

# **PREPAID INPATIENT HEALTH PLAN ENCOUNTER EDIT MANUAL**

**NORTH CAROLINA DEPARTMENT OF HEALTH  
AND HUMAN RESOURCES  
DIVISION OF MEDICAL ASSISTANCE**

VERSION 4.4

May 13, 2024

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All changes made to this Manual after the creation date are noted along with the author, date, and reason for the change.

Author of Change	Description of Change	Date
Adolph Simmons	Document creation	3/13/2017
Adolph Simmons	Updates for missing edits	5/12/2017
Adolph Simmons	Update for missing edit (49459)	01/11/2018
Adolph Simmons	Update for J276	02/2018
Adolph Simmons	Update to modify status of one edit and add a missing edit	05/2018
Adolph Simmons	Update to modify edit 13420 to consider overlapping date ranges	06/03/2019
CSRA under Direction of NC DHB	Update for missing edits 04533 and 07023	12/15/2020
CSRA under Direction of NC DHB	Update for edits 02063, 02065, 02067, 02069, 02070, 02073, 02076, and 02081	5/27/2021
CSRA under Direction of NC DHB	Add Edit 02159	5/13/2024

In order for data to be useful, the data must meet minimum thresholds of data quality. One of the most basic tests of data quality is editing. All encounter data submitted to the MMIS are subject to edits. The purpose of this document is to provide a list of edits that are executed for any 837-Encounters sent to NCTracks-DMA from the MCOs.

Encounter data edits can have one of the following dispositions:

- Encounter passes all edits and is accepted into the MMIS and priced per DMA guidelines (Ignore).
- Encounter contains a minor exception(s) — an information report is generated and the data is accepted into the MMIS (Pay & Report).
- Encounter contains a fatal error that results in its rejection (Denial).

The document contains the edits that are set to ‘Deny’ as well as ‘Pay and Report’.

In addition to the state defined edits that are listed in this manual, CMS has defined a series of Medicare Code Edits (MCEs) which test for errors in the coding of encounter and FFS claims data. These errors are documented and reported in a standardized format. For a list of the MCEs, go to [www.cms.gov](http://www.cms.gov). Select Medicare. Select Acute Inpatient PPS. Select the Final Rule Homepage for the fiscal year you are interested in. Select the Final

Rule and Correction Notice Data Files. Scroll down to the Download section. Select Definition of Medicare Code Edits.

**EDIT 00001 – HEADER BEGIN SERVICE DATE IS INVALID OR GREATER THAN TCN DATE.**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** Deny

**EOB:** 00050

**HIPAA Adjustment Reason Code:** 110

**HIPAA Remark:** MA31

**HIPAA Status:** 187

THE HEADER SERVICE BEGIN DATE IS LESS THAN OR EQUAL TO SPACES

**OR**

THE HEADER SERVICE BEGIN DATE IS EQUAL TO 01/01/0001 (MEANING AN INVALID DATE)

**OR**

THE HEADER SERVICE BEGIN DATE IS GREATER THAN THE DATE CONTAINED WITHIN THE TCN

**OR**

THE YEAR OF THE HEADER SERVICE BEGIN DATE IS LESS THAN 2000

**EDIT 00002 – ADMISSION DATE INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0040

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N173, M52

**HIPAA Status:** 21, 189, 187

<b>Claim Type</b>	<b>Admit Date</b>
<b>A</b> – MEDICARE PART A-INPATIENT CROSSOVER <b>F</b> – NURSING HOME <b>G</b> – HOSPICE <b>H</b> – HOME HEALTH <b>I</b> – INPATIENT <b>N</b> – ADULT CARE HOMES	01/01/0001 (INVALID DATE)



**EDIT 00003 – HEADER END SERVICE DATE IS INVALID OR GREATER THAN TCN DATE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 00171

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N318

**HIPAA Status:**190

THE HEADER SERVICE END DATE IS LESS THAN OR EQUAL TO SPACES

**OR**

THE HEADER SERVICE END DATE IS EQUAL TO 01/01/0001 (MEANING AN INVALID DATE)

**OR**

THE HEADER SERVICE END DATE IS GREATER THAN THE DATE CONTAINED WITHIN THE TCN

**OR**

THE YEAR OF THE HEADER SERVICE END DATE IS LESS THAN 2000

**EDIT 00040 – TO DATE OF SERVICE INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0040

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N173, M52

**HIPAA Status:** 21, 189, 187

THE HEADER SERVICE BEGIN DATE IS AFTER THE LINE ITEM BEGIN DATE

**OR**

THE HEADER SERVICE END DATE IS BEFORE THE LINE ITEM END DATE

**EDIT 00046 – BILLING/RENDERINPROVIDER TERMINATED**

**Effective Date:** 2/3/2017

**End Date:**

**Update Date:** 2/3/2017

**Disposition:** DENY

**EOB:** 0013

**HIPAA Adjustment Reason Code:** 16, B7 (end-dated 10/31/2014)

**HIPAA Remark:** N521

**HIPAA Status:** 91, 562

FOR THE DOS ON THE ENCOUNTER DETAIL, THE BILLING PROVIDER'S HEALTH PLAN ACTION REASON CODE FOR THE HEALTH PLAN ASSIGNED TO THE ENCOUNTER DETAIL IS ONE OF THE FOLLOWING:

- 06 – VOLUNTARY TERMINATION-NO LONGER MEET CRITERIA
- 07 – VOLUNTARY TERMINATION-CLOSED OR OUT OF BUSINESS
- 08 – VOLUNTARY TERMINATION-NO LONGER PROVIDE SERVICES
- 13 – LME ENDORSEMENT WITHDRAWAL
- 15 – PROVIDER IS TERMINATED DUE TO CHANGE IN OWNERSHIP
- 23 – PROVIDER NOTIFIED OF NO CLAIMS ACTIVITY
- 32 – REVOKED CREDENTIALS
- 44 – UNDELIVERABLE ADDRESS
- 48 – PROVIDER ELIGIBILITY TERMINATED FROM STATE DIRECTION
- 52 – PROVIDER IS TERMINATED DUE TO A NORTH CAROLINA PENALTY DATABASE INFRACTION
- 54 – TERMINATION FOR NEGATIVE BACKGROUND RESULT

**OR**

FOR THE DOS ON THE ENCOUNTER DETAIL, THE RENDERING PROVIDER'S HEALTH PLAN ACTION REASON CODE FOR THE HEALTH PLAN ASSIGNED TO THE ENCOUNTER DETAIL IS ONE OF THE FOLLOWING:

- 06 – VOLUNTARY TERMINATION-NO LONGER MEET CRITERIA
- 07 – VOLUNTARY TERMINATION-CLOSED OR OUT OF BUSINESS
- 08 – VOLUNTARY TERMINATION-NO LONGER PROVIDE SERVICES
- 13 – LME ENDORSEMENT WITHDRAWAL
- 15 – PROVIDER IS TERMINATED DUE TO CHANGE IN OWNERSHIP
- 23 – PROVIDER NOTIFIED OF NO CLAIMS ACTIVITY
- 32 – REVOKED CREDENTIALS
- 44 – UNDELIVERABLE ADDRESS
- 48 – PROVIDER ELIGIBILITY TERMINATED FROM STATE DIRECTION
- 52 – PROVIDER IS TERMINATED DUE TO A NORTH CAROLINA PENALTY DATABASE INFRACTION
- 54 – TERMINATION FOR NEGATIVE BACKGROUND RESULT

**EDIT 00097 – STATE INCARCERATION - INPATIENT SERVICES ONLY**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 9/20/2016

**Disposition:** DENY

**EOB:** 1797

**HIPAA Adjustment Reason Code:** 16, 58 (end-dated 10/31/2014)

**HIPAA Remark:** M77, M2 (end-dated 9/24/2015) (end-dated 10.31.2014)

**HIPAA Status:** 250, 249

CAROLINA ACCESS EXEMPT CODE	HEADER ID CODE	CLAIM TYPE	LIVING ARRANGEMENT	PLACE OF SERVICE
9900058	61 – INSTITUTIONAL	NOT A – MEDICARE PART A I – INPATIENT		
<b>OR</b>				
	61 – INSTITUTIONAL	NOT A – MEDICARE PART A I – INPATIENT	16 – INCARCERATED	
<b>OR</b>				
9900058	60 – PROFESSIONAL			NOT <ul style="list-style-type: none"> <li>• 06 – INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY</li> <li>• 08 – TRIBAL 638 PROVIDER BASED FACILITY,</li> <li>• 21 – INPATIENT</li> <li>• 51 – INPATIENT PSYCHIATRIC FACILITY</li> <li>• 55 – RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY</li> <li>• 56 – PSYCHIATRIC RESIDENTIAL TREATMENT CENTER</li> <li>• 61 – COMPREHENSIVE INPATIENT REHABILITATION FACILITY</li> </ul>
<b>OR</b>				
	60 – PROFESSIONAL		16 – INCARCERATED	NOT <ul style="list-style-type: none"> <li>• 06 – INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY</li> <li>• 08 – TRIBAL 638 PROVIDER BASED FACILITY,</li> <li>• 21 – INPATIENT</li> </ul>

				<ul style="list-style-type: none"><li>• <b>51</b> – INPATIENT PSYCHIATRIC FACILITY</li><li>• <b>55</b> – RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY</li><li>• <b>56</b> – PSYCHIATRIC RESIDENTIAL TREATMENT CENTER</li><li>• <b>61</b> – COMPREHENSIVE INPATIENT REHABILITATION FACILITY</li></ul>
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**EDIT 00100 – LINE OR HEADER BEGIN SERVICE DATE IS INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 9/11/2015

**Disposition:** DENY

**EOB:** 0040

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N173, M52

**HIPAA Status:** 21, 189, 187

THE LINE BEGIN DATE OF SERVICE IS LESS THAN OR EQUAL TO SPACES

**OR**

THE LINE BEGIN DATE OF SERVICE IS EQUAL TO 0001-01-01 (MEANING AN INVALID DATE),

**OR**

THE LINE BEGIN DATE OF SERVICE YEAR IS LESS THAN 2000

**OR**

THE LINE BEGIN DATE OF SERVICE IS GREATER THAN THE DATE CONTAINED WITHIN THE TRANSACTION CONTROL NUMBER (TCN).

**EDIT 00140 – BILL TYPE/ADMIT DATE/FROM DATE OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0925

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA31, MA30

**HIPAA Status:** 21, 189

CLAIM TYPE	SPECIAL INPATIENT RATE CODE	BILL TYPE	Provider Taxonomy	Date
I – INPATIENT	<ul style="list-style-type: none"> <li>• <b>P</b> – PER DIEM</li> <li>• <b>R</b> – RCC RATIO OF COST TO CHARGE</li> </ul>	<ul style="list-style-type: none"> <li>• <b>111</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- ADMIT THRU DISCHARGE ENCOUNTER</li> <li>• <b>112</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- INTERIM-FIRST ENCOUNTER</li> <li>• <b>121</b> – HOSPITAL INPATIENT (MEDICARE PART B ONLY)-ADMIT THRU DISCHARGE ENCOUNTER</li> <li>• <b>122</b> – HOSPITAL INPATIENT (MEDICARE PART B ONLY)- INTERIM-FIRST ENCOUNTER</li> <li>• <b>171</b> – RESERVED FOR ASSIGNMENT BY NUBC-ADMIT THRU DISCHARGE ENCOUNTER</li> <li>• <b>172</b> – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-FIRST ENCOUNTER</li> <li>• <b>181</b> – HOSPITAL-SWING BEDS- ADMIT THRU DISCHARGE ENCOUNTER</li> <li>• <b>182</b> – HOSPITAL-SWING BEDS- INTERIM-FIRST ENCOUNTER</li> </ul>		Admission Date does not equal Header Begin Date of Service
<b>OR</b>				
I – INPATIENT	<ul style="list-style-type: none"> <li>• <b>P</b> – PER DIEM</li> <li>• <b>R</b> – RCC RATIO OF COST TO CHARGE</li> </ul>	<ul style="list-style-type: none"> <li>• <b>113</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- INTERIM-CONTINUING ENCOUNTER</li> <li>• <b>114</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- INTERIM-LAST ENCOUNTER</li> <li>• <b>123</b> – HOSPITAL INPATIENT (MEDICARE PART B ONLY)-</li> </ul>		Admission Date equals Header Begin Date of Service

		<p>INTERIM-CONTINUING ENCOUNTER</p> <ul style="list-style-type: none"> <li>• <b>124</b> – HOSPITAL INPATIENT (MEDICARE PART B ONLY)- INTERIM-LAST ENCOUNTER</li> <li>• <b>173</b> – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-CONTINUING ENCOUNTER</li> <li>• <b>174</b> – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-LAST ENCOUNTER</li> <li>• <b>183</b> – HOSPITAL-SWING BEDS- INTERIM-CONTINUING ENCOUNTER</li> <li>• <b>184</b> – HOSPITAL-SWING BEDS- INTERIM-LAST ENCOUNTER</li> </ul>		
<b>OR</b>				
I – INPATIENT		<ul style="list-style-type: none"> <li>• <b>113</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- INTERIM-CONTINUING ENCOUNTER</li> <li>• <b>114</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- INTERIM-LAST ENCOUNTER</li> <li>• <b>123</b> – HOSPITAL INPATIENT (MEDICARE PART B ONLY)- INTERIM-CONTINUING ENCOUNTER</li> <li>• <b>124</b> – HOSPITAL INPATIENT (MEDICARE PART B ONLY)- INTERIM-LAST ENCOUNTER</li> <li>• <b>173</b> – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-CONTINUING ENCOUNTER</li> <li>• <b>174</b> – RESERVED FOR ASSIGNMENT BY NUBC-INTERIM-LAST ENCOUNTER</li> <li>• <b>183</b> – HOSPITAL-SWING BEDS- INTERIM-CONTINUING ENCOUNTER</li> <li>• <b>184</b> – HOSPITAL-SWING BEDS- INTERIM-LAST ENCOUNTER</li> </ul>	283Q00000X	Admission Date equals Header Begin Date of Service



**EDIT 00190 – DIAGNOSIS NOT VALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0027

**HIPAA Adjustment Reason Code:** 146

**HIPAA Remark:** M76

**HIPAA Status:** 477, 255, 21

CLAIM TYPE	PRIMARY DIAGNOSIS	DIAGNOSIS 2 – 8	PROVIDER TAXONOMY	HEADER BEGIN SERVICE DATE / HEADER END SERVICE DATE
NOT I - INPATIENT	NOT ON REFERENCE DIAGNOSIS TABLE		NOT ON TAXONOMY LIST 2	
<b>OR</b>				
NOT I - INPATIENT	ON REFERENCE DIAGNOSIS TABLE			OUTSIDE DIAGNOSIS EFFECTIVE DATES
<b>OR</b>				
P - PROFESSIONAL		NOT ON REFERENCE DIAGNOSIS TABLE		
<b>OR</b>				
NOT I - INPATIENT				OUTSIDE DIAGNOSIS EFFECTIVE DATES FOR DIAGNOSES 2 – 8
<b>OR</b>				
NOT I - INPATIENT		NOT ON REFERENCE DIAGNOSIS TABLE AND 1 <sup>ST</sup> CHARACTER NOT = 'E'		

Billing Taxonomy List 2

193400000X	207U00000X	207UN0901X
207UN0902X	207UN0903X	207ZB0001X
207ZC0006X	207ZC0500X	207ZD0900X
207ZF0201X	207ZH0000X	207ZIO100X
207ZM0300X	207ZN0500X	207ZP0007X
207ZP0101X	207ZP0102X	207ZP0104X
207ZP0105X	207ZP0213X	2085B0100X
2085D0003X	2085N0700X	2085N0904X
2085P0229X	2085R0001X	2085R0202X
2085R0203X	2085R0204X	2085R0205X
2085U0001X	291U00000X	

**EDIT 00250 – RECIPIENT NOT ON ELIGIBILITY DATABASE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0143

**HIPAA Adjustment Reason Code:** 16, 31 (end-dated 10/31/2014)

**HIPAA Remark:** N382

**HIPAA Status:** 97, 33

THERE IS NO RECORD IN NCTRACKS FOR THE ID SUBMITTED ON THE ENCOUNTER. IF AN LME ID WAS SUBMITTED, CHECK TO MAKE SURE THAT IT WAS CROSS-REFERENCED TO A CNDS ID.

**EDIT 00253 – RECIPIENT DECEASED BEFORE HEADER TDOS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0093

**HIPAA Adjustment Reason Code:** 16, 13 (end-dated 10/31/2014)

**HIPAA Remark:** M52, N1 (end-dated 10/31/2014)

**HIPAA Status:** 88

THE HEADER TO DATE OF SERVICE IS AFTER THE RECIPIENT'S DATE OF DEATH IN NCTRACKS.

**EDIT 00260 – RECIPIENT ID MISSING OR INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0120

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA61

**HIPAA Status:** 478, 21

THERE IS NO RECIPIENT ID SUBMITTED ON THE ENCOUNTER OR THE RECIPIENT ID THAT IS SUBMITTED IS ALL 0'S.

**EDIT 00261 – RECIPIENT DECEASED BEFORE DETAIL TDOS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0093

**HIPAA Adjustment Reason Code:** 13

**HIPAA Remark:** N1

**HIPAA Status:** 88

THE DETAIL-TO-DATE OF SERVICE IS AFTER THE RECIPIENT'S DATE OF DEATH IN NCTRACKS.

**EDIT 00262 – RECIPIENT NOT ELIGIBLE ON DETAIL DOS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0011

**HIPAA Adjustment Reason Code:** 16, 177 (end-dated 10/31/2014)

**HIPAA Remark:** N382, N30 (end-dated 10/31/2014)

**HIPAA Status:** 90, 109

THE RECIPIENT DOES NOT HAVE ELIGIBILITY ON THE DETAIL DATE(S) OF SERVICE.

**EDIT 00267 – DATES OF SERVICE PRIOR TO RECIPIENT’S BIRTH**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0105

**HIPAA Adjustment Reason Code:** 16, 14 (end-dated 10/31/2014)

**HIPAA Remark:** M52

**HIPAA Status:** 88, 158

THE DETAIL TO DATE OF SERVICE IS BEFORE THE RECIPIENT’S DATE OF BIRTH IN NCTRACKS.



**EDIT 00269 – ELIGIBILITY UNDER CATASTROPHIC**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0292

**HIPAA Adjustment Reason Code:** 16, 22 (end-dated 10/31/2014)

**HIPAA Remark:** MA04, N381 (end-dated 10/31/2014), N192 (end-dated 10/31/2014)

**HIPAA Status:** 655, 116, 107

THE RECIPIENT IS ENROLLED IN THE MQBQ BENEFIT PLAN.

**EDIT 00300 – BILLING PROVIDER INVALID/NOT ON FILE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0004

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N257, N77 (end-dated 10/31/2014)

**HIPAA Status:** 21, 132 (end-dated 10/31/2014)

THE NUMBER, EITHER ATYPICAL OR NPI, SUBMITTED AS THE BILLING PROVIDER IS NOT ENROLLED IN NCTRACKS.

**EDIT 00308 – BILLING PROVIDER INVALID FOR DOS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0013

**HIPAA Adjustment Reason Code:** 16, B7 (end-dated 10/31/2014)

**HIPAA Remark:** N255

**HIPAA Status:** 91, 562

THE ELIGIBILITY EFFECTIVE DATE FOR THE NPI/ATYPICAL NUMBER SUBMITTED AS THE BILLING PROVIDER IS AFTER THE HEADER FROM DATE OF SERVICE

**OR**

THE ELIGIBILITY END DATE FOR THE NPI/ATYPICAL NUMBER SUBMITTED AS THE BILLING PROVIDER IS BEFORE THE HEADER TO DATE OF SERVICE

**EDIT 00313 – MISSING/INVALID TYPE BILL**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0133

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)

**HIPAA Remark:** MA30

**HIPAA Status:** 21

	<b>3 DIGIT TYPE OF BILL CODE</b>	<b>PROVIDER TAXONOMY</b>	<b>CLAIM RECORD CODE</b>	<b>CLAIM LINE DATE OF SERVICE</b>	
	<b>NOT</b> <b>131</b> – HOSPITAL OUTPATIENT-ADMIT THRU DISCHARGE <b>137</b> - HOSPITAL OUTPATIENT-REPLACEMENT OF PRIOR CLAIM <b>138</b> - HOSPITAL OUTPATIENT-VOID/CANCEL OF PRIOR CLAIM	341600000X 3416A0800X 3416L0300X 3416S0300X	<b>61</b> - INSTITUTIONAL	<b>NOT</b> WITHIN ELIGIBILITY RANGE FOR ATTENDING PROVIDER	
OR					
<b>CLAIM TYPE</b>	<b>3 DIGIT TYPE OF BILL CODE</b>	<b>PROVIDER TAXONOMY</b>	<b>CLAIM RECORD CODE</b>	<b>REVENUE CODE</b>	
I - INPATIENT	<b>NOT</b> <b>891</b> - SPECIAL FACILITY-OTHER-ADMIT THRU DISCHARGE CLAIM <b>892</b> - SPECIAL FACILITY-OTHER-INTERIM-FIRST CLAIM <b>893</b> - SPECIAL FACILITY-OTHER-INTERIM-CONTINUING CLAIM <b>894</b> - SPECIAL FACILITY-OTHER-INTERIM-LAST CLAIM <b>897</b> - SPECIAL FACILITY-OTHER-REPLACEMENT OF PRIOR CLAIM <b>111</b> - HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-ADMIT THRU DISCHARGE CLAIM <b>112</b> - HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)-INTERIM-FIRST CLAIM	<b>NOT</b> 283Q00000X 284300000X	<b>61</b> - INSTITUTIONAL	<b>NOT</b> 0902	

	<b>117</b> - HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- REPLACEMENT OF PRIOR CLAIM <b>110</b> - HOSPITAL INPATIENT (INCLUDING MEDICARE PART A)- NON-PAYMENT/ZERO CLAIM				
OR					
	<b>3 DIGIT TYPE OF BILL CODE</b>	<b>PROVIDER TAXONOMY/ QUAL</b>	<b>CLAIM RECORD CODE</b>		
	<b>180</b> - HOSPITAL-SWING BEDS-NON- PAYMENT/ZERO CLAIM <b>181</b> - HOSPITAL- SWING BEDS-ADMIT THRU DISCHARGE CLAIM <b>182</b> - HOSPITAL-SWING BEDS- INTERIM-FIRST CLAIM <b>183</b> - HOSPITAL-SWING BEDS-INTERIM-CONTINUING CLAIM <b>184</b> - HOSPITAL-SWING BEDS- INTERIM-LAST CLAIM <b>185</b> - HOSPITAL-SWING BEDS- LATE CHARGE(S) ONLY CLAIM <b>187</b> - HOSPITAL-SWING BEDS- REPLACEMENT OF PRIOR CLAIM <b>188</b> - HOSPITAL-SWING BEDS- VOID/CANCEL OF PRIOR CLAIM	275N00000X/0 04086 275N00000X/0 08086	<b>61</b> - INSTITUTIONAL		
OR					
<b>CLAIM TYPE</b>	<b>3 DIGIT TYPE OF BILL CODE</b>	<b>PROVIDER TAXONOMY</b>	<b>REVENUE CODE</b>	<b>CHARGE MODE</b>	<b>CLAIM RECORD CODE</b>
<b>I</b> - INPATIENT	<b>650</b> - INTERMEDIATE CARE-LEVEL I- NON-PAYMENT/ZERO CLAIM <b>651</b> - INTERMEDIATE CARE- LEVEL I-ADMIT THRU DISCHARGE CLAIM <b>652</b> - INTERMEDIATE CARE-LEVEL I- INTERIM-FIRST CLAIM <b>653</b> - INTERMEDIATE CARE-LEVEL I-INTERIM-CONTINUING CLAIM <b>654</b> - INTERMEDIATE CARE-LEVEL I- INTERIM-LAST CLAIM <b>655</b> - INTERMEDIATE CARE-LEVEL I- LATE CHARGE(S) ONLY CLAIM <b>657</b> - INTERMEDIATE CARE-LEVEL I- REPLACEMENT OF PRIOR CLAIM <b>658</b> - INTERMEDIATE CARE-LEVEL I- VOID/CANCEL OF PRIOR CLAIM	282NC0060X 282N00000X 283Q00000X	0902	NOT R – RATIO TO COST P – PER DIEM	<b>61</b> - INSTITUTIONAL

**EDIT 00323 – REND PROV NUM CHECK**

**Effective Date:** 07/01/2013

**End Date:**

**Update Date:** 07/01/20013

**Disposition:** DENY

**EOB:** 3523

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** N290

**HIPAA Status:** 26

THE RENDERING PROVIDER NPI OR ATYPICAL PROVIDER ID IS NOT ON THE PROVIDER DATABASE.

**EDIT 00325 – CMS TERMINATION**

**Effective Date:** 2/3/2017

**End Date:**

**Update Date:** 2/3/2017

**Disposition:** DENY

**EOB:** 0911

**HIPAA Adjustment Reason Code:** 16, B7 (end-dated 10/31/2014)

**HIPAA Remark:** N257

**HIPAA Status:** 104

FOR THE DOS ON THE ENCOUNTER DETAIL, THE BILLING PROVIDER'S HEALTH PLAN ACTION REASON CODE FOR THE HEALTH PLAN ASSIGNED TO THE ENCOUNTER DETAIL IS:

16 – PROVIDER IS TERMINATED DUE TO CMS OR OFFICE OF INSPECTOR GENERAL

**OR**

FOR THE DOS ON THE ENCOUNTER DETAIL, THE RENDERING PROVIDER'S HEALTH PLAN ACTION REASON CODE FOR THE HEALTH PLAN ASSIGNED TO THE ENCOUNTER DETAIL IS:

16 – PROVIDER IS TERMINATED DUE TO CMS OR OFFICE OF INSPECTOR GENERAL

**EDIT 00335 – ENCOUNTER PROVIDER NUMBER MISSING**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 1335

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N77 (end-dated 10/31/2014)

**HIPAA Status:** 132

THE MCO NUMBER WAS NOT SUPPLIED ON THE ENCOUNTER.



**EDIT 00358 – FACTOR CODE INDICATES PROCEDURE NON-COVERED**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY-REPORT

**EOB:** 1335

**HIPAA Adjustment Reason Code:** 96

**HIPAA Remark:** N56

**HIPAA Status:** 457, 453

CLAIM TYPE	PRICING FACTOR CODE	DATES OF SERVICE
O - OUTPATIENT	E – NON-COVERED	WITHIN REVENUE CODE EFFECTIVE DATE RANGE
<b>OR</b>		
C – HEALTH DEPARTMENT D – DENTAL E - HEARING AID L - INDEPENDENT LABORATORY/X-RAY P – PROFESSIONAL S - DURABLE MEDICAL EQUIPMENT T – AMBULANCE V – CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES 0 - LOCAL EDUCATION AGENCIES 1 - HOME INFUSION THERAPY 2 - THERAPY SERVICES 5 - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER 6 - PERSONAL CARE SERVICES 8 - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY		

**EDIT 00361 – NO CHARGES BILLED (referred to CSRA 02-14-17)**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0167

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** M54

**HIPAA Status:** 178

THE MEDICARE PAID AMOUNT AND THE MEDICARE ALLOWED AMOUNT SUBMITTED ARE BOTH 0.

**EDIT 00365 – DRG DIAGNOSIS CAN'T BE PRINCIPLE DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 09275

**HIPAA Adjustment Reason Code:** A8

**HIPAA Remark:** N657 (end-dated 10/31/2014), MA130 (end-dated 10/31/2014)

**HIPAA Status:** 488, 21

CLAIM TYPE	PROVIDER TAXONOMY	MEDIUM TYPE	DOCUMENT TYPE	DRG
A –MEDICARE (PART A) CROSSOVER (INPATIENT)	NOT 31400000X 28200000X 275N00000X 313M00000X	2	M	469
<b>OR</b>				
I – INPATIENT				469
<b>OR</b>				
A –MEDICARE (PART-A) CROSSOVER (INPATIENT)	NOT 31400000X 28200000X 275N00000X 313M00000X	2	M	INDICATES THAT PRIMARY DIAGNOSIS IS INVALID FOR DRG
<b>OR</b>				
I – INPATIENT				INDICATES THAT PRIMARY DIAGNOSIS IS INVALID FOR DRG

**EDIT 00371 – INVALID ICD PRINCIPAL DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9209

**HIPAA Adjustment Reason Code:** 146

**HIPAA Remark:** MA65

**HIPAA Status:** 256, 232, 21

THE CODE RETURNED FROM THE MCE PROGRAMS INDICATES THE PRIMARY DIAGNOSIS IS INVALID.

## **EDIT 00374 – PAYMENT ON FIRST ACCOMMODATION DETAIL**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9271

**HIPAA Adjustment Reason Code:** 45

**HIPAA Remark:** N381 (end-dated 10/31/2014), M50

**HIPAA Status:** 65, 455, 256

ON AN INPATIENT ENCOUNTER (CLAIM TYPE I) WHERE THE PROCEDURE CODE HAS A BASE AMOUNT SOURCE CODE OF DG (PRICED BY DRG PER DISCHARGE), THIS EDIT IS ASSIGNED TO ALL DETAILS WITH AN INTERNAL MODIFIER OF @A (ACCOMMODATION) OR @B (ANCILLARY, RENTAL) EXCEPT THE FIRST DETAIL.

**EDIT 00613 – MISSING PRIMARY DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 3613

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** MA63

**HIPAA Status:** 254, 21

FIRST DIAGNOSIS CODE ON THE ENCOUNTER IS BLANKS.

**EDIT 00686 – REPLACED TCN IS INVALID FOR ADJUSTMENT/VOID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 3686

**HIPAA Adjustment Reason Code:** 16, 129 (end-dated 10/31/2014)

**HIPAA Remark:** N152

**HIPAA Status:** 464

THE ENCOUNTER SUBMITTED IS EITHER A VOID OR ADJUSTMENT AND THE REPLACED TCN NUMBER  
SUBMITTED IS BLANKS OR ZEROS

**OR**

THE ENCOUNTER SUBMITTED IS NOT A VOID OR ADJUSTMENT AND THE REPLACED TCN NUMBER SUBMITTED  
IS NOT BLANKS OR ZEROS

**EDIT 00701 – MISSING BILLING TAXONOMY CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 4701

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N255

**HIPAA Status:** 145

THERE IS NO BILLING PROVIDER TAXONOMY SUBMITTED ON THE ENCOUNTER.



**EDIT 01200 – INPATIENT CLAIM MUST HAVE ACCOMMODATION REVENUE CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9200

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA130 (end-dated 10/31/2014)

**HIPAA Status:** 21

FOR INPATIENT ENCOUNTERS (CLAIM TYPE 'I') WHERE THE HEADER SERVICE END DATE IS GREATER THAN THE HEADER SERVICE BEGIN DATE, THERE MUST BE AT LEAST ONE LINE THAT HAS EITHER INTERNAL MODIFIER @A (ACCOMMODATION) OR REVENUE CODE = '0902'

**EDIT 01201 – MCE – ADMIT DATE EQUALS DISCHARGE DATE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9201

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA130 (end-dated 10/31/2014)

**HIPAA Status:** 21

CLAIM TYPE	HEADER SERVICE FROM DATE	PROVIDER TAXONOMY	PATIENT STATUS
I - INPATIENT	EQUAL HEADER SERVICE TO DATE	NOT 282N00000X 283Q00000X 323P00000X	NOT <b>02</b> – TRANSFER TO A DRG HOSPITAL <b>05</b> – TRANSFERRED TO A CANCER CTR/CHILDREN HOSPITAL <b>20</b> – EXPIRED <b>43</b> – DISCHARGED TO FEDERAL HOSPITAL <b>50</b> – HOSPICE - HOME <b>51</b> – HOSPICE - MEDICAL FACILITY <b>65</b> – DISCHARGE/TRANSFER TO PSYCHIATRIC HOSPITAL <b>66</b> – DISCHARGE/TRANSFER TO CRITICAL ACCESS HOSPITAL <b>70</b> – DISCHARGE/TRANSFER TO ANOTHER HEALTH CARE INST

**EDIT 01202 – MISSING OR INVALID ADMISSION AND DISCHARGE HOURS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9269

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N50, N46

**HIPAA Status:** 233, 230, 21

<b>CLAIM TYPE</b>	<b>PROVIDER TAXONOMY</b>	<b>ENCOUNTER ADMISSION TIME – HOUR</b>	<b>ENCOUNTER DISCHARGE TIME – HOUR</b>	<b>PATIENT STATUS</b>
I - INPATIENT	NOT 261Q00000X 261QE0700X 320800000X 251S00000X 251G00000X	NOT BETWEEN 00 AND 23	NOT BETWEEN 00 AND 23	NOT <b>30 – STILL A PATIENT/RESIDENT</b> <b>31 – 39 – RESERVED BY NUBC</b>

**EDIT 01205 – PATIENT STATUS INVALID FOR TYPE OF BILL**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9205

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA43, MA30

**HIPAA Status:** 256, 228 (end-dated 10/31/2014), 21

CLAIM TYPE	CHARGE MODE	TYPE OF BILL	PATIENT STATUS	PROVIDER TAXONOMY
I - INPATIENT	NOT R – RATIO COST TO CHARGE P – PER DIEM	111 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); ADMIT THRU DISCHARGE ENCOUNTER	30 – STILL A PATIENT/RESIDENT 31 – 39 – RESERVED BY NUBC 44 – 49 – RESERVED BY NUBC 52 – 60 – RESERVED BY NUBC 67 – 68 – RESERVED BY NUBC 73 – 80 – RESERVED BY NUBC 81 – 95 – DISCHARGE/TRANSFER 96 – 99 – RESERVED BY NUBC	NOT 283Q00000X 284300000X
<b>OR</b>				
I - INPATIENT	NOT R – RATIO COST TO CHARGE P – PER DIEM	112 – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); INTERIM – FIRST ENCOUNTER	NOT 30 – STILL A PATIENT/RESIDENT 31 – 39 – RESERVED BY NUBC	NOT 283Q00000X 284300000X
<b>OR</b>				
I - INPATIENT	R – RATIO COST TO CHARGE P – PER DIEM	112 HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); INTERIM – FIRST ENCOUNTER	NOT 30 – STILL A PATIENT/RESIDENT	283Q00000X 284300000X

		<b>113</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); INTERIM – CONTINUING ENCOUNTER		
<b>OR</b>				
<b>I</b> – INPATIENT	<b>R</b> – RATIO COST TO CHARGE <b>P</b> – PER DIEM	<b>111</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); ADMIT THRU DISCHARGE ENCOUNTER <b>114</b> – HOSPITAL INPATIENT (INCLUDING MEDICARE PART A); INTERIM – LAST ENCOUNTER	<b>30</b> – STILL A PATIENT/RESIDENT <b>31 – 39</b> – RESERVED BY NUBC <b>44 – 49</b> – RESERVED BY NUBC <b>52 – 60</b> – RESERVED BY NUBC <b>67 – 68</b> – RESERVED BY NUBC <b>73 – 80</b> – RESERVED BY NUBC <b>81 – 95</b> – DISCHARGE/TRANSFER <b>96 – 99</b> – RESERVED BY NUBC	283Q00000X 284300000X

**EDIT 01209 – MCE – INVALID PATIENT STATUS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0135

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA43

**HIPAA Status:** 90, 431, 21

CLAIM TYPE	PATIENT STATUS CODE
I – INPATIENT	NOT
A – MEDICARE PART A CROSSOVER (INPATIENT)	01 – DISCHARGE / TRANSFER TO HOME/SELF CARE
	02 – TRANSFER TO A DRG HOSPITAL
	03 – DISCHARGE / TRANSFER TO SKILLED NURSING FACILITY
	04 – DISCHARGE/TRANSFER TO INTER CARE FACILITY/HRF
	05 – TRANSFERRED TO A CANCER CTR/CHILDREN HOSPITAL
	06 – DISCHARGE TO HOME UNDER CARE OF HOME HEALTH ORG.
	07 – LEFT AGAINST MEDICAL ADVICE
	20 – EXPIRED
	30 – STILL A PATIENT/RESIDENT
	61 – TRANSFER WITHIN FACILITY – MDCR SWING BED
	62 - DISCHARGE/TRANSFER TO INPATIENT REHAB FACILITY
	63 - DISCHARGE/TRANSFER TO MCARE LTC HOSPITAL
	64 - DISCHARGE/TRANSFER TO SNF CERTIFIED UNDER MCAID
	70 - DISCHARGE/TRANSFER TO ANOTHER HEALTH CARE INST

**EDIT 01757 – DIAGNOSIS NON-SPECIFIC**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 1757

**HIPAA Adjustment Reason Code:** 146

**HIPAA Remark:** M76

**HIPAA Status:** 255, 21

<b>DIAGNOSIS CODE ON CLAIM IN NCTRACKS</b>
LISTED AS UNSPECIFIED

**EDIT 01792 – ED SUPPLIES INCLUDED IN PER DIEM**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 01792

**HIPAA Adjustment Reason Code:** 96, M2 (end-dated 9/24/2015)

**HIPAA Remark:** M2 (end-dated 9/24/2015), 96

**HIPAA Status:** 735

CLAIM TYPE	LIVING ARRANGEMENT	PROCEDURE CODE
O – OUTPATIENT P – PROFESSIONAL S – DME	50 – SNF – SKILLED NURSING FACILITY 58 – ICF – INTERMEDIATE CARE FACILITY	IN LIST 4500

**List 4500**

A4217	A4456	A6436	A6450	E0100	E0135	E0186
A4300	A4458	A6438	A6451	E0105	E0140	E0188
A4314	A4554	A6441	A6452	E0110	E0141	E0189
A4315	A4565	A6442	A6453	E0111	E0143	E0276
A4316	A4570	A6443	A6454	E0112	E0144	E0305
A4320	A4615	A6444	A6455	E0113	E0147	E0310
A4357	A4624	A6445	A7000	E0114	E0148	E0316
A4358	A4626	A6446	A7027	E0116	E0149	E0325
A4362	A4860	A6447	A7525	E0117	E0153	E0326
A4213	A4930	A6448	A7526	E0118	E0154	K0001
A4215	A6434	A6449	A9273	E0130	E0155	



**EDIT 02063 – ENCOUNTER EVV START TIME IS MISSING OR INVALID**

**Effective Date:** 3/31/2021

**End Date:**

**Update Date:** 3/31/2021

**Claim Type:** C,E,K,L,P,S,V, 0,1,2,5,6,8

**Disposition:** DENY

**EOB:** 02063

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N443

**HIPAA Status:** 21

Set edit 02063

When claim EVV start time is spaces or less than '0001' or greater than '2359'

Claim lines has a Date of Service on or after 3/31/2021

Bypass edit 02063 when line EVV indicator = 'N'

**EDIT 02065 – ENCOUNTER EVV END TIME IS MISSING OR INVALID**

**Effective Date:** 3/31/2021

**End Date:**

**Update Date:** 3/31/2021

**Claim Type:** C,E,K,L,P,S,V, 0,1,2,5,6,8

**Disposition:** DENY

**EOB:** 02065

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N443

**HIPAA Status:** 21

Set edit 02065

When claim EVV end time is spaces or less than '0001' or greater than '2359'

Claim lines has a Date of Service on or after 3/31/2021

Bypass edit 02065 when line EVV indicator = 'N'

**EDIT 02067 – ENCOUNTER EVV ATTENDANT LAST NAME IS MISSING**

**Effective Date:** 3/31/2021

**End Date:**

**Update Date:** 3/31/2021

**Claim Type:** C,E,K,L,P,S,V, 0,1,2,5,6,8

**Disposition:** DENY

**EOB:** 02067

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N269

**HIPAA Status:** 21

Set edit 02067

When claim EVV Attendant last name is spaces

Claim lines has a Date of Service on or after 3/31/2021

Bypass edit 02067 when line EVV indicator = 'N'

**EDIT 02069 – ENCOUNTER EVV ATTENDANT FIRST NAME IS MISSING**

**Effective Date:** 3/31/2021

**End Date:**

**Update Date:** 3/31/2021

**Claim Type:** C,E,K,L,P,S,V, 0,1,2,5,6,8

**Disposition:** DENY

**EOB:** 02069

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N269

**HIPAA Status:** 21

Set edit 02069

When claim EVV Attendant first name is spaces

Claim lines has a Date of Service on or after 3/31/2021

Bypass edit 02069 when line EVV indicator = 'N'

**EDIT 02070 – ENCOUNTER EVV SERVICE ADDRESS IS MISSING**

**Effective Date:** 3/31/2021

**End Date:**

**Update Date:** 3/31/2021

**Claim Type:** C,E,K,L,P,S,V, 0,1,2,5,6,8

**Disposition:** DENY

**EOB:** 02070

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** MA37

**HIPAA Status:** 21

Set edit 02070

When claim EVV Service Address (street address, city, state, or zip) is spaces

Claim lines has a Date of Service on or after 3/31/2021

Bypass edit 02070 when line EVV indicator = 'N'

**EDIT 02073 – ENCOUNTER EVV START TIME IS GREATER THAN THE END TIME**

**Effective Date:** 3/31/2021

**End Date:**

**Update Date:** 3/31/2021

**Claim Type:** C,E,K,L,P,S,V, 0,1,2,5,6,8

**Disposition:** DENY

**EOB:** 02073

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N443

**HIPAA Status:** 21

Set edit 02073

When claim EVV start time is greater than the end time

Claim lines has a Date of Service on or after 3/31/2021

Bypass edit 02073 when line EVV indicator = 'N'

**EDIT 02076 – ENCOUNTER EVV SERVICE DATES CANNOT SPAN DATES**

**Effective Date:** 3/31/2021

**End Date:**

**Update Date:** 3/31/2021

**Claim Type:** C,E,K,L,P,S,V, 0,1,2,5,6,8

**Disposition:** DENY

**EOB:** 02076

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N63

**HIPAA Status:** 21

Set edit 02076

When a claim line has dates of service that span more than one day

Claim lines has a Date of Service on or after 3/31/2021

Bypass edit 02076 when line EVV indicator = 'N'

**EDIT 02081 – ENCOUNTER EVV SERVICE VISIT KEY IS MISSING OR INVALID**

**Effective Date:** 3/31/2021

**End Date:**

**Update Date:** 3/31/2021

**Claim Type:** C,E,K,L,P,S,V, 0,1,2,5,6,8

**Disposition:** DENY

**EOB:** 02081

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N821

**HIPAA Status:** 21

Set edit 02081

When an EVV claim line is submitted without an EVV key

Claim lines has a Date of Service on or after 3/31/2021

Bypass edit 02081 when line EVV indicator = 'N'

**EDIT 02159 – ENCOUNTER CLAIMS NOT ACCEPTED**

**Effective Date:** 4/1/2023

**End Date:**

**Update Date:** 4/1/2023

**Claim Type:** A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, S, T, U, V, W, X, Y, Z, 1, 2, 3, 4, 5, 6, 8, 0

**Disposition:** DENY

**EOB:** 02159

**HIPAA Adjustment Reason Code:** 272

**HIPAA Remark:** M56

**HIPAA Status:** 116



**EDIT 03200 – MCE – INVALID ICD CM PROCEDURE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9243

**HIPAA Adjustment Reason Code:** 16, 181 (end-dated 10/31/2014)

**HIPAA Remark:** MA66

**HIPAA Status:** 465, 256, 21

THE ICD PRINCIPAL PROCEDURE CODE IS INVALID ON AN INPATIENT (CLAIM TYPE I) OR MEDICARE PART A CROSSOVER – INPATIENT (CLAIM TYPE A) ENCOUNTER.

**EDIT 03405 – HISTORY CLAIM CANNOT BE ADJUSTED/VOIDED**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 3405

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N152, MA130 (end-dated 10/31/2014)

**HIPAA Status:** 495, 1

THE ORIGINAL ENCOUNTER THAT IS TO BE VOIDED OR ADJUSTED IS NOT IN A PAID STATUS OR LAST CHARACTER OF TCN TO BE ADJUSTED/VOIDED IS '1'.

**EDIT 03406 – HISTORY RECORD NOT FOUND FOR ADJUSTMENT/VOID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 4102

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N152, MA130 (end-dated 10/31/2014)

**HIPAA Status:** 495, 1

THE ORIGINAL ENCOUNTER TCN THAT IS TO BE VOIDED OR ADJUSTED DOES NOT EXIST IN NCTRACKS

**EDIT 03407 – BILLING PROVIDER DOES NOT MATCH HISTORY RECORD FOR ADJUSTMENT/VOID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 4103

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** N152, MA130 (end-dated 10/31/2014)

**HIPAA Status:** 495, 1

THE ORIGINAL ENCOUNTER TCN THAT IS TO BE VOIDED OR ADJUSTED DOES NOT EXIST IN NCTRACKS FOR THE BILLING PROVIDER SUBMITTED ON THE ENCOUNTER

**EDIT 04200 – MCE – ADMITTING DIAGNOSIS CODE MISSING**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9207

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA130 (end-dated 10/31/2014)

**HIPAA Status:** 488, 21

THE ADMITTING DIAGNOSIS IS MISSING ON AN INPATIENT (I) ENCOUNTER.

**EDIT 04201 – MCE – PRINCIPAL DIAGNOSIS CODE MISSING**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9208

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA130 (end-dated 10/31/2014)

**HIPAA Status:** 488, 21

THE PRINCIPAL DIAGNOSIS IS MISSING ON AN INPATIENT (I) ENCOUNTER.

**EDIT 04202 – MCE – ADMITTING DIAGNOSIS INVALID (referred to CSRA 02-15-17)**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9209

**HIPAA Adjustment Reason Code:** 146

**HIPAA Remark:** MA65

**HIPAA Status:** 256, 232, 21

THE ADMITTING DIAGNOSIS SUBMITTED ON A DURABLE MEDICAL EQUIPMENT (S) ENCOUNTER IS INVALID.

**EDIT 04206 – MCE – MANIFESTATION CODE AS PRINCIPAL DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9238

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA130 (end-dated 10/31/2014)

**HIPAA Status:** 488, 21

THE PRINCIPAL DIAGNOSIS SUBMITTED ON INPATIENT (I) ENCOUNTER IS A MANIFESTATION DIAGNOSIS. A MANIFESTATION DIAGNOSIS IDENTIFIES THE MANIFESTATION/SYMPTOM OF THE DISEASE AND NOT THE DISEASE ITSELF. THESE SHOULD NOT BE USED AS PRINCIPAL DIAGNOSIS CODES.



**EDIT 04207 – MCE – E-CODE AS PRINCIPAL DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9239

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA130 (end-dated 10/31/2014)

**HIPAA Status:** 488, 21

THE PRINCIPAL DIAGNOSIS SUBMITTED ON INPATIENT (I) ENCOUNTER IS AN EXTERNAL CAUSE CODE. THESE DESCRIBE THE CIRCUMSTANCE CAUSING AN INJURY AND NOT THE INJURY ITSELF. THESE SHOULD NOT BE USED AS PRINCIPAL DIAGNOSIS CODES. IN ICD-9, THESE CODES STARTED WITH E. IN ICD-10 THEY START WITH V, W, X, AND Y.

**EDIT 04208 – MCE – UNACCEPTABLE PRIN DIAG**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9240

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** MA130 (end-dated 10/31/2014)

**HIPAA Status:** 488, 21

<b>CLAIM TYPE</b>	<b>PRINCIPAL DIAGNOSIS</b>
I – INPATIENT	NOT VALID
A – MCARE - PTA	

**EDIT 04210 – MCE – DUPLICATE OF PRINCIPAL DIAGNOSIS – OTHER DIAGNOSIS 2**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 9242

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/7/2013)

**HIPAA Remark:** M64

**HIPAA Status:** 488, 256, 21

THE PRINCIPAL DIAGNOSIS SUBMITTED ON AN INPATIENT (I) OR MEDICARE PART A INPATIENT CROSSOVER (A) ENCOUNTER IS THE SAME AS ONE OF THE SECONDARY DIAGNOSIS CODE ENTERED

**EDIT 04533 – AWAITING ADDRESS VALIDATION**

**Effective Date:** 10/29/2017

**End Date:**

**Update Date:** 11/3/2017

**Disposition:** PEND

**EOB:** 04533

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N58

**HIPAA Status:** 126, 21

THE BILLING PROVIDER'S ADDRESS IS NOT AN ACTIVE SERVICE LOCATION ON THE PROVIDER'S FILE.

**EDIT 07001 – TAXONOMY CODE FOR ATTENDING OR RENDERING PROVIDER MISSING**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 3101

**HIPAA Adjustment Reason Code:** 16, A1 (end-dated 10/31/2014)

**HIPAA Remark:** N251

**HIPAA Status:** 145, 21

CLAIM TYPE	RENDERING PROVIDER TAXONOMY	ATTENDING PROVIDER TAXONOMY	REVENUE CODE
P - PROFESSIONAL	BLANKS		
<b>OR</b>			
P – PROFESSIONAL	ON LIST 4508		
<b>OR</b>			
G – HOSPICE		BLANKS	0658 0659

**List 4508**

261QM0855X	261QH0100X	193400000X	1223D00000X
261QP0905X	261QF0400X087010	207P00000X	193200000X
261QP2300X	261QF0400X089010	261QF0050X	
261QR1300X022075	261QM0850X	261QF0050X056060	
261QR1300X083075	261QF0400X083010	261QC1500X	
261QR1300X084075	261QF0400X034010	251S00000X	
261QR1300X087075	261QF0400X024010	251S00000X112116	
261QR1300X089075	261QF0400X022010	251S00000X074113	

**EDIT 07011 – BILLING PROVIDER MUST BE ENROLLED FOR BILLING TAXONOMY CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 3102

**HIPAA Adjustment Reason Code:** 16, A1 (end-dated 10/31/2014)

**HIPAA Remark:** N255

**HIPAA Status:** 145, 21

CLAIM TYPE	BILLING PROVIDER TAXONOMY
<p> <b>C</b> – HEALTH DEPARTMENTS  <b>E</b> – HEARING AID  <b>L</b> – INDEPENDENT LABORATORY/XRAY  <b>P</b> – PROFESSIONAL  <b>S</b> – DURABLE MEDICAL EQUIPMENT  <b>T</b> – AMBULANCE  <b>X</b> – OPTICAL  <b>1</b> – HOME INFUSION THERAPY  <b>2</b> – THERAPY SERVICES  <b>5</b> – RURAL HEALTH CLINIC/FQHCSSD  <b>8</b> – INDEP DIAG TESTING FACILITY / PORTABLE XRAY  <b>Y</b> – UNDEFINED PROFESSIONAL  <b>B</b> – MEDICARE PART B  <b>V</b> – CHILDREN’S DEVELOPMENTAL SERV-AGENCIES  <b>O</b> – LOCAL EDUCATION AGENCIES  <b>K</b> – PRIVATE DUTY NURSE  <b>6</b> – PERSONAL CARE SERVICES  <b>F</b> – NURSING HOME  <b>G</b> – HOSPICE  <b>H</b> – HOME HEALTH  <b>I</b> – INPATIENT  <b>N</b> – ADULT CARE HOMES  <b>O</b> – OUTPATIENT  <b>3</b> – INSTITUTIONAL AMBULANCE  <b>Z</b> – UNDEFINED INSTITUTIONAL  <b>A</b> – MEDICARE PART A CROSSOVER (INPATIENT)  <b>U</b> - MEDICARE PART B CROSSOVER UB (OUTPATIENT)  <b>Q</b> – MENTAL HEALTH                 </p>	<p>BLANK, NOT PRESENT OR NOT ACTIVE</p>

**EDIT 07012 – RENDERING PROVIDER MUST BE ENROLLED FOR RENDERING TAXONOMY CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 03100

**HIPAA Adjustment Reason Code:** 16, A1 (end-dated 10/31/2014)

**HIPAA Remark:** N288

**HIPAA Status:** 145, 21

CLAIM TYPE	RENDERING PROVIDER TAXONOMY
<p> <b>C – HEALTH DEPARTMENTS</b>  <b>E – HEARING AID</b>  <b>L – INDEPENDENT LABORATORY/XRAY</b>  <b>P – PROFESSIONAL</b>  <b>S – DURABLE MEDICAL EQUIPMENT</b>  <b>T – AMBULANCE</b>  <b>X – OPTICAL</b>  <b>1 – HOME INFUSION THERAPY</b>  <b>2 – THERAPY SERVICES</b>  <b>5 – RURAL HEALTH CLINIC/FQHCSSD</b>  <b>8 – INDEP DIAG TESTING FACILITY / PORTABLE XRAY</b>  <b>Y – UNDEFINED PROFESSIONAL</b>  <b>B – MEDICARE PART B</b>  <b>V – CHILDREN’S DEVELOPMENTAL SERV-AGENCIES</b>  <b>O – LOCAL EDUCATION AGENCIES</b>  <b>K – PRIVATE DUTY NURSE</b>  <b>6 – PERSONAL CARE SERVICES</b> </p>	<p>BLANK, NOT PRESENT OR NOT ACTIVE</p>

**EDIT 07013 – ATTENDING TAXONOMY MUST BE ENROLLED**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 3101

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** M86

**HIPAA Status:** 26

<b>ATTENDING PROVIDER TAXONOMY</b>
SPACES TAXONOMY STATUS NOT '001' FOR CLAIM HEADER DATES OF SERVICE

<b>CLAIM TYPE</b>	<b>ATTENDING PROVIDER TAXONOMY</b>
<b>C</b> – HEALTH DEPARTMENTS <b>L</b> – INDEPENDENT LABORATORY/XRAY <b>P</b> – PROFESSIONAL <b>S</b> – DURABLE MEDICAL EQUIPMENT <b>2</b> – THERAPY SERVICES <b>5</b> – RURAL HEALTH CLINIC/FQHCCSD <b>Y</b> – UNDEFINED PROFESSIONAL <b>B</b> – MEDICARE PART B <b>0</b> – LOCAL EDUCATION AGENCIES <b>K</b> – PRIVATE DUTY NURSE <b>6</b> – PERSONAL CARE SERVICES <b>F</b> – NURSING HOME <b>H</b> – HOME HEALTH <b>I</b> – INPATIENT <b>N</b> – ADULT CARE HOMES <b>O</b> – OUTPATIENT <b>Z</b> – UNDEFINED INSTITUTIONAL <b>A</b> – MEDICARE PART A CROSSOVER (INPATIENT) <b>U</b> – MEDICARE PART B CROSSOVER UB (OUTPATIENT) <b>Q</b> – MENTAL HEALTH	BLANK, NOT PRESENT OR NOT ACTIVE

## **EDIT 07023 – TAXONOMY INVLD FOR CLAIM FORM**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 12/17/2015

**Disposition:** DENY

**EOB:** 07023

**HIPAA Adjustment Reason Code:** 9

**HIPAA Remark:** N95

**HIPAA Status:** 145, 21

For All Payers, a claim fails this edit if:

1. THE CLAIM FORM IS ANY EXCEPT INSTITUTIONAL, AND THE BILLING PROVIDER TAXONOMY IS 251E00000X, 251G00000X, 261QE0700X, 275N00000X, 282N00000X, 282NC0060X, 283Q00000X, 284300000X, 311ZA0620X, 313M00000X, 314000000X, 315P00000X, 320800000X or 323P00000X OR

2. THE CLAIM FORM IS ANY EXCEPT INSTITUTIONAL, AND THE BILLING PROVIDER TAXONOMY IS 3416A0800X, 3416L0300X, OR 3416S0300X, OR

3. THE CLAIM FORM IS ANY EXCEPT PROFESSIONAL, AND THE BILLING PROVIDER TAXONOMY IS 3416A0800X, 3416L0300X, OR 3416S0300X WITH A QUALIFIER THAT STARTS WITH 042 OR 045, AND THE NPI ON THE CLAIM DOES NOT HAVE ANOTHER TAXONOMY THAT IS IN THE INSTITUTIONAL LIST OR

4. TAXONOMY IS 251S00000X AND THE PROVIDER IS DMH OR LME/SUB-LME

5. TAXONOMIES 261QC1500X, 261QH0100X, 261QP2300X WHEN THE BILLING PROVIDER ATYPICAL PROVIDER ID IS 3403051 - DIV OF HEALTH SERVICES OR

TAXONOMY 261QP0905X, WHEN THE BILLING PROVIDER ATYPICAL PROVIDER ID IS 3403072 - NC DEPT OF HEALTH AND HUMAN SERVICE.

6. THE CLAIM FORM IS INSTITUTIONAL OR PROFESSIONAL, AND THE BILLING PROVIDER TAXONOMY IS 3336C0002X, 3336C0003X, 3336C0004X, 3336H0001X, 3336L0003X, 3336M0002X, 3336M0003X, 3336N0007X, 3336S0011X, OR 3336I0012X OR

7. THE CLAIM FORM IS ANY EXCEPT PROFESSIONAL, AND THE BILLING PROVIDER TAXONOMY IS ANY NOT LISTED ABOVE.



**EDIT 13320 – DUPLICATE-SAME PROVIDER/BILLED AMT/DOS/PROCEDURE CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0460

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated 10/31/2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

THE CURRENT OUTPATIENT ENCOUNTER HAS DUPLICATE DETAILS (SAME PROCEDURE CODE, REVENUE CODE, FIRST DATE OF SERVICE AND ENDING DATE OF SERVICE, AMOUNT BILLED, AND BILLING PROVIDER) AS A HISTORY ENCOUNTER

**AND**

THE REVENUE CODE ON THE CURRENT ENCOUNTER IS NOT

**List 9841**

250	254	258	636
251	255	259	
252	256	634	
253	257	635	

**EDIT 34460 – SEVERE DUPLICATE; SAME RENDERING PROV/PCODE/INTERNAL MODIFIER/DOS/MODIFIER**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 5404

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated 10/31/2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54, 250

THE CURRENT ENCOUNTER DETAIL CONTAINS THE SAME PROCEDURE CODE-MODIFIER, DATE OF SERVICE RANGE, AND RENDERING PROVIDER AS AN ENCOUNTER DETAIL IN HISTORY

**AND**

THE CURRENT ENCOUNTER DOES NOT HAVE A MODIFIER NOT IN THIS LIST

**List 164**

51	74	LC	QZ
53	76	LD	RC
55	77	QK	
59	79	QX	
73	AA	QY	

AND THE ENCOUNTER DOES HAVE A MODIFIER IN THIS LIST.

**List 168**

E1	F4	T1	62
E2	F5	T2	66
E3	F6	T3	
E4	F7	T4	
E5	F8	T5	
FA	F9	T6	
F1	LT	T7	
F2	RT	T8	
F3	TA	T9	

**AND**

THE HISTORY ENCOUNTER TYPE IS ON THIS LIST

<b>List 9530C</b>	S	5
E	V	6
K	0	8
L	1	
P	2	

**EDIT 13420 – SUSPECT DUPLICATE-OVERLAPPING DATES OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0472

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

THE CURRENT MENTAL HEALTH OR INPATIENT ENCOUNTER HAS DUPLICATE DETAILS (TRANSACTION CONTROL NUMBER, HEADER FIRST DATE OF SERVICE AND HEADER ENDING DATE OF SERVICE) AS A HISTORY ENCOUNTER

**AND**

THE CURRENT DISCHARGE DATE EQUALS HISTORY HEADER FROM-DATE-OF-SERVICE

THE HISTORY DISCHARGE DATE EQUALS CURRENT HEADER FROM DATE-OF-SERVICE

OR

History Claim Type Within L\_1758

Current Transaction Control Number Equal to History Transaction Control Number

Current Claim Type Equal to "O"

Current Detail First Date of Service Less Than or Equal to History Header to Date of Service

Current Detail to Date of Service Greater Than or Equal to History Header from Date Of Service

History Discharge Date Equal to Current Detail First Date of Service

**EDIT 13460 – POSSIBLE DUPLICATE-SAME PROVIDER/PX/DOS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0480

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT DETAIL MODIFIER	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM/TO DATES OF SERVICE	CURRENT DETAIL PROCEDURE CODE	CURRENT DETAIL PROCEDURE CODE	CURRENT DETAIL ADJUDICATION PROCEDURE CODE	CURRENT DETAIL PROCEDURE CODE
C,E,K,L,M,P, S,V,0,1,2,4, 5,6,8	AA, AD, QK, QS, QY, QZ	HISTORY BILLING PROVIDER	HISTORY DETAIL FROM/TO DATES OF SERVICE	HISTORY DETAIL PROCEDURE CODE	CURRENT DETAIL ADJUDICATION PROCEDURE CODE	HISTORY DETAIL ADJUDICATION PROCEDURE CODE	J3490, J3590, J7199, J9999, J7342, J2840, J9295, J9325
<b>AND</b>							
CURRENT DRUG CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL MODIFIER	CURRENT DETAIL RENDERING PROVIDER TAXONOMY	CURRENT DETAIL RENDERING PROVIDER	CURRENT TCN	CURRENT BILLING TAXONOMY QUALIFIER	
HISTORY DRUG CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL MODIFIER	HISTORY DETAIL RENDERING PROVIDER TAXONOMY	HISTORY DETAIL RENDERING PROVIDER	HISTORY TCN	074	

**EDIT 13470 – LESS SEVERE DUPLICATE-OUTPATIENT**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0481

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT TCN	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL REVENUE CODE
O - OUTPATIENT	HISTORY TCN	HISTORY BILLING PROVIDER	LESST OR EQUAL HISTORY DETAIL TO DATE OF SERVICE	GREATER OR EQUAL HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL REVENUE CODE
<b>AND</b>							
CURRENT ADMIT HOUR	CURRENT ADMIT HOUR	HISTORY ADMIT HOUR	CURRENT ADMIT HOUR	HISTORY ADMIT HOUR			
HISTORY ADMIT HOUR POST AUDIT AT DETAIL	LESS THAN OR EQUAL 0000 POST AUDIT AT DETAIL	LESS THAN OR EQUAL 0000 POST AUDIT AT DETAIL	GREATER THAN OR EQUAL 2400 POST AUDIT AT DETAIL	GREATER THAN OR EQUAL 2400 POST AUDIT AT DETAIL			

**EDIT 13480 – POSSIBLE DUPLICATE SAME PROVIDER OVERLAP DATE OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0482

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT TCN	CURRENT BILLING PROVIDER	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	HISTORY HEADER FROM DATE OF SERVICE	CURRENT HEADER FROM DATE OF SERVICE
I - INPATIENT	HISTORY TCN	HISTORY BILLING PROVIDER	LESST OR EQUAL HISTORY HEADER TO DATE OF SERVICE	GREATER OR EQUAL HISTORY HEADER FROM DATE OF SERVICE	CURRENT DISCHARGE DATE	HISTORY DISCHARGE DATE

**EDIT 13490 – POSSIBLE DUPLICATE SAME PROVIDER DATE OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0483

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

<b>HISTORY CLAIM TYPE</b>	<b>CURRENT TCN</b>	<b>CURRENT BILLING PROVIDER</b>	<b>CURRENT HEADER FROM DATE OF SERVICE</b>	<b>CURRENT HEADER TO DATE OF SERVICE</b>		
I – INPATIENT A - MEDICARE PART A- INPATIENT CROSSOVER	HISTORY TCN	HISTORY BILLING PROVIDER	EQUAL HISTORY HEADER FROM DATE OF SERVICE	EQUAL HISTORY HEADER TO DATE OF SERVICE		



**EDIT 13500 – POSSIBLE DUPLICATE SAME PROVIDER DATE OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0484

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

<b>CURRENT UB CONDITION CODES</b>	<b>HISTORY CLAIM TYPE</b>	<b>HISTORY UB CONDITION CODES</b>	<b>HISTORY CLAIM TYPE</b>	<b>CURRENT BILLING PROVIDER</b>	<b>CURRENT DETAIL FROM DATE OF SERVICE</b>	<b>CURRENT DETAIL TO DATE OF SERVICE</b>
89 D9	3 - Institutional Ambulance	89 D9	3 - T -	HISTORY BILLING PROVIDER	EQUAL HISTORY DETAIL FROM DATE OF SERVICE	EQUAL HISTORY DETAIL TO DATE OF SERVICE

**EDIT 13510 – POSSIBLE DUPLICATE SAME PROVIDER OVERLAPPING DATES OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0485

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

<b>HISTORY CLAIM TYPE</b>	<b>CURRENT BILLING PROVIDER</b>	<b>CURRENT DETAIL FROM DATE OF SERVICE</b>	<b>CURRENT DETAIL TO DATE OF SERVICE</b>
<b>B -</b>	HISTORY BILLING PROVIDER	LESS OR EQUAL HISTORY DETAIL FROM DATE OF SERVICE	GREATER OR EQUAL HISTORY DETAIL FROM DATE OF SERVICE

**EDIT 13580 – DUPLICATE SAME PROVIDER, BILLED AMOUNT AND DATES OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0492

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

CURRENT TCN	CURRENT BILLING PROVIDER	HISTORY CLAIM TYPE	HISTORY CLAIM TYPE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	CURRENT DISCHARGE DATE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER BILLED AMOUNT
HISTORY TCN	HISTORY BILLING PROVIDER	A, F, I, U	CURRENT CLAIM TYPE	HISTORY HEADER FROM DATE OF SERVICE	HISTORY HEADER TO DATE OF SERVICE	HISTORY HEADER FROM DATE OF SERVICE	EQUAL HISTORY DETAIL FROM DATE OF SERVICE	EQUAL HISTORY HEADER BILLED AMOUNT

**EDIT 13590 – DUPLICATE SAME PROVIDER, BILLED AMOUNT AND DATES OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0493

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

CURRENT TCN	CURRENT BILLING PROVIDER	HISTORY CLAIM TYPE	HISTORY CLAIM TYPE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	CURRENT HEADER BILLED AMOUNT
HISTORY TCN	HISTORY BILLING PROVIDER	A, F, I, U	CURRENT CLAIM TYPE	HISTORY HEADER DROM DATE OF SERVICE	HISTORY HEADER TO DATE OF SERVICE	EQUAL HISTORY HEADER BILLED AMOUNT

**EDIT 25980 – EXACT DUPLICATE SAME DATES OF SERVICE, ADMIT HOUR AND SAME NDC NUMBER**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 1998

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** N20

**HIPAA Status:** 54, 218

CURRENT DRUG CODE	HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT ADMIT HOUR	CURRENT DRUG CODE
SPACES	0	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	EQUAL HISTORY ADMIT HOUR	EQUAL HISTORY DRUG CODE

*HIGHLIGHTED DRUG CODE EXPRESSION IS AN INITIAL CHECK FOR PRESENCE OF NDC ON CLAIM. EXITS EDIT IF SPACES*

**EDIT 34420 – EXACT DUPLICATE SAME DATES OF SERVICE, PROCEDURE CODE/MODIFIER, BILLED AMOUNT**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0021

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

<b>CURRENT INTERNAL MODIFIER</b>
@2, @3, @A

CURRENT DETAIL PROCEDURE CODE	CURRENT DETAIL MODIFIER	CURRENT CLAIM TYPE	HISTORY CLAIM TYPE	HISTORY INTERNAL MODIFIER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL RENDERING PROVIDER	CURRENT DETAIL BILLED AMOUNT
HISTORY DETAIL PROCEDURE CODE	HISTORY DETAIL MODIFIER	I - INPATIENT	I - INPATIENT P - ADD SYSTEM LIST 34420 TO EDIT	CURRENT INTERNAL MODIFIER	LESST OR EQUAL HISTORY DETAIL TO DATE OF SERVICE	GREATER OR EQUAL HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL RENDERING PROVIDER	HISTORY DETAIL BILLED AMOUNT
<b>AND</b>								
<b>CURRENT BILLING PROVIDER</b>	<b>HISTORY TCN</b>							
HISTORY BILLING PROVIDER	CURRENT TCN							

*HIGHLIGHTED DRUG CODE EXPRESSION IS AN INITIAL CHECK FOR PRESENCE OF NDC ON CLAIM. EXITS EDIT IF SPACES*

**EDIT 34490 – EXACT DUPLICATE – SAME PROCEDURE CODE/INTERNAL MODIFIER/DATES OF SERVICE/AMOUNT BILLED/PROVIDER/TCN**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 5405

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54, 250

HISTORY CLAIM TYPE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT TCN	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL RENDERING PROVIDER	CURRENT HEADER BILLED AMOUNT
P	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY TCN	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL RENDERING PROVIDER	EQUAL HISTORY HEADER BILLED AMOUNT

**EDIT 34550 – SEVERE DUPLICATE – SAME PROCEDURE CODE/INTERNAL MODIFIER/DATES OF SERVICE/TCN**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 5410

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54, 250

<b>HISTORY CLAIM TYPE</b>	<b>CURRENT DETAIL PROCEDURE CODE</b>	<b>CURRENT INTERNAL MODIFIER</b>	<b>CURRENT TCN</b>	<b>CURRENT DETAIL FROM DATE OF SERVICE</b>	<b>CURRENT DETAIL TO DATE OF SERVICE</b>	<b>CURRENT DETAIL RENDERING PROVIDER</b>	<b>CURRENT BILLING PROVIDER</b>
<b>P</b>	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY TCN	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL RENDERING PROVIDER	EQUAL HISTORY BILLING PROVIDER



**EDIT 39360 – SUSPECT DUPLICATE – OVERLAPPING DATES OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0469

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

<b>HISTORY CLAIM TYPE</b>	<b>CURRENT HEADER FROM DATE OF SERVICE</b>	<b>CURRENT HEADER TO DATE OF SERVICE</b>	<b>HISTORY BILLING PROVIDER TAXONOMY</b>	<b>CURRENT HEADER FROM DATE OF SERVICE</b>	<b>HISTORY HEADER FROM DATE OF SERVICE</b>
<b>F</b>	LESS OR EQUAL HISTORY HEADER TO DATE OF SERVICE	GREATER OR EQUAL HISTORY HEADER FROM DATE OF SERVICE	323P00000X	HISTORY DISCHARGE DATE	CURRENT DISCHARGE DATE

**EDIT 39380 – SUSPECT DUPLICATE – OVERLAPPING DATES OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0901

**HIPAA Adjustment Reason Code:** 45

**HIPAA Remark:**

**HIPAA Status:** 104

<i>HISTORY CLAIM TYPE</i>	<i>CURRENT HEADER FROM DATE OF SERVICE</i>	<i>CURRENT HEADER TO DATE OF SERVICE</i>	<i>HISTORY BILLING PROVIDER TAXONOMY</i>	<i>CURRENT HEADER FROM DATE OF SERVICE</i>	<i>HISTORY HEADER FROM DATE OF SERVICE</i>
<i>F</i>	<i>LESS OR EQUAL HISTORY HEADER TO DATE OF SERVICE</i>	<i>GREATER OR EQUAL HISTORY HEADER FROM DATE OF SERVICE</i>	<i>323P00000X</i>	<i>HISTORY DISCHARGE DATE</i>	<i>CURRENT DISCHARGE DATE</i>

**EDIT 49459 – PROCEDURE CODE UNIT LIMIT**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 7003

**HIPAA Adjustment Reason Code:** 119

**HIPAA Remark:** M86

**HIPAA Status:** 612, 259

**PRIMARY CRITERIA:**

THIS IS A CUTBACK AUDIT. PLEASE SEE THE CRITERIA PAGE FOR AUDIT 49450 TO VIEW THE CRITERIA THAT CAUSED THIS AUDIT TO SET. WHEN A CLAIM MEETS THE CRITERIA FOR AUDIT 49450, AND CAUSES THE LIMIT TO BE EXCEEDED, THE CUTBACK WILL BE MADE AND THIS AUDIT WILL POST AS A PAY AND REPORT AUDIT.

**EDIT 53800 – DUPLICATE SERVICE OR PROCEDURE CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0021

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT PRIMARY DETAIL MODIFIER	CURRENT DETAIL BILLED AMOUNT	CURRENT DETAIL RENDERING PROVIDER
C,E,K,L,P,S, V,0,1,2,5,6, 8	HISTORY BILLING PROVIDER	HISTORY DETAIL FROM DATE OF SERVICE	<b>HISTORY DETAIL TO DATE OF SERVICE</b>	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY PRIMARY DETAIL MODIFIER	HISTORY DETAIL BILLED AMOUNT	HISTORY DETAIL RENDERING PROVIDER

**EDIT 53810 – DUPLICATE SERVICE OR PROCEDURE CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0021

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL REVENUE CODE	CURRENT DETAIL BILLED AMOUNT	CURRENT DETAIL RENDERING PROVIDER
O, N	HISTORY BILLING PROVIDER	HISTORY DETAIL FROM DATE OF SERVICE	<b>HISTORY DETAIL TO DATE OF SERVICE</b>	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL REVENUE CODE	HISTORY DETAIL BILLED AMOUNT	HISTORY DETAIL RENDERING PROVIDER

**EDIT 53820 – DUPLICATE SERVICE OR PROCEDURE CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0021

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE
I	HISTORY BILLING PROVIDER	HISTORY HEADER FROM DATE OF SERVICE	HISTORY HEADER TO DATE OF SERVICE

**EDIT 53830 – DUPLICATE SERVICE OR PROCEDURE CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 0021

**HIPAA Adjustment Reason Code:** 97, 18 (end-dated effective 10-31-2014)

**HIPAA Remark:** M86

**HIPAA Status:** 54

HISTORY CLAIM TYPE	CURRENT BILLING PROVIDER	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE
I	HISTORY BILLING PROVIDER	HISTORY HEADER FROM DATE OF SERVICE	HISTORY HEADER TO DATE OF SERVICE

**EDIT 53880 – LIMIT OF 24 UNITS PER DAY**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 7104

**HIPAA Adjustment Reason Code:** 96, A1 (end-dated 10/31/2014)

**HIPAA Remark:** N362

**HIPAA Status:** 486

THE CURRENT AND HISTORY ENCOUNTER CONTAIN THE SAME PROCEDURE CODE AND IT IS ONE OF THE FOLLOWING

List 15933

H2012	96111
H2035	96116
96101	96118

**AND**

THE HISTORY ENCOUNTER HAS CLAIM TYPE

List 15932

C	2
K	5
P	6
V	

**AND**

THE CURRENT AND HISTORY ENCOUNTERS HAVE THE SAME DATE OF SERVICE

**AND**

THE TOTAL NUMBER OF UNITS FOR THE HISTORY AND CURRENT ENCOUNTER ARE MORE THAN 24



**EDIT 53890 – LIMIT OF 96 UNITS PER DAY**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 7104

**HIPAA Adjustment Reason Code:** 96, A1 (end-dated 10/31/2014)

**HIPAA Remark:** N362

**HIPAA Status:** 486

THE HISTORY CLAIM TYPE IS

**List 15932**

C	2
K	5
P	6
V	

THE CURRENT AND HISTORY ENCOUNTER CONTAIN THE SAME PROCEDURE CODE AND IT IS ONE OF THE FOLLOWING

**List 15934**

H0001	H0031	H2025
H0004	H2011	
H0005	H2015	
H0014	H2017	

**AND**

THE CURRENT AND HISTORY ENCOUNTERS HAVE THE SAME DATE OF SERVICE

**AND**

THE CURRENT AND HISTORY DETAIL MODIFIERS ARE CONTAINED IN THIS LIST

**List 15935**

2
US
U4

**AND**

THE TOTAL NUMBER OF UNITS FOR THE HISTORY AND CURRENT ENCOUNTER ARE MORE THAN 96

**EDIT 53900 – LIMIT OF 96 UNITS PER DAY**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** DENY

**EOB:** 7104

**HIPAA Adjustment Reason Code:** 96, A1 (end-dated 10/31/2014)

**HIPAA Remark:** N362

**HIPAA Status:** 486

THE HISTORY CLAIM TYPE IS

List 15932

C	2
K	5
P	6
V	

**AND**

THE CURRENT AND HISTORY ENCOUNTER CONTAIN THE SAME PROCEDURE CODE (S5150) WITH THE SAME VALID INTERNAL MODIFIER

**AND**

THE CURRENT AND HISTORY

THE CURRENT AND HISTORY ENCOUNTERS HAVE THE SAME DATE(S) OF SERVICE

**AND**

THE TOTAL NUMBER OF UNITS FOR THE HISTORY AND CURRENT ENCOUNTER ARE MORE THAN 96

# PAY/REPORT EDIT SECTION

## EDIT 00006 – DISCHARGE DATE INVALID

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0135

HIPAA Adjustment Reason Code: 16, 125 (end-dated 11/07/2013)

HIPAA Remark: M43

HIPAA Status: 90, 431, 21

CLAIM TYPE	DISCHARGE DATE	PATIENT STATUS
<b>INSTITUTIONAL AND NOT</b> I – INPATIENT F – NURSING HOME H – HOME HEALTH N – ADULT CARE HOMES	0001-01-01	NOT 30 – STILL A PATIENT/RESIDENT
OR		
<b>INSTITUTIONAL</b>	NOT 0001-01-01 AND <> TO-DATE OF SERVICE	

**EDIT 00007 – TOT DAYS CLM GREATER THAN BILL PERIOD**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0080

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** N345, M53

**HIPAA Status:** 258

IF CLAIM-TYPE IS F (NURSING), I (INPATIENT) OR Q (MENTAL HEALTH)

AND

PATIENT-STATUS IS 30 (STILL A PATIENT)

AND

HEADER-TO-DATE-OF-SERVICE (+1) LESS THE HEADER FROM-DATE-OF-SERVICE IS NOT EQUAL TO SUM OF COVERED DAYS AND NON-COVERED DAYS

OR

PATIENT-STATUS IS NOT 30 (STILL A PATIENT)

AND

ADMISSION-DATE IS EQUAL TO HEADER-TO-DATE-OF-SERVICE AND DIFFERENCE BETWEEN HEADER-FROM-DATE-OF-SERVICE AND HEADER-TO-DATE-OF-SERVICE (+1) <> SUM OF COVERED DAYS + NON-COVERED DAYS

OR

PATIENT-STATUS IS NOT 30 (STILL A PATIENT)

AND

ADMISSION-DATE IS NOT EQUAL TO HEADER-TO-DATE-OF-SERVICE AND DIFFERENCE BETWEEN HEADER-FROM-DATE-OF-SERVICE AND HEADER-TO-DATE-OF-SERVICE <> SUM OF COVERED DAYS + NON-COVERED DAYS

**EDIT 00030 – ADMIT SRC CD INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0319

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** MA42

**HIPAA Status:** 229, 21

CLAIM TYPE	ADMISSION SOURCE CODE	ADMISSION TYPE
I – INPATIENT	A – TRANSFER FROM A CRITICAL ACCESS HOSPITAL 3 – HMO REFERRAL	
OR		
I – INPATIENT O - OUTPATIENT	NOT 5 – TRANSFER FROM SKILLED NURSING FACILITY 6 – TRANSFER FROM ANOTHER FACILITY	4 - NEWBORN

**EDIT 00031 – VALUE CODE/AMT MISSING OR INVLD**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0439

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** MA49

**HIPAA Status:** 726, 21, 123

CLAIM TYPE	VALUE CODE	VALUE AMOUNT
I – INPATIENT	14, 41-43, 47-49, A1, B1, B2, C1, C2	0

**EDIT 00051 – PATIENT STATUS CODE INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0135

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** MA43

**HIPAA Status:** 90, 431, 21

CLAIM TYPE	CLAIM PATNT STATUS CODE	BILLED AMOUNT	TYPE OF BILL (1-2)
I – INPATIENT	09 – ADMITTED INPNT HOSPITAL 40 – EXPRIED AT HOME 41 – EXPIRED AT MED/FAC 42 – EXPIRED – PLACE UNKNOWN 43 – DISCHARGED TO FEDRL HOSP 50 – HOSPICE-HOME 51 – HOSP MED FAC 65 – DISCHRG TRSNFR TO PSYCH HOSP 66 – DISCHRG/TRANSFR TO CRITCL ACCESS HOSP	0	
<b>OR</b>			
F – NURSING HOME N – ADULT CARE HOME	43 – DISCHARGED TO FEDRL HOSP 50 – HOSPICE-HOME 51 – HOSP MED FAC 65 – DISCHRG TRSNFR TO PSYCH HOSP 66 – DISCHRG/TRANSFR TO CRITCL ACCESS HOSP		
<b>OR</b>			
G – HOSPICE H – HOME HEALTH	43 – DISCHARGED TO FEDRL HOSP 50 – HOSPICE-HOME 51 – HOSP MED FAC 65 – DISCHRG TRSNFR TO PSYCH HOSP 66 – DISCHRG/TRANSFR TO CRITCL ACCESS HOSP		<b>NOT</b> 33 – HOME HEALTH-OUTPATIENT



**EDIT 00055 – TOTAL BILLED INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0237

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** M54

**HIPAA Status:** 187, 21

<b>MEDIUM TYPE</b>	<b>HEADER TOTAL BILLED</b>	
<b>1 – PROVIDER PORTAL</b>	<b>NOT EQUAL</b> SUM OF ALL LINE CHARGES	
<b>2 – ECS BATCH</b>		
<b>3 – PHARMACY POS</b>		
<b>4 – SYSTEM GENERATED</b>		
<b>OR</b>		
	<b>NOT EQUAL</b> SUM OF ALL LINE CHARGES	

**EDIT 00073 – PROC CODE/MOD END-DTE ON FILE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0537

**HIPAA Adjustment Reason Code:** 96

**HIPAA Remark:** N56, N301

**HIPAA Status:** 457, 453

THE PROCEDURE CODE BEGIN AND END DATE WERE NOT VALID (IN NCTRACKS) AT TIME OF SERVICE.

**EDIT 00076 – OCC DTE INVLD FOR SUB OCC CODE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0438

**HIPAA Adjustment Reason Code:** 22

**HIPAA Remark:** MA04

**HIPAA Status:** 720, 116

<b>HEADER ID CODE</b>	<b>UB OCCURRENCE CODE</b>	<b>UB OCCURRENCE CODE DATE</b>
61 – INSTITUTIONAL	GREATER THAN ZEROES	INVALID

**EDIT 00106 – UNABLE TO DETERMINE MEDICARE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 2148

**HIPAA Adjustment Reason Code:** 16, 148 (end-dated 10/2014)

**HIPAA Remark:** N480, N131 (end-dated Oct 2014), MA92 (end dated 6/2013)

**HIPAA Status:** 400, 286, 279

<b>CLAIM TYPE</b>	<b>TTL_TPL_AMT</b>	<b>MEDICARE PAID AMOUNT</b>	<b>HEADER ALLOWED AMOUNT</b>
<b>G – HOSPICE H – HOME HEALTH O - OUTPATIENT</b>	<b>GREATER THAN 0</b>	<b>GREATER THAN 0</b>	<b>GREATER THAN 0</b>

**EDIT 00117 – ONLY ONE DOS ALLOWED PER LINE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1170

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** M53

**HIPAA Status:** 453, 258

CLAIM TYPE	CLAIM HISTORY PROCEDURE LIMIT TABLE	LINE_BEGIN DATE OF SERVICE
NOT R – DRUG	ACTIVE ROW FOUND	NOT EQUAL LINE END DATE OF SERVICE

**EDIT 00135 – INVL POS INDEP MENT HLTH PROV**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0036

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** M77

**HIPAA Status:** M50, MA30

CLAIM TYPE	RENDERING PROVIDER TAXONOMY AND QUAL	PLACE OF SERVICE
P - PROFESSIONAL	106H00000X 103T00000X/109109 1041C0700X 01YM0800X 101YP2500X 364SP0808X 364SP0809X/109111 364SP0807X 364SP0810X 364SP0811X 364SP0812X 364SP0813X 363LP0808X 103T00000X/109128 101YA0400X 101YP2500X	01 - PHARMACY 09 – PRISON/CORRECTIONAL FACILITY 41 – AMBULANCE/ LAND 42 – AMBULANCE/AIR OR WATER 49 - INDEPENDENT CLINIC 54 - INTERMEDIATE CARE FACILITY/MENTALLY RETARDED 99 - OTHER UNLISTED FACILITY

**EDIT 00136 – INVALID PLACE OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0036

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** M77, M50, MA30

**HIPAA Status:** 455, 249, 228

HEADER ID CODE	PLACE OF SERVICE	PHARMACY CLAIM TYPE
60 – MEDICAL	NOT VALID	R - DRUG

**EDIT 00142 – UNITS NOT EQUAL TO DOS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1043

**HIPAA Adjustment Reason Code:** 119

**HIPAA Remark:** M86

**HIPAA Status:** 612, 259

HEADER ID CODE	PROCEDURE CODE	PHARMACY CLAIM TYPE	NUMBER UNITS SUBMITTED
<b>NOT</b> <b>61 – INSTITUTIONAL</b>	00955 W8208 00840	? - ADJUSTMENT	<b>NOT EQUAL</b> DIFFERENCE BETWEEN BEGINNING DATE OF SERVICE AND END DATE OF SERVICE
<b>OR</b>			
<b>NOT</b> <b>61 – INSTITUTIONAL</b>	<b>ON</b> SYSTEM LIST C4589 <b>AND NOT</b> ON SYSTEM TRANSLATION TABLE C3304		<b>NOT EQUAL</b> DIFFERENCE BETWEEN BEGINNING DATE OF SERVICE AND END DATE OF SERVICE



**EDIT 00146 – PROC INVLD - BILL PROV TAXON**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0079

**HIPAA Adjustment Reason Code:** 170

**HIPAA Remark:** N95

**HIPAA Status:** 25

CLAIM TYPE	BILLING PROV TAXMY/QUAL	PROCDR/REVCODE	MEDIA CODE	REND PROVR TAXNMY	HEADER ID CODE
<b>C</b> - HEALTH DEPARTMENTS <b>E</b> - HEARING AID <b>K</b> - PRIVATE DUTY NURSING <b>L</b> - INDEPENDENT LABORATORY/X- RAY <b>M</b> - MANAGEMENT FEE <b>P</b> – PROFESSIONAL <b>Q</b> - MENTAL HEALTH <b>S</b> – DME <b>V</b> – CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES <b>X</b> - OPTICAL <b>0</b> - LOCAL EDUCATION AGENCIES <b>1</b> - HOME INFUSION THERAPY <b>2</b> - THERAPY SERVICES <b>4</b> – CAPITATION <b>5</b> - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTERS <b>6</b> - PERSONAL CARE SERVICES <b>8</b> - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X- RAY	313M00000X/01003 3, SPACES	Y2089 T1015			

<b>OR</b>					
<b>M - MANAGEMENT FEE</b>	313M00000X/01003 , SPACES		<b>2 – ESC BATCH</b>		
<b>OR</b>					
<b>NOT M - MANAGEMENT FEE</b>	261Q00000X 261QR1300X/06707 5, SPACES	<b>NOT</b> Y2089, T1015	<b>NOT</b> <b>2 – ESC BATCH</b>		
<b>OR</b>					
<b>G – HOSPICE H – HOME HEALTH</b>	261Q00000X 261QR1300X /**010 /**075 /SPACES	0550, 0559			
<b>OR</b>					
<b>G – HOSPICE</b>	251G00000X	<b>NOT</b> 0651, 0652, 0655, 0656, 0658, 0659			
<b>OR</b>					
	252Y00000X/038115 OR SPACES	T1015			<b>60 - MEDICAL</b>
<b>OR</b>					
	251S00000X/112116 OR SPACES	H0036 MODIFIER NOT <b>HA-</b> CHILD/ADOLESCEN T PROGRAM <b>HB - ADULT</b> PROGRAM, NON GERIATRIC <b>HQ - GROUP</b> SETTING <b>HT - MULTI-</b> DISCIPLINARY TEAM <b>U3 - SERVICE</b> RENDERED BY A QUALIFIED PROFESSIONAL (QP) <b>U4 - SERVICE</b> RENDERED BY A NON-QUALIFIED PROFESSIONAL (NON-QP) <b>HP - DOCTORAL</b> LEVEL <b>HO - MASTER'S</b> DEGREE LEVEL, <b>HN - BACHELOR'S</b> DEGREE LEVEL <b>UB - SERVICE</b> RENDERED BY A		<b>NOT</b> 251S00000X/*127	<b>60 - MEDICAL</b>

		PARAPROFESSION AL <b>U5</b> - SERVICE RENDERED BY A PARAPROFESSION AL <b>U6</b> - SERVICE RENDERED BY AN ASSOCIATE PROFESSIONAL <b>U7</b> - SERVICE RENDERED BY A NON-LICENSED QUALIFIED PROFESSIONAL, OR <b>U8</b> - SERVICE RENDERED BY A LICENSED QUALIFIED PROFESSIONAL			
<b>OR</b>					
	<b>NOT GROUP TAXONOMY</b>				

**EDIT 00148 – PROC\REV CODE INVLD FOR POS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0156

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** M51

**HIPAA Status:** 455, 454

CLAIM TYPE	PROCDR CODE	REV- CODE	REND PROVR TAXNMY	PLACE OF SERVICE
<b>O</b> – OUTPATIENT <b>C</b> - HEALTH DEPARTMENTS <b>E</b> - HEARING AID <b>K</b> - PRIVATE DUTY NURSING <b>L</b> - INDEPENDENT LABORATORY/X-RAY <b>M</b> - MANAGEMENT FEE <b>P</b> – PROFESSIONAL <b>Q</b> - MENTAL HEALTH <b>S</b> – DME <b>V</b> – CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES <b>X</b> - OPTICAL <b>0</b> - LOCAL EDUCATION AGENCIES <b>1</b> - HOME INFUSION THERAPY <b>2</b> - THERAPY SERVICES <b>4</b> – CAPITATION <b>5</b> - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTERS <b>6</b> - PERSONAL CARE SERVICES <b>8</b> - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY	99201-99205 99211-99215 99218-99220 99239 99241-99245 99271-99275 99281-99285 99291-99292 99431-99433 99435 99440	(0303) LAB-RENAL PATIENT HOME	261Q00000X, 261QF0400X, 261QR1300X, /010 /075 /SPACES	<b>05</b> - INDIAN HEALTH SERVICE FREE STANDING FACILITY <b>06</b> - INDIAN HEALTH SERVICE PROVIDER BASED FACILITY <b>07</b> - TRIBAL 638 FREE STANDING FACILITY <b>08</b> - TRIBAL 638 PROVIDER BASED FACILITY <b>15</b> - MOBILE UNIT <b>19</b> - OFF CAMPUS OUTPATIENT HOSPITAL <b>20</b> - URGENT CARE FACILITY <b>21</b> - INPATIENT HOSPITAL <b>22</b> - ON CAMPUS OUTPATIENT HOSPITAL <b>23</b> - HOSPITAL EMERGENCY ROOM <b>24</b> - AMBULATORY SURGICAL CENTER <b>49</b> - INDEPENDENT CLINIC <b>51</b> - INPATIENT PSYCHIATRIC FACILITY <b>52</b> - PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION <b>55</b> - RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY <b>56</b> - PSYCHIATRIC RESIDENTIAL TREATMENT CENTER <b>57</b> - NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY <b>60</b> - MASS IMMUNIZATION <b>61</b> - COMPREHENSIVE INPATIENT REHABILITATION FACILITY <b>62</b> - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY

				<b>65 - END STAGE RENAL DISEASE TREATMENT FACILITY</b>
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**EDIT 00151 – PROC CD\RATE INVLD FOR POS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0325

**HIPAA Adjustment Reason Code:** 16, 96 (end-dated 10/31/2014)

**HIPAA Remark:** N301, N188, M66

**HIPAA Status:** 454

A RATE RECORD IS FOUND ON THE REFERENCE DATABASE BUT THE EFFECTIVE DATES DO NOT COVER THE DATES OF SERVICE ON THE CLAIM, SO NO RATE CAN BE DETERMINED.

**EDIT 00152 – MISSING OR INVALID ACCOMMODATION/ANCILLARY PROCEDURE OR PROCEDURE/MODIFIER COMBINATION OR NDC**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0024

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11/07/2013)

**HIPAA Remark:** M51, M50, MA30, M119

**HIPAA Status:** 218, 21

A RECORD IS NOT FOUND FOR THE NDC, PROCEDURE, PROCEDURE/MODIFIER COMBINATION, ANCILLARY CODE OR ACCOMMODATION CODE ON THE REFERENCE PRICING TABLE.

**EDIT 00153 – PROC CD INVLD FOR DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0082

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 10/31/2013)

**HIPAA Remark:** M76

**HIPAA Status:** 488

***SEE APPENDIX FOR EDIT 0153 DETAILS***



**EDIT 00154 – REIMB RATE NOT ON FILE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1154

**HIPAA Adjustment Reason Code:** 119, 133 (end-dated 10/31/2014)

**HIPAA Remark:** N657

**HIPAA Status:** 3

<b>CLAIM TYPE</b>	<b>RATE TABLE</b>
F - NURSING HOME	SPACES
G – HOSPICE	
H - HOME HEALTH	
I – INPATIENT	
N - ADULT CARE HOME	
O – OUTPATIENT	
Q - MENTAL HEALTH	
3 - INSTITUTIONAL	
AMBULANCE	

**EDIT 00217 – ADMISSION TYPE CODE INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1801

**HIPAA Adjustment Reason Code:** 16, A1 (end-dated 10/31/2014)

**HIPAA Remark:** N277

**HIPAA Status:** 562, 21

HEADER ID CODE	TYPE OF ADMISSION CODE
61 - INSTITUTIONAL	NOT 1 – EMERGENCY 2 – URGENT 3 – ELECTIVE 4 – NEWBORN 5 – TRAUMA 9 - INFORMATION NOT AVAILABLE

**EDIT 00252 – RECIPIENT NAME/NUMBER MISMATCH**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0191

**HIPAA Adjustment Reason Code:** 16, 140 (end-dated 10/31/2014)

**HIPAA Remark:** MA36, MA27

**HIPAA Status:** 30

<b>CLAIM TYPE</b>	<b>1<sup>ST</sup> 2 CHARACTERS RECIPIENTS LAST NAME</b>	<b>1<sup>ST</sup> NAME ON CLAIM</b>
<b>NOT R - PHARMACY</b>	NOT EQUAL 1 <sup>ST</sup> 2 CHARACTERS RECIPIENTS LAST NAME ON DB	NOT EQUAL FIRST NAME ON DB
<b>OR</b>		
<b>CLAIM TYPE</b>	<b>1<sup>ST</sup> 2 CHARACTERS RECIPIENTS LAST NAME</b>	<b>1<sup>ST</sup> NAME ON CLAIM</b>
<b>R - PHARMACY</b>	NOT EQUAL 1 <sup>ST</sup> 2 CHARACTERS RECIPIENTS LAST NAME ON DB	NOT EQUAL FIRST NAME ON DB

**EDIT 00254 – PART ELIG FOR HEADER DOS**

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 0011

HIPAA Adjustment Reason Code: 177

HIPAA Remark: N30

HIPAA Status: 90, 109

HEADER END SERVICE DATE	MEDIUM TYPE CODE	CLAIM TYPE
GREATER THAN RECIPIENT DATE OF DEATH	0 - PAPER BILLING 1 - PROVIDER PORTAL 2 - ECS BATCH BILLING	NOT A – MEDICARE PART A-INPATIENT CROSSOVER B - MEDICARE PART B-INPATIENT CROSSOVER U - MEDICARE PART B-UB OUTPATIENT CROSSOVER
OR		
ELIGIBILITY DATES		
NOT EQUAL AND/OR LESS THAN HEADER BEGIN AND END DATES		
AND		
MEDIUM TYPE CODE	PROVIDER TAXONOMY	CLAIM TYPE
1 – PROVIDER PORTAL 2 – ECS BATCH BILLING	314000000X 282N00000X	A – MEDICARE PART A-INPATIENT CROSSOVER
OR		
MEDIUM TYPE CODE		CLAIM TYPE
1 – PROVIDER PORTAL 2 – ECS BATCH BILLING		B – MEDICARE PART B-INPATIENT CROSSOVER
OR		
MEDIUM TYPE CODE		CLAIM TYPE
1 – PROVIDER PORTAL 2 – ECS BATCH BILLING		U – MEDICARE PART UB-INPATIENT CROSSOVER
OR		
	PROVIDER TAXONOMY	CLAIM TYPE
	314000000X 282N00000X	A – MEDICARE PART A-INPATIENT CROSSOVER
OR		
		CLAIM TYPE
		U – MEDICARE PART UB-INPATIENT CROSSOVER
OR		
		CLAIM TYPE
		B – MEDICARE PART B-INPATIENT CROSSOVER

**EDIT 00259 – TPL SUSPECT**

**Effective Date:** 7/1/2013  
**End Date:**  
**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0094  
**HIPAA Adjustment Reason Code:** 16, 22  
**HIPAA Remark:** N479, MA04  
**HIPAA Status:** 286, 171

PROFESSIONAL:

RECIPIENT COVERAGE	OTHER INSURANCE PAYMENTS ON CLAIM	CLAIM TYPE
<b>NOT</b> MEDICARE OR BUYIN	<b>EQUAL</b> \$0	<b>A</b> – MEDICARE PART A-INPATIENT CROSSOVER <b>B</b> - MEDICARE PART B-INPATIENT CROSSOVER <b>U</b> - MEDICARE PART B-UB OUTPATIENT CROSSOVER <b>I</b> – INPATIENT <b>F</b> - NURSING HOME <b>D</b> - DENTAL <b>H</b> - HOME HEALTH <b>L</b> - INDEPENDENT LABORATORY/X-RAY <b>O</b> - OUTPATIENT <b>P</b> – PROFESSIONAL <b>Q</b> - MENTAL HEALTH <b>S</b> – DME <b>T</b> – AMBULANCE <b>X</b> - OPTICAL <b>5</b> - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTERS

INSTITUTIONAL

CLAIM TYPE	LAST 3 DIGITS BILLING QUALIFIER	PROCEDURE CODE	BILLING ATYPICAL PROVIDER
O - OUTPATIENT	'069'	S0280, S0281	
<b>OR</b>			
			3403050 3403051 3403053 3403062 3403071 3404981 3404100 THRU 3404299 3408000 THRU 3408999 3409000 THRU 3409699 3409700 THRU 3409799 3418000 THRU 3418999 3419000 THRU 3419802 3409800 THRU 3418999 3419000 THRU 3419802 3409800 THRU 3409825 6600000 THRU 6602999 8801895 8801959 8802023
<b>OR</b>			
ATTENDING ATYPICAL PROVIDER	STATE ASSIGNED BENEFIT PLAN	PROCEDURE CODE	
3403050 3403051 3403053 3403071	CAPMR	T1999 T2025	

MEDICAL

ATTENDING ATYPICAL PROVIDER
3403050 3403051 3403053 3403062 3403071 3404981 3404100 THRU 3404299 3408000 THRU 3408999 3409000 THRU 3409699 3409700 THRU 3409799 3418000 THRU 3418999 3419000 THRU 3419802

3409800 THRU 3409825 6600000 THRU 6602999 8801895 8801959 8802023		
<b>OR</b>		
ATTENDING ATYPICAL PROVIDER	STATE ASSIGNED BENEFIT PLAN	PROCEDURE CODE
3403050 3403051 3403053 3403071	CAPMR	T1999 T2025

PHARMACY

CLAIM TYPE	RECIPIENT HAS 3 <sup>RD</sup> PARTY COVERAGE	3 <sup>RD</sup> PARTY PAID AMOUNT LESS THAN LESSER OF 10% OF	DATE OF SERVICE
R - DRUG	YES	GROSS AMOUNT DUE OR USUAL CUSTOMARY CHARGE	GREATER THAN OR EQUAL OTHER COVERAGE BEGIN DATE AND LESS THAN OR EQUAL OTHER COVERAGE END DATE

**EDIT 00263 – PART ELIG FOR LINE DOS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0084

**HIPAA Adjustment Reason Code:** 239, 26 (end-dated 10/31/2014), 141 (end-dated 10/31/2014)

**HIPAA Remark:**

**HIPAA Status:** 456, 187

CLAIM TYPE	PATIENT STATUS	RECIPIENT ELIGIBILITY	PARTIAL ELIGIBILITY INDICATOR	PRICING METHOD
I - INPATIENT	NOT 30-39	NOT COVERING COMPLETE SPAN OF DATE OF SERVICE	'Y'	RCC
<b>OR</b>				
CLAIM TYPE		RECIPIENT ELIGIBILITY		
<b>NOT</b> Q – MENTAL HEALTH F – NURSING HOME P-PROFESSIONAL		NOT COVERING COMPLETE SPAN OF DATE OF SERVICE		



**EDIT 00299 – ENCOUNTER HMO ENROLLMENT CHECK**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 6996

**HIPAA Adjustment Reason Code:** 96

**HIPAA Remark:** N30

**HIPAA Status:** 585

<b>BENEFIT PLAN</b>	<b>ENROLLMENT PHPB/PHPC</b>
<b>NOT</b> PHPB PHPC	NOT ON DATE OF SERVICE

**EDIT 00301 – ATTENDING PROVIDER MISSING/INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0013

**HIPAA Adjustment Reason Code:** 16, B7

**HIPAA Remark:** N252, N253

**HIPAA Status:** 91, 562

BILLING PROVIDER TAXONOMY	TO-DATE OF SERVICE	ATTENDING PROVIDER TAXONOMY	ATTENDING PROVIDER NPI	CLAIM LINE DATE OF SERVICE	ATTENDING PROVIDER STATUS
229N00000X 261Q00000X 332BC3200X 332BD1200X 332B00000X 261QF0400X 367500000X 156FX1700X 225000000X 332BX2000X 332BP3500X 225100000X 224P00000X 261QR0401X 261QR1300X 156F00000X 231H00000X	GREATER THAN 08-24-2007	NOT SPACES	ON PROVIDER DATABASE	NOT WITHIN ELIGIBILITY RANGE FOR ATTENDING PROVIDER	01 - ACTIVE

**EDIT 00326 – RENDERING PROVIDER NUMBER CHECK**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 8328

**HIPAA Adjustment Reason Code:** B7, 52 (end-dated 10-31-2014), 185 (end-dated 11-07-2013)

**HIPAA Remark:** N290

**HIPAA Status:** 91

RENDERING PROVIDER INDICATOR	RENDERING PROVIDER NPI	RENDERING ATYPICAL NUMBER
Y	EQUALS BILLING PROVIDER NPI	
<b>OR</b>		
		RENDERING ATYPICAL NUMBER
		EQUALS BILLING PROVIDER NPI
<b>OR</b>		
	RENDERING PROVIDER NPI	
	BLANK	
<b>OR</b>		
		RENDERING ATYPICAL NUMBER
		BLANK

**EDIT 00334 – ENCOUNTER TAXONOMY MISSING/INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1334

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)

**HIPAA Remark:** MA130

**HIPAA Status:** 144, 132

CLAIM TYPE	ATTENDING PROVIDER TAXONOMY	DOCUMENT TYPE CODE
<p>C - HEALTH DEPARTMENTS  D – DENTAL  E - HEATING AID  K - PRIVATE DUTY NURSING  L - INDEPENDENT LABORATORY/X-RAY  M - MANAGEMENT FEE  P – PROFESSIONAL  Q - MENTAL HEALTH  S - DURABLE MEDICAL EQUIPMENT  V – CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES  X – OPTICAL  0 - LOCAL EDUCATION AGENCIES,  1 - HOME INFUSION THERAPY  2 -THERAPY SERVICES  4 – CAPITATION  5 - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER  6 - PERSONAL CARE SERVICES  8 - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY</p>	<p>NOT SPACES</p>	<p>EQUALS  E - ENCOUNTER</p>

**EDIT 00337 – ENCOUNTER PROCEDURE CODE NOT ON FILE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 6337

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)

**HIPAA Remark:** MA130

**HIPAA Status:** 454, 21

CLAIM TYPE	PROCEDURE CODE	DOCUMENT TYPE CODE
C - HEALTH DEPARTMENTS	<b>NOT ON REFERENCE</b>	<b>EQUALS</b>
E - HEATING AID	PROCEDURE DATABASE	E - ENCOUNTER
K - PRIVATE DUTY NURSING		
L - INDEPENDENT LABORATORY/X-RAY		
M - MANAGEMENT FEE		
P – PROFESSIONAL		
Q - MENTAL HEALTH		
S - DURABLE MEDICAL EQUIPMENT		
T - AMBULANCE		
V – CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES		
X – OPTICAL		
0 - LOCAL EDUCATION AGENCIES,		
1 - HOME INFUSION THERAPY		
2 -THERAPY SERVICES		
3 – INSTITUTIONAL AMBULANCE		
4 – CAPITATION		
5 - RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER		
6 - PERSONAL CARE SERVICES		
8 - INDEPENDENT DIAGNOSTIC TESTING FACILITY/PORTABLE X-RAY		

**EDIT 00339 – PRICING RECORD NOT FOUND FOR ENCOUNTER CLAIM**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 6339

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)

**HIPAA Remark:** MA130

**HIPAA Status:** 455, 21

<b>DOCUMENT TYPE CODE</b>	<b>REVENUE CODE</b>	<b>PROCEDURE CODE ON ENCOUNTER</b>	<b>NDC</b>	<b>ACCOMODATION CODE</b>
<b>EQUALS E - ENCOUNTER</b>	<b>NOT ON REVENUE CODE DATABASE</b>	<b>NOT ON REFERENCE PROCEDURE DATABASE</b>	<b>NOT ON NDC DATABASE</b>	<b>NOT ON ACCOMODATION DATABASE</b>

**EDIT 00353 – NO FEE ON FILE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1660

**HIPAA Adjustment Reason Code:** 204

**HIPAA Remark:** N448, M76, MA130

**HIPAA Status:** 585

FEE SCHEDULE PRICING FACTOR CODE	PROCEDURE-PRICING SPECIALTY TABLE	PROCEDURE CODE ON ENCOUNTER	NDC	ACCOMODATION CODE
1 2	RATE NOT FOUND	<b>NOT ON REFERENCE</b> PROCEDURE DATABASE	<b>NOT ON NDC</b> DATABASE	<b>NOT ON</b> ACCOMODATION DATABASE

FEE SCHEDULE PRICING IS PERFORMED FOR FACTOR CODE 1, OR 2, AND THERE IS NO RATE FOUND ON THE PROCEDURE-PRICING SPECIALTY TABLE WHEN ACCESSED USING THE PROCEDURE CODE, INTERNAL MODIFIER, PRICING SPECIALTY AND BENEFIT PLAN\PAYER ADMIN\DMA ADMIN. THE PRICING SPECIALTY IS DERIVED USING THE TAXONOMY CODE. THE SYSTEM WILL USE THE RENDERING TAXONOMY IF THE RENDERING NPI IS REQUIRED OTHERWISE IT WILL USE THE BILLING PROVIDER TAXONOMY.

**EDIT 00355 – MANUAL PRICING REQUIRED**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1224

**HIPAA Adjustment Reason Code:** 133

**HIPAA Remark:** N225, N29

**HIPAA Status:** 41

FEE SCHEDULE PRICING FACTOR CODE	BILLING PROVIDER TAXONOMY	PROCEDURE CODE ON ENCOUNTER	MEDIUM TYPE CODE	REVENUE CODE	ACCOMODATION CODE	DATES OF SERVICE
3						
<b>OR</b>						
3		90749, 96549, 97039, 97139, 23929, 26989, 69949, 69979, 29909, 38129, 38589, 43289, 43659, 44209, 44979, 47579, 49329, 49659, 55559, 58578, 58579, 59898  <b>OR</b> <b>LAST 2 CHARACTERS IN PCODE ARE '99'</b>  <b>AND PROCEDURE CODE NOT 76499, D7999, A9999, OR E2599</b>				
<b>OR</b>						
	332B00000X 332BC3200X 332BD1200X 332BX2000X 332BP3500X	<b>LAST 2 CHARACTERS IN PCODE ARE '99'</b>	<b>2 - ECS BATCH BILLING</b> <b>3 - PHARMACY POS OR X-12 TRANSACTION</b> <b>8 - ECS BATCH BILLING ADJUSTMENT</b> <b>9 - PHARMACY POS OR X-12 TRANSACTION ADJUSTMENT</b>			
<b>OR</b>						
		J9999	<b>2 - ECS BATCH BILLING</b>			



			<b>3 - PHARMACY          POS OR X-12          TRANSACTION          8 - ECS BATCH          BILLING          ADJUSTMENT          9 - PHARMACY          POS OR X-12          TRANSACTION          ADJUSTMENT</b>			
<b>OR</b>						
				<b>0821 0831</b>	<b>NOT 70 - (HEMO-PERI- REVENUE CODE 821 AND 831)</b>	<b>NOT WITHIN EFFECTIVE DATES</b>
<b>OR</b>						
				<b>0841 0851</b>	<b>NOT 71 - (CAPD-CCPD- REVENUE CODE 841 AND 851)</b>	
<b>OR</b>						
					<b>71 - (CAPD-CCPD- REVENUE CODE 841 AND 851)</b>	<b>NOT WITHIN EFFECTIVE DATES</b>

**EDIT 00358 – FACTOR CD IND PROC NON-CVRD**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 5203

**HIPAA Adjustment Reason Code:** 96

**HIPAA Remark:** N56

**HIPAA Status:** 457, 453

<b>CLAIM TYPE</b>	<b>PRICING FACTOR CODE</b>	<b>DATES OF SERVICE</b>
Q - MENTAL HEALTH	(E) NON-COVERED	<b>WITHIN</b> REVENUE CODE EFFECTIVE DATE RANGE
<b>OR</b>		
	(E) NON-COVERED	

**EDIT 00359 – PROV CHRGS ON PER DIEM**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0153

**HIPAA Adjustment Reason Code:** 96, 16 (end-dated 10-31-2014), 125 (end-dated 11-07-2013)

**HIPAA Remark:** M52

**HIPAA Status:** 21

<b>CLAIM TYPE</b>	<b>PRICING INDICATOR @LINE PRICES</b>	<b>CLAIM DETAIL INTERNAL MODIFIER</b>
F - NURSING HOME I - INPATIENT Q - MENTAL HEALTH	PD PP RP DT SP	NOT @A

**EDIT 00366 – DRG - DOES NOT MEET MCE CRITERIA**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 9209

**HIPAA Adjustment Reason Code:** 146

**HIPAA Remark:** MA65

**HIPAA Status:** 256, 232, 21

CLAIM TYPE	CLAIM MEET MAJOR DIAGNOSTIC CATEGORY (MDC)
I – INPATIENT	NO

**EDIT 00370 – DRG – ILLOGICAL PRINCIPAL DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0060

**HIPAA Adjustment Reason Code:** B5

**HIPAA Remark:** MA63

**HIPAA Status:** 21

<b>PRIMARY DIAGNOSIS</b>	<b>MCE PROGRAM/CLAIM</b>
NOT VALID	YES

**EDIT 00375 – DRG CODE NOT ON PRICING FILE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 3575

**HIPAA Adjustment Reason Code:** A8

**HIPAA Remark:** N657

**HIPAA Status:** 256

<b>DRG CODE</b>
<b>NOT ON REFERENCE DIAGNOSIS RELATED GROUP PRICING TABLE</b>

**EDIT 00378 – DRG CODE NOT ON PRICING FILE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 9273

**HIPAA Adjustment Reason Code:** 16, 147

**HIPAA Remark:** N65

**HIPAA Status:** 256

<b>BILLING PROVIDER ACCOMODATION CODE</b>	<b>DRG ON DATABASE</b>	<b>DRG RCC RATE</b>
<b>96 – INPATIENT DRG SPECIFIC RCC</b>	NO	
<b>OR</b>		
<b>96 – INPATIENT DRG SPECIFIC RCC</b>		<b>NO COVERAGE FOR DATES OF SERVICE</b>

**EDIT 00800 – PROCEDURE CODE/TAXONOMY REQUIRED PSYCHOLOGICAL DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 0082

**HIPAA Adjustment Reason Code:** 16 (end-dated 10-31-2014), 125 (end-dated 11-07-2013)

**HIPAA Remark:** M76

**HIPAA Status:** 488

<b>PROCEDURE/REVENUE CODE</b>	<b>DIAGNOSIS CODE</b>	<b>BILLING PROVIDER TAXONOMY /QUAL</b>
<b>WITHIN CATEGORY PP0025, REVENUE COE 0911</b>	<b>NOT IN CATEGORY DD0003</b>	323P00000X-106096 323P00000X-108096 320800000X 251S00000X-074060 251S00000X-074113



**EDIT 01207 – MEDICARE CODE EDITOR - AGE IS INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1708

**HIPAA Adjustment Reason Code:** 6

**HIPAA Remark:** N129

**HIPAA Status:** 475

<b>CLAIM TYPE</b>	<b>RECIPIENT AGE</b>
I - INPATIENT	NOT IN RANGE 124 YEARS

**EDIT 01208 – MEDICARE CODE EDITOR – GENDER CODE IS INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1709

**HIPAA Adjustment Reason Code:** 7

**HIPAA Remark:** MA39

**HIPAA Status:** 474

<b>CLAIM TYPE</b>	<b>RECIPIENT GENDER</b>
I - INPATIENT	<b>NOT</b> M F
<b>OR</b>	
A – MEDICARE PART A- INPATIENT CROSSOVER	<b>NOT</b> M F

**EDIT 01705 – PRIOR APPROVAL REQUIRED FOR CAPCH, CAPDA, CAPCO RECIPIENTS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 1705

**HIPAA Adjustment Reason Code:** 197

**HIPAA Remark:** N54

**HIPAA Status:** 455, 454

<b>BENEFIT PLAN</b>	<b>MATCHING PRIOR APPROVAL</b>
CAPCH, CAPDA, CAPCO	NOT ON DATABASE

**EDIT 02102 – INVALID MODIFIERS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 7702

**HIPAA Adjustment Reason Code:** 16 (end-dated 10-31-2014), 125 (end-dated 11-07-2013)

**HIPAA Remark:** MA130

**HIPAA Status:** 21

<b>MODIFIER ON CLAIM</b>	<b>MODIFIER ON CLAIM</b>
<b>NOT</b> ## - LEGACY PLACEHOLDER = NO MOD OR SPACE	<b>NOT LISTED IN VALID MODIFIER</b> VALUE LIST

**EDIT 02104 – PROVIDER TAXONOMY IS NOT ALLOWED TO BILL THE MODIFIER SUBMITTED**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 7704

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated 11-07-2013)

**HIPAA Remark:** MA130

**HIPAA Status:** 21

INTERNAL MODIFIER INDICATOR	BILLING PROVIDER TAXONOMY MODIFIER	CLAIM DETAIL MODIFIER	SWITCH-I	PROVIDER ATTENDING REQUIRED INDICATOR
1 - MODIFIER	NOT FOUND ON PROVIDER TAXONOMY MODIFER TABLE			
<b>OR</b>				
1 - MODIFIER	NOT 193200000X	NOT 82 – ASSISTANT AT SURGERY WHEN A QUALIFIED RESIDENT NOT AVAILABLE	ON	
<b>OR</b>				
1 - MODIFIER	NOT FOUND ON PROVIDER TAXONOMY MODIFER TABLE			Y

**EDIT 02437 – SERVICE FACILITY PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 2437

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** M86

**HIPAA Status:** 26

<b>SERVICE FACILITY PROVIDER</b>	<b>HEALTH PLAN ACTION REASON CODE</b>	<b>CLAIM HEALTH PLANS DATES</b>	<b>EDIT LOCATION POSTING</b>
NOT ON DATABASE NOT ACTIVE STATUS	<b>NOT 01</b>	NOT WITHIN CLAIM DATES OF SERVICE	HEADER – INSTITUTIONAL CLAIMS LINE – PROFESSIONAL AND DENTAL

**EDIT 03201 – MCE DRG-PRINCIPLE PROCEDURE INVALID FOR RECIPIENT SEX**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 9249

**HIPAA Adjustment Reason Code:** 7

**HIPAA Remark:** N1, MA66 (end-dated as of 10-31-2014)

**HIPAA Status:** 465, 256

<b>CLAIM TYPE</b>	<b>ELIGIBILITY RECIPIENT SEX</b>
<b>I - INPATIENT</b>	<b>NOT EQUAL SEX ON PROCEDURE/DIAGNOSIS TABLE</b>
<b>OR</b>	
<b>A - MEDICARE PART A- INPATIENT CROSSOVER</b>	<b>NOT EQUAL SEX ON PROCEDURE/DIAGNOSIS TABLE</b>

**EDIT 03224 – MCE-PROC INCONSISTENT WITH LENGTH OF STAY**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 9243

**HIPAA Adjustment Reason Code:** 16, 181 (end-dated as of 10-31-2014)

**HIPAA Remark:** MA66

**HIPAA Status:** 465, 256, 21

<b>CLAIM TYPE</b>	<b>PROCEDURE CODE</b>	<b>LENGTH OF STAY</b>
I – INPATIENT A - MEDICARE PART A- INPATIENT CROSSOVER	09672	LESST THAN 4 DAYS



**EDIT 04203 – MCE- DIAG CODE INVALID RECIPIENT SEX**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 9219

**HIPAA Adjustment Reason Code:** 10

**HIPAA Remark:** N657, M64 (end-dated 10-31-2014)

**HIPAA Status:** 86, 256

<b>ELIGIBILITY RECIPIENT SEX</b>
<b>NOT EQUAL RECIPIENT GENDER RESTRICTION CODE</b>

**EDIT 04209 – MCE- PRINCIPLE DIAGNOSIS REQUIRES SECONDARY DIAGNOSIS**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 9241

**HIPAA Adjustment Reason Code:** 16, 125 (end-dated as of 10-31-2013)

**HIPAA Remark:** MA130

**HIPAA Status:** 488, 21

<b>CLAIM TYPE</b>	<b>PRINCIPAL DIAGNOSIS CODE</b>	<b>SECONDARY DIAGNOSIS</b>
I – INPATIENT	REQUIRES SECONDARY DIAGNOSIS	SPACES

**EDIT 04529 – BILLING PROVIDER LOCATION INVALID**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 10/29/2017

**Disposition:** PAY/REPORT

**EOB:** 04529

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** N58

**HIPAA Status:** 126

CLAIM TYPE	PRINCIPAL DIAGNOSIS CODE	SECONDARY DIAGNOSIS
I – INPATIENT	REQUIRES SECONDARY DIAGNOSIS	SPACES

HISTORY CLAIM TYPE	SUBMITTED BILLING ZIPCODE	SUBMITTED BILLING PROVIDER STATE CODE	CURRENT HEADER FROM DATE OF SERVICE	CURRENT HEADER TO DATE OF SERVICE	HISTORY HEADER FROM DATE OF SERVICE	CURRENT HEADER FROM DATE OF SERVICE
I - INPATIENT	PROVIDER ADDRESS ZIPCODE	BILLING PROVIDER STATE CODE PROVIDER RECORD	LESST OR EQUAL HISTORY HEADER TO DATE OF SERVICE	GREATER OR EQUAL HISTORY HEADER FROM DATE OF SERVICE	CURRENT DISCHARGE DATE	HISTORY DISCHARGE DATE

**EDIT 04531 – BILLING PROVIDER TAXONOMY LOCATION INVALID FOR LOCATION**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 4531

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** M86

**HIPAA Status:** 26

<b>BILLING PROVIDER TAXONOMY STATUS AT SERVICE LOCATION CODE</b>
NOT 001

**EDIT 04532 – RENDERING PROVIDER TAXONOMY INVALID FOR LOCATION**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 4532

**HIPAA Adjustment Reason Code:** 16

**HIPAA Remark:** M86

**HIPAA Status:** 26

<b>RENDERING PROVIDER TAXONOMY STATUS AT SERVICE LOCATION CODE</b>
NOT 001

**EDIT 49450 – PROCEDURE CODE UNIT LIMIT**

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 7003

HIPAA Adjustment Reason Code: 119

HIPAA Remark: M86

HIPAA Status: 258

**PRELIMINARY CRITERIA (IF THIS EDIT FAILS, THEN THE CLAIM AUTOMATICALLY FAILS THE EDIT).**

CURRENT DETAIL PROCEDURE CODE	CURRENT DETAIL PROCEDURE CODE	CURRENT LIMITATION MODIFIER	CURRENT PRIMARY DETAIL MODIFIER	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT ACCUMULATION UNITS
SPACES	CURRENT LIMITATION CODE	**	CURRENT LIMITATION MODIFIER	EQUAL CURRENT MAXIMUM PERIOD ADD -1	EQUAL CURRENT MAX PERIOD LESS -1	0

**MAIN EDIT CRITERIA**

HISTORY CLAIM TYPE	CURRENT CLAIM TYPE	CURRENT DETAIL PROCEDURE CODE	CURRENT LIMITATION MODIFIER	CURRENT PRIMARY DETAIL MODIFIER	CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE
C,E,L,P,V,0, 2,5,8,O,D  OR 0 (zero)	0	HISTORY DETAIL PROCEDURE CODE	**	HISTORY PRIMARY DETAIL MODIFIER	D	LESS OR EQUAL CURRENT ACCUMULATION TO DATE OF SERVICE	GREATER OR EQUAL CURRENT ACCUMULATION FROM DATE OF SERVICE
<b>AND</b>							
HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS	CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS	CURRENT LIMITATION INTERVAL TYPE	CURRENT LIMITATION INTERVAL TYPE
CURRENT ACCUMULATION UNITS	GREATER CURRENT MAX UNITS	M	HISTORY DETAIL TO DATE OF SERVICE	CURRENT ACCUMULATION UNITS	GREATER CURRENT MAXIMUM UNITS	C	
<b>AND</b>							
HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL UNITS	CURRENT ACCUMULATION UNITS	CURRENT LIMITATION INTERVAL TYPE	HISTORY DETAIL FROM DATE OF SERVICE		
GREATER OR EQUAL CURRENT DETAIL FROM	LESS OR EQUAL CURRENT DETAIL	CURRENT ACCUMULATION UNITS	GREATER CURRENT MAXIMUM UNITS	F	GREATER OR EQUAL CURRENT		

DATE OF SERVICE 01_01	FROM DATE OF SERVICE 01_01				DETAIL FROM DATE OF SERVICE 07_01
AND					

<b>HISTORY DETAIL TO DATE OF SERVICE</b>	<b>HISTORY DETAIL UNITS</b>	<b>CURRENT ACCUMULATION UNITS</b>	<b>CURRENT LIMITATION INTERVAL TYPE</b>	<b>HISTORY DETAIL FROM DATE OF SERVICE</b>	<b>HISTORY DETAIL TO DATE OF SERVICE</b>	<b>HISTORY DETAIL UNITS</b>
LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE	CURRENT ACCUMULATION UNITS	GREATER CURRENT MAXIMUM UNITS	V	GREATER OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 04_01	LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 04_01	CURRENT ACCUMULATION UNITS

AND

<b>CURRENT ACCUMULATION UNITS</b>	<b>CURRENT LIMITATION INTERVAL TYPE</b>	<b>HISTORY DETAIL FROM DATE OF SERVICE</b>	<b>HISTORY DETAIL TO DATE OF SERVICE</b>	<b>HISTORY DETAIL UNITS</b>
GREATER CURRENT MAXIMUM UNITS	R	GREATER OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 10_01	LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 10_01	CURRENT ACCUMULATION UNITS

AND

<b>CURRENT LIMITATION INTERVAL TYPE</b>	<b>HISTORY DETAIL FROM DATE OF SERVICE</b>	<b>HISTORY DETAIL TO DATE OF SERVICE</b>	<b>HISTORY DETAIL UNITS</b>
X	GREATER OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 09_01	LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 09_01	CURRENT ACCUMULATION UNITS

AND

<b>CURRENT LIMITATION INTERVAL TYPE</b>	<b>HISTORY DETAIL FROM DATE OF SERVICE</b>	<b>HISTORY DETAIL TO DATE OF SERVICE</b>	<b>HISTORY DETAIL UNITS</b>
P	GREATER OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 11_01	LESS OR EQUAL CURRENT DETAIL FROM DATE OF SERVICE 11_01	CURRENT ACCUMULATION UNITS

**FINAL CRITERIA**

<b>CURRENT DETAIL UNITS</b>	<b>CURRENT ACCUMULATION UNITS</b>	<b>CURRENT ACCUMULATION UNITS</b>	<b>RESPONSE CUTBACK INDICATOR</b>
CURRENT ACCUMULATION UNITS	GREATER CURRENT MAXIMUM UNITS	LESS CURRENT MAXIMUM UNITS	3

**EDIT 53840 – LIMIT OF ONE UNIT PER DAY**

Effective Date: 7/1/2013

End Date:

Update Date: 7/1/2013

Disposition: PAY/REPORT

EOB: 7104

HIPAA Adjustment Reason Code: 96, A1 (end-dated effective 10-31-2014)

HIPAA Remark: N362

HIPAA Status: 486

**PRELIMINARY CRITERIA**

CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL MODIFIER	CURRENT ACCUMULATOR UNITS
H0010,H0012,H0013,H0015,H0020,H0035,H0046,H2016,H2022,Q3014,T1023,T2014,T2016,T2020,T2034,90801,90802,90804,90805,90806,90807,90808,90809,90810,90811,90812,90813,90814,90815,90816,90817,90818,90819,90821,90822,90823,90824,90826,90827,90828,90829,90845,90846,90847,90849,90853,90857,90862,90865,95970,95971,95972,95973,95974,95975,95978,95979,96110,96125,96150,96151,96372,96373,96374,96375,99201,99202,99203,99204,99205,99211,99212,99213,99214,99215,99217,99218,99219,99220,99221,99222,99223,99231,99232,99233,99234,99235,99236,99238,99239,99241,99242,99243,99244,99245,99251,99252,99253,99254,99255,99281,99282,99283,99284,99285,99291,99304,99305,99306,99307,99308,99309,99310,99315,99316,99318,99321,99324,99325,99326,99327,99328,99334,99335,99336,99337,99339,99340,99341,99342,99343,99344,99345,99347,99348,99349,99350,99354,99355,99356,99357,99408,99409,96127	@L, @3	U4	SET TO 0

**MAIN CRITERIA**

HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	CURRENT DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL MODIFIER	HISTORY DETAIL UNITS	CURRENT ACCUMULATOR UNITS
C,P,V,2,5	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	@L, @3	U4	ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

**FINAL CRITERIA**

CURRENT DETAIL UNITS	CURRENT ACCUMULATOR UNITS
ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1



**EDIT 53850 – LIMIT OF ONE UNIT PER DAY**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 7104

**HIPAA Adjustment Reason Code:** 96, A1 (end-dated effective 10-31-2014)

**HIPAA Remark:** N362

**HIPAA Status:** 486

**PRELIMINARY CRITERIA**

CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL MODIFIER	CURRENT ACCUMULATOR UNITS
S5150	@3	US	SET TO 0

**MAIN CRITERIA**

HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL MODIFIER	HISTORY DETAIL UNITS	CURRENT ACCUMULATOR UNITS
C,K,P,V,2,5,6	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	S5150	@L, @3	U4	ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

**FINAL CRITERIA**

CURRENT DETAIL UNITS	CURRENT ACCUMULATOR UNITS
ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

**EDIT 53860 – LIMIT OF ONE UNIT PER MONTH**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 7105

**HIPAA Adjustment Reason Code:** 96, A1 (end-dated effective 10-31-2014)

**HIPAA Remark:** N362

**HIPAA Status:** 483

**PRELIMINARY CRITERIA**

CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT DETAIL MODIFIER	CURRENT ACCUMULATOR UNITS
T2041	@3	U1	SET TO 0

**MAIN CRITERIA**

HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL MODIFIER	HISTORY DETAIL UNITS	CURRENT ACCUMULATOR UNITS
C,K,P,V,2,5,6	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	T2041	@3	U1	ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

**FINAL CRITERIA**

CURRENT DETAIL UNITS	CURRENT ACCUMULATOR UNITS
ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

**EDIT 53870 – LIMIT OF ONE UNIT PER DAY**

**Effective Date:** 7/1/2013

**End Date:**

**Update Date:** 7/1/2013

**Disposition:** PAY/REPORT

**EOB:** 7104

**HIPAA Adjustment Reason Code:** 96, A1 (end-dated effective 10-31-2014)

**HIPAA Remark:** N362

**HIPAA Status:** 483

**PRELIMINARY CRITERIA**

CURRENT DETAIL PROCEDURE CODE	CURRENT INTERNAL MODIFIER	CURRENT ACCUMULATOR UNITS
S5145	@3	SET TO 0

**MAIN CRITERIA**

HISTORY CLAIM TYPE	CURRENT DETAIL FROM DATE OF SERVICE	CURRENT DETAIL TO DATE OF SERVICE	HISTORY DETAIL PROCEDURE CODE	HISTORY INTERNAL MODIFIER	HISTORY DETAIL UNITS	CURRENT ACCUMULATOR UNITS
C,K,P,V,2,5,6	HISTORY DETAIL FROM DATE OF SERVICE	HISTORY DETAIL TO DATE OF SERVICE	S5145	@3	ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

**FINAL CRITERIA**

CURRENT DETAIL UNITS	CURRENT ACCUMULATOR UNITS
ADD TO CURRENT ACCUMULATOR UNITS	GREATER 1

**APPENDIX A - EDIT 0153 DETAILS**