

Commercial Dental Remittance Advice Explanation Codes

The following remittance explanation codes reflect those found on **hardcopy** (paper) commercial dental remittance advice. HIPAA compliant electronic remittance advice (ANSI-835) will not use these codes.

Although the provider action/information column does not appear on the remittance advice, we have included it on this document to assist you.

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
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
03D	Benefits for this service are limited to one time per three-month period.	NAR
04D	Benefits for this service are limited to one time per thirty-six month period.	NAR
054	Services denied due to being delegated to another entity.	Contact delegated entity.
05D	Benefits for this service have a twelve-month waiting period.	NAR
06D	This service was performed on a previously missing tooth.	NAR
07D	Benefits for this service are limited to two times per twelve-month period.	NAR
08D	Services for hospital charges, hospital visits, and drugs are not covered.	NAR
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
13D	Appliances due to wear and services to improve bite or to correct congenital or developmental problems are not covered.	NAR

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
14D	Benefits for implants, TMJ (Temporomandibular Joint) Dysfunction, and periodontal splinting are not covered.	NAR
15D	Benefits for this service are limited to one time per three-month period.	NAR
16D	We cannot process this claim until we receive previously requested information concerning the member's other insurance.	NAR
17D	Benefits for services that are considered to be primarily cosmetic are not covered.	NAR
17d	A portion of these services is considered primarily cosmetic and will not be covered.	NAR
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
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
20D	Relines cannot be billed separately if done within six months of the primary denture/partial procedure.	NAR
21D	Benefits for this service are limited to one time per sixty-month period.	NAR
22D	Benefits for this service have a twenty-four month waiting period.	NAR
23D	These benefits have been paid by the member's medical policy.	NAR
24D	Benefits for this service are limited to one time per six-month period.	NAR
25D	This category of dental benefits has a waiting period as specified in this member's dental contract.	NAR
26D	Benefits for this service are limited to one time per five-month period.	NAR
27D	Benefits for this dental service are not available, per this member's contract.	NAR
28D	Benefits for this service are limited to one time per twelve-month period.	NAR

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
29D	Benefits for this dental service are not available, per this member's contract.	NAR
30D	This charge is a duplicate of a previously processed claim for this contract.	Refer to previous remittance advice for original payment information.
30d	This procedure is a duplicate of a previously filed procedure.	Refer to previous remittance advice for original payment information.
31D	This service is denied based on information submitted. Participating dentist should charge only the amount in "Patient Owes".	Please bill member for amount shown in "Patient Owes" column of remittance advice.
32D	Benefits for this service are limited to one time per four-month period.	NAR
33D	Benefits for this service are limited to one time per two-year period.	NAR
34D	Benefits for this service have a ninety-day waiting period.	NAR
35D	Benefits for this service are limited to one time per twenty-four month period.	NAR
37D	A deleted procedure code was filed.	Please submit a corrected bill using a valid American Dental Association procedure code for this date of service.
37d	A deleted procedure code was filed.	Please submit a corrected bill using a valid American Dental Association procedure code for this date of service.
38D	This service has been denied due to contract limitations.	NAR
39D	Benefits for this service are limited to one time per year.	NAR
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 reimbursement	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

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
46D	Processing of this procedure is suspended awaiting information from this member's medical/other carrier's policy.	NAR
47D	Benefits for adult orthodontics are only payable for a TMJ diagnosis.	NAR
48D	Benefits for this service are limited to one time per forty-eight month period.	NAR
50D	Benefits for this service are limited to three times per twelve-month period.	NAR
51D	Grace period for plan limits.	NAR
54D	Benefits for this service are limited to one time per calendar year.	NAR
55D	Benefits for this service are limited to once per lifetime.	NAR
56D	Benefits for this service are limited to four times per calendar year.	NAR
57D	Benefits for this service are limited to one time per three-year period.	NAR
57d	Benefits for this service are limited to one time per three calendar year period.	NAR
58D	Please submit a copy of the Explanation of Benefits from this member's other insurance carrier.	NAR
59D	Benefits for this service are limited to one time per five-year period.	NAR
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
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
84D	This member is not eligible for dental benefits.	Contact patient for current insurance information

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
85D	This patient has met his or her annual or lifetime maximum benefits.	NAR
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
96D	This dental claim was processed in error.	NAR
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
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
B03	Benefits for this service are limited to one time per seven-year period.	NAR
B08	This member's coverage does not provide benefits for TMJ (Temporomandibular Joint) Dysfunction and occlusion.	NAR
B09	This member's coverage does not provide benefits for implants and periodontal splinting.	NAR
B10	This member's coverage does not provide benefits for basic restorative dentistry.	NAR
B11	This member's coverage does not provide benefits for crown and prosthetic dentistry.	NAR
B12	This member's coverage does not provide benefits for orthodontic dentistry.	NAR
B13	This member's coverage does not provide benefits for gold foil restorations.	NAR
B14	This member's coverage does not provide benefits for dental care that is elective or a special technique.	NAR
B15	This member's coverage does not provide benefits for replacement services due to loss or theft.	NAR
B16	This member's coverage does not provide benefits for desensitizing teeth.	NAR

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
B17	This service is primarily considered medical. Please file with this member's medical policy.	Contact member for information to file with member's medical coverage
B18	This member's coverage does not provide benefits for adult orthodontics.	NAR
B19	This member's coverage does not provide benefits for prescribed drugs and other medications.	NAR
B20	This member's coverage does not provide benefits for congenital, cosmetic, or aesthetic services.	NAR
B21	This member's coverage only allows for sealants on the occlusal (biting) surface of a tooth.	NAR
B22	This service is primarily considered medical. Please file with this member's medical policy.	Contact member for information to file with member's medical coverage
B23	This provider is not eligible under this member's coverage.	NAR
B24	This patient has met his or her annual or lifetime maximum benefits.	NAR
B25	Benefits for this service have a twelve-month waiting period.	NAR
B26	Benefits for this service have a twenty-four month waiting period.	NAR
B27	Benefits for this service have a ninety-day waiting period.	NAR
B28	Post removal is not payable if billed on the same day as other post procedures or root canal treatment.	NAR
B29	Benefits cannot be provided for a prosthetic device that replaces one or more teeth that were missing prior to the policy effective date.	NAR
B30	This service is not covered unless specific services are performed in conjunction with or prior to this service.	NAR
B31	This charge exceeds the maximum allowable under this member's coverage.	NAR
B32	This service is not covered when performed within 90 days of another active surgical or non-surgical periodontal procedure.	NAR
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. If you have any questions, call our Dental Service Department at 1-800-523-1478.

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
B52	Recementing or repairs cannot be billed separately if done within twelve months of the initial placement procedure.	NAR
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,	NAR
B59	This service is considered part of the primary procedure. Please do not bill separately.	NAR
D01	The dental allowable amount was increased.	NAR
D02	The dental allowable amount was decreased.	NAR
D03	The dental copayment was increased.	NAR
D04	The dental copayment was decreased.	NAR
D05	The dental deductible was increased.	NAR
D06	The dental deductible was decreased.	NAR
D07	The dental plan limit was bypassed - approved by Customer Service.	NAR
D08	The dental plan limit was bypassed - approved by Utilization Management.	NAR
D09	The dental coinsurance was increased.	NAR
D10	The dental coinsurance 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
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

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
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 an adjustment to a previously processed dental claim. The payment amount has been adjusted due to subrogation.	NAR
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
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

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
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 P.O. Box 180150 Chattanooga, TN 37402
DB5	A dental adjustment has been completed and has resulted in a statistical change.	NAR
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.	See guidelines in the Dental Program section in the Commercial Provider Administration Manual. If you have any questions, call our Dental Service Department at 1-800-523-1478.
DP1	This dental procedure is not a covered service for this tooth/teeth number(s).	See guidelines in the Dental Program section in the Commercial Provider Administration Manual. If you have any questions, call our Dental Service Department at 1-800-523-1478.
DP2	The charge or number of occurrences this procedure was performed has exceeded the contract limits.	NAR
DP3	The charge or number of occurrences this procedure was performed has exceeded the contract limits.	NAR

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
DP4	The charge or number of occurrences this procedure was performed has exceeded the contract limits.	NAR
DP5	The number of occurrences this procedure was performed has exceeded the contract limits.	NAR
DPX	Your group's contract requires a period of membership before benefits are available for this service.	NAR
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
DSR	Your claim has been received and is currently under special review.	NAR
FYI	Recalculated payment - Excluded from amount paid.	NAR - This results from an automatic deduction due to a claim overpayment
GLB	This claim is disallowed because it is included in the global case payment.	NAR
GRP	The member's group has already paid for this claim. We are reimbursing the member's group by manual check.	NAR
HM0	Call 1-877-258-9455 for claim detail if needed.	This results when a manual deduction is made due to a credit balance on previous remittance advice. Refer to the letter sent to you or if questions, call the number provided.
MAR	Call 1-877-258-9455 for claim detail if needed.	This results when a manual deduction is made due to a credit balance on previous remittance advice. Refer to the letter sent to you or if questions, call the number provided.
PSS	This charge exceeds the maximum allowable under this member's coverage.	NAR
PSV	This charge exceeds the maximum allowable under this member's coverage.	NAR
PTR	The maximum number of units allowed for this service under this member's coverage has been provided.	NAR

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
REC	Money received - No deduction from amount paid.	NAR - This results when money is received on a claim overpayment. No deduction is made on the amount paid
RWD	A risk withhold has been applied to this line item. The member is not responsible for this amount.	NAR
S17	This member's coverage was not in effect on the date this service was provided.	Please contact Customer Service at 1-800-523-1478 or refer to e-Health Services® at www.bcbst.com for member eligibility and benefits
S5	This member's eligibility does not include coverage for this type of service	Please contact Customer Service at 1-800-523-1478 or refer to e-Health Services® at www.bcbst.com for member eligibility and benefits
S6	This member's age is beyond the limiting age for the plan.	Please contact Customer Service at 1-800-523-1478 or refer to e-Health Services® at www.bcbst.com for member eligibility and benefits
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.
SPD	Supplemental Discount	NAR
ST	This member is not eligible for benefits.	Please contact Customer Service at 1-800-523-1478 or refer to e-Health Services® at www.bcbst.com for member eligibility and benefits
TF0	The claim for these services was received after the time limit specified in this member's benefit plan.	NAR
TF1	The claim for these services was received after the time limit specified in the provider's agreement.	NAR
Z2B	This claim is being processed under your secondary coverage.	Claim being processed under secondary BlueCross BlueShield policy. Do not resubmit under secondary policy. If not processed in three weeks, contact customer service at 1-800-523-1478.

Explanation Code	Description	Provider Action/Information (NAR = No Action Required)
ZD5	Benefits were provided for this claim since a free cleaning coupon was redeemed. This service did not apply toward any annual maximum.	NAR