

EX Code	EX Code Type	EX Code Description	CARC	RARC
EX01	PAY	DEDUCTIBLE AMOUNT	1	
EX02	PAY	COINSURANCE AMOUNT	2	
EX03	PAY	COPAYMENT AMOUNT	3	
EXWO	PAY	MEMBER COPAY	3	
EXEg	DENY	ESRD PRICER: INVALID UNITS FOR MODIFIER	4	N519
EXEn	DENY	ESRD PRICER: HCT/HGB EXCEEDS THRESHOLD W/O APPROPRIATE MODIFIER	4	N519
EXkS	DENY	MISSING OR INVALID MODIFIER FOR PRICING	4	
EXqX	DENY	OCE114 ITEM OR SERVICE NOT ALLOWED WITH MODIFIER CS	4	N519
EXdc	DENY	DENY: CDR CREDIT BALANCE RECOVERY	5	
EXLB	DENY	PROC CODE & LOCATION ARE NOT COMPATIBLE, PLEASE RESUBMIT	5	M77
EXPQ	DENY	CPT & LOCATION ARE NOT COMPATIBLE, PLEASE RESUBMIT	5	M77
EXWN	DENY	INAPPROPRIATE PLACE OF SERVICE FOR AMBULANCE PROC CODE, PLEASE REBILL	5	M77
EXxN	DENY	DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING	5	M77
EXyN	DENY	DENY: PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING	5	M77
EX0g	DENY	OCE07 PROCEDURE AND AGE CONFLICT	6	
EX1K	DENY	DENY: CPT CODE IS NOT VALID FOR AGE OF PATIENT	6	N129
EX07	DENY	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENTS SEX	7	
EX2b	DENY	PROCEDURE NOT COMPATIBLE WITH PROVIDER TYPE	8	
EX2C	DENY	TAXONOMY INCOMPATIBLE WITH PT AND COS BILLED FOR PROCEDURE	8	
EX2E	DENY	REVENUE CODE INVALID FOR PROVIDER TYPE	8	
EX2f	DENY	REV CODE INVALID FOR PROV COS	8	
EX2G	DENY	BILL TYPE INVALID FOR PROVIDER TYPE	8	
EXnN	DENY	DENY-NATIONAL CONTRACT PROVIDER BILLING INCORRECT PROVIDER TYPE FOR SERV	8	
EXwu	DENY	DENIED: SERVICE CODE BILLED IS NOT APPROPRIATE FOR PROVIDER TYPE	8	N95
EXZB	DENY	DENY: THIS PROVIDER SPECIALTY IS NOT COVERED	8	N95
EXZE	DENY	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	8	N95
EXfA	DENY	AGE BILLED WITH INAPPROPRIATE DIAGNOSIS	9	
EXpx	DENY	LIMIT 2 GROUP PSYCH VISITS IN 7 DAYS	9	N517
EX0c	DENY	OCE03 DIAGNOSIS AND SEX CONFLICT	10	N517
EX0z	DENY	OCE29 PHP/IOP SERVICE FOR NON-APPLICABLE DIAGNOSIS	11	MA63
EXDU	DENY	DENY: PROCEDURE IS INAPPROPRIATE FOR DIAGNOSIS	11	N657
EXkR	DENY	DIAGNOSIS AND PROCEDURE CONFLICT	11	
EXR2	DENY	DENY: REVENUE CODE AND DIAGNOSIS ARE NOT COMPATIBLE. PLEASE RESUBMIT	11	N657
EXwE	DENY	PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY	11	
EXzV	DENY	INCORRECT PROCEDURE CODE FOR DIAGNOSIS PER NCD	11	N386
EX87	DENY	DENY: THE DATE OF DEATH PRECEDES THE DATE OF SERVICE	13	
EX14	DENY	DENY: THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE	14	
EX00	DENY	NON-SPECIFIC LOCATION BILLED, PLEASE REBILL W/ SPECIFIC LOCATION CODE	16	M77
EXOr	DENY	OCE21 MEDICAL VISIT ON SAME DAY AS A TYPE T OR S PROCEDURE W/OUT MOD 25	16	N823
EXOt	DENY	OCE23 INVALID DATE	16	N301
EX0w	DENY	OCE26 INVALID SEX	16	MA39
EX16	DENY	DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	16	M51
EX1a	DENY	DENY:MISSING/INVALID VALUE CODE-PLEASE RESUBMIT	16	M49
EX1b	DENY	DENY- ADMIN DAYS MUST BE BILLED SEPARATELY FROM IP STAY	16	N61
EX1i	DENY	POS 02 OR 10 REQUIRES MODIFIER GT OR 93 FOR IL MEDICAID	16	N823
EX1j	DENY	OCE37 TERMINATED BILATERAL PROC OR TERMINATED PROC WITH UNIT > 1	16	N430
EX1t	DENY	OCE41 INVALID REVENUE CODE	16	M50
EX1w	DENY	OCE44 OBS REV CODE ON LINE ITEM WITH NON-OBS HCPCS CODE	16	M44
EX2N	DENY	CLAIM MUST BE RECVD AT LEAST 31 DAYS AFT DOS WHEN USING OA192	16	M53
EX2r	DENY	OCE48 REVENUE CENTER REQUIRES HCPCS CODE	16	M20
EX2x	DENY	OCE57 E/M CONDITION NOT MET FOR OBS AND DATE FOR G0378	16	M53
EX3D	DENY	DENY: NON-SPECIFIC ICD-9/10 DIAG PROC-REQUIRES 4TH DIGIT-PLEASE RESUBMIT	16	M76
EX3o	DENY	OCE62 CODE NOT RECOGNIZED BY OPSS - ALTERNATE MAY BE AVAIL	16	N56
EX3R	DENY	OCE65 REVENUE CODE NOT RECOGNIZED BY MEDICARE	16	M50
EX3v	DENY	OCE73 INCORRECT BILLING OF BLOOD AND BLOOD PRODUCTS	16	N657
EX4c	DENY	DENY: DIAGNOSIS CODE 2 MISSING OR INVALID	16	M76
EX4d	DENY	DENY: DIAGNOSIS CODE 3 MISSING OR INVALID	16	M76

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EX4e	DENY	DENY: DIAGNOSIS CODE 4 MISSING OR INVALID	16	M76
EX4f	DENY	DENY: DIAGNOSIS CODE 5 MISSING OR INVALID	16	M76
EX4h	DENY	DENY: DIAGNOSIS CODE 7 MISSING OR INVALID	16	M76
EX4i	DENY	DENY: DIAGNOSIS CODE 8 MISSING OR INVALID	16	M76
EX4j	DENY	DENY: DIAGNOSIS CODE 9 MISSING OR INVALID	16	M76
EX4l	DENY	DENY: DIAGNOSIS CODE 11 MISSING OR INVALID	16	M76
EX4m	DENY	DENY: DIAGNOSIS CODE 12 MISSING OR INVALID	16	M76
EX4n	DENY	DENY: DIAGNOSIS CODE 13 MISSING OR INVALID	16	M76
EX4o	DENY	DENY: DIAGNOSIS CODE 14 MISSING OR INVALID	16	M76
EX4p	DENY	DENY: DIAGNOSIS CODE 15 MISSING OR INVALID	16	M76
EX4V	DENY	DENY: DIAGNOSIS CODE 21 MISSING OR INVALID	16	M76
EX4W	DENY	DENY: DIAGNOSIS CODE 22 MISSING OR INVALID	16	M76
EX4Z	DENY	DENY: DIAGNOSIS CODE 23 MISSING OR INVALID	16	M76
EX57	DENY	DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	16	M51
EX58	DENY	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	16	M49
EX5N	DENY	DENY: NDC UNIT OF MEASURE QUALIFIER OR QUANTITY MISSING OR INVALID	16	N816
EX61	DENY	REVENUE CODE INVALID FOR CATEGORY OF SERVICE	16	M50
EX6a	DENY	DENY: ICD9/10 PROC CODE 1 VALUE OR DATE IS MISSING/INVALID	16	M51
EX6b	DENY	DENY: ICD9/10 PROC CODE 2 VALUE OR DATE IS MISSING/INVALID	16	M51
EX6c	DENY	DENY: ICD9/10 PROC CODE 3 VALUE OR DATE IS MISSING/INVALID	16	M51
EX6d	DENY	DENY: ICD9/10 PROC CODE 4 VALUE OR DATE IS MISSING/INVALID	16	M51
EX6e	DENY	DENY: ICD9/10 PROC CODE 5 VALUE OR DATE IS MISSING/INVALID	16	M51
EX6g	DENY	DENY: ICD9/10 PROC CODE 7 VALUE OR DATE IS MISSING/INVALID	16	M51
EX6H	DENY	DENY: ADMIT TYPE OR SOURCE OR DISCH STATUS MISSING/INVALID	16	MA41
EX6k	DENY	DENY: ICD9/10 PROC CODE 11 VALUE OR DATE IS MISSING/INVALID	16	M51
EX6N	DENY	DENY: NDC NUMBER MISSING OR INVALID	16	M119
EX6Q	DENY	DENY: (MAT) WHEN BILLED WITH AN ENCOUNTER CODE ON THE SAME CLAIM	16	N61
EX6r	DENY	DENY: ICD9/10 PROC CODE 17 VALUE OR DATE IS MISSING/INVALID	16	M51
EX6s	DENY	DENY: ICD9/10 PROC CODE 18 VALUE OR DATE IS MISSING/INVALID	16	M51
EX7D	DENY	CLAIM DOES NOT MEET BILLING REQUIREMENTS	16	N657
EX81	DENY	ORIGINAL CODE WAS REPLACED BY HPR CODEREVIEW SOFTWARE	16	M49
EX83	DENY	CODE IS DENIED BY HPR CODEREVIEW SOFTWARE	16	M49
EX86	DENY	DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	16	N823
EX8a	DENY	DENY: DISCH HOUR or ADMIT DATE or HOUR MISSING/INVALID ON INPAT CLAIM	16	N46
EX8g	DENY	DENY: ADMISSION SOURCE MISSING OR INVALID	16	MA42
EX8K	DENY	INPATIENT/LTC INCORRECT COVERED DAYS -DOS SPAN VALIDATION FINAL BILLS	16	MA32
EX8M	DENY	DENY: ECI DIAGNOSIS 1 INVALID OR REQUIRES ADDITIONAL DIGIT	16	M76
EX8P	DENY	DENY: ECI Diagnosis 4 invalid or requires additional digit.	16	M76
EX9H	DENY	DENY: CODE QUESTIONED BY CODE AUDIT SOFTWARE-DENIED AFTER MEDICAL REVIEW	16	M49
EX9L	DENY	SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE	16	M51
EX9O	DENY	DENY: PATIENT REASON DIAGNOSIS 1 INVALID OR REQ ADDL DIGIT	16	M76
EX9Q	DENY	DENY: PATIENT REASON DIAGNOSIS 3 INVALID OR REQ ADDL DIGIT	16	M76
EX9R	DENY	DENY: PATIENT REASON DIAGNOSIS 2 INVALID OR REQ ADDL DIGIT	16	M76
EXA3	DENY	DENY: SERVICES SUBMITTED WITHOUT MHSIC PROVIDER NUMBER	16	N291
EXAJ	DENY	DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	16	M53
EXAm	DENY	DENY: RESUBMIT WITH ASSISTANT SURGEONS TIME IN MINUTES	16	N443
EXAo	DENY	SNF UNITS/VAL CODES/DATE SPAN MISSING/INVALID	16	M49
EXAs	DENY	DENY: INPATIENT CLAIM EFFECTIVE DATE BEFORE ADMIT DATE	16	MA40
EXAu	DENY	APC/HHA/ASC/ESRD PRICER-INVALID UNITS FOR THIS MODIFIER	16	M53
EXAv	DENY	APC/HHA/ASC/ESRD PRICER-INVALID MODIFIER	16	N823
EXBF	DENY	DENY START DOS BEFORE ADMIT DATE ON INPATIENT	16	M52
EXbg	DENY	DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	16	M51
EXBI	DENY	DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	16	N63
EXbK	DENY	INVALID PROCEDURE CODE - SUBMIT CORRECTED CLAIM.	16	M51
EXbP	DENY	DENY: SERVICE FACILITY LOCATION PROVIDER NAME/NPI IS MISSING OR INVALID	16	N278
EXBS	DENY	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	16	M52
EXBt	DENY	DENY: BILLING OR RENDERING PROVIDER TAXONOMY IS MISSING OR INVALID	16	N255

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EXBU	DENY	DENY: CPT/HCPCS/ICD9/PROC CODE/DIAG or MOD INVALID FOR DOS	16	M51
EXBZ	DENY	DENY: PLEASE RESUBMIT WITH LT OR RT MODIFIER	16	N823
EXc1	DENY	DENIED:INVALID CLIA NUMBER	16	MA120
EXCc	DENY	DENY: CONDITION CODE MISSING OR INVALID	16	M44
EXcG	DENY	DENY: ADMISSION HOUR IS MISSING OR INVALID	16	N46
EXcM	DENY	DENY: ADMISSION SOURCE IS MISSING OR INVALID	16	MA42
EXcN	DENY	DENY: ADMISSION DATE IS MISSING OR INVALID	16	MA40
EXcU	DENY	INAPPROPRIATE DX CODE BILLED IN PRIMARY POSITION	16	MA63
EXcW	DENY	ATYPICAL PROVS MUST SUBMIT VALID STATE MEDICAID ID	16	M56
EXd1	DENY	ICD 10 DIAGNOSIS CODES THAT REQUIRE ADDITIONAL CHARACTERS	16	N657
EXd2	DENY	ICD 10 PROCEDURE CODES THAT REQUIRE ADDITIONAL CHARACTERS	16	M51
EXDe	DENY	MISSING/INVALID UNITS	16	M53
EXDq	DENY	INCORRECTLY BILLED WITH RENDERING NPI, RESUBMIT WITH GROUP NPI	16	MA112
EXDW	DENY	DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT	16	M64
EXDX	DENY	DENY: DIAGNOSIS MISSING OR INVALID	16	M76
EXE1	DENY	APC-OCE LINE ITEM REJECTION	16	N182
EXe2	DENY	DENY:ADMISSION TYPE,SOURCE,DISCHARGE STATUS OR HOUR IS BLANK OR INVALID	16	MA42
EXe3	DENY	DENY: ICD9/10 PROCEDURE CODE MISSING OR INVALID	16	M51
EXE4	DENY	APC-OCE CLAIM LEVEL RETURN TO PROVIDER (RTP)	16	N182
EXE5	DENY	APC-OCE CLAIM LEVEL REJECTION	16	N182
EXe8	DENY	DENY: BILLING PROVIDER TAXONOMY CODE MISSING OR INVALID	16	N255
EXEC	DENY	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	16	MA63
EXeE	DENY	DX IS NOT COVERED FOR THIS SERVICE - SUBMIT CORRECTED CLAIM	16	MA63
EXEy	DENY	INVALID/MISSING PROCEDURE CODE	16	M51
EXFD	DENY	INVALID BIRTH DATE	16	N329
EXFe	DENY	INVALID/MISSING ADMIT DX OR ADMISSION DATE/FROM DATE	16	MA40
EXFK	DENY	SELF CARE, DRESSING, LOWER BODY (FIM39E, ADMISSION VALUE) IS OUT OF RANG	16	M49
EXFS	DENY	COMPUTED AGE IS GREATER THAN 140 YEARS	16	N329
EXFV	DENY	COMPREHENSION (FIM39N, ADMISSION VALUE) IS OUT OF RANGE	16	M49
EXgF	DENY	INVALID PROCEDURE CODE	16	M51
EXgJ	DENY	E-CODE DIAGNOSIS FOR MEDICAL VISIT	16	M76
EXgP	DENY	OBSERVATION CONDITION ERROR	16	M44
EXGS	DENY	DENY: DATE OF SVC ON CLAIM IS GREATER THAN RECEIVED DATE,PLEASE RESUBMIT	16	M52
EXGT	DENY	DENY: ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	16	M67
EXgX	DENY	LINE REJECTION FROM CODE EDITOR-REVIEW REMARK	16	MA30
EXH6	DENY	DENY PROVIDER MUST BILL WITH HCPCS CPT FOR CORRECT PRICING	16	M20
EXHb	DENY	HHA GROUPEE INVALID BILL TYPE	16	MA30
EXHd	DENY	HHA GROUPEE INVALID HIPPS CODE	16	N471
EXHg	DENY	HHA HIPPS CODE INDICATES NRS WERE PROVIDED, BUT NRS NOT ON CLAIM	16	N471
EXHu	DENY	INVALID TELEHEALTH LOCATION BILLED. PLEASE CORRECT AND RESUBMIT	16	M77
EXHw	DENY	ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS	16	M51
EXHZ	DENY	DENY: LOCATION CODE IS NOT VALID	16	M77
EXI9	DENY	DENY: DIAGNOSIS IS AN INVALID OR DELETED ICD9/10 CODE	16	M76
EXIG	DENY	DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RESUBMIT	16	N50
EXIK	DENY	DENY: 2ND EM NOT PAYABLE W O MODIFIER 25 & MED RECORDS, PLEASE RESUBMIT	16	N822
EXIM	DENY	DENY: MODIFIER MISSING OR INVALID	16	N822
EXIN	DENY	DENY: DIAGNOSIS INCONSISTENT WITH PATIENTS AGE SEX	16	M51
EXIQ	DENY	VERIFY THE CORRECT LOCATION CODE FOR SERVICE BILLED AND RESUBMIT	16	M77
EXIV	DENY	DENY: CPT OR HCPCS MISSING OR INVALID	16	M51
EXIY	DENY	DENY: NON-SPECIFIC ICD-9 PROC CODE - REQUIRES 4TH DIGIT-PLEASE RESUBMIT	16	M51
EXjh	DENY	DENY: NUMBER OF UNITS ARE NOT SUBSTANTIATED	16	M53
EXjq	DENY	DENY: CODE IS NOT SUBSTANTIATED	16	M51
EXjt	DENY	DENY: INCORRECT DISCHARGE STATUS AND/OR BILLING FOR INPATIENT STAY	16	N657
EXKA	DENY	PROVIDER MEDICAID ID REQUIRED FROM MEMBER STATE; OBTAIN ID & RESUBMIT	16	N253
EXkD	DENY	PATIENT'S REASON FOR VISIT CODE NOT FOUND (FIELD LOCATION 70a-c)	16	M64
EXKi	DENY	INAPPROPRIATE DX CODE BILLED IN PRIMARY POSITION	16	MA63
EXkk	DENY	NO APL CODE FOR DOS OR MISSING REV-PROC APL COMBO FOR ER OBS PSYCH	16	M67

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EXKX	DENY	DENY: ZERO CHARGES	16	M79
EXKZ	DENY	DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	16	M77
EXLH	DENY	DENY: NUBC CONDITION CODE INVALID	16	M44
EXLt	DENY	LTC BILLING - VALUE/OCCURRENCE CODES MISSING OR INVALID	16	M45
EXLU	DENY	DENY: NUBC CONDITION CODE INVALID	16	M49
EXLX	DENY	DENY: E-DIAGNOSIS CODES CAN NOT BE USED AS PRINCIPAL DIAGNOSIS	16	MA63
EXM1	DENY	DENY: NO MEDICAID PROVIDER NUMBER ON FILE	16	M56
EXMF	DENY	DENY: INAPPROPRIATE MEDICAID# SUBMITTED FOR SVC PROVIDER,PLEASE RESUBMIT	16	M56
EXN5	DENY	DENY: NDC MISSING/INVALID; OR NOT APPROPRIATE FOR PROCEDURE	16	M119
EXN6	DENY	DENY: NDC UNIT OF MEASURE QUALIFIER OR QUANTITY MISSING OR INVALID	16	N816
EXno	DENY	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	16	M52
EXNX	DENY	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT	16	MA113
EXo2	DENY	DENY: STATE ENCOUNTER REJECTION DUE TO AN OPERATING PROVIDER ERROR	16	N262
EXoo	DENY	DENIED-SUPPORT/DETAIL CODE IS EITHER MISSING OR DENIED FOR OTHER REASONS	16	M67
EXOU	DENY	ER REV CODES CANNOT BE BILLED ON INPATIENT CLAIMS IN IL MEDICAID	16	M50
EXOw	DENY	DENY: NUBC OCCURRENCE CODE INVALID	16	M45
EXPF	DENY	DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	16	N34
EXqa	DENY	OBSERVATION EVALUATION AND MANAGEMENT CRITERIA NOT MET - AS OF JANUARY 1	16	M50
EXqL	DENY	OCE100 HSCT ALLOGENEIC PROC W/O REV FOR DONOR ACQUISITION	16	M50
EXqM	DENY	OCE101 ITEM OR SERVICE WITH MOD PN NOT ALLOWED UNDER PFS	16	N823
EXQZ	DENY	DENY: PARTIAL CLAIM. RESUBMIT ALL DOS OR PARTIAL WITH MORE THAN 60 DAYS	16	M53
EXR7	DENY	DENY: MISSING/INVALID VALUE CODE, CBSA CODE, OR ADMIT DATE ON HOSPICE	16	M49
EXR9	DENY	DENY: REVENUE CODES MISSING OR INVALID	16	M50
EXrD	DENY	PATIENT AGE NOT REPORTED FOR PREVENTATIVE MEDICINE VISIT	16	N329
EXRG	DENY	INAPPRPROPRIATE TAXONOMY SUBMITTED FOR SERVICES PROVIDED	16	N255
EXRI	DENY	DENY - PLEASE REBILL UNDER BABY'S ASSIGNED NUMBER	16	MA61
EXRJ	DENY	DENY: REVENUE CODES MISSING OR INVALID	16	M50
EXRS	DENY	DENY: BILL ADDRESS DOES NOT MATCH SYSTEM-RESUBMIT WITH CORRECT BILL ADDR	16	N258
EXrV	DENY	DENY: REVENUE CODES MISSING OR INVALID	16	M50
EXSe	DENY	INVALID OR MISSING REQUIRED ESRD OR HHA CLAIMS DATA	16	N657
EXsL	DENY	DENY:ENCOUNTER CODE MUST BE BILLED ON SERVICE LINE 1	16	N182
EXss	DENY	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL	16	N34
EXsW	DENY	INAPPROPRIATE LATERAL DIAGNOSIS BILLED	16	M76
EXT5	DENY	DENY: TRANSPORTATION CLAIM MISSING TRIP INFORMATION	16	M22
EXTM	DENY	TO COMPLETE PROCESSING, PLEASE RESUBMIT THE ANESTHESIA TIME IN MINUTES	16	N203
EXtt	DENY	CHEMO ADMISSION BILLED WITH INAPPROPRIATE PRIMARY DIAGNOSIS CODE	16	MA63
EXTW	DENY	DENY: PLEASE RESUBMIT WITH ANESTHESIA START AND STOP TIMES	16	N203
EXTx	DENY	DENY - DRG ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE	16	N434
EXuk	DENY	EM AND PREVENTATIVE EM BILLED ON SAME DOS WITH ONLY Z DIAGNOSIS CODE	16	M76
EXUT	DENY	DENY: CPT MODIFIER NOT APPROPRIATE WHEN BILLED WITH MULTIPLE UNITS	16	N519
EXUZ	DENY	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB04 CMS1450	16	N34
EXVC	DENY	DENY: BILL WITH SPECIFIC VACCINE CODE	16	M51
EXVj	DENY	DRG/APC ERROR - INVALID BIRTHWEIGHTS	16	N207
EXVk	DENY	DRG/APC ERROR - CONFLICTING BIRTHWEIGHTS	16	N207
EXVp	DENY	DRG/APC ERROR - NON - SPECIFIC BIRTHWEIGHT	16	N207
EXVT	DENY	MISSING/INVALID TELEHEALTH MODIFIER. PLEASE CORRECT AND RESUBMIT	16	N823
EXVV	DENY	DENY: MISSING OR INVALID POA (UNCLEAN)	16	N434
EXw2	DENY	ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS	16	M51
EXwd	DENY	DENY: DIAGNOSIS CODE INCORRECTLY CODED PER ICD10 MANUAL	16	M64
EXx4	DENY	PROCEDURE CODE/DIAGNOSIS CODE INCONSISTENT WITH MEMBERS GENDER	16	M51
EXx5	DENY	PROCEDURE CODE CONFLICTS WITH MEMBER'S AGE/GENDER	16	M51
EXx8	DENY	MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED;	16	N823
EXxc	DENY	INVALID PROC/DX/REV CODE OR REV-PROC CODE COMBINATION	16	N657
EXxe	DENY	PROCEDURE/DIAGNOSIS CODE INCONSISTENT WITH MEMBER'S AGE	16	M51
EXxo	DENY	MISSING MODIFIER 26	16	N822
EXxr	DENY	BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE	16	N430
EXxT	DENY	T CODE NOT PAYABLE WHEN BILLED WITH ANOTHER CODE ON CLAIM	16	N657

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EXy8	DENY	E&V DIAGNOSIS CODES ARE NOT VALID FOR PRIMARY DIAGNOSIS PLEASE RESUBMIT	16	M76
EXy9	DENY	DENY: SVS INCLUDED INCORRECT CPT COMBINATIONS RESUBMIT CORRECTED BILL	16	N657
EXyF	DENY	INCORRECT USE OF MODIFIER FOR PROCEDURE PER CMS/CPT/PLAN GUIDELINES	16	N823
EXyh	DENY	DENY: PLEASE SUBMIT ITEMIZED BILLING STATEMENT FOR PAYMENT CONSIDERATION	16	N63
EXyt	DENY	INCORRECT PROCEDURE OR DX CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN	16	M51
EXyU	DENY	UNLISTED CODE BASED ON CPT/CMS GUIDELINES	16	M51
EXz1	DENY	DENY: DIAGNOSIS CODE 24 MISSING OR INVALID	16	M76
EXz2	DENY	DENY: DIAGNOSIS CODE 25 MISSING OR INVALID	16	M76
EXzd	DENY	MEMBER'S PCF ELIGIBILITY SEGMENT LACKS HOSPICE DESIGNATION INDICATOR	16	N657
EXzj	DENY	OCE117 TOKEN CHARGES LESS THAN \$1.01 BILLED BY PROVIDER	16	M79
EXzl	DENY	OCE119 INVALID CLAIMS PROCESSING RECEIPT DATE	16	M84
EXzm	DENY	OCE120 INCORRECT REPORTING OF MOD PT	16	N823
EXZp	DENY	DENY: ONLY REV CODE BILLED - PLEASE RESUBMIT WITH CPT HCPCS	16	M50
EXzY	DENY	INAPPROPRIATE DIAGNOSIS BILLED WITH LATERAL MODIFIER	16	N769
EX18	DENY	DENY: DUPLICATE CLAIM SERVICE	18	N522
EXDS	DENY	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	18	N522
EXNJ	DENY	ADJUST: DUPLICATE PAYMENT	18	N522
EXOg	DENY	DUPLICATE CLAIM OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR SERVICE	18	N702
EXWL	DENY	DUPLICATE INPATIENT CLAIMS BILLED ON SAME DATE(S) OF SERVICE	18	N702
EXyJ	DENY	DUPLICATE CLAIMS BILLING SAME/SIMILAR CODE(S) FOR DATE OF SERVICE	18	N702
EXyP	DENY	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)	18	N702
EXyQ	DENY	SAME OR MULTIPLE PROVIDERS BILLING EXACT OR SIMILAR CODE(S)	18	N702
EX20	DENY	DENY: THIS INJURY IS COVERED BY THE LIABILITY CARRIER	20	
EX23	DENY	DENY: CHARGES HAVE BEEN PAID BY ANOTHER PARTY-COB	22	
EX24	DENY	DENY: CHARGES COVERED UNDER CAPITATION	22	
EX6L	DENY	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	22	MA04
EX9v	DENY	HSU REPORTING - ESRD MEMBER CONVERTED TO MEDICARE AS PRIMARY	22	N479
EXc8	DENY	MEMBER NOT ELIGIBLE OR OTHER INSURANCE PRIMARY	22	N4
EXCa	DENY	DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	22	
EXHo	DENY	DENY: MEMBER IS NOT THE RESPONSIBILITY OF MANAGED HEALTH SERVICE	22	N4
EXI1	DENY	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	22	MA04
EXL6	DENY	DENY: BILL PRIMARY INSURER 1ST. RESUBMIT W EOB OR INSURANCE EXPLAIN CODE	22	N4
EXm7	DENY	RAWLINGS DISALLOW-OTHER COMM. INSURANCE IDENTIFIED	22	N4
EXmV	DENY	PRIMARY CARRIER IDENTIFIED - COB	22	N4
EX90	PAY	SERVICE IS PAID UNDER CAPITATION AGREEMENT	24	
EX26	DENY	DENY: EXPENSES INCURRED PRIOR TO COVERAGE	26	N650
EX28	DENY	DENY: MEMBER NOT ELIGIBLE ON DATE OF SERVICE	26	N650
EX27	DENY	DENY: EXPENSES INCURRED AFTER COVERAGE WAS TERMINATED	27	N52
EX0X	DENY	DENY: INELIGIBLE DUE TO UNTIMELY SUBMISSION TO PRIMARY CARRIER	29	
EX29	DENY	DENY: THE TIME LIMIT FOR FILING A CLAIM HAS EXPIRED	29	
EXRQ	DENY	DENY: THE TIME LIMIT FOR FILING A CLAIM HAS EXPIRED	29	
EX40	DENY	DENY: CHARGES DO NOT MEET QUALIFICATIONS FOR EMERGENCY CARE OUT OF AREA	40	
EXus	PAY	PAYMENT IN FULL FOR MEDICARE&MEDICAID,DO NOT BILL PATIENT	44	
EX+C	PAY	LATE CLAIM INTEREST EX CODE HEALTH PLAN ERROR	45	
EX+P	PAY	LATE CLAIM INTEREST EX CODE PROVIDER ERROR	45	
EX0A	PAY	ADJUST: PROVIDER REFUND RECEIVED, REINSTATE RECOUPED PAYMENT AMOUNT	45	
EX0J	PAY	ADJUSTMENT: ADJUSTED PER POST PAYMENT MEDICAL AUDIT	45	
EX0S	PAY	PAY: AUTH DENIAL OVERTURNED - REVIEW PER CLP0700 PEND REPORT	45	
EX1o	PAY	CONNOLLY MEDICARE DISALLOWANCE	45	
EX1q	PAY	CONNOLLY OVERPAYMENT PROJECT	45	
EX2a	PAY	OTHER INS CARRIER PAYMENT APPLIED	45	
EX36	PAY	BALANCE DOES NOT EXCEED COPAYMENT AMOUNT	45	
EX41	PAY	PREFERRED PROVIDER DISCOUNT	45	
EX42	PAY	CHARGES EXCEED YOUR CONTRACTED FEE SCHEDULE	45	
EX44	PAY	PROMPT PAY DISCOUNT	45	
EX45	PAY	CHARGES EXCEED REASONABLE AND CUSTOMARY AMOUNTS	45	
EX56	PAY	PAID LOWER LEVEL OR REMAINDER OF UNITS BILLED	45	

EX Code	EX Code Type	EX Code Description	CARC	RARC
EX59	PAY	PAY: CHARGES ARE REDUCED BASED ON MULTIPLE SURGERY RULES	45	M15
EX71	PAY	ADJUST: PRIMARY INS MEDICARE PAYMENT AMOUNT ADJUSTED	45	
EX79	PAY	PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE SURGERY GUIDELINES	45	
EX82	PAY	PAY: SERVICES REIMBURSED ACCORDING TO MULTIPLE ANESTHESIA GUIDELINES	45	
EX84	PAY	PAID AT REDUCED RATES PER HPR CODEREVIEW	45	
EX85	PAY	INTEREST CHARGES	45	
EX89	PAY	PAID IN FULL AT MEDICARE RATE	45	
EX91	PAY	PAYMENT IN FULL	45	
EX92	PAY	PAID IN FULL	45	
EX94	PAY	PAID AT A % OF BILLED CHARGES	45	
EX9J	PAY	ADJUST: PREVIOUS ANESTHESIA PAYMENT BILLED PAID INCORRECTLY	45	
EXa0	INFO	ADJUST: NOT A COVERED BENEFIT	45	
EXAa	INFO	INFORMATIONAL: CLAIM PROCESSED THROUGH COORDINATION OF BENEFITS	45	
EXac	PAY	PAY: AIM CREDIT BALANCE RECOVERY	45	
EXat	PAY	AIM MEDICARE DISALLOWANCE	45	
EXax	PAY	AIM OVERPAYMENT RECOVERY	45	
EXaZ	PAY	REDUCTION APPLIED FOR MULTIPLE THERAPY PROCEDURES PER PAYMENT POLICY	45	M15
EXbA	PAY	PAID ACCORDING TO NATIONAL CONTRACT AGREEMENT	45	
EXbB	PAY	PAID AT PERCENT OF MSRP ACCORDING TO NATIONAL CONTRACT AGREEMENT	45	
EXbD	PAY	PAID IN FULL	45	
EXbE	PAY	PERCENT OF ALLOWABLE CHARGE PAID PER NATIONAL CONTRACT AGREEMENT	45	
EXBj	PAY	ADJUSTED TO UPDATED PRICING	45	
EXBY	INFO	REQUEST COMPLETE - NO ACTION NECESSARY	45	
EXCb	PAY	PAID PER OPTUM TRANSPLANT CONTRACT	45	
EXdP	INFO	IL DISPUTE ISSUE PAYMENT	45	
EXdv	PAY	FULL OR PARTIAL PAYMENT HAS BEEN RECOUPED FROM AN IDENTIFIED OVERPAYMENT	45	
EXEk	PAY	ESRD PRICER: ITEMS PAID AT A USER-DEFINED PERCENT OF CHARGES	45	
EXEV	INFO	DENY IF NOT VERIFIED THROUGH EVV - ELECTRONIC VISIT VERIFICATION	45	N824
EXfh	PAY	PAY: MEDICAL RECORD REVIEW NO LONGER REQUIRED	45	
EXfj	PAY	PAY: CODE ALLOWED AS PART OF AN ASSOCIATED CLAIM LINE DENIAL	45	
EXFP	PAY	APC-PACKAGED SERVICE	45	M15
EXfz	PAY	HEALTHY NEWBORN CLAIM PAID PER POLICY, REMIT RECORDS FOR RECONSIDERATION	45	
EXG3	INFO	PENDED CLAIM REVIEW COMPLETED	45	
EXG5	PAY	PAY: FIRST TIME CLAIM PROCESSED WITH COB MANUALLY	45	
EXG6	PAY	PAY: ADJUSTED TO PAY - VERIFIED OI IS TERMED	45	
EXgA	PAY	APG PRICING SUCCESSFULLY PROCESSED	45	
EXgM	PAY	NO CPT/HCPCS PROCEDURE CODE SUBMITTED	45	
EXh4	PAY	PAYMENT REDUCED; OVERPAYMENT IDENTIFIED	45	
EXh7	PAY	PAY ON RECONSIDERATION	45	
EXhk	PAY	CHC RECOVERY CHECK POSTED	45	
EXhm	PAY	PAY: HMS RECOUPMENT PERFORMED	45	
EXhX	PAY	REDUCTION APPLIED TO TRANSABDOMINAL ULTRASOUND PER PAYMENT POLICY	45	N130
EXI0	PAY	PAY: OUTLIER PYMT DENIED-ITEMIZATION OF CHRGS NOT REC D WITHIN 90 DAY	45	N26
EXi3	INFO	PAY: FOR INTERNAL PURPOSES ONLY	45	
EXi4	INFO	PAY: FOR INTERNAL PURPOSES ONLY	45	
EXi5	INFO	PAY: FOR INTERNAL PURPOSES ONLY	45	
EXiF	PAY	PAY: REINSTATE PAYMENT AFTER REVIEW OF MEDICAL RECORDS	45	
EXJ0	PAY	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER	45	
EXJB	PAY	ADJUST: RECEIVED COB PAYMENT	45	
EXJD	PAY	ADJUST: RECEIVED MEDICARE PAYMENT	45	
EXJE	PAY	ADJUST: MHS IS PRIMARY INSURER FOR THIS SERVICE	45	
EXJJ	PAY	ADJUST: GRIEVANCE - SERVICE AUTHORIZED	45	
EXJL	PAY	ADJUST: NOT A COVERED SERVICE,BILL WORKER S COMP	45	
EXJP	PAY	ADJUST: BENEFIT MAXIMUM REACHED, BILL PATIENT	45	
EXJS	PAY	ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION	45	
EXJU	PAY	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM	45	
EXJW	PAY	ADJUSTMENT: ORIGINAL SERVICE PAID INCORRECT AMOUNT	45	



EX Code	EX Code Type	EX Code Description	CARC	RARC
EXJX	PAY	ADJUST: EMPLOYER GROUP RETRO TERMINATED CONTRACT, BILL MEMBER	45	
EXJZ	PAY	ADJUST: STATE RECOUPED CAPITATION,BILL STRAIGHT T-19	45	
EXKE	PAY	FULL PAYMENT APPLIED	45	
EXKG	PAY	PAYMENT SUBJECT TO DISCOUNTING	45	
EXKH	PAY	PACKAGED SERVICE \$0 APPLIED	45	M15
EXKJ	PAY	NO PAYMENT PER STATE METHODOLOGY	45	N448
EXKN	PAY	PERCENT OF CHARGES PAYMENT	45	
EXKP	PAY	PAID VIA FEE SCHEDULE	45	
EXKT	PAY	CONSOLIDATED SERVICE	45	N70
EXI0	PAY	ADJUSTMENT - PAYMENT INTEGRITY	45	
EXI1	PAY	ADJUSTMENT - BENEFIT CONFIGURATION	45	
EXI3	PAY	ADJUSTMENT - CLINICAL	45	
EXI5	PAY	ADJUSTMENT - CONTRACTING	45	
EXI7	PAY	ADJUSTMENT - PROVIDER	45	
EXI9	PAY	ADJUSTMENT - PRICING CONFIGURATION	45	
EXLO	PAY	PAID IN FULL	45	
EXm3	PAY	DRG PAID. ITEMIZED BILL REQUIRED FOR CLAIM REVIEW	45	N26
EXm9	PAY	RAWLINGS DISALLOW-OTHER COMM. INSURANCE IDENTIFIED	45	
EXMC	PAY	MCW CLAIMS PAID EXTERNALLY-	45	
EXMJ	PAY	ADJUST: ADJUSTED DUE TO CHANGE IN CODE AUDITING SOFTWARE DECISION	45	
EXmk	PAY	INFO: MCD/MKP DUAL ENROLLMENT RECLASSIFICATION PROJECT	45	
EXMN	PAY	PAY: CONTINUED INPT STAY NOT MEDICALLY NECESSARY	45	
EXMO	PAY	MODIFIER BILLED IS INVALID. INFORMATIONAL PURPOSES ONLY	45	
EXMX	PAY	PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS	45	
EXMZ	PAY	CLAIM REPROCESSED UNDER BABY S MEMBER NUMBER	45	N130
EXNy	PAY	PAID OVER THERAPY BENEFIT MAXIMUM PER AUTHORIZATION	45	
EXo6	PAY	INAPPRROPRIATE LEVEL OF E/M BILLED - PAID AT APPROPRIATE LEVEL	45	N805
EXOc	PAY	PAY: CHARGES PAID AT PROVIDERS COST-TO-RATIO ON DATE OF PAYMENT	45	
EXOS	PAY	PAY: PYMT BASED ON DRG, OUTLIER WILL BE CALCULATED FROM ITEMIZED BILL	45	N26
EXP1	PAY	BEYOND TIMELY FILING LIMIT, PAID IN GOOD FAITH	45	
EXP2	PAY	PAID AT AUTHORIZED AMOUNT	45	
ExpB	PAY	REIMBURSEMENT REDUCTION BASED ON PAYMENT POLICY SEE PLAN WEBSITE	45	N130
EXPC	PAY	REFERRING PROVIDER NOT EFFECTIVE AT TIME OF SERVICE	45	
EXPJ	PAY	PAY: REFERRING PROVIDER AFFILIATION NOT FOUND	45	
EXPK	PAY	PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY	45	
EXPM	PAY	PAY: PCP IS NOT EFFECTIVE AT THE TIME OF SERVIC	45	
ExpR	PAY	PAY:THIS PORTION IS THE RESPONSIBILITY OF THE MEMBER	45	
EXPU	PAY	REFERRING PROVIDER HAS BEEN TERMINATED	45	
EXQC	PAY	INFO: REFERRING PROVIDER IS NOT EFFECTIVE - AUTH PERIOD	45	
EXQf	PAY	PAY: DRG PAYMENT AFTER REVIEW OF MEDICAL RECORDS	45	
EXQi	PAY	HEDIS QUALITY INFORMATIONAL CODE FOR PENNY REIMBURSEMENT	45	
EXQP	PAY	INFO: REFERRING PROVIDER AFFILIATION NOT PRIMARY (AUTH)	45	
EXQT	PAY	INFO: SERVICE PROVIDER HAS BEEN TERMINATED (AUTH)	45	
EXrW	PAY	RAWLINGS CI BILLING RECOVERY	45	
EXsH	INFO	INFO: CLAIM PROJECT/SPECIAL HANDLING	45	
EXSo	INFO	SUPPLEMENTAL OXYGEN REQUIRES A DIAGNOSIS OF Z99.81 OR Z99.11	45	
EXSR	PAY	SEQUESTRATION WAIVED 05-01-2020 TO 03-31-2022 DATES OF SERVICE	45	
EXT2	PAY	PAID ACCORDING TO T-19 DRG OUT-PATIENT RATE	45	
EXTQ	PAY	PAY: TRANSPLANT SERVICES PAID AT % OF BILLED CHARGES	45	
EXTZ	PAY	ADJUSTMENT: THIRD PARTY LIABILITY, SUBROGATION RECOVERY RECEIVED	45	
EXUH	PAY	PATIENT READMITTED WITHIN 14 DAYS-RECOMM. TO CASE MGMT	45	
EXv2	INFO	REVIEWED BY CODING EDITING SOFTWARE-HCI-PCI	45	N805
EXvr	PAY	REDUCTION APPLIED FOR MULT OPTHALMOLOGY PROCEDURES PER PAYMENT POLICY	45	M15
EXW3	PAY	PAY: PAID ACCORDING TO TRANSPLANT AGREEMENT	45	
EXWG	INFO	BILLING ZIP CODE NOT FOUND ON STATE CERTIFICATION FILE	45	
EXwr	INFO	INFORMATION ONLY	45	
EXxK	INFO	CLAIM MANUALLY REVIEWED FOR CORRECT CODING RULES-NO ACTION REQUIRED	45	

EX Code	EX Code Type	EX Code Description	CARC	RARC
EXyI	PAY	REDUCTION APPLIED FOR MULTIPLE PROCEDURES PER PAYMENT POLICY	45	M15
EXz9	PAY	MULTIPLE PROCEDURE DISCOUNT APPLIED	45	
EXza	PAY	ADMINISTRATION FEE INCLUDED IN VACCINATION CODE	45	
EX9U	DENY	DOES NOT MEET CONTINUITY OF CARE	50	N661
EXEB	DENY	DENY - BASED ON MEDICAL REVIEW, THIS SERVICE WAS NOT MEDICALLY NECESSARY	50	N10
EXMT	DENY	DENY-NOT MEDICALLY NECESSARY SERVICES	50	N661
EXtY	DENY	DENY-POST SERVICE MEDICAL NECESSITY DENIAL FOR NIA-MAGELLAN THERAPY	50	N661
EXy2	DENY	DENY: MEDICAL NECESSITY NOT MET	50	N661
EX8X	DENY	DENY: ASSISTANT SURGEON NOT APPROPRIATE FOR THIS SERVICE	54	
EXjy	DENY	DENY: TEAM SURGERY/CO-SURGEON/ASST SURGEON IS NOT SEPARATELY COVERED	54	
EXep	DENY	DENY EXPERIMENTAL/INVESTIGATIONAL PER NIA PROCESS	55	N623
EX4B	DENY	DENY - SERVICE NOT REIMBURSABLE IN LOCATION BILLED	58	
EXgE	DENY	INPATIENT PROCEDURE	58	
EXI2	DENY	DENY: PROCEDURE IS ONLY PAYABLE FOR INPATIENT LOCATION	58	
EXKF	PAY	CONSOLIDATED PAYMENT	59	
EXkL	PAY	BILATERAL PROCEDURE	59	N644
EXkM	PAY	DISCOUNTED BILATERAL	59	N644
EX2s	DENY	OCE49 SERVICE ON SAME DAY AS INPATIENT PROCEDURE	60	
EXW1	DENY	DENY: MEMBER WAS INPT ON DOS-PROV BILLED NON-INPATIENT SERVICES FOR DOS	60	
EXyV	DENY	OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES	60	N130
EXgB	PAY	EAPG OUTLIER PAYMENT APPLIED	70	
EXm4	PAY	CLAIM OUTLIER PAYMENT ADJUSTED BASED ON CLAIM REVIEW	70	
EXOQ	PAY	ADJUST: CLAIM OUTLIER PAYMENT BASED ON FORENSIC REVIEW	70	
EXVW	PAY	PAY: OUTLIER PAYMENT	70	
EXNC	DENY	DENY:TUBAL WAS PERFORMED BEFORE THE 30 DAY WAITING PERIOD	95	
EXOI	DENY	OCE12 QUESTIONABLE COVERED SERVICE	96	N643
EX1p	DENY	CONNOLLY MEDICARE DISALLOWANCE	96	N10
EX1r	DENY	CONNOLLY OVERPAYMENT PROJECT	96	N10
EX1U	DENY	DENY: CODE COVERAGE REIMBURSEMENT NOT CURRENTLY OUTLINED BY MEDICAID	96	N643
EX2t	DENY	OCE50 NON-COVERED OP BENEFIT, BASED ON STATUTORY EXCLUSION	96	N425
EX37	DENY	DENY: BALANCE DOES NOT EXCEED DEDUCTIBLE	96	N130
EX3u	DENY	OCE72 SERVICE NOT BILLABLE TO THE MEDICARE ADMIN CONTRACTOR	96	N95
EX46	DENY	DENY: THIS SERVICE IS NOT COVERED	96	N448
EX48	DENY	DENY: THIS PROCEDURE IS NOT COVERED	96	N448
EX49	DENY	DENY: THESE ARE NONCOVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM	96	N429
EX4t	DENY	OCE91 ITEM OR SERVICE NOT COVERED UNDER FQHC PPS OR FOR RHC	96	N95
EX53	DENY	DENY; PROCEDURE CODE IS NOT FOUND ON THE STATE FEE SCHEDULE	96	N643
EX96	DENY	DENY: IF BILLED WITH W7000	96	N20
EX9W	DENY	OVERPAYMENT DETECTED ACCORDING TO PAYMENT OR CLINICAL POLICY	96	N10
EXab	DENY	DENY: AIM CREDIT BALANCE RECOVERY	96	N10
EXaw	DENY	AIM OVERPAYMENT RECOVERY	96	N10
EXc7	DENY	CLAIM PAYMENT EXCEEDS CONTRACTED RATE/GUIDELINES	96	N448
EXcL	DENY	DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	96	N35
EXcP	DENY	DENY: THIS SERVICE IS NOT A COVERED BENEFIT	96	N130
EXDJ	DENY	DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT	96	N56
EXF1	DENY	DENY: PROVIDER NOT REGISTERED AS FQHC, ERC, RHC	96	N665
EXgY	DENY	NO PAYMENT PER MEDICAID POLICY	96	N643
EXh2	DENY	PAYMENT ADJUSTED; OVERPAYMENT IDENTIFIED	96	N10
EXk5	DENY	DENY: NURSING FACILITY INELIGIBLE	96	N130
EXKB	DENY	APC/HHA/ASC/ESRDPRICER-MEDICARE WILL NOT PAY FOR THIS SERVICE	96	N643
EXkU	DENY	NON-COVERED REVENUE CODE	96	N643
EXMd	DENY	MEDICARE ONLY PROCEDURE CODE. PROC NOT COVERED	96	N56
EXNF	DENY	DENY:SERVICES NOT ON THE FEE SCHEDULE ARE NOT SEPERATLY REIMBURSABLE	96	N448
EXNk	DENY	DENY:DATE OF SERVICE DOES NOT MATCH AUTHORIZED DATE SPAN	96	N54
EXNI	DENY	DENY: PROCEDURE AND DOS DO NOT MATCH AUTH	96	N56
EXNS	DENY	DENY: ANCILLARY CHARGES NOT SEPARATELY PAYABLE	96	M115
ExpD	DENY	DENIED BASED ON A CLINICAL OR PAYMENT POLICY SEE PLAN WEBSITE	96	N130



EX Code	EX Code Type	EX Code Description	CARC	RARC
EXsb	DENY	DENY: SERVICES NOT BILLABLE TO MCO	96	N448
EXvz	DENY	NON-COVERED DRG CLAIM PER PPS GUIDELINES	96	N431
EXwv	DENY	DENIED: SERVICE IS NOT A COVERED BENEFIT IN THE MEMBERS PLAN	96	N448
EXx1	DENY	INAPPROPRIATE LEVEL OF E M SERVICE BILLED	96	N666
EXxI	DENY	INAPPROPRIATE LEVEL OF E/M SERVICE BILLED	96	N666
EXxS	DENY	READMISSION DENIED AFTER MEDICAL RECORD REVIEW	96	N623
EX95	PAY	PER STATE MIDNIGHT CENSUS- 1 DAY STAYS ARE PAID AT THE OP GLOBAL RATE	97	
EXFQ	PAY	REIMBURSEMENT FOR PROCEDURE INCLUDED IN ENCOUNTER RATE	97	M15
EXVI	PAY	GLOBAL FEE PAID	97	
EXZS	PAY	SERVICE INCLUDED UNDER ACT OR VP-CST	97	M15
EX4S	DENY	OCE88 FQHC PAYMENT CODE NOT REPORTED FOR FQHC CLAIM	107	
EXzQ	DENY	ADD ON CODE DENIED DUE TO PRIMARY PROCEDURE DISALLOWED	107	N122
EXzR	DENY	ADD ON CODE BILLED WITHOUT PRIMARY PROCEDURE CODE	107	N122
EXK8	DENY	DENY: RENTAL ITEMS MUST HAVE FROM & TO DOS W/IN SAME CALENDAR MONTH	108	N370
EXrf	DENY	DENY: RENTAL PRICE REACHED PURCHASE PRICE. NO ADDITIONAL PAYMENT DUE	108	M7
EX22	DENY	DENY: RESUBMIT TO UNIVITA FOR CONSIDERATION	109	
EX3i	DENY	OCE61 SERVICE CAN ONLY BE BILLED TO THE DMERC	109	M11
EX50	DENY	DENY-PLEASE RESUBMIT CLAIM TO THE STATE FOR CONSIDERATION	109	
EX51	DENY	DENY - SERVICES NOT THE RESPONSIBILITY OF CELTICARE	109	N130
EX60	DENY	DENY: PATIENT IS 9TH MONTH EXEMPTION. BILL STRAIGHT T19	109	
EX9B	DENY	EFF 4-1-2021 CLAIMS FOR EMERGENCY GROUND AMBULANCE MUST BE BILLED TO HFS	109	
EXBV	DENY	ALL EMERGENT AND NON EMERGENT AMBULANCE WILL BE BILLED TO HFS	109	
EXCH	DENY	DENY: FORWARD TO DENTAL CARRIER	109	N130
EXDT	DENY	DENY-SEND NON-EMERGENT CLAIMS TO FIRST TRANSIT GLEN ELLYN, IL 60137	109	
EXK3	DENY	DENY: SERVICE IS NOT RESPONSIBILITY OF MHS. SUBMIT CHARGES TO WI MA	109	
EXLR	DENY	DENY:WHEN PRIME INS RECIEVES INFO-RESUBMIT TO SECONDARY INS	109	N130
EXmG	DENY	DENY:WHEN PRIME INS RECIEVES INFO-RESUBMIT TO SECONDARY INS	109	N130
EXXX	DENY	ADD'L INFO REQ'D BY MEDICARE. CLAIM WILL BE REPROCESSED ONCE INFO REC'D	109	N130
EXy1	DENY	DENY: SERVICE RENDERED BY NON AUTHORIZED NON PLAN PROVIDER	109	
EX35	DENY	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	119	N587
EX7T	DENY	DENY: MAXIMUM DAILY BENEFIT HAS BEEN REACHED	119	N362
EXMB	DENY	DENY: MAXIMUM BENEFIT REACHED	119	N587
EXwm	DENY	DENY: WEEKLY MAXIMUM REACHED	119	
EXB0	DENY	ADJUSTED DUE TO PROVIDER SUBMITTED CORRECTED CLAIM(S)	129	N770
EXDb	DENY	ADJUSTED DUE TO OTHER INSURANCE	129	N420
EXaD	DENY	INTERIM CLAIM NOT FOLLOWING BILLING GUIDELINES	135	
EXIZ	DENY	DENY:INTERIM BILLS NOT REIMBURSABLE-REIMBURSEMENT MADE ON FINAL BILL	135	
EXCd	DENY	DENY:MEDICARE COVERAGE RULES NOT FOLLOWED THEREFORE SERVICES NOT ELIG	136	
EXNA	DENY	OTHER INS. DENIED - OOP PROVIDER NOT AUTHORIZED - SERVICES NOT PAYABLE	136	
EXMQ	DENY	DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	140	N382
EXND	DENY	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	146	M64
EXtU	DENY	DIAGNOSIS CODE INVALID PER ICD10 MANUAL	146	M76
EXID	DENY	DENY: NO W-9 FORM ON FILE	147	D10
EX2d	DENY	PROCEDURE CODE INVALID FOR LOC FOR PT AND COS	150	
EXiE	DENY	DENY: DRG INPATIENT PYMT DENIED AFTER REVIEW OF RECORDS. OBSERVATION CLM	150	N10
EXjf	DENY	DENY: UPCODING OF E/M CODE	150	N125
EXji	DENY	DENY: DOCUMENTATION DOES NOT SUPPORT SERVICES BILLED	150	N163
EXjv	DENY	DENY: UPCODING OF PROCEDURE OR TIME BASED CODE	150	N125
EXpE	DENY	INAPPROPRIATE LEVEL OF E M SERVICE BILLED, SEE POLICY ON PLAN WEBSITE	150	M25
EXyG	DENY	DENY: REIMBURSED AS LOWER COMPLEXITY E/M PER PAYMENT POLICY	150	M25
EX9N	DENY	CLAIM CANNOT BE PROCESSED WITHOUT OPERATIVE REPORT	163	M29
EXj5	DENY	REFERENCED EOB NOT RECEIVED - PLEASE SUBMIT PRIMARY EOB	163	N4
EXK4	DENY	DENY: NO RESPONSE TO LETTER REGARDING OTHER HEALTH INSURANCE	163	N479
EX47	DENY	DENY: THIS DIAGNOSIS IS NOT COVERED	167	N30
EXOf	DENY	OCE06 INVALID PROCEDURE CODE	181	
EX98	DENY	INVALID PROCEDURE FOR 1998, PLEASE RESUBMIT WITH CORRECT CODE	181	N517
EXH8	DENY	DENY: HOMEGROWN PROCEDURE CODES ARE NOT VALID FOR THIS DOS	181	N517

EX Code	EX Code Type	EX Code Description	CARC	RARC
EXpp	DENY	PRINCIPAL OR OTHER PROC DATE IS PRIOR/AFTER BILL FROM AND THRU DATES	181	N56
EXVY	DENY	DENY: PROCEDURE INVALID FOR YEAR WHICH SERVICE WAS RENDERED	181	
EXve	DENY	REFERRING PROVIDER NOT REGISTERED WITH THE STATE	183	N767
EXoR	DENY	ORDERING/REFERRING/PRESCRIBING PROVIDER IS REQUIRED	184	
EXVB	DENY	ORDERING PROVIDER NOT REGISTERED WITH THE STATE	184	N767
EXU5	DENY	DENY:UNLISTED UNSPECIFIC CODE -RE-BILL MORE SPECIFIC CODE	189	M81
EX0E	DENY	ADJUST BASED ON APPEAL RECEIVED UPHELD ORIGINAL DENY DECISION	193	N539
EX0O	DENY	DENY: AUTH DENIAL UPHELD - REVIEW PER CLP0700 PEND REPORT	193	
EX3P	DENY	DENY: PAID UNDER SETTLEMENT	193	
EX4A	DENY	DENY - DENIAL UPHELD ON APPEAL	193	N539
EXDY	DENY	DENY: APPEAL DENIED	193	N539
EXhA	DENY	DENIAL UPHELD ON RECONSIDERATION	193	
EXZW	DENY	DENY: CLAIM WAS PREVIOUSLY APPEALED AND CONTINUES TO BE DENIED	193	N539
EXA1	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE	197	
EXHc	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICES(S) BILLED	197	
EXhf	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICES(S) BILLED	197	
EXHL	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICES(S) BILLED	197	
EXHN	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICES(S) BILLED	197	
EXHP	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICES(S) BILLED	197	
EXHS	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICES(S) BILLED	197	
EXHT	DENY	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICES(S) BILLED	197	
EXDZ	DENY	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	198	N362
EX0V	DENY	DENY: OFFICE VISIT OR E & M CODE MUST BE BILLED WITH BMI CODE 3008F	199	N657
EX1H	DENY	DENY: ER REV CODE & CPT/HCPCS COMBINATION INVALID	199	N657
EX3W	DENY	OCE74 UNITS >1 FOR BILATERAL PROCEDURE BILLED WITH MOD 50	199	N657
EX3z	DENY	OCE79 INCORRECT BILLING OF REVENUE CODE WITH HCPCS CODE	199	N657
EXRh	DENY	DENY: REV CODE & CPT/HCPCS COMBINATION INVALID	199	N657
EXD3	DENY	DENY: EXCEEDS ESTABLISHED CONTRACTED REIMBURSEMENT - DO NOT BILL PT	204	N448
EXD4	DENY	DENY: PROC NOT REIMBURSABLE PER CONTRACT	204	N448
EXne	DENY	NON EMERGENT TRANSPORTATION NOT COVERED UNDER MEDICAL BENEFIT	204	N157
EXNT	DENY	DENY: PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED	204	N448
EXvn	DENY	APC/HHA/ASC/ESRD IMPROPER BILLING OF DRUGS	204	N448
EXZC	DENY	DENY: PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED	204	N448
EXaP	DENY	DENY: ATTENDING PROVIDER RECORD CANNOT MATCH TO STATE FILE	206	N253
EXPs	DENY	DENY: ATTENDING PROVIDER NAME NPI MISSING/INVALID	206	N253
EXre	DENY	REFERRING NPI IS REQUIRED ON THE CLAIM FORM	206	N286
EXrO	DENY	DENY: REFERRING/ORDERING PROVIDER NAME/NPI IS MISSING OR INVALID	206	
EXsQ	DENY	DENY: BILLING PROVIDER NAME/NPI IS MISSING OR INVALID	206	N257
EXpl	DENY	DENY: BILLING PROVIDER NPI INVALID	207	N257
EXF6	DENY	DENY: BILLING NPI NOT REGISTERED WITH STATE	208	N257
EXF7	DENY	DENY: BILLING & RENDERING NPI NOT REGISTERED WITH STATE	208	
EXN2	DENY	DENY: NPI NOT CERTIFIED TO PERFORM SERVICES PER STATE PROVIDER FILE	208	
EXN8	DENY	INCORRECT NPI FOR PROVIDER	208	
EXN9	DENY	INCORRECT NPI FOR TIN	208	N516
EXoI	DENY	ORDERING NPI IS INVALID	208	N265
EX1s	PAY	RAWLINGS SUBROGATION	215	
EXpZ	PAY	FIRST RECOVERY GROUP SUBROGATION	215	
EX0B	DENY	ADJUST: CLAIM TO BE RE-PROCESSED CORRECTED UNDER NEW CLAIM NUMBER	216	N694
EX0d	DENY	DENY: STATE RECOUPED CAPITATION, BILL STRAIGHT T-19	216	N199
EX0H	DENY	ADJUSTMENT: PROVIDER BILLED INCORRECTLY & SUBMITTED REIMBURSEMENT	216	N770
EX0I	DENY	ADJUSTMENT: ADJUSTED PER CORRECTED BILLING FROM PROVIDER	216	N770
EX0M	DENY	ADJUSTMENT TO PREVIOUSLY SUBMITTED CLAIM	216	N694
EX0N	DENY	DENY: AJUSTED FOR INTERNAL PURPOSES-CORRECTION HAS BEEN GENERATED	216	MA67
EX1d	DENY	CLAIM DENIED PER ACTIVE ILLINOIS OIG PROVIDER PAYMENT SUSPENSION	216	
EXAQ	DENY	ACE CLAIM LEVEL RETURN TO PROVIDER (REVIEW CLAIM REMARKS)	216	N804
EXFg	PAY	PAID BASED ON REVIEW OF MEDICAL RECORDS AND/OR DOCUMENTATION	216	N421
EXfi	PAY	PAY: CLAIM PAYMENT AFTER REVIEW OF MEDICAL RECORDS	216	N421

EX Code	EX Code Type	EX Code Description	CARC	RARC
EXh9	DENY	DENY: HSU COB RECOVERY- MEDICARE PRIMARY	216	N420
EXhi	DENY	DENIED FOR PROGRAM INTEGRITY REVIEW	216	N10
EXiB	PAY	PAY: DRG PAYMENT INCREASE AFTER REVIEW OF MEDICAL RECORDS	216	N647
EXiC	PAY	PAY: DRG PAYMENT ADJUSTMENT AFTER REVIEW OF MEDICAL RECORDS	216	N647
EXj2	PAY	PARTIAL AMOUNT RECOUPED BY SIU FROM AN IDENTIFIED OVERPAYMENT	216	
EXJA	PAY	ADJUSTMENT: PAY ON APPEAL	216	N421
EXjm	DENY	FULL AMOUNT RECOUPED BY SIU FROM AN IDENTIFIED OVERPAYMENT	216	N199
EXmu	PAY	REINSTATE ORIGINAL DRG PAYMENT AFTER REVIEW OF MEDICAL RECORDS	216	
ExpV	PAY	OVERPAYMENT IDENTIFIED AFTER REVIEW DRG VALIDATION AUDIT	216	N647
EXuP	DENY	RAWLINGS - MEDICARE DISALLOWANCE	216	N199
EXVA	DENY	VOID ADJUSTMENT	216	N770
EXWY	DENY	PAYMENT ADJUSTED; OVERPAYMENT IDENTIFIED	216	N199
EXZN	DENY	ADJUST: PROCESSED FOR INCORRECT PROVIDER OR PROVIDER AFFILIATION	216	MA67
EXng	DENY	ORIGINAL CLAIM LINE DENIED DUE TO EXCESS UNITS BASED ON MUE TABLE	222	N640
EXnh	DENY	ORIGINAL CLAIM LINE DENIED DUE TO EXCESS UNITS	222	N640
EXoa	DENY	MAXIMUM ALLOWANCE EXCEEDED	222	N640
EXq7	DENY	OCO51 OBSERVATION CODE CODE G0378 NOT ALLOWED MORE THAN ONCE	222	N640
EXxD	DENY	CMS MUE QUANTITY LIMIT EXCEEDED	222	N640
EXxh	DENY	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	222	N640
EXxJ	DENY	EXCEEDS MAXIMUM ALLOWANCE FOR GLOBAL/PROFESSIONAL/TECHNICAL COMPONENTS	222	
EXxp	DENY	PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	222	
EXxq	DENY	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	222	N640
EXya	DENY	DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	222	N640
EXyo	DENY	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	222	N640
EXZO	DENY	DENY:SERVICE IS LIMITED TO ONE PER DAY	222	N640
EX17	DENY	DENY: REQUESTED INFORMATION WAS NOT PROVIDED	226	M127
EXiA	DENY	DENY: MEDICAL RECORDS NOT RECEIVED PER PREVIOUS REQUEST	226	M127
EXV3	DENY	MED RECORDS RECEIVED FOR WRONG DATE OF SERVICE	226	M127
EXjg	DENY	DENY: UNBUNDLED PROCEDURE CODE	231	
EXJo	DENY	LONG TERM CARE AND ACUTE INPATIENT CLAIMS BILLED ON SAME DAY	231	
EX3Q	DENY	DENY:PROVIDER PREVENTABLE CONDITIONS	233	
EXrB	DENY	NEVER EVENT MODIFIER PRESENT	233	
EX1m	DENY	OCE40 CODE 2 OF A CODE PAIR-ALLOWED IF APPRO MODIFIER WERE PRESENT	234	M15
EX97	DENY	PAYMENT IS INCLUDED IN ALLOWANCE FOR BASIC SERVICE	234	M15
EXBX	DENY	DENY: PAYMENT INCLUDED IN OB CASE RATE	234	N525
EXGL	DENY	SERVICE COVERED UNDER GLOBAL FEE AGREEMENT	234	N525
EXHJ	DENY	DENY:CLINIC & OFFICE VISITS ARE INCLUDED IN GLOBAL PAYMENT	234	N525
EXjk	DENY	DENY: ADD-ON CODE DENIED, PRIMARY CODE IS UNPAID	234	N122
EXjn	DENY	FACILITY OUTPATIENT SERVICES BILLED ON SAME DATE AS INPATIENT	234	M2
EXOX	DENY	DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E/M CODE BILLED	234	M15
EXQE	DENY	DENY: ADD ON CODE BILLED WITHOUT PRIMARY PROCEDURE	234	N122
EXRR	DENY	DENY: RECOVERY ROOM INCLUDED IN ASC RATE	234	M15
EXwc	DENY	DENY-SERVICE IS ONLY PAYABLE WHEN PERFORMED AS PART OF A WELL-CHILD EXAM	234	M15
EXx2	DENY	SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	234	N525
EXx3	DENY	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	234	N390
EXx7	DENY	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	234	N122
EXx9	DENY	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	234	N390
EXxa	DENY	CODE IS A COMPONENT OF A MORE COMPREHENSIVE CODE	234	M15
EXxL	DENY	PROCEDURE CODE UNBUNDLED PER STATE RULES, CONTRACT OR PAYMENT POLICY	234	N390
EXys	DENY	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES	234	M15
EXyx	DENY	INCLUDED IN GLOBAL SURGICAL OR MATERNITY PACKAGE PER CMS OR ACOG	234	N525
EXyZ	DENY	REIMBURSEMENT INCLUDED IN ANOTHER CODE DUE TO NCCI PTP TABLE	234	M15
EX0q	DENY	OCE20 CODE2 OF COL1/COL2 CCI EDIT, NOT ALLOWED EVEN W/MOD	236	
EX5r	DENY	CCI111 MISUSE OF COLUMN 2 CODE WITH COLUMN 1 CODE	236	
EXjc	DENY	DENY: CODE IS A COMPONENT OF ANOTHER CODE ON THE CLAIM	236	
EXxB	DENY	DENY: CMS MEDICAID NCCI UNBUNDLING	236	
EXMP	DENY	MPDENY: PROVIDER IS NOT MEMBERS PCP	242	

EX Code	EX Code Type	EX Code Description	CARC	RARC
EXNp	DENY	DENY:NON-PARTICIPATING PROVIDER CALL 866-329-4701 FOR FURTHER INFO	242	N95
EXaR	DENY	AVOIDABLE READMISSION	249	
EXwP	DENY	POTENTIALLY PREVENTABLE READMISSION SUBMIT BOTH MEDICAL RECORDS	249	
EXym	DENY	POTENTIAL PREVENTABLE READMISSION SUBMIT BOTH MEDICAL RECORDS	249	
EXyR	DENY	POTENTIALLY PREVENTABLE READMISSION SUBMIT ALL MEDICAL RECORDS	249	
EXj6	DENY	ATTACHED PRIMARY EOB WAS THE INCORRECT DOCUMENT - CORRECT EOB REQUIRED	250	N4
EX1C	DENY	MEDICAL HOSPITAL DETAIL RECORD CANCELLED	251	N237
EX3J	DENY	INVOICE DATE IS GREATER THAN 1 YEAR	251	N354
EXj8	DENY	ATTACHED PRIMARY EOB WAS INCOMPLETE/DEFICIENT- UPDATED EOB REQUIRED	251	N4
EXN0	DENY	DENY: INVALID INVOICE - RESUBMIT WITH MANUFACTURER'S INVOICE	251	N354
EXNV	DENY	DENY: STERILIZATION CONSENT FORM NOT VALID MISSING INFORMATION	251	N228
EXy0	DENY	DENY: INSUFFICIENT INFO FOR PROCESSING, RESUBMIT W/PRIME ORIGINAL EOB	251	N4
EXY6	DENY	DENY: INSUFFICIENT INFO FOR PROCESSING, RESUBMIT W/PRIME ORIGINAL EOB	251	N4
EX99	DENY	DENY:MISC UNLISTED CODES CAN NOT BE PROCESSED W O DESCRIPTION REPORT	252	N712
EXAf	DENY	DENY: RESUBMIT WITH ABORTION PAYMENT APPLICATION FORM	252	N473
EXAn	DENY	DENY: ABORTION PAYMENT APPLICATION FORM NOT VALID MISSING INFORMATION	252	M131
EXB8	DENY	DENIED PENDING RECEIPT OF SIGNED SINGLE CASE AGREEMENT	252	N445
EXbo	DENY	DENY: MEDICAL RECORDS AND/OR OTHER SERVICE DOCUMENTATION REQUIRED	252	M127
EXce	DENY	ADD'L INFO REQ'D BY MEDICARE. CLAIM WILL BE REPROCESSED ONCE INFO REC'D	252	N706
EXck	DENY	DENY - RESUBMIT CLAIM WITH ABORTION NECESSITY FORM	252	N473
EXDD	DENY	DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	252	N3
EXF2	DENY	DUALS MEMBER. FOLLOW MEDICARE SUBMISSION GUIDELINES FOR BILLED SERVICES	252	N479
EXgn	DENY	NO DOCUMENTATION RECEIVED	252	N706
EXHQ	DENY	DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	252	N3
EXIL	DENY	DENY-SEND ITEMIZED BILL TO PIU/999 OAKMONT PLAZA DR#400/WESTMONT IL 60559	252	N26
EXLY	DENY	DENY: PROVIDER INVOICE NEEDED IN ORDER TO PROCESS FOR PAYMENT	252	M23
EXLZ	DENY	DENY: PLEASE RESUBMIT WITH INVOICE FOR PAYMENT	252	M23
EXm5	DENY	ITEMIZED BILL REQUIRED FOR CLAIM REVIEW	252	N26
EXqd	DENY	DENY: MEDICAL RECORDS REQUIRED FOR DRG VALIDATION AUDIT	252	M127
EXR3	DENY	DENY-SEND MED RECORDS TO PIU/999 OAKMONT PLAZA DR#400/WESTMONT IL 60559	252	M127
EXU1	DENY	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS	252	M127
EXye	DENY	DENY SIU PREPAY:MED RECS/DOCUMENTATION REQ'D TO SUPPORT SVC(S) BILLED	252	M127
EXyL	DENY	POSSIBLE COSMETIC PROCEDURE. SUBMIT MED RECS FOR ADDITIONAL REVIEW	252	M127
EX33	DENY	DENY: SERVICES PERFORMED IN PRISON LOCATION ARE NOT COVERED SERVICES	258	N103
EX*1	DENY	HEALTH PLAN GUIDELINES FOR SUBMITTING CORRECTED CLAIM NOT FOLLOWED	272	
EXgO	DENY	DENIED BASED ON GENETICS/LAB TESTING PYMNT POLICY-SUBMIT CORRECTED CLAIM	272	
EXwW	DENY	NON-REIMBURSABLE PER PLAN, STATE, CMS AND/OR PAYMENT POLICY GUIDELINES	272	
EXSL	DENY	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET	273	N362
EXcJ	DENY	TOO MANY PROCEDURES OF THIS TYPE BILLED - SUBMIT CORRECTED CLAIM.	273	
EXxf	DENY	MAXIMUM ALLOWANCE EXCEEDED	273	
EXRX	DENY	DENY: PLEASE SUBMIT TO THE PHARMACY VENDOR FOR PROCESSING	280	
EX1x	DENY	OCE45 INPATIENT SEPARATE PROCEDURES NOT PAID	282	
EXbh	DENY	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	282	MA30
EXsn	DENY	SNF: INVALID TYPE OF BILL	282	MA30
EX15	DENY	DENY: CLAIM DENIED BECAUSE THE SUBMITTED AUTH NUMBER IS INVALID	284	M62
EXQR	DENY	DENY: THE TIME FRAME FOR FILING A CLAIM RECONSIDERATION HAS EXPIRED	286	
EXK2	DENY	PLEASE SUBMIT SERVICES TO VISION VENDOR FOR PROCESSING	297	N658
EX1Z	DENY	DENY - NPI IS INACTIVE ON STATE FILE	299	N767
EX25	DENY	DENY: YOUR STOP LOSS DEDUCTIBLE HAS NOT BEEN MET	299	
EX4G	DENY	DENY: MEDICAID SANCTIONED/TERMED/EXCLUDED PROVIDER	299	MA12
EXLS	DENY	NON PHYSICIAN PRACTITIONERS CANNOT BILL FOR LOCUM TENEN SERVICES	299	N95
EXyC	DENY	SERVICE(S) ARE NON-REIMBURSABLE PER CENTENE PAYMENT POLICY GUIDELINES	299	
EXyw	DENY	NON-ELIGIBLE/NON-REIMBURSABLE SERVICE PER PLAN OR REGULATORY GUIDELINES	299	
EXMH	DENY	CLAIM FORWARDED TO MENTAL HEALTH PROVIDER	300	
EXMW	DENY	PLEASE SUBMIT SERVICES TO BEHAVIORAL HEALTH VENDOR	301	
EXsa	DENY	DENY - SERVICES ADMINISTERED THROUGH MDHHS	301	
EX32	DENY	DENY: IP INTERIM CHARGES MUST BE BILLED AS ADJUSTMENT CLAIM	A1	

EX Code	EX Code Type	EX Code Description	CARC	RARC
EXEI	DENY	DENY: CONTACT PROVIDER SERVICES WITH RATE LETTER INFORMATION	A1	
EXI6	DENY	DENY: PARTIAL CLAIM. RESUBMIT ALL DOS OR PARTIAL WITH MINIMUM OF 60 DAYS	A1	N130
EXNb	DENY	INCORRECT COVERED DAYS	A1	MA130
EXR4	DENY	DENY: R&B DAYS DO NOT EQUAL COVERAGE PERIOD	A1	M53
EXSu	DENY	DENY: NO PAYMENT PER STATE WITHHOLD/SUSPENSION NOTICE	A1	
EXWT	DENY	WAIVER MUST BILL WITH MEDICAID NUMBER NOT NPI	A1	
EXXY	DENY	DENY: BASED ON REVIEW OF MED REC	B12	N199
EX1L	DENY	DENY: VISIT & PREVEN CODES ARE NOT PAYABLE ON SAME DOS W O DOCUMENTATION	B14	M86
EXR6	DENY	MULTIPLE OP VISITS NOT ALLOWED ON THE SAME DATE OF SERVICE	B14	
EXVD	DENY	DENY: ONLY ONE VISIT CODE IS ALLOWED ON A GIVEN DAY	B14	M86
EX0Y	DENY	OBSERVATION 0762 RULES NOT FOLLOWED FOR IL MEDICAID	B15	
EX1v	DENY	OCE43 BLOOD TRANSFUSION W/OUT SPECIFICATION OF BLOOD PRODUCT	B15	M51
EX2u	DENY	OCE53 G0378 & G0379 ONLY ALLOWED WITH BILL TYPE 013x OR 085x	B15	
EX2y	DENY	OCE58 G0379 ONLY ALLOWED WITH G0378	B15	
EX4r	DENY	OCE87 SKIN SUBSTITUTE W/O SKIN SUBSTITUTE PRODUCT CODE	B15	
EX4U	DENY	OCE92 DEVICE-INTENSIVE PROCEDURE REPORTED W/OUT DEVICE CODE	B15	
EXqJ	DENY	OCE98 CLAIM W/PASS THRU DEVICE OR PAY LIMIT LACKS REQUIRED PROCEDURE	B15	
EXqK	DENY	OCE99 PASS/NON PASS THROUGH DRUG/BIOLOGICAL W/OUT OPPS PROC	B15	
EXqV	DENY	OCE112 INFORMATION ONLY SERVICE(S).	B15	N122
EXqW	DENY	OCE113 SUPPLEMENTARY/ADDITIONAL CODE CANNOT BE PRINCIPAL DX	B15	N122
EXqY	DENY	OCE115 COVID-19 LAB ADD-ON CODE REPORTED W/O REQUIRED PRIMARY PROC	B15	N122
EXw5	DENY	PRIMARY SERVICE IS MISSING OR DENIED PER AMA GUIDELINES	B15	N122
EXob	DENY	NEW PATIENT E/M INAPPROPRIATE	B16	
EXw4	DENY	NEW PATIENT E/M INAPPROPRIATE PER AMA GUIDELINES	B16	
EXyB	DENY	INAPPROPRIATE USE OF NEW PATIENT E/M CODE PER AMA GUIDELINES	B16	
EXc2	DENY	DENIED:PROCEDURE NOT ALLOWED FOR CLIA CERTIFICATION TYPE	B23	
EXVO	VOID	VOID SERVICE FOR ADMINISTRATIVE REASONS	B5	N584