

# Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes

**Key:**

- 1) Adjustment Reason Codes are 1 to 3 characters and are all numeric or begin with A or B.
- 2) Remittance Advice (RA) Remark Codes are 2 to 5 characters and begin with N, M, or MA.
- 3) Each Adjustment Reason Code begins the string of Adjustment Reason Codes / RA Remark Codes that translate to one or more PHC EX Code(s). If a claim has multiple PHC EX Codes and the EX Codes translate to a shared Adjustment Reason Code or RA Remark Code, then the Adjustment Reason Code or RA Remark Code is listed once.

Example #1: EX of 10 and 1e - EX 10 translates to 42 and N14 and EX 1e translates to 42 and MA23. The RA would list "42 N14 MA23".

Example #2: EX of 83 and 8C - EX 83 translates to 4 and M78 and EX 8C translates to 4 and M78. The RA would list "4 M78" once.

- 4) Some deny EX Codes have an equivalent Adjustment Reason Code, but do not have a RA Remark Code.

**USE CROSSWALK BELOW FOR REMITTANCE ADVICE RECEIVED ON PAPER.**

| If RA has | 1st Adjustment Reason Code of... | and | 2nd Adjustment Reason Code of... | 1st RA Remark Code of... | and | 2nd RA Remark Code of... | THEN EX Code is... |  |
|-----------|----------------------------------|-----|----------------------------------|--------------------------|-----|--------------------------|--------------------|--|
|           |                                  |     |                                  | MA46                     |     |                          | IF                 | PROCESSED AS INFORMATIONAL ONLY                                    |
|           |                                  |     |                                  | N381                     |     |                          | ME                 | DENIED - Bill Med-Impact   |
|           |                                  |     |                                  | N61                      |     |                          | 5o                 | DENIED - DRG ADMIN DAYS BILL SEPARATE FROM ACUTE DAYS              |
|           |                                  |     |                                  | N620                     |     |                          | 0I                 | PYMNT INCL IN IHS PER VISIT RATE                                   |
|           |                                  |     |                                  | N74                      |     |                          | 5m                 | DENIED - CLAIM CANNOT BE BILLED ACROSS MONTH(S)-NEED TO SPLIT BILL |
|           | 1                                |     |                                  | N45                      |     |                          | d1                 | Payable - In-pt deductible taken                                   |
|           |                                  |     |                                  |                          |     |                          | d4                 | Medicare outpatient deductible taken                               |
|           | 2                                |     |                                  | N45                      |     |                          | d2                 | Co-insurance taken (61-90th day)                                   |
|           |                                  |     |                                  |                          |     |                          | d3                 | Co-insurance taken (91-150th day)                                  |
|           |                                  |     |                                  |                          |     |                          | d5                 | Medicare co-insurance taken  |
|           | 3                                |     |                                  | N45                      |     |                          | 1c                 | PAYABLE - \$5.00 COPAY APPLIED                                     |
|           |                                  |     |                                  |                          |     |                          | 1f                 | PAYABLE - \$15.00 COPAY APPLIED                                    |
|           |                                  |     |                                  |                          |     |                          | 1g                 | PAYABLE - \$10.00 COPAY APPLIED                                    |
|           | 4                                |     |                                  |                          |     |                          | 4B                 | DENIED - PROVIDER NOT ELIGIBLE TO USE MODIFIER BILLED              |
|           |                                  |     |                                  |                          |     |                          | 83                 | DENIED - THIS PROCEDURE REQUIRES A MODIFIER                        |
|           |                                  |     |                                  |                          |     |                          | 8b                 | DENIED - MODIFIER BILLABLE FOR ELECT MCARE CROSSOVER CLAIMS ONLY   |
|           |                                  |     |                                  |                          |     |                          | 8C                 | DENIED - INVALID MODIFIER FOR PROCEDURE                            |
|           |                                  |     |                                  |                          |     |                          | 8E                 | DENIED - MODIFIER MAY NOT BE BILLED IN THE PRIMARY POSITION        |
|           |                                  |     |                                  |                          |     |                          | ZQ                 | DENIED - PROCEDURE NOT BILLABLE WITH MODIFIER "ZQ"                 |
|           | 5                                |     |                                  | M77                      |     |                          | 82                 | DENIED - SERVICE NOT VALID FOR THIS LOCATION                       |
|           |                                  |     |                                  |                          |     |                          | rB                 | APC PRICER - INVALID UB-BILL TYPE                                  |
|           | 6                                |     |                                  |                          |     |                          | 5C                 | DENIED - PROCEDURE INVALID FOR MEMBER'S AGE                        |
|           | 7                                |     |                                  |                          |     |                          | 5D                 | DENIED - PROCEDURE INVALID FOR MEMBER'S SEX                        |
|           | 9                                |     |                                  |                          |     |                          | 5B                 | DENIED - DIAGNOSIS INVALID FOR MEMBER'S AGE                        |
|           | 10                               |     |                                  |                          |     |                          | 5E                 | DENIED - DIAGNOSIS INVALID FOR MEMBER'S SEX                        |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

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|-----------|----------------------------------|-----|----------------------------------|--------------------------|-----|----------------------------|--------------------|--|------|------|--|--|------|---|
|           | 13                               |     |                                  | N30                      |     |                            | 3f                 | DENIED - DATE OF SVC AFTER DATE OF DEATH                   |      |      |  |  |      |   |
|           | 16                               |     |                                  |                          |     |                            | 3H                 | DENY-IHS AMBULATORY SCVCS-MEMB NOT ELIGIBLE FOR OMB RATE   |      |      |  |  |      |   |
|           |                                  |     |                                  |                          |     |                            | PQ                 | DENIED - CLAIM DOES NOT MEET PA ANNUAL EVAL CRITERIA       |      |      |  |  |      |   |
|           |                                  |     |                                  |                          |     |                            | 56                 | DENIED-SERVICE DENIED BY MEDICARE- DROP TO PAPER WITH EOB  |      |      |  |  |      |   |
|           |                                  |     |                                  |                          |     |                            | 4W                 | DENIED - RENDERING PROVIDER MUST BILL USING GROUP PROVIDER |      |      |  |  |      |   |
|           |                                  |     |                                  |                          |     |                            | MA04               |  | N256 | 4W   | DENIED - RENDERING PROVIDER MUST BILL USING GROUP PROVIDER |  |      |   |
|           |                                  |     |                                  |                          |     |                            | MA112              |  |      | Ic   | DENIED - INVALID CODE FOR INPT SURGICAL PROCEDURE          |  |      |   |
|           |                                  |     |                                  |                          |     |                            | MA66               |  |      |      |  |  | 29   | ADJUSTMENT - RETURNED PROVIDER CHECK                              |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | 20   | ADJUSTMENT - PYMT IS THE RESPONSIBILITY OF ANOTHER PAYOR          |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | 2S   | ADJUSTMENT - TAR INVALID. SERVICE NOT AUTHORIZED BY PLAN          |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | FI   | STAT - ADJUSTMENT - PHC FINANCE INITIATED                         |
|           |                                  |     |                                  |                          |     |                            | MA67               |  |      |      |  |  | rA   | APC - Adjusted Claim with Paid Service Lines                      |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | 4p   | DENIED - SURGICAL PROC CODE REQUIRED IN REMARKS AREA              |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | CD   | DENIED - CERTIFICATION/STATEMENT NOT INCLUDED W/CLAIM             |
|           |                                  |     |                                  |                          |     |                            | MA69               |  |      |      |  |  | RX   | DENIED - PROCEDURE REQUIRES REMARK                                |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | OP   | DENY-ORIG SIGNATURE REQ'D, NO INITIALS OR STAMPS ACCEPTED         |
|           |                                  |     |                                  |                          |     |                            | MA81               |  |      |      |  |  | 8w   | DENIED - NDC# IS MISSING OR INVALID                               |
|           |                                  |     |                                  |                          |     |                            | M119               |  |      |      |  |  | Du   | DENY-PHYS ADMN DRUG-NDC MISSING OR INVALID                        |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | N816 | Dn  |
|           |                                  |     |                                  |                          |     |                            | M127               |  |      |      |  |  | 4a   | DENIED - LIMITED BENEFITS-MED RECORDS NOT ATTACHED                |
|           |                                  |     |                                  |                          |     |                            | M23                |  |      |      |  |  | 5e   | DENIED-INVOICE W/ ACTUAL COST REQ'D FOR PRICING                   |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | FX   | DENIED-INVOICE & JUSTIFICATION REQ'D FOR FIBERGLASS CASTING       |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | LE   | DENIED - DRUG INVOICE NEEDED FOR UNLISTED INJECTION               |
|           |                                  |     |                                  |                          |     |                            | M52                |  |      | M59  | GL   | DENY - FROM-THRU DATES REQUIRED FOR GLOBAL BILLING |      |   |
|           |                                  |     |                                  |                          |     |                            | M53                |  |      |      |  |  | 7Y   | DENIED - PLUS UNITS NEED TO BE SUBMITTED                          |
|           |                                  |     |                                  |                          |     |                            | M62                |  |      |      |  |  | 30   | DENIED - UNAUTHORIZED SERVICE, NO TAR ON FILE                     |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | 3T   | DENIED - INP TAR REQ'D FOR HOSP STAY AND RELATED SVCS - NO TAR ON |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | 70   | DENIED - PHC HAS NO C.C.S. AUTH ON FILE                           |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | 71   | DENIED - NO AUTHORIZATION FROM G.H.P.P.                           |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | Y3   | DENIED - NO CCS AUTH FOR SERVICE                                  |
|           |                                  |     |                                  |                          |     |                            | M76                |  |      |      |  |  | 8a   | DENIED - DIAGNOSIS REQUIRED FOR THIS SERVICE                      |
|           |                                  |     |                                  |                          |     |                            | M79                |  |      |      |  |  | ZH   | DENIED-PROCEDURE CODE SUBMITTED WITH "ZERO" CHARGES               |
|           |                                  |     |                                  |                          |     |                            | N285               |  |      |      |  |  | RK   | DENY - REFERRING MD NOT PRESENT IN BOX 17A OF HCFA 1500           |
|           |                                  |     |                                  |                          |     |                            | N3                 |  |      | N228 | 8P   | DENIED - CONSENT FORM MISSING/INCOMPLETE           |      |   |
|           |                                  |     |                                  |                          |     |                            | N34                |  |      |      |  |  | 39   | DENIED - RE-BILL UNDER CHDP PM160 INFO ONLY FORM                  |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | 1h   | DENIED - INCORRECT CLAIM FORM/FORMAT FOR IHS-MOA SERVICES         |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | HN   | DENIED - CHDP SCVCS NOT COVERED UNDER HEALTHY KIDS PROGRAM        |
|           |                                  |     |                                  |                          |     |                            | N368               |  |      |      |  |  | CX   | DENY-DATE OF SERVICE CAN NOT BE A FUTURE DATE                     |
|           |                                  |     |                                  |                          |     |                            | N48                |  |      |      |  |  | 3K   | DENY - MUST BILL MEDI-CAL AMOUNT BILLED TO MEDI-CARE              |
|           |                                  |     |                                  |                          |     |                            | N50                |  |      |      |  |  | 8U   | DENIED - DISCHARGE STATUS CODE NOT VALID                          |
|           |                                  |     |                                  |                          |     |                            |                    |  |      |      |  |  | 8W   | DENIED - LTC DISCHARGE STATUS INCONSISTENT WITH ACCOMODATION      |

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|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|--|
|                  |   |            |   | N56                             |            | N706                              | r4                        | APC - OCE claim level "Return to provider" (RTP)                   |
|                  |   |            |   |                                 |            |                                   | rD                        | APC - Generic Deny   |
|                  |   |            |   | N63                             |            |                                   | 4V                        | DENIED - SERV MUST BE BILLED ON SEPARATE LINE W/ QTY OF 1          |
|                  |   |            |   |                                 |            |                                   | 5c                        | DENIED - CLAIMS CANNOT BE BILLED ACROSS YRS-NEED TO SPLIT BILL     |
|                  |   |            |   |                                 |            |                                   | 8V                        | DENIED - UA/UB MODIFIER MUST BE BILLED ON SEPARATE LINE W/QTY OF 1 |
|                  |   |            |   | N706                            |            |                                   | 4D                        | DENIED - DOCUMENTATION DOES NOT JUSTIFY PROC/MODIFIER BILLED       |
|                  |   |            |   |                                 |            |                                   | 4J                        | DENIED - BLOOD BANK INVOICE REQUIRED                               |
|                  |   |            |   |                                 |            |                                   | 4P                        | DENIED - ANESTHESIA START AND STOP TIME IS REQUIRED BEFORE         |
|                  |   |            |   |                                 |            |                                   | 4Q                        | DENIED - EMERGENCY DOCUMENTATION/REPORT IS REQUIRED                |
|                  |   |            |   |                                 |            |                                   | 4Y                        | DENIED - PROVIDER MUST SUBMIT QUALIFYING CODE                      |
|                  |   |            |   |                                 |            |                                   | 5R                        | DENIED -REQ'S CATALOG PG INCLUDING PRICE & ITEM#                   |
|                  |   |            |   |                                 |            |                                   | 8B                        | DENIED - INFORMATION/DOCUMENTATION REQUESTED WAS NOT RECEIVE       |
|                  |   |            |   |                                 |            |                                   | 8D                        | DENIED - MODIFIER REQUIRES REMARK                                  |
|                  |   |            |   |                                 |            |                                   | 9P                        | DENY- NO PRESCRIPTION ATTACHED                                     |
|                  |   |            |   |                                 |            |                                   | FD                        | DENIED-NEED WRITTEN DENIAL FROM FAMILY PACT                        |
|                  |   |            |   |                                 |            |                                   | GK                        | DENIED - INDICATE ACTUAL TIME SPENT WITH PATIENT                   |
|                  |   |            |   |                                 |            |                                   | LD                        | DENIED - BY REPORT PROCEDURE, NO REPORT ATTACHED                   |
|                  |   |            |   |                                 |            |                                   | MD                        | DENIED - MED REVIEW REQ'D ADDITIONAL DOCUMENTATION                 |
|                  |   |            |   |                                 |            |                                   | MQ                        | DENIED - INCOMPLETE MEDICARE EOMB                                  |
|                  |   |            |   |                                 |            |                                   | PI                        | DENIED - PRESCRIPTION NOT VALID, REQ'D INFO MISSING                |
|                  |   |            |   |                                 |            |                                   | PV                        | DENIED - DATE OF SCVC FOR PRE-NATAL VISITS REQ'D                   |
|                  |   |            |   |                                 |            |                                   | rZ                        | APC - Ambulance Fee Schedule Item with no ZIP Code                 |
|                  |   |            |   |                                 |            |                                   | SC                        | DENY-PT LIAB REQUIRE AN ENTRY "0" OR \$                            |
|                  |   |            |   |                                 |            |                                   | VB                        | DENIED-BOX 32 ON HCFA1500 NOT COMPLETED                            |
|                  |   |            |   |                                 |            | M86                               | 40                        | DENIED - MEDICAL JUSTIFICATION REQ'D FOR ANES & EVAL ON SAME DAY   |
|                  |   |            |   | N776                            |            |                                   | Tq                        | DENIED-SERVICE DOES NOT QUALIFY TO BE PERFORMED AS TELEHEALTH      |
|                  |   |            |   | N816                            |            |                                   | UM                        | DENY-NDC UNITS OF MEASURE MISSING OR INVALID                       |
|                  | 18                                      |            |   |                                 |            |                                   | 33                        | DENIED - THIS SERVICE IS AN EXACT DUPLICATE OF A PRIOR CLAIM       |
|                  |   |            |   | MA67                            |            |                                   | 22                        | *ADJUSTMENT - DENY, TAKEBACK DUPLICATE PAYMENT                     |
|                  |   |            |   |                                 |            |                                   | 2a                        | ADJUSTMENT - DENIED, THIS IS A DUPLICATE CLAIM                     |
|                  |   |            |   | M13                             |            | N113                              | IM                        | DENIED - SERVICE LIMITED TO 1 PER 3 YEARS, SAME PROV               |
|                  | 23                                      |            |   |                                 |            |                                   | 9a                        | PYMT REDUCED TO 0, MEDI-CAL MAX REIMB MAY NOT EXCEED MEDICARE      |
|                  |   |            |   |                                 |            |                                   | 9I                        | PAYMENT REDUCED TO 0, MEDI-CAL MAX REIMB MAY NOT EXCEED MEDICARE   |
|                  |   |            |   | MA67                            |            |                                   | 24                        | ADJUSTMENT - PROV PAID BY OTHER ENTITY - DUP PMNT                  |
|                  |   |            |   |                                 |            |                                   | 2E                        | ADJUSTMENT - PAYMENT REDUCED DUE TO OTHER INSURANCE                |
|                  |   |            |   |                                 |            |                                   | 2H                        | ADJUSTMENT - PAID "0", OTHER INS PD MORE THAN MEDI-CAL ALLOW       |
|                  |   |            |   | N45                             |            |                                   | 14                        | PAYABLE - PAID "0", OTHER INS PD MORE THAN MEDI-CAL ALLOWED        |
|                  |   |            |   |                                 |            |                                   | 1A                        | PAYABLE - MEDICARE XOVER TAPE PAYMENT REDUCED                      |
|                  |   |            |   |                                 |            |                                   | 1G                        | PAID - MEDICARE CROSSOVER TAPE-DED/CO-INS PAID                     |
|                  |   |            |   |                                 |            |                                   | 1H                        | PAYABLE - PAID "0", OTHER INS PD MORE THAN MEDI-CAL ALLOWED        |

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| If RA has | 1st Adjustment Reason Code of... | and | 2nd Adjustment Reason Code of... | 1st RA Remark Code of... | and | 2nd RA Remark Code - of... | THEN EX Code is... |   |
|-----------|----------------------------------|-----|----------------------------------|--------------------------|-----|----------------------------|--------------------|---|
|           |                                  |     |                                  |                          |     |                            | 1J                 | PAID "0", MCARE CROSSOVER, NO DED/CO-INS TO APPLY                 |
|           | 24                               |     |                                  |                          |     |                            | 11                 | PAYABLE - CAPITATED PROCEDURE PAID AT "0"                         |
|           |                                  |     |                                  |                          |     |                            | 12                 | PAYABLE - ENCOUNTERS PAYABLE AT "0"                               |
|           |                                  |     |                                  |                          |     |                            | 17                 | PAYABLE - CAPITATED TO RCHN PAID AT "0"                           |
|           |                                  |     |                                  |                          |     |                            | 51                 | PAYABLE - CAPITATED TO CHRN - PAID AT "0"                         |
|           |                                  |     |                                  |                          |     |                            | 1X                 | *PAYABLE - PAID PER CAPITATED PROVIDER AUTHORIZATION AND APPROVAL |
|           |                                  |     |                                  |                          |     |                            | 3L                 | DENIED - CAP TO NORTHBAY NEONATOLOGY (707)429-6968                |
|           |                                  |     |                                  |                          |     |                            | 9b                 | *DENIED - SERVICE WAS CAPITATED TO UNILAB                         |
|           |                                  |     |                                  |                          |     |                            | 9c                 | *DENIED - VISION SERVICES CAPITATED TO BLOCK                      |
|           |                                  |     |                                  |                          |     |                            | 9O                 | *DENIED - ALLERGY SERVICES CAPITATED TO PROV 1276 & 36579         |
|           |                                  |     |                                  |                          |     |                            | 9q                 | DENY-INPT HOSP SCVCS CAP'D TO QVH (707)252-4411 X2385             |
|           |                                  |     |                                  |                          |     |                            | 9R                 | DENY-SCVC CAP'D TO COUNTY MENTAL HLTH (800)400-6001               |
|           |                                  |     |                                  |                          |     |                            | 9r                 | **DENY-SCVC CAP TO SRMG (909)433-9155                             |
|           |                                  |     |                                  |                          |     |                            | 9S                 | *DENIED - ALLERGY SERVICE WAS CAPITATED TO DR. FREINKEL           |
|           |                                  |     |                                  |                          |     |                            | 9s                 | DENY-INPT HOSP SCVC CAP TO ST HELENA HOSP (707)963-6405           |
|           |                                  |     |                                  |                          |     |                            | 9T                 | *DENIED - SERVICE WAS CAPITATED TO DAMON/PCL LABS                 |
|           |                                  |     |                                  |                          |     |                            | 9t                 | DENIED - SCVC NOT INCLUDED IN CAPIATATION AGREEMENT               |
|           |                                  |     |                                  |                          |     |                            | 9U                 | DENY-VISION SCVCS CAP'D TO VSP (800)438-4560                      |
|           |                                  |     |                                  |                          |     |                            | 9V                 | DENY-SERVICE CAP'D TO KAISER (707)651-3530                        |
|           |                                  |     |                                  |                          |     |                            | 9W                 | *DENIED - SERVICE WAS CAPITATED TO SUTTER HOSPITAL                |
|           |                                  |     |                                  |                          |     |                            | 9w                 | **DENY-SCVC CAP'D TO WOODLAND MED GRP (916)851-2857               |
|           |                                  |     |                                  |                          |     |                            | 9X                 | *DENIED - SERVICE WAS CAPITATED TO SUTTER MEDICAL GROUP           |
|           |                                  |     |                                  |                          |     |                            | 9Y                 | DENY-INPT HOSP SCVCS CAP'D TO NBMC (707)429-6753                  |
|           |                                  |     |                                  |                          |     |                            | 9y                 | DENY-SCVC CAP'D TO MOLINA MED CTR (877)665-4626                   |
|           |                                  |     |                                  |                          |     |                            | 9Z                 | *DENIED - SERVICE WAS CAPITATED TO NORTHBAY MEDICAL GROUP         |
|           |                                  |     |                                  |                          |     |                            | EN                 | DENY - ENT CAP'D SERVICE  |
|           |                                  |     |                                  |                          |     |                            | Lk                 | PAYABLE - CAPITATED PROCEDURE PAID AT "0" LTC/ KAISER             |
|           |                                  |     |                                  |                          |     |                            | Lm                 | ENCOUNTER DATA - MEMBER NO CAP'D TO KAISER @ TIME OF SERVICE      |
|           |                                  |     |                                  |                          |     |                            | MK                 | PAYABLE - CAPITATED PROCEDURE PAID AT "0" MH/KAISER               |
|           |                                  |     |                                  |                          |     |                            | na                 | DENIED-ALLERGY SCVCS CAP'D TO DRs. FREINKEL/POSNER/REID           |
|           |                                  |     |                                  |                          |     |                            | or                 | DENY-ORTHO SCVCS-CAP'D TO SRMG (909)433-9155                      |
|           |                                  |     |                                  |                          |     |                            | Os                 | PAYABLE - CAPITATED ORTHO SCVC PAID AT "0"                        |
|           |                                  |     |                                  |                          |     |                            | Pc                 | DENIED - SCVCS CAPPED THRU PCP                                    |
|           |                                  |     |                                  |                          |     |                            | Sm                 | DENY-BILL CMSP SOLANO COUNTY MENTAL HLTH (800)5470495             |
|           |                                  |     |                                  | N45                      |     |                            | 1d                 | PAYABLE - CAPITATED PROCEDURE \$5.00 COPAY TAKEN                  |
|           |                                  |     |                                  |                          |     |                            | 1Z                 | *PAYABLE - SERVICE PAID WITHOUT CAPITATED PROVIDER AUTHORIZATION  |
|           |                                  |     |                                  | M62                      |     |                            | 6X                 | * DENIED - NOT APPROVED BY CAPITATED HOSPITAL - KAISER            |
|           |                                  |     |                                  |                          |     |                            | 9A                 | DENY - NOT APPROVED BY CAP'D HOSP - MARIN GEN                     |
|           |                                  |     |                                  |                          |     |                            | 9d                 | DENIED - NOT APPROVED BY CAPITATED HOSPITAL - QUEEN OF THE VALLEY |
|           |                                  |     |                                  |                          |     |                            | 9e                 | DENIED - NOT APPROVED BY CAPITATED HOSPITAL (ST. HELENA)          |

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|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|---|
|                  |   |            |   |                                 |            |                                   | 9M                        | DENY-NOT APPROVED BY CAP'D HOSP (NBMC) (707)429-6753            |
|                  |   |            |   |                                 |            |                                   | 9N                        | DENY-NOT APPROVED BY CAP'D HOSP (SSMC) (707)554-5059            |
|                  |   |            |   |                                 |            |                                   | 9Q                        | DENIED - SERVICE NOT APPROVED BY NORTHBAY NEONATOLOGY           |
|                  |   |            |   |                                 |            |                                   | 9u                        | DENY - NOT APPROVED BY CAP'D HOSP - UKIAH/FRANK HOWARD          |
|                  |   |            |   |                                 |            |                                   | 9x                        | DENIED - NOT APPROVED BY CAPITATED HOSP - WOODLAND MEM HOSPITAL |
|                  | 29                                      |            |   |                                 |            |                                   | 47                        | DENIED - EXCEEDS BILLING LIMIT                                  |
|                  |   |            |   |                                 |            |                                   | LC                        | DENIED - RECEIVED AFTER TWELVE MONTH BILLING LIMIT              |
|                  |   |            |   |                                 |            |                                   | LO                        | DENIED - RCVD MORE THAN 60 DAYS AFTER DATE ON EOB FROM OTHER    |
|                  |   |            |   | MA67                            |            |                                   | 2D                        | ADJUSTMENT - DENIAL UPHELD-TIMELINESS NOT JUSTIFIED             |
|                  | 31                                      |            |   | N30                             |            |                                   | 34                        | DENIED - NOT A PLAN MEMBER,PROVIDER MUST BILL E.D.S.            |
|                  |   |            |   |                                 |            |                                   | 38                        | DENIED - DATE OF SERVICE PRIOR TO HEALTH PLAN - BILL E.D.S.     |
|                  |   |            |   |                                 |            |                                   | 67                        | DENIED - NOT A PHC MEMBER                                       |
|                  | 39                                      |            |   | M62                             |            |                                   | 3J                        | DENIED-RAF/TAR INVALID, SCVC NOT AUTHORIZED BY PLAN             |
|                  | 40                                      |            |   | N45                             |            |                                   | EU                        | PAYABLE - DOWN CODED ER TO URGENT CARE                          |
|                  |   |            |   |                                 |            |                                   | P1                        | PAYABLE - DOWN CODE TO TRIAGE                                   |
|                  | 45                                      |            |   |                                 |            |                                   | 01                        | GENETICALLY HANDICAPPED PERSON (GHPP) APPROVED                  |
|                  |   |            |   |                                 |            |                                   | 03                        | PAYABLE - COVERED HOSPICE SERVICES                              |
|                  |   |            |   |                                 |            |                                   | 04                        | PAYABLE - CALIFORNIA CHILDRENS SERVICE (CCS) APPROVED           |
|                  |   |            |   |                                 |            |                                   | 05                        | PAYABLE - PAID HOSPITAL PER DIEM RATE WITH 2.25% WITHHOLD       |
|                  |   |            |   |                                 |            |                                   | 06                        | PAYABLE - PAID HOSPITAL PER DIEM RATE                           |
|                  |   |            |   |                                 |            |                                   | 10                        | PAYABLE - PAID AT MEDI-CAL MAXIMUM ALLOWABLE                    |
|                  |   |            |   |                                 |            |                                   | 0L                        | PAID - LTC PER DIEM RATE WITH 2% WITHHOLD                       |
|                  |   |            |   |                                 |            |                                   | 1I                        | PAYABLE - LTC   |
|                  |   |            |   |                                 |            |                                   | 1M                        | *PAYABLE - PAID AT CONTRACTED PER DIEM RATE                     |
|                  |   |            |   |                                 |            |                                   | 1T                        | PAID AT 0 - MAXIMUM ALLOWABLE HAS BEEN PAID                     |
|                  |   |            |   |                                 |            |                                   | 1Y                        | PAYABLE - COST SHARING PAID FOR QMB'S ON MEDICARE PART B CLAIM  |
|                  |   |            |   |                                 |            |                                   | 2b                        | ADJUSTMENT - RETROACTIVE CONTRACT - NO ADDITIONAL PAYMENT       |
|                  |   |            |   |                                 |            |                                   | 2B                        | ADJUSTMENT - CLAIM ORIGINALLY DENIED-POE RECEIVED/MEMBER NOW    |
|                  |   |            |   |                                 |            |                                   | 2C                        | ADJUSTMENT - LATE BILLING JUSTIFIED                             |
|                  |   |            |   |                                 |            |                                   | 2c                        | ADJUSTMENT - COUNT/QUANTITY MODIFIED                            |
|                  |   |            |   |                                 |            |                                   | 2e                        | ADJUSTMENT - CLAIM EXCEEDED TAR LIMITS, TAR ADJUSTED            |
|                  |   |            |   |                                 |            |                                   | 2h                        | ADJUSTMENT - RETROACTIVE ADJUSTMENT                             |
|                  |   |            |   |                                 |            |                                   | 2K                        | ADJUSTMENT - CLAIM ORIGINALLY DENIED, CCS APPROVED SERVICE      |
|                  |   |            |   |                                 |            |                                   | 2L                        | ADJUSTMENT - ADDITIONAL DOCUMENTATION ATTACHED                  |
|                  |   |            |   |                                 |            |                                   | 2M                        | ADJUSTMENT - CORRECTED PROCEDURE/DRUG CODE SUBMITTED            |
|                  |   |            |   |                                 |            |                                   | 2m                        | ADJUSTMENT - INTERNAL PROCESSING ERROR ON ADJUSTMENT            |
|                  |   |            |   |                                 |            |                                   | 2N                        | ADJUSTMENT - CORRECTED LOCATION CODE SUBMITTED                  |
|                  |   |            |   |                                 |            |                                   | 2n                        | ADJUSTMENT - INTERNAL PROCESSING ERROR - NET                    |
|                  |   |            |   |                                 |            |                                   | 2P                        | ADJUSTMENT - PAYMENT UPHELD BY MEDICAL REVIEW                   |
|                  |   |            |   |                                 |            |                                   | 2p                        | ADJUSTMENT - INTERNAL PROCESSING ERROR - Echdp                  |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| <b>If RA has</b> | <b>1st Adjustment Reason Code of...</b> | <b>and</b> | <b>2nd Adjustment Reason Code of...</b> | <b>1st RA Remark Code of...</b> | <b>and</b> | <b>2nd RA Remark Code - of...</b> | <b>THEN EX Code is...</b> |   |
|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|---|
|                  |   |            |   |                                 |            |                                   | 2Q                        | ADJUSTMENT - ORIGINALLY BILLED UNDER INCORRECT PROV. NUMBER               |
|                  |   |            |   |                                 |            |                                   | 2U                        | ADJUSTMENT - CORRECTED DIAGNOSIS CODE SUBMITTED                           |
|                  |   |            |   |                                 |            |                                   | 2X                        | ADJUSTMENT - CORRECTED MODIFIER SUBMITTED                                 |
|                  |   |            |   |                                 |            |                                   | 2Y                        | ADJUSTMENT - SHARE OF COST MET  |
|                  |   |            |   |                                 |            |                                   | 2Z                        | ADJUSTMENT - ACCOM CODE CORRECTED AND PAID BASED ON AUTHORIZED            |
|                  |   |            |   |                                 |            |                                   | aB                        | PAID AT 1.5 FACTOR  |
|                  |   |            |   |                                 |            |                                   | ap                        | PAID - ACUPUNCTURE - OPTIONAL SCVC  |
|                  |   |            |   |                                 |            |                                   | av                        | PAID - AUDIOLOGY - OPTIONAL SCVC  |
|                  |   |            |   |                                 |            |                                   | C0                        | DENY - PAYMENT IS LIMITED TO CONTRACTED RATE.                             |
|                  |   |            |   |                                 |            |                                   | C2                        | PAID AT CONTRACTED RATE OF MEDICARE FEE SCHEDULE                          |
|                  |   |            |   |                                 |            |                                   | CB                        | PAID LESS 10% DUE TO CMSP CUTBACK   |
|                  |   |            |   |                                 |            |                                   | cu                        | PAID - CHIROPRACTIC - OPTIONAL SCVC                                       |
|                  |   |            |   |                                 |            |                                   | cz                        | PAID - INT CREAMS/ WASHES - OPTIONAL SCVC                                 |
|                  |   |            |   |                                 |            |                                   | DP                        | PAID - DUPLICATE PAYMENT JUSTIFIED  |
|                  |   |            |   |                                 |            |                                   | Fp                        | PAYABLE- SERVICE QUALIFIES AS FAMILY PLANNING                             |
|                  |   |            |   |                                 |            |                                   | I6                        | PAID AT 60% OF BILLED CHARGES   |
|                  |   |            |   |                                 |            |                                   | ih                        | PAID - IHS  |
|                  |   |            |   |                                 |            |                                   | Iv                        | PAY ALL LINE (EXCLUDING OFFICE VST PROC CODES)                            |
|                  |   |            |   |                                 |            |                                   | LK                        | PAYABLE - LABOR CHECK FEE   |
|                  |   |            |   |                                 |            |                                   | MP                        | PAID IN ACCORDANCE W/ COMPARATIVE PRICING METHODOLOGY                     |
|                  |   |            |   |                                 |            |                                   | pe                        | PAID - PODIATRY - OPTIONAL SCVC   |
|                  |   |            |   |                                 |            |                                   | PL                        | PAID - PA ANNUAL EVALUATION   |
|                  |   |            |   |                                 |            |                                   | ps                        | Paid at post stabilization rate   |
|                  |   |            |   |                                 |            |                                   | pz                        | PAID - PSYCHOLOGY - OPTIONAL SCVC   |
|                  |   |            |   |                                 |            |                                   | r0                        | APC processing successful   |
|                  |   |            |   |                                 |            |                                   | RA                        | PAID - BASED UPON ROGERS AMENDMENT  |
|                  |   |            |   |                                 |            |                                   | RC                        | PAY-MEETS BCCTP CRITERIA-ALL LINES PAYABLE                                |
|                  |   |            |   |                                 |            |                                   | rO                        | APC - Outlier amount included in Allowable                                |
|                  |   |            |   |                                 |            |                                   | S3                        | PAID - Sutter Project - Phase 1   |
|                  |   |            |   |                                 |            |                                   | SF                        | PAID - SUTTER PROJECT - PHASE 2   |
|                  |   |            |   |                                 |            |                                   | SI                        | PAID - SCVC LIMITS APPLY - PYMT BASED MAXIMUM # OF UNITS                  |
|                  |   |            |   |                                 |            |                                   | sz                        | PAID - SPEECH THERAPY - OPTIONAL SCVC                                     |
|                  |   |            |   |                                 |            |                                   | tg                        | PAYABLE - PAID AT MAXIMUM ALLOWABLE                                       |
|                  |   |            |   |                                 |            |                                   | To                        | PAYABLE - PROP 56 SERVICE   |
|                  |   |            |   |                                 |            |                                   | UR                        | PAYABLE - URGENT CARE FEES  |
|                  |   |            |   |                                 |            |                                   | vn                        | PAID - VISION - OPTIONAL SCVC   |
|                  |   |            |   |                                 |            |                                   | We                        | ADJUSTMENT- WELLNESS & RECOVERY RETRO MBR ELIGIBILITY - MBR NOW ELIGIBLE" |
|                  |   |            |   | MA106                           |            |                                   | 1D                        | PAYABLE - AT PIP ALLOWED PERCENTAGE RATE                                  |
|                  |   |            |   |                                 |            |                                   | D1                        | PAID-AT PIP ALLOWED % RATE - CMSP REDUCTION CUTBACK                       |
|                  |   |            |   | MA23                            |            |                                   | 1e                        | * PAYABLE - MEETS ER CRITERIA, PAY ALL LINES                              |

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| <b>If RA has</b> | <b>1st Adjustment Reason Code of...</b> | <b>and</b> | <b>2nd Adjustment Reason Code of...</b> | <b>1st RA Remark Code of...</b> | <b>and</b> | <b>2nd RA Remark Code - of...</b> | <b>THEN EX Code is...</b> |  |
|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|--|
|                  |   |            |   |                                 |            |                                   | 10                        | PAYABLE - PROCEDURE PAYABLE PER MEDICAL REVIEW                     |
|                  |   |            |   | MA67                            |            |                                   | 20                        | ADJUSTMENT - PRIOR UNDERPAYMENT                                    |
|                  |   |            |   |                                 |            |                                   | 21                        | ADJUSTMENT - PRIOR OVERPAYMENT                                     |
|                  |   |            |   |                                 |            |                                   | 25                        | ADJUSTMENT - CLAIM ORIGINALLY DENIED, SHOULD HAVE BEEN PAID        |
|                  |   |            |   |                                 |            |                                   | 27                        | ADJUSTMENT - CLAIM ORIGINALLY PAID FOR WRONG MEMBER                |
|                  |   |            |   |                                 |            |                                   | 28                        | ADJUSTMENT - INTERNAL PROCESSING ERROR                             |
|                  |   |            |   |                                 |            |                                   | 2e                        | ADJUSTMENT - CLAIM EXCEEDED TAR LIMITS, TAR ADJUSTED               |
|                  |   |            |   |                                 |            | MA23                              | 2d                        | ADJUSTMENT - TAR ENTERED INCORRECTLY OR CHANGED RETROACTIVELY      |
|                  |   |            |   |                                 |            | MA91                              | 2G                        | ADJUSTMENT - PAYMENT ADJUSTED BY CLAIM CIF/APPEAL                  |
|                  |   |            |   |                                 |            | N11                               | 2A                        | ADJUSTMENT - CLAIM ORIGINALLY DENIED-ADJUSTED PER MED REVIEW       |
|                  |   |            |   |                                 |            |                                   | 2J                        | ADJUSTMENT - CLAIM ORIGINALLY DENIED, AUTHORIZATION NOW ON FILE    |
|                  |   |            |   |                                 |            | N144                              | 23                        | ADJUSTMENT - RETROACTIVE RATE CHANGE                               |
|                  |   |            |   | M7                              |            |                                   | RP                        | DENIED - RENTAL PAYMENT EQUALS OR EXCEEDS PURCHASE PRICE           |
|                  |   |            |   |                                 |            |                                   | YR                        | DENY - RENTAL PRICE EXCEEDED PURCHASE PRICE                        |
|                  |   |            |   | N141                            |            |                                   | 1b                        | PAYABLE - LTC BEDHOLD PAYABLE                                      |
|                  |   |            |   | N189                            |            |                                   | SD                        | PAY - SPECIAL ONE TIME DECISION TO PAY                             |
|                  |   |            |   | N45                             |            |                                   | LA                        | PAID - BASED ON EXECUTED LOA                                       |
|                  |   |            |   | N648                            |            |                                   | 5L                        | PAYABLE - PAID AT CONTRACTED STOP LOSS RATE                        |
|                  |   |            |   | N661                            |            |                                   | xx                        | PAYABLE - DOCS SUBMITTED DOES NOT SUPPORT MODIFIER ENHANCEMENT     |
|                  |   |            |   | N663                            |            |                                   | 02                        | PAYABLE - TRIAGE FEE   |
|                  |   |            |   |                                 |            |                                   | 1P                        | PAYABLE - \$50 ADDED TO FEE FOR COMPREHENSIVE PERINATAL VISIT      |
|                  |   |            |   |                                 |            |                                   | 1Q                        | PAYABLE - PAID AT SPECIAL OB ANESTHESIA RATE (CRNA'S ONLY)         |
|                  |   |            |   |                                 |            |                                   | 1R                        | PAYABLE - PRICED AT FIXED RATE OF .20/AHF UNIT FOR LACK OF INVOICE |
|                  |   |            |   |                                 |            |                                   | 1t                        | PAY - TRAUMA ADD ON ADDED TO Z7502                                 |
|                  |   |            |   |                                 |            |                                   | 1V                        | PAYABLE - PAID AT CONTRACTED CASE RATE                             |
|                  | 50                                      |            |   |                                 |            |                                   | 42                        | DENIED - PAYMENT DENIED PER MEDICAL REVIEW                         |
|                  |   |            |   |                                 |            |                                   | DJ                        | DENIED - MEDICAL TRANSPORTATION DOES NOT MEET MEDICAL CRITERIA     |
|                  |   |            |   |                                 |            |                                   | GZ                        | DENIED - PROVIDER/ SUPPLIER LIABLE                                 |
|                  | 66                                      |            |   | N45                             |            |                                   | r7                        | Denied - Blood Deductible  |
|                  | 96                                      |            |   |                                 |            |                                   | 86                        | ** DENIED - NOT A COVERED PHC BENEFIT **                           |
|                  |   |            |   |                                 |            |                                   | ac                        | DENIED - ACUPUNCTURE/ OPTIONAL SCVCS EFF 7/1/09                    |
|                  |   |            |   |                                 |            |                                   | au                        | DENIED - AUDIOLOGY/ OPTIONAL SCVCS EFF 7/1/09                      |
|                  |   |            |   |                                 |            |                                   | cP                        | DENIED - SERVICE NOT A CMSP BENEFIT                                |
|                  |   |            |   |                                 |            |                                   | ct                        | DENIED - CHIROPRACTIC/ OPTIONAL SCVCS EFF 7/1/09                   |
|                  |   |            |   |                                 |            |                                   | cw                        | DENIED-INCONT CREAMS/ WASHES/ OPTIONAL SCVCS EFF 7/1/09            |
|                  |   |            |   |                                 |            |                                   | DM                        | DENIED - DRUG MEDICAL NOT COVERED BY COUNTY                        |
|                  |   |            |   |                                 |            |                                   | In                        | DENIED - CONTACT WELFARE AGENCY                                    |
|                  |   |            |   |                                 |            |                                   | np                        | DENIED - NOT A BENEFIT   |
|                  |   |            |   |                                 |            |                                   | pc                        | DENIED - POSSIBLE CCS SERVICE                                      |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| If RA has | 1st Adjustment Reason Code of... | and | 2nd Adjustment Reason Code of... | 1st RA Remark Code of... | and | 2nd RA Remark Code - of... | THEN EX Code is... |   |
|-----------|----------------------------------|-----|----------------------------------|--------------------------|-----|----------------------------|--------------------|---|
|           |                                  |     |                                  |                          |     |                            | pd                 | DENIED - PODIATRY/ OPTIONAL SCVCS EFF 7/1/09                        |
|           |                                  |     |                                  |                          |     |                            | py                 | DENIED - PSYCHOLOGY/ OPTIONAL SCVCS EFF 7/1/09                      |
|           |                                  |     |                                  |                          |     |                            | sy                 | DENIED - SPEECH THERAPY/ OPTIONAL SCVCS EFF 7/1/09                  |
|           |                                  |     |                                  |                          |     |                            | vi                 | DENIED - VISION/ OPTIONAL SCVCS EFF 7/1/09                          |
|           |                                  |     |                                  | N30                      |     |                            | 3U                 | DENIED - RES MBR - ELIG FOR LTC, EMERGENCY, AND PREGNANCY RELATED   |
|           |                                  |     |                                  |                          |     |                            | 3V                 | DENIED - SERVICE LIMITED BY AID CODE                                |
|           |                                  |     |                                  |                          |     |                            | 3W                 | DENIED - DENTAL SERVICE - BILL TO DENTI-CAL                         |
|           |                                  |     |                                  |                          |     |                            | 3X                 | DENIED - RES MBR - ELIG FOR LTC SERVICES ONLY                       |
|           |                                  |     |                                  |                          |     |                            | 50                 | DENIED - SERVICE REIMBURSABLE FOR LONG TERM CARE MEMBERS ONLY       |
|           |                                  |     |                                  |                          |     |                            | 8c                 | DENIED-NON-EMERG SCVC PROVIDED OUT OF STATE-NOT A BENEFIT           |
|           |                                  |     |                                  |                          |     |                            | OA                 | DENIED - CMSP COVERAGE FOR EMERG SCVCS OUT-OF-COUNTY ONLY           |
|           |                                  |     |                                  |                          |     |                            | OS                 | DENIED - OUT OF STATE COV FOR EMERG SCVCS ONLY                      |
|           |                                  |     |                                  |                          |     |                            | Rd                 | DENIED - RES MBR - BENEFITS LIMITED TO DRUG MEDICAL                 |
|           |                                  |     |                                  |                          |     |                            | Rm                 | *DENIED - RES MBR (AID CODE 53) ELIGIBLE FOR LTC ONLY               |
|           |                                  |     |                                  |                          |     | N687                       | 2i                 | ADJUSTMENT - RETRO MBR ELIGIBILITY - NO LONGER ELIGIBLE             |
|           |                                  |     |                                  |                          |     |                            | SE                 | DENIED - PAYMENT INCLUDED IN SETTLEMENT                             |
|           | 97                               |     |                                  | MA67                     |     | M80                        | 2I                 | ADJUSTMENT - PAID IN ERROR, SVC INCLUDED IN OTHER PAID PROC         |
|           |                                  |     |                                  | M2                       |     |                            | 07                 | PAYABLE - INPATIENT HOSPITAL ANCILLARY                              |
|           |                                  |     |                                  |                          |     |                            | 07                 | PAYABLE - INCLUDED IN DRG PAYMENT                                   |
|           |                                  |     |                                  |                          |     |                            | 7U                 | DENIED - SERVICE IS INCLUDED IN THE INPATIENT HOSPITAL DAYS PAYMENT |
|           |                                  |     |                                  |                          |     |                            | 8Q                 | DENIED - PAID IN PER DIEM OR ACCOM CODE RATE                        |
|           |                                  |     |                                  |                          |     |                            | DL                 | DENIED - INCLUDED IN HEROIN DETOX PERDIEM                           |
|           |                                  |     |                                  | M80                      |     |                            | 49                 | DENIED - SERVICES INCLUDED IN OTHER PAID PROCEDURE(S)               |
|           |                                  |     |                                  |                          |     |                            | 4c                 | DENIED - 88150/88151 IS PART OF PELVIC EXAM & IS NOT SEPARATELY     |
|           |                                  |     |                                  |                          |     |                            | 6Y                 | DENIED - ANES FOR SURGERY ALREADY PAID TO PROV ON DOS               |
|           |                                  |     |                                  |                          |     |                            | 7u                 | DENIED - INDIVIDUAL TESTS CANNOT BE BILLED IN ADDITION TO PANEL     |
|           |                                  |     |                                  |                          |     |                            | 8R                 | DENIED - ANTEPARTUM/POSTPARTUM INCLUDED IN GLOBAL O.B. CHRGS        |
|           |                                  |     |                                  |                          |     |                            | C1                 | DENY - SERVICES INCLUDED IN URGENT CARE/TRIAGE RATE.                |
|           |                                  |     |                                  |                          |     |                            | CV                 | DENIED - CODE 93015 PREV PD-SAME DOS/SAME PROV                      |
|           |                                  |     |                                  |                          |     |                            | cx                 | DENIED - Z7500 NOT PAYABLE W/ Z1036 OR Z6200-Z6500                  |
|           |                                  |     |                                  |                          |     |                            | Is                 | DENIED-X8170 NOT PD IF L0500-L0565 PAID WITHIN LAST YR              |
|           |                                  |     |                                  |                          |     |                            | Md                 | DENIED-ESRD MONTHLY/DAILY CODE PREVIOUSLY PAID                      |
|           |                                  |     |                                  |                          |     |                            | O1                 | DENIED - 59400 & 59409 NOT PAYABLE ON SAME DAY                      |
|           |                                  |     |                                  |                          |     |                            | O2                 | DENIED - 59510 & 59514 NOT PAYABLE ON SAME DAY                      |
|           |                                  |     |                                  |                          |     |                            | PN                 | DENIED - X6772 PREV PD FOR SAME DOS--BENEFITS NOT PAYABLE           |
|           |                                  |     |                                  |                          |     |                            | Pn                 | DENIED - X7940 PREV PD ON SAME DOS--BENEFITS NOT PAYABLE            |
|           |                                  |     |                                  |                          |     |                            | PZ                 | DENIED - BOTH H1003 & Z1038 NOT PAYABLE FOR SAME PREGNANCY, ANY     |
|           |                                  |     |                                  |                          |     |                            | rP                 | APC - Package service   |
|           |                                  |     |                                  |                          |     |                            | SQ                 | DENIED - SCVCS INCLUDED IN MEDICAL SCREENING                        |
|           |                                  |     |                                  |                          |     |                            | Tb                 | DENIED - 80100-80102 NOT REIMBURSABLE TO OUTPATIENT HEROIN DETOX    |



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|-----------|----------------------------------|-----|----------------------------------|--------------------------|-----|----------------------------|--------------------|---|
|           |                                  |     |                                  |                          |     |                            | Vv                 | DENIED-X7106 & X7934 BOTH NOT REIMB ANY PROVIDER                  |
|           |                                  |     |                                  | M97                      |     |                            | 5S                 | DENIED - LAB FOR HEROIN DETOX PD TO DETOX CENTER                  |
|           |                                  |     |                                  |                          |     |                            | 5X                 | DENIED LAB FOR ESRD DONE IN DIALYSIS CTR ONLY PAYABLE TO CENTER   |
|           |                                  |     |                                  | N45                      |     |                            | IL                 | INFORMATIONAL ONLY - SCVC INCLUDED IN OTHER PAID PROC             |
|           |                                  |     |                                  |                          |     |                            | IO                 | INFO ONLY - DOS INCLUDED IN GLOBAL BILLING                        |
|           |                                  |     |                                  |                          |     |                            | V1                 | VOIDED  |
|           |                                  |     |                                  |                          |     |                            | VO                 | PAYABLE - VOID  |
|           | 107                              |     |                                  |                          |     |                            | GD                 | DENY-NOT ELIG FOR MIN 4 PRENATAL VSTS-CANNOT BILL GLOBAL          |
|           | 109                              |     |                                  |                          |     |                            | 3Z                 | DENIED - BILL C.C.S. - CODE ONLY PAYABLE BY C.C.S.                |
|           |                                  |     |                                  |                          |     |                            | 9f                 | DENIED-CLAIM NOT COVERED UNDER THIS PROGRAM-FORWARD TO CCS        |
|           |                                  |     |                                  |                          |     |                            | 9H                 | *DENIED-SCVC NOT COVERED BY PHC-BILL EDS FOR SCVC                 |
|           |                                  |     |                                  |                          |     |                            | 9h                 | *DENIED - SERVICE NOT COVERED BY SPH - BILL MEDIMPACT FOR SERVICE |
|           |                                  |     |                                  |                          |     |                            | AF                 | BILL AFP PROGRAM  |
|           |                                  |     |                                  |                          |     |                            | BA                 | DENY - RESPONSIBILITY FOR PYMT IS W/BEACON                        |
|           |                                  |     |                                  |                          |     |                            | CS                 | DENIED - NOT PHC AS OF 10/1/2005 - BILL BLUE CROSS                |
|           |                                  |     |                                  |                          |     |                            | Cs                 | DENIED - CCS Service  |
|           |                                  |     |                                  |                          |     |                            | DU                 | DENIED - MEMBER HAS DUAL AID CODES/ BILL EDS                      |
|           |                                  |     |                                  |                          |     |                            | GH                 | DENY - BILL GHPP FOR PAYMENT                                      |
|           |                                  |     |                                  |                          |     |                            | HH                 | DENIED - HEALTHY FAMLIES PROGRAM NOT EFFECTIVE                    |
|           |                                  |     |                                  |                          |     |                            | HK                 | DENIED - HEALTHY KIDS PROGRAM NOT EFFECTIVE                       |
|           |                                  |     |                                  |                          |     |                            | mA                 | Denied - Bill Lassen County Mental Health                         |
|           |                                  |     |                                  |                          |     |                            | MC                 | DENIED - PARTNERSHIP ADVANTAGE PROGRAM NOT EFFECTIVE              |
|           |                                  |     |                                  |                          |     |                            | mE                 | Denied - Bill Del Norte County Mental Health                      |
|           |                                  |     |                                  |                          |     |                            | ml                 | Denied - Bill Lake County Mental Health                           |
|           |                                  |     |                                  |                          |     |                            | mO                 | Denied - Bill Modoc County Mental Health                          |
|           |                                  |     |                                  |                          |     |                            | mS                 | Denied - Bill Shasta County Mental Health                         |
|           |                                  |     |                                  |                          |     |                            | mT                 | Denied - Bill Trinity County Mental Health                        |
|           |                                  |     |                                  |                          |     |                            | mU                 | Denied - Bill Humboldt County Mental Health                       |
|           |                                  |     |                                  |                          |     |                            | mY                 | Denied - Bill Trinity County Mental Health                        |
|           |                                  |     |                                  |                          |     |                            | ne                 | DENIED - BILL MENDOCINO COUNTY MENTAL HEALTH                      |
|           |                                  |     |                                  |                          |     |                            | nm                 | DENIED - BILL NAPA COUNTY MENTAL HEALTH                           |
|           |                                  |     |                                  |                          |     |                            | nr                 | DENIED - BILL MARIN COUNTY MENTAL HEALTH                          |
|           |                                  |     |                                  |                          |     |                            | ns                 | DENIED - BILL SONOMA COUNTY MENTAL HEALTH                         |
|           |                                  |     |                                  |                          |     |                            | ny                 | DENIED - BILL YOLO COUNTY MENTAL HEALTH                           |
|           |                                  |     |                                  |                          |     |                            | px                 | DENIED - LENSES OBTAINED THROUGH P.I.A.                           |
|           |                                  |     |                                  |                          |     |                            | QH                 | DENY-SCVC INCL IN HALDERMAN CONTRACT-BILL HALDERMAN               |
|           |                                  |     |                                  |                          |     |                            | R9                 | DENIED - BILL SOLANO COUNTY MENTAL HEALTH                         |
|           |                                  |     |                                  |                          |     |                            | sd                 | DENY - SCVC PROVIDED W/IN SONOMA DEVELOPMENT CTR - NOT PHC        |
|           |                                  |     |                                  |                          |     |                            | UB                 | DENY-RESPONSIBILITY FOR PYMT IS W/ UBH (800)557-5745              |
|           |                                  |     |                                  |                          |     |                            | VA                 | DENIED-SCVCS PROVIDED WITHIN VETERANS FAC NOT PHC RESPONSIBILITY  |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| <b>If RA has</b> | <b>1st Adjustment Reason Code of...</b> | <b>and</b> | <b>2nd Adjustment Reason Code of...</b> | <b>1st RA Remark Code of...</b> | <b>and</b> | <b>2nd RA Remark Code - of...</b> | <b>THEN EX Code is...</b> |  |
|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|--|
|                  |   |            |   | MA04                            |            |                                   | 58                        | DENIED - MEMBER NOT ELIGIBLE W/OUT PAY/DENY FROM PHP/HMO       |
|                  |   |            |   |                                 |            |                                   | 60                        | DENIED - MEMBER NOT ELIGIBLE WITHOUT PAY/DENY FROM CHAMPUS     |
|                  |   |            |   |                                 |            |                                   | 61                        | DENIED - MEMBER NOT ELIGIBLE WITHOUT PAY/DENY FROM KAISER      |
|                  |   |            |   |                                 |            |                                   | 62                        | DENIED - MEMBER NOT ELIGIBLE WITHOUT PAY/DENY FROM ROSS-LOOS   |
|                  |   |            |   |                                 |            |                                   | 63                        | DENIED - MEMBER NOT ELIGIBLE W/OUT PAY/DENY FROM BLUE SHIELD   |
|                  |   |            |   |                                 |            |                                   | 64                        | DENIED - MEMB NOT ELIGIBLE W/OUT PAY/DENY FROM BLUE CROSS(N)   |
|                  |   |            |   |                                 |            |                                   | 65                        | DENIED - MEMB NOT ELIGIBLE W/OUT PAY/DENY FROM BLUE CROSS(S)   |
|                  |   |            |   |                                 |            |                                   | 66                        | DENIED - MEDI-CAL BENEFITS CAN'T BE PAID W/O PROOF OF MEDICARE |
|                  |   |            |   |                                 |            |                                   | 69                        | DENIED - MEMBER NOT ELIGIBLE W/OUT PAY/DENY FROM FST FARWEST   |
|                  |   |            |   |                                 |            |                                   | 90                        | DENIED - OTHER INSURANCE - CHAMPUS                             |
|                  |   |            |   |                                 |            |                                   | 91                        | DENIED - OTHER INSURANCE - CHAMPUS & MEDICARE                  |
|                  |   |            |   |                                 |            |                                   | 92                        | DENIED - OTHER INSURANCE - KAISER                              |
|                  |   |            |   |                                 |            |                                   | 93                        | DENIED - OTHER INSURANCE - KAISER & MEDICARE                   |
|                  |   |            |   |                                 |            |                                   | 94                        | DENIED - OTHER INSURANCE - BILL PRIMARY CARRIER                |
|                  |   |            |   |                                 |            |                                   | 96                        | DENIED - OTHER INSURANCE - BLUE SHIELD                         |
|                  |   |            |   |                                 |            |                                   | 97                        | DENIED - OTHER INSURANCE - BLUE SHIELD & MEDICARE              |
|                  |   |            |   |                                 |            |                                   | 98                        | DENIED - OTHER INSURANCE - BLUE CROSS(NORTH)                   |
|                  |   |            |   |                                 |            |                                   | 99                        | DENIED - OTHER INSURANCE - BLUE CROSS(NORTH) & MEDICARE        |
|                  |   |            |   |                                 |            |                                   | 6B                        | DENIED - OTHER INSURANCE - TRAVELERS                           |
|                  |   |            |   |                                 |            |                                   | 6C                        | DENIED - OTHER INSURANCE - CONNECTICUT GENERAL                 |
|                  |   |            |   |                                 |            |                                   | 6D                        | DENIED - OTHER INSURANCE - MEDICARE & ALTA HEALTH              |
|                  |   |            |   |                                 |            |                                   | 6E                        | DENIED - OTHER INSURANCE - MEDICARE & MUTUAL OF OMAHA          |
|                  |   |            |   |                                 |            |                                   | 6F                        | DENIED - OTHER INSURANCE - MEDICARE & TRAVELERS                |
|                  |   |            |   |                                 |            |                                   | 6G                        | DENIED - OTHER INSURANCE - MEDICARE & CONNECTICUT GENERAL      |
|                  |   |            |   |                                 |            |                                   | 6H                        | DENIED - OTHER INSURANCE - MEDICARE & EQUICOR/EQUITABLE        |
|                  |   |            |   |                                 |            |                                   | 6I                        | DENIED - OTHER INSURANCE - MEDICARE & AMERICAN GENERAL         |
|                  |   |            |   |                                 |            |                                   | 6J                        | DENIED - OTHER INSURANCE - MEDICARE & JOHN HANCOCK             |
|                  |   |            |   |                                 |            |                                   | 6K                        | DENIED - OTHER INSURANCE - MEDICARE & GREAT WESTERN            |
|                  |   |            |   |                                 |            |                                   | 6L                        | DENIED - OTHER INSURANCE - ALTA HEALTH                         |
|                  |   |            |   |                                 |            |                                   | 6M                        | DENIED - OTHER INSURANCE - AARP                                |
|                  |   |            |   |                                 |            |                                   | 6N                        | DENIED - OTHER INSURANCE - ALLSTATE                            |
|                  |   |            |   |                                 |            |                                   | 6P                        | DENIED - OTHER INSURANCE - MUTUAL OF OMAHA                     |
|                  |   |            |   |                                 |            |                                   | 6Q                        | DENIED - OTHER INSURANCE - JOHN HANCOCK                        |
|                  |   |            |   |                                 |            |                                   | 6R                        | DENIED - OTHER INSURANCE - EQUICOR/EQUITABLE                   |
|                  |   |            |   |                                 |            |                                   | 6S                        | DENIED - OTHER INSURANCE - GREAT WESTERN                       |
|                  |   |            |   |                                 |            |                                   | 6T                        | DENIED - OTHER INSURANCE - NEW YORK LIFE                       |
|                  |   |            |   |                                 |            |                                   | 6U                        | DENIED - OTHER INSURANCE - AMERICAN GENERAL                    |
|                  |   |            |   |                                 |            |                                   | 6V                        | DENIED - OTHER INSURANCE - MEDICARE HMO                        |
|                  |   |            |   |                                 |            |                                   | 6Z                        | DENIED - OTHER COVERAGE - UNKNOWN OR VARIABLE COVERAGE         |
|                  |   |            |   |                                 |            |                                   | 9B                        | DENIED - OTHER INSURANCE - BLUE CROSS(SOUTH) & MEDICARE        |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| <b>If RA has</b> | <b>1st Adjustment Reason Code of...</b> | <b>and</b> | <b>2nd Adjustment Reason Code of...</b> | <b>1st RA Remark Code of...</b> | <b>and</b> | <b>2nd RA Remark Code - of...</b> | <b>THEN EX Code is...</b> |   |
|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|---|
|                  |   |            |   |                                 |            |                                   | 9C                        | DENIED - OTHER INSURANCE - PRUDENTIAL                         |
|                  |   |            |   |                                 |            |                                   | 9D                        | DENIED - OTHER INSURANCE - PRUDENTIAL & MEDICARE              |
|                  |   |            |   |                                 |            |                                   | 9E                        | DENIED - OTHER INSURANCE - AETNA                              |
|                  |   |            |   |                                 |            |                                   | 9F                        | DENIED - OTHER INSURANCE - AETNA & MEDICARE                   |
|                  |   |            |   |                                 |            |                                   | 9G                        | DENIED - OTHER INSURANCE - OTHER PHP/HMO                      |
|                  |   |            |   |                                 |            |                                   | 9m                        | DENIED - OTHER INSURANCE - MEDICARE                           |
|                  |   |            |   |                                 |            |                                   | 9o                        | DENIED - OTHER INSURANCE - ROOS-LOOS                          |
|                  | 119                                     |            |   |                                 |            |                                   | 72                        | DENIED - SERVICE LIMITED TO 1 PER MONTH, ANY PROVIDER         |
|                  | 119                                     |            |   |                                 |            |                                   | 73                        | DENIED - SERVICE LIMITED TO 2 PER MONTH, ANY PROVIDER         |
|                  | 119                                     |            |   |                                 |            |                                   | 74                        | DENIED - SERVICE LIMITED TO 1 PER 6 MONTHS, ANY PROVIDER      |
|                  | 119                                     |            |   |                                 |            |                                   | 75                        | DENIED - SERVICE LIMITED TO 1 PER 11 MONTHS, ANY PROVIDER     |
|                  | 119                                     |            |   |                                 |            |                                   | 78                        | DENIED - SERVICE LIMITED TO 1 PER MONTH, SAME PROVIDER        |
|                  | 119                                     |            |   |                                 |            |                                   | 79                        | DENIED - SERVICE LIMITED TO 2 PER MONTH, SAME PROVIDER        |
|                  | 119                                     |            |   |                                 |            |                                   | 1s                        | DENY - OUTPT SUBSTANCE ABUSE 20/YR - EXCEEDED                 |
|                  | 119                                     |            |   |                                 |            |                                   | 3c                        | DENIED - PROCEDURE LIMITED TO 1 PER 25 DAYS                   |
|                  | 119                                     |            |   |                                 |            |                                   | 3d                        | DENIED - SERVICE LIMITED TO 100 PER BENEFIT YEAR              |
|                  | 119                                     |            |   |                                 |            |                                   | 5a                        | DENIED - SERVICE LIMITED TO QTY OF 2 PER 3 WEEKS              |
|                  | 119                                     |            |   |                                 |            |                                   | 5b                        | DENIED - SERVICE LIMITED TO 2 PER 9 MONTHS, ANY PROVIDER      |
|                  | 119                                     |            |   |                                 |            |                                   | 6a                        | DENIED - SERVICE LIMITED TO 12 PER YEAR, ANY PROVIDER         |
|                  | 119                                     |            |   |                                 |            |                                   | 6b                        | SERVICE LIMITED TO 14 PER YEAR, ANY PROVIDER                  |
|                  | 119                                     |            |   |                                 |            |                                   | 6c                        | DENIED - SERVICE LIMITED TO 2 PER 25 DAYS                     |
|                  | 119                                     |            |   |                                 |            |                                   | 6y                        | DENY - SERVICE LIMITED TO 1 PER 7 DAYS, ANY PROVIDER          |
|                  | 119                                     |            |   |                                 |            |                                   | 6z                        | DENIED - SERVICE LIMITED TO QTY OF 16 PER DAY, ANY PROVIDER   |
|                  | 119                                     |            |   |                                 |            |                                   | 7A                        | DENIED - SERVICE LIMITED TO 5 PER MONTH, SAME PROVIDER        |
|                  | 119                                     |            |   |                                 |            |                                   | 7a                        | DENIED - SERVICE LIMITED TO 3 PER YEAR, ANY PROVIDER          |
|                  | 119                                     |            |   |                                 |            |                                   | 7B                        | DENIED - SERVICE LIMITED TO 1 PER 2 MONTHS, SAME PROVIDER     |
|                  | 119                                     |            |   |                                 |            |                                   | 7b                        | DENIED - SERVICE LIMITED TO 8 PER 9 MONTHS, ANY PROVIDER      |
|                  | 119                                     |            |   |                                 |            |                                   | 7C                        | DENIED - SERVICE LIMITED TO 1 PER 3 MONTHS, SAME PROVIDER     |
|                  | 119                                     |            |   |                                 |            |                                   | 7c                        | DENIED - SERVICE LIMITED TO 10 PER 9 MONTHS, SAME PROVIDER    |
|                  | 119                                     |            |   |                                 |            |                                   | 7D                        | DENIED - SERVICE LIMITED TO 1 PER 6 MONTHS, SAME PROVIDER     |
|                  | 119                                     |            |   |                                 |            |                                   | 7d                        | DENIED - SERVICE IS LIMITED TO 10 PER 4 MONTHS, SAME PROVIDER |
|                  | 119                                     |            |   |                                 |            |                                   | 7E                        | DENIED - SERVICE LIMITED TO 4 PER 6 MONTHS, SAME PROVIDER     |
|                  | 119                                     |            |   |                                 |            |                                   | 7e                        | DENIED - SERVICE LIMITED TO 1 PER TWO YEARS, ANY PROVIDER     |
|                  | 119                                     |            |   |                                 |            |                                   | 7F                        | DENIED - SERVICE LIMITED TO 10 PER 9 MONTHS, ANY PROVIDER     |
|                  | 119                                     |            |   |                                 |            |                                   | 7f                        | DENIED - SERVICE LMTD TO 1/3 YEARS, ANY PROVIDER              |
|                  | 119                                     |            |   |                                 |            |                                   | 7G                        | DENIED - SERVICE LIMITED TO 1 PER 11 MONTHS, SAME PROVIDER    |
|                  | 119                                     |            |   |                                 |            |                                   | 7g                        | DENIED - SERVICE LIMITED TO 12 PER MONTH, SAME PROVIDER       |
|                  | 119                                     |            |   |                                 |            |                                   | 7H                        | DENIED - SERVICE LIMITED TO 2 PER 11 MONTHS, SAME PROVIDER    |
|                  | 119                                     |            |   |                                 |            |                                   | 7h                        | DENIED - SERVICE LIMITED TO 2 PER YEAR, ANY PROVIDER          |
|                  | 119                                     |            |   |                                 |            |                                   | 7I                        | DENIED - SERVICE LIMITED TO 9 PER 11 MONTHS, SAME PROVIDER    |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| <b>If RA has</b> | <b>1st Adjustment Reason Code of...</b> | <b>and</b> | <b>2nd Adjustment Reason Code of...</b> | <b>1st RA Remark Code of...</b> | <b>and</b> | <b>2nd RA Remark Code - of...</b> | <b>THEN EX Code is...</b> |  |
|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|--|
|                  |   |            |   |                                 |            |                                   | 7i                        | DENIED - SERVICE LIMITED TO 3 PER DAY                                |
|                  |   |            |   |                                 |            |                                   | 7j                        | DENIED - SERVICE LIMITED TO 7 IN 7 DAYS                              |
|                  |   |            |   |                                 |            |                                   | 7K                        | DENIED - SERVICE LIMITED TO 2 PER YEAR, SAME PROVIDER                |
|                  |   |            |   |                                 |            |                                   | 7k                        | DENIED - LMTD TO 6 PER DAY, ANY PROVIDER                             |
|                  |   |            |   |                                 |            |                                   | 7L                        | DENIED - SERVICE LIMITED TO 3 PER YEAR, SAME PROVIDER                |
|                  |   |            |   |                                 |            |                                   | 7l                        | DENIED - SERVICE LIMITED TO DAY 8 THRU 21 OF TREATMENT               |
|                  |   |            |   |                                 |            |                                   | 7m                        | DENIED - SERVICE LIMITED TO 21 PER 21 DAYS IF 28 DAYS SINCE LAST     |
|                  |   |            |   |                                 |            |                                   | 7N                        | DENIED - SERVICE LIMIT - INPATIENT VISIT 2 PER NEWBORN               |
|                  |   |            |   |                                 |            |                                   | 7n                        | DENIED - SERVICE LIMITED TO 1 PER WEEK, DAYS 8 TO 21 OF TREATMENT    |
|                  |   |            |   |                                 |            |                                   | 7o                        | DENIED - SERVICE LIMITED TO 1 PER 3 MONTHS, ANY PROVIDER             |
|                  |   |            |   |                                 |            |                                   | 7P                        | DENIED - SERVICE LIMIT - 8 PER 120 DAYS, TAR REQUIRED                |
|                  |   |            |   |                                 |            |                                   | 7p                        | DENIED - SERVICE LIMITED TO 90 MINUTES IN EXCESS OF FIRST 15 MINUTES |
|                  |   |            |   |                                 |            |                                   | 7q                        | DENIED - SERVICE LIMITED TO 8 HOURS IN EXCESS OF FIRST 15 MINUTES    |
|                  |   |            |   |                                 |            |                                   | 7s                        | DENIED - SERVICE LIMITED TO 180 MINUTES IN EXCESS OF FIRST 15        |
|                  |   |            |   |                                 |            |                                   | 7T                        | DENIED - SERVICE LIMITED TO 8 PER 9 MONTHS, ANY PROVIDER             |
|                  |   |            |   |                                 |            |                                   | 7t                        | DENIED - LIMITED TO 23 PER DAY                                       |
|                  |   |            |   |                                 |            |                                   | 7V                        | DENIED - SERVICE LIMITED TO 1 PER 9 MONTHS (ROLLING)                 |
|                  |   |            |   |                                 |            |                                   | 7v                        | DENIED - SERVICE LIMITED TO 5 PER DAY                                |
|                  |   |            |   |                                 |            |                                   | 7w                        | DENIED - LIMITED TO 73 DAYS PER YEAR                                 |
|                  |   |            |   |                                 |            |                                   | 7x                        | DENIED - LIMITED TO 30 DAYS PER YEAR                                 |
|                  |   |            |   |                                 |            |                                   | 7Z                        | DENIED - SERVICE LIMITED TO 12 PER 6 MONTHS                          |
|                  |   |            |   |                                 |            |                                   | 7z                        | DENIED - SERVICE LIMITED TO 1 PER WEEK                               |
|                  |   |            |   |                                 |            |                                   | 8d                        | DENIED - SERVICE LIMITED TO 1 PER 9 MONTHS, ANY PROVIDER             |
|                  |   |            |   |                                 |            |                                   | 8e                        | DENIED - SERVICE LIMITED TO 12 PER 9 MONTHS, ANY PROVIDER            |
|                  |   |            |   |                                 |            |                                   | 8f                        | DENIED - SERVICE LIMITED TO 8 PER 9 MONTHS, ANY PROVIDER             |
|                  |   |            |   |                                 |            |                                   | 8g                        | DENIED - SERVICE LIMITED TO 6 PER 9 MONTHS, ANY PROVIDER             |
|                  |   |            |   |                                 |            |                                   | 8h                        | DENIED - SERVICE LIMITED TO 4 PER 9 MONTHS, ANY PROVIDER             |
|                  |   |            |   |                                 |            |                                   | 8i                        | DENIED - SERVICE LIMITED TO 16 PER 9 MONTHS, ANY PROVIDER            |
|                  |   |            |   |                                 |            |                                   | 8j                        | DENIED - SERVICE LIMITED TO 16 PER DAY, ANY PROVIDER                 |
|                  |   |            |   |                                 |            |                                   | 8k                        | DENIED, SERVICE LIMITED TO 72 PER 9 MONTHS, ANY PROVIDER             |
|                  |   |            |   |                                 |            |                                   | 8l                        | DENIED - SERVICE LIMITED TO 8 PER 9 MONTHS, SAME PROVIDER            |
|                  |   |            |   |                                 |            |                                   | 8m                        | DENIED - SERVICE LIMITED TO 6/ 6 MONTHS                              |
|                  |   |            |   |                                 |            |                                   | 8n                        | DENIED - SERVICE LIMITED TO 5 PER 5 MONTHS, ANY PROVIDER             |
|                  |   |            |   |                                 |            |                                   | 8o                        | DENIED - SERVICE LIMITED TO 1 PER 30 DAYS                            |
|                  |   |            |   |                                 |            |                                   | 8p                        | DENIED - SERVICES LIMITED TO 4 PER YEAR                              |
|                  |   |            |   |                                 |            |                                   | 8s                        | DENIED - SERVICE LIMITED TO 1/180 DAYS, ANY PROVIDER                 |
|                  |   |            |   |                                 |            |                                   | 8t                        | DENIED - SERVICE LIMITED TO 4 PER DAY                                |
|                  |   |            |   |                                 |            |                                   | 8v                        | DENIED - SERVICE LIMITED TO 1 PER 25 DAYS                            |
|                  |   |            |   |                                 |            |                                   | 8x                        | DENIED - SERVICE LIMITED TO 1 PER 80 DAYS                            |
|                  |   |            |   |                                 |            |                                   | 8y                        | DENIED - SERVICE LIMITED TO 1 IN 110 DAYS                            |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| <b>If RA has</b> | <b>1st Adjustment Reason Code of...</b> | <b>and</b> | <b>2nd Adjustment Reason Code of...</b> | <b>1st RA Remark Code of...</b> | <b>and</b> | <b>2nd RA Remark Code - of...</b> | <b>THEN EX Code is...</b> |  |
|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|--|
|                  |   |            |   |                                 |            |                                   | 8z                        | DENIED - SERVICE LIMITED TO 1 PER 5 WEEKS (35 DAYS)            |
|                  |   |            |   |                                 |            |                                   | aa                        | DENIED-00946/00955/00850/00857 LMTD TO 1/DAY,ANY PROVIDER      |
|                  |   |            |   |                                 |            |                                   | ar                        | DENIED - LIMITED TO 1 ARTHROSCOPY PER DAY                      |
|                  |   |            |   |                                 |            |                                   | BP                        | DENIED - LIMITED TO 55 PER YEAR                                |
|                  |   |            |   |                                 |            |                                   | CP                        | DENIED - Z6200,Z6300,Z6402 HAVE BEEN PD WITHIN 182 DAYS        |
|                  |   |            |   |                                 |            |                                   | Cp                        | DENIED - Z6500 HAS BEEN PD WITHIN 182 DAYS                     |
|                  |   |            |   |                                 |            |                                   | D4                        | DENIED - SERVICE LIMITED TO 4 PER DAY                          |
|                  |   |            |   |                                 |            |                                   | D7                        | DENIED - SERVICE LIMITED TO 3 PER WEEK                         |
|                  |   |            |   |                                 |            |                                   | D8                        | DENIED - SERVICE LIMITED TO 20 PER YEAR                        |
|                  |   |            |   |                                 |            |                                   | D9                        | DENIED - LIMITED TO 48 PER YEAR                                |
|                  |   |            |   |                                 |            |                                   | Dp                        | DENIED - DEPO-PROVERA LMTD TO 3ML/WEEK, SAME PROV              |
|                  |   |            |   |                                 |            |                                   | dp                        | DENIED - DEPO-PROVERA LMTD TO 1/80 DAYS, SAME PROV             |
|                  |   |            |   |                                 |            |                                   | GN                        | DENIED - SERVICE LIMITED TO 8 PER YEAR, ANY PROVIDER           |
|                  |   |            |   |                                 |            |                                   | I3                        | DENIED - SERVICE LMTD TO 3 PER LIFETIME                        |
|                  |   |            |   |                                 |            |                                   | I4                        | DENIED - LIMITED 2 PER LIFETIME                                |
|                  |   |            |   |                                 |            |                                   | LH                        | DENIED - PRESCRIPTION LIMIT HAS BEEN REACHED                   |
|                  |   |            |   |                                 |            |                                   | OX                        | DENIED-NOT PAYABLE IF BILLED W/ E0431,E0434,X3196,X2976 OR     |
|                  |   |            |   |                                 |            |                                   | SL                        | DENIED - SERVICE LIMITATIONS HAVE BEEN EXCEEDED                |
|                  |   |            |   |                                 |            |                                   | SS                        | DENIED - SERVICE LIMITED TO 2 PER DAY                          |
|                  |   |            |   |                                 |            |                                   | Z7                        | DENIED - EXCEEDS 48 HOURS OBSERVATION                          |
|                  |   |            |   |                                 |            |                                   | ZX                        | DENIED - SERVICE LIMITED TO 1 PER 80 DAYS, ANY PROVIDER        |
|                  |   |            |   | M86                             |            |                                   | 7Q                        | DENIED - SERVICE LIMITED TO 1 PER DATE OF SERVICE, SAME PROV   |
|                  |   |            |   | M90                             |            |                                   | 76                        | DENIED - SERVICE LIMITED TO 1 PER YEAR, ANY PROVIDER           |
|                  |   |            |   |                                 |            |                                   | 7J                        | DENIED - SERVICE LIMITED TO 1 PER YEAR, SAME PROVIDER          |
|                  |   |            |   | N43                             |            |                                   | 52                        | DENIED - LTC BEDHOLD LIMITED TO 7 DAYS                         |
|                  |   |            |   |                                 |            |                                   | 5Y                        | DENIED - PROVIDER EXCEEDED MAXIMUM BEDHOLD DAYS                |
|                  |   |            |   |                                 |            |                                   | Di                        | PAID - DOWNCODED TO 99251                                      |
|                  | 128                                     |            |   |                                 |            |                                   | om                        | DENY-SCVC PAYABLE UNDER MOM'S #                                |
|                  |   |            |   | M80                             |            |                                   | 1N                        | DENY - SERVICES PAID ON MOM'S CLAIM/INITIAL HOME HEALTH VISIT  |
|                  |   |            |   | N45                             |            |                                   | 1L                        | PAYABLE - PAID ON MOM'S CLAIM AS PART OF COMMON DAY PER DIEM   |
|                  | 131                                     |            |   | N45                             |            |                                   | 1I                        | PAYABLE - PAID AT MULTIPLAN DISCOUNT RATE                      |
|                  | 142                                     |            |   | MA67                            |            |                                   | 2F                        | ADJUSTMENT - MODIFICATION TO SHARE OF COST                     |
|                  |   |            |   | N45                             |            |                                   | 15                        | PAYABLE - PMT REDUCED DUE TO PATIENT'S SHARE OF COST           |
|                  | 146                                     |            |   |                                 |            |                                   | I0                        | DENIED - DIAGNOSIS INVALID FOR THE DATE(S) OF SERVICE REPORTED |
|                  |   |            |   |                                 |            |                                   | I9                        | DENIED - DIAGNOSIS INVALID FOR THE DATE(S) OF SERVICE REPORTED |
|                  |   |            |   | M76                             |            |                                   | 8J                        | DENIED - DIAGNOSIS INVALID-REQUIRES 4TH OR 5TH DIGIT           |
|                  |   |            |   |                                 |            |                                   | 8M                        | DENIED - DIAGNOSIS INVALID-REQUIRES 6TH OR 7TH DIGIT           |
|                  | 147                                     |            |   |                                 |            |                                   | Pr                        | DENIED - NO CONTRACT RATE - CONTACT PROV RELATIONS DEPT        |
|                  | 149                                     |            |   | N117                            |            |                                   | 77                        | DENIED - SERVICE LIMITED TO ONCE IN A LIFETIME                 |
|                  |   |            |   |                                 |            |                                   | 7M                        | DENIED - SERVICE LIMITED TO ONCE IN A LIFETIME FOR SAME PROV   |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| <b>If RA has</b> | <b>1st Adjustment Reason Code of...</b> | <b>and</b> | <b>2nd Adjustment Reason Code of...</b> | <b>1st RA Remark Code of...</b> | <b>and</b> | <b>2nd RA Remark Code - of...</b> | <b>THEN EX Code is...</b> |  |
|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|--|
|                  | 150                                     |            |   |                                 |            |                                   | 4R                        | DENIED - DENIAL UPHELD PER MEDICAL RE-REVIEW                         |
|                  |   |            |   | MA23                            |            |                                   | 13                        | PAYABLE - PAYMENT REDUCED PER MEDICAL REVIEW                         |
|                  |   |            |   |                                 |            |                                   | 16                        | PAYABLE - ALLOWABLE DETERMINED BY MEDICAL REVIEW                     |
|                  |   |            |   |                                 |            |                                   | Dc                        | PAID - MED REVIEW DOWNCODED TO 59840                                 |
|                  |   |            |   |                                 |            |                                   | SR                        | PAID AS MEDICAL SCREENING BASED ON MED REVIEW                        |
|                  |   |            |   |                                 |            |                                   | sr                        | PAID AT THE MEDICAL SCREENING RATE                                   |
|                  |   |            |   | M127                            |            |                                   | SN                        | PAID AS A MEDICAL SCREENING - NO RECORDS SUBMITTED                   |
|                  |   |            |   |                                 |            |                                   | sn                        | PAID AT THE MEDICAL SCREENING RATE - NO RECORDS SUBMITTED            |
|                  |   |            |   | M29                             |            |                                   | Or                        | PAY - NO OP REPORT/ DOWNCODED TO 59840                               |
|                  |   |            |   | N22                             |            |                                   | P2                        | PAYABLE - DOWN CODE TO OFFICE VISIT                                  |
|                  |   |            |   | N45                             |            |                                   | 1E                        | PAYABLE - PAYMENT REDUCED BASED ON DOCUMENTATION SUBMITTED           |
|                  |   |            |   |                                 |            |                                   | dc                        | PAID - Service Downcoded for Procedure Limitations                   |
|                  |   |            |   |                                 |            |                                   | h1                        | PAID - CH01A1 DOWNCODED TO CH01B1                                    |
|                  |   |            |   |                                 |            |                                   | h2                        | PAID - DOWNCODED CH01A2 TO CH01B2                                    |
|                  |   |            |   |                                 |            |                                   | h3                        | PAID - DOWNCODED CH01A3 TO CH01B3                                    |
|                  |   |            |   |                                 |            |                                   | h4                        | PAID - DOWNCODED CH01A4 TO CH01B4                                    |
|                  |   |            |   |                                 |            |                                   | LR                        | PAID - VISIT DOWNCODED TO 99201                                      |
|                  |   |            |   |                                 |            |                                   | n1                        | PAID - 99201 DOWNCODED TO 99211                                      |
|                  |   |            |   |                                 |            |                                   | n2                        | PAID - 99202 DOWNCODED TO 99212                                      |
|                  |   |            |   |                                 |            |                                   | n3                        | PAID - 99203 DOWNCODED TO 99213                                      |
|                  |   |            |   |                                 |            |                                   | n4                        | PAID - 99204 DOWNCODED TO 99214                                      |
|                  |   |            |   |                                 |            |                                   | n5                        | PAID - 99205 DOWNCODED TO 99215                                      |
|                  |   |            |   |                                 |            |                                   | Ur                        | PAID AS MEDICAL SCREENING, MEMBER LMTD BY AID CODE                   |
|                  | 151                                     |            |   |                                 |            |                                   | FT                        | DENIED - DOCUMENTATION DOES NOT JUSTIFY COUNT BILLED                 |
|                  |   |            |   | M86                             |            |                                   | CN                        | PAYABLE - DOWNCODED TO 99241   |
|                  |   |            |   | N706                            |            |                                   | 4N                        | DENIED - DOCUMENTATION TO SUPPORT FREQUENCY/QTY OF USAGE             |
|                  | 167                                     |            |   | M76                             |            |                                   | 8H                        | DENIED - SERVICE NOT COVERED WHEN BILLED WITH THIS DIAGNOSIS         |
|                  |   |            |   |                                 |            |                                   | 8L                        | DENIED - MISSING/INCOMPLETE/INVALID DIAGNOSIS                        |
|                  |   |            |   |                                 |            |                                   | 8T                        | DENIED - DIAGNOSIS NOT VALID AS PRIMARY                              |
|                  |   |            |   |                                 |            |                                   | di                        | DENIED - INVALID DIAGNOSIS   |
|                  |   |            |   | N30                             |            |                                   | 3N                        | DENIED - DIAGNOSIS NOT PAYABLE FOR RESTRICTED MEMBER                 |
|                  |   |            |   | N569                            |            |                                   | If                        | DENIED - SERVICE BILLED IS NOT PAYABLE WITH AN INFERTILITY DIAGNOSIS |
|                  | 173                                     |            |   | N706                            |            |                                   | LG                        | DENIED - PRESCRIPTION NOT FROM PCP OR REFERRING PHYSICIAN            |
|                  | 176                                     |            |   | N706                            |            |                                   | LF                        | DENIED - PRESCRIPTION INVALID OR EXPIRED (OVER ONE YEAR OLD)         |
|                  | 177                                     |            |   | N30                             |            |                                   | 31                        | DENIED - MEMBER WAS NOT ELIGIBLE ON DATE OF SERVICE                  |
|                  | 178                                     |            |   | N30                             |            |                                   | 36                        | DENY - SHARE OF COST HAS NOT BEEN MET FOR MONTH OF SCVC              |
|                  | 181                                     |            |   | M51                             |            |                                   | 87                        | DENIED - PROCEDURE CODE MISSING OR INVALID                           |
|                  |   |            |   | N56                             |            |                                   | 59                        | DENIED - PROCEDURE MUST BE BILLED UNDER CORRECT/LISTED CODE          |
|                  |   |            |   |                                 |            |                                   | 88                        | *DENIED - PROC NOT VALID ON DOS - RESUBMIT VALID CODE                |
|                  |   |            |   |                                 |            |                                   | 5U                        | *DENIED - PROCEDURE CODE X2974 REPLACED WITH E0442 - REBILL          |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| If RA has | 1st Adjustment Reason Code of... | and | 2nd Adjustment Reason Code of... | 1st RA Remark Code of... | and | 2nd RA Remark Code - of... | THEN EX Code is... |  |
|-----------|----------------------------------|-----|----------------------------------|--------------------------|-----|----------------------------|--------------------|--|
|           |                                  |     |                                  |                          |     |                            | I1                 | DENIED - REBILL WITH CORRECT CODE (0121)                                 |
|           |                                  |     |                                  |                          |     |                            | I2                 | DENIED - REBILL WITH CORRECT CODE (0131)                                 |
|           |                                  |     |                                  |                          |     |                            | R2                 | DENY-IHS Medicare member; Rebill w/correct IHS X-over code               |
|           |                                  |     |                                  |                          |     |                            | WV                 | DENIED - PROC NOT VALID ON DOS - RESUBMIT VALID CODE                     |
|           |                                  |     |                                  |                          |     | N706                       | 4q                 | DENIED - SUBMITTED SURGICAL CODE NOT VALID                               |
|           |                                  |     |                                  |                          |     |                            | r1                 | APC - OCE Line item rejection  |
|           |                                  |     |                                  |                          |     |                            | r2                 | APC - OCE Line item denial   |
|           |                                  |     |                                  |                          |     |                            | r5                 | APC - OCE claim level rejection  |
|           |                                  |     |                                  |                          |     |                            | r6                 | APC - OCE claim level denial   |
|           |                                  |     |                                  |                          |     |                            | rL                 | APC - Incorrect Coding of Lab Panel Components                           |
|           |                                  |     |                                  | N706                     |     |                            | hB                 | DENIED - REBILL USING CPT CODE X6279                                     |
|           | 182                              |     |                                  |                          |     |                            | 8Z                 | DENIED - MODIFIER WAS INVALID ON THE DATE OF SERVICE                     |
|           | 185                              |     |                                  |                          |     |                            | 4A                 | DENIED - PROVIDER NOT ELIGIBLE TO USE PROCEDURE BILLED                   |
|           |                                  |     |                                  |                          |     |                            | 5d                 | DENIED - MODIFIER ZQ NOT PAYABLE TO ANESTHESIOLOGISTS OR ASST            |
|           |                                  |     |                                  | N256                     |     |                            | 41                 | DENIED - PROVIDER NUMBER INELIGIBLE OR INVALID                           |
|           | 203                              |     |                                  |                          |     |                            | XX                 | Pmnt Reduced By Interim Claim Pmnts                                      |
|           | 225                              |     |                                  |                          |     |                            | Ce                 | Paid-Interest applied to RETRO PHC Contract changes                      |
|           |                                  |     |                                  |                          |     |                            | cD                 | Paid-Interest applied to RETRO DHCS changes                              |
|           |                                  |     |                                  |                          |     |                            | ci                 | Paid-Interest applied to IT ERROR (not EDI)                              |
|           |                                  |     |                                  |                          |     |                            | cv                 | Paid-Interest applied to PHC VENDOR ERROR                                |
|           |                                  |     |                                  |                          |     |                            | cR                 | Paid-Interest applied to Retro PHC Policy Change (approved by Executive) |
|           |                                  |     |                                  |                          |     |                            | ce                 | Paid-Interest applied to EDI error                                       |
|           |                                  |     |                                  |                          |     |                            | cr                 | Paid-Interest applied to RETRO MEDI-CAL RATE updates                     |
|           |                                  |     |                                  |                          |     |                            | cC                 | Paid-Interest applied to CONFIG Dept                                     |
|           |                                  |     |                                  |                          |     |                            | ic                 | Paid-Interest applied to Contracting Dept                                |
|           |                                  |     |                                  |                          |     |                            | ip                 | Paid-Interest applied to PROV SRVCS Dept                                 |
|           |                                  |     |                                  |                          |     |                            | iH                 | Paid-Interest applied to HEALTH SRVCS Dept                               |
|           |                                  |     |                                  |                          |     |                            | im                 | Paid-Interest applied to MEMBER SRVCS Dept                               |
|           |                                  |     |                                  | N656                     |     |                            | iC                 | Paid-Interest applied to CLAIMS Dept                                     |
|           |                                  |     |                                  |                          |     |                            | IH                 | PAID - HEALTHY FAM PAID INTEREST FOR LATE PAYMENT                        |
|           |                                  |     |                                  |                          |     |                            | IM                 | PAID - MEDI CAL PAID INTEREST FOR LATE PAYMENT                           |
|           |                                  |     |                                  |                          |     |                            | IN                 | PAID - HKID INTEREST FOR LATE PAYMENT                                    |
|           |                                  |     |                                  |                          |     |                            | LP                 | PAID - PENALTY FOR INTEREST LATE PAYMENT                                 |
|           | 233                              |     |                                  |                          |     |                            | MI                 | PAID - MEDICARE PAID INTEREST FOR LATE PAYMENT                           |
|           | 239                              |     |                                  | N30                      |     |                            | pp                 | PAID AT ZERO - RELATED TO PROVIDER-PREVENTABLE CONDITION [PPC]           |
|           | 243                              |     |                                  |                          |     |                            | 3Q                 | DENIED - MEMBER IS NOT ELIGIBLE FOR ENTIRE DATE SPAN - SPLIT BILL        |
|           |                                  |     |                                  |                          |     |                            | 3M                 | DENIED - CHDP/PREVENTIVE SERVICES NOT DONE BY PCP                        |
|           |                                  |     |                                  |                          |     |                            | OB                 | DENIED-ROUTINE OB SVCS NOT PAYABLE TO NON-CONTRACTING PROV'S             |
|           |                                  |     |                                  |                          |     |                            | YD                 | DENY-SCVC PAYABLE ONLY TO PREFERRED PROVIDERS                            |
|           |                                  |     |                                  | M62                      |     |                            | YE                 | DENY-SCVC PAYABLE TO PHC CONTRACTED PHARMACT PROVIDER ONLY               |

**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| If RA has | 1st Adjustment Reason Code of... | and | 2nd Adjustment Reason Code of... | 1st RA Remark Code of... | and | 2nd RA Remark Code of... | THEN EX Code is... |   |
|-----------|----------------------------------|-----|----------------------------------|--------------------------|-----|--------------------------|--------------------|---|
|           |                                  |     |                                  | N45                      |     |                          | 35                 | DENIED - UNAUTHORIZED SVC, NO RAF ON FILE FOR DATE OF SERVICE   |
|           | 253                              |     |                                  | N45                      |     |                          | RL                 | PAID - WITHOUT RAF ON FILE, LETTER SENT                         |
|           | 256                              |     |                                  | N627                     |     |                          | d6                 | MEDICARE PMT REDUCED BY 2%                                      |
|           | 284                              |     |                                  | M62                      |     |                          | uc                 | DENY- PROVIDER MUST USE CONTRACTED CODE                         |
|           |                                  |     |                                  |                          |     |                          | 84                 | DENIED - SERV DATES ON AUTH DO NOT MATCH SERV DATES ON CLAIM    |
|           |                                  |     |                                  | N45                      |     | N22                      | 3F                 | DENIED - AUTHORIZATION LIMITS ALREADY REACHED                   |
|           |                                  |     |                                  | N54                      |     | N188                     | 1F                 | PAYABLE- ACCOMMODATION CODE CORRECTED AND PAID BASED ON         |
|           | 296                              |     |                                  | N54                      |     |                          | 3E                 | DENIED - PROCEDURE/DRUG CODE DOES NOT CORRESPOND TO THE TAR     |
|           | A1                               |     |                                  |                          |     |                          | 3D                 | DENIED - TAR OR RAF SUBMITTED IS NOT FOR THIS MEMBER/PROVIDE    |
|           |                                  |     |                                  |                          |     |                          | GX                 | DENY - DATE OF GESTATION OVER 49 DAYS                           |
|           |                                  |     |                                  | MA18                     |     |                          | nh                 | DENIED - SERVICE PAID BY ANOTHER INSURANCE CARRIER              |
|           |                                  |     |                                  |                          |     |                          | HD                 | DENIED - FORWARDED TO DELTA DENTAL FOR PROCESSING               |
|           |                                  |     |                                  |                          |     |                          | Hm                 | DENIED - FORWARDED TO UBH FOR PROCESSING                        |
|           |                                  |     |                                  | MA67                     |     |                          | HV                 | DENIED - FORWARDED TO VSP FOR PROCESSING                        |
|           |                                  |     |                                  |                          |     |                          | 26                 | ADJUSTMENT - CLAIM ORIGINALLY PAID, SHOULD HAVE BEEN DENIED     |
|           |                                  |     |                                  |                          |     |                          | 2R                 | ADJUSTMENT - PAID IN ERROR, NOT THE PROVIDER OF SERVICE         |
|           |                                  |     |                                  |                          |     |                          | 2T                 | ADJUSTMENT - CLAIM ENTERED UNDER INCORRECT MEMBER NAME          |
|           |                                  |     |                                  |                          |     |                          | 2W                 | ADJUSTMENT - DENIAL UPHELD, EMERGENCY NOT JUSTIFIED             |
|           |                                  |     |                                  |                          |     | M62                      | 8A                 | DENIED - PER PROVIDER, DELETE SERVICE LINE                      |
|           |                                  |     |                                  | M76                      |     |                          | 2V                 | ADJUSTMENT - DENIAL UPHELD, UNAUTHORIZED SERVICE                |
|           |                                  |     |                                  |                          |     |                          | 8u                 | DENIED - MODIFIER INVALID FOR DIAGNOSIS BILLED                  |
|           |                                  |     |                                  | M86                      |     |                          | CI                 | DENIED - DX MUST INCLUDE 363.00-363.35 & 042                    |
|           |                                  |     |                                  | N173                     |     | N706                     | Gp                 | INFO ONLY - PRE-PAID BLOCK GRANT CLAIM PROGRAM                  |
|           |                                  |     |                                  | N180                     |     |                          | C8                 | DENY - EMERGENCY HOSPITAL BILL NEVER RECEIVED                   |
|           |                                  |     |                                  |                          |     |                          | 9L                 | DENIED - PROCEDURE IS NOT A FAMILY PLANNING PROCEDURE           |
|           |                                  |     |                                  |                          |     |                          | Ab                 | DENIED-SVC NOT PAYABLE, PROV DID NOT PERFORM ABORTION           |
|           |                                  |     |                                  |                          |     |                          | ab                 | DENIED - SVC NOT PERFORMED WITHIN 5 DAYS                        |
|           |                                  |     |                                  |                          |     |                          | Ci                 | DENIED - INJECTION ONLY PAYABLE IF 96410 IS ALSO BILLED         |
|           |                                  |     |                                  |                          |     |                          | GI                 | DENIED - X7420 MUST BE BILLED IN CONJUNCTION W/67027            |
|           |                                  |     |                                  |                          |     |                          | GJ                 | DENIED - X7042 MUST BE BILLED IN CONJUNCTION W/ 64613, 64612 or |
|           |                                  |     |                                  |                          |     |                          | PX                 | DENIED - X7444 MUST BE BILLED WITH 90780/90781                  |
|           |                                  |     |                                  | N26                      |     |                          | X2                 | DENIED - X0006 MUST BE BILLED IN CONJUNCTION W/X0002            |
|           |                                  |     |                                  | N36                      |     |                          | IS                 | DENIED-ITEMIZED CLAIM REQUIRED-ITEMIZED NOT SUBMITTED           |
|           |                                  |     |                                  |                          |     |                          | 5Z                 | DENIED - PHC NOT RESPONSIBLE WHEN PRIMARY INSURANCE NOT USED    |
|           |                                  |     |                                  | N4                       |     |                          | 6W                 | DENIED - PHC NOT RESP WHEN KAISER COV NOT USED                  |
|           |                                  |     |                                  | N48                      |     |                          | 6A                 | DENIED - DENIAL LETTER FROM OTHER INSURANCE NOT VALID           |
|           |                                  |     |                                  | N45                      |     |                          | 89                 | DENIED - MEDICARE/OTHER INS E.O.B DOES NOT MATCH CLAIM          |
|           |                                  |     |                                  | N706                     |     |                          | HI                 | DENIED - MEMBER IS CONFINED (IN-PT) AT TIME OF SERVICE          |
|           |                                  |     |                                  | N95                      |     |                          | D3                 | DENIED - OUTCOME OF DELIVERY REQ'D AS ONE OF THE DIAG BILLED    |
|           | B10                              |     |                                  | M15                      |     |                          | MB                 | DENIED - NON-SPECIALTY SVC-BILL UNDER NON-SPECIALITY AFFIL      |



**Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to PHC Explanation (EX) Codes**

| <b>If RA has</b> | <b>1st Adjustment Reason Code of...</b> | <b>and</b> | <b>2nd Adjustment Reason Code of...</b> | <b>1st RA Remark Code of...</b> | <b>and</b> | <b>2nd RA Remark Code - of...</b> | <b>THEN EX Code is...</b> |   |
|------------------|---|------------|---|---------------------------------|------------|-----------------------------------|---------------------------|---|
|                  | B14                                     |            |   |                                 |            |                                   | BD                        | Paid - Bld Scvcs/ Test bundled. Part of panel. Pymt reduced or not allowed. |
|                  |   |            |   |                                 |            |                                   | 70                        | DENIED - SERVICE LIMITED TO 1 PER DAY, SAME PROVIDER                        |
|                  | B15                                     |            |   |                                 |            |                                   | 7S                        | DENIED - SERVICE LIMITED TO 1 PER DAY, ANY PROVIDER                         |
|                  |   |            |   |                                 |            |                                   | D5                        | Denied - Transportation mileage billed with invalid transport type          |
|                  | B20                                     |            |   |                                 |            |                                   | D6                        | DENIED - NOT PAYABLE IF PRIMARY CODE NOT BILLED SAME DOS/PROV               |
|                  | B4                                      |            |   |                                 |            |                                   | 48                        | DENIED - SAME SERVICE PREVIOUSLT PAID TO ANOTHER PROV. DOC IS               |
|                  |   |            |   |                                 |            |                                   | 1B                        | PAYABLE - PAID AT 75% ALLOWED AMOUNT  |
|                  |   |            |   | N45                             |            |                                   | 1C                        | PAYABLE - PAID AT 50% ALLOWED AMOUNT  |
|                  | B7                                      |            |   |                                 |            |                                   | LS                        | PAID - LATE SUBMISSION, 10% PENALTY APPLIED                                 |
|                  |   |            |   |                                 |            |                                   | 4X                        | DENIED - PROVIDER NOT CERTIFIED TO PERFORM PROCEDURE                        |
|                  |   |            |   |                                 |            |                                   | 4Z                        | DENIED - CPSP CERTIFICATION REQUIRED FOR MODIFIER                           |
|                  |   |            |   |                                 |            |                                   | hh                        | DENIED - CODE BILLABLE ONLY BY HOME HEALTH AGENCY                           |
|                  |   |            |   | M76                             |            |                                   | xH                        | DENIED - PROC CODE NOT BILLABLE BY HOME HEALTH AGENCY                       |
|                  |   |            |   | N95                             |            |                                   | 8S                        | DENIED - SERVICE NOT PAYABLE TO OPTOMETRIST WITH BILLED DIAGNOSIS           |
|                  |   |            |   |                                 |            |                                   | 1n                        | DENIED - PROC CODE NOT INCLUDED IN CRNA AGREEMENT                           |
|                  | B9                                      |            |   | N30                             |            |                                   | 80                        | DENIED - PROCEDURE CODE PAYABLE TO OPHTHALMOLOGIST ONLY                     |
|                  |   |            |   |                                 |            |                                   | 37                        | DENIED - MEMBER ELIGIBLE FOR HOSPICE SERVICES ONLY                          |
|                  |   |            |   |                                 |            |                                   |                           |   |
|                  |   |            |   |                                 |            |                                   |                           |   |
|                  |   |            |   |                                 |            |                                   |                           |   |
|                  |   |            |   |                                 |            |                                   |                           |   |

|    |   |
|----|---|
| EX | description   |
| CX | DENY-DATE OF SERVICE CAN NOT BE A FUTURE DATE                             |
| d1 | Payable - In-pt Deductible taken  |
| d2 | Co-insurance taken (\$248/day 61-90th day)                                |
| d3 | Co-insurance taken (\$429/day 91-150th day)                               |
| d4 | Medicare outpatient deductible taken                                      |
| If | DENIED - SERVICE BILLED IS NOT PAYABLE WITH AN INFERTILITY DIAGNOSIS      |
| IF | PROCESSED AS INFORMATIONAL ONLY   |
| PL | Paid - PA annual evaluation   |
| MC | Denied - Partnership Advantage Program not effective                      |
| MI | PAID - MEDICARE PAID INTEREST FOR LATE PAYMENT                            |
| r0 | APC processing successful   |
| r1 | APC - OCE Line item rejection   |
| r2 | APC - OCE Line item denial  |
| r3 | APC - OCE claim level suspension  |
| r4 | APC - OCE claim level "Return to provider" (RTP)                          |
| r5 | APC - OCE claim level rejection   |
| r6 | APC - OCE claim level denial  |
| rg | APC - generic pend  |
| rA | APC - Adjusted Claim with Paid Service Lines                              |
| rB | APC PRICER - INVALID UB-BILL TYPE   |
| rD | APC - Generic Deny  |
| rL | APC - Incorrect Coding of Lab Panel Components                            |
| rO | APC - Outlier amount included in Allowable                                |
| rP | APC - Package service   |
| rY | APC PRICING NOT YET PERFORMED   |
| rZ | APC - Ambulance Fee Schedule Item with no ZIP Code                        |
| 9t | Denied- Scvc not included in Capitation Agreement                         |
| 9a | PYMT REDUCED TO 0, MEDI-CAL MAX REIMB MAY NOT EXCEED MEDICARE PYMT        |
| 8M | DENIED - DIAGNOSIS INVALID-REQUIRES 6TH OR 7TH DIGIT                      |
| LA | PAID - BASED ON EXECUTED LOA  |
| To | PAYABLE - PROP 56 SERVICE   |
| UM | DENY-NDC UNITS OF MEASURE MISSING OR INVALID                              |
| XX | Pmnt Reduced By Interim Claim Pmnts                                       |
| Dn | DENIED - MISSING/INVALID NDC AND UNITS OF MEASURE                         |
| ic | Paid-Interest applied to Contracting Dept                                 |
| ip | Paid-Interest applied to PROV SRVCS Dept                                  |
| iH | Paid-Interest applied to HEALTH SRVCS Dept                                |
| im | Paid-Interest applied to MEMBER SRVCS Dept                                |
| iC | Paid-Interest applied to CLAIMS Dept                                      |
| cD | Paid-Interest applied to RETRO DHCS changes                               |
| ci | Paid-Interest applied to IT ERROR (not EDI)                               |
| cv | Paid-Interest applied to PHC VENDOR ERROR                                 |
| cR | Paid-Interest applied to Retro PHC Policy Change (approved by Executive)  |
| ce | Paid-Interest applied to EDI error  |
| cr | Paid-Interest applied to RETRO MEDI-CAL RATE updates                      |
| cC | Paid-Interest applied to CONFIG Dept                                      |
| Ce | Paid-Interest applied to RETRO PHC contract changes                       |
| We | ADJUSTMENT- WELLNESS & RECOVERY RETRO MBR ELIGIBILITY - MBR NOW ELIGIBLE" |