IS040 Payer Deny Reason Codes Cheat Sheet v 1.1 01/20/06

Remarks Codes	*Possible Problems*
MA129, MA130, N6	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	A1	Claim denied charges.	3925.73
CO	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Changed as of 10/98	0
CO	B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Changed as of 10/98	0

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA129	This provider was not certified for this procedure on this date of service. Note: (Deactivated eff. 1/31/2004. Refer to MA 120 and Reason Code B7)
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	N6	"""Under FEHB law (U.S.C. 8904(b)), we cannot pay more for covered care than the amount Medicare would have allowed if the patient were enrolled in Medicare Part A and/or Medicare Part B."" Note: (Modified

Description of problem and resolution	***This provider was not certified by MediCal to provide the service indicated by the procedure code in this claim.*** ***Another issue may be incorrect mapping of the claim to the HIPAA transaction format as in residential or inpatient claims. The second issue has been resolved but this message may still be shown on the IS040 for older claims.***

Remarks Codes	*Possible Problems*
MA130, MA2, MA21,MA38, N59	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	31	Claim denied as patient cannot be identified as our insured.	0
CO	31	Claim denied as patient cannot be identified as our insured.	0
CO	31	Claim denied as patient cannot be identified as our insured.	0
CO	31	Claim denied as patient cannot be identified as our insured.	0
CO	A1	Claim denied charges.	179.35

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	MA2	
HE	MA21	SSA records indicate mismatch with name and sex.
HE	MA38	Missing/incomplete/invalid birth date. Note: (Modified 2/28/03)
HE	N59	Please refer to your provider manual for additional program and provider information.

Description of problem and resolution	***This client did not have a positive eligibility check at the time of the claim submission. The claim was forced through to MediCal by the user (checked the MediCal checkbox and entered a CIN # even though they had not done an eligibility check. The CIN # turned out to be for the wrong client and as a result the birth dates, gender, names, all did not match as indicated by the messages above.*** ***To prevent this make sure you:*** o ***Have the correct CIN # in the client information*** o ***get positive responses on your MediCal eligibility responses AND make sure in the response, the name corresponds to the name of the client you are working with!***

Remarks Codes	*Possible Problems*
MA130, MA2, MA38, N59	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	31	Claim denied as patient cannot be identified as our insured.	0
CO	31	Claim denied as patient cannot be identified as our insured.	0
CO	31	Claim denied as patient cannot be identified as our insured.	0
CO	A1	Claim denied charges.	73.6

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	MA2	
HE	MA38	Missing/incomplete/invalid birth date. Note: (Modified 2/28/03)
HE	N59	Please refer to your provider manual for additional program and provider information.

Description of problem and resolution	***The eligibility check shows that the client had no coverage, but it also showed a totally different CIN number to what was in the claim. So this appears to be another instance where the incorrect CIN # was manually entered for this client when the claim was submitted on the Admin/Claim/Client tab.***

Remarks Codes	Possible Problems
MA130, N8, MA59	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate Note: Changed as of 2/02	0
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate Note: Changed as of 2/02	0
CO	A1	Claim denied charges.	29.52

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	MA8	
HE	MA85	"""Our records indicate that a primary payer exists (other than ourselves); however, you did not complete or enter accurately the insurance plan/group/program name or identification number. Enter the PlanID when

Eligibility Information

SUBSCRIBER LAST NAME: EVC #: 8875ZT8NGB. CNTY CODE: 19. PRMY AID CODE: 66. 1ST SPECIAL AID CODE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B MEDICARE COV W/HIC # . BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL. 1SD2359

New Compliant Eligibility Response looks like this:

Eligibility Information

EVC: 515H6VQ7TR. PRIMARY AID CODE: 6H. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: HEALTH NET ORANGE. ID: .

ID

ID

ID

Description of problem and resolution	***The eligibility check shows that the client was Medicare eligible, and Medicare should be billed prior to billing MediCal. Directly Operated clinics can bill Medicare through the IS, but contract providers MUST bill Medicare before submitting the claim in the IS. Contract providers must indicate in the claim the amount paid by Medicare, even if the amount paid by Medicare was 0.00.***

Remarks Codes	*Possible Problems*
MA130, MA9, MA92	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate Note: Changed as of 2/02	0
CO	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate Note: Changed as of 2/02	0
CO	A1	Claim denied charges.	147.7

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	MA9	
HE	MA92	Missing/incomplete/invalid primary insurance information. Note: (Modified 2/28/03)

Client Information

ID [redacted]

Eligibility Information

SUBSCRIBER LAST NAME- . EVC #- 006CN30RVZ. CNTY CODE- 19. PRMY AID CODE- 33. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER- PHP-HLTH NET-MEDICAL CALL (800)675-6110. HCP- UNIVERSAL CARE CALL- (800) 635-6668. PCP : DIEN PHAM CALL: (562)591-0840. OTHER HEALTH INSURANCE COV UNDER CODE P - PHP/HMO. CARRIER NAME: HEALTH NET. ID: . CARRIER NAME: DELTA DENTAL OF CALIFORNIA. ID: . COV: OIM PD.

New Compliant Eligibility Response looks like this:

Eligibility Information

EVC: 474M9DW8Z9. PRIMARY AID CODE: 60. CODE V CARRIER NAME: BLUE CROSS OF CALIFORNIA PPO. ID:

Description of problem and resolution	***According to the above MediCal eligibility response, this client has another primary insurance that you need to claim from before you claim from MediCal. Be sure to enter the other insurance details, and the amount they paid in the claim/payer tab when you resubmit the claim.*** ***OIMPD shows the coverage they have which is Outpatient, Inpatient, Medical, Pharmacy and Dental***

Remarks Codes	Possible Problems
MA130, MA61	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	31	Claim denied as patient cannot be identified as our insured.	0
CO	A1	Claim denied charges.	131.92

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	MA61	Missing/incomplete/invalid social security number or health insurance claim number. Note: (Modified 2/28/03)

Eligibility Information

SUBSCRIBER LAST NAME- ..... EVC #- 8055VLRMQG. CNTY CODE- 19. PRMY AID CODE- 3V. MEDI-CAL ELIGIBLE FOR EMERGENCY/PREGNANCY RELATED SVCS W/ NO SOC/SPEND DOWN. 1SD2359

New Compliant Eligibility Response looks like this:

*****Still looking for an example******

Description of problem and resolution	***The eligibility check shows that the client has emergency health coverage only, so the client is not eligible for the services claimed.***

Remarks Codes	*Possible Problems*
MA130, MA92, MA92	

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	MA92	Missing/incomplete/invalid primary insurance information. Note: (Modified 2/28/03)
HE	MA92	Missing/incomplete/invalid primary insurance information. Note: (Modified 2/28/03)

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	MA92	Missing/incomplete/invalid primary insurance information. Note: (Modified 2/28/03)
HE	MA92	Missing/incomplete/invalid primary insurance information. Note: (Modified 2/28/03)

Eligibility Information

SUBSCRIBER LAST NAME- EVC #- 1171X69029. CNTY CODE- 19. PRMY AID CODE- 3N. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER- PHP-L.A. CARE HLTH PLAN- MEDICAL CALL (888)452-2273. HCP- BLUE CROSS OF CA CALL- (888) 285-7801. PCP: TERESITA ZARENO CALL: (213)386-5252. OTHER HEALTH INSURANCE COV UNDER CODE K - KAISER. CARRIER NAME: KAISER PERMANENTE HEALTH PLAN. ID: CARRIER NAME: AETNA US HEALTHCARE. ID: . COV: OIM PDV. CI N: . 1SD2359

New Compliant Eligibility Response looks like this:

Eligibility Information

EVC: 474M9DW8Z9. PRIMARY AID CODE: 60. CODE V CARRIER NAME: BLUE CROSS OF CALIFORNIA PPO. ID:

Description of problem and resolution	***The eligibility check shows that the client had other health insurance coverage, but none of the other health insurance's payment details were included in the claim.***

Remarks Codes	*Possible Problems*
MA130, N5, MA59	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	26	Expenses incurred prior to coverage.	0
CO	26	Expenses incurred prior to coverage.	0
CO	A1	Claim denied charges.	106.7

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""
HE	N5	EOB received from previous payer. Claim not on file.
HE	N59	Please refer to your provider manual for additional program and provider information.

Ineligibility Information

Reason

NO RECORDED ELIGIBILITY FOR 01/05. 1SD2359

New Compliant Eligibility Response looks like this:

Ineligibility Information

Reason

NO RECORDED ELIGIBILITY

Description of problem and resolution	***The eligibility check shows that the client was not eligible in the month of the service. This claim should not have been sent to MediCal.***

Remarks Codes	*Possible Problems*
MA130, CO 29, CO A1	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	29	The time limit for filing has expired.	
CO	A1	Claim denied charges.	988.84

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE		
HE	MA130	"""Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."""

Description of problem and resolution	***The claim was submitted to Medi-Cal more than six months after the date of service and was submitted without a late code. The claim needs to be resubmitted with a valid late code.***

Remarks Codes	*Possible Problems*
MA86, CO 18	

Payer Adjustments

Group Cd	Reason Cd	Description	Amount
CO	18	Duplicate claim/service.	1236.05
CO	18	Duplicate claim/service.	1236.05

Payer Additional Remarks

Qual Cd	Remark Cd	Description
HE	M86	Service denied because payment already made for same/similar procedure within set time frame. Note: (Modified 6/30/03)
HE	M86	Service denied because payment already made for same/similar procedure within set time frame. Note: (Modified 6/30/03)

Description of problem and resolution	***The claim was already submitted to Medi-Cal. No further processing is required.***