

EOP EXPLANATION CODES/HIPAA CROSSWALK

August-10

EXPLANATION OF PAYMENT (EOP) CODE	DESCRIPTION
1K	NO COVERAGE WHEN MEDICARE IS PRIMARY
3G	NOT A COVERED SERVICE AND/OR DX
3Q	RESUBMIT WITH MEMBER ID.
3R	RESUBMIT WITH CORRECT DATE OF BIRTH FOR PATIENT.
4G	NOT A COVERED SERVICE AND/OR DX
5G	NOT A COVERED SERVICE AND/OR DX
A3	CLAIM DENIED DUE TO DEC. MADE IN 1ST LEV APPEAL.
AT	NOT A COVERED SERVICE AND/OR DX
B4	CHARGES NOT COVERED
BPC	BALT CAP PROGRAM - SEND CLAIM TO FACILITY
BED	SERVICES BEFORE 9/1/09 SEND TO ACS
BF	PLEASE SUBMIT CLAIM WITH PROPER TAX ID IN BLOCK 25
BP	RESUBMIT WITH VALID SERVICE LOCATION
CB4	COB DOLLARS ARE UNBALANCED ON 837;EOB IS REQUIRED
CBRH	REV CODE INVALID ON HCFA
CDU	RESUBMIT BILL WITH THE CORRECT NUMBER OF DAYS/UNITS.
CM	MEDICAL DOCUMENTATION NOT SUBMITTED
CN	DENIED BY PEER REVIEW
CNC	PROVIDER INDICATES THIS IS A NON-COVERED DAY/SVC
D6	REFER TO MEDICAL PAYOR
DFN	PLEASE RESUBMIT CLAIM WITH THE CONSUMERS FULL NAME
DH	INVALID CONSUMER ID
DID	PLEASE RESUBMIT WITH CONSUMER'S ID
DOB	RESUBMIT WITH CORRECT DATE OF BIRTH FOR PATIENT
DPC	THIS IS A DUPLICATE OF A CLAIM CURRENTLY IN PROCESS.
DQ	PROVIDER NOT ELIGIBLE TO BE REIMBURSED FOR SERVICE
DRC	DENIED DUE TO REPLACEMENT CLAIM RECEIVED
DX4	HIPAA REQUIRES VDX CODES TO INCLUDE A 4TH DIGIT
DX5	HIPAA REQUIRES VDX CODES TO INCLUDE A 5TH DIGIT
DZ	NON-COVERED SERVICE WITH SUBSTANCE ABUSE DIAGNOSIS
E4	RESUBMIT CLAIM WITH CORRECT NUMBER OF UNITS/HOURS
E6	NO RECORD OF OUTPATIENT TX REPORT
E9	NOT A COVERED BENEFIT
ED2	REFER SERVICE TO MEDICAL PAYOR
EE	NOT A COVERED SERVICE
EF	PLEASE RESUBMIT CLAIM TO CHAMPUS WITH NAS
EL	RESUBMIT CLAIM WITH VALID DATE OF SERVICE
EM	EXPIRED CPT CODE; RESUBMIT CLAIM WITH CURRENT CPT
EP	RESUBMIT CLAIM TO EDS FOR PROCESSING
EY	SERVICE CODE BILLED NOT VALID FOR PLACE OF SERVICE
F9	CLAIM SUBMITTED IN ERROR
FP	STATE RESPONSIBLE FOR DATES OF SVC 7/15 - 7/24/95
FPR	THIS CLAIM LINE HAS BEEN OR WILL BE PROCESSED UNDER A NEW CLAIM NUMBER.

G0	DIAGNOSIS IS NOT COVERED
G1	DIAGNOSIS IS NOT COVERED
G4	AUTHORIZED UNITS HAVE BEEN EXHAUSTED
G5	DATES OF SVC OUTSIDE DATES AUTHORIZED
G6	DAILY THERAPY LIMITS EXCEEDED
G7	BILLING PROVIDER NOT AUTHORIZED
G8	LEVEL OF CARE BILLED NOT AUTHORIZED
G9	REQUESTED INFORMATION NOT RECEIVED
GC	SERVICES INCLUDED IN PER DIEM
GD	NO AUTHORIZATION AVAILABLE FOR THIS DOS
GE	PROVIDER NOT LICENSED TO PERFORM SERVICE
GF	DUPLICATE CLAIM
GH	NOT A COVERED SERVICE AND/OR DX
GH1	INVALID DIAGNOSIS CODE
GI	CLAIM FILED OUTSIDE TIME LIMIT
GJ	SERVICES WERE PERFORMED BEFORE/AFTER CONTRACT EFFECTIVE DATE
GK	CONSUMER NOT REGISTERED AT TIME OF SERVICE
GL	NOT A COVERED SERVICE
GT	MEMBER NOT ELIGIBLE AT TIME OF SERVICE
GX	AUTHORIZED UNITS EXCEEDED
H0	SERVICES REQUIRE PREAUTHORIZATION
HB	MAXIMUM NUMBER OF DAYS/VSTS PAID FOR THIS PERIOD
HEG	RESUBMIT TO PRIMARY CARRIER. SEND NEW EOB TO VO
HG1	NOT A COVERED SERVICE AND/OR DX
HG4	NOT A COVERED SERVICE AND/OR DX
HG5	NOT A COVERED SERVICE AND/OR DX
HG8	NOT A COVERED SERVICE AND/OR DX
HG9	NOT A COVERED SERVICE AND/OR DX
HM	THIS CLAIM IS NOT COVERED
HN	ROOM AND BOARD PENALTY APPLIED
HQ	REQUIRED AUTH NOT ON FILE FOR CLAIM SUBMISSION
HT	PROVIDER IS NOT CONTRACTED TO PERFORM SERVICE
I8	PLEASE SUBMIT PAY-TO ADDRESS
IE	SERVICE NOT COVERED FOR EFFECTIVE DATE
IH	RESUBMIT CLAIM WITH CORRECT TAX ID
IL2	WE HAVE NOT RECEIVED REGISTRATION FOR THE SERVICES BILLED.
IL4	PROVIDER IS NOT APPROVED TO PROVIDE SERVICE
IL5	PROV NOT APPROVED TO PROVIDE SVC AT THIS LOCATION
IPC	ONE IP PHYS VISIT PER CONS PER DAY 99221-99239
IS	PLEASE VALIDATE DX, SERVICE CODE AND MEMBER ID
J1	RESUBMIT SERVICES IN 837P FORMAT OR ON CMS 1500.
J10	RESUBMIT WITH CORRECT PROCEDURE CODE
JB	REFER SERVICE TO MEDICAL PAYOR
JF	SERVICE NOT RENDERED AT AUTHORIZED LOCATION
JK	RESUBMIT WITH SERVICING PROVIDER NAME & LICENSURE
JP	SVC/REV CODE MISSING OR INVALID
JPS	IF NOT DUP, SUBMIT CORRECTED CLM W/SERVICES ROLLED ON 1 LINE
JQ	RESUBMIT CLAIM WITH PRIMARY CARRIER'S EOB
JR	RESUBMIT CLAIM WITH MEDICARE EOMB

JT	PLEASE RESUBMIT WITH VALID ICD-9 DIAGNOSIS CODE
JV	RESUBMIT CLAIM WITH INDIVIDUAL DATES OF SERVICE
JW	RESUBMIT CLAIM WITH INDIVIDUAL DATES OF SERVICE
JX	EOB DOES NOT MATCH SERVICES THAT WERE BILLED
JY	FUTURE DATE OF SERVICE NOT ALLOWED
KH	PLEASE SUBMIT VALID DATES OF SERVICE
KI	PLEASE SUBMIT CORRECT PLACE OF SERVICE
KK	MEDICAL DIAGNOSIS, REFER CLAIM TO MEDICAL PAYOR
KR	PLACE OF SERVICE MISSING OR INVALID
KY	PLEASE RESUBMIT CLAIM ON A UB92 CLAIM FORM
LA2	SUBMIT AGENCY NAME
LG	REFER CLAIM TO TRIPLE C FOR PROCESSING
LM1	LIMIT OF 1 UNIT P/CALENDAR MONTH FOR H0040/T2023
LNC	LICENSE NOT COVERED BY VALUEOPTIONS
LOA	LEAVE OF ABSENCE NOT COVERED
LT	PLEASE RESUBMIT CLAIM WITH VALID CHARGED AMOUNT
LTC	LONG TERM CARE COVERAGE CODE NOT ON FILE
M7	SERVICES AFTER CONSUMER REGISTRATION ENDS
M9	CONSUMER NOT REGISTERED AT TIME OF SERVICE
MDN	RESUBMIT WITH ATTENDING MD NPI/NAME
ME	PRE-TX ASSESSMENT PREVIOUSLY PAID FOR MEMBER
MF	90801 PREVIOUSLY PAID
MH	STATE RESPONSIBLE FOR DATES OF SVC 7/15 - 7/24/95
MK	PROVIDER NOT LICENSED OR CERTIFIED
ML1	V DIAGNOSIS CODES ARE NOT COVERED
MOD1	RESUBMIT WITH CORRECT MODIFIER
MOD2	RESUBMIT WITH MODIFIER
MOD3	MODIFIER NOT COV'D W/ SVC CODE
NAF	NO AUTHORIZATION ON FILE FOR DATE OF SERVICE
NCSL	BILLING WITH NON-CONTRACTED SERVICE LOCATION.
NM	SINGLE CASE AGREEMENT NOT RECEIVED
NPD	DENIED, NPI SUBMITTED ON CLAIMS DOES NOT MATCH OUR RECORDS
NPIB	NPI MUST BE REGISTERED WITH MEDICAID
NPT	DENIED, TAX ID SUBMITTED ON CLAIM DOES NOT MATCH OUR RECORDS
NS	PROVIDER NOT CONTRACTED AT THIS SERVICE LOCATION
PCA	SND CHANGE OF ADDRESS FORM FOR NEW PAYMENT ADDRESS
PCI	PATIENT CONVENIENCE ITEMS ARE NOT COVERED
PDR	THIS CHARGE IS INCLUDED IN THE PER DIEM RATE
PRPR	PRP H2018 NOT SUPPORTED BY ENCOUNTERS - H2016
PX	NOT A COVERED SERVICE
Q5	NO OUT-OF-NETWORK EAP BENEFIT
R0	
RBT	RESUBMIT CLAIM WITH THE CORRECT BILL TYPE
REF	RESUBMIT WITH REFERRING MD NPI
RNP	NO NPI SUBMITTED,PLEASE SEND NPI ON FUTURE CLAIMS
RNP2	RESUBMIT WITH THE NPI #
RNPT	RESUBMIT WITH CORRECTED NPI # OR TIN
RO	RESUBMIT CLAIM TO ABC HEALTH PLAN
RP	RESUBMIT CLAIM TO BRONX

RS	RESUBMIT CLAIM TO FIDELIS
RT	RESUBMIT CLAIM TO HEALTHPLUS
RTC	
RV2	REVENUE CODE MUST BE 4 DIGITS AND FOR BEHAVIORAL HEALTH SERVICES
RV3	PLEASE RESUBMIT BEHAVIORAL HEALTH REVENUE CODE WITH LEADING 0
S1	INVALID PROVIDER NUMBER
SAD	SERVICE CODE NOT VALID WITH DIAGNOSIS
SB	NO ACTIVE RECORD ON MEDICAID FILE
SERP	SUBMIT ER PETITION FORMS WITH CLAIM
SNC	SERVICE CODE IS NOT COVERED FOR THIS CONTRACT
SX	RESUBMIT CLAIM WITH FULL NAME OF PROVIDER
TA	RESUBMIT CLAIM WITH COPY OF CURRENT PROF LICENSE
U0	CONSUMER ID IS NOT VALID. PLEASE SUBMIT W/VALID ID
U003	REFER SERVICE TO MEDICAL PAYOR
UL	REBILL USING REV CODE 912 OR 913 FOR PARTIAL HOSP
UNP	
UO	CLAIM BEING HELD FOR PRE-EXISTING INVESTIGATION.
UQ	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED
VJ	NOT A COVERED SERVICE AND/OR DX
W5	WEEKLY RATE PREVIOUSLY PAID
WC	RESUBMIT AS PAPER CLAIM INCLUDING PRIMARY EOB
WP	WEEKLY RATE PREVIOUSLY PAID
X1	DIAGNOSIS IS NOT COVERED
X6	REFER TO MEDICAL PAYOR
XI	REFER SERVICE TO MEDICAL PAYOR
XN	NOT A COVERED SERVICE
XT	NON-COVERED SERVICE WITH SUBSTANCE ABUSE DIAGNOSIS
XU	NON-COVERED SERVICE WITH PSYCH DIAGNOSIS
XXX	RESUBMIT COMPLETE COB INFORMATION
Y5	PLEASE SUBMIT CLM W/VALID ADMISSION & SOURCE TYPE
YA	RESUBMIT WITH CORRECT PAY TO LOCATION
YG	NOT A COVERED SERVICE AND/OR DX