

Billing Codes - April and May 2011

CLAIM MESSAGE	DESCRIPTION
1	MEDICARE PART A CLAIM FOR A VA/DOD PROV
2	PAYMENT REDUCED DUE TO MEDICARE
3	CLAIM MUST BE RESUBMITTED WITH A MSN
174	INSURED ID NOT FOUND
254	PROCEDURE CODE IS INVALID
482	AUTHORIZATION ID NOT FOUND
500	DIAGNOSIS CODE REQUIRED
512	CLAIM TYPE IS INVALID
513	PROV AGRMNT CD MUST BE P-PAR / N-NON PAR
514	FROM AND THRU DATES ARE REQUIRED
515	FROM DATE IS INVALID
516	FROM DATE IS GREATER THAN CURRENT DATE
517	THRU DATE IS INVALID
518	THRU DATE IS GREATER THAN CURRENT DATE
519	THRU DATE IS LESS THAN FROM DATE
520	BILLING PROVIDER IS REQUIRED
522	DCN IS REQUIRED
524	DCN IS NOT UNIQUE
528	DIAGNOSIS CODE NOT ON CLAIM
529	AMOUNT BILLED IS REQUIRED
530	CLAIM SERVICE DATES ARE REQUIRED
531	POSSIBLE DUPLICATE CLAIM
532	SERVICE DATES ARE NOT WITHIN CLAIM DATES
555	CASE NOT FOUND FOR CLAIM
557	CUSTOMER IS NOT ELIGIBLE
578	CUSTOMER CLAIMS MUST BE REVIEWED
592	NO BENEFITS FOUND FOR DATES OF SERVICE
593	PROC NOT COVERED IN CUSTOMER BENEFITS
609	INVALID PLACE OF SERVICE
617	CLAIM HAS NO LINEITEMS
628	CLAIM RELATED CAUSE IS INVALID
629	AUTHORIZATION IS PENDING
630	AUTHORIZATION IS DENIED
631	REFERRAL ID IS REQUIRED
632	REFERRAL NOT FOUND
633	CLAIM PAST REFERRAL THROUGH DATE
637	PROVIDER REVIEW REQUESTED
639	FEE NOT FOUND FOR PROCEDURE CODE
641	AUTHORIZATION ID IS REQUIRED
656	CLAIM SUSPENDED/POSSIBLE OTHER INS
660	CLAIM TYPE IS REQUIRED
661	CLAIM RECEIVED AFTER NO# OF DAYS LIMIT
663	INVALID FORMAT OF DCN
809	SERVICE NOT AUTHORIZED
815	VERIFY CUSTOMER COB INFORMATION
826	DIAGNOSIS CODE #1 IS INVALID

827 DIAGNOSIS CODE #2 IS INVALID
828 DIAGNOSIS CODE #3 IS INVALID
829 DIAGNOSIS CODE #4 IS INVALID
862 AUTH PROV DOES NOT MATCH CLAIM PROV
864 CLAIM DATES NOT WITHIN AUTH DATES
866 REFERRAL INSURED NOT MATCH CLAIM INSURED
867 REFERRAL PROV DOES NOT MATCH CLAIM PROV
868 SERVICE NOT REFERRED
869 MULTIPLE AUTHS MATCH CLAIM, MUST LOOKUP
870 MULTIPLE REFRLS MATCH CLAIM, MUST LOOKUP
871 AUTH INSURED DOES NOT MATCH CLM INSURED
930 SERVICE LINE IS A DUP OF ANOTHER LINE
931 TRAUMA DIAGNOSIS INDICATED FOR DIAG #1
932 TRAUMA DIAGNOSIS INDICATED FOR DIAG #2
933 TRAUMA DIAGNOSIS INDICATED FOR DIAG #3
934 TRAUMA DIAGNOSIS INDICATED FOR DIAG #4
942 THIS IS A CAPITATED SERVICE
943 THIS IS A PARTIALLY CAPITATED SERVICE
1017 AUTHORIZATION IS CLOSED
1019 DIAGNOSIS 1 INDICATES POSS DENTAL CLAIM
1020 DIAG 2 - POSS WORKERS COMP/AUTO CLAIM
1021 DIAGNOSIS 2 INDICATES POSS DENTAL CLAIM
1022 DIAG 3 - POSS WORKERS COMP/AUTO CLAIM
1023 DIAGNOSIS 3 INDICATES POSS DENTAL CLAIM
1024 DIAG 4 - POSS WORKERS COMP/AUTO CLAIM
1025 DIAGNOSIS 4 INDICATES POSS DENTAL CLAIM
1026 MORE THAN 10 SMARTSUSPENSE ERRORS FOUND
1027 PROCEDURE NOT INDICATED FOR A MALE
1028 PROCEDURE NOT INDICATED FOR A FEMALE
1029 PROC IS CLASSIFIED AS A COSMETIC PROC
1030 PROCEDURE IS AN UNLISTED PROCEDURE
1031 PROC FOR NEWBORN PT (< 1 YEAR OLD)
1032 PROC FOR PEDIATRIC PT (1-17 YEARS OLD)
1033 PROC FOR MATERNITY PT (12-55 YEARS OLD)
1034 PROC FOR ADULT PT (OVER 14 YEARS OLD)
1035 PROC IS CLASSIFIED AS EXPERIMENTAL
1036 PROCEDURE CLASSIFIED AS AN OBSOLETE PROC
1037 PROC SUBMTD WITH MOD 26, BUT PROF RVU=0
1038 PROCEDURE REPLACED DUE TO AGE
1039 ASSISTANT SURGEON DENIED FOR THIS PROC
1040 PROC REPLACED WITH ESTABLISHED PT PROC
1041 PROC IS INCIDNTL PROC, PRIMARY PROC PRESENT
1042 PROC IS MUTUALLY EXCLUSIVE TO OTHER PROC
1043 PROCEDURE IS POST OPERATIVE
1044 PROCEDURE IS PRE OPERATIVE
1045 PROCEDURE REPLACED DUE TO REBUNDLING
1046 PROCEDURE REPLACED DUE TO SEX
1047 PROC REPLACED DUE TO INTENSITY OF SERV
1048 PROC IS MEDCL VISIT, PRIMARY PROC PRESENT
1049 PROC NOT EXPECTED WITH DIAGNOSIS CODE
1050 PROC INCLUDES UNILAT OR BILAT PERFORMANCE
1051 PROCEDURE IS A BILATERAL CODE

1052 PROC ALRDY DONE ALWBLE # TIMES IN PT LIFE
1053 PROC ALRDY DONE ALWBLE # TIMES IN DAY
1054 PROC - POSS WORKERS COMP/AUTO LIABILITY
1055 PROC INDICATES POSSIBLE DENTAL LIABILITY
1056 DIAG - POSS WORKERS COMP/AUTO LIABILITY
1057 DIAG INDICATES POSSIBLE DENTAL LIABILITY
1058 DIAG 1 - POSS WORKERS COMP/AUTO CLAIM
1066 INVALID TOOTH NUMBER
1067 INVALID TOOTH SURFACE 1
1068 INVALID PROSTHESIS CODE
1069 INVALID ORAL CAVITY
1079 PRESCRIBING PROVIDER ID IS INVALID
1082 DIAG CANNOT BE USED AS PRINCPL FOR DRG
1083 INVALID ADMISSION AGE FOR DRG PROCESSING
1084 INVALID PATIENT SEX FOR DRG PROCESSING
1085 INVALID DISCHRG STATUS FOR DRG PROCESS
1086 ILLOGICAL PRINCIPLE DIAG FOR DRG PROCESS
1087 INVALID PRINCIPLE DIAG FOR DRG PROCESS
1088 INVALID BIRTHWGHT IN GRAMS FOR DRG PROCESS
1089 CONFLICTING BIRTHWGHT/DIAG FOR DRG PROCESS
1090 NON-SPECFC BIRTHWGHT/DIAG FOR DRG PROCESS
1091 INVALID DISCHARGE AGE FOR DRG PROCESSING
1092 INVALID LENGTH OF STAY FOR DRG PROCESS
1093 INVALID FACILITY OR COUNTY FOR DRG PROCESS
1094 INVALID ADMIT SOURCE FOR DRG PROCESSING
1095 50 SERVICE LINE MAX EXCEEDED, SPLIT CLAIM
1216 DIAGNOSIS CODE #5 IS INVALID
1217 DIAGNOSIS CODE #6 IS INVALID
1218 DIAGNOSIS CODE #7 IS INVALID
1219 DIAGNOSIS CODE #8 IS INVALID
1220 DIAGNOSIS CODE #9 IS INVALID
1221 ADMIT DIAGNOSIS CODE IS INVALID
1276 RESPONSIBILITY OF PROVIDER
1334 CLAIM REACHED THRESHOLD OF
1348 PROCEDURE CODE IS NOT VALID FOR DATE
1350 CLAIM/AUTH TYPE IS NOT VALID FOR DATE
1352 DIAGNOSIS CODE #1 IS NOT VALID FOR DATE
1353 DIAGNOSIS CODE #2 IS NOT VALID FOR DATE
1354 DIAGNOSIS CODE #3 IS NOT VALID FOR DATE
1355 DIAGNOSIS CODE #4 IS NOT VALID FOR DATE
1356 DIAGNOSIS CODE #5 IS NOT VALID FOR DATE
1357 DIAGNOSIS CODE #6 IS NOT VALID FOR DATE
1358 DIAGNOSIS CODE #7 IS NOT VALID FOR DATE
1359 DIAGNOSIS CODE #8 IS NOT VALID FOR DATE
1360 DIAGNOSIS CODE #9 IS NOT VALID FOR DATE
1361 ADMIT DIAGNOSIS IS NOT VALID FOR DATE
1376 SERVICE IS INCLUDED IN CASE RATE
1377 UNITS AUTHORIZED LESS THAN UNITS BILLED
1378 PLEASE REVIEW AUTHORIZATION FOR ADDITIONAL INFORMATION
1379 RBRVS FEE SCHEDULE VALUES CONTAINS ZEROS
1382 SUSPEND FOR FINANCIAL REVIEW
1384 MIN/MAX PRV CONTRACT FEE RULE USED

1385 DUPLICATE CLAIM
1386 MULTIPLE DUPLICATE CLAIMS
1387 MULTI DUP CLMS FOR SRV LINE
1388 CALC AMOUNT IS > TOTAL BILLED AMT
1398 STATUS CAN'T CHG,ADJ/VD/REV ISSUED ORIG CLM
1399 PROV RETRN NOT SUFF TO CVR SELECT CLAIM(S)
1401 UCR FEE SCHEDULE VALUES CONTAIN ZEROS
1405 QA - PERCENT OF CLAIMS
1406 QA - CLAIMS NTH RECORD
1407 QA - CLAIM BILLED AMT
1408 QA - CLAIM ALW/PD AMT
1409 QA - CLAIM TYPE
1416 PROV MUST HAVE TIER SELECTOR CONTRCT RULE
1500 PROVIDER NOT PAYABLE
1501 NOT COVERED PROVIDER
1502 PROVIDER UNDER INVESTIGATION
1503 PROVIDER UNDER REVIEW BY FRAUD/ABUSE UNIT
1504 PROVIDER DEBARRED FROM THE PLAN
1505 CLM MUST BE RESUBMIT W/ EOB FROM OTHER INS
1506 VERIFY BENEFIT AND TIER COB INFORMATION
1508 POSSIBLE DUPLICATE PAID CLAIM FOR MULT SERVICES/SAME DAY
1509 BENEFITS EXHAUSTED
1513 SUSPENDED FOR ESRD REVIEW
1514 PRE-CERTIFICATION REQUIRED - PENALTY APPLIED
1517 CLAIM RECVD AFTER FILING LIMIT CUTOFF DATE
1519 SERVICE COVERED WHEN AUTHORIZED
1520 PPO BENEFITS HAVE BEEN APPLIED
1521 SPECIAL DOD PRICING APPLIES
1522 DRG LMTNG APPLIED;PT NOT RESP FOR DIFF
1523 MEDICARE B LMT APPLD;PT NOT RESP FOR DIFF
1524 MEDICARE 115% LMT;MBR NOT RESP FOR DIFF
1525 DRG PROCESSING HAS BEEN APPLIED
1526 PT MAY BE RESP-DIFF OF AMT CHRG & AMT PD
1527 AUTH NOT TIMELY - PENALTY APPLIED
1600 GROUPER RETURN CODE 1 IS INVALID
1601 APG PACKING FILE I/O ERROR
1602 APG CONSOLIDATION FILE I/O ERROR
1603 DIAG/PROCEDURE PARAMETERS INVALID
1604 GROUPER RETURN CODE 2 IS INVALID
1605 HSS GROUPER SYSTEM WAS NOT FOUND
1606 HSS PRICING SYSTEM WAS NOT FOUND
1607 NO HOSPITAL RATE
1608 NO DRG RATE
1609 INVALID TYPE
1611 NO DRG WEIGHTS/RATES
1612 ATTEMPTED DIVIDE BY ZERO
1613 HHPO, UNKNOWN PAY STRATEGY
1614 HHPO, NOT PRICING POSSIBLE FOR THIS DRG
1615 HHPO, NO PRICING POSSIBLE FOR NEONATAL TRANSFERS
1616 HHPO OUTPATIENT, UNKNOWN OUTPATIENT PRICING STRATEGY
1618 MULTI-PRICER, INVALID PAYER TYPE
1619 MULTI-PRICER, INVALID TIER START DAYS

1620 INVALID FUNCTION CODE
1621 INVALID PRICER TYPE
1622 INVALID PATIENT TYPE
1623 INVALID FUNCTION FOR THIS PATIENT TYPE
1624 INVALID FROM/THROUGH DATE RELATIONSHIP
1625 INVALID DIAGNOSIS OR PROC CODE COUNT
1626 PRICER RETURN CODE 1 IS INVALID
1627 HOSPITAL RATE CALCULATOR FILE I/O ERROR
1628 DRG WEIGHT RATE FILE I/O ERROR
1629 PRICER RETURN CODE 2 IS INVALID
1630 PROVIDER IS MISSING MEDICARE NUMBER
1644 AMT REDUCED DUE TO NONCVRD SERV/CONSTRNT
1645 OTHER PROC CODE IS REQ / BUNDLED SERVICE
1646 OTHER PROCEDURE CODE IS INVALID
1647 ADJUSTMENT HAS CREATED A CLAIM OVERPAYMENT
1648 MANUAL RE-PRICING REQUIRED
1649 PAY AMT THRSHLD EXCEED;PROV FLAGGED-REVIEW
1650 CLAIMCHECK FILE NOT OPEN ERROR
1651 PROV STATE IS MISSING COULD NOT SEND TO REPRICING
1652 BENEFIT MAXIMUM AMOUNT EXCEEDED
1653 CLAIM REVIEW - DIAGNOSIS TO PROCEDURE DENIAL
1654 CLAIM REVIEW - DIAGNOSIS TO PROCEDURE FLAG
1655 CLAIM REVIEW - DIAGNOSIS TO PROCEDURE MONITOR
1656 CLAIM REVIEW - NEW VISIT FREQUENCY
1657 CLAIM REVIEW - INTENSITY OF SERVICE REPLACEMENT
1658 CLAIM REVIEW - INTENSITY OF SERVICE SUSPEND
1659 CLAIM REVIEW - INTENSITY OF SERVICE MONITOR
1660 CLAIM REVIEW - MULTIPLE COMPONENT BILLING SUSPEND
1661 CLAIM REVIEW - MULTIPLE COMPONENT BILLING MONITOR
1662 CLAIM REVIEW - MULTIPLE COMPONENT BILLING SUSPEND
1663 CLAIM REVIEW - MULTIPLE COMPONENT BILLING MONITOR
1664 MULTIPLE VALUE OPTION PROVIDERS FOUND
1665 MULTIPLE REPRICING PROVIDERS FOUND
1666 MULTIPLE MEDSOLUTIONS PROVIDERS FOUND
1667 MULTIPLE MEDICARE B LIMITING PROVIDERS FOUND
1668 CLM PAID TO MBR. MBR RESPNS TO PAY PROV
1669 SUBMIT CLAIM DIRECTLY TO
1670 MULTIPLE TRAVEL NETWORK PROVIDERS FOUND
1671 AUTHORIZATION REQUIRED FROM
1672 ONLY PARTIAL DATES COVERED ON AUTH
1673 PROCEDURE CODE REQUIRES A MODIFIER
1674 CLAIM UNIT TYPE NOT MATCH AUTH UNIT TYPE
1675 MODIFIER IS INVALID
1676 PROC NOT SUPPORT TECH COMPONENT MODF
1677 PROC NOT SUPPORT PROF COMP MODIFIER
1678 PROC NOT SUPPORT MULTIPLE PROC MODF
1679 PROC NOT SUPPORT BILATERAL PROC MODF
1680 PROC NOT SUPPORT ASST SURGERY MODF
1681 PROC NOT SUPPORT CO-SURGERY MODIFIER
1682 PROC IS NOT VALID FOR PATIENT GENDER
1683 PROCEDURE IS NOT VALID FOR PATIENT AGE
1684 MULTIPLE PROCPAY PERCENTAGE APPLIED

1685 AUTO-RECOVERY OF SUBROGATION REQUIRED
1686 CLM PAYMENT APPLIED TO ONGOING SUBRO CASE
1687 CLAIM PART OF PENDING SUBROGATION CASE
1688 POSSIBLE SUBROGATION EXISTS, INFO REQUIRED
1690 RESUBMIT CLM W/ MEDICARE REMIT ADVICE(MRA)
1691 VA CLAIM - NO MEMBER LIABILITY ASSESSED
1692 CO-PAY HAS BEEN WAIVED
1693 NPI SELF CHECK DIGIT IS INVALID
1694 NOT ACCEPTED AFTER 5/23/07 W/OUT VALID NPI
1695 CLAIM SUSPENDED DUE TO W9 PROVIDER VALIDATION
1696 PRIVATE ROOM CHRГ-VALUE CODE/AMT INVALID
1697 CODE IS INVALID / NOT VALID FOR SERV DATE
1698 CODE IS VALID FOR SERV DATE,NOT ELIG ASC
1699 INVALID GROUPER TYPE
1700 INVALID FROM/THRU DATE RELATIONSHIP
1701 INVALID PRINCIPAL DIAGNOSIS CODE
1702 DX/OP FILE I/O ERROR
1703 EDIT RULE FILE I/O ERROR
1704 EDIT RETURN CODE IS INVALID
1705 INVALID EDITOR OPERATION CODE
1706 NUMBER OF PROCEDURES < 1
1707 OPCODE = 4 OR 5 AND MAXCCIERR < 1
1708 UNSUPPORTED BILL TYPE
1709 NUMBER OF DIAGNOSES < 1
1710 NO MATCHING ACE OVERRIDE ID FOUND IN ACERULE FILE
1711 ERROR OPENING ACE CODE FILE
1712 ERROR OPENING CCI PAIRS FILE
1713 ERROR OPENING OCE/CCI PAIRS FILE
1714 ERROR OPENING ACERULE FILE
1715 NO APG RATE RECORD
1716 PRICER TYPE NOT LICENSED
1717 CASE NOT PRICED
1718 ER VISIT/NONEMERGNT DIAG, PAY REDUCED
1719 PAY INCL INTEREST; CLM NOT PROCSS TIMELY
1807 APC PROCESSING HAS BEEN APPLIED
1808 INVALID TOOTH SURFACE 2
1809 INVALID TOOTH SURFACE 3
1810 INVALID TOOTH SURFACE 4
1811 INVALID TOOTH SURFACE 5
1812 OTHER PROC CODE IS NOT VALID FOR DATE
1813 INVALID AGE; NOT IN RANGE 0 - 124
1814 MEMBER GENDER IS REQUIRED/INVALID
1815 INVALID DISCHARGE DISPOSITION/PATIENT STATUS
1816 INVALID BIRTHWEIGHT
1817 ALL O.R. PROCEDURES ARE UNSPECIFIC
1818 TWO OR MORE DIFF JOINT PROCS ARE PRESENT
1819 AGE OR GENDER AND DIAGNOSIS ARE INCONSISTENT
1820 MEDICARE MAY BE SECONDARY PAYER
1821 INVALID PROC CODE FOR DRG/APC PROCESSING
1822 INVALID PATIENT SEX FOR PROCEDURE CODE
1823 MEDICARE MAY BE SECONDARY PAYER
1824 NON-COVERED FOR REASON OTHER THAN STATUTE

1825 QUESTIONABLE COVERED SERVICE
1826 SEPARATE PAYMENT FOR SERVICE IS NOT PROVIDED
1827 SITE OF SERVICE NOT INCLUDED IN OPPS
1828 SERVICE UNITS OUT OF RANGE FOR PROCEDURE
1829 MULTIPLE BILATERAL PROC WITHOUT MOD 50
1830 INAPPROPRIATE SPECIFICATION OF BILAT PROC
1831 INPATIENT PROCEDURE
1832 MUT EXCLUSIVE PROC IS NOT ALLOWED BY NCCI
1833 CODE 2 OF CODE PAIR NOT ALLOWED BY NCCI
1834 VISIT SAME DAY AS TYPE T OR S W/O MOD 25
1835 INVALID DATE
1836 TERMINATED BILATERAL PROCEDURE
1837 INCONSIST INPLANTED DEVICE & ASSOC PRC
1838 MUTUALLY EXCL PROC-ALLOWED WITH NCCI MOD
1839 CODE 2 OF CODE PAIR-ALLOWED WITH NCCI MOD
1840 INVALID REVENUE CODE
1841 MULTI MED VISITS SAME DAY W/SAME REV CODE
1842 TRANSFUSE/BLOOD PROD W/O SPEC OF BLOOD PROD
1843 OBS REV CODE ON LINE W/ NON OBS HCPCS CODE
1844 INPATIENT SEPARATE PROCEDURES NOT PAID
1845 SERVICE IS NOT SEPARATELY PAYABLE
1846 REVENUE CENTER REQUIRES HCPCS CODE
1847 SERVICE ON SAME DAY AS INPATIENT PROCEDURE
1848 NON-COVERED BASED ON STATUTORY EXCLUSION
1849 MULTIPLE OBSERVATIONS OVERLAP IN TIME
1850 OBSERVATION DOES NOT MEET MINIMUM HOURS
1851 G0378 & G0379 ONLY ALLWD W/ BILL TYPE13X
1852 MULTIPLE CODES FOR THE SAME SERVICE
1853 NON-REPORTABLE FOR SITE OF SERVICE
1854 E/M COND NOT MET. G0244 NOT 12/31 OR 1/1
1855 COMPOSITE E/M CODITION NOT MET FOR OBS
1856 G0379 ONLY ALLOWED WITH G0378
1857 CLINIC TRIAL REQ V707 AS OTH THAN PRIM DX
1858 USE OF MOD CA W/ > 1 PROC NOT ALLOW
1859 SERVICE CAN ONLY BE BILLED TO THE DMERC
1860 CODE NOT RECOGNIZED BY OPPS
1861 OT CODE ONLY BILLED ON PARTIAL HOSP CLAIMS
1862 AT SERV NOT PAY OUTSIDE PARTIAL HOSP PROG
1863 REVENUE CODE NOT RECOGNIZED BY MEDICARE
1864 CODE REQUIRES MANUAL PRICING
1865 SERVICE PROVIDED PRIOR TO FDA APPROVAL
1866 SERV PROV PRIOR TO DATE OF NCD APPROVAL
1867 SERVICE PROVIDED OUTSIDE APPROVAL PERIOD
1868 CA MODIFIER RQUIRES PT STATUS CODE 20
1869 CLAIM LACKS REQUIRED DEVICE CODE
1870 SERVICE NOT BILLABLE TO THE FI/MAC
1871 INCORRECT BILLING OF BLOOD AND BLOOD PRODUCTS
1872 UNITS > 1 FOR BILAT PROC BILLD W/ MOD 50
1873 INCORRECT BILLING OF MODIFIER FB OR FC
1874 TRMA RESP CC CD W/O REV CD 068X & CPT99291
1875 CLAIMS LACKS ALLOWED PROCEDURE CODE
1876 CLAIMS LACKS REQUIRED RADIOPHARMACEUTICAL

1877 DO NOT CODE SERVICES ESSENTIAL TO PROCEDURE
 1878 CODE IS A CPT SEPARATE PROCEDURE
 1879 CODE ONLY MORE EXTNSV PROC FOR SAME SITE
 1880 W/ AND W/OUT CODES SHLD NOT USED TOGETHER
 1881 ANESTH SHLD NOT SEP WHEN ADMIN BY OPER MD
 1882 DO NOT CODE LAB SERV SEP;CODE LAB PANEL
 1883 REPORT CODE FOR COMPLETED SERVICE ONLY
 1884 DO NOT CODE SERVICES INTEGRAL TO PROCEDURE
 1885 CODES-NOT BE REPRTD TOGETHER PER CPT GUIDE
 1886 CODES-NOT BE REPRTD TOGETHER PER DEFINITION
 1887 THESE SERV NOT TYPICALLY PERFORMD TOGETHER
 1888 MEDICARE IP PSYCHIATRIC ONLY INVALID ALC
 1889 MEDICARE IP PSYCH;# OF ECT TXS NOT CODED
 1890 MEDICARE IP PSYCH;INVALID OCCUR SPAN
 1891 MEDICARE IP PSYCH;ECT UNITS W/O ICD9 PRC
 1892 MEDICARE LONG TERM CARE ONLY
 1893 POA INDICATOR IS REQUIRED BUT IS INVALID
 1894 DIFFERENCE BETWEEN PRIVATE & SEMI-PRIVATE ROOM RATE NOT COVERED
 1895 INVALID BILL TYPE (EASYGroup)
 1896 DENIAL CLAIM (EASYGroup)
 1897 INVALID SERVICE DATES OR FROM-THRU DATES (EASYGroup)
 1898 CLAIM DENIED, REJECTED, OR RTP BY ACE (EASYGroup)
 1899 INVALID PARTIAL HOSPITALIZATION CLAIM (EASYGroup)
 1900 INCORRECT BILLING OF REVENUE CODE WITH HCPCS (EASYGroup)
 1901 MENTAL HEALTH CODE NOT APPROVED FOR PARTIAL HOSPITALIZATION PROGRAM (EASYGroup)
 MENTAL HEALTH SERVICE NOT PAYABLE OUTSIDE PARTIAL HOSPITALIZATION PROGRAM
 (EASYGroup)
 1902 CHARGES EXCEEDS TOKEN CHARGE(\$1.01) (EASYGroup)
 1903 SERVICE PROVIDED ON OR ATER EFFECTIVE DATE OF NCD NON-COVERAGE (EASYGroup)
 1904 PCN MATCH FOUND, DUPLICATE CLAIM
 1905 PCN MATCH FOUND, MULTIPLE DUPLICATE CLAIMS
 1906 DIAGNOSIS/GENDER CONFLICT (EASYGroup)
 1907 MEDICARE AS SECND PAYER ALERT (EASYGroup)
 1908 E-CODE AS REASON FOR VISIT (EASYGroup)
 1909 NO HIPPS CODE ON CLAIM (EASYGroup)
 1910 PRICER TYPE NOT LICENSED (EASYGroup)
 1911 TOTAL UNITS EXCEED PATIENTS LENGTH OF STAY (EASYGroup)
 1912 MEDSNF RECORD NOT FOUND (EASYGroup)
 1913 NO WEIGHTS (EASYGroup)
 1914 ERROR READING MEDSNF FILE (EASYGroup)
 1915 ERROR READING RATESNF FILE (EASYGroup)
 1916 ERROR READING FEE SCHEDULE FILE (EASYGroup)
 1917 INITIALIZATION ERROR (EASYGroup)
 1918 ERROR ALLOCATING MEMORY (EASYGroup)
 1919 PARAMETER PASSING ERROR (EASYGroup)
 1920 INVALID DIAGNOSIS (EASYGroup)
 1921 DIAGNOSIS/AGE CONFLICT (EASYGroup)
 1922 COMPUTED AGE IS GREATER THATN 140 YEARS (EASYGroup)
 1923 SUBMITTED AGE IS INVALID (EASYGroup)
 1924 BIRTH DATE BEFORE ADMISSION DATE/FROM DATE(EASYGroup)
 1925 INVALID BIRTH DATE (EASYGroup)
 1926 INVALID ADMISSION DATE/FROM DATE(EASYGroup)

- 1928 SELF CARE, EATING (FIM39A, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1929 SELF CARE, GROOMING (FIM39B, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1930 SELF CARE, BATHING (FIM39C, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1931 SELF CARE, DRESSING UPPER BODY(FIM39D, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1932 SELF CARE, DRESSING LOWER BODY(FIM39E, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1933 SELF CARE, TOILETING(FIM39F, ADM VALUE) IS OUT OF RANGE (EASYGroup)
SPHINCTER CONTROL, BLADDER MANAGEMENT (FIM39G, ADM VALUE) IS OUT OF RANGE(EASYGroup)
- 1934
- 1935 SPHINCTER CONTROL, BOWEL MANAGEMENT (FIM39H, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1936 TRANSFERS, BED,CHAIR, WHEELCHAIR(FIM39I, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1937 TRANSFERS, TOILET(FIM39J, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1938 LOCOMOTION, WALK/WHEELCHAIR(FIM39L, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1939 LOCOMOTION, STAIRS(FIM39M, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1940 COMPREHENSION(FIM39N, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1941 EXPRESSION(FIM39O, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1942 SOCIAL INTERACTION(FIM39P, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1943 PROBLEM SOLVING(FIM39Q, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1944 MEMORY(FIM39R, ADM VALUE) IS OUT OF RANGE (EASYGroup)
- 1945 IMPAIRMENT GROUP CODE IS INVALID (EASYGroup)
- 1946 TOTAL MOTOR SCORE, ADMISSION, OUT OF RANGE (EASYGroup)
- 1947 TOTAL COGNITIVE SCORE, ADMISSION, OUT OF RANGE(EASYGroup)
- 1948 NO CMG RATE RECORD(EASYGroup)
- 1949 INVALID PAYOR TYPE (EASYGroup)
- 1950 LOS VALUE REQUIRED, MUST BE GREATER THAN ZERO (EASYGroup)
- 1951 LOS < (THRU DATE - FROM DATE) AND NON-INTERRUPTED STAY(EASYGroup)
- 1952 DISCHARGE STATUS IS MISSING(EASYGroup)
- 1953 CMG/HIPPS CODE MISSING(EASYGroup)
- 1954 RIC CODE INVALID(EASYGroup)
- 1955 CMG/HIPPS ALOS IS MISSING; REQUIRED FOR TRANSFER CALCULATION(EASYGroup)
- 1956 NO MATCHING ACE OVERRIDE ID FOUND IN ACERULE FILE (EASYGroup)
- 1957 NO APG RATE RECORD (EASYGroup)
- 1958 MEDICARE INPATIENT PSYCHIATRIC ONLY INVALID ALC (EASYGroup)
- 1959 MEDICARE INPATIENT PSYCHIATRIC ONLY;# OF ECT TREATMENTS NOT CODED (EASYGroup)
- 1960 MEDICARE INPATIENT PSYCHIATRIC ONLY; INVALID OCCURANCE SPAN (EASYGroup)
- 1961 MEDICARE INPATIENT PSYCHIATRIC ONLY; ECT UNITS W/O ICD-9 PRC (EASYGroup)
- 1962 MEDICARE LONG TERM CARE ONLY (EASYGroup)
- 1963 PRESENT ON ADMISSION INDICATOR IS REQUIRED BUT IS INVALID (EASYGroup)
- 1966 MBR PROG PARTIAL FALLS W/IN SERV DATE SPAN
- 1967 TAXONOMY CODE IS INVALID FOR SERV DATES
- 1968 INVALID ADMISSION AND/OR DISCHARGE DATE (EASYGroup)
- 1969 PROMPT PAY PROVIDER CLAIM
- 1970 PCN MATCH FOUND, DUPLICATE CLAIM
- 1971 PCN MATCH FOUND, MULTIPLE DUPLICATE CLAIMS
- 1972 B4-LATE FILING PENALTY
- 1973 N211-YOU MAY NOT APPEAL THIS DECISION
- 1974 25.3-APPEAL RIGHTS NOT APPLIC FOR CLAIM
- 1975 REVIEW FOR POSSIBLE MEDICARE TIMELY FILING EXCEPTION
- 1976 REVIEW POSS TIMELY FILING EXCEP
- 1977 29-FILING TIME LIMIT HAS EXPIRED(MEDICARE)
- 1978 FILING TIME LIMIT HAS EXPIRED
- 1979 LATE FILING PENALTY
- 8000 SUSPEND FOR DEVELOPMENT

8001 SERVICE APPROVED - CONVERSION
8002 SERVICE DENIED - CONVERSION
8003 STATISTICAL ADJUST OF SERV - CONVERSION
8010 MEMBER NOT FOUND IN SYSTEM
8011 ACE 340B PRICING NOT FOUND
8012 PREMIUM NOT PAID - CLMS SUSPENDED
8020 REJECTED CLAIM RETURNED
8023 CODE 1 RESTRICTION NOT MET
8099 SERVICE/ITEM REQUIRES REVIEW
8100 MODIFIER REQUIRES REVIEW / PRICING
8101 NOT A VALID MEDI-CAL MODIFIER ON DOS
8102 NOT A VALID MEDI-CAL CODE ON DOS
8103 FOR INPT DEDUCTIBLE
8104 FOR PART B DEDUCTIBLE
8105 PROV NOT ELIGIBLE TO BILL SERVICE / ITEM
8106 OTHER INSURANCE/HIPP MEMBER. FURTHER REVIEW ON COVERAGE NEEDED
8107 RESTRICT AID CODE - SRVS NOT COVERED
8108 COVERAGE MAY BE AVAILABLE THROUGH CCS
8109 CONSENT FORM MISSING/INCOMPLETE
8110 PROVIDER SUBJECT TO MANUAL PRICING.
8111 NOT BILLABLE TO HPSM FOR DATE(S) OF SERV
8112 PART A DED PAYABLE TO HPSM CONT HOS ONLY
8113 MENTAL HEALTH SERVICE NOT PAYABLE BY HPSM
8114 BENEFIT AMT EXHAUSTED.NOT PAY W/O APP TAR
8115 SUSPEND FOR AUDITOR REVIEW
8116 DOCMNT NEEDED FOR SERVICE/ITEM BILLED
8117 PER MED REV DOCS NOT JUSTIFY PROC/SRVC BILLED
8118 SOURCE/DESTINATION NOT PAYABLE
8119 SERVICE/ITEM NOT PAYABLE THROUGH HPSM
8120 INPT CRITERIA NOT MET-REBILL OBSERV CODE
8121 SOC APPLIED
8122 SUSPEND PER VE EDIT
8123 DENIED PER VE EDIT
8124 DOCUMENTATION REQUIRED
8125 MISSING PLACE OF SERVICE
8126 P4P INCENTIVE PAYMENT
8997 VE OVERRIDE
8998 CAPITATED SERVICE
8999 FORCE SUSPEND