

## Integrated Behavioral Health Information System (IBHIS) Denial and Adjustment Codes

TYPE	835 code	Remark Code	DENIAL REASONS:
CO	5		Place of Service Is Invalid For Procedure Code.
CO	15		Provider funding plan (P-Auth) is missing /invalid.
CO	204		Procedure code or Date of Service invalid for this Authorization.
CO	16	N63	Number of services per claim allowed exceeded.
CO	16	M53	Unit Service Count quantity in SV104 cannot be zero.
OA	23		Claim Level Payment/Adjustment Information Found and No Service Level Payment/Adjustment Found.
CO	29		Late Claim Denial.
CO	45		Claim charge over contracted rate.
CO	146		Diagnosis was invalid for the date(s) of service reported.
CO	147		Provider Inactive.
CO	166		There is no Episode in place for this date of service.
CO	181		Procedure code is not on Fee Table /Rendering Provider discipline is not covered for this procedure code.
CO	197		Member Authorization invalid/exhausted.
CO	222		Claimed over Provider funding plan (P-Auth) Maximum Contract Amount/No dollars remain for this authorization/ Remaining liability for this authorization cannot cover the total of the given service.
CO	272		Client's Financial Eligibility does not include Medi-Cal guarantor on a Medi-Cal Funding Plan; or rendering provider coverage end dated.
CO	A1	MA40	Missing Admission Information.
CO	B7		Provider not registered on this date of service.