

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

ENC 1500	ENC UB	Code	Description	Category	Status	CARC	Company
N	N	\$R	ADJUSTMENT-HIGH PRIORITY RECOUP REQUEST	D	A	129	HCA
Y	Y	%D	DENIED PARITY CLAIM TO ORIGINAL	D	A	A1	HCA
Y	Y	02	DENIED - INCOMPLETE CLAIM FORM	D	A	16	HCA
Y	Y	03	SUBMIT APPROPRIATE CLAIM FORM	D	A	16	HCA
Y	Y	06	RESUBMIT WITH MEDICARE EOMB AND PLEASE INCLUDE THE CLAIM	D	A	22	HCA
Y	Y	07	RESUBMIT WITH PRIMARY COVERAGE EOB AND PLEASE INCLUDE THE CLAIM	D	A	22	HCA
Y	Y	08	DENIED - PROVIDER BILLING INFORMATION DOES NOT MATCH OUR DATA BASE	D	A	16	HCA
Y	Y	09	RESUBMIT TO PRIMARY INSURANCE	D	A	22	HCA
Y	Y	10	DENIED BY MEDICAL DIRECTOR	D	A	150	HCA
Y	Y	13	INCORRECT REFERRAL NUMBER	D	A	15	HCA
Y	Y	14	DENIED-THIS SERVICE REQUIRES PRIOR AUTHORIZATION	D	A	15	HCA
N	N	15	DENIED-MEMBER NOT ENROLLED ON DATE OF SERVICE	D	A	166	HCA
Y	Y	17	SERVICE NOT A PLAN BENEFIT	D	A	96	HCA
Y	Y	18	SERVICE INCLUDED IN ANOTHER PROCEDURE	D	A	97	HCA
Y	Y	19	DID NOT QUALIFY FOR OUTLIER COND.	D	A	A1	HCA
Y	Y	1C	CHARGES INCLUDED IN PROVIDER'S CASE RATE AMOUNT	D	A	97	HCA
Y	Y	1D	DENIED - DENIED CLAIM TO ORIGINAL CLAIMPAID IN ERROR	D	A	A1	HCA
Y	Y	1F	CHARGES INCLUDED IN FQHC/RHC PPS RATES	D	A	97	HCA
Y	Y	1I	DENIED-DX CODE IS INVALID-USE ICD10 AFTER 10-01-15	D	A	146	HCA

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Y	Y	1M	DENIED MSI CLAIM TO ORIGINAL - CLAIM PAID IN ERROR	D	A	A1	HCA
Y	Y	1N	DENIED-NEW PATIENT VISIT NOT ALLOWED W/IN 3 YEARS OF INITIAL NEW PAT VISIT	D	A	A1	HCA
Y	Y	1P	ADJUSTMENT CHARGES INCLUDED IN FQHC/RHCPPS RATES	D	A	97	HCA
N	N	1R	ADJUSTMENT-RECOUP REQUEST FOR 1-DAY STAY	D	A	129	HCA
Y	Y	1V	INCLUDED IN VFC ADMIN RATE	D	A	97	HCA
Y	Y	1X	ADJUSTMENT CHARGES INCLUDED IN PROVIDER'S CASE RATE AMOUNT	D	A	97	HCA
Y	N	20	ASSISTANT SURGEON NOT COVERED	D	A	185	HCA
Y	Y	23	PROVIDER NOT REGISTERED WITH AHCCCS/UNAUTHORIZED PROVIDER	D	A	185	HCA
N	N	24	DENIED-DUPLICATE CLAIM SUBMISSION	D	A	18	HCA
Y	Y	25	DENIED - TIMELY FILING LIMIT IS EXPIRED	D	A	29	HCA
Y	Y	26	INVALID PROCEDURE CODE	D	A	181	HCA
Y	Y	27	INVALID/ADDITIONAL DIAGNOSIS CODE	D	A	146	HCA
Y	Y	2I	DENIED-DX CODE IS INVALID-USE ICD9 BEFORE 10-01-15	D	A	146	HCA
Y	Y	2V	ADDT COMP/TOXOID IS INCLUDED IN CPT 90460 RATE.	D	A	97	HCA
Y	Y	31	INVALID HCPC CODE	D	A	181	HCA
Y	Y	32	INVALID/INCORRECT REV CODE	D	A	181	HCA
Y	Y	35	RESUBMIT WITH OPERATIVE NOTES AND PLEASE INCLUDE THE CLAIM	D	A	16	HCA
Y	Y	36	RESUBMIT WITH PHYSICIANS PROGRESS NOTES AND ORDERS, PLEASE INCLUDE THE CLAIM	D	A	16	HCA
Y	Y	38	DENIED - INVALID OR MISSING MODIFIER	D	A	4	HCA

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Y	Y	3I	DENIED-ICD10 CODE NOT COMPLETE	D	A	146	HCA
Y	Y	43	TIME EXCEEDED ON CONSENT FORM	D	A	29	HCA
Y	Y	46	RESUBMIT WITH THE DISCHARGE SUMMARY AND PLEASE INCLUDE THE CLAIM	D	A	16	HCA
Y	Y	47	DENIED -RESUBMIT WITH COMPLETE MEDICAL RECORDS AND PLEASE INCLUDE THE CLAIM	D	A	16	HCA
Y	Y	48	NOT AN AUTHORIZATION REFERRAL	D	A	A1	HCA
Y	Y	49	CLAIM DATES OUTSIDE AUTHORIZATION DATES OR ADDITIONAL AUTH REQUIRED	D	A	15	HCA
Y	Y	4I	DENIED-ICD9 NO LONGER VALID FOR DOS AFTER 10-01-15	D	A	146	HCA
N	N	4S	SYSTEM ERROR-CLAIM PREVIOUSLY FINALIZED	D	A		HCA
Y	Y	4V	DENIED FOR VERISK MEDICAL RECORDS	D	A	16	HCA
Y	Y	51	NEED SIGNED CONSENT FORM	D	A	16	HCA
Y	Y	53	USE HCPCS CODE	D	A	181	HCA
Y	Y	54	INCLUDED IN PER DIEM	D	A	60	HCA
Y	Y	55	CLAIM OR NOTES NOT LEGIBLE	D	A	A1	HCA
Y	Y	56	AUTHORIZED FOR OUTPATIENT ONLY	D	A	15	HCA
Y	Y	57	INAPPROPRIATE CODING	D	A	181	HCA
Y	Y	58	PROVIDER TERMINATED ON DATE OF SERVICE	D	A	B7	HCA
Y	Y	5I	DENIED-RESUBMIT WITH CORRECT ICD10	D	A	146	HCA
Y	Y	61	INAPPROPRIATE ADMISSION	D	A	A1	HCA
Y	Y	62	NOT MEDICALLY NECESSARY	D	A	50	HCA
Y	Y	64	RECORDS DO NOT SUPPORT CHARGES	D	A	B12	HCA
N	N	65	PLEASE RESUBMIT SPLIT BILL	D	A	239	HCA
Y	Y	66	DENIED BY UTILIZATION REVIEW	D	A	A1	HCA

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

Y	Y	67	RESUBMIT WITH ITEMIZED BILL	D	A	133	HCA
Y	Y	68	RESUBMIT TO MEDICARE	D	A	22	HCA
Y	Y	69	RECORDS NOT LEGIBLE	D	A	A1	HCA
Y	Y	6I	DENIED-PLEASE RESUBMIT WITH CORRECT ICD9 CODE	D	A	146	HCA
Y	Y	71	SERVICE INCLUDED IN TOTAL OB PACKAGE	D	A	97	HCA
Y	Y	73	LABORATORY CHARGES ARE INCLUDED IN LABORATORY CONTRACT	D	A	8	HCA
Y	Y	74	PROVIDER IS NOT AUTHORIZED FOR CATEGORY OF SERVICE.	D	A	184	HCA
Y	Y	75	CONSENT FORM SIGNATURE LESS THAN 30 DAYS	D	A	179	HCA
Y	Y	78	SUBMITTED TO PLAN IN ERROR. SUBMIT TO VISTA DEL SOL FOR CONSIDERATION.	D	A	B11	HCA
Y	Y	79	INAPPROPRIATE BILL TYPE	D	A	5	HCA
Y	Y	80	REVENUE CODE INAPPROPRIATE FOR BILL TYPE	D	A	199	HCA
Y	Y	81	UB04 DOES NOT MATCH ITEMIZED STATEMENT	D	A	5	HCA
Y	Y	82	AUTHORIZATION IS FOR AN INPATIENT STAY ONLY	D	A	15	HCA
Y	Y	83	DENIED BY MEDICARE/NOT PAYABLE BY HEALTH CHOICE	D	A	B11	HCA
Y	Y	85	CLAIM FORM / MEDICAL NOTES DO NOT MATCH	D	A	16	HCA
Y	Y	87	RESUBMIT TO STATE AGENCY FOR BILLED CHARGES	D	A	22	HCA
Y	Y	88	RESUBMIT WITH AN ITEMIZED EXPLANATION OF BENEFITS, PLEASE INCLUDE THE CLAIM	D	A	252	HCA
Y	Y	89	SERVICE IS NOT PART OF PROVIDER TYPE PER AHCCCS	D	A	176	HCA
Y	Y	90	DENIED BY DENTAL REVIEW	D	A	A1	HCA

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

Y	Y	91	RESUBMIT WITH TOOTH LOCATER, PLEASE INCLUDE THE CLAIM	D	A	251	HCA
Y	Y	92	PROVIDER TERMED AT THIS LOCATION	D	A	185	HCA
Y	Y	94	PAPER REFERRAL INCOMPLETE	D	A	A1	HCA
N	N	95	ADJUSTMENT DENIED	D	A	193	HCA
Y	Y	96	TAX ID DOES NOT MATCH AHCCCS DATABASE	D	A	226	HCA
Y	Y	97	MAXIMUM BENEFIT EXCEEDED.	D	A	119	HCA
Y	Y	98	DENIED - NO ADDITIONAL REIMBURSEMENT ISAVAILABLE	D	A	A1	HCA
Y	Y	A0	ADJUSTMENT-REDUCED FOR COB ZERO PAY	D	A	23	HCA
Y	Y	AA	MEMBER AGE INAPPROPRIATE FOR PROCEDURE/DIAGNOSIS CODE	D	A	6	HCA
Y	Y	AB	ADJUSTMENT/BUNDLED PROCEDURE	D	A	97	HCA
Y	Y	AG	MEMBER GENDER INAPPROPRIATE FOR PROCEDURE/DIAGNOSIS CODE	D	A	7	HCA
Y	Y	AI	ADJUSTMENT INCLUDED IN TOTAL O/B PACK	D	A	97	HCA
Y	Y	AL	BENEFIT NOT COVERED FOR AGE 21 & OVER	D	A	96	HCA
Y	Y	AN	NOT AHCCCS SERVICE - DENY	D	A	56	HCA
Y	Y	AS	OP REPORT DOES NOT REFLECT ASSISTANT SURGEON	D	A	A1	HCA
Y	Y	B1	CLAIM BILLED UNDER WRONG PROVIDER GROUP	D	A	226	HCA
Y	Y	B2	RESUBMIT CLAIM WITH PRIMARY ICD10 PROCEDURE IN PRINCIPAL PROCEDURE FIELD	D	A	11	HCA
Y	Y	B7	B7-PROVIDER NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS SERVICE ON DOS	D	A	B7	HCA
Y	Y	BL	BILATERAL- MUST BILL PER GUIDELINES	D	A	163	HCA

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Y	Y	BP	BUNDLED PROCEDURE	D	A	97	HCA
Y	Y	BW	MISSING/INVALID BIRTH WEIGHT	D	A	16	HCA
Y	Y	C#	RESUBMIT CLAIM WITH CLIA#	D	A	95	HCA
N	N	C\$	PAY AND CHASE - REFUND REQUEST SENT TO PRIMARY INSURANCE COMPANY	D	A	129	HCA
Y	Y	C3	CRS REPONSIBILITY	D	A	22	HCA
Y	Y	CM	DENIED - REVENUE CODE TO CPT/HCPCS CODEMISMATCH	D	A	199	HCA
Y	Y	D0	RESUBMIT WITH DELIVERY CHARGE UNDER REVENUE CODE 722	D	A	96	HCA
Y	Y	D1	UNITS NOT VALID FOR DATE OF SERVICE SPAN	D	A	239	HCA
Y	Y	D2	RESUBMIT THIS CLAIM WITH THE ATTENDING PHYSICIAN PIN INCLUDED	D	A	96	HCA
Y	Y	D3	4TH/5TH DIGIT SUBCLASSIFICATION REQUIRED OR MISSING FOR DIAGNOSIS CODE	D	A	11	HCA
Y	Y	D4	INVALID PLACE OF SERVICE CODE	D	A	5	HCA
Y	Y	D5	DIAGNOSIS IS NOT ALLOWED AS A PRINCIPLE	D	A	11	HCA
Y	Y	D7	UNBUNDLED SERVICE, REBUNDLED.	D	A	A1	HCA
Y	Y	D9	FACILITY CHARGES INCLUDED IN CAPITATIONAGREEMENT.	D	A	50	HCA
Y	Y	DB	PROC CMPENT OF A GRTR PROC RESUB WITH MORE COMPREHENSIVE CDT CODE FOR SERVICE	D	A	59	HCA
Y	Y	DC	INVALID DIAGNOSIS TO CPT/HCPC COMBINATION	D	A	11	HCA
Y	Y	DD	DENY -DENTAL NOT A COVERED SERVICE	D	A	96	HCA
Y	Y	DF	DENY-VISIT CODE CANNOT BE BILLED ALONE FOR PPS RATE	D	A	96	HCA
N	N	DM	MEMBER DECEASED	D	A	13	HCA

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Y	Y	DO	DENIED CLAIM TO REPLACE ORIGINAL ENCOUNTER	D	A	A1	HCA
Y	Y	DP	INVALID DIAGNOSIS POINTER(S)	D	A	11	HCA
Y	Y	DS	DATE SPAN INVALID	D	A	96	HCA
Y	Y	DT	DENIED TRANSPLANT SERVICE	D	A	A1	HCA
Y	Y	DV	CLAIM DENIED BY VERISK RECOMMENDATION	D	A	133	HCA
N	N	EA	ADJUSTMENT FOR ELIGIBILITY, MEMBER NOT ELIGIBLE ON DOS	D	A	166	HCA
N	N	EB	ADJUSTMENT FOR ELIGIBILITY MEMBER NOT ENROLLED ON DATE OF DISCHARGE	D	A	166	HCA
N	N	ED	DENIED-EXACT DUPLICATE OF ANOTHER CLAIMON FILE	D	A	B13	HCA
Y	Y	EM	DOES NOT MEET EMERGENCY DENTAL CRITERIA	D	A	204	HCA
Y	Y	F1	PROVIDER NOT REGISTERED WITH AHCCCS ON DOS	D	A	185	HCA
Y	Y	FA	SUBMIT TO A FEDERAL AGENCY	D	A	22	HCA
Y	Y	FD	FACILITY CLINIC CHARGES DENIED, NOT PAYABLE FOR ROUTINE SERVICES	D	A	A1	HCA
Y	Y	FI	FINAL INTERIM BILL- MUST BILL ADMIT-DISCHARGE	D	A	96	HCA
Y	Y	FQ	FQHC/RHC DOES NOT MEET REQ CRITERIA	D	A	A1	HCA
N	N	FR	ADJUSTMENT-RECOUP REQUEST EXCEEDS FREQ/UNITS	D	A	129	HCA
Y	Y	FS	SERV DATE IN FUTURE/GREATER THAN REC'D DATE	D	A	96	HCA
Y	Y	G#	FAILURE TO PROVIDE NOTIFICATION	D	A	15	HCA
Y	Y	G1	INVALID BILL TYPE	D	A	5	HCA
Y	Y	G2	REPEAT ER VISIT REQUIRES GO	D	A	16	HCA

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Y	Y	G6	DENIED - CLAIM HAS BEEN SUBMITTED ON YOUR BEHALF TO HCG FOR PROCESSING	D	A	22	HCA
Y	Y	GB	HCG SUPPLEMENTAL BENEFIT. CLAIM SENT TOHCG FOR PROCESSING	D	A	22	HCA
Y	Y	GL	WITHIN GLOBAL SERVICE DAYS	D	A	97	HCA
Y	Y	GX	WITHIN GLOBAL SERVICE DAYS	D	A	97	HCA
Y	Y	H0	SERVICE FROM DATE IS INVALID	D	A	96	HCA
Y	Y	H1	EMERGENCY TYPE - NO EMERGENCY REVENUE CODE	D	A	226	HCA
Y	Y	H2	INVALID ADMIT TYPE	D	A	226	HCA
Y	Y	H3	INVALID ADMIT DATE	D	A	226	HCA
Y	Y	H4	ICD9 PROCEDURE NOT WITHIN SERVICE DATE	D	A	146	HCA
Y	Y	H5	AUTHORIZATION IN DENIED STATUS	D	A	39	HCA
Y	Y	H6	PATIENT STATUS INVALID	D	A	226	HCA
Y	Y	H7	ADMIT HOUR REQUIRED/INVALID	D	A	226	HCA
Y	Y	H8	DISCHARGE HOUR REQUIRED/INVALID	D	A	226	HCA
Y	Y	H9	ACCOMMODATION DAYS > DAYS STAY	D	A	226	HCA
Y	Y	HC	INVALID CONDITION OF PATIENT	D	A	226	HCA
Y	Y	HU	HANDWRITING NOT ALLOWED ON UB04 CLAIMS	D	A	96	HCA
Y	Y	I0	HCPC INVALID FOR THIS REVENUE CODE	D	A	199	HCA
Y	Y	I2	INVALID ADMIT SOURCE	D	A	226	HCA
Y	Y	I5	OBSERVATION - ROOM/BOARD NOT ALLOWED	D	A		HCA
Y	Y	I7	INAPPROPRIATE DIAGNOSIS	D	A	226	HCA
Y	Y	IB	INTERIM BILLING- MUST BILL 30 DAY	D	A	2	HCA
Y	Y	ID	INVALID DATE OF SERVICE	D	A	226	HCA
Y	Y	II	MISSING/INVALID POA INDICATOR	D	A	226	HCA
Y	Y	IM	DENIED - MAXIMUM UNITS ARE OVER LIMIT, NO PAYMENT	D	A	222	HCA

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

Y	Y	IO	INVALID OCCURANCE CODE/DATE	D	A	136	HCA
Y	Y	IR	IMPLANT INVOICE REQUIRED	D	A	A1	HCA
Y	Y	J3	RESUBMIT THIS CLAIM WITH THE CORRECT EXPLANATION OF BENEFITS	D	A	22	HCA
Y	Y	J4	AGE OUTSIDE DIAGNOSIS LIMITS	D	A	9	HCA
Y	Y	J5	DIAGNOSIS - MEMBER GENDER INVALID	D	A	10	HCA
Y	Y	J6	REVENUE CODE - MEMBER GENDER INVALID	D	A	7	HCA
Y	Y	J7	PHYSICIAN CHARGE BILLED ON 1500 ONLY	D	A	226	HCA
Y	Y	J8	INVALID TIER COMBINATION	D	A	226	HCA
N	N	JN	ADJUSTMENT-REV CODE INVALID	D	A	181	HCA
Y	Y	K1	THROUGH DATE EXCEEDS RECEIPT DATE	D	A	226	HCA
Y	Y	K2	PROCEDURE NOT LISTED IN PROVIDER TYPE	D	A	8	HCA
N	N	KR	ADJUSTMENT RECOUP REQUEST DUE TO AUDIT	D	A	129	HCA
Y	Y	LM	RESUBMIT W/LVL OF SITE OF INJECTION	D	A	4	HCA
N	N	LR	ADJUSTMENT-RECOUP REQUEST OUTSIDE OF AGE LIMITS	D	A	129	HCA
Y	Y	M3	PROV NOT ELIG FOR THIS SERVICE PER MSI PRIVILIEGING GUIDELINES	D	A	185	HCA
N	N	M8	INVALID MEMBER/ID; PLEASE RESUBMIT WITHCORRECT MEMBER ID	D	A	140	HCA
N	N	ME	DENIED - MAXIMUM UNITS EXCEEDED. LINE SPLIT FOR PAYMENT	D	A	222	HCA
Y	Y	MI	DENIED - MODIFIER INVALID WITH CPT/HCPCS CODE	D	A	4	HCA
Y	Y	MO	RESUBMIT THIS CLAIM WITH THE DOCTORS NOTES/ORDERS	D	A	16	HCA
Y	Y	MT	MISSING TAX ID#	D	A	16	HCA

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

Y	N	MU	MUTUALLY EXCLUSIVE CODE - NOT BILLABLE WITH OTHER PROCEDURE	D	A	231	HCA
Y	Y	N1	PROVIDER NOT AUTHORIZED TO PERFORM SERVICES BY HCA	D	A	185	HCA
Y	Y	N2	RESUBMIT CLAIM AND INCLUDE A BETTER QUALITY XRAY	D	A	226	HCA
Y	Y	N3	RESUBMIT CLAIM AND INCLUDE THE CORRECT XRAY (S)	D	A	226	HCA
Y	Y	N4	RESUBMIT CLAIM AND INCLUDE THE POST-OP FILM	D	A	226	HCA
Y	Y	N5	RESUBMIT CLAIM WITH THE XRAY TO MATCH THE TOOTH NUMBER SUBMITTED	D	A	226	HCA
Y	Y	N6	PAYABLE WITH SEAT DATE ONLY	D	A	226	HCA
Y	Y	N7	RESUBMIT CLAIM WITH THE SEDATION RECORDS ATTACHED	D	A	16N	HCA
Y	Y	N8	NPI NUMBER BILLED DOES NOT MATCH THE RENDERING PROVIDER'S NPI NUMBER ON FILE	D	A	208	HCA
Y	Y	N9	POST-OP, PA, AND BITEWING REQ FOR CROWNSEAT	D	A	226	HCA
Y	Y	NB	NPI ATTENDING PROVIDER INFO MISSING	D	A	206	HCA
N	N	NF	DENIED-PROV CONTRACTED/NEGOTIATED RATE NOT ON FILE-CONTACT NETWORK REP	D	A	147	HCA
Y	Y	NM	NPI# MISSING/INVALID	D	A	206	HCA
Y	Y	NN	RESUBMIT CLAIM WITH THE CORRECT NDC NUMBER, OR MISSING UNITS/QUANTITY	D	A	16	HCA
Y	Y	NP	PROVIDER NOT CREDENTIALLED WITH HCA AND NOT ALLOWED TO SEE HCA MEMBERS	D	A	185	HCA

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

Y	Y	NR	DENIED-PRIMARY INSURERS PAYMENT EXCEEDS HCA ALLOWABLE-NO ADDNL PAYMENT REQUIRED	D	A	23	HCA
Y	Y	NW	NONCLIA WAIVED CODES/NOT PAYABLE ON PLACE OF SERVICE 11/OFFICE	D	A	249	HCA
Y	Y	NX	RESUBMIT CLAIM WITH THE CORRECT REFERRING PROVIDER NPI. MISSING OR INVALID	D	A	206	HCA
Y	Y	NY	RESUBMIT CLAIM WITH THE CORRECT REFERRING PROVIDER NPI.MISSING OR INVALID FORM	D	A	207	HCA
Y	Y	NZ	RESUBMIT CLAIM WITH THE CORRECT REFERRING PROVIDER NPI, NO MATCH	D	A	208	HCA
Y	Y	OH	OBSERVATION SERVICES EXCEED 24 HOURS - AUTHORIZATION REQUIRED	D	A	15	HCA
Y	Y	OM	OVER MAXIMUM ALLOWED	D	A	A1	HCA
N	N	OR	ADJUSTMENT-RECOUP REQ OVRPD IN ERROR	D	A	129	HCA
Y	Y	OS	OBSERVATION SPLIT	D	A	A1	HCA
N	N	OT	OVERPAYMENT UNDER \$10-NO RECOVERY	D	A	129	HCA
N	N	OU	OVERPAYMENT DETERMINED AS UNRECOVERABLE	D	A	129	HCA
N	N	OX	COB OVERPAYMENT DETERMINED UNRECOVERABLE	D	A	129	HCA
Y	Y	QA	ADJUSTMENT-QUALITY REPORTING	D	A	45	HCA
Y	Y	QM	QUANTITY IS MISSING	D	A	226	HCA
Y	Y	QQ	ADJUDICATE CLAIM BUT DO NOT DROP TO EOB OR ENCOUNTER TO STATE	D	A	A1	HCA
Y	Y	QU	PAID-\$0.00 QUALITY REPORTING	D	A	45	HCA
Y	Y	R#	RESUBMIT TO APPEALS DEPT	D	A	138	HCA
Y	Y	R0	REDUCED FOR COORDINATION OF BENEFITS ZERO PAY LINE	D	A	23	HCA

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

Y	Y	R8	PROVIDER NOT IN SYSTEM-CONTACT PROVIDERREP	D	A	16	HCA
Y	Y	RE	REVENUE CODE REQUIRED CPT/HCPC	D	A	199	HCA
N	N	RM	REVERSE MAX UNITS EXCEEDED	D	A	222	HCA
N	N	RN	REV CODE INVALID	D	A	181	HCA
N	N	RO	LETTER SENT TO PROVIDER TO REQUEST REFUND OF OVERPAYMENT	D	A	129	HCA
Y	Y	RQ	PRECERTIFICATION/AUTHORIZATION, NOTIFICATION ABSENT	D	A	197	HCA
N	N	RU	ENCOUNTER STATUS REVIEWED AND COMPLETE	D	A	129	HCA
Y	Y	RV	REVENUE CODE TO BILL TYPE INVALID OR INVALID REVENUE CODE	D	A	226	HCA
N	Y	RX	RESUBMIT CLAIM WITH THE CORRECT ATTENDING PROVIDER NPI	D	A	206	HCA
Y	Y	RY	DENIED. THIS SERVICE REQUIRES A REFERRAL	D	A	A1	HCA
Y	Y	RZ	REQUESTED DENTAL RECORDS NOT RECEIVED	D	A	16	HCA
N	N	SB	OPFS CLAIM NEEDS SPLIT BILL	D	A	226	HCA
Y	Y	SD	PRINCIPAL PROCEDURE DATES NOT VALID WITH DATES OF SERVICE	D	A	226	HCA
Y	Y	T1	AGE OF TOOTH DOES NOT MATCH PROCEDURE TOOTH AGE	D	A	226	HCA
Y	Y	T2	PROCEDURE SURFACES DO NOT MATCH BILLED SURFACES ON CLAIM	D	A	226	HCA
Y	Y	T3	TOOTH PREVIOUSLY INDICATED AS MISSING	D	A	226	HCA
Y	Y	T4	RESUBMIT CLAIM WITH DENTAL XRAY THAT SUPPORTS CHARGES	D	A	226	HCA
Y	Y	T5	NUMBER OF SURFACES MISSING OR INVALID FOR TOOTH	D	A	226	HCA
Y	Y	T6	TOOTH CODE MISSING OR INVALID	D	A	226	HCA
Y	Y	T7	MAX X-RAY ALLOWABLE	D	A	A1	HCA

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Y	Y	T8	EXCEEDS FREQUENCY LIMITS	D	A	222	HCA
Y	Y	T9	NOT ALLOWED - AGE RESTRICTION	D	A	6	HCA
Y	Y	TA	DENIED ADJUSTMENT TRANSPLANT SERVICE	D	A	193	HCA
Y	Y	TD	TRANSPORT NOT MEDICALLY NECESSARY	D	A	50	HCA
Y	Y	TF	DENIED-FQHC/RHC M/B BILLED W/T1015 FOR REIMBURSEMENT	D	A	226	HCA
Y	Y	TP	DENIED PER TPL COORDINATOR	D	A	A1	HCA
Y	Y	TS	TRANSITION MEMBER - SPLIT BILL	D	A	15	HCA
Y	Y	UF	FACILITY CHARGES INCL IN FQHC/RHC RATES	D	A	97	HCA
Y	Y	UP	UNBUNDLED PROCEDURE. RESUBMIT ON ONE LINE WITH TOTAL CHARGES /TOTAL QUANTITY	D	A	59	HCA
N	N	W9	DENY-RESUBMIT WITH W9 FORM	D	A	252	HCA
Y	Y	WC	WORKMANS COMPENSATION RESPONSIBILITY	D	A	P13	HCA
Y	Y	XF	DENIED-RENDERING PROVIDER MUST BE FQHC/RHC FACILITY	D	A	184	HCA
Y	Y	XM	MAXIMUM PAYABLE FOR INTRAORAL FILMS HAS BEEN PAID FOR THIS MEMBER ON THIS DOS	D	A	97	HCA
Y	Y	XN	DENY-RENDERING PHYSICIAN NAME MUST BE APPROPRIATELY REPORTED	D	A	226	HCA
Y	Y	XP	INCORRECT PLACE OF SERVICE	D	A	5	HCA
Y	Y	XR	RESUBMIT CLAIM WITH RECORDS FOR EACH READING	D	A	16	HCA
Y	Y	XV	ADJUSTMENT INCLUDED IN VFC ADMIN RATE	D	A	97	HCA
N	N	YR	ADJUSTMENT-RECOUP REQUEST FOR INCIDENT TO BILLING	D	A	129	HCA
Y	Y	Z1	INVALID/TERMED CARC CODES ON EOB PLEASE RESUBMIT	D	A	16	HCA

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

Y	Y	Z5	AFTER RECONSIDERATION ORIGINAL ADJUDICATION UPHELD	D	A	193	HCA
Y	Y	ZD	AFTER RECONSIDERATION DEEMED AS EXACT DUPLICATE	D	A	18	HCA
N	N	ZR	ADJUSTMENT-RECOUP REQUEST FOR COB	D	A	129	HCA

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

DENIAL CODE LISTING FOR REGIONAL BEHAVIORAL HEALTH SERVICES

Denial Code	Denial Code Description
A114	Provider does not match Authorized Provider
A601	Authorization not Found
A602	Prior Authorization is Awaiting Medical Review
A603	Prior Authorization is Pended
A604	Prior Authorization is Denied
A605	Prior Authorization is in Process
A606	Prior Authorization Not Found
A607	Prior Authorization Not Found
A608	Provider does not match authorized Provider
A609	Prior Authorization Dates do not Match Claim
A610	Prior Authorization Service does not Match Claim
A611	Prior Authorization has no Available Units
A612	Prior Authorization has Insufficient Units Remaining
AD-P015	Rendering Provider type invalid for Uniform Billing Form - Do not sent Rendering on facility claim
AD-R600	Medicare Coverage Indicated but not Billed/Check Claim Filing Indicator for correctness
AMB01	Denied - Transport not Medically Necessary
AMB02	Denied - Member is T36
AMB03	RBHA 38 Member - not Integrated SMI - Per ACOM 432 - Health Plan Responsibility
AMB04	Denied - Other Transportation Available
AMB05	Denied - Transport due to EMS
AMB06	Denied - See Attached Document
AMB07	Denied - Missing Trip Notes
AMB08	Denied - Medical transport not for Behavioral Health
AMB09	Claim does not match trip notes
AMB10	Denied - Does not have transportation benefit
AMB11	Service included in Base charge
AMB12	RBHA 38 member - Claim must be split as different payers for trips

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

AMB13	Per AHCCCS FFS guidelines - mileage must be split per trip
AMB14	Denied - Transport not to closest BH Facility
B116	Flex Fund Amount Exceeded
B149	Service Code Termed on Date of Service
B152	Invalid Provider Type
B155	Service Code has Age Restriction
B163	Service Requires Documentation
B185	Place of Service Invalid for Service Code
B186	Place of Service Invalid for Date of Service
B200	Maximum Daily Units Exceeded
B202	Invalid Service Code
B205	Authorization Required
B214	Missing/Invalid Type of Bill
B271	Benefit Requires Room and Board Revenue Code
B272	Member does not meet criteria for this service
B330	DX Code 799.9 not valid for COS 14
C101	No Active Provider Contract
C102	Contract correction
C150	Service not found on Contract
C151	Invalid Provider Type for Service Code
C156	Invalid Provider Type
C157	Service Location name/address needed
C169	Contract Modifier missing or invalid
C172	Provider Termed on Date of Service
C376	Room and Board Revenue Code Required for this Service
C376A	POS 11 - Invalid for Provider Type 77
C376-FQHC	FQHC - T1015 Required
C377-FQHC	T1015 must be billed with supporting codes
CL001	Billed Amount is Zero
CL002	Provider Billing Error

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

CL004	Data Validation Error/Correction
CL008	No matching Billing Provider found for NPI
CL010	Room and Board code MUST be billed with Ancillary code
CL012	Member not eligible for BH Services on DOS
CL013	CAS data missing/invalid
CL014	Bed Day Units are invalid for DOS span
CL016	Member is State Only on DOS
CL106	Attending Physician is Missing/Invalid
CL107	Negative Charge on Claim
CL140	Billed Amount = \$0 / TPL paid more than contract rate
CL142	Health Plan Responsibility per ACOM 432
CL143	Not a Behavioral Health Service - Health Plan Responsibility
CL144	Diagnosis Code not age appropriate
CL158	Not a Valid Behavioral Health Code for Date of Service
CL158	Not a Valid Behavioral Health Code for Date of Service
CL159	Replacement linking correction - Manual fix
CL201	Member Not Enrolled on Date of Service
CL204	Units Not Evenly Divisible by Date Span
CL210	Member Not Enrolled on Date of Service
CL216	Primary Carrier EOB Required
CL218	Member Lost Eligibility During Date Span
CL252	Primary Carrier EOB Required
CL289	Occurrence Code is Invalid
CL294	Provider not Contracted on Date of Service
CL296	Contract term ended - DOS overlaps end date
CL297	Provider Not Contracted on Date of Service
CL297	Contract Rate termed - DOS overlaps termed date
CL298	Respite Care Limits Exceeded
CL301	Invalid/Missing Admission Date
CL302	Invalid/Missing Attending Physician

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

CL303	Claim Total Mismatch
CL303	Claim Total Mismatch
CL304	Invalid Bill Type
CL304	Invalid Bill Type
CL305	Invalid/Missing Primary DX Code
CL306	Discharge Status is Required
CL307	Invalid Discharge Status
CL308	Invalid Admit Hour
CL309	Invalid Discharge Hour
CL310	Outpatient Hospital Service - Health Plan Responsibility
CL311	Service Date Older than 6 Months
CL312	Service included in Hospital per diem
CL316	Invalid/Missing Admit Type
CL328	Invalid/Missing Admit Source
CL329	Invalid Patient Status for Bill Type
CL347	Admit Date does not Match Service Date
CL374	Medicare Excluded Service, TPL data present
CL377	Primary Carrier EOB Required
CL502	Missing or Invalid Modifier
CL503	Invalid CPT Modifier
CL504	Invalid CPT/HCPCS Code
CL505	Invalid Revenue Code
CL507	Revenue Code Requires HCPCS
CL508	Invalid Modifier on Date of Service
CL511	Service Begin Date Invalid
CL511	Service Begin Date Invalid
CL512	Service End Date Invalid
CL514	Invalid Revenue Code for Bill Type
CL515	Invalid HCPCS for Revenue Code
CL518	Invalid/Missing Admit Type

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

CL522	Duplicate claim
CL523	Invalid Dx Code
CL525	DX Code is not Valid on Date of Service
CL530	Units do not Equal Date Span
CL541	Service Date older than 6 months
CL542	Service Date older than 12 months
CL543	Service Date older than 12 months
CL544	AHCCCSID Correction
CL6000	Admission date is required with POS=21 or 51
CL6001	Member does not meet criteria for this service
CL6002	No Enrollment
CL6002	Member Not Enrolled on Date of Service
CL6003	Duplicate Claim found
CL6004	Timely Filing Edit - 6 Months
CL6005	Medical Policy Rule edit on Claim
CL6006	Primary Carrier EOB Required
CL6007	COB Allowed Amount is zero - Not Payable due to Primary denial reason.
CL6008	COB Allowed Amount is zero - Research determined claim is Not Payable due to Primary denial reason.
CL6009-Dx	Diagnosis Invalid for Age
CL6009-Gen	Diagnosis/Service code has Gender Restriction
CL6010-R	Rendering Provider should only be reported when different than the billing provider
CL6010-S	Service Facility should only be reported when different and external to the billing provider
CL6010-S	Service Facility should only be reported when different and external to the billing provider
CL6011	CAS Amount Reported is 0
CL6012	Invalid Discharge Information
CL6013	Missing Insurance Type Code when Medicare is Secondary
CL6014	Invalid CAS code/s
CL6015	Research determined claim as duplicate
CL6016	COB reported does not balance
CL6016	COB reported does not balance

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

CL6017	COB Payer responsibility is Invalid
CL6018	Max Allowed Units Reached /Partial Units Paid
CL6019-Age	Service Code has Age Restriction
CL6019-Gen	Diagnosis/Service code has Gender Restriction
CL6019-Mod	Modifier Invalid for Service Code
CL6019-Mod	Modifier Invalid for Service Code
CL6019-POS	Place of Service Invalid for Service Code
CL6019-POS	Place of Service Invalid for Service Code
CL6024	Timely Filing Edit - 12 Months
CL901	Invalid Revenue Code for Date of Service
CL903	Missing COB Data
CL915	Claim has been manually denied
DV002	Data Validation - No Documentation
DV003	Data Validation - Documentation Error
M0010	Claim has been manually denied
M0020	Benefit Visit Limit Exceeded
M0030	Duplicate Claim Line(Member/DOS/CPT(Rev))
M0034	Modifier required for CPT/HCPCS
M0050	No Enrollment
M0054	Manually Pended Claim
M0058	Provider is Not Credentialed
MP401	Invalid Age for Diagnosis Code
MP403	Invalid Dx Code for Behavioral Health Service
MP403	Invalid Primary Dx Code for Behavioral Health Service
MP408	Service Conflicts with Another Service on Same Day
P101	No Active Provider Contract
PE-D255	Member age exceeds allowed for tertiary Dx code
PE-D260	Member Age less than allowed for tertiary Dx code
PE-D290	Member age exceeds allowed for quarter dx code
PE-H050	Participating Provider NPI not provided or invalid

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

R111	Manual Pend of Claim
R530	Insufficient Units For Date Span
V103	Duplicate
V105	TPL Paid more than Contract Amount
V106	Paid by Health Plan
V107	Truncation error - Submit new claim
V108	One Room/Board Rev code allowed per claim
V109	Diagnosis code cannot be used more than once
V110	824 AHCCCS Error
V113	Original claim denied - No Replacement/Void allowed
V115	Invalid Units - whole units required
V118	Discharge day is not covered
V119	Provider not registered with AHCCCS on DOS
V120	Health Plan paid Outpatient claim in error - Claims need to be combined and billed to Behavioral Health Plan
V121	Provider does not have COS to provide service
V122	Provider termed at AHCCCS on DOS
V123	Invalid/Missing NPI for Rendering Provider/Facility
V124	Member's eligibility changed during date span - Bill needs to be split
V126	Member T36 on Date of Service
V127	Service Conflicts with Another Service on Same Day
V128	Invalid Billing Provider NPI
V129	Arizona Medicaid Registered Provider required
V133	Wrong Member ID submitted
V136	Provider affiliation address does not match AHCCCS
V138	Attending Provider NPI is invalid/missing
V141	Service billed differs from Service agreed upon
V142	Not a Valid AHCCCS Modifier
V143	Referral from Integrated/BH Health Home required
V145	Invalid Place of Service for Service Facility billed
V146	Medicare only allowed code

STEWARD HEALTH CHOICE ARIZONA REMITTANCE DENIAL CODE LISTING

V147	638 - Claims should be bill directly to AHCCCS
V151	Service line date not within claim date span
V153	Place of Service 23 is not allowed by AHCCCS for Service Code
V155	Tax ID not valid at AHCCCS
V156	RBHA 38 member - Not Integrated SMI - Lab services should be billed to member's Health Home Agency
V157	Per BH Home - Member was discharged prior to billed dates of service
V159	Prolonged services must be billed with E & M services - can not bill separately
V200	Missing Claim Data - Submit NEW Claim
V201	Invalid/Missing COB line adjudication data - Submit NEW Claim
V202	Invalid/Missing Subscriber address info
V203	Responsibility of or Paid by Another Behavioral Health Plan (RBHA)
V204	Received Date prior to Service End Date
V205	HCIC is Payer of Last Resort - Review Payer Responsibility fields
V210	2310E - The Service Facility Location (2310E,NM109) is only required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider (2010AA, NM109) entity, Otherwise- DO Not Send
V211	Dates of service overlap with another paid claim
V217	Participating Provider/NPI is missing or invalid
V220	Provider ID Qualifier missing on UB claim
VR900	Invalid Replacement - Invalid Original ICN
VR901	Invalid Replacment - Submit Void/New Claim
VR902	Invalid Void
VR903	Claim reversed/voided - submit new claim
VR905	Reversed to create NEW claim - AHCCCS submission