

## Commercial Remittance Advice Code Descriptions

**Effective for remittance advices that reflect dates of service of May 1, 2008, and after, explanation codes used for the BlueCare and TennCareSelect lines of business will also appear in this listing**

The following remittance explanation codes and descriptions reflect those found on **hardcopy (paper)** Commercial remittance advice. These same codes and descriptions will also apply to online Commercial remittance advices, available on BlueAccess, the secure area of [www.bcbst.com](http://www.bcbst.com). Although the provider action/information column does not appear on the remittance advice, we have included it on this document to assist you.

HIPAA-compliant electronic remittance advice (ANSI-835) will not use these explanation codes. The electronic remittance advice (ANSI-835) uses HIPAA-compliant remark and adjustment reason codes. Where appropriate, we have included the HIPAA-compliant remark and/or adjustment reason code that corresponds to a BlueCross BlueShield of Tennessee explanation code. Standardized descriptions for the HIPAA adjustment reason and remark codes can be accessed on the Washington Publishing Company Web site at <http://www.wpc-edi.com/codes>.

Explanation Code <i>(Used on paper remit)</i>	Description	Provider Action/Information (NAR - No Action Required)	Corresponding HIPAA Adjustment Reason Code <i>(Used on ANSI-835 electronic remit)</i>	Corresponding HIPAA Remark Code <i>(Used on ANSI-835 electronic remit)</i>
002	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
008	This service is limited by the member's plan. Benefits were extended by our Utilization Management department.	NAR	119	
01D	Processing of this claim was suspended awaiting information requested from this provider or subscriber.	Please submit requested information or call Customer Service at 1-800-523-1478 for further details.		
02D	Benefits for this service are limited to two times per contract year.	NAR - Processed according to member's contract guidelines.		
03D	Benefits for this service are limited to one time per three-month period.	NAR - Processed according to member's contract guidelines.		
04D	Benefits for this service are limited to one time per thirty-six month period.	NAR - Processed according to member's contract guidelines.		
050	This charge exceeds the maximum allowable under this member's coverage.	Please refer to reimbursement rules in the Commercial Provider Administration Manual regarding multiple surgeries.	59	
054	Services denied due to being delegated to another entity.	Contact delegated entity.	109	

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05D	Benefits for this service have a twelve-month waiting period.	NAR - Processed according to member's contract guidelines.	179	
06D	This service was performed on a previously missing tooth.	NAR		
73	Benefits for this service are excluded under this member's plan.	Processed according to member's contract guidelines	96	
07D	Benefits for this service are limited to two times per twelve-month period.	NAR - Processed according to member's contract guidelines.		
08D	Services for hospital charges, hospital visits, and drugs are not covered.	NAR - Processed according to member's contract guidelines.		
09D	Services for premedication and relative analgesia are not covered.	NAR		
0DA	This is an adjustment to a previous dental claim that paid to the provider but should have paid to the subscriber.	NAR		
10D	Benefits for sealants and/or dietary instruction are not covered.	NAR		
11D	The procedure code and tooth number filed do not correspond. An alternate procedure code was used for pricing.	NAR		
12D	Benefits for this procedure are limited to once per lifetime, per tooth/tooth and surface.	NAR--Processed according to member's contract guidelines		
13D	Appliances due to wear and services to improve bite or to correct congenital or developmental problems are non-covered.	NAR--Processed according to member's contract guidelines		
14D	Benefits for implants, TMJ (Temporomandibular Joint) Dysfunction, and periodontal splinting are not covered.	NAR--Processed according to member's contract guidelines		
15D	Benefits for this service are limited to one time per three-month period.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at <a href="http://www.bcbst.com">www.bcbst.com</a> for member eligibility and benefits.		
16D	We cannot process this claim until we receive previously requested information concerning the member's other insurance.	NAR--The information will be obtained from the member		
17d	A portion of these services is considered primarily cosmetic and will not be covered.	NAR		
17D	Benefits for services that are considered to be primarily cosmetic are not covered.	NAR	96	N383

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18D	This procedure is not covered, an allowance for a standard procedure was paid.	NAR		
19D	Benefits for this service are limited to two times per calendar year.	NAR--Processed according to member's contract guidelines		
1DA	This dental claim is being adjusted due to a corrected billing submitted by the provider.	NAR		
1DO	Temporary procedure has been deducted from the amount of the primary procedure.	NAR		
104	This member's coverage excludes benefits for the condition for which this service was rendered.	Processed according to member's contract guidelines	47	
201	Interest is being recouped.	NAR - Should not be posted to patient's account	85	
20D	Relines cannot be billed separately if done within six months of the primary denture/partial procedure.	NAR--Processed according to member's contract guidelines		
21D	Benefits for this service are limited to one time per sixty-month period.	NAR--Processed according to member's contract guidelines		
22D	Benefits for this service have a twenty-four month waiting period.	NAR--Processed according to member's contract guidelines		
23D	These benefits have been paid by the member's medical policy.	NAR--Processed according to member's contract guidelines		
24D	Benefits for this service are limited to one time per six-month period.	NAR--Processed according to member's contract guidelines		
25D	This category of dental benefits has a waiting period as specified in this member's dental contract.	NAR--Processed according to member's contract guidelines		
26D	Benefits for this service are limited to one time per five-month period.	NAR--Processed according to member's contract guidelines		
27D	Benefits for this dental service are not available, per this member's contract.	NAR--Processed according to member's contract guidelines		
28D	Benefits for this service are limited to one time per twelve-month period.	NAR--Processed according to member's contract guidelines		
29D	Benefits for this dental service are not available, per this member's contract.	NAR--Processed according to member's contract guidelines		
30D	This charge is a duplicate of a previously processed claim for this contract.	Refer to previous remittance advice for original payment information. If corrected bill will be submitted, please see guidelines in the Commercial Provider Administration Manual		

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30d	This procedure is a duplicate of a previously filed procedure.	Refer to previous remittance advice for original payment information. If corrected bill will be submitted, please see guidelines in the Commercial Provider Administration Manual	96	N111
31D	This service is denied based on information submitted. Participating dentist should charge only amount in 'Patient Owes'.	Please bill member for amount shown in "patient owe's" column of remittance advice.		
32D	Benefits for this service are limited to one time per four-month period.	NAR--Processed according to member's contract guidelines		
33D	Benefits for this service are limited to one time per two-year period.	NAR--Processed according to member's contract guidelines		
34D	Benefits for this service have a ninety-day waiting period.	NAR--Processed according to member's contract guidelines		
35D	Benefits for this service are limited to one time per twenty-four month period.	NAR--Processed according to member's contract guidelines		
36D	These benefits were previously paid under an incorrect provider status.	NAR		
37d	This service needs to be resubmitted using 2003 American Dental Association procedure codes.	Please refer to 2003 American Dental Association procedure codes.	96	M51
37D	This service needs to be resubmitted using 2003 American Dental Association procedure codes.	Please refer to 2003 American Dental Association procedure codes.		
38D	This service has been denied due to contract limitations.	NAR--Processed according to member's contract guidelines		
39D	Benefits for this service are limited to one time per year.	NAR--Processed according to member's contract guidelines		
40D	This date of service is after this member's termination date.	Please contact member for current insurance information.		
41D	This service has been paid based on group's request.	NAR		
42d	McKee Executive Dental payment reimbursement	NAR		
43D	Processing of this claim is suspended awaiting information from the provider.	Please submit requested information or call Customer Service AT 1-800-523-1478 for further details.		
44D	This charge exceeds the maximum allowable under this member's contract.	NAR		
46D	Processing of this procedure is suspended awaiting information from this member's medical/other carrier's policy.	NAR		

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47D	Benefits for adult orthodontics are only payable for TMJ diagnosis.	NAR--Processed according to member's contract guidelines		
48D	Benefits for this service are limited to one time per forty-eight month period.	NAR--Processed according to member's contract guidelines		
50D	Benefits for this service are limited to three times per twelve-month period.	NAR--Processed according to member's contract guidelines		
51D	Grace period for plan limits.	NAR		
54D	Benefits for this service are limited to one time per calendar year.	NAR--Processed according to member's contract guidelines		
55D	Benefits for this service are limited to once per lifetime.	NAR--Processed according to member's contract guidelines		
56D	Benefits for this service are limited to four times per calendar year.	NAR--Processed according to member's contract guidelines		
57d	Benefits for this service are limited to one time per three calendar year period.	NAR--Processed according to member's contract guidelines		
57D	Benefits for this service are limited to one time per three-year period.	NAR--Processed according to member's contract guidelines	96	N130
58D	Please submit a copy of the Explanation of Benefits from this member's other insurance carrier.	Resubmit claim with a copy of other carrier's payment information.		
59D	Benefits for this service are limited to one time per five-year period.	NAR--Processed according to member's contract guidelines		
60D	The combination of x-ray charges submitted on this claim should not exceed the cost of a full mouth series.	NAR		
61D	This allowance is based on a less costly procedure. The disallowed amount will be the patient's responsibility.	Bill member for the amount shown in the "Patient Owes" column on the remittance advice	96	N124
61d	This procedure is non-covered. An alternate standard procedure has been used to price the allowed.	NAR		
62D	The combination of x-ray charges submitted on this claim should not exceed the cost of a full mouth series.	NAR		
63D	Benefits for crowns are available only when the tooth cannot be restored by any other material.	NAR--Processed according to member's contract guidelines		
82D	This member or dependent is not eligible for dental benefits.	Contact patient for current insurance information		
83D	This member is not eligible for dental benefits.	Contact patient for current insurance information		

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84D	This member is not eligible for dental benefits.	Contact patient for current insurance information		
85D	This patient has met his or her annual or lifetime maximum benefits.	NAR--Processed according to member's contract guidelines	35	
89D	This dental claim was processed in error.	NAR		
90D	This member's contract does not allow for crown coverage. An allowance has been made for a stainless steel crown.	NAR		
95D	Temporary partials are only covered for the anterior (front) teeth.	NAR--Processed according to member's contract guidelines		
97D	This charge is considered part of the total cost. Please do not bill separately.	NAR		
98D	This dental claim was processed in error.	NAR		
104	This member's coverage excludes benefits for the condition for which this service was rendered	Processed according to member's contract guidelines	96	N30
A01	This provider is not eligible under this member's coverage.	NAR--Processed according to member's contract guidelines	170	
AB0	Call 1-877-258-9455 for claim detail if needed.	Is manual deduction due to a credit balance on previous remittance advice. Refer to the letter sent to you or if questions, call the number provided.		
AD0	We are currently adjusting this claim. You will receive correspondence after processing is complete	NAR	96	MA67
AD1	This is adjustment to a previously paid claim. The payable amount is less than the amount originally paid.	NAR	96	MA67
AD2	This is an adjustment to a previously processed claim. The benefits provided are the same as on the original claim.	NAR	96	MA67
AD3	This is a subrogation adjustment. It will not affect previously processed claims.	NAR	215	
AD4	This is the disallowed amount prior to subrogation adjustment.	NAR	215	MA67
AD5	This claim was previously processed with an incorrect date of service.	NAR	96	MA67
AD6	This claim was previously processed with an incorrect place of treatment.	NAR	96	MA67

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AD7	This is an adjustment to a previously processed claim. An additional amount is being provided for this service	NAR	96	MA67
AD8	This claim is being adjusted due to a correction on the billing from the provider.	NAR	96	MA67
AD9	This claim is being adjusted because we have been notified that the provider billed for this service in error.	NAR	96	MA67
ADB	We are adjusting this claim because the provider submitted a corrected billing.	NAR	96	MA67
ADD	We are adjusting this claim because an incorrect deductible, copayment, or coinsurance amount was previously applied.	NAR	96	MA67
ADI	We are adjusting this claim to include the additional billing from the provider.	NAR	96	MA67
ADJ	This is an adjustment to a previously processed claim. We are paying an additional amount for this service.	NAR	96	MA67
ADM	We are adjusting this claim because this member's BlueCross BlueShield coverage is primary to Medicare	NAR	96	MA67
ADP	This amount was previously paid to the wrong payee. A corrected payment has been made.	NAR	96	MA67
ADS	This amount was previously paid to the wrong provider. We have made a corrected payment to your provider.	NAR	96	MA67
ADT	This is an adjustment of a previously processed claim due to a BCBST change to the provider assignment.	NAR	96	MA67
ADW	This claim was previously processed under another member's name or ID number in error.	NAR	96	MA67
ADX	This claim was adjusted due to a change in provider information.	NAR	96	MA67
AUT	Benefits cannot be provided for this service because the required authorization is not on file.	Please refer to your Commercial Provider Administration Manual regarding authorization requirements.	197	

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B01	This procedure is not covered per contract limitations. Alternate procedure pricing was used.	NAR		
B02	Number of services exceed contract limitations. Alternate procedure pricing was used	NAR		
B08	This member's coverage does not provide benefits for TMJ (Temporomandibular Joint) Dysfunction and occlusion.	NAR--Processed according to member's contract guidelines		
B09	This member's coverage does not provide benefits for implants and periodontal splinting.	NAR--Processed according to member's contract guidelines		
B10	This member's coverage does not provide benefits for basic restorative dentistry.	NAR--Processed according to member's contract guidelines		
B11	This member's coverage does not provide benefits for crown and prosthetic dentistry.	NAR--Processed according to member's contract guidelines		
B12	This member's coverage does not provide benefits for orthodontic prosthetic dentistry.	NAR--Processed according to member's contract guidelines		
B13	This member's coverage does not provide benefits for gold foil restorations.	NAR--Processed according to member's contract guidelines		
B14	This member's coverage does not provide benefits for dental care that is elective or a special technique.	NAR--Processed according to member's contract guidelines		
B15	This member's coverage does not provide benefits for replacement services due to loss or theft.	NAR--Processed according to member's contract guidelines		
B16	This member's coverage does not provide benefits for desensitizing teeth.	NAR--Processed according to member's contract guidelines		
B17	This service is primarily considered medical. Please file with this member's medical policy.	Contact member for information to file with member's coverage		
B18	This member's coverage does not provide benefits for adult orthodontics.	NAR--Processed according to member's contract guidelines		
B19	This member's coverage does not provide benefits for prescribed drugs and other medications.	NAR--Processed according to member's contract guidelines		
B20	This member's coverage does not provide benefits for congenital, cosmetic, or aesthetic services.	NAR--Processed according to member's contract guidelines		
B21	This member's coverage only allows for sealants on the occlusal (biting) surface of a tooth.	NAR--Processed according to member's contract guidelines		
B22	This service is primarily considered medical. Please file with this member's medical policy.	Contact member for information to file with member's coverage		
B23	This provider is not eligible under this member's coverage.	NAR--Processed according to member's contract guidelines		

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B24	This patient has met his or her annual or lifetime maximum benefits.	NAR--Processed according to member's contract guidelines		
B25	Benefits for this service have a twelve-month waiting period.	NAR--Processed according to member's contract guidelines		
B26	Benefits for this service have a twenty-four month waiting period.	NAR--Processed according to member's contract guidelines		
B27	Benefits for this service have a ninety-day waiting period.	NAR--Processed according to member's contract guidelines		
B28	Post removal is not payable if billed on the same day as other post procedures or root canal treatment.	See guidelines in the Dental Program section in the Commercial Provider Administration Manual	B15	
B33	Benefits cannot be provided until we receive information about this	NAR	16	N179
B51	This service does not meet BlueCross BlueShield of Tennessee clinical criteria and will not be considered for payment.	See guidelines in the Dental Program section in the Commercial Provider Administration Manual		
B52	Recementing or repairs cannot be billed separately if done within twelve months of the initial placement procedure.	If you have questions, call our Dental Service Department at 1-800-523-1478	B15	
B53	A deleted procedure code was filed. This code was replaced with a current procedure code.	NAR		
B54	Recementing or repairs cannot be billed separately if done within six months of the initial placement procedure,	If you have questions, call our Dental Service Department at 1-800-523-1478	B15	
B59	This service is considered part of the primary procedure. Please do not bill separately.	See guidelines in the Dental Program section in the Commercial Provider Administration Manual		
CBM	This member's primary insurance carrier already paid this amount.	NAR	23	
CDD	This claim is a duplicate of a previously submitted claim for this member.	Refer to previous remittance advice for original payment information. If corrected bill will be submitted, please see guidelines in the Commercial Provider Administration Manual	18	
CG0	This service falls into a category that is not covered under this member's dental plan.	NAR--Processed according to member's contract guidelines	96	N30
CG1	This service falls into a category that is not covered under this member's dental plan.	NAR--Processed according to member's contract guidelines	96	N30
CG2	This service falls into a category that is not covered under this member's dental plan.	NAR--Processed according to member's contract guidelines	96	N30

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CG3	This service falls into a category that is not covered under this member's dental plan.	NAR--Processed according to member's contract guidelines	96	N30
CG4	This service falls into a category that is not covered under this member's dental plan.	NAR--Processed according to member's contract guidelines	96	N30
CG5	This service falls into a category that is not covered under this member's dental plan.	NAR--Processed according to member's contract guidelines	96	N30
CM1	This charge exceeds the previous carrier's allowed amount. Provider has agreed not to bill the patient for this amount.	Bill the member the amount shown in the "Patient Owes" column of the remittance advice	45	
CM2	The provider has agreed to accept the amount allowed under this member's contract for this service.	Bill only the amount in the "Patient Owes" column of the remittance advice	131	
CMS	The provider has agreed to accept the amount allowed under this member's contract for this service.	Bill only the amount in the "Patient Owes" column of the remittance advice	131	
CO1	This payment was secondary to primary benefits provided by this member's other health insurance.	NAR	23	
CO2	This amount includes the benefits provided by this member's other insurance carrier.	NAR	23	
COB	Benefits cannot be provided until we receive previously requested information concerning this member's other insurance.	NAR--Member must provide information	22	N197
COS	This procedure is not eligible for benefits under this member's coverage because it was performed for cosmetic purposes.	NAR--Processed according to member's contract guidelines	96	N383
CR	This member is not eligible for benefits.	Please contact member for current insurance information.	27	
CRT	CREDIT ADJUSTMENT - OVERPAYMENT TO BE DEDUCTED FROM PAID AMOUNT.	NAR		
CVX	Coverage Exclusion	NAR--Processed according to member's contract guidelines	96	N30
D01	The dental allowable amount was increased.	NAR		
D02	The dental allowable amount was decreased.	NAR		
D11	The dental allowable amount per unit was increased.	NAR		
D12	The dental allowable amount per unit was decreased.	NAR		
D13	The dental allowable units were increased.	NAR		
D14	The dental allowable units were decreased.	NAR		

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D15	This is the dental disallowed amount.	NAR		
D21	Please submit the date orthodontic treatment started.	Submit treatment information to: BlueCross BlueShield of Tennessee Attn: Dental Department PO Box 180150 Chattanooga, TN. 37402		
D22	Please submit accompanying x-rays for this dental procedure.	Submit treatment information to: BlueCross BlueShield of Tennessee Attn: Dental Department PO Box 180150 Chattanooga, TN. 37402		
DA0	This dental claim is being adjusted since we have been notified that the provider billed for this service in error.	NAR		
DA1	This claim was previously paid to the wrong provider. A payment has been made to the correct provider.	NAR		
DA2	This claim was previously processed correctly under another ID number or patient's name. No additional payment is due.	NAR		
DA3	This disallowed amount is the ortho extended treatment and has been moved to another claim.	NAR		
DA4	This is an adjustment to a previous dental claim that paid to the subscriber but should have paid to the provider.	NAR		
DA6	A dental adjustment is in process for this claim, which will be reprocessed on a future date.	NAR		
DA7	This is an adjustment to a previously paid dental claim. The payable amount is less than the amount originally paid.	NAR		
DA8	This is money reimbursed due to another party's payment. Refer to "Patient Owes" column for any liability changes.	NAR	215	
DA9	This dental claim was previously processed with an incorrect date of service.	NAR		
DAC	Other insurance information has been received and this member's records updated. This claim has been adjusted.	NAR		
DAD	Full or partial dental benefits were denied in error.	NAR		
DAL	This is a dental adjustment. The provider was corrected and/or subscriber payment liability.	NAR		

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DAP	The originally submitted procedure was replaced due to benefit plan restrictions.	NAR		
DB0	This dental claim has been adjusted due to an incorrect tooth and/or surface.	NAR		
DB1	This dental claim was adjusted due to an incorrect procedure code.	NAR		
DB2	This claim was denied for an Explanation of Benefits.	Send other coverage payment information to BlueCross BlueShield of Tennessee Attn: Dental Department P.O. Box 180150 Chattanooga, TN. 37402		
DB3	This claim paid secondary to another insurance carrier.	NAR		
DB4	This dental claim was denied requesting additional information from the provider.	Submit treatment information to: BlueCross BlueShield of Tennessee Attn: Dental Department PO Box 180150 Chattanooga, TN. 37402		
DB5	A dental adjustment has been completed and has resulted in a statistical change.	NAR		
DEN	This dental service is not eligible for benefits under this member's coverage.	NAR--Processed according to member's contract guidelines	96	N30
DG2	The allowable is a discounted DRG amount.	NAR	45	
DIS	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
DMD	This oral surgery service does not meet the requirements of this member's program for coverage.	NAR--Processed according to member's contract guidelines	96	N30
DOP	We are deducting this amount because of an overpayment on a previous claim.	NAR		
DP0	This patient's age is not within the normal range established for this dental procedure.	Refer to the Dental Section of the Commercial Provider Administration Manual		
DP1	This dental procedure is not a covered service for this tooth/teeth number(s).	Refer to the Dental Section of the Commercial Provider Administration Manual		
DP2	The charge or number of occurrences this procedure was performed has exceeded the contract limits.	NAR--Processed according to member's contract guidelines		
DP3	The charge or number of occurrences this procedure was performed has exceeded the contract limits.	NAR--Processed according to member's contract guidelines		

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DP4	The charge or number of occurrences this procedure was performed has exceeded the contract limits.	NAR--Processed according to member's contract guidelines		
DP5	The number of occurrences this procedure was performed has exceeded the contract limits.	NAR--Processed according to member's contract guidelines		
DPX	Your group's contract requires a period of membership before benefits are available for this service.	NAR--Processed according to member's contract guidelines		
DRC	The dental runout time limit has been exceeded.	NAR		
DRE	This claim is prior to effective date of the coverage.	Contact member for coverage information		
DRQ	This date of service is after the termination of coverage.	Contact member for coverage information		
DRT	Timely filing has been exceeded.	Please refer to timely filing guidelines in the Commercial Provider Administration Manual. Submit only appropriate BlueCrossBlueShield of Tennessee reports for proof of timely filing.		
DSR	Your claim has been received and is currently under special review.	NAR		
DUP	Duplicate of previous claim. If corrected billing, please resubmit according to billing guidelines.	Refer to previous remittance advice for payment information. If corrected bill, submit according to billing guidelines.	18	
ECT	ECT single or multiple is not a billable service for this discipline level.	NAR	185	
EMr	This amount is for Executive Medical Reimbursement.	NAR	18	
EMR	This amount was previously reimbursed and is not included in the Executive Medical Reimbursement.	NAR	18	
EOB	Please submit a copy of the Explanation of Benefits from this member's other insurance carrier.	Please submit complete payment information from primary insurance carrier.	22	N4
EXC	This claim was paid as an exception. Future claims without a referral from the member's PCP will be denied.	Please obtain referrals from member's PCP for future claims.	96	N189
EXR	An external referral has been received.	NAR	96	N30
FTP	Family therapy is a non-covered service.	NAR--Processed according to member's contract guidelines	96	N30
FYI	RECALCULATED PAYMENT - EXCLUDED FROM AMOUNT PAID	NAR		

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G44	This check amount is the outstanding balance (minus deductible and coinsurance) that the provider may bill.	NAR	96	N30
GAR	Execution Of Garnishment	NAR - For additional information, contact Customer Service at 1-800-924-7141		
GLB	This claim is disallowed because it is included in the global case payment.	NAR	97	
GNS	The provider must file this claim with Magellan, P.O. BOX 5190, Columbia, MD 21046.	File claim to Magellan	109	
GRP	The member's group has already paid for this claim. We are reimbursing the member's group by manual check.	NAR	18	
HLD	There is a hold on payment of this claim.	Contact Customer Service at 1-800-924-7141 for additional details	96	N30
HMO	Call 1-877-258-9455 for claim detail if needed.	Is manual deduction due to a credit balance on previous remittance advice. Refer to the letter sent to you or if questions, call the number provided.		
HRA	This amount was paid from the member's Health Reimbursement Account (HRA).	NAR	187	
INF	Medical records have been requested from the provider.	Please submit medical records as requested.	16	N202
INV	This procedure is considered investigative and is not covered under this member's plan.	Bill member only if BlueCross BlueShield of Tennessee's investigative financial responsibility form is signed by member. Form is located on our Web site at bcbst.com.	55	
IPM	Individual Psychotherapy with Medical Management is non-covered.	NAR	96	N30
IRS	Execution of IRS Levy	NAR - Contact Customer Service at 1-800-924-7141 for further information.		
IS1	This is the State surcharge amount which is payable to the provider.	NAR	96	
ISS	This service is not covered per the information submitted. The provider should verify coding and resubmit if incorrect.	Please refer to coding manual and submit corrected claim with correct code.	7	
ITA	Benefits cannot be provided for this service because the required authorization is not on file.	Please refer to your Commercial Provider Administration Manual for authorization/referral requirements	192	

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ITD	The provider must file this claim with his or her local BlueCross BlueShield plan for processing	No additional action required	109	
LAB	This laboratory charge was already paid to the lab that performed the service. The patient should not be billed.	NAR	24	
LB1	This laboratory charge was already paid to this member's physician. The patient should not be billed.	NAR	24	
LET	Benefits cannot be provided for this service. We are sending the member additional correspondence to explain.	NAR - Processed according to member's contract guidelines.	16	N202
LOV	This charge exceeds the maximum allowed under this member's coverage.	NAR	45	
MAD	This portion of your Medicare Part A deductible is not covered under your supplemental policy.	NAR--Processed according to member's contract guidelines	96	N30
MAR	Call 1-877-258-9455 for claim detail if needed.	Is manual deduction due to a credit balance on previous remittance advice. Refer to the letter sent to you or if questions, call the number provided.		
MAT	A portion of this claim is denied because this member was not eligible for benefits for the entire term of the pregnancy.	Please contact Customer Service or refer to our website for member eligibility and benefits.	179	
MBD	This member's plan does not cover the Medicare Part B deductible.	NAR--Processed according to member's contract guidelines	96	N30
MCC	We cannot pay benefits until this member's out-of-pocket amount has been satisfied.	NAR--Processed according to member's contract guidelines	96	N30
MCD	This charge was denied by Medicare and is not covered on this plan.	The provider can bill the patient.	96	N30
MDC	This amount exceeds the reimbursement due to Medicaid.	NAR	45	
Mds	This is a non-participating facility. The Medicare Part A deductible/coinsurance is not covered under this member's plan.	NAR--Processed according to member's contract guidelines	38	
MED	Please submit a copy of the Medicare Explanation of Benefits (EOB) so we can determine benefits.	Send complete Medicare payment information.	22	N4
MLN	The provider must submit the primary diagnosis.	Resubmit with the primary diagnosis	16	M76
MPF	Medicare paid this service in full.	NAR	23	

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MR1	Medicare denied this charge and the provider cannot bill you for it.	NAR	45	
MR3	The provider agreed to accept the amount allowed under this member's contract for this service.	Bill only the amount in the "Patient Owes" column of the remittance advice	131	
Mrx	These benefits are reduced because a non-participating pharmacy was used.	NAR--Processed according to member's contract guidelines	38	
MSD	The allowable amount for this service has been reduced according to multiple same day surgery guidelines.	Please refer to your reimbursement rules in the Commercial Provider Administration Manual regarding multiple surgeries.	59	
MSP	This payment is secondary to benefits provided by Medicare.	NAR	23	
MTN	This service was prepaid by Middle Tennessee IPA.	NAR	24	
MXC	The provider's charge exceeds the amount allowed by Medicare. The member is not responsible for this amount.	NAR	45	
N01	This procedure is considered part of the primary procedure and is limited by this member's plan.	NAR	B15	
N02	This procedure is redundant to the primary procedure and is limited by this member's plan.	NAR	B15	
N03	This procedure is secondary to the primary procedure and is limited by this member's plan.	NAR	B15	
N04	This service is a part of the original surgical procedure and is limited by this member's plan.	NAR	B15	
N05	This service is not covered when performed on the same day as a surgical procedure.	Please refer to your billing guidelines in the Commercial Provider Administration Manual.	B15	
N06	This procedure does not normally require the services of an assistant surgeon.	NAR	54	
N09	This procedure is not eligible for benefits under this member's coverage because it was performed for cosmetic purposes.	NAR--Processed according to member's contract guidelines	96	N383
N10	This procedure is considered investigative and is not a covered service under this member's plan.	Bill member only if BlueCross BlueShield of Tennessee's investigative financial responsibility form signed by member. The form is located on Web site at bcbst.com.	55	
N11	This procedure is no longer considered clinically effective and is not eligible for benefits.	NAR	56	
N13	This is a deleted/invalid code or modifier for this date of service. The provider should submit the proper code.	Please refer to your coding manual and file corrected claim with proper code.	B18	M51

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N14	This service is not covered for this member. The provider should submit the proper code or medical documentation.	Please refer to your coding manual and file corrected claim with proper code and/or medical documentation.	7	
N15	This service is not normally performed for members in this age range.	Please refer to your coding manual and file corrected claim with proper code according to age of member.	6	
N16	This service is not normally performed for members in this age range.	Please refer to your coding manual and file corrected claim with proper code according to age of member.	6	
N17	This service is not covered when performed in this setting.	Please refer to your billing guidelines in the Commercial Provider Administration Manual.	5	
N19	This service is not covered when performed for the reported diagnosis.	Please refer to your coding manual and if not filed correctly, file corrected claim with proper code.	11	
N25	The charge for this service has been combined with the primary procedure.	NAR	B15	
N26	This service is a part of the original surgical procedure and is limited by this member's plan.	NAR	B15	
N30	Benefits for this service are limited to once per lifetime.	NAR	45	
NB	These benefits are for an eligible newborn who has not been added to this subscriber's plan.	NAR	96	N30
NCC	This member's coverage excludes benefits for the condition for which this service was rendered.	Processed according to member's contract guidelines	96	N30
NCP	Benefits for this service are excluded under this member's plan.	NAR--Processed according to member's contract guidelines	96	N30
NEC	Benefits cannot be provided for services that have been determined not to be medically necessary.	Please refer to our medical policy on our Web site at bcbst.com.	50	
NER	Benefits cannot be provided for services not considered a medical emergency.	NAR--Processed according to member's contract guidelines	40	
NRT	This is a non-contracted room type. The room type is disallowed.	Please refer to your contract and facility specific billing guidelines.	45	
OAS	This service is not normally covered for members in this age range.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	6	
OJI	These services are related to an on-the-job injury.	NAR--Processed according to member's contract guidelines	96	N30

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OOA	This claim was filed by an out of area dental provider.	Please file claim to your local BlueCross BlueShield plan		
OTC	Drugs that can be purchased without a prescription are not an eligible expense.	NAR--Processed according to member's contract guidelines	96	N30
OUT	These benefits have been reduced because a non-participating provider was used.	Please contact your local Provider Relations Representative if you are interested in participating in our networks.	38	
OVP	We are deducting this amount because of an overpayment on a previous claim.	NAR	96	MA67
PAA	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PAC	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PAI	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PAK	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PAL	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PAP	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PAR	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PCD	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PCP	This member has not chosen a PCP or has selected a PCP who is not participating in the plan.	NAR	38	
PCS	This prescription requires prior authorization through your pharmacy.	Please contact pharmacy program at 1-877-916-2271	197	
PDA	This charge has been reduced based on a discount arrangement with this provider.	NAR	45	
PDC	This charge has been reduced based on a discount arrangement with this provider.	NAR	45	
PDD	This charge has been reduced based on a discount arrangement with the provider of service.	NAR	45	
PDP	This charge has been reduced based on a discount arrangement with this provider.	NAR	45	

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PE0	This charge exceeds the maximum allowable for this service.	NAR	45	
PED	Routine nursery or pediatric care of a newborn is not eligible for benefits.	NAR--Processed according to member's contract guidelines	96	N30
PEN	Benefits for this service have been reduced due to lack of compliance with plan requirements.	NAR	197	
PEO	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PEX	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PFC	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PFS	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PFU	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PFV	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PFW	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PGA	This charge is not reimbursed according to your DRG contract. Please see the provider manual.	Please refer to your DRG contract and your Commercial Provider Administration Manual.	45	
PGD	This charge exceeds the maximum allowable under this member's coverage.	Please refer to your DRG contract and your Commercial Provider Administration Manual.	45	
PGE	This charge exceeds the DRG rate for this confinement.	Please refer to your DRG contract and your Commercial Provider Administration Manual.	45	
PGO	This charge exceeds the maximum allowable under this member's coverage.	Please refer to your DRG contract and your Commercial Provider Administration Manual.	45	
PGP	This charge exceeds the maximum allowable under this member's coverage.	Please refer to your DRG contract and your Commercial Provider Administration Manual.	45	
PGR	This charge exceeds the maximum allowable under this member's coverage.	Please refer to your DRG contract and your Commercial Provider Administration Manual.	45	
PHA	Pharmacological Management is non-covered.	NAR--Processed according to member's contract guidelines	96	N30
PHY	Physician fees should be filed separately from the hospital claim. The provider should rebill on the proper form.	Please file physician fees on CMS-1500 claim form.	89	N200
PI	Personal items cannot be considered for benefits.	NAR--Processed according to member's contract guidelines	96	N30

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PLC	The Medicare limiting charge was applied.	NAR	96	N30
PLP	Percent Threshold Stoploss Met	Please refer to your contract for Stop Loss threshold.	96	N16
PPD	This service is included in the ordering physician's agreement. It should be billed to the ordering physician.	Bill ordering physician.	24	
PS	This member is not liable for these charges.	NAR	45	
PS0	Benefits for this service are excluded under this member's plan.	NAR--Processed according to member's contract guidelines	96	N30
PS1	The maximum amount payable under this member's coverage for this service has been provided.	NAR--Processed according to member's contract guidelines	119	
PS2	The maximum number of services payable under this member's coverage has been provided.	NAR--Processed according to member's contract guidelines	119	
PS3	Drugs that can be purchased without a prescription or other non-covered drugs are excluded under this member's plan.	NAR--Processed according to member's contract guidelines	96	N30
PS4	Maximum benefits payable under this member's coverage have been provided.	NAR--Processed according to member's contract guidelines	119	
PSB	This charge exceeds the maximum allowable under this member's coverage.	Please refer to your RBRVS methodology guidelines in your Commercial Provider Administration Manual	45	
PSC	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PSM	This charge exceeds the maximum allowable under this member's coverage.	Please refer to anesthesia billing guidelines/reimbursement rules in your Commercial Provider Administration Manual.	45	
PSR	This charge exceeds the maximum allowable under this member's coverage.	Please refer to your DRG billing guidelines in your contract or in the Commercial Provider Administration Manual.	45	
PSS	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
PSU	This charge exceeds the maximum allowable under this member's coverage.	Please refer to anesthesia billing guidelines/reimbursement rules in your Commercial Provider Administration Manual.	45	
PSV	This charge exceeds the maximum allowable under this member's coverage.	Please refer to your RBRVS methodology guidelines in your Commercial Provider Administration Manual	45	

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PSW	This charge exceeds the maximum allowable under this member's coverage.	Please refer to anesthesia billing guidelines/reimbursement rules in your Commercial Provider Administration Manual.	45	
PTR	The maximum number of units allowed for this service under this member's coverage has been provided.	NAR--Processed according to member's contract guidelines	119	
PX	Charges for a pre-existing condition are not eligible for benefits.	NAR--Processed according to member's contract guidelines	51	
RB	These charges exceed the maximum room and board allowance under this member's coverage.	NAR--Processed according to member's contract guidelines	78	
RDP	This procedure is redundant to the primary procedure and is limited by this member's plan.	Please refer to our Commercial Code Bundling Rules on our Web site at bcbst.com.	B15	
REC	MONEY RECEIVED - NO DEDUCTION FROM AMOUNT PAID	NAR		
REF	These services were provided after the time limit specified in the referral from the PCP or this member's plan.	NAR--Processed according to member's contract guidelines	87	
REJ	This service is not covered under this member's plan.	NAR--Processed according to member's contract guidelines	96	N30
REX	Routine examinations are not eligible for benefits under this member's plan.	NAR--Processed according to member's contract guidelines	49	
RFD	The referral for these services was denied and benefits cannot be provided under this member's plan.	NAR--Processed according to member's contract guidelines	96	N335
RFN	Benefits cannot be provided for these services because we have no record of a referral from this member's PCP.	NAR--Processed according to member's contract guidelines	96	N335
ROU	Routine services are not covered under this member's plan.	NAR--Processed according to member's contract guidelines	49	
RWD	A risk withhold has been applied to this line item. The member is not responsible for this amount.	NAR	104	
RXD	This amount was applied to your prescription deductible.	NAR--Processed according to member's contract guidelines	1	
RXI	Save \$\$ on drug costs. Show your BlueCross BlueShield ID card and use a member pharmacy when buying prescription drugs.	NAR	96	N30
RY1	We have paid the annual maximum allowable for these services for this member.	NAR--Processed according to member's contract guidelines	119	

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RY2	The maximum days allowed for these services have been used for this member.	NAR--Processed according to member's contract guidelines	119	
S?	This member was not eligible for coverage on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
S10	This member's coverage ended before the date these services were provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
S11	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S12	This member's coverage was not in effect on the date these services were provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S13	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S14	This member's coverage did not take effect until after the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S17	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
S1A	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S1B	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S1C	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
S1D	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
S1E	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	

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S1F	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
S2	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	14	
S20	This member's coverage was not in effect on the date these services were provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S21	This member's coverage was not in effect on the date these services were provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S22	This member's coverage was not in effect on the date these services were provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S23	This member's coverage was not in effect on the date these services were provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S24	This member's coverage was not in effect on the date these services were provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
S25	We have placed a hold on all claims administration for this subscriber and related members.	Contact Customer Service at 1-800-924-7141	26	
S3	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	14	
S4	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
S5	This member's eligibility does not include coverage for this type of service	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	31	
S6	This member's age is beyond the limiting age for the plan.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	32	
S61	This member is older than the plan's age limit for coverage of this service.	NAR	32	
S7	This member's age is beyond the limiting age for the plan.	NAR	27	

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S8	This member's age is beyond the limiting age for the plan.	NAR	27	
S9	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
SB	This patient is not a covered member under the plan.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	33	
SC	This patient is not a covered member under the plan.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	33	
SD	This patient is not a covered member under the plan.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	33	
SDP	This service is not covered when performed on the same day as a surgical procedure.	Please refer to your billing guidelines in the BlueCross BlueShield of Tennessee Commercial Provider Administration Manual.	B15	
SE	This patient is not a covered member under the plan.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	33	
SF	This patient is not a covered member under the plan.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	33	
SG	This patient is not a covered member under the plan.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	33	
SH1	This charge is a duplicate of a previously processed claim.	Refer to previous remittance advice for payment information. If corrected bill, submit according to billing guidelines.	18	
SHD	This charge is a duplicate of a previously submitted charge for this member.	Refer to previous remittance advice for payment information. If corrected bill, submit according to billing guidelines.	18	
SL	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
SL2	This charge was discounted under the provider agreement. You have saved this amount by using a participating provider.	NAR	45	

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SM	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	13	
SN	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	32	
SN1	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	32	
SNF	The level of care billed does not match the level authorized. The provider must submit a corrected billing. .	Please refer to your SNF billing guidelines and authorization requirements.	197	
SO	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
SO1	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
SP	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
SPD	Supplemental Discount	NAR	45	
SPL	This patient's stop-loss limit has been reached. Benefits are payable at 100%.	NAR--Processed according to member's contract guidelines	96	N16
SPT	This member's coverage has terminated.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
SQ	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
SS	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
ST	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	

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STN	This claim is pended due to non-payment of premiums. The member should contact his or her State Group Representative.	NAR	27	
STP	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
STU	Benefits cannot be provided until we receive information about this member's eligibility.	NAR	16	N179
SW	This member is not eligible for benefits.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	27	
SW2	This is a non-billable service for the discipline level.	NAR	185	
t02	The required procedure code is missing according to a Local Coverage Determination.	NAR	11	N115
t03	The provider specialty does not meet criteria for the procedure code according to a Local Coverage Determination.	NAR	11	N115
t07	The diagnosis on the line is inconsistent with the procedure according to a Local Coverage Determination.	NAR	11	N115
t09	This procedure requires documentation according to a Local Coverage Determination.	NAR	11	N115
t10	This add-on procedure is not eligible when the primary procedure is not eligible.	NAR	B15	
t14	This procedure is missing an appropriate modifier when related to an evaluation and management visit in patient history.	NAR	4	
t15	This procedure is missing an appropriate modifier when billed with an evaluation and management code.	NAR	4	
t18	The maximum frequency for this procedure code has been exceeded.	NAR	B15	
t19	A multiple procedure reduction of 50 percent of the allowed amount should be applied to this claim line	NAR	59	
t20	Medicare requires that an operative report be reviewed when more than 5 procedures have been performed on the date of service.	NAR	16	M29
t22	An add on procedure code has been submitted without the appropriate primary procedure.	NAR	16	M51

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t30	Per Medicare's Medically Unlikely Edits, the units of service billed for this procedure code exceeds the allowed units.	NAR	96	N362
t32	Anesthesia code on this line requires an appropriate modifier.	NAR	4	M78
t34	Per the MPFS, procedure code describes the physician service. Use of modifier ZY is not appropriate.	NAR	4	M78
t35	Per the MPFS, procedure code describes only the technical portion of a service or diagnostic test. Modifier ZY is not appropriate.	NAR	4	M78
t36	Per the MPFS, procedure code describes the global code of a service or diagnostic test. Modifier ZY is not appropriate.	NAR	4	M78
t37	Per the MPFS, procedure code describes a physician interpretation for service and is not appropriate in place of service.	NAR	96	M97
t38	Per Medicare guidelines, procedure code is a service covered incident to a physician's service and modifier XY is not appropriate.	NAR	4	M78
t39	Per Medicare guidelines, procedure code is a service covered incident to a physician's service and modifier YZ is not appropriate.	NAR	4	M78
TF0	The claim for these services was received after the time limit specified in this member's benefit plan.	Please refer to our timely filing guidelines and submit appropriate BlueCross BlueShield of Tennessee report for proof of timely filing.	29	
TF1	The claim for these services was received after the time limit specified in the provider's agreement.	Please refer to our timely filing guidelines and submit appropriate BlueCross BlueShield of Tennessee report for proof of timely filing.	29	
Th	This member's coverage was not in effect on the date these services were provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
TMF	The claim for these services was filed after the time limit for filing specified in this member's plan.	Please refer to our timely filing guidelines and submit appropriate BlueCross BlueShield of Tennessee report for proof of timely filing.	29	
TR0	Benefits cannot be provided because there was no authorization and/or referral for this service.	Please refer to your Commercial Provider Administration Manual for authorization/referral requirements	197	

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TR1	This is not a covered service.	NAR--Processed according to member's contract guidelines	96	N30
TR2	The maximum amount payable under this member's coverage for this service has been provided.	NAR--Processed according to member's contract guidelines	119	
TR3	The maximum amount payable under this member's coverage for this service has been provided.	NAR--Processed according to member's contract guidelines	119	
TR4	The maximum number of services payable under this member's coverage has been provided.	NAR--Processed according to member's contract guidelines	119	
TR5	The maximum number of services payable under this member's coverage has been provided.	NAR--Processed according to member's contract guidelines	119	
TR6	The payment is reduced by the amount paid by your primary insurance carrier.	NAR	23	
Trx	Your annual prescription drug maximum has been met.	NAR	119	
UAS	This member was not covered under the plan on the date this service was provided.	Please contact Customer Service at 1-800-924-7141 or refer to our Web site at bcbst.com for member eligibility and benefits.	26	
UCR	This charge exceeds the maximum allowed under this member's coverage.	NAR	45	
UD	These charges have been disallowed by Utilization Management.	Refer to the provider dispute resolution procedure in the Commercial Provider Administration Manual.	39	
UM0	These services were disallowed by Utilization Management.	Refer to the provider dispute resolution procedure in the Commercial Provider Administration Manual.	39	
UM1	The number of services provided exceeds the number approved in the Utilization Management authorization.	Refer to the provider dispute resolution procedure in the Commercial Provider Administration Manual.	198	
UM2	These services were limited by a Utilization Management authorization.	Refer to the provider dispute resolution procedure in the Commercial Provider Administration Manual.	198	
VEX	This member's coverage does not provide benefits for routine vision examinations.	NAR--Processed according to member's contract guidelines	96	N30
VGC	This member's coverage does not provide benefits for glasses or contact lens.	NAR--Processed according to member's contract guidelines	96	N30
VIS	This charge exceeds the maximum allowed for vision services.	NAR--Processed according to member's contract guidelines	119	

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VNC	This service is not an eligible vision expense under this member's coverage.	NAR--Processed according to member's contract guidelines	96	N30
W01	The maximum amount allowable for this equipment has been reached.	NAR	45	
W02	This charge is more than Medicare allows for this service. The member is not responsible for this amount.	NAR	45	
W03	Benefits cannot be provided until a special review is completed.	Refer to the provider contract agreement.	133	
W04	The provider must submit the NDC, drug name, RX number, strength, day supply and quantity before benefits can be provided.	Please provide this information in Block 19 of the CMS- 500 claim form.	16	M123
W05	The provider must submit a copy of the manufacturer's invoice before benefits can be provided.	Please submit a copy of the manufacturer's invoice along with your remittance advice.	16	M23
W06	The provider must submit the operative report or office notes before benefits can be provided.	Please submit a copy of your operative report or office notes along with the remit.	16	M29
W07	The provider must submit a procedure code before benefits can be provided.	Please refer to your appropriate coding manual, file with appropriate code and submit as a corrected bill.	16	M51
W08	The information on this claim does not match the medical records submitted.	Resubmit as a corrected bill. See billing guidelines in the Commercial Provider Administration Manual.	B12	
W09	The provider has not contracted to provide this service.	NAR	45	
W10	This procedure is not eligible for benefits when performed in a hospital setting.	Resubmit as a corrected bill. See billing guidelines in the Commercial Provider Administration Manual.	58	
W11	A copy of the Anesthesia Flow sheet is needed to process this claim. The provider should submit this information to us.	Please submit anesthesia flow sheet as required.	16	M29
W12	The provider has not contracted to provide this service.	NAR	45	
W13	This service is not paid in addition to or separately from the primary service.	NAR	B15	N20
W14	This service should not be billed separately from the room and board.	Resubmit as a corrected bill. See billing guidelines in the Commercial Provider Administration Manual.	B15	

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w15	Whole blood revenue codes can only be used when billing for whole blood.	NAR	96	N59
w16	This HCPCS code is not approved for a partial hospitalization claim.	NAR	96	N59
w17	This HCPCS code can only be billed on a partial hospitalization claim	NAR	96	N59
w18	The charge on this line exceeds the token charge (\$1.01).	NAR	96	M54
w19	This service was provided after the end date of coverage for the National Coverage Determination Policy.	NAR	96	N59
w20	This service is denied per Medicare's Medically Unlikely Edit, the units billed exceed the allowable units for this code.	NAR	96	N362
W21	The provider must submit the appropriate CPT code for this service.	Please refer to your billing guidelines and appropriate coding manual and submit a corrected bill. Refer to guidelines for submitting a corrected bill in the Commercial Provider Administration Manual.	189	M81
W22	This is not a valid BlueCross BlueShield of Tennessee revenue code. The provider should refer to billing guidelines.	Resubmit as a corrected bill. See billing guidelines in the Commercial Provider Administration Manual.	16	M50
W23	This is an inactive revenue code. The provider should refile with a valid code.	Please refer to your billing guidelines and appropriate coding manual and submit corrected bill.	16	M50
W24	This service requires a detailed revenue code. The provider should refer to billing guidelines locator form 42.	Please refer to your billing guidelines and appropriate coding manual and submit corrected bill.	16	M50
W25	This revenue code is invalid for the place of service billed. The provider should verify this code.	Please refer to your billing guidelines and appropriate coding manual and submit corrected bill.	16	M50
W26	The provider must refer to the billing guidelines for proper billing.	Please refer to your billing guidelines from the Commercial Provider Administration Manual.	16	N59
W27	The facility has a separate contract for lithotripsy. When billing, the provider must use revenue code 790.	Please refer to your billing guidelines and appropriate coding manual and submit corrected bill.	16	N59
W29	The facility did not contract for lithotripsy, revenue code 790. The provider must bill using revenue code 490 or 360.	Please refer to your contract and facility specific billing guidelines and submit corrected bill.	16	N59

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W30	This is a bundled service. The payment is included in the service to which item/service is incident.	Please refer to our website at bcbst.com for Commercial Code Bundling Rules.	B15	
W31	Only the initial visit is eligible.	Please contact Customer Service or refer to our website for member eligibility and benefits.	96	N113
W33	These charges were included in the reimbursement for the mother's room and board.	Please refer to your facility specific billing guidelines.	128	
W35	These DRG outlier days were denied by Utilization Management.	NAR	69	
W36	These DRG outlier days were approved by Utilization Management.	NAR	69	
W37	This per diem rate was approved for this DRG facility transfer.	NAR	87	
W38	This amount was disallowed for this DRG facility transfer.	NAR	87	
W39	This DRG code is no longer valid.	Please refer to our current DRG weight schedule and submit a corrected bill.	A8	
W40	A valid DRG code could not be assigned for the coding that was submitted. The provider must submit valid codes.	Please submit corrected bill and valid codes for appropriate DRG assignment.	A8	
W41	Medical Direction of four or more concurrent procedures is not eligible for reimbursement.	NAR	B15	
W42	For dates of service prior to 1/1/01, please submit the claim to Magellan.	Please submit claim to Magellan.	109	
W43	This procedure is considered investigative and is not a covered service.	Please refer to our website for medical policy on this procedure.	55	
W44	Benefits cannot be provided for services that have been determined not to be medically necessary.	Please refer to our website for medical policy on this procedure.	96	N30
W46	The organ acquisition cost is included in the kidney transplant case rate.	NAR	97	
W47	This is a non-covered chiropractic service.	NAR--Processed according to member's contract guidelines	185	
W48	Benefits for maintenance or servicing of durable medical equipment within six months of purchase date are not available.	NAR--Processed according to member's contract guidelines	96	N30
W51	This code, modifier, or provider type is invalid. The provider should refer to billing guidelines.	Please refer to your billing guidelines from the Commercial Provider Administration Manual and appropriate coding manual and resubmit corrected bill with appropriate codes.	16	N59

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W52	The provider must submit this patient's complete medical history before benefits can be provided for this service.	Please submit medical history with copy of remittance advice as requested.	16	M127
W53	This facility number is used only for Signature members. The provider must refile under the correct provider number	No additional action required	16	N77
W54	The provider must submit this patient's medical records. Please reference this claim number and member ID when you submit the records.	Please submit hard copy claim and medical records as requested.	16	M127
W55	Benefits are unavailable until we receive the information we requested in a recent letter to the provider's office.	Please submit specific items requested in letter addressed to your office or contact Customer Service at 1-800-924-7141 if not received.	16	N202
W56	The provider must submit a letter of medical necessity and plan of treatment for this patient.	Please submit letter of medical necessity and plan of treatment with a copy of the remittance advice for this patient.	16	M141
W57	Information has been requested from another provider to complete a pre-existing review. No action is required.	NAR--You may contact Customer Service if you wish to follow up.	148	
W58	Interim bills should only be submitted once every thirty days for the same hospital stay.	Please refer to our website or BlueCross Blue Shield of Tennessee's Provider Manual regarding interim bills.	135	N59
W59	This claim was filed under the BlueCare provider number. Please resubmit using the Commercial provider number.	Submit corrected bill with appropriate provider number.	16	N77
W60	Benefits cannot be provided until the provider submits a manufacturer name, product name, product number, and quantity.	Please submit remittance advice with appropriate information as requested.	16	M29
W61	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
W62	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
W63	The provider has agreed to waive the Medicare Part A deductible and coinsurance.	NAR	96	N364
W64	Measurement/Reporting Codes--No Fee - this charge is incidental to the primary service.	NAR	B15	

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W65	This charge is more than Medicare allows for this service. The member is not responsible for this amount.	NAR	45	
W66	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
W67	This service is not covered since it is supplied by the government.	NAR	212	
W71	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
W72	Non-physician assistant at surgery services are included in the physician/facility payment.	NAR--You can refer to our billing guidelines regarding reimbursement rules for assistants at surgery.	54	
W73	This claim was adjusted following a provider audit.	NAR	95	
W74	Medical information is needed to complete a pre-existing review. Correspondence will follow.	Respond to the questions in the letter and submit medical records if specifically requested, or if felt necessary.	16	N202
W75	This charge exceeds the maximum allowable under the group practice agreement.	NAR	45	
W76	This charge is included in the facility or physician fee that contracted for this service.	NAR	97	
W77	This claim was processed under continuity of care guidelines.	NAR	131	
W79	The provider must file this claim with CMS. The Medicare contractor to process this claim can be identified through the CMS Web site.	No additional action required	96	N104
W81	Special Review-Dental Claims	NAR		
WA1	We cannot provide benefits for services that have been determined not to be a standard medical procedure.	NAR	56	
WA2	This claim must be filed by the provider who actually rendered the service.	Please refer to your billing guidelines from the Commercial Provider Administration Manual regarding delegated services.	125	N32
WA3	This procedure is not covered when rendered in this place of service.	Please refer to your billing guidelines from the Commercial Provider Administration Manual.	58	

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WA4	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
WA5	Benefits for this charge must be determined by filing through this member's appropriate pharmacy network.	Please contact the pharmacy program at 1-877-916-2271 for further information.	109	
WA7	For dates of service prior to 1/1/01, please submit the claim to Magellan.	Please submit claim to Magellan.	109	
WA8	The provider who rendered these services is not eligible to assist during surgery.	NAR--You can refer to our billing guidelines regarding reimbursement rules for assistants at surgery.	185	
WB1	These services are handled by your Behavioral Health Provider. Please have your provider refile this claim with the appropriate carrier.	Please contact United Behavioral Health for further information.	96	N30
WB2	The provider must file this claim with Tennessee Bureau of Medicaid PO Box 460, Nashville, TN 37202-0460 (1-800-852-2683).	Please file claim to Tennessee Bureau of Medicaid	109	
WB3	The provider must file this claim with First Health Services, 14955 Heathrow Forest Parkway Houston, TX 77032 (1-866-434-5524).	Please file claim to First Health Services	109	
WB4	This claim is paid according to the State Medicaid Rates due to the Deficit Reduction Act (DRA).	NAR	45	none, a code is not needed with 45
WB5	Benefits are provided under the Vaccines for Children Program for the handling/administration of the vaccine only.	NAR	45	none, a code is not needed with 45
WB6	Benefits can not be provided for out of network services because the required authorization is not on file.	NAR	38	
WB7	A completed consent form is required from the provider before this service can be considered for benefits.	NAR	16	N28
WB8	The number of administration services for these injections must equal injections billed. The provider may need to file a corrected bill.	NAR	45	none, a code is not needed with 45
WB9	The provider must submit a valid National Drug Code (NDC), units and quantity qualifier before benefits can be provided.	Please submit a valid National Drug Code (NDC)	16	M119

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WC	Benefits are excluded for an on-the-job injury or for services eligible for Worker's Compensation benefits.	NAR--Processed according to member's contract guidelines	19	
WC1	Benefits are excluded for an on-the-job injury or for services eligible for Worker's Compensation benefits.	NAR--Processed according to member's contract guidelines	19	
WCS	Benefits are excluded for an on-the-job injury or for services eligible for Worker's Compensation benefits.	NAR--Processed according to member's contract guidelines	19	
WD1	This service is not eligible since it was not filed according to the corrected billing guidelines. Please submit a corrected claim.	Submit a corrected claim	125	N30
WEL	This member's coverage does not provide benefits for physical examinations and related services.	NAR--Processed according to member's contract guidelines	49	
WM1	This charge exceeds the maximum allowable under this member's coverage	NAR	45	
WMN	The payment of this claim is pending the receipt of a Medicaid number. The provider needs to contact the State of TN Medicaid Office.	Please contact the State of TN Medicaid Office	17	
WMT	This claim is on hold based on current premium information. The member should contact his or her Human Resource office.	NAR	27	
WP0	Call 1-877-258-9455 for claim detail if needed.	Is manual deduction due to a credit balance on previous remittance advice. Refer to the letter sent to you or if questions, call the number provided.		
WP1	This charge is being discounted in accordance with NPPN agreement. The member is not responsible for this amount.	NAR	45	
WP2	This charge is being discounted in accordance with URN agreement. The member is not responsible for this amount.	NAR	45	
WP3	This charge is discounted in accordance with MultiPlan, Inc. agreement. The member is not responsible for this amount.	NAR	45	

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WP4	Benefits cannot be provided until the provider submits complete medical records for this inpatient admission.	Please submit complete medical records with a copy of remittance advice as requested.	16	M29
WPX	Charges for a pre-existing condition are not eligible for benefits.	NAR--Processed according to member's contract guidelines	51	
WSP	This specialist does not participate in your network. Please contact your PCP for a new referral.	NAR--Processed according to member's contract guidelines	38	
WT1	Benefits cannot be provided until the doctor submits additional information for the Abortion, Sterilization, or Hysterectomy review.	NAR--Processed according to member's contract guidelines	16	N202
WT2	This ancillary service is not eligible for reimbursement when billed with a triage visit.	NAR	97	
WT3	Benefits can not be provided since the dates of service must equal the number of units billed. The provider may file a corrected bill.	NAR	125	M53
WT4	The provider must submit a valid National Provider Identifier (NPI) before benefits can be provided.	NAR	208	
WT5	This emergency room service is included in the reimbursement for the observation room.	NAR	45	
WT6	Payment has already been made by another TennCare coverage for these services. No additional reimbursement will be provided.	NAR	129	MA36
WT7	This service must be billed with a Category II code before benefits can be provided. The provider needs to file a corrected bill.	NAR	16	M51
WT8	This is not a covered service since the primary carrier payment.	NAR	136	N23
WT9	The provider must refer to billing guidelines for BlueCare or TennCare Select.	Please refer to BlueCare or TennCare Select billing guidelines.	16	N59
WVA	The provider must file this claim with VA Health Administration Ctr, CHAMPVA, PO Box 65024 Denver, CO 80206-9024.	Please file claim with VA Health Administration	109	N36
X01	The actual date of service is needed for this charge.	Submit a corrected bill.	16	M52
X02	This charge should be filed at the time of delivery.	Considered part of global delivery charge and not billed separate.	16	N180
X04	This charge has been applied to the \$250 maximum for routine services.	NAR	96	N30

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X05	The provider must submit an itemized or detailed billing before benefits can be provided for this service.	Please submit itemized/detailed billing with copy of remittance advice as indicated.	16	N26
X06	The provider must submit the anesthesia time before benefits can be provided for this service.	Please refer to anesthesia billing guidelines/reimbursement rules in Commercial Provider Administration Manual and submit corrected bill.	16	M53
x07	This edit indicates that services essential to a procedure should not be separately coded.	NAR	234	N202
x08	This edit indicates that services essential to a procedure should not be separately coded.	NAR	234	M80
x09	This procedure is considered part of a more comprehensive procedure. The provider should submit the proper code.	NAR	234	M15
x10	This procedure is considered part of a more comprehensive procedure. The provider should submit the proper code.	NAR	234	M80
x11	This procedure is considered part of a more comprehensive procedure for this site. The provider should submit the proper code.	NAR	B15	M51
x12	This procedure is considered part of a more comprehensive procedure for this site. The provider should submit the proper code.	NAR	B15	M80
x13	This edit indicates that with and without codes should not be used together.	NAR	B15	M51
x14	This edit indicates that with and without codes should not be used together.	NAR	B15	M80
x15	This edit indicates that anesthesia should not be reported separately when administered by the operating physician.	NAR	194	
x16	This edit indicates that anesthesia should not be reported separately when administered by the operating physician.	NAR	194	M80
x17	This edit indicates that individual lab tests should not be reported separately when a lab panel exists.	NAR	97	M15
x18	This edit indicates that individual lab tests should not be reported separately when a lab panel exists.	NAR	97	M15

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x19	This edit indicates that only the code for the more invasive service should be reported.	NAR	B15	M51
x20	This edit indicates that only the code for the more invasive service should be reported.	NAR	B15	M51
x21	performance of the procedure should not be coded in addition to the procedure.	NAR	234	M15
x22	performance of the procedure should not be coded in addition to the procedure.	NAR	234	M15
x23	These codes should not be reported together per Current Procedural Terminology coding guidelines.	NAR	96	M81
x24	These codes should not be reported together per Current Procedural Terminology coding guidelines.	NAR	96	M81
x25	These codes should not be reported together per Current Procedural Terminology coding guidelines.	NAR	96	M81
x26	These codes should not be reported together per Current Procedural Terminology coding guidelines.	NAR	96	M81
x27	Certain services are not typically performed together.	NAR	B15	
x28	Certain services are not typically performed together.	NAR	B15	
x29	These codes indicate Mutually Exclusive Services considered reasonably impossible or improbable to perform on same patient at same time.	NAR	231	
x30	Codes indicate Mutually Exclusive Services considered reasonably impossible or improbable to perform on same patient at the same time.	NAR	231	
x31	Two codes with opposing sex designations cannot be reported for the same patient visit.	NAR	7	N202
x32	Two codes with opposing sex designations cannot be reported for the same patient visit.	NAR	7	
X33	This diagnosis code or procedure code is not valid for the date of service on the claim.	Please refer to billing guidelines for DME in Commercial Provider Administration Manual and submit corrected bill.	146	
X34	The provider must submit the x-ray report before benefits can be provided for this service.	NAR	16	M31

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X35	The provider must file this claim with Magellan Health Services, P.O. BOX 2154 Maryland Heights, MO. 63043 (1-800-308-4934)	No additional action required	109	
x36	Claim contains a statutory denied diagnosis and will be denied by Medicare.	NAR	96	N425
x37	This procedure code is not valid or not valid for the service date on the claim line.	NAR	181	N202
x38	This procedure code is not valid or not valid for the service date on the claim line	NAR	181	
x39	This procedure code not currently covered by Medicare based on Medicare coverage policy or based on a statutory requirement.	NAR	48	N425
x40	This procedure code is not currently covered by Medicare based on a Medicare statutory requirement.	NAR	48	N425
x41	This service does not have a supporting diagnosis code under applicable medical necessity policy requirements	NAR	48	N115
x42	Code violates age requirements of an applicable Local or National Coverage Determination Policy.	NAR	6	N115
x43	Code violates age requirements of an applicable Local or National Coverage Determination Policy.	NAR	6	N115
x44	Code violates gender requirements of an applicable Local or National Coverage Determination Policy.	NAR	7	N115
x46	This service lacks the required accompanying procedure according to a Local or National Coverage Determination Policy.	NAR	46	N115
x47	This service lacks the required accompanying procedure according to a Local or National Coverage Determination Policy.	NAR	46	N115
X50	This amount was paid by your dental policy.	NAR	23	
X51	Vanderbilt employee PPO claims must be filed with Signature Health Alliance	No additional action required	109	
x52	An emergency Code cannot be used as principal diagnosis.	NAR	47	

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x53	A manifestation code cannot be used as principal diagnosis	NAR	47	
X54	Service is non-covered because authorization guidelines were not followed for this service.	Please refer to your Commercial Provider Administration Manual for authorization/referral requirements		197
X60	Benefits for services related to obesity, including surgical procedures, are not covered under this member's plan.	NAR--Processed according to member's contract guidelines	96	X30
x62	The patient age and diagnosis are inconsistent.	NAR	9	
x63	The patient gender and diagnosis are inconsistent.	NAR	10	
x64	The patient age and sex are inconsistent with the patient diagnosis.	NAR	9	
x66	An emergency diagnosis code cannot be used as an admitting diagnosis.	NAR	47	
x67	A manifestation code cannot be submitted as admitting diagnosis.	NAR	47	
x69	This diagnosis code is a duplicate of the principle diagnosis.	NAR	47	
x70	The patient age and diagnosis are inconsistent.	NAR	9	
x71	The patient age and sex are inconsistent with the patient diagnosis.	NAR	10	
x72	The patient age and sex are inconsistent with the patient diagnosis.	NAR	9	
x74	This diagnosis code is a duplicate of another secondary diagnosis code on this claim.	NAR	47	
x76	The patient gender and procedure are inconsistent.	NAR	7	N202
x77	This procedure is uncovered by Medicare.	NAR	45	
x79	Medicare covers this procedure in limited circumstances only.	NAR	45	

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X80	This procedure requires an Origin and Destination modifier be billed.	The provider should submit the proper code and modifier.	4	
X81	See Billing Guidelines (HIT)	The provider must refer to billing guidelines for home infusion therapy. Each per diem must be filed with any medication/injection.	16	N59
x82	The units are greater than one for a bilateral procedure with modifier 50.	The provider may need to file a corrected bill.	222	
x83	Modifier FB submitted for a service which is not assigned to payment status S or T or V or X.	NAR	4	
x84	Revenue code 068X and Procedure code 99291 not submitted on the same date of service as G0390.	NAR	16	N59
x85	Claim lacks allowed accompanying procedure code for device.	NAR	16	N59
x90	This edit occurred because the admitting diagnosis code is invalid.	NAR	47	
x91	This edit occurred because the admitting diagnosis code is invalid. It contains an unnecessary 4th or 5th digit.	NAR	47	
x92	This edit occurred because the admitting diagnosis code is invalid. It has a missing 4th or 5th digit.	NAR	47	

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x93	This edit occurred because the admitting diagnosis code is invalid for the patient admission date.	NAR	146	
x94	This edit occurred because the admitting diagnosis code is invalid for date of admission. It contains an unnecessary 4th or 5th digit.	NAR	146	
x95	This edit occurred because the admitting diagnosis code is invalid for date of admission. It has a missing 4th or 5th digit.	NAR	146	
x97	This edit occurred because the diagnosis code is invalid. It has an unnecessary 4th or 5th digit.	NAR	47	
x98	This edit occurred because the diagnosis code is invalid. It has a missing 4th or 5th digit.	NAR	47	
x99	This edit occurred because an invalid diagnosis code was found on ICD-9-CM table but it is not valid for patient admit or discharge date.	NAR	146	
XA1	This member's maternity benefits include a twelve-month waiting period before benefits can be provided.	NAR	179	
XAC	Information concerning other insurance has been received and your records updated. This claim has been adjusted.	NAR	96	MA67
XAT	Provider Audit Rec. -Call (423)755-5891	Please call (423) 755-5891 for details.		
XB1	This member's plan does not cover a portion of the Medicare Part B deductible.	NAR--Processed according to member's contract guidelines	96	N30
XB2	Benefits for this service are excluded under this member's plan.	NAR--Processed according to member's contract guidelines	96	N30

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XB3	Services for prenatal and postnatal care are not covered by this plan. Please re-file the labor and delivery charges only.	Please re-file the labor and delivery charges only	96	N188
XB8	Your plan does not provide benefits for services by an out of network provider.	NAR--Processed according to member's contract guidelines	38	
XC1	Benefits for compound drugs purchased from a non-participating pharmacy are not covered under this member's plan.	NAR--Processed according to member's contract guidelines	96	N30
XC2	The provider must file this claim with the members home BlueCross BlueShield plan for processing.	File to the members BlueCross BlueShield plan	109	
XCB	Please refile this claim with the correct Explanation of Benefits from the other insurance carrier.	Explanation of Benefits submitted did not match claim. Send the correct Explanation of Benefits with remittance advice.	16	N4
XCC	Benefits for services related to custodial care are not provided under this member's plan.	NAR--Processed according to member's contract guidelines	96	N30
XCD	Benefits cannot be provided until we receive previously requested information concerning this member's other insurance.	NAR--Waiting for member's response.	22	N4
XCM	Benefits cannot be provided until the provider submits a Certificate of Medical Necessity.	Please submit Certificate of Medical Necessity with copy of remittance advice as requested.	16	M141
XCP	Benefits for a compound prescription cannot be provided until the pharmacy supplies additional information.	No action required. You can contact the Pharmacy Program at 1-877-916-2271.	16	M123
XD1	This charge is a duplicate of a previously submitted charge for this member.	NAR	18	
XDC	This dental service is not eligible for benefits under this member's coverage.	NAR--Processed according to member's contract guidelines	96	N30
XDD	This member is not eligible to receive pharmacy benefits since they have Medicare Part D.	NAR--Processed according to member's contract guidelines	96	N30
XDE	The provider must file this claim with Doral Dental USA, 12121 N Corporate Pkwy Mequon, WI 53092 (1-888-233-5935).	Please file claim with Doral Dental USA	109	
XDN	Newborn charges have been denied under the subscriber's name. This newborn is not eligible for benefits.	NAR--Processed according to member's contract guidelines	34	
XDP	Please submit the original Medicare Explanation of Benefits showing the amount Medicare paid on this charge.	MEOB submitted was for duplicate denial. Send original payment information with copy of remittance advice.	22	N4

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XDU	Duplicate of previous claim. If corrected billing, please resubmit according to billing guidelines.	No additional action required	18	
XE1	The charges for the 2004 dates of service were forwarded to another BlueCross BlueShield plan for processing.	NAR--Claim will be processed under Blue Card	B11	
XED	Please submit a copy of the Explanation of Benefits from this member's other insurance carrier.	Please submit complete payment information from primary insurance carrier.	22	N4
XEP	This service must be approved by your EAP.	Contact Customer Service at 1-800-924-7141	197	
XFB	This service is not covered because benefits for the related condition are limited by a rider to this member's contract.	NAR--Processed according to member's contract guidelines	51	
XFD	This contract does not provide benefits for services intended to create a pregnancy.	NAR--Processed according to member's contract guidelines	96	N30
XFO	Service ordered by provider sanctioned by HHS. Federal law mandates no payment when insured by federally funded program.	NAR	185	
XFS	Provider sanctioned by HHS. Patient insured by federally funded healthcare plan. Federal law mandates no payment.	NAR	185	
XFT	This contract does not cover infertility treatment, services to create a pregnancy, or any resulting complications.	NAR--Processed according to member's contract guidelines	96	N30
XHH	The maximum home health service under this member's coverage has been provided.	NAR	119	M127
XHI	The provider must submit this patient's progress notes or progress report before benefits can be provided for this service.	Please submit patient's progress notes	16	M127
XHJ	The provider must submit a photo or copy of this patient's X-rays before benefits can be provided for this service.	Please submit a photo or copy of this patient's X-rays	16	M127
XHK	The provider must submit the plan of treatment for this patient before benefits can be provided for this service.	Please submit the plan of treatment for this patient	16	M127
XHL	The provider must submit the psychiatric testing results before benefits can be provided for this service.	Please submit the psychiatric testing results	16	M127

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XHM	This claim is a duplicate to a Medicare cross over claim which was processed directly by the member's plan.	NAR--Processed according to member's contract guidelines	16	N522
XHN	The provider must submit the tooth number before benefits can be provided for this service.	Please submit the tooth number	16	M127
XID	This contract does not cover infertility treatment, services to create a pregnancy, or any resulting complications.	NAR--Processed according to member's contract guidelines	96	N30
XIF	This contract does not provide benefits for services intended to create a pregnancy.	NAR--Processed according to member's contract guidelines	96	N30
XL1	The maximum annual benefits payable under this member's coverage have been provided.	NAR--Processed according to member's contract guidelines	119	
XL2	The maximum number of services payable under this member's coverage has either been met or exceeded on this claim.	NAR--Processed according to member's contract guidelines	119	
XL3	The maximum annual benefits payable under this member's coverage have been provided.	NAR--Processed according to member's contract guidelines	119	
XL4	The maximum lifetime benefits payable under this member's coverage have been provided.	NAR--Processed according to member's contract guidelines	35	
XLT	The maximum lifetime benefits payable under this member's coverage have been provided.	NAR--Processed according to member's contract guidelines	35	
XM1	A new claim is being requested that meets Medicare payment guidelines. No action is required by the member.	Please refer to your CMS billing guidelines.	16	N59
XMA	These services are not covered for a dependent child under your plan.	NAR--Processed according to member's contract guidelines	96	N30
XMB	Please refile this claim with the correct Medicare Explanation of Benefits.	MEOB did not match claim. Send correct payment with copy of the remittance advice referencing claim.	22	N4
XMC	Medicare coinsurance is not covered by this policy.	NAR--Processed according to member's contract guidelines	96	N30
XMD	Please submit a copy of the Medicare Explanation of Benefits (EOB) so we can determine benefits.	Please submit a copy of the complete Medicare payment information with copy of the remittance advice referencing claim.	22	N4
XMH	This policy does not provide secondary benefits when Medicare is an HMO or Choice Plan.	NAR--Processed according to member's contract guidelines	96	N30

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XMI	Benefits cannot be provided until the provider submits additional information to complete a pre-existing review.	Respond to the questions in the letter and submit medical records if specifically requested, or if felt necessary.	16	N202
XMK	This date of service is prior to the effective date. The provider must file with the prior carrier.	Please contact Customer Service or refer to our website for member eligibility and benefits.	109	
XMP	This member is not eligible for benefits.	Please contact Customer Service or refer to our website for member eligibility and benefits.	27	
XMS	This member's coverage was not in effect at the time of this service.	Please contact Customer Service or refer to our website for member eligibility and benefits.	27	
XN1	The member failed to comply with the Mandatory Case Management requirement.	NAR	B5	
XNC	The difference between the Medicare allowance and benefit maximum is not eligible under your contract.	NAR--Processed according to member's contract guidelines	122	
XNE	This service is being reimbursed based on the non emergency fee schedule	NAR	45	
XNF	Information is needed from the Member to complete a pre-existing review. Correspondence to the member will follow.	NAR	16	
XNM	Services not related to maternity are not covered under this member's plan.	NAR	96	N30
XNP	This charge exceeds the maximum allowable under this member's contract for a non-participating provider.	NAR--Please contact your local Provider Relations Representative if you wish to participate in our networks.	45	
XNR	Benefits cannot be provided until we receive previously requested information concerning another party's liability.	Please contact customer service for further information.	20	
XOB	Your contract provides benefits for maternity services only at this facility.	NAR--Processed according to member's contract guidelines	38	
XON	Your plan does not provide benefits for services by an out of network provider.	NAR--Processed according to member's contract guidelines	38	
XP1	This service is denied as a pre-existing condition because symptoms existed prior to this member's effective date.	NAR--Processed according to member's contract guidelines	51	

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XP2	This service is denied as a pre-existing condition because treatment was recommended prior to this member's enrollment date.	NAR--Processed according to member's contract guidelines	51	
XP3	This service is denied as a pre-existing condition because treatment was received prior to this member's enrollment date.	NAR--Processed according to member's contract guidelines	51	
XP4	This service is denied as pre-existing because treatment was recommended prior to this member's effective date.	NAR--Processed according to member's contract guidelines	51	
XP5	This service is denied as pre-existing because treatment was received prior to this member's effective date.	NAR--Processed according to member's contract guidelines	51	
XP6	This member's coverage does not include benefits for congenital malformations that do not meet medical policy criteria.	Please refer to our website for our medical policy on this procedure.	96	N30
XPA	This provider is not eligible under this member's coverage.	NAR--Processed according to member's contract guidelines	185	
XPC	This service is not eligible because it was not rendered by this member's PCP.	NAR--Processed according to member's contract guidelines	38	
XPB	Physician services must be billed separately from the hospital claim.	Resubmit on a CMS-1500 claim form.	89	N200
XPI	Benefits are not provided for personal convenience items.	NAR--Processed according to member's contract guidelines	96	N30
XPR	A non-participating provider has been used.	NAR--Please contact your local Provider Relations Representative if you wish to participate in our networks.	96	N30
XPW	Benefits for this service have a ninety-day waiting period.	NAR	179	
XPX	Your coverage has a one-year waiting period before benefits are available for this service.	NAR--Processed according to member's contract guidelines	179	
XR1	This provider is ineligible to provide this pharmacy service.	NAR	185	
XR0	Benefits cannot be provided since an authorization was not obtained available for this service.	Please refer to your Provider Manual regarding authorization requirements.	197	
XRU	BlueCross BlueShield of Tennessee no longer administers claims for this group. Please contact employer for information.	Please contact member's employer for information regarding member's current insurance information.	109	

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XS1	Secondary benefits will be paid until day one hundred of confinement. Benefits will then be based on medical necessity.	NAR--Processed according to member's contract guidelines	96	N30
XSA	This is money reimbursed due to another party's payment. Refer to "Patient Owes" column for any liability changes.	NAR	215	
XSB	This amount exceeds the member's liability per Health Care Financing Administration (HCFA) guidelines.	Please contact Customer Service or refer to our website for member eligibility and benefits.	45	
XSD	We are providing secondary benefits to your prescription drug card.	NAR	23	
XSF	This coverage does not provide benefits for the treatment of self inflicted injuries.	NAR--Processed according to member's contract guidelines	96	N30
XSI	This coverage does not provide benefits for the treatment of self inflicted injuries.	NAR--Processed according to member's contract guidelines	96	N30
XSm	For services after 1/1/2000, this type claim is administered by United Behavioral Health (1-877-237-8574).	Please contact United Behavioral Health for further information.	96	N30
XSM	For services after 1/1/2000, this type claim is administered by United Behavioral Health (1-877-237-8574).	Please contact United Behavioral Health for further information.	109	
XSN	Non-skilled nursing home visits are not a covered benefit under this plan.	NAR--Processed according to member's contract guidelines	B1	
XSR	Benefits have been reduced because a non-participating provider was used.	NAR--Please contact your local Provider Relations Representative if you wish to participate in our networks.	45	
XSS	Your supplemental BlueCross BlueShield coverage does not provide benefits for these charges.	NAR--Processed according to member's contract guidelines	96	
XT1	This member's contract does not provide benefits for contraceptives	NAR--Processed according to member's contract guidelines	96	N30
XT2	This member's contract does not provide benefits for routine maternity services.	NAR--Processed according to member's contract guidelines	96	N30
XT3	This member's coverage does not provide benefits for TMJ (Temporomandibular Joint) Dysfunction.	NAR--Processed according to member's contract guidelines	96	X30
XTB	We have provided extended benefits for a condition that was diagnosed and treated before this member's policy expired.	NAR	96	N30

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XTP	This service has been reimbursed by a third party liability carrier.	NAR	96	N30
XUC	This charge exceeds the maximum allowable under this member's coverage.	NAR	45	
XV1	Benefits for this service are limited to one time per twelve-month period.	NAR--Processed according to member's contract guidelines	119	
XV2	Benefits for this service are limited to one time per twenty-four month period.	NAR--Processed according to member's contract guidelines	119	
XW1	Benefits for this service have a six-month waiting period.	NAR--Processed according to member's contract guidelines	179	
XW2	Benefits for this service have a six-month waiting period.	NAR--Processed according to member's contract guidelines	179	
XW3	Benefits for this service have a sixty-day waiting period.	NAR--Processed according to member's contract guidelines	179	
XWP	This member's maternity rider includes a ten-month waiting period before benefits can be provided.	NAR--Processed according to member's contract guidelines	179	
y19	Identifies line items that are potentially duplicates when two lines entered on one or more claims have identical submitted data.	NAR	18	
y21	Identifies an entire inpatient claim that is a potential duplicate of a previously submitted inpatient claim.	NAR	18	
y24	This edit occurred because the diagnosis code includes an age range and the patient age is outside of that range.	NAR	9	
y25	This edit occurred because the diagnosis code includes gender designation and the patient gender does not match.	NAR	10	
y27	This edit occurred because the first letter of the first listed diagnosis code is an E.	NAR	47	
y28	This edit occurred because the submitted procedure code is not valid for the service dates on the claim.	NAR	181	
y30	This edit occurred because the procedure code includes gender designation and the patient gender does not match.	NAR	7	
y31	This edit occurred because the procedure code has a noncovered service indicator meaning it is not covered based on Medicare policy.	NAR	96	N115

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y32	This edit occurred because the claim was submitted with Condition Code 21 indicating that the provider is requesting verification of denial.	NAR	96	N30
y33	This edit occurred because the claim was submitted with Condition Code 20.	NAR	45	
y34	This edit occurred because the procedure code has a questionable covered service indicator.	NAR	45	
y39	This edit occurred where multiple exclusive bilateral procedure codes are present on same service date with or without modifier 50.	NAR	4	
y40	This edit occurred because Medicare designated procedure as paystatus C meaning procedure is not covered when performed as outpatient.	NAR	5	
y41	This edit occurred because two mutually exclusive procedures were billed with same service date.	NAR	231	
y42	This edit occurred because procedure is one of a pair of mutually exclusive procedures and both codes exist claim with same service date.	NAR	231	
y43	This edit occurred because the procedure is identified as a component of another procedure also on the claim for the same service date.	NAR	96	M15
y44	This edit occurred because the procedure is identified as a component of another procedure also on the claim for the same service date.	NAR	96	M15
y45	This edit occurred because one or more type T or S procedures are on same day as an Evaluation Management code without modifier 25.	NAR	182	
y46	This edit occurred because the modifier is not in the list of valid Outpatient Prospective Payment System modifiers.	NAR	182	
y47	Only edits for valid modifiers not specific to outpatient facility claims.	NAR	182	
y51	This edit occurred because only incidental services were reported.	NAR	45	
y52	This edit occurred because procedure code indicator is Not Recognized by Medicare.	NAR	45	
y53	This edit occurred because the principal diagnosis is not related to mental health on a partial hospitalization claim.	NAR	45	

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y54	This edit occurred because Ambulatory Payment Class 323 or 324 or 325 is present and three or more qualifying criteria are not present.	NAR	45	
y56	This edit occurred because a partial hospitalization claim is suspended for medical review and does not span more than three days.	NAR	45	
y57	This edit occurred because claims suspended for medical review and spans more than three days and mental health services not 57 percent.	NAR	45	
y58	This edit occurred because claims suspended for medical review and spans more than three days and mental health services not 57 percent.	NAR	45	
y59	This edit occurred because a mental health service assigned to Ambulatory Payment Class 323 or 324 or 325 does not exist.	NAR	45	
y61	Modifier 73 is present with an independent or conditional bilateral procedure with modifier 50 or a procedure with more than 1 unit.	NAR	4	
y62	This edit occurred because the claim contains an implanted device with no surgical or other service to implant the device.	NAR	16	N59
y63	This edit occurred because one of a pair of mutually exclusive procedures with same service date and no qualifying NCCI modifier.	NAR	4	
y64	This edit occurred because one of a pair of mutually exclusive procedures with same service date and no qualifying NCCI modifier.	NAR	4	
y65	This edit occurred because the procedure is a component of another one on the claim coded on same day without a qualifying NCCI modifier.	NAR	4	
y66	This edit occurred because the procedure is a component of another one on the claim coded on same day without a qualifying NCCI modifier.	NAR	4	
y67	This edit occurred because the Revenue Code is not in list of valid Medicare Outpatient Prospective Payment System Revenue Codes.	NAR	199	
y68	This edit occurred because multiple medical visits are present on the same day with the same Revenue Code without Condition Code G0.	NAR	96	M44

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y69	HCPSC code 36430 requires a HCPSC code for the blood product to billed for the same date of service.	NAR	16	N59
y70	This edit occurred because Observation Revenue code 762 is used with a Procedure code that does not represent an Observation service.	NAR	16	N59
y71	This edit occurred because services with service indicator C are present on Medicare separate procedure list.	NAR	16	N59
y72	This edit occurred because Type of Bill 12X or 14X is present with Condition Code 41.	NAR	45	
y73	This edit occurred because claim consists entirely of a combination of lines that are denied or rejected or are considered packaged.	NAR	45	
y74	This edit occurred because claim line contains a revenue code for which Medicare requires a Procedure code.	NAR	96	M20
y75	This edit is assigned to all other claim lines when one or more claim lines received edit 018.	NAR	96	N59
y76	This edit occurred because a claim line contains a Procedure code which is noncovered by Medicare based on statute.	NAR	96	N425
y79	This edit occurred because observation codes G0243 or G0244 are billed on a claim with Type of Bill not equal to 13X.	NAR	96	MA30
y80	This edit occurred because blood components that are not allowed to be coded together are reported on the same Date of Service.	NAR	96	N59
y81	This edit occurred because Procedure code starting with letter C is used without Bill Type 12X or 13X or 14X.	NAR	96	MA30
y83	This edit occurred because no Evaluation Management visit the day of or day before the observation and date is December 31 or January 1.	NAR	96	N59
y84	This edit occurred because G0263 is present without G0244 for same Service Date or G0263 with G0244 Outpatient Code Edit 52 or 56 or 57.	NAR	96	N59

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y85	This edit occurred because code G0292 or G0293 or G0294 are on the claim and diagnosis V707 is not present as admit or second diagnosis.	NAR	47	
y86	This edit occurred because modifier CA is on 1 or more lines with Indicator C and same service date or modifier CA with multiple units.	NAR	96	N59
y88	This edit occurred because procedure is not reportable on an Outpatient Prospective Payment System claim.	NAR	96	N59
y89	This edit occurred because Procedure G0129 Occupational Therapy is furnished as a component of partial hospitalization treatment program.	NAR	96	N59
y90	This edit occurred because Procedure G0176 Activity Therapy furnished as a component of partial hospitalization treatment program daily.	NAR	96	N59
y91	This edit occurred because the line item contains a revenue code not recognized by Medicare.	NAR	96	M50
y92	This edit occurred because C9399 was billed which is a drug that received Federal Drug Administration approval but is an unlisted code.	NAR	45	
y93	This edit occurred because the service was performed prior to the date of Federal Drug Admin approval.	NAR	188	
y94	This edit occurred because the service was performed prior to the eff date as specified in the National Coverage Determination.	NAR	96	N59
y95	This edit occurred because the service was performed outside a clinical trial period approved by Medicare.	NAR	96	M61
y96	This edit occurred because modifier CA has been reported and 20 is not patient status code in FL 22.	NAR	96	N59
y97	This edit occurred because procedure was performed that must be reported with 1 or more associated device codes but the codes are missing.	NAR	16	N59
y98	This edit occurred because a procedure code has a status indicator of M and not be reported when submitting to the fiscal intermediary.	NAR	45	

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y99	This edit occurred because blood products are billed with Revenue code 39X and modifier BL without a line billed with Revenue Code 38X.	NAR	96	N59
YAI	This claim was adjusted because additional information was received.	NAR		
YBC	This claim was adjusted because the provider submitted a corrected billing.	NAR		
YBE	This claim was adjusted because we were notified that the provider billed for this service in error.	NAR		
YBI	This claim was adjusted to include the additional billing from the provider.	NAR		
YCC	This claim was adjusted to correct the deductible, copay or coinsurance.	NAR		
YCM	This claim was adjusted to provide benefits secondary to Medicare.	NAR		
YCP	This claim was adjusted because the member's BlueCrossBlueShield coverage is primary.	NAR		
YCS	This claim was adjusted to provide benefits secondary to this member's other insurance coverage.	NAR		
YDD	This claim was adjusted because this service was processed on a previous claim.	NAR		
YDP	This service was previously denied as a duplicate in error.	NAR		
YEU	This claim was adjusted because the member's eligibility has been updated.	NAR		
YGO	This claim was adjusted to provide corrected benefits.	NAR		
YM1	Your claim for this date of service is being adjusted due to an increase in Medicare's allowed amount	NAR		
YMP	This claim was adjusted to provide corrected benefits.	NAR		
YMR	This claim was adjusted because this member's coverage has been terminated.	NAR		
YNI	This claim was adjusted to provide corrected benefits.	NAR		
YPD	This claim was adjusted because this service is related to a pre-existing condition.	NAR		

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YPP	This claim was adjusted because it was determined that this service is not related to a pre-existing condition.	NAR		
YRD	This claim was adjusted because this service is related to a condition limited by a rider to this member's contract.	NAR		
YSC	This claim was adjusted to provided corrected benefits under this member's coverage.	NAR		
YSD	This claim was adjusted because this service is not eligible for benefits under the member's coverage.	NAR		
YSP	This claim was adjusted because this service is eligible for benefits under this member's coverage.	NAR		
YUM	This claim was adjusted because the authorization for this service has been updated.	NAR		
YWI	This claim was previously processed under another member's name or ID number in error.	NAR		
Z02	Agreement Discount Off Charges	NAR	45	
z04	This claim line is not reimbursed because more than one anesthesia procedure code was billed on the same date of service.	NAR	59	
z05	This service is not paid in addition to another anesthesia service on the same day.	NAR	59	
z09	The surgical procedure cannot be crosswalked to an anesthesia code without report.	NAR	16	M29
z10	This service is not normally performed for members in this age range.	NAR	6	
z11	This is a deleted or invalid code or modifier for this date of service. The provider should submit the proper code.	NAR	182	
z12	This is a deleted or invalid code or modifier for this date of service. The provider should submit the proper code.	NAR	182	
z13	This service is not covered for this member. The provider should submit the proper code or medical documentation.	NAR	7	

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z15	This is a duplicate of previous claim. If corrected billing please resubmit according to billing guidelines.	NAR	18	
z17	The claim line is being disallowed because number of units not matching the date span between the beginning and ending dates of service.	NAR	222	
z18	This is a duplicate of a previous claim. If corrected billing please resubmit according to billing guidelines.	NAR	18	
z19	Call 1-800-558-6213 for claim detail if needed.	No additional action required		
z21	Call 1-800-558-6213 for claim detail if needed.	No additional action required		
z27	This condition is not normal for this patient age.	NAR	9	
z28	This service is not covered when performed for the reported diagnosis.		11	
z29	This service is not covered when performed for the reported diagnosis.	NAR	11	
Z2B	This claim is being processed under your secondary coverage.	Claim being processed under secondary BlueCross policy. Do not resubmit under secondary policy. If not processed in three weeks, contact customer service at 1-800-924-7141.	96	N30
z31	The procedure can be crosswalked to two or more anesthesia codes and review is required to determine the appropriate code.	NAR	16	M29
z32	This claim line is being disallowed because the diagnosis code requires a fourth and/or fifth digit to provide appropriate specificity.	NAR	146	M64

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z33	The claim line contains an inappropriate modifier combination.	NAR	4	
z34	This is an invalid modifier for this date of service. The provider should submit the proper code.		4	
z35	This condition is not normal for this patient gender.	NAR	10	
z36	This procedure requires modifier 26 be billed.	NAR	4	
z37	<del>The claim line is being disallowed. Medicare typically</del> The claim line is being disallowed. Medicare typically does not allow reimbursement for surgical assistants on this procedure code.	NAR	54	
z39	This is a bundled service. The payment is included in the service to which item or service is incident.	NAR	234	M15
z40	This is a bundled service. The payment is included in the service to which item or service is incident.	NAR	234	M15
z41	The provider who rendered these services is not eligible to assist during surgery.	NAR	185	
z42	This edit occurred because Medicare requires the procedure to have supporting documentation for an assistant surgeon.	NAR	16	M29
z43	This edit occurred because Medicare requires the procedure to have supporting documentation for a cosurgeon.	NAR	16	M29
z44	This edit occurred because Medicare requires the procedure to have supporting documentation for team surgery.	No additional action required	16	M29
z45	This procedure is redundant to the primary procedure and is limited by this member plan.	NAR	234	M15
z46	This service is a part of the original surgical procedure and is limited by this member plan.	NAR	234	M15

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z47	This modifier is not compatible with this procedure code. The provider should submit the proper code.	NAR	4	
z48	This is a bundled service. The payment is included in the service to which item or service is incident.	NAR	234	M15
z49	This code or modifier or provider type is invalid. The provider should refer to Medicare billing guidelines.	NAR	16	N59
z50	This member is not liable for these charges.	NAR	45	
z51	This is a deleted or invalid code or modifier for this date of service. The provider should submit the proper code.	NAR	4	
z52	This modifier is not compatible with this procedure code. The provider should submit the proper code.	NAR	4	
z54	This member is not liable for these charges.	NAR	45	
z55	This service is a part of the original surgical procedure and is limited by this member plan.	No additional action required	97	M15
z56	This is a deleted/invalid code or modifier for this date of service. The provider should submit the proper code.	NAR	54	
Z57	We are investigating to determine if this condition is pre-existing. If found to be pre-existing we may seek a refund.	NAR--If pre-existing, provider will be notified through refund procedure.		

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z58	This procedure is considered part of the primary procedure and is limited by this member plan.	NAR	234	M15
z59	This is a bundled service. The payment is included in the service to which item/service is incident.		234	M15
z60	This service is not covered when performed for the reported diagnosis.	NAR	11	
z61	This procedure should not be billed since the member is an established patient.	NAR	B16	
z63	This is a deleted or invalid code or modifier for this date of service. The provider should submit the proper code.	NAR	4	
z64	The ESRD supply HCPS code billed is not Payable to DME suppliers	NAR	8	
z66	This procedure is considered part of the primary procedure and is limited by this member plan.	No additional action required	97	M15
z72	This claim line is being disallowed because the procedure code does not typically allow an assistant surgeon modifier.	NAR	54	
z74	This edit occurred because a diagnosis code on the line is a possible third party liability.	NAR	22	N197
z78	This edit occurred because the procedure code is unlisted.	NAR	45	
z79	This procedure is not eligible for benefits under this member coverage because it was performed for cosmetic purposes.	NAR	96	N383

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z80	This procedure is considered investigative and is not a covered service under this member plan.	NAR	55	
z83	Medicare bilateral procedure reduction.	NAR	45	
z84	Medicare multiple procedure reduction.	NAR	45	
z88	This service is not covered when performed for the reported diagnosis.	NAR	11	
z89	This modifier is not compatible with this procedure code. The provider should submit the proper code.	NAR	4	
z90	This service is not covered when performed for the reported diagnosis.	NAR	11	
z93	This service is not covered when performed for the reported diagnosis.	NAR	11	
ZD1	These services were not approved by your EAP.	NAR		
ZD2	These services were approved by your EAP.	NAR		
ZD3	Benefits are being provided for this claim; however, future claims for this diagnosis should be submitted to your EAP.	NAR		
ZDA	Your contract provides alternate courses of treatment that must meet accepted dental standards. Benefits are reduced.	NAR		

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ZDK	This claim has been approved based on information provided by Duke EAP. Call 800-336-DUKE(3853) if you have any questions	NAR		
ZDN	Call 1-877-258-9455 for claim detail if needed.	Call 1-877-258-9455 for claim detail if needed.		
ZE1	This member's claim has been separated for processing. No action is required.	NAR	96	MA15
ZHF	This member's coverage under this plan was not in effect on the date this service was provided.	NAR	27	
ZM2	This member's coverage allows hearing aids for the subscriber and dependent children only	NAR	96	
ZMB	You may not be liable for the amount indicated in the "Amount You Owe Provider" field. Please verify with your provider or primary carrier.	Contract write-offs and payment from primary carrier should be applied. The BlueCross BlueShield payment should only be applied and patient should be billed any balance.	96	N30
ZMG	Call 1-877-258-9455 for claim detail if needed.	Is manual deduction due to a credit balance on previous remittance advice. Refer to the letter sent to you or if questions, call the number provided.		
ZMP	The Maintenance of Benefits provision in this member's contract may affect liability. Please see primary carrier's remittance for details.	If in-network, the BlueCross BlueShield of Tennessee contract write-off should be applied. The patient should not be billed for more than the contract allowance, minus primary and secondary payments	96	N30
ZMR	Call 1-877-258-9455 for claim detail if needed.	Is manual deduction due to a credit balance on previous remittance advice. Refer to the letter sent to you or if questions, call the number provided.		
ZP1	Failure to obtain a prior authorization for this service will result in a \$250.00 copay	NAR	96	
ZP3	Benefits are not payable when Medicare's primary benefit exceeds this plan's maximum payment. The amount owed is shown as patient liability.	NAR	96	
ZPA	Provider Advance Recovery	NAR		
ZPX	Charges not shown on the Explanation of Benefits are in pre-existing review. No action is required.	NAR--Claim had to be split for processing	96	MA15
ZR1	This claim was adjusted because additional information was received.	NAR	96	MA67

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ZRA	This claim was combined with a related claim and considered as one confinement.	NAR	96	MA67
ZRB	This medical chart was not submitted for review within the required time frame.	NAR	96	MA67
ZRC	Approved orders for this inpatient stay were not included in the medical records.	Please submit approved orders for inpatient stay with medical records.	96	MA67
ZRD	This charge was combined with an inpatient claim of an affiliated hospital.	NAR	96	MA67
ZRE	A provider audit determined that this CPT code is not appropriate for the service rendered.	Please refer to your appropriate coding manual and file with appropriate code.	96	MA67
ZRF	This CPT code was added due to appropriateness.	NAR	96	MA67
ZRG	A provider audit determined that this code is a component of a more comprehensive code filed on the same claim.	Please refer to our Commercial Code Bundling Rules on our website.	96	MA67
ZRH	Pre-admission and post-discharge services were combined with the inpatient claim.	Please refer to your contract and facility specific billing guidelines.	96	MA67
ZRI	A provider audit determined that this service is considered to be part of this member's inpatient confinement.	NAR--Refer to billing guidelines	96	MA67
ZRJ	Payment for pre-admission testing is included in the ambulatory surgery global fee.	Please refer to your contract and facility specific billing guidelines.	96	MA67
ZRK	The medical chart indicates that a twenty-three hour observation stay was rendered instead of an inpatient stay.	Please refer to your contract and facility specific billing guidelines.	96	MA67
ZRL	A provider audit determined that this code is a component of a more comprehensive code filed on the same claim.	Please refer to our Commercial Code Bundling Rules on our website.	96	MA67
ZRM	A provider audit determined that this service is a duplicate of another CPT code filed on the same claim.	Please refer to our Commercial Code Bundling Rules on our website.	96	MA67
ZRN	A provider audit determined that this service should be included in the global case payment.	NAR	96	MA67
ZS0	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZS1	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZS2	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZS3	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZS4	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZS5	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZS6	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR

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ZS7	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZS8	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZS9	Call 1-800-558-6213 for claim detail if needed.	No additional action required		MR
ZSB	Call 1-877-258-9455 for claim detail if needed.	No additional action required		MR
ZSC	Call 1-800-468-9736 for claim detail if needed.	No additional action required		MR
ZSP	Call 1-877-258-9455 for claim detail if needed.	No additional action required		MR
ZST	Call 1-800-276-1978 for claim detail if needed.	No additional action required		MR