FIRST PRIORITY HEALTH EXPLANATION CODES

002 Increased allowable. Provider Liability
003 Reduced allowable. Provider Liability
004 Reduced copayment. Member Liability
005 Increased copayment. Member Liability
006 Reduced deductible. Member Liability
007 Increased deductible. Member Liability
010 Reduced co-insurance. Member Liability
011 Increased co-insurance. Member Liability
017 Increased allowable units. Provider Liability
018 Reduced allowable units. Provider Liability
048 The allowable amount for this service has been reduced according to ASC multiple procedure guidelines. Provider Liability
049 The allowable amount for this service has been reduced according to ASC default category guidelines. Provider Liability
054 Services denied due to being delegated to another entity. Provider Liability
055 Medicare Supplemental Calculation Applied
056 The allow AMT for this service has been reduced per M/S guidelines. Provider Liability
057 FSA Paid Amount Override
058 Bypass FSA Processing Override
059 Bypass HRA Processing
060 The allow AMT for this service has been reduced per M/S guidelines. Provider Liability
061 HRA Paid Amount override
062 All FSA dollars were previously paid out
063 Bypass FSA Runout Period Override
064 Bypass Duplicate Edit
065 This is not a covered HRA service.
066 Not covered under Medical Plan to be paid as HRA Only/E service
067 Patient Liability Disallow Override
068 No Pledge Amount for this HealthCare Expense
069 No Pledge Amount for the Dependent Care Expense
070 Dependent claim line partially paid. Provider Liability
071 Funds exhausted, awaiting more contributions.
072 Additional NetworX Data
073 Deny All Claim Lines. Provider Liability
075 Automated HRA Payment Bypassed
105 COB Disallow
1s1 Secondary Supplementation Amount
209 Service is not eligible for this provider. Provider Liability
210 Payment Reduced, Out of Area Max Reached
2s2 Secondary Allow Amount
332 ITS SF Adjustment Pend
336 ITS Referral status override
341 Wrong Provider Paid. Provider Liability
342 Wrong Subscriber Paid. Provider Liability
343 Wrong Payee. Provider Liability
344 Retroactive Cancellation. Member Liability
345 Benefits. Member Liability
346 Duplicate. Provider Liability
347 Lost/Damaged Check, Stop Payment on Check. Provider Liability
348 Worker’s Comp. Provider Liability
349 Medicare. Member Liability
350 Subrogation. Member Liability
351 COB. Member Liability
352 Incorrect Subscriber ID. Provider Liability
353 Patient Change. Provider Liability
354 Incorrect Reject. Provider Liability
356 Incorrect Provider/PCP Data. Provider Liability
3s3 Supplemental Calculation Method
500 Submitting IPA is not related to member’s IPA
501 Capitated entity charge amount equal 0.00
502 Prudent Layperson Override
503 Delegated Claim Entity Override

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<td>Title ICD. Invalid Rev &amp; Proc/Mod. ICD P/C Invalid with Bill Type. Provider Liability</td>
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<td>Diagnosis &amp; Revenue Codes Invalid. Provider Liability</td>
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<td>Title ICD Reported. Invalid Procedure/Modifier Code. Provider Liability</td>
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<td>CDD</td>
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<td>CG4</td>
<td>Covered counter greater than category allow counter. Provider Liability</td>
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<td>CG5</td>
<td>Covered counter greater than category allowed counter plus related dental history. Provider Liability</td>
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<td>Possible Claim Duplicate. Provider Liability</td>
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<tr>
<td>DP5</td>
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<td>SERVICE(S) DENIED NOT MEDICALLY NECESSARY. MEMBER LIABILITY</td>
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<td>Payment included in global/contracted rate. Provider Liability</td>
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<td>IAN</td>
<td>ITS LIL coinsurance amount. Member Liability</td>
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<td>This is not a covered service for this member. Member Liability</td>
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<td>DOES NOT MEET CRITERIA. PROVIDER LIABILITY</td>
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<tr>
<td>J02</td>
<td>THIS CLAIM IS A DUPLICATE TO A CLAIM PAID ON THE PHARMACY SYSTEM. PROVIDER LIABILITY</td>
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<td>J03</td>
<td>DOES NOT MEET CRITERIA. HCT EXCEEDS GUIDELINES. PROVIDER LIABILITY</td>
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<tr>
<td>J04</td>
<td>NO PRIOR AUTHORIZATION APPROVED FOR SYMAGIS. PROVIDER MUST SUBMIT PA. PROVIDER LIABILITY</td>
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<td>J05</td>
<td>NDC # MISSING/INVALID. PLEASE RESUBMIT WITH VALID NDC NUMBER. PROVIDER LIABILITY</td>
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<tr>
<td>J06</td>
<td>NOT COVERED AS MEDICAL; SUBMIT TO PHARMACY CARRIER. PROVIDER LIABILITY</td>
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<td>NOT COVERED AS MEDICAL; SUBMIT TO PHARMACY CARRIER. PROVIDER LIABILITY</td>
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J10 DUPLICATE SERVICE NOT ELIGIBLE FOR PAYMENT, SUBMITTED BY OTHER ENTITY. PROVIDER LIABILITY
L01 NON-DESIGNATED LAB PROVIDER. PROVIDER LIABILITY
LS2 Stoploss based on charge
M01 SERVICES DENIED BY MEDICAL POLICY REVIEW (PACE). PROVIDER LIABILITY
M02 NOT COVERED PER THE MEMBERS CONTRACT. MEMBER LIABILITY
M03 RESUBMIT WITH LEGIBLE PHYSICIAN NOTES. PROVIDER LIABILITY
M04 DOCUMENTATION DOES NOT SUPPORT DATE OF SERVICE BILLED. PROVIDER LIABILITY
M05 PROC CAN ONLY BE PERFORMED ONCE PER DATE OF SERVICE PER PACE. PROVIDER LIABILITY
M06 DOCUMENTATION DOES NOT SUPPORT LEVEL OF SERVICE (PACE). PROVIDER LIABILITY
M07 DOCUMENTATION DOES NOT SUPPORT PROVIDER BILLING. PROVIDER LIABILITY
M08 DOCUMENTATION DOES NOT SUPPORT NECESSITY (PACE). PROVIDER LIABILITY
M09 COSMETIC SERVICES ARE NOT A COVERED BENEFIT. MEMBER LIABILITY
M10 DOCUMENTATION DOES NOT SUPPORT PROCEDURE BILLED (PACE). PROVIDER LIABILITY
M11 MEDICAL DIRECTOR DENIED SERVICES (PACE). PROVIDER LIABILITY
M12 SERVICES DENIED PER MEDICAL DIRECTOR. MEMBER LIABILITY
M14 PACE REVIEW. PLEASE RESUBMIT CLAIM WITH NOTES. PROVIDER LIABILITY
M15 MEDICAL POLICY REVIEW, PLEASE RESUBMIT CLAIM WITH NOTES. PROVIDER LIABILITY
M16 SERVICES DENIED NOT MEDICALLY NECESSARY. MEMBER LIABILITY
M17 DENIED AS A DUPLICATE AFTER CLIN. COORDINATOR REVIEW (PACE). PROVIDER LIABILITY
M18 THIS SERVICE IS NOT COVERED FOR THE DIAGNOSIS REPORTED. MEMBER LIABILITY
M19 SERVICES PROVIDED BY A PHYSICIAN'S ASSISTANT ARE INELIGIBLE. PROVIDER LIABILITY
M20 SERVICES PROVIDED BY A NURSE ARE INELIGIBLE FOR PAYMENT. PROVIDER LIABILITY
M21 A PREVIOUS PAYMENT INCLUDED PAYMENT FOR THIS SERVICE. PROVIDER LIABILITY
M22 THIS SERVICE IS INCLUDED IN INP ADMISSION ALLOWANCE. PROVIDER LIABILITY
M23 PAYMENT FOR THESE SERVICES ARE INCLUDED IN THE TRANSPORT PAYMENT. PROVIDER LIABILITY
M24 THIS SERVICE WAS PROVIDED BY AN INELIGIBLE PROVIDER. PROVIDER LIABILITY
M25 THIS DIAGNOSIS IS INVALID WHEN BILLED WITH THIS PROCEDURE (PACE). PROVIDER LIABILITY
M26 PROCEDURE CODES BILLED DO NOT MATCH PRE-AUTH CODES. RESUBMIT CLAIM. PROVIDER LIABILITY
M27 MEDICAL DIRECTOR DEEMED SERVICE EXPERIMENTAL. SERVICE NOT COVERED. MEMBER LIABILITY
M28 DME CODE OR CODE/MOD COMBO DOES NOT MATCH PRE-AUTH PER PACE. PROVIDER LIABILITY
M29 SERVICES DENIED NOT MEDICALLY NECESSARY (PACE). PROVIDER LIABILITY
M30 THIS IS A BILLING ERROR, PER MED POLICY REVIEW. PROVIDER LIABILITY
M34 NUMBER OF UNITS BILLED FOR THIS PROC EXCEEDS ALLOWABLE UNITS PER PACE. PROVIDER LIABILITY
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M45 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0146
M46 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0070
M47 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0158
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M49 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0118
M50 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0035
M51 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0150
M52 COSMETIC SERVICES ARE NOT COVERED. MEMBER IS RESPONSIBLE #490-0027
M53 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0163
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M56 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0025
M57 SERVICE NOT COVERED WITH DIAGNOSIS REPORTED. MEMBER IS RESPONSIBLE #490-0025
M58 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0018
M59 SERVICE NOT COVERED WITH DIAGNOSIS REPORTED. MEMBER IS RESPONSIBLE #490-0018
M60 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0077
M61 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0147
M62 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0136
M63 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0138
M64 MED DIRECT DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0136

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M65 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0132
M66 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0134
M67 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0137
M68 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0139
M69 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0140
M70 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0108
M71 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0108 Provider Liability
M72 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0083
M73 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0083
M74 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0083 Provider Liability
M75 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0125
M76 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0154
M77 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0072
M78 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0072
M79 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0072 Provider Liability
M80 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0088
M81 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0023
M82 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0023
M83 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0023 Provider Liability
M84 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0021
M85 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0153
M86 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0141
M87 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0164
M88 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0160
M89 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0160 Provider Liability
M90 SERVICE NOT COVERED WITH DIAGNOSIS REPORTED. MEMBER IS RESPONSIBLE #490-0010
M91 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0148
M92 MEDICAL DIRECTOR DENIAL. MEMBER IS RESPONSIBLE #490-0151
M93 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0145
M94 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0157 Provider Liability
M95 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0131
M96 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0127
M97 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0002
M98 NOT COVERED PER POLICY. MEMBER IS RESPONSIBLE #490-0149
M99 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER NOT RESPONSIBLE #490-0152 Provider Liability
MA1 MEDICAL DIRECTOR DENIAL. MEMBER NOT RESPONSIBLE #490-0092 Provider Liability
MA2 MEDICAL DIRECTOR DENIAL. MEMBER NOT RESPONSIBLE #490-0092 Provider Liability
MA3 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0165
MA4 NOT COVERED PER POLICY. MEMBER IS RESPONSIBLE. #490-0161
MA5 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0016
MA6 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0157
MA7 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0144
MA8 NOT COVERED PER POLICY. MEMBER IS RESPONSIBLE. #490-0035
MA9 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0035
MB0 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0069
MB1 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0168
MB2 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0165 Provider Liability
MB3 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0152
MB4 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0120
MB5 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0120
MB6 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0120 Provider Liability
MB7 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0001
MB8 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0089
MB9 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0126
MC0 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0123
MC1 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0123
MC2 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0123 Provider Liability
MC3 MED DIRECT DEEMED SERVICE EXPERT/INVEST. MEMBER IS RESPONSIBLE #490-0168
MC4 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0168
MC5 SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0168 Provider Liability
MC6 SERVICE DENIED NOT MEDICALLY NECESSARY MEMBER NOT RESPONSIBLE #490-0118 Provider Liability

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MC7  SERVICE DENIED NOT MEDICALLY NECESSARY MEMBER NOT RESPONSIBLE #490-0012 Provider Liability
MC8  MED DIRECTOR DEEMED SVC EXP. MEMBER NOT RESPONSIBLE #490-0152 Provider Liability
MC9  SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0170 Provider Liability
MD0  MED DIRECTOR DEEMED SERVICE EXP/INVEST. MEMBER IS RESPONSIBLE #490-0170
MD1  SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0171 Provider Liability
MD2  SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE #490-0171
MD3  MEDICAL DIRECTOR DEEMED SERVICE EXPERIMENTAL/INVESTIGATIONAL. MEMBER IS RESPONSIBLE #490-0171
MD4  SERVICE DENIED NOT MEDICALLY NECESSARY. MEMBER NOT RESPONSIBLE #490-0035 Provider Liability
MD5  SERVICE NOT COVERED WITH DIAGNOSIS REPORTED. MEMBER NOT RESPONSIBLE #490-0077 Provider Liability
MD6  SERVICE NOT COVERED WITH DIAGNOSIS REPORTED. MEMBER IS NOT RESPONSIBLE #490-0144 Provider Liability
MD7  SERVICE NOT COVERED WITH DIAGNOSIS REPORTED. MEMBER IS RESPONSIBLE #490.0077
MD8  SERVICE NOT COVERED WITH DIAGNOSIS REPORTED. MEMBER IS RESPONSIBLE #490.0144
MD9  SERVICE IS EXPERIMENTAL/INVESTIGATIONAL FOR DX REPRTD. MEMBER IS RESPONSIBLE #490.0165
MLN  Please resubmit with a primary dx code. Provider Liability
MDSD The allow AMT for this service has been reduced per M/S guidelines. Provider Liability
MSU  THE ALLOW AMT FOR THE SERVICE HAS BEEN REDUCED PER M/S GUIDELINES. PROVIDER LIABILITY
MU1  UNABLE TO DETERMINE THE UNLISTED SERVICE BILLED. PROVIDER LIABILITY
MU2  SERV CONSIDERED PART OF ANOTHER SERV. SEPARATE PMT NOT TO BE MADE (PACE). PROVIDER LIABILITY
MUT  Override Medical Utilization Edits
N01  PROC IS CONSIDERED INCIDENTAL TO OR PART OF THE PRIM PROC PER PACE. PROVIDER LIABILITY
N02  THIS PROC IS CONSIDERED REDUNDANT TO THE PRIMARY PROCEDURE PER PACE. PROVIDER LIABILITY
N03  This procedure is considered secondary to the primary procedure. Provider Liability
N04  THE SERVICE IS CONSIDERED PART OF THE ORIG SURG PROCEDURE PER PACE. PROVIDER LIABILITY
N05  THIS SERVICE IS NOT COVERED ON THE SAME DAY AS A SURG PROC PER PACE. PROVIDER LIABILITY
N06  This procedure does not normally require the service of assist surg. Provider Liability
N09  Cosmetic services are not a covered benefit. Member Liability
N10  Med Dirctor deemed this proc experimental. Services are not covered. Member Liability
N11  THIS PROCEDURE IS NO LONGER CONSIDERED CLINICALLY EFFECTIVE PER PACE. PROVIDER LIABILITY
N12  This procedure contains an Info, Issue or Review Message
N13  This procedure is not a covered service under your plan. Provider Liability
N14  Invalid gender for procedure. Resubmit with appropriate code. Provider Liability
N15  This service is not normally performed for members in this age range. Provider Liability
N16  SERV NOT NORMALLY PERFORMED FOR MEMBER IN THIS AGE RANGE PER PACE. PROVIDER LIABILITY
N17  This service is not covered when performed in this setting. Provider Liability
N19  This service is not covered when billed with diagnosis reported. Member Liability
N25  These charges were rebundled/combined into prim procedure. Provider Liability
N26  Pretreatment Procedure Disallow. Provider Liability
N27  Invalid Modifier Disallow. Provider Liability
N29  Clinical Daily Maximum Exceeded
N30  Lifetime Maximum Exceeded
N50  Current Procedure Rebundle. Provider Liability
N51  History Procedure Rebundle. Provider Liability
N52  Duplicate Uni or Bilateral Procedure. Provider Liability
N53  Dup History Uni or Bilateral Procedure. Provider Liability
N54  Daily or Lifetime Max Occurrence
N55  History Daily/Lifetime Max Occurrence. Member Liability
N56  Duplicate Procedure Submitted. Provider Liability
N57  History Dup Procedure Submitted. Provider Liability
N58  History Mutually Exclusive Procedure
N59  History Incidental Procedure
N60  Assistant Surgeon Sometimes Required
N61  Age Conflict Replaced Procedure
N62  Gender Conflict Replaced Procedure
N63  History Procedure Added Line Rebundle. Provider Liability
N64  History PreOp Conflict within 1 Day
N65  History PostOP Conflict within 90 Days
N66  History Medical Visit Conflict
N67  New Pt Visit Conflict Procedure
N68  Intensity of Service Conflict
N69  Duplicate Component Billing Conflict Current or History
N71  Multiple Component Billing Conflict
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N73  Third Party Liability Potential. Member Liability
N74  SmartSuspense edit
N75  History SmartSuspense edit
N76  Invalid Procedure Modifier Combination
N77  Invalid Modifier
N78  Invalid Diagnosis Code
N79  Units Expansion Failed
N80  History Incidental Procedure
N81  Submitted diagnoses may not support this procedure.
N82  Submitted diagnoses for this procedure monitored.
N83  Facets ClaimCheck N83
N84  Facets ClaimCheck N84
N85  Facets ClaimCheck N85
N86  Facets ClaimCheck N86
N87  Facets ClaimCheck N87
N88  Facets ClaimCheck N88
N89  Facets ClaimCheck N89
N91  CCI Incidental Procedure
N92  History CCI Incidental Procedure
N93  CCI Mutually Exclusive Procedure
N94  History CCI Mutually Exclusive Procedure
N95  Assistant at Surgery Procedure
N96  McKesson User Defined Disallow
O25  Charges Combd due to Dent Clin Edit
OAS  This service is not normally covered for members in this age range. Member Liability
OPC  Override PCA Disallow
OUT  Outlier Pricing. Provider Liability
P02  Visit consists of all Never Pay or Stand Alone. Provider Liability
P03  Service is Never Pay. Provider Liability
P05  Service is Carve Out. Provider Liability
P50  Present On Admission Indicator required but is not valid.
PAA  This charge exceeds the contracted amount for this service. Provider Liability
PAC  The charge exceeds the allowable amount for this service. Provider Liability
PAH  APC RATE. PROVIDER LIABILITY
PAI  The charges exceed the contracted amount for this service. Provider Liability
PAK  The charges exceed the contracted amount for this service. Provider Liability
PAL  The charges exceed the contracted rate for this service. Provider Liability
PAP  The charges exceed the contracted rate for this service. Provider Liability
PAR  The charge exceeds the contracted amount for this service. Provider Liability
PCD  A service pricing disallow has been applied to this line-item. Provider Liability
PDA  The charge has been reduced based on a discount arrangement with the provider of service. Provider Liability
PDC  The charge has been reduced based on a discount arrangement with the provider of service. Provider Liability
PDD  The charge has been reduced based on a discount arrangement with the provider of service. Provider Liability
PDP  The charge has been reduced based on a discount arrangement with the provider of service. Provider Liability
PE0  The charge exceeds the allowable amount for this service. Provider Liability
PEN  This service has been reduced due to lack of compliance with Plan requirements. Provider Liability
PEO  The charge exceeds the contracted amount for the service. Provider Liability
PEX  External Pricing Disallow. Provider Liability
PFC  The charge exceeds the scheduled R&C amount for this procedure. Provider Liability
PFS  The charge exceeds the allowable amount for this service. Provider Liability
PFU  The charge exceeds the allowable amount for this service. Provider Liability
PFV  The charge exceeds the allowable amount for this service. Provider Liability
PFW  The charge exceeds the allowable amount for this service. Provider Liability
PGA  The charge exceeds the DRG amount for this confinement. Provider Liability
PGD  The charge exceeds the DRG amount for this confinement. Provider Liability
PEG  The charge exceeds the DRG rate for this confinement. Provider Liability
PGO  The charge exceeds the DRG amount for this confinement. Provider Liability
PGP  The charge exceeds the DRG amount for this confinement. Provider Liability
PGR  The charge exceeds the DRG amount for this confinement. Provider Liability
PHH  Hold Harmless Payment Applied
PIM  ITS Medicare Pricing Disallow
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PIX  ITS SF Pricing Disallow
PLA  Average Daily Charges Stoploss Met
PLC  The Medicare Limiting Charge was Applied. Provider Liability
PLE  Encounter Units applied for this service. Provider Liability
PLP  Percent Threshold Stoploss Met
PMI  Procedure Modifier Combination Invalid
PMM  Minimum Provision
PMP  Price Adjusted Due to Additional Line Item Modifiers. Provider Liability
PMX  Maximum Provision
PPA  PACKAGED APC LINE. Provider Liability
PPC  Exceeds the Ambulatory Payment Classification (APC) rate. Provider Liability
PPG  Exceeds APG rate for the line item
PS  The charge exceeds the allowable amount for the service. Provider Liability
PS0  This service is not a covered benefit by contract. Member Liability
PS1  The charge exceeds the allowable amount for this service. Member Liability
PS2  Meets/exceeds the maximum number of units for this service. Member Liability
PSB  The charge exceeds the schedule amount for this service. Provider Liability
PSM  The charge exceeds the usual and customary amount for this procedure. Provider Liability
PSN  SERVICES ARE NON COVERED. PROVIDER LIABILITY
PSR  The charge exceeds the allowable rate for the service. Provider Liability
PSS  The charge exceeds the allowable rate for this service. Provider Liability
PSU  The charge exceeds the allowable rate for this service. Provider Liability
PSV  The charge exceeds the allowable amount for this service. Provider Liability
PTR  Line Item Reduced Due to Procedure Tiers Calculation. Provider Liability
PU0  Unknown
PU1  International Units
PU2  Grams
PU3  Milligrams
PU4  Milliliters
PU5  Units
PX1  Pricing will be manually calculated and entered. Provider Liability
PX2  Pricing is Cost. Provider Liability
PX3  Pricing is cost plus 10% of the cost. Provider Liability
PX4  Pricing=cost + 999.99% of cost. If cost not submitted, pricing=chgs. Provider Liability
PX5  If cost exceeds $300.00, pricing is cost plus 10% of the cost. Provider Liability
PX6  Cost + Pct w/Threshold or No Cost Chrg. Provider Liability
PX7  Pricing is cost. If no cost is submitted, pricing is charge. Provider Liability
PX8  If the cost exceeds $1,000.00, pricing is cost. Provider Liability
PX9  Discount Excess Days. Provider Liability
PXA  Discount + Per Diem. Provider Liability
PXB  ASC Grouper, 8 Lv
PXC  ASC Grouper, Exception Amount
PXD  ASC Grouper, Exception Amount & Percent
PXE  ASC Grouper, Except Amount & Percent with Max
PXF  ASC Grouper, Exception Pct
PXG  ASC Grouper, Exception Percent w/Max
PXH  ASC Grouper, 9 Lv
PXI  ASC Grouper, 10 Lv
PXJ  Anesthesia Schedule. Provider Liability
PXK  Anesthesia Schedule, 2 Lvl Time. Provider Liability
PXL  APC w/Base Rate
PXM  ASC Except Amount & Percent w/Proc Max
PXN  NetworX Std Fee Schedule
PXD  Service + Cost Less Percentage. Provider Liability
PXP  Service + Cost Plus Percentage. Provider Liability
PXV  Dental Fee Schedule
PXW  ASC Grouper, 12 Lv
Q14  BENEFIT ADAPTATION CM
Q15  BENEFIT ADAPTATION CM
The member's coverage was not in effect on the date the service was provided. Member Liability

The member's age is beyond the limiting age of the plan. Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

The member's coverage was not in effect on the date the services were provided. Member Liability

The patient is not a covered member under the plan. (Spouse) Member Liability

The patient is not a covered member under the plan. (Spouse only) Member Liability

The patient is not a covered member under the plan. (Dependents only) Member Liability

The patient is not a covered member under the plan. (Subscriber) Member Liability

The patient is not a covered member under the plan. (Dependents only) Member Liability

The patient is not a covered member under the plan. (Subscriber & Dependent Child(ren)) Member Liability

The patient is not a covered member under the plan. (Spouse and dependents) Member Liability

The patient is not a covered member under the plan. (Subscriber & Spouse) Member Liability

The patient is not a covered member under the plan. (Termination Eligible) Member Liability

The patient is not a covered member under the plan. (Termination – Divorce) Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

The member's coverage was not in effect on the date services were provided. Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

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The member's coverage was not in effect on the date the service was provided. Member Liability

The member's coverage was not in effect on the date the services were provided. Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

A risk withhold has been applied to this line-item. Provider Liability

More than one class/plan entry found. Member Liability

No plan selection event found. Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

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The member's coverage was not in effect on the date the service was provided. Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

The member's coverage was not in effect on the date the service was provided. Member Liability

A hold status has been placed on this subscriber and related members. Member Liability

The member's coverage was not in effect on the date the service was provided. Provider Liability

The member's coverage was not in effect on the date the services were provided. Provider Liability

The patient is not a covered member under the plan. (Subscriber & Spouse) Member Liability

The patient is not a covered member under the plan. (Subscriber only) Member Liability

The patient is not a covered member under the plan. (Dependents only) Member Liability

The patient is not a covered member under the plan. (Subscriber & Dependent Child(ren)) Member Liability

The patient is not a covered member under the plan. (Spouse and dependents) Member Liability

The patient is not a covered member under the plan. (Spouse only) Member Liability

The patient is not a covered member under the plan. (Termination Eligible) Member Liability

The patient is not a covered member under the plan. (Termination – Divorce) Member Liability

The patient is not a covered member under the plan. (Termination) Member Liability

The patient is not a covered member under the plan. (Termination – Divorce) Member Liability

The patient is not a covered member under the plan. (Termination - COBRA) Member Liability

The benefit limit has been exceeded. Member Liability

This claim was submitted after the claim filing limit. Provider Liability

Claim submitted after filing limit. Provider Liability

This service is not covered under the plan. Member Liability

This is not a covered service under the plan. Member Liability

The benefit limit has been exceeded. Member Liability

Covered amount greater than service allowed amount plus related history amount. Provider Liability

Covered counter greater than service allow counter. Provider Liability

Covered counter greater than service allowed counter and related history counter. Provider Liability

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Q17 MEDICAL DIRECTOR APPROVAL
Q18 MEDICAL DIRECTOR APPROVAL
RBN Rebundle Edit. Provider Liability
RNP New Patient Replacement Edit. Provider Liability
RWD A risk withhold has been applied to this line-item. Provider Liability
S10 The member's coverage was not in effect on the date services were provided. Member Liability
S11 The member's coverage was not in effect on the date services were provided. Member Liability
S12 The member's coverage was not in effect on the date services were provided. Member Liability
S13 Member's coverage was not in effect on the date the service was provided. Member Liability
S14 The member's coverage was not in effect on the date the service was provided. Member Liability
S15 More than one class/plan entry found. Member Liability
S16 No plan selection event found. Member Liability
S17 The member's coverage was not in effect on the date the service was provided. Member Liability
S18 The member's coverage was not in effect on the date the service was provided. Member Liability
S19 The member's coverage was not in effect on the date the service was provided. Member Liability
S20 The member's coverage was not in effect on the date the services were provided. Member Liability
S21 The member's coverage was not in effect on the date the services were provided. Member Liability
S22 The member's coverage was not in effect on the date the services were provided. Member Liability
S23 The member's coverage was not in effect on the date the services were provided. Member Liability
S24 Part A or Part B of Medicare is not active for this member. Member Liability
S25 A hold status has been placed on this subscriber and related members. Member Liability
S26 The member's coverage was not in effect on the date the service was provided. Provider Liability
S27 The member's coverage was not in effect on the date the service was provided. Provider Liability
S28 The member's coverage was not in effect on the date the service was provided. Provider Liability
S29 The member's coverage was not in effect on the date the service was provided. Provider Liability
S30 The member's coverage was not in effect on the date the service was provided. Provider Liability
S31 The member's age is beyond the limiting age under the plan. Member Liability
S32 The member's age is beyond the limiting age under the plan. Member Liability
S33 The member's age is beyond the limiting age under the plan. Member Liability
S34 The member's age is beyond the limiting age of the plan. Member Liability
S35 Member not eligible for product category. Member Liability
S36 The member is not eligible for coverage on the date the service was provided. Check eligibility data for a valid event. Member Liability
S37 The patient is not a covered member under the plan. (Subscriber & Spouse) Member Liability
S38 The patient is not a covered member under the plan. (Subscriber only) Member Liability
S39 The patient is not a covered member under the plan. (Dependents only) Member Liability
S40 The patient is not a covered member under the plan. (Subscriber & Dependent Child(ren)) Member Liability
S41 The patient is not a covered member under the plan. (Spouse and dependents) Member Liability
S42 The patient is not a covered member under the plan. (Spouse only) Member Liability
S43 The patient is not a covered member under the plan. (Termination Eligible) Member Liability
S44 The patient is not a covered member under the plan. (Termination – Divorce) Member Liability
S45 The patient is not a covered member under the plan. (Termination) Member Liability
S46 The benefit limit has been exceeded. Member Liability
S47 The benefit limit has been exceeded. Member Liability
S48 The benefit limit has been exceeded. Member Liability
S49 The benefit limit has been exceeded. Member Liability
S50 The benefit limit has been exceeded. Member Liability
S51 The benefit limit has been exceeded. Member Liability
S52 The benefit limit has been exceeded. Member Liability
S53 The benefit limit has been exceeded. Member Liability
S54 The benefit limit has been exceeded. Member Liability
S55 The benefit limit has been exceeded. Member Liability
S56 The benefit limit has been exceeded. Member Liability
S57 The benefit limit has been exceeded. Member Liability
S58 The benefit limit has been exceeded. Member Liability
S59 The benefit limit has been exceeded. Member Liability
S60 The benefit limit has been exceeded. Member Liability
S61 The benefit limit has been exceeded. Member Liability
S62 The benefit limit has been exceeded. Member Liability
S63 The benefit limit has been exceeded. Member Liability
S64 The benefit limit has been exceeded. Member Liability
S65 The benefit limit has been exceeded. Member Liability
S66 The benefit limit has been exceeded. Member Liability
S67 The benefit limit has been exceeded. Member Liability
S68 The benefit limit has been exceeded. Member Liability
S69 The benefit limit has been exceeded. Member Liability
S70 The benefit limit has been exceeded. Member Liability
S71 The benefit limit has been exceeded. Member Liability
S72 The benefit limit has been exceeded. Member Liability
S73 The benefit limit has been exceeded. Member Liability
S74 The benefit limit has been exceeded. Member Liability
S75 The benefit limit has been exceeded. Member Liability
S76 The benefit limit has been exceeded. Member Liability
S77 The benefit limit has been exceeded. Member Liability
S78 The benefit limit has been exceeded. Member Liability
S79 The benefit limit has been exceeded. Member Liability
S80 More than one class/plan entry found. Member Liability
S81 Member not eligible for benefits. (Retired) Member Liability
S82 Member not eligible for benefits. (Deceased) Provider Liability
S83 Member not eligible for benefits. (Non-eligible) Member Liability
S84 Member not eligible for benefits. (Termination ineligible) Member Liability
S85 Member not eligible for benefits. (Termination Non payment of premium) Member Liability
S86 Supplemental Discount.
S87 Member not eligible for benefits. (Termination – Divorce) Member Liability
S88 MEMBER NOT ELIGIBLE FOR BENEFITS. (Separation – Member Termination) MEMEBR LIABILITY
S89 Member not eligible for benefits. (Termination) Member Liability
S90 Member not eligible for benefits. (Termination - COBRA) Member Liability
S91 ITS Private Room Non-Covered Amount. Member Liability
S92 This claim was submitted after the claim filing limit. Provider Liability
S93 Claim submitted after filing limit. Provider Liability
S94 This service is not covered under the plan. Member Liability
S95 This is not a covered service under the plan. Member Liability
S96 The benefit limit has been exceeded. Member Liability
S97 Covered amount greater than service allowed amount plus related history amount. Provider Liability
S98 Covered counter greater than service allow counter. Provider Liability
S99 Covered counter greater than service allowed counter and related history counter. Provider Liability

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TR6  Payment is reduced by amount paid by another carrier.  Provider Liability
UAS  The member was not covered under the plan on the date the service was provided.  Member Liability
UD  Amount disallowed by Utilization Management.  Provider Liability
UM0  Services were disallowed by Utilization Management.  Provider Liability
UM1  Units exceed a utilization management authorization.  Provider Liability
UM2  Units were reduced by a utilization management authorization.  Provider Liability
UM4  Calendar year warning applied
UTM  Medical Utilization Edits Applied
V01  CHECK VOID, PARTIAL REFUND.  PROVIDER LIABILITY
V02  CHECK VOID, PARTIAL REFUND.  PROVIDER LIABILITY
VBB  VBB Bypass Explanation #1
X01  SERVICES BILLED ARE NOT ELIGIBLE ACCORDING TO THE PROVIDER AGREEMENT. PROVIDER LIABILITY
X02  Denied non-designated Capitated Provider.  Provider Liability
X06  THIS LINE ITEM WAS PREVIOUSLY SUBMITTED AND PROCESSED.  PROVIDER LIABILITY
X07  CLAIM PROCESSED WITH INCORRECT MEMBER. PROVIDER LIABILITY
X08  CHECK VOID, FULL REFUND. PROVIDER LIABILITY
X09  THIS CHARGE WAS PREVIOUSLY SUBMITTED AND PROCESSED. PROVIDER LIABILITY
X12  MATERNITY INFORMATION IS REQUIRED. PROVIDER LIABILITY
X13  REFERRAL IS REQUIRED FOR THE SERVICE RENDERED. MEMBER LIABILITY
X14  PLEASE RESUBMIT CLAIM WITH PRIMARY CARRIERS EXPLANATION OF BENEFIT. PROVIDER LIABILITY
X15  SERVICES WERE BILLED ON INCORRECT CLAIM FORM TYPE PLEASE RESUBMIT. PROVIDER LIABILITY
X16  NON-DESIGNATED LAB PROVIDER. PROVIDER LIABILITY
X17  PRE-AUTHORIZATION REQUIREMENTS NOT MET. PROVIDER LIABILITY
X18  ORIGIN/DESTINATION MODIFIERS ARE REQUIRED TO PROCESS CLAIM. PROVIDER LIABILITY
X19  NOTES/MEDICAL RECORDS REQUIRED. SUBMIT WITH NEW CLAIM FORM. PROVIDER LIABILITY
X20  ADDITIONAL INFO REQUIRED TO CONSIDER CHARGES. PROVIDER LIABILITY
X21  REVENUE CODE REQUIRES A CPT/HPCS CODE. PROVIDER LIABILITY
X22  PAYMENT FOR THESE SERVICES INCLUDED IN PAYMENT OF TRANSPORT. PROVIDER LIABILITY
X23  OTHER INSURANCE IS PRIMARY. RESUBMIT TO APPROPRIATE CARRIER. MEMBER LIABILITY
X24  AUTO RELATED. FORWARD AUTO EXHAUST LETTER/PAYOUT SHEET TO FPH. PROVIDER LIABILITY
X25  CHARGES HAVE BEEN PAID IN FULL BY PRIMARY CARRIER. PROVIDER LIABILITY
X26  EOB FROM PRIMARY CARRIER IS REQUIRED. PLEASE FORWARD TO FPH. PROVIDER LIABILITY
X27  SIGNED SUBROGATION FORM IS REQUIRED FROM THE MEMBER TO COMPLETE PROCESSING. MEMBER LIABILITY
X28  EOB DOES NOT CORRESPOND WITH CHARGES SUBMITTED TO FPH. MEMBER LIABILITY
X29  MEDICARE IS PRIMARY. PLEASE SUBMIT CHARGES TO MEDICARE. MEMBER LIABILITY
X30  PRIMARY INSURANCE PAYMENT IS EQUAL TO OR EXCEEDS FPH ALLOWANCE. PROVIDER LIABILITY
X31  USUAL CUSTOMARY RATE PAID BY PRIMARY INSURANCE. NO FURTHER PAYMENT TO BE MADE BY FPH. PROVIDER LIABILITY
X32  WORK COMP DOCTOR/FACILITY NOT UTILIZED. MEMBER LIABILITY
X33  AMOUNT ABOVE MEDICARE ALLOWABLE. PROVIDER LIABILITY
X34  PRIMARY INSURANCE DISCOUNT/AMOUNT ABOVE UCR. PROVIDER LIABILITY
X35  RESUBMIT TO PRIMARY INSURANCE WITH INFORMATION THEY REQUESTED. MEMBER LIABILITY
X36  MAJOR MEDICAL EOB IS REQUIRED TO COMPLETE PROCESSING BY FPH. MEMBER LIABILITY
X37  BLACK LUNG EOB IS REQUIRED TO COMPLETE PROCESSING BY FPH. MEMBER LIABILITY
X38  COORDINATION OF BENEFITS QUESTIONNAIRE REQUIRED TO COMPLETE PROCESSING BY FPH. MEMBER LIABILITY
X40  PROCEDURE IS NOT ELIG FOR PAYMENT WHEN PERFORMED BY PROV SPEC. PROVIDER LIABILITY
X41  PLEASE RESUBMIT WITH A MORE SPECIFIC DIAGNOSIS CODE. PROVIDER LIABILITY
X42  PROCEDURE PERFORMED AT NON-PAR FACILITY, NO PRE-AUTH EXISTS. MEMBER LIABILITY
X43  THIS PROCEDURE IS NOT SEPARATELY REIMBURSABLE. PROVIDER LIABILITY
X44  READMISSION; $0.00 CONTRACTED RATE HAS BEEN APPLIED. PROVIDER LIABILITY
X45  INVALID PROCEDURE/MODIFIER COMBINATION (PACE). PROVIDER LIABILITY
X46  WORK COMP RELATED. FORWARD CARRIER DENIAL TO FPH. PROVIDER LIABILITY
X47  THE CORRESPONDING HOSPITAL CLAIM IS REQUIRED FOR PROCESSING. PROVIDER LIABILITY
X48  MULTIPLE UNITS REPORTED FOR SAME DATE OF SERVICE. CONTACT CBH DEPT. PROVIDER LIABILITY
X49  SERVICES DENIED BY REGIONAL REFERRAL CENTER. PROVIDER LIABILITY
X50  PROC REPORTED CAN BE PERFORMED ONLY ONCE PER DOS (PACE). PROVIDER LIABILITY
X51  PRE-AUTHORIZATION IS REQUIRED FOR THE SERVICE PROVIDED. PROVIDER LIABILITY
X52  BENEFIT LIMIT EXCEEDED FOR SERVICE RENDERED. MEMBER LIABILITY
X53  TIMELY FILING EXCEEDED FOR SELF-REFERRAL FORM. MEMBER LIABILITY
X54  THE PATIENT’S HEMOCRIT LEVEL & EPO UNITS ADMINISTERED ARE REQUIRED. PROVIDER LIABILITY
FIRST PRIORITY HEALTH EXPLANATION CODES

X55  SECOND SURG ASSIST/SURGICAL TECH NOT ELIGIBLE FOR PAYMENT. MEMBER NOT RESPONSIBLE FOR CHARGES. PROVIDER LIABILITY
X56  SERVICES PROVIDED ARE INVALID/INELIGIBLE FOR PROVIDER SPECIFIED. PROVIDER LIABILITY
X57  SERVICES PROV BY A PA ARE NOT ELIGIBLE FOR PAYMENT. PROVIDER LIABILITY
X58  CRNA'S/NURSE ARE NOT ELIGIBLE FOR PAYMENT. PROVIDER LIABILITY
X59  SERVICES DENIED BY MEDICAL DIRECTOR. PROVIDER LIABILITY
X60  SERVICE DENIED BY MEDICAL DIRECTOR. MEMBER LIABILITY
X61  PROCEDURE/DIAGNOSIS DOES NOT MATCH PRE-AUTHORIZATION. PROVIDER LIABILITY
X62  DME CODE/MODIFIER COMBINATION DOES NOT MATCH PRE-AUTHORIZATION. PROVIDER LIABILITY
X63  SERVICES INDICATED ON REFERRAL WERE NOT AUTHORIZED BY PCP. MEMBER LIABILITY
X64  SERVICE INCLUDED AS PART OF IP ALLOWANCE. PROVIDER LIABILITY
X65  MEMBER'S MH/CR BENEFITS ARE CARVED OUT. SUBMIT TO APPROP VENDOR. PROVIDER LIABILITY
X66  THESE SERVICES HAVE BEEN FORWARDED TO USBH FOR FURTHER INVESTIGATION. PROVIDER LIABILITY
X67  SERVICES DENIED NOT MEDICALLY NECESSARY. PROVIDER LIABILITY
X68  PLEASE FORWARD CLAIM TO MAGELLAN BEHAVIORAL HEALTH FOR PROCESSING. PROVIDER LIABILITY
X69  MEMBER MUST SELECT A PRIMARY CARE PHYSICIAN. MEMBER LIABILITY
X70  PAYMENT FOR TRANSPORT PD TO FACILITY. PROVIDER LIABILITY
X71  SERVICES NOT AUTHORIZED TO BEGIN UNTIL LATER DATE. MEMBER LIABILITY
X72  SELF-REFERRAL FORM/EOB REQUIRED FOR EACH DATE OF SERVICE. MEMBER LIABILITY
X73  PAYMENT INCLUDED IN PYMT MADE TO FACILITY. PROVIDER LIABILITY
X74  THIS SERVICE IS INHERENT TO PROCEDURE PERFORMED. PROVIDER LIABILITY
X75  PRIOR PRE-AUTH REQUIREMENTS NOT MET. MEMBER LIABILITY
X76  NON-DESIGNATED CAPITATED PROVIDER. PROVIDER LIABILITY
X77  MEMBER'S VISION BENEFIT CARVED OUT. SUBMIT TO APPROPRIATE VENDOR. PROVIDER LIABILITY
X78  SUBMIT TO PA BLUE SHIELD FOR THIS SERVICE. PROVIDER LIABILITY
X79  SUBMITTED THRU BLUECARD IN ERROR. SUBMIT TO LOCAL PLAN. PROVIDER LIABILITY
X80  CLAIM PROCESSED ACCORDING TO USBH. PROVIDER LIABILITY
X81  INVALID NATIONAL DRUG CODE SUBMITTED. PROVIDER LIABILITY
X82  RESUBMIT TO LOCAL BC/BS WITH CORRECT ALPHA PREFIX. PROVIDER LIABILITY
X83  DATE FOR ACCEPTING CLAIMS HAS EXPIRED. PLEASE CONTACT GRP ADMIN. PROVIDER LIABILITY
X84  DELIVERY CHARGE IS REQ TO PROCESS. PROV SHOULD SUBMIT WITH EOB. PROVIDER LIABILITY
X85  THE FIRST VISIT MUST BE USED WITHIN 180 DAYS OF ISSUE DATE. MEMBER LIABILITY
X86  THE BILL TYPE/REV CODE DOESN'T MATCH AUTH. RESUBMIT CORRECTED CLAIM. PROVIDER LIABILITY
X87  UNATTENDED SERVICES ARE INELIGIBLE FOR REIMBURSEMENT. PROVIDER LIABILITY
X88  DATE RANGE BILLED DOESN'T CORRESPOND WITH THE TOTAL UNITS BILLED. PROVIDER LIABILITY
X89  PROCEDURE IS NOT ELIG FOR PAYMENT WHEN PERFORMED BY PROV SPEC. PROVIDER LIABILITY
X90  PROCEDURE BILLED REQUIRES A DATE RANGE. PROVIDER LIABILITY
X91  UNITS BILLED INVALID/EXCESSIVE FOR PROCEDURE BILLED. PROVIDER LIABILITY
X92  INVALID PROCEDURE FOR DELIVERY. RESUBMIT FOR DELIVERY ONLY PROCEDURE. PROVIDER LIABILITY
X93  PAYMENT FOR SERVICE IS INCLUDED IN GLOBAL CASE RATE. PROVIDER LIABILITY
X94  SELF REFERRED TO OUT-OF- NETWORK PROVIDER. MEMBER LIABILITY
X95  PAYMENT REJECTED; FURTHER REVIEW REQUIRED. PROVIDER LIABILITY
X96  PAYMENT IS SUSPENDED, PENDING FURTHER REVIEW. PROVIDER LIABILITY
X97  BC/POS Zero Priced Claim – Do Not Use
X98  GLOBAL PAYMENT IS NOT REIMBURSABLE FOR THIS PROCEDURE. PROVIDER LIABILITY
X99  PRE-EXISTING CONDITION NOT ELIGIBLE FOR PAYMENT. MEMBER LIABILITY
XA0  PRICE ADJUSTED DUE TO ADDITIONAL LINE ITEM MODIFIERS. PROVIDER LIABILITY
XA1  ORIGIN/DESTINATION MODIFIERS ARE REQUIRED TO PROCESS CLAIM. MEMBER LIABILITY
XA2  DOCUMENTATION DOES NOT SUPPORT PROCEDURE BILLED. MEMBER LIABILITY
XA3  A VALID CPT/HCPCS MODIFIER IS REQUIRED FOR PROCEDURE REPORTED. MEMBER LIABILITY
XA4  PRE-EXISTING CONDITION NOT ELIGIBLE FOR PAYMENT. MEMBER LIABILITY
XAB  Disallow Assistant Surgeon. Provider Liability
XAD  SERVICE IS NOT ELIGIBLE FOR PAYMENT W/E&M VISIT OR J CODE. PROVIDER LIABILITY
XAF  PROOF OF PAYMENT REQUIRED FOR REIMBURSEMENT. MEMBER LIABILITY
XAG  Claim forwarded to BCNEPA for Processing. Provider Liability
XA1  CLAIM SENT TO HIGHMARK BC/BS. PROVIDER LIABILITY
XAK  THE FIRST OB VISIT DIAGNOSIS IS REQUIRED TO PROCESS CHARGES. PROVIDER LIABILITY
XAL  THE SERVICE PROVIDED IS NOT A COVERED BENEFIT. MEMBER LIABILITY
XAM  UNSPECIFIED DIAGNOSIS REPORTED. SUBMIT WITH VALID DIAGNOSIS. PROVIDER LIABILITY
XAN  SERVICES DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESP FOR CHARGES.
XAO  PROVIDER STATUS-MEMBER NOT LIABLE. PROVIDER LIABILITY

April 2015
FIRST PRIORITY HEALTH EXPLANATION CODES

XAP  THIS SERVICE IS INHERENT TO PROCEDURE PERFORMED. PROVIDER LIABILITY
XAQ  DIAGNOSIS INVALID FOR POSTPARTUM PROCEDURE REPORTED. PROVIDER LIABILITY
XAR  THESE SERVICES HAVE BEEN FORWARDED TO USBH FOR FURTHER INVESTIGATION. PROVIDER LIABILITY
XAS  PROCEDURE INVALID WITH DIAGNOSIS REPORTED. PROVIDER LIABILITY
XAT  INVALID PLACE OF SERVICE FOR PROCEDURE BILLED. PROVIDER LIABILITY
XAU  PRE-ADMISSION TESTING DX REQUIRED FOR PAYMENT. PROVIDER LIABILITY
XAV  Date of service billed is greater than the receive date of the claim. Provider Liability
XAW  CLAIM REPROCESSED DUE TO PROCESSING/BILLING ERROR. PROVIDER LIABILITY
XAX  INVALID PRIMARY ICD PROCEDE BILLED ON MATERNITY. PROVIDER LIABILITY
XAY  PRIVATE ROOM DIFFERENCE NOT COVERED. MEMBER LIABILITY
XAZ  DAYS BILLED DON'T MATCH APPROVED DAYS. PROVIDER LIABILITY
XB0  SCHOOL COUNSELOR IS NOT ELIGIBLE FOR PAYMENT. PROVIDER LIABILITY
XB1  ADDITIONAL INFO REQUIRED TO CONSIDER CHARGES. MEMBER LIABILITY
XB2  ADDITIONAL INFORMATION REQUIRED TO CONSIDER CHARGES. MEMBER LIABILITY
XB3  ADDITIONAL INFORMATION REQUIRED TO CONSIDER CHARGES. PROVIDER LIABILITY
XB4  ADDITIONAL INFORMATION REQUIRED TO CONSIDER CHARGES. PROVIDER LIABILITY
XB5  ITS-ADDITIONAL INFORMATION REQUIRED TO CONSIDER CHARGES. MEMBER LIABILITY
XB6  TAXONOMY CODE IS MISSING OR INVALID. PROVIDER LIABILITY
XB7  COVERAGE OF THIS DME ITEM IS ONLY CONSIDERED WHEN ITEM IS PURCHASED. MEMBER LIABILITY
XB8  COVERAGE OF THIS DME ITEM IS ONLY CONSIDERED WHEN THE ITEM IS RENTED. MEMBER LIABILITY
XB9  THE MEDICALLY UNLIKELY EDIT VALUE HAS BEEN MET ON A PREVIOUS CLAIM/LIN. PROVIDER LIABILITY
XBA  THIS AMOUNT REFLECTS A PRECERT PENALTY. MEMBER IS RESPONSIBLE. MEMBER LIABILITY
XBB  RESUBMIT WITH A PROF. SIGNATURE ON THE HCFA 1500 CLAIM FORM. PROVIDER LIABILITY
XBC  PER THE CONTROL PLAN, MEMBER IS NOT COVERED. MEMBER LIABILITY
XBD  PROVIDER ID/TAX ID IS INVALID OR MISSING. PLEASE RESUBMIT. PROVIDER LIABILITY
XBF  THE REVENUE CODE SUBMITTED REQUIRES A CPT/HCPCS CODE. PROVIDER LIABILITY
XBG  DUPLICATE TO A CLAIM WHICH WILL BE ADJUDICATED SHORTLY PROVIDER LIABILITY
XBH  INVALID PLACE OF SERVICE BILLED. PLEASE RESUBMIT WITH VALID PLACE OF SERVICE. PROVIDER LIABILITY
XBI  RESUBMIT A VALID CPT/HCPCS CODE. PROVIDER LIABILITY
XBJ  DELETED CPT/HCPCS REPORTED. RESUBMIT WITH A VALID CODE. PROVIDER LIABILITY
XBK  NO FACILITY LISTED IN FIELD 32. RESUBMIT WITH FACILITY INFORMATION. PROVIDER LIABILITY
XBL  ER REVENUE CODE NOT PRESENT ON CLAIM. RESUBMIT WITH APPR REVENUE CODE. PROVIDER LIABILITY
XBM  THIS CLAIM HAS BEEN PREVIOUSLY SUBMITTED AND PROCESSED. PROVIDER LIABILITY
XBN  NO ASSOCIATED CLAIM ON FILE FOR CHARGES BILLED. PROVIDER LIABILITY
XBO  THESE SERVICES ARE INVALID FOR PROVIDER’S SPECIALTY. PROVIDER LIABILITY
XBP  DRUG PAID AT PHARMACY, DUPLICATE CHARGES. PROVIDER LIABILITY
XBQ  ANNUAL INDIVIDUAL COINSURANCE MAXIMUM MET
XBS  ANNUAL SELF-REFERRED INDIVIDUAL COINSURANCE MAXIMUM MET
XBT  ANNUAL SELF-REFERRED FAMILY COINSURANCE MAXIMUM MET
XBU  SELF-REFERRED LIFETIME INDIVIDUAL BENEFIT EXCEEDED. MEMBER LIABILITY
XBV  SELF-REFERRED LIFETIME FAMILY BENEFIT EXCEEDED. MEMBER LIABILITY
XBX  LIFETIME INDIVIDUAL OUT OF POCKET MET
XBY  LIFETIME FAMILY OUT OF POCKET MET
XCA  PROCEDURE IS NOT ELIGIBLE FOR PAYMENT PER PROVIDER CONTRACT. PROVIDER LIABILITY
XCB  INVALI D FACILITY LISTED IN FIELD 32. RESUBMIT. PROVIDER LIABILITY
XCC  THE UNITS BILLED ARE INVALID FOR THE REVENUE CODE BILLED. PROVIDER LIABILITY
XCD  MOD REPTD IS DEL/INVALID. PLEASE USE VALID CPT/HCPCS MODS. PROVIDER LIABILITY
XCE  RESUBMIT TO LOCAL BC/BS WITH CORRECT ALPHA PREFIX. PROVIDER LIABILITY
XCF  LIFETIME IND BENEFIT EXCEEDED. MEMBER LIABILITY
XCG  THIS SERVICE WAS BILLED/PROCESSED IN ERROR. MEMBER IS NOT RESPONSIBLE. PROVIDER LIABILITY
XCH  SCHEDULE A DISALLOW. PROVIDER LIABILITY
XCI  PROVIDER ID INCORRECT FOR SERVICES RENDERED. PROVIDER LIABILITY
XCJ  PHYSICIAN EXTENDER NOT ELIGIBLE FOR PAYMENT UNDER FPH. PROVIDER LIABILITY
XCP  SUBMIT TO PENNSYLVANIA BLUE SHIELD FOR THIS SERVICE. PROVIDER LIABILITY
XCO  INVALID CODING COMBINATION AS PER CODING GUIDELINES. PROVIDER LIABILITY
XCR  A VALID CPT/HCPCS MODIFIER IS REQUIRED FOR PROCEDURE REPORTED. PROVIDER LIABILITY
XCS  PROCEDURE PAID IN RATE OR INCLUDED IN ANOTHER SERVICE. PROVIDER LIABILITY
XCV  MEMBER NOT ELIGIBLE FOR BENEFITS. MEMBER LIABILITY
XCW  PAYMENT FOR THIS SERVICE INCLUDED IN PAYMENT OF TRANSPORT. PROVIDER LIABILITY
XCY  CLAIM CLOSED UNTIL REQUESTED INFORMATION IS RECEIVED FROM SUBSCRIBER. MEMBER LIABILITY

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FIRST PRIORITY HEALTH EXPLANATION CODES

XCZ  SERVICES PERFORMED IN OFFICE SETTING NOT COVERED FOR THIS PROVIDER. PROVIDER LIABILITY
XD0  FILE TO PLAN WHERE ORDERING PHYSICIAN IS LOCATED. PROVIDER LIABILITY
XD1  CLM PREV SUBMITTED BY THE PROVIDER OF SERVICE AND PROCESSED. PROVIDER LIABILITY
XD2  CLM PREV SUBMITTED BY DPW AND PROCESSED. PROVIDER LIABILITY
XD3  CLM PREV SUBMITTED BY THE SUBSCRIBER AND PROCESSED. MEMBER LIABILITY
XD4  SERVICE PREV SUBMITTED BY THE PROVIDER OF SERVICE AND PROCESSED. PROVIDER LIABILITY
XD5  SERV PREV SUBMITTED BY DPW AND PROCESSED. PROVIDER LIABILITY
XD6  CLM PREV SUBMITTED BY SUBSCRIBER AND PROCESSED. MEMBER LIABILITY
XD7  PROVIDER BILLING ERROR – NO NPI REPORTED. PROVIDER LIABILITY
XD8  FILE LAB SERVICE TO PLAN WHERE THE REFERRING PROVIDER IS LOCATED. PROVIDER LIABILITY
XD9  FILE TO PLAN WHERE EQUIPMENT WAS SHIPPED TO OR PURCHASED. PROVIDER LIABILITY
XDA  SELF REFERRAL FORM/EOB REQUIRED FOR EACH DATE OF SERVICE. MEMBER LIABILITY
XDB  CRNA’S/NURSES ARE NOT ELIGIBLE FOR PAYMENT. PROVIDER LIABILITY
XDC  HCFA1500 SUBMITTED WITH INVALID PROVIDER ID. PROVIDER LIABILITY
XDD  NO W-9 RECEIVED. CLAIM MAILED BACK TO PROVIDER. PROVIDER LIABILITY
XDF  PLEASE RESUBMIT ON A FACILITY ADJUSTMENT FORM. PROVIDER LIABILITY
XDH  USUAL CUSTOMARY RATE PAID BY PRIMARY INSURANCE. NO FURTHER PAYMENT TO BE MADE BY FPH. PROVIDER LIABILITY
XDI  THIS AMOUNT REFLECTS A PRECERT PENALTY. MEMBER IS RESPONSIBLE. MEMBER LIABILITY
XDJ  CLAIM AWAITING RESPONSE FROM HEALTHSCOPE BENEFITS AND WILL BE PROCESSED SHORTLY. PROVIDER LIABILITY
XDK  UNSPECIFIED CODE BILLED WHEN VALID PROCEDURE CODE EXISTS. PLEASE SUBMIT WITH VALID CODE. PROVIDER LIABILITY
XLK  PROCEDURE CODE METHOD NOT REPORTED. PROVIDER LIABILITY
XMZ  INAPPROPRIATE SETTING FOR SERVICES RENDERED. PROVIDER LIABILITY
XDN  A VALID CPT/HCPCS MODIFIER IS REQUIRED FOR PROCEDURE REPORTED. PROVIDER LIABILITY
XDO  REQUIRED STATUTORY 120 DAY NOTICE OF WORK COMP INJURY NOT GIVEN TO EMPLOYER. MEMBER LIABILITY
XDP  BILL TYPE IS INVALID WITH REVENUE CODE(S) SUBMITTED. PROVIDER LIABILITY
XDQ  ACCEPTING CLMS FOR THIS GRP HAS EXPIRED. PROV MUST CONTACT HOME PLAN. MEMBER LIABILITY
XDR  PROVIDER ON LEAVE OF ABSENCE. CLAIM BILLED IN ERROR. PROVIDER LIABILITY
XDS  PATIENT DOES NOT MEET AGE REQUIREMENT FOR PROCEDURE PERFORMED. PROVIDER LIABILITY
XDT  CLOSED CLAIM - NO PAYMENT. PROVIDER LIABILITY
XDU  USUAL CUSTOMARY RATE PAID BY PRIMARY INSURANCE. NO FURTHER PAYMENT TO BE MADE BY FPH. PROVIDER LIABILITY
XDX  PAYMENT REJECTED - REVIEW IS COMPLETE. PROVIDER LIABILITY
XDY  PAYMENT REJECTED - REVIEW IS COMPLETE. PROVIDER LIABILITY
XDZ  PAYMENT MADE TO FACILITY. PROVIDER LIABILITY
XEA  ACCEPTING CLMS FOR GRP HAS EXPIRED. FORWARDED TO GRP TO HANDLE. PROVIDER LIABILITY
XEB  TOTAL CHARGES MISSING OR NOT EQUAL TO LINE ITEM CHARGES. PROVIDER LIABILITY
XEC  CLAIM REPROCESSES. PER PROVIDER - SERVICE/CLAIM BILLEDS IN ERROR. PROVIDER LIABILITY
XED  UNITS MISSING OR ZERO REPORTED WITH PROCEDURE/REVENUE CODE BILLED. PROVIDER LIABILITY
XEE  UNITS REPORTED DO NOT MATCH DATE RANGE BILLED. PLEASE RESUBMIT. PROVIDER LIABILITY
XEF  DATE OF SERVICE/DATE RANGE REPORTED IS INVALID. PLEASE RESUBMIT. PROVIDER LIABILITY
XEG  SUBSCRIBER/MEMBER IDENTIFICATION NUMBER IS MISSING OR INVALID. PROVIDER LIABILITY
XEH  INVALID PROCEDURE FOR ANESTHESIA SERVICE. PLEASE RESUBMIT. PROVIDER LIABILITY
XEI  NDC# IS MISSING/INVALID FOR DRUG REPORTED. PLEASE RESUBMIT. PROVIDER LIABILITY
XEJ  BREAK DOWN OF CHARGES IS NEEDED. PLEASE RESUBMIT. PROVIDER LIABILITY
XEK  STATEMENT DATE MAY NOT BE LESS THAN STATEMENT FROM DATE. PROVIDER LIABILITY
XEM  BILL TYPE IS INVALID WITH REVENUE CODE(S) SUBMITTED. PROVIDER LIABILITY
XEN  DELAY IN SERVICE FOR INPATIENT ADMISSION. PROVIDER LIABILITY
XEP  GLOBAL PAYMENT IS NOT REIMBURSABLE. PROVIDER LIABILITY
XEQ  BENEFIT IS LIMITED TO SPINAL MANIPULATION/OFF. VISIT MAY BE REDUNDANT. PROVIDER LIABILITY
XER  MEMBER NOT ELIGIBLE FOR BENEFITS. MEMBER LIABILITY
XES  SERVICES PERFORMED IN OFFICE SETTING NOT COVERED FOR THIS PROVIDER. PROVIDER LIABILITY
XEV  PROCEDURE ONLY PAYABLE WITH OWNED STATIONARY EQUIPMENT. PROVIDER LIABILITY
XCY  CLAIM PROCESSSED WITH INCORRECT MEMBER. PROVIDER LIABILITY
XEZ  MATERNITY INFORMATION IS REQUIRED. PROVIDER LIABILITY
XFA  NOTES/MEDICAL RECORDS REQUIRED. SUBMIT WITH NEW CLAIM FORM. PROVIDER LIABILITY
XFB  AUTO RELATED. FORWARD AUTO EXHAUST LETTER. PROVIDER LIABILITY
XFC  CHARGES HAVE BEEN PAID IN FULL BY PRIMARY CARRIER. PROVIDER LIABILITY
XFD  EOB FROM PRIMARY CARRIER IS REQUIRED. PLEASE FORWARD TO FPH. PROVIDER LIABILITY
<table>
<thead>
<tr>
<th>Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>XFE</td>
<td>Major Medical EOB is required to complete processing by FPH. Member liability</td>
</tr>
<tr>
<td>XFF</td>
<td>Work Comp related. Forward carrier denial to FPH. Provider liability</td>
</tr>
<tr>
<td>XFG</td>
<td>Pre-authorization is required for the service provided. Provider liability</td>
</tr>
<tr>
<td>XFH</td>
<td>Member must select a primary care provider. Member liability</td>
</tr>
<tr>
<td>XFI</td>
<td>Self referral form/EOB required for each date of service. Member liability</td>
</tr>
<tr>
<td>XFJ</td>
<td>The bill type/rev code doesn’t match auth. Resubmit corrected claim. Provider liability</td>
</tr>
<tr>
<td>XFK</td>
<td>Invalid primary ICD procedure billed on maternity. Provider liability</td>
</tr>
<tr>
<td>XFL</td>
<td>Provider ID/TAX ID is invalid or missing. Please resubmit. Provider liability</td>
</tr>
<tr>
<td>XFM</td>
<td>No facility listed in field 32. Resubmit with facility information. Provider liability</td>
</tr>
<tr>
<td>XFN</td>
<td>Resubmit to local BC/BS with correct alpha prefix. Provider liability</td>
</tr>
<tr>
<td>XFO</td>
<td>Close claim – No payment. Provider liability</td>
</tr>
<tr>
<td>XFP</td>
<td>Subscriber/member identification number is missing or invalid. Provider liability</td>
</tr>
<tr>
<td>XFQ</td>
<td>Bill type is invalid with revenue code(s) submitted. Provider liability</td>
</tr>
<tr>
<td>XFR</td>
<td>Claim processed under incorrect group. Provider liability</td>
</tr>
<tr>
<td>XFS</td>
<td>Rent to purchase met. No further payment to be made by FPH. Provider liability</td>
</tr>
<tr>
<td>XFT</td>
<td>Date of service/date range reported is invalid. Please resubmit. Provider liability</td>
</tr>
<tr>
<td>XFU</td>
<td>Work comp doctor/facility not utilized. Member liability</td>
</tr>
<tr>
<td>XFV</td>
<td>Primary insurance payment is equal to or exceeds FPH allowance. Provider liability</td>
</tr>
<tr>
<td>XFW</td>
<td>EOB does not correspond with charges submitted to FPH. Member liability</td>
</tr>
<tr>
<td>XFX</td>
<td>Required statutory 120 day notice of work comp injury not given to emp. Member liability</td>
</tr>
<tr>
<td>XFY</td>
<td>Member received work comp settlement. Member responsible for payment.</td>
</tr>
<tr>
<td>XFZ</td>
<td>Member received work comp settlement. Member responsible for payment.</td>
</tr>
<tr>
<td>XGA</td>
<td>High dollar claim - reviewed and rejected. Provider liability</td>
</tr>
<tr>
<td>XGB</td>
<td>Second reading of MRI/radiology studies are not eligible for payment. Provider liability</td>
</tr>
<tr>
<td>XGC</td>
<td>Rent to purchase met. No further payment to be made by FPH. Provider liability</td>
</tr>
<tr>
<td>XGD</td>
<td>This procedure is not separately reimbursable. Provider liability</td>
</tr>
<tr>
<td>XGE</td>
<td>This service was billed/processed in error. Mem is not responsible. Provider liability</td>
</tr>
<tr>
<td>XGF</td>
<td>Medicare is primary. Please submit charges to Medicare. Provider liability</td>
</tr>
<tr>
<td>XGHI</td>
<td>Claim processed under incorrect group. Provider liability</td>
</tr>
<tr>
<td>XGI</td>
<td>Hospitalist service paid under arrangement. Provider liability</td>
</tr>
<tr>
<td>XGJ</td>
<td>EOB is illegible. Provider liability</td>
</tr>
<tr>
<td>XGK</td>
<td>Prior auth not obtained. Member is not responsible for charges. Provider liability</td>
</tr>
<tr>
<td>XGL</td>
<td>Prior auth not obtained. Member is not responsible for charges. Provider liability</td>
</tr>
<tr>
<td>XGM</td>
<td>Prior auth required for this service. Member is responsible for charges. Member liability</td>
</tr>
<tr>
<td>XGN</td>
<td>Prior auth is required for service. Member is responsible for charges. Member liability</td>
</tr>
<tr>
<td>XGO</td>
<td>Self referral form/EOB required for each date of service. Member liability</td>
</tr>
<tr>
<td>XGQ</td>
<td>Service available in network. Member responsible for charges. Member liability</td>
</tr>
<tr>
<td>XGR</td>
<td>Taxonomy code does not match system. Provider liability</td>
</tr>
<tr>
<td>XGS</td>
<td>Invoice is required for payment. Provider liability</td>
</tr>
<tr>
<td>XGT</td>
<td>Group not paid to date for service date. Member liability</td>
</tr>
<tr>
<td>XGU</td>
<td>This claim has been previously submitted and processed. Provider liability</td>
</tr>
<tr>
<td>XGV</td>
<td>Prior auth not obtained. Member is not responsible for charges. Provider liability</td>
</tr>
<tr>
<td>XGW</td>
<td>Prior auth required for this service. Member is responsible for charges. Member liability</td>
</tr>
<tr>
<td>XGX</td>
<td>Claim reprocessed paid to incorrect provider. Provider liability</td>
</tr>
<tr>
<td>XGY</td>
<td>Reprocessed prov billing error. Provider liability</td>
</tr>
<tr>
<td>XGZ</td>
<td>This claim is a duplicate to a previously submitted GHI claim. Provider liability</td>
</tr>
<tr>
<td>XHA</td>
<td>Primary carrier payment info recd. EOB needed from secondary carrier. Provider liability</td>
</tr>
<tr>
<td>XHB</td>
<td>Service available in network. Member responsible for charges. Member liability</td>
</tr>
<tr>
<td>XHC</td>
<td>Prior payer finalization required. Member liability</td>
</tr>
<tr>
<td>XHD</td>
<td>Prior payer finalization required. Member liability</td>
</tr>
<tr>
<td>XHE</td>
<td>Need corresponding approved professional claim. Provider liability</td>
</tr>
<tr>
<td>XHF</td>
<td>Services denied/done by a nonpar provider. Member liability</td>
</tr>
<tr>
<td>XHG</td>
<td>Provider billing error. Wrong NPI reported. Provider liability</td>
</tr>
<tr>
<td>XHH</td>
<td>Billing error. Specific code should be used for service billed. Provider liability</td>
</tr>
<tr>
<td>XHI</td>
<td>A valid CPT/HCPCS is required for processing. Provider liability</td>
</tr>
<tr>
<td>XHJ</td>
<td>Provider needs to submit a concurrent review form for additional units. Provider liability</td>
</tr>
<tr>
<td>XHK</td>
<td>Subscriber terminated not eligible for benefits. Member liability</td>
</tr>
<tr>
<td>XHL</td>
<td>Subscriber terminated not eligible for benefits. Member liability</td>
</tr>
<tr>
<td>XHM</td>
<td>Prior auth denied for disallow retrospective request. Provider liability</td>
</tr>
<tr>
<td>XHN</td>
<td>Prov legacy # not reported in field 19, this # is required. Provider liability</td>
</tr>
<tr>
<td>XHO</td>
<td>Prov legacy # not reported in field 57, this # is required. Provider liability</td>
</tr>
</tbody>
</table>
FIRST PRIORITY HEALTH EXPLANATION CODES

XHP  H1N1 VACCINE PROVIDED AT NO COST BY THE FEDERAL GOVERNMENT. PROVIDER LIABILITY
XHQ  ADJUSTMENT DENIED
XHR  SUBMIT TO HIGHMARK BLUE CROSS BLUE SHIELD. PROVIDER LIABILITY
XHS  PAYMENT WILL BE INCLUDED IN GLOBAL CASE RATE FOR TRANSPLANT. PROVIDER LIABILITY
XHT  PAYMENT WILL BE INCLUDED IN GLOBAL CASE RATE FOR TRANSPLANT. PROVIDER LIABILITY
XHU  INCORRECT PAYMENT DISPOSITION CODE RECEIVED. PROVIDER LIABILITY
XIA  AUTO RELATED. FORWARD AUTO EXHAUST LETTER/PAYOUT SHEET TO FPH. MEMBER LIABILITY
XIB  DUPLICATE TO A CLAIM WHICH WILL BE ADJUDICATED SHORTLY. PROVIDER LIABILITY
XIC  PLEASE RESUBMIT ON A FACILITY ADJUSTMENT FORM. PROVIDER LIABILITY
XID  NOTES/MEDICAL RECORDS REQUIRED. MEMBER LIABILITY
XIE  NOTES/MEDICAL RECORDS REQUIRED. MEMBER LIABILITY
XIF  INCORRECT PAYMENT DISPOSITION CODE RECEIVED. PROVIDER LIABILITY
XIG  DAYS BILLED DON’T MATCH APPROVED DAYS. MEMBER LIABILITY
XIH  INCORRECT PAYMENT DISPOSITION CODE RECEIVED. PROVIDER LIABILITY
XII  UNABLE TO DETERMINE THE UNLISTED SERVICE BILLED – CONTACT PROVIDER. MEMBER LIABILITY
XIJ  WORK COMP RELATED. FORWARD CARRIER DENIAL TO FPH. MEMBER LIABILITY
XIK  WORK COMP RELATED. FORWARD CARRIER DENIAL. MEMBER LIABILITY
XIL  CHARGES HAVE BEEN PAID IN FULL BY PRIMARY CARRIER. MEMBER LIABILITY
XIM  CHARGES HAVE BEEN PAID IN FULL BY PRIMARY CARRIER. MEMBER LIABILITY
XIN  INCORRECT PROVIDER ID REPORTED IN FIELD 19. PLEASE RESUBMIT. PROVIDER LIABILITY
XIO  PRIMARY INSURANCE PAYMENT IS EQUAL TO OR EXCEEDS FPH ALLOWANCE. MEMBER LIABILITY
XIP  PROCEDURE CODE IS INCONSISTENT WITH PATIENT’S AGE. MEMBER LIABILITY
XIQ  DESCRIPTION OF SERVICES RENDERED NEEDED BEFORE CLAIM CAN BE CONSIDERED. MEMBER LIABILITY
XIR  MEDICAL RECORDS HAVE BEEN REQUESTED AND PENDING INTERNAL REVIEW. MEMBER LIABILITY
XIS  MEDICAL RECORDS HAVE BEEN REQUESTED AND PENDING INTERNAL REVIEW. MEMBER LIABILITY
XIT  DESCRIPTION OF SERVICES RENDERED NEEDED BEFORE CLAIM CAN BE CONSIDERED. MEMBER LIABILITY
XJ0  A COPY OF ALL DIAGNOSTIC REPORTS FOR THE PATIENT IS NEEDED. PROVIDER LIABILITY
XJ1  SERVICES ARE NOT COVERED BY MEDICARE. SUBMIT TO LOCAL BLUE CROSS. PROVIDER LIABILITY
XJ2  MEDICARE BENEFITS EXHAUSTED. SUBMIT TO LOCAL BLUE CROSS. PROVIDER LIABILITY
XJ3  AMOUNT DISALLOWED HAS BEEN DETERMINED TO BE NOT MEDICALLY NECESSARY. MEMBER LIABILITY
XJ4  PAYMENT WILL BE INCLUDED IN GLOBAL CASE RATE FOR TRANSPLANT. MEMBER LIABILITY
XJ5  INVALID TYPE OF BILL. PROVIDER LIABILITY
XJ6  SERVICES DENIED NOT MEDICALLY NECESSARY. MEMBER IS RESPONSIBLE FOR CHARGES. PROVIDER LIABILITY
XJ7  NOTES/MEDICAL RECORDS REQUIRED. PROVIDER LIABILITY
XJ8  DESCRIPTION OF SERVICES RENDERED NEEDED BEFORE CLAIM CAN BE CONSIDERED. PROVIDER LIABILITY
XJ9  DESCRIPTION OF SERVICES RENDERED NEEDED BEFORE CLAIM CAN BE CONSIDERED. PROVIDER LIABILITY
XJA  SERVICES SUBMITTED EXCEED THE NUMBER OF VISITS PREVIOUSLY APPROVED. MEMBER LIABILITY
XJB  CHARGES ARE NOT ELIGIBLE. THEY EXCEED THE MAX NUMBER OF DAYS AUTHORIZE. MEMBER LIABILITY
XJC  CLAIM SUBMITTED WITH UNKNOWN EXCESS DAY SANCTION. MEMBER LIABILITY
XJD  INVALID PLACE OF SERVICE FOR PROCEDURE BILLED. MEMBER LIABILITY
XJE  PROCEDURE IS NOT ELIG FOR PAYMENT WHEN PERFORMED BY PROV SPEC. MEMBER LIABILITY
XJF  THIS AMOUNT REFLECT A PROVIDER SANCTION. PROVIDER LIABILITY
XJG  A COPY OF PET/MRI/CT SCAN REPORT/RESULTS IS NEEDED. PROVIDER LIABILITY
XJH  A COPY OF THE EEG REPORT WITH ANALYSIS IS NEEDED. PROVIDER LIABILITY
XJI  DENIED FOR CERTIFICATE LETTER OF MEDICAL NECESSITY. PROVIDER LIABILITY
XJJ  DENIED FOR SPECIFIC REQUESTED MEDICAL INFORMATION. PROVIDER LIABILITY
XJK  EMERGENCY SERVICES RECORD NEEDED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XJL  DENIED UNTIL SUBSTANCE ABUSE RECORDS ARE RECEIVED. PROVIDER LIABILITY
XJM  ACCIDENT DATE & OR ONSET DATE NEED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XJN  DENIED FOR PSYCHIATRIC PROGRESS NOTES FOR PSYCHIATRIC TEAM. PROVIDER LIABILITY
XJO  PROGRESS NOTES/REPORT NEEDED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XJP  DISCHARGE SUMMARY NEEDED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XJQ  DENIED UNTIL WE RECEIVE THE RESULTS OF THE PSYCHIATRIC TESTING. PROVIDER LIABILITY
XJR  LAB REPORT NEEDED BEFORE CLAIM CAN BE PROCESSED. PROVIDER LIABILITY
XJS  DENIED UNTIL WE RECEIVE PSYCHIATRIC ASSESSMENT/EVALUATION. PROVIDER LIABILITY
XJT  DENIED UNTIL WE RECEIVE ENTIRE PSYCHIATRIC RECORD. PROVIDER LIABILITY
XJU  OPERATIVE/SURGERY REPORT NEEDED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XJV  DENIED UNTIL WE RECEIVE X-RAYS/PHOTOS. PROVIDER LIABILITY
XJW  DENIED UNTIL WE RECEIVE COMPLETE MEDICAL RECORDS. PROVIDER LIABILITY
XJX  DENIED UNTIL PREVIOUSLY REQUESTED MEDICAL RECORDS RECEIVED. PROVIDER LIABILITY
XJY  PATHOLOGY REPORT NEEDED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XJZ  DENIED FOR THE FIRST CONSULTATION DATE ABOUT THIS CONDITION. PROVIDER LIABILITY
FIRST PRIORITY HEALTH EXPLANATION CODES

XK0  DENIED UNTIL WE RECEIVE THE HEIGHT, WEIGHT AND FRAME OF THE PATIENT. PROVIDER LIABILITY
XK1  RADIOLOGY REPORT NEEDED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XK2  TREATMENT PLAN NEEDED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XK3  DENIED UNTIL WE RECEIVE A COPY OF THE DELIVERY REPORT. PROVIDER LIABILITY
XK4  DENIED UNTIL WE RECEIVE A COPY OF THE VEIN STUDY REPORT. PROVIDER LIABILITY
XK5  DENIED UNTIL WE RECEIVE A COPY OF SLEEP STUDY REPORT. PROVIDER LIABILITY
XK6  DENIED FOR MANUFACTURER'S DESCRIPTION OF THIS SUPPLY/EQUIPMENT. PROVIDER LIABILITY
XK7  COPY OF AMBULANCE REPORT NEEDED FOR CLAIM TO BE RECONSIDERED. PROVIDER LIABILITY
XK8  COPY OF ANESTHESIA REPORT NEEDED FOR FINAL BENEFIT DETERMINATION. PROVIDER LIABILITY
XK9  PHYS RECORD, PATIENT'S HISTORY &/OR PLAN OF TREATMENT NEEDED. PROVIDER LIABILITY
XKA  A COPY OF THE CURRENT BLOOD GASES REPORT IS NEEDED TO RECONSIDER CLAIM. PROVIDER LIABILITY
XKB  DENIED FOR THE NAME, DOSAGE, QUANTITY AND RELATED NDC NUMBER. PROVIDER LIABILITY
XKC  INFORMATION ON ORDERING/REFERRING PHYSICIAN IS NEEDED TO RECONSIDER. PROVIDER LIABILITY
XKD  DENIED UNTIL WE RECEIVE A COPY OF THE EEG REPORT WITH ANALYSIS. PROVIDER LIABILITY
XKE  DENIED UNTIL WE RECEIVE A COPY OF THE PSYCHIATRIC EVALUATION ALONG WITH SESSION LENGTH. PROVIDER LIABILITY
XKF  THIS CLAIM HAS BEEN PREVIOUSLY SUBMITTED AND PROCESSED
XKG  MEDICAL RECORDS HAVE BEEN REQUESTED AND PENDING INTERNAL REVIEW
XKH  THIS LINE ITEM WAS PREVIOUSLY SUBMITTED AND PROCESSED
XKI  MEDICAL RECORDS HAVE BEEN REQUESTED AND PENDING INTERNAL REVIEW
XKJ  PAYMENT WILL BE INCLUDED IN GLOBAL CASE RATE FOR TRANSPLANT
XKK  MEDICAL HISTORY INFORMATION FROM ANOTHER PROVIDER NEEDED
XKL  UNABLE TO DETERMINE THE UNLISTED SERVICE BILLED - CONTACT PROVIDER. PROVIDER LIABILITY
XKM  THE PROCEDURE CODE/BILL TYPE IS INCONSISTENT WITH THE PLACE OF SERVICE. MEMBER LIABILITY
XKN  THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S GENDER. MEMBER LIABILITY
XLO  CARE COORDINATION FEES ARE NOT PAYABLE. PROVIDER LIABILITY
XLP  THE DIAGNOSIS IS INCONSISTENT WITH THE PROCEDURE. MEMBER LIABILITY
XLS  THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S AGE. MEMBER LIABILITY
XLT  THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE. MEMBER LIABILITY
XLU  THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT'S AGE. MEMBER LIABILITY
XLV  THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER. MEMBER LIABILITY
X LW  BILL TYPE SUBMITTED ON CLAIM IS NOT COMPATIBLE WITH THE PATIENT STATUS. MEMBER LIABILITY
XLM  TIMELY FILING LIMIT AS OUTLINED IN MEMBER'S CONTRACT/BENEFIT HAS EXPIRED. MEMBER LIABILITY
X LN  Payment adjusted because charges have been paid by another carrier
XPO  SUBMITTED THRU BLUECARD IN ERROR. SUBMIT TO LOCAL PLAN. PROVIDER LIABILITY
XPH  NOT A COVERED SERVICE. MEMBER LIABILITY
XPI  BENEFITS ARE EXHAUSTED. MEMBER LIABILITY
XPK  THIS CLAIM HAS BEEN PREVIOUSLY SUBMITTED AND PROCESSED. MEMBER LIABILITY
XPL  THIS LINE ITEM WAS PREVIOUSLY SUBMITTED AND PROCESSED. MEMBER LIABILITY
XPM  HIGH DOLLAR CLAIM – REVIEWED AND REJECTED. MEMBER LIABILITY
XPN  EOBS FROM PRIMARY CARRIER IS REQUIRED. PLEASE FORWARD TO FPH. MEMBER LIABILITY
XPD  EOBS FROM PRIMARY CARRIER IS REQUIRED. PLEASE FORWARD TO FPH. MEMBER LIABILITY
XPE  PAYMENT REJECTED. FURTHER REVIEW REQUIRED.
XPF  PAYMENT REJECTED. REVIEW IS COMPLETE
XPG  MEDICARE PQRI CODE. PHYSICIAN SHOULD NOT CHARGE FOR THESE CODES.
XPH  HCR WOMENS PREVENTIVE
XPI  INVOICE TYPE OF BILL. PROVIDER LIABILITY.
XPK  SERVICE IS COVERED UNDER CAPITATION. PROVIDER ALREADY RECEIVED PAYMENT.
XPL  BAR CODE LAB SERVICES WERE BILLED ON INCORRECT CLAIM FORM TYPE. RESUBMIT. PROVIDER LIABILITY
XPM  BAR CODE LAB SERVICES WERE BILLED ON INCORRECT CLAIM FORM TYPE. RESUBMIT. PROVIDER LIABILITY
XPN  BAR CODE LAB CLAMS WERE BILLED ON INCORRECT CLAIM FORM TYPE. RESUBMIT. PROVIDER LIABILITY
XPO  HIGH DOLLAR CLAIM – REVIEWED AND APPROVED
XPD  CLAIM FORWARDED TO LOCAL PLAN FOR PROCESSING. PROVIDER LIABILITY
XPF  SERVICES WERE FORWARD TO LOCAL PLAN FOR PROCESSING. PROVIDER LIABILITY
XPG  A COPY OF ALL DIAGNOSTIC REPORTS FOR THE PATIENT IS NEEDED. MEMBER LIABILITY
XPH  A COPY OF PET/MRI/CT SCAN REPORT/RESULTS IS NEEDED. MEMBER LIABILITY
XPI  A COPY OF THE EEG REPORT WITH ANALYSIS IS NEEDED. MEMBER LIABILITY
XPK  THE ICD CODE VERSION SUBMITTED BY PROVIDER NOT COMPLIANT. PROVIDER LIABILITY
XPL  THE CLAIM REVIEWED AT THE REQUEST OF THE HOST PLAN
XPM  THE CLAIM REVIEWED AT THE REQUEST OF THE HOST PLAN
XPN  NO BENEFIT PAYABLE FOR SERV. PRIMARY CARRIER PD UPTO 100% OF ALLOW
XPO  MEMBER IS HELD HARMLESS FOR THE AMOUNT ABOVE THE MAXIMUM ALLOWANCE

April 2015
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XQA</td>
<td>Member's coverage was not in effect on date the service was provided. Member liability</td>
</tr>
<tr>
<td>XQB</td>
<td>Member's coverage was not in effect on the date service was provided. Member liability</td>
</tr>
<tr>
<td>XQC</td>
<td>Member not eligible for benefits. Member liability</td>
</tr>
<tr>
<td>XQF</td>
<td>Balance bill not eligible for payment. Member liability</td>
</tr>
<tr>
<td>XSU</td>
<td>Subro check received internal adjustment only</td>
</tr>
<tr>
<td>XTA</td>
<td>Allowable charge has been paid for services by a non-par provider</td>
</tr>
<tr>
<td>Z01</td>
<td>Co-insurance amount applied per control plan. Member liability</td>
</tr>
<tr>
<td>Z02</td>
<td>Co-payment amount applied per control plan. Member liability</td>
</tr>
<tr>
<td>Z03</td>
<td>Deductible amount applied per control plan. Member liability</td>
</tr>
<tr>
<td>Z04</td>
<td>Denied duplicate per the control plan. Provider liability</td>
</tr>
<tr>
<td>Z06</td>
<td>External pricing approved. Provider liability</td>
</tr>
<tr>
<td>Z07</td>
<td>External pricing disallow. Provider liability</td>
</tr>
<tr>
<td>Z08</td>
<td>Date for accepting claims has expired. Please contact GRP admin. Provider liability</td>
</tr>
<tr>
<td>Z09</td>
<td>Date for accepting claims has expired. Please contact group admin. Member liability</td>
</tr>
<tr>
<td>Z10</td>
<td>Date for accepting claims has expired. Please contact group admin. Member liability</td>
</tr>
<tr>
<td>Z11</td>
<td>Denied for certificate letter of medical necessity. Member liability</td>
</tr>
<tr>
<td>Z12</td>
<td>Denied for specific requested medical information. Member liability</td>
</tr>
<tr>
<td>Z13</td>
<td>Emergency services records needed for final benefit determination. Member liability</td>
</tr>
<tr>
<td>Z14</td>
<td>Denied until substance abuse records are received. Member liability</td>
</tr>
<tr>
<td>Z15</td>
<td>Accident date &amp;/or onset date needed for final benefit determination. Member liability</td>
</tr>
<tr>
<td>Z16</td>
<td>Denied for psychiatric progress notes or psychiatric team conf notes. Member liability</td>
</tr>
<tr>
<td>Z17</td>
<td>Progress notes/report needed for final benefit determination. Member liability</td>
</tr>
<tr>
<td>Z18</td>
<td>Discharge summary needed for final benefit determination. Member liability</td>
</tr>
<tr>
<td>Z19</td>
<td>Denied until we receive the results of psychiatric testing. Member liability</td>
</tr>
<tr>
<td>Z20</td>
<td>Lab report needed before claim can be processed. Member liability</td>
</tr>
<tr>
<td>Z21</td>
<td>Denied until we receive psychiatric assessment/evaluation. Member liability</td>
</tr>
<tr>
<td>Z22</td>
<td>Denied until we receive entire psychiatric record. Member liability</td>
</tr>
<tr>
<td>Z23</td>
<td>Operative/surgery report needed for final benefit determination. Member liability</td>
</tr>
<tr>
<td>Z24</td>
<td>Denied until we receive x-rays/photos. Member liability</td>
</tr>
<tr>
<td>Z25</td>
<td>Denied until we receive complete medical records. Member liability</td>
</tr>
<tr>
<td>Z26</td>
<td>Denied until previously requested medical records received. Member liability</td>
</tr>
<tr>
<td>Z27</td>
<td>Pathology report needed for final benefit determination. Member liability</td>
</tr>
<tr>
<td>Z28</td>
<td>Denied for the first consultation date about this condition. Member liability</td>
</tr>
<tr>
<td>Z29</td>
<td>Radiology report needed for final benefit determination. Member liability</td>
</tr>
<tr>
<td>Z30</td>
<td>Treatment plan needed for final benefit determination. Member liability</td>
</tr>
<tr>
<td>Z31</td>
<td>Denied until we receive a copy of the delivery report. Member liability</td>
</tr>
<tr>
<td>Z32</td>
<td>Denied until we receive a copy of the vein study report. Member liability</td>
</tr>
<tr>
<td>Z33</td>
<td>Medical history information requested from another provider needed. Member liability</td>
</tr>
<tr>
<td>Z34</td>
<td>Denied until we receive a copy of sleep study report. Member liability</td>
</tr>
<tr>
<td>Z35</td>
<td>Signed release of info &amp; medical records needed for charges to be considered. Member liability</td>
</tr>
<tr>
<td>Z36</td>
<td>Denied for manufacturer's description of this supply/equipment. Member liability</td>
</tr>
<tr>
<td>Z37</td>
<td>Copy of anesthesia report needed for claim to be reconsidered. Member liability</td>
</tr>
<tr>
<td>Z38</td>
<td>Copy of ambulace report needed to reconsider claim. Member liability</td>
</tr>
<tr>
<td>Z39</td>
<td>Max visits for physical therapy reached. Notes are needed. Member liability</td>
</tr>
<tr>
<td>Z40</td>
<td>Max visits for speech therapy reached. Notes are needed. Member liability</td>
</tr>
<tr>
<td>Z41</td>
<td>Phys records, patient's history &amp; phys &amp;/or plan of treatment needed. Member liability</td>
</tr>
<tr>
<td>Z42</td>
<td>Denied until we receive the height, weight, and frame of the patient. Member liability</td>
</tr>
<tr>
<td>Z43</td>
<td>A copy of the current blood gases report is needed to reconsider claim. Member liability</td>
</tr>
<tr>
<td>Z44</td>
<td>Denied for the name, dosage, quantity and related NDC number of the drug. Member liability</td>
</tr>
<tr>
<td>Z45</td>
<td>Information on ordering/referring physician is needed to reconsider the claim. Member liability</td>
</tr>
<tr>
<td>Z46</td>
<td>Denied for a copy of psychiatric evaluation along with the session length. Member liability</td>
</tr>
<tr>
<td>Z47</td>
<td>Origin/destination modifiers are required to process claim. Member liability</td>
</tr>
</tbody>
</table>