



Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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 up 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 Partnership EX Code(s). If a claim has multiple Partnership 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

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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...								
	10						5E	DENIED - DIAGNOSIS INVALID FOR MEMBER'S SEX							
	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							
							MA04			56	DENIED-SERVICE DENIED BY MEDICARE- DROP TO PAPER WITH EOB				
							MA112		N256	4W	DENIED - RENDERING PROVIDER MUST BILL USING GROUP PROVIDER				
							MA66			Ic	DENIED - INVALID CODE FOR INPT SURGICAL PROCEDURE				
							MA67				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			
							MA69				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			
							MA81				OP	DENY-ORIG SIGNATURE REQ'D, NO INITIALS OR STAMPS ACCEPTED			
							M119						8w	DENIED - NDC# IS MISSING OR INVALID	
													Du	DENY-PHYS ADMN DRUG-NDC MISSING OR INVALID	
												N816	Dn	DENIED-MISSING/INVALID NDC AND NDC UNITS OF MEASURE	
							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
				M45			OC	DENIED - MISSING/INCOMPLETE/INVALID OCCURRENCE CODE							
							R7	DENIED - Missing, Incomplete, or Invalid Value Codes or Amounts							
							VC	DENIED - LTC CLAIM MISSING VALUE CODE 24							
							M52		M59	GL	DENY - FROM-THRU DATES REQUIRED FOR GLOBAL BILLING				
							M53		N706	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							

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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...	
				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
				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
				N657		N808	VR	DENIED - INVALID REVENUE CODE AND/OR VALUE CODE AMOUNT FOR THIS FACILITY TYPE / NO FEE SCHEDULE
				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

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							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
							1J	PAID "0", MCARE CROSSOVER, NO DED/CO-INS TO APPLY
	24						11	PAYABLE - CAPITATED PROCEDURE PAID AT "0"
	24						12	PAYABLE - ENCOUNTERS PAYABLE AT "0"
	24						17	PAYABLE - CAPITATED TO RCHN PAID AT "0"
	24						51	PAYABLE - CAPITATED TO CHRN - PAID AT "0"
	24						1X	*PAYABLE - PAID PER CAPITATED PROVIDER AUTHORIZATION AND APPROVAL
	24						3L	DENIED - CAP TO NORTHBAY NEONATOLOGY (707)429-6968
	24						9b	*DENIED - SERVICE WAS CAPITATED TO UNILAB
	24						9c	*DENIED - VISION SERVICES CAPITATED TO BLOCK
	24						9O	*DENIED - ALLERGY SERVICES CAPITATED TO PROV 1276 & 36579
	24						9q	DENY-INPT HOSP SCVCS CAP'D TO QVH (707)252-4411 X2385
	24						9R	DENY-SCVC CAP'D TO COUNTY MENTAL HLTH (800)400-6001
	24						9r	**DENY-SCVC CAP TO SRMG (909)433-9155
	24						9S	*DENIED - ALLERGY SERVICE WAS CAPITATED TO DR. FREINKEL
	24						9s	DENY-INPT HOSP SCVC CAP TO ST HELENA HOSP (707)963-6405
	24						9T	*DENIED - SERVICE WAS CAPITATED TO DAMON/PCL LABS
	24						9t	DENIED - SCVC NOT INCLUDED IN CAPIATATION AGREEMENT
	24						9U	DENY-VISION SCVCS CAP'D TO VSP (800)438-4560
	24						9V	DENY-SERVICE CAP'D TO KAISER (707)651-3530
	24						9W	*DENIED - SERVICE WAS CAPITATED TO SUTTER HOSPITAL
	24						9w	**DENY-SCVC CAP'D TO WOODLAND MED GRP (916)851-2857
	24						9X	*DENIED - SERVICE WAS CAPITATED TO SUTTER MEDICAL GROUP
	24						9Y	DENY-INPT HOSP SCVCS CAP'D TO NBMC (707)429-6753
	24						9y	DENY-SCVC CAP'D TO MOLINA MED CTR (877)665-4626
	24						9Z	*DENIED - SERVICE WAS CAPITATED TO NORTHBAY MEDICAL GROUP
	24						EN	DENY - ENT CAP'D SERVICE
	24						Lk	PAYABLE - CAPITATED PROCEDURE PAID AT "0" LTC/ KAISER
	24						Lm	ENCOUNTER DATA - MEMBER NO CAP'D TO KAISER @ TIME OF SERVICE
	24						MK	PAYABLE - CAPITATED PROCEDURE PAID AT "0" MH/KAISER
	24						na	DENIED-ALLERGY SCVCS CAP'D TO DRS. FREINKEL/POSNER/REID
	24						or	DENY-ORTHO SCVCS-CAP'D TO SRMG (909)433-9155
	24						Os	PAYABLE - CAPITATED ORTHO SCVC PAID AT "0"
	24						Pc	DENIED - SCVCS CAPPED THRU PCP
	24						Sm	DENY-BILL CMSP SOLANO COUNTY MENTAL HLTH (800)5470495

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							wa
	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)		
				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		
				01	GENETICALLY HANDICAPPED PERSON (GHPP) APPROVED		
	45			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		
				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		

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							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
							tr	PAID - TRIBAL APM
							UR	PAYABLE - URGENT CARE FEES
							vn	PAID - VISION - OPTIONAL SCVC
				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
							1O	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
							2b	ADJUSTMENT - RETROACTIVE CONTRACT - NO ADDITIONAL PAYMENT
							2B	ADJUSTMENT - CLAIM ORIGINALLY DENIED-POE RECEIVED/MEMBER NOW ELIGIBLE
							2C	ADJUSTMENT - LATE BILLING JUSTIFIED
							2c	ADJUSTMENT - COUNT/QUANTITY MODIFIED

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							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
							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 CODE
							We	ADJUSTMENT- WELLNESS & RECOVERY RETRO MBR ELIGIBILITY - MBR NOW ELIGIBLE"
						MA23	2d	ADJUSTMENT - TAR ENTERED INCORRECTLY OR CHANGED RETROACTIVELY
						MA91	2G	ADJUSTMENT - PAYMENT ADJUSTED BY CLAIM CIF/APPEAL
							DH	ADJUSTMENT - PAYMENT WELLNESS & RECOVERY SHORT DOYLE
						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

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							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
							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
	97						SE	DENIED - PAYMENT INCLUDED IN SETTLEMENT
				MA67		M80	2I	ADJUSTMENT - PAID IN ERROR, SVC INCLUDED IN OTHER PAID PROC
				M2			07	PAYABLE - INPATIENT HOSPITAL ANCILLARY
							08	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

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
							cx	DENIED - Z7500 NOT PAYABLE W/ Z1036 OR Z6200-Z6500
							ls	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
							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 MAGELLAN 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 FAMILIES 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

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
							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
							pc	DENIED - POSSIBLE CCS SERVICE
							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
				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			90	DENIED - OTHER INSURANCE - CHAMPUS
				MA04			91	DENIED - OTHER INSURANCE - CHAMPUS & MEDICARE
				MA04			92	DENIED - OTHER INSURANCE - KAISER
				MA04			93	DENIED - OTHER INSURANCE - KAISER & MEDICARE
				MA04			94	DENIED - OTHER INSURANCE - BILL PRIMARY CARRIER
				MA04			96	DENIED - OTHER INSURANCE - BLUE SHIELD
				MA04			97	DENIED - OTHER INSURANCE - BLUE SHIELD & MEDICARE
				MA04			98	DENIED - OTHER INSURANCE - BLUE CROSS(NORTH)
				MA04			99	DENIED - OTHER INSURANCE - BLUE CROSS(NORTH) & MEDICARE
				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
				MA04			6I	DENIED - OTHER INSURANCE - MEDICARE & AMERICAN GENERAL
				MA04			6J	DENIED - OTHER INSURANCE - MEDICARE & JOHN HANCOCK
				MA04			6K	DENIED - OTHER INSURANCE - MEDICARE & GREAT WESTERN

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
							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
							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

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
							7c	DENIED - SERVICE LIMITED TO 10 PER 9 MONTHS, SAME PROVIDER
							7D	DENIED - SERVICE LIMITED TO 1 PER 6 MONTHS, SAME PROVIDER
							7d	DENIED - SERVICE IS LIMITED TO 10 PER 4 MONTHS, SAME PROVIDER
							7E	DENIED - SERVICE LIMITED TO 4 PER 6 MONTHS, SAME PROVIDER
							7e	DENIED - SERVICE LIMITED TO 1 PER TWO YEARS, ANY PROVIDER
							7F	DENIED - SERVICE LIMITED TO 10 PER 9 MONTHS, ANY PROVIDER
							7f	DENIED - SERVICE LMTD TO 1/3 YEARS, ANY PROVIDER
							7G	DENIED - SERVICE LIMITED TO 1 PER 11 MONTHS, SAME PROVIDER
							7g	DENIED - SERVICE LIMITED TO 12 PER MONTH, SAME PROVIDER
							7H	DENIED - SERVICE LIMITED TO 2 PER 11 MONTHS, SAME PROVIDER
							7h	DENIED - SERVICE LIMITED TO 2 PER YEAR, ANY PROVIDER
							7I	DENIED - SERVICE LIMITED TO 9 PER 11 MONTHS, SAME PROVIDER
							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

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
							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)
							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
				N45			Di	PAID - DOWNCODED TO 99251
	128						om	DENY-SCVC PAYABLE UNDER MOM'S #

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
				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
	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

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
							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
							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

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
				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
							MI	PAID - MEDICARE PAID INTEREST FOR LATE PAYMENT
	233						pp	PAID AT ZERO - RELATED TO PROVIDER-PREVENTABLE CONDITION [PPC]
	239			N30			3Q	DENIED - MEMBER IS NOT ELIGIBLE FOR ENTIRE DATE SPAN - SPLIT BILL
	243						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
							YE	DENY-SCVC PAYABLE TO PHC CONTRACTED PHARMACT PROVIDER ONLY
				M62			35	DENIED - UNAUTHORIZED SVC, NO RAF ON FILE FOR DATE OF SERVICE
				N45			RL	PAID - WITHOUT RAF ON FILE, LETTER SENT
	253			N45			d6	MEDICARE PMT REDUCED BY 2%
	256			N627			uc	DENY- PROVIDER MUST USE CONTRACTED CODE
	284			M62			84	DENIED - SERV DATES ON AUTH DO NOT MATCH SERV DATES ON CLAIM
							3F	DENIED - AUTHORIZATION LIMITS ALREADY REACHED
				N54		N22	1F	PAYABLE- ACCOMMODATION CODE CORRECTED AND PAID BASED ON
						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
	A1						GX	DENY - DATE OF GESTATION OVER 49 DAYS
							nh	DENIED - SERVICE PAID BY ANOTHER INSURANCE CARRIER
				MA18			HD	DENIED - FORWARDED TO DELTA DENTAL FOR PROCESSING
							Hm	DENIED - FORWARDED TO UBH FOR PROCESSING
							HV	DENIED - FORWARDED TO VSP FOR PROCESSING
				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
						M62	2V	ADJUSTMENT - DENIAL UPHELD, UNAUTHORIZED SERVICE
				M76			8u	DENIED - MODIFIER INVALID FOR DIAGNOSIS BILLED
							CI	DENIED - DX MUST INCLUDE 363.00-363.35 & 042
				M86			Gp	INFO ONLY - PRE-PAID BLOCK GRANT CLAIM PROGRAM
				N173		N706	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
							ab	DENIED - SVC NOT PERFORMED WITHIN 5 DAYS
							Ci	DENIED - INJECTION ONLY PAYABLE IF 96410 IS ALSO BILLED

Crosswalk - Adjustment Reason Codes and Remittance Advice (RA) Remark Codes to Partnership 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...	
							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
				N26			IS	DENIED-ITEMIZED CLAIM REQUIRED-ITEMIZED NOT SUBMITTED
				N36			5Z	DENIED - PHC NOT RESPONSIBLE WHEN PRIMARY INSURANCE NOT USED
							6W	DENIED - PHC NOT RESP WHEN KAISER COV NOT USED
							VE	DENIED - EVV REQUIREMENTS NOT MET
				N4			6A	DENIED - DENIAL LETTER FROM OTHER INSURANCE NOT VALID
				N48			89	DENIED - MEDICARE/OTHER INS E.O.B DOES NOT MATCH CLAIM
				N45			HI	DENIED - MEMBER IS CONFINED (IN-PT) AT TIME OF SERVICE
				N706			D3	DENIED - OUTCOME OF DELIVERY REQ'D AS ONE OF THE DIAG BILLED
				N95			MB	DENIED - NON-SPECIALTY SVC-BILL UNDER NON-SPECIALITY AFFIL
	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						D5	Denied - Transportation mileage billed with invalid transport type
							D6	DENIED - NOT PAYABLE IF PRIMARY CODE NOT BILLED SAME DOS/PROV
	B20						48	DENIED - SAME SERVICE PREVIOUSLT PAID TO ANOTHER PROV. DOC IS
	B4						1B	PAYABLE - PAID AT 75% ALLOWED AMOUNT
							1C	PAYABLE - PAID AT 50% ALLOWED AMOUNT
				N45			LS	PAID - LATE SUBMISSION, 10% PENALTY APPLIED
	B7						4X	DENIED - PROVIDER NOT CERTIFIED TO PERFORM PROCEDURE
							4Z	DENIED - CPSP CERTIFICATION REQUIRED FOR MODIFIER
							hh	DENIED - CODE BILLABLE ONLY BY HOME HEALTH AGENCY
							xH	DENIED - PROC CODE NOT BILLABLE BY HOME HEALTH AGENCY
				M76			8S	DENIED - SERVICE NOT PAYABLE TO OPTOMETRIST WITH BILLED DIAGNOSIS
				N95			1n	DENIED - PROC CODE NOT INCLUDED IN CRNA AGREEMENT
							80	DENIED - PROCEDURE CODE PAYABLE TO OPHTHALMOLOGIST ONLY
	B9			N30			37	DENIED - MEMBER ELIGIBLE FOR HOSPICE SERVICES ONLY