Product Lines: MD Medicaid

DC Medicaid

DC Alliance

Approved Explanation Codes

Effective Date: September 1, 2012

Denial Code	Description
3003	Invalid Claim or Service
3004	Not a Covered Benefit - Workers Compensation
3005	Svc Rendered by Non Network Prov/Facility Requires Auth
3007	Invalid Procedure Code or Unspecific Procedure Code Denied
3012	Invalid Procedure Code - Resubmit with Valid CPT, HCPCS Code, or Revenue Code
3013	Member Age Above Maximum For Procedure
3016	Duplicate Submission, Claim is In-Process
3017	Procedure Not Covered For This Place Of Service
3020	Claim is Currently Under Review for Medical Necessity
3022	Invalid Place of Service
3023	Code(s) not covered/no allowance per contract
3029	Resubmit with Appropriate Modifier
3030	Procedure not Valid for Member's Gender
3031	Service Date Not Within the Statement From and To Period
3038	Included in Case Rate
3040	Diagnosis Does Not Match Procedure
3042	Service Included in Fee for Primary Procedure-Do Not Bill Mbr

3043	Quantity Not Allowed for Code Billed
3056	Specific Time Unit Missing/Invalid-Resubmit Claim w/ Req'd Info
3060	Resubmit Anesthesia Claim with the Proper Anesthesia CPT Code
3062	Service must be billed on UB-9204 or Institutional Format
3063	Resubmit with Valid ICD-9 Diagnosis Code
3067	No Line Item Service Date
3068	Alternate Level of Care Authorized
3069	Missing/Invalid Attending Physician
3071	Approved due to Overturn by Appeal
3073	Please Submit with Correct Quantity
3074	Auth not on File or Denied for Date of Service
3083	Part of Inpatient Per Diem/Case Rate
3085	Paid at Contracted Rate - Member not Liable
3086	Member not eligible
3087	Resubmit with Tax ID number
3088	Duplicate of a previously paid claim
3090	Claim exceeds timely filing limit
3091	Inpatient day(s) denied
3092	Screening fee reimbursement only - lay guidelines not met
3098	Resubmit with eob from primary carrier
3106	Resubmit on CMS 1500 or UB 04 form
3107	Resubmit UB04 with uniform billing elements
3109	No authorization approved for this service
3110	Vaccines should be obtained from VFC program

3111	Submit claim to DentaQuest for processing
3112	Submit claim to Advantica EyeCare for processing
3114	Submit claim to ValueOptions for processing
3115	Denial based on medical review
3116	Submit to State of Maryland (DHMH) for processing
3117	Service not covered
3118	Patient convenience items not covered
3119	Resubmit legible medical records
3121	LabCorp responsibility
3122	Prudent layperson guidelines
3123	Incomplete or Lack of Medical Records
3124	Coding does not Match Clinical Record
3125	Please resubmit claim with valid NDC code
3126	Line item denial for Medical necessity
3127	Resubmit Vaccine Code with SE Modifier
3128	Not Reimbursable as a Separate Service
3129	EMTALA screening not complete
3131	Claim Included in Transplant Reimbursement
3135	Prior Claim Pending Review
3143	Date of Service Does Not Match Authorization Date
3144	Upon Appeal review, original denial maintained
3146	Please resubmit UB04 with an itemization of their charges
3150	No authorization approved for this service, maximum visit limit has been met.
3152	Please resubmit mother's/baby's charges on separate claim forms.

3153	Claim resubmitted for payment due to internal review
3154	Service not reimbursed on the facility level - Bill on CMS 1500
3157	Billing Error
3158	Not MCO liability
3159	Primary Insurance Paid More Than MedStar's Allowable-Member Held Harmless
3160	National Provider Identifier Missing
3161	National Provider Identifier Invalid Format
3162	Bundled service disallowed-service incident to primary procedure-do not bill mbr
3163	Please resubmit the bill with a valid type of bill
3164	This code is not payable due to the patients age
3165	Claim submitted as a replacement bill with no original claim received.
3167	Medical Record needed for a Retro Appeal
3168	Appeal Not Filed Timely
3169	Provider/Facility is Non-Participating
3173	Resubmit claim with codes authorized
3174	Submit with manufacturer invoice to 10201 N. Port Washington Rd Mequon WI 53092
3175	Claim was partially upheld on appeal
3176	Resubmit appeal w/ER notes: MSFC, 8094 Sandpiper Circle Suite O, Balto, MD 21236
3177	Submit to LifeTrac for processing
3178	Units exceed the MUE value for the HCPCS/CPT code on the service line
3179	NDC/Jcode combination or units invalid
3181	Service included in the Global period
3184	Reimbursement was made in the original delivery & postpartum payment

3185	Postpartum visit outside of the 21-56 day period
3186	Claim billed without a TH modifier
3187	No claim received with TH modifier within the required 21-56 day time period
3188	Delivery & postpartum visit paid
3190	Member Age Below Minimum for Procedure
3191	Service Already Paid to Another Provider
3192	Rule for Multiple Surg Applied to Reimbursement
3193	No Claim on File
3196	Assistant Surgeon not Allowed
3197	All Appeal Levels Have Been Exhausted
3198	Claim recouped due to COB; patient has other primary insurance.
3180	Submit claim to MTM for processing
3182	Submit claim to DC Medicaid (DHCF) for processing
3183	Service is not covered for DC Alliance members

Note: Denial codes are applied to claims that are denied. The codes can be applied to a claim level, where the whole claim is denied, or a service level, where a claim line is denied.

Prepared by: _____ Date: 9/23/2012

Approved by: _____ Date:

(MedStar Family Choice)

Approved by: _____ Date: 9/24/2012

(Vestica)