

ClaimsXTen Edit Codes and Messages

| Denial Code | Denial Description  |
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| e04         | THIS SERVICE IS NOT PAID. THE PROCEDURE CODE SUBMITTED WAS NOT VALID ON THE DATE THIS SERVICE WAS PERFORMED.                                |
| e06         | THIS SERVICE IS NOT PAID. ACCORDING TO CPT CODING GUIDELINES, THE MODIFIER IS NOT VALID FOR THE PROCEDURE CODE SUBMITTED.                   |
| e07         | THIS SERVICE IS NOT PAID. ACCORDING TO CPT CODING GUIDELINES, THE MODIFIER IS NOT VALID FOR THE PROCEDURE CODE SUBMITTED.                   |
| e10         | THIS SERVICE IS NOT PAID. THE SERVICE OF AN ASSISTANT SURGEON IS NOT REQUIRED FOR THIS PROCEDURE.   |
| e12         | THIS SERVICE IS NOT PAID. THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.  |
| e14         | THIS SERVICE IS NOT COVERED IF A RELATED BASE OR PRIMARY PROCEDURE IS NOT BILLED.   |
| e24         | THIS SERVICE IS NOT PAID. PAYMENT FOR THIS SERVICE IS INCLUDED IN THE GLOBAL PROCEDURE PERFORMED ON THE SAME DATE ON THIS OR ANOTHER CLAIM. |
| e25         | THIS SERVICE IS NOT PAID. PAYMENT FOR THIS SERVICE IS INCLUDED IN THE GLOBAL PROCEDURE PERFORMED ON THE SAME DATE ON THIS OR ANOTHER CLAIM. |
| e26         | PAYMENT FOR THIS SERVICE IS INCLUSIVE IN THE ALLOWANCE FOR GLOBAL SERVICE/PROCEDURE PERFORMED ON THE SAME DATE ON THIS OR ANOTHER CLAIM.    |
| e27         | THIS SERVICE IS NOT PAID. THIS SERVICE IS INCIDENTAL TO ANOTHER PROCEDURE CODE FOR THE SAME DATE OF SERVICE.                                |
| e29         | THIS SERVICE IS NOT PAID. THIS SERVICE IS A COMPONENT TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.              |
| e31         | THIS SERVICE IS NOT PAID. THIS SERVICE IS INCIDENTAL TO ANOTHER PROCEDURE CODE FOR THE SAME DATE OF SERVICE.                                |
| e33         | THIS SERVICE IS NOT PAID. THIS SERVICE IS INCIDENTAL TO ANOTHER PROCEDURE CODE FOR THE SAME DATE OF SERVICE.                                |
| e34         | THIS SERVICE IS NOT PAID. THE PRE-OPERATIVE CARE IS INCLUDED IN THE ALLOWANCE FOR SURGICAL CARE PROCESSED UNDER THIS OR ANOTHER CLAIM.      |
| e35         | THIS SERVICE IS NOT PAID. THE POST OPERATIVE CARE IS INCLUDED IN THE ALLOWANCE FOR SURGICAL CARE PROCESSED UNDER THIS OR ANOTHER CLAIM.     |
| e36         | THE PROCEDURE CODE CAN ONLY BE PERFORMED ONCE PER DATE OF SERVICE.THE UNITS ARE REDUCED FOR PAYMENT.  |
| e40         | THIS SERVICE IS NOT PAID. PAYMENT FOR BILATERAL IS INCLUDED IN ANOTHER SERVICE PERFORMED ON THE SAME DATE UNDER THIS OR ANOTHER CLAIM.      |
| e42         | THIS SERVICE IS NOT PAID SEPARATELY. THIS SERVICE IS INCIDENTAL TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.    |
| e43         | THIS SERVICE IS NOT PAID. THE ALLOWANCE FOR THIS SERVICE IS INCLUDED IN ANOTHER SERVICE BILLED BY SAME PROVIDER FOR SAME DATE OF SERVICE.   |
| e45         | THIS SERVICE IS NOT PAID. AN INITIAL CONSULTATION FOR A SIMILAR DIAGNOSIS HAS ALREADY BEEN PAID FOR THIS PROVIDER FOR THIS MEMBER.          |
| f11         | THIS SERVICE IS NOT PAID. AN INITIAL CONSULTATION FOR A SIMILAR DIAGNOSIS HAS ALREADY BEEN PAID FOR THIS PROVIDER FOR THIS MEMBER.          |

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| f12 | THIS SERVICE IS NOT PAID. AN INITIAL CONSULTATION FOR A SIMILAR DIAGNOSIS HAS ALREADY BEEN PAID FOR THIS PROVIDER FOR THIS MEMBER.        |
| e46 | THIS SERVICE IS NOT PAID. PAYMENT FOR A CONSULTATION FOR A SIMILAR CONDITION TO THIS PROVIDER WAS ALREADY MADE FOR THIS MEMBER.           |
| f09 | THIS SERVICE IS NOT PAID. PAYMENT FOR A CONSULTATION FOR A SIMILAR CONDITION TO THIS PROVIDER WAS ALREADY MADE FOR THIS MEMBER.           |
| f10 | THIS SERVICE IS NOT PAID. PAYMENT FOR A CONSULTATION FOR A SIMILAR CONDITION TO THIS PROVIDER WAS ALREADY MADE FOR THIS MEMBER.           |
| e49 | MODIFIER 26 IS ADDED TO REPRESENT THE PROFESSIONAL COMPONENT FOR THE SERVICE RENDERED.  |
| e50 | THE PROCEDURE CODE CAN ONLY BE PERFORMED ONCE PER DATE OF SERVICE, AND HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.               |
| e51 | THIS SERVICE IS NOT PAID. THE ALLOWANCE FOR THIS SERVICE IS INCLUDED IN ANOTHER SERVICE BILLED BY SAME PROVIDER FOR SAME DATE OF SERVICE. |
| e52 | THIS PROCEDURE IS NOT PAID BASED ON CMS MEDICARE STATUS CODES GUIDELINES  |
| e54 | THE PROCEDURE CODE IS NOT PAID, THE SERVICES OF A CO-SURGEON IS NOT REQUIRED AS PER CMS GUIDELINES.                                       |
| e73 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS.THE UNITS ARE REDUCED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.                    |
| e76 | THE SERVICE BILLED IS NOT CONSISTENT WITH MEMBER'S AGE. AN APPROPRIATE PROCEDURE CODE HAS BEEN ADDED TO THIS CLAIM AS A NEW CHARGE LINE.  |
| e81 | THE PROCEDURE CODE CAN ONLY BE PERFORMED ONCE PER DATE OF SERVICE, AND HAS BEEN PROCESSED ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.    |
| e82 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.       |
| e83 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS, A NEW CHARGE LINE HAS BEEN ADDED WITH MULTIPLE OR BILATERAL CODE.                     |
| e89 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS.THE UNITS ARE REDUCED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.                    |
| e91 | THIS SERVICE IS NOT PAID. THIS SERVICE IS INCIDENTAL TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.             |
| e95 | THIS SERVICE IS NOT PAID. THE SERVICE IS INCLUDED AS PART OF ANOTHER SERVICE ON THIS OR ANOTHER CLAIM BY SAME OR DIFFERENT PROVIDER.      |
| e96 | THIS PROCEDURE CODE IS NOT COVERED.   |
| e97 | THIS SERVICE IS NOT PAID. THIS SERVICE IS COSMETIC, EXPERIMENTAL OR INVESTIGATIONAL BASED ON OUR MEDICAL POLICY.                          |
| f03 | THE PROCEDURE CODE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE, AND HAS BEEN PROCESSED ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.    |
| f57 | THE PROCEDURE IS DEEMED NOT REASONABLE AND NECESSARY WITH REPORTED DIAGNOSIS AS PER CMS NATIONAL COVERAGE DETERMINATION POLICY.           |
| f66 | THIS SERVICE IS NOT PAID. THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S AGE.  |
| f72 | This service is not covered when performed for the reported diagnosis   |
| f73 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.       |
| f86 | Bundled Service Code. No separate payment should be made for this code.   |

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| f87 | Bundled Service Code. No separate payment should be made for this code.   |
| f89 | Bundled Service Code. No separate payment should be made for this code.   |
| f91 | Bundled Service Code. No separate payment should be made for this code.   |
| f94 | Bundled Service Code. No separate payment should be made for this code.   |
| f95 | Bundled Service Code. No separate payment should be made for this code.   |
| f98 | Bundled Service Code. No separate payment should be made for this code.   |
| f99 | THIS SERVICE IS NOT PAID BASED ON OUR REIMBURSEMENT POLICY.   |
| g05 | THIS SUPPLY EXCEEDS NUMBER OF UNITS ALLOWED WITHIN THE DISPENSING TIME FRAME. PLEASE REFER TO REIMBURSEMENT POLICY FOR CPAP/BIPAP SUPPLIES. |
| g06 | THE PROCEDURE CODE IS NOT PAID, THE SERVICES OF A CO-SURGEON IS NOT REQUIRED AS PER CMS GUIDELINES.   |
| g07 | CMS LOCAL COVERAGE DETERMINATION INDICATES PROCEDURE/SERVICE TO BE NON-COVERED WITH BILLED DIAGNOSIS  |
| g21 | PAYMENT FOR THIS SERVICE IS REDUCED. WHEN MORE THAN ONE RELATED SERVICE IS PERFORMED ON THE SAME DAY THERE IS A REDUCTION IN PAYMENT.       |
| g23 | PAYMENT FOR THIS SERVICE IS REDUCED. WHEN MORE THAN ONE RELATED SERVICE IS PERFORMED ON THE SAME DAY THERE IS A REDUCTION IN PAYMENT.       |
| g24 | THIS SERVICE IS NOT PAID. PAYMENT FOR THIS SERVICE IS INCLUDED IN THE GLOBAL PROCEDURE PERFORMED ON THE SAME DATE ON THIS OR ANOTHER CLAIM. |
| g25 | THIS SERVICE IS NOT PAID. PAYMENT FOR THIS SERVICE IS INCLUDED IN THE GLOBAL PROCEDURE PERFORMED ON THE SAME DATE ON THIS OR ANOTHER CLAIM. |
| g28 | THIS SERVICE IS NOT PAID. THE ALLOWANCE FOR THIS SERVICE IS INCLUDED IN ANOTHER SERVICE BILLED BY SAME PROVIDER FOR SAME DATE OF SERVICE.   |
| g30 | THIS SERVICE IS NOT PAID. THIS SERVICE IS INCIDENTAL TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.               |
| g31 | THIS SERVICE IS INCIDENTAL TO ANOTHER PROCEDURE CODE THAT HAS ALREADY BEEN PAID FOR THE SAME DATE OF SERVICE.                               |
| g32 | THIS SERVICE IS NOT PAID. THIS SERVICE IS MUTUALLY EXCLUSIVE TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.       |
| g33 | THIS SERVICE IS NOT PAID. THIS SERVICE IS MUTUALLY EXCLUSIVE TO ANOTHER PROCEDURE CODE FOR THE SAME DATE OF SERVICE.                        |
| g34 | THIS SERVICE IS NOT PAID. THIS SERVICE IS A COMPONENT TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.              |
| g35 | THIS SERVICE IS NOT PAID. THIS SERVICE IS A COMPONENT TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.              |
| g38 | THIS SERVICE IS NOT PAID. THIS SERVICE IS INCIDENTAL TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.               |
| g39 | THIS SERVICE IS INCIDENTAL TO ANOTHER PROCEDURE CODE THAT HAS ALREADY BEEN PAID FOR THE SAME DATE OF SERVICE.                               |
| g42 | THIS SERVICE IS NOT PAID. THIS SERVICE IS INCIDENTAL TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.               |
| g43 | THIS SERVICE IS INCIDENTAL TO ANOTHER PROCEDURE CODE THAT HAS ALREADY BEEN PAID FOR THE SAME DATE OF SERVICE.                               |
| g44 | THIS SERVICE IS NOT PAID. THE PRE-OPERATIVE CARE IS INCLUDED IN THE ALLOWANCE FOR SURGICAL CARE PROCESSED UNDER THIS OR ANOTHER CLAIM.      |

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| g45 | PAYMENT FOR THIS SERVICE IS REDUCED OR SERVICE IS NOT PAID BECAUSE A PRE-OPERATIVE VISIT OR SURGICAL CARE CLAIM HAS BEEN PREVIOUSLY PAID.   |
| g46 | THIS SERVICE IS NOT PAID. THE POST OPERATIVE CARE IS INCLUDED IN THE ALLOWANCE FOR SURGICAL CARE PROCESSED UNDER THIS OR ANOTHER CLAIM.     |
| g47 | PAYMENT FOR THIS SERVICE IS REDUCED OR SERVICE IS NOT PAID BECAUSE A POST-OPERATIVE VISIT OR SURGICAL CARE CLAIM HAS BEEN PREVIOUSLY PAID.  |
| g48 | THE PROCEDURE CODE CAN ONLY BE PERFORMED ONCE PER DATE OF SERVICE, AND HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE.                 |
| g51 | THE PROCEUDRE CODE IS NOT PAID, A CO-SURGOEN NOT REQUIRED AS PER CMS GUIDELINES   |
| g55 | A NEW CHARGE LINE HAS BEEN ADDED SO THAT THE CLAIM CAN BE CONSIDERED FOR PROPER PAYMENT.  |
| g56 | THIS SERVICE IS NOT PAID. PAYMENT FOR THE BILATERAL IS INCLUDED IN ANOTHER SERVICE PERFORMED ON THE SAME DATE UNDER THIS OR ANOTHER CLAIM   |
| g57 | THIS SERVICE IS NOT PAID. PAYMENT FOR THE BILATERAL IS INCLUDED IN ANOTHER SERVICE PERFORMED ON THE SAME DATE UNDER THIS OR ANOTHER CLAIM   |
| g59 | PAYMENT FOR THIS SERVICE IS REDUCED. A PAYMENT WAS MADE FOR A RELATED SERVICE BILLED ON A PREVIOUS CLAIM.                                   |
| g68 | THIS PROCEDURE IS NOT PAID BASED ON CMS MEDICARE STATUS CODES GUIDELINES  |
| g75 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.         |
| g80 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.         |
| g81 | THIS SERVICE IS NOT PAID. PAYMENT FOR THIS SERVICE IS INCLUDED IN THE GLOBAL PROCEDURE PERFORMED ON THE SAME DATE ON THIS OR ANOTHER CLAIM. |
| g82 | THIS PROCEDURE IS NOT PAID BASED ON CMS MEDICARE STATUS CODES GUIDELINES  |
| g84 | THIS SERVICE IS NOT PAID. PAYMENT FOR THIS SERVICE IS INCLUDED IN THE GLOBAL PROCEDURE PERFORMED ON THE SAME DATE ON THIS OR ANOTHER CLAIM. |
| g88 | THIS SERVICE IS MUTUALLY EXCLUSIVE TO ANOTHER PROCEDURE CODE THAT HAS ALREADY BEEN PAID FOR THE SAME DATE OF SERVICE.                       |
| g90 | THIS SERVICE IS NOT PAID, IT IS MUTUALLY EXCLUSIVE TO ANOTHER SERVICE WHICH IS ALREADY PAID, FOR SAME DATE OF SERVICE AND SAME PROVIDER.    |
| g94 | THE MAXIMUM ALLOWABLE UNITS PER DAY FOR THIS SERVICE HAS BEEN MET.  |
| g95 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.         |
| g96 | THE PROCEDURE CODE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE, AND HAS BEEN PROCESSED ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.      |
| h01 | THIS SERVICE IS NOT PAID. THE SERVICE IS INCLUDED AS PART OF ANOTHER SERVICE ON THIS OR ANOTHER CLAIM BY SAME OR DIFFERENT PROVIDER.        |
| h04 | THE UNITS PAID FOR THIS CPAP/BIPAP SUPPLY ARE THE MAXIMUM UNITS ALLOWED BASED ON THE DISPENSING TIME FRAME.                                 |
| h06 | THE UNITS PAID FOR THIS DIABETIC SUPPLY ARE THE UNITS ALLOWED BASED ON REIMBURSEMENT POLICY FOR DIABETIC SUPPLIES.                          |

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| h20 | THIS SERVICE IS NOT PAID. THIS SERVICE IS COSMETIC, EXPERIMENTAL OR INVESTIGATIONAL BASED ON OUR REIMBURSEMENT POLICY.                      |
| h21 | THIS SERVICE IS NOT PAID. THIS SERVICE IS COSMETIC, EXPERIMENTAL OR INVESTIGATIONAL BASED ON OUR REIMBURSEMENT POLICY.                      |
| h22 | THIS SERVICE IS NOT PAID. THIS DIABETIC SUPPLY EXCEEDS THE NUMBER OF UNITS ALLOWED, REFER TO THE REIMBURSEMENT POLICY FOR DIABETIC SUPPLIES |
| h23 | PAYMENT FOR THIS SERVICE IS REDUCED. WHEN MORE THAN ONE RELATED SERVICE IS PERFORMED ON THE SAME DAY THERE IS A REDUCTION IN PAYMENT.       |
| h24 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.         |
| h28 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.         |
| h59 | THIS SERVICE IS NOT PAID. THE SERVICE IS INCLUDED AS PART OF ANOTHER SERVICE ON THIS OR ANOTHER CLAIM BY SAME OR DIFFERENT PROVIDER.        |
| h62 | SUBMITTED UNITS EXCEEDED THE ALLOWED UNITS. CORRECT DIABETIC SUPPLY UNITS REPLACED.   |
| h70 | THIS PROCEDURE IS NOT PAID. AS PER CMS NCCI POLICY IT IS INCIDENTAL TO A PROCEDURE FOR THIS DOS   |
| h72 | THIS PROCEDURE IS NOT PAID. AS PER CMS NCCI POLICY IT IS INCIDENTAL TO A PROCEDURE FOR THIS DOS ON THIS CLAIM OR ANOTHER CLAIM IN HISTORY   |
| h74 | THIS PROCEDURE IS NOT PAID. AS PER CMS NCCI POLICY IT IS INCIDENTAL TO A PROCEDURE FOR THIS DOS ON THIS CLAIM OR ANOTHER CLAIM IN HISTORY   |
| h75 | THIS PROCEDURE IS NOT PAID. AS PER CMS NCCI POLICY IT IS INCIDENTAL TO A PROCEDURE FOR THIS DOS   |
| h76 | THIS PROCEDURE IS NOT PAID. AS PER CMS NCCI POLICY IT IS INCIDENTAL TO A PROCEDURE FOR THIS DOS   |
| h77 | THIS PROCEDURE IS NOT PAID. AS PER CMS NCCI POLICY IT IS INCIDENTAL TO A PROCEDURE FOR THIS DOS   |
| i92 | THIS SERVICE IS NOT PAID. IT IS INCLUDED IN THE ALLOWANCE FOR A MORE COMPREHENSIVE PROCEDURE CODE PROCESSED UNDER THIS OR ANOTHER CLAIM.    |
| i93 | THIS SERVICE IS NOT PAID. IT IS INCLUDED IN THE ALLOWANCE FOR A MORE COMPREHENSIVE PROCEDURE CODE PROCESSED UNDER THIS OR ANOTHER CLAIM.    |
| i94 | THIS PAYMENT WAS REDUCED BY THE COST OF THE MEDICAL VISIT THAT WAS PREVIOUSLY PAID FOR ON THE SAME DATES OF SERVICE.                        |
| i98 | THE PROCEDURE CODE CAN ONLY BE PERFORMED ONCE PER DATE OF SERVICE, AND HAS BEEN PROCESSED ALREADY FOR THIS DATE OF SERVICE.                 |
| j11 | THIS PROCEDURE IS NOT PAID BASED ON CMS MEDICARE STATUS CODES GUIDELINES  |
| j12 | THIS PROCEDURE IS NOT PAID BASED ON CMS MEDICARE STATUS CODES REDUCED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.                         |
| j13 | THIS PROCEDURE IS NOT PAID BASED ON CMS MEDICARE STATUS CODES GUIDELINES  |
| j14 | THIS PROCEDURE IS NOT PAID BASED ON CMS MEDICARE STATUS CODES GUIDELINES  |
| j16 | PAYMENT FOR THIS SERVICE IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.  |

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| j18 | PAYMENT FOR THIS SERVICE IS REDUCED. WHEN MORE THAN ONE RELATED SERVICE IS PERFORMED ON THE SAME DAY THERE IS A REDUCTION IN PAYMENT.     |
| j19 | PAYMENT FOR THIS SERVICE IS REDUCED. WHEN MORE THAN ONE RELATED SERVICE IS PERFORMED ON THE SAME DAY THERE IS A REDUCTION IN PAYMENT.     |
| j45 | THE PROCEUDRE CODE IS NOT PAID, A CO-SURGOEN NOT REQUIRED AS PER CMS GUIDELINES   |
| j54 | THIS SERVICE IS NOT PAID. THIS SERVICE IS INELIGIBLE BASED ON MODIFIER SUBMITTED, REFER TO REIMBURSEMENT POLICY FOR CPAP/BIPAP SUPPLIES.  |
| j55 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS, A NEW CHARGE LINE HAS BEEN ADDED WITH MULTIPLE OR BILATERAL CODE.                     |
| j58 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS.THE UNITS ARE REDUCED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.                    |
| j59 | THE PROCEDURE CODE CAN ONLY BE PERFORMED ONCE PER DATE OF SERVICE, AND HAS BEEN PROCESSED ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.    |
| j60 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.       |
| j61 | THE ALLOWANCE FOR THIS SERVICE IS INCLUDED IN THE PAYMENT FOR ANOTHER SERVICE BILLED BY THE SAME PROVIDER FOR THE SAME DATE OF SERVICE.   |
| j62 | THIS SERVICE IS NOT PAID. THE ALLOWANCE FOR THIS SERVICE IS INCLUDED IN ANOTHER SERVICE BILLED BY SAME PROVIDER FOR SAME DATE OF SERVICE. |
| j63 | PAYMENT FOR THIS SERVICE IS REDUCED. A PAYMENT WAS MADE FOR A RELATED SERVICE BILLED ON A PREVIOUS CLAIM.                                 |
| j64 | SUBMITTED UNITS EXCEEDED THE ALLOWED UNITS. CORRECT CPAP/BIPAP UNITS REPLACED.  |
| j65 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.       |
| j67 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.       |
| j69 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.       |
| k60 | THE PROCEDURE CODE CAN ONLY BE PERFORMED ONCE PER DATE OF SERVICE, AND HAS BEEN PROCESSED ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.    |
| k61 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS, A NEW CHARGE LINE HAS BEEN ADDED WITH MULTIPLE OR BILATERAL CODE.                     |
| k62 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.       |
| l05 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS, A NEW CHARGE LINE HAS BEEN ADDED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.        |
| l06 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS, A NEW CHARGE LINE HAS BEEN ADDED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.        |
| l07 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS, A NEW CHARGE LINE HAS BEEN ADDED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.        |
| l08 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS, A NEW CHARGE LINE HAS BEEN ADDED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.        |
| l97 | THE PROCEDURE IS DEEMED NOT REASONABLE AND NECESSARY WITH REPORTED DIAGNOSIS AS PER CMS NATIONAL COVERAGE DETERMINATION POLICY            |

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| I98 | THE PROCEDURE IS DEEMED NOT REASONABLE AND NECESSARY WITH REPORTED DIAGNOSIS AS PER CMS NATIONAL COVERAGE DETERMINATION POLICY             |
| I99 | THE PROCEDURE IS DEEMED NOT REASONABLE AND NECESSARY WITH REPORTED DIAGNOSIS AS PER CMS NATIONAL COVERAGE DETERMINATION POLICY             |
| f17 | CMS LOCAL COVERAGE DETERMINATION INDICATES PROCEDURE/SERVICE ACCORDING TO NCD POLICY, ALLOWED NCD POLICY APPLIED.                          |
| j77 | CMS LCD INDICATES PROCEDURE TO BE NON-COVERED WITH BILLED DIAGNOSIS AND REQUIRES DOCUMENTATION, OR HAS LIMITATIONS THAT INFLUENCE COVERAGE |
| f30 | Bundled Service Code. No separate payment should be made for this code.  |
| f32 | Bundled Service Code. No separate payment should be made for this code.  |
| f33 | Bundled Service Code. No separate payment should be made for this code.  |
| f34 | Bundled Service Code. No separate payment should be made for this code.  |
| f67 | This service is not covered when performed for the reported diagnosis  |
| f74 | THIS SERVICE IS NOT PAID. THE PROCEDURE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.        |
| f75 | THE PROCEDURE CODE EXCEEDED MAX UNITS ALLOWED PER DATE OF SERVICE, AND HAS BEEN PROCESSED ON THIS CLAIM OR ANOTHER CLAIM FOR SAME DOS.     |
| f76 | THE BILLED QUANTITY EXCEEDED ALLOWED UNITS PER DOS.THE UNITS ARE REDUCED WITH APPROPRIATE QUANTITY FOR PROPER PAYMENT.                     |
| f84 | Bundled Service Code. No separate payment should be made for this code.  |
| f85 | Bundled Service Code. No separate payment should be made for this code.  |
| f88 | Bundled Service Code. No separate payment should be made for this code.  |
| f90 | Bundled Service Code. No separate payment should be made for this code.  |
| f92 | Bundled Service Code. No separate payment should be made for this code.  |
| f93 | Bundled Service Code. No separate payment should be made for this code.  |
| f96 | Bundled Service Code. No separate payment should be made for this code.  |
| f97 | Bundled Service Code. No separate payment should be made for this code.  |
| j85 | MODIFIER 26 IS ADDED TO REPRESENT THE PROFESSIONAL COMPONENT FOR THE SERVICE RENDERED.   |
| f25 | THE UNITS PAID FOR THIS CPAP/BIPAP SUPPLY ARE THE MAXIMUM UNITS ALLOWED BASED ON THE DISPENSING TIME FRAME.                                |
| f26 | THE UNITS PAID FOR THIS DIABETIC SUPPLY ARE THE UNITS ALLOWED BASED ON REIMBURSEMENT POLICY FOR DIABETIC SUPPLIES.                         |
| f27 | THE UNITS PAID FOR THIS DIABETIC SUPPLY ARE THE UNITS ALLOWED BASED ON REIMBURSEMENT POLICY FOR DIABETIC SUPPLIES.                         |
| I83 | This procedure has a limit of once in per lifetime and was previously paid for this member   |
| I84 | This procedure has a limit of once in per lifetime and was previously paid for this member   |
| I85 | This procedure has a limit of once in per lifetime and was previously paid for this member   |