



Remittance Advice Explain Codes



CODE	TYPE	DESCRIPTION
7F	DE	9 ANTPM VISITS MUST BE DOCUMENTED FOR REIMBURSEMENT
7G	DE	SMA CODES ARE INVALID FOR DATES OF SERVICE AFTER 06/30/95
7H	DE	STERILIZATION CONSENT FORM REQUIRED (PM 330)
7J	DE	OUT OF POCKET MAXIMUM HAS BEEN MET: NO CO-PAYMENT
7K	DE	DENIED: SERVICES ARE RESPONSIBILITY OF THE STATE: BILL STATE
7L	DE	MILITARY TIME REQUIRED TO INDICATE ANESTHESIA START AND STOP TIME
7M	DE	ANESTHESIA SERVICES REQUIRE A VALID START AND END TIME
7N	DE	ALCOHOL/SUBSTANCE ABUSE SERVICES BILLABLE TO ACS (FORMERLY HP)
7O	DE	OFFICE VISIT NOT PAYABLE W/PREGNANCY DX-INCLUDED IN GLOBAL
7P	DE	CLAIM DENIED COMPOUND SHEET NOT RCVD FROM PROVIDER
5Q	DE	THE SUBMITTED DOCUMENTATION WAS NOT ADEQUATE
5S	DE	SERVICE REQUIRED QUANTITY BILLED
5T	DE	SERVICE REQUIRES DOCUMENTATION FOR THIS PROCEDURE CODE
5Y	DE	REQUESTED ER REPORT NOT RECEIVED
5Z	DE	2ND EMERGENCY ROOM BILLING IS INAPPROPRIATE-BILL WITH CONFIRMATORY CODES
60	DE	INFO ON THE CLAIM DOES NOT MATCH INFO ON REPORT
61	DE	PRESCRIPTION NUMBER IS REQUIRED
62	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - AARP
63	DE	DENIED: RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - ALLSTATE LIFE
64	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - NEW YORK LIFE
65	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - CROWN LIFE
66	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - PRUDENTIAL
67	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - MISC HMO OR C
1J	PY	PAID ZERO DUE TO ON LINE 4/75 FEE REDUCTION
1K	PY	SERVICES PAID PER AUDITOR
1L	PY	ALLOWED PER CASE RATE NEGOTIATIONS
1M	PY	THE ALLOWANCE IS DERIVED FROM A FEE SCHEDULE
6R	DE	MEMBERS ELIG BREAK IS GREATER THAN TWO MONTHS - GLOBAL REIMBURSEMENT IS NOT ALLOWED

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6T	DE	Member is hospice eligible; hospice is responsible for service
16	PY	CLAIM ALLOWED PER MEDI-CAL FEE SCHEDULE
17	PY	CLAIM ALLOWED PER MEDICARE FEE SCHEDULE
3K	DE	INFORMATION ON CONSENT FORM IS INCORRECT OR INCOMPLETE
6X	DE	THIS SERVICE REQUIRES A REFERRAL FROM THE MEMBERS PCP OR AUTHORIZATION FROM THE ALLIANCE FOR OUT OF SERVICE AREA REFERRALS
6Y	DE	ANOTHER PRIMARY SURGEON HAS BEEN PAID; ONLY ONE ALLOWED PER PROCEDURE ON SAME DATE OF SERVICE
4Z	DE	DENIED: THE DATE OF SERVICE BILLED OCCURS ON OR WITHIN THE DATE RANGE OF A FACILITY STAY PREVIOUSLY BILLED FOR THIS MEMBER
51	DE	NON BENEFIT ASSISTANT SURGEON / ANESTHESIOLOGIST
52	DE	DRUG NUMBER IS INVALID
53	DE	DRUG#/DME REQUIRES CATALOG ATTACHMENT FOR PRICING
54	DE	PROCEDURE CODE INVALID FOR PROVIDER TYPE AND/OR NUMBER
18	PY	COMMON OB DAYS (BABY INCLUDED)
19	PY	MEDI-CAL ALLOWABLE - SNF INDICATOR ON CLAIM
1A	PY	PMT REDUCED DUE TO PREVIOUSLY PD ANTEPARTUM VISITS
1B	PY	CLM RCVD 7TH-9TH MO AFTER DOS-BILL LMT NOT OK- 75%
1C	PY	CLM RCVD 10TH-12TH MO AFTER DOS-BILL LMT NOT OK-PAY 50%
1D	PY	NURSERY DAY(S) INCLUDED IN DISCHARGE FEE/OB RATE-MOM
1E	PY	BILLING LIMIT EXCEPTION APPROVED
1F	PY	PAID ENCOUNTER
1G	PY	APPROVED FOR PAYMENT
1H	PY	SERVICE WAS PAID PER SPECIAL HANDLING APPROVAL
1I	PY	CLAIM PAID PER SPECIAL CONTRACT: MIA/MCZ
7A	DE	ACTUAL TIME SPENT WITH PATIENT MISSING OR NOT ON ANESTH. RECORD
7B	DE	PROCEDURE CODE DOES NOT REQUIRE A MODIFIER
7C	DE	DENIED: NDC NUMBER IS INVALID
7D	DE	ADDITIONAL INFORMATION IS REQUIRED ON BY REPORT ATTACHMENT
7E	DE	ALLIANCE SUBCONTRACTS WITH A MENTAL HEALTH VENDOR
9Y	DE	PROVIDER NOT ELIGIBLE FOR SERVICE BILLED
1S	PY	PROCEDURE IS INCLUDED IN THE REIMBURSEMENT OF THE FQHC VISIT

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1T	PY	HOSPICE PROCEDURE PAID AT PROGRAM MAXIMUM ALLOWABLE
3TP	DE	CLAIM DENIED BECAUSE THIS INJURY/ILLNESS IS COVERED BY THE LIABILITY CARRIER
266	PY	PAYMENT/RECOUPMENT APPROVED BASED ON SERVICE CARVED OUT. ALLIANCE NOT RESPONSIBLE.
100	PY	PAID AT BILLED CHARGES.
82	DE	STERILIZATION ISN'T COVERED IN CONJ WITH C-SECTION
83	DE	RESUBMIT CLAIM WITH CORRECT MILEAGE
1U	PY	MEDICARE DEDUCTIBLE
1V	PY	OSTOMY SUPPLIES
1W	PY	MEDI-CAL FEE FOR SCHEDULE
1Y	PY	ADMINISTRATION FEE LIMITED TO ONCE PER DAY
1Z	PY	INPT MEDICARE DEDUCTIBLE/COINSUR REDUCED TO ZERO
20	PY	CONTRACT RATE REDUCTION
21	PY	PAYMENT/RECOUPMENT APPROVED BASED ON SERVICE INCLUDED IN ANOTHER PROCEDURE.
22	PY	PROFESSIONAL FEE NOT REIMBURSED TO FACILITY
23	PY	CLAIM PREVIOUSLY CAPPED IN ERROR
24	PY	PAYMENT/RECOUPMENT APPROVED BASED ON RETROACTIVE RATE CHANGE
25	PY	PAYMENT/RECOUPMENT APPROVED BASED ON WRONG PROVIDER PAID FOR SERVICE.
26	PY	CLAIM PREVIOUSLY PROCESSED IN ERROR
2D	PY	CLAIM ADJUSTED DUE TO WAGE PASS THROUGH
2E	PY	ALLIANCE CHECK VOIDED IN HOUSE
2F	PY	PAYMENT/RECOUPMENT APPROVED BASED ON INCORRECT MODIFIER
2G	PY	BILLING CORRECTION FROM PROVIDER REQUESTED
2H	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CORRECTED PROCEDURE CODE
523	DE	DENIED: THE NDC (NATIONAL DRUG CODE/UPN (UNIVERSAL PRODUCT NUMBER) IS MISSING OR INVALID.
303	DE	DENIED: THE AUTHORIZATION AND/OR REFERRAL PROVIDED IS NOT ON FILE.
344	DE	DENIED: THIS IS A DUPLICATE OF A CLAIM PROCESSED. ADDITIONAL INFORMATION WAS PREVIOUSLY REQUESTED.
21A	PY	PAID: CODE APPROVED BASED ON PROGRAM INTEGRITY AUDIT
3MI	DE	RECOUPMENT: OVERPAYMENT IDENTIFIED BY PROGRAM INTEGRITY AUDIT

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84	DE	PLACE OF SERVICE NOT VALID FOR CLAIM FORM BILLED
85	DE	CLAIM IS DENIED DUE TO ZERO AMOUNT BILLED
86	DE	DENIED: THE CHARGES BILLED DO NOT MATCH THE EOB/EOMB SUBMITTED.
87	DE	PROCEDURE CODE/HCPCS CODE/REV CODE INVALID
88	DE	HEALTH ED. IS NOT THE ALLIANCE'S RESPONSIBILITY
89	DE	DENIED: MEDI-CAL/CAID # IS REQUIRED. CONTACT PROVIDER SERVICES AT (831) 430 - 5783.
90	DE	DENIED: PROF CLAIM/TECH COMPONENT/POS = I/P HOSPTL
91	DE	RESTRICTED SVCS: BABY NOT ELIGIBLE UNDER MOM'S ID
92	DE	PLEASE BILL CHDP SERVICES ON THE PM-160 FORM
93	DE	EXR CLAIM LOAD AUDIT EXCEPTION DUE TO INTERNAL SYSTEM ERROR
94	DE	INCONT SUPPLY MAX OF \$125.00 PER MONTH EXCEEDED
95	DE	PRESCRIBING PROVIDER NUMBER REQUIRED FOR DRUG SERVICES
96	DE	DATE OF LMP REQUIRED
97	DE	SERVICE BILLED WHILE UNDER WARRANTY-CLAIM DENIED
98	DE	OUT OF AREA LABS ARE SENT TO LAB VENDOR FOR PROCESSING
99	DE	DENIED: ADDITIONAL INFO IS REQUIRED. CONTACT PROVIDER SERVICES AT (831) 430 - 5783.
Y1	PY	INFORMATIONAL SERVICE LINE ONLY: NO PAYMENT DUE.
2I	PY	AUTHORIZATION RECEIVED AFTER DOS
2J	PY	CLAIM ADJUSTED TO PAY 50% OF THE MEDI-CAL ALLOWABLE
2K	PY	CLAIM ADJUSTED TO PAY 75% OF THE MEDI-CAL ALLOWABLE
2L	PY	WITHHOLD APPLIED IN ERROR
2M	PY	CLAIM ADJUSTMENT: DUPLICATE PAYMENT OF SERVICES
2N	PY	PAYMENT/RECOUPMENT APPROVED BASED ON SERVICES ARE PAID/PAYABLE BY CCS-FORWARD CLAIM TO CCS
2O	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CORRECTED OVERPAYMENT
2P	PY	SHARE OF COST
2Q	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CORRECTED BILLING LIMITATION REDUCTION
68	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - MUTUAL OF OMA
69	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - METROPOL. LIF

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00	PY	THIS LINE HAS BEEN FLIPPED AND WILL NOT APPEAR ON A REMITTANCE ADVICE
01	PY	THIRD PARTY LIABILITY
02	PY	COPAYMENT: PATIENT RESPONSIBILITY
14	PY	PROCESSED ACCORDING TO COORDINATION OF BENEFIT GUIDELINES
15	PY	PAYMENT REDUCED DUE TO PATIENT LIABILITY
3I	DE	M-Cal benefit when performed as part of comp. audio evaluation
3J	DE	SERVICE REQUIRES A COMPLETE/VALID STERILIZATION CONSENT FORM
3L	DE	DENIED: NOT AUTHORIZED PER REFERRAL / PRIOR AUTHORIZATION
3M	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO-AMERICAN GEN
3N	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO -AETNA
3O	DE	FACILITY ID OR FACILITY ADDRESS IN REMARKS REQUIRED
3P	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO -PHP/HMO
3Q	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO -BLUE CROSS
3R	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO -OTHER CARRIER
3S	DE	SERVICE IS INCLUDED IN ANOTHER PROCEDURE BILLED
3T	DE	Per OHC RA/EOMB - Member not responsible - Provider liable
3U	DE	BENEFITS BASED ON MAX PAID BY MEDICARE FOR SUM TOTAL THIS CLAIM
3V	DE	DENIED: DIAGNOSIS NOT VALID OR RELATED TO PROCEDURE BILLED.
9D	DE	PART A CROSSOVER ACCOMMODATION CODES ARE MISSING
9E	DE	RENDERING PROVIDER # IS MISSING OR INVALID. PLEASE RESUBMIT W/ CORRECTED INFO.
9F	DE	PROVIDER# ON CLAIM DOES NOT MATCH PROVIDER# ON AUTHORIZATION
9G	DE	DIAGNOSIS INVALID FOR RECIPIENT AGE
9I	DE	PROVIDER IDENTIFICATION NUMBER REQUIRED IN BOX 33 OF THE CMS 1500
9J	DE	DENIED: ALLIANCE SUBCONTRACTS WITH A LAB VENDOR
9K	DE	PROCEDURE ALLOWS PROFESSIONAL COMPONENT ONLY
9L	DE	SERIAL # REQ'D ON DME PURCHASE, RENTAL OR REPAIR
9M	DE	PROCEDURE ALLOWS TECHNICAL COMPONENT ONLY
9N	DE	MEDI-LABEL SVCS LIMIT 2 VISITS PER MONTH: PRIOR AUTHORIZATION REQUIRED

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90	DE	DENIED: BENEFITS EXCEEDED
9P	DE	PERSONAL ITEMS ARE NOT COVERED
9Q	DE	DENIED: FUTURE DATE OF SERVICE
9R	DE	THIS PROVIDER IS A REFERRING PHYSICIAN NO PYMT DUE
9S	DE	DATE(S) OF SERVICE, OR NUMBER OF DAYS DO NOT MATCH THE AUTHORIZATION.
9T	DE	DENIED: DUPLICATE AUTHORIZATION
7Q	DE	Claim denied due to drug/strength/form does not exist
7R	DE	DISCREPANCY IN BILLED AMOUNT VS PAYABLE AMOUNT FOR LTC
03	PY	CLAIM HAS BEEN APPROVED FOR PAYMENT AFTER MEDICAL REVIEW
04	PY	PAYMENT REDUCED:INCONT SUPPLY MAX \$125.00 PER MONTH IS MET
05	PY	PAID PER PROOF OF ELIGIBILITY ATTACHED TO CLAIM
06	PY	PAID AT HOSPITAL PER DIEM RATE
07	PY	PAID AT THE HOSPITAL CONTRACTED RATE (MAY BE INCLUDED IN THE ROOM AND BOARD RATE)
08	PY	ALLOWED OR DENIED AFTER BILLING LIMIT REDUCTION
09	PY	PAYMENT ALLOWED DUE TO ELIGIBILITY ERROR EXCEPTION
0A	PY	PAID AT ALLIANCE ONCOLOGIST RATE
0D	PY	PAYMENT ALLOWED: UNIT LIMITATION EXCEEDED
10	PY	PAID AT PROGRAM MAXIMUM ALLOWABLE
11	PY	CAPITATED SERVICE: NO PAYMENT IS DUE
12	PY	MEMBER SHOULD NOTIFY ELIGIBILITY WORKER RE: CHANGE IN OHC
13	PY	NO REFERRAL THROUGH 11/30/99. REFERRAL REQ'D AFTER 12/1/99.
022	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CO-PAYMENT WAIVED FOR THIS SERVICE.
410	DE	OPTIONAL SERVICES NOT A BENEFIT ON DATE OF SERVICE
7TT	DE	DENIED: AIR AMBULANCE BEGINNING AND END WAIT TIMES ARE REQUIRED
5PP	DE	DENIED: THESE ARE NON-COVERED SERVICES BECAUSE THIS IS NOT DEEMED A 'MEDICAL NECESSITY' BY THE PAYER.
5DA	DE	SECONDARY OR ADDITIONAL MODIFIER NOT REQUIRED
3W	DE	CLAIM MUST BE BILLED WITH LINE ITEM SPECIFIC INFO - RESUBMIT
1N	PY	PAYMENT REDUCED PER PLAN GUIDELINES

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1O	PY	INCONTINENCE SUPPLIES
1P	PY	DEDUCTIBLE:PATIENT MET DEDUCT FOR THIS BENEFIT
1R	PY	COINSURANCE: PATIENT RESPONSIBILITY
42	DE	DENIED: BY MEDICAL DIRECTOR
43	DE	SERVICE CARVED OUT: ALLIANCE NOT RESPONSIBLE
44	DE	PROVIDER AND OR PROVIDER NUMBER NOT ELIGIBLE FOR PROGRAM ON D.O.S.
45	DE	GENDER DISCREPANCY
46	DE	DEDUCTIBLE: PATIENTS RESPONSIBILITY
47	DE	NON-ALLIANCE BENEFICIARY
48	DE	DENIED: DENTAL SERVICES SHOULD BE BILLED TO THE APPROPRIATE DENTAL PLAN.
49	DE	CPT/HCPCS BILLED IS INVALID DUE TO AGE RESTRICTION
4A	DE	PROCEDURE# INVALID FOR RECIPIENT GENDER
4B	DE	CLAIM SUSPENDED, PROCESSED UNDER INCORRECT PROVIDER NUMBER
4C	DE	THE SERVICES BILLED WERE NOT RECEIVED BY THE MEMBER
7S	DE	Claim denied, Service rendered after 49th day of gestation
7T	DE	Time units billed for service exceed limit - submit anesthesia record
7U	DE	DRUG NOT ON ALLIANCE FORMULARY: PRIOR AUTHORIZATION IS REQUIRED
7V	DE	INCLUDED IN GLOBAL PROCEDURE PAID
7W	DE	DENIED: ALLIANCE SUBCONTRACTS WITH A PHARMACY VENDOR
2C	PY	PAYMENT/RECOUPMENT APPROVED BASED ON SHARE OF COST.
9Z	DE	BIOFEEDBACK IS NOT A COVERED BENEFIT
2MI	PY	PAYMENT/RECOUPMENT APPROVED BASED ON PAYER INITIATED REVIEW/AUDIT.
6UU	DE	DENIED: OUT OF SERVICE AREA REFERRAL REQUIRES AUTHORIZATION BY THE ALLIANCE
944	DE	DENIED: INCONT SUPPLY MAX OF \$165.00 PER MONTH HAS BEEN EXCEEDED
27J	PY	OUT OF POCKET MAXIMUM HAS BEEN MET: NO CO-PAYMENT
5BY	DE	DENIED: CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION. MISSING/INCOMPLETE/INVALID PATIENT RELATIONSHIP TO INSURED
3OO	DE	FACILITY ID IN OTHER PHYS ID BOX IS MISSING OR INCORRECT
3R1	DE	DENIED: MEMBER IS ENROLLED IN MULTIPLE PLANS AT THE ALLIANCE. RESUBMIT WITH THE PRIMARY PLAN'S MEMBER IDENTIFICATION NUMBER.

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7AT	DE	DENIED: MISSING/INCOMPLETE/INVALID ANESTHESIA TIME/UNITS
9H	DE	PROVIDER IDENTIFICATION NUMBER REQUIRED IN BOX 81 OF UB-04
3M2	DE	DENIED: PROVIDER INELIGIBLE TO PARTICIPATE IN FEDERAL PROGRAMS
4D	DE	MUTUALLY EXCLUSIVE PROC DENIED IN SAME OP SESSION
4E	DE	SEND CLAIM FOR MS-AFP/NB SCREEN TO DHS - GENETIC DIS. BRANCH
4F	DE	SOC PARTICIPATION CANNOT BE VERIFIED THIS SOC PATIENTS DO
27	PY	PAYMENT/RECOUPMENT APPROVED BASED ON A PRIOR UNDER PAYMENT
28	PY	PATIENTS ELIGIBILITY WAS CORRECTED
29	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CLAIM ORIGINALLY DENIED
2A	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CORRECTED QUANTITY/DAYS OF SERVICE
2B	PY	COORDINATION OF BENEFITS ADJUSTMENT
4O	DE	PROCEDURE IS INCLUDED IN THE LTC PER DIEM RATE
4P	DE	LTC Patient Liability field must have SOC or Zero entered
4Q	DE	MODIFIER INVALID OR NOT RECOGNIZED ON DATE OF SERVICE
4R	DE	DUPLICATE PROVIDER NUMBERS ON FILE
4S	DE	BILLING LIMITATION NOT MET
4T	DE	RENTAL HAS EXCEEDED PURCHASE PRICE
4V	DE	DAYS BILLED EXCEEDS FROM AND THRU DATES OF SERVICE
8G	DE	NICU PROGRESS NOTES NOT RECEIVED
8H	DE	OBQA INFORMATION NOT RECEIVED WITHIN REQUESTED TIME FRAME
8I	DE	DENIED: PLEASE CONTACT PROVIDER SERVICES AT (831) 430-5532 OR (831) 430- 5783.
8J	DE	PART A DEDUCTIBLE IS NOT PAYABLE FOR THIS AID CODE
8K	DE	CLAIM PREVIOUSLY CAPITATED THROUGH ALLIANCE LAB VENDOR
8L	DE	DRUG/SUPPLIES ON ITEMIZATION NOT COVERED FOR PROCEDURE
8M	DE	DUE TO FED WELFARE REFORM NO QMB AFTER DOS 8/31/97
8N	DE	Description of service does not match procedure code billed
8O	DE	EOB SUBMITTED TO THE ALLIANCE IS LACKING REQUIRED DATA
8Q	DE	INVALID OR MISSING PLACE OF SERVICE/LOCATION OR TYPE OF BILL CODE FOR PROCEDURE BILLED.

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8R	DE	ASTERISK PROCEDURE; SEE CPT SURGERY GUIDELINES
8S	DE	DENIED:DOS BEFORE OR AFTER AUTHORIZED/REFERRAL EXPIRATION DATE
8T	DE	DENIED: PRIOR AUTHORIZATION IS FOR ANOTHER FACILITY
8U	DE	PRIOR AUTHORIZED/REFERRAL INFORMATION IS MISSING OR INCORRECT ON CLAIM FORM
8V	DE	REFERRAL INFORMATION DOES NOT MATCH THAT BILLED ON CLAIM FORM
8W	DE	DENIED: THE ALLIANCE IS NOT RESPONSIBLE FOR SERVICES RELATED TO CCS CONDITIONS
8X	DE	COMPLETE DESCRIPTION OF DRUG/SUPPLY IS REQUIRED FOR PRICING
8Y	DE	RECIPIENT IS 'IN CUSTODY'. FORWARD CLAIM TO MEDI-CRUZ
5O	DE	PROCEDURE BILLED NOT ON EOB PROVIDED
5P	DE	PROCEDURE REQUIRES DOCUMENTATION FOR MEDICAL NECESSITY
2V	PY	PAYMENT/RECOUPMENT APPROVED BASED ON SERVICES RENDERED REQUIRE AN EOB FROM MEDICARE
2W	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CORRECTED MEDICARE COINS/DEDUCTIBLE
9A	DE	RELATED EQUIP NEEDED FOR THIS PART NOT PAID
9B	DE	LEAVE DAYS IN EXCESS OF ALLOW/CALENDAR YEAR
9C	DE	NO PROGRESS NOTES SUBMITTED WITH PRIOR AUTHORIZATION FOR APPROVAL
3Z	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - PAC MUTUAL LI
40	DE	MULTIPLE CARRIERS - SUBMIT EOB'S FROM EACH CARRIER
41	DE	NOT A COVERED MEDI-CAL BENEFIT
4U	DE	DENIED: FROM AND THROUGH DATES OF SERVICE REQUIRED
4W	DE	CLAIM INCOMPLETE REQ PRESCRIBING PROV#, PRIM DIAG, 2ND DI
4X	DE	PROC/DRUG CODE BILLED REQUIRES DESCRIPTION IN REMARKS FIELD
4Y	DE	DENIED: PRIMARY SURGICAL CODE IS MISSING OR UNRECOGNIZED
59	DE	MEDICARE EXR CLAIM LOADED FOR ENCOUNTER DATA
5A	DE	DENIED: AUTHORIZED QUANTITY EXCEEDED
5B	DE	DENIED: PROCEDURE/SERVICE REQUIRES CORRECT & APPROPRIATE DIAGNOSIS.
5C	DE	PROCEDURE/SERVICE REQUIRES MODIFIER-MISSING FROM CLAIM
5D	DE	MODIFIER IS INCORRECT FOR PROCEDURE/SERVICE/DESCRIPTION
5E	DE	Drug Code Not a Benefit on Date Dispensed

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5F	DE	QUANTITY BILLED DOES NOT MATCH THE PACKAGE SIZE OR EXCEEDS MAXIMUM ALLOWED
5G	DE	RESUBMIT W/ DESCRIPTION OF DENIAL CODE FROM OHC
5H	DE	DAYS SUPPLY IS MISSING ON FORM
5I	DE	DENIED: PROCEDURE BILLED DOES NOT MATCH PHYSICIAN'S CLAIM
5J	DE	INVOICE/CATALOGUE PAGE/PRICE LIST REQUIRED FOR REIMBURSEMENT
5K	DE	DENIED: SERVICE REQUIRES DOCUMENTATION (REMARKS) OF PHYSICIAN SUPERVISION
5L	DE	PT AID CODE IRCA, OBRA -PROVIDER MUST BILL ACS (FORMERLY HP)
5M	DE	MEMBER AID CODE RESTRICTED TO SNF/ICF SERVICES ONLY
5N	DE	AID CODE WAS TERMINATED
9V	DE	ALLIANCE CONTRACTS WITH VSP FOR REFRACTION SERVICES
9W	DE	PROCEDURE NOT ELIGIBLE FOR BILATERAL REIMBURSEMENT
4K	DE	CLAIMS RECEIVED AFTER 1 YEAR FROM DATE OF SERVICE
4L	DE	DIABETIC EDUCATION IS LIMITED TO CERTAIN PROVIDERS
4M	DE	DENIED: AID CODE 53 IS RESTRICTED TO LTC SERVICES ONLY
4N	DE	PT STATUS CODE NOT VALID FOR ACCOMMODATION CODE
9JJ	DE	DENIED: THE SERVICE RENDERED MUST BE PERFORMED BY A CLIA CERTIFIED PROVIDER OR THE SERVICE MUST BE AN ALLIANCE APPROVED CLIA WAIVED LA
440	DE	SERVICES/CHARGES RELATED TO THE TREATMENT OF A HOSPITAL ACQUIRED CONDITION OR PREVENTABLE MEDICAL ERROR
50	DE	DENIED: VISIT OR UNIT LIMITATION EXCEEDED
6S	DE	ADULT DAY HEALTH IS NOT ALLIANCE'S RESPONSIBILITY
78	DE	DATE OF SERVICE DOESN'T COINCIDE WITH SURGEONS/ANESTHESIOLOGIST
9U	DE	NO MEDI-LABEL AUTHORIZATION
444	DE	SERVICES RENDERED ARE NOT COVERED UNDER PLAN PROVISIONS DUE TO PROVIDER TYPE AND/OR SPECIALTY
411	DE	NOT A COVERED PROGRAM BENEFIT
9MV	DE	DENIED. THE ALLIANCE SUBCONTRACTS WITH MV TRANSPORTATION FOR ALL IN-AREA TRANSPORTATION SERVICES.
2MV	PY	PAYMENT/RECOUPMENT APPROVED BASED ON THE ALLIANCE SUBCONTRACTS WITH MV TRANSPORTATION FOR ALL IN-AREA TRANSPORTATION SERVICES
0F	PY	CLAIM PAID TO CORRECT PROVIDER; PAYMENT SHIPPED TO INCORRECT ADDRESS
0G	PY	PROVIDER INFORMATION PENDING SYSTEM CHANGES
0H	PY	ORIGINAL CLAIM LACKING EOB FROM MEDICARE/OHC. PROVIDER HAS BEEN NOTIFIED.

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0I	PY	NOT AN ALLIANCE BENEFIT. SUBMIT CLAIM TO ACS (FORMERLY HP)
0J	PY	SUPPLY/ EQUIPMENT INCLUDED IN LTC / SNF RATE: BILL FACILITY
0L	PY	PAYMENT/RECOUPMENT APPROVED BASED ON THE ALLIANCE IS NOT RESPONSIBLE FOR SERVICES RELATED TO CCS CONDITIONS
0K	PY	MEMBER WAS ADMITTED IN A HOSPICE FACILITY: ALLIANCE NOT RESPONSIBLE FOR PAYMENT
0N	PY	PAYMENT/RECOUPMENT APPROVED BASED ON PROVIDER BILLED CLAIM IN ERROR OR THE AMOUNT BILLED IS IN ERROR
0M	PY	MEMBER RETURNED DME/PHARMACEUTICAL ITEM TO PROVIDER
55	DE	FFS BILLING REQUIRED EFFECTIVE DOS 1/1/2000 & FORWARD
56	DE	DATE OF SERVICE IS INVALID OR BEYOND CLAIM RECEIVED DATE
57	DE	MANUFACTURER OMITTED FROM BILLING CODES (DHS)
58	DE	MANUFACTURER NO LONGER MAKES PRODUCT OR SIZE BILLED
333	DE	DENIED: SERVICES NOT PROVIDED OR AUTHORIZED BY CONTRACTED (NETWORK/PRIMARY CARE) PROVIDER.
3PC	DE	DENIED: SERVICES/CHARGES RELATED TO THE TREATMENT OF A HOSPITAL-ACQUIRED CONDITION OR PREVENTABLE MEDICAL ERROR.
0Q	PY	PATIENT ADMITTED- OP/ER COSTS ROLLED INTO PER DIEM
255	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CLAIM PROCESSED UNDER THE INCORRECT RENDERING PROVIDER
256	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CHARGES DELETED AT THE REQUEST OF THE PROVIDER AS SERVICES WERE NOT RENDERED.
922	DE	REQUIRED INFORMATION MISSING FROM PM 160
3KK	DE	INFORMATION ON HYSTERECTOMY CONSENT FORM IS INCORRECT OR INCOMPLETE
3JJ	DE	FNL/DENIED: REQUESTED ADDITIONAL INFORMATION NOT RECEIVED
3LL	DE	DENIED: CLAIM MISSING ORIGINAL SIGNATURE
4QQ	DE	MODIFIER INVALID FOR AGE OF RECIPIENT.
2TT	PY	PAYMENT/RECOUPMENT APPROVED BASED ON SERVICES HAVE BEEN REIMBURSED TO ANOTHER PROVIDER
24Z	PY	PAYMENT/RECOUPMENT APPROVED BASED ON DAYS BILLED OVERLAP ANOTHER CLAIM BILLED FOR DOS
271	PY	PAYMENT/RECOUPMENT APPROVED BASED ON PROVIDER MUST BILL THROUGH PROVIDER GROUP NUMBER
23L	PY	PAYMENT/RECOUPMENT APPROVED BASED ON SERVICE NOT AUTHORIZED PER REFERRAL / PRIOR AUTHORIZATION
0MC	PY	PAYMENT/RECOUPMENT: REFUND DUE TO RETRO MEDICARE INTEREST. REVIEW/AUDIT COMPLETED BY COB ANALYST.
8Z	DE	THIS SERVICE IS INCLUDED IN THE SURGICAL FEE
81	DE	ONCE IN A LIFETIME BENEFIT THAT HAS BEEN PREV. BILLED
3E	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO - BLUE CROSS

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3F	DE	PART D SERVICES EXCLUDED FROM PLAN PROVISIONS.
3G	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO - MEDICARE
524	DE	DENIED: THE MOTHER'S INPATIENT CLAIM HAS NOT YET BEEN RECEIVED TO VERIFY BENEFITS
87A	DE	DENIED: INVALID HCPCS.
87B	DE	DENIED: INVALID PROCEDURE CODE(S).
87C	DE	DENIED: THE REVENUE CODE BILLED IS MISSING OR INVALID FOR SERVICES PROVIDED
33M	DE	DENIED: CLAIM MUST BE SUBMITTED IN ACCORDANCE WITH CA-DHCS APR-DRG CODING AND SUBMISSION GUIDELINES.
5XX	DE	NON CHDP PROVIDERS MUST BILL VFC FOR IMMUNIZATIONS
9AC	DE	DENIED: THE TAX ID NUMBER ON CLAIMS YOU HAVE SUBMITTED CONFLICTS WITH THE TAX ID NUMBER WE CURRENTLY HAVE ON FILE.
9AD	DE	DENIED: BILLING# SUBMITTED INCORRECTLY FOR GROUP ONLY PROVIDERS
388	DE	QUALIFIED MEDICARE BENEFICIARY (AID CODE 80). SERVICES RENDERED ARE BILLABLE TO ACS (FORMERLY HP)
0P	PY	QUALIFIED MEDICARE BENEFICIARY (AID CODE 80). SERVICES RENDERED ARE BILLABLE TO ACS (FORMERLY HP)
9RR	DE	CONSULTATIONS ARE NOT COVERED FOR PRIMARY CARE PHYSICIANS. RE-BILL WITH APPROPRIATE EVALUATION & MANAGEMENT CODE
2X	PY	PAYMENT/RECOUPMENT APPROVED BASED ON MEMBER# INVALID OR SERVICE NOT RECEIVED BY MEMBER
2Y	PY	MEMBER IS HOSPICE ELIGIBLE; BILL HOSPICE PROVIDER
2Z	PY	CLAIM ADJUSTMENT: REBILL W/ EOB FROM PRIMARY CARRIER
30	DE	DENIED: PRIOR AUTHORIZATION NOT OBTAINED FROM PROVIDER FOR PROCEDURE
31	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO FROM OTHER CARRIER
32	DE	RECIPIENT NOT EFFECTIVE ON DATE OF SERVICE
33	DE	MEMBER# INVALID/DOESN'T EXIST/DOESN'T MATCH NAME ON CLAIM
6E	DE	DENIED: THIS SERVICE REQUIRES RESUBMISSION ON A SEPARATE CLAIM FORM
6F	DE	EDI CLAIM: RENDERING PROVIDER # IS MISSING OR INVALID. PLEASE RESUBMIT W/ CORRECTED INFO.
6G	DE	RECIPIENT IS IN CUSTODY - SEND CLAIM TO MEDI-CRUZ
6H	DE	NOT PAYABLE DUE TO OHC CONTRACTUAL AGREEMENT
6I	DE	GLOBAL REIMBURSEMENT REQUIRES TRANSFER OF CARE WITHIN 32 WEEKS
6J	DE	OTHER HEALTH COVERAGE REQUIRES ADDITIONAL INFORMATION
237	PY	PAYMENT/RECOUPMENT APPROVED BASED ON NOT AN ALLIANCE BENEFIT - PROVIDER MUST BILL ACS (FORMERLY HP)
26L	PY	PAYMENT/RECOUPMENT APPROVED BASED ON MENTAL HEALTH SERVICES NOT COVERED BY THE ALLIANCE

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239	PY	PAYMENT/RECOUPMENT APPROVED BASED ON MEMBER'S DATE OF DEATH IS PRIOR TO DATE OF SERVICE
544	DE	INITIAL SERVICE MUST BE RENDERED BEFORE SUBSEQUENT SERVICE IS PAID.
098	PY	PAYABLE: OUT OF AREA LAB
298	PY	ADJUSTED: OUT OF AREA LAB SERVICES
998	DE	DENIED: REFERRING PROVIDER REQUIRED FOR LAB CLAIMS
0E	PY	MMC IMMUNIZATION CLINIC PAYMENT
5DD	DE	DENIED: INCORRECT MODIFIER ORDER
5MD	DE	DENIED: MODIFIER BILLED REQUIRES ADDITIONAL INFORMATION
6K	DE	Hysterosalpingogram after Tubal Occlusion proc. Not payable
6L	DE	MENTAL HEALTH SVCS NOT COVERED BY THE ALLIANCE
6M	DE	GLOBAL REIMBURSEMENT REQS INITIAL CARE W/IN 1ST 20 WKS
6N	DE	DENIED PER CLAIMS SYSTEMS ANALYST
6O	DE	CANNOT PAY ADDITIONAL PROVIDER FOR SAME SERVICE
6P	DE	Item/Proc covered by pri. Ins. Deemed not medically necessary
6Q	DE	Item(s) billed are included in the rental reimbursement rate.
6Z	DE	Another proc w/80 mod has been pd; only 1 80 per bene per DOS
70	DE	Modifier billed exceeds its service limits
71	DE	PROVIDER MUST BILL THROUGH PROVIDER GROUP NUMBER
3VV	DE	DENIED: USE CORRECT ICD-9 OR ICD-10 DIAG CODES FOR THE DATE(S) OF SERVICE
34	DE	THIS IS A DUPLICATION OF A PREVIOUS CLAIM
35	DE	BILL APPROPRIATE PAYOR: MENTAL HEALTH VENDOR OR COUNTY MENTAL HEALTH PLAN
36	DE	PRIMARY DENIAL: CLAIM MUST MEET PRIMARY PAYER'S PROCESSING REQUIREMENTS BEFORE WE CAN CONSIDER PAYMENT.
37	DE	DENIED: NOT AN ALLIANCE BENEFIT - PROVIDER MUST BILL ACS (FORMERLY HP)
38	DE	AID CODE NOT ELIGIBLE FOR SERVICES RENDERED
39	DE	MEMBER'S DATE OF DEATH IS PRIOR TO DATE OF SERVICE
3A	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO - CHAMPUS
3B	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO - KAISER
3C	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO - ROSS-LOOS

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3D	DE	RECIPIENT NOT ELIGIBLE WITHOUT PAY/DENY INFO - BLUE SHLD
3X	DE	DENIED: SERVICES WERE RENDERED PRIOR TO THE PROGRAM EFFECTIVE DATE
3Y	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - PRINCIPAL FIN
6A	DE	RECIPIENT NOT ELIGIBLE W/O PAY/DENY INFO - JOHN HANCOCK
6B	DE	THE SERVICE RENDERED IS NOT A COVERED BENEFIT
72	DE	CONSENT FORM SUBMITTED IS NOT ACCEPTABLE
73	DE	DENIED: PHYSICIAN REPORT REQUIRED FOR PROCESSING
74	DE	MEDICAL SUPPLIES MUST BE BILLED WITH MEDI-CAL NUMBER
75	DE	SERVICE ONLY ALLOWED ON SAME DATE OF SERVICE AS SURGICAL PROCEDURE
76	DE	CAN NOT BILL SERVICE WITH A COMMON OFFICE SURGICAL PROC
77	DE	DENIED: EMERGENCY STATEMENT INCOMPLETE. ADDITIONAL JUSTIFICATION REQUIRED
79	DE	DENIED: THE ALLIANCE REQUIRES HARDCOPY SUBMISSION OF THIS CLAIM; CANNOT BE BILLED ELECTRONICALLY
7X	DE	RAD code on EOMB requests additional information be sent to MediCare.
7Y	DE	DENIED: NOT AUTHORIZED
7Z	DE	PATIENT ADMITTED- OP/ER COSTS ROLLED INTO PER DIEM
8A	DE	ACUTE ACCOMMODATION CODE MUST BE BILLED SEPARATELY
6LL	DE	SUBSTANCE ABUSE SERVICES ARE NOT COVERED BY THE ALLIANCE
522	DE	PHYSICIAN ADMINISTERED DRUG INFORMATION MISSING OR INVALID
4G	DE	REBILL ON THE 25-1C FORM / PAYMENT REQUEST FOR LTC
4H	DE	Claim processed / billed under incorrect program
4I	DE	SUPPLY / EQUIPMENT INCLUDED IN LTC / SNF RATE, BILL FACILITY
4J	DE	FORWARD CLAIM TO CCS FOR PROCESSING
6U	DE	DENIED: THIS SERVICE REQUIRES A REFERRAL FROM THE MEMBERS PCP
6V	DE	CLAIM REQUIRES THAT A FQHC/CPT4/HCPCS CODE BE BILLED
6W	DE	Code 1 restriction for drug has not been met
8C	DE	ACCOM/ANCIL CODE NOT ACCEPTABLE MEDI-CAL CODES ON DOS-REBILL
8D	DE	Food & Drug Administration report of allowable costs required
8E	DE	Transport origination and destination addresses required

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8F	DE	DATE OF SERVICE/PROCEDURE BILLED NOT ON EOB/EOMB
2R	PY	PAYMENT/RECOUPMENT APPROVED BASED ON INVALID DATE OF SERVICE
2S	PY	PAYMENT/RECOUPMENT APPROVED BASED ON CORRECTED PER DIEM RATE
2T	PY	PHYSICIAN REIMBURSED - CANNOT PAY ADDITIONAL PROVIDER FOR SAME SERVICE
2U	PY	PER VISIT PAYMENT ADJUSTED DUE TO GLOBAL PAYMENT
5U	DE	PROCEDURE CODE BILLED IS COVERED ONLY ON A MEDI/MEDI CLAIM
5V	DE	ITEM REQUIRES PRESCRIPTION OF CERTIFICATE OF MEDICAL NECESSITY
5W	DE	REQUIRED OB VISITS ARE NOT DOCUMENTED IN BOX 19 FOR GLOBAL OB SERVICES
5X	DE	CLAIM WAS BILLED ON THE INCORRECT CLAIM FORM

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