

Integrated Behavioral Health Information System (IBHIS) Denial and Adjustment Codes

TYPE	835 CODE	REMARK CODE	EXPLANATION OF COVERAGE/DENIAL REASON:
CO	5		Place of Service Is Invalid For Procedure Code
CO	8		Rendering Provider's Discipline is not allowed for this procedure code
CO	16	M53	Unit Service Count quantity in SV104 cannot be zero
CO	16	MA65	No Admitting Diagnosis On or Before the Admission Date for 837 Institutional
CO	16	N318	Inpatient service on the discharge date is NOT allowed
CO	16	N345	Claim Submitted with a Date Range
CO	16	N430	Invalid Measurement Code for Procedure Code
CO	16	N63	Number of services per claim allowed exceeded
CO	29		Late Claim Denial
CO	45		Claim charge over contracted rate
CO	58		Service location code is inactive/invalid
CO	97	N356	Add-On/Prolong/Interactive Complexity Service in the Same Claim is Denied
CO	107		Service denied due to Primary service was denied/Invalid Add-on/Add-on not covered
CO	146		Diagnosis was invalid for the date(s) of service reported
CO	147		Provider Inactive
CO	152		Service Duration/Units is Invalid for the Procedure Code
CO	166		There is no Episode in place for this date of service
CO	170		Payment is denied when performed/billed by this type of provider
CO	181		Procedure code is not on Fee Table /Rendering Provider discipline is not covered for this procedure. The Procedure/Revenue Code is not valid for this date of service.
CO	185	N198	The Rendering Provider on the claim is not associated to the Legal Entity/Fee-for-Service provider
CO	197		A member based authorization is needed for Mental Health Services as the client was in day treatment on the date of service
CO	197		IHBS Authorization missing

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CO	198		Member Authorized units exceeded for this service
CO	204		Procedure code or Date Of Service invalid for this Authorization
CO	222		Claimed over Provider funding plan (P-Auth) Maximum Contract Amount/No dollars remain for this authorization/Remaining liability for this authorization cannot cover the total of the given service
CO	272		Client's Financial Eligibility record does not cover the Authorization on the claim
CO	273		Units of Proc Code/Maximum Units Per Day Exhausted or DMH Units Per Day Exceeded
CO	284		Authorization (P-Auth, Member Auth or Funding Source Auth) is missing/invalid Contracting Provider Program Not Valid For Authorization
CO	A1	MA40	Missing Admission Information
CO	B13		Claim Submitter ID was previously processed
CO	B14		TAR Professional Services per Day Limit (FFS only)
CO	B7		Provider not registered on this date of service
OA	18		Duplicate Service
OA	23		Claim Level Payment/Adjustment Information Found and No Service Level Payment/Adjustment Found Payment reduced by the amount paid by a prior payer
OA	115		Retro-claim denial/void by DMH

Discontinued Denial and Adjustment Codes

TYPE	835 CODE	REMARK CODE	EXPLANATION OF COVERAGE/DENIAL REASON:
CO	15		Authorization (P-Auth, Member Auth or Funding Source Auth) is missing/invalid. Contracting Provider Program Not Valid For Authorization.