Claim Adjustment Reason Codes

Claim Adjustment Group Codes

Code	Definition
CO	**Contractual Obligations** - Use this code when a joint payer/payee contractual agreement or a regulatory requirement resulted in an adjustment
CR	**Correction and Reversals** - Use this code for corrections and reversals to PRIOR claims. Use when CLP02=22, Reversal of Previous Payment
OA	**Other adjustments**
PI	**Payor Initiated Reductions** - Use this code when, in the opinion of the payer, the adjustment is not the responsibility of the patient, but there is no supporting contract between the provider and the payer (i.e. medical review or professional review organization adjustments).
PR	**Patient Responsibility**

Claim Status Codes

CLAIM STATUS CODE - SEE 835, PG. 90-91 - THIS MUST BE PLACED AT THE CLAIM LEVEL.	
Code	**Description**
4	Denied
13	Suspended
25	Predetermination Pricing Only - No Payment

Claim Adjustment Reason Codes

HEALTH CARE CLAIM ADJUSTMENT REASON CODES - THESE CODES CAN BE USED MULTIPLE TIMES UNDER A GIVEN CLAIM ADJUSTMENT GROUP CODE	
Code	**Description**
11	Diagnosis inconsistent with procedure
16	Claim lacks info for adjudication. See Remarks Codes.
17	Unidentified Error
18	Duplicate claim/service
26	Expenses incurred prior to coverage
29	The time limit for filing has expired
31	Claim denied as patient cannot be identified as our insured
42	Charges exceed our fee schedule or maximum allowable amount
110	Billing date predates service date
119	Benefit maximum for this time period has been reached.
138	Claim/service denied. Appeal procedures not followed or time limits not met.
A1	Claim Denied charges

HEALTH CARE CLAIM ADJUSTMENT REASON CODES - THESE CODES CAN BE USED MULTIPLE TIMES UNDER A GIVEN CLAIM ADJUSTMENT GROUP CODE	
A2	No error, but it reduces the total amount billed.
B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.
B18	Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.