

Claim Status Response  
Explanation of Benefits List

277 Status Code	277 Description	EOB Code	EOB Description	Entity Identifier Code Description
20	Accepted for processing	066	CLAIM CURRENTLY IN PROCESS. DO NOT RESUBMIT	Provider
21	Missing or invalid information	018	REFERRING PHYSICIAN INFORMATION REQUIRED AND NOT PRESENT	Referring Provider
21	Missing or invalid information	025	ATTENDING/PERFORMING PROVIDER NUMBER MISSING OR INVALID	Attending Physician
21	Missing or invalid information	077	REFILL INDICATOR IS MISSING OR INVALID	Pharmacy
21	Missing or invalid information	141	OUTPATIENT ASC/LAB/RADIOLOGY SERVICES REQUIRE REVENUE AND HCPCS CODES	Laboratory
21	Missing or invalid information	372	RECIPIENT PLACEMENT LEVEL IS MISSING/INVALID	Patient
21	Missing or invalid information	451	COMPOUND DRUGS REQUIRE INGREDIENTS, QUANTITY AND COMPUTATION OF PRICE ON CLAIM	Pharmacist
21	Missing or invalid information	541	IN ADDITION TO PER DIEM RATE DETAIL, MUST BILL INFORMATIONAL DETAILS	Billing Provider
21	Missing or invalid information	627	RPL ON CLAIM DOESN'T MATCH RPL ON LONG TERM CARE AUTH. FILE/CLAIM > 60 DAYS OLD	Long Term Care Facility
21	Missing or invalid information	628	PROV. ON CLAIM DOESN'T MATCH PROV. ON LONG TERM CARE AUTH. FILE/CLAIM > 60 DAYS	Long Term Care Facility
21	Missing or invalid information	637	RPL ON CLAIM SUBMITTED DOES NOT MATCH RPL ON LONG TERM CARE AUTHORIZATION FILE	Long Term Care Facility
21	Missing or invalid information	724	INVALID POS SUBMITTER IDENTIFICATION	Billing Provider
25	Entity not approved.	543	BILLING PROVIDER NOT AUTHORIZED TO BILL THIS PROCEDURE CODE THE MOTHER'S ADMISSION IS INCLUDED WITHIN THE OB/DELIVERY REIMBURSEMENT	Billing Provider
39	Charges for pregnancy deferred until delivery.	909		Obstetrics Unit
48	Pending provider referral/authorization	063	THIS SERVICE REQUIRES PRIOR AUTHORIZATION	Referring Provider
48	Pending provider referral/authorization	182	DEA REQUIRES PRIOR AUTHORIZATION	Referring Provider
54	Duplicate of a previously processed claim/line	096	CLAIM DENIED. EXACT DUPLICATE OF SERVICE PREVIOUSLY PAID, OR CURRENTLY SUSPENDED	Billing Provider
66	Payment reflects usual and customary charges	134	PAYMENT REDUCED TO DRUG UCR AMOUNT	Pharmacy
72	Claim contains split payment.	552	THIS SERVICE REQUIRES SPLIT BILLING FOR MANAGED CARE RECIPIENTS	MANAGED CARE
78	Duplicate of an existing claim/line, awaiting processing	096	CLAIM DENIED. EXACT DUPLICATE OF SERVICE PREVIOUSLY PAID, OR CURRENTLY SUSPENDED	Billing Provider
84	Service not authorized	091	SERVICE DENIED; NOT COVERED BY RHODE ISLAND MEDICAL ASSISTANCE PROGRAM	Provider
84	Service not authorized	198	DESI DRUG NOT COVERED	Pharmacy
84	Service not authorized	200	PODIATRY SERVICES NOT ALLOWED FOR MEDICALLY NEEDY RECIPIENTS	Podiatrist
84	Service not authorized	208	DME PROCEDURE NOT ALLOWED FOR NURSING HOME RECIPIENT	Nursing Home
84	Service not authorized	209	SERVICE DENIED. NOT COVERED BY RI MEDICAL ASSISTANCE WHEN BILLED AS A CROSSOVER	Service Provider
84	Service not authorized	231	DME NOT COVERED WHEN BILLED INPATIENT/OUTPATIENT	Billing Provider
84	Service not authorized	236	LAB SPECIALTY ONLY PAID FOR CYTOLOGY/PATHOLOGY WHEN POS INPATIENT/OUTPATIENT	Laboratory
84	Service not authorized	352	NON-COVERED GPA SERVICE	Provider
84	Service not authorized	357	PROVIDER NOT AUTHORIZED FOR THESE SERVICES	Provider
84	Service not authorized	554	THIS SERVICE IS NOT COVERED FOR RITE START RECIPIENTS	Provider
84	Service not authorized	555	THIS SERVICE IS NOT COVERED FOR MANAGED CARE RECIPIENTS	MANAGED CARE

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84	Service not authorized	557	THIS SERVICE IS NOT COVERED FOR MANAGED CARE RECIPIENTS	MANAGED CARE
84	Service not authorized	567	PREGNANCY OUTCOME LESS THAN 20 WEEKS/INDUCED ABORTION NOT ELIGIBLE - SOBRA	Womens's Health Center/Services
86	Diagnosis and patient gender mismatch	386	SECOND DIAGNOSIS IS NOT CONSISTENT WITH THE AGE/SEX OF RECIPIENT	Consulting Physician
86	Diagnosis and patient gender mismatch	465	DIAGNOSIS/PROCEDURE IS NOT CONSISTENT WITH THE RECIPIENT'S SEX	Patient
88	Entity not eligible for benefits for submitted dates of service	002	RECIPIENT INELIGIBLE FOR DATES OF SERVICE	Patient
88	Entity not eligible for benefits for submitted dates of service	166	PROVIDER INELIGIBLE FOR DATE OF SERVICE BILLED OR SERVICE PRIOR TO CUTOVER DATE	Provider
88	Entity not eligible for benefits for submitted dates of service	411	RECIPIENT INELIGIBLE FOR A PORTION OF THE DAYS BILLED	Patient
88	Entity not eligible for benefits for submitted dates of service	469	ELIGIBLE ONLY FOR STATE FUNDED DAY SERVICES, ON DATE OF SERVICE	Patient
88	Entity not eligible for benefits for submitted dates of service	678	RECIPIENT NOT ELIGIBLE FOR MR/DD WAIVER ON DOS	Patient
88	Entity not eligible for benefits for submitted dates of service	680	RECIPIENT NOT ELIGIBLE FOR PARI WAIVER ON DOS	Patient
88	Entity not eligible for benefits for submitted dates of service	683	RECIPIENT NOT ELIGIBLE FOR A&D WAIVER ON DOS	Patient
91	Entity not eligible/not approved for dates of service	185	CLIENT NOT AUTHORIZED AS HIGH ACUITY FOR DOS	Patient
91	Entity not eligible/not approved for dates of service	267	SPECIALLY FUNDED RECIPIENT NOT ELIGIBLE FOR MEDICAID	Patient
98	Charges applied to deductible.	329	CLAIM PAYMENT REDUCED BY PATIENT LIABILITY	Patient
107	Processed according to contract/plan provisions.	003	PAYMENT FOR SERVICE INCLUDED IN ENCOUNTER RATE	Billing Provider
107	Processed according to contract/plan provisions.	038	CLAIM PAST 365 DAY TIMELY FILING LIMIT	Billing Provider
107	Processed according to contract/plan provisions.	093	PAYMENT AMOUNT REDUCED TO MAXIMUM ALLOWABLE AMOUNT	Billing Provider
107	Processed according to contract/plan provisions.	095	CLAIM CUTBACK DUE TO OTHER INSURANCE PAYMENT	Insurer
107	Processed according to contract/plan provisions.	105	NO PAYMENT DUE. OTHER INSURANCE AMOUNT GREATER THAN OR EQUAL TO ALLOWED AMOUNT	Insurer
107	Processed according to contract/plan provisions.	116	NO CROSSOVER PAYMENT DUE. OTHER PAYMENT GREATER OR EQUAL TO ALLOWED AMOUNT	Billing Provider
107	Processed according to contract/plan provisions.	186	LEA ALLOWED AMOUNT MODIFIED TO REFLECT FEDERAL SHARE ONLY	Billing Provider
107	Processed according to contract/plan provisions.	195	CLAIM CUTBACK DUE TO MEDICARE PAYMENT	Billing Provider
107	Processed according to contract/plan provisions.	213	CUTBACK FOR GPA SERVICES	Billing Provider
107	Processed according to contract/plan provisions.	327	THIS CLAIM PAID FOR DEA INCOME LEVEL 1	Billing Provider
107	Processed according to contract/plan provisions.	328	THIS CLAIM PAID FOR DEA INCOME LEVEL 2	Billing Provider
107	Processed according to contract/plan provisions.	332	PAID AMOUNT REDUCED TO ZERO/PATIENT LIABILITY AMOUNT GREATER THAN ALLOWED AMOUNT	Billing Provider
107	Processed according to contract/plan provisions.	484	THESE SERVICES ARE COVERED IN FEE PAID FOR TOTAL OB CARE	Obstetrics Unit
107	Processed according to contract/plan provisions.	556	PAYMENT FOR SERVICE INCLUDED IN PER DIEM RATE	Billing Provider
107	Processed according to contract/plan provisions.	777	CANNOT BILL LAB PANEL & SEPARATE COMPONENTS SAME DOS	Billing Provider
109	Entity not eligible	295	PROCEDURE NOT ALLOWED FOR MEDICALLY NEEDY RECIPIENTS	Patient
109	Entity not eligible	559	EFP RECIPIENT NOT ELIGIBLE FOR SERVICE	Patient

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109	Entity not eligible	615	RECIPIENT NOT ELIGIBLE FOR SERVICES	Patient
109	Entity not eligible	616	QMB RECIPIENT NOT ELIGIBLE FOR SERVICES	Patient
109	Entity not eligible	675	RECIPIENT HAS NO WAIVER ELIGIBILITY	Patient
109	Entity not eligible	677	RECIPIENT NOT ELIGIBLE FOR DEA SERVICES BILLED	Patient
110	Claim requires pricing information	249	NO RATE ON FILE FOR DATES OF SERVICE BILLED	Billing Provider
110	Claim requires pricing information	436	CLAIM REQUIRES MANUAL PRICING. INADEQUATE OR INSUFFICIENT INFORMATION PROVIDED	Billing Provider
124	Entity's name, address, phone and id number.	011	CLAIM DENIED. PROVIDER NAME/NUMBER ON CLAIM DOESN'T MATCH OUR FILES	Provider
124	Entity's name, address, phone and id number.	448	ATTENDING/PERFORMING PROVIDER NUMBER MUST BE FOR AN INDIVIDUAL PROVIDER	Provider
125	Entity's name	009	RECIPIENT NAME/NUMBER MISMATCH/MISSING/INVALID	Patient
132	Entity's Medicaid provider id.	926	PRESCRIBER IDENTIFICATION MISSING/INVALID	Ordering Physician
136	Entity's health industry id number	008	RECIPIENT NUMBER MISSING/INVALID/NOT ON FILE	Patient
157	Diagnosis and patient gender mismatch	465	DIAGNOSIS/PROCEDURE IS NOT CONSISTENT WITH THE RECIPIENT'S SEX	Patient
159	Entity's date of death	583	RECIPIENT WAS DECEASED ON CLAIM DATE OF SERVICE	Patient
171	Other insurance coverage information (health, liability, auto, etc.).	408	PLEASE BILL OTHER INSURANCE CARRIER FIRST AND ATTACH COPY OF PAYMENT OR DENIAL	Insurer
171	Other insurance coverage information (health, liability, auto, etc.).	670	OTHER INSURANCE CARRIER CODE IS MISSING/INVALID	Insurer
178	Submitted charges	013	INDIVIDUAL CHARGE IS MISSING OR NOT EQUAL TO THE SUM OF THE DETAILS	Billing Provider
178	Submitted charges	060	DETAIL CHARGE IS MISSING OR INVALID	Billing Provider
187	Date(s) of service	027	2ND SURGICAL PROCEDURE DATE IS MISSING/INVALID/ILLOGICAL	Operating Physician
187	Date(s) of service	028	3RD SURGICAL PROCEDURE DATE MISSING/INVALID/ILLOGICAL	Operating Physician
187	Date(s) of service	029	PRIMARY SURGICAL DATE MISSING/INVALID/ILLOGICAL	Operating Physician
187	Date(s) of service	041	DISPENSED DATE OR FROM DATE OF SERVICE MISSING/INVALID	Provider
187	Date(s) of service	180	TOTAL DAYS BILLED ARE NOT EQUAL TO TOTAL ELAPSED DAYS	Billing Provider
187	Date(s) of service	376	BILLED DAYS ARE EQUAL TO MORE THAN ALLOWED FOR BILLED MONTH	Billing Provider
187	Date(s) of service	629	GAP IN BILLED DAYS/SPLIT MONTH CLAIM. CLAIM GREATER THAN 60 DAYS OLD.	Billing Provider
188	Statement from-through dates	046	THE THROUGH/DISCHARGE DATE OF SERVICE IS MISSING/INVALID	Provider
189	Hospital admission date	034	ADMISSION DATE MISSING/INVALID/ILLOGICAL	Hospital
190	Hospital discharge date	046	THE THROUGH/DISCHARGE DATE OF SERVICE IS MISSING/INVALID	Hospital
218	NDC number	068	NDC NOT ON FILE OR DESCRIPTION IS MISSING/INVALID	Pharmacist
218	NDC number	207	NATIONAL DRUG CODE NOT COVERED FOR NURSING HOME RECIPIENTS	Pharmacy
219	Prescription number.	725	MISSING OR DUPLICATE PRESCRIPTION NUMBER-PLEASE RESUBMIT	Pharmacy
221	Drug days supply and dosage	073	ESTIMATED DAYS SUPPLY MISSING OR INVALID	Pharmacy

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231	Hospital admission type	043	ADMISSION CODE MISSING/INVALID	Hospital
234	Patient discharge status.	042	PATIENT STATUS CODE IS MISSING/INVALID	Patient
240	Tooth surface(s) involved.	751	SEALANTS LIMITED TO OCCLUSAL SURFACE/TEETH	Dentist
242	Tooth numbers, surfaces, and/or quadrants involved	163	TOOTH NUMBER IS MISSING OR INVALID FOR PROCEDURE BILLED	Dentist
242	Tooth numbers, surfaces, and/or quadrants involved	165	THE TOOTH SURFACE CODE IS MISSING OR INVALID	Dentist
248	Accident date, state, description and cause	125	ACCIDENT/OCCURRENCE DATE MISSING OR INVALID	Billing Provider
249	Place of service	065	THE PLACE OF SERVICE CODE IS INVALID OR MISSING FOR THIS PROCEDURE	Service Location
249	Place of service	235	PLACE OF SERVICE REQUIRES A MODIFIER.	Service Location
249	Place of service	582	INVALID PLACE OF SERVICE FOR FQHC IN-HOSPITAL PROCEDURE	Service Location
254	Primary diagnosis code	022	PRIMARY DIAGNOSIS MISSING/INVALID	Physician
254	Primary diagnosis code.	708	E CODES MAY NOT BE BILLED AS A PRIMARY DIAGNOSIS	Physician
255	Diagnosis code	039	SECOND DIAGNOSIS NOT ON FILE OR INVALID	Consulting Physician
259	Frequency of service.	608	OBSTETRICAL DELIVERY PAYMENTS ARE LIMITED TO ONCE PER 280 DAYS. DISPENSING FRAMES OR PRESCRIBING CONTACT LENSES LIMITED TO ONE PER 730 DAYS	Obstetrics Unit
259	Frequency of service.	612		Doctor of Optometry
259	Frequency of service.	753	PULPOTOMY LIMITED TO ONCE PER DECIDUOUS TOOTH PER LIFETIME	Dentist
259	Frequency of service.	754	ROOT CANAL THERAPY LIMITED TO ONE PROCEDURE PER TOOTH PER RECIPIENT LIFETIME	Dentist
259	Frequency of service.	764	EXTRACTIONS LIMITED TO ONCE PER TOOTH PER LIFETIME	Dentist
259	Frequency of service.	766	PARTIAL RADIOGRAPHS CANNOT BE BILLED ON THE SAME DOS AS A COMPLETE SERIES	Diagnostic Radioisotope Facility
259	Frequency of service.	776	POSTOP/PREOP SERVICE NOT ALLOWED WITHIN 30 DAYS OF SURGERY	Physician
259	Frequency of service.	803	ONLY 5 LIKE PROCEDURES PER 30 DAYS ARE PERMITTED FOR THE SAME PROVIDER	Provider
259	Frequency of service.	804	ONLY ONE PROCEDURE PER DAY IS ALLOWED FOR THE SAME DIAGNOSIS	Physician
259	Frequency of service.	859	ROUTINE NEWBORN CARE LIMITED TO ONE PER DELIVERY	Obstetrics Unit
259	Frequency of service.	865	ONLY ONE OFFICE/EPSDT VISIT PERMITTED PER DAY FOR SAME RECIPIENT, SAME PROVIDER	Provider
259	Frequency of service.	869	ALLERGY TESTING PROCEDURE LIMITED TO ONE UNIT PER DATE OF SERVICE	Provider
259	Frequency of service.	878	GENERAL PSYCHOTHERAPY LIMITED TO 1 UNIT PER DAY OVER 21, 2 UNITS UNDER 21	Psychiatric Health Facility
259	Frequency of service.	880	CONSULTATIONS LIMITED TO ONE UNIT PER DOS	Consulting Physician
259	Frequency of service.	925	MH/REHAB EMERGENCY CARE PER 30 DAY LIMIT HAS BEEN PAID	Provider
259	Frequency of service.	928	RURAL HEALTH CLINIC AND FQHC ENCOUNTERS LIMITED TO 5 PER 30 DAYS	Rural Health Clinic
259	Frequency of service.	942	ONLY TWO ORAL EXAMS (INITIAL AND/OR PERIODIC) ARE COVERED PER CALENDAR YEAR	Dentist
259	Frequency of service.	943	COMPLETE SERIES RADIOGRAPHS LIMITED TO ONCE IN 365 DAYS	Diagnostic Radioisotope Facility
259	Frequency of service.	947	PANORAMIC FILM LIMITED TO ONE PER 1095 DAYS BY THE SAME PROVIDER	Dentist

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259	Frequency of service.	948	DENTAL PROPHYLAXIS LIMITED - TWO PER CALENDAR YEAR	Dentist
259	Frequency of service.	969	QUANTITY PROVIDED PER 30 DAYS EXCEEDS NORMAL USAGE	Provider
259	Frequency of service.	976	DENIED. QUANTITY PROVIDED EXCEEDS ALLOWED/NORMAL AMOUNT(S).	Provider
277	Paper Claim	726	THIS NDC IS NOT ALLOWED FOR POS DEVICE-PLEASE SUBMIT PAPER CLAIM	Pharmacist
291	Reason for termination of pregnancy.	154	ABORTION CERTIFICATION FORM REQUIRED FOR PAYMENT	Reproductive Health Services
294	Supporting documentation.	056	DOCUMENTATION NEEDED SUBSTANTIATING NUMBER OF UNITS BILLED	Billing Provider
332	Authorization/certification (include period covered).	626	NO LONG TERM CARE AUTH. ON FILE FOR DATES OF SERVICE BILLED/CLAIM > 60 DAYS OLD	Long Term Care Facility
364	Is accident/illness/condition employment related	123	ACCIDENT/OCCURRENCE/EMPLOYMENT INDICATOR MISSING/INVALID	Subscriber's Employer
364	Is accident/illness/condition employment related	128	CONDITION/EMPLOYMENT INDICATOR MISSING/INVALID	Subscriber's Employer
441	Entity professional qualification for service(s)	114	NURSE PRACTITIONER CANNOT BE BILLING PROVIDER	Billing Provider
441	Entity professional qualification for service(s)	634	YOUR PROVIDER TYPE CANNOT BILL THE RPL SUBMITTED ON CLAIM	Provider
448	Invalid billing combination. See STC12 for details. This code should only be used to indicate an inconsistency between two or more data elements on the claim. A detailed explanation is required in STC12 when this code is used	001	PROVIDER TYPE INCONSISTENT WITH CLAIM TYPE	Provider
448	Invalid billing combination. See STC12 for details. This code should only be used to indicate an inconsistency between two or more data elements on the claim. A detailed explanation is required in STC12 when this code is used	417	THIS "LOCK-IN" RECIPIENT CAN ONLY BE TREATED BY A SPECIFIC PROVIDER	Provider
448	Invalid billing combination. See STC12 for details. This code should only be used to indicate an inconsistency between two or more data elements on the claim. A detailed explanation is required in STC12 when this code is used	704	PROCEDURE CODE NOT CONSISTENT WITH PROVIDER TYPE. INAPPROPRIATE BILLING OF MULTIPLE PROCEDURE CODES, PLEASE ADD MODIFIER 51.	Provider
453	Procedure Code Modifier(s) for Service(s) Rendered	050	DETAIL DENIED. THIS PROCEDURE CODE REQUIRES A MODIFIER	Billing Provider
453	Procedure Code Modifier(s) for Service(s) Rendered	312	DETAIL MODIFIER NOT VALID	Provider
453	Procedure Code Modifier(s) for Service(s) Rendered	656	MODIFIER NOT VALID FOR DATE OF SERVICE	Provider
453	Procedure Code Modifier(s) for Service(s) Rendered	659	MODIFIER NOT VALID FOR DATE OF SERVICE	Provider
454	Procedure code for services rendered	051	PROCEDURE CODE IS NOT VALID FOR DOS BILLED	Provider
454	Procedure code for services rendered	054	THIS CODE HAS BEEN DELETED BY HCPCS. REFER TO CURRENT MANUALS	Provider
454	Procedure code for services rendered	067	PROCEDURE CODE MISSING OR INVALID	Rendering Provider
454	Procedure code for services rendered.	118	SURGICAL PROCEDURE CODE MISSING OR INVALID. RESUBMIT W/CORRECT ICD-9 PROC CODE	Physician
454	Procedure code for services rendered	655	DETAIL PROCEDURE CODE NOT VALID	Provider
454	Procedure code for services rendered	657	DETAIL PROCEDURE CODE NOT VALID FOR DATE OF SERVICE	Provider
455	Revenue code for services rendered	108	REVENUE CODE IS MISSING OR INVALID	Billing Provider
455	Revenue code for services rendered	109	INVALID REVENUE CODE FOR DIALYSIS CROSSOVER CLAIM	Kidney Dialysis Unit
473	Missing or invalid lab indicator	461	LAB INDICATOR MISSING/INVALID OR INDICATES LAB PROC MUST BE PROCESSED ON-SITE	Laboratory

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474	Diagnosis and patient gender mismatch	465	DIAGNOSIS/PROCEDURE IS NOT CONSISTENT WITH THE RECIPIENT'S SEX	Patient
475	Procedure code not valid for patient age	466	DIAGNOSIS/PROCEDURE IS NOT CONSISTENT WITH THE RECIPIENT'S AGE.	Patient
475	Procedure code not valid for patient age	923	THIS MODIFIER NOT ALLOWED FOR RECIPIENT AGE	Provider
476	Missing or invalid units of service	058	QUANTITY OR UNITS MISSING/INVALID	Provider
476	Missing or invalid units of service	164	REFILL NUMBER BILLED EXCEEDS NDC REFILL LIMITATION	Pharmacist
481	Claim/submission format is invalid.	171	NICU PROCEDURE CODE MUST BE BILLED ON FIRST DETAIL ONLY	Billing Provider
481	Claim/submission format is invalid.	183	NICU REVENUE CODE MUST BE BILLED ON FIRST DETAIL ONLY	Billing Provider
481	Claim/submission format is invalid.	676	RECIPIENT WAIVER SEGMENT INCONSISTENT WITH PROCEDURE BILLED	Patient
483	Maximum coverage amount met or exceeded for benefit period	340	PROCEDURE EXCEEDS MAXIMUM UNITS ALLOWED	Patient