

DENIAL CODES AND DESCRIPTIONS

Code	Description
111C	State-supplied serum or services billed with modifier SL (state-supplied vaccine)
115C	Member not eligible on date of service (DOS) — retraction
116C	Duplicate payment — retraction
120C	Other coverage primary — recovery
127C	Overpayment retraction — AIM or KSN audit
900C	Resubmit to third-party liability carrier
901C	Noncovered benefit — resubmit to MassHealth
902C	Covered under specialty pharmacy benefit
903C	Incidental procedure
904C	Invalid Current Procedural Terminology (CPT) code for point of service (POS)
905C	Unknown dates of service and/or bad dates
906C	Address does not match address on file — Contact your provider representative.
907C	Payment included in case rate
908C	Deny motor vehicle accident (MVA) — \$2,000 personal injury protection (PIP) must be exhausted
909C	Emergency room (ER) included in inpatient (IP) rate
910C	Service included in observation rate
911C	Payment included in payment amount per episode (PAPE) rate previously paid for this DOS
912C	Professional charges included in IP rate
913C	Resubmit with manufacturer's invoice
914C	Service not eligible for incentive payment
915C	Separate reimbursement not allowed — mutually exclusive
916C	Resubmit with appropriate modifier
917C	Post-operative services included in global rate
918C	Deny MVA — \$8,000 PIP and MedPay must be exhausted
919C	Resubmit to workers' compensation carrier
920C	Duplicate claim submission
921C	Service not eligible for incentive payment
922C	Sales tax nonreimbursable
923C	Provider not contracted for services rendered
924C	Code replaced with appropriate code for service



Code	Description
925C	Claim previously paid
927C	Procedure (PX) component previously paid
928C	Serious reportable event — nonreimbursable service; member not responsible
929C	Vaccine administration billed without vaccine — resubmit with serum
930C	Authorized as observation
933C	Payment included in per diem
934C	Resubmit with Current Procedural Terminology (CPT) and/or Healthcare Common Procedure Coding System (HCPCS) detail
935C	Invalid procedure code for DOS
937C	Resubmit with valid diagnosis (DX) code
938C	Resubmit with valid CPT code
939C	No charges submitted for services rendered
940C	Resubmit with valid anesthesia code
941C	Services billed not specified on authorization
942C	Resubmit with anesthesia time
944C	Age, procedure, and/or DX conflict
945C	Gender, procedure, and/or DX conflict
946C	Information requested on another line
947C	Units exceed authorization
948C	Other insurance is primary
949C	Unlisted procedure code — documentation required
950C	Service not authorized
951C	Invalid PX and/or modifier combination
952C	Resubmit with medical records
953C	Resubmit with primary carrier Explanation of Payment (EOP)
954C	Medical records reviewed — PX denied
955C	Authorization denied
956C	Payment included in global rate
957C	Service billed in error
958C	Resubmit with itemization by DOS
959C	Authorization denied
960C	An updated W-9 is required to process your claim
961C	Resubmit invoice with cost per unit
962C	Resubmit with clinical information



Code	Description
963C	Cosmetic procedure
964C	Invalid member ID # for this patient
965C	Temporary code nonreimbursable — Bill with appropriate codes
966C	Resubmit with valid ICD-9 operation code
967C	Paid by auto carrier
968C	Paid by workers' compensation
969C	Paid by third party
970C	Filing limit exceeded
971C	Observation included in IP stay
972C	Primary carrier paid maximum
973C	MedPay must be exhausted
976C	Adjustment request not received within 60 days of EOP
977C	Item purchase price exceeded
978C	Benefit limit reached
979C	Reviewed adjustment request — filing denial upheld
980C	Benefit not covered
981C	Visit not indicated for separate reimbursement
982C	Rebundled to primary procedure
983C	Resubmit with operative report
985C	Resubmit with capped rental modifier
986C	New patient (PT) evaluation and management (E&M) not allowed for established patient
987C	Pre-operative services included in global rate
989C	Invalid code for DOS
990C	Member not eligible on DOS
991C	Resubmit with valid revenue code
992C	Resubmit with correct POS
993C	Resubmit with rendering physician name
994C	Assistant surgeon not required for procedure
995C	Professional services must be billed on a CMS 1500 Form
996C	Invalid bill type — resubmit corrected claim with valid bill type
997C	Facility charges must be submitted on a UB04 Form
998C	Invalid PX and/or DX combination claim check adjustment
999	Precertification received in third trimester



Code	Description
MX	Maximum benefit reached
NC	Not a covered service
NR	Not a reimbursable code
T	Member not eligible on DOS