

**EOP Code EOP Description**

AB	PHYSICIAN SVCS INCLUDED IN HOSPITAL REIMBURSEMENT
ACT	ADJUSTING; WILL BE COMPLETED IN 10 BUSINESS DAYS
ADJ	ADJUSTMENT: THE FEE SCHEDULE HAS BEEN UPDATED
AE	DENIED-NO RECEIPT OF CCAR FORM
AE3	CCAR IS DUE
AR	RESUBMIT-BILL TYPE IS REQUIRED TO PROCESS CLAIM
A02	AUTH UPDATED
A03	AUTH UPDATED
A04	AUTH UPDATED
A06	AUTH UPDATED
A11	AUTH UPDATED
A12	AUTH UPDATED
A14	ELIGIBILITY UPDATED
A21	CODING ERROR
A23	PROVIDER FILE UPDATED
A25	PROVIDER FILE UPDATED
A29	PROVIDER FILE UPDATED
A32	PROVIDER FILE UPDATED
A33	PROVIDER FILE UPDATED
A34	PROVIDER FILE UPDATED
A35	COB INFO UPDATED
A39	COB INFO UPDATED
A40	COB INFO UPDATED
A46	CODING ERROR
A47	CODING ERROR
A48	CODING ERROR
A49	CODING ERROR
A50	CODING ERROR
BE	NOT A COVERED DIAGNOSIS
BF	PLEASE SUBMIT CLAIM WITH PROPER TAX ID IN BLOCK 25
BP	RESUBMIT WITH VALID SERVICE LOCATION
CB4	COB DOLLARS ARE UNBALANCED ON 837;EOB IS REQUIRED
CC	CASE MANAGEMENT NOT NOTIFIED OF ADMISSION
CD	FAILURE TO RESPOND TO CASE MANAGEMENT REQUEST
CG	PATIENT NON-COMPLIANT WITH CASE MANAGEMENT
CIL	CLAIM IS ILLEGIBLE, PLEASE RESUBMIT A LEGIBLE CLAIM
CM	MEDICAL DOCUMENTATION NOT SUBMITTED
CN	DENIED BY PEER REVIEW
CP	DENIED AFTER RECONSIDERATION
CU	RESUBMIT BILL WITH THE CORRECT NUMBER OF DAYS/UNITS.
CX	CLINICAL DOCUMENTATION DOES NOT SUPPORT DIAGNOSIS
C8	SVC EXCEEDS MEDICAL APPROPRIATENESS
DE	CLAIM DENIED DUE TO DEC. MADE IN 1ST LEV APPEAL.
DH	SUBSCRIBER ID IS NOT VALID IN VALUEOPTIONS' SYSTEM
DNC	DISCHARGE DAY IS NOT COVERED
DOB	RESUBMIT WITH CORRECT DATE OF BIRTH FOR PATIENT
DP	PREVIOUSLY CONSIDERED
DPC	THIS IS A DUPLICATE OF A CLAIM CURRENTLY IN PROCESS.
DQ	PROVIDER NOT ELIGIBLE TO BE REIMBURSED FOR SERVICE
DR	UNAUTHORIZED ABSENCE
DX1	HIPAA REQUIRES THIS DX CODE TO INCLUDE A 5TH DIGIT
DX2	HIPAA REQUIRES THIS DX CODE TO INCLUDE A 5TH DIGIT
DX3	HIPAA REQUIRES THIS DX CODE TO INCLUDE A 4TH DIGIT
EA	RESUBMIT TO OHP: PO BOX 11111, FT. SCOTT, KS 66701
EI	COB REASON CODE DESCRIPTION NEEDED
EL	RESUBMIT CLAIM WITH VALID DATE OF SERVICE
EM	EXPIRED CPT CODE; RESUBMIT CLAIM WITH CURRENT CPT
EN1	SUB-CAP PYMT REC'D; RESUBMIT THROUGH ENCOUNTER SYS
EP1	EAP CLAIM - INITIAL EVALUATION ALREADY PAID
EU	MEDICARE PRIME-BILL MEDICAID DIRECTLY
EY	SERVICE CODE BILLED NOT VALID FOR PLACE OF SERVICE
E4	RESUBMIT CLAIM WITH CORRECT NUMBER OF UNITS/HOURS
E9	NOT A COVERED BENEFIT
FA1	DOCUMENTATION DOES NOT SUPPORT SERVICE BILLED
FC	ADJUSTED;COB CALCULATION ERROR
FD	ADJUSTED;ELIGIBILITY VERIFIED
FE	ADJUSTED;MEMBER NOT ELIGIBLE
FF	ADJUSTED;SERVICES NOW AUTHORIZED
FG	ADJUSTED;INCORRECT MEMBER NUMBER
FH	ADJUSTED;INCORRECT PROVIDER NUMBER
FI	ADJUSTED;INCORRECT VENDOR NUMBER
FJ	ADJUSTED;INCORRECT AUTHORIZATION
FK	ADJUSTED;INCORRECT DATE(S) OF SERVICE
FM	ADJUSTED;INCORRECT CHARGED AMOUNT
FO	ADJUSTED;PROVIDER PAID IN ERROR
FP	ADJUSTED;CORRECTED BILLING RECEIVED
FQ	ADJUSTED;INCORRECT UNITS
FR	ADJUSTED;REQUESTED INFORMATION RECEIVED
FS	ADJUSTED;PER APPEAL DECISION
FT	ADJUSTED;TIMLEY FILING LIMIT
FV	ADJUSTED;PER APPROVED REQUEST FROM CLIENT
FY	ADJUSTED;CODING ERROR
FZ	ADJUSTED;INAPPROPRIATE DENIAL
F0	ADJ-PROVIDER BILLED INAPPROPRIATELY
F02	ADJUSTED; VOIDED CHECK
F10	ADJUSTED; REFUND
F11	ADJUSTED; DUPLICATE PAYMENT ISSUED
F2	ADJUSTED;SERVICES OUTSIDE DATES AUTHORIZED

F3	ADJUSTED;SERVICES NOT AUTHORIZED
F4	ADJ-PROVIDER PAID AT INCORRECT RATES
F5	ADJUSTED; INCORRECT PROCEDURE CODE
F6	ADJUSTED; ADDITIONAL OHI INFORMATION RECEIVED
F7	ADJUSTED; INCORRECT DEDUCTIBLE
F9	CLAIM SUBMITTED IN ERROR
GB	PAID IN FULL BY OTHER HEALTH INSURANCE
GC	SERVICES INCLUDED IN PER DIEM
GD	NO AUTHORIZATION AVAILABLE FOR THIS DOS
GE	PROVIDER NOT LICENSED TO PERFORM SERVICE
GG	INVALID PROCEDURE CODE
GH	INVALID DIAGNOSIS CODE
GI	CLAIM FILED OUTSIDE TIME LIMIT
GJ	SVCS BEFORE/AFTER GROUP EFFECTIVE DATE
GK	MEMBER NOT ELIGIBLE ON DATE OF SERVICE
GL	NOT A COVERED SERVICE
GQ	BENEFIT DOLLAR MAXIMUM REACHED ON PRIOR CLAIM
GS	MAXIMUM NUMBER OF DAYS/VSTS PAID FOR THIS PERIOD
GS1	BENEFIT EXHAUSTED
GT	MEMBER NOT ELIGIBLE AT TIME OF SERVICE
GX	AUTHORIZED UNITS EXCEEDED
G1	DIAGNOSIS IS NOT COVERED
G3	NO OUT-OF-PLAN COVERAGE
G4	AUTHORIZED UNITS HAVE BEEN EXHAUSTED
G5	DATES OF SVC OUTSIDE DATES AUTHORIZED
G6	DAILY THERAPY LIMITS EXCEEDED
G7	BILLING PROVIDER NOT AUTHORIZED
G8	LEVEL OF CARE BILLED NOT AUTHORIZED
G9	REQUESTED INFORMATION NOT RECEIVED
HB	MAXIMUM NUMBER OF DAYS/VSTS PAID FOR THIS PERIOD
HG	REFER SERVICE TO MEDICAL PAYOR
HO	PROVIDER NOT LICENSED OR CERTIFIED
HQ	REQUIRED AUTH NOT ON FILE FOR CLAIM SUBMISSION
HT	PROVIDER IS NOT CONTRACTED TO PERFORM SERVICE
HY	SERVICE NOT COVERED AS A SEPARATE CHARGE
H0	SERVICES REQUIRE PREAUTHORIZATION
H7	V DIAGNOSIS CODES ARE NOT COVERED
IC	PRE-CERT NOT OBTAINED FROM PRIMARY CARRIER
IE	SERVICE NOT COVERED FOR EFFECTIVE DATE
IH	RESUBMIT CLAIM WITH CORRECT TAX ID
IO	NO FEE SCHEDULE FOUND FOR SVC
IRQ	ADDITIONAL INFORMATION REQUESTED
IS	PLEASE VALIDATE DX, SERVICE CODE AND MEMBER ID
IY	DIAGNOSIS CODE NOT SUBMITTED
I8	PLEASE SUBMIT PAY-TO ADDRESS IN BLOCK 33
JI	CLAIM RETURNED FOR ADDITIONAL INFORMATION
JK	RESUBMIT WITH SERVICING PROVIDER NAME & LICENSURE
JP	RESUBMIT CLAIM WITH VALID PROCEDURE CODE
JQ	RESUBMIT CLAIM WITH PRIMARY CARRIER'S EOB
JR	RESUBMIT CLAIM WITH MEDICARE EOMB
JT	PLEASE RESUBMIT WITH VALID ICD-9 DIAGNOSIS CODE
JU	RESUBMIT CLAIM WITH SERVICING PROVIDER'S SIGNATURE
JV	RESUBMIT CLAIM WITH ITEMIZED STATEMENT
JW	RESUBMIT CLAIM WITH INDIVIDUAL DATES OF SERVICE
JX	EOB DOES NOT MATCH SERVICES THAT WERE BILLED
JY	FUTURE DATE OF SERVICE NOT ALLOWED
J1	RESUBMIT SERVICES ON A CMS 1500 CLAIM FORM
J10	RESUBMIT WITH CORRECT PROCEDURE CODE
KD	ADJUSTED;SINGLE CASE AGREEMENT
KG	ADJUSTED; PROVIDER NOW APPROVED
KH	PLEASE SUBMIT VALID DATES OF SERVICE
KI	PLEASE SUBMIT CORRECT PLACE OF SERVICE
KK	MEDICAL DIAGNOSIS, REFER CLAIM TO MEDICAL PAYOR
KR	RESUBMIT WITH VALID PLACE OF SERVICE
KS	DUAL LEVELS OF CARE NOT PAYABLE FOR THE SAME DAY
KZ	SUBMIT THIS CLAIM TO PRIMARY INSURANCE CARRIER
LA1	RESUBMIT WITH ORDERING PROVIDER'S NAME
LC	ADJ-CLAIM PD IN ERROR. PER PROVIDER
LL	MEMBER NOT IDENTIFIED ON CLIENT ELIGIBILITY FILE
LLR	RESUBMIT CLAIM WITH THE PROVIDER'S LICENSURE LEVEL
LNC	LICENSE NOT COVERED BY VALUEOPTIONS
LOA	LEAVE OF ABSENCE NOT COVERED
LQ	RESUBMIT CLAIM WITH PROVIDER'S MEDICAID NUMBER
LR	PLEASE SUBMIT EMERGENCY MEDICAL REPORT
LT	PLEASE RESUBMIT CLAIM WITH VALID CHARGED AMOUNT
MB	PROVIDER NOT MEDICAID ELIGIBLE
MF	90801 PREVIOUSLY PAID
MFN	PLEASE SUBMIT MEMBER'S FULL NAME ON FUTURE CLAIMS
MG	SUBSTANCE ABUSE IS NOT A COVERED BENEFIT
ML	DELAYED;INSUFFICIENT PROVIDER IDENTIFICATION
ML1	V DIAGNOSIS CODES ARE NOT COVERED
MO1	Resubmit with correct Modifier
MO2	Resubmit with Modifier
MO3	Resubmit without Modifier
MRN	The medical records requested for review have not been received; please forward them to our organization. Rendering provider should not balance-bill the member for these s
MT	ALLOWED AMOUNT COVERED IN FULL BY PRIMARY HEALTH INSURANCE CARRIER; NO ADDITIONAL PAYMENT IS DUE
MY	PLEASE BILL STATE MEDICAID PLAN
M50	INCOMPLETE/INVALID REVENUE CODE(S)
M64	INCOMPLETE/INVALID OTHER DIAGNOSIS CODE

NH ROOM & BOARD NOT PAYABLE ON DAY OF DISCHARGE  
 NK TRANSPORTATION NO SHOW IS NOT A COVERED SERVICE  
 NM SINGLE CASE AGREEMENT NOT RECEIVED  
 NP# NPI SUBMITTED IS NOT ON VO'S PROCESSING SYSTEM  
 NS PROVIDER NT MEDICAID ELIGIBLE AT PRACTICE LOCATION  
 NU PROVIDER NOT CONTRACTED AT PRACTICE LOCATION  
 PC OPTIONS ALLOWED RATE IS LESS THAN OHI PAYMENT  
 PCA SND CHANGE OF ADDRESS FORM FOR NEW PAYMENT ADDRESS  
 PDR THIS CHARGE IS INCLUDED IN THE PER DIEM RATE  
 PH OUR REC.SHOW DATE OF SERVICE AFTER DATE OF DEATH  
 PN INET PHYS.CHARGE INC IN HOSP.REIMB-MEM NOT RESP.  
 PSN PLACE OF SERVICE BILLED NOT AUTHORIZED  
 Q7 OHI INFORMATION NOT RECEIVED  
 RE2 PLEASE RESUBMIT CLAIM WITH VALID REVENUE CODE  
 RE3 PLEASE RESUBMIT ON A UB-04  
 RNT RESUBMIT WITH CORRECTED NPI # OR TIN  
 RN2 RESUBMIT WITH THE NPI #  
 RSV PLEASE RESUBMIT CLAIM ON 08-05 VERSION OF CMS-1500  
 RV1 REVENUE CODE MUST BE CURRENT AND FOR BEHAVIORAL HEALTH SERVICES  
 RV2 REVENUE CODE MUST BE 4 DIGITS AND FOR BEHAVIORAL HEALTH SERVICES  
 RV3 PLEASE RESUBMIT BEHAVIORAL HEALTH REVENUE CODE WITH LEADING 0  
 SB PROVIDER NOT MEDICAID APPROVED  
 SIU SPECIAL INVESTIGATIONS UNIT RECOVERY  
 SMR SUBMIT MEDICAL RECORDS FOR POSSIBLE PAYMENT  
 SVC SND CHANGE OF ADDRESS FORM FOR NEW SERVICE ADDRESS  
 S1 INVALID PROVIDER NUMBER  
 TA RESUBMIT CLAIM WITH COPY OF CURRENT PROF LICENSE  
 TB RESUBMIT CLAIM WITH IRS W-9 FORM  
 T9 TIMELY FILING REQUIREMENT WAIVED BY SVC CTR  
 UNM DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA  
 UNP .  
 UN1 UNITS CHANGED TO 1,W/CHARGES ADJSTD.OONLY 1 PER DAY  
 VAD VERIFY PAY TO ADDRESS FOR FUTURE SUBMISSIONS  
 VSA PO BOX NOT VALID SVC ADD. RESUB W/STREET ADDRESS.  
 WA BE SURE TO COMPLETE CCAR FORMS  
 WC RESUBMIT AS PAPER CLAIM INCLUDING PRIMARY EOB  
 WH RESUBMIT TO COLO ACCESS  
 WL PRESCRIPTIONS THRU ER NOT COVERED  
 W9 PLEASE HAVE PROVIDER RESUBMIT CLAIM WITH W9  
 XI REFER SERVICE TO MEDICAL PAYOR  
 XT NON-COVERED SERVICE WITH SUBSTANCE ABUSE DIAGNOSIS  
 X13 SHOULD BE SUBMITTED THROUGH CMHC ENCOUNTERS  
 YA RESUBMIT WITH CORRECT PAY TO LOCATION  
 YY RESUBMIT; MEMBER NAME & ID SUBMITTED DO NOT MATCH  
 Y8 RESUBMIT W/VALID HIPAA CODES BEGINNING 10/16/03  
 ZD NOT A COVERED SERVICE WHEN OUT OF NETWORK  
 Z16 RESUBMIT CLAIM WITH PROOF OF PAYMENT FOR SERVICE  
 Z20 ENCOUNTER CLAIM-PREPAID FEE  
 Z21 REFER TO MEDICAL PAYOR  
 Z24 SERVICES AFTER MEMBER TERMINATION DATE  
 Z30 ADJUSTED;PER ADMINISTRATIVE DECISION  
 1C BILL ADDRESS NOT MATCHING W9 ADDRESS  
 23 ADJUSTED:CHARGES PAID BY ANOTHER PAYER  
 46 THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED  
 7A PAYMENT FOR LEAVE OF ABSENCE IS NOT COVERED  
 7G RESUBMIT W/COMPLETE ICD9/4TH OR 5TH DIGIT MISSING  
 88 ADJUSTMENT AMOUNT IS COLLECTION FOR PRIOR OVERPMT  
 9V DATE OF SERVICE PROVIDED IS INVALID  
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