



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

April 2009

To: All professional and institutional providers, clearinghouses and software vendors

Subject: Re-mapping of BCBSM professional and facility Local and NASCO non-payment codes to standard codes

As a result of your valued input and feedback, we have completed an extensive review of the current mapping of proprietary non-payment codes to the HIPAA compliant standard group, claim adjustment reason and remittance advice remark codes. These changes should improve the quality of the BCBSM Local, NASCO, FEP and MOS 835 remittances.

We are planning to implement our proposed mapping changes beginning with check-writing cycles after August 31, 2009.

The changes reflect:

- More accurate reporting of liability in the group code
- Improved selection of the claim adjustment reason code
- Addition or revision of reported remittance advice remark codes to further clarify the reason for the adjustment

Please note that our usage of group code PI (payer initiated) identifies situations where we anticipate possible correction and resubmission to BCBSM or another payer, or when the adjudication disposition and liability was previously provided.

For your convenience, three non-payment code to standard code documents are available for viewing on our web site at www.bcbsm.com/provider/electronic_data_interchange/index.shtml until August 31st. We consider these revisions to be a significant improvement to what is currently being reported. No additional crosswalk changes will be made until after the implementation date.

Please share this communication with all affected personnel and any external entities that are providing service to you regarding 835 remittances.

Questions or concerns about the revised mapping should be emailed to BCBSM-EDI at edisupport@bcbsm.com with 'CAS mapping' in the subject line of your email.

Sincerely,



John Bialowicz
Manager, ETP Contracting and Relations
e-Business Interchange Group



Wanda Brideau
Manager, ETP Service and Support
e-Business Interchange Group

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
AA	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895.	PR	204		PR	204	
AB	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
AC	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
AD	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
AE	THE DATE OF SERVICE IS PRIOR TO THE EFFECTIVE DATE FOR THIS PROVIDER.	PR	B7		PR	B7	
AF	THIS AMOUNT IS NON-PAYABLE. BECAUSE TERMS OF THE SUBSCRIBER CONTRACT WERE NOT MET THIS AMOUNT WAS SANCTIONED.	PR	95		PR	95	
AG	THIS PROCEDURE DOES NOT WARRANT THE SERVICES OF AN ASSISTANT SURGEON	PR	54		CO	54	
AH	ORIGINAL CLAIM PROCESSED INCORRECTLY	PR	129		PI	129	
AI	THIS AMOUNT WAS PAID UNDER THE BASIC BENEFITS PORTION OF YOUR PROGRAM	PR	B13		PI	B13	
AJ	INVALID CPT CODE (PAR PLAN TO CORRECT)	CO	B18		PI	B18	
AK	CONCURRENT MEDICAL FOR A DIFFERENT PHYSICIAN	PR	59		CO	B20	
AL	THIS CLAIM ISN'T PAYABLE BECUASE EITHER THE ALPHA PREFIX OR CONTRACT NUMBER REPORTED IS INCORRECT. PLEASE CHECK THE PATIENT'S BCBS IDENTIFICATION CARD AND RESUBMIT THE CLAIM TO BCBSM.	PI	16	MA86	PR	31	
AM	CLOSE OUT CLAIM	PR	204		PR	204	
AN	REIMBURSEMENT FOR THIS SERVICE IS CONSIDERED TO BE A PORTION OF ANOTHER SERVICE WHICH HAS BEEN ALLOWED. THEREFORE NO PAYMENT CAN BE MADE FOR THIS SERVICE.	PR	97		CO	97	
AO	HANDLE DIRECT AND PAY PROVIDER DIRECTLY	PR	109		PI	109	
AP	HANDLE DIRECT AND PAY SUBSCRIBER DIRECTLY	PR	109		PI	109	
AQ	MEDICARE COMPLEMENTARY IS HANDLED OUTSIDE OF ITS	PR	109		PI	109	
AR	THIRD PARTY LIABILITY, HANDLE DIRECT	PR	109		PI	109	
AT	WE CANNOT PROCESS THIS CLAIM BECUASE ANOTHER CLAIM FOR THE SAME SERVICE HAS ALREADY BEEN SUBMITTED. THAT CLAIM IS BEING PROCESSED UNDER THE PATIENT'S PRIMARY BCBSM CONTRACT.	PR	18		PI	18	
AU	WE CAN'T APPROVE PAYMENT FOR SERVICE UNDER THE PATIENT'S BLUE CORSS/BLUE SHIELD OF MICHIGAN SUPPLEMENTAL CONTRACT BECAUSE THE PRIMARY INSURER, MEDICARE, HAS DENIED PAYMENT.	PR	204		PR	23	N219
AV	THIS CLAIM SHOULD BE HANDLED THROUGH ITS, PLEASE SUBMIT THE CLAIM TO YOUR LOCAL	PR	109		PI	109	
AW	THIS IS A DUPLICATE CLAIM, THESE CHARGES HAVE ALREADY BEEN SUBMITTED THROUGH ITS.	PR	18		PI	18	
AX	WE CAN NOT APPROVE PAYMENT FOR THIS SERVICE UNDER THE PATIENT'S BLUE CROSS BLUE SHIELD OF MICHIGAN CONTRACT BECAUSE THE PRIMARY INSURER HAS PAID THE MOST WE (BCBSM) WOULD HAVE PAID.	CO	23		OA	23	N219
AY	WE CAN NOT PROCESS THIS CLAIM BECAUSE THESE PHYSICIAN SERVICES CANNOT BE SUBMITTED ON THE UB92. PLEASE BILL THEMMON THE MICHIGAN HEALTH BENEFITS CLAIM INSTEAD.	PI	16	N200	PI	125	N34, N400
A0	THIS SERVICE ISN'T PAYABLE BECAUSE REVENUE CODES 451 AND/OR 452 ARE MORE SPECIFIC AND CAN NOT BE BILLED ON THE SAME CLAIM WITH REVENUE CODE 450, WHICH IS MORE GENERAL. PLEASE CORRECT CLAIM AND RESUBMIT.	PI	16	M50	PI	125	M81

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
A1	THIS SERVICE ISN'T PAYABLE BECAUSE THE REVENUE CODE REPORTED MUST BE BILLED WITH ANOTHER RELATED REVENUE CODE; THIS CODE CAN NOT BE BILLED ALONE. PLEASE CORRECT AND RESUBMIT THE CLAIM	PR	107		CO	107	
A2	THIS LABORATORY SERVICE ISN'T PAYABLE BECAUSE THE HCPCS CODE, UNITS AND/OR CHARGES ARE EITHER MISSING OR INCORRECT. PLEASE CHECK HART, CORRECT AND RESUBMIT THE CLAIM.	PI	16	M20, M53	PI	16	M20, M53, M54
A3	THIS SURGERY SERVICE ISN'T PAYABLE BECAUSE THE HCPCS CODE, UNITS AND/OR CHARGES ARE EITHER MISSING OR INCORRECT. PLEASE CHECK WEB DENIS, CORRECT AND RESUBMIT THE CLAIM.	PI	16	M20, M54	PI	16	M20, M53, M54
A4	THIS X-RAY SERVICE ISN'T PAYABLE BECAUSE THE HCPCS CODE, UNITS AND/OR CHARGES ARE EITHER MISSING OR INCORRECT. PLEASE CHECK HART, CORRECT AND RESUBMIT THE CLAIM.	PI	16	M20, M53	PI	16	M20, M53, M54
A5	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS NOT PERFORMED WITHIN 72 HOURS OF THE ACCIDENTAL INJURY. WE REQUIRE THAT TREATMENT FOR ACCIDENTAL INJURIES BE OBTAINED WITHIN 72 HOURS.	PR	204		PR	96	N409
A6	NO RECORD OF ORIGINAL PAYMENT CAN BE FOUND FOR THIS ADJUSTMENT.	CO	135		PI	125	N152
A7	WE CAN NOT PAY THIS OUTPATIENT CLAIM BECAUSE YOU DID NOT OBTAIN PREAPPROVAL. PLEASE CALL US NOW TO REQUEST APPROVAL. THE BLUE PREFERRED PLUS MEMBER IS NOT LIABLE.	PR	38		CO	197	
A8	THIS CLAIM ISN'T PAYABLE BECAUSE THE FACILITY DOES NOT PARTICIPATE WITH BCBSM'S TRADITIONAL AND/OR BLUE PREFERRED (PPO). THE MEMBERS HOME PLAN DOES NOT COVER SERVICES PERFORMED BY NONPARTICIPATING PROVIDERS.	PR	52		PR	111	
A9	THE DIAGNOSIS AND/OR HCPCS USED WITH REVENUE CODE 0923 ARE NOT PAYABLE FOR THIS SERVICE	PR	47		PR	96	M20, M50
BA	YOUR PATIENT'S BLUES PLAN ASKED FOR THE EOMB AND MEDICAL RECORDS FOR THIS SERVICE PLEASE FAX THEM TO US AT 248-448-5425 OR 248-448-5014 OR SEND TO MAIL CODE B552, BCBSM 600 E. LAFAYETTE, DETROIT MI 48226.	PR	204		PI	16	M127, N4
BC	YOUR PATIENTS BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE PREDETERMINATION IS REQUIRED AND WASN'T OBTAINED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT, UNLESS YOU GET AUTHORIZATION FROM THAT PLAN.	PR	204		PR	197	
BD	BECAUSE THIS IS A MEDICARE PLUS BLUE PATIENT, WE NEED A NEW PRIMARY 837 WITH THE RIGHT SOURCE OF PAYMENT, PAYER ID AND ALPHA PREFIX. NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER UNTIL WE GET A CORRECTED CLAIM.	PR	204		PI	109	
BF	BASED ON THE SF SUBMITTED, THE HOME PLAN WILL PROCESS THIS MEDICARE ADVANTAGE CLAIM AND WILL NOTIFY THE PROVIDER DIRECT. FOR MORE INFORMATION THE CSR MAY CONTACT THE HOME PLAN AT 248-350-4417.	PR	204		PI	133	M118
BG	BECAUSE WE RECEIVED A MEDICARE CROSSOVER CLAIM FOR THIS SAME SERVICE BEFORE YOUR SF, OUR DECISION WENT DIRECTLY TO THE PROVIDER. IF YOUR PROVIDER WANTS ANOTHER REVIEW WE NEED A MEDICARE CROSSOVER CLM.	PR	204		PI	B13	
BJ	WE'VE FORWARDED THIS CLAIM TO THE MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND FOR REVIEW BECAUSE WE DON'T PROCESS MENTAL HEALTH AND SUBSTANCE ABUSE CLAIMS FOR REVIEW	CO	16		PI	B11	
BK	BECAUSE PRIOR AUTHORIZATION FOR THIS SERVICE WASN'T OBTAINED, THIS CLAIM IS REJECTED THE PATIENT IS RESPONSIBLE FOR THE PAYMENT OF SERVICES.	PR	204		PR	197	
BL	THE PATIENT'S LIFETIME MAXIMUM BENEFIT HAS BEEN MET AND THE ANNUAL RESTORATION ISN'T APPLICABLE UNTIL THE NEXT CALENDAR YEAR. THE PATIENT IS RESPONSIBLE FOR THE PAYMENT OF SERVICES.	PR	204		PR	35	
BP	YOUR PATIENTS BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THEY DON'T HAVE A STUDENT CERTIFICATION ON FILE. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	204		PR	177	
BR	UNFORTUNATELY, WE MADE A MISTAKE AND MUST REQUEST THAT YOU PLEASE SUBMIT A NEW CLAIM WITH THE ALPHA PREFIX XYA. WE HAVE MAILED A CORRECTED ID CARD TO YOUR PATIENT	PR	204		PI	109	N418

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
BT	BECAUSE MCTWF DETERMINED THIS SERVICE IS RELATED TO A WORKER'S COMPENSATION OR OTHER THRID PARTY CLAIM, PAYMENT CAN'T BE APPROVED. PLEASE ASK YOUR PATIENT FOR THE APPROPRIATE COVERAGE INFORMATION.	PR	204		PR	19	
BU	WHEN BILLING MEDICARE SUPPLEMENTAL CLAIMS A MEDICARE PAYER PLAN CODE MUST BE REPORTED IN FORM LOCATOR 50 ON THE UB04 CLAIM FORM. PLEASE REFERENCE YOUR UB04 MANUAL AND MAKE THE NECESSARY CHANGES.	PR	204		PI	125	MA04, N400
BV	PLEASE FORWARD CLAIM FOR REVIEW TO BLUE CARE NETWORK OF MICHIGAN, P.O. BOX 68710, GRAND RAPIDS, MI. 49156-8170	PR	204		PI	109	
BY	PLEASE SEND US A PRIMARY CLAIM FOR THIS SERVICE BECAUSE WE NO LONGER SHOW SECONDARY COVERAGE FOR YOUR PATIENT. UNTIL WE GET A PRIMARY CLAIM, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	204		PI	129	
B1	THIS SERVICE HAS BEEN REJECTED DUE TO INSUFFICIENT INFORMATION.	PI	16	M58	PI	16	N29
B2	WE RECALLED OUR PREVIOUS PAYMENT FOR THIS CLAIM AND EXPLAINED THAT IT WAS SENT TC YOU IN ERROR. THIS CLAIM IS A DUPLICATE OF THE ONE WE CREDITED.	PR	204		PI	18	N377
B3	THE MEMBER IS RESPONSIBLE FOR THE CHARGE BECAUSE THIS SERVICE WAS NOT PREAUTHORIZED AS REQUIRED BY THE PATIENT'S ST. JOHN HEALTH SMARTPLAN. PLEASE CONTACT ABS AT 1-888-492-6811 IF YOU HAVE QUESTIONS.	PR	204		PR	197	
B4	PLEASE SEND US A NEW CLAIM WITH THE APPROPRIATE ALL- INCLUSIVE REVENUE CODE FOR THESE SERVICES. YOU MUST REPORT A VALID REVENUE CODE OF 0821, 0841, OR 0851 FOR THIS PATIENT'S TREATMENT.	PR	204		PI	125	M50
B5	PLEASE SENT THIS CLAIM TO ABS, P.O. BOX 37705, OAK PARK, MI. 48237-7705. IF YOU HAVE QUESTIONS, PLEASE CALL ABS AT 1-888-492-6811.	PR	204		PI	109	
B6	THE MEMBER ISN'T RESPONSIBLE WHEN AN INPATIENT REVENUE CODE IS REPORTED ON AN OUTPATIENT CLAIM. IF YOU CAN REPORT AN OUTPATIENT REVENUE CODE FOR THESE SERVICES PLEASE SEND US A NEW CLAIM TO RECONSIDER.	PR	204		PI	125	M50
B7	THE MEMBER IS RESPONSIBLE FOR THE CHARGE BECAUSE THIS SERVICE DIDN'T MEET THE CRITERIA OF THE PATIENT'S ST. JOHN HEALTH SMARTPLAN. PLEASE CONTACT ABS AT 1-888-492-6811 IF YOU DISAGREE WITH THIS DECISION.	PR	204		PR	B5	
B8	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE WE RECEIVED YOUR CLAIM AFTER THE LAST DATE ON WHICH BCBSM HAS BEEN INSTRUCTED BY THE PATIENT'S GROUP TO ACCEPT	PR	29		PR	166	
B9	THE PATIENTS CONTRACT ALLOWS US TO SEND PAYMENT ONLY WHEN MEDICARE APPROVED THE SERVICE. BECAUSE MEDICARE DID NOT APPROVE THIS SERVICE FOR PAYMENT, THE PATIENT IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	23	N219
CA	HOME HEALTH SERVICES FOR CONVALSCENT OR CUSTODIAL CARE ARE NOT CONSIDERED SKILLED, AND, THEREFORE, ARE NOT PAYABLE.	PR	204		PR	50	
CB	BCBSM IS NOT THE PRIMARY CARRIER	PR	109		PI	109	
CC	MEDICAL SUPPLIES AND/OR PHARMACEUTICALS ARE NOT PAYABLE TO A HOME HEALTH CARE AGENCY.	PR	204		CO	96	M97
CD	WHEN THE ONLY REASON FOR HOME CARE IS TO PROVIDE SKILLED NURSING SERVICES FOR INTRAVENOUS THERAPY/ HYPERALIMENTATION, IT IS NOT PAYABLE	PR	204		PR	50	
CE	BLUE CROSS HOME CARE BENEFITS ARE EXHAUSTED.	PR	119		PR	119	
CF	OCCUPATIONAL THERAPY IS ONLY PAYABLE WHEN THE TREATMENT PLAN ALSO INCLUDES PHYSICAL THERAPY.	PR	35		CO	B15	
CG	RENTAL CHARGE EXCEEDS PURCHASE PRICE OF THE DURABLE MEDICAL EQUIPMENT OR COST FOR PURCHASE HAS BEEN PAID ON A PRIOR CLAIM	PR	204	M7	CO	108	M7

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LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
CH	NO CLEAR DESCRIPTION OF THE WOUND OR ITS HEALING PROGRESS WAS PROVIDED IN THE DOCUMENTATION; THEREFORE THESE SERVICES ARE NOT ELIGIBLE FOR PAYMENT.	PI	16	N225	CO	B12	
CI	PATIENT IS NO LONGER HOMEBOUND AND THEREFORE DOES NOT QUALIFY FOR HOME CARE	PR	204		PR	50	
CJ	THE SUBSCRIBER'S GROUP HEALTH PLAN DOES NOT PAY FOR SERVICES PERFORMED AT THIS AMBULATORY SURGERY FACILITY.	PR	204		PR	204	N428
CK	BECAUSE THE PATIENT'S CONDITION HAS STABILIZED AND IS NO LONGER ACUTE, INTENSIVE (FREQUENT) SKILLED CARE IS NOT PAYABLE.	PR	204		PR	50	
CL	THE PRIMARY DIAGNOSIS CODE REPORTED IS NOT COVERED AND THE SECONDARY CODE WAS NOT PROVIDED OR THE SECONDARY CODES LISTED ARE ALSO NOT COVERED.	PR	204		PR	167	
CM	THIS CLAIM HAS BEEN REJECTED BY BLUE CROSS AND BLUE SHIELD OF ILLINOIS. IF YOU REQUIRE ADDITIONAL INFORMATION PLEASE CONTACT THEM AT 1 (800) 621-7336.	PR	204		PR	204	
CN	THIS CLAIM WAS SUBMITTED AFTER THE 12 MONTH FILING LIMIT SPECIFIED IN THE PARTICIPATING HOSPITAL AGREEMENT. YOUR CLAIM HAS BEEN REVIEWED BY THE FILING LIMIT APPEAL COMMITTEE AND IS THE APPEAL IS DENIED.	PR	29		CO	29	MA91
CO	THIS SERVICE ISN'T PAYABLE BECAUSE PHYSICAL THERAPY SERVICES PROVIDED ONLY FOR PAIN MANAGEMENT ARE NOT A BENEFIT.	PR	204		PR	50	
CP	THE HCPCS PROCEDURES BILL ARE A NON-COVERED BENEFIT ACCORDING TO MEDICAL POLICY, AND IS THE MEMBER'S LIABILITY.	PR	204		PR	204	
CQ	A PORTION OF THIS SERVICE WAS REJECTED BECAUSE THE DOCUMENTATION DID NOT SUPPORT AN EMERGENCY CONDITION THE REMAINING CHARGES (APPROVED AMOUNT) WERE APPLIED TO THE SUBSCRIBER'S DEDUCTIBLE.	PR	1		PR	40	
CR	BCBSM DOES NOT ADMINISTER THE MEMBERS MEDICARE SUPPLEMENTARY. PLEASE CONTACT THE PATIENT FOR INFORMATION CONCERNING SUPPLEMENTAL COVERAGE.	PR	109		PR	31	
CS	THE CLAIM WAS PREVIOUSLY ADJUSTED THROUGH THE BULK CREDIT PROCESS AND CAN NO LONGER BE ADJUSTED THROUGH ROUTINE PROCESS. IF ADDITIONAL PROCESSING REQUIRED, PLEASE CONTACT YOUR FIELD CONSULTANT.	PR	18		PI	B13	N432
CT	THE SUBSCRIBERS CONTRACT DOES NOT COVER SERVICES RELATED TO A NO-FAULT AUTO	PR	21		PR	21	
CU	AT THE TIME THIS SERVICE WAS PROVIDED, IT WAS CONSIDERED EXPERIMENTAL/INVESTIGATIONAL. THIS POLICY DOES NOT COVERED	PR	55		PR	55	
CV	BLUE CROSS AND BLUE SHIELD OF MICHIGAN MADE THE PRIMARY PAYMENT FOR THIS SERVICE. SUPPORT DOCUMENTATION WILL BE PROVIDED.	PR	B13		PI	B13	M118
CW	SERVICE DATES PRIOR TO 01/01/90 SHOULD BE INCLUDED IN THE HCFA DATA MATCH PROCESS	PR	204		PR	204	
CX	THE DATE OF SERVICE IS PRIOR TO 01/01/90 AND THE SUBSCRIBER'S GROUP COVERAGE IS UNDERWRITTEN. ANY BCBSM LIABILITY IS CURRENTLY THE SUBJECT OF LITIGATION.	PR	204		PR	204	
CY	OUR RECORDS SHOW THAT ANOTHER HEALTH INSURANCE PLAN IS THE PRIMARY PAYER. THE NAME OF THE PRIMARY HEALTH INSURANCE PLAN WILL BE PROVIDED.	PR	109		PI	109	
CZ	ACCORDING TO OUR RECORDS, THIS MEMBER DOES NOT HAVE POINT OF SERVICE COVERAGE. YOUR FACILITY IS ELIGIBLE TO RECEIVE REIMBURSEMENT ONLY FOR POINT OF SERVICE MEMBERS	PR	171		PR	B5	
C1	THE PRIMARY CARRIER REDUCED (SANCTIONED) PAYMENT BECAUSE ALL GUIDELINES FOR FULL REIMBURSEMENT WERE NOT MET. WE CANNOT APPROVE PAYMENT FOR THIS AMOUNT BECAUSE SANCTIONS ARE NOT A BCBSM BENEFIT.	CO	95		PR	204	N36
C2	AS YOU REQUESTED BY PRESENCE OF CONDITION CODE 99, A BCBSM MEDICAL REVIEW SPECIALIST HAS DETERMINED THAT TH THE CLAIM IS NON-PAYABLE DUE TO PRE-EXISTING CONDITIONS.	PR	51		PR	51	N10
C3	PAID IN FULL BY OTHER INSURANCE	PR	23		OA	23	N219

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
C4	THE SUBSCRIBER'S BCBSM CONTRACT DOES NOT COVER FOOT OR ANKLE SERVICES FOR THIS CONDITION. PLEASE SUBMIT THE CLAIM TO THE PATIENTS OTHER FOOT-CARE CARRIER, NATIONAL FOOT CARE INSURANCE CO. FOR PROCESSING.	PR	109		PI	109	
C5	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	B13		PR	204	
C6	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
C7	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
C8	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
C9	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
EA	AS YOU REQUESTED BY PRESENCE OF CONDITION CODE 99 ON THE CLAIM, THIS CLAIM HAS BEEN REVIEWED AND HAS BEEN DETERMINED TO BE NON-PAYABLE DUE TO ELIGIBILITY REASONS.	PR	193		PR	177	N10
EB	BECAUSE THIS SERVICE WAS PERFORMED DURING THE PATIENT'S WAITING PERIOD FOR A PRE EXISTING CONDITION, THE MEMBER IS RESPONSIBLE. HOWEVER, IF YOU SEND US THE MEDICAL RECORDS WE RECONSIDER.	PR	51		PR	51	N358
EC	CONTROL CODE INVALID	PR	125		PR	31	
ED	SUB NOT BCBSM AFFILIAT	PR	31		PR	31	
EE	WE FORWARDED THIS CLAIM TO THE CORRECT BCBS ADMINISTRATOR ON BEHALF OF YOUR PATIENT. HOWEVER, IN THIS CASE THE ADMINISTRATOR IS NOT THE PRIMARY CARRIER PLEASE SUBMIT THIS CLM TO THE PATIENTS PRIMARY CARRIER	PR	109		PI	B11	
EF	PLEASE FORWARD CLAIM TO PAT BUCKLEY, RT 1-19 BLUE CROSS/BLUE SHIELD MINNESOTA P.O. BOX 64338 ST.PAUL, MN 55164-0179 FOR PROCESSING	PR	109		PI	109	
EG	PLEASE SEND THIS PATIENTS COMPLETE MEDICAL RECORDS AND THE ROUTING FORM SO WE CAN DETERMINE IF THE PATIENT RECEIVED TREATMENT BEFORE THE EFFECTIVE DATE OF COVERAGE.	PR	51		PI	16	M127
EH	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT WAS DISABLED AND HAD GROUP COVERAGE AT THE TIME. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT.	CO	129		PI	129	
EI	WE CAN NOT PROCESS THIS CLAIM BECAUSE THE SUBSCRIBER DOES NOT HAVE BLUE CROSS AND BLUE SHIELD BASIC COVERAGE FOR HOSPITAL AND PHYSICIAN SERVICES.	PR	26		PR	204	
EJ	PLEASE SEND US A NEW CLAIM WITH THE PLAN CODE AND ALPHA PREFIX FROM YOUR PATIENT'S ID CARD. UNTIL WE RECEIVE THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE OTHER BLUE PLAN'S SUBSCRIBER.	PI	16	MA86	PR	31	
EK	THIS IS AN ERISA ACCOUNT. APPLICATION OF THE STATE MANDATE IS OPTIONAL.	PR	96		PR	119	
EM	BECAUSE THIS SERVICE WAS PERFORMED DURING THE PATIENTS WAITING PERIOD FOR A PREEXISTING CONDITION THE MEMBER IS RESPONSIBLE. HOWEVER, IF YOU SEND US MEDICAL RECORDS, WE WILL RECONSIDER THIS CLAIM.	PR	51		PR	51	N210
EN	WE ARE REJECTING THIS CLAIM BECAUSE THE MEMBERS BLUE CROSS PLAN USES A VENDOR TO PROCESS CLAIMS FOR THIS TYPE OF SERVICE. PLEASE SEND THIS CLAIM TO THE MEMBERS HOME	PR	109		PI	109	

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LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
EP	WE ARE REJECTING THIS CLAIM BECAUSE THE MEMBER HAS NOT RESPONDED TO THE HOME BLUE CROSS PLANS COB LETTER THAT WAS ASKING FOR INFORMATION ABOUT OTHER HEALTH CARE COVERAGE. PLEASE CONTACT BCBSM.	PI	17	N357	PR	16	N197
EQ	WE ARE REJECTING THIS CLAIM BECAUSE IT WAS PROVIDED IN CONNECTION WITH AN AUTO ACCIDENT. THE MEMBERS COVERAGE DOES NOT INCLUDE BENEFITS FOR SERVICES OR ITEMS PROVIDED AS A RESULT OF AN AUTO ACCIDENT.	PR	21		PR	21	
ER	WE'RE NOT PAYING FOR THIS CLAIM BECAUSE CURRENT COB INFORMATION WASN'T PROVIDED THE MEMBER IS RESPONSIBLE FOR YOUR CHARGE UNTIL WE GET UPDATED INFORMATION. IF WE RECEIVE IT, THE CLAIM WILL BE PROCESSED AGAIN.	PI	17	N357	PR	227	N179
ET	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT WAS IN THE END-STAGE RENAL DISEASE COORDINATION PERIOD. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT.	PR	129		PI	129	
EU	THIS SERVICE ISN'T PAYABLE BECAUSE, AS WE EXPLAINED TO THE SUBSCRIBER UPON ENROLLMENT TREATMENT OF THIS PATIENT'S CONDITION IS A SPECIFIC EXCLUSION OF THEIR CONTRACT.	PR	204		PR	204	
EV	OUR RECORDS SHOW THAT THE ESRD COORDINATION PERIOD FOR THIS PATIENT HAS ENDED AND MEDICARE IS NOW THE PRIMARY CARRIER. PLEASE BILL MEDICARE AS PRIMARY AND BCBSM FOR ANY ELIGIBLE SUPPLEMENTAL PAYMENT.	PR	129		PI	129	
EW	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT OR PATIENT'S SPOUSE WAS EMPLOYED AT THE TIME. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT.	CO	129		PI	129	
EX	OUR RECORDS SHOW THAT THIS PATIENT IS COVERED BY THREE INSURERS.ANOTHER CARRIER SHOULD HAVE BEEN BILLED FIRST THEN BCBSM AND THEN MEDICARE.PLEASE REFUND MEDICARE & SUBMIT A CLAIM TO THE OTHER PLAN.	PR	109		PI	129	
EY	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT HAD FULL COVERAGE WITH BCBSM AT THE TIME. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT.	CO	129		PI	129	
EZ	THE SERVICE ISN'T PAYABLE BECAUSE THE PATIENT IS AT LEAST 65 YEARS OLD AND WE DO NOT HAVE INFORMATION ABOUT POSSIBLE MEDICARE COVERAGE. WE'VE ASKED OUR MEMBER FOR THIS INFORMATION.	CO	16		PI	16	N197
E1	CONTRACT NOT FOUND	PI	31		PR	31	
E2	CONTRACT CANCELLED	PR	27		PR	27	
E3	PATIENT NOT MEMBER	PR	31		PR	31	
E4	NOT ENROLLED 180 DAYS	PR	30		PR	179	
E5	SERVICE IS PRIOR TO THE CONTRACT EFFECTIVE DATE OR NO COVERAGE CAN BE FOUND.	PR	26		PR	26	
E6	SERVICE WITHIN CONT LAPSE	PR	26		PR	200	
E7	CONTRACT NOT PAID TO DATE	PR	27		PR	27	
E8	BLUE SHIELD COVERAGE ONLY	PR	204		PR	204	N216
E9	OB WAITING PERIOD NOT MET	PR	30		PR	177	
FA	OPTIFAST PROGRAM CLAIMS WILL BE REIMBURSED DIRECTLY TO THE SUBSCRIBER	PR	204		PR	100	
FB	THIS SERVICE ISN'T PAYABLE BASED ON A NURSE'S REVIEW OF THE DOCUMENTATION SUBMITTE WITH THE CLAIM. UNLESS THE PROVIDER SENDS US ADDITIONAL INFORMATION ABOUT THE PATIENTS CARE NO PAYMENT WILL BE MADE FOR THIS SERVICE	PR	96		PR	96	N10, N358
FC	HANDLE DIRECT WITH MEMBERS HOME PLAN	PR	109		PI	109	
FD	OUTPATIENT PSYCHIATRIC SERVICES MUST BE REPORTED ON THE MICHIGAN HEALTH BENEFITS CLAIM FORM BY A BCBSM- APPROVED OPC PROVIDER. IF YOU ARE APPROVED, PLEASE RESUBMIT USING THE ASSIGNED OPC PROVIDER NUMBER.	PI	16	N200	PI	125	N34, N400

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
FE	CLAIMS FOR FORD HOURLY RETIREES SHOULD BE SENT TO THE BCBS PLAN THAT SERVICES YOUR PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY ARE PAYABLE ONLY FOR ACUTE CONDITIONS	PR	96		PI	109	
FF	THE CONDITION REPORTED IS NON-ACUTE.	PR	204		PR	50	
FG	THE MEDICAL RECORDS THAT HAVE BEEN SUBMITTED FOR PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY DO NOT INCLUDE ALL THE SERVICES BEING BILLED.	PI	16	N237	PI	16	N206
FH	THIS IS A CHRONIC LONG-TERM CONDITION AND DOES NOT QUALIFY FOR PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY BENEFITS. THERE IS NO EVIDENCE IN THE MEDICAL RECORD OF RECENT AGGRAVATION, INJURY OR SURGERY.	PR	204		PR	50	N10
FI	THE DOCUMENTATION PROVIDED WITH THIS PHYSICAL, SPEECH, OR OCCUPATIONAL THERAPY CLAIM DID NOT REVEAL ANY CHANGES OR PROGRESS TO THE PATIENT'S CONDITION.	PR	204		PR	50	N10
FJ	THE INITIAL EVALUATION OF THE PATIENT'S CONDITION PRIOR TO PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY, INCLUDING DATES OF ONSET, INJURY, OR SURGERY HAS NOT BEEN SUBMITTED. BENEFITS CANNOT BE DETERMINED.	PI	16	N225	PI	B15	
FK	THE DOCUMENTATION PROVIDED DOES NOT REVEAL ANY SIGNIFICANT LOSS OF FUNCTION PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY OR ONLY PAYABLE TO IMPROVE A SIGNIFICANT FUNCTIONAL LOSS.	PR	204		PR	50	N10
FL	FILING LIMITATION EXCEEDED	PR	29		CO	29	
FM	MEDICAL DOCUMENTATION THAT HAS BEEN SUBMITTED REVEALS THAT THESE SERVICES WERE PERFORMED PRIMARILY TO ESTABLISH A HOME EXERCISE PROGRAM, WHICH IS NOT A BENEFIT OF THE PT AND OT PROGRAM.	PR	204		PR	204	N10
FN	THE FREQUENCY OR COMBINATION OF SERVICES DOES NOT MEET BCBSM BENEFIT GUIDELINES FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY.	PR	150		PR	50	N130
FO	MEDICAL DOCUMENTATION THAT HAS BEEN SUBMITTED INDICATES THAT THIS IS A PALLIATIVE MAINTENANCE THERAPY. THE PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY BENEFIT ONLY PROVIDES FOR RESTORATIVE TREATMENT.	PR	204		PR	50	N10
FP	THE SUBSCRIBER IS NOT ENROLLED THROUGH BLUE CROSS AND BLUE SHIELD OF MICHIGAN. PLEASE SEND THE CLAIM TO THE ENROLLING PLAN, WHICH IS NOTED ON THE SUBSCRIBER'S ID	PR	31		PI	109	
FQ	COGNITIVE TRAINING IS NOT A BENEFIT.	PR	204		PR	204	
FR	FOR THIS GROUP, ANOTHER INSURER PROCESSES CLAIMS FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. PLEASE CONTACT THE SUBSCRIBER FOR MORE INFORMATION.	PR	109		PR	109	
FS	THE MEDICAL RECORDS THAT HAVE BEEN SUBMITTED FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY DO NOT CORRESPOND WITH DATES BILLED.	PI	16	N206	PI	16	N206
FT	THE MEDICAL DOCUMENTATION SUBMITTED REVEALS THIS EVALUATION WAS PERFORMED FOR REASONS OTHER THAN ESTABLISHING A PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY TREATMENT PLAN IN A SKILLED SETTING.	PR	204		PR	50	N10
FU	THE MEDICAL DOCUMENTATION SUBMITTED FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY DOES NOT REVEAL THE SPECIFIC MODALITIES PERFORMED.	PI	16	N237	PI	16	N206
FV	PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY ARE NOT PAYABLE FOR CONDITIONS PRESENT AT BIRTH.	PR	204		PR	204	
FW	THE USE OF TENS (TRANS-ELECTRO NERVE STIMULATION) IS NOT A BENEFIT UNDER THE PHYSICAL OCCUPATIONAL OR SPEECH THERAPY PROGRAMS.	PR	204		PR	204	
FX	ALTHOUGH THE SYMPTOMATIC DIAGNOSIS WAS INCLUDED ON THE PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY CLAIM, THE PRIMARY DIAGNOSIS WAS OMITTED.	PR	204		PI	16	MA63
FY	THERAPY FOR WOUND CARE IS NOT PAYABLE	PR	204		PR	204	
FZ	BENEFITS FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY OR SPEECH THERAPY ARE	PR	35		PR	119	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
F1	WE ARE APPROVING THIS HOSPITAL BILL. SINCE THIS SERVICE WAS PERFORMED AT YOUR HOSPITAL FOR YOUR EMPLOYEE, WE ARE NOT MAKING A PAYMENT. THIS IS AN INTERNAL TRANSFER OF FUNDS FOR YOUR STAFF.	CO	A2		CO	139	
F2	THE MEDICAL DOCUMENTATION THAT HAS BEEN SUBMITTED FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY INDICATES THE PATIENT'S CONDITION HAS REACHED A PLATEAU THAT WOULD NOT CHANGE WITH FURTHER THERAPY AT THIS TIME.	PR	204		PR	50	N10
F3	THIS PATIENT IS A BLUE CARE NETWORK GREAT LAKES MEMBER WE SENT THIS CLAIM FOR OUTPATIENT SERVICES TO BLUE CARE NETWORK GREAT LAKES FOR PROCESSING.	PR	B11		PI	B11	
F4	THIS HOME HEALTH AGENCY IS NOT APPROVED AND UNDER CONTRACT WITH THE LOCAL BCBS PLAN; THEREFORE, THESE SERVICES ARE NOT APPROVED.	PR	B7		PR	B7	
F5	THE PATIENT IS NOT TOTALLY HOMEBOUND AND DOES NOT QUALIFY FOR HOME CARE BENEFITS.	PR	204		PR	B5	
F6	THE LEVEL OF SKILLED SERVICES PERFORMED DOES NOT MEET THE CRITERIA FOR PAYMENT UNDER THE HOME CARE PROGRAM.	PR	204		PR	B5	
F7	HOME HEALTH AIDE SERVICES MUST BE PROVIDED IN CONJUNCTION WITH A COORDINATED HOME HEALTH CARE PLAN. NO HOME HEALTH SKILLED SERVICES ARE BEING PERFORMED THERE FOR SERVICES ARE NOT PAYABLE.	PR	204		PI	B15	
F8	MEDICAL SUPPLIES & PHARMACEUTICALS MUST BE PROVIDED WITH A COORDINATED HOME HEALTH CARE PLAN. NO HOME HEALTH SKILLED SERVICES ARE BEING PERFORMED THERE- FORE THESE SERVICES ARE NOT PAYABLE.	PR	204		PI	B15	
F9	THE REPORTED DIAGNOSIS DOES NOT QUALIFY FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY SERVICES UNDER THE HOME CARE PROGRAM.	PR	150		PR	167	
HA	PLEASE SEND US A COPY OF THE PATIENTS OPERATIVE REPORT AND THE MEDICAL RECORDS ROUTING FORM. UNTIL THE REQUESTED INFORMATION IS RECEIVED NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M29
HB	PLEASE SEND US A COPY OF THE PATIENTS PATHOLOGY REPORT AND THE MEDICAL RECORDS ROUTING FORM. UNTIL THE REQUESTED INFORMATION IS RECEIVED NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M30
HC	PLEASE SEND US A COPY OF THE PREAUTHORIZATION FOR THIS SERVICE. UNTIL WE GET THE CORRECTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	197	
HD	PLEASE SEND US A COPY OF THE PATIENTS RADIOLOGY REPORT FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M31
HE	PLEASE SEND US A COPY OF YOUR TREATMENT PLAN FOR THIS PATIENT. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M135
HG	THE PATIENT'S CONTRACT REQUIRES AUTHORIZATION OR HAS A LIMIT ON THE NUMBER OF PROCEDURES, VISITS, DAYS OR UNITS; AND WE ALREADY PAID MAXIMUM ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	119	
HH	THE PATIENT'S CONTRACT HAS A LIMIT ON MATERNITY CARE AND WE ALREADY PAID THE MAXIMUM ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	119	
HI	UNTIL WE RECEIVE MEDICAL HISTORY INFORMATION WE REQUESTED FROM ANOTHER PROVIDER WE OWE NO PAYMENT. NOR DOES THE SUBSCRIBER.	PR	204		PI	16	N181
HJ	THE PATIENTS CONTRACT LIMITS PAYMENT FOR THE FACILITY FEE FOR THIS SURGICAL PROCEDURE, AND WE ALREADY PAID THE MAXIMUM ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	119	
HK	WE CAN'T SEND PAYMENT FOR THIS COB CLAIM BECAUSE THE OTHER INSURER(S) PAID AS MUCH AS OR MORE THAN WE WOULD HAVE PAID. THE SUBSCRIBER IS RESPONSIBLE FOR ALL COST SHARING AMOUNTS.	PR	204		OA	23	N219

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
HL	PLEASE SEND US A NEW CLAIM WITH AMOUNTS THAT MATCH THE EOMB YOU SUBMITTED, OR SEND US THE CORRECT ATTACHMENT. UNTIL WE GET THIS INFORMATION, WE OWE NO PAYMENT NOR DOES THE SUBSCRIBER.	PR	204		PI	16	N206
HM	THE PATIENT'S CONTRACT HAS NO BENEFITS FOR THE REPORTED COUNSELING OR BIOFEEDBACK SERVICE. THE SUBSCRIBER IS LIABLE FOR THIS CHARGE.	PR	204		PR	204	
HN	THE PATIENT HAS NO BENEFIT FOR TIME SPENT AWAY FROM THE HOSPITAL ON A LEAVE OF ABSENCE. THE SUBSCRIBER IS LIABLE FOR THIS CHARGE.	PR	204		PR	204	
HO	PLEASE SEND A NEW CLAIM WITH A COPY OF THE BLOOD GASES REPORT. UNTIL WE GET THAT INFORMATION WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	204		PI	16	M30
HP	PLEASE SEND US A NEW CLAIM WITH THE ORDERING OR REFERRING PHYSICIAN'S NAME AND ADDRESS. UNTIL WE RECEIVE THAT INFORMATION, WE OWE NO PAYMENT NOR DOES THE	PR	204		PI	16	N285
HQ	THE PATIENT'S CONTRACT DOESN'T COVER SERVICES THAT ATTEMPT TO IMPREGNATE. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	204	
HR	THE PATIENT'S CONTRACT LIMITS PAYMENT TO THOSE SERVICES PERFORMED ON THE DATES IN THE TREATMENT PLAN. THIS DATE OF SERVICE WASN'T IN THAT PLAN, SO THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	198	
HS	PLEASE SEND US A NEW CLAIM WITH A DIAGNOSIS OR SURGICAL PROCEDURE CODE THAT WAS IN EFFECT ON THIS DATE OF SERVICE AND THAT BEST DESCRIBES THE SERVICE PROVIDED.	PR	204		PI	16	M84
HT	THE PATIENT'S CONTRACT HAS A LIFETIME LIMIT ON THE NUMBER OF PROCEDURES, VISITS, DAYS OR UNITS; AND WE ALREADY PAID THE ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	149	
HU	THE PATIENT'S CONTRACT DOESN'T COVER THIS SERVICE BECAUSE ONLY AN OBSERVATION STAY WAS APPROVED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	198	
HV	THE PATIENT'S CONTRACT DOESN'T COVER COSMETIC SURGERY.	PR	204		PR	204	N383
HW	THE PATIENT IS NOT LISTED, NO MATCH ON PATIENT'S NAME, RELATIONSHIP CODE AND/OR AGE.	PR	204		PR	31	
HX	WAITING PERIOD NOT MET	PR	204		PR	179	
HY	YOUR PATIENTS BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS MATERNITY SERVICE BECAUSE ONLY THE SUBSCRIBER AND SPOUSE HAVE MATERNITY BENEFITS. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	204		PR	32	
H1	PLEASE SEND US A CERTIFICATE OR LETTER OF MEDICAL NECESSITY FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M60
H2	PLEASE SEND US A COPY OF THE EMERGENCY ROOM REPORT FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N391
H3	PLEASE SEND US THE ONSET DATE OF THIS PATIENT'S CONDITION FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	MA122
H4	PLEASE SEND US A COPY OF THIS PATIENT'S PROGRESS NOTES. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N393
H5	PLEASE SEND US INFORMATION ABOUT THIS PATIENT'S SUBROGATION OR WORKER'S COMPENSATION ELIGIBILITY. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	22	
H6	PLEASE SEND US A COPY OF THIS PATIENT'S DISCHARGE SUMMARY. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N50
H7	PLEASE SEND US A COPY MEDICARE'S PAYMENT INFORMATION THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N4
H8	PLEASE SEND US THE OTHER INSURER'S PAYMENT INFORMATION FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N4

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
H9	PLEASE SEND US A COPY OF THE PATIENTS LABORATORY REPORT FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M30
JA	IF YOU MEANT TO REPORT A REVENUE CODE OTHER THAN 0261 OR 0263-0269, SEND A NEW CLAIM. IF THIS CLAIM IS CORRECT, WE OWE NO PAYMENT,NOR DOES THE SUBSCRIBER.	PR	204		CO	96	M50
JB	IF YOU MEANT TO REPORT A DIFFERENT HCPCS CODE FOR THIS PATIENT'S CONDITION, SEND A NEW CLAIM. IF THIS CLAIM IS CORRECT, YOU SHOULDN'T EXPECT PAYMENT FOR THE UNPAID CODES.	PR	204		CO	96	M20
JC	IF YOU MEANT TO REPORT AN INSTITUTIONAL HCPCS CODE INSTEAD OF A PROFESSIONAL ONE SEND US A NEW CLAIM. IF THIS CLAIM IS CORRECT, YOU SHOULDN'T EXPECT PAYMENT FOR THE	PR	204		CO	96	M20
JD	IF YOU MEANT TO REPORT A SPECIFIC HCPCS CODE INSTEAD OF THE UNLISTED ONE, SEND A NEW CLAIM. IF THIS CLAIM IS CORRECT, YOU SHOULDN'T EXPECT PAYMENT FOR THE UNLISTED HCPCS CODES.	PR	204		PI	189	
JE	IF YOU MEANT TO REPORT A HCPCS CODE THAT ISN'T INVESTIGATIONAL BASED ON OUR MEDICAL POLICY, SEND A NEW CLAIM. IF THIS CLAIM IS CORRECT, YOU SHOULDN'T EXPECT PAYMENT FOR THE UNPAID CODES.	PR	204		PR	55	
JF	IF YOU MEANT TO REPORT A CURRENT HCPCS CODE INSTEAD OF THE OBSOLETE ONE, SEND A NEW CLAIM. IF THIS CLAIM IS CORRECT,YOU SHOULDN'T EXPECT PAYMENT FOR THE UNPAID CODES.	PR	204		PI	16	M84
JG	IF YOU MEANT TO REPORT A DIFFERENT HCPCS CODE, SEND US A NEW CLAIM. IF THIS CLAIM IS CORRECT, WE OWE NO PAYMENT WHEN THE HCPCS PAYMENT RULE SHOW "PRP", NOR DOES THE SUBSCRIBER.	PR	204		PI	16	M20
J4	BECAUSE YOU WERE PAID IN FULL BY MEDICARE ADVANTAGE, WE CAN'T SEND A MEDICARE SUPPLEMENTAL PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR COPAYS, COINSURANCE AND NONCOVERED SERVICES.	PR	204		OA	23	N219
MA	WE CAN'T PAY THIS CLAIM FOR YOUR PATIENT. OUR RECORDS SHOW MEDICARE ADVANTAGE IS PRIMARY UNDER A DIFFERENT CONTRACT NUMBER. PLEASE REFUND MEDICARE AND SEND A CLAIM FOR MEDICARE ADVANTAGE REVIEW.	PR	204		PI	109	
MB	WE CAN'T REVIEW THIS CLAIM BECAUSE OUR RECORDS DO NOT SHOW BCN AS THIS PATIENT'S PRIMARY INSURER. PLEASE CORRECT THE PAYER CODE IN FORM LOCATOR 50 AND SEND THIS CLAIM TO THAT INSURER.	PI	16	M58	PI	109	
MC	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS NOT RECEIVED BETWEEN THE APPROVED START AND END DATES OF THE PATIENTS COORDINATED CARE MANAGEMENT TREATMENT PLAN.	PR	96		PI	198	N351
MD	THIS SERVICE ISN'T PAYABLE BECAUSE WE ALREADY APPROVED THE MAXIMUM NUMBER OF SERVICES FOR THIS TYPE OF CARE UNDER THE PATIENT'S COORDINATED CARE MANAGEMENT	PR	119		PR	119	
ME	THIS SERVICE ISN'T PAYABLE BECAUSE THE DIAGNOSIS IS NOT ONE OF THOSE INCLUDED IN THE PATIENT'S COORDINATED CARE MANAGEMENT TREATMENT PLAN.	PR	96		PR	167	
MF	WE CAN'T COMPLETE OUR REVIEW BWCAUSE YOU DIDN'T REPORT THE NUMBER OF SESSIONS FOR EACH PHASE. PLEASE SEND THE CORRECTED CLAIM TO BCBSM, MCMO UNIT, 27300 W. 11 MILE, SOUTHFIELD, MI 48034-0665.	PR	96		PI	16	M53
MH	THIS SERVICE ISN'T PAYABLE BECAUSE BCN DID NOT APPROVE THE PATIENT'S REFERRAL TO YOUR FACILITY. PLEASE CALL BCN PROVIDER INQUIRY AT 1-800-225-1690 FOR MORE INFORMATION.	PR	165		PR	39	
MI	THIS SERVICE ISN'T PAYABLE BECAUSE BCN DID NOT APPROVE YOUR AUTHORIZATION REQUEST PLEASE CALL BCN PROVIDER INQUIRY AT 1-800-225-1690 FOR MORE INFORMATION.	PR	39		PR	39	
MK	THIS SERVICE ISN'T PAYABLE BECAUSE THE NUMBER OF VISITS IN FORM LOCATOR 46 EXCEEDS THE NUMBER APPROVED BY BCN FOR THIS PATIENT. PLEASE SEND US ANOTHER CLAIM FOR ONLY APPROVED NUMBER OF VISITS.	PR	39		PI	198	N54
ML	WE'VE SENT YOUR CLAIM TO THE BLUE CROSS PLAN THAT ENROLLS THE PATIENT. PLEASE ALLOW TIME FOR THAT PLAN TO COMPLETE ITS REVIEW AND SEND YOU A DECISION.	PR	B11		PI	B11	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
MM	YOUR PATIENTS BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THIS DEPENDENT DOESN'T MEET THE AGE LIMIT FOR THIS SERVICE. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	32	N129
MN	THE PATIENT ISN'T RESPONSIBLE FOR THE CHARGE BECAUSE THE SF RECORD FROM THE PROVIDER'S PLAN HAD MESSAGE CODE 1010, WHICH MEANS THIS CLAIM DID NOT MEET ITS MEDICAL NECESSITY GUIDELINES.	CO	50		CO	50	
MP	SENT TO MESSA PYMT REVIEW	PR	B11		PI	B11	
MQ	YOUR PATIENTS BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS MATERNITY SERVICE BECAUSE ONLY THE SUBSCRIBER AND SPOUSE HAVE MATERNITY BENEFITS. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	204		PR	32	
MR	YOUR PATIENT'S BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS FACILITY SERVICE BECAUSE THAT PLAN PROVIDES DENTAL COVERAGE ONLY. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT	PR	204		PR	204	N216
MS	YOUR PATIENT'S BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS OUTPATIENT FACILITY SERVICE BECAUSE THAT PLAN PROVIDES INPATIENT COVERAGE ONLY. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	204		PR	204	N216
MT	WE'VE SENT YOUR CLAIM TO THE BLUE CROSS PLAN THAT ENROLLS THE PATIENT. PLEASE ALLOW TIME FOR THAT PLAN TO COMPLETE ITS REVIEW AND SEND YOU A DECISION.	PR	B11		PI	B11	
MU	WE CAN'T CONTINUE OUR REVIEW WITHOUT THE MEDICAL RECORDS. PLEASE SEND US THE COMPLETE MEDICAL RECORDS ALONG WITH THE MEDICAL RECORDS ROUTING FORM. WE'LL COMPLETE OUR REVIEW ONCE WE RECEIVE THEM.	PR	204		PI	16	M127
MV	WE CAN'T APPROVE CLAIMS FOR SECONDARY BALANCES WHEN THE SAME GROUP EMPLOYS BOTH MEMBERS. THE PATIENT'S CONTRACTS LIMIT THE TOTAL COORDINATED BENEFIT TO THE PRIMARY ALLOWANCE.	PR	204		OA	23	N219
MW	THIS SERVICE ISN'T PAYABLE BECAUSE THE BLUE CROSS PLAN WHERE THE SERVICE WAS PERFORMED DETERMINED THE PROVIDER SHOULD NOT BE REIMBURSED.	PR	204		PR	B7	
MX	PLEASE RESUBMIT THIS MEMBER'S BEHAVIORAL HEALTH CARE CLAIM TO VALUE OPTIONS, BCN CLAIMS, P.O. BOX 400, SOUTHFIELD, MI 48037.	PR	204		PI	109	
MY	THE PATIENT IS RESPONSIBLE FOR THE CHARGE BECAUSE THE CONTRACT EXCLUDES BENEFITS FOR SERVICES PROVIDED WHEN THEY AREN'T FOR EMERGENCY CARE OR AUTHORIZED/REFERRED BY THE PCP OR ANOTHER NETWORK PHYSICIAN.	PR	95		PR	204	
MZ	PLEASE SEND US A NEW CLAIM WITH THE ALPHA PREFIX THAT WE PROVIDED IN OUR REJECTION D RECORD FOR THIS NF RECORD.	PR	204		PI	16	MA61, N142
M1	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM UNDER THE MEMBER'S PO COVERAGE. THE PROVIDER WILL GET A VOUCHER OR REJECTION LISTING TO EXPLAIN THE FINAL DECISION.	CO	133		PI	133	M118
M2	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM UNDER THE MEMBER'S TRADITIONAL COVERAGE. THE PROVIDER WILL GET A VOUCHER OR REJECTION LISTING TO EXPLAIN THE FINAL DECISION.	PR	133		PI	133	M118
M3	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM UNDER THE MEMBER'S TRANSPLANT COVERAGE. THE PROVIDER WILL GET A VOUCHER OR REJECTION LISTING TO EXPLAIN THE FINAL DECISION.	CO	133		PI	133	M118
M4	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM BECAUSE IT ISN'T PAYABLE THROUGH THE BLUE CARD PROGRAM. THE ENROLLING PLAN WILL NOTIFY THE PROVIDER DIRECTLY WHEN ITS REVIEW IS COMPLETED.	CO	133		PI	133	M118

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M5	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM BECAUSE THE COST SHARING AMOUNT EXCEEDS OUR USUAL ALLOWANCE. THE ENROLLING PLAN WILL NOTIFY THE PROVIDER DIRECTLY WHEN ITS REVIEW IS COMPLETED.	PR	133		PI	133	M118
M7	THIS NEW PROCEDURE CODE ISN'T PAYABLE BECAUSE WE HAVEN'T FINALIZED THE FEES OR PAYMENT GUIDELINES YET. PLEASE DO NOT RESUBMIT OR INQUIRE. BCBSM WILL REPROCESS; CHECK FUTURE VOUCHERS & REJECTION LISTINGS.	PR	133		PI	147	N185
M8	WE RECEIVED A CLAIM FOR THIS SERVICE AND SENT IT TO THE PATIENT'S ENROLLING BCBS PLAN FOR CONSIDERATION. PLEASE ALLOW TIME FOR THAT PLAN TO COMPLETE ITS REVIEW AND SEND YOU A STATEMENT ABOUT ITS DECISION.	PR	B11		PI	B11	
M9	THE PATIENT IS RESPONSIBLE BECAUSE OUR REVIEW OF THE MEDICAL RECORDS DID NOT SHOW THE SERVICES WERE PROVIDED FOR REHABILITATION PURPOSES.	PR	96		PR	50	N10
PA	REVENUE CODE 0452 MUST BE BILLED WITH REVENUE CODE 0451. THIS SERVICE ISN'T PAYABLE BECAUSE 0452 MUST BE BILLED IN CONJUNCTION WITH 0451.	PI	16	M50	CO	107	M50
PB	THE MEMBER ISN'T RESPONSIBLE WHEN AN INPATIENT REVENUE CODE IS REPORTED ON AN OUTPATIENT CLAIM. IF YOU CAN REPORT AN OUTPATIENT REVENUE CODE FOR THESE SERVICES PLEASE SEND US A NEW CLAIM TO RECONSIDER.	PR	204		PI	125	M50
PC	POSSIBLE WORKMANS COMP	PR	19		PR	19	
PD	HOSP ADMISSION NOT POSTED	CO	96		PI	96	N385
PE	PATIENT HAS MEDICARE	PR	96		PI	109	
PF	NOT MEDICALLY ELIGIBLE	CO	50		PR	50	
PG	PMC 50% NON-PANEL DENIAL	PR	B5		PR	38	
PH	SERVICE NOT A BENEFIT	PR	204		PR	204	
PI	PAYMENT IS DENIED BECAUSE THE FACILITY IS NOT BCBSM APPROVED FOR THIS SERVICE.	PR	B7		PR	B7	
PJ	INTENSIVE SKILLED CARE IS NO LONGER MEDICALLY NECESSARY; THEREFORE SERVICES ARE NOT APPROVED FOR PAYMENT	PR	50		PR	50	
PK	VOL ABORTION NOT A BENEFIT	PR	96		PR	204	
PL	WORKMANS COMP REVERSAL	PR	96		PR	19	
PO	EVAL REJECTED/P.T.APPROVED	PR	204	M86	PR	B5	
PP	EVALUATION HAS BEEN APPROVED/ PHYSICAL THERAPY CHARGES HAVE BEEN REJECTED.	PR	96		PR	B5	
PQ	THE REJECTED SERVICE SHOULD NOT BE BILLED WITH PHYSICAL THERAPY, OCCUPATIONAL THERAPY OR SPEECH THERAPY. PLEASE SUBMIT IT ON A SEPARATE CLAIM.	PR	96		PI	125	N61
PS	PLEASE SEND US A NEW CLAIM BEFORE BILLING THE MEMBER; REPORT A REVENUE CODE IN RANGE 041X AND ONE OF THESE: 0360,0361,0362,0367,0450,0451,0452,0510,0514,0700,	PI	16	M50	PI	125	M50
PV	NOT A PAYABLE DIAGNOSIS	PR	167		PR	167	
PW	DUPLICATE OF A PREVIOUSLY REJECTED OR PAID CLAIM	PI	18		PI	18	
PX	PLEASE LOOK FOR ANOTHER DECISION BEFORE BILLING THE SUBSCRIBER OR SENDING US ANOTHER CLAIM. WE CREATED A NEW CLAIM TO CONSIDER SOME OF THE CHARGES NOT PAID ON PAYMENT IS REDUCED BY 50%. NON-PANEL PROVIDERS MUST OBTAIN AUTHORIZATION FOR PSYCH & SUB ABUSE SERVICES THROUGH THE PSYCHIATRIC MANAGED CARE UNIT.	PI	169	MA15, N185	PI	169	MA15, N185
PY	BENEFITS WERE APPLIED TO PATIENTS COPAY	PR	197		PR	38	
PZ	BENEFITS WERE APPLIED TO PATIENTS COPAY	PR	3		PR	3	
P0	THIS SERVICE ISN'T PAYABLE BECAUSE REVENUE CODE 0451 AND/OR 0452 IS MORE SPECIFIC AND CAN NOT BE BILLED ON THE SAME CLAIM WITH REVENUE CODE 0450, WHICH IS MORE GENERAL. PLEASE CORRECT CLAIM AND RESUBMIT.	PR	96		PI	125	M50
P1	NOT BENEFIT OF GROUP	PR	96		PR	204	
P2	NOT A BLUE CROSS BENEFIT	PR	96		PR	204	
P3	CHARGES WERE APPLIED TO SUBSCRIBERS DEDUCTIBLE	PR	1		PR	1	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
P4	BENEFIT MAXIMUM HAS BEEN MET	PR	35		PR	119	
P5	THIS SERVICE ISN'T A PAYABLE MEDICAL EMERGENCY, A CONDITION THAT OCCURS SUDDENLY AND UNEXPECTEDLY AND COULD CAUSE SERIOUS BODILY HARM OR THREATEN LIFE IF NOT TREATED IMMEDIATELY. CONTACT US IF YOU DISAGREE.	PR	40		PR	40	
P7	NO BENE LEFT FOR THIS SERV	PR	35		PR	119	
P8	SPEECH THERA NOT BENEFIT	PR	96		PR	204	
P9	OCC THERA NOT BENE ALONE	PR	96		PR	107	
RA	PMC L.O.S. BEYOND APPROVED	PR	39		PR	198	N54
RB	THIS SERVICE IS NOT COVERED WHEN PERFORMED AT THIS KIND OF FACILITY	PR	B7		PR	170	N428
RC	POSSIBLE WORKMANS COMP	PR	19		PR	19	
RD	HOSP ADMISSIN NOT POSTED	PR	96		PI	96	N385
RE	THIS CLAIM IS NOT ELIGIBLE BECAUSE THE MEDICARE PROGRAM IS PRIMARY	PR	109		PI	109	
RF	NOT MEDICALLY ELIGIBLE	CO	50		PR	50	N10
RG	PMC PREAUTH SERV DENIED	PR	39		PR	39	
RH	YOUR PATIENTS HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE.	PR	204		PR	204	
RI	PAYMENT IS DENIED BECAUSE THE FACILITY IS NOT BCBSM APPROVED FOR THIS SERVICE.	PR	5		PR	B7	
RJ	INTENSIVED SKILLED CARE IS NO LONGER MEDICALLY NECESSARY; THEREFORE, SERVICES ARE NOT APPROVED. FOR PAYMENT.	CO	50		PR	50	
RK	VOL ABORTION NOT A BENEFIT	PR	204		PR	204	
RL	MAX DAY EXHAUSTED	PR	119		PR	119	
RM	LIFETIME MAX DAY EXHAUSTED	PR	119		PR	35	
RN	EVAL REJECTED /PT REJECTED	PR	204		PR	204	
RO	BASED ON THE PHYSICIAN'S REPORTED DIAGNOSIS, PHYSICAL AND OCCUPATIONAL THERAPY ARE NOT APPROVED FOR PAYMENT.	PR	204		PR	167	
RP	EVAL APPROVED/P.T.REJECTED	PR	204		PR	B5	
RQ	SPEECH THERAPY FOR CHILDREN UNDER SIX IS NOT A GROUP BENEFIT.	PR	204		PR	204	N129
RR	SERVICE REJECTED INSUFFICIENT INFORMATION HAS BEEN RECEIVED. PLEASE SUBMIT COMPLETE MEDICAL RECORDS ALONG WITH THE MEDICAL RECORDS ROUTING FORM. WE WILL REVIEW THE INFORMATION WHEN IT IS RECEIVED.	PI	16	M127	PI	16	M127
RS	PHY.THERAPY/BENE.EXHAUSTED	PR	35		PR	119	
RT	OCC.THERAPY/BENE.EXHAUSTED	PR	35		PR	119	
RU	SPEECH THERAPY - EXHAUSTED	PR	35		PR	119	
RV	THE PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE; IT'S NOT A BENEFIT WHEN PERFORMED FOR THE REPORTED DIAGNOSIS. THE SUBSCRIBER IS LIABLE FOR THIS CHARGE. WE CAN'T PROCESS YOUR CLAIM BECAUSE IT IS A DUPLICATE OF A PREVIOUSLY PENDING, PAID OR REJECTED CLAIM.	PR	167		PR	167	
RW	ESRD BENEFITS EXHAUSTED	PR	18		PI	18	
RX	AUTHORIZATION HAS BEEN DENIED FOR PSYCH AND SUBSTANCE ABUSE SERVICES.	PR	35		PR	119	
RY	BENEFITS WERE APPLIED TO PATIENTS COPAY	PR	39		PR	39	
RZ	YOUR PATIENTS HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE.	PR	3		PR	3	
R1	NOT A BLUE CROSS BENEFIT	PR	204		PR	204	
R2	THE TOTAL CHARGE WAS APPLIED TO THE SUBSCRIBERS DEDUCTIBLE AND/OR COINSURANCE	PR	204		PR	204	
R3	THIS CLAIM ISN'T PAYABLE BECAUSE THE PATIENT HAS ALREADY RECEIVED THE MAXIMUM PAYMENT ALLOWED BY THE MEMBER'S CONTRACT FOR THIS TYPE OF SERVICE.	PR	1		PR	1	
R4		PR	35		PR	119	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
R5	THIS SERVICE ISN'T A PAYABLE MEDICAL EMERGENCY, A CONDITION THAT OCCURS SUDDENLY AND UNEXPECTEDLY AND COULD CAUSE SERIOUS BODILY HARM OR THREATEN LIFE IF NOT TREATED IMMEDIATELY. CONTACT US IF YOU DISAGREE.	PR	40		PR	40	
R6	NON JCAH APPROVED PROVIDER	PR	B7		PR	170	
R7	NO BENE LEFT FOR THIS SERV	PR	35		PR	119	
R8	SPEECH THERA NOT BENEFIT	PR	204		PR	204	
R9	OCC THERAPY NOT BENE ALONE	PR	204		PR	107	
SA	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895.	PR	204		PR	204	
SB	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
SC	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
SD	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
SE	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	39		PR	204	
SF	PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY ARE PAYABLE ONLY FOR ACUTE CONDITIONS THE CONDITION REPORTED IS NON-ACUTE.	PR	204		PR	50	
SI	WE PAID THE REVENUE CODES THAT MET OUR PAYMENT POLICY FOR IVT OR CHEMO. UNLESS YOU MEANT TO REPORT A REVENUE CODE OTHER THAN 0261 OR 0263-0269, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	CO	107	M50	CO	107	M50
SJ	IF YOU MEANT TO REPORT A DIFFERENT HCPCS CODE FOR THIS PATIENT'S CONDITION, SEND A NEW CLAIM. IF THIS CLAIM IS CORRECT, YOU SHOULDN'T EXPECT PAYMENT FOR THE UNPAID CODES.	PI	125	M20	PI	125	M20
SK	WE PAID THE REVENUE CODES WITH AN INSTITUTIONAL HCPCS CODE BUT CAN'T PAY FOR CODES FOR PHYSICIANS. UNLESS YOU MEANT TO REPORT A DIFFERENT HCPCS CODE, YOU SHOULDN'T EXPECT PAYMENT FOR THE UNPAID CODES.	PI	125	M20	PI	125	M20
SL	WE PAID THE REVENUE CODES WITH SPECIFIC HCPCS CODES BUT CAN'T PAY FOR UNLISTED ONES UNLESS YOU MEANT TO REPORT A SPECIFIC HCPCS YOU SHOULDN'T EXPECT PAYMENT FOR THE UNLISTED CODES.	PI	189		PI	189	
SM	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
SN	WE PAID THE HCPCS CODES THAT MET OUR MEDICAL POLICY BE CAN'T PAY THOSE WE CONSIDER INVESTIGATIONAL. UNLESS YOU MEANT TO REPORT A DIFFERENT HCPCS, YOU SHOULDN'T EXPECT PAYMENT FOR THE UNPAID CODES.	PR	55		PR	55	
SO	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
SP	THE HCPCS PROCEDURES BILLED ARE A NON COVERED BENEFIT ACCORDING TO MEDICAL POLICY. AND IS THE MEMBER'S LIABILITY.	PR	204		PR	96	N174

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
SQ	WE PAID THE REVENUE CODES WITH CURRENT HCPCS CODES BUT CAN'T PAY FOR OBSOLETE ONES, UNLESS YOU MEANT TO REPORT A DIFFERENT HCPCS YOU SHOULDN'T EXPECT PAYMENT FOR THE UNPAID CODES.	PR	204		PI	125	M84
SR	WE PAID ANY HCPCS CODES WITH "PAY" ON THE HCPCS PAYMENT RULE DISPLAY. UNLESS YOU MEANT TO REPORT A DIFFERENT CODE, WE OWE NO PAYMENT WHEN THE RULE IS "PRP" NOR DOES THE SUBSCRIBER.	PR	204		PI	16	M20
ST	BASED ON OUR REVIEW OF THE MEDICAL RECORDS YOU SENT US, WE HAVE APPROVED THE CHARGES FOR PHYSICAL THERAPY. HOWEVER, THE MEMBER IS RESPONSIBLE FOR THE SPEECH	PR	204		PR	204	N10
SU	AT THE TIME THIS SERVICE WAS PROVIDED, IT WAS CONSIDERED EXPERIMENTAL/INVESTIGATIONAL. THIS POLICY DOES NOT COVERED	PR	55		PR	55	
SV	REVENUE CODE 0262 IS NOT PAYABLE WHEN BILLED WITH REVENUE CODES 0331, 0332, 0335, 0360, 0361, 0450, 0490, 0510, 0700, 0750, 0761, 0769 OR 0790.	CO	96	M50	CO	96	M50
SY	WE CAN NOT PROCESS THIS PORTION OF THE CLAIM. THESE PHYSICIAN SERVICES CANNOT BE SUBMITTED ON THE UB04. PLEASE BILL THEM ON THE MICHIGAN HEALTH BENEFITS CLAIM	PI	16	N200	PI	125	M50, N34
S4	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
S5	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
S6	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
S7	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
S8	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
S9	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED CALL 1-800-772-6895. INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
TF	THE PATIENT ISN'T RESPONSIBLE FOR THE CHARGE BECAUSE THE SF RECORD FROM THE PROVIDER'S PLAN HAD MESSAGE CODE 1011 WHICH MEANS THIS CLAIM DID NOT MEET ITS GUIDELINES FOR FILING CLAIMS TIMELY.	PR	29		CO	29	
UA	YOUR PATIENT'S BLUE PLAN ASKED FOR A CORRECTED CLAIM BECAUSE THIS SERVICE CAN'T BE REPORTED SEPERATELY. PLEASE INCLUDE THIS SERVICE WHEN YOU REPORT THE RELATED INPATIENT CHARGES.	PR	204		PI	107	
UB	YOUR PATIENT'S BLUE PLAN DIDN'T APPROVE PAYMENT BECAUSE THIS SERVICE WASN'T PROVIDED IN THE U.S. OR BECAUSE WAR WAS INVOLVED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	204		PR	157	
UC	YOUR PATIENT'S BLUE PLAN DIDN'T APPROVE PAYMENT BECAUSE TRANSPORTATION WAS NOT PROVIDED TO THE CLOSEST FACILITY. THE OTHER PLANS SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	117	
UD	YOUR PATIENT'S BLUE PLAN DIDN'T APPROVE PAYMENT BECAUSE TRANSPORTATION WAS NOT PROVIDED TO THE CLOSEST FACILITY. THE OTHER PLANS SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	117	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
UE	WE ARE APPROVING THIS HOSPITAL BILL. SINCE THIS SERVICE WAS PERFORMED AT YOUR HOSPITAL FOR YOUR EMPLOYEE, WE ARE NOT MAKING A PAYMENT. THIS IS AN INTERNAL TRANSFER OF FUNDS FOR YOUR STAFF.	PR	204		CO	139	
UG	THE ADMISSION IS NOT PAYABLE BECAUSE THE REQUIREMENTS FOR AN INPATIENT STAY WERE NOT MET. THE MEMBER IS RESPONSIBLE FOR THE COST IF A PRIOR AGREEMENT WAS SIGNED.	PR	204		PR	B5	
UH	YOUR PATIENT'S BLUE PLAN DIDN'T APPROVE PAYMENT BECAUSE ALTERNATIVE SERVICES WERE AVAILABLE AND THE PATIENT SHOULD HAVE USED THEM INSTEAD. THE OTHER PLANS SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	B8	
UK	YOUR PATIENT'S BLUE PLAN DIDN'T RESPOND TO OUR REQUEST FOR CORRECTED INFORMATION ABOUT THIS SERVICE. AS A RESULT, THE OTHER PLAN'S SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	227	N102
UL	YOUR PATIENT'S BLUE PLAN DIDN'T RESPOND TO OUR REQUEST FOR CORRECTED INFORMATION ABOUT THIS SERVICE. AS A RESULT, THE OTHER PLAN'S SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	227	N102
U1	WE CAN'T REVIEW THIS CLAIM FOR BCBSM BENEFITS BECAUSE AN OPL VALUE CODE WAS REPORTED ON OUR PAYER LINE. PLEASE SEND US ANOTHER CLAIM WITH THE CORRECTED VALUE CODE OR PAYER INFORMATION FOR CONSIDERATION.	PI	16	M49, M56	PI	125	M49, MA92
U3	PLEASE SEND US A CLAIM WITH A TYPE OF BILL OR PROCEDURE CODE THAT'S CONSISTENT WITH THE PLACE OF SERVICE. UNTIL WE GET A CORRECTED CLAIM, THE SUBSCRIBER SHOULDN'T BE ASKED TO PAY YOUR CHARGE.	PR	204		PI	5	
U4	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE PATIENT'S GENDER OR THE CPT OR HCPCS PROCEDURE CODE.	PR	204		PI	7	
U5	THE SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE; PAYMENT IS EXCLUDED FOR SERVICES PROVIDED BY YOUR FACILITY. IF YOU CAN REPORT ANOTHER FACILITY CODE FOR THIS SERVICE DATE, WE'LL RECONSIDER THIS CLAIM.	PR	204		PR	B7	
U6	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE PATIENT'S BIRTH DATE OR THE CPT OR HCPCS PROCEDURE CODE.	PR	204		PI	6	
U8	YOUR PATIENT'S BLUE PLAN ASKED FOR A CORRECTED CLAIM BECAUSE ONE OF THE CHARGES SEEMS EXCESSIVE; PERHAPS IT CONTAINS AN EXTRA DIGIT.	PR	204		PI	16	M54
U9	YOUR PATIENT'S BLUE PLAN ASKED FOR A CORRECTED CLAIM. EITHER A MODIFIER IS MISSING OR THE PROCEDURE CODE AND MODIFIER ARE INCONSISTENT. PLEASE SEND THE REQUESTED INFORMATION BEFORE BILLING YOUR PATIENT.	PR	204		PI	4	
WA	THIS CLAIM ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT DOES NOT COVER IT FOR A ROUTINE PHYSICAL EXAM.	PR	49		PR	49	
WB	MAXIMUM AMOUNT THE CONTRACT ALLOWS FOR THIS SERVICE ALREADY USED	PR	35		PR	119	
WC	THIS CLAIM ISN'T PAYABLE BECAUSE IT WOULD NOT BE TYPICALLY PERFORMED ON A PATIENT OF THIS GENDER.	PR	10		PI	7	
WD	THIS CLAIM ISN'T PAYABLE BECAUSE THE DIAGNOSIS ON THE CLAIM ISN'T APPROPRIATE FOR A PATIENT OF THIS AGE BASED ON THE REPORTED BIRTHDATE. WE'LL RECONSIDER THE SERVICE FOR PAYMENT IF WE GET A CORRECTED CLAIM.	PR	9		PI	9	
WE	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE THE CONTRACT EXCLUDES BENEFITS FOR SERVICES PERFORMED BY A NON-PARTICIPATING PROVIDER.	PR	B7		PR	111	
WF	THIS CLAIM ISN'T PAYABLE BECAUSE THE REPORTED SERVICE DATE IS AFTER THE DISCHARGE DATE. WE'LL RECONSIDER THE SERVICE FOR PAYMENT IF YOU SEND US A CLAIM WITH EITHER THE SERVICE DATE OR DISCHARGE DATE CORRECTED.	PI	16	MA06, N318	PI	125	N318

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
WG	THIS CLAIM ISN'T PAYABLE BECAUSE THE REPORTED BIRTH- DATE IS AFTER THE SERVICE DATE WE'LL RECONSIDER THE SERVICE FOR PAYMENT IF WE GET A CLAIM WITH EITHER THE SERVICE DATE OR PATIENT'S BIRTHDATE CORRECTED.	PI	14		PI	14	
WH	THIS CLAIM ISN'T PAYABLE BECAUSE THE HOME PLAN NEEDS THE CHARGES SPLIT TO COMPLY WITH ITS REPORTING REQUIREMENTS.	PI	16	MA15	PI	16	N61
WI	THIS CLAIM ISN'T PAYABLE ACCORDING TO THE PROVIDER'S CONTRACT WITH ITS BLUE CROSS PLAN. THE PATIENT MAY BE BILLED FOR THE NONCOVERED AMOUNT.	PR	204		PR	204	
WJ	WE CAN'T APPROVE PAYMENT FOR SERVICE UNDER THE PATIENT'S BLUE CORSS/BLUE SHIELD OF MICHIGAN SUPPLEMENTAL CONTRACT BECAUSE THE PRIMARY INSURER, MEDICARE, HAS DENIED PAYMENT.	PR	204		OA	23	N219
WK	THIS CLAIM ISN'T PAYABLE THROUGH THE BLUE CARD PROGRAM BUT IT MAY BE COVERED BY THE PATIENT'S CONTRACT. PLEASE SUBMIT THIS CLAIM DIRECTLY TO THE PATIENT'S BLUE CROSS PLAN FOR REVIEW.	PI	109		PI	109	
WL	WE CAN'T APPROVE PAYMENT FOR THIS CLAIM BECAUSE THE PATIENT'S BLUE CROSS PLAN REQUESTED FURTHER INVESTIGATION.	PR	204		PI	133	
WM	THIS CLAIM ISN'T PAYABLE BECAUSE THE FACILITY DOES NOT PARTICIPATE IN THE DEFINED PROVIDER NETWORK FOR THIS PATIENT'S CONTRACT.	PR	38		PR	38	
WN	THIS CLAIM ISN'T PAYABLE BECAUSE ONE OF THE REVENUE CODES ON THIS CLAIM WAS NOT BILLED WITH ITS RELATED REVENUE CODE. WE'LL RECONSIDER THE CLAIM FOR PAYMENT IF WE GET A CORRECTED CLAIM SHOWING BOTH REVENUE CODES	PR	204		CO	107	
WO	THIS CLAIM ISN'T PAYABLE BECAUSE IT IS COVERED ONLY WHEN THE TREATMENT FOR OVARIAN CANCER IS PREAPPROVED AND PERFORMED IN A NATIONAL CANCER INSTITUTE DESIGNATED CENTER OR AN AFFILIATE.				PR	197	N428
WP	THIS CLAIM ISN'T COVERED UNDER THE FACILITY PART OF THE PATIENT'S CONTRACT, BUT MAY BE COVERED UNDER THE MEDICAL PART. PLEASE SUBMIT ON A PROFESSIONAL CLAIM.	PI	16	N200	PI	125	N34
WR	WE CAN'T PROCESS THIS CLAIM BECAUSE OUR RECORDS SHOW THAT THE BLUE CROSS PLAN WHERE THE SERVICE WAS PROVIDED IS RESPONSIBLE FOR PROCESSING IT. PLEASE SEND THIS CLAIM TO THAT PLAN.	PR	109		PI	109	
WT	THE BLUE CARD ALPHA PREFIX YOU REPORTED AND THE ONE FROM THE PATIENT'S BLUE CROSS PLAN DON'T MATCH. DON'T SEND A NEW CLAIM. WE WILL CREATE ONE FOR YOU AND WILL SEND YOU OUR PAYMENT DECISION.	PI	169	MA15, N185	PI	133	N185
WU	THIS THERAPY CLAIMS REQUIRES THE NUMBER OF DAYS THE PATIENT WAS IN TREATMENT AND THAT INFORMATION COULDN'T BE DETERMINED. PLEASE REBILL THIS CLAIM WITH THE ACTUAL NUMBER OF DAYS.	PR	96		PI	125	M53
WV	THIS CLAIM ISN'T PAYABLE BECAUSE THE MEMBER'S CONTRACT WILL NOT COVER THE TOTAL NUMBER OF REPORTED THERAPY SERVICES. PLEASE REBILL ONLY FOR THE AVAILABLE NUMBER	PR	204		PI	125	M53
WW	THIS SERVICE ISN'T PAYABLE BECAUSE WE DO NOT KNOW WHEN THE PATIENT'S EXCLUSION PERIOD FOR PRE-EXISTING CONDITIONS ENDS. PLEASE RE-SUBMIT WHEN THE MEMBER SAYS WE HAVE UPDATED OUR FILES.	PR	204		PR	51	N179
WX	THE PATIENT'S SUPPLEMENTAL COVERAGE DOESN'T COVER THE ANNUAL MEDICARE DEDUCTIBLE.	PR	204		PR	204	
WY	THIS CLAIM ISN'T PAYABLE THROUGH THE BLUE CARD PROGRAM BUT IT MAY BE COVERED BY THE PATIENT'S CONTRACT. PLEASE SUBMIT THIS CLAIM DIRECTLY TO THE PATIENT'S BLUE CROSS PLAN FOR REVIEW	PR	204		PI	109	
WZ	THIS CLAIM ISN'T PAYABLE BECAUSE IT IS COVERED ONLY WHEN THE TREATMENT FOR STAGES I OR III BREAST CANCER IS PREAPPROVED AND PERFORMED IN A NATIONAL CANCER INSTITUTE DESIGNATED CENTER OR AN AFFILIATE.	PR	204		PR	197	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
W2	FOR THIS GROUP ANOTHER CARRIER PROCESSES CLAIMS FOR MENTAL HEALTH AND SUB ABUSE. SEND CLAIMS TO MAGELLAN BEHAVIORAL OF MI, STATE OF MI CLAIM UNIT, PO BOX 2278, MARYLAND HGTS, MO 63043 ON OR AFTER 03/01/01.	PR	204		PI	109	
W4	WE CAN NOT PROCESS THIS CLAIM FOR SERVICES RELATED TO AN AUTO ACCIDENT BECAUSE OUR RECORDS SHOW THE PATIENTS AUTO INSURANCE CARRIER IS PRIMARY. PLEASE SEND THIS CLAIM TO THE PATIENTS AUTO INSURANCE CARRIER.	PR	109		PR	21	
W5	THIS SERVICE ISN'T PAYABLE BASE ON MEDICAL CONSULTANT REVIEW OF DOCUMENTATION SUBMITTED WITH THE CLAIM. UNLESS ADDITIONAL INFORMATION ABOUT THE PATIENTS CARE IS SENT NO PAYMENT WILL BE MADE FOR THIS SERVICE.	PI	16	N358	PR	96	N10, N358
W6	PLEASE SUBMIT THIS CLAIM ELECTRONICALLY. IF YOU DONT HAVE AN ELECTRONIC BILLINC OPTION, PLEASE CALL US AT 800-542-0945, PROMPT 5.	PR	204		PI	125	N400
W7	THIS CLAIM ISN'T PAYABLE BECAUSE IT DID NOT SHOW THE PAYMENT DECISION OF BOTH THE PATIENT'S MEDICARE AND SECONDARY COVERAGES. IF YOU SEND ANOTHER CLAIM WITH THAT INFORMATION, WE'LL RECONSIDER IT.	PI	16	MA84	PI	16	N4
W8	OUTPATIENT MEDICAID CLAIM REJECTED BY BLUE CROSS BLUE SHIELD OF MICHIGAN. NO PROVIDER OR SUBSCRIBER INVOLVEMENT.	PR	204		PI	204	
001	THE CONTRACT WAS CANCELLED BEFORE DATE OF SERVICE.	PR	27		PR	27	
002	WE FORWARDED THIS CLAIM TO THE CORRECT BCBS ADMINISTRATOR ON BEHALF OF YOUR PATIENT. HOWEVER, IN THIS CASE THE ADMINISTRATOR IS NOT THE PRIMARY CARRIER PLEASE SUBMIT THIS CLM TO THE PATIENTS PRIMARY CARRIER	PR	109		PI	109	
003	DATE OF SERVICE AFTER PAID-TO DATE FOR MEMBER	PR	26		PR	27	
004	DATE OF SERVICE WITHIN LAPSE OF COVERAGE	PR	26		PR	200	
005	THIS SERVICE ISN'T PAYABLE BECAUSE, AS WE EXPLAINED TO THE SUBSCRIBER UPON ENROLLMENT TREATMENT OF THIS PATIENTS CONDITION IS A SPECIFIC EXCLUSION OF THEIR CONTRACT.	PR	204		PR	204	
007	MAXIMUM AMOUNT THE CONTRACT ALLOWS FOR THIS SERVICE ALREADY USED	PR	119		PR	119	
008	TOTAL CHARGES FOR THESE SERVICES WERE APPLIED TOWARD THE PATIENT'S COINSURANCE AND/OR DEDUCTIBLE AMOUNT.	PR	204		PR	1	
009	THIS INPATIENT CLAIM HAS BEEN SENT TO MESSA FOR REVIEW AND PROCESSING	PR	B11		PI	B11	
010	AS YOU REQUESTED BY PRESENCE OF CONDITION CODE 99 ON THE CLAIM, THIS CLAIM HAS BEEN REVIEWED AND HAS BEEN DETERMINED TO BE NON-PAYABLE DUE TO ELIGIBILITY REASONS.	PR	204		PR	32	N10
011	ADMISSION PREVIOUSLY REJECTED	PR	204		PI	193	
012	OUT OF AREA NON EMERGENCY ACCIDENT/MEDICAL CARE	PR	204		PR	40	
013	RENTAL CHARGE EXCEEDS PURCHASE PRICE OF THE DURABLE MEDICAL EQUIPMENT OR COST FOR PURCHASE HAS BEEN PAID ON A PRIOR CLAIM	PR	204		CO	108	M7
014	THIS PROCEDURE DOES NOT WARRANT THE SERVICES OF AN ASSISTANT SURGEON	PR	204		CO	54	
015	ORIGINAL CLAIM PROCESSED INCORRECTLY	PR	204		PI	129	
016	INVALID CPT CODE (PAR PLAN TO CORRECT)	PR	B18		PI	B18	
017	CONCURRENT MEDICAL FOR A DIFFERENT PHYSICIAN	PR	204		CO	B20	
018	THIS CLAIM ISN'T PAYABLE BECUASE EITHER THE ALPHA PREFIX OR CONTRACT NUMBER REPORTED IS INCORRECT. PLEASE CHECK THE PATIENT'S BCBS IDENTIFICATION CARD AND RESUBMIT THE CLAIM TO BCBSM.	CO	16		PR	31	
019	CLOSE OUT CLAIM	PR	204		PI	125	MA130
020	THIS PATIENT IS NOT LISTED ON OUR RECORD AS A MEMBER ON THE CONTRACT	PR	31		PR	31	
021	WE CAN'T REVIEW THIS CLAIM BECAUSE OUR RECORDS DO NOT SHOW BCN AS THIS PATIENT'S PRIMARY INSURER. PLEASE CORRECT THE PAYER CODE IN FORM LOCATOR 50 AND SEND THIS CLAIM TO THAT INSURER.	PR	109		PI	109	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
022	THIS PATIENT WASN'T LISTED ON THE CONTRACT AT THIS TIME OF SERVICE.	PR	26		PR	27	
023	OUR RECORDS SHOW THE PATIENT IS 19. DEPENDENTS ARE COVERED ONLY UNTIL DEC. 31 OF THE YEAR THEY TURN 19.	PR	26		PR	32	
024	PATIENT NOT LISTED, NO MATCH ON PATIENTS NAME, RELATIONSHIP CODE AND/OR AGE	PR	31		PR	31	
025	OUR RECORDS SHOW THE PATIENT IS 25 YEARS OF AGE. DEPENDENTS ARE COVERED ONLY UNTIL DEC.31ST OF THE YEAR THEY TURN 25	PR	26		PR	32	N129
026	CLAIMS FOR FORD HOURLY RETIREES SHOULD BE SENT TO THE BCBS PLAN THAT SERVICES YOUR	PR	109		PI	109	
027	THE SUBSCRIBER IS NOT ENROLLED THROUGH BLUE CROSS AND BLUE SHIELD OF MICHIGAN. PLEASE SEND THE CLAIM TO THE ENROLLING PLAN, WHICH IS NOTED ON THE SUBSCRIBER'S ID	PR	31		PR	31	
028	HANDLE DIRECT AND PAY PROVIDER DIRECTLY	PI	109		PI	109	
029	HANDLE DIRECT AND PAY SUBSCRIBER DIRECTLY	PR	109		PI	109	
030	MEDICARE COMPLEMENTARY IS HANDLED OUTSIDE OF ITS	PR	109		PI	109	
031	THIRD PARTY LIABILITY, HANDLE DIRECT	PR	109		PI	109	
032	WE CANNOT PROCESS THIS CLAIM BECUASE ANOTHER CLAIM FOR THE SAME SERVICE HAS ALREADY BEEN SUBMITTED. THAT CLAIM IS BEING PROCESSED UNDER THE PATIENT'S PRIMARY BCBSM CONTRACT.	PR	18		PI	18	
033	PLEASE FORWARD CLAIM TO PAT BUCKLEY, RT 1-19 BLUE CROSS/BLUE SHIELD MINNESOTA P.O. BOX 64338 ST.PAUL, MN 55164-0179 FOR PROCESSING	PR	204		PI	109	
034	PAID IN FULL BY ANOTHER INSURANCE	PR	204		OA	23	N219
035	WE CAN'T APPROVE PAYMENT FOR SERVICE UNDER THE PATIENT'S BLUE CORSS/BLUE SHIELD OF MICHIGAN SUPPLEMENTAL CONTRACT BECAUSE THE PRIMARY INSURER, MEDICARE, HAS DENIED PAYMENT.	PR	204		OA	23	N219
036	WE CAN NOT APPROVE PAYMENT FOR THIS SERVICE UNDER THE PATIENT'S BLUE CROSS BLUE SHIELD OF MICHIGAN CONTRACT BECAUSE THE PRIMARY INSURER HAS PAID THE MOST WE (BCBSM) WOULD HAVE PAID.	PR	23		OA	23	N219
037	WE CAN NOT PROCESS THIS CLAIM BECAUSE THE SUBSCRIBER DOES NOT HAVE BLUE CROSS AND BLUE SHIELD BASIC COVERAGE FOR HOSPITAL AND PHYSICIAN SERVICES.	PR	26		PR	204	N216
038	WE CAN NOT PROCESS THIS CLAIM BECAUSE THESE PHYSICIAN SERVICES CANNOT BE SUBMITTED ON THE UB04. PLEASE BILL THEMMON THE MICHIGAN HEALTH BENEFITS CLAIM INSTEAD.	CO	16		PI	125	N34, N400
039	THIS IS AN ERISA ACCOUNT. APPLICATION OF THE STATE MANDATE IS OPTIONAL.	PR	204		PR	119	
040	ADMISSIONS PRIMARILY FOR DIAGNOSTIC STUDIES NOT A CONTRACT BENEFIT	PR	204		PR	204	
041	THE PATIENT'S CONTRACT HAS NOT BEEN IN EFFECT THE REQUIRED 180 DAYS NEEDED TO COVER THIS SERVICE.	PR	204		PR	179	
042	CONTRACT DOES NOT COVER ADMISSION FOR DENTAL SERVICES.	PR	26		PR	204	
043	WELL-BORN CARE NOT CONTRACT BENEFIT	PR	204		PR	204	
044	CONVALESCENT CARE NOT A CONTRACT BENEFIT	PR	204		PR	204	
045	THIS CONTRACT ONLY COVERS PROFESSIONAL MEDICAL SERVICES.	PR	204		PR	204	N216
046	THIS SERVICE IS NOT COVERED WHEN PERFORMED AT THIS FACILITY.	PR	5		PR	96	N428
047	THIS SERVICE IS NOT COVERED WHEN BILLED BY A FACILITY OF YOUR SPECIALTY.	PR	B6		PR	172	
048	MEMBER'S CONTRACT DOES NOT COVER SUBSTANCE ABUSE CARE.	PR	204		PR	204	
049	ADMISSION PRIMARILY FOR PHYSICAL THERAPY IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
050	MEMBER'S CONTRACT DOES NOT COVER NERVOUS AND MENTAL CARE.	PR	204		PR	204	
051	MEMBER'S CONTRACT DOES NOT COVER T/B CARE.	PR	204		PR	204	
052	THIS PATIENT'S COVERAGE DOES NOT INCLUDE INPATIENT HOSPITAL SERVICES.	PR	204		PR	204	
053	MEMBER'S CONTRACT DOES NOT COVER COSMETIC SURGERY.	PR	204		PR	204	N383

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
054	THE PRIMARY CARRIER REDUCED (SANCTIONED) PAYMENT BECAUSE ALL GUIDELINES FOR FULL REIMBURSEMENT WERE NOT MET. WE CANNOT APPROVE PAYMENT FOR THIS AMOUNT BECAUSE SANCTIONS ARE NOT A BCBSM BENEFIT.	PR	204		PR	204	N36
055	SERVICES WHICH ARE A DIRECT OR INDIRECT RESULT OF AN AUTO ACCIDENT ARE NOT COVERED.	PR	204		PR	21	
056	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS NOT PERFORMED WITHIN 72 HOURS OF THE ACCIDENTAL INJURY. WE REQUIRE THAT TREATMENT FOR ACCIDENTAL INJURIES BE OBTAINED WITHIN 72 HOURS.	PR	138		PR	96	N409
057	NO RECORD OF ORIGINAL PAYMENT CAN BE FOUND FOR THIS ADJUSTMENT.	PR	135		PI	125	N152
058	THIS CLAIM ISN'T PAYABLE BECAUSE THE FACILITY DOES NOT PARTICIPATE WITH BCBSM'S TRADITIONAL AND/OR BLUE PREFERRED (PPO). THE MEMBER'S HOME PLAN DOES NOT COVER SERVICES PERFORMED BY NONPARTICIPATING PROVIDERS.	PR	58		PR	111	
060	FOR THIS GROUP, ANOTHER INSURER PROCESSES CLAIMS FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. PLEASE CONTACT THE SUBSCRIBER FOR MORE INFORMATION.	PR	109		PI	109	
061	THIS SERVICE ISN'T PAYABLE BECAUSE BLUE CARE NETWORK OF MICHIGAN MANAGER APPROVED PROFESSIONAL BENEFITS ONLY. PLEASE CALL BLUE CARE NETWORK PROVIDER INQUIRY AT 1-800-225-1690 FOR MORE INFORMATION.	PR	204		PR	38	N54
062	THE SUBSCRIBER'S BCBSM CONTRACT DOES NOT COVER FOOT OR ANKLE SERVICES FOR THIS CONDITION. PLEASE SUBMIT THE CLAIM TO THE PATIENTS OTHER FOOT-CARE CARRIER, NATIONAL FOOT CARE INSURANCE CO. FOR PROCESSING.	PR	204		PR	197	N54
063	SKILLED NURSING CARE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
064	SERVICE IS NOT COVERED BECAUSE THE BILL DID NOT LIST A SPECIFIC DIAGNOSIS	PR	47		PI	167	
065	SERVICE IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
066	SERVICE IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
067	SERVICE IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
068	SERVICE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
069	NO AUTO BENEFIT AVAILABLE - SNF	PR	204		PR	21	
070	PATIENT HAS EXHAUSTED DAYS AND/OR VISITS	PR	35		PR	119	
071	NO CO-INSURANCE INVOLVED AT TIME OF ADMISSION	PR	204		OA	23	
072	THE GROUP DOES NOT ALLOW FOR PAYMENT OF SUBSTANCE ABUSE DAY CARE SERVICES	PR	204		PR	204	
073	NO PRIOR 3-DAY HOSPITAL STAY - SNF	PR	204		PR	B5	
074	THIS SERVICE IS NOT A CONTRACT BENEFIT.	PR	204		PR	204	
075	NO RECORD OF PRE-CERTIFICATION ON FILE	PR	197		PR	197	
076	LOS EXCEEDS ASSIGNED DAYS	PR	78		PI	125	N362
077	THE ADMISSION IS NOT PAYABLE BECAUSE THE REQUIRMENTS FOR AN INPATIENT STAY WERE NOT MET. THE MEMBER IS RESPONSIBLE FOR THE COST IF A PRIOR AGREEMENT WAS SIGNED.	PR	39		PR	B5	
078	THE PREAUTHORIZED NUMBER OF HOSPITAL DAYS FOR THE PATIENT WAS EXCEEDED. THE PROVIDER SHOULD NOT BILL THE SUBSCRIBER FOR ANY CHARGES RELATED TO THE EXCESS DAYS	PR	78		CO	39	N362
079	THIS SERVICE IS NOT PAYABLE. PRE-AUTHORIZATION HAS NOT BEEN OBTAINED OR HAS BEEN DENIED. FACILITY IS NON-PARTICIPATING AND NON-PANEL UNDER THE MENTAL HEALTH CARE MANAGEMENT PROGRAM.	PR	39		PR	38	
080	BLUE CROSS AND BLUE SHIELD OF MICHIGAN IS NOT THE ADMINISTRATOR (CONTROL PLAN) FOR THIS GROUP. PLEASE SUBMIT THIS CLAIM TO THE GROUPS BCBS CONTROL PLAN FOR PAYMENT DETERMINATION.	PR	109		PI	109	
081	NO PRECERTIFICATION ON FILE FOR THIS ADMISSION	PR	197		PR	197	
082	WE ARE REJECTING THIS CLAIM BECAUSE THE REQUIRED INFORMATION IS EITHER MISSING OR INVALID. PLEASE CORRECT AND RESUBMIT CLAIM.	CO	16		PI	16	N29

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
083	THIS CLAIM WAS SUBMITTED AFTER THE 12 MONTH FILING LIMIT SPECIFIED IN THE PARTICIPATING HOSPITAL AGREEMENT. YOUR CLAIM HAS BEEN REVIEWED BY THE FILING LIMIT APPEAL COMMITTEE AND THE APPEAL IS DENIED.	CO	29		PI	193	MA91
084	BLUE CROSS AND BLUE SHIELD OF MICHIGAN MADE THE PRIMARY PAYMENT FOR THIS SERVICE. SUPPORT DOCUMENTATION WILL BE PROVIDED.	PR	B13		PI	96	M118
085	SERVICE DATES PRIOR TO 01/01/90 SHOULD BE INCLUDED IN THE HCFA DATA MATCH PROCESS	CO	A2		PR	204	
086	THE DATE OF SERVICE IS PRIOR TO 01/01/90 AND THE SUBSCRIBER'S GROUP COVERAGE IS UNDERWRITTEN. ANY BCBSM LIABILITY IS CURRENTLY THE SUBJECT OF LITIGATION.	CO	A2		PR	204	
087	OUR RECORDS SHOW THAT ANOTHER HEALTH INSURANCE PLAN IS THE PRIMARY PAYER. THE NAME OF THE PRIMARY HEALTH INSURANCE PLAN WILL BE PROVIDED.	PR	109		PI	109	
088	ACCORDING TO OUR RECORDS, THIS MEMBER DOES NOT HAVE POINT OF SERVICE COVERAGE. YOUR FACILITY IS ELIGIBLE TO RECEIVE REIMBURSEMENT ONLY FOR POINT OF SERVICE MEMBERS	PR	38		PR	B5	
089	WE ARE APPROVING THIS HOSPITAL BILL. SINCE THIS SERVICE WAS PERFORMED AT YOUR HOSPITAL FOR YOUR EMPLOYEE, WE ARE NOT MAKING A PAYMENT. THIS IS AN INTERNAL TRANSFER OF FUNDS FOR YOUR STAFF.	PR	139		CO	139	
090	UNDER THIS CONTRACT, A MARRIED DEPENDENT IS NOT ELIGIBLE FOR MATERNITY BENEFITS.	PR	32		PR	32	
091	GRANDCHILD NOT AN ELIGIBLE MEMBER.	PR	32		PR	32	
092	PATIENT NOT ELIGIBLE FOR SERVICES AT TIME OF ADMISSION.	PR	32		PR	27	
093	PATIENT NOT ELIGIBLE FOR SERVICES AT TIME OF ADMISSION.	PR	204		PR	27	
094	DATE OF SERVICE PRIOR TO EFFECTIVE DATE FOR MEMBER.	PR	26		PR	26	
095	DEDUCTIBLE AMOUNT FOR THIS BENEFIT PERIOD HAS ALREADY BEEN PAID.	PR	1		PI	18	
096	HOSPITAL MEDICAL RECORDS SHOW THAT THIS SERVICE IS NOT MEDICALLY ELIGIBLE.	PR	204		PR	50	N10
098	THIS CLAIM IS NOT ELIGIBLE BECAUSE THE MEDICARE PROGRAM IS PRIMARY	PR	109		PI	109	
099	THE SERVICE ISN'T PAYABLE BASED ON MEDICAL CONSULTANT REVIEW OF OF THE SUBMITTED DOCUMENTATION. UNLESS ADDITIONAL INFORMATION ABOUT THE PATIENTS CARE IS SENT, NO PAYMENT WILL BE MADE FOR THIS SERVICE.	PR	50		PR	96	N10, N358
100	REJECTION MAINTAINED BY MEDICAL CONSULTANT	PR	50		PI	193	
101	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT WAS IN THE END-STAGE RENAL DISEASE COORDINATION PERIOD. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT.	PR	129		PI	129	
104	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT OR PATIENT'S SPOUSE WAS EMPLOYED AT THE TIME. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT.	PR	129		PI	129	
105	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT WAS DISABLED AND HAD GROUP COVERAGE AT THE TIME. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT.	PR	129		PI	129	
106	OUR RECORDS SHOW MEDICARE AS THE PRIMARY CARRIER FOR THIS PATIENT AFTER THE COORDINATION PERIOD FOR ESRD. PLEASE BILL MEDICARE AS PRIMARY AND BCBSM FOR ANY ELIGIBLE SUPPLEMENTAL PAYMENT.	PR	109		PI	129	
107	OUR RECORDS SHOW THAT THIS PATIENT IS COVERED BY THREE INSURERS. ANOTHER CARRIER SHOULD HAVE BEEN BILLED FIRST THEN BCBSM AND THEN MEDICARE. PLEASE REFUND MEDICARE & SUBMIT A CLAIM TO THE OTHER PLAN.	PR	109		PI	129	
108	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOWS THE PATIENT HAD FULL COVERAGE WITH BCBSM AT THE TIME. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT.	PR	129		PI	129	
109	THIS CONTRACT DOES NOT COVER MATERNITY SERVICES.	PR	204		PR	204	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
110	THE PATIENT'S CONTRACT HAS NOT BEEN IN EFFECT THE NUMBER OF DAYS REQUIRED TO COVER THIS TYPE OF ADMISSION.	PR	30		PR	30	
111	BECAUSE THIS SERVICE WAS PERFORMED DURING THE PATIENTS WAITING PERIOD FOR A PRE EXISTING CONDITION, THE MEMBER IS RESPONSIBLE. HOWEVER, IF YOU SEND MEDICAL RECORDS WE WILL RE-CONSIDER.	PR	30		PR	51	N358
112	270 DAY WAITING PERIOD NOT MET; LAPSE IN COVERAGE.	PR	30		PR	30	
113	BECAUSE THIS SERVICE WAS PERFORMED DURING THE PATIENTS WAITING PERIOD FOR A PRE EXISTING CONDITION, THE MEMBER IS RESPONSIBLE. HOWEVER, IF YOU SEND MEDICAL RECORDS WE WILL RE-CONSIDER.	PR	30		PR	51	N358
114	THIS TYPE OF SERVICE NOT A CONTRACT BENEFIT.	PR	204		PR	204	
115	THIS CLAIM HAS BEEN REJECTED BY BLUE CROSS AND BLUE SHIELD OF MISSOURI, THE ADMINISTRATORS FOR THE DAUGHTERS OF CHARITY GROUP. IF YOU NEED ADDITIONAL INFORMATION, PLEASE CALL 1-800-433-2484.	PR	204		PR	204	
116	THIS CLAIM HAS BEEN REJECTED BY BLUE CROSS AND BLUE SHIELD OF MISSOURI, THE ADMINISTRATORS FOR THE ENTERPRISE GROUP. IF YOU NEED ADDITIONAL INFORMATION, PLEASE CALL 1-800-843-6545.	PR	204		PR	204	
117	THIS CLAIM HAS BEEN REJECTED BY BLUE CROSS AND BLUE SHIELD OF ILLINOIS, THE ADMINISTRATORS FOR THE ILLINOIS TOOL WORKERS GROUP. IF YOU NEED ADDITIONAL INFORMATION, PLEASE CALL 1-800-325-0320.	PR	204		PR	204	
118	THIS CLAIM HAS BEEN REJECTED BY BLUE CROSS AND BLUE SHIELD OF ILLINOIS, THE ADMINISTRATORS FOR THE SERVICE MASTERS GROUP. IF YOU NEED ADDITIONAL INFORMATION, PLEASE CALL 1-800-782-1556.	PR	204		PR	204	
119	THIS CLAIM HAS BEEN REJECTED BY BLUE CROSS AND BLUE SHIELD OF ILLINOIS, THE ADMINISTRATORS FOR THE FIELD CONTAINER GROUP. IF NEEDED CALL 1-800-541-4634.	PR	204		PR	204	
120	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE EDDIE BAUER GROUP. IF NEEDED, CALL 1-800-772-6895	PR	204		PR	204	
121	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE CONNELL GROUP. IF YOU NEED ADDITIONAL INFORMATION, PLEASE CALL 1-800-356-3892.	PR	204		PR	204	
122	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE IVI TRAVEL GROUP. IF NEEDED, CALL 1-800-423-7667.	PR	204		PR	204	
123	(THIS CLAIM) OR (A PORTION OF THIS CLAIM) HAS BEEN REJECTED BY BCBS OF ILLINOIS, THE ADMINISTRATOR FOR THE UNICORN GROUP. IF YOU NEED ADDITIONAL INFORMATION, PLEASE CALL 1-800-458-6024.	PR	204		PR	204	
124	WE CAN'T REVIEW THIS CLAIM, IT IS FOR A BLUE CARE NET- WORK GREAT LAKES MEMBER. YOUR HOSPITAL HAS AN AGREEMNT TO SEND SUCH CLAIMS DIRECTLY TO THEM. FORWARD CLAIM TO BLUE CARE NETWORK GREAT LAKES.	PI	109		PI	109	
125	WE CAN'T REVIEW THIS CLAIM. IT IS FOR A BLUE CARE NET- WORK OF EAST MICHIGAN MEMBER. YOUR HOSPITAL HAS AN AGREEMENT TO SEND SUCH CLAIMS TO THEM. PLEASE FORWARD THIS TO BCN OF EAST MICHIGAN FOR PROCESSING.	PI	109		PI	109	
126	WE CAN'T REVIEW THIS CLAIM. IT IS FOR A BLUE CARE NET- WORK-HEALTH CENTRAL MEMBER YOU HAVE AN AGREEMENT TO SEND SUCH CLAIMS DIRECTLY TO THEM. PLEASE FORWARD THIS TO BCN-HEALTH CENTRAL FOR PROCESSING.	PI	109		PI	109	
127	PLEASE SEND US A NEW CLAIM WITH THE PLAN CODE AND ALPHA PREFIX FROM YOUR PATIENT'S ID CARD. UNTIL WE RECEIVE THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE OTHER BLUE PLAN'S SUBSCRIBER.	PI	16	M56	PR	31	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
128	BCBSM DOES NOT PROCESS SERVICES FOR MEMBERS OF THIS SELF-INSURED GROUP. THIS CLAIM IS BEING RETURNED TO MDSS (MICHIGAN DEPARTMENT OF SOCIAL SERVICES).	PR	204		PI	109	
129	AS YOU REQUESTED BY PRESENCE OF CONDITION CODE 99, A BCBSM MEDICAL REVIEW SPECIALIST HAS DETERMINED THAT TH THE CLAIM IS NON-PAYABLE DUE TO PRE-EXISTING CONDITIONS.	PR	30		PR	51	N10
130	PLEASE SUBMIT COMPLETE MEDICAL RECORDS WITH THE MEDICAL RECORDS ROUTING FORM SO WE CAN DETERMINE IF THE PATIENT RECEIVED TREATMENT BEFORE THE EFFECTIVE DATE OF	PR	51		PI	16	N204
131	PRE-EXISTING MAINTAINED BY THE UNIT.	PR	51		PI	193	
132	PRE-EXISTING MAINTAINED BY THE ANALYST IN THE INQUIRY SECTION.	PR	51		PI	193	
133	PRE-EXISTING MAINTAINED BY THE MEDICAL CONSULTANT.	PR	51		PI	193	
134	PRE-EXISTING MAINTAINED BY THE PRESIDENTIAL AREA.	PR	51		PI	193	
135	BECAUSE THIS SERVICE WAS PERFORMED DURING THE PATIENTS WAITING PERIOD FOR A PRE EXISTING CONDITION, THE MEMBER IS RESPONSIBLE. HOWEVER, IF YOU SEND MEDICAL RECORDS WE WILL RE-CONSIDER.	PR	51		PR	51	N358
136	THE PRIMARY DIAGNOSIS CODE REPORTED IS NOT COVERED AND THE SECONDARY CODE WAS NOT PROVIDED OR THE SECONDARY CODES LISTED ARE ALSO NOT COVERED.	PR	167		PR	167	
137	THIS CLAIM HAS BEEN REJECTED BY BLUE CROSS AND BLUE SHIELD OF ILLINOIS. IF YOU REQUIRE ADDITIONAL INFORMATION PLEASE CONTACT THEM AT 1 (800) 621-7336.	PR	204		PR	204	
138	BCBSM DOES NOT ADMINISTER THE MEMBERS MEDICARE SUPPLEMENTARY. PLEASE CONTACT THE PATIENT FOR INFORMATION CONCERNING SUPPLEMENTAL COVERAGE.	PR	109		PR	31	
139	THE CLAIM WAS PREVIOUSLY ADJUSTED THROUGH THE BULK CREDIT PROCESS AND CAN NO LONGER BE ADJUSTED THROUGH ROUTINE PROCESS. IF ADDITIONAL PROCESSING REQUIRED, PLEASE CONTACT YOUR FIELD CONSULTANT.	PR	A7		PI	B13	N432
140	THE PATIENT HAS EXHAUSTED ALL DAYS	PR	35		PR	119	
141	THE PATIENT HAS EXHAUSTED ALL DAYS	PR	119		PR	119	
142	THE PATIENT HAS EXHAUSTED ALL DAYS	PR	119		PR	119	
143	WE'VE SENT YOUR CLAIM TO THE BLUE CROSS PLAN THAT ENROLLS THE PATIENT. PLEASE ALLOW TIME FOR THAT PLAN TO COMPLETE ITS REVIEW AND SEND YOU A DECISION.	PR	B11		PI	B11	
144	WE ARE REJECTING THIS CLAIM BECAUSE THE MEMBERS BLUE CROSS PLAN USES A VENDOR TO PROCESS CLAIMS FOR THIS TYPE OF SERVICE. PLEASE SEND THIS CLAIM TO THE MEMBERS HOME	PR	109		PI	109	
145	WE ARE REJECTING THIS CLAIM BECAUSE THE MEMBER HAS NOT RESPONDED TO THE HOME BLUE CROSS PLANS COB LETTER THAT WAS ASKING FOR INFORMATION ABOUT OTHER HEALTH CARE COVERAGE. PLEASE CONTACT BCBSM.	PI	17	N357	PR	16	N197
146	WE ARE REJECTING THIS CLAIM BECAUSE IT WAS PROVIDED IN CONNECTION WITH AN AUTO ACCIDENT. THE MEMBERS COVERAGE DOES NOT INCLUDE BENEFITS FOR SERVICES OR ITEMS PROVIDED AS A RESULT OF AN AUTO ACCIDENT.	PR	21		PR	21	
147	FOR THIS GROUP ANOTHER CARRIER PROCESSES CLAIMS FOR MENTAL HEALTH AND SUB ABUSE. SEND CLAIMS TO MAGELLAN BEHAVIORAL OF MI, STATE OF MI CLAIM UNIT, PO BOX 2278, MARYLAND HGTS, MO 63043 ON OR AFTER 03/01/01.	PR	204		PI	109	
148	THIS SERVICE ISN'T PAYABLE BECAUSE BLUE CARE NETWORK DID NOT APPROVE YOUR AUTHORIZATION REQUEST. PLEASE CALL BLUE CARE NETWORK PROVIDER INQUIRY AT 1-800-225-1690 FOR MORE INFORMATION.	PR	39		PR	39	
150	WE CAN NOT PROCESS THIS CLAIM FOR SERVICES RELATED TO AN AUTO ACCIDENT BECAUSE OUR RECORDS SHOW THE PATIENTS AUTO INSURANCE CARRIER IS PRIMARY. PLEASE SEND THIS CLAIM TO THE PATIENTS AUTO INSURANCE CARRIER.	PR	109		PR	21	
151	CLAIM BILLED BY MEDICAID SEEKING REIMBURSEMENT. THE STATE RECEIVED A REJECTION DUE TO NON-PAYABLE REASONS.	PR	204		PR	204	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
153	THIS CLAIM ISN'T PAYABLE BECAUSE IT DID NOT SHOW THE PAYMENT DECISION OF BOTH THE PATIENT'S MEDICARE AND SECONDARY COVERAGES. IF YOU SEND ANOTHER CLAIM WITH THAT INFORMATION, WE'LL RECONSIDER IT.	PI	16	MA84	PI	16	N4
154	WE CAN'T FINISH OUR REVIEW BECAUSE YOU REPORTED A TYPE OF BILL CODE X7X OR X8X WITH BCBSM AS THE PRIMARY PAYER. PLEASE RESUBMIT A CLAIM WITH THE TYPE OF BILL CORRECTED OR MEDICARE PAYMENT INFORMATION ADDED.	PR	204		PI	125	MA30
155	WE CAN'T FINISH OUR REVIEW BECAUSE YOU REPORTED TYPE OF BILL X7X AND DID NOT INCLUDE REVENUE CODE 019X. PLEASE RESUBMIT THE CLAIM WITH AT LEAST ONE REVENUE CODE 019X OR CORRECT THE BILL CLASSIFICATION CODE.	PR	204		PI	125	M50, MA30
158	THIS CLAIM ISN'T PAYABLE BECAUSE IT WOULD NOT BE TYPICALLY PERFORMED ON A PATIENT OF THIS GENDER.	PR	10		PI	7	
159	THIS CLAIM ISN'T PAYABLE BECAUSE THE DIAGNOSIS ON THE CLAIM ISN'T APPROPRIATE FOR A PATIENT OF THIS AGE BASED ON THE REPORTED BIRTHDATE. WE'LL RECONSIDER THE SERVICE FOR PAYMENT IF WE GET A CORRECTED CLAIM.	PR	9		PI	9	
160	NO RESPONSE TO CORRESPONDENCE FROM PROVIDER	PR	204		PI	226	N366
161	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE THE CONTRACT EXCLUDES BENEFITS FOR SERVICES PERFORMED BY A NON-PARTICIPATING PROVIDER.	PR	B6		PR	111	
162	THIS CLAIM ISN'T PAYABLE BECAUSE THE REPORTED SERVICE DATE IS AFTER THE DISCHARGE DATE. WE'LL RECONSIDER THE SERVICE FOR PAYMENT IF YOU SEND US A CLAIM WITH EITHER THE SERVICE DATE OR DISCHARGE DATE CORRECTED.	PR	204		PI	125	N318
163	THIS SERVICE ISN'T PAYABLE BECAUSE WE HAVE ALREADY PAID THE LIFETIME MAXIMUM ALLOWED BY THE PATIENT'S CONTRACT FOR ALL SERVICES.	PR	35		PR	35	
164	THIS CLAIM ISN'T PAYABLE BECAUSE THE REPORTED BIRTH- DATE IS AFTER THE SERVICE DATE WE'LL RECONSIDER THE SERVICE FOR PAYMENT IF WE GET A CLAIM WITH EITHER THE SERVICE DATE OR PATIENT'S BIRTHDATE CORRECTED.	PR	14		PI	14	
165	THIS CLAIM ISN'T PAYABLE BECAUSE THE HOME PLAN NEEDS THE CHARGES SPLIT TO COMPLY WITH ITS REPORTING REQUIREMENTS.	PR	204		PI	16	N61
166	THIS CLAIM ISN'T PAYABLE ACCORDING TO THE PROVIDER'S CONTRACT WITH ITS BLUE CROSS PLAN. THE PATIENT MAY BE BILLED FOR THE NONCOVERED AMOUNT.	PR	204		PR	204	
168	THIS CLAIM ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT ONLY COVERS THE COST OF A SEMI-PRIVATE ROOM. WE'LL RECONSIDER THE SERVICE FOR PAYMENT, IF WE GET A CLAIM WITH THE EXCESS COST REPORTED AS NONCOVERED.	PR	204		PI	16	N153
169	THIS CLAIM ISN'T PAYABLE THROUGH THE BLUE CARD PROGRAM BUT IT MAY BE COVERED BY THE PATIENT'S CONTRACT. PLEASE SUBMIT THIS CLAIM DIRECTLY TO THE PATIENT'S BLUE CROSS PLAN FOR REVIEW.	PR	109		PI	109	
170	NO RECORD OF ENROLLMENT	PR	31		PR	31	
171	THERE IS NO RECORD OF ENROLLMENT UNDER THE CONTRACT NUMBER SUBMITTED	PR	31		PR	31	
172	THERE IS NO RECORD OF ENROLLMENT UNDER THE CONTRACT NUMBER SUBMITTED	PR	31		PR	31	
173	SUB NAME AND CONTRACT NUMBER DO NOT AGREE RESUBMIT WITH CORRECTED NAME AND/OR CONTRACT NUMBER	PR	31		PR	31	
174	THIS CLAIM ISN'T PAYABLE BECAUSE THE FACILITY DOES NOT PARTICIPATE IN THE DEFINED PROVIDER NETWORK FOR THIS PATIENT'S CONTRACT.	PR	38		PR	38	
175	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT HAS ALREADY RECEIVED THE MAXIMUM PAYMENT ALLOWED BY THE CONTRACT FOR THIS TYPE OF SERVICE.	PR	35		PR	119	
176	TOTAL CHARGES FOR THESE SERVICES WERE APPLIED TOWARD THE PATIENT'S DEDUCTIBLE	PR	1		PR	1	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
177	THIS CLAIM ISN'T PAYABLE BECAUSE ONE OF THE REVENUE CODES ON THIS CLAIM WAS NOT BILLED WITH ITS RELATED REVENUE CODE. WE'LL RECONSIDER THE CLAIM FOR PAYMENT IF WE GET A CORRECTED CLAIM SHOWING BOTH REVENUE CODES	PR	204		CO	107	
178	THIS CLAIM ISN'T COVERED UNDER THE FACILITY PART OF THE PATIENT'S CONTRACT, BUT MAY BE COVERED UNDER THE MEDICAL PART. PLEASE SUBMIT ON A PROFESSIONAL CLAIM.	PI	16	N200	PI	125	N34
179	THIS CLAIM ISN'T PAYABLE THROUGH THE BLUE CARD PROGRAM BUT IT MAY BE COVERED BY THE PATIENT'S CONTRACT. PLEASE SUBMIT THIS CLAIM DIRECTLY TO THE PATIENT'S BLUE CROSS PLAN FOR REVIEW.	PR	204		PI	109	
180	THE SERVICE ISN'T PAYABLE BECAUSE THE PATIENT IS AT LEAST 65 YEARS OLD AND WE DO NOT HAVE INFORMATION ABOUT POSSIBLE MEDICARE COVERAGE. WE'VE ASKED OUR MEMBER FOR THIS INFORMATION.	PR	204		PI	16	N179
181	WE CAN'T PROCESS THIS CLAIM BECAUSE OUR RECORDS SHOW THAT THE BLUE CROSS PLAN WHERE THE SERVICE WAS PROVIDED IS RESPONSIBLE FOR PROCESSING IT. PLEASE SEND THIS CLAIM TO THAT PLAN.	PR	109		PI	109	
182	THIS CLAIM ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT DOES NOT COVER IT FOR A ROUTINE PHYSICAL EXAM.	PR	49		PR	49	
184	THE BLUE CARD ALPHA PREFIX YOU REPORTED AND THE ONE FROM THE PATIENT'S BLUE CROSS PLAN DON'T MATCH. DON'T SEND A NEW CLAIM. WE WILL CREATE ONE FOR YOU AND WILL SEND YOU OUR PAYMENT DECISION.	PI	169	MA15, N185	PI	133	N185
185	PAYMENT IS DENIED BECAUSE THE FACILITY IS NOT BCBSM APPROVED FOR THIS SERVICE.	PR	B6		PR	B7	
186	THIS SERVICE ISN'T PAYABLE BECAUSE WE DO NOT KNOW WHEN THE PATIENT'S EXCLUSION PERIOD FOR PRE-EXISTING CONDITIONS ENDS. PLEASE RE-SUBMIT WHEN THE MEMBER SAYS WE HAVE UPDATED OUR FILES.	PR	30		PR	51	N179
187	THE PATIENT'S SUPPLEMENTAL COVERAGE DOESN'T COVER THE ANNUAL MEDICARE DEDUCTIBLE.	PR	204		PR	204	
188	THIS CLAIM ISN'T PAYABLE BECAUSE IT IS COVERED ONLY WHEN THE TREATMENT FOR OVARIAN CANCER IS PREAPPROVED AND PERFORMED IN A NATIONAL CANCER INSTITUTE DESIGNATED CENTER OR AN AFFILIATE.	PR	204		PR	197	
189	THIS CLAIM ISN'T PAYABLE BECAUSE IT IS COVERED ONLY WHEN THE TREATMENT FOR STAGES II OR III BREAST CANCER IS PREAPPROVED AND PERFORMED IN A NATIONAL CANCER INSTITUTE DESIGNATED CENTER OR AN AFFILIATE.	PR	204		PR	197	
190	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
191	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
192	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
193	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
194	WE CAN'T CONTINUE OUR REVIEW WITHOUT THE MEDICAL RECORDS RELATED TO THIS CLAIM PLEASE SEND US COMPLETE MEDICAL RECORDS WITH THE MEDICAL RECORDS ROUTING FORM SO WE CAN COMPLETE OUR REVIEW.	PI	16	M127	PI	16	M127
195	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
196	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
199	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
200	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
201	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M127	PI	16	M127
202	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM UNDER THE MEMBER'S PO... COVERAGE. THE PROVIDER WILL GET A VOUCHER OR REJECTION LISTING TO EXPLAIN THE FINAL DECISION.	PR	133		PI	133	
205	NEED MEDICARE EXHAUST DATE	PI	16	N299	PI	16	M45, N299

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
206	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM UNDER THE MEMBER'S TRADITIONAL COVERAGE. THE PROVIDER WILL GET A VOUCHER OR REJECTION LISTING TO EXPLAIN THE FINAL DECISION.	PR	133		PI	133	
207	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM UNDER THE MEMBER'S TRANSPLANT COVERAGE. THE PROVIDER WILL GET A VOUCHER OR REJECTION LISTING TO EXPLAIN THE FINAL DECISION.	PR	133		PI	133	M118
208	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM BECAUSE IT ISN'T PAYABLE THROUGH THE BLUE CARD PROGRAM. THE ENROLLING PLAN WILL NOTIFY THE PROVIDER DIRECTLY WHEN ITS REVIEW IS COMPLETED.	PR	133		PI	133	M118
209	THE BCBS PLAN THAT ENROLLS THE PATIENT IS REVIEWING THIS CLAIM BECAUSE THE COST SHARING AMOUNT EXCEEDS OUR USUAL ALLOWANCE. THE ENROLLING PLAN WILL NOTIFY THE PROVIDER DIRECTLY WHEN ITS REVIEW IS COMPLETED.	PR	133		PI	133	
210	FOR PROPER ADJUDICATION OF CLAIM PLEASE SUBMIT MEDICAL RECORDS	PI	16	M129	PI	16	M127
211	BANK HOME -MEDICAL INVESTIGATION	PR	133		PI	133	
212	DAYS BILLED EXCEED DAYS VERIFIED	PR	39		PI	198	N54
213	PRECERTIFICATION WAS DENIED FOR THIS ADMISSION	PR	133		PR	39	
214	BCBSM IS NOT THE INSURER FOR THIS PATIENT	PR	109		PR	31	
215	REJECTED BY TEAMSTERS,PLEASE CONTACT THEIR OFFICE FOR FURTHER INFORMATION	PR	204		PR	204	
216	THIS SERVICE ISN'T PAYABLE BECAUSE BCN DID NOT APPROVE THE PATIENT'S REFERRAL TO YOUR FACILITY. PLEASE CALL BCN PROVIDER INQUIRY AT 1-800-225-1690 FOR MORE INFORMATION.	PR	38		PR	39	
217	WE CAN'T APPROVE PAYMENT FOR THIS CLAIM BECAUSE THE PATIENT'S BLUE CROSS PLAN REQUESTED FURTHER INVESTIGATION.	PR	133		PI	133	
218	DAYS BILLED EXCEED DAYS VERIFIED PLEASE CONTACT BCN FOR APPROVAL OF ADDITIONAL	PR	38		PI	198	N54
219	HANDLE DIRECT WITH THE HMO	PR	109		PI	109	
220	BANK HOME -MEDICAL INVESTIGATION	PR	133		PI	133	
221	HANDLE DIRECT	PR	109		PI	133	
222	NO REPLY FOR INFORMATION FROM PLAN(BANK HOME)	PR	204		PI	227	N366
223	NO REPLY FOR UB-82 CLAIM FROM PLAN(BANK HOME)	PR	204		PI	227	N366
225	INTERIM BILLING NOT ALLOWED FOR DRG CLAIMS	CO	135		PI	135	
226	HANDLE DIRECT WITH MEMBERS HOME CONTROL PLAN	PR	109		PI	109	
227	PRIMARY CARRIER MUST MAKE PAYMENTS BEFORE BCBSM CAN MAKE THE SECONDARY PAYMENT	PR	109		PI	16	MA04
228	NO RESPONSE FROM THE CONTROL PLAN	PR	204		PI	227	N366
229	THE PSYCHIATRIC MANAGED CARE UNIT DOES NOT HAVE A RECORD OF PREAUTHORIZATION FOR THE REPORTED SERVICES	PR	197		PR	197	
230	THE EXCESS DAYS HAVE NOT BEEN PRE-AUTHORIZED BY THE PSYCHIATRIC MANAGED CARE UNIT	PR	198		PR	198	
231	HANDLE DIRECT (NON-PAR HOSPITALS)	PR	B7		PI	109	
232	HANDLE DIRECT-CMM CONTRACT	PR	109		PI	109	
233	HANDLE DIRECT-PPO CONTRACT	PR	109		PI	109	
234	THIS CLAIM IS BEING RETURNED WE SHOW NO RECORD OF AN HMO PREAUTHORIZATION	PR	197		PR	197	
235	WE CAN'T PROCESS YOUR CLAIM BECAUSE IT IS A DUPLICATE OF A PREVIOUSLY PENDING, PAID OR REJECTED CLAIM.	PI	18		PI	18	
236	THIS ADMISSION MUST BE VERIFIED BY BLUE CROSS/ BLUE SHIELD OF ILLINOIS,PLEASE CALL 1-800-621-7336.	PR	204		PR	197	
237	THIS AMOUNT WAS PAID UNDER THE BASIC BENEFITS PORTION OF YOUR PROGRAM	CO	B13		PI	18	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
238	WE CAN'T FINISH OUR REVIEW BECAUSE YOU REPORTED THE BILL CLASSIFICATION CODE FOR SUBACUTE CARE WITH THE FIRST DIGIT OTHER THAN 1,2 OR 8. PLEASE RESUBMIT A CLAIM WITH TYPE OF BILL 17X, 27X OR 87X.	PR	5		PI	125	MA30
240	WE CAN'T FINISH OUR REVIEW BECAUSE THE TYPE OF BILL X6X IS INVALID FOR CLAIMS SENT TO BCBSM. WE'LL RECONSIDER THIS CLAIM IF YOU RESUBMIT IT WITH THE CORRECT TYPE OF BILL FOR THESE SERVICES.	PR	5		PI	125	MA30
241	WE CAN'T FINISH OUR REVIEW BECAUSE NO ROOM REVENUE CODES WERE REPORTED WITH AN INPATIENT TYPE OF BILL. PLEASE RESUBMIT A CLAIM EITHER WITH A ROOM REVENUE CODE OR AN OUTPATIENT TYPE OF BILL.	PI	16	M50, MA30	PI	16	M50, MA30
242	WE CAN'T FINISH OUR REVIEW BECAUSE A ROOM REVENUE CODE WAS REPORTED WITH AN OUTPATIENT TYPE OF BILL. PLEASE RESUBMIT A CLAIM THAT SHOWS AN INPATIENT TYPE OF BILL OR NO ROOM REVENUE CODES.	PI	16	M50, MA30	PI	16	M50, MA30
243	WE CAN'T FINISH OUR REVIEW BECAUSE YOU REPORTED REVENUE CODE 019X AND DID NOT INCLUDE A SUB ACUTE TYPE OF BILL. PLEASE RESUBMIT A CLAIM WITH TYPE OF BILL X7X OR REMOVE REVENUE CODE 019X INFORMATION.	PI	16	M50, MA30	PI	16	M50, MA30
244	WE RECEIVED A CLAIM FOR THIS SERVICE AND SENT IT TO THE PATIENT'S ENROLLING BCBS PLAN FOR CONSIDERATION. PLEASE ALLOW TIME FOR THAT PLAN TO COMPLETE ITS REVIEW AND SEND YOU A STATEMENT ABOUT ITS DECISION.	PR	B11		PI	109	
246	YOUR PATIENT'S BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THEY DON'T HAVE A STUDENT CERTIFICATION ON FILE. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.				PR	177	
247	YOUR PATIENT'S BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS FACILITY SERVICE BECAUSE THAT PLAN PROVIDES DENTAL COVERAGE ONLY. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT				PR	204	N216
248	WE'VE SENT YOUR CLAIM TO THE BLUE CROSS PLAN THAT ENROLLS THE PATIENT. PLEASE ALLOW TIME FOR THAT PLAN TO COMPLETE ITS REVIEW AND SEND YOU A DECISION.	PR	B11		PI	109	
249	WE CAN'T APPROVE CLAIMS FOR SECONDARY BALANCES WHEN THE SAME GROUP EMPLOYS BOTH MEMBERS. THE PATIENT'S CONTRACTS LIMIT THE TOTAL COORDINATED BENEFIT TO THE PRIMARY ALLOWANCE.	PR	23		OA	23	N219
258	THIS SERVICE ISN'T PAYABLE BECAUSE THE BLUE CROSS PLAN WHERE THE SERVICE WAS PERFORMED DETERMINED THE PROVIDER SHOULD NOT BE REIMBURSED.	PR	204		PR	B7	
259	ROUTINE NURSERY IS A BENEFIT ONLY WHEN REPORTED ON THE MOTHERS CLAIM. IF SHE HAS COVERAGE, PLEASE SEND THESE CHARGES WITH THE MOTHERS CLAIM TO BCBSM OR THE APPROPRIATE CARRIER.	PR	204		PR	128	N142
260	PLEASE RESUBMIT THIS MEMBER'S BEHAVIORAL HEALTH CARE CLAIM TO VALUE OPTIONS, BCN CLAIMS, P.O. BOX 400, SOUTHFIELD, MI 48037.	PR	204		PI	109	
261	THE PATIENT IS RESPONSIBLE FOR THE CHARGE BECAUSE THE CONTRACT EXCLUDES BENEFITS FOR SERVICES PROVIDED WHEN THEY AREN'T FOR EMERGENCY CARE OR AUTHORIZED/REFERRED BY THE PCP OR ANOTHER NETWORK PHYSICIAN.	PR	38		PR	204	
262	PLEASE SEND US A NEW CLAIM WITH THE ALPHA PREFIX THAT WE PROVIDED IN OUR REJECTION RECORD FOR THIS NF RECORD.	PR	204		PI	16	MA61, N142
263	THE PATIENT'S CONTRACT EXCLUDES SNF BENEFITS WHEN THE ADMISSION ISN'T WITHIN 30 DAYS OF DISCHARGE FROM A 3 DAY HOSPITAL STAY. THEREFORE THE PATIENT IS RESPONSIBLE FOR	PR	204		PR	B5	N357
264	WE RECALLED OUR PREVIOUS PAYMENT FOR THIS CLAIM AND EXPLAINED THAT IT WAS SENT TO YOU IN ERROR. THIS CLAIM IS A DUPLICATE OF THE ONE WE CREDITED.	PR	204		PI	18	
265	THE MEMBER IS RESPONSIBLE FOR THE CHARGE BECAUSE THIS SERVICE WAS NOT PREAUTHORIZED AS REQUIRED BY THE PATIENT'S ST. JOHN HEALTH SMARTPLAN. PLEASE CONTACT ABS AT 1-888-492-6811 IF YOU HAVE QUESTIONS.	PR	204		PR	197	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
266	PLEASE SENT THIS CLAIM TO ABS, P.O. BOX 37705, OAK PARK, MI. 48237-7705. IF YOU HAVE QUESTIONS, PLEASE CALL ABS AT 1-888-492-6811.	PR	204		PI	109	
267	PLEASE SEND US A NEW CLAIM WITH THE ALL-INCLUSIVE REVENUE CODE FOR THIS PATIENT'S HOSPICE CARE, WHICH IS 0659.	PR	204		PI	125	M50
269	THE MEMBER IS RESPONSIBLE FOR PAYMENT BECAUSE WE RECEIVED YOUR CLAIM AFTER THE LAST DATE ON WHICH BCBSM HAS BEEN INSTRUCTED BY THE PATIENT'S GROUP TO ACCEPT	PR	29		PR	166	
270	POSSIBLE WORKER'S COMPENSATION.	PR	204		PR	19	
271	YOUR PATIENTS BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THIS DEPENDENT DOESN'T MEET THE AGE LIMIT FOR THIS SERVICE. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	204	N129
272	YOUR PATIENTS BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE PREDETERMINATION IS REQUIRED AND WASN'T OBTAINED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT, UNLESS YOU GET AUTHORIZATION FROM THAT PLAN.	PR	204		PR	197	
273	YOUR PATIENT'S BLUES PLAN ASKED FOR THE EOMB AND MEDICAL RECORDS FOR THIS SERVICE PLEASE FAX THEM TO US AT 248-448-5425 OR 248-448-5014 OR SEND TO MAIL CODE B552, BCBSM 600 E. LAFAYETTE, DETROIT MI 48226.	PR	204		PI	16	M127, N4
274	BECAUSE THIS IS A MEDICARE PLUS BLUE PATIENT, WE NEED A NEW PRIMARY 837 WITH THE RIGHT SOURCE OF PAYMENT, PAYER ID AND ALPHA PREFIX. NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER UNTIL WE GET A CORRECTED CLAIM.	PR	204		PI	109	
275	HANDLE DIRECT-NO FAULT NON-PAR HOSPITAL	PR	109		PI	109	
276	REJECTED-AUTO INSURANCE PRIMARY	PR	21		PR	21	
277	BCBSM IS NOT THE PRIMARY CARRIER BCBSM IS NOT THE PRIMARY CARRIER	PR	109		PI	109	
278	WE'RE NOT PAYING FOR THIS CLAIM BECAUSE CURRENT COB INFORMATION WASN'T PROVIDED THE MEMBER IS RESPONSIBLE FOR YOUR CHARGE UNTIL WE GET UPDATED INFORMATION. IF WE RECEIVE IT, THE CLAIM WILL BE PROCESSED AGAIN.	PI	17	N357	PR	227	N179
279	BECAUSE WE RECEIVED A MEDICARE CROSSOVER CLAIM FOR THIS SAME SERVICE BEFORE YOUR SF, OUR DECISION WENT DIRECTLY TO THE PROVIDER. IF YOUR PROVIDER WANTS ANOTHER REVIEW WE NEED A MEDICARE CROSSOVER CLM.	PR	204		PI	B13	
280	PATIENT HAS COMPLEMENTARY COVERAGE, CLAIM IS FOR REGULAR, PLEASE CORRECT AND	CO	17		PI	22	
281	PATIENT HAS REGULAR COVERAGE,CLAIM IS FOR COMPLEMENTARY,PLEASE CORRECT AND	CO	129		PI	22	
284	THE PATIENT HAS COMPLEMENTARY COMPLEMENTARY COVERAGE CLAIM IS FOR REGULAR, PLEASE CORRECT AND RESUBMIT	PR	17		PI	22	
285	PLEASE SEND US A CLAIM WITH A TYPE OF BILL OR PROCEDURE CODE THAT'S CONSISTENT WITH THE PLACE OF SERVICE. UNTIL WE GET A CORRECTED CLAIM, THE SUBSCRIBER SHOULDN'T BE ASKED TO PAY YOUR CHARGE.	PR	204		PI	5	
286	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE PATIENT'S GENDER OR THE CPT OR HCPCS PROCEDURE CODE.	PR	204		PI	7	
287	THE FIRST MEDICARE PART A DEDUCTIBLE CLAIM WE RECEIVE IN A CALENDAR YEAR IS NOT COVERED BY THE PATIENT'S MEDIGAP BLUE SUPPLEMENTAL CONTRACT.	PR	204		PR	204	
288	THE SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE; PAYMENT IS EXCLUDED FOR SERVICES PROVIDED BY YOUR FACILITY. IF YOU CAN REPORT ANOTHER FACILITY CODE FOR THIS SERVICE DATE, WE'LL RECONSIDER THIS CLAIM.	PR	204		PR	B7	
289	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE PATIENT'S BIRTH DATE OR THE CPT OR HCPCS PROCEDURE CODE.	PR	204		PI	6	
290	REVENUE CODE 0658 AND 0659 IS ONLY PAYABLE FOR GROUPS THAT PAY FOR THE FIFTH LEVEL OF CARE SUCH AS AUTO AND AUTO ALLIANCE GROUPS.	PR	204		PR	204	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
291	YOUR PATIENT'S BLUE PLAN ASKED FOR A CORRECTED CLAIM BECAUSE ONE OF THE CHARGES SEEMS EXCESSIVE; PERHAPS IT CONTAINS AN EXTRA DIGIT.	PR	204		PI	16	M54
292	YOUR PATIENT'S BLUE PLAN ASKED FOR A CORRECTED CLAIM. EITHER A MODIFIER IS MISSING OR THE PROCEDURE CODE AND MODIFIER ARE INCONSISTENT. PLEASE SEND THE REQUESTED INFORMATION BEFORE BILLING YOUR PATIENT.	PR	204		PI	4	
293	YOUR PATIENT'S BLUE PLAN ASKED FOR A CORRECTED CLAIM BECAUSE THIS SERVICE CAN'T BE REPORTED SEPERATELY. PLEASE INCLUDE THIS SERVICE WHEN YOU REPORT THE RELATED INPATIENT CHARGES.	PR	204		PI	107	
294	YOUR PATIENT'S BLUE PLAN DIDN'T APPROVE PAYMENT BECAUSE THIS SERVICE WASN'T PROVIDED IN THE U.S., OR BECAUSE WAR WAS INVOLVED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	204		PR	157	
295	YOUR PATIENT'S BLUE PLAN DIDN'T APPROVE PAYMENT BECAUSE TRANSPORTATION WAS NOT PROVIDED TO THE CLOSEST FACILITY. THE OTHER PLANS SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	117	
296	YOUR PATIENT'S BLUE PLAN DIDN'T APPROVE PAYMENT BECAUSE TRANSPORTATION WAS NOT PROVIDED TO THE CLOSEST FACILITY. THE OTHER PLANS SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	117	
297	YOUR PATIENT'S BLUE PLAN DIDN'T APPROVE PAYMENT BECAUSE ALTERNATIVE SERVICES WERE AVAILABLE AND THE PATIENT SHOULD HAVE USED THEM INSTEAD. THE OTHER PLANS SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	B8	
298	YOUR PATIENT'S BLUE PLAN DIDN'T RESPOND TO OUR REQUEST FOR CORRECTED INFORMATION ABOUT THIS SERVICE. AS A RESULT, THE OTHER PLAN'S SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	227	N102
299	YOUR PATIENT'S BLUE PLAN DIDN'T RESPOND TO OUR REQUEST FOR CORRECTED INFORMATION ABOUT THIS SERVICE. AS A RESULT, THE OTHER PLAN'S SUBSCRIBER IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	227	N102
303	BASED ON THE SF SUBMITTED, THE HOME PLAN WILL PROCESS THIS MEDICARE ADVANTAGE CLAIM AND WILL NOTIFY THE PROVIDER DIRECT. FOR MORE INFORMATION THE CSR MAY CONTACT THE HOME PLAN AT 248-350-4417.	PR	204		PI	133	M118
306	PLEASE SEND US A NEW CLAIM WITH THE APPROPRIATE ALL- INCLUSIVE REVENUE CODE FOR THESE SERVICES. YOU MUST REPORT A VALID REVENUE CODE OF 0821, 0841, OR 0851 FOR THIS PATIENT'S TREATMENT.	PR	204		PI	125	M50
308	WE'VE FORWARDED THIS CLAIM TO THE MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND FOR REVIEW BECAUSE WE DON'T PROCESS MENTAL HEALTH AND SUBSTANCE ABUSE CLAIMS FOR BECAUSE PRIOR AUTHORIZATION FOR THIS SERVICE WASN'T OBTAINED, THIS CLAIM IS REJECTED	PR	204		PI	B11	
309	THE PATIENT IS RESPONSIBLE FOR THE PAYMENT OF SERVICES.	PR	204		PR	197	
310	THE PATIENT'S LIFETIME MAXIMUM BENEFIT HAS BEEN MET AND THE ANNUAL RESTORATION ISN'T APPLICABLE UNTIL THE NEXT CALENDAR YEAR. THE PATIENT IS RESPONSIBLE FOR THE PAYMENT OF SERVICES.	PR	204		PR	35	
311	THE PATIENT'S CONTRACT ALLOWS US TO SEND PAYMENT ONLY WHEN MEDICARE APPROVED THE SERVICE. BECAUSE MEDICARE DID NOT APPROVE THIS SERVICE, THE PATIENT IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	23	N219
312	WHEN BILLING MEDICARE SUPPLEMENTAL CLAIMS A MEDICARE PAYER PLAN CODE MUST BE REPORTED IN FORM LOCATOR 50 ON THE UB04 CLAIM FORM. PLEASE REFERENCE YOUR UB04 MANUAL AND MAKE THE NECESSARY CHANGES.	PR	204		PI	125	MA04
313	PLEASE FORWARD CLAIM FOR REVIEW TO BLUE CARE NETWORK OF MICHIGAN, P.O. BOX 68710, GRAND RAPIDS, MI. 49156-8170	PR	204		PI	109	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
315	POA INDICATOR MISSING OR INVALID	PR	204		PI	125	N434
316	BECAUSE MCTWF DETERMINED THIS SERVICE IS RELATED TO A WORKER'S COMPENSATION OR OTHER THRID PARTY CLAIM, PAYMENT CAN'T BE APPROVED. PLEASE ASK YOUR PATIENT FOR THE APPROPRIATE COVERAGE INFORMATION.	PR	204		PR	19	
317	YOUR PATIENTS COVERAGE ALLOWS US TO PAY FOR THIS COVERAGE ETC.....ADD REST TO MESSAGE.....	PR	204		PR	204	N197
319	PLEASE SEND US A CERTIFICATE OR LETTER OF MEDICAL NECESSITY FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M60
320	PLEASE SEND A COPY OF THE ER REPORT ALONG WITH THE ROUTING FORM FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER	PR	204		PI	16	N391
321	PLEASE SEND US A NEW CLAIM WITH THE ONSET DATE OF THIS PATIENT'S CONDITION FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	MA122
322	PLEASE SEND US A COPY OF THIS PATIENT'S PROGRESS NOTES ALONG WITH THW MEDICAL RECORDI ROUTING FORM. UNTIL WE GET THE REQUESTED INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N393
323	THE PATIENT ISN'T RESPONSIBLE FOR THE CHARGE BECAUSE THE SF RECORD FROM THE PROVIDER'S PLAN HAD MESSAGE CODE 1011, WHICH MEANS THIS CLAIM DID NOT MEET ITS GUIDELINES FOR FILING CLAIMS TIMELY.	PR	29		CO	29	
324	PLEASE SEND US A COPY OF THIS PATIENTS DISCHARGE SUMMARY WITH THE MEDICAL RECORDS ROUTING FORM. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N50
325	PLEASE SEND US A COPY MEDICARE'S PAYMENT INFORMATION THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N4
326	PLEASE SEND US THE OTHER INSURER'S PAYMENT INFORMATION FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	N4
327	PLEASE SEND US A COPY OF THE PATIENTS LABORATORY REPORT ALONG WITH THE ROUTING FORM FOR THIS SERVICE. UNTIL WE RECEIVE THE REQUESTED INFORMATION NO PAYMENT IS DUE FROMUS OR THE SUBSCRIBER.	PR	204		PI	16	M30
328	PLEASE SEND US A COPY OF THE PATIENTS OPERATIVE REPORT AND THE MEDICAL RECORDS ROUTING FORM. UNTIL WE RECEIVE THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M29
329	PLEASE SEND US A COPY OF THE PATIENTS PATHOLOGY REPORT AND THE MEDICAL RECORDS ROUTING FORM. UNTIL WE RECEIVE THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M30
330	A COPY OF THE PREAUTHORIZATION IS NEEDED FOR THIS SERVICE. UNTIL WE GET THIS INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	197	
331	PLEASE SEND A COPY OF THE PATIENTS RADIOLOGY REPORT AND THE ROUTING FORM FOR THIS SERVICE. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M31
332	PLEASE SEND A COPY OF YOUR TREATMENT PLAN FOR THIS PATIENT. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	16	M135
335	PLEASE SEND US INFORMATION ABOUT THIS PATIENT'S SUBROGATION OR WORKER'S COMPENSATION ELIGIBILITY. UNTIL WE GET THE REQUESTED INFORMATION NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.	PR	204		PI	22	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
336	PLEASE SEND US NEW CLAIMS FOR WELL BABY NEWBORN SERVICES SEPARATED FROM SERVICES FOR THE MOTHER. AS OF JANUARY 1, 2007 YOU MUST REPORT EACH PATIENTS CARE ON SEPARATE	PR	204		PI	125	N15
337	WE CAN NOT APPROVE PAYMENT UNDER THIS PATIENT'S BCBSM SUPPLEMENTAL CONTRACT FOR THIS SERVICE.	PR	204		PR	204	
338	UNFORTUNATELY, WE MADE A MISTAKE AND MUST REQUEST THAT YOU PLEASE SUBMIT A NEW CLAIM WITH THE ALPHA PREFIX XYA. WE HAVE MAILED A CORRECTED ID CARD TO YOUR PATIENT	PR	204		PI	109	N418
339	WE CAN'T PAY THIS CLAIM FOR YOUR PATIENT. OUR RECORDS SHOW MEDICARE ADVANTAGE IS PRIMARY UNDER A DIFFERENT CONTRACT NUMBER. PLEASE REFUND MEDICARE AND SEND A CLAIM FOR MEDICARE ADVANTAGE REVIEW.	PR	204		PI	109	
340	PLEASE SEND US A PRIMARY CLAIM FOR THIS SERVICE BECAUSE WE NO LONGER SHOW SECONDARY COVERAGE FOR YOUR PATIENT. UNTIL WE GET A PRIMARY CLAIM, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	204		PI	129	
341	TO DECIDE PAYMENT WE NEED DIAGNOSIS AND PROCEDURE CODES THAT GROUP UNDER GROUPEP V24. PLEASE SEND A NEW CLAIM BEFORE BILLING THE SUBSCRIBER. CONTACT YOUR PROVIDER CONSULTANT WITH QUESTIONS.	PI	A8	N363	PI	16	M51, M76
342	THE PATIENTS CONTRACT ALLOWS US TO SEND PAYMENT ONLY WHEN MEDICARE APPROVED THE SERVICE. BECAUSE MEDICARE DID NOT APPROVE THIS SERVICE FOR PAYMENT THE PATIENT IS RESPONSIBLE FOR PAYING YOUR CHARGE.	PR	204		PR	23	N219
343	YOUR CONTRACT WITH US REQUIRES PREAUTHORIZATION BY A CASE MANAGER FOR ALL LONG TERM CARE BUT WE FOUND NO RECORD FOR THIS ADMISSION. YOU SHOULDN'T EXPECT PAYMENT FROM US OR THE SUBSCRIBER.	PR	204		CO	197	
347	THE PATIENT ISN'T RESPONSIBLE FOR THE CHARGE BECAUSE THE SF RECORD FROM THE PROVIDER'S PLAN HAD MESSAGE CODE 1010, WHICH MEANS THIS CLAIM DID NOT MEET ITS MEDICAL NECESSITY GUIDELINES.	PR	204		PR	50	
352	WE CAN'T REVIEW THIS CLAIM FOR BCBSM BENEFITS BECAUSE AN OPL VALUE CODE WAS REPORTED ON OUR PAYER LINE. PLEASE SEND US ANOTHER CLAIM WITH THE CORRECTED VALUE CODE OR PAYER INFORMATION FOR CONSIDERATION.	PI	16	M49, M56	PI	125	M49, MA92
370	THE PATIENT'S CONTRACT REQUIRES AUTHORIZATION OR HAS A LIMIT ON THE NUMBER OF PROCEDURES, VISITS, DAYS OR UNITS; AND WE ALREADY PAID MAXIMUM ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	119	
371	THE PATIENT'S CONTRACT HAS A LIMIT ON MATERNITY CARE AND WE ALREADY PAID THE MAXIMUM ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	119	
372	UNTIL WE RECEIVE MEDICAL HISTORY INFORMATION WE REQUESTED FROM ANOTHER PROVIDER WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	204		PI	148	N181
373	THE PATIENTS CONTRACT LIMITS PAYMENT FOR THE FACILITY FEE FOR THIS SURGICAL PROCEDURE, AND WE ALREADY PAID THE MAXIMUM ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	119	
374	WE CAN'T SEND PAYMENT FOR THIS COB CLAIM BECAUSE THE OTHER INSURER(S) PAID AS MUCH AS OR MORE YHAN WE WOULD HAVE PAID. THE SUBSCRIBER IS RESPONSIBLE FOR ALL COST SHARING AMOUNTS.	PR	204		OA	23	N219
375	PLEASE SEND US A NEW CLAIM WITH AMOUNTS THAT MATCH THE EOMB YOU SUBMITTED, OR SEND US THE CORRECT ATTACHMENT. UNTIL WE GET THIS INFORMATION, WE OWE NO PAYMENT NOR DOES THE SUBSCRIBER.	PR	204		PI	16	M49, N4
376	THE PATIENTS CONTRACT HAS NO BENEFITS FOR THE REPORTED COUNSELING OR BIOFEEDBACK SERVICE. THE SUBSCRIBER IS LIABLE FOR THIS CHARGE.	PR	204		PR	204	

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
377	THE PATIENT HAS NO BENEFIT FOR TIME SPENT AWAY FROM THE HOSPITAL ON A LEAVE OF ABSENCE. THE SUBSCRIBER IS LIABLE FOR THIS CHARGE.	PR	204		PR	204	
378	PLEASE SEND A NEW CLAIM WITH A COPY OF THE BLOOD GASES REPORT. UNTIL WE GET THAT INFORMATION WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER.	PR	204		PI	16	M30
379	PLEASE SEND US A NEW CLAIM WITH THE ORDERING OR REFERRING PHYSICIAN'S NAME AND ADDRESS. UNTIL WE RECEIVE THAT INFORMATION, WE OWE NO PAYMENT NOR DOES THE	PR	204		PI	16	N285
380	THE PATIENT'S CONTRACT DOESN'T COVER SERVICES THAT ATTEMPT TO IMPREGNATE. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	204	
381	THE PATIENT'S CONTRACT LIMITS PAYMENT TO THOSE SERVICES PERFORMED ON THE DATES IN THE TREATMENT PLAN. THIS DATE OF SERVICE WASN'T IN THAT PLAN, SO THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PI	198	N351
382	PLEASE SEND US A NEW CLAIM WITH A DIAGNOSIS OR SURGICAL PROCEDURE CODE THAT WAS IN EFFECT ON THIS DATE OF SERVICE AND THAT BEST DESCRIBES THE SERVICE PROVIDED.	PR	204		PI	16	M84
386	THE PATIENT'S CONTRACT HAS A LIFETIME LIMIT ON THE NUMBER OF PROCEDURES, VISITS, DAYS OR UNITS; AND WE ALREADY PAID THE ALLOWED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	35	
387	THE PATIENT'S CONTRACT DOESN'T COVER THIS SERVICE BECAUSE ONLY AN OBSERVATION STAY WAS APPROVED. THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THE CHARGE.	PR	204		PR	198	
402	SERVICE PERFORMED AFTER CANCELLATION DATE	PR	27		PR	27	
403	SERVICE PERFORMED BEFORE EFFECTIVE DATE	PR	26		PR	26	
405	SERVICE PERFORMED AFTER 31 DAY EXTENSION OF COVERAGE FROM EFFECTIVE DATE OF	PR	26		PR	27	
410	MATERNITY SERVICE NOT COVERED BY CONTRACT	PR	204		PR	204	
412	BLUE CROSS BENEFITS DO NOT COVER THESE SERVICES OR PROCEDURES.	PR	204		PR	204	
415	SERVICES PERFORMED AFTER THE EXPIRATION OF THE 31 DAY EXTENSION OF COVERAGE FROM THE TRANSFER OUT FROM A PAYABLE OFFICE	PR	26		PR	27	
416	DUPLICATE CLAIM NUMBER	PI	18		PI	18	
418	BLUE CROSS CLAIM WITHIN PERIOD OF A HOSPITALIZATION PREVIOUSLY REPORTED	PR	204		PI	18	N47
420	VERIFIED IN ERROR INSUFFICIENT MATERNITY WAITING PERIOD	PR	204		PR	179	
430	BECAUSE THIS SERVICE WAS PERFORMED DURING THE PATIENTS WAITING PERIOD FOR A PRE EXISTING CONDITION, THE MEMBER IS RESPONSIBLE. HOWEVER, IF YOU SEND MEDICAL RECORDS WE WILL RE-CONSIDER.	PR	51		PR	51	M127, N358
461	BECAUSE YOU WERE PAID IN FULL BY MEDICARE ADVANTAGE, WE CAN'T SEND A MEDICARE SUPPLEMENTAL PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR COPAYS, COINSURANCE AND NONCOVERED SERVICES.	PR	204		PR	23	
484	THE TIME LIMIT FOR FILING THIS CLAIM APPEARS TO HAVE EXPIRED	PR	29		CO	29	
501	NO RECORD OF ENROLLMENT UNDER THE CONTRACT NUMBER SUBMITTED	PR	31		PR	31	
502	MEMBERSHIP WAS CANCELLED BEFORE THIS DATE OF SERVICE	PR	27		PR	27	
503	THIS DATE OF SERVICE WAS PRIOR TO THE EFFECTIVE DATE OF THIS CONTRACT	PR	26		PR	26	
504	PATIENT NOT COVERED BY CONTRACT (NOT FAMILY ENROLLED DEPENDENT)	PR	31		PR	31	
505	MEMBERSHIP FEES NOT PAID	PR	26		PR	27	
506	THIS SERVICE IS NOT A CONTRACT BENEFIT	PR	51		PR	51	
509	THIS SERVICE IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
510	YOUR PATIENTS BLUES PLAN DIDN'T APPROVE PAYMENT FOR THIS MATERNITY SERVICE BECAUSE ONLY THE SUBSCRIBER AND SPOUSE HAVE MATERNITY BENEFITS. THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT.	PR	32		PR	32	
511	THIS CONTRACT ONLY COVERS PROFESSIONAL MEDICAL SERVICES	PR	204		PR	204	N216

Facility non-payment code to standard code mapping

LOCAL CODE	LOCAL CODE DEFINITION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
512	THIS SERVICE IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
513	THIS SERVICE IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
515	GENERAL DIAGNOSIS INVALID IN RELATION TO ICD-9 CODE	PR	47		PI	11	
516	DUPLICATE CLAIM NUMBER IF NEW ADMISSION RESUBMIT WITH NEW CLAIM NUMBER	PR	18		PI	18	
517	THE PATIENT HAS EXHAUSTED ALL DAYS AND/OR DOLLARS	PR	35		PR	119	
518	THIS SERVICE IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
519	HANDLE DIRECT WITH MEMBERS HOME PLAN	PR	109		PI	109	
520	WAITING PERIOD NOT MET	PR	30		PR	30	
521	NO RECORD OF ENROLLMENT UNDER THE NUMBERS SUBMITTED	PR	31		PR	31	
522	NO REPLY TO REQUEST FOR ADDITIONAL INFORMATION	PI	16	N102	PR	227	N29
523	DEDUCTIBLE AMOUNT FOR THIS BENEFIT PERIOD HAS ALREADY BEEN PAID	PR	204		PI	18	
524	THIS SERVICE IS NOT A CONTRACT BENEFIT	PR	204		PR	204	
525	MEMBER TRANSFERRED TO ANOTHER BLUE CROSS PLAN	PR	204		PR	31	
526	MEDICAL INFORMATION REQUESTED NOT RECEIVED	PI	16	N102	CO	226	N29
527	RESUBMIT UNDER CENTRAL CERTIFICATION FORMAT	PR	204		PI	16	N34
528	THIS SERVICE IS NOT A CONTRACT BENEFIT	CO	19		PR	19	
531	DISPOSITION DEFERRED PENDING FURTHER INVESTIGATION BY THIS OFFICE	PR	204		PI	133	
532	PENDING CERTIFICATION FROM GROUP	PR	133		PI	133	
563	THE TIME LIMIT FOR FILING THIS CLAIM HAS EXPIRED	PR	204		CO	29	
565	RESUBMIT AS COMPLEMENTARY	PR	204		PI	22	
566	RESUBMIT AS REGULAR	PR	204		PI	22	
600	THIS CLAIM SHOULD BE HANDLED THROUGH ITS, PLEASE SUBMIT THE CLAIM TO YOUR LOCAL	PR	109		PI	109	
601	RESUBMIT THROUGH INTER PLAN BANK	PR	204		PI	109	
602	HANDLE DIRECTLY WITH THE HOME PLAN	PR	204		PI	109	
603	PSYCHRIATRIC AND SUBSTANCE ABUSE ADMISSIONS REQUIRE PRE-AUTHORIZATION BY THE PHC	PR	197		PR	197	
604	DENIED BY THE PREFERRED HEALTH CARE AREA	PR	204		PR	39	
605	THIS IS A DUPLICATE CLAIM, THESE CHANRGES HAVE ALREADY BEEN SUBMITTED THROUGH ITS.	PR	18		PI	18	
921	PLEASE SUBMIT THIS CLAIM ELECTRONICALLY. IF YOU DON'T HAVE AN ELECTRONIC BILLINC OPTION, PLEASE CALL US AT 800-542-0945, PROMPT 5.	PR	204		PI	125	M117