

## HRINY Reason Codes for EOB/Allowance

Reason Code	Reason Code Description
!+	Rebill as inpatient. Claim closed.
"+	Please enroll dependent
#+	Discount applied through the provider's network agreement with Magnacare
*+	Need reason for denial from primary carrier
+"	Prompt Pay interest will be paid under separate cover.
+#	Invalid Primary Diagnosis
+\$	Not medically indicated for reported procedure
+&	This is a corrected no pay claim.
+'	Paid according to Access One/PPO Next
+>	Please submit to Cigna Life Source
+`	Please submit to Optum
+{	Claim closed. Must submit to Medicare as primary
+}	Other carrier's explanation of benefits required.
+0	Multiple Procedure Reduction Applies.
+1	Prenatal care is only payable at end of pregnancy
+2	No benefits for services misbilled.
+3	Surgery considered inclusive with another surgery.
+4	Claim submitted after filing deadline
+5	Duplicate, please see original determination
+6	Info not received. Claim closed.
+7	Claim was reduced by Medicare benefits
+8	Requires breakdown of charges, CPT codes, date, diagnosis, and/or TAX ID.
+9	Maximum allowed amount for assisted surgery
+A	Considered as part of another submitted service
+c	Payment based on contracted per diem rate
+F	Benefit adjustment of prior claim
+G	Code/benefit adjusted based on review
+K	Description of service is necessary, please submit
+m	Not reimbursable under your contract. No patient responsibility
+Q	Services are included in the global fee
+R	Services combined for global reimbursement
+S	Payment based on one-time negotiated case rate with provider
+T	Payment based on Discount/contract agreement
+u	Services allowed after review of appeal.
+v	Please resubmit with the anesthesia time
+X	Requires medical documentation to support services
+z	Info submitted after deadline. Claim denied
:+	Claim/service lacks information which is needed for adjudication. Please resubmit to Medicare.
`+	Payment based on one-time negotiated case rate
01	Benefits not in force when services were rendered
02	Not Allowed. Benefit Exclusion.
05	Other carrier's explanation of benefits required.
08	Info submitted does not support services rendered
10	No benefits for services misbilled.
11	Patient not eligible for benefits.

14	Re-Submit to your No-Fault/Auto Insurance Carrier
15	Re-Submit to your Employer's Compensation Carrier
25	Claim submitted after filing deadline
26	Denied.Please return Dependent Verification form.
2A	Health/Rx out-of-pocket overage reimbursement
30	Maximum benefit payable for this type of service
34	Maximum benefit for all services has been paid
35	Paid in accordance with maximum allowable benefit
36	Allowed amount applied towards annual deductible
39	Payment based on Discount/contract agreement
40	Paid in accordance with coordination of benefits
45	Payment based on URC or scheduled amounts
47	Provider of service not recognized under your benefits
5+	Information from provider required. Please submit.
52	Allowable amount was reduced by Medicare benefit
54	Reduced due to non-compliance with benefit provisions
55	Maximum allowed amount for assisted surgery
56	Multiple Procedure Reduction Applies.
57	Benefits reduced by Medicare
85	Considered as part of another submitted service
86	Not medically indicated for reported condition
93	Appears to be experimental/investigational
9p	Patient responsible only for copay/deductible.
AF	Administrative Fees
ap	Services allowed after review of appeal.
B+	NDC code is missing or invalid. Please resubmit.
BG	Multiplan participating provider
c+	The patient has no financial liability.
cd	Based on current medical criteria denial is upheld
cf	Payment for Consultant Fees
cl	Requires Third Party Information.
cn	This is a corrected no pay claim.
cr	Benefit adjustment of copay(s).
CS	Please submit itemized bill to include revenue codes.
cy	Service(s) denied, does not meet benefit criteria
d+	Info submitted does not support services rendered
d1	Please submit claim to Davis Vision for payment
d5	Services do not meet benefit guideline criteria
dc	Patient Responsible for deductible/coinsurance
E+	Payment based on one-time negotiated case rate
e6	Not medically indicated for reported procedure
eb	Advise employer of other carrier benefit coverage
f+	A refund has been requested
F1	Facility must submit claim on UB-04
f7	Services performed more than once in allotted time
G+	The disposition of this claim/service is pending further review. Final determination to follow.
g1	Not covered based on benefits age limitation

g5	Submit to Prescription drug carrier for payment
H+	Patient not responsible for amount not allowed
h6	Payment based on negotiated rate with provider
i+	Patient Responsible for deductible/coinsurance
i5	Requested documentation not received from provider Claim closed.
ii	Invoice required.
j0	Based on clinical data admission has been denied
j2	Based on medical review admission is denied
k+	Medical records do not support services
LN	Please provide the location where services were rendered
m2	Benefits determined based on your Primary Medicare Benefit Allowance
m3	Foreign Travel Emergency Expense
md	Requires medical documentation to support services
mg	Discount applied through the provider's network agreement with MagnaCare
mn	Provider may bill up to ppo/negotiated rate.
my	Payment made to member.
N+	Payment based on transplant contract.
nc	Please submit providers name and credentials.
nd	NDC code is missing or invalid. Please resubmit.
oc	Rebill with correct CPT/CDT code
on	The provider of service is out of network.
PI	Prompt pay interest
pr	Private room balance is patient responsibility.
PS	Prompt Pay interest will be paid under separate cover.
q+	Please submit to Optum
Q2	The procedure/revenue code is inconsistent with the patient's age.
RF	Claim reflects partially refunded amount.
ri	Received documentation incomplete. Claim closed.
T5	Multiple physicians/ assistants are not covered in this case.
TX	Translation required, including diagnosis and description of service.
u+	Patient responsible only for copay/deductible.
uc	Please submit updated claim form for condition
Z+	Paid in accordance with coordination of benefits