
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EX4h  16 M76  DENY: DIAGNOSIS CODE 7 MISSING OR INVALID
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EX4I  16 M76  DENY: DIAGNOSIS CODE 8 MISSING OR INVALID
EX4I  223  INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK
EX4j  16 M76  DENY: DIAGNOSIS CODE 9 MISSING OR INVALID
EX4J  A1 N255  DENY: BILLING NAME DOES NOT MATCH IRS FILE
EX4k  16 M76  DENY: DIAGNOSIS CODE 10 MISSING OR INVALID
EX4k  16 M76  DENY: DIAGNOSIS CODE 11 MISSING OR INVALID
EX4m  16 M76  DENY: DIAGNOSIS CODE 12 MISSING OR INVALID
EX4n  16 M76  DENY: DIAGNOSIS CODE 13 MISSING OR INVALID
EX4N  A1 M51  DENY: 2004 ICD-9 PROC CODES NOT PAYABLE UNTIL AFTER 4 1 04
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EX4p  16 M76  DENY: DIAGNOSIS CODE 15 MISSING OR INVALID
EX4Q  16 M76  DENY: DIAGNOSIS CODE 17 MISSING OR INVALID
EX4V  16 M76  DENY: DIAGNOSIS CODE 21 MISSING OR INVALID
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EX51  109 N130  DENY: PLEASE RESUBMIT CLAIM TO THE STATE FOR CONSIDERATION
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EX53  11  DENY: SERVICE IS NOT THE RESPONSIBILITY OF SHP - SUBMIT CHARGES TO TMHP
EX55  A1 M51  ED PROCEDURE 00 55 NOT VALID FOR CHARGES AFTER 7 1 98
EX56  45  PAY: SERVICE ADDED BY CODE AUDITING SOFTWARE
EX57  A1  DENY: CODE WAS DENIED BY CODE EDITING SOFTWARE
EX58  16 M49  DENY: CODE REPLACED BASED ON CODE EDITING SOFTWARE RECOMMENDATION
EX59  45  PAY: CHARGES ARE REDUCED BASED ON MULTIPLE SURGERY RULES
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EX63  96 N129  DENY: SVC NOT COVERED BASED ON AGE OF PATIENT AND PROVIDER SPECIALTY
EX65  45  PAYMENT REDUCED.PT DID NOT SELECT MEDICARE PART B,BILL PT THE BALANCE
EX67  45  PAY: CODE WAS SUPERSEDED BY CODE AUDITING SOFTWARE
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EX6b  16 M51  DENY: ICD9/10 PROC CODE 2 VALUE OR DATE IS MISSING/INVALID
EX6c  16 M51  DENY: ICD9/10 PROC CODE 3 VALUE OR DATE IS MISSING/INVALID
EX6d  16 M51  DENY: ICD9/10 PROC CODE 4 VALUE OR DATE IS MISSING/INVALID
EX6e  16 M51  DENY: ICD9/10 PROC CODE 5 VALUE OR DATE IS MISSING/INVALID
EX6f  16 M51  DENY: ICD9/10 PROC CODE 6 VALUE OR DATE IS MISSING/INVALID
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EXBD 96  N216  DENY: THIS IS NOT A COVERED SERVICE UNDER THIS PLAN
EXBE 45  PERCENT OF ALLOWABLE CHARGE PAID PER NATIONAL CONTRACT AGREEMENT
EXBF 96  N216  DENY: BIOFEEDBACK IS NOT A BENEFIT OF TEXAS MEDICAID
EXBG 16  MA30  DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT
EXBg 288  N489  DENY: NO REFERRAL ON FILE THAT MATCHES SERVICE(S) BILLED
EXBH 119  N587  BENEFIT EXHAUSTED
EXBi 16  N63  DENY: INVOICE AND ITEMIZED BILL REQUIRED FOR PROCESSING
EXBI 252  N26  DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL
EXBO 210  DENY: NOT PAYABLE-ANOTHER PROVIDER FACILITY BILLED FOR COMPLETE SERVICE
EXBS 16  M52  DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT
EXBT 16  N657  DENY: BILL TYPE AND PROV TAXONOMY CODE DO NOT MATCH, CORRECT AND RESUBMIT
EXBU 16  M51  DENY: DX,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE
EXbw 240  DENY: PLEASE RESUBMIT WITH VALID CORRESPONDING DIAGNOSIS FOR BIRTH WEIGHT
EXBY 45  REQUEST COMPLETE NO ACTION NECESSARY
EXBZ 215  M51  PLEASE RESUBMIT WITH CORRESPONDING E&M CODE FOR PAYMENT
EXC1 16  MA120  DENIED INVALID CLIA NUMBER
EXC2 97  M15  CPT HAS BEEN REBUNDLED ACCORDING TO CLAIM EDIT
EXC2 22  DENIED PROCEDURE NOT ALLOWED FOR CLIA CERTIFICATION TYPE
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EXI1 45 PAY: FOR INTERNAL PURPOSES ONLY  INFO
EXI2 45 PAY: FOR INTERNAL PURPOSES ONLY  INFO
EXI3 45 PAY: FOR INTERNAL PURPOSES ONLY  INFO
EXI4 45 PAY: FOR INTERNAL PURPOSES ONLY  INFO
EXI5 45 PAY: FOR INTERNAL PURPOSES ONLY  INFO
EXI6 16 N657 DENY: DIAGNOSIS, CPT, HCPCS, ICD-9 CODE, MODIFIER INVALID ON DOS  DENY
EXI7 45 PAY: FOR INTERNAL PURPOSES ONLY  INFO
EXI8 45 FOR INTERNAL PURPOSES ONLY  INFO
EXI9 A1 M76 DENY: DIAGNOSIS IS MISSING, INVALID OR DELETED ICD9 CODE  DENY
EXIA A1 M127 DENY: MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST  DENY
EXIB 45 PAY: DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS  PAY
EXib 146 DENY: ICD10 CLAIM SPLIT REQUIRED FOR DOS BEFORE AND ON OR AFTER 10-1-15  DENY
EXIC 45 INTEREST AMOUNT  PAY
EXIC 45 DENY: ICD10 CLAIM SPLIT REQUIRED FOR DOS BEFORE AND ON OR AFTER 10-1-15  DENY
EXID 45 DENY: ICD10 CLAIM SPLIT REQUIRED FOR DOS BEFORE AND ON OR AFTER 10-1-15  DENY
EXIE A1 N109 DENY: DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM  DENY
EXIE 97 N19 CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE  DENY
EXIF 45 PAY: REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS  PAY
EXIf 16 M119 DENY: NDC CODE HAS INVALID FORMAT  DENY
EXIG 16 N255 PROVIDER TAXONOMY CODE MISSING, PLEASE CORRECT AND RESUBMIT  DENY
EXIH 16 N50 DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT  DENY
EXIX 16 N657 DENY: 2ND EM NOT PAYABLE W/O MODIFIER 25 & MED RECORDS, PLEASE RESUBMIT  DENY
EXIY A1 N78 DENY: INCOMPLETE MEDICAL CHECKUP - REFER TO PROVIDER PROCEDURE MANUAL  DENY
EXIY 251 N228 CONSENT FORM NOT VALID AT TIME OF SERVICE  PAY
EXIJ 252 N3 DENY: DUPLICATE PAYMENT  PAY
EXIK 45 ADJUSTMENT: ANTEPARTUM VISIT INCLUDED IN TOTAL OB DELIVERY  PAY
EXIL 45 ADJUSTMENT: PATIENT ELIGIBLE FOR DATE OF SERVICE  PAY
EXIM A1 N432 CHC RECOVERY CHECK POSTED  DENY
EXIN A1 M51 DENY: ORIGINAL CPT BILLED WAS AN INVALID CODE PLEASE RE-BILL  DENY
EXIO 45 INFORMATIONAL PURPOSES ONLY  PAY
EXIps 16 M51 DENY: IP DELETED MISSING CPT CODE, PLEASE RESUBMIT CLAIM  DENY
EXIPs A1 INFO SUBMITTED IN BOX 22 ON CMS-1500 OR BOX 64 ON CMS-1450 IS NOT VALID  DENY
EXIS A1 M51 DENY: INVALID DELETED MISSING CPT CODE, PLEASE RESUBMIT CLAIM  DENY
EXI 45 ADJUSTMENT: ANTEPARTUM VISIT INCLUDED IN TOTAL OB DELIVERY  PAY
EXI 45 ADJUSTMENT: PATIENT ELIGIBLE FOR DATE OF SERVICE  PAY
EXI 45 ADJUSTMENT: PAY ON APPEAL  PAY
EXI 45 ADJUST: RECEIVED COB PAYMENT  PAY
EXI 45 ADJUST: RECEIVED MEDICARE PAYMENT  PAY
EXI 45 ADJUST: MHS IS PRIMARY INSURER FOR THIS SERVICE  PAY
EXI 45 ADJUST: COVERED BENEFIT  PAY
EXI 45 ADJUST: SERVICE AUTHORIZED BY PCP  PAY
EXI 45 ADJUST: GRIEVANCE - SERVICE AUTHORIZED  PAY
EXI 45 ADJUST: DATE OF SERVICE CORRECTED  PAY
EXI 45 ADJUST: NOT A COVERED SERVICE, BILL WORKER S COMP  PAY
EXI 45 PAY: PARTIAL PAY PURCHASE PRICE LIMIT MET  PAY
EXI 45 ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER  PAY
EXI 45 ADJUST: DUPLICATE PAYMENT  PAY
EXJO 45 ADJUSTMENT: ADJUST PER CORRECTED BILLING FROM PROVIDER PAY
EXJP 45 ADJUST: BENEFIT MAXIMUM REACHED, BILL PATIENT PAY
EXq  16 N281 ORIGINAL CHECK NOT CASHED- PAY TO/ADDRESS VERIFICATION NEEDED. DENY
EXjQ 45 ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT PAY
EXRJ 45 ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT PAY
EXJS 45 ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION PAY
EXJT 45 ADJUST: PROCESSED FOR INCORRECT MEMBER PAY
EXJU 45 ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM PAY
EXJV 45 ADJUST: OTHER INSURANCE PAID PROVIDER PAY
EXJW 45 ADJUSTMENT: ORIGINAL SERVICE PAID INCORRECT AMOUNT PAY
EXJY 45 ADJUST: MEMBER UNDER AGE OF 21 AT TIME OF SIGNING TUBAL CONSENT FORM PAY
EXK0 109 N557 DENY: SERVICE IS NOT THE RESPONSIBILITY OF SHP - SUBMIT CHARGES TO STATE PAY
EXK1 301 DENY: SUBMIT CHARGES TO BEHAVIORAL HEALTH PROVIDER FOR PROCESSING DENY
EXK2 297 N658 DENY: PROVIDE SERVICES TO BLOCK VISION FOR PROCESSING DENY
EXK3 109 N557 DENY: SERVICE IS NOT THE RESPONSIBILITY OF SHP. SUBMIT CHARGES TO PACT DENY
EXK3 A1 MA40 DENY: DISCHARGE HOUR, ADMIT DATE/HOUR MISSING/INVALID ON INPAT CLAIM DENY
EXK4 109 N557 DENY: MEMBER IS NOT THE RESPONSIBILITY OF SHP DENY
EXK5 A1 M56 DENY: TP# REQUIRED IN BOX 24K HCFA OR 51 UB, CORRECT RESUBMIT DENY
EXK5 A1 MA30 DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT DENY
EXK6 109 N557 DENY: CLAIM IS THE RESPONSIBILITY OF MEDICARE PAY
EXK7 109 N557 INPATIENT FACILITY CHARGES ARE NOT SHP RESPONSIBILITY- RE-SUBMIT TO TMHP PAY
EXK8 109 N557 NF CHGS ARE NOT SHP RESPONSIBILITY - RE-SUBMIT TO STATE PAYER PAY
EXK9 109 N557 INPATIENT SERVICES NOT COVERED BY IMHS FOR LTC MEMBERS - SUBMIT TO THMP PAY
EXKA 96 N563 DENY:REV CODE IS NOT VALID FOR NON MEDICARE MEMBER PAY
EXKB 58 N563 DENY: SUBSEQUENT HOSPITAL CARE IS NOT REIMBURSABLE TO BIRTHING CENTER PAY
EXkb A1 W9 APC/HHA/ASC/SRDPRICER-MEDICARE WILL NOT PAY FOR THIS SERVICE PAY
EXKC A1 N130 DENY: TEMPORARY LENSES ARE NOT ALLOWED AFTER CONVALESCENT PERIOD PAY
EXKD 242 DENY: SUPPLIES & OR DME ARE ONLY PAYABLE TO AUTHORIZED DME PROVIDERS PAY
EXKE A1 N129 DENY: ECMO IS NOT A BENEFIT FOR PATIENT OVER 1 YEAR OF AGE PAY
EXKH A1 N216 DENY: SERVICES ARE NOT A COVERED BENEFIT OF HOME HEALTH PAY
EXKM 96 N12 DENY PROVIDER ON MEDICARE PRECLUSION LIST PAY
EXKM A1 M37 DENY: Routine Mammography is not a covered benefit until age 35 PAY
EXKn 96 N56 DENY: INVALID OR MISSING LOCATION CODE PAY
EXKO 16 M20 DENY: HCPCS TERMED ON CAD CROSSWALK AND IS NOT REIMBURSABLE PAY
EXKR 109 N557 DENY: MEMBER IS NOT THE RESPONSIBILITY OF SHP. SUBMIT CHARGES TO NHIC PAY
EXKT A1 N129 DENY: TEXAS HEALTHY STEPS SERVICES ARE LIMITED TO CHILDREN UNDER 21 YRS PAY
EXKu 45 INFORMATIONAL-RE-ADJUDICATION PROCESS EX CODE INFO
EXKv 16 M51 DRG/APC: WRONG PROCEDURE PERFORMED: NOT A COVERED SERVICE DENY
EXXX B22 DENY: MRI OF THE BREAST IS NOT A COVERED BENEFIT FOR THIS DIAGNOSIS DENY
EXKY A1 M77 DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE TEXAS PROV MANUAL DENY
EXkZ A1 M77 DENY: PROVIDER SUBMITTED AN INVALID PLACE OF SERVICE ON THE CLAIM DENY
EXL0 22 N598 PLEASE RESUBMIT WITH THE PRIMARY MEDICARE EXPLANATION OF BENEFITS DENY
EXL5 22 N598 DENY: NO RESPONSE TO LETTER REGARDING OTHER HEALTH INSURANCE DENY
EXL6 A1 N479 DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB DENY
EXLa A1 SNF LEAVE OF ABSENCE DAYS ARE NOT PAYABLE DENY
EXLB 35 N587 DENY: PURCHASE PRICE LIMIT HAS BEEN MET DENY
EXLH 16 M44 DENY: NUBC CONDITION CODE INVALID DENY
EXLK 96 M86 LIKE CODES NOT PAYABLE ON SAME DATE OF SERVICE DENY
EXLO 5 M77 DENY: VERIFY THE CORRECT LOCATION CODE FOR SERVICE BILLED AND RESUBMIT DENY
EXLR 109 N557 DENY: WHEN PRIME INS RECEIVES INFO-RESUBMIT TO SECONDARY INS DENY
EXLs 216 INFO:LESSER OF BILLED CLAIM REVIEW COMPLETED INFO
EXLt 251 N705 DENY: LTSS PROVIDER ENROLLMENT NOT FOUND DENY
EXLT A1 M76 DENY: PRIMARY DIAGNOSIS CODE INVALID FOR LTSS DENY
EXLU 16 M49 DENY: NUBC VALUE CODE INVALID DENY
EXpJ 163 M127 DENY: MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST
EXpJ 45 PAY: REFERRING PROVIDER AFFILIATION NOT FOUND
EXpK 45 PAY: DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS
EXpK 45 C21 PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY
EXpM 45 PAY: PAIN INJECTION AND SURGERY ON THE SAME DOS
EXpM 45 PAY: DRG PAYMENT ADJUSTMENT AFTER REVIEW OF MEDICAL RECORDS
EXpM 45 PAY: PCP IS NOT EFFECTIVE AT THE TIME OF SERVICE
EXpN A1 N109 DENY: DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM
EXPO A1 N216 DENY: PROSTHETIC & ORTHOTIC DEVICES ARE NOT A BENEFIT OF TEXAS MEDICAID
EXpP 45 PAY: REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS
EXpQ 45 RAWLINGS - OVERPAYMENT RECOVERY
EXpR 109 N557 DENY: HEARING AID SERVICES COVERED UNDER (P.A.C.T) 1-512-458-7724
EXpS 96 N10 RAWLINGS - OVERPAYMENT RECOVERY
EXpT 22 RAWLINGS - MEDICARE DISALLOWANCE
EXpU 22 RAWLINGS - MEDICARE DISALLOWANCE
EXpV 22 RAWLINGS - MEDICARE DISALLOWANCE
EXpW 45 PAY: TOTAL NUMBER OF DAYS EXCEEDS COVERAGE PERIOD
EXpX 45 INFO: SERVICE PROVIDER AFFILIATION NOT FOUND (AUTH)
EXpY 45 INFO: MULTIPLE SERVICE AFFILIATIONS QUALIFY (AUTH)
EXpZ 215 FIRST RECOVERY GROUP SUBROGATION
EXpZ 45 PAY ZERO: MEDICAL NECESSITY REQUIREMENTS NOT MET
EXQ0 133 PENDED CLAIM REVIEW COMPLETED
EXQB 45 INFO: SERVICE PROVIDER AFFILIATION NOT FOUND (AUTH)
EXQC 45 INFO: REFERRING PROVIDER IS NOT EFFECTIVE - AUTH PERIOD
EXQE A1 N122 DENY: ADD ON CODE BILLED WITHOUT PRIMARY PROCEDURE
EXQF 45 INFO: MULTIPLE REFERRING AFFILIATIONS QUALIFY (AUTH)
EXQG 45 INFO: PCP AFFILIATION NOT FOUND (AUTH)
EXQM 45 INFO: PCP NOT EFFECTIVE DURING AUTH PERIOD (AUTH)
EXQP 45 INFO: REFERRING PROVIDER AFFILIATION NOT PRIMARY (AUTH)
EXQQ 109 N557 DENY: CHIP ELIGIBILITY-NO COB PROVISION, REBILL APPROPRIATE CARRIER
EXQR 164 DENY: THE TIME FRAME FOR FILING A CLAIM RECONSIDERATION HAS EXPIRED
EXQS 45 INFO: SERVICE PROVIDER NOT EFFECTIVE - AUTH PERIOD
EXQT 45 INFO: SERVICE PROVIDER HAS BEEN TERMINATED (AUTH)
EXQU 45 INFO: REFERRING PROVIDER HAS BEEN TERMINATED (AUTH)
EXQV 16 MA66 DENY: CODE NOT PAYABLE WITHOUT PRIMARY PROCEDURE CODE
EXQW 45 INFO: TOTAL NUMBER OF DAYS EXCEEDS COVERAGE PERIOD
EXQY 5 M77 DENY: CHARGES FOR PROCEDURES FILED WITH AN INVALID LOCATION
EXQZ A1 N95 DENY: THIS CODE IS NOT BILLABLE UNDER PROVIDER S DEGREE LEVEL
EXR1 A1 N257 DENY: RESUBMIT W LTSS# OF SERVICING PROVIDER
EXR3 A1 N56 DENY REVENUE CODE BILLED NOT COVERED
EXR5 96 N95 DENY: PER STATE FILE ORDERING, REFERRING OR PRESCRIBING PROVIDER ONLY
EXR6 252 N706 DENY: DMO AUTH FORM MISSING
EXR7 45 INFO: FOR INTERNAL PURPOSES ONLY
EXR8 16 M51 DENY: T1015 PROC CODE MISSING OR IN A DENIED STATUS
EXRA 16 N34 DENY: SERVICE CANNOT BE PROCESSED AS BILLED, PLEASE RESUBMIT ON CMS1500
EXRa 45 IRF PAID AMOUNT CONTAINS AN OUTLIER
EXvJ  16  M51  APC/ASC/ESRD - INVALID BILLING OF CARDIAC RESYNC THERAPY  
DENY

EXVK  45  PAY: TRANSPLANT CASE RATE PAID  
PAY

EXVM  45  No additional payment due for multiple visits per contract  
PAY

EXvn  96  N381  APC/HHA/ASC/ESRD IMPROPER BILLING OF DRUGS  
DENY

EXvo  252  N466  APC/HHA/ASC/ESRD/IRF/SNF INVALID BILLING OF THERAPY SERVICES  
DENY

EXVR  16  M51  INCORRECT PROCEDURE OR DX CODE FOR MEMBER AGE OR GENDER PER PLAN POLICY  
DENY

EXVQ  297  N658  DENY: PLEASE SUBMIT SERVICES TO VISION VENDOR FOR PROCESSING  
DENY

EXvr  45  INFO: EVV DATA SUBJECT TO RETRO REVIEW  
INFO

EXVV  A1  N434  DENY: MISSING OR INVALID POA (UNCLEAN)  
DENY

EXVZ  133  VOID INFO  
VOID

EXw0  109  N557  DENY: TRANSPLANT CLAIM SUBMIT TO CIGNA LIFESOURCE FOR REPRICING  
DENY

EXw1  4  N517  CO-SURGEON/TEAM SURGEON DISALLOWED PER CMS SURGICAL BILLING GUIDELINES  
DENY

EXw2  16  M51  ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS  
DENY

EXw3  4  N517  ASSISTANT, CO-SURGEON OR TEAM SURGEONS NOT TYPICALLY REQUIRED PER CMS  
DENY

EXw4  B16  NEW PATIENT E/M INAPPROPRIATE PER AMA GUIDELINES  
DENY

EXw5  B15  N122  PRIMARY SERVICE IS MISSING OR DENIED PER AMA GUIDELINES  
DENY

EXw6  109  N557  DENY: TRANSPLANT CLAIM SUBMIT TO INTERLINK FOR REPRICING  
DENY

EXw7  151  M25  PREVENTABLE READMISSION RECOUPMENT  
PAY

EXw9  45  15 OR 30 DAY READMISSION POLICY REVIEWED BY THE HEALTH PLAN  
PAY

EXwa  222  N640  MAXIMUM ALLOWANCE EXCEEDED BASED ON PAYMENT POLICY SEE PLAN WEBSITE  
PAY

EXwb  150  M25  REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE  
PAY

EXwE  11  PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY  
PAY

EXwm  249  POTENTIAL PREVENTABLE READMISSION SUBMIT ALL MEDICAL RECORDS  
PAY

EXwn  5  M77  PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING PER PLAN POLICY  
PAY

EXwo  3  MEMBER COPAY  
PAY

EXwp  45  WRAP PAYMENT  
PAY

EXws  P14  N20  REIMBURSEMENT INCLUDED IN ANOTHER CODE PER PLAN POLICY  
PAY

EXwT  16  M51  INCORRECT PROCEDURE OR DX CODE FOR MEMBER AGE OR GENDER PER PLAN POLICY  
PAY

EXwV  60  N130  OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES  
PAY

EXwW  204  N130  NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER PLAN POLICY  
PAY

EXx1  96  N666  INAPPROPRIATE LEVEL OF E/M SERVICE BILLED  
PAY

EXx2  97  M15  SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD  
PAY

EXx3  P14  N20  PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE  
PAY

EXx4  7  PROCEDURE CODE/DIAGNOSIS CODE INCONSISTENT WITH MEMBERS GENDER  
PAY

EXx5  6  PROCEDURE CODE CONFLICTS WITH MEMBER'S AGE/GENDER  
PAY

EXx6  A1  N122  ADD-ON CODE REQUIRED WITH PRIMARY CODE FOR QUANTITY GREATER THAN ONE  
PAY

EXx7  A1  N122  ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE  
PAY

EXx8  16  N823  DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED  
PAY

EXx9  234  N390  PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED  
PAY

EXxA  P14  M15  CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE  
PAY

EXxa  P14  M15  CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE  
PAY

EXxB  236  DENY: CMS MEDICAID NCCI UNBUNDLING  
PAY

EXxb  8  N95  PROCEDURE CODE NOT ELIGIBLE FOR ANESTHESIA  
PAY

EXxc  16  N657  INVALID PROC/DX/REV CODE OR REV-PROC CODE COMBINATION  
PAY

EXxC  97  N111  DENY: SERVICE MODIFIER PREVIOUSLY SUBMITTED  
PAY

EXXC  A1  N216  DENY: THIS SERVICE IS EXCLUDED FROM THIS CONTRACT AGREEMENT  
PAY

EXXD  11  N657  SERVICES FOR THE DIAGNOSIS SUBMITTED ARE NOT COVERED  
PAY

EXxD  222  N640  CMS MUE QUANTITY LIMIT EXCEEDED  
PAY

EXxW  236  N644  PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER  
PAY

EXxE  11  PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY  
PAY

EXxe  16  M51  PROCEDURE/DIAGNOSIS CODE INCONSISTENT WITH MEMBER'S AGE  
PAY
EXxf 273  MAXIMUM ALLOWANCE EXCEEDED  DENY
EXxF  A1  OUTPATIENT SERVICES OVERLAP INPATIENT SERVICES OR CLAIM SPLIT BILLED  DENY
EXxG  16 N430  SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS  DENY
EXxH  P14 N20  PROCEDURE CODE IS DISALLOWED PER FEDERAL OR STATE FEE SCHEDULE  DENY
EXxH  222 N640  SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED  DENY
EXxH  96 MA67  REDUCED FOR MULTIPLE SURGERY PRICING  DENY
EXxI  96 N666  INAPPROPRIATE LEVEL OF E/M SERVICE BILLED  DENY
EXxJ  222  EXCEEDS MAXIMUM ALLOWANCE FOR GLOBAL/PROFESSIONAL/TECHNICAL COMPONENTS  DENY
EXxK  216  CLAIM MANUALLY REVIEWED FOR CORRECT CODING RULES-NO ACTION REQUIRED  INFO
EXxL  P14 N20  PROCEDURE CODE UNBUNDLED PER STATE RULES, CONTRACT OR PAYMENT POLICY  DENY
EXXM  109 N557  DENY: PLEASE SUBMIT TO THE MED SURG CARRIER FOR PROCESSING  DENY
EXxM  249  POTENTIAL PREVENTABLE READMISSION SUBMIT ALL RELATED MEDICAL RECORDS  DENY
EXxN  5 M77  DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING  DENY
EXxo  16 N22  MISSING MODIFIER 26  DENY
EXxO  97 N525  POTENTIAL OBSTETRICAL CARE OVERPAYMENT  DENY
EXxp  204 N130  SERVICE IS DENIED ACCORDING TO A PAYMENT OR CLINICAL POLICY  DENY
EXxP  222  PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM  DENY
EXxQ  204 N130  DME BILLING NOT COVERED FOR RENTED/OWNED/FREQUENTLY SERVICED ITEMS  DENY
EXxr  16 N430  BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE  DENY
EXxR  96 N356  SERVICES BILLED ARE RELATED TO NON-COVERED SERVICE  DENY
EXxS  96 N10  READMISSION DENIED AFTER MEDICAL RECORD REVIEW  DENY
EXxT  A1  T CODE NOT PAYABLE WHEN BILLED WITH ANOTHER CODE ON CLAIM  PAY
EXxU  96 N435  MAXIMUM PAYMENT PER SUPPLIES ALLOWED FOR DME  PAY
EXXX  5 M77  PROCEDURE CODE IS INCONSISTENT WITH THE PLACE OF SERVICE  PAY
EXxX  97 N390  DENY: CMS MEDICAID NCCI UNBUNDLING  DENY
EXxy  B7  PCP CANNOT BE REIMBURSED FOR THIS SERVICE  PAY
EXxY  96 N109  30 DAY READMISSION, PAYMENT DENIED AFTER CLINICAL REVIEW  PAY
EXxZ  97 M15  DENY - DOPPLER STRESS ECHO SAME DOS NO ECHOCARDIO DX NOT ELIGIBLE  DENY
EXxE  11  PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY  PAY
EXxG  18 N702  DUPLICATE CLAIMS BILLING SAME/SIMILAR CODE(S) FOR DATE OF SERVICE  DENY
EXxH  45  PAYMENT REDUCED BASED ON STANDARD CODING GUIDELINES  INFO
EXxH  150  PAY: REDUCED RATE FOR LOWER COMPLEXITY E/M SERVICE PER PAYMENT POLICY  PAY
EXxI  45  REDUCTION APPLIED FOR MULTIPLE PROCEDURES PER PAYMENT POLICY  PAY
EXxM  249  POTENTIAL PREVENTABLE READMISSION SUBMIT ALL MEDICAL RECORDS  DENY
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>EXYM</td>
<td>INFORMATIONAL ONLY: MODIFIER TWO BILLED WAS INVALID</td>
<td>PAY</td>
</tr>
<tr>
<td>EXyn</td>
<td>MAXIMUM ALLOWANCE EXCEEDED</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyN</td>
<td>DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING;</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyo</td>
<td>SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyP</td>
<td>DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyQ</td>
<td>SAME OR MULTIPLE PROVIDERS BILLING EXACT OR SIMILAR CODE(S)</td>
<td>DENY</td>
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<tr>
<td>EXyq</td>
<td>DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)</td>
<td>DENY</td>
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<tr>
<td>EXyr</td>
<td>INCORRECT PROCEDURE CODE FOR DIAGNOSIS PER NCD/CMS</td>
<td>DENY</td>
</tr>
<tr>
<td>EXys</td>
<td>REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyS</td>
<td>REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyT</td>
<td>INCORRECT PROCEDURE CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyt</td>
<td>INCORRECT PROCEDURE OR DX CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyu</td>
<td>INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyv</td>
<td>OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyV</td>
<td>OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyw</td>
<td>NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER CMS OR PLAN RULES</td>
<td>DENY</td>
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<tr>
<td>EXyX</td>
<td>INCLUDED IN GLOBAL SURGICAL PACKAGE PER CMS</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyx</td>
<td>INCLUDED IN GLOBAL SURGICAL OR MATERNITY PACKAGE PER CMS OR ACOG</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyy</td>
<td>INCORRECT USE OF MODIFIER FOR PROCEDURE PER CMS/CPT/PLAN GUIDELINES</td>
<td>DENY</td>
</tr>
<tr>
<td>EXyZ</td>
<td>FWA UPHELD APPEALS</td>
<td>INFO</td>
</tr>
<tr>
<td>EXZ1</td>
<td>DENY: DIAGNOSIS CODE 24 MISSING OR INVALID</td>
<td>DENY</td>
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<tr>
<td>EXZ2</td>
<td>DENY: DIAGNOSIS CODE 25 MISSING OR INVALID</td>
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<tr>
<td>EXz9</td>
<td>MULTIPLE PROCEDURE DISCOUNT APPLIED</td>
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<tr>
<td>EXZA</td>
<td>THIS TRANSACTION WAS FOR INTERNAL DATA CORRECTION. NO ACTION NECESSARY</td>
<td>PAY</td>
</tr>
<tr>
<td>EXZD</td>
<td>DENY: SUBMIT ED RECORDS &amp; EOP WITHIN 30 DAYS FOR PRESENTING SYMPTOMS</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZE</td>
<td>ADJUST: NOT A COVERED SERVICE, BILL WORKER’S COMP</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZF</td>
<td>ADJUST: PROCESSED FOR INCORRECT MEMBER, RESUBMIT CORRECT MEMBER</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZG</td>
<td>ADJUST: DUPLICATE PAYMENT</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZH</td>
<td>ADJUST: NOT A COVERED BENEFIT</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZJ</td>
<td>DENY: NOT PAYABLE ON OR AFTER 05 01 03</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZK</td>
<td>ADJUST: NOT AUTHORIZED BY PCP, BILL PATIENT</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZL</td>
<td>ADJUST: NOT AUTHORIZED BY PCP, DO NOT BILL PATIENT</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZM</td>
<td>ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZN</td>
<td>ADJUST: PROCESSED FOR INCORRECT MEMBER</td>
<td>DENY</td>
</tr>
<tr>
<td>EXzw</td>
<td>MAXIMUM ALLOWANCE EXCEEDED</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZW</td>
<td>DENY: NO CHANGE TO ORIGINAL CLAIM DECISION AFTER REVIEW</td>
<td>DENY</td>
</tr>
<tr>
<td>EXZY</td>
<td>REVIEW ALL ER CHARGES FOR CORRECT PAYMENT</td>
<td>PAY</td>
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</tbody>
</table>