

# 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...	
	1						d1	Payable - In-pt deductible taken
							d4	Medicare outpatient deductible taken
	2			45			d2	Co-insurance taken (61-90th day)
							d3	Co-insurance taken (91-150th day)
							d5	Medicare co-insurance taken
	253						d6	MEDICARE PMT REDUCED BY 2%
	3						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
							8C	DENIED - INVALID MODIFIER FOR PROCEDURE
							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
	13			N30			3f	DENIED - DATE OF SVC AFTER DATE OF DEATH
	16			M119			8w	DENIED - NDC# IS MISSING OR INVALID
				M119			Du	DENY-PHYS ADMN DRUG-NDC MISSING OR INVALID
				M127			4a	DENIED - LIMITED BENEFITS-MED RECORDS NOT ATTACHED
				M23			5e	DENIED-INVOICE W/ ACTUAL COST REQ'D FOR PRICING
							FD	DENIED-NEED WRITTEN DENIAL FROM FAMILY PACT

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							FX	DENIED-INVOICE & JUSTIFICATION REQ'D FOR FIBERGLASS CASTING
							LE	DENIED - DRUG INVOICE NEEDED FOR UNLISTED INJECTION
							3H	DENY-IHS AMBULATORY SCVCS-MEMB NOT ELIGIBLE FOR OMB RATE
							PQ	DENIED - CLAIM DOES NOT MEET PA ANNUAL EVAL CRITERIA
				M52		M59	GL	DENY - FROM-THRU DATES REQUIRED FOR GLOBAL BILLING
				M53		N29	7Y	DENIED - PLUS UNITS NEED TO BE SUBMITTED
				M62			30	DENIED - UNAUTHORIZED SERVICE, NO TAR ON FILE
							70	DENIED - PHC HAS NO C.C.S. AUTH ON FILE
							71	DENIED - NO AUTHORIZATION FROM G.H.P.P.
							3T	DENIED - INP TAR REQ'D FOR HOSP STAY AND RELATED SVCS - NO TAR ON
							Y3	DENIED - NO CCS AUTH FOR SERVICE
				MA67			2S	ADJUSTMENT - TAR INVALID. SERVICE NOT AUTHORIZED BY PLAN
				M76			8a	DENIED - DIAGNOSIS REQUIRED FOR THIS SERVICE
				MA69			4p	DENIED - SURGICAL PROC CODE REQUIRED IN REMARKS AREA
							CD	DENIED - CERTIFICATION/STATEMENT NOT INCLUDED W/CLAIM
							RX	DENIED - PROCEDURE REQUIRES REMARK
				MA81			OP	DENY-ORIG SIGNATURE REQ'D, NO INITIALS OR STAMPS ACCEPTED
				N102			8B	DENIED - INFORMATION/DOCUMENTATION REQUESTED WAS NOT RECEIVE
				N706			4D	DENIED - DOCUMENTATION DOES NOT JUSTIFY PROC/MODIFIER BILLED
							MQ	DENIED - INCOMPLETE MEDICARE EOMB
							rZ	APC - Ambulance Fee Schedule Item with no ZIP Code
				N3		N228	8P	DENIED - CONSENT FORM MISSING/INCOMPLETE
				N34			1h	DENIED - INCORRECT CLAIM FORM/FORMAT FOR IHS-MOA SERVICES
				N706			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#
							8D	DENIED - MODIFIER REQUIRES REMARK
							9P	DENY- NO PRESCRIPTION ATTACHED
							GK	DENIED - INDICATE ACTUAL TIME SPENT WITH PATIENT
							LD	DENIED - BY REPORT PROCEDURE, NO REPORT ATTACHED
							MD	DENIED - MED REVIEW REQ'D ADDITIONAL DOCUMENTATION
							PI	DENIED - PRESCRIPTION NOT VALID, REQ'D INFO MISSING
							PV	DENIED - DATE OF SCVC FOR PRE-NATAL VISITS REQ'D
							SC	DENY-PT LIAB REQUIRE AN ENTRY "0" OR \$
							VB	DENIED-BOX 32 ON HCFA1500 NOT COMPLETED
				N706		M86	40	DENIED - MEDICAL JUSTIFICATION REQ'D FOR ANES & EVAL ON SAME DAY
				N56		N706	r4	APC - OCE claim level "Return to provider" (RTP)
							rD	APC - Generic Deny

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				N63			8V	DENIED - UA/UB MODIFIER MUST BE BILLED ON SEPARATE LINE W/QTY OF 1	
				MA04			56	DENIED-SERVICE DENIED BY MEDICARE- DROP TO PAPER WITH EOB	
	18			M13		N113	IM	DENIED - SERVICE LIMITED TO 1 PER 3 YEARS, SAME PROV	
							33	DENIED - THIS SERVICE IS AN EXACT DUPLICATE OF A PRIOR CLAIM	
					MA67			2a	ADJUSTMENT - DENIED, THIS IS A DUPLICATE CLAIM
								22	*ADJUSTMENT - DENY, TAKEBACK DUPLICATE PAYMENT
	23						9I	PAYMENT REDUCED TO 0, MEDI-CAL MAX REIMB MAY NOT EXCEED MEDICARE	
							9a	PYMT 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
								14	PAYABLE - PAID "0", OTHER INS PD MORE THAN MEDI-CAL ALLOWED
								1G	PAID - MEDICARE CROSSOVER TAPE-DED/CO-INS PAID
								1J	PAID "0", MCARE CROSSOVER, NO DED/CO-INS TO APPLY
								1H	PAYABLE - PAID "0", OTHER INS PD MORE THAN MEDI-CAL ALLOWED
								1A	PAYABLE - MEDICARE XOVER TAPE PAYMENT REDUCED
	24						3L	DENIED - CAP TO NORTHBAY NEONATOLOGY (707)429-6968	
							90	*DENIED - ALLERGY SERVICES CAPITATED TO PROV 1276 & 36579	
							9R	DENY-SCVC CAP'D TO COUNTY MENTAL HLTH (800)400-6001	
							9S	*DENIED - ALLERGY SERVICE WAS CAPITATED TO DR. FREINKEL	
							9T	*DENIED - SERVICE WAS CAPITATED TO DAMON/PCL LABS	
							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	
							9X	*DENIED - SERVICE WAS CAPITATED TO SUTTER MEDICAL GROUP	
							9Y	DENY-INPT HOSP SCVCS CAP'D TO NBMC (707)429-6753	
							9Z	*DENIED - SERVICE WAS CAPITATED TO NORTHBAY MEDICAL GROUP	
							9b	*DENIED - SERVICE WAS CAPITATED TO UNILAB	
							9c	*DENIED - VISION SERVICES CAPITATED TO BLOCK	
							9q	DENY-INPT HOSP SCVCS CAP'D TO QVH (707)252-4411 X2385	
							9r	**DENY-SCVC CAP TO SRMG (909)433-9155	
							9s	DENY-INPT HOSP SCVC CAP TO ST HELENA HOSP (707)963-6405	
							9w	**DENY-SCVC CAP'D TO WOODLAND MED GRP (916)851-2857	
							9y	DENY-SCVC CAP'D TO MOLINA MED CTR (877)665-4626	
							EN	DENY - ENT CAP'D SERVICE	
							Lm	ENCOUNTER DATA - MEMBER NO CAP'D TO KAISER @ TIME OF SERVICE	
							na	DENIED-ALLERGY SCVCS CAP'D TO DRS. FREINKEL/POSNER/REID	
							Pc	DENIED - SCVCS CAPPED THRU PCP	
							or	DENY-ORTHO SCVCS-CAP'D TO SRMG (909)433-9155	
						Sm	DENY-BILL CMSP SOLANO COUNTY MENTAL HLTH (800)5470495		

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				M62			6X	* DENIED - NOT APPROVED BY CAPITATED HOSPITAL - KAISER
							9A	DENY - NOT APPROVED BY CAP'D HOSP - MARIN GEN
							9M	DENY-NOT APPROVED BY CAP'D HOSP (NBMC) (707)429-6753
							9N	DENY-NOT APPROVED BY CAP'D HOSP (SSMC) (707)554-5059
							9d	DENIED - NOT APPROVED BY CAPITATED HOSPITAL - QUEEN OF THE VALLEY
							9e	DENIED - NOT APPROVED BY CAPITATED HOSPITAL (ST. HELENA)
							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
	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
							Lk	PAYABLE - CAPITATED PROCEDURE PAID AT "0" LTC/ KAISER
							MK	PAYABLE - CAPITATED PROCEDURE PAID AT "0" MH/KAISER
							Os	PAYABLE - CAPITATED ORTHO SCVC PAID AT "0"
				45			1Z	*PAYABLE - SERVICE PAID WITHOUT CAPITATED PROVIDER AUTHORIZATION
							1d	PAYABLE - CAPITATED PROCEDURE \$5.00 COPAY TAKEN
	97						SE	DENIED - PAYMENT INCLUDED IN SETTLEMENT
	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
	243						3M	DENIED - CHDP/PREVENTIVE SERVICES NOT DONE BY PCP
							OB	DENIED-ROUTINE OB SVCS NOT PAYABLE TO NON-CONTRACTING PROV'S
				M62			35	DENIED - UNAUTHORIZED SVC, NO RAF ON FILE FOR DATE OF SERVICE
							YD	DENY-SCVC PAYABLE ONLY TO PREFERRED PROVIDERS
							YE	DENY-SCVC PAYABLE TO PHC CONTRACTED PHARMACT PROVIDER ONLY
							RL	PAID - WITHOUT RAF ON FILE, LETTER SENT
	39			M62			3J	DENIED-RAF/TAR INVALID, SCVC NOT AUTHORIZED BY PLAN
	40						EU	PAYABLE - DOWN CODED ER TO URGENT CARE
							P1	PAYABLE - DOWN CODE TO TRIAGE
	45			M7			RP	DENIED - RENTAL PAYMENT EQUALS OR EXCEEDS PURCHASE PRICE
							YR	DENY - RENTAL PRICE EXCEEDED PURCHASE PRICE
				MA106			1D	PAYABLE - AT PIP ALLOWED PERCENTAGE RATE
							D1	PAID-AT PIP ALLOWED % RATE - CMSP REDUCTION CUTBACK

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				MA23			10	PAYABLE - PROCEDURE PAYABLE PER MEDICAL REVIEW
							1e	* PAYABLE - MEETS ER CRITERIA, PAY ALL LINES
				MA67			2K	ADJUSTMENT - CLAIM ORIGINALLY DENIED, CCS APPROVED SERVICE
							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
							10	PAYABLE - PAID AT MEDI-CAL MAXIMUM ALLOWABLE
							To	PAYABLE - PROP 56 SERVICE
							DP	PAID - DUPLICATE PAYMENT JUSTIFIED
							1M	*PAYABLE - PAID AT CONTRACTED PER DIEM RATE
							1T	PAID AT 0 - MAXIMUM ALLOWABLE HAS BEEN PAID
							1l	PAYABLE - LTC
							MP	PAID IN ACCORDANCE W/ COMPARATIVE PRICING METHODOLOGY
							ap	PAID - ACUPUNCTURE - OPTIONAL SCVC
							av	PAID - AUDIOLOGY - OPTIONAL SCVC
							C2	PAID AT CONTRACTED RATE OF MEDICARE FEE SCHEDULE
							CB	PAID LESS 10% DUE TO CMSP CUTBACK
							C0	DENY - PAYMENT IS LIMITED TO CONTRACTED RATE.
							cu	PAID - CHIROPRACTIC - OPTIONAL SCVC
							cz	PAID - INT CREAMS/ WASHES - OPTIONAL SCVC
							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
							0L	PAID - LTC PER DIEM RATE WITH 2% WITHHOLD
							S3	PAID - Sutter Project - Phase 1
							SF	PAID - SUTTER PROJECT - PHASE 2
				N45			LA	PAID - BASED ON EXECUTED LOA
	45						PL	PAID - PA ANNUAL EVALUATION
							pe	PAID - PODIATRY - OPTIONAL SCVC
							ps	Paid at post stabilization rate
							pz	PAID - PSYCHOLOGY - OPTIONAL SCVC
							RA	PAID - BASED UPON ROGERS AMENDMENT
							RC	PAY-MEETS BCCTP CRITERIA-ALL LINES PAYABLE
							r0	APC processing successful
							rO	APC - Outlier amount included in Allowable
							SI	PAID - SCVC LIMITS APPLY - PYMT BASED MAXIMUM # OF UNITS
							sz	PAID - SPEECH THERAPY - OPTIONAL SCVC

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							tg	PAYABLE - PAID AT MAXIMUM ALLOWABLE
							UR	PAYABLE - URGENT CARE FEES
							vn	PAID - VISION - OPTIONAL SCVC
							aB	PAID AT 1.5 FACTOR
				N189			SD	PAY - SPECIAL ONE TIME DECISION TO PAY
				N663			1t	PAY - TRAUMA ADD ON ADDED TO Z7502
				N661			xx	PAYABLE - DOCS SUBMITTED DOES NOT SUPPORT MODIFIER ENHANCEMENT
	66						r7	Denied - Blood Deductible
	50						42	DENIED - PAYMENT DENIED PER MEDICAL REVIEW
							GZ	DENIED - PROVIDER/ SUPPLIER LIABLE
							DJ	DENIED - MEDICAL TRANSPORTATION DOES NOT MEET MEDICAL CRITERIA
	225						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
				N656			MI	PAID - MEDICARE PAID INTEREST FOR LATE PAYMENT
	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
							In	DENIED - CONTACT WELFARE AGENCY
							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
							np	DENIED - NOT A BENEFIT
							pc	DENIED - POSSIBLE CCS SERVICE
							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

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						N687	2i	ADJUSTMENT - RETRO MBR ELIGIBILITY - NO LONGER ELIGIBLE		
	97			M2			07	PAYABLE - INPATIENT HOSPITAL ANCILLARY		
								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
									O1	DENIED - 59400 & 59409 NOT PAYABLE ON SAME DAY
									O2	DENIED - 59510 & 59514 NOT PAYABLE ON SAME DAY
									Md	DENIED-ESRD MONTHLY/DAILY CODE PREVIOUSLY PAID
									PN	DENIED - X6772 PREV PD FOR SAME DOS--BENEFITS NOT PAYABLE
									PZ	DENIED - BOTH H1003 & Z1038 NOT PAYABLE FOR SAME PREGNANCY, ANY
									Pn	DENIED - X7940 PREV PD ON SAME DOS--BENEFITS NOT PAYABLE
									SQ	DENIED - SCVCS INCLUDED IN MEDICAL SCREENING
									Tb	DENIED - 80100-80102 NOT REIMBURSABLE TO OUTPATIENT HEROIN DETOX
									Vv	DENIED-X7106 & X7934 BOTH NOT REIMB ANY PROVIDER
									cx	DENIED - Z7500 NOT PAYABLE W/ Z1036 OR Z6200-Z6500
								Is	DENIED-X8170 NOT PD IF L0500-L0565 PAID WITHIN LAST YR	
								rP	APC - Package service	
					M97			5S	DENIED - LAB FOR HEROIN DETOX PD TO DETOX CENTER	
								5X	DENIED LAB FOR ESRD DONE IN DIALYSIS CTR ONLY PAYABLE TO CENTER	
					MA67		M80	2I	ADJUSTMENT - PAID IN ERROR, SVC INCLUDED IN OTHER PAID PROC	
										IL
									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.		
							9H	*DENIED-SCVC NOT COVERED BY PHC-BILL EDS FOR SCVC		
							9f	DENIED-CLAIM NOT COVERED UNDER THIS PROGRAM-FORWARD TO CCS		
							9h	*DENIED - SERVICE NOT COVERED BY SPH - BILL MEDIMPACT FOR SERVICE		
							AF	BILL AFP PROGRAM		
							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		

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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>	
							GH	DENY - BILL GHPP FOR PAYMENT
							HH	DENIED - HEALTHY FAMLIES PROGRAM NOT EFFECTIVE
							HK	DENIED - HEALTHY KIDS PROGRAM NOT EFFECTIVE
							MC	DENIED - PARTNERSHIP ADVANTAGE PROGRAM NOT EFFECTIVE
							QH	DENY-SCVC INCL IN HALDERMAN CONTRACT-BILL HALDERMAN
							UB	DENY-RESPONSIBILITY FOR PYMT IS W/ UBH (800)557-5745
							VA	DENIED-SCVCS PROVIDED WITHIN VETERANS FAC NOT PHC RESPONSIBILITY
							mA	Denied - Bill Lassen County Mental Health
							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.
							R9	DENIED - BILL SOLANO COUNTY MENTAL HEALTH
							sd	DENY - SCVC PROVIDED W/IN SONOMA DEVELOPMENT CTR - NOT PHC
							BA	DENY - RESPONSIBILITY FOR PYMT IS W/BEACON
				MA04			58	DENIED - MEMBER NOT ELIGIBLE W/OUT PAY/DENY FROM PHP/HMO
				MA04			60	DENIED - MEMBER NOT ELIGIBLE WITHOUT PAY/DENY FROM CHAMPUS
				MA04			61	DENIED - MEMBER NOT ELIGIBLE WITHOUT PAY/DENY FROM KAISER
				MA04			62	DENIED - MEMBER NOT ELIGIBLE WITHOUT PAY/DENY FROM ROSS-LOOS
				MA04			63	DENIED - MEMBER NOT ELIGIBLE W/OUT PAY/DENY FROM BLUE SHIELD
				MA04			64	DENIED - MEMB NOT ELIGIBLE W/OUT PAY/DENY FROM BLUE CROSS(N)
				MA04			65	DENIED - MEMB NOT ELIGIBLE W/OUT PAY/DENY FROM BLUE CROSS(S)
				MA04			66	DENIED - MEDI-CAL BENEFITS CAN'T BE PAID W/O PROOF OF MEDICARE
				MA04			69	DENIED - MEMBER NOT ELIGIBLE W/OUT PAY/DENY FROM FST FARWEST
				MA04			6B	DENIED - OTHER INSURANCE - TRAVELERS
				MA04			6C	DENIED - OTHER INSURANCE - CONNECTICUT GENERAL
				MA04			6D	DENIED - OTHER INSURANCE - MEDICARE & ALTA HEALTH
				MA04			6E	DENIED - OTHER INSURANCE - MEDICARE & MUTUAL OF OMAHA
				MA04			6F	DENIED - OTHER INSURANCE - MEDICARE & TRAVELERS
				MA04			6G	DENIED - OTHER INSURANCE - MEDICARE & CONNECTICUT GENERAL
				MA04			6H	DENIED - OTHER INSURANCE - MEDICARE & EQUICOR/EQUITABLE



**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>	
							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
	109			MA04			6Z	DENIED - OTHER COVERAGE - UNKNOWN OR VARIABLE COVERAGE
							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
							9B	DENIED - OTHER INSURANCE - BLUE CROSS(SOUTH) & MEDICARE
							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						1s	DENY - OUTPT SUBSTANCE ABUSE 20/YR - EXCEEDED
							3c	DENIED - PROCEDURE LIMITED TO 1 PER 25 DAYS
							3d	DENIED - SERVICE LIMITED TO 100 PER BENEFIT YEAR
							5a	DENIED - SERVICE LIMITED TO QTY OF 2 PER 3 WEEKS
							5b	DENIED - SERVICE LIMITED TO 2 PER 9 MONTHS, ANY PROVIDER
							6a	DENIED - SERVICE LIMITED TO 12 PER YEAR, ANY PROVIDER
							6b	SERVICE LIMITED TO 14 PER YEAR, ANY PROVIDER
							6c	DENIED - SERVICE LIMITED TO 2 PER 25 DAYS
							6y	DENY - SERVICE LIMITED TO 1 PER 7 DAYS, ANY 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>	
							6z	DENIED - SERVICE LIMITED TO QTY OF 16 PER DAY, ANY PROVIDER
							72	DENIED - SERVICE LIMITED TO 1 PER MONTH, ANY PROVIDER
							73	DENIED - SERVICE LIMITED TO 2 PER MONTH, ANY PROVIDER
							74	DENIED - SERVICE LIMITED TO 1 PER 6 MONTHS, ANY PROVIDER
							75	DENIED - SERVICE LIMITED TO 1 PER 11 MONTHS, ANY PROVIDER
							78	DENIED - SERVICE LIMITED TO 1 PER MONTH, SAME PROVIDER
							79	DENIED - SERVICE LIMITED TO 2 PER MONTH, SAME PROVIDER
							7A	DENIED - SERVICE LIMITED TO 5 PER MONTH, SAME PROVIDER
							7B	DENIED - SERVICE LIMITED TO 1 PER 2 MONTHS, SAME PROVIDER
							7C	DENIED - SERVICE LIMITED TO 1 PER 3 MONTHS, SAME PROVIDER
							7D	DENIED - SERVICE LIMITED TO 1 PER 6 MONTHS, SAME PROVIDER
							7E	DENIED - SERVICE LIMITED TO 4 PER 6 MONTHS, SAME PROVIDER
							7F	DENIED - SERVICE LIMITED TO 10 PER 9 MONTHS, ANY PROVIDER
							7G	DENIED - SERVICE LIMITED TO 1 PER 11 MONTHS, SAME PROVIDER
							7H	DENIED - SERVICE LIMITED TO 2 PER 11 MONTHS, SAME PROVIDER
							7I	DENIED - SERVICE LIMITED TO 9 PER 11 MONTHS, SAME PROVIDER
							7K	DENIED - SERVICE LIMITED TO 2 PER YEAR, SAME PROVIDER
							7L	DENIED - SERVICE LIMITED TO 3 PER YEAR, SAME PROVIDER
							7N	DENIED - SERVICE LIMIT - INPATIENT VISIT 2 PER NEWBORN
							7P	DENIED - SERVICE LIMIT - 8 PER 120 DAYS, TAR REQUIRED
							7T	DENIED - SERVICE LIMITED TO 8 PER 9 MONTHS, ANY PROVIDER
							7V	DENIED - SERVICE LIMITED TO 1 PER 9 MONTHS (ROLLING)
							7Z	DENIED - SERVICE LIMITED TO 12 PER 6 MONTHS
							7a	DENIED - SERVICE LIMITED TO 3 PER YEAR, ANY PROVIDER
							7b	DENIED - SERVICE LIMITED TO 8 PER 9 MONTHS, ANY PROVIDER
							7c	DENIED - SERVICE LIMITED TO 10 PER 9 MONTHS, SAME PROVIDER
							7d	DENIED - SERVICE IS LIMITED TO 10 PER 4 MONTHS, SAME PROVIDER
							7e	DENIED - SERVICE LIMITED TO 1 PER TWO YEARS, ANY PROVIDER
							7f	DENIED - SERVICE LMTD TO 1/3 YEARS, ANY PROVIDER
							7g	DENIED - SERVICE LIMITED TO 12 PER MONTH, SAME PROVIDER
							7h	DENIED - SERVICE LIMITED TO 2 PER YEAR, ANY PROVIDER
							7i	DENIED - SERVICE LIMITED TO 3 PER DAY
							7j	DENIED - SERVICE LIMITED TO 7 IN 7 DAYS
							7k	DENIED - LMTD TO 6 PER DAY, ANY 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 LIMITED TO 1 PER WEEK, DAYS 8 TO 21 OF TREATMENT
							7o	DENIED - SERVICE LIMITED TO 1 PER 3 MONTHS, ANY PROVIDER
	119						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

**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>	
							7s	DENIED - SERVICE LIMITED TO 180 MINUTES IN EXCESS OF FIRST 15
							7t	DENIED - LIMITED TO 23 PER DAY
							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 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
							8z	DENIED - SERVICE LIMITED TO 1 PER 5 WEEKS (35 DAYS)
							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
							GN	DENIED - SERVICE LIMITED TO 8 PER YEAR, ANY PROVIDER
							I3	DENIED - SERVICE LIMITED TO 3 PER 6 MONTHS
							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
							ZX	DENIED - SERVICE LIMITED TO 1 PER 80 DAYS, ANY PROVIDER

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...	
							Z7	DENIED - EXCEEDS 48 HOURS OBSERVATION
							aa	DENIED-00946/00955/00850/00857 LMTD TO 1/DAY,ANY PROVIDER
							ar	DENIED - LIMITED TO 1 ARTHROSCOPY PER DAY
							dp	DENIED - DEPO-PROVERA LMTD TO 1/80 DAYS, SAME PROV
							I3	DENIED - SERVICE LMTD TO 3 PER LIFETIME
							I4	DENIED - LIMITED 2 PER LIFETIME
				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
							Di	PAID - DOWNCODED TO 99251
							52	DENIED - LTC BEDHOLD LIMITED TO 7 DAYS
				N43			5Y	DENIED - PROVIDER EXCEEDED MAXIMUM BEDHOLD DAYS
	16			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
							29	ADJUSTMENT - RETURNED PROVIDER CHECK
							2b	ADJUSTMENT - RETROACTIVE CONTRACT - NO ADDITIONAL PAYMENT
							2B	ADJUSTMENT - CLAIM ORIGINALLY DENIED-POE RECEIVED/MEMBER NOW
							2C	ADJUSTMENT - LATE BILLING JUSTIFIED
							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
							2O	ADJUSTMENT - PYMT IS THE RESPONSIBILITY OF ANOTHER PAYOR
							2P	ADJUSTMENT - PAYMENT UPHELD BY MEDICAL REVIEW
							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
							2c	ADJUSTMENT - COUNT/QUANTITY MODIFIED
							2e	ADJUSTMENT - CLAIM EXCEEDED TAR LIMITS, TAR ADJUSTED
							2n	ADJUSTMENT - INTERNAL PROCESSING ERROR - NET
							2p	ADJUSTMENT - INTERNAL PROCESSING ERROR - Echdp
							FI	STAT - ADJUSTMENT - PHC FINANCE INITIATED
							rA	APC - Adjusted Claim with Paid Service Lines
							AL	ADJUSTMENT/ADDED LINE
				MA67		MA23	2d	ADJUSTMENT - TAR ENTERED INCORRECTLY OR CHANGED RETROACTIVELY

**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...	
				MA67		MA91	2G	ADJUSTMENT - PAYMENT ADJUSTED BY CLAIM CIF/APEAL
				MA67		N11	2A	ADJUSTMENT - CLAIM ORIGINALLY DENIED-ADJUSTED PER MED REVIEW
				MA67			2J	ADJUSTMENT - CLAIM ORIGINALLY DENIED, AUTHORIZATION NOW ON FILE
						N144	23	ADJUSTMENT - RETROACTIVE RATE CHANGE
							02	PAYABLE - TRIAGE FEE
							06	PAYABLE - PAID HOSPITAL PER DIEM RATE
							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
							1V	PAYABLE - PAID AT CONTRACTED CASE RATE
				N141			1b	PAYABLE - LTC BEDHOLD PAYABLE
	128						om	DENY-SCVC PAYABLE UNDER MOM'S #
				M80			1N	DENY - SERVICES PAID ON MOM'S CLAIM/INITIAL HOME HEALTH VISIT
							1L	PAYABLE - PAID ON MOM'S CLAIM AS PART OF COMMON DAY PER DIEM
	131						1I	PAYABLE - PAID AT MULTIPLAN DISCOUNT RATE
	141			N30			3Q	DENIED - MEMBER IS NOT ELIGIBLE FOR ENTIRE DATE SPAN - SPLIT BILL
	142			MA67			2F	ADJUSTMENT - MODIFICATION TO SHARE OF COST
				N45			15	PAYABLE - PMT REDUCED DUE TO PATIENT'S SHARE OF COST
	146			M76			8J	DENIED - DIAGNOSIS INVALID-REQUIRES 4TH OR 5TH DIGIT
							8M	DENIED - DIAGNOSIS INVALID-REQUIRES 6TH OR 7TH DIGIT
							I0	DENIED - DIAGNOSIS INVALID FOR THE DATE(S) OF SERVICE REPORTED
							I9	DENIED - DIAGNOSIS INVALID FOR THE DATE(S) OF SERVICE REPORTED
	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
	150						4R	DENIED - DENIAL UPHeld PER MEDICAL RE-REVIEW
				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
				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
							1E	PAYABLE - PAYMENT REDUCED BASED ON DOCUMENTATION SUBMITTED
							dc	PAID - Service Downcoded for Procedure Limitations
							LR	PAID - VISIT DOWNCODED TO 99201
							Ur	PAID AS MEDICAL SCREENING, MEMBER LMTD BY AID CODE
							h1	PAID - CH01A1 DOWNCODED TO CH01B1
							h2	PAID - DOWNCODED CH01A2 TO CH01B2

**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...	
							h3	PAID - DOWNCODED CH01A3 TO CH01B3
							h4	PAID - DOWNCODED CH01A4 TO CH01B4
							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
				N22			P2	PAYABLE - DOWN CODE TO OFFICE VISIT
	151						FT	DENIED - DOCUMENTATION DOES NOT JUSTIFY COUNT BILLED
				M86			CN	PAYABLE - DOWNCODED TO 99241
							di	DENIED - INVALID DIAGNOSIS
				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
				N569			If	DENIED - SERVICE BILLED IS NOT PAYABLE WITH AN INFERTILITY DIAGNOSIS
				N30			3N	DENIED - DIAGNOSIS NOT PAYABLE FOR RESTRICTED MEMBER
	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
	182						8Z	DENIED - MODIFIER WAS INVALID ON THE DATE OF SERVICE
	185			N256			41	DENIED - PROVIDER NUMBER INELIGIBLE OR INVALID
							4A	DENIED - PROVIDER NOT ELIGIBLE TO USE PROCEDURE BILLED
							5d	DENIED - MODIFIER ZQ NOT PAYABLE TO ANESTHESIOLOGISTS OR ASST
	A1						GX	DENY - DATE OF GESTATION OVER 49 DAYS
				MA18			HD	DENIED - FORWARDED TO DELTA DENTAL FOR PROCESSING
							HV	DENIED - FORWARDED TO VSP FOR PROCESSING
							Hm	DENIED - FORWARDED TO UBH FOR PROCESSING
							nh	DENIED - SERVICE PAID BY ANOTHER INSURANCE CARRIER
							8b	DENIED - MODIFIER BILLABLE FOR ELECT MCARE CROSSOVER CLAIMS ONLY
				M76			8u	DENIED - MODIFIER INVALID FOR DIAGNOSIS BILLED
							CI	DENIED - DX MUST INCLUDE 363.00-363.35 & 042
				M79			ZH	DENIED-PROCEDURE CODE SUBMITTED WITH "ZERO" CHARGES
				M112		N256	4W	DENIED - RENDERING PROVIDER MUST BILL USING GROUP PROVIDER
				MA67			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
							8A	DENIED - PER PROVIDER, DELETE SERVICE LINE

**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...	
				MA66			Ic	DENIED - INVALID CODE FOR INPT SURGICAL PROCEDURE
				MA67		M62	2V	ADJUSTMENT - DENIAL UPHELD, UNAUTHORIZED SERVICE
				M86			Gp	INFO ONLY - PRE-PAID BLOCK GRANT CLAIM PROGRAM
				N54			HI	DENIED - MEMBER IS CONFINED (IN-PT) AT TIME OF SERVICE
				N173		N29	C8	DENY - EMERGENCY HOSPITAL BILL NEVER RECEIVED
				N180			9L	DENIED - PROCEDURE IS NOT A FAMILY PLANNING PROCEDURE
							Ab	DENIED-SVC NOT PAYABLE, PROV DID NOT PERFORM ABORTION
							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
							X2	DENIED - X0006 MUST BE BILLED IN CONJUNCTION W/X0002
							ab	DENIED - SVC NOT PERFORMED WITHIN 5 DAYS
				N26			IS	DENIED-ITEMIZED CLAIM REQUIRED-ITEMIZED NOT SUBMITTED
				N29			D3	DENIED - OUTCOME OF DELIVERY REQ'D AS ONE OF THE DIAG BILLED
				N285			RK	DENY - REFERRING MD NOT PRESENT IN BOX 17A OF HCFA 1500
				N34			39	DENIED - RE-BILL UNDER CHDP PM160 INFO ONLY FORM
							HN	DENIED - CHDP SCVCS NOT COVERED UNDER HEALTHY KIDS PROGRAM
				N36			5Z	DENIED - PHC NOT RESPONSIBLE WHEN PRIMARY INSURANCE NOT USED
							6W	DENIED - PHC NOT RESP WHEN KAISER COV NOT USED
				N4			6A	DENIED - DENIAL LETTER FROM OTHER INSURANCE NOT VALID
				N48			3K	DENY - MUST BILL MEDI-CAL AMOUNT BILLED TO MEDI-CARE
							89	DENIED - MEDICARE/OTHER INS E.O.B DOES NOT MATCH CLAIM
				N50			8W	DENIED - LTC DISCHARGE STATUS INCONSISTENT WITH ACCOMODATION
				N50			8U	DENIED - DISCHARGE STATUS CODE NOT VALID
				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
				N95			MB	DENIED - NON-SPECIALTY SVC-BILL UNDER NON-SPECIALITY AFFIL
	B4						LS	PAID - LATE SUBMISSION, 10% PENALTY APPLIED
							1B	PAYABLE - PAID AT 75% ALLOWED AMOUNT
							1C	PAYABLE - PAID AT 50% ALLOWED AMOUNT
							IB	PAID WITH 25% LATE PENALTY FEE
							IC	PAID WITH 50% LATE PENALTY FEE
	B7			M76			8S	DENIED - SERVICE NOT PAYABLE TO OPTOMETRIST WITH BILLED DIAGNOSIS
							4X	DENIED - PROVIDER NOT CERTIFIED TO PERFORM PROCEDURE
							4Z	DENIED - CPSP CERTIFICATION REQUIRED FOR MODIFIER
							xH	DENIED - PROC CODE NOT BILLABLE BY HOME HEALTH AGENCY
							hh	DENIED - CODE BILLABLE ONLY BY HOME HEALTH AGENCY
				N95			1n	DENIED - PROC CODE NOT INCLUDED IN CRNA AGREEMENT
							8O	DENIED - PROCEDURE CODE PAYABLE TO OPHTHALMOLOGIST 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...	
	B9			N30			37	DENIED - MEMBER ELIGIBLE FOR HOSPICE SERVICES ONLY
	B10			M15			BD	Paid - Bld Scvcs/ Test bundled. Part of panel. Pymt reduced or not allowed.
	B14						70	DENIED - SERVICE LIMITED TO 1 PER DAY, SAME PROVIDER
							7S	DENIED - SERVICE LIMITED TO 1 PER DAY, ANY PROVIDER
	B15			N180			D5	Denied - Transportation mileage billed with invalid transport type
							D6	DENIED - NOT PAYABLE IF PRIMARY CODE NOT BILLED SAME DOS/PROV
	181			M51			87	DENIED - PROCEDURE CODE MISSING OR INVALID
				N56			59	DENIED - PROCEDURE MUST BE BILLED UNDER CORRECT/LISTED CODE
							5U	*DENIED - PROCEDURE CODE X2974 REPLACED WITH E0442 - REBILL
							88	*DENIED - PROC NOT VALID ON DOS - RESUBMIT VALID CODE
							I1	DENIED - REBILL WITH CORRECT CODE (0121)
							I2	DENIED - REBILL WITH CORRECT CODE (0131)
							r1	APC - OCE Line item rejection
							r2	APC - OCE Line item denial
							R2	DENY-IHS Medicare member; Rebill w/correct IHS X-over code
							r5	APC - OCE claim level rejection
							r6	APC - OCE claim level denial
							rL	APC - Incorrect Coding of Lab Panel Components
							WV	DENIED - PROC NOT VALID ON DOS - RESUBMIT VALID CODE
				N56		N29	4q	DENIED - SUBMITTED SURGICAL CODE NOT VALID
				N29			hB	DENIED - REBILL USING CPT CODE X6279
	B20						48	DENIED - SAME SERVICE PREVIOUSLT PAID TO ANOTHER PROV. DOC IS
	233						pp	PAID AT ZERO - RELATED TO PROVIDER-PREVENTABLE CONDITION [PPC]
				N381			ME	DENIED - Bill Med-Impact
				N74			5m	DENIED - CLAIM CANNOT BE BILLED ACROSS MONTH(S)-NEED TO SPLIT BILL
				N61			5o	DENIED - DRG ADMIN DAYS BILL SEPARATE FROM ACUTE DAYS
	284			M62			3F	DENIED - AUTHORIZATION LIMITS ALREADY REACHED
							84	DENIED - SERV DATES ON AUTH DO NOT MATCH SERV DATES ON CLAIM
				N45		N22	1F	PAYABLE- ACCOMMODATION CODE CORRECTED AND PAID BASED ON
				N54		N188	3E	DENIED - PROCEDURE/DRUG CODE DOES NOT CORRESPOND TO THE TAR
	296			N54			3D	DENIED - TAR OR RAF SUBMITTED IS NOT FOR THIS MEMBER/PROVIDE
				N260			OI	PYMNT INCL IN IHS PER VISIT RATE



EX	description
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
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
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