# Claim Adjustment Reason Codes Crosswalk

| EX Code | CARC | RARC | DESCRIPTION | TYPE |
|---------|------|------|-------------|------|
| EX00 | A1 | M77 | NON-SPECIFIC LOCATION BILLED. PLEASE REBILL W SPECIFIC LOCATION CODE | DENY |
| EX01 | 1 | | DEDUCTIBLE AMOUNT | PAY |
| EX07 | 7 | | DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENTS SEX | DENY |
| EX0b | 9 | N517 | OCE02 DIAGNOSIS AND AGE CONFLICT | DENY |
| EX0E | 193 | N539 | ADJUST BASED ON APPEAL RECEIVED UPHELD ORIGINAL DENY DECISION | DENY |
| EX0j | 246 | | OCE10 SERVICE SUBMITTED FOR DENIAL (CONDITION CODE 21) | DENY |
| EX0k | 246 | | OCE11 SERVICE SUBMITTED FOR FI/MAC REVIEW (CONDITION CODE 20) | DENY |
| EX0l | 96 | N643 | OCE12 QUESTIONABLE COVERED SERVICE | DENY |
| EX0q | 236 | | OCE20 CODE 2 OF A CODE PAIR NOT ALLOWED BY NCCI REGARDLESS OF MODIFIER | DENY |
| EX0s | 182 | | OCE22 INVALID MODIFIER | DENY |
| EX0y | 16 | M51 | OCE28 PROCEDURE CODE HAS A 'NOT RECOGNIZED BY MEDICARE' INDICATOR | DENY |
| EX18 | 18 | N522 | DENY: DUPLICATE CLAIM SERVICE | DENY |
| EX1j | 16 | N430 | OCE37 TERMINATED BILATERAL PROC OR TERMINATED PROC WITH UNIT > 1 | DENY |
| EX1p | 96 | N10 | CONNOLLY MEDICARE DISALLOWANCE | DENY |
| EX1s | 215 | | RAWLINGS SUBROGATION | PAY |
| EX1u | 16 | M44 | OCE42 MULTI VISITS ON SAME DAY WITH SAME REV CODE W/O COND CODE G0 | DENY |
| EX23 | 22 | | DENY: CHARGES HAVE BEEN PAID BY ANOTHER PARTY-COB | DENY |
| EX24 | 24 | | DENY: CHARGES COVERED UNDER CAPITATION | DENY |
| EX27 | 27 | N52 | DENY: EXPENSES INCURRED AFTER COVERAGE WAS TERMINATED | DENY |
| EX29 | 29 | | DENY: THE TIME LIMIT FOR FILING A CLAIM HAS EXPIRED | DENY |
| EX2r | 16 | M20 | OCE48 REVENUE CENTER REQUIRES HCPCS CODE | DENY |
| EX2t | 96 | N425 | OCE50 NON-COVERED OUTPATIENT BENEFIT, BASED ON STATUTORY EXCLUSION | DENY |
| EX2u | 282 | MA30 | OCE53 CODES G0378 AND G0379 ONLY ALLOWED WITH BILL TYPE 013x OR 085x | DENY |
| EX2y | B15 | | OCE58 G0379 ONLY ALLOWED WITH G0378 | DENY |
| EX2Z | 96 | N216 | NOA DENY, SERVICES NOT INCLUDED IN HW PROGRAM | DENY |
| EX35 | 119 | N587 | DENY: BENEFIT MAXIMUM HAS BEEN REACHED | DENY |
| EX36 | 45 | | BALANCE DOES NOT EXCEED COPAYMENT AMOUNT | PAY |
| EX39 | 39 | | DENIED AT THE TIME OF AUTHORIZATION REQUEST | DENY |
| EX3D | 16 | M76 | DENY: NON-SPECIFIC ICD-9/10 DIAG PROC-REQUIRES 4TH DIGIT-PLEASE RESUBMIT | DENY |
| EX3i | 109 | M11 | OCE61 SERVICE CAN ONLY BE BILLED TO THE DMERC | DENY |
| EX3R | 16 | N50 | OCE65 REVENUE CODE NOT RECOGNIZED BY MEDICARE | DENY |
| EX3u | 96 | N95 | OCE72 SERVICE NOT BILLABLE TO THE MEDICARE ADMINISTRATIVE CONTRACTOR | DENY |
| EX3v | 16 | N657 | OCE73 INCORRECT BILLING OF BLOOD AND BLOOD PRODUCTS | DENY |
| EX3W | 16 | M53 | OCE74 UNITS GREATER THAN ONE FOR BILATERAL PROC BILLED WITH MOD 50 | DENY |
| EX3x | 199 | N657 | OCE76 TRAUMA RESPONSE CRITICAL CARE CODE W/O REV CODE 068X AND 99291 | DENY |
| EX46 | 96 | N448 | DENY: THIS SERVICE IS NOT COVERED | DENY |
| EX48 | 96 | N448 | DENY: THIS PROCEDURE IS NOT COVERED | DENY |
| EX49 | 96 | N429 | DENY: THESE ARE NONCOVERED SERVICES BECAUSE THIS IS A ROUTINE EXAM | DENY |
| EX4B | 58 | N563 | DENY - SERVICE NOT REIMBURSABLE IN LOCATION BILLED | DENY |
| EX4C | 16 | M76 | DENY: DIAGNOSIS CODE 16 MISSING OR INVALID | DENY |
| EX4d | 16 | M76 | DENY: DIAGNOSIS CODE 3 MISSING OR INVALID | DENY |
| EX4e | 16 | M76 | DENY: DIAGNOSIS CODE 4 MISSING OR INVALID | DENY |
| EX4f | 16 | M76 | DENY: DIAGNOSIS CODE 5 MISSING OR INVALID | DENY |
| EX4G | 299 | MA12 | DENY: MEDICAID SANCTIONED/TERMED/EXCLUDED PROVIDER | DENY |
| EX4h | 16 | M76 | DENY: DIAGNOSIS CODE 7 MISSING OR INVALID | DENY |
| EX4i | 16 | M76 | DENY: DIAGNOSIS CODE 8 MISSING OR INVALID | DENY |
| EX4j | 16 | M76 | DENY: DIAGNOSIS CODE 9 MISSING OR INVALID | DENY |
| EX4k | 16 | M76 | DENY: DIAGNOSIS CODE 10 MISSING OR INVALID | DENY |
| EX4l | 16 | M76 | DENY: DIAGNOSIS CODE 11 MISSING OR INVALID | DENY |

| EX4m | 16 | M76 | DENY: DIAGNOSIS CODE 12 MISSING OR INVALID | DENY |
|---|---|---|---|---|
| EX4o | 16 | M76 | DENY: DIAGNOSIS CODE 14 MISSING OR INVALID | DENY |
| EX4p | 16 | M76 | DENY: DIAGNOSIS CODE 15 MISSING OR INVALID | DENY |
| EX4q | 16 | M51 | OCE84 CLAIM LACKS REQUIRED PRIMARY CODE | DENY |
| EX4S | 107 | | OCE88 FQHC PAYMENT CODE NOT REPORTED FOR FQHC CLAIM | DENY |
| EX4U | B15 | | OCE92 DEVICE-INTENSIVE PROCEDURE REPORTED WITHOUT DEVICE CODE | DENY |
| EX4W | 16 | M76 | DENY: DIAGNOSIS CODE 22 MISSING OR INVALID | DENY |
| EX51 | 109 | N130 | DENY - SERVICES NOT THE RESPONSIBILITY OF CELTICARE | DENY |
| EX53 | 96 | N643 | DENY; PROCEDURE CODE IS NOT FOUND ON THE STATE FEE SCHEDULE | DENY |
| EX58 | 16 | M49 | DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION | DENY |
| EX59 | 45 | M15 | PAY: CHARGES ARE REDUCED BASED ON MULTIPLE SURGERY RULES | PAY |
| EX6a | 16 | M51 | DENY: ICD9/10 PROC CODE 1 VALUE OR DATE IS MISSING/INVALID | DENY |
| EX6b | 16 | M51 | DENY: ICD9/10 PROC CODE 2 VALUE OR DATE IS MISSING/INVALID | DENY |
| EX6H | A1 | MA41 | DENY: ADMIT TYPE OR SOURCE OR DISCH STATUS MISSING/INVALID | DENY |
| EX6L | 22 | MA04 | EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL | DENY |
| EX6N | 16 | M119 | DENY: NDC NUMBER MISSING OR INVALID | DENY |
| EX7E | 252 | M127 | DENY: MEDICAL RECORDS ARE NECESSARY TO PROCESS THE CLAIM | DENY |
| EX7T | A1 | N362 | DENY: MAXIMUM DAILY BENEFIT HAS BEEN REACHED | DENY |
| EX86 | 16 | N823 | DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE | DENY |
| EX8g | 16 | MA42 | DENY: ADMISSION SOURCE MISSING OR INVALID | DENY |
| EX9B | 109 | | EFF 4-1-2021 CLAIMS FOR EMERGENCY GROUND AMBULANCE MUST BE BILLED TO HFS | DENY |
| EX9L | 16 | M51 | SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE | DENY |
| EX9N | 163 | M29 | CLAIM CANNOT BE PROCESSED WITHOUT OPERATIVE REPORT | DENY |
| EX9O | 16 | M76 | DENY: PATIENT REASON DIAGNOSIS 1 INVALID OR REQ ADDL DIGIT | DENY |
| EX9Q | 16 | M76 | DENY: PATIENT REASON DIAGNOSIS 3 INVALID OR REQ ADDL DIGIT | DENY |
| EX9R | 16 | M76 | DENY: PATIENT REASON DIAGNOSIS 2 INVALID OR REQ ADDL DIGIT | DENY |
| EX9S | 16 | N332 | INVALID DATES OF PRIOR HOSPITALIZATION | DENY |
| EXaA | 45 | | APC PRICER: CLAIM PROCESSED SUCCESSFULLY | PAY |
| EXaB | 236 | | ACE LINE ITEM REJECTION | DENY |
| EXAg | 16 | N182 | ACE CLAIM LEVEL REJECTION | DENY |
| EXAJ | A1 | M53 | DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT | DENY |
| EXAu | 16 | M53 | APC/HHA/ASC/ESRD PRICER-INVALID UNITS FOR THIS MODIFIER | DENY |
| EXAY | 16 | N182 | ACE CLAIM LEVEL DENIAL | DENY |
| EXB0 | 45 | | ADJUSTED DUE TO PROVIDER SUBMITTED CORRECTED CLAIM(S) | DENY |
| EXbB | 45 | | PAID AT PERCENT OF MSRP ACCORDING TO NATIONAL CONTRACT AGREEMENT | PAY |
| EXbD | 45 | | PAID IN FULL | PAY |
| EXBI | 16 | N63 | DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL | DENY |
| EXbP | 16 | N278 | DENY: SERVICE FACILITY LOCATION PROVIDER NAME/NPI IS MISSING OR INVALID | DENY |
| EXBS | 16 | M52 | DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT | DENY |
| EXBU | A1 | M51 | DENY: CPT HCPCS ICD9/10 PROC CODE DIAG or MOD INVALID FOR DATE OF SERV | DENY |
| EXBY | 45 | | REQUEST COMPLETE - NO ACTION NECESSARY | INFO |
| EXc2 | B23 | | DENIED:PROCEDURE NOT ALLOWED FOR CLIA CERTIFICATION TYPE | DENY |
| EXc8 | 22 | N4 | MEMBER NOT ELIGIBLE OR OTHER INSURANCE PRIMARY | DENY |
| EXCa | 24 | | DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT | DENY |
| EXCd | 136 | | DENY:MEDICARE COVERAGE RULES NOT FOLLOWED THEREFORE SERVICES NOT ELIG | DENY |
| EXce | 109 | N130 | ADD'L INFO REQ'D BY MEDICARE. CLAIM WILL BE REPROCESSED ONCE INFO REC'D | DENY |
| EXcG | 16 | N46 | DENY: ADMISSION HOUR IS MISSING OR INVALID | DENY |
| EXCH | 109 | N130 | DENY: FORWARD TO DENTAL CARRIER | DENY |
| EXcj | 251 | N474 | DENY ABORTION NECESSITY FORM IS NOT VALID/MISSING INFO | DENY |
| EXcL | A1 | N35 | DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE | DENY |
| EXcM | 16 | MA42 | DENY: ADMISSION SOURCE IS MISSING OR INVALID | DENY |
| EXcN | 16 | MA40 | DENY: ADMISSION DATE IS MISSING OR INVALID | DENY |
| EXcP | 96 | N130 | DENY: THIS SERVICE IS NOT A COVERED BENEFIT | DENY |
| EXd2 | 16 | M51 | ICD 10 PROCEDURE CODES THAT REQUIRE ADDITIONAL CHARACTERS | DENY |

| | | | | |
|---|---|---|---|---|
| EXDa | 301 | | THIS SERVICE(S) SHOULD BE BILLED TO CMHSP | DENY |
| EXdP | 45 | | IL DISPUTE ISSUE PAYMENT | INFO |
| EXDT | 109 | | DENY-SEND NON-EMERGENT CLAIMS TO FIRST TRANSIT GLEN ELLYN, IL 60137 | DENY |
| EXDW | 16 | M64 | DENY: INAPPROPRIATE DIAGNOSIS BILLED, CORRECT AND RESUBMIT | DENY |
| EXDX | 16 | M76 | DENY: DIAGNOSIS MISSING OR INVALID | DENY |
| EXe3 | 16 | M51 | DENY: ICD9/10 PROCEDURE CODE MISSING OR INVALID | DENY |
| EXE4 | A1 | | APC-OCE CLAIM LEVEL RETURN TO PROVIDER (RTP) | DENY |
| EXEI | A1 | | DENY: CONTACT PROVIDER SERVICES WITH RATE LETTER INFORMATION | DENY |
| EXF7 | 208 | | DENY: BILLING & RENDERING NPI NOT REGISTERED WITH STATE | DENY |
| EXFV | A1 | M49 | COMPREHENSION (FIM39N, ADMISSION VALUE) IS OUT OF RANGE | DENY |
| EXg1 | 251 | N705 | MISSING/INVALID/INCOMPLETE DOCUMENTATION FOR SUBMITTED CLAIM | DENY |
| EXG3 | 45 | | PENDED CLAIM REVIEW COMPLETED | INFO |
| EXga | 6 | N129 | DENY: PROCEDURE NOT COVERED FOR THE MEMBERS AGE | DENY |
| EXgF | 16 | M51 | INVALID PROCEDURE CODE | DENY |
| EXGG | 96 | N643 | NOT COVERED UNDER OPPS | DENY |
| EXgs | | | RESERVED FOR PAYMENT INTEGRITY - CPI | |
| EXGT | A1 | M67 | DENY: ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES | DENY |
| EXh4 | 45 | | PAYMENT REDUCED; OVERPAYMENT IDENTIFIED | PAY |
| EXhA | 193 | | DENIAL UPHELD ON RECONSIDERATION | DENY |
| EXHd | 16 | N471 | HHA GROUPER INVALID HIPPS CODE | DENY |
| EXhk | 45 | | CHC RECOVERY CHECK POSTED | PAY |
| EXHQ | 252 | N3 | DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED | DENY |
| EXhu | 45 | | TREND HEALTH CREDIT BALANCE | DENY |
| EXHZ | A1 | MA115 | DENY: LOCATION CODE IS NOT VALID | DENY |
| EXI1 | 22 | MA04 | OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT | DENY |
| EXI9 | A1 | M76 | DENY: DIAGNOSIS IS AN INVALID OR DELETED ICD9/10 CODE | DENY |
| EXIG | 16 | N50 | DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RESUBMIT | DENY |
| EXIM | 4 | N517 | DENY: MODIFIER MISSING OR INVALID | DENY |
| EXIN | 16 | M51 | DENY: DIAGNOSIS INCONSISTENT WITH PATIENTS AGE SEX | DENY |
| EXIV | A1 | M51 | DENY: CPT OR HCPCS MISSING OR INVALID | DENY |
| EXIZ | 97 | M15 | DENY:INTERIM BILLS NOT REIMBURSABLE-REIMBURSEMENT MADE ON FINAL BILL | DENY |
| EXJB | 45 | | ADJUST: RECEIVED COB PAYMENT | PAY |
| EXJW | 45 | | ADJUSTMENT:  ORIGINAL SERVICE PAID INCORRECT AMOUNT | PAY |
| EXK2 | 297 | N658 | PLEASE SUBMIT SERVICES TO VISION VENDOR FOR PROCESSING | DENY |
| EXKA | 16 | N253 | PROVIDER MEDICAID ID REQUIRED FROM MEMBER STATE; OBTAIN ID & RESUBMIT | DENY |
| EXKB | 96 | N643 | APC/HHA/ASC/ESRDPRICER-MEDICARE WILL NOT PAY FOR THIS SERVICE | DENY |
| EXkH | 45 | M15 | PACKAGED SERVICE $0 APPLIED | PAY |
| EXkP | 45 | | PAID VIA FEE SCHEDULE | PAY |
| EXkS | 4 | | MISSING OR INVALID MODIFIER FOR PRICING | DENY |
| EXKX | 16 | M79 | DENY: ZERO CHARGES | DENY |
| EXKZ | A1 | M77 | DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL | DENY |
| EXL6 | 22 | N4 | DENY: BILL PRIMARY INSURER 1ST. RESUBMIT W EOB OR INSURANCE EXPLAIN CODE | DENY |
| EXLR | 109 | N130 | DENY:WHEN PRIME INS RECIEVES INFO-RESUBMIT TO SECONDARY INS | DENY |
| EXLZ | 252 | M23 | DENY: PLEASE RESUBMIT WITH INVOICE FOR PAYMENT | DENY |
| EXM1 | A1 | M56 | DENY: NO MEDICAID PROVIDER NUMBER ON FILE | DENY |
| EXm7 | 22 | N4 | RAWLINGS DISALLOW-OTHER COMM. INSURANCE IDENTIFIED | DENY |
| EXm9 | 45 | | RAWLINGS DISALLOW-OTHER COMM. INSURANCE IDENTIFIED | PAY |
| EXMB | 119 | N587 | DENY: MAXIMUM BENEFIT REACHED | DENY |
| EXMH | 300 | | CLAIM FORWARDED TO MENTAL HEALTH PROVIDER | DENY |
| EXMQ | 140 | N382 | DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT | DENY |
| EXMW | 301 | | PLEASE SUBMIT SERVICES TO BEHAVIORAL HEALTH VENDOR | DENY |
| EXMZ | 45 | N130 | CLAIM REPROCESSED UNDER BABY S MEMBER NUMBER | PAY |
| EXN2 | 208 | | DENY: NPI NOT CERTIFIED TO PERFORM SERVICES PER STATE PROVIDER FILE | DENY |
| EXN6 | 16 | N816 | DENY: NDC UNIT OF MEASURE QUALIFIER OR QUANTITY MISSING OR INVALID | DENY |

| | | | | |
|---|---|---|---|---|
| EXNF | A1 | N448 | DENY:SERVICES NOT ON THE FEE SCHEDULE ARE NOT SEPERATLY REIMBURSABLE | DENY |
| EXng | 222 | N640 | ORIGINAL CLAIM LINE DENIED DUE TO EXCESS UNITS BASED ON MUE TABLE | DENY |
| EXnj | 16 | M46 | DENY: VALUE/OCCURRENCE SPAN CODES MISSING OR INVALID | DENY |
| EXNl | 96 | N56 | DENY: PROCEDURE AND DOS DO NOT MATCH AUTH | DENY |
| EXNq | B7 | | DENY: PROVIDER AND DOS DOES NOT MATCH AUTH | DENY |
| EXNR | 197 | | DENY: UNAUTHORIZED SERVICE | DENY |
| EXNS | 96 | M115 | DENY: ANCILLARY CHARGES NOT SEPARATELY PAYABLE | DENY |
| EXNy | 45 | | PAID OVER THERAPY BENEFIT MAXIMUM PER AUTHORIZATION | PAY |
| EXO2 | 45 | | PAY: AMOUNT SHOWN EQUALS MEMBERS SOC AMOUNT | PAY |
| EXOC | A1 | M20 | DENY: ONLY REV CODE BILLED - PLEASE RESUBMIT WITH CPT HCPCS | DENY |
| EXOQ | 70 | | ADJUST: CLAIM OUTLIER PAYMENT BASED ON FORENSIC REVIEW | PAY |
| EXOS | 252 | N26 | PAY: PYMT BASED ON DRG, OUTLIER WILL BE CALCULATED FROM ITEMIZED BILL | PAY |
| EXP1 | 45 | | BEYOND TIMELY FILING LIMIT, PAID IN GOOD FAITH | PAY |
| EXPA | 45 | | PAY ACCORDING TO CONTRACTUAL AGREEMENT | PAY |
| EXpE | 150 | M25 | INAPPROPRIATE LEVEL OF E M SERVICE BILLED, SEE POLICY ON PLAN WEBSITE | DENY |
| EXPF | 16 | N34 | DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM | DENY |
| EXpI | 207 | N257 | DENY: BILLING PROVIDER NPI INVALID | DENY |
| EXPJ | 45 | | PAY: REFERRING PROVIDER AFFILIATION NOT FOUND | PAY |
| EXPM | 45 | | PAY: PCP IS NOT EFFECTIVE AT THE TIME OF SERVIC | PAY |
| EXPp | 181 | N56 | PRINCIPAL OR OTHER PROC DATE IS PRIOR/AFTER BILL FROM AND THRU DATES | DENY |
| EXpR | 45 | N524 | PAY:THIS PORTION IS THE RESPONSIBILITY OF THE MEMBER | PAY |
| EXPs | 206 | N253 | DENY: ATTENDING PROVIDER NAME NPI MISSING/INVALID | DENY |
| EXqa | 16 | M50 | OBSERVATION EVALUATION AND MANAGEMENT CRITERIA NOT MET - AS OF JANUARY 1 | DENY |
| EXqJ | B15 | | OCE98 CLAIM WITH PASS THROUGH DEVICE LACKS REQUIRED PROCEDURE | DENY |
| EXqM | 16 | N823 | OCE101 ITEM OR SERVICE WITH MOD PN NOT ALLOWED UNDER PFS | DENY |
| EXqN | 16 | N823 | OCE102 MODIFIER PAIRING NOT ALLOWED ON THE SAME LINE | DENY |
| EXqR | 234 | N122 | OCE106 ADD-ON CODE REPORTED W/OUT REQUIRED PRIMARY PROC CODE | DENY |
| EXqT | 181 | N56 | OCE110 SERVICE PROVIDED PRIOR TO INITIAL MARKETING DATE | DENY |
| EXqV | 246 | | OCE112 INFORMATION ONLY SERVICE(S) | DENY |
| EXqW | 16 | MA63 | OCE113 SUPPLEMENTARY OR ADDITIONAL CODE NOT ALLOWED AS PRINCIPAL DX | DENY |
| EXqX | 4 | N519 | OCE114 ITEM OR SERVICE NOT ALLOWED WITH MODIFIER CS | DENY |
| EXqY | B15 | N122 | OCE115 COVID-19 LAB ADD-ON CODE REPORTED W/O REQUIRED PRIMARY PROC | DENY |
| EXR4 | A1 | M53 | DENY: R&B DAYS DO NOT EQUAL COVERAGE PERIOD | DENY |
| EXR7 | A1 | M49 | DENY: MISSING/INVALID VALUE CODE, CBSA CODE, OR ADMIT DATE ON HOSPICE | DENY |
| EXR9 | 16 | M50 | DENY: REVENUE CODES MISSING OR INVALID | DENY |
| EXre | 206 | N286 | REFERRING NPI IS REQUIRED ON THE CLAIM FORM | DENY |
| EXRh | 199 | N65 | DENY: REV CODE & CPT/HCPCS COMBINATION INVALID | DENY |
| EXRO | 70 | | APC-OUTLIER AMOUNT INCLUDED IN ALLOWABLE | PAY |
| EXrV | 16 | M50 | DENY: REVENUE CODES MISSING OR INVALID | DENY |
| EXRX | 280 | | DENY: PLEASE SUBMIT TO THE PHARMACY VENDOR FOR PROCESSING | DENY |
| EXSR | 45 | | SEQUESTRATION WAIVED 05-01-2020 TO 03-31-2022 DATES OF SERVICE | PAY |
| EXSt | A1 | N258 | DENY: STRS-PLEASE RESUBMIT CLAIM TO CORRECT PAYER ID/BILLING ADDRESS | DENY |
| EXT8 | 16 | M22 | DENY: TRANSPORTATION CLAIM MISSING ORIGIN/DEST ADDRESS | DENY |
| EXTQ | 45 | | PAY: TRANSPLANT SERVICES PAID AT % OF BILLED CHARGES | PAY |
| EXTU | B11 | N418 | DENY: CARVED OUT TO TRANSPORTATION VENDOR | DENY |
| EXTx | 16 | N434 | DENY - DRG ERROR - BILL TYPE NOT COVERED FOR THIS SERVICE | DENY |
| EXTZ | 45 | | ADJUSTMENT: THIRD PARTY LIABILITY, SUBROGATION RECOVERY RECEIVED | PAY |
| EXU1 | A1 | M127 | CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS | DENY |
| EXus | 44 | | PAYMENT IN FULL FOR MEDICARE&MEDICAID,DO NOT BILL PATIENT | PAY |
| EXUu | 222 | N640 | DENY-INVALID UNITS BILLED | DENY |
| EXUZ | 16 | N34 | DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB04 CMS1450 | DENY |
| EXva | 45 | M15 | APC: PACKAGED SERVICE | PAY |
| EXVB | 184 | N767 | ORDERING PROVIDER NOT REGISTERED WITH THE STATE | DENY |
| EXVC | 16 | M51 | DENY: BILL WITH SPECIFIC VACCINE CODE | DENY |

| EXve | 183 | N767 | REFERRING PROVIDER NOT REGISTERED WITH THE STATE | DENY |
|---|---|---|---|---|
| EXVj | 251 | N207 | DRG/APC ERROR - INVALID BIRTHWEIGHTS | DENY |
| EXvO | 16 | M51 | APC/HHA/ASC/ESRD/IRF/SNF INVALID BILLING OF THERAPY SERVICES | DENY |
| EXvr | 45 | M15 | REDUCTION APPLIED FOR MULT OPHTHALMOLOGY PROCEDURES PER PAYMENT POLICY | PAY |
| EXvV | A1 | N434 | DENY: MISSING OR INVALID POA | DENY |
| EXw2 | 16 | M51 | ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS | DENY |
| EXw3 | 4 | N517 | ASSISTANT,CO-SURGEION OR TEAM SURGEONS NOT TYPICALLY REQUIRED PER CMS | DENY |
| EXw4 | B16 | | NEW PATIENT E/M INAPPROPRIATE PER AMA GUIDELINES | DENY |
| EXwN | 5 | M77 | PROCEDURE CODE(S) BILLED IN AN INAPPROPRIATE SETTING PER PLAN POLICY | DENY |
| EXWO | 3 | | MEMBER COPAY | PAY |
| EXwW | 204 | N130 | NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER PLAN POLICY | DENY |
| EXx3 | 234 | N390 | PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE | DENY |
| EXx4 | 16 | M51 | PROCEDURE CODE/DIAGNOSIS CODE INCONSISTENT WITH MEMBERS GENDER | DENY |
| EXx7 | 234 | N122 | ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE | DENY |
| EXx9 | 234 | N390 | PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED | DENY |
| EXxb | 8 | N95 | PROCEDURE CODE NOT ELIGIBLE FOR ANESTHESIA | DENY |
| EXxh | 222 | N640 | SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED | DENY |
| EXxJ | 222 | | EXCEEDS MAXIMUM ALLOWANCE FOR GLOBAL/PROFESSIONAL/TECHNICAL COMPONENTS | DENY |
| EXxr | 16 | N430 | BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE | DENY |
| EXY6 | A1 | N4 | DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB | DENY |
| EXy9 | A1 | N517 | DENY: SVS INCLUDED INCORRECT CPT COMBINATIONS RESUBMIT CORRECTED BILL | DENY |
| EXyB | B16 | | INAPPROPRIATE USE OF NEW PATIENT E/M CODE PER AMA GUIDELINES | DENY |
| EXyC | 204 | N130 | NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER CENTENE POLICY | DENY |
| EXyl | 45 | M15 | REDUCTION APPLIED FOR MULTIPLE PROCEDURES PER PAYMENT POLICY | PAY |
| EXyJ | 18 | N702 | DUPLICATE CLAIMS BILLING SAME/SIMILAR CODE(S) FOR DATE OF SERVICE | DENY |
| EXyL | 204 | N130 | NOT MEDICALLY NECESSARY OR INELIGIBLE COSMETIC SURGERY PER CMS/PLAN | DENY |
| EXyn | 222 | N640 | MAXIMUM ALLOWANCE EXCEEDED | DENY |
| EXyt | 16 | M51 | INCORRECT PROCEDURE OR DX CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN | DENY |
| EXyw | 50 | N130 | NOT MEDICALLY NECESSARY OR INELIGIBLE SERVICE PER CMS OR PLAN RULES | DENY |
| EXyy | 45 | N130 | REIMBURSEMENT REDUCTION BASED ON CPT AND/OR CMS GUIDELINES | DENY |
| EXz1 | 16 | M76 | DENY: DIAGNOSIS CODE 24 MISSING OR INVALID | DENY |
| EXzA | 45 | | MICHIGAN MEDICAID - PER DIEM EXCEPTION, PAID IN FULL | PAY |
| EXZB | 8 | N95 | DENY: THIS PROVIDER SPECIALTY IS NOT COVERED | DENY |
| EXZC | 204 | N448 | DENY: PROVIDER NOT CONTRACTED FOR THE SERVICE PROVIDED | DENY |
| EXzj | 16 | M79 | OCE117 TOKEN CHARGES LESS THAN $1.01 BILLED BY PROVIDER | DENY |
| EXzk | 16 | MA30 | OCE118 INVALID BILL TYPE | DENY |