ALAMEDA Alliance FOR HEALTH

HEALTHsuite Claims Messages

Claim Message #	Claim Message Description	Suspend/Deny Code Null - (Blank) Deny I - Informational S - Suspend	RA Suppress Print Indicator (Checkbox) Y = Checked/Suppress N = Unchecked/Print
1	MEDICARE PART A CLAIM FOR A DOD PROVIDER	S	Y
2	PAYMENT REDUCED DUE TO MEDICARE	I	Y
3	CLAIM MUST BE RESUBMITTED WITH A MEDICARE SUMMARY NOTICE - MSN	S	Y
174	INSURED ID NOT FOUND	NULL	Y
254	PROCEDURE CODE IS INVALID	NULL	N
482	AUTHORIZATION ID NOT FOUND	NULL	Y
500	DIAGNOSIS CODE REQUIRED	S	Y
512	CLAIM TYPE IS INVALID	S	Y
513	PROVIDER AGREEMENT CODE MUST BE P-PAR OR N-NON PAR	S	Y
514	FROM AND THRU DATES ARE REQUIRED	S	Y
515	FROM DATE IS INVALID	S	Y
516	FROM DATE IS GREATER THAN CURRENT DATE	S	Y
517	THRU DATE IS INVALID	S	Y
518	THRU DATE IS GREATER THAN CURRENT DATE	S	Y
519	THRU DATE IS LESS THAN FROM DATE	S	Y
520	BILLING PROVIDER IS REQUIRED	S	Y
522	DCN IS REQUIRED	S	Y
524	DCN IS NOT UNIQUE	S	Y
528	DIAGNOSIS CODE NOT ON CLAIM	NULL	N
529	AMOUNT BILLED IS REQUIRED	NULL	N
530	CLAIM SERVICE DATES ARE REQUIRED	NULL	N
531	POSSIBLE DUPLICATE CLAIM	S	Y
532	SERVICE DATES ARE NOT WITHIN CLAIM DATES	S	Y
555	CASE NOT FOUND FOR CLAIM	S	Y
557	MEMBER IS NOT ELIGIBLE	NULL	N
578	CUSTOMER CLAIMS MUST BE REVIEWED	S	Y
592	NO BENEFITS FOUND FOR DATES OF SERVICE	NULL	N
593	PROCEDURE NOT COVERED IN MEMBER BENEFITS	S	Y
609	INVALID PLACE OF SERVICE	NULL	N
617	CLAIM HAS NO LINEITEMS	NULL	N
628	CLAIM RELATED CAUSE IS INVALID	S	Y
629	AUTHORIZATION IS PENDING	S	Y
630	AUTHORIZATION IS DENIED	NULL	N
631	REFERRAL ID IS REQUIRED	NULL	N
632	REFERRAL NOT FOUND	NULL	N
633	CLAIM PAST REFERRAL THROUGH DATE	NULL	N
637	PROVIDER REVIEW REQUESTED	S	Y
639	FEE NOT FOUND FOR PROCEDURE CODE	S	Y
641	AUTHORIZATION IS REQUIRED	NULL	N
656	CLAIM SUSPENDED/POSSIBLE OTHER INS	S	Y
660	CLAIM TYPE IS REQUIRED	NULL	Y
661	CLAIM RECEIVED AFTER NO# OF DAYS LIMIT	NULL	Y
663	INVALID FORMAT OF DCN	S	Y
809	SERVICE NOT AUTHORIZED	NULL	N
815	VERIFY CUSTOMER COB INFORMATION	S	Y
826	DIAGNOSIS CODE #1 IS INVALID	NULL	N
827	DIAGNOSIS CODE #2 IS INVALID	NULL	N
828	DIAGNOSIS CODE #3 IS INVALID	NULL	N
829	DIAGNOSIS CODE #4 IS INVALID	NULL	N
862	AUTHORIZATION PROVIDER DOES NOT MATCH CLAIM PROVIDER	S	Y
864	CLAIM DATES NOT WITHIN AUTHORIZATION DATES	NULL	N
866	REFERRAL INSURED DOES NOT MATCH CLAIM INSURED	NULL	N
867	REFERRAL PROVIDER DOES NOT MATCH CLAIM PROVIDER	NULL	N
868	SERVICE NOT REFERRED	NULL	N
869	MULTIPLE AUTHORIZATIONS MATCH CLAIM, MUST LOOKUP	S	Y
870	MULTIPLE REFERRALS MATCH CLAIM, MUST LOOKUP	NULL	Y
871	AUTHORIZATION INSURED DOES NOT MATCH CLAIM INSURED	NULL	Y
930	SERVICE LINE IS A DUPLICATE OF ANOTHER LINE	S	Y
931	TRAUMA DIAGNOSIS INDICATED FOR DIAGNOSIS #1	S	Y
932	TRAUMA DIAGNOSIS INDICATED FOR DIAGNOSIS #2	S	Y
933	TRAUMA DIAGNOSIS INDICATED FOR DIAGNOSIS #3	S	Y
934	TRAUMA DIAGNOSIS INDICATED FOR DIAGNOSIS #4	S	Y
942	THIS IS A CAPITATED SERVICE	NULL	N
943	THIS IS A PARTIALLY CAPITATED SERVICE	NULL	N
1017	AUTHORIZATION IS CLOSED	NULL	N
1019	DIAGNOSIS 1 INDICATES POSSIBLE DENTAL CLAIM	NULL	Y
1020	DIAGNOSIS 2 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM	NULL	Y
1021	DIAGNOSIS 2 INDICATES POSSIBLE DENTAL CLAIM	NULL	Y

1022	DIAGNOSIS 3 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM	NULL	Y
1023	DIAGNOSIS 3 INDICATES POSSIBLE DENTAL CLAIM	NULL	Y
1024	DIAGNOSIS 4 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM	NULL	Y
1025	DIAGNOSIS 4 INDICATES POSSIBLE DENTAL CLAIM	NULL	Y
1026	MORE THAN 10 SMARTSUSPENSE ERRORS FOUND	S	Y
1027	PROCEDURE NOT INDICATED FOR A MALE	NULL	N
1028	PROCEDURE NOT INDICATED FOR A FEMALE	NULL	N
1029	PROCEDURE IS CLASSIFIED AS A COSMETIC PROCEDURE	NULL	N
1030	PROCEDURE IS AN UNLISTED PROCEDURE	NULL	N
1031	PROCEDURE INDICATED FOR NEONATE PATIENT (<=30 DAYS OLD)	I	Y
1032	PROCEDURE INDICATED FOR PEDIATRC PATIENT (<= 17 YEARS OLD)	NULL	N
1033	PROCEDURE INDICATED FOR MATERNITY PATIENT (12-55 YEARS OLD)	NULL	N
1034	PROCEDURE INDICATED FOR ADULT PATIENT (OVER 14 YEARS OLD)	NULL	N
1035	PROCEDURE IS CLASSIFIED AS AN EXPERIMENTAL PROCEDURE	NULL	N
1036	E344 - VALUE DOES NOT MATCH CLAIM LEVEL DIAGNOSIS	NULL	N
1037	PROCEDURE SUBMITTED WITH MODIFIER 26, BUT PROFESSIONAL RVU = 0	NULL	N
1038	PROCEDURE REPLACED DUE TO AGE	NULL	N
1039	ASSISTANT SURGEON DENIED FOR THIS PROCEDURE	NULL	N
1040	PROCEDURE REPLACED WITH ESTABLISHED PATIENT PROCEDURE	NULL	N
1041	PROCEDURE IS AN INCIDENTAL PROCEDURE, PRIMARY PROCEDURE PRESENT	NULL	N
1042	PROCEDURE IS MUTUALLY EXCLUSIVE TO ANOTHER PROCEDURE ON CLAIM	NULL	N
1043	PROCEDURE IS POST OPERATIVE	NULL	N
1044	PROCEDURE IS PRE OPERATIVE	NULL	N
1045	PROCEDURE REPLACED DUE TO REBUNDLING	NULL	N
1046	PROCEDURE REPLACED DUE TO SEX	NULL	N
1047	PROCEDURE REPLACED DUE TO INTENSITY OF SERVICE	NULL	N
1048	PROCEDURE IS A MEDICAL VISIT, PRIMARY PROCEDURE PRESENT	NULL	N
1049	PROCEDURE NOT EXPECTED WITH DIAGNOSIS CODE	NULL	N
1050	PROCEDURE INCLUDES UNILATERAL OR BILATERAL PERFORMANCE	NULL	N
1051	PROCEDURE IS A BILATERAL CODE	NULL	N
1052	PROCEDURE ALREADY PERFORMED ALLOWABLE NUMBER OF TIMES IN A PATIENTS LIFETIME	NULL	N
1053	PROCEDURE ALREADY PERFORMED ALLOWABLE NUMBER OF TIMES IN A DAY	NULL	N
1054	PROCEDURE INDICATES POSSIBLE WORKERS COMPENSATION/AUTO LIABILITY	NULL	N
1055	PROCEDURE INDICATES POSSIBLE DENTAL LIABILITY	NULL	N
1056	DIAGNOSIS INDICATES POSSIBLE WORKERS COMPENSATION/AUTO LIABILITY	NULL	N
1057	DIAGNOSIS INDICATES POSSIBLE DENTAL LIABILITY	NULL	N
1058	DIAGNOSIS 1 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM	NULL	N
1066	INVALID TOOTH NUMBER	NULL	Y
1067	INVALID TOOTH SURFACE 1	NULL	Y
1068	INVALID PROSTHESIS CODE	NULL	Y
1069	INVALID ORAL CAVITY	NULL	Y
1079	PRESCRIBING PROVIDER ID IS INVALID	NULL	Y
1082	DIAGNOSIS CANNOT BE USED AS PRINCIPAL FOR DRG PROCESSING	NULL	N
1083	INVALID ADMISSION AGE FOR DRG PROCESSING	NULL	N
1084	INVALID PATIENT SEX FOR DRG PROCESSING	NULL	N
1085	INVALID DISCHARGE STATUS FOR DRG PROCESSING	NULL	N
1086	ILLOGICAL PRINCIPLE DIAGNOSIS FOR DRG PROCESSING	NULL	N
1087	INVALID PRINCIPLE DIAGNOSIS FOR DRG PROCESSING	NULL	N
1088	INVALID BIRTHWEIGHT IN GRAMS FOR DRG PROCESSING	NULL	N
1089	CONFLICTING BIRTHWEIGHT / DIAGNOSIS FOR DRG PROCESSING	NULL	N
1090	NON-SPECIFIC BIRTHWEIGHT / DIAGNOSIS FOR DRG PROCESSING	NULL	N
1091	INVALID DISCHARGE AGE FOR DRG PROCESSING	NULL	N
1092	INVALID LENGTH OF STAY FOR DRG PROCESSING	NULL	N
1093	INVALID FACILITY OR COUNTY FOR DRG PROCESSING	NULL	N
1094	INVALID ADMISSION SOURCE FOR DRG PROCESSING	NULL	N
1095	50 SERVICE LINE MAX EXCEEDED, CLAIM MUST BE SPLIT	S	Y
1102	E303 - PT SEX IS REQUIRED AND MUST HAVE A VALUE OF M, F OR U	S	Y
1103	E304 - INTERNAL TABLE LIMIT EXCEEDED, CONTACT MCKESSON	S	Y
1104	E305 - MAXIMUM EXCEEDED FOR ADDED CLAIM LINES, PLEASE SPLIT CLAIM	S	Y
1105	E308 - INVALID PROCEDURE CODE	I	Y
1106	E309 - DOB CANNOT BE GREATER THAN DATE OF SERVICE	S	Y
1107	E310 - FILE GCACPF UNAVAILABLE	S	Y
1108	E311 - FILE CUSTACPF UNAVAILABLE	S	Y
1109	E312 - NO PROCEDURE CODES ENTERED, CLAIM CANNOT BE AUDITED	S	Y
1110	E313 - DOS REQUIRED FOR PROCEDURE	S	Y
1111	E314 - CLIENT PROFILE RECORD NOT FOUND	S	Y
1112	E315 - FILE CUSTMOD UNAVAILABLE	S	Y
1113	E316 - FILE GCPLST UNAVAILABLE	S	Y
1114	E317 - FILE CUSTPLST UNAVAILABLE	S	Y
1115	E318 - ERROR WRITING INTEGRATED ERROR FILE (GCERR)	S	Y
1116	E319 - FILE CUSTSS UNAVAILABLE	S	Y
1117	E320 - DOS CANNOT BE A FUTURE DATE	S	Y
1118	E321 - BIRTHDATE CANNOT BE A FUTURE DATE	S	Y
1119	E324 - AGE CANNOT BE GREATER THAN 124 YEARS	S	Y
1120	E426 - ACPF DATA INVALID - CONTACT MCKESSON	S	Y

1121	E327 - ACCOUNT NOT FOUND ON CLIENT OPTIONS FILE	S	Y
1122	E430 - NUMBER OF PROCEDURES IS GREATER THAN 100	S	Y
1123	E331 - GCPROF FILE ERROR - CONTACT YOUR SUPPORT REP	S	Y
1124	E332 - ONLY ONE PROVIDER ALLOWED FOR CURRENT PROCEDURES	S	Y
1125	E333 - PROVIDER IS REQUIRED FOR HISTORY PROCEDURES	S	Y
1126	E334 - INVALID MODIFIER(S)	I	Y
1127	E335 - INVALID MODIFIER/PROCEDURE CODE COMBINATION	I	Y
1128	E336 - NO TRAILER RECORD FOR ACCOUNT	S	Y
1129	E337 - NO TRANSACTION RECORDS FOR ACCOUNT	S	Y
1130	E338 - RECORD COUNT MISMATCH	S	Y
1131	E339 - PX COUNT MISMATCH	S	Y
1132	E440 - CURRENT PROCEDURE LINES MUST HAVE SAME PROVIDER ID	S	Y
1133	E341 - NO CUSTSS OPTION RECORDS FOUND FOR THIS ACCOUNT	S	Y
1134	E342 - A CLAIM LEVEL DIAGNOSIS HAS NOT BEEN ENTERED FOR THIS POINTER	S	Y
1135	E343 - DIAGNOSIS MUST BE A VALID CODE	I	Y
1136	E344 - DIAGNOSIS 2 MUST BE A VALID CODE	I	Y
1137	E345 - NOT USING	NULL	Y
1138	E346 - NOT USING	NULL	Y
1139	E347 - DIAGNOSIS MUST BE A VALID CODE	I	Y
1140	E448 - NOT USED	NULL	Y
1141	E449 - CENTURY REQUIRED FOR DATE OF BIRTH	S	Y
1142	E350 - INVALID DATE (DATE OF BIRTH)	S	Y
1143	E351 - INVALID DATE (DEFAULT DOS)	S	Y
1144	E352 - INVALID DATE (PX-LEVEL DOS)	S	Y
1145	E353 - INVALID AMOUNT CHARGED	S	Y
1146	E354 - INVALID UCR	S	Y
1147	E355 - USER ID REQUIRED	S	Y
1148	E356 - RETURN PROGRAM REQUIRED	S	Y
1149	E357 - SPACES NOT ALLOWED IN A NUMERIC FIELD	S	Y
1150	E358 - CLAIM EXCEEDS 100 LINES INPUT MAXIMUM FOR CLAIMCHECK, PLEASE SPLIT CLAIM	S	Y
1151	E359 - PROCEDURE STATUS MUST BE ZERO (0)	S	Y
1152	E360 - CODE ORIGINATION MUST BE ZERO (0)	S	Y
1153	E361 - CLAIM STATUS MUST BE THREE (3)	S	Y
1154	E462 - CLAIM LEVEL PROVIDER OR PROCEDURE LINE PROVIDER REQUIRED	S	Y
1155	E363 - ENTRY FROM MUST BE ONE (1)	S	Y
1156	E364 - RESULTS DISPLAY MUST BE A, D, OR N	S	Y
1157	E365 - CLIENT CLAIM NUMBER REQUIRED	S	Y
1158	E366 - NUMBER PROCEDURES DOES NOT MATCH NUMBER SUBMITTED	S	Y
1159	E367 - CODING SYSTEM MUST BE THREE (3)	S	Y
1160	E368 - SOURCE PROGRAM MUST BE ONE (1)	S	Y
1161	E369 - ENTRY MODE MUST BE A C	S	Y
1162	E370 - NOT USING	S	Y
1163	E371 - FILE GCPROF UNAVAILABLE	S	Y
1164	E372 - FILE GCMCR UNAVAILABLE	S	Y
1165	E373 - FILE GCME UNAVAILABLE	S	Y
1166	E374 - FILE GCINC UNAVAILABLE	S	Y
1167	E375 - FILE GCCPF UNAVAILABLE	S	Y
1168	E376 - FILE GCLOG UNAVAILABLE	S	Y
1169	E477 - HISTORY STATUS INDICATOR MUST HAVE VALID VALUE	S	Y
1170	E378 - FILE GCLOG IS FULL	S	Y
1171	E382 - FILE CUSTMCR UNAVAILABLE	S	Y
1172	E383 - FILE CUSTME UNAVAILABLE	S	Y
1173	E384 - FILE CUSTINC UNAVAILABLE	S	Y
1174	E385 - FILE CUSTCPF UNAVAILABLE	S	Y
1175	E386 - FILE GCIOS UNAVAILABLE	S	Y
1176	E387 - FILE CUSTIOS UNAVAILABLE	S	Y
1177	E388 - FILE GCDXPX UNAVAILABLE	S	Y
1178	E389 - FILE CUSTDXPX UNAVAILABLE	S	Y
1179	E390 - FILE CUSTICD UNAVAILABLE	S	Y
1180	E391 - DATABASE VERSION NUMBER ERROR	S	Y
1181	E392 - FILE GCMCE UNAVAILABLE	S	Y
1182	E493 - FILE CUSTMCE UNAVAILABLE	S	Y
1183	E395 - FILE CUSTPXDX UNAVAILABLE	S	Y
1184	E396 - FILE MUE UNAVAILABLE	S	Y
1185	E397 - FILE GCICD UNAVAILABLE	S	Y
1186	E398 - FILE GCMOD UNAVAILABLE	S	Y
1187	E399 - INVALID PROGRAM CALL	S	Y
1216	DIAGNOSIS CODE #5 IS INVALID	NULL	N
1217	DIAGNOSIS CODE #6 IS INVALID	NULL	N
1218	DIAGNOSIS CODE #7 IS INVALID	NULL	N
1219	DIAGNOSIS CODE #8 IS INVALID	NULL	N
1220	DIAGNOSIS CODE #9 IS INVALID	NULL	N
1221	ADMIT DIAGNOSIS CODE IS INVALID	NULL	N
1276	RESPONSIBILITY OF PROVIDER	NULL	Y
1334	CLAIM REACHED THRESHOLD OF	S	Y

1348	PROCEDURE CODE IS NOT VALID FOR DATE	NULL	N
1350	CLAIM/AUTHORIZATION TYPE IS NOT VALID FOR DATE	NULL	Y
1352	DIAGNOSIS CODE #1 IS NOT VALID FOR DATE	NULL	N
1353	DIAGNOSIS CODE #2 IS NOT VALID FOR DATE	NULL	N
1354	DIAGNOSIS CODE #3 IS NOT VALID FOR DATE	NULL	N
1355	DIAGNOSIS CODE #4 IS NOT VALID FOR DATE	NULL	N
1356	DIAGNOSIS CODE #5 IS NOT VALID FOR DATE	NULL	N
1357	DIAGNOSIS CODE #6 IS NOT VALID FOR DATE	NULL	N
1358	DIAGNOSIS CODE #7 IS NOT VALID FOR DATE	NULL	N
1359	DIAGNOSIS CODE #8 IS NOT VALID FOR DATE	NULL	N
1360	DIAGNOSIS CODE #9 IS NOT VALID FOR DATE	NULL	N
1361	ADMIT DIAGNOSIS IS NOT VALID FOR DATE	S	Y
1376	SERVICE IS INCLUDED IN CASE RATE	I	Y
1377	UNITS AUTHORIZED LESS THAN UNITS BILLED	I	Y
1378	PLEASE REVIEW AUTHORIZATION FOR ADDITIONAL INFORMATION	S	Y
1379	RBRVS FEE SCHEDULE VALUES CONTAINS ZEROS	S	Y
1382	SUSPEND FOR FINANCIAL REVIEW	S	Y
1384	MIN/MAX PRV CONTRACT FEE RULE USED	I	Y
1385	DUPLICATE CLAIM	NULL	N
1386	MULTIPLE DUPLICATE CLAIMS	S	Y
1387	MULTI DUP CLMS FOR SRV LINE	NULL	N
1388	CALC AMOUNT IS GREATER THAN TOTAL BILLED AMOUNT	I	Y
1389	SERVICE PARTIALLY INCLUDED IN CASE RATE, HLF FEE SCHEDULE ID	I	Y
1390	CASE RATE COULD NOT BE PROCESSED FOR FEE SCHEDULE BECAUSE NO ROOM AND BOARD REVENUE CODE FOUND	I	Y
1391	SERVICE INCLUDED IN INPATIENT CASE RATE	I	Y
1392	MEDICARE UNASSIGNED CLAIM	S	Y
1393	OTHER INSURANCE DENIED THIS SERVICE/CLAIM	S	Y
1394	MEDICARE EXCLUSION APPLIED	I	Y
1398	STATUS CAN NOT BE CHANGED, AN ADJ/VD/REV HAS BEEN ISSUED ON ORIG CLM	NULL	N
1399	PROVIDER RETURN NOT SUFFICIENT TO COVER SELECTED CLAIMS(S)	NULL	N
1401	UCR FEE SCHEDULE VALUES CONTAIN ZEROS	S	Y
1405	QA - PERCENT OF CLAIMS	I	Y
1406	QA - CLAIMS NTH RECORD	I	Y
1407	QA - CLAIM BILLED AMT	I	Y
1408	QA - CLAIM ALW/PD AMT	I	Y
1409	QA - CLAIM TYPE	I	Y
1416	PROVIDER MUST HAVE TIER SELECTOR CONTRACT RULE	S	Y
1500	NO PAY PROVIDER	NULL	Y
1501	NOT COVERED PROVIDER	NULL	Y
1502	PROVIDER UNDER INVESTIGATION	NULL	N
1503	PROVIDER UNDER REVIEW BY FRAUD/ABUSE UNIT	NULL	N
1504	PROVIDER DEBARRED FROM THE PLAN	NULL	N
1505	CLAIM MUST BE RESUBMITTED WITH AN EOB FROM YOUR OTHER INSURER	S	Y
1506	VERIFY BENEFIT AND TIER COB INFORMATION	S	Y
1508	POSSIBLE DUPLICATE PAID CLAIM FOR MULT SERVICES/SAME DAY	S	Y
1509	BENEFITS EXHAUSTED FOR YEAR	I	Y
1513	SUSPENDED FOR ESRD REVIEW	S	Y
1514	PRE-CERTIFICATION REQUIRED - PENALTY APPLIED	I	Y
1517	CLAIM RECEIVED AFTER FILING LIMIT CUTOFF DATE	NULL	N
1519	SERVICE COVERED WHEN AUTHORIZED	S	Y
1520	PPO BENEFITS HAVE BEEN APPLIED	S	Y
1521	SPECIAL DOD PRICING APPLIES	I	Y
1522	MEDICARE DRG LIMITING IS APPLIED AND THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE	I	Y
1523	MEDICARE B LIMITING IS APPLIED AND THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE	I	Y
1524	MEDICARE 115% LIMITING IS APPLIED AND THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE	I	Y
1525	EASYGROUP PROCESSING HAS BEEN APPLIED	I	Y
1526	THE MEMBER MAY BE RESPONSIBLE FOR THE DIFFERENCE BETWEEN AMOUNT CHARGED AND AMOUNT PAID BY THE PLAN	I	Y
1527	AUTHORIZATION NOT TIMELY - PENALTY APPLIED	I	Y
1600	GROUPER RETURN CODE 1 IS INVALID	S	Y
1601	APG PACKING FILE I/O ERROR	S	Y
1602	APG CONSOLIDATION FILE I/O ERROR	S	Y
1603	DIAG/PROCEDURE PARAMETERS INVALID	S	Y
1604	GROUPER RETURN CODE 2 IS INVALID	S	Y
1605	HSS GROUPER SYSTEM WAS NOT FOUND	S	Y
1606	HSS PRICING SYSTEM WAS NOT FOUND	S	Y
1607	NO HOSPITAL RATE	S	Y
1608	NO DRG RATE	S	Y
1609	INVALID PTYPE	S	Y
1610	NEW YORK REIMBURSMENT NEGATIVE	S	Y
1611	NO DRG WEIGHTS/RATES	S	Y

1612	ATTEMPTED DIVIDE BY ZERO	S	Y
1613	HHPO, UNKNOWN PAY STRATEGY	S	Y
1614	HHPO, NOT PRICING POSSIBLE FOR THIS DRG	S	Y
1615	HHPO, NO PRICING POSSIBLE FOR NEONATAL TRANSFERS	S	Y
1616	HHPO OUTPATIENT, UNKNOWN OUTPATIENT PRICING STRATEGY	S	Y
1617	NORTH CAROLINA MEDICAID, ADMIT DATE EQUALS DISCHARGE DATE	S	Y
1618	MULTI-PRICER, INVALID PAYER TYPE	S	Y
1619	MULTI-PRICER, INVALID TIER START DAYS	S	Y
1620	INVALID FUNCTION CODE	S	Y
1621	INVALID PRICER TYPE	S	Y
1622	INVALID PATIENT TYPE	S	Y
1623	INVALID FUNCTION FOR THIS PATIENT TYPE	S	Y
1624	INVALID FROM/THROUGH DATE RELATIONSHIP	S	Y
1625	INVALID DIAGNOSIS OR PROCEDURE CODE COUNT	S	Y
1626	PRICER RETURN CODE 1 IS INVALID	S	Y
1627	HOSPITAL RATE CALCULATOR FILE I/O ERROR	S	Y
1628	DRG WEIGHT RATE FILE I/O ERROR	S	Y
1629	PRICER RETURN CODE 2 IS INVALID	S	Y
1630	PROVIDER IS MISSING MEDICARE NUMBER	S	Y
1631	E301 - CLAIM DIAGNOSIS INVALID BASED ON ICD-9 EXPIRATION DATE	S	Y
1632	E302 - CLAIM DIAGNOSIS INVALID BASED ON ICD-10-CM EFFECTIVE DATE	I	Y
1633	E306 - NOT USING	S	Y
1634	E307 - DO NOT USE	S	Y
1635	E321 - BIRTHDATE CANNOT BE A FUTURE DATE	S	Y
1636	E323 - NOT USING	S	Y
1637	E325 - NOT USING	S	Y
1638	E328 - NOT USING	S	Y
1639	E329 - NOT USING	S	Y
1640	E379 - DIAGNOSIS INVALID BASED ON ICD-9 EXPIRATION DATE	S	Y
1641	E380 - DIAGNOSIS INVALID BASED ON ICD-10-CM EFFECTIVE DATE	I	Y
1642	E381 - FILE GCXWALK UNAVAILABLE	S	Y
1643	E394 - FILE GCPCDX UNAVAILABLE	S	Y
1644	AMOUNT REDUCED DUE TO NON-COVERED SERVICE OR CONSTRAINT	I	Y
1645	OTHER PROCEDURE CODE IS REQUIRED	S	Y
1646	OTHER PROCEDURE CODE IS INVALID	S	Y
1647	ADJUSTMENT HAS CREATED A CLAIM OVERPAYMENT	I	Y
1648	MANUAL RE-PRICING REQUIRED	S	Y
1649	PAYMENT AMOUNT THRESHOLD EXCEEDED, PROVIDER FLAGGED FOR REVIEW	S	Y
1650	CLAIMCHECK DATA/DATABASE/FILE OPEN ERROR - CLAIM NOT AUDITED	S	Y
1651	PROVIDER STATE IS MISSING COULD NOT SEND TO REPRICING	S	Y
1652	BENEFIT MAXIMUM AMOUNT EXCEEDED	I	Y
1653	CLAIM REVIEW - DIAGNOSIS TO PROCEDURE DENIAL	S	Y
1654	CLAIM REVIEW - DIAGNOSIS TO PROCEDURE FLAG	S	Y
1655	CLAIM REVIEW - DIAGNOSIS TO PROCEDURE MONITOR	S	Y
1656	CLAIM REVIEW - NEW VISIT FREQUENCY	S	Y
1657	CLAIM REVIEW - INTENSITY OF SERVICE REPLACEMENT	S	Y
1658	CLAIM REVIEW - INTENSITY OF SERVICE SUSPEND	S	Y
1659	CLAIM REVIEW - INTENSITY OF SERVICE MONITOR	S	Y
1660	CLAIM REVIEW - MULTIPLE COMPONENT BILLING SUSPEND	S	Y
1661	CLAIM REVIEW - MULTIPLE COMPONENT BILLING MONITOR	S	Y
1662	CLAIM REVIEW - MULTIPLE COMPONENT BILLING SUSPEND	S	Y
1663	CLAIM REVIEW - MULTIPLE COMPONENT BILLING MONITOR	S	Y
1664	MULTIPLE VALUE OPTION PROVIDERS FOUND	S	Y
1665	MULTIPLE REPRICING PROVIDERS FOUND	S	Y
1666	MULTIPLE MEDSOLUTIONS PROVIDERS FOUND	S	Y
1667	MULTIPLE MEDICARE B LIMITING PROVIDERS FOUND	S	Y
1668	CLAIM PAID DIRECTLY TO MEMBER. MEMBER RESPONSIBLE FOR PAYING PROVIDER	I	Y
1669	SUBMIT CLAIM DIRECTLY TO	NULL	Y
1670	MULTIPLE TRAVEL NETWORK PROVIDERS FOUND	S	Y
1671	AUTHORIZATION REQUIRED FROM	NULL	Y
1672	ONLY PARTIAL DATES COVERED ON AUTHORIZATION	S	Y
1673	PROCEDURE CODE REQUIRES A MODIFIER	NULL	N
1674	CLAIM UNIT TYPE DOES NOT MATCH AUTH UNIT TYPE	NULL	Y
1675	MODIFIER IS INVALID	NULL	N
1676	PROCEDURE DOES NOT SUPPORT TECHNICAL COMPONENT MODIFIER	NULL	N
1677	PROCEDURE DOES NOT SUPPORT PROFESSIONAL COMP MODIFIER	NULL	N
1678	PROCEDURE DOES NOT SUPPORT MULTIPLE PROCEDURE MODIFIER	NULL	N
1679	PROCEDURE DOES NOT SUPPORT BILATERAL PROCEDURE MODIFIER	NULL	N
1680	PROCEDURE DOES NOT SUPPORT ASSISTANT SURGERY MODIFIER	NULL	N
1681	PROCEDURE DOES NOT SUPPORT CO-SURGERY MODIFIER	NULL	N
1682	PROCEDURE IS NOT VALID FOR PATIENT GENDER	NULL	N
1683	PROCEDURE IS NOT VALID FOR PATIENT AGE	NULL	N
1684	MULTIPLE PROCEDURE PAY PERCENTAGE APPLIED	I	Y
1685	AUTO-RECOVERY OF SUBROGATION REQUIRED	S	Y
1686	CLAIM PAYMENT APPLIED TO ONGOING SUBROGATION CASE	I	Y

1687	CLAIM PART OF PENDING SUBROGATION CASE	S	Y
1688	POSSIBLE SUBROGATION EXISTS, INFORMATION REQUIRED	S	Y
1690	RESUBMIT CLAIM WIH A MEDICARE REMITTANCE ADVICE (MRA)	S	Y
1691	VA CLAIM - NO MEMBER LIABILITY ASSESSED	S	Y
1692	CO-PAY HAS BEEN WAIVED	I	Y
1693	NPI SELF CHECK DIGIT IS INVALID	S	Y
1694	NO CLAIMS WILL BE ACCEPTED AFTER MAY 23, 2007 WITHOUT A VALID NPI	S	Y
1695	CLAIM SUSPENDED DUE TO W9 PROVIDER VALIDATION	S	Y
1696	PRIVATE ROOM CHARGES-VALUE CODE/AMOUNT INVALID	I	Y
1697	CODE IS INVLAID OR NOT VALID FOR SERVICE DATE	S	Y
1698	CODE IS VALID FOR SERVICE DATE BUT NOT ELIGIBLE FOR ASC	S	Y
1699	INVALID GROUPER TYPE	S	Y
1700	INVALID FROM/THRU DATE RELATIONSHIP	S	Y
1701	INVALID PRINCIPAL DIAGNOSIS CODE	S	Y
1702	DX/OP FILE I/O ERROR	S	Y
1703	EDIT RULE FILE I/O ERROR	S	Y
1704	EDIT RETURN CODE IS INVALID	S	Y
1705	INVALID EDITOR OPERATION CODE	S	Y
1706	NUMBER OF PROCEDURES < 1	S	Y
1707	OPCODE = 4 OR 5 AND MAXCCIERR < 1	S	Y
1708	UNSUPPORTED BILL TYPE	S	Y
1709	NUMBER OF DIAGNOSES < 1	S	Y
1710	NO MATCHING ACE OVERRIDE ID FOUND IN ACERULE FILE	S	Y
1711	ERROR OPENING ACE CODE FILE	S	Y
1712	ERROR OPENING CCI PAIRS FILE	S	Y
1713	ERROR OPENING OCE/CCI PAIRS FILE	S	Y
1714	ERROR OPENING ACERULE FILE	S	Y
1715	NO APG RATE RECORD	S	Y
1716	PRICER TYPE NOT LICENSED	S	Y
1717	CASE NOT PRICED	S	Y
1718	ER VISIT/NON-EMERGENT DIAGNOSIS, PAYMENT REDUCED	S	Y
1719	YOUR PAYMENT INCLUDES INTEREST SINCE CLAIM WAS NOT PROCESSED TIMELY	I	Y
1720	PER LCD/NCD GUIDELINES,NONE OF THE DIAGNOSIS CODE(S) ON THE CLAIM LINE MEET MEDICAL NECESSITY FOR PROCEDURE CODE	NULL	N
1721	PER LCD/NCD GUIDELINES,ONE OF THE DIAGNOSIS CODE(S) ON THE CLAIM LINE MEET MEDICAL NECESSITY FOR PROCEDURE CODE, HOWEVER IT IS NOT THE PRIMARY	NULL	N
1722	PER LCD/NCD GUIDELINES,PRIMARY DIAGNOSIS CODE ON THE CLAIM LINE DOES NOT MEET MEDICAL NECESSITY FOR PROCEDURE CODE	NULL	N
1723	PER LCD/NCD GUIDELINES,SECONDARY DIAGNOSIS CODE ON THE CLAIM LINE IS MISSING OR DOES NOT MEET MEDICAL NECESSITY FOR PROCEDURE CODE	NULL	N
1724	PER LCD/NCD GUIDELINES,TERTIARY DIAGNOSIS CODE ON THE CLAIM LINE IS MISSING OR DOES NOT MEET MEDICAL NECESSITY FOR PROCEDURE CODE	NULL	N
1725	PER LCD/NCD GUIDELINES,A REQUIRED MODIFIER IS NEEDED TO MEET MEDICAL NECESSITY FOR PROCEDURE CODE	NULL	N
1726	PER LCD/NCD GUIDELINES,THE PATIENTS AGE DOES NOT MEET POLICY GUIDELINES FOR PROCEDURE CODE	NULL	N
1727	PER LCD/NCD GUIDELINES,THE DIAGNOSIS CODE(S) DO NOT MEET CODE TO CODE DIAGNOSIS GUIDELINES FOR PROCEDURE CODE	NULL	N
1728	PER LCD/NCD GUIDELINES,A SPECIFIC MODIFIER IS NEEDED TO MEET POLICY GUIDELINES WHEN A CODE TO CODE RELATIONSHIP EXISTS WITH PROCEDURE CODE	NULL	N
1729	PER LCD/NCD GUIDELINES,A ADDITIONAL PROCEDURE CODE IS NEEDED TO MEET POLICY GUIDELINES WHEN BILLING PROCEDURE CODE	NULL	N
1730	PER LCD/NCD GUIDELINES,THE FREQUENCY FOR PROCEDURE CODE HAS BEEN EXCEEDED	NULL	N
1731	PER LCD/NCD GUIDELINES,THE PLACE OF SERVICE DOES NOT MEET GUIDELINES FOR PROCEDURE CODE	NULL	N
1732	PER LCD/NCD GUIDELINES,THE PATIENTS GENDER DOES NOT MEET GUIDELINES FOR PROCEDURE CODE	NULL	N
1733	PER LCD/NCD GUIDELINES,PROCEDURE CODE REQUIRES A SPECIFIC MODIFIER WHEN BILLED IN THIS PLACE OF SERVICE	NULL	N
1734	THE ACCOUNT ID CANNOT BE LOCATED IN THE ACCOUNTS LIST	NULL	Y
1735	THE SURGICAL PROCEDURE CODE HAS BEEN CROSSWALKED TO ANESTHESIA PROCEDURE CODE FOR EDITING OF THE CLAIM	NULL	N
1736	PROCEDURE WAS BILLED BY A PROVIDER NOT LISTED AS AN ANESTHESIOLOGIST OR NURSE ANESTHESTIST. REVIEW PROVIDER FILE AND DOCUMENTION TO VERIFY APPROPRIATENESS	NULL	N
1737	ONLY ALLOW THE ANESTHESIA CODE WITH THE HIGHEST VALUE PER OPERATIVE SESSION	NULL	N
1738	THE BEGINNING OR ENDING DOS IS INVALID OR MISSING OR BEGINNING DOS IS GREATER THAN PATIENTS DOB	NULL	N
1739	REVIEW PROCEDURE(S) FOR POSSIBLE BILATERAL REDUCTION OR PAYMENT ADJ OR 25 PERCENT	NULL	Y
1740	THE PLACE OR SERVICE IS MISSING OR INVALID	NULL	N
1741	SYSTEM UNABLE TO CROSSWALK THIS SURGICAL CODE TO AN ANESTHESIA CODE	NULL	Y
1742	PROCEDURE CODE NOT TYPICAL FOR AGE OF PATIENT	NULL	N
1743	THE BEGINNING OR ENDING DOS IS INVALID OR MISSING OR BEGINNING DOS IS GREATER THAN PATIENTS DOB	NULL	N

1744	PROCEDURE CODE HAS BEEN DELETED	NULL	N
1745	PROCEDURE CODE IS TYPICALLY CONSIDERED COSMETIC	NULL	N
1746	PROCEDURE CODE IS INVALID, MISSING OR DISABLED	NULL	N
1747	PROCEDURE CODE IS NOT TYPICALLY PERFORMED FOR A PATIENT WHOSE GENDER IS M	NULL	N
1748	USE OF MODIFIER 59 MAY REQUIRED SUPPORTING DOCUMENTATION	NULL	Y
1749	THIS LINE IS POSSIBLE DUPLICATE	NULL	Y
1750	PATIENTS DOB IS MISSING/INVALID OR AFTER DOS	NULL	N
1751	DISCREPANCY DETECTED BETWEEN NO OF UNITS AND SERVICE DATES	NULL	N
1752	CLAIM IS POSSIABLE DUPLICATE	NULL	Y
1753	PROCODURE IS WITHIN THE GLOBAL PERIOD OF 30 DAYS OF PREV (HISTORY) PROCEDURE CODE	NULL	N
1754	PROCODURE IS WITHIN THE GLOBAL PERIOD OF 90 DAYS OF PREV (HISTORY) PROCEDURE CODE	NULL	N
1755	DIAGNOSIS CODE IS NOT TYPICAL FOR AGE OF PATIENT	NULL	N
1756	NONE OF THE DIAGNOSIS CODES ON THIS CLAIM LINE ARE FREQUENTLY ASSOCIATED DIAGNOISIS FOR PROCEDURE CODE	NULL	N
1757	DIAGNOSIS CODE IS INVALID OR INACTIVE	NULL	N
1758	THERE IS NO PRIMARY DIAGNOSIS FOR THIS PROCEDURE	NULL	N
1759	PROCEDURE CODE REQUIRES CROSSWALK TO ANESTHESIA CODE PRIOR TO EDITING, REPLACE SURGICAL CPT CODE WITH APPROPRIATE ANESTHESIA CODE	NULL	N
1760	DIAGNOSIS CODE IS A NON-SPECIFIC DIAGNOSIS AND REQUIRES A FOURTH /FIFTH DIGIT	NULL	N
1761	MODIFIER COMBINATION CANNOT BE BILLED ON THE SAME LINE	NULL	N
1762	MODIFIER IS INVALID OR DISABLED	NULL	N
1763	PROCEDURE CODE IS CONSIDERED INVESTIGATIONAL OR EXPERIMENTAL	NULL	N
1764	DIAGNOSIS IS NOT TYPICAL FOR GENDER IS M	NULL	N
1765	PROCEDURE CODE REQUIRES MODIFIER 26 WHEN BILLING FOR PROFESSIONAL COMPONENT IN PLACE OF SERVICE 22	NULL	N
1766	MEDICARE STATUTORY PAYMENT RESTRICTION FOR ASSISTANTS AT SURGERY APPLIES TO PROCEDURE	NULL	N
1767	PER MEDICARE GUIDELINES, THE USUAL PAYMENT ADJUSTMENT FOR BILATERAL PROCEDURES DOES NOT APPLY	NULL	N
1768	PAYMENT FOR PROCEDURE CODE IS ALWAYS BUNDLED INTO PAYMENT FOR OTHER SERVICES NOT SPECIFIED AND NO SEPARATE PAYMENT IS MADE	NULL	N
1769	PROCEDURE CODE IS AN SERVICE FOR WHICH PAYMENT IS BUNDLED INTO PAYMENT FOR ANOTHER PHYSICIAN SERVICE BILLED ON THE SAME DAY BY SAME PROVIDER	NULL	N
1770	BILLING FOR CO-SURGEONS IS NOT PERMITTED FOR THE PROCEDURE	NULL	N
1771	PROCEDURE CODE REQUIRES A REVIEW OF DOC TO ESTABLISH THE MEDICAL NECESSITY OF SURGICAL ASSISTANT	NULL	N
1772	PROCEDURE CODE REQUIRES A REVIEW OF DOC TO ESTABLISH THE MEDICAL NECESSITY OF TWO SURGEONS	NULL	N
1773	PROCEDURE CODE REQUIRES DOCUMENTATION TO ESTABLISH THE MEDICAL NECESSITY OF A SURGICAL TEAM	NULL	N
1774	PROCEDURE CODE WITH AN ALLOWED DAILY FREQUENCY OF 1 HAS BEEN EXCEEDED FOR DOS	NULL	N
1775	PROCEDURE CODE IS WITHIN THE GLOBAL PERIOD OF HISTORY PROCEDURE CODE - DIAGNOISIS INDICATES SAME CONDITION	NULL	N
1776	AN ASSISTANT SURGEON MODIFIER IS NOT APPROPRIATE FOR PROCEDURE CODE	NULL	N
1777	MEDICARE CONSIDERS PROCEDURE CODE AS A BUNDLED SERVICE WHEN OTHER PAYABLE SERVICES ARE BILLED ON THE SAME DAY BY SAME PRV	NULL	N
1778	PROCEDURE CODE DOES NOT TYPICALLY REQUIRE PERFORMANCE BY PHYSICIAN IN PLACE OF SERVICE	NULL	N
1779	PROCEDURE CODE IS NOT COVERED BY MEDICARE	NULL	N
1780	PROCEDURE CODE IS NOT VALID FOR MEDICARE PURPOSES	NULL	N
1781	USE OF MODIFIER IS NOT TYPICAL FOR PROCEDURE CODE	NULL	N
1782	REVIEW PROCEDURES FOR POSSIABLE MULTIPLE REDUCTION OR PAYMENT ADJUSTMENT	NULL	N
1783	PROCEDURE CODE IS A PHYSICAL THERAPY SERVICE, NOT PAYMENT IS MADE DUE TO PLACE OF SERVICE	NULL	N
1784	TEAM SURGERY IS NOT PERMITTED FOR PROCEDURE	NULL	N
1785	HISTORY PROCEDURE CODE HAS A UNBUNDLED RELATIONSHIP	NULL	N
1786	PROCEDURE WAS BILLED ON SAME DAY AS AN E/M CODE	NULL	N
1787	DIAGNOSIS CODE DESCRIBES AN EXTERNAL CAUSE OR REQUIRES THE ICD CODE FOR FIRST UNDERLYING DISEASE	NULL	N
1788	PATIENT RECEIVED CARE BY PROVIDER WITHIN THE LAST THREE YEARS - ESTABLISHED PATIENT E/M CODE SHOULD BE PAID	NULL	N
1789	PATIENT ID IS MISSING	NULL	Y
1790	MODIFIER 26 IS NOT APPROPRIATE WITH PROCEDURE CODE - PROCEDURE IS DEFINED AS 100% PROFESSIONAL OR TECHNICAL	NULL	N
1791	PROCEDURE CODE WAS UNBUNDLED	NULL	N
1792	PROCEDURE CODE IS NOT TYPICALLY PERFORMED BY A PHYSICIAN AT PLACE OF SERVICE	NULL	N
1793	A PROCEDURE REDUCTION HAS BEEN APPLIED FOR ASSISTANT SURGEON OR CO-SURGEON OR TEAM SURGERY	NULL	N
1794	PRE-OP SERVICE PERFORMED 1 DAY BEFORE OR SAME DAY AS A HISTORY SURGICAL PROCEDURE CODE	NULL	N
1795	HISTORY PRE-OP E/M SERVICE PERFORMED 1 DAY BEFORE OR SAME DAY AS A HISTORY SURGICAL PROCEDURE CODE IS NOT ALLOWED AS PART OF GLOBAL PACKAGE	NULL	N

1796	PROVIDER ID IS MISSING	NULL	Y
1797	THE GENDER FOR THIS PATIENT IS EITHER MISSING OR INVALID	NULL	Y
1798	THERE IS MORE THAN ONE OCCURRENCE OF PROC ON SAME DOB WITH SURGICAL ASSISTANT MODIFIER ONLY ONE SURGICAL ASSISTANT IS ALLOWED PER PROCEDURE	NULL	N
1799	PROCEDURE CODE TYPICALLY REQUIRES NOT SURGICAL ASSISTANT	NULL	N
1800	DIAGNOSIS CODE COULD INVOLVE THIRD-PARTY LIABILITY AND/OR SUBROGATION OF BENEFITS	NULL	N
1801	PROCEDURE CODE IS AN UNLISTED PROCEDURE OR SERVICE	NULL	N
1802	RETAIN PROCEDURE CODE - THE TRANSFER RELATIONSHIP IS ON OTHER CLAIM	NULL	N
1803	REMOVE HISTORY PROCEDURE CODE -TRANSFER RELATIONSHIP IS ON OTHER CLAIM	NULL	Y
1804	RETAIN HISTORY PROCEDURE CODE -TRANSFER RELATIONSHIP IS ON OTHER CLAIM	NULL	Y
1805	DENY PROCEDURE CODE - TRANSFER RELATIONSHIP IS 27465	NULL	Y
1806	ADD PROCEDURE CODE TO THE CURRENT CLAIM	NULL	Y
1807	EASYGROUP OUTPATIENT PROCESSING HAS BEEN APPLIED	I	Y
1808	INVALID TOOTH SURFACE 2	NULL	Y
1809	INVALID TOOTH SURFACE 3	NULL	Y
1810	INVALID TOOTH SURFACE 4	NULL	Y
1811	INVALID TOOTH SURFACE 5	NULL	Y
1812	OTHER PROCEDURE CODE IS NOT VALID FOR DATE	NULL	N
1813	INVALID AGE; NOT IN RANGE 0 - 124	S	Y
1814	MEMBER GENDER IS REQUIRED/INVALID	S	Y
1815	INVALID DISCHARGE DISPOSITION/PATIENT STATUS	S	Y
1816	INVALID BIRTHWEIGHT	S	Y
1817	ALL O.R. PROCEDURES ARE UNSPECIFIC	S	Y
1818	TWO OR MORE DIFFERENT JOINT PROCEDURES ARE PRESENT	S	Y
1819	AGE OR GENDER AND DIAGNOSIS ARE INCONSISTENT	S	Y
1820	MEDICARE MAY BE SECONDARY PAYER	S	Y
1821	INVALID PROCEDURE CODE FOR EASYGROUP PROCESSING	S	Y
1822	INVALID PATIENT SEX FOR PROCEDURE CODE	S	Y
1823	MEDICARE MAY BE SECONDARY PAYER	S	Y
1824	NON-COVERED FOR REASON OTHER THAN STATUTE	S	Y
1825	QUESTIONABLE COVERED SERVICE	S	Y
1826	SEPARATE PAYMENT FOR SERVICE IS NOT PROVIDED	S	Y
1827	SITE OF SERVICE NOT INCLUDED IN OPPS	S	Y
1828	SERVICE UNITS OUT OF RANGE FOR PROCEDURE	S	Y
1829	MULTIPLE BILATERAL PROCEDURE WITHOUT MOD 50	S	Y
1830	INAPPROPRIATE SPECIFICATION OF BILATERAL PROCEDURE	S	Y
1831	INPATIENT PROCEDURE	S	Y
1832	MUTUALLY EXCLUSIVE PROCEDURE IS NOT ALLOWED BY NCCI	S	Y
1833	CODE 2 OF CODE PAIR NOT ALLOWED BY NCCI	S	Y
1834	MEDICIAL VISIT ON SAME DAY AS TYPE T OR S W/O MOD 25	S	Y
1835	INVALID DATE	S	Y
1836	TERMINATED BILATERAL PROCEDURE	S	Y
1837	INCONSISTENCY BETWEEN IMPLANTED DEVICE AND ASSOC PRC	S	Y
1838	MUTUALLY EXCL PROC THAT WOULD BE ALLOWED WITH NCCI MOD	S	Y
1839	CODE 2 OF CODE PAIR WOULD BE ALLOWED WITH NCCI MOD	S	Y
1840	INVALID REVENUE CODE	S	Y
1841	MULTI MEDICAL VISITS ON SAME DAY W/SAME REV CODE	S	Y
1842	TRANSFUSION OR BLOOD PRODUCT W/O SPEC OF BLOOD PROD	S	Y
1843	OBSERVATION REV CODE ON LINE WITH NON OBS HCPCS CODE	S	Y
1844	INPATIENT SEPARATE PROCEDURES NOT PAID	S	Y
1845	SERVICE IS NOT SEPARATELY PAYABLE	S	Y
1846	REVENUE CENTER REQUIRES HCPCS CODE	S	Y
1847	SERVICE ON SAME DAY AS INPATIENT PROCEDURE	S	Y
1848	NON-COVERED BASED ON STATUTORY EXCLUSION	S	Y
1849	MULTIPLE OBSERVATIONS OVERLAP IN TIME	S	Y
1850	OBSERVATION DOES NOT MEET MINIMUM HOURS	S	Y
1851	CODES G0378 AND G0379 ONLY ALLOWED WITH BILL TYPE 13X	S	Y
1852	MULTIPLE CODES FOR THE SAME SERVICE	S	Y
1853	NON-REPORTABLE FOR SITE OF SERVICE	S	Y
1854	E/M CONDITION NOT MET AND LINE ITEM DATE FOR OBSERVATION CODE G0244 IS NOT 12/31 OR 1/1	S	Y
1855	COMPOSITE E/M CONDITION NOT MET FOR OBSERVATION	S	Y
1856	G0379 ONLY ALLOWED WITH G0378	S	Y
1857	CLINICAL TRIAL REQUIRES DIAG CODE V707 AS OTHER THAN PRIMARY DGN	S	Y
1858	USER OF MODIFIER CA WITH MORE THAN ONE PROCEDURE NOT ALLOWED	S	Y
1859	SERVICE CAN ONLTY BE BILLED TO THE DMERC	S	Y
1860	CODE NOT RECOGNIZED BY OPPS	S	Y
1861	OT CODE ONLY BILLED ON PARTIAL HOSP CLAIMS	S	Y
1862	AT SERVICE NOT PAYALBE OUTSIDE THE PARTIAL HOSP PROGRAM	S	Y
1863	REVENUE CODE NOT RECOGNIZED BY MEDICARE	S	Y
1864	CODE REQUIRES MANUAL PRICING	S	Y
1865	SERVICE PROVIDED PRIOR TO FDA APPROVAL	S	Y
1866	SERVICE PROVIDED PRIOR TO DATE OF NCD APPROVAL	S	Y
1867	SERVICE PROVIDED OUTSIDE APPROVAL PERIOD	S	Y

1868	CA MODIFIER REQUIRES PATIENT STATUS CODE 20	S	Y
1869	CLAIM LACKS REQUIRED DEVICE CODE	S	Y
1870	SERVICE NOT BILLABLE TO THE FI/MAC	S	Y
1871	INCORRECT BILLING OF BLOOD AND BLOOD PRODUCTS	S	Y
1872	UNITS GREATER THAN ONE FOR BILATERAL PROC BILLED WITH MOD 50	S	Y
1873	INCORRECT BILLING OF MODIFIER FB OR FC	S	Y
1874	TRAUMA RESPONSE CRITICAL CARE CODE W/O REV CODE 068X & CPT99291	S	Y
1875	CLAIM LACKS ALLOWED PROCEDURE CODE	S	Y
1876	CLAIM LACKS REQUIRED RADIOPHARMACEUTICAL	S	Y
1877	DO NOT CODE SERVICES ESSENTIAL TO PROCEDURE	S	Y
1878	CODE IS A CPT SEPARATE PROCEDURE	S	Y
1879	CODE ONLY THE MORE EXTENSIVE PROCEDURE FOR THE SAME SITE	S	Y
1880	WITH AND WITHOUT CODES SHOULD NOT BE USED TOGETHER	S	Y
1881	ANESTHESIA SHOULD NOT BE REPORTED SEPARTELY WHEN ADMINISTERED BY THE OPERATING PHYSICIAN	S	Y
1882	DO NOT CODE LAB SERVICES SEPARTELY;CODE LAB PANEL	S	Y
1883	REPORT CODE FOR COMPLETED SERVICE ONLY	S	Y
1884	DO NOT CODE SERVICES INTEGRAL TO PROCEDURE	S	Y
1885	THESE CODES SHOULD NOT BE REPORTED TOGETHER PER CPT GUIDELINES	S	Y
1886	THESE CODES SHOULD NOT BE REPORTED TOGETHER PER DEFINITION	S	Y
1887	THESE SERVICES ARE NOT TYPICALLY PERFORMED TOGETHER	S	Y
1888	MEDICARE INPATIENT PSYCHIATRIC ONLY INVALID ALC	S	Y
1889	MEDICARE INPATIENT PSYCHIATRIC ONLY;# OF ECT TREATMENTS NOT CODED	S	Y
1890	MEDICARE INPATIENT PSYCHIATRIC ONLY; INVALID OCCURANCE SPAN	S	Y
1891	MEDICARE INPATIENT PSYCHIATRIC ONLY; ECT UNITS W/O ICD-9 PRC	S	Y
1892	MEDICARE LONG TERM CARE ONLY	S	Y
1893	PRESENT ON ADMISSION INDICATOR IS REQUIRED BUT IS INVALID	S	Y
1894	DIFFERENCE BETWEEN PRIVATE & SEMI-PRIVATE ROOM RATE NOT COVERED	I	Y
1895	INVALID BILL TYPE (EASYGroup)	S	Y
1896	DENIAL CLAIM (EASYGroup)	S	Y
1897	INVALID SERVICE DATES OR FROM-THRU DATES (EASYGroup)	S	Y
1898	CLAIM DENIED, REJECTED, OR RTP BY ACE (EASYGroup)	S	Y
1899	INVALID PARTIAL HOSPITALIZATION CLAIM (EASYGroup)	S	Y
1900	INCORRECT BILLING OF REVENUE CODE WITH HCPCS (EASYGroup)	S	Y
1901	MENTAL HEALTH CODE NOT APPROVED FOR PARTIAL HOSPITALIZATION PROGRAM (EASYGroup)	S	Y
1902	MENTAL HEALTH SERVICE NOT PAYABLE OUTSIDE PARTIAL HOSPITALIZATION PROGRAM (EASYGroup)	S	Y
1903	CHARGES EXCEEDS TOKEN CHARGE($1.01) (EASYGroup)	S	Y
1904	SERVICE PROVIDED ON OR ATER EFFECTIVE DATE OF NCD NON-COVERAGE (EASYGroup)	S	Y
1905	PCN MATCH FOUND, DUPLICATE CLAIM	S	Y
1906	PCN MATCH FOUND, MULTIPLE DUPLICATE CLAIMS	S	Y
1907	DIAGNOSIS/GENDER CONFLICT (EASYGroup)	I	Y
1908	MEDICARE AS SECONDARY PAYER ALERT (EASYGroup)	I	Y
1909	E-CODE AS REASON FOR VISIT (EASYGroup)	I	Y
1910	NO HIPPS CODE ON CLAIM (EASYGroup)	I	Y
1911	PRICER TYPE NOT LICENSED (EASYGroup)	S	Y
1912	TOTAL UNITS EXCEED PATIENTS LENGTH OF STAY (EASYGroup)	S	Y
1913	MEDSNF RECORD NOT FOUND (EASYGroup)	S	Y
1914	NO WEIGHTS (EASYGroup)	S	Y
1915	ERROR READING MEDSNF FILE (EASYGroup)	S	Y
1916	ERROR READING RATESNF FILE (EASYGroup)	S	Y
1917	ERROR READING FEE SCHEDULE FILE (EASYGroup)	S	Y
1918	INITIALIZATION ERROR (EASYGroup)	S	Y
1919	ERROR ALLOCATING MEMORY (EASYGroup)	S	Y
1920	PARAMETER PASSING ERROR (EASYGroup)	S	Y
1921	INVALID DIAGNOSIS (EASYGroup)	I	Y
1922	DIAGNOSIS/AGE CONFLICT (EASYGroup)	I	Y
1923	COMPUTED AGE IS GREATER THAT 140 YEARS (EASYGroup)	S	Y
1924	SUBMITTED AGE IS INVALID (EASYGroup)	S	Y
1925	BIRTH DATE BEFORE ADMISSION DATE/FROM DATE(EASYGroup)	S	Y
1926	INVALID BIRTH DATE (EASYGroup)	S	Y
1927	INVALID ADMISSION DATE/FROM DATE(EASYGroup)	S	Y
1928	SELF CARE, EATING (FIM39A, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1929	SELF CARE, GROOMING (FIM39B, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1930	SELF CARE, BATHING (FIM39C, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1931	SELF CARE, DRESSING UPPER BODY(FIM39D, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1932	SELF CARE, DRESSING LOWER BODY(FIM39E, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1933	SELF CARE, TOILETING(FIM39F, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1934	SPHINCTER CONTROL, BLADDER MANAGEMENT (FIM39G, ADM VALUE) IS OUT OF RANGE(EASYGroup)	S	Y
1935	SPHINCTER CONTROL, BOWEL MANAGEMENT (FIM39H, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1936	TRANSFERS, BED,CHAIR, WHEELCHAIR(FIM39I, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y

1937	TRANSFERS, TOILET(FIM39J, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1938	LOCOMOTION, WALK/WHEELCHAIR(FIM39L, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1939	LOCOMOTION, STAIRS(FIM39M, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1940	COMPREHENSION(FIM39N, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1941	EXPRESSION(FIM39O, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1942	SOCIAL INTERACTION(FIM39P, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1943	PROBLEM SOLVING(FIM39Q, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1944	MEMORY(FIM39R, ADM VALUE) IS OUT OF RANGE (EASYGroup)	S	Y
1945	IMPAIRMENT GROUP CODE IS INVALID (EASYGroup)	S	Y
1946	TOTAL MOTOR SCORE, ADMISSION, OUT OF RANGE (EASYGroup)	S	Y
1947	TOTAL COGNITIVE SCORE, ADMISSION, OUT OF RANGE(EASYGroup)	S	Y
1948	NO CMG RATE RECORD(EASYGroup)	S	Y
1949	INVALID PAYOR TYPE (EASYGroup)	S	Y
1950	LOS VALUE REQUIRED, MUST BE GREATER THAN ZERO (EASYGroup)	S	Y
1951	LOS < (THRUDATE - FROMDATE) AND NON-INTERRUPTED STAY(EASYGroup)	S	Y
1952	DISCHARGE STATUS IS MISSING(EASYGroup)	S	Y
1953	CMG/HIPPS CODE MISSING(EASYGroup)	S	Y
1954	RIC CODE INVALID(EASYGroup)	S	Y
1955	CMG/HIPPS ALOS IS MISSING; REQUIRED FOR TRANFER CALCULATION(EASYGroup)	S	Y
1956	NO MATCHING ACE OVERRIDE ID FOUND IN ACERULE FILE (EASYGroup)	S	Y
1957	NO APG RATE RECORD (EASYGroup)	S	Y
1958	MEDICARE INPATIENT PSYCHIATRIC ONLY INVALID ALC (EASYGroup)	S	Y
1959	MEDICARE INPATIENT PSYCHIATRIC ONLY;# OF ECT TREATMENTS NOT CODED (EASYGroup)	S	Y
1960	MEDICARE INPATIENT PSYCHIATRIC ONLY; INVALID OCCURANCE SPAN (EASYGroup)	S	Y
1961	MEDICARE INPATIENT PSYCHIATRIC ONLY; ECT UNITS W/O ICD-9 PRC (EASYGroup)	S	Y
1962	MEDICARE LONG TERM CARE ONLY (EASYGroup)	S	Y
1963	PRESENT ON ADMISSION INDICATOR IS REQUIRED BUT IS INVALID (EASYGroup)	S	Y
1964	N434-MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR - 1964	NULL	N
1966	MEMBER PROGRAM PARTICIPATION FALLS WITHIN A SERVICE DATE SPAN	I	Y
1967	TAXONOMY CODE IS INVALID FOR SERVICE DATES	I	Y
1968	INVALID ADMISSION AND/OR DISCHARGE DATE (EASYGroup)	S	Y
1969	PROMPT PAY PROVIDER CLAIM	I	Y
1970	PCN MATCH FOUND, DUPLICATE CLAIM	S	Y
1971	PCN MATCH FOUND, MULTIPLE DUPLICATE CLAIMS	S	Y
1972	B4-LATE FILING PENALTY	I	Y
1973	N211-YOU MAY NOT APPEAL THIS DECISION	I	Y
1974	25.3 - APPEAL RIGHTS ARE NOT APPLICABLE FOR THIS CLAIM	I	Y
1975	REVIEW FOR POSSIBLE MEDICARE TIMELY FILING EXCEPTION	S	Y
1976	REVIEW FOR POSSIBLE MEDI-CAL TIMELY FILING EXCEPTION	S	Y
1977	29 - THE TIME LIMIT FOR FILING HAS EXPIRED(MEDICARE)	NULL	N
1978	29 - THE TIME LIMIT FOR FILING HAS EXPIRED(MEDI-CAL)	NULL	N
1979	B4 - LATE FILING PENALTY(MEDI-CAL)	I	Y
1980	ADMISSION DATE IS LESS THAN CLAIM FROM DATE	S	Y
1981	ADMISSION DATE IS GREATER THAN CLAIM TO DATE	S	Y
1982	DISCHARGE DATE IS GREATER THAN CLAIM TO DATE	S	Y
1983	DISCHARGE DATE IS LESS THAN CLAIM FROM DATE	S	Y
1984	DIAGNOSIS 5 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM	S	Y
1985	DIAGNOSIS 5 INDICATES POSSIBLE DENTAL CLAIM	S	Y
1986	DIAGNOSIS 6 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM	S	Y
1987	DIAGNOSIS 6 INDICATES POSSIBLE DENTAL CLAIM	S	Y
1988	DIAGNOSIS 7 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM	S	Y
1989	DIAGNOSIS 7 INDICATES POSSIBLE DENTAL CLAIM	S	Y
1990	DIAGNOSIS 8 INDICATES POSSIBLE WORKERS COMPENSATION/AUTO CLAIM	S	Y
1991	DIAGNOSIS 8 INDICATES POSSIBLE DENTAL CLAIM	S	Y
1992	CLAIMCHECK EXPANDED ERROR FILE I/O ERROR	S	Y
1993	ASSISTANT SURGEON IS SOMETIMES ACCEPTABLE FOR THIS PROCEDURE, PLEASE REVIEW	S	Y
1994	ASSISTANT AT SURGERY IS SOMETIMES ACCEPTABLE FOR THIS PROCEDURE, PLEASE REVIEW	S	Y
1995	ASSISTANT AT SURGERY DENIED FOR THIS PROCEDURE	S	Y
1996	CCI (OR OCE) INCIDENTAL PROCEDURE; SHOULD NOT BE REIMBURSED	NULL	N
1997	CCI (OR OCE) MUTUALLY EXCLUSIVE PROCEDURE; SHOULD NOT BE REIMBURSED	NULL	N
1998	PROCEDURE WOULD HAVE DENIED BUT MODIFIER OVERRODE EDIT, PLEASE REVIEW	I	Y
1999	CMS REQUIRES 9 DIGIT PROVIDER ZIP CODE TO PROPERLY PRICE SERVICES	I	Y
2000	SERVICE LINE COB REQUIRED/MISSING	S	Y
2001	PAYMENT IS SUBJECT TO DIAGNOSTIC IMAGING CAP	I	Y
2002	UPN IS REQUIRED FOR THE PROCEDURE CODE	NULL	N
2003	PROCEDURE CODE DOES NOT ALLOW A UPN	I	Y
2004	UPN IS NOT VALID FOR THE PROCEDURE CODE	I	Y
2005	UPN IS VALID FOR THE PROCEDURE CODE BUT NOT FOR THE SERVICE DATE	I	Y
2006	DUPLICATE OF IN PROCESS CLAIM	NULL	N
2007	DUPLICATE OF SUSPENDED CLAIM	S	Y
2008	NDC IS REQUIRED FOR PROCEDURE CODE	NULL	N
2009	PROCEDURE CODE DOES NOT ALLOW A NDC	I	Y
2010	PCN MATCH FOUND, DUPLICATE OF IN PROCESS CLAIM	NULL	N

2011	PCN MATCH FOUND, DUPLICATE OF SUSPENDED CLAIM	S	Y
2012	THIS CLAIM IS A REPLACEMENT OF CLAIM ID	I	Y
2013	MORE THAN 1000 BENEFITS ELIGIBLE FOR SERVICES ON THIS CLAIM	NULL	Y
2014	CLAIM SUSPENDED (EASYGroup)	NULL	Y
2015	CLAIM RETURNED TO PROVIDER FOR CORRECTION (RTP) (EASYGroup)	NULL	N
2016	CLAIM REJECTED (EASYGroup)	NULL	N
2017	CLAIM DENIED (EASYGroup)	NULL	N
2018	CONDITION CODE 21 (EASYGroup)	NULL	N
2019	INVALID FROM/THRU DATES (EASYGroup)	NULL	N
2020	DATE OUT OF OCE RANGE (EASYGroup)	NULL	Y
2021	INVALID AGE (EASYGroup)	NULL	N
2022	INVALID SEX (EASYGroup)	NULL	N
2023	ONLY INCIDENTAL SERVICES REPORTED (EASYGroup)	NULL	N
2024	PARTIAL HOSPITALIZATION SERVICES,NON-MENTAL-HEALTH DIAGNOSIS (EASYGroup)	NULL	N
2025	INSUFFICIENT PARTIAL HOSPITALIZATION SERVICES (EASYGroup)	NULL	N
2026	PARTIAL HOSPITALIZATION SERVICE WITH PAYSTATUS T SERVICE (EASYGroup)	NULL	N
2027	PARTIAL HOSPITALIZATION < 4 DAYS WITH INSUFFICIENT OR INAPPROPRIATE SERVICES (EASYGroup)	NULL	N
2028	PARTIAL HOSPITALIZATION > 3 DAYS WITH INSUFFICIENT PHP SERVICES (EASYGroup)	NULL	N
2029	PARTIAL HOSPITALIZATION > 3 DAYS WITH INAPPROPRIATE SERVICES (EASYGroup)	NULL	N
2030	ONLY MENTAL HEALTH EDUCATION AND TRAINING SERVICES ARE PROVIDED DURING ONE OR MORE DAYS (EASYGroup)	NULL	N
2031	EXTENSIVE MENTAL HEALTH SERVICES PROVIDED PAYSTATUS T SERVICE (EASYGroup)	NULL	N
2032	PARTIAL HOSPITALIZATION CONDITION CODE INVALID FOR THIS BILL TYPE (EASYGroup)	NULL	N
2033	TOTAL CHARGES AMOUNT DOES NOT MATCH TOTAL SERVICE LINE CHARGES	I	Y
2034	UPN VALUE IS INVALID	I	Y
2035	NDC VALUE IS INVALID	NULL	N
2036	CMS DOES NOT PAY FOR THIS SERVICE UNDER THE MPFS	I	Y
2037	REASON FOR VISIT 1 VALUE OR QUALIFIER IS INVALID	I	Y
2038	REASON FOR VISIT 2 VALUE OR QUALIFIER IS INVALID	I	Y
2039	REASON FOR VISIT 3 VALUE OR QUALIFIER IS INVALID	I	Y
2040	NON-EXEMPT PROVIDER - REQUIRED PRESENT ON ADMISSION INDICATOR MISSING	S	Y
2041	ADMIT DIAGNOSIS/AGE CONFLICT (EASYGroup)	I	Y
2042	ADMIT DIAGNOSIS/GENDER CONFLICT (EASYGroup)	I	Y
2043	PROCEDURE NOT FOUND IN CODE TABLE (EASYGroup)	I	Y
2044	PROCEDURE NOT VALID FOR SERVICE DATE (EASYGroup)	I	Y
2045	SERVICES PAID UNDER FEE SCHEDULE OR OTHER PROSPECTIVELY DETERMINED RATE (EASYGroup)	I	Y
2046	SERVICE NOT ALLOWED UNDER OPPS ON HOSPITAL OUTPATIENT CLAIM (EASYGroup)	I	Y
2047	INPATIENT SERVICE, NOT PAID UNDER OPPS (EASYGroup)	I	Y
2048	NON-COVERED SERVICE, NOT PAID UNDER OPPS (EASYGroup)	I	Y
2049	CORNEAL, CRNA AND HEPATITIS B (EASYGroup)	I	Y
2050	DRUG/BIOLOGICAL PASS-THROUGH (EASYGroup)	I	Y
2051	PASS-THROUGH DEVICE, BRACHYTHERAPY SOURCE, RADIOPHARMACEUTICALS (EASYGroup)	I	Y
2052	NEW DRUG/BIOLOGICAL, TRANSITIONAL PASS-THROUGH PAYMENT (EASYGroup)	I	Y
2053	NON-PASS-THROUGH DRUGS AND BIOLOGICALS (EASYGroup)	I	Y
2054	INFLUENZA VIRUS OR PNEUMOCOCCAL PNEUMONIA VACCINE(PPV) (EASYGroup)	I	Y
2055	SERVICE NOT BILLABLE TO THE FI/MAC (EASYGroup)	I	Y
2056	PACKAGED/INCIDENTAL SERVICE (EASYGroup)	I	Y
2057	PARTIAL HOSPITALIZATION SERVICE (EASYGroup)	I	Y
2058	PACKAGED SERVICE SUBJECT TO SEPARATE PAYMENT BASED ON PAYMENT CRITERIA (EASYGroup)	I	Y
2059	SIGNIFICANT PROCEDURE, NOT SUBJECT TO DISCOUNTING (EASYGroup)	I	Y
2060	SIGNIFICANT PROCEDURE, SUBJECT TO DISCOUNTING (EASYGroup)	I	Y
2061	CLINIC OR EMERGENCY DEPARTMENT VISIT (EASYGroup)	I	Y
2062	INVALID HCPCS, OR BLANK HCPCS AND INVALID REVENUE CODE (EASYGroup)	I	Y
2063	ANCILLARY SERVICE (EASYGroup)	I	Y
2064	NON-IMPLANTABLE DME (EASYGroup)	I	Y
2065	VALID REVENUE CODE, BLANK HCPCS, NO OTHER STATUS INDICATOR ASSIGNED (EASYGroup)	I	Y
2066	CONDITIONALLY BILATERAL (EASYGroup)	I	Y
2067	INHERENTLY BILATERAL (EASYGroup)	I	Y
2068	INDEPENDENTLY BILATERAL (EASYGroup)	I	Y
2069	NOT BILATERAL (EASYGroup)	I	Y
2070	PACKAGED SERVICE (EASYGroup)	I	Y
2071	PACKAGED AS PART OF PARTIAL HOSPITALIZATION OR MENTAL HEALTH PER DIEM (EASYGroup)	I	Y
2072	SURGICAL CHARGES ARE LESS THAN $0.01 (EASYGroup)	I	Y
2073	PACKAGED AS PART OF DRUG ADMINISTRATION APC PAYMENT (EASYGroup)	I	Y
2074	PACKAGED AS PART OF COMPOSITE APC (EASYGroup)	I	Y
2075	DIAGNOSIS CODE #10 IS INVALID	I	Y
2076	DIAGNOSIS CODE #11 IS INVALID	I	Y
2077	DIAGNOSIS CODE #12 IS INVALID	I	Y
2078	DIAGNOSIS CODE #13 IS INVALID	I	Y

2079	DIAGNOSIS CODE #14 IS INVALID	I	Y
2080	DIAGNOSIS CODE #15 IS INVALID	I	Y
2081	DIAGNOSIS CODE #16 IS INVALID	I	Y
2082	DIAGNOSIS CODE #17 IS INVALID	I	Y
2083	DIAGNOSIS CODE #18 IS INVALID	I	Y
2084	DIAGNOSIS CODE #19 IS INVALID	I	Y
2085	DIAGNOSIS CODE #20 IS INVALID	I	Y
2086	DIAGNOSIS CODE #21 IS INVALID	I	Y
2087	DIAGNOSIS CODE #22 IS INVALID	I	Y
2088	DIAGNOSIS CODE #23 IS INVALID	I	Y
2089	DIAGNOSIS CODE #24 IS INVALID	I	Y
2090	DIAGNOSIS CODE #10 IS NOT VALID FOR DATE	I	Y
2091	DIAGNOSIS CODE #11 IS NOT VALID FOR DATE	I	Y
2092	DIAGNOSIS CODE #12 IS NOT VALID FOR DATE	I	Y
2093	DIAGNOSIS CODE #13 IS NOT VALID FOR DATE	I	Y
2094	DIAGNOSIS CODE #14 IS NOT VALID FOR DATE	I	Y
2095	DIAGNOSIS CODE #15 IS NOT VALID FOR DATE	I	Y
2096	DIAGNOSIS CODE #16 IS NOT VALID FOR DATE	I	Y
2097	DIAGNOSIS CODE #17 IS NOT VALID FOR DATE	I	Y
2098	DIAGNOSIS CODE #18 IS NOT VALID FOR DATE	I	Y
2099	DIAGNOSIS CODE #19 IS NOT VALID FOR DATE	I	Y
2100	DIAGNOSIS CODE #20 IS NOT VALID FOR DATE	I	Y
2101	DIAGNOSIS CODE #21 IS NOT VALID FOR DATE	I	Y
2102	DIAGNOSIS CODE #22 IS NOT VALID FOR DATE	I	Y
2103	DIAGNOSIS CODE #23 IS NOT VALID FOR DATE	I	Y
2104	DIAGNOSIS CODE #24 IS NOT VALID FOR DATE	I	Y
2105	TOTAL NON-COVERED AMOUNT DOES NOT MATCH TOTAL SERVICE LINE NON-COVERED AMOUNT	I	Y
2106	DIAGNOSIS CODE #25 IS INVALID	I	Y
2107	DIAGNOSIS CODE #25 IS NOT VALID FOR DATE	I	Y
2108	CLAIM DX VERSION DOES NOT MATCH SERVICE DIAGNOSIS DX VERSION(S)	I	Y
2109	CLOSED OR INACTIVE RATE RECORD (EASYGroup)	S	Y
2110	CLAIM DATES < 01/01/2008 AND NO HOSPITAL RATE FOUND (EASYGroup)	S	Y
2111	CLAIM DATES >= 01/01/2008 AND NO HOSPITAL RATE FOUND (EASYGroup)	S	Y
2112	CONFIGURATION/HOSPITAL RATE FILES ARE OUT OF SYNCH (EASYGroup)	S	Y
2113	HAC EDITOR NOT FOUND (EASYGroup)	S	Y
2114	GROUPER INITIALIZATION ERROR (EASYGroup)	S	Y
2115	GROUPER ERROR COLLECTING MEMORY(EASYGroup)	S	Y
2116	NO CMG MATCH(EASYGroup)	S	Y
2117	NON-COVERED CLAIM - MEDICARE INPATIENT(EASYGroup)	S	Y
2118	NON-PAYMENT CLAIM - MEDICARE INPATIENT(EASYGroup)	S	Y
2119	CLAIM CONTAINS NEVER EVENT - NEW YORK STATE(EASYGroup)	S	Y
2120	WRONG PROCEDURE PERFORMED - MEDICARE INPATIENT, TRICARE YORK STATE(EASYGroup)	S	Y
2121	INVALID REIMBURSEMENT CONFIGURATION - MULTI-PRICER/DRG PRO(EASYGroup)	S	Y
2122	INVALID BIOPSY CODE (EASYGroup)	S	Y
2123	RESERVED FOR CREDIT/ADJUSTMENT CLAIM (EASYGroup)	S	Y
2124	INVALID HOME HEALTH CLAIM DATES (EASYGroup)	S	Y
2125	INVALID NUMBER OF HIPPS CODES (EASYGroup)	S	Y
2126	HIPPS CODE INDICATED NRS WERE PROVIDED, BUT NRS NOT ON CLAIM(EASYGroup)	S	Y
2127	INVALID OR MISSING CBSA(EASYGroup)	S	Y
2128	FINAL CLAIM MUST HAVE AT LEAST ONE VISIT-RELATED REVENUE CODE(EASYGroup)	S	Y
2129	NO AVAILABLE HHRG WEIGHT/RATE (EASYGroup)	S	Y
2130	INCORRECT BILLING OF AMCC ESRD-REALTED TESTS (EASYGroup)	S	Y
2131	INVALID BILLING OF THERAPY SERVICES (EASYGroup)	S	Y
2132	INVALID BILL TYPE NOT 18X,21X,22X OR 23X (EASYGroup)	S	Y
2133	SERVICE DATE INVALID OR OUT OF RANGE (EASYGroup)	S	Y
2134	CLAIM SPANS CALENDAR YEAR (EASYGroup)	S	Y
2135	INVALID BILLING OF THERAPY SERVICES (EASYGroup)	S	Y
2136	CLAIM SPANS > 365 DAYS (EASYGroup)	S	Y
2137	SERVICE SUBMITTED FOR FI/MAC REVIEW - CONDITION CODE 20(EASYGroup)	S	Y
2138	INSUFFICIENT PARTIAL HOSPITALIZATION SERVICES (EASYGroup)	S	Y
2139	STVX - PACKAGED SERVICES (EASYGroup)	I	Y
2140	T - PACKAGED SERVICES (EASYGroup)	I	Y
2141	SERVICES THAT MAY BE PAID THROUGH A COMPOSITE APC (EASYGroup)	I	Y
2142	BLOOD AND BLOOD PRODUCTS (EASYGroup)	I	Y
2143	BRACHYTHERAPY SOURCES (EASYGroup)	I	Y
2144	DATE IN HOSPEXT FILE DOES NOT MATCH HOSPRATE FILE(EASYGroup)	I	Y
2145	MISSING DIAGNOSIS CODE (EASYGroup)	S	Y
2146	INVALID CASE-MIX ADJUSTMENT (EASYGroup)	S	Y
2147	ATTEMPTED DIVIDE BY ZERO (EASYGroup)	S	Y
2148	CONFIGURATION RECORD ERROR/OUT OF SYNCH (EASYGroup)	S	Y
2149	MEDEXT RECORD NOT FOUND(EASYGroup)	S	Y
2150	N434-MISSING/INCOMPLETE/INVALID PRESENT ON ADMISSION INDICATOR - 2150	S	Y
2151	E-CODE 1 VALUE OR QUALIFIER IS INVALID	S	Y

2152	E-CODE 2 VALUE OR QUALIFIER IS INVALID	S	Y
2153	E-CODE 3 VALUE OR QUALIFIER IS INVALID	S	Y
2154	CODES INDICATE MUTUALLY EXCLUSIVE SERVICES(EASYGroup)	S	Y
2155	NON-EXEMPT PROVIDER - REQUIRED PRESENT ON ADMISSION INDICATOR MISSING(EDI)	S	Y
2156	UNKNOWN RETURN CODE FROM CLAIM CHECK	S	Y
2159	PROCEDURE TO DIAGNOSIS PROCEDURE DENIED (CLAIM REVIEW)	NULL	N
2160	MEDICALLY UNNECESSARY PROCEDURE DENIED (CLAIM REVIEW)	NULL	N
2161	CLAIM REVIEW - PROCEDURE TO DIAGNOSIS DENIAL	S	Y
2162	CLAIM REVIEW - PROCEDURE TO DIAGNOSIS SUSPEND	S	Y
2163	CLAIM REVIEW - PROCEDURE TO DIAGNOSIS MONITOR	S	Y
2164	INVALID BILLING OF CARDIAC RESYNC THERAPY CODES(EASYGroup)	S	Y
2165	CLAIM SUSPENDED DUE TO W9 PROVIDER TO BE PAID VALIDATION	S	Y
2166	SERVICE HAS EXCEEDED FEE SCHEDULE MAXIMUM PER DAY	I	Y
2167	FEE SCHEDULE MAXIMUM PER DAY EXCEEDED ON PREVIOUSLY PAID SERVICE/CLAIM	I	Y
2168	PRINCIPAL DIAGNOSIS CODE IS NOT VALID FOR DATE	I	Y
2169	ADMIT DIAGNOSIS CODE IS NOT VALID FOR DATE	I	Y
2170	OTHER DIAGNOSIS CODE #1 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2171	OTHER DIAGNOSIS CODE #2 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2172	OTHER DIAGNOSIS CODE #3 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2173	OTHER DIAGNOSIS CODE #4 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2174	OTHER DIAGNOSIS CODE #5 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2175	OTHER DIAGNOSIS CODE #6 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2176	OTHER DIAGNOSIS CODE #7 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2177	OTHER DIAGNOSIS CODE #8 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2178	OTHER DIAGNOSIS CODE #9 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2179	OTHER DIAGNOSIS CODE #10 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2180	OTHER DIAGNOSIS CODE #11 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2181	OTHER DIAGNOSIS CODE #12 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2182	OTHER DIAGNOSIS CODE #13 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2183	OTHER DIAGNOSIS CODE #14 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2184	OTHER DIAGNOSIS CODE #15 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2185	OTHER DIAGNOSIS CODE #16 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2186	OTHER DIAGNOSIS CODE #17 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2187	OTHER DIAGNOSIS CODE #18 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2188	OTHER DIAGNOSIS CODE #19 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2189	OTHER DIAGNOSIS CODE #20 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2190	OTHER DIAGNOSIS CODE #21 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2191	OTHER DIAGNOSIS CODE #22 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2192	OTHER DIAGNOSIS CODE #23 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2193	OTHER DIAGNOSIS CODE #24 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2194	OTHER DIAGNOSIS CODE #25 IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2195	ADMIT DIAGNOSIS CODE IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2196	AGE OR GENDER AND PRINCIPAL DIAGNOSIS ARE INCONSISTENT	I	Y
2197	AGE OR GENDER AND ADMIT DIAGNOSIS ARE INCONSISTENT	I	Y
2198	AGE OR GENDER AND OTHER DIAGNOSIS #1 ARE INCONSISTENT	I	Y
2199	AGE OR GENDER AND OTHER DIAGNOSIS #2 ARE INCONSISTENT	I	Y
2200	AGE OR GENDER AND OTHER DIAGNOSIS #3 ARE INCONSISTENT	I	Y
2201	AGE OR GENDER AND OTHER DIAGNOSIS #4 ARE INCONSISTENT	I	Y
2202	AGE OR GENDER AND OTHER DIAGNOSIS #5 ARE INCONSISTENT	I	Y
2203	AGE OR GENDER AND OTHER DIAGNOSIS #6 ARE INCONSISTENT	I	Y
2204	AGE OR GENDER AND OTHER DIAGNOSIS #7 ARE INCONSISTENT	I	Y
2205	AGE OR GENDER AND OTHER DIAGNOSIS #8 ARE INCONSISTENT	I	Y
2206	AGE OR GENDER AND OTHER DIAGNOSIS #9 ARE INCONSISTENT	I	Y
2207	AGE OR GENDER AND OTHER DIAGNOSIS #10 ARE INCONSISTENT	I	Y
2208	AGE OR GENDER AND OTHER DIAGNOSIS #11 ARE INCONSISTENT	I	Y
2209	AGE OR GENDER AND OTHER DIAGNOSIS #12 ARE INCONSISTENT	I	Y
2210	AGE OR GENDER AND OTHER DIAGNOSIS #13 ARE INCONSISTENT	I	Y
2211	AGE OR GENDER AND OTHER DIAGNOSIS #14 ARE INCONSISTENT	I	Y
2212	AGE OR GENDER AND OTHER DIAGNOSIS #15 ARE INCONSISTENT	I	Y
2213	AGE OR GENDER AND OTHER DIAGNOSIS #16 ARE INCONSISTENT	I	Y
2214	AGE OR GENDER AND OTHER DIAGNOSIS #17 ARE INCONSISTENT	I	Y
2215	AGE OR GENDER AND OTHER DIAGNOSIS #18 ARE INCONSISTENT	I	Y
2216	AGE OR GENDER AND OTHER DIAGNOSIS #19 ARE INCONSISTENT	I	Y
2217	AGE OR GENDER AND OTHER DIAGNOSIS #20 ARE INCONSISTENT	I	Y
2218	AGE OR GENDER AND OTHER DIAGNOSIS #21 ARE INCONSISTENT	I	Y
2219	AGE OR GENDER AND OTHER DIAGNOSIS #22 ARE INCONSISTENT	I	Y
2220	AGE OR GENDER AND OTHER DIAGNOSIS #23 ARE INCONSISTENT	I	Y
2221	AGE OR GENDER AND OTHER DIAGNOSIS #24 ARE INCONSISTENT	I	Y
2222	AGE OR GENDER AND OTHER DIAGNOSIS #25 ARE INCONSISTENT	I	Y
2223	PRINCIPAL DIAGNOSIS IS DUPLICATE OF SECONDARY DIAGNOSIS	I	Y
2224	ADMIT DIAGNOSIS IS DUPLICATE OF SECONDARY DIAGNOSIS	I	Y
2225	OTHER DIAGNOSIS #1 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2226	OTHER DIAGNOSIS #2 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2227	OTHER DIAGNOSIS #3 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2228	OTHER DIAGNOSIS #4 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y

2229	OTHER DIAGNOSIS #5 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2230	OTHER DIAGNOSIS #6 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2231	OTHER DIAGNOSIS #7 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2232	OTHER DIAGNOSIS #8 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2233	OTHER DIAGNOSIS #9 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2234	OTHER DIAGNOSIS #10 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2235	OTHER DIAGNOSIS #11 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2236	OTHER DIAGNOSIS #12 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2237	OTHER DIAGNOSIS #13 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2238	OTHER DIAGNOSIS #14 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2239	OTHER DIAGNOSIS #15 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2240	OTHER DIAGNOSIS #16 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2241	OTHER DIAGNOSIS #17 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2242	OTHER DIAGNOSIS #18 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2243	OTHER DIAGNOSIS #19 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2244	OTHER DIAGNOSIS #20 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2245	OTHER DIAGNOSIS #21 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2246	OTHER DIAGNOSIS #22 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2247	OTHER DIAGNOSIS #23 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2248	OTHER DIAGNOSIS #24 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2249	OTHER DIAGNOSIS #25 IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2250	PRINCIPAL DIAGNOSIS POA INDICATOR REQUIRED	I	Y
2251	ADMIT DIAGNOSIS POA INDICATOR REQUIRED	I	Y
2252	OTHER DIAGNOSIS #1 POA INDICATOR REQUIRED	I	Y
2253	OTHER DIAGNOSIS #2 POA INDICATOR REQUIRED	I	Y
2254	OTHER DIAGNOSIS #3 POA INDICATOR REQUIRED	I	Y
2255	OTHER DIAGNOSIS #4 POA INDICATOR REQUIRED	I	Y
2256	OTHER DIAGNOSIS #5 POA INDICATOR REQUIRED	I	Y
2257	OTHER DIAGNOSIS #6 POA INDICATOR REQUIRED	I	Y
2258	OTHER DIAGNOSIS #7 POA INDICATOR REQUIRED	I	Y
2259	OTHER DIAGNOSIS #8 POA INDICATOR REQUIRED	I	Y
2260	OTHER DIAGNOSIS #9 POA INDICATOR REQUIRED	I	Y
2261	OTHER DIAGNOSIS #10 POA INDICATOR REQUIRED	I	Y
2262	OTHER DIAGNOSIS #11 POA INDICATOR REQUIRED	I	Y
2263	OTHER DIAGNOSIS #12 POA INDICATOR REQUIRED	I	Y
2264	OTHER DIAGNOSIS #13 POA INDICATOR REQUIRED	I	Y
2265	OTHER DIAGNOSIS #14 POA INDICATOR REQUIRED	I	Y
2266	OTHER DIAGNOSIS #15 POA INDICATOR REQUIRED	I	Y
2267	OTHER DIAGNOSIS #16 POA INDICATOR REQUIRED	I	Y
2268	OTHER DIAGNOSIS #17 POA INDICATOR REQUIRED	I	Y
2269	OTHER DIAGNOSIS #18 POA INDICATOR REQUIRED	I	Y
2270	OTHER DIAGNOSIS #19 POA INDICATOR REQUIRED	I	Y
2271	OTHER DIAGNOSIS #20 POA INDICATOR REQUIRED	I	Y
2272	OTHER DIAGNOSIS #21 POA INDICATOR REQUIRED	I	Y
2273	OTHER DIAGNOSIS #22 POA INDICATOR REQUIRED	I	Y
2274	OTHER DIAGNOSIS #23 POA INDICATOR REQUIRED	I	Y
2275	OTHER DIAGNOSIS #24 POA INDICATOR REQUIRED	I	Y
2276	OTHER DIAGNOSIS #25 POA INDICATOR REQUIRED	I	Y
2277	PRINCIPAL DIAGNOSIS POA INDICATOR IS INVALID	I	Y
2278	ADMIT DIAGNOSIS POA INDICATOR IS INVALID	I	Y
2279	OTHER DIAGNOSIS #1 POA INDICATOR IS INVALID	I	Y
2280	OTHER DIAGNOSIS #2 POA INDICATOR IS INVALID	I	Y
2281	OTHER DIAGNOSIS #3 POA INDICATOR IS INVALID	I	Y
2282	OTHER DIAGNOSIS #4 POA INDICATOR IS INVALID	I	Y
2283	OTHER DIAGNOSIS #5 POA INDICATOR IS INVALID	I	Y
2284	OTHER DIAGNOSIS #6 POA INDICATOR IS INVALID	I	Y
2285	OTHER DIAGNOSIS #7 POA INDICATOR IS INVALID	I	Y
2286	OTHER DIAGNOSIS #8 POA INDICATOR IS INVALID	I	Y
2287	OTHER DIAGNOSIS #9 POA INDICATOR IS INVALID	I	Y
2288	OTHER DIAGNOSIS #10 POA INDICATOR IS INVALID	I	Y
2289	OTHER DIAGNOSIS #11 POA INDICATOR IS INVALID	I	Y
2290	OTHER DIAGNOSIS #12 POA INDICATOR IS INVALID	I	Y
2291	OTHER DIAGNOSIS #13 POA INDICATOR IS INVALID	I	Y
2292	OTHER DIAGNOSIS #14 POA INDICATOR IS INVALID	I	Y
2293	OTHER DIAGNOSIS #15 POA INDICATOR IS INVALID	I	Y
2294	OTHER DIAGNOSIS #16 POA INDICATOR IS INVALID	I	Y
2295	OTHER DIAGNOSIS #17 POA INDICATOR IS INVALID	I	Y
2296	OTHER DIAGNOSIS #18 POA INDICATOR IS INVALID	I	Y
2297	OTHER DIAGNOSIS #19 POA INDICATOR IS INVALID	I	Y
2298	OTHER DIAGNOSIS #20 POA INDICATOR IS INVALID	I	Y
2299	OTHER DIAGNOSIS #21 POA INDICATOR IS INVALID	I	Y
2300	OTHER DIAGNOSIS #22 POA INDICATOR IS INVALID	I	Y
2301	OTHER DIAGNOSIS #23 POA INDICATOR IS INVALID	I	Y
2302	OTHER DIAGNOSIS #24 POA INDICATOR IS INVALID	I	Y
2303	OTHER DIAGNOSIS #25 POA INDICATOR IS INVALID	I	Y

2304	PRINCIPAL DIAGNOSIS POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2305	ADMIT DIAGNOSIS POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2306	OTHER DIAGNOSIS #1 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2307	OTHER DIAGNOSIS #2 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2308	OTHER DIAGNOSIS #3 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2309	OTHER DIAGNOSIS #4 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2310	OTHER DIAGNOSIS #5 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2311	OTHER DIAGNOSIS #6 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2312	OTHER DIAGNOSIS #7 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2313	OTHER DIAGNOSIS #8 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2314	OTHER DIAGNOSIS #9 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2315	OTHER DIAGNOSIS #10 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2316	OTHER DIAGNOSIS #11 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2317	OTHER DIAGNOSIS #12 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2318	OTHER DIAGNOSIS #13 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2319	OTHER DIAGNOSIS #14 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2320	OTHER DIAGNOSIS #15 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2321	OTHER DIAGNOSIS #16 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2322	OTHER DIAGNOSIS #17 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2323	OTHER DIAGNOSIS #18 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2324	OTHER DIAGNOSIS #19 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2325	OTHER DIAGNOSIS #20 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2326	OTHER DIAGNOSIS #21 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2327	OTHER DIAGNOSIS #22 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2328	OTHER DIAGNOSIS #23 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2329	OTHER DIAGNOSIS #24 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2330	OTHER DIAGNOSIS #25 POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2331	DIAGNOSIS CODE IS DUPLICATE OF PRINCIPAL DIAGNOSIS	I	Y
2332	DIAGNOSIS CODE IS DUPLICATE OF ANOTHER SECONDARY DIAGNOSIS	I	Y
2333	DIAGNOSIS CODE POA INDICATOR REQUIRED	I	Y
2334	DIAGNOSIS CODE POA INDICATOR INVALID	I	Y
2335	DIAGNOSIS CODE POA INDICATOR INVALID FOR THIS EXEMPT CODE	I	Y
2336	PRINCIPAL DIAGNOSIS CODE IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2337	ADMIT DIAGNOSIS CODE IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2338	OTHER DIAGNOSIS CODE #1 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2339	OTHER DIAGNOSIS CODE #2 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2340	OTHER DIAGNOSIS CODE #3 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2341	OTHER DIAGNOSIS CODE #4 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2342	OTHER DIAGNOSIS CODE #5 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2343	OTHER DIAGNOSIS CODE #6 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2344	OTHER DIAGNOSIS CODE #7 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2345	OTHER DIAGNOSIS CODE #8 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2346	OTHER DIAGNOSIS CODE #9 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2347	OTHER DIAGNOSIS CODE #10 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2348	OTHER DIAGNOSIS CODE #11 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2349	OTHER DIAGNOSIS CODE #12 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2350	OTHER DIAGNOSIS CODE #13 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2351	OTHER DIAGNOSIS CODE #14 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2352	OTHER DIAGNOSIS CODE #15 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2353	OTHER DIAGNOSIS CODE #16 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2354	OTHER DIAGNOSIS CODE #17 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2355	OTHER DIAGNOSIS CODE #18 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2356	OTHER DIAGNOSIS CODE #19 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2357	OTHER DIAGNOSIS CODE #20 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2358	OTHER DIAGNOSIS CODE #21 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2359	OTHER DIAGNOSIS CODE #22 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2360	OTHER DIAGNOSIS CODE #23 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2361	OTHER DIAGNOSIS CODE #24 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2362	OTHER DIAGNOSIS CODE #25 IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2363	PRINCIPAL DIAGNOSIS CODE IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2364	ADMIT DIAGNOSIS CODE IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2365	OTHER DIAGNOSIS CODE #1 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2366	OTHER DIAGNOSIS CODE #2 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2367	OTHER DIAGNOSIS CODE #3 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2368	OTHER DIAGNOSIS CODE #4 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2369	OTHER DIAGNOSIS CODE #5 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2370	OTHER DIAGNOSIS CODE #6 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2371	OTHER DIAGNOSIS CODE #7 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2372	OTHER DIAGNOSIS CODE #8 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2373	OTHER DIAGNOSIS CODE #9 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2374	OTHER DIAGNOSIS CODE #10 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2375	OTHER DIAGNOSIS CODE #11 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2376	OTHER DIAGNOSIS CODE #12 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2377	OTHER DIAGNOSIS CODE #13 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2378	OTHER DIAGNOSIS CODE #14 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y

2379	OTHER DIAGNOSIS CODE #15 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2380	OTHER DIAGNOSIS CODE #16 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2381	OTHER DIAGNOSIS CODE #17 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2382	OTHER DIAGNOSIS CODE #18 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2383	OTHER DIAGNOSIS CODE #19 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2384	OTHER DIAGNOSIS CODE #20 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2385	OTHER DIAGNOSIS CODE #21 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2386	OTHER DIAGNOSIS CODE #22 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2387	OTHER DIAGNOSIS CODE #23 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2388	OTHER DIAGNOSIS CODE #24 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2389	OTHER DIAGNOSIS CODE #25 IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2390	PRINCIPAL DIAGNOSIS CODE IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2391	ADMIT DIAGNOSIS CODE IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2392	OTHER DIAGNOSIS CODE #1 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2393	OTHER DIAGNOSIS CODE #2 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2394	OTHER DIAGNOSIS CODE #3 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2395	OTHER DIAGNOSIS CODE #4 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2396	OTHER DIAGNOSIS CODE #5 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2397	OTHER DIAGNOSIS CODE #6 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2398	OTHER DIAGNOSIS CODE #7 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2399	OTHER DIAGNOSIS CODE #8 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2400	OTHER DIAGNOSIS CODE #9 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2401	OTHER DIAGNOSIS CODE #10 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2402	OTHER DIAGNOSIS CODE #11 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2403	OTHER DIAGNOSIS CODE #12 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2404	OTHER DIAGNOSIS CODE #13 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2405	OTHER DIAGNOSIS CODE #14 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2406	OTHER DIAGNOSIS CODE #15 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2407	OTHER DIAGNOSIS CODE #16 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2408	OTHER DIAGNOSIS CODE #17 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2409	OTHER DIAGNOSIS CODE #18 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2410	OTHER DIAGNOSIS CODE #19 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2411	OTHER DIAGNOSIS CODE #20 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2412	OTHER DIAGNOSIS CODE #21 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2413	OTHER DIAGNOSIS CODE #22 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2414	OTHER DIAGNOSIS CODE #23 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2415	OTHER DIAGNOSIS CODE #24 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2416	OTHER DIAGNOSIS CODE #25 IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2417	DIAGNOSIS CODE IS HAC ELIGIBLE, ANOTHER CC/MCC IS PRESENT	I	Y
2418	DIAGNOSIS CODE IS HAC ELIGIBLE, BUT IS NOT CC/MCC	I	Y
2419	DIAGNOSIS CODE IS HAC ELIGIBLE, NO OTHER CC/MCC IS PRESENT	I	Y
2420	PRINCIPAL DIAGNOSIS CODE IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2421	ADMIT DIAGNOSIS CODE IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2422	OTHER DIAGNOSIS CODE #1 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2423	OTHER DIAGNOSIS CODE #2 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2424	OTHER DIAGNOSIS CODE #3 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2425	OTHER DIAGNOSIS CODE #4 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2426	OTHER DIAGNOSIS CODE #5 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2427	OTHER DIAGNOSIS CODE #6 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2428	OTHER DIAGNOSIS CODE #7 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2429	OTHER DIAGNOSIS CODE #8 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2430	OTHER DIAGNOSIS CODE #9 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2431	OTHER DIAGNOSIS CODE #10 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2432	OTHER DIAGNOSIS CODE #11 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2433	OTHER DIAGNOSIS CODE #12 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2434	OTHER DIAGNOSIS CODE #13 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2435	OTHER DIAGNOSIS CODE #14 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2436	OTHER DIAGNOSIS CODE #15 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2437	OTHER DIAGNOSIS CODE #16 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2438	OTHER DIAGNOSIS CODE #17 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2439	OTHER DIAGNOSIS CODE #18 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2440	OTHER DIAGNOSIS CODE #19 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2441	OTHER DIAGNOSIS CODE #20 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2442	OTHER DIAGNOSIS CODE #21 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2443	OTHER DIAGNOSIS CODE #22 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2444	OTHER DIAGNOSIS CODE #23 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2445	OTHER DIAGNOSIS CODE #24 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2446	OTHER DIAGNOSIS CODE #25 IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2447	PRINCIPAL DIAGNOSIS CODE IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2448	ADMIT DIAGNOSIS CODE IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2449	OTHER DIAGNOSIS CODE #1 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2450	OTHER DIAGNOSIS CODE #2 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2451	OTHER DIAGNOSIS CODE #3 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2452	OTHER DIAGNOSIS CODE #4 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2453	OTHER DIAGNOSIS CODE #5 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y

2454	OTHER DIAGNOSIS CODE #6 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2455	OTHER DIAGNOSIS CODE #7 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2456	OTHER DIAGNOSIS CODE #8 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2457	OTHER DIAGNOSIS CODE #9 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2458	OTHER DIAGNOSIS CODE #10 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2459	OTHER DIAGNOSIS CODE #11 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2460	OTHER DIAGNOSIS CODE #12 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2461	OTHER DIAGNOSIS CODE #13 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2462	OTHER DIAGNOSIS CODE #14 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2463	OTHER DIAGNOSIS CODE #15 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2464	OTHER DIAGNOSIS CODE #16 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2465	OTHER DIAGNOSIS CODE #17 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2466	OTHER DIAGNOSIS CODE #18 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2467	OTHER DIAGNOSIS CODE #19 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2468	OTHER DIAGNOSIS CODE #20 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2469	OTHER DIAGNOSIS CODE #21 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2470	OTHER DIAGNOSIS CODE #22 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2471	OTHER DIAGNOSIS CODE #23 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2472	OTHER DIAGNOSIS CODE #24 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2473	OTHER DIAGNOSIS CODE #25 IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2474	DIAGNOSIS CODE IS CC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2475	DIAGNOSIS CODE IS MCC FOR MEDICARE MS-DRG ASSIGNMENT	I	Y
2476	PRINCIPAL DIAGNOSIS CODE INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2477	ADMIT DIAGNOSIS CODE INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2478	OTHER DIAGNOSIS CODE #1 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2479	OTHER DIAGNOSIS CODE #2 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2480	OTHER DIAGNOSIS CODE #3 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2481	OTHER DIAGNOSIS CODE #4 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2482	OTHER DIAGNOSIS CODE #5 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2483	OTHER DIAGNOSIS CODE #6 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2484	OTHER DIAGNOSIS CODE #7 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2485	OTHER DIAGNOSIS CODE #8 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2486	OTHER DIAGNOSIS CODE #9 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2487	OTHER DIAGNOSIS CODE #10 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2488	OTHER DIAGNOSIS CODE #11 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2489	OTHER DIAGNOSIS CODE #12 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2490	OTHER DIAGNOSIS CODE #13 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2491	OTHER DIAGNOSIS CODE #14 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2492	OTHER DIAGNOSIS CODE #15 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2493	OTHER DIAGNOSIS CODE #16 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2494	OTHER DIAGNOSIS CODE #17 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2495	OTHER DIAGNOSIS CODE #18 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2496	OTHER DIAGNOSIS CODE #19 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2497	OTHER DIAGNOSIS CODE #20 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2498	OTHER DIAGNOSIS CODE #21 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2499	OTHER DIAGNOSIS CODE #22 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2500	OTHER DIAGNOSIS CODE #23 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2501	OTHER DIAGNOSIS CODE #24 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2502	OTHER DIAGNOSIS CODE #25 INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2503	DIAGNOSIS CODE INDICATES A WRONG PROCEDURE WAS PERFORMED	I	Y
2504	REASON FOR VISIT 1 IS NOT VALID FOR DATE	I	Y
2505	REASON FOR VISIT 2 IS NOT VALID FOR DATE	I	Y
2506	REASON FOR VISIT 3 IS NOT VALID FOR DATE	I	Y
2507	AGE OR GENDER AND REASON FOR VISIT 1 ARE INCONSISTENT	I	Y
2508	AGE OR GENDER AND REASON FOR VISIT 2 ARE INCONSISTENT	I	Y
2509	AGE OR GENDER AND REASON FOR VISIT 3 ARE INCONSISTENT	I	Y
2510	REASON FOR VISIT 1 IS DUPLICATE OF ANOTHER REASON FOR VISIT	I	Y
2511	REASON FOR VISIT 2 IS DUPLICATE OF ANOTHER REASON FOR VISIT	I	Y
2512	REASON FOR VISIT 3 IS DUPLICATE OF ANOTHER REASON FOR VISIT	I	Y
2513	PRINCIPAL PROCEDURE CODE IS INVALID	I	Y
2514	OTHER PROCEDURE CODE #1 IS INVALID	I	Y
2515	OTHER PROCEDURE CODE #2 IS INVALID	I	Y
2516	OTHER PROCEDURE CODE #3 IS INVALID	I	Y
2517	OTHER PROCEDURE CODE #4 IS INVALID	I	Y
2518	OTHER PROCEDURE CODE #5 IS INVALID	I	Y
2519	PRINCIPAL PROCEDURE CODE IS NOT VALID FOR DATE	I	Y
2520	OTHER PROCEDURE CODE #1 IS NOT VALID FOR DATE	I	Y
2521	OTHER PROCEDURE CODE #2 IS NOT VALID FOR DATE	I	Y
2522	OTHER PROCEDURE CODE #3 IS NOT VALID FOR DATE	I	Y
2523	OTHER PROCEDURE CODE #4 IS NOT VALID FOR DATE	I	Y
2524	OTHER PROCEDURE CODE #5 IS NOT VALID FOR DATE	I	Y
2525	INVALID PATIENT SEX FOR PRINCIPAL PROCEDURE CODE	I	Y
2526	INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #1	I	Y
2527	INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #2	I	Y
2528	INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #3	I	Y

2529	INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #4	I	Y
2530	INVALID PATIENT SEX FOR OTHER PROCEDURE CODE #5	I	Y
2531	NON-COVERED PRINCIPAL PROCEDURE CODE	I	Y
2532	NON-COVERED OTHER PROCEDURE CODE #1	I	Y
2533	NON-COVERED OTHER PROCEDURE CODE #2	I	Y
2534	NON-COVERED OTHER PROCEDURE CODE #3	I	Y
2535	NON-COVERED OTHER PROCEDURE CODE #4	I	Y
2536	NON-COVERED OTHER PROCEDURE CODE #5	I	Y
2537	OPEN BIOPSY PRINCIPAL PROCEDURE CODE	I	Y
2538	OPEN BIOPSY OTHER PROCEDURE CODE #1	I	Y
2539	OPEN BIOPSY OTHER PROCEDURE CODE #2	I	Y
2540	OPEN BIOPSY OTHER PROCEDURE CODE #3	I	Y
2541	OPEN BIOPSY OTHER PROCEDURE CODE #4	I	Y
2542	OPEN BIOPSY OTHER PROCEDURE CODE #5	I	Y
2543	LIMITED COVERAGE PRINCIPAL PROCEDURE CODE	I	Y
2544	LIMITED COVERAGE OTHER PROCEDURE CODE #1	I	Y
2545	LIMITED COVERAGE OTHER PROCEDURE CODE #2	I	Y
2546	LIMITED COVERAGE OTHER PROCEDURE CODE #3	I	Y
2547	LIMITED COVERAGE OTHER PROCEDURE CODE #4	I	Y
2548	LIMITED COVERAGE OTHER PROCEDURE CODE #5	I	Y
2549	BILATERAL PRINCIPAL PROCEDURE CODE	I	Y
2550	BILATERAL OTHER PROCEDURE CODE #1	I	Y
2551	BILATERAL OTHER PROCEDURE CODE #2	I	Y
2552	BILATERAL OTHER PROCEDURE CODE #3	I	Y
2553	BILATERAL OTHER PROCEDURE CODE #4	I	Y
2554	BILATERAL OTHER PROCEDURE CODE #5	I	Y
2555	HSS CANNOT DETERMINE CODING VERSION (ICD9/ICD10) FOR CLAIM	S	Y
2556	INVALID OR MISSING REQUIRED ESRD CLAIMS DATA (EASYGroup)	I	Y
2557	PATIENT REFUSES TO ASSIGN BENEFITS	S	Y
2558	PER-DAY RATE ALREADY PAID FOR THIS SERVICE DATE	I	Y
2559	PER-DAY RATE ALREADY PAID, APPLIED DIFFERENCE BETWEEN RATES	I	Y
2560	ADJUSTMENT CODE FOR MANDATED FEDERAL, STATE OR LOCAL LAW/REGULATION THAT IS NOT ALREADY COVERED BY ANOTHER CODE AND IS MANDATED BEFORE A NEW CODE CAN BE CREATED	I	Y
2562	PRINCIPAL DIAGNOSIS CODE IS REQUIRED	S	Y
2563	INVALID HIPPS CODE	I	Y
2564	CLAIM SUSPENDED - PROVIDER DID NOT ACCEPT BENEFITS ASSIGNMENT	S	Y
2571	SURGICAL PROCEDURE; OPPS WEIGHT (EASYGroup)	I	Y
2572	NON OFFICE-BASED PROCEDURE; OPPS WEIGHT(EASYGroup)	I	Y
2573	CORNEAL TISSUE ACQUISTION, HEP B VACCINE; REASONABLE COST(EASYGroup)	I	Y
2574	BRACHYTHERAPY SOURCE; OPPS RATE COST(EASYGroup)	I	Y
2575	BRACHYTHERAPY SOURCE; CONTRACTOR RATE(EASYGroup)	I	Y
2576	DEVICE-INTENSIVE PROCEDURE; ADJUSTED RATE(EASYGroup)	I	Y
2577	OPPS PASS-THROUGH DEVICE; CONTRACTOR RATE(EASYGroup)	I	Y
2578	DEVICE-INTENSIVE PROCEDURE; ADJUSTED RATE(EASYGroup)	I	Y
2579	DRUG/BIOLOGICAL; OPPS RATE(EASYGroup)	I	Y
2580	UNCLASS DRUG/BIOLOGICAL; CONTRATOR PRICED(EASYGroup)	I	Y
2581	INFLUENZA/PNEUMOCOCCAL VACCINE; PACKAGED SERVICE(EASYGroup)	I	Y
2582	NEW TECH INTRAOCULAR LENS; SPECIAL PAYMENT(EASYGroup)	I	Y
2583	QUALITY MEASUREMENT CODE USE FOR REPORTING PURPOSE ONLY; NO PAYMENT(EASYGroup)	I	Y
2584	PACKAGED SERVICE/ITEM; NO SEPARATE PAYMENT(EASYGroup)	I	Y
2585	OFFICE-BASED PROCEDURE; OPPS WEIGHT(EASYGroup)	I	Y
2586	OFFICE-BASED PROCEDURE; MPFS RVUS(EASYGroup)	I	Y
2587	SERVICE NOT COVERED BY MEDICARE FOR FREE-STANDING ASC(EASYGroup)	I	Y
2588	RADIOLOGY SERVICE; OPPS WEIGHT(EASYGroup)	I	Y
2589	RADIOLOGY SERVICE; MPFS NON-FACILITY PE RVUS(EASYGroup)	I	Y
8001	PAID AT MULITPLAN RATES	I	Y
8014	SERVICES BILLED	I	Y
8015	PROVIDER IS UNDER INVESTIGATION	NULL	N
8016	NON-COVERED BENEFIT FOR THIS PLAN	NULL	N
8017	CONTRACT REVIEW	S	Y
8018	CAPITATED SERVICE	I	Y
8019	AUTH REQ REVIEW FOR COURTESY PAYMENT	S	Y
8020	REPORTING CODE/INFORMATIONAL	NULL	N
8021	SERVICE NOT AUTHORIZED	NULL	N
8022	MANUAL PRICE $55 NON-ACC, $61 ACC PER DOS	S	Y
8023	MANUAL PRICE OB INPATIENT	S	Y
8024	MANUAL PRICE CMS HOME HEALTH PPS	S	Y
8025	MANUAL PRICE 3RD AND SUBSEQUENT @ 25% OF ALLOWED	S	Y
8026	MANUAL PRICE BLOCK DAYS AGNEWS MEMBERS	S	Y
8027	HCADJ - HCI ADJUSTMENT	I	Y
8028	HCAPP - APPEAL REC'D, HCI DECISION OVERTURNED ON APPEAL	NULL	N
8029	HCASR - REDUCTION FOR ASSISTANT	NULL	N
8030	HCCPD - DUPLICATE SRVS PAID TO ANOTHER PROV ON SAME DAY	NULL	N

8031	HCCSR - REDUCE, SURGICAL TEAM	NULL	N
8032	HCEFR - ENDOSCOPIC FAMILY REDUCTION	NULL	N
8033	HCFRE - REIMBURSABLE FOR CERTAIN QTY BASED ON DX	NULL	N
8034	HCIFR - MULTIPLE RADIOLOGICAL PROCEDURE REDUCTIONS	I	Y
8035	HCM52 - MODIFIER 52 REDUCTION	I	Y
8036	HCM53 - MODIFIER 53 REDUCTION	I	Y
8037	HCM73 - MODIFIER 73 REDUCTION	I	Y
8038	HCM74 - MODIFIER 74 REDUCTION	I	Y
8039	HCMPR - MULTIPLE PROCEDURE REDUCTION	I	Y
8040	HCRME - ADJUSTMENT MADE TO A MUTUALLY EXCLUSIVE CODE	NULL	N
8041	HCRUP - ADJUSTMENT FOR REVERSE UNBUNDLED CODE	NULL	N
8042	HCACW - ANESTHESIA CODE INCORRECTLY CODED AS SURGERY	NULL	N
8043	HCADD - ADD-ON CODE DENIED AS PRIMARY CODE WAS DENIED	NULL	N
8044	HCAGE - INAPPROPRIATE FOR AGE	NULL	N
8045	HCAGM - ROUTINE ANTEPARTUM SRVCS INCLUDED IN GLOBAL CODE	NULL	N
8046	HCASM - ASST SURGEON PROC CODE DOES NOT MATCH PRIMARY SURG	NULL	N
8047	HCASP - ASSISTANT BILL W/O SURGEONS BILL	NULL	N
8048	HCAWP - ANESTHESIA NO SURGEON	NULL	N
8049	HCBILL - BILATERAL CODE INAPPROPRIATE	NULL	N
8050	HCCOS - COSMETIC PROCEDURE IS NOT COVERED	NULL	N
8051	HCCPD - DUPLICATE SERVICE BILLED BY ANOTHER PROVIDER SAME DAY	NULL	N
8052	HCCRE - PROVIDER CREDENTIALS ARE NOT VALID FOR BILLING	NULL	N
8053	HCCSA - CO-SURGEON NOT ALLOWED	NULL	N
8054	HCDUP - DUPLICATE OF A PREVIOUSLY PAID CLAIM LINE	NULL	N
8055	HCELG - PATIENT NOT ELIGIBLE	NULL	N
8056	HCFOT - FREQUENCY OVER TIME EXCEEDED	NULL	N
8057	HCFRE - REIMBURSABLE FOR CERTAIN QTY BASED ON CODE OR DX	NULL	N
8058	HCFUD - SRVCS INCLUDED IN GLOBAL SURG PKGE OF ANOTHER ARVC	NULL	N
8059	HCGDR - ANTEPARTUM CARE INCLUDED IN GLOBAL OB CODE	NULL	N
8060	HCGEN - INCORRECT PATIENT GENDER	NULL	N
8061	HCGPA - SRVCS INCLUDED IN GLOBAL SURG PKGE OF ANOTHER SRVC	NULL	N
8062	HCIFR - IMAGING SERVICES REDUCTION FOR MULTIPLE PROCEDURES	I	Y
8063	HCIOP - INPATIENT ONLY PROCEDURES (IOP)	NULL	N
8064	HCLIF - SRVCS BILLED MORE THAN TYPICALLY ALLOWED - LIFETIME	NULL	N
8065	HCMAT - OB CODES BILLED INCORRECTLY; INCLUDED IN GLOBAL SRVC	NULL	N
8066	HCMAX - CODE BILLED EXCEEDS DAILY LIMITS	NULL	N
8067	HCMEX - MUTUALLY EXCLUSIVE CODES ARE NOT PAYABLE	NULL	N
8068	HCMOD - INAPPRORIATE USE OF MODIFIER 26	NULL	N
8069	HCMTC - INAPPROPRIATE USE OF TC MODIFIER	NULL	N
8070	HCNCS - SERVICE OR CODE NOT COVERED BY PLAN	NULL	N
8071	HCNEV - NEVER PAID CLAIMS	NULL	N
8072	HCNPR - NEW E&M NOT BILLABLE; REBILL WITH EST PATIENT CODE	NULL	N
8073	HCNPT - NEW E&M NOT BILLABLE; REBILL WITH EST PATIENT CODE	NULL	N
8074	HCOBS - HCPCS CODE NOT PAYABLE WITH OBSERVATION REV CODE	NULL	N
8075	HCPAY - PAYMENT EXCEEDS BILLED AMOUNT	NULL	N
8076	HCPDM - PROCEDURE NOT ALLOWED WITH REPORTED DIAGNOSIS	NULL	N
8077	HCPED - PROCEDURE TO EXCLUDED DIAGNOSIS MISMATCH	NULL	N
8078	HCPRD - PROCEDURE TO EXCLUDED DIAGNOSIS MISMATCH	NULL	N
8079	HCPRQ - A HCPCS/CPT CODE IS REQUIRED WITH THIS REVENUE CODE	NULL	N
8080	HCPS1 - PRIMARY SERVICE WHEN MULTI SRVCS BILLED ON SAME DAY	NULL	N
8081	HCPST - POSTPARTUM SERVICES INCLUDED IN GLOBAL CODE	NULL	N
8082	HCRAS - PRIMARY SURG AND ASST SURG NOT BILLED WITH SAME CODE	NULL	N
8083	HCRBP - CODES BILLED REPRESENT A SINGLE GLOBAL CODE ; REBILL	NULL	N
8084	HCRDS - DUPLICATE SRVCS BILLED IN SAME RANGE OF CODES	NULL	N
8085	HCREB - CODES BILLED REPRESENT A SINGLE GLOBAL CODE ; REBILL	NULL	N
8086	HCRME - ADJUSTMENT MADE TO A MUTUALLY EXCLUSIVE CODE	NULL	N
8087	HCRUP - ADJUSTMENT FOR REVERSE UNBUNDLED CODE	NULL	N
8088	HCSAS - ASSISTANT SURGEON NOT ALLOWED	NULL	N
8089	HCSUS - DOCUMENTATION NEEDED FOR PROCESSING; RESUBMIT W/CLM	NULL	N
8090	HCTSA - TEAM SURGERY NOT ALLOWED	NULL	N
8091	HCUNB - DENIED CODE IS UNBUNDLED	NULL	N
8092	HCUNL - UNLISTED CODE NOT ALLOWED; REBILL WITH SPECIFIC CODE	NULL	N
8093	OUT OF AREA EMERGENCY OR URGENT CARE	I	Y
8094	CALIFORNIA CHILDREN'S SERVICES	S	Y
8095	ACC EMERGENCY (FACILITY)	I	Y
8096	ACC TRANSPORTATION	I	Y
8097	ACC SNF	I	Y
8098	ACC OUTPATIENT FACILITY	I	Y
8099	ACC INPATIENT FACILITY	I	Y
8100	ACC ESRD	I	Y
8101	ACC EDI	I	Y
8102	EMERGENCY (FACILITY)	I	Y
8103	EMERGENCY (PROFESSIONAL)	I	Y
8104	PRIMARY CARE PROVIDERS	I	Y
8105	TRANSPORTATION	I	Y

8106	ABORTION	I	Y
8107	OB PROFESSIONAL	I	Y
8108	LABORATORY	I	Y
8109	ANESTHESIA	I	Y
8110	VISION	I	Y
8111	PT, OT OR ST	I	Y
8112	SPECIALIST	I	Y
8113	CHIRO AND ACCUPUNCTURE	I	Y
8114	DME	I	Y
8115	SNF	I	Y
8116	ASC	I	Y
8117	OUTPATIENT FACILITY	I	Y
8118	INPATIENT FACILITY	I	Y
8119	ESRD	I	Y
8120	HOME HEALTH	I	Y
8121	HOME HEALTH FACILITY	I	Y
8122	HOSPICE	I	Y
8123	EDI	I	Y
8124	MISCELLANEOUS	I	Y
8125	HOSPICE MANUAL PRICE USE AB1629 FINAL RATE	S	Y
8126	DME ITEMS REQUIRING INVOICE - MANUALLY PRICE	I	Y
8127	MANUAL PRICE BARIATRIC SURGERY	S	Y
8128	MEMBER NOT FOUND	NULL	N
8129	ROGERS NON-PAR IP HOSP - USE APR/DRG PRICING	I	Y
8130	ACC ASC	I	Y
8131	ACC PROFESSIONAL	I	Y
8132	CODE NOT COVERED BY MEDICARE;	NULL	N
8133	ONLY COVERED WHEN CLAIM SUBMIT with R&B	NULL	N
8134	ACC HOME HEALTH FACILITY	I	Y
8135	ADOPT PRIMARY ALLOWED AMOUNT TO CALCULATE THE PROVIDER PAYMENT	I	Y
8136	LIMIT CLAIM PAYMENT TO THE LESSER OF PRIMARY OR SECONDARY ALLOWED AMOUNTS	I	Y
8137	PROVIDER NOT FOUND	NULL	N
8138	CODE REQUIRES MODIFIER	NULL	N
8139	SERVICE REQUIRES CONSENT FORM	S	Y
8140	SUSPEND FOR AGING	S	Y
8141	MANUAL OVERRIDE SUSPEND	S	Y
8142	MANUAL OVERRIDE DENY	NULL	N
8143	CLAIM FORWARDED TO PROVIDER 4284	NULL	N
8144	VACCINATION FOR CHILDREN <=18	NULL	N
8145	NOT ACC BENEFIT; PROCESSED UNDER MCAL BENEFIT	NULL	N
8146	ACC MISCELLANEOUS	I	Y
8147	CODE IS NOT USABLE FOR BILLING OB SERVICES PER NEW GUIDELINE EFF 05/01/11	NULL	N
8148	PROFESSIONAL SERVICE NOT BILLABLE BY A FACILITY	NULL	N
8149	REBILL PROFESSIONAL SERVICES TO COMMUNITY HEALTH CENTER NETWORK	NULL	N
8150	REBILL PROFESSIONAL SERVICES TO CHILDREN FIRST MEDICAL GROUP	NULL	N
8151	CLAIM DENIED, REJECTED, OR RTP BY ACE (EASYGroup)	I	Y
8152	SERVICES PAID UNDER FEE SCHEDULE OR OTHER PROSPECTIVELY DETERMINED RATE (EASYGroup)	I	Y
8153	SERVICE NOT ALLOWED UNDER OPPS ON HOSPITAL OUTPATIENT CLAIM (EASYGroup)	I	Y
8154	INPATIENT SERVICE, NOT PAID UNDER OPPS (EASYGroup)	I	Y
8155	NON-COVERED SERVICE, NOT PAID UNDER OPPS (EASYGroup)	I	Y
8156	CORNEAL, CRNA AND HEPATITIS B (EASYGroup)	I	Y
8157	DRUG/BIOLOGICAL PASS-THROUGH (EASYGroup)	I	Y
8158	PASS-THROUGH DEVICE, BRACHYTHERAPY SOURCE, RADIOPHARMACEUTICALS (EASYGroup)	I	Y
8159	NON-PASS-THROUGH DRUGS AND BIOLOGICALS (EASYGroup)	I	Y
8160	INFLUENZA VIRUS OR PNEUMOCOCCAL PNEUMONIA VACCINE(PPV) (EASYGroup)	I	Y
8161	SERVICE NOT BILLABLE TO THE FI/MAC (EASYGroup)	I	Y
8162	PACKAGED/INCIDENTAL SERVICE (EASYGroup)	I	Y
8163	PARTIAL HOSPITALIZATION SERVICE (EASYGroup)	I	Y
8164	PACKAGED SERVICE SUBJECT TO SEPARATE PAYMENT BASED ON PAYMENT CRITERIA (EASYGroup)	I	Y
8165	SIGNIFICANT PROCEDURE, NOT SUBJECT TO DISCOUNTING (EASYGroup)	I	Y
8166	SIGNIFICANT PROCEDURE, SUBJECT TO DISCOUNTING (EASYGroup)	I	Y
8167	CLINIC OR EMERGENCY DEPARTMENT VISIT (EASYGroup)	I	Y
8168	ANCILLARY SERVICE (EASYGroup)	I	Y
8169	NON-IMPLANTABLE DME (EASYGroup)	I	Y
8170	CODE NOT COVERED BY MCAL	NULL	N
8171	HCCPR - MULTIPLE CARDIOLOGY PROCEDURE REDUCTION	I	Y
8172	HCMTR - MULTIPLE THEREAPY PROCEDURE REDUCTION	I	Y
8173	HCOPR - MULTIPLE OPHTHALMOLOGY PROCEDURE REDUCTION	I	Y
8174	PREVENTIVE CARE DIAGNOSIS CODE REQUIRED	NULL	N
8175	COBMA -COORDINATION WITH MEDICARE PART A	I	Y
8176	PLEASE RE-SUBMIT WITH BILLED CHARGES	NULL	N
8177	NTIME: ANESTHESIA TIME NOT SUBMITTED	NULL	N

8178	NRMOB: Normal delivery: indicate TBT w/patient & resubmit.	NULL	N
8179	AUTHD SERV CODES DO NOT MATCH PROC/REV CODES ON CLAIM; CONTACT UM DEPT FOR APPEAL	NULL	N
8180	PRIVATE RM AND BD REVCODES ARE NOT COVERED BY AAH	NULL	N
8181	MULTIPLE AUTHS FOUND FOR CLAIM; REVIEW REQUIRED FOR AUTHORIZING PROVIDER 837 PREPROCESSOR	I	Y
8182	INVALID PLACE OF SERVICE	S	Y
8183	IMPLANT CHECK FOR INVOICE	S	Y
8184	CLAIM FORWARDED TO MARCH VISION (4273)	NULL	N
8185	DME CAPITATED SERVICES CHME	NULL	N
8186	QUEST CAPITATED SERVICES	NULL	N
8187	THIS IS A CAPITATED SERVICE	NULL	N
8188	MANUAL PRICING REQUIRED FOR INVOICE	S	Y
8198	RESPONSIBILITY OF PROVIDER - CHILDREN'S FIRST MEDICAL GROUP	I	Y
8199	RESPONSIBILITY OF PROVIDER - KAISER	I	Y
8200	RESPONSIBILITY OF PROVIDER - BEACON HEALTH STRATEGIES	I	Y
8201	RESPONSIBILITY OF PROVIDER - COMMUNITY HEALTH CENTER NETWORK	I	Y
8202	RESPONSIBILITY OF PROVIDER - MARCH VISION	I	Y
8203	MEDICAL DIRECT BILLABLE CODE	I	Y
8204	DUPLICATE PROCEDURE BILLED. SEND MEDICAL RECORDS TO JUSTIFY PAYMENT.	NULL	Y
8205	MANUALLY PRICED MEDICAL SUPPLY	S	Y
8206	IMPLANT SERVICE REQUIRES INVOICE	NULL	Y
8207	ANESTHESIA CLAIMS SUSPEND	S	N