



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

April 2009

To: All professional and institutional providers, clearinghouses and software vendors

Subject: Re-mapping of BCBSM professional and facility Local and NASCO non-payment codes to standard codes

As a result of your valued input and feedback, we have completed an extensive review of the current mapping of proprietary non-payment codes to the HIPAA compliant standard group, claim adjustment reason and remittance advice remark codes. These changes should improve the quality of the BCBSM Local, NASCO, FEP and MOS 835 remittances.

We are planning to implement our proposed mapping changes beginning with check-writing cycles after August 31, 2009.

The changes reflect:

- More accurate reporting of liability in the group code
- Improved selection of the claim adjustment reason code
- Addition or revision of reported remittance advice remark codes to further clarify the reason for the adjustment

Please note that our usage of group code PI (payer initiated) identifies situations where we anticipate possible correction and resubmission to BCBSM or another payer, or when the adjudication disposition and liability was previously provided.

For your convenience, three non-payment code to standard code documents are available for viewing on our web site at www.bcbsm.com/provider/electronic_data_interchange/index.shtml until August 31st. We consider these revisions to be a significant improvement to what is currently being reported. No additional crosswalk changes will be made until after the implementation date.

Please share this communication with all affected personnel and any external entities that are providing service to you regarding 835 remittances.

Questions or concerns about the revised mapping should be emailed to BCBSM-EDI at edisupport@bcbsm.com with 'CAS mapping' in the subject line of your email.

Sincerely,



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e-Business Interchange Group



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NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
A107	WE ARE UNABLE TO COMPLETE PROCESSING OF THIS CLAIM BECAUSE OUR MEDICAL REVIEW REQUIRES ADDITIONAL INFORMATION. A LETTER, WHICH IDENTIFIES THE SPECIFIC INFORMATION REQUESTED HAS BEEN SENT TO YOU AND THE SUBSCRIBER UNDER SEPARATE COVER. IF THE REQUESTED INFORMATION IS NOT RECEIVED WITHIN 45 DAYS OF YOUR RECEIPT OF OUR REQUEST PLEASE, CONSIDER THIS CLAIM DENIED.	PI	16	M118, N179	PI	16	M118, N29
B001	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (B001)	OA	204		PR	204	
B007	THIS SERVICE IS NOT A BENEFIT WHEN PERFORMED AT THIS PLACE OF SERVICE. (B007)	PR	58		PR	204	N428
B035	REJECTION OF DETAIL LINE DUE TO THE EXCLUSION OF BENEFIT FOR A SPOUSE OR DEPENDANT. (B035)	PR	96	N30	PR	204	N30
B049	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED ON A PATIENT OF THIS AGE. (B049)	PR	96	N129	PR	204	N129
B090	CLAIM WAS SUBMITTED BEYOND TIMELY FILING PERIOD. (B090)	CO	29		CO	29	
B091	CLAIM WAS SUBMITTED BEYOND THE TIMELY FILING PERIOD.	CO	29		CO	29	
B101	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (B101)	PR	204		PR	204	
B102	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (B102)	PR	204		PR	204	
B104	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (B104)	PR	204		PR	204	
B105	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED BY A NON-PARTICIPATING PROVIDER. (B105)	OA	204		PR	111	
B107	THIS SERVICE IS NOT A BENEFIT WHEN PERFORMED AT THIS PLACE OF SERVICE. (B107)	PR	58		PR	204	N428
B149	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED ON A PATIENT OF THIS AGE. (B149)	PR	96	N129	PR	204	N129
B164	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (B164)	OA	204		PR	204	
B165	THE BENEFIT CRITERIA FOR DIAGNOSTIC LAB OR X-RAYS HAS NOT BEEN SATISFIED. (B165)	PR	167		PR	167	
B201	PAYMENT FOR THIS SURGERY IS INCLUDED IN OUR PAYMENT FOR THE MAJOR SURGERY. (B201)	OA	204		CO	59	
B202	OUR RECORDS INDICATE THAT YOUR FACILITY IS PARTICIPATING WITH BLUE CROSS OF WESTERN PENNSYLVANNIA. PLEASE RESUBMIT THIS CLAIM TO BLUE CROSS OF WESTERN PENNSYLVANNIA FOR PROCESSING. (B202)	PI	109		PI	109	
B205	THE ABOVE DETERMINATION REPRESENTS BCBS' LIABILITY FOR SUPPLEMENTAL COVERAGE. WHEN MEDICARE BENEFITS ARE EXHAUSTED, FUTURE PAYMENTS FOR ELIGIBLE SERVICES WILL BE BASED ON BCBS GUIDELINES FOR APPROVED FACILITIES. (B205)	PR	204		OA	23	N219
B207	THIS SERVICE IS NOT A COVERED BENEFIT. (B207)	PR	204		PR	204	
B209	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE UNDER THE PATIENT'S SUPPLEMENTAL COVERAGE. MEDICARE THE PRIMARY PAYER HAS ALREADY PAID THE FULL APPROVED AMOUNT. THE SUBSCRIBER IS NOT RESPONSIBLE FOR THE BALANCE (B209).	OA	23	N219	OA	23	N219
B210	OUR RECORDS INDICATE THAT THIS MEMBER IS NOT ENROLLED IN MICHIGAN. CLAIM MUST BE SUBMITTED TO: ANTHEM BLUE CROSS & BLUE SHIELD, P.O. BOX 700, WORTHINGTON, OHIO 43085. (B210)	PI	109		PI	109	
B211	THIS SERVICE IS NOT A CONTRACT BENEFIT (B211).	PR	204		PR	204	
B214	IMPORTANT: THE GM NATIONAL LAB PROGRAM WILL BE DISCONTINUED EFFECTIVE 11/1/98 AT WHICH TIME LAB CLAIMS SHOULD BE SUBMITTED TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN FOR SERVICES INCURRED ON OR AFTER 11/1/98. HOWEVER, CONTINUE TO SUBMIT LAB SERVICES INCURRED BETWEEN 1/1/98 AND 10/31/98 TO UHCI AT P. O. BOX 5077 SOUTHFIELD, MI. 48086 OR CALL 1-800-750-0344. (B214)	PI	166		PI	109	
B215	THIS LABORATORY SERVICE WAS BILLED TO BCBS IN ERROR. PLEASE SUBMIT CLAIM TO UNIVERSAL STANDARD MEDICAL LABORATORIES FOR PAYMENT CONSIDERATION. IF YOU NEED MORE INFORMATION, PLEASE CALL 1-800-622-6851. (B215)	PI	109		PI	109	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
B220	PROVIDER TYPE/SPECIALTY CANNOT PERFORM THIS TYPE OF PROCEDURE. (B220).	PR	185		PR	B7	
B221	THIS LABORATORY SERVICE WAS BILLED TO BCBS IN ERROR. PLEASE SUBMIT THIS CLAIM TO UAW/FORD NATIONAL LABORATORY SERVICE PROGRAM, P.O.BOX 5077,SOUTHFIELD MI 48086-5077. YOU MAY CALL 1-800-216-0795 IF YOU NEED MORE INFORMATION. (B221)	PI	109		PI	109	
B222	THE VISION PROGRAM IS ADMINISTERED BY BCBS OF MICHIGAN. BILL VISION SERVICES DIRECTLY TO: BLUE CROSS AND BLUE SHIELD OF MICHIGAN, P.O. BOX 1633 DETROIT, MI 48231-1633. (B222)	PI	109		PI	109	
B226	THIS SUPPLEMENTAL (COMPLEMENTARY) COVERAGE POLICY COVERS ONLY SERVICES THAT ARE ALSO COVERED BY MEDICARE. MEDICARE DOES NOT COVER THE SERVICE REPORTED. (B226)	PR	204		OA	23	N219
B231	AS OF MARCH 1, 1998, UNIVERSAL STANDARD HEALTH CARE, INC. (UHC) IS THE HEALTH CARRIER FOR THIS AMERICAN AXLE ENROLLEE NON-HOSPITAL: LABORATORY, DURABLE MEDICAL EQUIPMENT AND PROSTHETIC & ORTHOTIC CLAIMS. PLEASE SEND THIS CLAIM TO: UHCI, P.O. BOX 5077, SOUTHFIELD, MICHIGAN 48086, OR CALL 1-800-216-0795. (B231)	PI	166		PR	166	
B232	PARTIAL HOSPITALIZATION CLAIMS MUST BE BILLED AS INPATIENT. (B232)	OA	204		PI	16	MA30
B234	THIS SERVICE WAS BILLED TO BCBS OF MICHIGAN IN ERROR. PLEASE SUBMIT TO THE CORRECT LOCAL PLAN. (B234)	OA	204		PI	109	
B235	THIS PROCEDURE IS NOT A BENEFIT OF THE FEDERAL EMPLOYEE PROGRAM. (B235)	PR	204		PR	204	
B236	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE WITH THE REPORTED MODIFIER. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B236)	CO	4		PI	4	
B237	PROCEDURE CODE REQUIRES MANUAL REVIEW	OA	204		PI	133	
B240	THE DIAGNOSIS CODE IS MISSING. PLEASE RESUBMIT THE CLAIM FOR THIS SERVICE WITH A VALID DIAGNOSIS CODE. DO NOT BILL CHARGES FOR THIS SERVICE TO THE ENROLLEE UNTIL CLAIM WITH A VALID DIAGNOSIS CODE HAS BEEN RESUBMITTED AND REVIEWED. (B240)	OA	204		PI	16	M76
B243	THIS CONTRACT DOES NOT COVER SECONDARY BALANCES WHEN ANOTHER HEALTH INSURANCE CARRIER HAS MADE A PAYMENT. (B243)	OA	23	N219	OA	23	N219
B245	WE DON'T PAY FOR THIS SERVICE BECAUSE IT DOESN'T MEET THE BENEFIT GUIDELINES IN YOUR PATIENT'S CONTRACT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B245)	PR	204		PR	204	
B251	WE DON'T APPROVE PAYMENT WHEN YOU SUPERVISE FOUR OR MORE OTHER PATIENTS AT THE SAME TIME; THE PATIENT ISN'T RESPONSIBLE FOR PAYMENT. (B251)	CO	97	N381	CO	97	
B298	ANESTHESIA AND SURGERY WERE BILLED ON THE SAME DATE. THE PAYMENT FOR THIS PROCEDURE WAS INCLUDED IN THE PAYMENT FOR THE RELATED SERVICE. (B298)	CO	97		CO	59	
B299	THIS IS A BLUE CROSS BLUE SHIELD OF OHIO SUB. CLAIM MUST BE SUBMITTED TO BLUE CROSS BLUE SHIELD OF OHIO, P.O. BOX 943, TOLEDO OHIO 43656-0001 (B299)	PI	109		PI	109	
B300	THIS LABORATORY OR RADIOLOGY SERVICE IS NOT A COVERED BENEFIT. (B300)	PR	204		PR	204	
B301	WE CAN'T PROCESS YOUR CLAIM BECAUSE YOU DID NOT REPORT THE CORRECT REVENUE CODE FOR THE THERAPY VISIT OR EVALUATION. WHEN BILLING A PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY VISIT, REPORT REVENUE CODE 421, 431 OR 441. WHEN BILLING AN EVALUATION, REPORT REVENUE CODE 424, 434 OR 444. PLEASE RESUBMIT YOUR CLAIM WITH THE APPROPRIATE REVENUE CODE FOR THE SERVICE REPORTED. (B301)	PI	16	M50	PI	16	M50
B303	THIS ITEM IS NOT PAYABLE UNLESS PURCHASED. (B303)	PR	108		PR	108	
B304	STARTING JANUARY 1, 1998, NORTHWOOD/NPN WILL BE THE EXCLUSIVE NETWORK FOR DME AND P&O SERVICES, INCLUDING MEDICAL SUPPLIES FOR THIS GM ENROLLEE. PLEASE SEND CLAIMS WITH SERVICE DATES ON OR AFTER JANUARY 1, 1998 TO NORTHWOOD/NPN, P.O. BOX 3078, CENTERLINE, MI. 48015-0078 (B304)	PI	166		PI	109	

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NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
B305	EAP FOR MH/SA-SUSPEND FOR MANUAL APPLICATION OF BENEFIT COSTSHARE DETERMINATION (B305)	OA	204		PR	3	
B306	THE ONLY CHIROPRACTIC OFFICE VISIT COVERED UNDER THE SUBSCRIBER'S CONTRACT IS THE INITIAL HISTORY TAKING EXAM. (B306)	PR	204		PR	204	
B308	AS OF JAN. 1, 1998, NORTHWOOD/NPN PROCESSES DME/P&O CLAIMS FOR THIS GM ENROLLEE. IF YOU ARE A NORTHWOOD/NPN PROVIDER. SEND THIS CLAIM TO NORTHWOOD/NPN, P.O. BOX 3078, CENTER LINE, MI 48015 OR CALL 1-800-936-9314. IF YOU ARE A NON-NETWORK PROVIDER, ONLY THE ENROLLEE CAN SUBMIT THIS CLAIM TO NORTHWOOD/NPN, P.O. BOX 3308,CENTER LINE, MI 48015-0308. (B308)	PI	109		PI	109	
B312	THIS SERVICE IS PAYABLE FOR THE SUBSCRIBER ONLY. (B312)	PR	204		PR	204	N30
B313	THIS SERVICE IS NOT A BENEFIT UNDER TIER 3 LEVEL COVERAGE. (B313)	PR	204		PR	204	
B314	THIS MEMBER'S PRESCRIPTION DRUG CLAIMS ARE PROCESSED BY PCS INC. AS OF 1/1/97, THIS MEMBER'S PRESCRIPTION DRUG CLAIMS ARE PROCESSED BY MEDCO. (B314)	PI	166		PI	109	
B315	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. -B315	PR	204		PR	204	
B320	MODIFIER WAS MISSING OR NOT PAYABLE FOR THE REPORTED PROCEDURE CODE. (B320)	PI	4		PI	4	
B323	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED BY A NON-APPROVED FREE STANDING AMBULATORY SURGERY CENTER. (B323)	PR	204		PR	204	N428
B325	THIS VISION SERVICE WAS BILLED TO BCBS IN ERROR. PLEASE SUBMIT THIS CLAIM TO HERITAGE VISION PLAN, P.O. BOX 2187, CLIFTON, NJ, 07015. YOU MAY CALL 800-352-5667 IF YOU NEED MORE INFORMATION. (B325)	PI	109		PI	109	
B326	THIS SERVICE IS COVERED UNDER THE BASIC CONTRACT BENEFIT. (B326)	PR	96	N130	PR	204	
B327	ADVANCE PAY CLAIMS ARE NOT A BENEFIT UNDER MAJOR MEDICAL COVERAGE. (B327)	OA	204		PR	204	
B330	POS QUESTIONABLE FOR PROCEDURE REPORTED - ENSURE THAT THE TYPE OF BILL REPORTED FOR THIS IN-PATIENT CLAIM IS NOT BILLED WITH OUT- PATIENT REVENUE CODES.	OA	204		PI	16	M50, MA30
B331	PROFESSIONAL COMPONENTS ARE NOT PAYABLE SEPARATELY WHEN PERFORMED IN THIS SETTING. ONLY THE FULL SERVICE, WHICH INCLUDES BOTH THE PROFESSIONAL AND TECHNICAL COMPONENTS, IS PAYABLE WHEN PERFORMED IN A DOCTOR'S OFFICE. THE PATIENT SHOULD NOT BE BILLED FOR THIS SERVICE. (B331)	PI	125		PI	125	N390
B334	THIS RADIOLOGY PROCEDURE IS NOT A COVERED BENEFIT. (B334)	PR	204		PR	204	
B335	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE WHEN PERFORMED IN THE REPORTED LOCATION. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B335)	CO	58		PR	204	N428
B338	THE PROCEDURE CODE DOES NOT HAVE A BID LEVEL TO APPROVE FOR PAYMENT FOR THE DATE OF SERVICE REPORTED. FOR MORE INFORMATION, PLEASE CONTACT THE FACILITY REIMBURSEMENT DEPT. (B338)	CO	147		PI	147	
B339	THE MODIFIER BILLED IS NOT PAYABLE FOR AMBULANCE SERVICES. (B339)	PI	4		PR	204	
B342	PRIVATE DUTY NURSING IS NOT A COVERED BENEFIT. (B342)	PR	204		PR	204	
B343	PEN MESSAGE 43 - PROCEDURE REQUIRES MANUAL REVIEW.	OA	204		PI	16	N29
B345	OCCUPATIONAL THERAPY IS NOT A COVERED BENEFIT. (B345)	PR	204		PR	204	
B346	SPEECH THERAPY IS NOT A COVERED BENEFIT. (B346)	PR	204		PR	204	
B347	PHYSICAL THERAPY SERVICES ARE NOT PAYABLE IN THE LOCATION REPORTED. (B347)	PR	58		PR	204	N428
B349	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS IMMUNIZATION OR INJECTION; IT'S NOT A BENEFIT WHEN YOU PERFORM IT FOR THE REPORTED DIAGNOSIS. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. -B349	PR	167		PR	167	

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B351	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS OFFICE OR OUTPATIENT VISIT BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. -B351	PR	204		PR	204	
B353	THIS ITEM IS NOT A BENEFIT UNDER THE HEARING PROGRAM. (B353)	PR	204		PR	204	
B354	AS OF MARCH 1, 1998, THE LOCAL BLUE CROSS AND BLUE SHIELD PLAN PROCESSES THIS DME/P&O PROCEDURE CODE FOR THIS MEDICARE ELIGIBLE GM ENROLLEE. PLEASE SEND THIS CLAIM TO THE LOCAL BLUE CROSS AND BLUE SHIELD PLAN FOR PROCESSING. (B354)	PI	166		PI	109	
B355	VISITING NURSE SERVICES ARE NOT A COVERED BENEFIT. (B355)	PR	204		PR	204	
B357	YOUR HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE WHEN PERFORMED IN THE REPORTED LOCATION. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B357)	PR	58	N174	PR	204	N428
B359	THE TECHNICAL COMPONENT OF THIS PROCEDURE IS NOT PAYABLE. THE MEMBER IS NOT RESPONSIBLE FOR THE CHARGES. (B359)	CO	134		CO	204	
B360	THE SERVICE BILLED IS NOT A BENEFIT AT THE LOCATION REPORTED. (B360)	PR	58		PR	204	N428
B361	THE SERVICE BILLED IS NOT A BENEFIT WITH THE REPORTED DIAGNOSIS.(B361)	PR	204		PR	167	
B362	THIS SURGICAL PROCEDURE IS NOT A COVERED BENEFIT. (B362)	PR	204		PR	204	
B363	THIS RADIOLOGY PROCEDURE IS NOT A COVERED BENEFIT. (B363)	PR	204		PR	204	
B365	THIS PATHOLOGY SERVICE IS NOT A CONTRACT BENEFIT. CHECK THE AUTOMATED TESTING PROCEDURES TO SEE IF IT IS ELIGIBLE UNDER THOSE PROCEDURE CODES. (B365)	PR	204		PR	204	
B366	THIS MEDICINE OR MEDICAL PROCEDURE IS NOT A COVERED BENEFIT. (B366)	PR	204		PR	204	
B367	THIS AMBULANCE SERVICE IS NOT A CONTRACT BENEFIT. (B367)	OA	204		PR	204	
B368	THIS DURABLE MEDICAL EQUIPMENT/SUPPLY/ORTHOTIC/PROSTHETIC PROCEDURE IS NOT A BENEFIT UNDER THE SUBSCRIBER'S CONTRACT. (B368)	OA	204		PR	204	
B369	THE REPORTED PSYCHIATRIC SERVICE IS NOT A COVERED BENEFIT. (B369)	OA	204		PR	204	
B371	THE PROFESSIONAL COMPONENT OF THIS PROCEDURE IS NOT PAYABLE. THE MEMBER IS NOT RESPONSIBLE FOR THE CHARGES. (B371)	CO	B15		CO	204	
B372	THIS ANESTHESIA SERVICE IS NOT A COVERED BENEFIT FOR THE DIAGNOSIS REPORTED. (B372)	OA	204		PR	167	
B373	SUBSCRIBERS CONTRACT DOES NOT COVER THIS FOOT OR ANKLE SERVICE. COVERED FOOT AND ANKLE BENEFITS ARE FOR AMPUTATIONS AND CARE OF ACCIDENTAL INJURIES. REFER CLAIMS TO NATIONAL FOOT CARE PROGRAM, PO BOX 760547, LATHRUP VILLAGE, MICHIGAN 48076 (B373)	OA	204		PI	109	
B374	TSA IS NOT A COVERED BENEFIT FOR THE DIAGNOSIS REPORTED. (B374)	OA	204		PR	167	
B375	THIS SURGICAL PROCEDURE IS NOT A COVERED BENEFIT FOR THE DIAGNOSIS REPORTED. (B375)	OA	204		PR	167	
B376	THE TSA SERVICE BILLED IS NOT A BENEFIT AT THE LOCATION REPORTED. (B376)	OA	204		PR	204	N428
B377	THIS X-RAY SERVICE IS NOT A COVERED BENEFIT FOR THE DIAGNOSIS REPORTED. (B377)	OA	204		PR	167	
B378	THIS PATHOLOGY SERVICE IS NOT A COVERED BENEFIT FOR THE DIAGNOSIS REPORTED. (B378)	OA	204		PR	167	
B379	EQUIPMENT, SUPPLIES/APPLIANCES ARE NOT COVERED BENEFITS FOR THE DIAGNOSIS REPORTED. (B379)	PR	B22		PR	167	
B380	THIS MEDICINE/MEDICAL SERVICE IS NOT A COVERED BENEFIT FOR THE REPORTED DIAGNOSIS. (B380)	PR	B22		PR	167	
B381	PSYCHIATRIC SERVICE IS NOT PAYABLE FOR DIAGNOSIS REPORTED. (B381)	OA	204		PR	167	
B386	OUT-PATIENTPSYCHIATRIC MEDICAL VISITS ARE NOT A COVERED BENEFIT. (B386)	OA	204		PR	204	
B388	THE REPORTED SERVICE DOES NOT QUALIFY FOR ANESTHESIA, OR THE PRIMARY SERVICE IS NOT A BENEFIT, THEREFORE, ANESTHESIA IS NOT PAYABLE. (B388)	OA	204		PR	204	N356
B389	THERE IS NO RECORD OF COVERAGE UNDER THIS IDENTIFICATION NUMBER. (B389)	OA	204		PR	31	
B394	HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS ARE NOT A CONTRACT BENEFIT. (B394)	OA	204		PR	204	
B395	DIAGNOSIS CODE IS MISSING. PLEASE RESUBMIT SERVICE WITH A VALID DIAGNOSIS CODE. DO NOT BILL CHARGES FOR THIS SERVICE TO THE ENROLLEE UNTIL CLAIM HAS BEEN RESUBMITTED AND REVIEWED WITH A VALID DIAGNOSIS. (B395)	OA	204		PI	16	M76

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B397	THIS PROCEDURE IS NOT A BENEFIT FOR THE DATE REPORTED. (B397)	OA	204		PR	204	
B398	THIS AUDIOLOGY PROCEDURE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (B398)	OA	204		PR	167	
B405	THIS SERVICE IS NOT A MAJOR MEDICAL BENEFIT. (B405)	PR	204	N7	PR	204	N7
B407	THIS SERVICE IS PAID DIRECTLY TO THE SUBSCRIBER BY THEIR EMPLOYER. (B407)	OA	204		PI	109	
B408	THIS OUTPATIENT PHYSICAL THERAPY SERVICE WAS SUBMITTED TO BCBS IN ERROR. PLEASE SUBMIT THIS CLAIM TO: THERAMATRIX PHYSICAL THERAPY NETWORK, P.O. BOX 321036 DETROIT, MI 48232-1036. FOR MORE INFORMATION, CALL (888) 638-8786.	PI	109		PI	109	
B410	THIS SERVICE IS NOT A COVERED BENEFIT. (B410)	PR	204		PR	204	
B412	THIS SERVICE IS NOT A BENEFIT UNLESS BILLED ON A PROFESSIONAL CLAIM. (B412)	CO	96	N34	PI	125	N34
B413	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY; IT'S NOT A BENEFIT WHEN PERFORMED FOR THE REPORTED DIAGNOSIS.THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. - B413	PR	167		PR	167	
B414	SUSPEND ANY PHYSICAL THERAPY OR OCCUPATIONAL THERAPY CLAIMS BILLED WITH A QUESTIONABLE DIAGNOSIS.	OA	204		PR	167	
B415	THIS PROCEDURE IS COVERED UNDER THE PRESCRIPTION DRUG PROGRAM. (B415)	OA	204		PR	204	
B416	THIS SERVICE IS NOT A COVERED BENEFIT. (B416)	OA	204		PR	204	
B417	GENERAL CLASSIFICATION OF AMBULANCE NOT COVERED. USE SPECIFIC REVENUE CODE FOR SERVICE RENDERED. (B417)	OA	204		PR	204	
B418	THE REPORTED AMBULANCE SERVICE WAS REVIEWED AND DETERMINED TO BE NOT MEDICALLY NECESSARY. (B418)	OA	204		PR	50	
B419	THIS PROVIDER CODE HAS NOT BEEN APPROVED FOR THE CARDIAC REHABILITATION PROGRAM. (B419)	PR	B7		PR	B7	
B421	CHIROPRACTIC OFFICE VISITS ARE COVERED FOR THE INITIAL EXAMINATION AND PATIENT HISTORY, ONLY. SUBSEQUENT CHIROPRACTIC VISITS ARE NOT COVERED. (B421)	OA	204		PR	B1	N113
B422	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE FOR THE REPORTED DIAGNOSIS. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B422)	PR	167		PR	167	
B426	CONVALESCENT CARE IS NOT COVERED FOR THIS PLACE OF SERVICE. (B426)	OA	204		PR	204	N428
B427	THIS DENTAL SERVICE IS ONLY A BENEFIT WHEN DUE TO AN ACCIDENTAL INJURY TO THE TEETH. (B427)	OA	204		PR	204	
B428	THIS SERVICE IS NOT A COVERED BENEFIT UNDER THE VISION PROGRAM. (B428)	PR	204		PR	204	
B429	CLAIM PROCESSED ON BASIC LEVEL ONLY. REVIEW FOR POSSIBLE MAJOR MEDICAL BENEFITS.	OA	204		PR	204	N7
B430	YOUR PROVIDER SPECIALTY IS INVALID FOR THIS TYPE OF SERVICE. (B430)	PR	170		PR	B7	
B431	THIS TMJ SERVICE IS NOT A COVERED BENEFIT.(B431)	OA	204		PR	204	
B432	THIS SERVICE IS NOT A COVERED BENEFIT. (B432)	OA	204		PR	204	
B435	THE PROVIDER OF THIS SERVICE IS NOT LICENSED WITHIN HIS/HER STATE TO PERFORM SUCH SERVICES. (B435)	OA	204		PR	185	
B439	MANUAL REVIEW FOR MEDICAL CRITERIA REQUIRED.	OA	204		PI	16	N29
B442	THESE SERVICES ARE NOT A CONTRACT BENEFIT FOR A DEPENDENT. (B442)	OA	204		PR	204	N30
B443	SERVICES RELATED TO WEIGHT LOSS ARE NOT A COVERED BENEFIT. (B443)	OA	204		PR	204	
B444	SERVICES IN A SKILLED NURSING FACILITY ARE NOT A COVERED BENEFIT. (B444)	OA	204		PR	204	N428
B445	HOSPICE SERVICES ARE NOT A COVERED BENEFIT. (B445)	OA	204		PR	204	
B447	HOME HEMOPHELIA THERAPY IS NOT A COVERED BENEFIT. (B447)	OA	204		PR	204	
B448	HOME HEALTH CARE IS NOT A COVERED BENEFIT. (B448)	OA	204		PR	204	
B449	THIS MEMBER IS NOT LISTED ON THE CONTRACT. (B449)	OA	204		PR	31	
B451	SERVICES ARE NOT A BASIC HEALTH BENEFIT. (B451)	PR	204	N216	PR	204	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
B453	THIS PROCEDURE IS NOT PAYABLE BASED ON THE INFORMATION REPORTED. (B453)	OA	204		PR	50	
B454	NON-PAR FACILITIES ARE NOT A PAYABLE BENEFIT. (B454)	OA	204		CO	111	
B455	SERVICES IDENTIFIED BY THIS PROCEDURE CODE ARE NOT A COVERED BENEFIT. (B455)	OA	204		PR	204	
B456	ALL HIT SERVICES MUST BE SUBMITTED ELECTRONICALLY, PLEASE RESUBMIT THIS CLAIM. (B456)	OA	204		PI	125	M117
B457	THIS SERVICE IS NOT PAYABLE BY BLUE CROSS BLUE SHIELD. PLEASE CONTACT THE SUPPORT PROVIDER, NATIONAL PROVIDER NETWORK (NPN), AT 1-800-831-0999 FOR PAYMENT CONSIDERATION. (B457)	PI	109		PI	109	
B458	MODIFIER BILLED IS NOT PAYABLE FOR DURABLE MEDICAL EQUIPMENT. (B458)	OA	204		PI	4	
B461	HOME INFUSION THERAPY NURSING VISIT (FOR REPORTING PURPOSES ONLY) NOTE: THIS LINE MESSAGE HAS BEEN SUPPRESSED ON VOUCHER/EOB.	OA	204		PR	204	N365
B463	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED AT THE PLACE OF SERVICE REPORTED. (B463)	OA	204		PR	204	N428
B464	THIS SERVICE IS A COMPONENT OF ANOTHER PROCEDURE AND IS NOT SEPARATELY REIMBURSABLE. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS PROCEDURE. (B464)	CO	97	M15	CO	97	
B465	WE ARE NO LONGER THE CARRIER FOR YOUR MENTAL HEALTH BENEFIT. PLEASE SEND THIS CLAIM TO CONNECTICUT GENERAL, P.O. BOX 5132, SOUTHFIELD, MICHIGAN, 48086 FOR CONSIDERATION. (B465)	PI	109		PI	109	
B468	THIS DME/P&O SERVICE WAS BILLED TO BCBS IN ERROR. PLEASE SUBMIT THIS CLAIM TO THE SUPPORT PROGRAM, P.O. BOX 82060, ROCHESTER, MI 48308-2060. FOR MORE INFORMATION, CALL 1-800-831-0999. (B468)	OA	204		PI	109	
B473	YOUR PATIENT'S EMPLOYER GROUP CHOSE NORTHWOOD/NATIONAL PROVIDER NETWORK (NPN) TO HANDLE CLAIMS FOR DURABLE MEDICAL EQUIPMENT, PROSTHETICS AND ORTHOTICS, SO THAT INSURER MUST REVIEW THIS CLAIM. YOU CAN SEND THIS CLAIM TO: NORTHWOOD/NATIONAL PROVIDER NETWORK, P.O. BOX 3308, CENTER LINE, MI 48015-0078. IF YOU HAVE ANY QUESTIONS, CALL 1-800-936-9314. B473	PI	109		PI	109	
B474	CHIROPRACTIC SERVICES ARE NOT A COVERED BENEFIT. (B474)	OA	204		PR	204	
B475	THIS SERVICE IS A BASIC BENEFIT. (B475)	OA	204		PR	204	
B476	WE CANNOT PROCESS THIS CLAIM BECAUSE WE NEED ADDITIONAL INFORMATION. TO DETERMINE FOOT SERVICES, PLEASE RESUBMIT WITH THE APPLICABLE FOOT MODIFIER (TA, T1-T9, LT, RT). (B476)	OA	204		PI	4	
B477	BEFORE WE CAN CONSIDER THIS CLAIM FOR PAYMENT, WE NEED TO DETERMINE IF THE REPORTED PLACE OF SERVICE MEETS THE MEDICAL NECESSITY CRITERIA IN THE PATIENT'S CONTRACT. PLEASE SEND US A STATUS CLAIM REVIEW FORM WITH THE MEDICAL RECORDS FOR THIS SERVICE.	OA	204		PR	204	N428
B479	THE SERVICE BILLED IS NOT A BENEFIT IN THE REPORTED LOCATION. (B479)	OA	204		PR	204	N428
B480	CHARGES FOR ROUTINE CARE OF WELL NEWBORNS SHOULD BE BILLED ON MOTHER'S CLAIM. (B480)	OA	204		CO	128	
B482	PAYMENT FOR THE REPORTED SERVICE IS INCLUDED IN THE TOTAL ALLOWANCE FOR THE COMPLETED PROCEDURE. (B482)	OA	204		CO	97	
B483	THE PROCEDURE REQUIRES DENTAL OR MEDICAL DOCUMENTATION FOR PATIENTS 15 YEARS OR OLDER. PLEASE RESUBMIT THE CLAIM AND INCLUDE ALL PREVIOUS DOCUMENTATION, INCLUDING X-RAYS, AND ANY ADDITIONAL INFORMATION THAT SUPPORTS THE PROCEDURE. (B483)	OA	204		PI	16	N40, N463

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
B485	WE CANNOT PROCESS THIS CLAIM BECAUSE WE NEED ADDITIONAL INFORMATION ABOUT THIS SERVICE BEFORE WE CAN CONSIDER IT FOR PAYMENT. PLEASE SUBMIT A NEW CLAIM, A COPY OF THE PRETREATMENT X-RAYS, A WRITTEN NARRATIVE AND A PHOTO IF AVAILABLE TO SUPPORT THE NEED FOR THIS SERVICE TO: BLUE CROSS BLUE SHIELD OF MICHIGAN, P.O. BOX 1633, DETROIT MI 48231-1633. (B485)	OA	204		PI	16	N40, N463
B487	ALTHOUGH YOUR PATIENT'S CONTRACT COVERS THIS BENEFIT CATEGORY, THE SERVICE REPORTED DOES NOT MEET THE CRITERIA. THE CONTRACT DOES NOT COVER THIS SERVICE WHEN PERFORMED BY AN OPTOMETRIST. (B487)	OA	204		PR	170	
B489	THE SERVICE IS NOT PAYABLE FOR THE TOOTH NUMBER OR FOR THE PROCEDURE CODE REPORTED. PLEASE SUBMIT A NEW CLAIM WITH THE CORRECT TOOTH NUMBER OR THE APPROPRIATE PROCEDURE CODE. (B489)	PI	16	N39	PI	16	N39
B490	MEDICAL SERVICES REQUIRE MANUAL REVIEW.	OA	204		PI	16	N29
B494	THE PROCEDURE REPORTED IS CONSIDERED COSMETIC AND IS NOT COVERED UNDER THE SUBSCRIBER'S CONTRACT. (B494)	PR	50		PR	204	N383
B495	THE SUBSCRIBER'S CONTRACT DOES NOT COVER THIS SERVICE. (B495)	PR	204		PR	204	
B496	PLEASE SEND US A NEW FACILITY CLAIM FOR THIS SERVICE BECAUSE IT CAN'T BE CONSIDERED FOR PAYMENT WHEN REPORTED AS A PROFESSIONAL CLAIM. UNTIL WE GET A FACILITY CLAIM, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI FACILITY 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC FACILITY CLAIM. (B496)	OA	204		PI	125	M117, N34
B497	THIS SERVICE IS NOT A BENEFIT FOR THIS PROVIDER TYPE. (B497)	PR	172	N95	PR	170	
B498	THIS SERVICE IS NOT A DENTAL BENEFIT. IT MAY BE PAYABLE UNDER THE PATIENT'S MEDICAL COVERAGE. (B498)	PR	204	N180	PR	204	
B499	THE PROVIDER OF THIS SERVICE HAS NOT BEEN APPROVED FOR THE MIDWIFE PROGRAM. (B499)	OA	204		PR	B7	
B503	THE PROCEDURE CODE BILLED IS NOT THE MOST APPROPRIATE ONE TO BE BILLED FOR THE SERVICE REPORTED. PLEASE RESUBMIT WITH THE CORRECT PROCEDURE CODE. (B503)	OA	204		PI	16	M51
B504	PREDETERMINATION REQUIRED FOR BLUE PREFERRED PLUS MEMBERS ON 22 SURGICAL PROCEDURES PERFORMED IN OUTPATIENT FACILITIES.	OA	204		CO	197	
B505	THIS SERVICE IS NOT COVERED BASED ON THE INFORMATION REPORTED. FOR US TO PROCESS YOUR CLAIM, PLEASE RESUBMIT USING THE CORRECT TYPE OF SERVICE. (B505)	OA	204		PI	5	
B506	UPON OUR REVIEW, PLACEMENT OF STAYPLATE IS NOT A CONTRACT BENEFIT. (B506)	OA	204		PR	204	
B508	THIS FACILITY IS NOT APPROVED TO PROVIDE THIS SERVICE UNDER THE SUBSCRIBER'S CONTRACT. (B508)	OA	204		PR	B7	
B511	THE SERVICE ISN'T PAYABLE BECAUSE THE PATIENT DOES NOT MEET THE AGE RESTRICTIONS OF THE MEMBER'S CONTRACT. (B511)	PR	204	N129	PR	204	N129
B513	THIS TREATMENT PLAN HAS BEEN MODIFIED TO DISPLAY THE SERVICE ALLOWABLE UNDER THIS CONTRACT. (B513)	PR	B5	N2	CO	169	
B519	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT ONLY COVERS IT WHEN THE REPORTED CONDITION SHOWS THE PATIENT RECEIVED EMERGENCY CARE. THE INFORMATION WE REVIEWED DID NOT SHOW A LIFE-THREATENING MEDICAL EMERGENCY OR AN ACCIDENTAL INJURY CAUSED BY AN OUTSIDE FORCE. (B519)	OA	204		PR	40	N10
B521	THE SERVICE REPORTED IS NOT PAYABLE WHEN PROVIDED BY A NON-PARTICIPATING FACILITY. (B521)	OA	204		PR	111	
B523	THIS PROCEDURE IS A COMPONENT OF ANOTHER PROCEDURE CODE. PLEASE RESUBMIT WITH THE APPROPRIATE PROCEDURE CODE. (B523)	OA	204		PI	16	N56
B525	SUSPEND FOR MANUAL REVIEW - SERVICE PERFORMED WITH QUESTIONABLE COSMETIC SURGICAL PROCEDURE CODE.	OA	204		PR	204	N383

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
B526	THIS SERVICE IS NOT PAYABLE BECAUSE THIS PATIENT IS NOT A MEMBER OF BLUE CROSS BLUE SHIELD'S COORDINATED CARE MANAGEMENT OR CASE MANAGEMENT PROGRAM. (B526)	OA	204		PR	177	
B527	WHEN THIS SERVICE IS PERFORMED IN A HOSPITAL, PAYMENT IS SENT TO THE HOSPITAL. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS PROCEDURE. (B527)	OA	204		CO	B13	M97
B529	REVENUE CODE IS NOT VALID WHEN BILLED BY A MICHIGAN PROVIDER. (B529)	OA	204		CO	96	M50
B535	PLEASE SEND US A NEW CLAIM FOR THIS PATIENT'S HOSPICE CARE USING THE ALL-INCLUSIVE REVENUE CODE Y6590. (B535)	OA	204		PI	16	M50
B537	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS IMMUNIZATION; IT'S NOT A BENEFIT WHEN GIVEN TO A PATIENT OF THIS AGE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE -B537	PR	204	N129	PR	204	N129
B538	CHARGES FOR BLOOD HANDLING FEES ARE NOT A BENEFIT WHEN LABORATORY SERVICES ARE REFERRED TO A NON-PANEL LABORATORY. (B538)	OA	204		CO	38	
B540	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS NOT FOR A MEDICAL EMERGENCY, A CONDITION THAT OCCURS SUDDENLY AND UNEXPECTEDLY AND COULD CAUSE SERIOUS BODILY HARM OR THREATEN LIFE IF NOT TREATED IMMEDIATELY. PLEASE CONTACT US IF YOU DISAGREE WITH THIS DECISION. (B540)	PR	40		PR	40	
B542	SECOND/THIRD OPINION CONSULTATION IS NOT A COVERED BENEFIT. (B542)	OA	204		PR	204	
B545	THIS SERVICE IS NOT COVERED BECAUSE THE PATIENT DOES NOT MEET THE AGE RESTRICTION IN THE SUBSCRIBER'S CONTRACT. -B545	OA	204		PR	204	N129
B548	BECAUSE THE SUBSCRIBER'S CONTRACT DOES NOT COVER THIS SERVICE FOR PATIENTS UNDER AGE 12, WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR YOUR CHARGE.(B548)	OA	204		PR	204	N129
B549	THE PROCEDURE IS PAYABLE ONLY AS AN ADULT PROPHYLAXIS BECAUSE THERE IS NO RECORD IN OUR SYSTEM OF THE PATIENT'S PERIODONTAL TREATMENT HISTORY. YOU MAY RESUBMIT THE CLAIM AND REPORT THE HISTORY. (B549)	OA	204		PR	150	
B553	OUR PAYMENT IS FOR THE FOLLOWING ALTERNATIVE TREATMENT: AN AMALGAM FOR A POSTERIOR TOOTH, A COMPOSITE FOR AN ANTERIOR TOOTH AND FACIAL SURFACES OF THE PREMOLARS. (B553)	CO	B8	N2	CO	169	
B557	BECAUSE THE SUBSCRIBER'S CONTRACT DOES NOT COVER THIS SERVICE FOR PATIENTS UNDER 18 WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR YOUR CHARGE. (B557)	OA	204		PR	204	N129
B558	MORE THAN TWO BITEWING X-RAYS REQUIRE DENTAL OR MEDICAL DOCUMENTATION FOR PATIENTS UNDER AGE 12. TO REQUEST INDIVIDUAL CONSIDERATION, PLEASE RESUBMIT THE CLAIM AND INCLUDE ALL PREVIOUS DOCUMENTATION, AS WELL AS ANY ADDITIONAL INFORMATION THAT SUPPORTS THE PROCEDURE. (B558)	OA	204		PI	16	N463
B559	BECAUSE THE SUBSCRIBER'S CONTRACT DOES NOT COVER THIS SERVICE FOR PATIENTS UNDER AGE 19, WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR YOUR CHARGE. (B559)	OA	204		PR	204	N129
B561	WE'VE REDUCED OUR PAYMENT FOR THIS COMPREHENSIVE PROCEDURE BECAUSE WE'VE ALREADY PAID FOR RELATED COMPONENTS THAT ARE CONSIDERED PART OF THE COMPLETED PROCEDURE. (B561)	OA	204		CO	97	
B562	THE PROCEDURE CODE IS NOT PAYABLE FOR INITIAL BANDING OR APPLIANCE PLACEMENT. PLEASE SUBMIT A NEW CLAIM AND USE ONE OF THE 1995 BCBSM LOCAL CODES FOR INITIAL BANDING OR APPLIANCE PLACEMENT IN THE 1995 BCBSM DENTAL PROCEDURE CODE CHART. (B562)	OA	204		PI	16	M51

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
B563	THIS PROCEDURE REQUIRES DENTAL OR MEDICAL DOCUMENTATION FOR PATIENTS 7 YEARS OLD OR OLDER. PLEASE RESUBMIT THE CLAIM AND INCLUDE ALL PREVIOUS DOCUMENTATION, INCLUDING X-RAYS AND ANY ADDITIONAL INFORMATION THAT SUPPORTS THE PROCEDURE. (B563)	OA	204		PI	16	N40, N463
B569	THE DME/P&O CLAIM WAS BILLED TO BCBS. PLEASE SUBMIT CLAIM TO WRIGHT & FILIPPIS. FOR MORE INFORMATION, PLEASE CALL 1-800-321-8074. (B569)	OA	204		PI	109	
B570	THIS DME/P&O SERVICE WAS BILLED TO BCBS IN ERROR. PLEASE SUBMIT CLAIM TO UNIVERSAL STANDARD MANAGED CARE, INC. FOR PAYMENT CONSIDERATION. IF YOU NEED MORE INFORMATION, PLEASE CALL 1-800-559-3059. (MB570)	OA	204		PI	109	
B575	THE PAYMENT FOR THIS DELUXE EQUIPMENT WAS CUT BACK TO A STANDARD EQUIPMENT AMOUNT BECAUSE THE EQUIPMENT WAS BILLED WITH A STANDARD MODIFIER (W). (B575)	OA	204		PR	169	N156
B578	THIS GROUP DOES NOT COVER ANESTHESIA REPORTED BY A NON-PHYSICIAN. (B578)	OA	204		PR	170	
B581	SERVICES WERE RENDERED 72 HOURS AFTER THE ONSET OF A SUDDEN AND SERIOUS ILLNESS. (B581)	OA	204		PR	40	N357
B583	ONLY A FREESTANDING PROVIDER IS ALLOWED TO BILL FOR BOTH THE PROFESSIONAL AND FACILITY COMPONENT. PLEASE RE-BILL THE SERVICE AS A PROFESSIONAL COMPONENT. DO NOT BILL THE ENROLLEE UNTIL THIS CLAIM HAS BEEN REVIEWED FOR PAYMENT. (B583)	OA	204		PI	16	N200
B585	PLEASE SEND THIS CLAIM TO NATIONAL FOOT CARE PROGRAM, P.O. BOX 760547, LATHRUP VILLAGE, MI 48076. IF YOU HAVE ANY QUESTIONS, CALL THEM AT 1-800-922-1695. THE PATIENT'S BCBS BENEFIT FOR FOOT CARE IS LIMITED TO AMPUTATIONS AND TREATMENT WITHIN 72 HOURS OF AN ACCIDENTAL INJURY. THIS SERVICE DIDN'T MEET THAT CRITERIA. (B585)	PI	109		PI	109	
B586	TSA ISN'T PAYABLE BECAUSE YOU REPORTED MODIFIER 62 ON THE CLAIM WHICH INDICATES CO-SURGERY. TSA AND CO-SURGERY CANNOT BE REPORTED BY THE SAME DOCTOR FOR THE SAME SURGERY (B586).	OA	204		CO	54	
B587	THIS SERVICE IS NOT COVERED WHEN RENDERED OUT-OF-NETWORK. (B587)	OA	204		PR	38	
B589	THE SURGICAL PROCEDURE REPORTED IS NOT ELIGIBLE FOR CO-SURGERY BENEFITS (B589).	OA	204		CO	54	
B595	SCREENING MAMMOGRAM SHOULD BE BILLED WITH A ROUTINE/SCREENING DIAGNOSIS OR A MEDICALLY NECESSARY MAMMOGRAM SHOULD BE BILLED WITH A MEDICALLY NECESSARY DIAGNOSIS. PLEASE CORRECT AND RESUBMIT. (B595)	PI	11		PI	11	
B610	NOT PAYABLE FOR THE REPORTED DIAGNOSIS; MAY BE PAYABLE UNDER ANOTHER PROGRAM (E.G. VISION, HEARING)	OA	204		PR	167	
B611	THIS SERVICE IS NOT COVERED BY THE SUBSCRIBER'S MEDICAL PLAN; HOWEVER, IT MAY BE COVERED BY HIS OR HER DENTAL PLAN. (B611)	PR	204	N180	PR	204	N180
B615	BLUE CROSS AND BLUE SHIELD PLANS ARE NOT THE CARRIERS FOR THESE SERVICES UNDER YOUR CONTRACT. PLEASE SEND YOUR CLAIM FOR THESE SERVICES TO HORIZON HEALTH, P.O. BOX 292580, LEWISVILLE, TX 75029 FOR CONSIDERATION.	PI	109	N387	PI	109	
B618	BEFORE WE CAN CONSIDER THIS SERVICE FOR PAYMENT, WE NEED A CLAIM WITH A COPY OF THE OPERATIVE REPORT BECAUSE THE REPORTED MODIFIER REQUIRES REVIEW. UNTIL WE RECEIVE THE REQUESTED INFORMATION, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. -B618	PI	16	M29	PI	16	M29
B630	THIS CONTRACT DOES NOT COVER BARIATRIC SURGERY OR ANY RELATED SERVICES.	OA	204		PR	204	
B632	THIS CONTRACT DOES NOT COVER BARIATRIC SURGERY, THE RELATED ANESTHESIA, OR TECHNICAL SURGICAL ASSISTANT CHARGES	OA	204		PR	204	
B633	TRINITY HEALTH PSYCH - PAY SUB NOT REGISTERED MSW LPC	OA	204		PR	100	

NASCO non-payment code to standard code mapping

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B660	WE PAID REVENUE CODES 0260 AND 0262, IF REPORTED, BECAUSE THEY MET OUR REPORTING REQUIREMENTS. UNLESS YOU MEANT TO REPORT A REVENUE CODE OTHER THAN 0261, 0263, 0264, OR 0269, WE OWE NO FURTHER PAYMENT. (B660)	PI	16	M50, MA130	PI	16	M50
B663	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE WHEN PERFORMED FOR THE REPORTED DIAGNOSIS CODE. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B663)	CO	167		PR	167	
B675	QUESTIONABLE MEDICAL EMERGENCY DIAGNOSIS REQUIRES MANUAL REVIEW.	OA	204		PR	40	
B676	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS NOT FOR A MEDICAL EMERGENCY, A CONDITION THAT OCCURS SUDDENLY AND UNEXPECTED AND COULD CAUSE SERIOUS BODILY HARM OR THREATEN LIFE IF NOT TREATED IMMEDIATELY. PLEASE CONTACT US IF YOU DISAGREE WITH THIS DECISION. (B676)	PR	40	N358	PR	40	
B701	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE WHEN PERFORMED BY A PROVIDER OF YOUR TYPE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B701)	PR	170		PR	170	
B702	TO DECIDE PAYMENT FOR THIS SERVICE WHEN PERFORMED FOR THE REPORTED DIAGNOSIS, WE NEED A NEW CLAIM WITH A COPY OF YOUR PATIENT'S MEDICAL REPORT. UNTIL WE GET THE REQUESTED INFORMATION AND COMPLETE OUR REVIEW, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B702)	PI	16	N29	PI	16	M127
B703	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE FOR YOUR PATIENT'S CONDITION WHEN PERFORMED BY A PROVIDER OF YOUR TYPE OR SPECIALTY. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B703)	PI	170		PI	170	
B704	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE FOR YOUR PATIENT'S CONDITION WHEN PERFORMED IN THE REPORTED LOCATION. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B704)	PI	97		PI	204	N428
B705	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE; IT'S NOT A BENEFIT WHEN GIVEN TO A PATIENT OF THIS AGE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B705)	PI	116	N29	PR	204	N129
B706	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE FOR YOUR PATIENT'S CONDITION WHEN PERFORMED IN THE REPORTED LOCATION OR BY A PROVIDER OF YOUR SPECIALTY. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B706)	CO	96	N95	PI	172	N428
B707	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE FOR YOUR PATIENT'S CONDITION WHEN PERFORMED IN THE REPORTED LOCATION OR BY A PROVIDER OF YOUR TYPE OR SPECIALTY. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B707)	PI	58	N95	PI	170	N428
B708	OUR POLICY DOES NOT ALLOW US TO PAY FOR THIS SERVICE; THE REASON DEPENDS ON YOUR PATIENT'S HEALTH CARE COVERAGE. FOR YOU PPO PATIENTS, THIS SERVICE NEEDS AUTHORIZATION, BUT WE DENIED YOUR REQUEST OR FOUND NO RECORD. TO APPEAL OUR DENIAL, WHICH WAS BASED ON MEDICAL NECESSITY STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS, YOU SHOULD FAX ADDITIONAL RECORDS TO US AT 800-798-2068. WHEN YOUR PATIENT HAS ANOTHER PRODUCT, WE DO NOT PAY FOR THIS SERVICE WHEN PERFORMED IN THE REPORTED LOCATION. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B708)	PI	62	N41	PR	197	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
B709	OUR POLICY DOES NOT ALLOW US TO PAY FOR THIS SERVICE; THE REASON DEPENDS ON YOUR PATIENT'S HEALTH CARE COVERAGE. WHEN A PATIENT HAS PPO COVERAGE, OUR POLICY DOES NOT ALLOW US TO PAY YOUR PROVIDER SPECIALTY FOR THIS SERVICE. WHEN YOUR PATIENT HAS ANOTHER PRODUCT, WE DO NOT PAY FOR THIS SERVICE WHEN PERFORMED IN THE REPORTED LOCATION. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B709)	PI	170		PR	172	
B710	OUR POLICY DOES NOT ALLOW US TO PAY FOR THIS SERVICE BASED ON THE REPORTED MODIFIER OR LOCATION CODE WHEN PERFORMED BY YOUR PROVIDER TYPE OR SPECIALTY. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B710)	PI	170	M78	PI	170	
B711	OUR POLICY DOES NOT ALLOW US TO PAY FOR THIS TYPE OF SERVICE WHEN PERFORMED BY A HEALTH CARE PROVIDER THAT HAS NO CONTRACT WITH US. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B711)	PI	B7		PI	111	
B712	OUR POLICY DOES NOT ALLOW US TO PAY FOR THIS SERVICE WHEN PERFORMED IN THE REPORTED LOCATION BY A PROVIDER OF YOUR TYPE. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS TYPE OF SERVICE, NOR DOES THE SUBSCRIBER. (B712)	PI	58	N95	PI	170	N428
B713	OUR POLICY DOES NOT ALLOW US TO PAY FOR THIS SERVICE BASED ON A MISSING MODIFIER, A REPORTED MODIFIER OR LOCATION CODE WHEN PERFORMED BY YOUR PROVIDER TYPE OR SPECIALTY. UNLESS YOU CAN SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B713)	PI	170	M78	PI	170	
B714	OUR POLICY DOES NOT ALLOW US TO PAY FOR THIS SERVICE WHEN PERFORMED IN THE REPORTED LOCATION BY A PROVIDER OF YOUR TYPE OR SPECIALTY. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B714)	PI	58	N95	PI	170	
B715	TO DECIDE PAYMENT FOR THIS SERVICE, WE NEED A NEW CLAIM WITH THE ESSENTIAL RECORDS FOR THE REPORTED MODIFIER. UNTIL WE GET THE REQUIRED INFORMATION AND COMPLETE OUR REVIEW, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B715)	PI	16	M78	PI	4	N29
B716	OUR POLICY DOES NOT ALLOW US TO PAY FOR THIS SERVICE WHEN PERFORMED BY A PROVIDER OF YOUR TYPE AND SPECIALTY. UNLESS YOU SEND US A CORRECTED CLAIM FOR THIS SERVICE, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER. (B716)	PI	170		PI	170	
B717	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE WHEN PERFORMED BY A PROVIDER OF YOUR TYPE. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (B717)	PI	170		PI	170	
B718	YOUR PATIENT'S HEALTH CARE COVERAGE DOES NOT ALLOW US TO PAY FOR THIS SERVICE; IT'S NOT A BENEFIT WHEN PERFORMED FOR THE REPORTED PRIMARY DISCHARGE DIAGNOSIS. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B718)	PI	116	N29	PR	167	
B719	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE; IT'S NOT A BENEFIT WHEN PERFORMED BY A NON- PARTICIPATING PROVIDER. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B719)	PI	58	N95	PR	111	
B720	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE WHEN PERFORMED BY A PROVIDER OF YOUR SPECIALTY. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B720)	PI	58	N95	PR	172	
B721	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE. IT ISN'T A BENEFIT IN THIS LOCATION FOR THE REPORTED DIAGNOSIS. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B721)	PI	58	N95	PR	167	N428

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
B722	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE; IT ISN'T A BENEFIT IN THE REPORTED LOCATION WHEN PERFORMED BY YOUR PROVIDER TYPE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B722)	PI	58	N95	PR	170	N428
B723	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE; IT'S ONLY A BENEFIT IN THE REPORTED LOCATION WHEN PERFORMED BY A BCMB PARTICIPATING PROVIDER. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B723)	PI	58	N95	PR	111	N428
B724	YOUR PATIENT'S HEALTH CARE COVERAGE DOES NOT PAY FOR THIS SERVICE WHEN PERFORMED BY A PROVIDER OF YOUR SPECIALTY AND TYPE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (B724)	PI	58	N95	PR	172	
C030	MORE THAN ONE BILLING PROVIDER ID ON CLAIM	OA	204		PI	16	N257
C040	POSSIBLE DUPLICATE OF CHARGE ON PREVIOUS CLAIM	OA	204		PI	18	
C041	POSSIBLE DUPLICATE OF CHARGES WITHIN THE SAME CLAIM	OA	204		PI	18	
C044	THE SERVICE WAS PREVIOUSLY PAID OR REJECTED. (C044)	PI	18		PI	18	
C045	THIS CHARGE IS A DUPLICATE OF ANOTHER YOU INCLUDED WITH THIS CLAIM. (C045)	OA	204		PI	18	
C049	THIS IS FOR SERVICES THAT REQUIRE PRIOR APPROVAL, AND WE HAVE NO RECORD THAT PRIOR APPROVAL WAS OBTAINED. PLEASE RESUBMIT SERVICES ONCE PRIOR APPROVAL HAS BEEN OBTAINED. (C049)	OA	204		PI	197	
C053	ROUTINE SCREENING PROCEDURES ARE NOT A BENEFIT. (C053)	OA	204		PR	204	
C055	BLUE CROSS BLUE SHIELD OF MICHIGAN WILL PAY MEDICARE PART A COPAYMENTS FOR THE FIRST 30 DAYS PER BENEFIT PERIOD AT QUALIFIED SKILLED NURSING FACILITIES AS DEFINED BY MEDICARE. SINCE BENEFITS FOR 30 DAYS HAVE ALREADY BEEN PAID ON THIS CLAIM, THE PATIENT IS RESPONSIBLE FOR THE REMAINING CHARGES. (C055)	OA	204		PR	119	
C063	TOTAL AMOUNT PAID MAY EXCEED UCR/PAR FOR ANESTHESIOLOGIST AND NURSE ANESTHETIST COMBINED - SAME OR DIFFERENT CLAIM	OA	204		CO	45	
C064	A SECOND MATERNITY DELIVERY PROCEDURE FOR THIS PATIENT WAS BILLED WITHIN A VERY SHORT TIME PERIOD (WITHIN 6 MONTHS). IF THIS WAS AN ACTUAL DELIVERY, PLEASE REBILL AS A STATUS, AND SPECIFY THIS INFORMATION ON THE CLAIM FORM. IF THIS WAS AN OFFICE VISIT OR CHECK UP, PLEASE REBILL ON THE HCFA 1500 CLAIM FORM WITH THE APPROPRIATE CODE. (C064)	OA	204		PR	96	M86
C070	PROVIDER OR MEMBER NOT COVERED FOR PREVENTIVE BENEFITS	OA	204		PR	204	
C083	ELIGIBLE BENEFIT DAYS EXHAUSTED FOR HOME NURSING CARE VISITS. (C083)	OA	204		PR	119	
C087	THE MAXIMUM UNITS OF SERVICE FOR THIS PROCEDURE HAVE BEEN EXCEEDED.	PR	119	N362	PR	119	
C123	NUMBER OF APPROVED MENTAL HEALTH SUBSTANCE ABUSE (MHSA) VISITS REPORTED EXCEEDS APPROVED VISITS FOR TREATMENT PLAN ON FILE	OA	204		PR	198	N351
C124	THIS SERVICE IS NOT PAYABLE AS THE OUTPATIENT MENTAL ILLNESS MAXIMUM WAS REACHED. (C124)	OA	204		PR	119	
C131	THE THERAPEUTIC VISIT LIMITATION HAS BEEN EXCEEDED FOR YOUR OPTION. (C131)	OA	204		PR	119	
C132	THIS MEMBER IS COVERED UNDER BASIC OPTION WHICH PROVIDES COVERAGE FOR SERVICES BY PREFERRED PROVIDERS ONLY. (C132)	OA	204		PR	38	
C133	MAXIMUM BENEFIT PROVIDED FOR CHIROPRACTIC SERVICES. (C133)	OA	204		PR	119	
C149	CHARGES INCURRED BY SPOUSE AFTER DATE OF DIVORCE (C149)	OA	204		PR	27	
C150	CHARGES INCURRED BY SPOUSE PRIOR TO DATE OF MARRIAGE (C150)	OA	204		PR	26	
C151	THIS PATIENT IS NOT ENROLLED AS A DISABLED DEPENDENT. (C151)	OA	204		PR	32	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
C157	THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES BECAUSE THE BLUE CROSS AND BLUE SHIELD BENEFIT WILL PAY FOR TWO PERIODIC ORAL EVALUATIONS, PROPHYLAXES AND TOPICAL APPLICATIONS OF FLUORIDE PER CALENDAR YEAR. SINCE THE CARE RECEIVED EXCEEDS THE LIMIT, ADDITIONAL BENEFITS ARE NOT PAYABLE. (C157)	OA	204		PR	119	
C158	THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES BECAUSE THE BLUE CROSS AND BLUE SHIELD BENEFIT FOR CHIROPRACTIC SPINAL MANIPULATIONS PER CALENDAR YEAR HAS BEEN EXCEEDED. THEREFORE, ADDITIONAL BENEFITS ARE NOT PAYABLE. (C158)	OA	204		PR	119	
C159	THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES BECAUSE THE BLUE CROSS AND BLUE SHIELD BENEFIT FOR THIS TYPE OF DENTAL X-RAY PER CALENDAR YEAR HAS BEEN EXCEEDED. THEREFORE, ADDITIONAL BENEFITS ARE NOT PAYABLE. (C159)	OA	204		PR	119	
C176	THE NUMBER OF SERVICES FOR NUTRITIONAL COUNSELING ARE LIMITED TO A MAXIMUM OF 4 VISITS PER CALENDAR YEAR. THE MAXIMUM NUMBER OF VISITS HAS ALREADY BEEN PROVIDED. NO ADDITIONAL BENEFITS ARE AVAILABLE. (C176)	OA	204		PR	119	
C180	BENEFITS ARE NOT PAID FOR SERVICES RELATED TO SEX TRANSFORMATIONS OR SEXUAL DYSFUNCTIONS OR INADEQUACIES. (C180)	OA	204		PR	204	
C199	INPUT DATA MATCHES MEMBER RECORD WITH INCOMPLETE (INC) ENROLLMENT. (C199)	OA	204		PR	31	
C255	THE FEDERAL EMPLOYEE PROGRAM DOES NOT COVER THE TYPE OF BILL REPORTED. THE MEMBER IS RESPONSIBLE FOR PAYMENT OF THESE CHARGES. (C255)	OA	204		PR	204	
C354	TYPE OF BILL/PRE-CERTIFICATION IND/PRE-CERTIFICATION WAIVER REASON NOT COMPATIBLE WITH PRINCIPLE DIAGNOSIS CODE/REVENUE CODE/DISPOSITION CODE/WAIVE DEDUCTIBLE IND/PATIENT STATUS/REFERRAL IND/PERFORMING PROVIDER NETWORK STATUS/EOB REMARK/SAVINGS CODE	OA	204		CO	197	
C362	PRIVATE ROOM COVERED INDICATOR NOT COMPATIBLE WITH VALUE CODE AND AMOUNT/EOB REMARK CODE	OA	204		PI	16	M49, M50
C391	WE DO NOT PAY BENEFITS FOR ARTIFICIAL INSEMINATION, IN VITRO FERTILIZATION, OR ASSISTED REPRODUCTIVE PROCEDURES. (C391)	OA	204		PR	204	
C393	BENEFITS ARE NOT PAID FOR THE COST OF DELUXE DURABLE MEDICAL EQUIPMENT FEATURES THAT ARE NOT MEDICALLY NECESSARY. (C393)	OA	204		PR	169	
C394	THESE ITEMS DO NOT QUALIFY AS DURABLE MEDICAL EQUIPMENT. (C394)	OA	204		PR	204	N180
C397	THIS MEMBER'S COVERAGE ENDED BEFORE OR DURING THE SERVICES REPORTED ON THIS CLAIM. (C397)	OA	204		PR	27	
C398	THIS CLAIM'S DATE OF SERVICE IS PRIOR TO THE MEMBER'S COVERAGE EFFECTIVE DATE. (C398)	OA	204		PR	26	
C399	THIS CLAIM'S DATE OF SERVICE IS AFTER THE MEMBER'S COVERAGE ENDED. (C399)	OA	204		PR	27	
C400	COMBINED TOTAL CHARGES FOR PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY EXCEED THE MEMBER'S VISIT MAXIMUM. (C400)	OA	204		PR	119	
C401	INTRA-ORAL RADIOGRAPH COVERAGE IS LIMITED TO ONCE PER MEMBER EVERY THREE CALENDAR YEARS. (C401)	OA	204		PR	119	
C406	HOME HEALTH CARE BENEFITS ARE NOT PROVIDED FOR HOMEMAKER SERVICES OR SERVICES RELATED TO THE TREATMENT OF MENTAL CONDITIONS OR ROUTINE MATERNITY CARE. THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES. (C406)	OA	204		PR	204	
C413	YOUR SERVICE BENEFIT PLAN COVERAGE PROVIDES BENEFITS FOR EYE REFRACTIONS ONLY WHEN PERFORMED AS A RESULT OF AN EYE INJURY OR SURGERY. BENEFITS FOR EYE REFRACTIONS ARE ALSO PROVIDED WHEN SURGERY CANNOT BE PERFORMED BECAUSE OF THE AGE OR MEDICAL CONDITION OF THE PATIENT. THESE SERVICES ARE NOT COVERED, SINCE THEY WERE NOT A RESULT OF EYE INJURY OR SURGERY. THEREFORE, THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES. (C413)	OA	204		PR	B5	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
C414	WE CANNOT PAY BENEFITS FOR THE NONSURGICAL TREATMENT OF AMBLYOPIA AND STRABISMUS FOR PATIENTS OVER AGE 12. THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES (C414)	OA	204		PR	204	N129
C415	THE PATIENT IS NOT LISTED AS A MEMBER ON THE SUBSCRIBER'S CONTRACT. (C415)	OA	204		PR	31	
C417	THIS PROCEDURE IS NOT A COVERED BENEFIT UNLESS BILLED IN CONJUNCTION WITH THE BASE PROCEDURE. (C417)	CO	107	M67	CO	107	
C418	WE COULD NOT PROCESS THIS CLAIM AS BILLED. PLEASE RESUBMIT IT AS TWO CLAIMS, BY BILLING THE HOSPICE ASSESSMENT VISIT SEPARATELY FROM OTHER SERVICES. (C418)	PI	125	N61	PI	125	N61
C420	BENEFITS ARE NOT PAID FOR PREADMISSION HOSPICE ASSESSMENT VISITS WHEN NOT PROVIDED BY A PHYSICIAN EMPLOYED BY A HOSPICE AGENCY AND BILLED BY THE HOSPICE AGENCY. THE MEMBER IS RESPONSIBLE FOR PAYMENT OF THESE CHARGES. (C420)	PR	B5	N348	PR	38	
C421	THESE SERVICES ARE RELATED TO NON-COVERED HEARING AIDS. THE MEMBER IS RESPONSIBLE FOR PAYMENT OF THESE CHARGES. (C421)	PR	204		PR	204	
C422	THE PATIENT IS OVER THE AGE LIMIT FOR THE HEARING AID FOR CHILDREN BENEFIT - PRIOR TO 2009. THE MEMBER IS RESPONSIBLE FOR PAYMENT OF THESE CHARGES. (C422)	PR	96	N129	PR	204	N129
C423	THE MAXIMUM HEARING AID BENEFIT HAS BEEN REACHED. THE MEMBER IS RESPONSIBLE FOR THE CHARGES. (C423)	PR	119		PR	119	
C427	WE DON'T PROVIDE BENEFITS FOR ROUTINE IMMUNIZATIONS WHEN THE DRUG OR BIOLOGICAL PRODUCT HAS NOT BEEN APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION. (C427)	PR	114		PR	114	
C452	THIS PATIENT'S LIFETIME MAXIMUM BENEFIT FOR HAIR PROSTHESIS (WIG) HAS BEEN EXCEEDED. THE MEMBER IS LIABLE FOR PAYMENT OF THIS CHARGE. -C452	PR	35		PR	149	
C509	PROCEDURE CODE 1 NOT VALID FOR PROVIDER SPECIALTY CODE/SERVICE BEGIN DATE/TYPE OF BILL/BENEFIT OVERRIDE CODE/PERFORMING PROVIDER NETWORK STATUS/EOB REMARK CODE/POS REFERRAL INDICATOR/DIAGNOSIS CODE 1	OA	204		PI	8	
C533	THE ALLOWANCE FOR THIS CHARGE LINE ARE INCLUDED IN A REJECTED CHARGE LINE	OA	204		CO	97	
C537	PROCEDURE CODE 1 NOT COMPATIBLE TO AGE	OA	204		PI	6	
C538	SURGICAL PROCEDURE PRESENT THAT REQUIRES MANUAL REVIEW (UNNA BOOT)	OA	16		PR	204	
E006	CONTRACT DOES NOT COVER THIS SERVICE WHEN RENDERED BY A PODIATRIST.	OA	204		PR	170	
E013	TESTING MESSAGE OVERLAY FILES. THIS TEST MESSAGE SHOULD OVERLAY E580 DURING THIS TEST PROCESS. (E013)	OA	204		PR	204	
E040	NO BENEFITS ARE PAYABLE FOR THIS CLAIM BECAUSE THE MEMBER'S COVERAGE IS PAID ONLY TO A DATE PRIOR TO THE DATE OF SERVICE. (E040)	PR	27		PR	27	
E060	OPTICAL SERVICES ARE NOT A COVERED BENEFIT FOR THIS MEMBER UNDER THE SUBSCRIBER'S CONTRACT. (E060)	OA	204		PR	204	N30
E066	DENTAL SERVICES ARE NOT A COVERED BENEFIT FOR THIS MEMBER UNDER THE SUBSCRIBER'S CONTRACT. (E066)	OA	204		PR	204	N30
E111	THE NECESSARY MEDICAL HISTORY INFORMATION TO BE RETURNED TO BLUE CROSS AND BLUE SHIELD FOR THE PRE-EXISTING REVIEW IS INCOMPLETE OR THIS SERVICE HAS BEEN DETERMINED TO BE A PRE-EXISTING CONDITION EXCLUSION. (E111)	PR	51	MA46, N174, N204	PR	51	
E112	NO COVERAGE SEGMENTS FOR THE SUBSCRIBER.	OA	204		PR	31	
E113	THIS CONTRACT WAS NOT IN EFFECT ON THE DATE OF SERVICE. (E113)	PR	26		PR	27	
E173	GROUP CANCEL DATE IS LESS THAN THE SUBSCRIBER'S COVERAGE DATE SPAN - GROUP NUMBER OUT OF SEQUENCE WITH GROUP FILE.	OA	204		PR	27	
E181	ALL SERVICES PRIOR TO THE SUBSCRIBER COVERAGE SEGMENTS WITH SUBSCRIBER CROSS REFERENCE SEGMENT.	OA	204		PR	26	

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E187	SUBSCRIBER HAS TRANSFERRED TO A CENTRAL CERT GROUP. INFO ONLY CODE TO INDICATE A SWITCH TO AUTOMATIC QUERY PROCESS.	OA	204		PR	204	
E199	SERVICES ARE SUBJECT TO PRE-EXISTING CRITERIA. CLAIM SENT TO WRAP LOCATION.	OA	204		PR	51	
E202	SUBSEQUENT SERVICES ARE SUBJECT TO PRE-EXISTING CRITERIA. CLAIM SENT TO WRAP LOCATION.	OA	204		PR	51	
E203	THE DATES OF SERVICE ON A SINGLE LINE OVERLAP TWO OR MORE DISTINCT SEGMENTS ON THE BENEFIT/LIMIT STRING TABLE.	OA	204		PI	16	N61
E204	THE ENROLLEE'S NAME ON THE SUBSCRIBER ELIGIBILITY FILE IS DIFFERENT THAN THE NAME ON THE CLAIM. THIS CODE IS SET WHEN THE FIRST FIVE CHARACTERS OF THE LAST NAME ON THE CLAIM DOES NOT MATCH THE FIRST FIVE CHARACTERS OF THE LAST NAME ON THE SUBSCRIBER ELIGIBILITY FILE.	OA	204		PR	140	
E207	THIS PATIENT IS OVER THE EXTENDED MAXIMUM AGE FOR DEPENDENT ELIGIBILITY. (E207)	PR	177	N129	PR	32	N129
E208	SUBSCRIBER CLAIM STOP REASON 01 - MEMBERSHIP STOP.	OA	204		PR	204	
E209	SUBSCRIBER CLAIM STOP REASON 02. LEGAL STOP.	OA	204		PR	204	
E217	FEP CLAIM STOP - MUST DETERMINE IF PATIENT HAS REQUESTED CONFIDENTIAL COMMUNICATIONS. ACCESS DC TRANSACTION FRHI. IF CONFIDENTIAL COMMUNICATIONS APPLIES TO THIS PATIENT, FOLLOW ODL PROCESSING TO OVERLAY SUBSCRIBER SEGMENT.	OA	204		PR	204	
E218	GROUP CLAIM STOP 03 - MEMBERSHIP STOP.	OA	204		PR	204	
E225	THIS PATIENT IS NOT CURRENTLY LISTED ON THE SUBSCRIBER'S CONTRACT. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (E225)	PR	32		PR	31	
E227	THIS PATIENT IS NOT CURRENTLY LISTED ON THE SUBSCRIBER'S CONTRACT. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (E227)	OA	204		PR	31	
E229	DATE OF SERVICE IS LESS THAN ELIGIBILITY EFFECTIVE DATE OR AFTER ELIGIBILITY CANCELLATION DATE.	OA	204		PR	27	
E231	THIS CONTRACT WAS NOT IN EFFECT FOR THIS MEMBER ON THE DATE OF THE REPORTED SERVICE (E231)	OA	204		PR	27	
E232	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. -E232	PR	204		PR	204	
E240	THIS CONTRACT WAS NOT IN EFFECT ON THE DATE OF SERVICE. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT HIS EMPLOYER. (E240)	PR	27		PR	27	
E241	THIS CONTRACT WAS NOT IN EFFECT ON THE DATE OF SERVICE. (E241)	OA	204		PR	27	
E242	DATES OF SERVICE ARE WITHIN A GAP IN THE SUBS COVERAGE. ANY PORTION OF THE SERVICES THAT FALL WITHIN THE COVERAGE PERIOD WAS SPLIT FOR PROCESSING.	OA	204		PR	200	
E243	NON-COVERED SERVICE DATE. THE SERVICES PERFORMED FELL WITHIN A GAP IN THE MEMBERS GROUP COVERAGE. (E243)	OA	204		PR	200	
E244	THIS CONTRACT WAS NOT IN EFFECT ON THE DATE OF SERVICE. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (E244)	PR	27		PR	27	
E245	THIS CONTRACT WAS NOT IN EFFECT ON THE DATE OF SERVICE. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (E245)	PR	27		PR	27	
E246	THIS CONTRACT WAS NOT IN EFFECT ON THE DATE OF SERVICE. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (E246)	OA	204		PR	27	
E247	GM SUBSCRIBER DOES NOT HAVE COVERAGE WITH BLUE CROSS AND BLUE SHIELD FOR THIS DATE OF SERVICE. PLEASE BILL THE APPROPRIATE CARRIER. (E247)	PR	166		PI	109	
E249	THE DATE OF SERVICE IS PRIOR TO THE EFFECTIVE DATE OF THE CONTRACT. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (E249)	OA	204		PR	26	

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E250	SERVICE DATE IS PRIOR TO THE ENROLLEE'S EFFECTIVE DATE. CROSS REFERENCE SEGMENT INDICATED.	OA	204		PR	26	
E251	THIS PATIENT'S COVERAGE WAS NOT IN EFFECT FOR THE DATE OF SERVICE REPORTED. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (E251)	OA	204		PR	27	
E252	THIS PATIENT IS NOT CURRENTLY LISTED ON THE SUBSCRIBER'S CONTRACT. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT HIS EMPLOYER. (E252)	PR	32		PR	31	
E253	MEMBER POSITIVE PATIENT ID NOT MADE, REQUIRED BY PLAN. THE PATIENT ON THE CLAIM IS NOT ON THE ENROLLEE'S RECORDS. THE CRITERIA IS THAT THE PATIENT HAS THE SAME FIRST NAME, DOB WITHIN 183 DAYS, SAME SEX/RELATIONSHIP.	OA	204		PR	31	
E254	THE PATIENT'S COVERAGE WAS NOT IN EFFECT FOR THE DATE OF SERVICE REPORTED. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (E254)	PR	31		PR	27	
E255	THIS SERVICE DATE IS AFTER THE ENROLLEE'S CANCELLATION DATE. CROSS REFERENCE SEGMENT IS INDICATED.	OA	204		PR	27	
E265	THIS CLAIM HAS BEEN PROCESSED BASED ON THE COVERAGE IN EFFECT ON THE FIRST DATE OF SERVICE. (E265)	OA	204		PR	141	
E272	THIS MEMBER IS NOT LISTED ON THE ENROLLEE'S CONTRACT. (E272)	OA	204		PR	31	
E273	THIS MEMBER IS NOT LISTED ON THE CONTRACT. A LETTER HAS BEEN SENT TO THE SUBSCRIBER NOTIFYING THEM TO ADD THE MEMBER TO THE CONTRACT.	OA	204		PR	31	
E274	THIS MEMBER IS NOT LISTED ON THE CONTRACT. (E274)	OA	204		PR	31	
E278	CLAIM'S DATE OF SERVICE IS PRIOR TO THE MEMBER'S EFFECTIVE DATE OR AFTER THE MEMBER'S CANCELLATION DATE.	OA	204		PR	27	
E280	THIS PATIENT IS NOT CURRENTLY LISTED ON THE SUBSCRIBER'S CONTRACT. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT HIS/HER EMPLOYER. (E280)	PR	32		PR	31	
E281	THE DATE OF SERVICE WAS PRIOR TO THE MEMBER'S EFFECTIVE DATE OF COVERAGE OR AFTER THE MEMBER'S CANCEL DATE. (E281)	PR	26		PR	27	
E283	SUB FILE - PATIENT'S RELATIONSHIP ON CLAIM DOES NOT MATCHTYPE OF CONTRACT ON SUBS FILE.	OA	204		PI	16	N197
E285	SUB FILE - PATIENT'S SEX ON THE CLAIM DOES NOT MATCH THE TYPE OF CONTRACT ON SUB FILE.	OA	204		PI	16	N197
E287	THIS PATIENT IS NOT LISTED ON THE SUBSCRIBER'S CONTRACT. SUBSCRIBERS ARE ADVISED TO CONTACT THEIR EMPLOYERS TO ADD THE MEMBER TO THE CONTRACT. (E287)	PR	32		PR	31	
E303	MEDICAL AND VISION SERVICES ARE NOT COVERED UNDER THIS MEMBER'S CONTRACT. THE SUBSCRIBER IS LIABLE FOR PAYMENT OF THIS CHARGE. (E303)	PR	204		PR	204	N216
E308	INVALID/MISSING MODIFIER FOR PROCEDURE CODE REPORTED. (E308)	OA	204		PI	4	
E309	INVALID/MISSING MODIFIER FOR PROCEDURE CODE REPORTED. (E309)	OA	294		PI	4	
E310	DURATION OF NEED INVALID OR MISSING FOR THE PROCEDURE CODE REPORTED. (E310)	OA	204		PI	16	M125
E311	TINTS GREATER THAN ROSE ARE NOT A COVERED BENEFIT. (E311)	OA	204		PR	204	
E312	PROSTHETIC/OPTICAL/ORTHOTIC MODIFIER MISSING OR INVALID FOR THE REPORTED PROCEDURE CODE. (E312)	OA	204		PI	4	
E314	THIS MEDICAL EMERGENCY SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (E314)	PR	40		PR	167	
E315	PROCEDURE/MEDICAL EMERGENCY ERROR. MANUAL REVIEW NECESSARY - ADDITIONAL INFORMATION NEEDED TO ALLOW PAYMENT.				PI	16	N29
E316	THE CONDITION CODE/OCCURENCE CODES ARE MISSING OR INVALID. REVIEW AND RESUBMIT WITH ADDITIONAL INFORMATION. (E316)	OA	204		PI	16	M44, M45
E317	CERTAIN PRE AND POSTNATAL PROCEDURE CODES REQUIRE A VALID CONDITION DATE.	OA	204		PI	16	M44

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E319	GROUP THERAPY REQUIRES MANUAL REVIEW.	OA	204		PI	16	N29
E320	THIS AMBULANCE SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED MODIFIER. (E320)	OA	204		PR	204	
E324	INVALID/MISSING MODIFIER FOR PROCEDURE CODE REPORTED. (SERVICE RELATED TO "FOOT"). (E324)	OA	204		PI	4	
E327	THIS FACILITY IS NOT APPROVED AS AN AMBULATORY SURGICAL CENTER. (E327)	OA	204		PR	B7	
E329	CAT SCAN NOT PAYABLE BASED ON DIAGNOSIS REPORTED. (E329)	OA	204		PR	167	
E333	PAYMENT FOR THE REPORTED SERVICE IS INCLUDED IN THE TOTAL ALLOWANCE FOR THE COMPLETED PROCEDURE. (E333)	CO	97		CO	97	
E335	THIS SERVICE IS NOT A CONTRACT BENEFIT. (E335)	PR	204		PR	204	
E336	THIS PROCEDURE IS NOT A DENTAL BENEFIT. IT MAY BE PAYABLE UNDER THE PATIENT'S MEDICAL COVERAGE. (E336)	OA	204		PR	204	
E338	ORTHODONTIC BENEFITS ARE NOT PAYABLE UNDER ONE TOTAL PAYMENT. INITIAL AND MONTHLY PAYMENTS WILL BE MADE AT THE INTERVALS SCHEDULED IN THE TREATMENT PLAN. (E338)	OA	204		PI	133	N84
E339	MODIFIER BILLED IS NOT PAYABLE FOR DURABLE MEDICAL EQUIPMENT. (E339)	OA	204		CO	204	
E341	THIS SERVICE IS NOT A COVERED BENEFIT WHEN BILLED BY THIS TYPE OF PROVIDER. (E341)	OA	204		PR	170	
E344	THIS SERVICE IS A BENEFIT, BUT NOT WITH THIS CARRIER. PLEASE RESUBMIT TO THE PROPER CARRIER. (E344)	OA	204		PI	109	
E345	THE UNITS OF SERVICE REPORTED, EXCEEDS THE AMOUNT OF DAYS AVAILABLE BETWEEN 'FDOS' AND 'LDOS'. DECREASE THE UNITS OF SERVICE TO EQUAL THE AMOUNT OF DAYS BETWEEN FDOS AND LDOS REPORTED.	OA	204		PI	16	M53
E346	WE CANNOT PROCESS THIS CLAIM BECAUSE A NONSPECIFIC MRI REVENUE CODE WAS REPORTED. PLEASE RESUBMIT THIS CLAIM WITH THE APPROPRIATE REVENUE CODE. (E346)	OA	204		PI	125	M50, M81
E347	MANUAL REVIEW IS REQUIRED TO DETERMINE IF PATIENT HAS MEDICARE COVERAGE. REPORTED SERVICE IS FOR END STAGE RENAL DISEASE.	OA	204		PI	16	N197
E348	THIS SERVICE IS NOT PAYABLE FOR A RESEARCH DIAGNOSIS. (E348)	OA	204		PR	167	
E349	THIS SERVICE IS NOT PAYABLE FOR A SCREENING DIAGNOSIS. (E349)	PR	B22	M76	PR	167	
E350	THE MODIFIER IS MISSING OR INVALID FOR THE REPORTED PROCEDURE. (E350)	OA	204		PI	4	
E351	THIS CAT SCAN IS NOT PAYABLE BASED ON THE REPORTED DIAGNOSIS. (E351)	OA	204		PR	167	
E353	SUBSCRIBERS CONTRACT DOES NOT COVER THIS FOOT OR ANKLE SERVICE. COVERED FOOT AND ANKLE BENEFITS ARE FOR AMPUTATIONS AND CARE OF ACCIDENTAL INJURIES. REFER CLAIMS TO NATIONAL FOOT CARE PROGRAM, PO BOX 760547, LATHRUP VILLAGE, MICH. 48076. (E353)	PI	109		PI	109	
E354	THIS SERVICE IS NOT COVERED WHEN PERFORMED BY A PODIATRIST. (E354)	OA	204		PR	170	
E357	FOOT CARE SERVICES ARE NOT COVERED AT THIS FACILITY. (E357)	OA	204		CO	204	N428
E358	THE INITIAL DATE OF DIALYSIS OR THE DATE OF THE KIDNEY TRANSPLANT WAS OMITTED FROM THE ILLNESS OR INJURY DATE FIELD. PLEASE RESUBMIT THE CLAIM WITH THIS INFORMATION. (E358)	PI	16	MA100	PI	16	MA122
E361	SERVICES RENDERED BY A NURSE PRACTITIONER ARE NOT A CONTRACT BENEFIT. (E361)	PR	204	N95	PR	170	
E362	SUBSCRIBERS CONTRACT DOES NOT COVER THIS FOOT OR ANKLE SERVICE. COVERED FOOT AND ANKLE BENEFITS ARE FOR AMPUTATIONS AND CARE OF ACCIDENTAL INJURIES. REFER CLAIMS TO NATIONAL FOOT CARE PROGRAM, PO BOX 760574, LATHRUP VILLAGE, MICH. 48076. (E362)	OA	204		PI	109	
E363	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE SERVICE IS NOT VALID FOR A NON-MEDICARE CLAIM. (E363)	OA	204		PI	125	M20
E365	THIS XRAY SERVICE IS NOT A COVERED BENEFIT FOR THE DIAGNOSIS REPORTED. (E365)	OA	204		PR	167	
E366	THIS XRAY SERVICE IS NOT A COVERED BENEFIT FOR THE DIAGNOSIS REPORTED. (E366)	OA	204		PR	167	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
E368	PATIENT 19 YEARS OF AGE OR OLDER IS NOT ELIGIBLE FOR SPACE MAINTAINERS. (E368)	OA	204		PR	204	N129
E372	SERVICES PROVIDED BY A MIDWIFE ARE NOT A PAYABLE BENEFIT. (E372)	CO	170		CO	170	
E374	MEDICAL AND/OR HEARING SERVICES ARE NOT A COVERED BENEFIT FOR THIS MEMBER UNDER THE SUBSCRIBER'S CONTRACT. (E374)	OA	204		PR	204	
E375	DENTAL BENEFITS FOR THIS CONTRACT ARE ADMINISTERED BY A CARRIER OTHER THAN BLUE CROSS AND BLUE SHIELD. (E375)	OA	204		PI	109	
E381	ALL BENEFIT LEVELS, EXCEPT LEVEL 08, EXCLUDED FROM BENEFITS FROM SUBSCRIBER QUALIFICATION SEGMENT TYPE 016.	OA	204		PR	204	
E411	VISION SERVICES ARE NOT A COVERED BENEFIT FOR THIS MEMBER UNDER THE SUBSCRIBERS CONTRACT. (E411)	OA	204		PR	204	N30
E426	WE CAN'T REVIEW THIS SERVICE AS THE SECONDARY PAYER BECAUSE OUR RECORDS SHOWED THE PATIENT RECEIVED THE SERVICE DURING THE COORDINATION PERIOD FOR END-STAGE RENAL DISEASE. THAT MEANS THAT BCBSM IS THE PRIMARY PAYER AND MUST RECEIVE THE CLAIM AND PROCESS	OA	204		PI	129	N197
E427	WE CAN'T REVIEW THIS SERVICE AS THE SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT WAS IN THE END-STAGE RENAL DISEASE COORDINATION PERIOD. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT. (E427)	PI	129		PI	129	N197
E429	MEDICARE IS THE PRIMARY PAYOR AFTER THE ESRD COORDINATION PERIOD. PLEASE SUBMIT THE CLAIM TO MEDICARE FOR PAYMENT CONSIDERATION. (E429)	PI	109		PI	109	
E431	WE CAN'T REVIEW THIS SERVICE AS SECONDARY PAYER; OUR RECORDS SHOW THE PATIENT OR THE PATIENT'S SPOUSE WAS EMPLOYED AT THE TIME. PLEASE RETURN MEDICARE'S PAYMENT AND SEND US A CLAIM FOR THE FULL AMOUNT. (E431)	OA	204		PI	129	
E436	CLAIM SUBMITTED TO BCBS IN ERROR. MEDICARE HAS PRIMARY RESPONSIBILITY. PLEASE RESUBMIT CLAIM TO MEDICARE FOR PROCESSING. (E436)	PI	109		PI	109	
E443	WE CAN'T REVIEW THIS SERVICE AS THE SECONDARY PAYER BECAUSE OUR RECORDS SHOW THE PATIENT WAS DISABLED AND EITHER WORKING OR WAS COVERED UNDER A WORKING PERSON'S POLICY AT THE TIME. THAT MEANS THAT BCBSM IS THE PRIMARY PAYER AND MUST RECEIVE THE CLAIM AND PROCESS IT FIRST-NOT MEDICARE. WE ASK THAT YOU RETURN MEDICARE'S PAYMENT TO MEDICARE AND SEND ANOTHER CLAIM FOR THE FULL AMOUNT OF THE SERVICE TO BCBSM. SENDING A NEW CLAIM TO US CERTIFIES THAT YOU HAVE REFUNDED MEDICARE'S PAYMENT. (E443)	PI	129		PI	129	N197
E445	OUR RECORDS INDICATE THIS PATIENT HAS MEDICARE COVERAGE. PLEASE SUBMIT THIS SERVICE TO MEDICARE FIRST FOR PROCESSING. (E445)	OA	204		PI	109	
E449	ADVANCE PAY CLAIM IS MISSING HIC NUMBER.	OA	204		PI	16	MA61
E454	REJECTION - WORKERS COMPENSATION CLAIM. (E454)	OA	204		PR	19	
E461	OTHER INSURANCE FIELD FROM CLAIMS ENTRY INDICATES A POSSIBLE THIRD PARTY LIABILITY CLAIM.	OA	204		PI	22	
E471	MEDICARE IS PRIMARY FOR ESRD, BUT THERE IS A DISCREPANCY BETWEEN THE PATIENT'S BC/BS AND MEDICARE RECORDS. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THE GROUP. RESUBMIT THE CLAIM FOR PAYMENT CONSIDERATION ONCE THE PATIENT ADVISES THAT THE RECORDS HAVE BEEN CORRECTED. (E471)	PR	16	N197	PI	16	N179
E472	MEDICARE IS PRIMARY, BUT THERE IS A DISCREPANCY BETWEEN THE PATIENT'S BC/BS AND MEDICARE RECORDS. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THE GROUP. RESUBMIT THE CLAIM FOR PAYMENT CONSIDERATION ONCE THE PATIENT ADVISES THAT THE RECORDS HAVE BEEN CORRECTED. (E472)	PR	16	N197	PI	16	N179

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
E473	MEDICARE IS PRIMARY, BUT THERE IS A DISCREPANCY BETWEEN THE PATIENT'S BC/BS AND MEDICARE RECORDS. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THE GROUP. RESUBMIT THE CLAIM FOR PAYMENT CONSIDERATION ONCE THE PATIENT ADVISES THAT THE RECORDS HAVE BEEN CORRECTED. (E473)	PR	16	N197	PI	16	N179
E476	THESE LABORATORY SERVICES ARE PROCESSED BY ANOTHER CARRIER. (E476)	OA	204		PI	109	
E477	WE ARE NO LONGER THE CARRIER FOR MENTAL HEALTH BENEFITS FOR THIS GROUP. PLEASE SEND THIS CLAIM TO: CONNECTICUT GENERAL, P.O. BOX 5132, SOUTHFIELD, MICHIGAN 48086. (E477)	PI	109		PI	109	
E478	CLAIM INCLUDES AN INDICATION OF WORK-RELATED ILLNESS OR INJURY. PLEASE SUBMIT TO THE EMPLOYER'S WORKERS COMPENSATION CARRIER. (E478)	OA	204		PI	19	
E479	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED BY THIS TYPE OF PROVIDER. (E479)	PR	170		PR	170	
E480	THIS CLAIM SHOULD BE SUBMITTED TO THE SUBSCRIBER'S LOCAL DENTAL CARRIER. (E480)	OA	204		PI	109	
E481	THIS SERVICE IS A COMPONENT OF A PRIMARY PROCEDURE. PAYMENT OF THE PRIMARY PROCEDURE INCLUDES REIMBURSEMENT FOR THIS RELATED PROCEDURE. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS RELATED PROCEDURE. (E481)	CO	97		CO	97	N19
E482	THIS SERVICE WAS BILLED PRIOR TO THE EFFECTIVE DATE OF THE PROVIDER TYPE. (E482)	OA	204		CO	B7	
E483	THE SERVICE BILLED BY THIS PROVIDER IS NOT PAYABLE IN THE REPORTED LOCATION. (E483)	OA	204		PR	171	
E486	CLAIM INDICATES AUTO ACCIDENT. PLEASE SUBMIT CLAIM TO AUTOMOBILE INSURANCE COMPANY. (E486)	PR	21		PR	21	
E487	THIS CONTRACT DOES NOT HAVE BLUE CROSS BLUE SHIELD COVERAGE, OR THIS DRUG CLAIM IS PROCESSED BY PCS, INC. OR MEDCO. (E487)	OA	204		PR	109	
E489	WE ARE NO LONGER THE CARRIER FOR OFFICE LABORATORY PROCEDURES. SEND THE CLAIM TO UNIVERSAL STANDARD MANAGED CARE, INC. (E489)	OA	204		PI	109	
E490	THESE SERVICES ARE NOT A CONTRACT BENEFIT FOR A DEPENDENT. (E490)	OA	204		PR	204	N30
E491	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. -E491	PR	204		PR	204	
E492	THIS MEMBER'S COVERAGE FOR PRESCRIPTION DRUGS IS NO LONGER HANDLED BY THIS BCBS CARRIER FOR THIS DATE OF SERVICE. PLEASE BILL THE APPROPRIATE CARRIER. (E492)	OA	204		PI	166	
E493	CLAIM INCLUDES AN INDICATION OF ACCIDENT ILLNESS OR INJURY. PLEASE SUBMIT TO THE AUTOMOBILE INSURER. (E493)	OA	204		PR	21	
E494	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE WHEN PERFORMED BY A PROVIDER OF YOUR SPECIALTY. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (E494)	PI	170		CO	172	
E495	DIAGNOSIS CODE IS NOT PAYABLE FOR SERVICES BILLED. (E495)	PR	167		PR	167	
E496	THIS IS A NON PAYABLE BENEFIT FOR THIS MASCO TECH ENROLLEE UNTIL 12 MONTHS AFTER THEIR HIRE DATE. (E496)	OA	204		PR	179	
E497	THIS SERVICE IS WORKERS COMPENSATION RELATED. E497	OA	204		PI	19	
E498	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED BY THIS PROVIDER SPECIALITY. (E498)	OA	204		PR	172	
E499	THIS SERVICE IS NOT A COVERED BENEFIT WITH BLUE CROSS AND BLUE SHIELD. (E499)	PR	204		PR	204	
E502	CLAIM WAS SUBMITTED BEYOND TIMELY FILING PERIOD. (E502)	OA	204		CO	29	
E503	CLAIM WAS SUBMITTED BEYOND THE TIMELY FILING PERIOD. (E503)	CO	29		CO	29	
E504	LEAVE OF ABSENCE DAYS ARE NOT A COVERED BENEFIT. (E504)	OA	204		PR	204	
E506	THE DATE OF PURCHASE FOR THIS PRESCRIPTION DRUG IS BEYOND THE FILING LIMITATION. (E506)	OA	204		CO	29	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
E507	NON COVERED SERVICE FOR AN OUT OF STATE PPO SUBSCRIBER. YOUR CONTRACT IS NOT WITHIN THIS PLAN. (E507)	OA	204		PI	109	
E513	NON-STANDARD LABORATORY PROCEDURES ARE PAYABLE ONLY WHEN RENDERED BY A PANEL PROVIDER. (E513)	CO	38		PR	38	
E538	FOR THIS PROCEDURE TO BE COVERED, THE DATE OF INJURY MUST BE SHOWN IN FIELD #14 OF THE HCFA 1500 CLAIM FORM. IF THE SERVICES ARE RELATED TO THE FOOT THEY WILL BE PAID ONLY WHEN RELATED TO AN AMPUTATION OR ACCIDENTAL INJURY AND PERFORMED WITHIN A SPECIFIED TIME FRAME AFTER THE DATE OF INJURY. PLEASE INDICATE THE DATE OF INJURY AND RESUBMIT THE CLAIM. (E538)	PI	16	N305	PI	16	N305
E539	THIS FOOT/ANKLE TREATMENT WAS PERFORMED MORE THAN 72 HOURS AFTER THE TIME OF INJURY. (E539)	OA	204		PR	40	N409
E566	THIS PHYSICAL THERAPY AND OCCUPATIONAL THERAPY SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (E566)	OA	204		PR	167	
E567	THIS FACILITY IS NOT APPROVED FOR REPORTED CAT SCAN. (E567)	OA	204		PR	B7	
E576	THIS FACILITY IS NOT APPROVED FOR THE REPORTED LITHOTRIPSY PROCEDURE. (E576)	OA	204		PR	B7	
E577	THIS SERVICE IS NOT A BENEFIT FOR ROUTINE PHYSICAL DIAGNOSIS. (E577)	PR	49		PR	167	
E578	THIS SERVICE IS NOT A COVERED BENEFIT FOR THIS PROVIDER TYPE. (E578)	OA	204		PR	170	
E579	THIS SERVICE IS NOT A COVERED BENEFIT FOR THE PROVIDER'S SPECIALITY. (E579)	OA	204		PR	172	
E580	THE SUBSCRIBER'S CONTRACT DOES NOT COVER THIS SERVICE FOR THE DIAGNOSIS OR PROCEDURE CODE REPORTED WHEN PERFORMED BY A PROVIDER WITH THIS SPECIALTY. THE SUBSCRIBER IS RESPONSIBLE FOR YOUR CHARGE. (E580)	PR	204	M71, M76	PR	172	
E581	AIR AMBULANCE IS NOT A COVERED BENEFIT. (E581)	OA	204		PR	204	
E582	CLAIM SHOULD BE SUBMITTED TO THE BASIC CARRIER FIRST BEFORE MAJOR MEDICAL CAN REVIEW FOR PAYMENT. (E582)	OA	204		PR	109	
E583	THIS SERVICE IS NOT A COVERED BENEFIT. (E583)	OA	204		PR	204	
E586	SELF CARE IS NOT A COVERED BENEFIT. (E586)	OA	204		PR	204	
E587	WELL-BABY CARE IS NOT A COVERED BENEFIT. (E587)	OA	204		PR	204	
E589	PGE 13 - ADMINISTRATIVE SERVICES ARE NOT A BENEFIT.	OA	204		PR	204	
E590	EXPERIMENTAL DRUGS ARE NOT A COVERED BENEFIT. (E590)	OA	204		PR	55	
E591	TAKE-HOME DRUGS ARE NOT A COVERED BENEFIT. (E591)	OA	204		PR	204	
E592	TAKE-HOME SUPPLIES ARE NOT A COVERED BENEFIT. (E592)	OA	204		PR	204	
E596	WHOLE BLOOD IS NOT A COVERED BENEFIT. (E596)	OA	204		PR	204	
E598	WE DON'T PAY FOR THIS CLINIC VISIT BECAUSE IT'S NOT A BENEFIT UNDER YOUR PATIENT'S HEALTH CARE COVERAGE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. -E598	PR	204		PR	204	
E599	FREE-STANDING CLINIC SERVICES ARE NOT A COVERED BENEFIT. (E599)	OA	204		PR	204	N428
E600	THIS E & M CODE WAS REPORTED WITH PROCEDURE CODE 99058 SAME DAY.	OA	204		CO	97	M86
E601	DIVERSIONAL THERAPY IS NOT A COVERED BENEFIT. (E601)	OA	204		PR	204	
E602	BIOFEEDBACK IS NOT A COVERED BENEFIT. (E602)	OA	204		PR	204	
E603	PRIVATE DUTY NURSING IS NOT A COVERED BENEFIT. (E603)	OA	204		PR	204	
E604	CONVENIENCE ITEMS ARE NOT A COVERED BENEFIT. (E604)	OA	204		PR	202	
E605	THIS TYPE OF HOME CARE IS NOT A COVERED BENEFIT. (E605)	OA	204		PR	204	
E606	SERVICES PRIMARILY FOR WEIGHT LOSS BY DIET CONTROL ARE NOT A COVERED BENEFIT. (E606)	PR	204		PR	204	
E607	SERVICES PROVIDED BY A RN/LPN ARE NOT A PAYABLE BENEFIT. (E607)	OA	204		PR	170	
E608	THE DIAGNOSIS REPORTED REPRESENTS ROUTINE SERVICES WHICH ARE NOT A BENEFIT. IF A MORE SPECIFIC DIAGNOSIS IS REPORTED, WE WILL RECONSIDER THE REJECTION. (E608)	PI	16	M76	PR	167	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
E609	NERVOUS/MENTAL ADMISSIONS NOT REQUIRING CONTINUAL MEDICAL SUPERVISION ARE NOT A COVERED BENEFIT. (E609)	OA	204		PR	204	
E610	ANESTHESIA IS NOT A BENEFIT WHEN ADMINISTERED AT THE PLACE OF SERVICE REPORTED. (E610)	OA	204		PR	204	N428
E614	CONSULTATION IS NOT A BENEFIT FOR A D.D.S. WHEN BILLED WITH A DIAGNOSIS RELATING TO TEETH. (E614)	OA	204		PR	170	
E617	A CLINICAL NURSE SPECIALIST IS LIMITED TO PSYCHIATRIC MANAGED CARE PROGRAM AND PROCEDURES. (E617)	OA	204		PR	170	
E619	THIS SERVICE IS NOT A COVERED BENEFIT WHEN RENDERED BY A NON-PAR SKILLED NURSING FACILITY AND THE CLAIM CLASS = 3 (FACILITY). (E619)	OA	204		PR	111	
E621	SERVICES BILLED BY A HALFWAY HOUSE ARE NOT PAYABLE FOR THIS GROUP. (E621)	OA	204		PR	204	N428
E622	SERVICES TO A NON PARTICIPATING SUBSTANCE ABUSE PROVIDER ARE NOT PAYABLE FOR THIS GROUP. (E622)	OA	204		PR	111	
E623	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED TO THIS PROVIDER TYPE AND/OR SPECIALTY. (E623)	PR	170		PR	170	
E624	TECHNICAL SURGICAL ASSISTANCE IS NOT A BENEFIT FOR THE SURGERY REPORTED.	OA	204		PR	54	
E630	NON-THERAPEUTIC TINTS ARE NOT A COVERED BENEFIT. (E630)	OA	204		PR	204	
E635	THE DIAGNOSIS REPORTED FOR THESE SERVICES IS UNSPECIFIED. PLEASE RESUBMIT THE CLAIM WITH A MORE SPECIFIC DIAGNOSIS. (E635)	OA	204		PI	16	M76, M81
E638	CRITICAL CARE IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED; PLEASE REBILL AS INDIVIDUAL MEDICAL SERVICES. (E638)	OA	204		PR	167	
E639	THIS SERVICE IS NOT A COVERED BENEFIT FOR THE DIAGNOSIS REPORTED. (E639)	OA	204		PR	167	
E710	THIS SERVICE IS NOT A BENEFIT WHEN PERFORMED AT THIS PLACE OF SERVICE. (E710)	OA	204		PR	204	N428
E725	THIS MEMBER HAS ONLY VISION COVERAGE UNDER THE SUBSCRIBER'S CONTRACT FOR THIS DATE OF SERVICE. (E725)	OA	204		PR	204	N216
E729	THIS SERVICE IS NOT PAYABLE BECAUSE WE HAVE NOT RECEIVED THE MEDICAL HISTORY WE REQUESTED FROM THE PATIENT. WE CANNOT REPROCESS THIS CLAIM UNTIL WE RECEIVE THE MEDICAL HISTORY WITH INFORMATION ABOUT PRE-EXISTING CONDITIONS. (E729)	PR	17	N102	PR	227	N29
E769	MEDICAL AND DRUG SERVICES ARE NOT COVERED BENEFITS UNDER THIS MEMBER'S CONTRACT. (E769)	PR	204		PR	204	
E770	DATE OF SERVICE SPANS THE EFFECTIVE OR CANCELLATION DATE OF THE 074 QUALIFICATION SEGMENT. PLEASE SPLIT CHARGES ACCORDINGLY AND RESUBMIT THE CLAIM. (E770)	CO	16	M52, M59, N61	PI	200	N61
E790	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (E790)	OA	204		PR	204	
E792	SF SUBMITTED UNDER INCORRECT PREFIX, WHICH CAUSED SF TO BE PRICED AS "TRADITIONAL".	OA	204		PR	31	
E797	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (E797)	OA	204		PR	204	
E818	THIS SERVICE FOR THIS MEMBER IS PART OF THE COORDINATED CARE MANAGEMENT (CCM) PROGRAM.	OA	204		PI	24	
E820	THIS SERVICE IS NOT PAYABLE BECAUSE IT DOES NOT AGREE WITH THE TERMS OF YOUR CONTRACTUAL AGREEMENT WITH THE COORDINATED CARE MANAGEMENT OR CASE MANAGEMENT PROGRAM. (E820)	OA	204		PR	B5	
E839	THE MODIFIER BILLED IS NOT PAYABLE FOR AMBULANCE SERVICES. (E839)	OA	204		PI	4	
E840	OVER-THE-COUNTER DRUGS ARE NOT A COVERED BENEFIT. (E840)	OA	204		PR	204	
E852	ROUTINE NEWBORN CARE IS NOT A COVERED BENEFIT. (E852)	OA	204		PR	204	
E853	THIS ITEM IS NOT A BENEFIT UNDER THE HEARING PROGRAM. (E853)	OA	204		PR	204	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
E854	THE MEDICAL CLEARANCE EXAMINATION IS NOT A BENEFIT UNDER THE HEARING PROGRAM. (E854)	OA	204		PR	204	
E855	SKILLED NURSING - MANUAL REVIEW REQUIRED. REFER TO ONLINE DESK LEVEL.	OA	204		PR	204	
E856	CONSULTATIONS ARE NOT A BENEFIT WHEN PERFORMED AT THE PLACE OF SERVICE REPORTED. (E856)	OA	204		PR	204	N428
E859	TECHNICAL COMPONENT IS NOT A PROFESSIONAL BENEFIT. (E859)	OA	204		PR	204	
E861	THE SERVICE BILLED IS NOT A BENEFIT WITH THE REPORTED DIAGNOSIS. (E861)	OA	204		PR	167	
E866	THIS SERVICE IS NOT PAYABLE AS BILLED. THE PROVIDER CODE SUBMITTED CAN BE USED ONLY IF THE PATIENT IS ENROLLED IN A COORDINATED CARE MANAGEMENT PROGRAM OR CASE MANAGEMENT PROGRAM, AND THE SERVICES ARE PREAUTHORIZED. (E866)	OA	204		PI	125	N257
E884	BENEFIT FILE - LIMIT REF POINTS TO A COLUMN, BUT THAT COLUMN DOES NOT HAVE A VALID PARTICULAR CODE IN IT --EDS HARD CODE.	OA	204		PR	204	
E885	THIS SERVICE WAS BILLED TO BCBS OF MICHIGAN IN ERROR. PLEASE SUBMIT TO THE CORRECT LOCAL PLAN FOR PROCESSING. (E885)	PI	109		PI	109	
E886	THIS PATHOLOGY SERVICE IS NOT A CONTRACT BENEFIT. CHECK THE AUTOMATED TESTING PROCEDURE LIST TO SEE IF IT IS ELIGIBLE UNDER THOSE CODES. (E886)	OA	204		PR	204	
E887	THIS MEDICINE/MEDICAL PROCEDURE IS NOT A COVERED BENEFIT. (E887)	OA	204		PR	204	
E894	THIS SERVICE IS NOT PAYABLE BECAUSE ALL VISION CLAIMS FOR YOUR BCBSM GROUP ARE HANDLED BY VISION SERVICE PLAN. PLEASE SEND THIS CLAIM AND FUTURE CLAIMS FOR THIS PATIENT TO VSP AT P.O. BOX 997105, SACRAMENTO, CA 95899- 7105. IF YOU NEED MORE INFORMATION, CALL (800) 877-7195. (E894)	OA	204		PR	109	
E907	OUT-PATIENTPSYCHIATRIC MEDICAL VISITS ARE NOT A COVERED BENEFIT. (E907)	OA	204		PR	204	
E909	THE REPORTED SERVICE DOES NOT QUALIFY FOR ANESTHESIA, OR THE PRIMARY SERVICE IS NOT A BENEFIT, THEREFORE, ANESTHESIA IS NOT PAYABLE. (E909)	OA	204		PR	B15	
E926	ONLY THE EMPLOYER CAN PAY A PHYSICIAN ASSISTANT FOR THIS SERVICE; THEREFORE, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. (E926)	OA	204		CO	96	M97
E933	THIS SERVICE IS NOT A BENEFIT UNLESS BILLED ON A PROFESSIONAL CLAIM. (E933)	OA	204		PI	125	N34
E993	RESEARCH AND MANUALLY SPLIT THE CLAIM BY CARRIER.	OA	204		PI	22	
E995	THE CARRIER PLAN CODE, PARTICIPATING SERVICING INDICATOR, GROUP TYPE, PAYEE CODE AND CLAIM PROCESS LINE OF BUSINESS ON THE DETAIL LINE DO NOT MATCH THE COMBINATIONS OF THESE ELEMENTS ON THE LINE OF BUSINESS TABLE.	OA	204		PR	204	
F001	THE PROVIDER NUMBER IS NOT ON FILE OR THE PROVIDER NUMBER WAS NOT ENTERED.	OA	204		PI	16	N257
F004	THIS SERVICE WAS BILLED PRIOR TO THE EFFECTIVE DATE OF THE PROVIDER TYPE. (F004)	PI	B7		PR	B7	
F006	SUSPEND; PROVIDER ON REVIEW. THIS CODE WILL SET WHEN AN ACTION REASON CODE OF 10, WITH EFFECTIVE AND END DATES SPANNING THE DATES OF SERVICE ON THE CLAIM, IS ENCOUNTERED ON THE ACTION REASON SEGMENT OF THE PROVIDER FILE.	OA	204		PR	B7	
F008	THIS CLAIM CAN NOT BE PROCESSED. RESUBMIT CLAIM WITH A VALID PROVIDER NUMBER (F008)	OA	204		PI	16	N257
F015	PROVIDER PAR/NON-PAR STATUS ERROR. THE SERVICE DATE ON THIS CLAIMSPAN THE PARTICIPATING/NON-PARTICIPATING STATUS FOR THIS PROVIDER.THIS CLAIM'S LOB IS NOT INCLUDED IN THE PROVIDER'S PLAN BLOCK FOR THE SERVICE DATES ON THE CLAIM (F015).	OA	204		CO	B7	
F017	PROVIDER RECORD PURGE FLAG IS ON. THE PROCESSING DATE OF THE CLAIM FOLLOWS THE EFFECTIVE DATE OF AN INDICATOR DESIGNATING THE PROVIDER IS TO BE PURGED FROM THE PROVIDER FILE.	OA	204		PR	B7	
F018	HEARING PROVIDER IS NON-ACCREDITED - (A/R = 45)	OA	204		PR	B7	
F022	THIS PROCEDURE IS NOT COMPATIBLE WITH THE SEX OF THE PATIENT.	OA	204		PI	7	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
F023	TOOTH VALUES INDICATED ARE THE SAME TOOTH SURFACE; TOOTH SURFACE ('T AND 'O') OR ('B' AND 'F') ARE PRESENT ON THE LINE.	OA	204		PI	16	N75
F024	THE DIAGNOSIS CODE REPORTED IS NOT A VALID CODE. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT CODE. (F024)	PI	16	M76	PI	16	M76
F025	THIS PROCEDURE CODE IS NOT PAYABLE WITH THE TYPE OF SERVICE CODE REPORTED. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT CODES. (F025)	PI	16	M51	PI	16	M20
F027	PAYMENT CANNOT BE APPROVED TO THIS PROVIDER TYPE AND/OR SPECIALTY FOR THIS SERVICE. (F027)	PR	170		PR	170	
F028	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (F028)	PR	204	M76	PR	167	
F030	THIS CODE INDICATES THE PERFORMANCE OF A PROCEDURE THAT IS NOT COMPATIBLE WITH THE SEX OF THE PATIENT.	OA	204		PI	7	
F031	THIS PROCEDURE CODE IS NOT PAYABLE WHEN REPORTED WITH THIS PLACE OF SERVICE. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT INFORMATION. (F031)	PI	5		PI	16	N428
F032	THE CLAIM FOR THIS SERVICE CANNOT BE PROCESSED BECAUSE THE PROCEDURE CODE IS EITHER; INACTIVE ON THE DATE OF SERVICE, MISSING OR INVALID. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT PROCEDURE CODE. (F032)	PI	16	N56	PI	16	M20
F033	NON-PAYABLE PROCEDURE FOUND IN THE AC2 SEGMENT OF THE PROCEDURE FILE WITH AN EFFECTIVE OR CANCELLATION DATE.	OA	204		PI	16	M20
F034	FOR FACILITY CLAIMS, PROCEDURE REQUIRES MEDICAL POLICY REVIEW. FOR PROFESSIONAL CLAIMS, PROCEDURE REQUIRES PPUR REVIEW.	OA	204		PI	16	N29
F035	SERVICE CANNOT BE PERFORMED THIS NUMBER OF TIMES. THIS EDIT IS PERFORMED BY DETAIL AND WILL NOT COMBINE THE TOTAL NUMBER OF SERVICES BILLED FOR A PROCEDURE THAT MAY OCCUR ON MULTIPLE DETAIL LINES.	OA	204		CO	151	
F036	THIS SERVICE CANNOT BE PERFORMED ON A PATIENT OF THIS AGE. (F036)	PR	96	N129	PR	204	N129
F041	SUB XREF INVALID. SUB RECORD CONTAINS TYPE 1 CROSS REFERENCE TO SELF OR SUB HAS TYPE 1 WITH CROSS REFERENCE NUMBERS IN COMMON WITH OTHER SUBSCRIBERS SUCH THAT AN ENDLESS LOOP HAS BEEN CREATED OR MORE THAN TEN TYPE 1 XREF NUMBERS HAVE BEEN READ.	OA	204		PI	16	N197
F042	WE HAVE NO RECORD OF THE IDENTIFICATION NUMBER SUBMITTED FOR THIS SUBSCRIBER. (F042)	OA	204		PR	31	
F047	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE CORRECT IDENTIFICATION NUMBER WAS NOT SUBMITTED. WE HAVE NO RECORD OF THE SUBSCRIBER INFORMATION. (F047)	PR	31	N382	PR	31	
F048	SUBSCRIBER NAME ON THE SUBSCRIBER FILE IS DIFFERENT THAN THE SUBSCRIBER NAME ENTERED ON THE CLAIM.	PR	140		PR	140	
F049	SUBSCRIBER CROSS REFERENCE FOUND. BENEFITS FROM THE X REFERENCE SUB USED TO PROCESS CURRENT CLAIM.	OA	204		PI	22	
F058	PROVIDER ADDRESS FIELDS AND TAX ID MISSING FOR ALL PAYEE CODES AND CLAIM TYPES. EDIT WILL ALSO CHECK RELATIONSHIP BETWEEN PAYEE CODE AND DUMMY PROVIDER FLAG.	OA	204		PI	16	N209, N258
F059	INVALID TYPE OF SERVICE/PROCEDURE CODE COMBINATION SUBMITTED. (F059)	OA	204		PI	16	M20
F074	PROVIDER PAR/NON-PAR STATUS ERROR. THE SERVICE DATE ON THIS CLAIM SPAN THE PARTICIPATING/NON-PARTICIPATING STATUS FOR THIS PROVIDER. THIS CLAIM'S LOB IS NOT INCLUDED IN THE PROVIDER'S PLAN BLOCK FOR THE SERVICE DATES ON THIS CLAIM. (F074)	OA	204		CO	111	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
F078	ON A PROFESSIONAL, MED-PROFESSIONAL OR ADVANCE PAY CLAIM, WITH A PROVIDER TYPE = 07 (OUTPATIENT PSYCH FACILITY), POS = 5 (PSYCH DAY CARE FACILITY) AND TOS = C (PSYCH), IF THE REIMBURSEMENT TYPE IS NOT "H", THE CLAIM WILL SUSPEND. ALSO, IF THE REIMBURSEMENT TYPE = "H" AND THE 'POS' IS NOT "5" THE CLAIM WILL SUSPEND.	OA	204		PR	204	
F080	INVALID PHYSICIAN LICENSE NUMBER. (F080)	PI	16	M143	PI	16	N290
F087	INVALID/MISSING MODIFIER FOR THE REPORTED PROCEDURE CODE. (F087)	OA	204		PI	4	
F088	PROVIDER TAX I.D.ERROR. IF PAYEE CODE = J AND PROVIDER IS ACTIVE, TAX I.D.MUST BE PRESENT.	OA	204		PI	16	N209
F090	PAYMENT FOR THIS SERVICE WAS DENIED EITHER BECAUSE IT WAS PERFORMED AFTER THE TERMINATION DATE OF THE PROVIDER'S LICENSE NUMBER FROM THE COMMON PROVIDER CODE, OR BECAUSE THE PROVIDER'S LICENSE NUMBER WAS NOT INDICATED ON THE CLAIM. (F090)	CO	B7		PI	16	N290
F103	A PROVIDER NAME AND ADDRESS IS REQUIRED WITH A DUMMY PAYEE CODE OF S OR N.THIS CONDITION WILL OCCUR WHEN ALL OR PART OF THE PROVIDER'S NAME AND ADDRESS IS MISSING AND THE CLAIM HAS BEEN FORCED IN FDE.	OA	204		PI	16	N256, N258
F104	FIRST DATE OF SERVICE/CONDITION DATE ERROR. FIRST DATE OF SERVICE MINUS CONDITION DATE IS GREATER THAN SIX MONTHS ON A HEARING CLAIM. (F104)	OA	204		PR	96	N357
F111	THE ORDERING OR REFERRING PHYSICIAN'S LICENSE NUMBER DOES NOT MATCH THE NUMBER IN OUR FILES. (F111)	PI	16	N287	PI	16	N286
F112	THE ORDERING OR REFERRING PHYSICIAN'S LICENSE NUMBER IS MISSING. (F112)	PI	16	N287	PI	16	N286
F113	INVALID/MISSING MODIFIER FOR PROCEDURE CODE REPORTED. (F113)	OA	204		PI	4	
F114	TSA IS NOT PAYABLE IF A RESIDENT IS AVAILABLE. (F114)	OA	204		PR	54	
F115	PLEASE SEND US A NEW CLAIM WITH THE REQUIRED CPT OR HCPCS MODIFIER(S) AS DEFINED IN YOUR REPORTING GUIDELINES. (F115)	PI	4		PI	4	
F116	WHEN MORE THAN ONE SURGICAL PROCEDURE IS REPORTED, SHOW ALL CHARGES WITH THE FIRST ROOM REVENUE CODE AND ZERO CHARGES ON SUBSEQUENT ROOM REVENUE CODES. (F116)	OA	204		PI	125	M50
F117	WE PAID ALL THE REVENUE CODES WITH A VALID HCPCS CODE. UNLESS YOU MEANT TO REPORT A DIFFERENT HCPCS CODE, WE OWE NO FURTHER PAYMENT. (F117)	PI	16	M20	PI	16	M20
F118	IN ORDER TO PROCESS THIS CLAIM AND ASSURE CORRECT REIMBURSEMENT, PLEASE RESUBMIT WITH AN APPROPRIATE SURGICAL HCPCS CODE. (F118)	PI	16	M20	PI	16	M20
F121	THIS PROCEDURE IS NOT PAYABLE BECAUSE THE TOOTH NUMBER, QUADRANT, OR ARCH WAS MISSING OR INVALID. PLEASE RESUBMIT THE CLAIM WITH CORRECT INFORMATION. (F121)	PI	16	N37	PI	16	N37
F124	SUBSCRIBER NUMBER IS SEQUENCED.	OA	204		PR	204	
F131	PLEASE SEND US A NEW CLAIM CORRECTING EITHER THE TOOTH SURFACE OR PROCEDURE CODE. THE SUBSCRIBER ISN'T RESPONSIBLE FOR PAYING YOUR CHARGE UNTIL WE RECEIVE A CLAIM WITH A PROCEDURE CODE AND TOOTH SURFACE THAT'S CORRECT FOR THIS SERVICE. (F131)	PI	16	N81	PI	16	N81
F132	THE PROCEDURE IS NOT PAYABLE FOR THE TOOTH SURFACES REPORTED. PLEASE SUBMIT A NEW CLAIM WITH THE CORRECT TOOTH SURFACES. (F132)	OA	204		PI	16	N81
F133	LEVEL OF THERAPIST NOT REPORTED FOR OUTPATIENT PSYCHIATRIC SERVICES. (F133)	OA	204		PI	4	
F143	SERVICES PERFORMED BY A PHYSICIAN'S ASSISTANT ARE NOT A COVERED BENEFIT. (F143)	OA	204		PR	204	
F148	ROOM & BOARD UNITS OF SERVICE ARE LESS THAN 1. CLAIM CLASS = 3 OR 7	OA	204		PI	16	M53
F171	PROVIDER ON REVIEW FOR MEDICAL BENEFITS.	OA	204		CO	B7	
F176	PROVIDER SUSPEND, LICENSE TEMPORARILY REVOKED.	OA	204		CO	B7	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
F177	THIS CLAIM CANNOT BE PROCESSED BECAUSE OUR FILES SHOW THE PROVIDERAS DECEASED. (F177).	OA	204		PR	B7	
F180	THIS SERVICE WAS PERFORMED PRIOR TO THE EFFECTIVE DATE OR AFTER THE CANCELLATION DATE OF YOUR PROVIDER TYPE. (F180)	CO	B7		CO	B7	
F182	PROVIDER CANCELLED. (F182)	OA	204		CO	B7	
F183	PROVIDER CANCELLED - RETIRED.	OA	204		CO	B7	
F195	PROVIDER CANCELLED - INELIGIBLE PROVIDER. (F195)	OA	204		CO	B7	
F196	PROVIDER SUSPEND - PAY SUB/PROVIDER REQUEST.	OA	204		CO	B7	
F197	PROVIDER SUSPEND - PAY SUB/CORPORATE REQUEST.	OA	204		CO	B7	
F199	INTERIM BILLS ARE NOT ACCEPTABLE ON DRG REIMBURSED CLAIMS. PLEASE SUBMIT ONE BILL FROM ADMISSION TO DISCHARGE. (F199)	OA	204		PI	135	
F203	INVALID PAR STATUS FOR PROCEDURE CODE REPORTED. (F203)	OA	204		CO	111	
F211	PROVIDER PAR/NON-PAR STATUS ERROR. THE SERVICE DATE ON THE CLAIM DO NOT FALL WITHIN THE EFFECTIVE/END DATE SPAN OF THE PAR STATUS.	OA	204		CO	B7	
F213	SURGICAL SERVICE LINES WITHOUT VALID HCPCS CODES WERE NOT PROCESSED FOR PAYMENT. PLEASE RESUBMIT WITH CORRECT HCPCS CODES. (F213)	PI	16	M20	PI	16	M20
F214	SURGICAL SERVICE LINES WITHOUT VALID HCPCS CODES WERE NOT PROCESSED FOR PAYMENT. PLEASE RESUBMIT WITH CORRECT HCPCS CODES. (F214)	OA	204		PI	16	M20
F215	PROC/SURGICAL PROC ERROR. A SURGICAL PROCEDURE CODE IS MISSING AND A PROCEDURE CODE REQUIRING A SURGICAL CODE IS PRESENT.	OA	204		PI	16	M51
F225	THE TOTAL COVERED/NON-COVERED DAYS IN THE HEADER FIELDS AND CLAIM DETAIL LINES MUST EQUAL THE STATEMENT TO AND FROM DATES.	OA	204		PI	16	M59, MA32, MA33
F228	PROVIDER SIGNATURE REQUIRED ON CLAIM (F228)	PI	16	MA81	PI	16	MA81
F232	INVALID GROUP SET. INVALID GROUP SET ON TABLE.	OA	204		PI	16	N197
F233	GROUP SET IN HEADER IS DIFFERENT FROM GROUP SET ON LINE. CLAIM MUST BE SPLIT.	OA	204		PI	16	N197
F235	THIS SUBSCRIBER'S CLAIM SHOULD BE SUBMITTED THROUGH PCS HEALTH SERVICES. (F235)	OA	204		PI	109	
F237	INVALID OR MISSING DEA NUMBER. (F237)	OA	204		PI	16	N290
F244	SERVICING PLAN NOT ACTIVE ON THE SYSTEM FOR DATE OF SERVICE SUBMITTED.	OA	204		PI	16	N197
F258	POSSIBLE OTHER DENTAL COVERAGE	OA	204		PI	22	
F293	PREAUTHORIZATION REQUESTS ARE NOT PROCESSED FOR FEP DENTAL CLAIMS. -F293	OA	204		PI	125	M16
F316	IN ORDER TO PROCESS THIS CLAIM AND ASSURE CORRECT REIMBURSEMENT, PLEASE RESUBMIT WITH THE APPROPRIATE PROCEDURE CODE. (F316)	OA	204		PI	16	M20
F497	THE DAYS SUPPLY REPORTED EXCEEDS THE BENEFIT LIMITATIONS (34 DAY SUPPLY). (F497)	OA	204		PR	119	
F498	THE METRIC QUANTITY REPORTED EXCEEDS THE BENEFIT LIMITATION. (F498)	OA	204		PR	119	
F509	IN ORDER TO PROCESS THIS CLAIM AND ASSURE CORRECT REIMBURSEMENT, PLEASE RESUBMIT WITH AN APPROPRIATE SURGICAL PROCEDURE CODE. (F509)	PI	16	M20	PI	16	M51
F510	THE HCPCS CODE SUBMITTED WAS NOT IN EFFECT ON THE DATE OF SERVICE. PLEASE RESUBMIT WITH CORRECT HCPCS CODES. (F510)	OA	204		PI	16	M20
F511	THIS PROCEDURE IS EXPERIMENTAL AND/OR INVESTIGATIONAL. (F511)	CO	55		PR	55	
F512	THIS SERVICE IS PAYABLE UNDER ANOTHER CODE. (F512)	PI	16	M20	PI	16	M20
F513	CONTRACT EXCLUSION. (F513)	OA	204		PR	204	
F514	THIS SERVICE IS NOT PRESENTLY ACCEPTED FOR THE DIAGNOSIS OR TREATMENT OF DISEASE, INJURY OR PREGNANCY. (F514)	OA	204		PI	16	M20
F515	THE PROCEDURE CODE IS A PHYSICIAN'S SERVICE ONLY. SERVICE SHOULD BE BILLED ON THE 1500 CLAIM FORM. (F515)	OA	204		PI	125	N34
F516	THIS PROCEDURE IS EXPERIMENTAL AND/OR INVESTIGATIONAL. (F516)	CO	55		PR	55	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
F517	THIS CODE IS NOT CLASSIFIED AND NOT PAYABLE. PLEASE RESUBMIT WITH A CORRECT HCPCS CODE. (F517)	OA	204		PI	189	
F518	THIS SERVICE IS NOT PRESENTLY ACCEPTED FOR THE DIAGNOSIS OR TREATMENT OF DISEASE, INJURY OR PREGNANCY. (F518)	OA	204		PR	204	
F520	THE HCPCS CODE SUBMITTED WAS NOT IN EFFECT ON THE DATE OF SERVICE. PLEASE RESUBMIT WITH CORRECT HCPCS CODES. (F520)	OA	204		PI	181	
F529	THIS CLAIM IS FOR A KMART SUBSCRIBER AND SHOULD BE SUBMITTED THROUGH PCS INC. (F529)	OA	204		PI	109	
F534	THE SERVICE REPORTED IS OUTSIDE OF THE PROVIDER'S SCOPE OF LICENSURE AS DICTATED BY THE STATE OF MICHIGAN. (F534)	OA	204		CO	B7	
F535	THIS SERVICE IS NOT COVERED AT THIS LOCATION BECAUSE THIS IS NOT AN APPROVED FACILITY UNDER THE MEMBER'S CONTRACT. (F535)	OA	204		PR	B7	
F538	THIS SERVICE IS NO LONGER ELIGIBLE FOR REIMBURSEMENT WHEN REPORTED ON A FACILITY CLAIM FORM. IT SHOULD BE BILLED ON A PROFESSIONAL CLAIM FORM. (F538)	OA	204		PI	125	N34
F548	INVALID REVENUE CODE AND HCPCS CODE BILLED. THIS SERVICE IS NON-COVERED. (F548)	OA	204		PI	16	M20, M50
F574	THIS SERVICE WAS RENDERED PRIOR TO THE EFFECTIVE DATE OR AFTER THE CANCELLATION DATE OF THE PROVIDER PERFORMING THIS SERVICE. (F574)	OA	204		CO	B7	
F581	A LETTER HAS BEEN SENT TO THE PROVIDER REQUESTING THEIR CORRECT NAME AND TAX IDENTIFICATION NUMBER.	OA	204		PI	16	M118, N209, N256,
F582	THE TAX IDENTIFICATION NUMBER AND/OR NAME SUBMITTED ON THE CLAIM OR WE HAVE ON FILE HAS BEEN IDENTIFIED BY THE INTERNAL REVENUE SERVICE AS INCORRECT. PLEASE CORRECT THIS SITUATION PURSUANT TO THE PROCEDURES SET FORTH IN THE B NOTICE PREVIOUSLY SENT. ONCE	OA	204		PI	16	MA113
F583	A LETTER HAS BEEN SENT TO THE PROVIDER REQUESTING THEIR CORRECT NAME AND TAX IDENTIFICATION NUMBER.	OA	204		PI	16	M118, N209, N256,
F584	THE INTERNAL REVENUE SERVICE HAS ADVISED THAT YOUR TAX IDENTIFICATION NUMBER (TIN) AND/OR PROVIDER NAME SHOWN ON YOUR CLAIM, ARE INCORRECT. THE IRS REQUIRES THAT YOU SUBMIT A SIGNED W-9 IRS FORM TO BLUE CROSS BLUE SHIELD OF MICHIGAN, VERIFYING YOUR CORRECT TIN AND NAME. PLEASE DELAY SUBMITTING CLAIMS UNTIL WE HAVE UPDATED OUR FILES, BASED ON YOUR W-9 FORM. WE WILL NOTIFY YOU BY LETTER WHEN CLAIM SUBMISSIONS CAN RESUME. PLEASE SEND YOUR W-9 FORM TO THIS ADDRESS: BCBSM, PROVIDER REGISTRATION, B443, 600 E. LAFAYETTE BLVD., DETROIT, MI 48226, ATTENTION: NP693 OR F584 (F584)	PI	16	MA113	PI	16	MA113
F586	WE CANNOT APPROVE PAYMENT FOR THIS RADIOLOGY SERVICE BECAUSE YOUR SITE IS NOT APPROVED BY OUR RADIOLOGY MANAGED CARE PROGRAM TO PROVIDE IT FOR BLUE PREFERRED AND BLUE PREFERRED PLUS PPO MEMBERS. THE SUBSCRIBER IS NOT RESPONSIBLE FOR THESE CHARGES. (F586)	OA	204		CO	38	
F587	THE PROVIDER'S IDENTIFICATION NUMBER ON THE CLAIM IS CANCELLED/INACTIVE - THE PROVIDER IS TO BILL WITH ACTIVE/NEW PROVIDER IDENTIFICATION NUMBER. (F587)	OA	204		PI	16	N257
F588	WE CANNOT APPROVE PAYMENT FOR THIS SERVICE BECAUSE YOUR SPECIALTY IS NOT APPROVED BY OUR RADIOLOGY MANAGED CARE PROGRAM TO PROVIDE IT FOR BLUE PREFERRED OR BLUE PREFERRED PLUS PPO MEMBERS. THE SUBSCRIBER IS NOT RESPONSIBLE FOR THESE CHARGES." (F588)	CO	172		PR	172	
F715	CONCURREN COVERAGE. SAME SUPERSET/GROUP ON MULTIPLE EXTENTS. SEE DESK LEVEL.	OA	204		PI	16	N197

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
F719	DIAGNOSIS CODE IS MISSING. PLEASE RESUBMIT SERVICE WITH A VALID DIAGNOSIS CODE. DO NOT BILL CHARGES FOR THIS SERVICE TO THE ENROLEE UNTIL CLAIM HAS BEEN RESUBMITTED AND REVIEWED WITH A VALID DIAGNOSIS. (F719)	PI	16	M76	PI	16	M76
F734	F734 - DIAGNOSIS CODE SUBMITTED IS NOT A VALID CODE. PLEASE RESUBMIT THE CLAIM WITH A VALID DIAGNOSIS CODE, AND DO NOT BILL CHARGES FOR THIS SERVICE TO THE PATIENT UNTIL A CLAIM HAS BEEN RESUBMITTED AND REVIEWED. (F734)	OA	204		PI	146	
F736	THE MODIFIER IS NOT VALID OR MISSING. PLEASE RESUBMIT THE CLAIM WITH A VALID MODIFIER, AND DO NOT BILL CHARGES FOR THIS SERVICE TO THE PATIENT UNTIL ANOTHER CLAIM HAS BEEN RESUBMITTED AND REVIEWED. (F736)	PI	4		PI	4	
F737	THE DIAGNOSIS CODE SUBMITTED HAS AN EFFECTIVE DATE AFTER THE DATE OF SERVICE ON THE CLAIM. PLEASE RESUBMIT THE CLAIM WITH A VALID DIAGNOSIS CODE, AND DO NOT BILL CHARGES FOR THIS SERVICE TO THE PATIENT UNTIL A CLAIM HAS BEEN RESUBMITTED AND REVIEWED. (F737)	OA	204		PI	146	
F738	THE DIAGNOSIS CODE SUBMITTED HAS A CANCEL DATE PRIOR TO THE DATE OF SERVICE ON THE CLAIM. PLEASE RESUBMIT THE CLAIM WITH A VALID DIAGNOSIS CODE, AND DO NOT BILL CHARGES FOR THIS SERVICE TO THE PATIENT UNTIL A CLAIM HAS BEEN RESUBMITTED AND REVIEWED. (F738)	PI	146		PI	146	
F748	WE HAVE ASKED THE MEMBER FOR MEDICARE INFORMATION. PLEASE RE-BILL IN 30 DAYS. (F748)	OA	204		PI	16	N179
F749	OUR RECORDS SHOW THAT MEDICARE IS PRIMARY. PLEASE SUBMIT CLAIM TO MEDICARE. (F749)	PI	109		PI	109	
F750	OUR RECORDS SHOW MEDICARE IS SECONDARY FOR REASONS OTHER THAN WORKING AGE, DISABILITY OR ESRD.	OA	204		PI	16	N197
F779	CLAIM REJECTED BECAUSE OF INSUFFICIENT MEDICARE INFORMATION. CHARGES ARE ELIGIBLE FOR PROCESSING VIA CROSSOVER ARRANGEMENTS FOR MEDICARE CLAIM.	OA	204		PI	16	MA04
F806	PLEASE SEND US A NEW CLAIM BEFORE YOU BILL THE SUBSCRIBER. WE CAN'T DETERMINE PAYMENT UNTIL YOU REPORT THE APPROPRIATE CONDITION CODE FOR YOUR PRIMARY ESRD SERVICE.(F806)	OA	204		PI	16	M44
F807	PLEASE SEND US A NEW CLAIM BEFORE YOU BILL THE SUBSCRIBER. WE CAN'T DETERMINE PAYMENT UNTIL YOU REPORT THE PRIMARY ESRD REVENUE CODE FOR THIS AUXILIARY SERVICE.(F807)	OA	204		PI	107	M50
F808	BECAUSE YOU'RE TREATING AN ESRD PATIENT AND THIS ISN'T AN ESRD REVENUE CODE. NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER.(F808)	OA	204		PI	16	M50
F809	PLEASE SEND US A NEW CLAIM BEFORE YOU BILL THE SUBSCRIBER. WE CAN'T DETERMINE PAYMENT UNTIL THE UNITS FOR EACHPRIMARY ESRD CODE IS NO MORE THAN THE NUMBER OF DAYS BILLED.(F809)	OA	204		PI	16	M53
F821	PLEASE SEND US NEW CLAIMS WITH THE CHARGES FOR WELL-BABY NEWBORN SERVICES SEPARATED FROM SERVICES FOR THE MOTHER. AS OF JANUARY 1,2007, YOU MUST REPORT EACH PATIENT'S CARE ON A SEPARATE CLAIM.(F821)	OA	204		PI	16	N15
F823	PLEASE SUBMIT THIS CLAIM ELECTRONICALLY. IF YOU DON'T HAVE AN ELECTRONIC BILLING OPTION, PLEASE CALL US AT 800- 542-0945, PROMPT 5.	PI	16	M117	PI	125	M117
F830	BECAUSE THESE MODIFIERS DEFINE DIFFERENT AREAS OF THE BODY, THEY CAN'T BE REPORTED TOGETHER. UNTIL WE RECEIVE A NEW CLAIM WITH EACH AREA LISTED AS A SEPARATE SERVICE, NO PAYMENT IS DUE FROM US OR THE SUBSRIBER. (F830)	PI	16	N63	PI	4	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
F838	WE PAID EACH REVENUE AND HCPCS COMBINATION ONLY ONCE. UNLESS YOU MEANT TO REPORT A DIFFERENT HCPCS CODE OR MORE UNITS THAN THE PAID LINE, WE OWE NO FURTHER PAYMENT. (F838)	CO	18		PI	16	M20, M50
F839	WE CAN'T DECIDE PAYMENT UNTIL WE GET TWO NEW CLAIMS WITH THE THERAPY SERVICES PERFORMED BEFORE MARCH 1, 2008, SPLIT FROM THOSE PERFORMED AFTER THAT DATE. PLEASE SEND US TWO CLAIMS BEFORE BILLING THE SUBSCRIBER. (F839)	PI	16	M52, M59, N61	PI	16	N61
F840	WE CAN'T DECIDE PAYMENT UNTIL WE GET A NEW CLAIM WITH THE NUMBER OF COVERED DAYS. PLEASE SEND A COMPLETE CLAIM BEFORE BILLING THE SUBSCRIBER. (F840)	PI	16	M53	PI	16	MA32
F841	WE CAN'T DECIDE PAYMENT UNTIL WE GET A NEW CLAIM WITH ALL THE CORRECT PAIRINGS FOR EACH REVENUE TYPE, AND AT LEAST ONE UNIT WITH NO CHARGE FOR REVENUE CODES 0420, 0430, AND 0440. PLEASE SEND A COMPLETE CLAIM BEFORE BILLING THE SUBSCRIBER. (F841)	PI	16	M50, M53	PI	16	M20, M50, M53
F847	WE CAN'T DECIDE PAYMENT UNTIL WE GET A CLAIM WITH THE ESTIMATED AMOUNT YOU WANT US TO PAY AS SECONDARY OR TERTIARY PAYER. PLEASE SEND A CORRECTED CLAIM BEFORE BILLING THE SUBSCRIBER. (F847)	PI	16	M49	PI	16	M49
F848	WE CAN'T DECIDE PAYMENT UNTIL WE GET A CLAIM WITH THE ESTIMATED AMOUNT DUE AS SECONDARY OR TERTIARY PAYER COMBINED WITH OTHER PAYMENTS TO EQUAL THE CHARGE OR THE AMOUNT APPROVED BY THE PRIMARY INSURER. PLEASE SEND A CORRECTED CLAIM BEFORE BILLING THE SUBSCRIBER. (F848)	PI	16	M49	PI	16	M49, MA04
F849	THE OCCURRENCE CODE AND THE ESTIMATED AMOUNT DUE FROM US AS THE SECONDARY OR TERTIARY PAYER, AND PRIOR INSURER COST SHARE INFORMATION ARE CONFLICTING. IT INDICATES THAT THE PRIMARY CLAIM MAY HAVE BEEN DENIED. PLEASE SEND A CORRECTED CLAIM BEFORE BILLING THE SUBSCRIBER. (F849)	PI	16	M45, M49	PI	16	M45, M49, MA04
F850	MEDICAID ISN'T DUE A REFUND FOR THIS SERVICE BECAUSE WE MADE NO PAYMENT FOR IT. THIS IS A DOMESTIC CLAIM, WHICH MEANS THE FACILITY THAT EMPLOYEES OUR SUBSCRIBER HAS PERFORMED THE SERVICE.	PI	139		PI	139	
F869	WE CAN'T DECIDE PAYMENT UNTIL WE KNOW MORE ABOUT THIS SERVICE. WE ASKED THE PROVIDER TO SEND US THE INFORMATION WE NEED. WHEN WE'RE ABLE TO COMPLETE OUR REVIEW, WE'LL SEND YOU A NEW EXPLANATION OF BENEFIT PAYMENTS. UNTIL THEN, YOU OWE NO PAYMENT. -F869	PI	16	M53	PI	16	N29
I130	PAYMENT FOR THESE SERVICES IS INCLUDED IN THE GLOBAL TRANSPLANT FEE PAID TO THE FACILITY.	CO	97		CO	59	
L001	THE IDENTIFICATION NUMBER (CONTRACT NUMBER) ON THE CLAIM DOES NOT REFLECT FEDERAL EMPLOYEE PROGRAM COVERAGE. (L001)	PR	31	N382	PR	31	
L005	THE PATIENT IS NOT LISTED AS A MEMBER ON THE SUBSCRIBER'S CONTRACT. (L005)	OA	204		PR	31	
L008	THE SUBSCRIBER'S CONTRACT WAS CANCELLED PRIOR TO THE DATE OF SERVICE. (L008)	OA	204		PR	27	
L009	THE SUBSCRIBER'S CONTRACT WAS CANCELLED PRIOR TO THE DATE OF SERVICE. (L009)	OA	204		PR	27	
L010	THE SUBSCRIBER'S CONTRACT WAS CANCELLED PRIOR TO THE DATE OF SERVICE. (L010)	OA	204		PR	27	
L011	THE SUBSCRIBER'S CONTRACT WAS CANCELLED PRIOR TO THE DATE OF SERVICE. (L011)	OA	204		PR	27	
L012	THE SUBSCRIBER'S CONTRACT WAS CANCELLED PRIOR TO THE DATE OF SERVICE. (L012)	OA	204		PR	27	
L013	ACCORDING TO OUR RECORDS, THE PATIENT'S ENROLLMENT UNDER THIS BLUE CROSS BLUE SHIELD CONTRACT NUMBER HAS BEEN TERMINATED. THEREFORE, WE CANNOT PAY BENEFITS. IF THE MEMBER IS STILL ENROLLED IN BLUE CROSS BLUE SHIELD, PLEASE RESUBMIT THE CLAIM USING THE CURRENT CONTRACT NUMBER. (L013)	OA	204		PR	27	
L023	CHARGES INCURRED BETWEEN JANUARY 1 AND THE EFFECTIVE DATE OF THE OPEN SEASON OPTION CHANGE OR CHANGE OF CARRIER-OUT	OA	204		PR	26	
L040	THE SERVICE SUBMITTED IS NOT A BENEFIT OF THE SUBSCRIBER'S CONTRACT. (L040)	OA	204		PR	204	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
L044	WE CANNOT PAY BENEFITS FOR CHARGES INCURRED BEFORE THE MEMBERS' EFFECTIVE DATE FOR THE BLUE CROSS BLUE SHIELD CONTRACT NUMBER SHOWN ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN. (L044)	OA	204		PR	26	
L047	OUR RECORDS SHOW THAT THIS PATIENT HAS ANOTHER HEALTH CARE PLAN. BEFORE WE CAN PROCESS THIS CLAIM, PLEASE SUBMIT AN EXPLANATION OF BENEFITS FORM FROM THE OTHER HEALTH CARE PLAN FOR THESE SERVICES. IF THIS PATIENT NO LONGER HAS ANOTHER HEALTH CARE PLAN,	PI	22	N4	PI	16	N4
L052	MEDICARE PART B ON FILE - MEDICARE PAYMENT DISPOSITION N ON INPUT FOR INPATIENT FACILITY CLAIM	OA	204		PI	16	N197
L060	SPECULATIVE COB/MEDICARE BEING INVESTIGATED - NO BENEFITS AVAILABLE UNTIL INVESTIGATION COMPLETED	OA	204		PI	16	N197
L068	DISCREPANCY BETWEEN INPUT DATA AND MEMBER RECORD	OA	204		PI	16	N197
L069	MULTIPLE MEMBERS ON FILE MATCH INPUT	OA	204		PI	16	N197
L071	THESE CHARGES WERE INCURRED BY THE SUBSCRIBER'S SPOUSE AFTER THE DATE OF DIVORCE. FOR THIS REASON, NO BENEFITS ARE AVAILABLE. (L071)	OA	204		PR	27	
L073	BENEFITS ARE NOT PROVIDED FOR THIS DATE OF SERVICE BECAUSE THE SUBSCRIBER'S SF2809 ENROLLMENT CHANGE FORM WAS NOT RECEIVED FROM HIS PAYROLL OFFICE. (L073)	OA	204		PR	26	
L083	THIS MEMBER'S COVERAGE ENDED BEFORE OR DURING THE SERVICES REPORTED ON THIS CLAIM. (L078)	OA	204		PR	27	
L094	NO ELIGIBILITY FOR THIS MEMBER	OA	204		PI	31	
L119	ELECTRONIC TRANSMISSION CLAIM INDICATOR CODE (EMC)	OA	204		PI	125	N34
L132	PERFORMING PROVIDER ID TYPE	OA	204		PI	16	N290
L161	COB INVESTIGATION CODE/MEDICARE PAYMENT DISPOSITION/DISPOSITION CODE NOT COMPATIBLE WITH PROCESS CODE	OA	204		PI	22	
L164	PRINCIPLE DIAGNOSIS CODE/DIAGNOSIS CODE 1 NOT COMPATIBLE WITH GENDER CODE/PATIENT AGE	OA	204		PI	10	
L190	THIS SERVICE/ADMISSION IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (L190)	OA	204		PR	167	
L204	DISPOSITION CODE NOT COMPATIBLE WITH EOB REMARK CODE	OA	204		PI	16	N4
L215	BUNDLED CHARGE LINE NUMBER/PRICING LINE NUMBER NOT COMPATIBLE WITH MEDICARE PAYMENT DISPOSITION	OA	204		PI	16	N4
L227	THE SERVICE SUBMITTED IS NOT A BENEFIT OF THE SUBSCRIBER'S CONTRACT. (L227)	OA	204		PR	204	
L228	WE PROVIDE BENEFITS FOR THE DENTAL SERVICES SPECIFICALLY DESCRIBED OR REFERENCED IN THE SUBSCRIBER'S BLUE CROSS BLUE SHEILD BENEFIT PLAN BROCHURE. THE DENTAL CARE RECEIVED IS NOT LISTED AS A COVERED SERVICE. THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES. (L228)	PR	204		PR	204	
L232	HEARING EXAMS ARE NOT COVERED UNLESS RELATED TO ILLNESS OR INJURY.	OA	204		PR	204	
L233	ABORTION IS ONLY COVERED WHEN THE LIFE OF THE MOTHER IS ENDANGERED OR IN CASES OR RAPE OR INCEST.	OA	204		PR	204	
L237	AMBULANCE SERVICE MUST BE RELATED TO COVERED HOSPITAL INPATIENT CARE, RECEIVED DURING COVERED HOME HEALTH CARE, OR RECEIVED WITHIN 72 HOURS. (L237)	OA	204		PR	B15	
L244	BENEFITS ARE NOT PROVIDED FOR MARITAL, FAMILY, EDUCATIONAL OR OTHER COUNSELING OR TRAINING SERVICES AS EXPLAINED IN YOUR BLUE CROSS AND BLUE SHIELD SERVICE BENEFIT PLAN BROCHURE. THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES. (L244)	OA	204		PR	204	
L277	SERVICE IS OUTSIDE THE PROVIDER'S SCOPE OF LICENSURE. MEMBER NOT LIABLE. (L277)	OA	204		CO	B7	
L608	PRIOR APPROVAL TYPE NOT COMPATIBLE WITH TYPE OF BILL/PLACE OF SERVICE	OA	204		PI	16	N54

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
L800	PERFORMING PROVIDER SPECIALTY CODE NOT COMPATIBLE WITH PLAN CODE/SERVICE BEGIN DATE	OA	204		PI	16	N290
M007	MAXIMUM DAYS EXCEEDED. (M007)	PR	119	N362	PR	119	
M008	MAX DAYS EXCEEDED. SPLIT LINE TO SEPARATE EXCESSIVE DAYS.	OA	204		PR	119	
M011	THE CHARGE HAS EXCEEDED THE MAXIMUM DOLLAR AMOUNT ALLOWED FOR THIS SERVICE DURING THIS BENEFIT PERIOD. (M011)	PR	119		PR	119	
M012	HOST PLAN SUBMITTED A ZERO (\$0.00) APPROVED AMOUNT FOR THIS SERVICE. THEREFORE, SERVICE IS NOT PAYABLE UNDER THE BLUE CARD OUT-OF-AREA PROGRAM.	OA	204		CO	97	
M013	MAXIMUM DAYS EXCEEDED FOR THIS BENEFIT PERIOD. (M013)	OA	204		PR	119	
M015	THE MAXIMUM UNITS OF SERVICE FOR THIS PROCEDURE HAVE BEEN EXCEEDED. (M015)	OA	204		PR	119	
M016	THE ALLOWED AMOUNT ON THIS CLAIM'S PAYABLE LINE IS UNDETERMINED, OR IF THIS IS A MAJOR MEDICAL LINE, THE BASIC COVERAGE LINE HAS PAID ALL THAT IS ALLOWED FOR THIS BENEFIT. (M016)	OA	204		CO	119	
M018	THE MAXIMUM DOLLAR AMOUNT ALLOWED FOR THIS COVERED BENEFIT HAS BEEN PAID. (M018)	OA	204		PR	119	
M020	DOLLAR MAXIMUM HAS BEEN REACHED. (M020)	PR	119		PR	119	
M065	THE MAXIMUM DOLLAR AMOUNT HAS BEEN MET FOR THIS BENEFIT. (M065)	OA	204		PR	119	
M097	PAYMENT IS LESS THAN OR EQUAL TO THE ORIGINAL PAYMENT FOR AN AUTOMATIC BALANCE DUE ADJUSTMENT. (MSG)	OA	204		PI	193	
M106	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (M106)	OA	204		PR	204	
M113	DOLLAR MAX HAS BEEN REACHED - RESTORE BENEFITS. (UMX/REI)	OA	204		PR	119	
M118	DATE OVERLAP WITH MXP BDS.	OA	204		PR	204	
M127	MAXIMUM UNITS OF SERVICE MET. (M127)	PR	119		PR	119	
M141	CUTBACK APPLIED; THE MAXIMUM DOLLAR AMOUNT HAS BEEN PAID FOR THIS PROCEDURE. (M141)	OA	204		PR	119	
M149	THIS SERVICE LINE WAS REJECTED BECAUSE IT WAS ASSOCIATED WITH A PRIMARY SERVICE THAT WAS REJECTED.	OA	204		PR	B15	
M179	THIS CONDITION CODE WILL SET ON SECONDARY BALANCE CLAIMS THAT HAVE BEEN AUTOMATICALLY CREATED. THE CLAIM WILL SUSPEND FOR ONE CYCLE. THE CLAIM WILL AUTOMATICALLY REPROCESS IN THE NEXT CYCLE. (M179)	OA	204		OA	23	
M184	HOST PLAN HAS DETERMINED THAT THIS PROVIDER IS NOT ELIGIBLE FOR REIMBURSEMENT.	OA	204		CO	B7	
M196	THIS CODE SETS WHEN A BLUECARD CLAIM MUST WRAP TO REPROCESS THROUGH THE SYSTEM. THE CLAIM SHOULD NOT BE WORKED MANUALLY.	OA	204		OA	23	
M198	THIS CONDITION CODE WILL SET ON SOME COB CLAIMS THAT ARE FLIPPED TO THE PRIMARY CONTRACT NUMBER.	OA	204		OA	23	
M204	THE MAXIMUM BENEFIT HAS BEEN EXCEEDED. (M204)	PR	119		PR	119	
M205	MAXIMUM NUMBER OF ADMISSIONS HAS BEEN MET. (M205)	OA	204		PR	35	
M210	CONSULTATIONS ARE NOT A COVERED BENEFIT WHEN BILLED WITH ANESTHESIA BY THE SAME PROVIDER DURING THE SAME HOSPITAL STAY. (M210)	OA	204		CO	96	N20
M213	DAYS CROSSOVER NERVOUS AND MENTAL DAYS.	OA	204		PR	119	
M214	SERVICES OF THIS TYPE ARE PAYABLE ONLY ONCE IN A 12 MONTH PERIOD. (M214)	OA	204		PR	119	M90
M217	VISITS CROSSOVER MAXIMUM NUMBER OF HOME HEALTH CARE VISITS.	OA	204		PR	119	
M219	COMPLETE PRE AND/OR POST NATAL CARE REPORTED MORE THAN ONCE PER PREGNANCY BY THE SAME OR DIFFERENT PROVIDER. (M219)	OA	204		CO	96	M86

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M223	PAYMENT FOR THIS ANESTHESIA SERVICE HAS BEEN REDUCED DUE TO A PREVIOUS BENEFIT ALLOWED FOR A CONSULTATION. (M223)	OA	204		CO	59	
M224	PAYMENT OF THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE BY THE SAME PROVIDER HAS BEEN PAID FOR THE SAME DATE. (M224)	OA	204		CO	97	N20
M226	SURGERY BILLED WITH TSA FOR THE SAME PROCEDURE, SAME PROVIDER, SAME DATE. (M226)	OA	204		CO	59	
M228	BENEFITS FOR ANESTHESIA WERE INCLUDED IN PAYMENT FOR ELECTROSHOCK THERAPY PROVIDED ON THE SAME DAY. (M228)	OA	204		CO	97	
M229	WE ARE NO LONGER THE CARRIER FOR YOUR MENTAL HEALTH BENEFIT. PLEASE SEND THIS CLAIM TO CONNECTICUT GENERAL, P.O. BOX 5132, SOUTHFIELD, MICHIGAN, 48086 FOR CONSIDERATION. (M229)	PI	109		PI	109	
M230	COMBINATION OF SURGERIES BILLED ARE NOT ON FILE; MANUALLY REVIEW SURGERY COMBINATION FOR POSSIBLE PAYMENT.	OA	204		CO	59	
M231	MEDICAL CARE PSYCH BY RELATED PROVIDER SPECIALITY DURING THE SAME ELAPSED TIME IS NOT A COVERED BENEFIT. (M231)	OA	204		CO	96	M86
M233	PAYMENT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT FOR MAJOR SURGERY PERFORMED ON THE SAME DATE OR DURING THE SAME ADMISSION BY THE SAME PROVIDER. (M233)	OA	204		CO	59	
M236	PAYMENT OF THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE BY THE SAME PROVIDER HAS BEEN PAID. (M236)	OA	204		CO	97	
M239	THIS SERVICE IS NOT A BENEFIT BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID. (M239)	OA	204		CO	B13	M86
M240	CONCURRENT MEDICAL/SURGICAL - ONLY THE GREATER SERVICE IS A COVERED BENEFIT. (M240)	OA	204		CO	59	
M241	THIS SERVICE IS NOT A MAJOR MEDICAL BENEFIT. (M241)	OA	204		PR	204	N7
M242	WHEN ROOM AND BOARD IS REJECTED, THE ANCILLARY SERVICES ARE NOT PAYABLE. (M242)	OA	204		CO	B15	
M247	THIS SPEECH OR OCCUPATIONAL THERAPY SERVICE IS A COVERED BENEFIT ONLY WHEN BILLED WITH PHYSICAL THERAPY THE SAME DATE OF SERVICE. (M247)	OA	204		CO	B15	N390
M250	THIS SERVICE IS ONLY COVERED BY MAJOR MEDICAL WHEN BASIC DAYS/MAXIMUMS ARE EXHAUSTED. (M250)	PR	204	N130	PR	204	N7
M255	THIS CONDITION HAS NOT BEEN APPROVED FOR THIS SKILLED NURSING FACILITY BECAUSE A PREVIOUS HOSPITAL STAY HAS NOT BEEN SATISFIED. (M255)	OA	204		CO	A6	
M257	THE MAXIMUM BENEFIT HAS BEEN ALLOWED. RELATED SERVICES HAVE BEEN PERFORMED BY THE SAME PROVIDER DURING THE SAME BENEFIT PERIOD. (M257)	OA	204		PR	119	M86
M258	THE PAYMENT FOR TSA WAS INCLUDED IN THE PAYMENT FOR THE SURGICAL PROCEDURE RENDERED ON THE SAME DAY. (M258)	OA	204		CO	97	
M261	DUPLICATE ANESTHESIA SERVICE BILLED FOR THE SAME DATE - ONLY ONE IS A COVERED BENEFIT. (M261)	OA	204		PI	18	N20
M262	DUPLICATE CHEMOTHERAPY BILLED FOR THE SAME DATE - ONLY ONE IS A COVERED BENEFIT. (M262)	OA	204		PI	18	N20
M263	DUPLICATE TSA BILLED FOR THE SAME DATE - ONLY ONE IS A COVERED BENEFIT. (M263)	OA	204		PI	18	N20
M265	MULTIPLE ANESTHESIA BILLED. SUSPEND FOR MANUAL REVIEW TO PAY ONLY THE SERVICE WITH THE LARGER NUMBER OF BASE UNITS.	OA	204		CO	59	
M266	OUR RECORDS SHOW THAT THE SAME SERVICE OR A RELATED SERVICE WAS PAID IN THE PREVIOUS 35 MONTHS. (M266)	OA	204		PR	B13	M86
M267	THE MAXIMUM BENEFIT HAS BEEN ALLOWED. A RELATED SERVICE BY THE SAME PROVIDER WAS PERFORMED DURING THE SAME BENEFIT PERIOD. (M267)	OA	204		CO	119	M86
M268	ANESTHESIA AND SURGERY WERE BILLED ON THE SAME DATE. THE PAYMENT FOR THIS PROCEDURE WAS INCLUDED IN THE PAYMENT FOR THE RELATED SERVICE. (M268)	CO	59		CO	59	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M269	REVIEW FOR POSSIBLE BENEFITS.	OA	204		PR	204	
M271	THIS SERVICE IS NOT COVERED WHEN BILLED AS A SEPARATE BENEFIT. (M271)	OA	204		PI	107	N390
M272	THE PATIENT'S CONTRACT PROVIDES FOR FRAMES, LENSES OR EXAMS ONLY ONCE EVERY 24 MONTHS. (M272)	OA	204		PR	119	
M275	A REFERRAL IS ONLY COVERED WHEN PERFORMED WITHIN 60 DAYS OF THE INITIAL EXAM. (M275)	OA	204		PR	96	N357
M277	THE MAXIMUM DOLLAR AMOUNT HAS BEEN MET FOR P & O PROCEDURE/MEDICAL SUPPLIES. (M277)	OA	204		PR	119	
M279	PHYSICAL THERAPY EVALUATIONS, OCCUPATIONAL THERAPY EVALUATIONS AND/OR SPEECH THERAPY EVALUATIONS ARE NOT PAYABLE WHEN PERFORMED MORE THAN ONCE PER CALENDAR YEAR PER DIAGNOSIS. (M279)	OA	204		PR	119	
M280	OFFICE/OUTPATIENT VISITS NOT COVERED IF NOT RENDERED OR REFERRED BY A NETWORK PROVIDER. (M280)	PR	38		PR	38	
M283	IMMUNIZATIONS ARE NOT A COVERED BENEFIT WHEN PERFORMED BY A NON-PANEL/NETWORK PROVIDER. (M283)	PR	38		PR	38	
M284	PAYMENT HAS BEEN REDUCED BECAUSE THE MAXIMUM AMOUNT FOR THIS BENEFIT HAS BEEN MET. (M284)	OA	204		PR	119	
M285	PROCTOSCOPY IS A COVERED BENEFIT ONLY ONCE IN A 36 MONTH PERIOD. (M285)	OA	204		PR	119	
M286	NO ADDITIONAL BENEFITS ARE ALLOWED UNDER YOUR MAJOR MEDICAL CONTRACT. (M286)	PR	B5	N7	PR	119	N7
M289	PAP SMEARS ARE NOT A COVERED BENEFIT WHEN PERFORMED MORE THAN ONCE IN A CALENDAR YEAR FOR THE REPORTED DIAGNOSIS. (M289)	OA	204		PR	119	
M293	PAYMENT HAS BEEN REDUCED BECAUSE COMPLETE PRENATAL VISITS ARE NOT A COVERED BENEFIT AFTER THE SURGICAL DATE. (M293)	OA	204		PR	119	
M294	ONLY ONE ULTRASOUND PROCEDURE IS NORMALLY COVERED PER PREGNANCY. (M294)	PR	119		PR	119	
M296	SHOES AND INSERTS ARE NOT A COVERED BENEFIT. (M296)	OA	204		PR	204	
M298	DME REPORTED REQUIRES ADDITIONAL INFORMATION FOR PROCESSING. (M298)	OA	204		PI	16	N455, N463
M299	RECERTIFICATION OR ORIGINAL CERTIFICATION IS NOT ON FILE FOR THIS PROCEDURE. (M299)	OA	204		CO	197	
M301	OUR POLICY ALLOWS PAYMENT FOR THIS SERVICE ONLY WHEN REPORTED WITH A PAID PRIMARY SERVICE. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT, NOR DOES THE SUBSCRIBER. -M301	CO	B15		CO	107	
M304	THE SUBSCRIBERS CONTRACT BENEFIT LIMITS NICOTINE PATCHES TO A LIFETIME MAXIMUM SUPPLY OF 90 DAYS. (M304)	OA	204		PR	149	
M315	AN ADMISSION VERIFICATION OR REVERIFICATION IS NOT ON FILE FOR THIS SKILLED NURSING ADMISSION. CONTACT THE CENTRAL REVIEW ORGANIZATION. (M315)	OA	204		CO	197	
M317	THE DATES OF SERVICE ON THIS CLAIM ARE GREATER THAN THE NUMBER OF DAYS GUARANTEED FOR THIS CLAIM. (M317)	OA	204		PR	198	N54
M321	DAYS BILLED ARE GREATER THAN DAYS APPROVED. REBILL THE CLAIM FOR DAYS APPROVED OR CONTACT THE CENTRAL REVIEW ORGANIZATION TO REVERIFY FOR ADDITIONAL DAYS. (M321)	OA	204		PI	198	N54
M322	SKILLED NURSING ADMISSION DENIED. NO PAYMENT WILL BE MADE FOR THESE SERVICES. (M322)	OA	204		PR	39	
M323	PREDETERMINATION IS REQUIRED FOR THIS SERVICE - THE CLAIM WILL BE REVIEWED WHEN THE REQUESTED INFORMATION IS RECEIVED. (M323)	OA	204		CO	197	
M324	PAYMENT CANNOT BE APPROVED AS A PREDETERMINATION WAS NOT FOUND FOR THIS PATIENT, WITH THIS PROCEDURE CODE, AND NO ADDITIONAL INFORMATION WAS PROVIDED. (M324)	OA	204		CO	197	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M333	AN ADMISSION VERIFICATION OR RE-VERIFICATION IS NOT ON FILE FOR THIS SKILLED NURSING ADMISSION.	OA	204		CO	197	
M334	PREDETERMINATION RECORD FOUND BUT NO DIAGNOSIS CATEGORY MATCH.	OA	204		PI	16	N54
M337	THE ADMISSION DATE ON THE CLAIM DOES NOT MATCH THE DATE ON THE AUTHORIZATION FILE. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION. (M337)	OA	204		CO	197	N54
M339	THE PREDETERMINATION RECEIVED IS INCOMPLETE.	OA	204		CO	39	
M343	NEWBORN CLAIM - NO PREDETERMINATION FOUND ON AUTHORIZATION FILE.	OA	204		CO	197	
M344	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS SERVICE. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION OR MAGELLAN FOR FEP MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE PREDETERMINATION. (M344)	PR	165		CO	197	
M345	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS SERVICE. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION OR MAGELLAN FOR FEP MENTAL HEALTH AND SUBSTANCE ABUSE. (M345)	PR	165		CO	197	
M346	PREDETERMINATION IS REQUIRED FOR THIS ADMISSION. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION. (M346)	PR	165		CO	197	
M347	PREDETERMINATION HAS BEEN DENIED. NOTIFICATION WAS SENT TO YOU AFTER THE SERVICE DATE. (M347)	PR	39		PR	39	
M348	THIS ADMISSION EXCEEDS THE APPROVED LENGTH OF STAY. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION FOR RECERTIFICATION OF DAYS, OR REBILL FOR THE APPROVED DAYS. (M348)	OA	204		PI	198	N54
M349	PREDETERMINATION HAS NOT BEEN REQUESTED FROM THIS PROVIDER. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION OR MAGELLAN FOR FEP MENTAL HEALTH AND SUBSTANCE ABUSE. (M349)	PR	15	N54	CO	197	
M360	OUR RECORDS INDICATE THAT THE SECOND OPINION APPOINTMENT SCHEDULED THROUGH THE REFERRAL CENTER WAS NOT COMPLETED. (M360)	OA	204		PR	61	N397
M370	THIS SECOND OPINION IS NOT A COVERED BENEFIT UNLESS SCHEDULED THROUGH THE REFERRAL CENTER. (M370)	OA	204		PR	38	
M392	CERTIFICATE AND SAME PATIENT NAME FOUND, ACTUAL ADMISSION DATE AND DISCHARGE DATE ON CLAIM (LAST DATE OF SERVICE) IS AFTER THE DISCHARGE DATE.	OA	204		PI	16	N318
M393	THE FIRST DATE OF SERVICE ON THIS CLAIM IS PRIOR TO THE ADMISSION DATE.	OA	204		PI	16	MA40
M396	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION. (M396)	OA	204		CO	197	
M397	PREDETERMINATION HAS BEEN DENIED. NOTIFICATION WAS SENT TO YOU AFTER THE ADMISSION DATE. (M397)	OA	204		CO	39	
M398	THIS ADMISSION EXCEEDS THE APPROVED LENGTH OF STAY. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION FOR RECERTIFICATION, OR REBILL FOR THE APPROVED DAYS. (M398)	OA	204		CO	198	N54
M408	MESSAGE - THESE CHARGES ARE SUBSCRIBER'S RESPONSIBILITY FOR THE HEARING AID.	OA	204		PR	204	
M424	PRECERTIFICATION IS REQUIRED FOR THIS SERVICE. PLEASE CONTACT SHPS THROUGH 1-877-299-4635. (M424)	OA	204		CO	197	
M425	THIS SERVICE WAS NOT PAID BECAUSE THE PRECERTIFICATION FOR THE SERVICE WAS DENIED. (M425)	OA	204		CO	39	
M427	THE CHARGES SUBMITTED EXCEED THE ALLOWANCE PROVIDED UNDER THE BLUE CROSS AND BLUE SHIELD BENEFIT PLAN FOR THESE SERVICES. BASED ON INFORMATION WE RECEIVED FROM THE PATIENT'S PRIMARY INSURER, THE PATIENT IS NOT RESPONSIBLE FOR THESE CHARGES. (M427)	OA	204		CO	23	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M436	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. PLEASE CALL SHPS TOLL-FREE AT 1-877-405-0134 TO SATISFY PROGRAM REQUIREMENTS. (M436)	OA	204		CO	197	
M437	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS TREATMENT. PLEASE CALL SHPS TOLL-FREE AT 1- 877-405-0134 TO SATISFY PROGRAM REQUIREMENTS. (M437)	OA	204		CO	197	
M438	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS OUTPATIENT SERVICE. PLEASE CONTACT SHPS TOLL FREE AT 1-877- 405-0134 TO OBTAIN PREDETERMINATION. (M438)	OA	204		CO	197	
M442	WE CANNOT PROCESS THIS CLAIM BECAUSE OUR RECORDS SHOW THIS PATIENT HAS MEDICARE COVERAGE AND WE HAVE NOT RECEIVED MEDICARE'S BENEFIT DETERMINATION REGARDING WHETHER MEDICARE APPROVED THIS SERVICE. PLEASE FAX THE MEDICARE EOB TO (248) 448-4434 "ATTENTION NASCO BLUECARD UNIT - MEDICARE," OR MAIL IT TO: BLUE CROSS AND BLUE SHIELD OF MICHIGAN, MC B480 - NASCO BLUECARD UNIT - MEDICARE, P.O. BOX 5100, SOUTHFIELD, MI 48084	OA	204		PI	16	N4
M444	UNFORTUNATELY, WE FOUND NO AUTHORIZATION ON FILE FOR THE CONTRACT NUMBER YOU REPORTED. PLEASE CHECK THE CONTRACT NUMBER AND, IF IT IS CORRECT, SUBMIT AN AUTHORIZATION REQUEST. IF THE CONTRACT NUMBER IS INCORRECT, PLEASE SEND US A NEW CLAIM WITH THE CONTRACT NUMBER THAT APPEARS ON OUR AUTHORIZATION LETTER. (M444)	OA	204		CO	197	
M446	UNTIL WE GET A NEW CLAIM WITH THE MEMBER INFORMATION, PROCEDURE CODE AND SERVICE DATE THAT APPEARS ON OUR PREDETERMINATION LETTER, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. TO SUBMIT AN ELECTRONIC CLAIM, REFER TO YOUR VENDOR SOFTWARE INSTRUCTIONS FOR CMS 1500 FIELDS, 2, 3, 6, 18 AND 24D. (M446)	OA	204		CO	197	N54
M447	UNTIL WE GET A NEW CLAIM WITH THE MEMBER INFORMATION, PROCEDURE CODE AND SERVICE DATE THAT APPEARS ON OUR PREDETERMINATION LETTER, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. TO SUBMIT AN ELECTRONIC CLAIM, REFER TO YOUR VENDOR SOFTWARE INSTRUCTIONS FOR CMS 1500 FIELDS, 2, 3, 6, 18 AND 24D. (M447)	OA	204		CO	197	N54
M448	UNTIL WE GET A NEW CLAIM WITH THE MEMBER INFORMATION, PROCEDURE CODE AND SERVICE DATE THAT APPEARS ON OUR PREDETERMINATION LETTER, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. TO SUBMIT AN ELECTRONIC CLAIM, REFER TO YOUR VENDOR SOFTWARE INSTRUCTIONS FOR CMS 1500 FIELDS, 2, 3, 6, 18 AND 24D. (M448)	OA	204		CO	197	N54
M449	BECAUSE WE DIDN'T APPROVE THIS SERVICE, NO PAYMENT IS DUE FROM US. AND, UNLESS YOU HAVE A SIGNED PRIOR AGREEMENT, NO PAYMENT IS DUE FROM THE SUBSCRIBER. (M449)	OA	204		CO	39	
M461	CLAIM WAS SUBMITTED BEYOND THE TIMELY FILING PERIOD.	OA	204		CO	29	
M464	CLAIM SUBMITTED AS PRIMARY; HOWEVER, OTHER LOCAL/NASCO CONTRACT IS PRIMARY.	OA	204		PI	16	N197
M465	AFTER REVIEWING THIS SECONDARY BALANCE CLAIM, OUR LIABILITY UNDER THIS CONTRACT IS ZERO. (M465)	OA	23		OA	23	N219
M484	AFTER REVIEWING THIS SECONDARY BALANCE CLAIM, OUR LIABILITY UNDER THIS CONTRACT IS ZERO. (M484)	OA	204		OA	23	N219
M496	PAY PROVIDER - CANNOT DETERMINE PREFERRED STATUS.	OA	204		PR	38	
M506	THIS SERVICE LINE WAS REJECTED BECAUSE IT WAS ASSOCIATED WITH A PRIMARY SERVICE THAT WAS REJECTED.	PR	96	N356	PR	96	N161
M507	TOTAL CLAIM CONCEPT CLAIM DOES NOT HAVE AN IDENTIFIABLE TOTAL CLAIM LINE, MANUAL PROCESSING REQUIRED.	OA	204		PI	16	M54
M542	CLAIMCHECK NEGATIVE SAVINGS EDIT.	OA	204		PR	204	
M544	FEP - LINE CHARGE EQUAL TO NONCOVERED CHARGE.	OA	204		PR	204	
M547	THIS ADMISSION IS NOT PAYABLE. AN ADMISSION THAT IS NOT INTENDED FOR THE TREATMENT OF AN ILLNESS OR INJURY IS A PROGRAM EXCLUSION.(M547)	OA	204		PR	204	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M552	THE PROCEDURE BILLED WAS NOT THE PROCEDURE AUTHORIZED. PLEASE REBILL FOR THE CORRECT APPROVED SERVICE. (M552)	OA	204		PI	197	N54
M598	POTA - STATUS INQUIRY ADJUSTMENT AGAINST ORIGINAL CLAIM.	OA	204		PI	193	
M599	COB MANUAL REVIEW CLAIM. FORD SECONDARY.	OA	204		PI	22	
M600	OFFICE VISITS BILLED WITH SPINAL MANIPULATIONS ARE NOT PAYABLE. (M600)	OA	204		PR	96	N20
M603	THIS MEMBER IS NOT LISTED ON THE CONTRACT. (M603)	PR	32		PR	31	
M604	THIS SERVICE IS NOT PAYABLE WHEN BILLED ALONE. IT MUST BE BILLED WITH A SURGICAL PROCEDURE THAT HAS NOT BEEN BILLED. (M604)	OA	204		PI	B15	N390
M608	FRAMES ARE NOT A CONTRACT BENEFIT WHEN BILLED WITHOUT LENSES. (M608)	OA	204		PR	B15	N390
M614	WE REDUCED OUR PAYMENT FOR THIS ORTHODONTIC TREATMENT BECAUSE WE HAVE ALREADY PAID FOR AN EVALUATION ON THE SAME DATE. THE EVALUATION IS CONSIDERED PART OF THIS ORTHODONTIC PROCEDURE. (M614)	OA	204		CO	97	M86
M620	FOLLOW-UP VISITS ARE NOT A CONTRACT BENEFIT WHEN RENDERED ON THE SAME DAY AS ADMINISTRATION OF A CHEMOTHERAPEUTIC AGENT. (M620)	OA	204		PR	204	N20
M622	MAXIMUM NUMBER OF ADMISSIONS HAS BEEN MET. (M622)	OA	204		PR	35	
M623	THIS SERVICE IS NOT A BENEFIT WHEN PERFORMED MORE THAN ONCE IN A BENEFIT PERIOD. (M623)	OA	204		PR	119	
M624	THIS SERVICE IS NOT A BENEFIT WHEN PERFORMED MORE THAN ONCE IS A BENEFIT PERIOD FOR THE REPORTED DIAGNOSIS. (M624)	OA	204		PR	119	
M626	THIS MEMBER HAS MET THE CALENDAR YEAR LIMIT FOR ONE (1) ROUTINE EXAM, LAB, AND/OR XRAY SERVICE. SERVICES EXCEEDING THE MAXIMUM ARE THE SUBSCRIBER'S RESPONSIBILITY. (M626)	OA	204		PR	119	
M628	THIS SERVICE IS A COMPONENT OF A PRIMARY PROCEDURE. PAYMENT OF THE PRIMARY PROCEDURE INCLUDES REIMBURSEMENT FOR THIS RELATED PROCEDURE. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS RELATED PROCEDURE. (M628)	OA	204		CO	97	
M629	THIS SERVICE MUST BE BILLED IN CONJUNCTION WITH THE INITIAL OR BASE PROCEDURE. SINCE IT WAS BILLED ALONE, THIS SERVICE IS NOT PAYABLE. IF YOU PERFORMED AN INITIAL OR BASE PROCEDURE, PLEASE SUBMIT A NEW CLAIM FOR CONSIDERATION. (M629)	PR	107		CO	107	
M631	THESE LABORATORY AND ANESTHESIA SERVICES ARE NOT PAYABLE BECAUSE WE DID NOT RECEIVE A PREAUTHORIZATION REQUEST FOR THE RELATED SURGICAL PROCEDURE. WE WILL REVIEW THIS CLAIM AGAIN ONCE WE RECEIVE THE PREAUTHORIZATION INFORMATION. (M631)	OA	204		CO	197	
M637	OUR ALLOWANCE FOR THIS PATIENT'S PHYSICAL THERAPY VISIT IS LIMITED TO A DAILY MAXIMUM AMOUNT FOR TREATMENTS ON ALL SUBMITTED CLAIMS FOR EACH VISIT. (M637)	PR	119		PR	119	
M638	THIS SERVICE ISN'T PAID SEPARATELY BECAUSE OUR ALLOWANCE FOR EACH PHYSICAL THERAPY VISIT IS LIMITED TO A DAILY MAXIMUM AMOUNT. WE ALREADY ALLOWED THAT AMOUNT FOR TREATMENTS PROVIDED DURING THIS PATIENT'S VISIT. (M638)	PR	119		PR	119	
M640	PAP SMEARS ARE NOT A COVERED BENEFIT WHEN PERFORMED MORE THAN ONCE IN A 12 MONTH PERIOD. (M640)	OA	204		CO	119	M90
M641	INJECTIONS ARE NOT A COVERED BENEFIT WHEN PERFORMED BY A NON-PANEL/NETWORK PROVIDER. (M641)	OA	204		PR	38	
M645	THIS CLAIM ISN'T PAYABLE BECAUSE PHARMACY REVENUE CODE 255 WAS REPORTED BUT THERE WAS NO RADIOLOGY REVENUE CODE PRESENT. WE WILL RECONSIDER THE CLAIM FOR PAYMENT IF YOU SUBMIT IT WITH ONE OF THE RADIOLOGY REVENUE CODES: 32X, 33X, 34X, 35X OR 61X. (M645)	PI	16	M50	PI	16	M50
M646	THIS SURGERY IS NOT A BENEFIT WHEN PERFORMED BY AN OPTOMETRIST. THE PATIENT SHOULD NOT BE BILLED. (M646)	OA	204		CO	170	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M647	THE MODIFIER WAS MISSING OR NOT PAYABLE FOR THE PROCEDURE CODE YOU REPORTED. PLEASE CORRECT AND RESUBMIT THE CLAIM. (M647)	OA	204		PI	4	
M648	FOLLOW-UP CARE MUST BE BILLED IN CONJUNCTION WITH SURGERY. SINCE THE SURGERY HAS NOT BEEN BILLED, THE FOLLOW- UP CARE IS NOT PAYABLE. THE PATIENT SHOULD NOT BE BILLED. (M648)	OA	204		CO	B15	N390
M649	OUR PAYMENT TO THE SURGEON INCLUDED FOLLOW-UP CARE AND SURGERY. (M649)	OA	204		CO	97	M144
M650	SERVICES IDENTIFIED BY THIS PROCEDURE CODE ARE NOT PAYABLE. (M650)	PR	204		PR	204	
M651	UPON REVIEW, GENERAL ANESTHESIA WAS DETERMINED NOT A CONTRACT BENEFIT. (M651)	OA	204		PR	204	N10
M656	THE PROCEDURE BILLED WAS OVER THE MAXIMUM ALLOWED. A CHARGE CUTBACK HAS BEEN NECESSARY TO MEET THE MAXIMUM ALLOWED FOR THE CARDIAC REHABILITATION PROCEDURE 55260. (M656)	OA	204		PR	119	
M658	THE IMMEDIATE DENTURE IS NOT PAYABLE BECAUSE THE PATIENT'S DENTAL HISTORY INCLUDES PLACEMENT OF A COMPLETE DENTURE OR REPAIRS TO A COMPLETE DENTURE. (M658)	OA	204		CO	96	M86
M659	THIS PROCEDURE REQUIRES DENTAL OR MEDICAL DOCUMENTATION BECAUSE IT EXCLUDES THE ALLOWED FREQUENCY. TO REQUEST INDIVIDUAL CONSIDERATION, PLEASE RESUBMIT THE CLAIM AND INCLUDE ALL PREVIOUS DOCUMENTATION AND ANY INFORMATION THAT SUPPORTS THE PROCEDURE. (M659)	PI	16	N29	PI	16	N463
M660	THIS SERVICE MUST BE BILLED IN CONJUNCTION WITH ANOTHER SURGICAL PROCEDURE, BUT THE OTHER SURGERY HAS NOT BEEN BILLED. IF BILLED ALONE, THIS SERVICE IS NOT PAYABLE. (M660)	OA	204		CO	B15	N390
M664	SERVICE REQUIRES MANUAL REVIEW. REFER TO DESK LEVEL FOR SPECIFIC INSTRUCTIONS.	OA	204		PI	16	N29
M666	THIS SERVICE IS NOT PAYABLE. THE BENEFIT FOR SCREENING MAMMOGRAPHY IS LIMITED TO ONE WITHIN A FIVE YEAR PERIOD FOR MEMBERS OF THIS GROUP. THE BENEFIT HAS ALREADY BEEN EXHAUSTED FOR THIS BENEFIT PERIOD. (M666)	PR	119		PR	119	
M667	THIS CLAIM IS NOT PAYABLE BECAUSE THE PROCEDURE CODE USED IS FOR NEW PATIENTS ONLY. THAT KIND OF PROCEDURE IS PAYABLE ONLY ONCE FOR THE SAME PATIENT IN A THREE-YEAR PERIOD, AND WE HAVE ALREADY PAID FOR THIS SERVICE. PLEASE RESUBMIT THE CLAIM WITH THE APPROPRIATE PROCEDURE CODE FOR AN ESTABLISHED PATIENT. (M667)	PI	B16	M51	PR	B16	
M669	THIS SERVICE IS NOT PAYABLE WITH THE PROCEDURE CODE REPORTED OR IS INCLUDED WITH ANOTHER SERVICE THAT WAS BILLED ON THE SAME DAY BY THE SAME PROVIDER. THE CHARGE FOR THIS SERVICE IS NOT THE SUBSCRIBER'S LIABILITY. (M669)	OA	204		CO	96	M86
M670	BECAUSE THIS SERVICE EXCEEDS YOUR PATIENT'S DEFINED BENEFIT LIMITATIONS, WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR THIS CHARGE.(M670)	OA	204		PR	149	
M671	THIS SERVICE ISN'T PAYABLE BECAUSE THE REQUIRED MEDICAL CLEARANCE AND AUDIOMETRIC EXAM WERE NOT PERFORMED WITHIN 186 DAYS (6 MONTHS) BEFORE THIS SERVICE. (M671)	OA	204		PR	96	N357
M673	THIS SERVICE IS NOT PAYABLE. THE BENEFIT FOR A SCREENING MAMMOGRAPHY IS LIMITED TO ONE WITHIN A CALENDAR YEAR OR BENEFIT PERIOD FOR MEMBERS OF THIS GROUP. THIS BENEFIT HAS ALREADY BEEN EXHAUSTED FOR THIS BENEFIT PERIOD. (M673)	PR	119		PR	119	
M675	THIS SERVICE IS NOT PAYABLE IF NOT BILLED IN COMBINATION WITH ANOTHER PAYABLE SERVICE.	OA	204		CO	B15	N161
M677	THIS BENEFIT FOR SCREENING MAMMOGRAPHY IS LIMITED TO ONE WITHIN A TWO YEAR PERIOD FOR MEMBERS OF THIS GROUP. THE BENEFIT HAS ALREADY BEEN EXHAUSTED FOR THIS BENEFIT PERIOD. (M677)	PR	119		PR	119	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M679	THIS BENEFIT FOR SCREENING MAMMOGRAPHY IS LIMITED TO TWO (2) WITHIN A TWO YEAR PERIOD. THE BENEFIT HAS BEEN EXHAUSTED FOR THIS TWO YEAR PERIOD. (M679)	OA	204		PR	119	
M681	MANUALLY REVIEW INPATIENT PSYCH SERVICES.	OA	204		PI	16	N29
M682	THE MODIFIER BILLED IS NOT PAYABLE FOR AMBULANCE SERVICES. (M682)	OA	204		PR	204	
M686	OUR APPROVED AMOUNT FOR INFUSION THERAPY INCLUDES RELATED MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT, INJECTIONS, AND USING ADMINISTRATIVE SERVICES. A SEPARATE PAYMENT WILL NOT BE SENT FOR THIS. (M686)	OA	204		CO	97	
M688	MAJOR MEDICAL COVERS THE COPAYMENT ON THIS SERVICE WHEN A BASIC PAYMENT HAS BEEN MADE. (MESSAGE HAS BEEN SUPPRESSED ON EOB AND VOUCHER.)	OA	204		PR	B15	
M689	WE CAN'T MAKE A PAYMENT DECISION AT THIS TIME BECAUSE WE NEED TO CONFIRM THAT THE PATIENT HAD A MEDICAL EVALUATION BEFORE RECEIVING THIS HEARING AID. PLEASE SEND A CLAIM WITH THE MEDICAL EVALUATION DATE AND THE NAME AND LICENSE NUMBER OF THE PHYSICIAN WHO PERFORMED THAT EXAM (FIELDS 14 AND 17 ON A CMS 1500 CLAIM). THE PATIENT SHOULDN'T BE BILLED UNTIL YOU RECEIVE OUR PAYMENT DECISION.	OA	204		PI	16	N309
M691	THIS SERVICE IS NOT PAYABLE, BECAUSE WE ALREADY PAID A CLAIM FROM THE SAME OR DIFFERENT PROVIDER WHO PERFORMED THE SAME SERVICE ON THE SAME DATE. THE SERVICE IS PAYABLE ONLY ONCE. (M691)	OA	204		CO	B13	M86
M693	THIS MATERNITY SERVICE IS A DUPLICATE OF A PREVIOUSLY PAID MATERNITY SERVICE BY THE SAME OR DIFFERENT PROVIDER. (M693)	OA	204		CO	B13	M86
M695	YOUR PROVIDER'S PAYMENT HAS BEEN REDUCED BECAUSE NON-STANDARD LABORATORY PROCEDURES WERE PERFORMED IN A DOCTOR'S OFFICE. (M695)	OA	204		CO	58	N428
M696	REIMBURSEMENT FOR THIS PROCEDURE WAS INCLUDED IN A PAYMENT FOR A RELATED SERVICE PERFORMED ON THE SAME DATE BY THE SAME OR DIFFERENT PROVIDER. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS RELATED PROCEDURE. (M696)	OA	204		CO	97	
M697	CARDIAC REHAB MUST BE PERFORMED WITHIN THE SPECIFIED TIME FRAME FOLLOWING THE ONSET OF A QUALIFYING CARDIAC CONDITION. (M697)	OA	204		PR	96	N357
M698	CARDIAC SERVICE PAID PREVIOUSLY AS PART OF CARDIAC REHAB (93797-93798, Y9430) FOR SAME SERVICE AND SAME PROVIDER. (M698)	OA	204		CO	B13	
M700	THIS SERVICE IS SIMILAR TO OR A DUPLICATE OF A SERVICE PAID PREVIOUSLY. (M700)	OA	204		PI	B13	M86
M701	MAXIMUM PAYMENT HAS BEEN ALLOWED FOR THIS NON-PARTICIPATING PROVIDER. (M701)	OA	204		PR	38	
M703	PSYCH TESTING PROCEDURES MUST BE BILLED SEPARATELY FROM ALL OTHER PSYCH PROCEDURES. (M703)	OA	204		PI	16	N61
M704	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT DOES NOT COVER FOLLOW-UP VISITS. WE'LL ONLY RECONSIDER THIS SERVICE FOR PAYMENT IF IT WAS THE INITIAL TREATMENT OF A MEDICAL EMERGENCY OR ACCIDENTAL INJURY. PLEASE SUBMIT A HCFA-1500 CLAIM WITH THE INJURY OR ONSET IN FIELD 14 AND ATTACH APPROPRIATE DOCUMENTATION. (M704)	OA	204		PR	204	
M705	WE CAN'T PROCESS THIS INDEPENDENT OUTPATIENT IV THERAPY CLAIM BECAUSE REVENUE CODE 261, 263, 264 OR 269 IS REPORTED MORE THAN ONCE. PLEASE RESUBMIT THE CLAIM AND REPORT THE APPROPRIATE CODE ONLY ONCE. (M705)	OA	204		PI	125	M50
M706	WE CAN'T PROCESS THIS INDEPENDENT OUTPATIENT IV THERAPY CLAIM BECAUSE REVENUE CODE 260 WAS NOT REPORTED ON THE CLAIM. (M706)	OA	204		PI	125	M50
M707	WE CAN'T PROCESS THIS INDEPENDENT OUTPATIENT IV THERAPY CLAIM BECAUSE A HCPCS CODE AND A SPECIFIC UNIT AMOUNT MUST BE REPORTED WITH REVENUE CODE 260 AND 262. PLEASE RESUBMIT THE CLAIM WITH THIS INFORMATION. (M707)	PI	16	M20, M53	PI	16	M20, M53

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M708	WE CAN'T PROCESS THIS CLAIM BECAUSE INDEPENDENT OUTPATIENT IV THERAPY IS ONLY PAYABLE IN A GENERAL ACUTE CARE SETTING. (M708)	OA	204		CO	204	N428
M709	WE CAN'T PROCESS MORE THAN ONE SERVICE DATE ON A SINGLE CLAIM FOR INDEPENDENT OUTPATIENT IV THERAPY. SERIES BILLING IS NOT ALLOWED. PLEASE RESUBMIT EACH SERVICE DATE ON A SEPARATE CLAIM. (M709)	OA	204		PI	135	N61
M710	WE CAN'T PROCESS THIS CLAIM BECAUSE THE HCPCS CODE REPORTED WITH REVENUE CODE 260 OR 262 IS NOT ACCEPTABLE FOR INDEPENDENT OUTPATIENT IV THERAPY. PLEASE RESUBMIT A CORRECTED CLAIM. (M710)	OA	204		PI	199	
M711	WE CAN'T PROCESS THIS INDEPENDENT OUTPATIENT IV THERAPY CLAIM BECAUSE AN INCORRECT REVENUE CODE WAS REPORTED. PLEASE RESUBMIT AND REPORT ONLY THE REVENUE CODES APPROVED FOR INDEPENDENT IV THERAPY. (M711)	PI	16	M50	PI	16	M50
M712	UNLESS YOU PERFORMED THIS SERVICE AS DEFINED BY MODIFIER 76 OR 91, AND CAN SEND US A NEW CLAIM SHOWING THAT, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. TO SUBMIT AN ELECTRONIC CLAIM, REFER TO YOUR VENDOR'S SOFTWARE INSTRUCTIONS FOR CMS 1500 FIELD 24D.	PI	B13	M86	PI	4	N400
M713	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE BECAUSE IT'S NOT A BENEFIT. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. -M713	PR	204		PR	204	
M714	THIS PROCEDURE MUST BE REPORTED WITH A PRIMARY PROCEDURE CODE. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS PROCEDURE. (M714)	OA	204		CO	B15	N19
M717	MANUAL CUTBACK REQUIRED.	OA	204		CO	45	
M718	PAYMENT FOR THIS SERVICE WAS INCLUDED IN A PREVIOUSLY PAID SERVICE. (M718)	CO	B13		CO	97	
M719	THE DIAGNOSIS REPORTED REPRESENTS ROUTINE SERVICES WHICH ARE NOT A BENEFIT. IF A MORE SPECIFIC DIAGNOSIS IS REPORTED, WE WILL RECONSIDER THE REJECTION.	PR	204	M76	PR	49	
M720	NO PAYMENT HAS BEEN MADE BECAUSE MEDICAL INFORMATION NEEDED TO PREDETERMINE THIS SERVICE WAS REQUESTED BUT NOT RECEIVED BY SHPS. YOU MAY CONTACT SHPS TOLL-FREE AT 1-877-405-0134 FOR FURTHER CONSIDERATION OF THIS SERVICE. (M720)	OA	204		CO	197	
M723	THIS SERVICE WAS DETERMINED BY SHPS NOT TO BE MEDICALLY NECESSARY AND, THEREFORE, NOT COVERED UNDER THE PROGRAM. CONTACT SHPS AT 1-877-405-0134 FOR QUESTIONS ABOUT THE DECISION. (M723)	OA	204		PR	50	
M724	HOSPITALIZATIONS, SKILLED NURSING FACILITY ADMISSIONS, HOME HEALTH CARE SERVICES AND SURGERIES REQUIRE PREDETERMINATION REGARDLESS OF LOCATION. PLEASE COORDINATE THE PREDETERMINATION PROCESS WITH YOUR PATIENT TO AVOID POSSIBLE FINANCIAL SANCTIONS ON OUR MEMBER. CALL 1-877-405-0134 TOLL-FREE TO OBTAIN PREDETERMINATION APPROVALS. (M724)	OA	204		PI	197	
M726	THIS SERVICE WAS DETERMINED BY SHPS TO BE COSMETIC AND, THEREFORE, NOT COVERED UNDER THE PROGRAM. CONTACT SHPS TOLL-FREE AT 877-405-0134 FOR QUESTIONS ABOUT THE DECISION. (M726)	OA	204		PR	50	N383
M729	OUR RECORDS SHOW THAT THE SAME SERVICE OR A RELATED SERVICE WAS PAID IN THE PREVIOUS 36 MONTHS. (M729)	OA	204		PR	B13	M86
M731	THIS SERVICE ISN'T PAYABLE BECAUSE A RELINE OR REBASE PROCEDURE OF THE IMMEDIATE DENTURE WAS DONE WITHIN 12 MONTHS OF ITS INITIAL PLACEMENT. THE DENTURE IS CONSIDERED PERMANENT FROM THE DATE OF THAT PROCEDURE AND IS NOT ELIGIBLE FOR ADDITIONAL RELINE OR REBASE PROCEDURES FOR 36 MONTHS, OR FOR REPLACEMENT FOR 60 MONTHS. (M731)	OA	204		PR	96	N357
M732	THIS PROCEDURE IS NOT A COVERED BENEFIT WHEN PERFORMED MORE THAN ONCE PER CALENDAR MONTH. (M732)	OA	204		PR	119	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M734	THE EXTENDED TREATMENTS HAVE BEEN DETERMINED BY SHPS NOT TO BE MEDICALLY NECESSARY AND, THEREFORE, NOT COVERED UNDER THE PROGRAM. CONTACT SHPS TOLL-FREE AT 1-877-405-0134 FOR QUESTIONS ABOUT THE DECISION. (M734)	CO	50		PR	50	
M737	THIS PROCEDURE OR A RELATED PROCEDURE HAS PREVIOUSLY BEEN PAID WITHIN THE TIME LIMITATION PERIOD. (M737)	PR	B13	M86	PI	B13	M86
M739	THIS CLAIM IS AN EXACT DUPLICATE OF ANOTHER CLAIM LINE. (M739)	OA	204		PI	18	
M740	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (M740)	PR	167		PR	167	
M742	THIS VISIT FOR AN ESTABLISHED PATIENT ISN'T PAYABLE BECAUSE WE APPROVED ANOTHER VISIT YOU REPORTED FOR THIS PATIENT WITHIN THE SAME CALENDAR YEAR. FOR AN ESTABLISHED PATIENT, THE CONTRACT PAYS FOR ONE VISIT TO EACH CHIROPRACTOR DURING EACH CALENDAR YEAR.	OA	204		PR	119	M86
M743	THIS NEW PATIENT VISIT ISN'T PAYABLE BECAUSE WE APPROVED ANOTHER SERVICE YOU PERFORMED FOR THIS MEMBER. A NEW PATIENT VISIT IS ALLOWED ONLY WHEN NO OTHER SERVICES HAVE BEEN APPROVED. (M743)	OA	204		CO	B16	
M744	THIS SERVICE ISN'T PAYABLE BECAUSE IT WAS NOT FOR A MEDICAL EMERGENCY, A CONDITION THAT OCCURS SUDDENLY AND UNEXPECTED AND COULD CAUSE SERIOUS BODILY HARM OR THREATEN LIFE IF NOT TREATED IMMEDIATELY. PLEASE CONTACT US IF YOU DISAGREE WITH THIS DECISION.	PR	40		PR	40	
M745	AT THE TIME THIS SERVICE WAS PROVIDED, IT WAS CONSIDERED INVESTIGATIONAL. THE SUBSCRIBERS CONTRACT DOES NOT COVER ANY INVESTIGATIVE SERVICES. (M745)	OA	204		PR	55	
M746	A MEMBER'S VISIT TO A NON-PANEL DENTIST IS A BENEFIT ONLY IF TREATMENT IS FOR AN EMERGENCY AND A PANEL DENTIST IS NOT AVAILABLE. IF THESE CRITERIA HAVE BEEN MET, PLEASE SEND A STATUS INQUIRY FORM WITH DOCUMENTATION OF THE TREATMENT, PREOPERATIVE X-RAY AND PATIENT'S REASON FOR NOT VISITING A PANEL DENTIST FOR TREATMENT.	OA	204		PR	38	
M749	THIS PROCEDURE NOT PAYABLE FOR DIAGNOSIS REPORTED MORE THAN ONCE IN A CALENDAR OR BENEFIT YEAR. (M749)	PR	96	M76, M90	PR	119	
M750	THIS SERVICE IS NOT PAYABLE FOR A PATIENT OF THIS AGE WHEN THE DIAGNOSIS IS SCREENING OR ROUTINE. (M750)	OA	204		PR	49	N129
M751	IN THE EVENT ADDITIONAL SUPPLIES ARE NEEDED, SUPPORTING MEDICAL DOCUMENTATION IS REQUIRED AND IS REVIEWED ON AN INDIVIDUAL CONSIDERATION BASIS. (M751)	OA	204		CO	154	
M752	OUR RECORDS SHOW THAT THIS TOOTH WAS PREVIOUSLY EXTRACTED. (M752)	OA	204		PR	96	N384
M754	CONTRACT PROVIDES PAYMENT FOR ONE VISION EXAM AND LENSES WITHIN A 12 MONTH PERIOD. (M754)	OA	204		PR	119	M90
M756	THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT BECAUSE YOU PLACED A NEW DENTURE ON THE SAME DATE YOU PERFORMED AN ADJUSTMENT, REBASE, RELINE OR REPAIR ON THE PREVIOUS DENTURE. WHEN OUR PAYMENT FOR FOLLOW-UP CARE OF A PREVIOUS DENTURE IS AT LEAST 50 PERCENT OF OUR ALLOWANCE FOR THIS ONE, THE NEW DENTURE ISN'T ELIGIBLE FOR PAYMENT. (M756)	OA	204		PR	96	N20
M758	PLEASE SEND US A NEW CLAIM FOR THIS SERVICE, CHANGING EITHER THE PROCEDURE CODE OR TOOTH NUMBER SO BOTH ARE FOR THE SAME PROCEDURE. WE CAN'T DEFINE THE SUBSCRIBER'S RESPONSIBILITY UNTIL WE GET ANOTHER CLAIM.	OA	204		PI	16	M51, N37
M759	SECONDARY PROCEDURES ARE PAYABLE ONLY WHEN REPORTED WITH AN APPROPRIATE BASE SERVICE. THIS CLAIM DIDN'T INCLUDE AN ELIGIBLE BASE SERVICE OR REPORTED ONLY THE SECONDARY PROCEDURE.	OA	204		CO	107	N390

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M760	WE CAN'T PAY FOR THIS SERVICE BECAUSE IT DOESN'T MEET THE DENTAL OR MEDICAL BENEFIT GUIDELINES IN YOUR PATIENT'S CONTRACT. WE WILL TELL THE SUBSCRIBER TO EXPECT A BILL FOR THE BALANCE. (M760)	PR	50		PR	B5	
M761	THE MAXIMUM UNITS OF SERVICE FOR THIS PROCEDURE HAVE BEEN EXCEEDED. (M761)	OA	204		PR	119	
M766	THE SERVICE IS NOT PAYABLE FOR THE TOOTH NUMBER OR FOR THE PROCEDURE CODE REPORTED. PLEASE SUBMIT A NEW CLAIM WITH THE CORRECT TOOTH NUMBER OR THE APPROPRIATE PROCEDURE CODE. (M766)	OA	204		PI	16	M51, N37
M767	THIS OUTPATIENT PHYSICAL THERAPY SERVICE WAS SUBMITTED TO BCBS IN ERROR. PLEASE SUBMIT THIS CLAIM TO : THERAMATRIX PHYSICAL THERAPY NETWORK, P.O. BOX 321036, DETROIT MI 48232-1036. FOR MORE INFORMATION, CALL (888) 709-5186. (M767)	PI	109		PI	109	
M771	THIS SERVICE MUST BE BILLED IN CONJUNCTION WITH ANOTHER INJECTION PROCEDURE, BUT THE OTHER INJECTION PROCEDURE HAS NOT BEEN BILLED. WHEN BILLED ALONE THIS SERVICE IS NOT PAYABLE. (M771)	OA	204		CO	B15	N390
M773	THIS PROCEDURE OR A RELATED PROCEDURE HAS PREVIOUSLY BEEN PAID WITHIN THE TIME LIMITATION PERIOD. (M773)	OA	204		CO	96	M86
M774	THE PROPHYLAXIS OR PERIODONTAL MAINTENANCE PROCEDURE IS NOT SEPARATELY PAYABLE WHEN IT IS PERFORMED WITHIN 60 DAYS OF PERIODONTAL SCALING AND ROOT PLANING OR PERIODONTAL SURGERY. IT IS INCLUDED IN THE PAYMENT FOR THE COMPLETED PROCEDURE. (M774)	OA	204		CO	97	N357
M775	THE REIMBURSEMENT FOR THIS PROCEDURE WAS INCLUDED IN A CLAIM PAYMENT FOR A RELATED SERVICE PERFORMED ON THE SAME DATE BY THE SAME OR DIFFERENT PROVIDER. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS RELATED PROCEDURE. (M775)	PI	B13	M86	PI	B13	M86
M776	THIS PROCEDURE REQUIRES DENTAL OR MEDICAL DOCUMENTATION BECAUSE IT EXCEEDS THE MAXIMUM LIFETIME FREQUENCY. TO REQUEST INDIVIDUAL CONSIDERATION, PLEASE RESUBMIT THE CLAIM AND INCLUDE ALL PREVIOUS DOCUMENTATION, INCLUDING X-RAYS, AND ANY ADDITIONAL INFORMATION THAT SUPPORTS THE PROCEDURE. (M776)	OA	204		PR	149	
M778	THE PROCEDURE IS NOT PAYABLE BECAUSE IT EXCEEDS THE MAXIMUM NUMBER OF TIMES THAT WE WILL COVER IT IN THE PATIENT'S LIFETIME. (M778)	OA	204		PR	149	
M780	QUESTIONABLE MEDICAL EMERGENCY DIAGNOSIS REQUIRES MANUAL REVIEW	OA	204		PR	40	
M781	FORWARDED TO ACCOUNT FOR PROCESSING.	OA	204		PI	B11	
M782	THIS SERVICE IS NOT COVERED WHEN PERFORMED BY THIS PROVIDER SPECIALTY. (M782)	PR	170		PR	172	
M783	INLAYS, ONLAYS, FOILS, AND ACID-ETCH RETAINERS REQUIRE DENTAL OR MEDICAL DOCUMENTATION FOLLOWING PAYMENT FOR CROWNS OR SUBSTRUCTURES. TO REQUEST INDIVIDUAL CONSIDERATION, PLEASE RESUBMIT THE CLAIM AND INCLUDE ALL PREVIOUS DOCUMENTATION, INCLUDING X-RAYS.	OA	204		PI	16	N40, N463
M784	THE PROCEDURE IS NOT PAYABLE WHEN IT FOLLOWS PAYMENT FOR A COMPLETE DENTURE. (M784)	OA	204		PR	204	M86
M787	BECAUSE YOUR PATIENT HAS MET THE LIFETIME MAXIMUM NUMBER OF SERVICES ALLOWED BY HIS OR HER CONTRACT, WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR THIS CHARGE. (M787)	OA	204		PR	35	
M788	BECAUSE YOUR PATIENT HAS EXCEEDED THE TWO X-RAYS PER BENEFIT YEAR ALLOWED BY HIS OR HER CONTRACT, WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR THIS CHARGE. (M788)	OA	204		PR	119	
M789	PATIENTS OF THIS AGE OR OLDER ARE NOT ELIGIBLE FOR ORTHODONTIC OR RELATED SERVICES. (M789)	OA	204		PR	204	N129

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M791	THE PROCEDURE IS NOT PAYABLE BECAUSE THE PATIENT'S CONTRACT SPECIFIES THAT IT IS COVERED ONLY ONCE EVERY FIVE YEARS. (M791)	OA	204		PR	119	
M792	BECAUSE YOUR PATIENT HAS EXCEEDED THE ALLOWED 10 PERIODICAL OR BITEWING X-RAYS PER BENEFIT YEAR ALLOWED BY HIS OR HER CONTRACT WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR THIS CHARGE. (M792)	OA	204		PR	119	
M793	THE PROCEDURE IS NOT PAYABLE BECAUSE, WHEN COMBINED WITH OTHER INTRA-ORAL X-RAYS PAID ON THE SAME DATE, IT EXCEEDS THE PAYMENT FOR AN INTRA-ORAL COMPLETE SERIES. (M793)	OA	204		CO	96	N20
M796	THE PROCEDURE IS NOT PAYABLE BECAUSE WE HAVE ALREADY PAID THE MAXIMUM ALLOWED FOR IT BY PAYING FOR RELATED COMPONENTS THAT ARE CONSIDERED PART OF THE COMPLETE PROCEDURE. (M796)	OA	204		CO	97	M86
M798	THE PROCEDURE IS NOT PAYABLE BECAUSE OUR RECORDS SHOW NO HISTORY OF ORTHODONTIC TREATMENT. IT IS ONLY PAYABLE WHEN IT IS REPORTED WITH EVIDENCE OF ORTHODONTIC TREATMENT. (M798)	OA	204		PR	B15	
M799	THE PROCEDURE IS NOT PAYABLE BECAUSE OUR RECORDS SHOW NO HISTORY OF INITIAL BANDING OR APPLIANCE PLACEMENT. PLEASE SUBMIT A NEW CLAIM AND INCLUDE A DIAGNOSIS, TREATMENT PLAN, INITIAL BANDING DATE, AND FEES. (M799)	OA	204		PI	B15	
M801	UNAUTHORIZED SERVICES RECEIVED FROM NON-PANEL PROVIDERS UNDER THE PSYCHIATRIC MANAGED CARE PROGRAM ARE NOT ELIGIBLE FOR BENEFIT PAYMENT. (M801)	OA	204		CO	39	
M803	THE FIRST DATE OF SERVICE IS PRIOR TO THE DATE AUTHORIZED. (M803)	OA	204		PI	210	
M804	THE SERVICES REPORTED WERE RENDERED AFTER THE DATE AUTHORIZED. (M804)	PI	15	N54	CO	198	N54
M807	PREDETERMINATION IS AT A PENDED STATUS CODE.	OA	204		CO	39	
M812	DATE OF SERVICE IS BEYOND THE APPROVED END DATE.	OA	204		CO	198	N54
M814	THE CLAIM SUBMITTED DOES NOT HAVE THE REQUIRED AUTHORIZATION NUMBER. PLEASE RESUBMIT THE CLAIM WITH THE REQUIRED INFORMATION. (M814)	OA	204		PI	15	
M820	THIS SERVICE IS NOT PAYABLE WHEN PERFORMED BY AN OUT-OF-NETWORK PROVIDER (M820)	PR	38		PR	38	
M821	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE. THE MAXIMUM BENEFIT HAS BEEN MET FOR THIS BENEFIT PERIOD FOR THIS TYPE OF SERVICE PERFORMED IN THIS LOCATION FOR TREATMENT OF THE REPORTED DIAGNOSIS. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (M821)	PI	119		PR	119	
M824	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. (M824)	OA	204		CO	197	
M826	THE ADMISSION DATE ON THE CLAIM DOES NOT MATCH THE DATE ON THE AUTHORIZATION FILE. (M826)	OA	204		CO	96	N54
M827	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION. (M827)	OA	204		CO	197	
M828	PREDETERMINATION HAS BEEN DENIED. NOTIFICATION WAS SENT TO YOU PRIOR TO THE DATE OF ADMISSION. (M828)	OA	204		CO	39	
M830	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. PLEASE CONTACT MEDICAL CARE MANAGEMENT OPERATIONS.(M830).	OA	204		CO	197	
M832	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. (M832)	CO	197		CO	197	
M836	PREDETERMINATION IS REQUIRED FOR THIS ADMISSION. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION. (M836)	OA	204		CO	197	
M839	CLAIM SUBMITTED DOES NOT HAVE AN AUTHORIZATION NUMBER.	OA	204		CO	15	
M841	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE. IT WAS ALREADY PERFORMED THE MAXIMUM NUMBER OF TIMES, SO WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (M841)	PI	119		CO	119	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M845	THIS SERVICE IS NOT A COVERED BENEFIT BECAUSE A HEARING AID WAS NOT DISPENSED WITHIN THE LAST 3 YEARS. (M845)	OA	204		PR	204	N357
M847	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE. IT WAS ALREADY PERFORMED THE MAXIMUM NUMBER OF TIMES FOR THE REPORTED DIAGNOSIS CODE, SO WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (M847)	PI	119		CO	119	
M848	OUR POLICY DOES NOT ALLOW FOR THIS SERVICE FOR YOUR PATIENT'S CONDITION WHEN PERFORMED TOO MANY TIMES OR IN THE REPORTED LOCATION. UNLESS YOU SEND US A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (M848)	PI	119		CO	119	
M849	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE. THE MAXIMUM BENEFIT HAS BEEN MET FOR THIS BENEFIT PERIOD FOR THIS TYPE OF SERVICE PERFORMED IN THE REPORTED LOCATION; OR WE PAID THE MAXIMUM NUMBER OF SERVICES IN THIS BENEFIT PERIOD YOU SHOULD EXPECT A BILL FROM THIS HEALTH CARE PROVIDER. (M849)	PI	119		PR	119	
M850	THE MAXIMUM UNITS OF SERVICE OR NUMBER OF VISITS FOR THIS PROCEDURE HAS BEEN EXCEEDED FOR THIS PATIENT. (M850)	PR	119		PR	119	
M851	THE MAXIMUM SERVICES PER CALENDAR YEAR HAVE BEEN EXCEEDED FOR THIS PROCEDURE. (M851)	OA	204		PR	119	
M852	THIS ADMISSION EXCEEDS THE APPROVED LENGTH OF STAY. PLEASE OBTAIN APPROVAL FOR THE EXCESS DAYS, OR REBILL FOR ONLY THE APPROVED DAYS. (M852)	OA	204		CO	198	
M853	EXCEEDS ALLOWABLE FREQUENCY OF TREATMENT. (M853)	PR	119		PR	119	N362
M856	SUSPEND - RN REVIEW REQUIRED - OUTPATIENT PHYSICAL, SPEECH, OCCUPATIONAL THERAPY.	OA	204		PR	204	N10
M857	WRAP LOCATION. CLAIM WILL AUTOMATICALLY REPROCESS IN THE NEXT CYCLE.	OA	204		PR	204	
M860	SERVICES OF THIS TYPE ARE PAYABLE ONLY ONCE WITHIN A 24 MONTH PERIOD. (M860)	OA	204		PR	119	
M861	THE PROCEDURE REQUIRES DENTAL OR MEDICAL DOCUMENTATION. TO REQUEST INDIVIDUAL CONSIDERATION, PLEASE RESUBMIT THE CLAIM AND INCLUDE ALL PREVIOUS DOCUMENTATION, INCLUDING X-RAYS AND ANY ADDITIONAL INFORMATION THAT SUPPORTS THE PROCEDURE. (M861)	OA	204		PI	16	N40, N463
M862	BECAUSE THIS TOOTH HAD PRIOR RESTORATIVE, PERIODONTIC, PROSTHODONTIC OR ENDODONTIC SERVICES, WE CAN'T APPROVE PAYMENT FOR SURGERY OR THE BRACKET TO HELP ERUPTION OF THE IMPACTED TOOTH. BASED ON THE DENTAL GUIDELINES IN THE SUBSCRIBER'S CONTRACT, THE SUBSCRIBER IS RESPONSIBLE FOR THESE CHARGES. (M862)	OA	204		PR	204	
M863	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE. THE MAXIMUM BENEFIT ALLOWED FOR TREATMENT OF YOUR PATIENT'S CONDITION HAS BEEN MET FOR THIS BENEFIT PERIOD. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (M863)	PI	119		PR	119	
M864	THE PROCEDURE IS NOT PAYABLE UNLESS THE CLAIM ON WHICH IT IS SUBMITTED INCLUDES THE TOTAL TREATMENT PLAN AND FIRST MONTHLY VISIT. (M864)	OA	204		CO	107	N390
M865	THE PROCEDURE IS NOT SEPARATELY PAYABLE BECAUSE ADJUSTMENTS PERFORMED ON THE SAME DAY AS DENTURE DELIVERY, REBASE, RELINE, REPAIRS OR TISSUE CONDITIONING ARE INCLUDED IN THE PAYMENT FOR THE COMPLETED PROCEDURE. (M865)	OA	204		CO	96	N20
M866	THE PROCEDURE IS NOT PAYABLE AFTER ENDODONTIC TREATMENT HAS BEEN PERFORMED. (M866)	CO	15		PR	204	
M867	TWELVE MONTH LIMITATION, PROCEDURE PAID IN PREVIOUS TWELVE MONTHS.(M867)	OA	204		PR	119	M90
M868	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE. IT ISN'T A BENEFIT FOR A PATIENT OF THIS AGE OR THE MAXIMUM FOR THE BENEFIT PERIOD HAS BEEN MET FOR A PATIENT OF THIS AGE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (M868)	PI	119		PR	119	N129

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M869	THE SEALANT PROCEDURE IS NOT PAYABLE BECAUSE THE TOOTH HAS HAD RESTORATIVE TREATMENT. (M869)	OA	204		PR	204	
M870	PREDETERMINATION IS REQUIRED FOR THIS ADMISSION DATE. (M870)	CO	197		CO	197	
M872	PAYMENT FOR THE REPORTED SERVICE IS INCLUDED IN THE TOTAL ALLOWANCE FOR THE COMPLETED PROCEDURE. (M872)	OA	204		CO	97	
M877	THE CONTRACT COVERS EXAMS, FRAMES, LENSES AND CONTACT LENSES ONCE EVERY 12 MONTHS. THE SERVICE OR ITEM BILLED IS NOT PAYABLE BECAUSE IT HAS ALREADY BEEN PROVIDED ONCE IN THE PAST 12 MONTHS. (M877)	OA	204		PR	119	M90
M879	THIS SERVICE IS PAYABLE ONCE (1) IN A TEN (10) DAY PERIOD BY THE SAME OR DIFFERENT PROVIDER. OUR RECORDS SHOW THAT THIS SERVICE HAS BEEN PAID TO YOU OR ANOTHER PROVIDER WITHIN A TEN (10) DAY PERIOD. (M879)	OA	204		CO	119	M86
M886	PREDETERMINATION IS REQUIRED FOR THIS SERVICE. AN AUTHORIZATION NUMBER IS REQUIRED (M886)	CO	15		CO	15	
M887	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. (M887)	OA	204		CO	197	
M888	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. (M888)	OA	204		CO	197	
M889	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. (M889)	OA	204		CO	197	
M890	THE ADMISSION DATE ON THE CLAIM DOES NOT MATCH THE DATE ON THE AUTHORIZATION FILE. (M890)	OA	204		CO	96	N54
M892	THE FIRST DATE OF SERVICE ON THIS CLAIM IS PRIOR TO THE ADMISSION DATE AUTHORIZED. (M892)	OA	204		CO	96	N54
M893	THE SERVICES REPORTED WERE RENDERED AFTER THE DATE AUTHORIZED. (M893)	OA	204		CO	96	N54
M894	THE PROCEDURE BILLED WAS NOT THE PROCEDURE AUTHORIZED. PLEASE REBILL FOR THE CORRECT APPROVED SERVICE. (M894)	PI	16	N54	CO	197	N54
M895	PREDETERMINATION WAS DENIED, NOTIFICATION WAS SENT PRIOR TO ADMISSION. (M895)	OA	204		CO	39	
M897	PREDETERMINATION HAS BEEN DENIED FOR THIS SERVICE - NOTIFICATION WAS SENT TO YOU PRIOR TO THE DATE OF SERVICE. (M897)	OA	204		CO	39	
M898	THIS ADMISSION EXCEEDS THE APPROVED LENGTH OF STAY. PLEASE OBTAIN APPROVAL FOR THE EXCESS DAYS, OR REBILL FOR ONLY THE APPROVED DAYS. (M898)	OA	204		CO	198	N54
M911	THIS SURGERY IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (M911)	OA	204		PR	167	
M913	PAYMENT FOR THIS SURGERY IS INCLUDED IN OUR PAYMENT FOR THE MAJOR SURGERY. (M913)	OA	204		CO	59	
M914	RELATED SURGERIES BILLED ON THE SAME DATE ARE COMBINED AND PAID UNDER ANOTHER PROCEDURE. (M914)	OA	204		CO	97	M15
M915	THIS SURGERY IS NOT A COVERED BENEFIT BASED ON THE REPORTED MEDICAL INFORMATION. (M915)	OA	204		PR	204	
M916	BASED ON THE REPORTED MEDICAL INFORMATION, THIS SERVICE IS A COVERED BENEFIT UNDER ANOTHER DESCRIPTION. (M916)	OA	204		PI	16	N163
M918	BASED ON THE REPORTED MEDICAL INFORMATION, THIS SURGERY IS NOT A COVERED BENEFIT BECAUSE THE BENEFIT IS INCLUDED IN THE TOTAL MAJOR SURGICAL FEE. (M918)	OA	204		CO	59	
M920	OUR PHYSICIAN CONSULTANTS HAVE REVIEWED THE INFORMATION SENT TO US AND DETERMINED THAT THE ORIGINAL DECISION IS CORRECT. (M920)	OA	204		PR	193	N10
M926	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME, BECAUSE THE MEDICAL DOCUMENTATION SUBMITTED DOES NOT ADEQUATELY DEPICT THE CLINICAL CONDITION AND/OR THE TREATMENT RENDERED. PLEASE SUBMIT A PHOTOCOPY OF THE PATIENT'S HISTORY AND PROGRESS NOTES TO ASSIST US IN DETERMINING BENEFIT LEVELS. (M926)	OA	204		PI	16	N163, N464

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
M927	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME BECAUSE THE MEDICAL DOCUMENTATION SUBMITTED DOES NOT ADEQUATELY DEPICT THE CONDITION BEING BILLED. PLEASE SUBMIT A NEW PHOTOGRAPH THAT CLEARLY SHOWS THE CLINICAL CONDITION. (M927)	OA	204		PI	16	N163, N464
M931	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME BECAUSE THE X-RAYS SUBMITTED AS MEDICAL DOCUMENTATION DO NOT ADEQUATELY DEPICT THE CONDITION BILLED OR REQUESTED. PLEASE RESUBMIT AN X-RAY THAT CLEARLY SHOWS THE CONDITION. (M931)	OA	204		PI	16	N40
M932	BASED ON THE REVIEW OF YOUR DOCUMENTATION, APPROVAL FOR PAYMENT WILL BE ASSIGNED TO THE LEVEL OF REIMBURSEMENT OF A SIMILAR PROCEDURE CODE, INDICATED HEREIN. THE ACTUAL CHOICE OR PROCEDURE IS LEFT TO YOUR OWN MEDICAL AND SURGICAL JUDGMENT. (M932)	OA	204		CO	169	
M934	WE ORIGINALLY PROCESSED THIS OFFICE VISIT UNDER YOUR AUTO COVERAGE AND WILL NOW PROCESS IT UNDER YOUR UAW MAJOR MEDICAL SUPPLEMENTAL COVERAGE. (M934)	OA	204		PR	102	N7
M936	PREDETERMINATION FOUND - DIFFERENT PROVIDER CODE.	OA	204		PI	96	N54
M956	NO INFORMATION ON COB COMMENT FILE - SECONDARY BALANCE CLAIM.	OA	204		OA	23	
M985	LETTER SENT TO SUBSCRIBER REQUESTING INFORMATION REGARDING OTHER INSURANCE COVERAGE.	OA	204		PR	227	N179
M986	SECOND LETTER SENT TO SUBSCRIBER REQUESTING INFORMATION REGARDING OTHER INSURANCE COVERAGE.	OA	204		PR	227	N179
M987	REQUESTED INFORMATION REGARDING OTHER INSURANCE COVERAGE WAS NOT RETURNED FROM THE SUBSCRIBER. WE WILL REPROCESS THE CLAIM WHEN THE INFORMATION IS SUBMITTED (M987)	PR	17	MA92, N179	PR	227	N179
M988	OUR RECORDS INDICATE THAT THE PATIENT HAS PRIMARY COVERAGE WITH THE INSURANCE COMPANY LISTED BELOW. PLEASE RESUBMIT AFTER THE PRIMARY CARRIER HAS MADE A DETERMINATION/PAYMENT. (M988)	PI	109		PI	109	
N001	THIS SERVICE IS A COMPONENT OF A PRIMARY PROCEDURE. PAYMENT OF THE PRIMARY PROCEDURE INCLUDES REIMBURSEMENT FOR THIS RELATED PROCEDURE. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS RELATED PROCEDURE. (N001)	OA	204		CO	97	N20
N005	IN VITRO FERTILIZATION IS A PROGRAM EXCLUSION AND NOT AN ELIGIBLE BENEFIT FOR PAYMENT. (N005)	OA	204		PR	204	
N008	THIS SERVICE IS CONSIDERED INVESTIGATIONAL. AN INVESTIGATIONAL PROCEDURE IS A PROGRAM EXCLUSION. (N008)	PR	55		PR	55	
N009	WE CAN'T REVIEW THE SERVICE BECAUSE ANOTHER HEALTH INSURANCE PLAN IS RESPONSIBLE FOR PROCESSING CLAIMS FOR THIS TYPE OF SERVICE. PLEASE SEND THIS CLAIM TO UNITED HEALTH CARE. (N009)	OA	204		PI	109	
N011	ADDITIONAL ITEMS ARE COVERED IF THEY HAVE BEEN DETERMINED TO BE REQUIRED DUE TO A CHANGE IN THE PATIENT'S WEIGHT OR FOR HYGIENIC REASONS. (N011)	OA	204		PR	204	
N012	UNABLE TO PROCESS THIS CLAIM. PROCEDURE CODE INVALID/MISSING/INACTIVE. (N012)	OA	204		PI	16	M20
N013	THIS ADMISSION IS NOT PAYABLE. THIS IS NOT A COVERED SERVICE. (N013)	OA	204		PR	204	
N015	TSA IS NOT PAYABLE FOR THIS PROCEDURE. (N015)	OA	204		PR	54	
N016	COSMETIC SURGERY IS NOT A BENEFIT. (N016)	OA	204		PR	204	N383

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
N017	THIS SERVICE SHOULD HAVE BEEN REPORTED FIRST TO BLUE CROSS BLUE SHIELD INSTEAD OF MEDICARE. THE PATIENT WAS WORKING OR CLASSIFIED AS DISABLED, ACCORDING TO OBRA LAWS, ON THE DATE(S) OF SERVICE. YOU WERE PAID IN ERROR BY MEDICARE. PLEASE RETURN THE MEDICARE PAYMENT AMOUNT TO YOUR MEDICARE CARRIER. CONTACT YOUR MEDICARE CUSTOMER SERVICE AREA FOR THE CORRECT MAILING ADDRESS, IF NEEDED. PLEASE RESUBMIT THE ORIGINAL BILL TO BLUE CROSS BLUE SHIELD OF MICHIGAN AT THE ADDRESS ABOVE. (N017)	OA	204		PI	129	
N018	YOUR PATIENT'S HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE. IT'S NOT A BENEFIT BECAUSE THE PATIENT DIDN'T REQUIRE TREATMENT FOR AN ACCIDENTAL INJURY OR A LIFE-THREATENING MEDICAL CONDITION. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. -N018	PR	204		PR	40	
N019	THIS SERVICE, AS REPORTED, DOES NOT MEET THE CRITERIA FOR PAYMENT AS EMERGENCY CARE AND IS OTHERWISE NOT A BENEFIT UNDER ANY OTHER BENEFIT CATEGORY. (N019)	OA	204		PR	40	
N020	THIS SERVICE, AS REPORTED, DOES NOT MEET THE CRITERIA FOR PAYMENT AS EMERGENCY CARE. OFFICE/OUTPATIENT VISITS ARE NOT A BENEFIT UNLESS PROVIDED OR REFERRED BY A PANEL NETWORK PROVIDER. (N020)	PR	40	N130	PR	40	
N022	TECHNICAL COMPONENT IS NOT A PROFESSIONAL BENEFIT, HOWEVER, IT IS REIMBURSED TO THE FACILITY VIA FORM UB-82. (N022)	OA	204		PI	125	N34, N400
N024	THIS ITEM IS NOT PAYABLE UNLESS PURCHASED. (N024)	OA	204		PR	108	
N025	WHEN THIS SERVICE IS PERFORMED IN A HOSPITAL, PAYMENT IS SENT TO THE HOSPITAL. (N025)	OA	204		CO	96	M97
N027	THIS MAGNETIC RESONANCE IMAGING (MRI) PROCEDURE IS NOT PAYABLE WITH THE REPORTED DIAGNOSIS. (N027)	OA	204		PR	167	
N028	THE SUBSCRIBER'S CONTRACT ALLOWS A MAXIMUM OF TWO (2) SERVICES PER CONDITION PER CALENDAR YEAR FOR MAGNETIC RESONANCE IMAGING (MRI) SERVICES. THE MAXIMUM HAS BEEN MET. (N028)	OA	204		PR	119	
N031	THE ORDERING OR REFERRING PHYSICIAN'S LICENSE NUMBER DOES NOT MATCH THE NUMBER IN OUR FILES. (N031)	OA	204		PI	16	N286
N032	THE ORDERING OR REFERRING PHYSICIAN'S LICENSE NUMBER IS MISSING. (N032)	OA	204		PI	16	N286
N033	THIS SERVICE IS AN EXACT DUPLICATE OF ANOTHER SERVICE BILLED ON THE SAME DAY. (N033)	OA	204		PI	18	
N034	THIS SERVICE IS A DUPLICATE OF ANOTHER SERVICE ON THE SAME CLAIM. (N034)	OA	204		PI	18	
N035	PRECERTIFICATION IS REQUIRED FOR THIS ADMISSION. IF THE SERVICE WAS PERFORMED PRIOR TO 9/1/95, PLEASE CONTACT THE BCBSM CENTRAL REVIEW DEPARTMENT AT 1-800-231-3362. IF THE SERVICE WAS PERFORMED AFTER 9/1/95, PLEASE CONTACT SHPS THROUGH 1-800-33KMART. (N035)	OA	204		CO	197	
N037	THIS SERVICE IS NOT CONSIDERED TO BE MEDICALLY NECESSARY. NON MEDICALLY NECESSARY PROCEDURES ARE A PROGRAM EXCLUSION. (N037)	OA	204		PR	50	
N041	BEFORE WE CAN PROCESS THIS CLAIM WE NEED MORE INFORMATION. PLEASE CONTACT THE CUSTOMER SERVICES DEPARTMENT AT THE NUMBER ABOVE. (N041)	OA	204		PI	16	N29
N044	DENTAL COVERAGE IS NOT A BENEFIT THROUGH BLUE CROSS AND BLUE SHIELD. SUBMIT YOUR CLAIM TO EDS HEALTH AND DENTAL. FOR INFORMATION PHONE 1-214-403-5151. (N044)	OA	204		PI	109	N216
N046	PSYCHIATRIC SERVICES ARE NOT A BENEFIT THROUGH BLUE CROSS AND BLUE SHIELD. SUBMIT YOUR CLAIM TO EDS-EAP. FOR INFORMATION PHONE 1-972-605-9191. (N046)	OA	204		PI	109	
N047	THE EQUIPMENT REPORTED DOES NOT MEET THE CRITERIA FOR DURABLE MEDICAL EQUIPMENT. (N047)	OA	204		PR	96	N180
N048	BLUE CROSS BLUE SHIELD IS NOT THE PRIMARY INSURER. PLEASE CONTACT THE PATIENT FOR THEIR PRIMARY INSURANCE COMPANY. (N048)	OA	204		PI	109	
N049	CHIROPRACTIC SERVICES ARE NOT A CONTRACT BENEFIT. (N049)	OA	204		PR	204	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
N050	THIS DURABLE MEDICAL EQUIPMENT IS NOT PAYABLE BECAUSE IT IS NOT PRIMARILY MEDICAL IN NATURE. (N050)	OA	204		PR	50	
N051	PLEASE BILL THE INDIVIDUAL PROCEDURE CODES FOR THIS IMMUNIZATION. (N051)	OA	204		PI	16	M51, N63
N052	THIS MEMBER'S PRESCRIPTION DRUG CLAIMS ARE PROCESSED BY PCS INC. AS OF 1/1/97, THIS MEMBER'S PRESCRIPTION DRUG CLAIMS ARE PROCESSED BY MEDCO. (N052)	OA	204		PI	166	
N053	THE PROCEDURE CODE BILLED IS NOT PAYABLE FOR THE DIAGNOSIS REPORTED. PLEASE RESUBMIT THE CLAIM WITH THE APPROPRIATE PROCEDURE CODE FOR THIS DIAGNOSIS OR CONDITION. (N053)	OA	204		PR	167	
N054	PROFESSIONAL COMPONENTS ARE NOT PAYABLE SEPARATELY WHEN PERFORMED IN THIS SETTING. ONLY THE FULL SERVICE, WHICH INCLUDES BOTH THE PROFESSIONAL AND TECHNICAL COMPONENTS, IS PAYABLE WHEN PERFORMED IN A DOCTOR'S OFFICE. THE PATIENT SHOULD NOT BE BILLED FOR THIS SERVICE. (N054)	OA	204		PI	125	N390
N055	THIS SERVICE IS NOT PAYABLE AS A PROFESSIONAL COMPONENT. (N055)	OA	204		PR	204	
N056	THIS SERVICE IS NOT PAYABLE TO THE PROVIDER SPECIALTY REPORTED. (N056)	OA	204		PR	172	
N057	ONLY ONE INITIAL CONSULTATION IS PAYABLE. ADDITIONAL CONSULTATIONS DURING THE SAME ADMISSION SHOULD BE BILLED AS FOLLOW-UP CONSULTATIONS. (N057)	OA	204		CO	16	N113
N058	PLEASE RESUBMIT USING THE SPECIFIC PROCEDURE CODE FOR THE SERVICE PROVIDED. (N058)	OA	204		PI	16	M20, M81
N060	ALTHOUGH THE SUBSCRIBER'S POLICY COVERS THIS BENEFIT CATEGORY, THE SERVICE REPORTED IS NOT A COVERED BENEFIT. (N060)	PR	204		PR	204	
N061	THIS TYPE OF EQUIPMENT CAN BE RENTED BUT NOT PURCHASED. (N061)	OA	204		PI	108	
N062	THE DOCUMENTATION PROVIDED DOES NOT SUPPORT THE MEDICAL NECESSITY OF THIS SERVICE. FOR PAYMENT PURPOSES, OUR DETERMINATIONS OF MEDICAL NECESSITY ARE BASED ON STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS. (N062)	OA	204		CO	50	
N065	WHEN THIS SERVICE IS PERFORMED IN A HOSPITAL, PAYMENT IS SENT TO THE HOSPITAL. (N065)	OA	204		CO	B13	M97
N066	MEDICARE IS PRIMARY, BUT THERE IS A DISCREPANCY BETWEEN YOUR BLUE CROSS BLUE SHIELD AND MEDICARE RECORDS. PLEASE CONTACT THE FORD RETIREE SERVICE CENTER AT (800) 426-4610 TO CORRECT YOUR CONTRACT INFORMATION. ONCE THESE FILES ARE CORRECTED, PLEASE ADVISE THE PROVIDER TO RESUBMIT THE CLAIM TO BLUE CROSS BLUE SHIELD FOR PAYMENT CONSIDERATION. (N066)	OA	204		PR	22	N197
N067	SERVICES WITH THIS PROCEDURE ARE NOT A CONTRACT BENEFIT (N067).	OA	204		PR	204	
N069	AS OF JAN. 1, 1998, NORTHWOOD/NPN PROCESSES YOUR DURABLE MEDICAL EQUIPMENT AND PROSTHETIC & ORTHOTIC CLAIMS. PLEASE SEND THIS CLAIM TO NORTHWOOD/NPN, P.O. BOX 3308, CENTER LINE, MI 48015-0308 OR CALL 1-800-936-9314.	OA	204		PI	166	
N070	AS OF JAN. 1, 1998, NORTHWOOD/NPN PROCESSES YOUR MEDICARE COMPLEMENTARY CLAIMS FOR DURABLE MEDICAL EQUIPMENT AND PROSTHETIC AND ORTHOTIC SERVICES. IF YOU RECEIVED SERVICES FROM A NETWORK PROVIDER, PLEASE SEND THIS CLAIM TO NORTHWOOD/NPN, P.O. BOX 3308, CENTER LINE, MI 48015-0308 OR CALL 1-800-936-9314. PLEASE NOTE THAT THE GM PROGRAM DOES NOT COVER THE MEDICARE PART B DEDUCTIBLE OR COINSURANCE WHEN YOU RECEIVE NON-NETWORK SERVICES. (N070)	OA	204		PI	166	
N072	THIS SERVICE ISN'T PAYABLE BECAUSE THE PROFESSIONAL AND TECHNICAL COMPONENTS ACCORDING TO OUR GUIDELINES, MUST BE REPORTED SEPARATELY FOR THIS DIAGNOSTIC TEST. WE'LL RECONSIDER THE SERVICE FOR PAYMENT WHEN YOU SEND US A CLAIM FOR ONLY THE PROFESSIONAL COMPONENT. (N072)	OA	204		PI	125	N200
N074	PAYMENT CANNOT BE APPROVED TO THIS PROVIDER TYPE AND/OR SPECIALTY FOR THIS SERVICE. (N074)	OA	204		CO	170	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
N076	THIS SERVICE ISN'T PAYABLE BECAUSE WE HAVE ALREADY PAID FOR TWO OF THESE SERVICES RECEIVED DURING THE SAME CALENDAR YEAR. YOUR CONTRACT SPECIFIES ONLY TWO SERVICES OF THIS TYPE ARE COVERED PER CALENDAR YEAR FOR EACH MEMBER. (N076)	PR	119		PR	119	
N077	THIS SERVICE ISN'T PAYABLE BECAUSE THE MEMBER'S CONTRACT PAYS FOR IT ONLY ONCE IN A 24-MONTH PERIOD. WE HAVE ALREADY PAID FOR THIS PROCEDURE IN THE PAST 24 MONTHS. (N077)	OA	204		PR	119	
N078	THIS SERVICE ISN'T PAYABLE BECAUSE THE MEMBER'S CONTRACT LIMITS THE NUMBER OF CLEANINGS TO THREE IN A 12 MONTH PERIOD. HOWEVER, IF PERIODONTAL SURGERY WAS PERFORMED ON THE PATIENT IN THE LAST 24 MONTHS, WE WILL RECONSIDER THE CLAIM. PLEASE SEND A COPY OF THE PATIENT'S DENTAL TREATMENT RECORD, ALONG WITH THE CLAIM. (N078)	OA	204		PR	119	
N079	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT DOES NOT COVER ORTHODONTIC SERVICES. (N079)	OA	204		PR	204	
N080	PLEASE SEND US A NEW FACILITY CLAIM FOR THIS SERVICE BECAUSE IT CAN'T BE CONSIDERED FOR PAYMENT WHEN REPORTED AS A PROFESSIONAL CLAIM. UNTIL WE GET A FACILITY CLAIM, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI FACILITY 837 COMPANION DOCUMENT WILL	OA	204		PI	125	N34, N400
N083	OBSERVATION BEDS ARE PAYABLE UNDER EITHER OF THE FOLLOWING CONDITIONS: 1) WHEN A CLAIM INCLUDES A COVERED MEDICAL EMERGENCY SERVICE THAT IS NOT RELATED TO SURGERY OR DIAGNOSTIC SERVICES. 2) WHEN THE PATIENT IS REFERRED BY A PHYSICIAN OR SKILLED NURSING FACILITY FOR TREATMENT OF A PAYABLE DIAGNOSIS THAT IS NOT RELATED TO SURGERY OR DIAGNOSTIC SERVICES. (N083)	OA	204		PR	204	
N084	THIS OBSERVATION SERVICE/MEDICAL EMERGENCY IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (N084)	OA	204		PR	167	
N085	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION. FOR SERVICES RECEIVED BY GM SALARIED NON-MEDICARE ENROLLEES ON OR AFTER 4-1-99, PLEASE CALL SHPS TOLL-FREE AT 1-877-299-4635. (N085)	OA	204		PI	197	
N086	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION. FOR SERVICE RECEIVED BY GM SALARIED NON-MEDICARE ENROLLEES ON OR AFTER 4-1-99, PLEASE CALL SHPS TOLL-FREE AT 1- 877-299-4635.(N086)	OA	204		PI	197	
N087	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION. FOR SERVICES RECEIVED BY GM SALARIED NON-MEDICARE ENROLLEES ON OR AFTER 4-1-99, PLEASE CALL SHPS TOLL-FREE AT 1-877-299-4635. (N087)	OA	204		PI	197	
N092	WE ARE UNABLE TO IDENTIFY THE NATIONAL DRUG CODE REPORTED. (N092)	OA	204		PI	16	M119
N093	THIS ITEM IS NOT PAYABLE TO A HOME INFUSION THERAPY PROVIDER. (N093)	OA	204		CO	170	
N094	THIS SERVICE IS NOT CONSIDERED A SEPARATELY REIMBURSABLE SERVICE WHEN PERFORMED IN THIS LOCATION, AND THE ENROLLEE SHOULD NOT BE BILLED. (N094)	OA	204		CO	107	
N095	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF ALABAMA P.O. BOX 995 BIRMINGHAM, AL 35298 (N095)	OA	204		PI	109	
N096	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF ARIZONA, INC. P.O. BOX 13466 PHOENIX, AZ 85002. (N096)	OA	204		PI	109	
N097	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: ARKANSAS BCBS P.O. BOX 2181 LITTLE ROCK, AR 72203 (N097)	OA	204		PI	109	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
N098	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT YOUR CLAIM TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN IN CALIFORNIA. (N098)	OA	204		PI	109	
N099	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF COLORADO 700 BROADWAY DENVER, CO 80273 (N099)	OA	204		PI	109	
N100	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: ANTHEM BCBS-CONNECTICUT P.O. BOX 504 NORTH HAVEN, CT 06473 (N100)	OA	204		PI	109	
N101	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF DELAWARE P.O. BOX 1991 WILMINGTON, DE 19899 (N101)	OA	204		PI	109	
N102	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF THE NATIONAL CAPITAL AREA 550 12TH ST. S.W. WASHINGTON, DC 20065 (N102)	OA	204		PI	109	
N104	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF GEORGIA 3350 PEACHTREE ROAD, N.E. ATLANTA, GA 30326 (N104)	OA	204		PI	109	
N105	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF HAWAII P.O. BOX 860 HONOLULU, HI 96808 (N105)	OA	204		PI	109	
N106	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT YOUR CLAIM TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN IN IDAHO. (N106)	OA	204		PI	109	
N107	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF ILLINOIS (HEALTH CARE SERVICE CORP) 300 EAST RANDOLPH CHICAGO, IL 60601 (N107)	PI	109		PI	109	
N108	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN. (N108)	OA	204		PI	109	
N109	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF IOWA 636 GRAND AVENUE DESMOINES, IA 50309 (N109)	OA	204		PI	109	
N110	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF KANSAS P.O. BOX 239 TOPEKA, KS 66629-0001 (N110)	OA	204		PI	109	
N111	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: ANTHEM BCBS-KENTUCKY 9901 LINN STATION ROAD LOUISVILLE, KY 40223 (N111)	OA	204		PI	109	
N112	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF LOUISIANA P.O. BOX 98029 BATON ROUGE, LA 70898-9029 (N112)	OA	204		PI	109	
N113	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF MAINE 2 GANNET DRIVE SOUTH PORTLAND, ME 04106-6911 (N113)	OA	204		PI	109	
N114	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF MARYLAND 10455 MILL RUN CIRCLE OWINGS MILLS, MD 21117 (N114)	OA	204		PI	109	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
N115	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF MASSACHUSETTS 100 HANCOCK STREET ROCKLAND, MA 02171 (N115)	OA	204		PI	109	
N116	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF MINNESOTA P.O. BOX 64560 ST. PAUL, MN 55122 (N116)	OA	204		PI	109	
N117	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF MISSISSIPPI P.O. BOX 1043 JACKSON, MS 39215-1043 (N117)	OA	204		PI	109	
N118	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT YOUR CLAIM TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN IN MISSOURI. (N118)	OA	204		PI	109	
N119	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF MONTANA P.O. BOX 4309 HELENA, MT 59604 (N119)	OA	204		PI	109	
N120	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF NEBRASKA 7261 MERCY ROAD OMAHA, NE 68180-0001 (N120)	OA	204		PI	109	
N121	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF NEVADA P.O. BOX 10330 RENO, NV 89520-0330 (N121)	OA	204		PI	109	
N122	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF NEW HAMPSHIRE 3000 GOFFS FALL ROAD MANCHESTER, NH 03111-0001 (N122)	OA	204		PI	109	
N123	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: ANTHEM BCBS-NEW JERSEY 3 PENN PLAZA EAST NEWARK, NJ 07101 (N123)	OA	204		PI	109	
N124	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF NEW MEXICO P.O. BOX 27630 ALBUQUERQUE, NM 87125 (N124)	OA	204		PI	109	
N125	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT YOUR CLAIM TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN IN NEW YORK. (N125)	PI	109		PI	109	
N126	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF NORTH CAROLINA P.O. BOX 2291 DURHAM, NC 27702 (N126)	OA	204		PI	109	
N127	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF NORTH DAKOTA 4510 13TH AVENUE, S.W. FARGO, ND 58121-0001 (N127)	OA	204		PI	109	
N128	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT YOUR CLAIM TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN IN OHIO. (N128)	PI	109		PI	109	
N129	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF OKLAHOMA (GROUP HEALTH SERVICE OF OKLAHOMA, INC.) P.O. BOX 3283 TULSA, OK 74102 (N129)	OA	204		PI	109	
N130	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF OREGON P.O. BOX 1271 PORTLAND, OR 97207-1271 (N130)	OA	204		PI	109	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
N131	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT YOUR CLAIM TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN IN PENNSYLVANIA. (N131)	PI	109		PI	109	
N132	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF RHODE ISLAND 444 WESTMINSTER STREET PROVIDENCE, RI 02903 (N132)	OA	204		PI	109	
N133	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF SOUTH CAROLINA P.O. BOX 100-300 COLUMBIA, SC 29219 (N133)	OA	204		PI	109	
N134	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: WELLMARK BCBS OF SOUTH DAKOTA 1601 WEST MADISON STREET SIOUX FALLS, SD 57104 (N134)	OA	204		PI	109	
N135	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT YOUR CLAIM TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN IN TENNESSEE. (N135)	OA	204		PI	109	
N137	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF UTAH P.O. BOX 30270 SALT LAKE CITY, UT 84109 (N137)	OA	204		PI	109	
N138	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF VERMONT P.O. BOX 186 MONTPELIER, VT 05601 (N138)	OA	204		PI	109	
N139	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF VIRGINIA P.O. BOX 27401 RICHMOND, VA 23279 (N139)	OA	204		PI	109	
N140	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT YOUR CLAIM TO YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN IN WASHINGTON. (N140)	OA	204		PI	109	
N141	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: MOUNTAIN STATE BCBS, INC. P.O. BOX 1948 PARKERSBURG, WV 26102 (N141)	OA	204		PI	109	
N143	THIS SERVICE WAS BILLED TO BLUE CROSS BLUE SHIELD OF MICHIGAN IN ERROR. PLEASE RESUBMIT THIS CLAIM TO YOUR LOCAL PLAN AT THE FOLLOWING ADDRESS: BCBS OF WYOMING P.O. BOX 2266 CHEYENNE, WY 82003 (N143)	OA	204		PI	109	
N144	COVERED CHIROPRACTIC SERVICES ARE LIMITED TO EMERGENCY FIRST AID AND DIAGNOSTIC RADIOLOGICAL SERVICES RELATED TO THE SPINE. THIS SERVICE IS NOT COVERED. (N144)	OA	204		PR	204	
N147	THIS SERVICE WAS BILLED TO BCBS IN ERROR. PLEASE RESUBMIT TO THE CORRECT MENTAL HEALTH OR SUBSTANCE ABUSE CARRIER. (N147)	OA	204		PI	109	
N148	BLUE CROSS BLUE SHIELD OF MICHIGAN IS NOT THE CARRIER FOR THIS SERVICE. PLEASE RESUBMIT YOUR CLAIM TO MET LIFE/COLE VISION. (N148)	OA	204		PI	109	
N150	THIS SERVICE WAS BILLED TO BCBS IN ERROR. PLEASE RESUBMIT TO THE VISION CARRIER. (N150)	OA	204		PI	109	
N151	THE REPORTED PROCEDURE CODE ISN'T PAYABLE BECAUSE IT IS USED ONLY FOR MEDICAID PATIENTS AND WE DO NOT ADMINISTER THE MEDICAID PROGRAM.	OA	204		PI	109	
N152	THIS PROSTHETIC OR ORTHOTIC DEVICE IS NOT A PAYABLE BENEFIT UNDER YOUR CONTRACT. (N152)	OA	204		PR	204	
N153	BLOOD HANDLING FEES ARE NOT A COVERED BENEFIT WHEN LABORATORY SERVICES ARE REFERRED TO A NONPANEL LABORATORY. (N153)	OA	204		CO	38	

NASCO non-payment code to standard code mapping

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N155	THIS ITEM ISN'T PAID SEPARATLY BECAUSE THE SOLE REASON FOR REPORTING IT TO ALLOW MEDICARE TO GATHER INFORMATION. OUR ALLOWANCE FOR THE PROCEDURE INCLUDES CONSIDERATION FOR THIS ITEM.	OA	204		CO	96	N365
N157	TECHNICAL SURGICAL ASSISTANCE IS NOT A BENEFIT FOR THE SURGERY REPORTED (N157)	OA	204		PR	54	
N159	THE TECHNICAL COMPONENT OF THIS SERVICE IS NOT PAYABLE TO THE PHYSICIAN. (N159)	OA	204		CO	96	M96
N160	WE DON'T PAY SEPARATELY FOR THIS PROCEDURE CODE BECAUSE IT'S ONLY PURPOSE IS TO IDENTIFY THE LOCATION OF SERVICES YOU PROVIDED FOR THIS PATIENT. (N160)	CO	96	N365	CO	96	N365
N161	YOUR CONTRACT DOES NOT COVER THIS SERVICE WHEN PERFORMED BY AN OPTOMETRIST. (N161)	OA	204		PR	170	
N162	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE SERVICE IS NOT VALID FOR A NON-MEDICARE CLAIM. (N162)	OA	204		PR	204	
N164	THE SERVICE IS NOT PAYABLE BECAUSE THE CONTRACT DOES NOT COVER THE PATIENT FOR PREVENTATIVE OR ROUTINE CARE. (N164)	PR	204	N130	PR	49	
N165	THIS PROCEDURE IS NOT A BENEFIT UNLESS IT IS BILLED ALONG WITH A BASE SERVICE. (N165)	PR	B15		CO	107	
N167	THE CARRIER FOR THIS PATIENT'S HEALTH AND SUBSTANCE ABUSE SERVICE IS VALUE OPTIONS. FOR MORE INFORMATION, CALL 1-800-997-4841 (N167)	OA	204		PI	109	
N168	IN ORDER TO PROCESS THIS SERVICE AND ASSURE CORRECT REIMBURSEMENT, PLEASE SUBMIT USING THE APPROPRIATE PROCEDURE OR REVENUE CODE. THE ENROLLEE IS NOT RESPONSIBLE FOR THIS EXPENSE UNTIL THE REQUIRED INFORMATION IS RECEIVED AND REVIEWED BY US. (N168)	OA	204		PI	16	M20, M50
N170	THIS SERVICE IS NOT PAYABLE FOR A RESEARCH DIAGNOSIS. (N170)	OA	204		PR	167	
N171	THIS PROCEDURE CODE ISN'T REIMBURSABLE BECAUSE IT'S REPORTED ONLY AS SUPPORTING INFORMATION ABOUT ANOTHER SERVICE YOU PERFORMED ON THE SAME DATE. AS A RESULT, THE SUBSCRIBER ISN'T RESPONSIBLE FOR THIS CHARGE. (N171)	CO	B15		CO	96	N365
N172	THIS CATEGORY II PROCEDURE CODE DESCRIBES A COMPONENT OF ANOTHER SERVICE YOU PERFORMED AND IS REPORTED ONLY TO HELP MEASURE PERFORMANCE. AS A RESULT, THE MEMBER ISN'T RESPONSIBLE FOR PAYMENT.	OA	204		CO	97	N365
N173	THE SUBSCRIBER IS RESPONSIBLE FOR PAYING THIS CHARGE BECAUSE THE CENTERS FOR DISEASE CONTROL OR THE AMERICAN ACADEMY OF PEDIATRICS DON'T RECOMMEND THIS IMMUNIZATION AS REQUIRED BY THE SUBSCRIBER'S CONTRACT.(N173)	OA	204		PR	204	
N174	THIS SERVICE EXCEEDS THE APPROVED MENTAL HEALTH AND SUBSTANCE ABUSE VISITS FOR THE APPROVED TREATMENT PLAN ON FILE. PLEASE CONTACT MAGELLAN AT 1-800-342-5891 FOR RECERTIFICATION AND REBILL. (N174)	OA	204		PI	198	N351
N175	THANK YOU FOR REPORTING REVENUE CODES 0420, 0430, AND 0440 WITH \$0.00 CHARGE AND THE NUMBER OF THERAPY VISITS. THIS ALLOWED US TO FINALIZE THE CLAIM. (N175)	OA	204		CO	96	N365
N176	WE CAN'T PAY THE ENTIRE CLAIM BECAUSE WE'D EXCEED THE PATIENT'S BENEFIT MAXIMUM. PLEASE CALL PROVIDER INQUIRY TO GET THE NUMBER OF VISITS THIS PATIENT HAS REMAINING AND SEND US A NEW CLAIM FOR THE REMAINDER. (N176)	PI	119	N381	PI	119	
N177	THE PATIENT IS RESPONSIBLE FOR THE BALANCE BECAUSE THE CONTRACT EXCLUDES COVERAGE FOR THESE SERVICES. (N177)	PR	204		PR	204	
N178	BCBSM CONSIDERS THIS A MEDICAL/SURGICAL SERVICE. PLEASE SEND A CLAIM TO FEDERAL EMPLOYEE PROGRAM-BCBSM, P.O. BOX 2599, DETROIT, MI 48231-2599 SO WE CAN REVIEW IT FOR MEDICAL/SURGICAL BENEFITS. (N178)	OA	204		PI	109	
N180	THIS CLAIM WAS SUBMITTED TO BCBSM IN ERROR. PLEASE SEND CLAIMS FOR THIS MEMBER'S HEARING SERVICES TO SVS, P.O. BOX 464, MOUNT CLEMENS, MI 48046-0464. FOR MORE INFORMATION, PLEASE CALL 877-500-7370. -N180	OA	204		PI	109	

NASCO non-payment code to standard code mapping

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N184	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS OUTPATIENT SERVICE. PLEASE CONTACT SHPS TO SATISFY PROGRAM REQUIREMENTS.	OA	204		PI	197	
N187	THIS EAR SERVICE IS NOT A CONTRACT BENEFIT.	OA	204		PR	204	
N189	THIS CATEGORY II PROCEDURE CODE DESCRIBES A COMPONENT OF ANOTHER PERFORMED SERVICE AND IS REPORTED ONLY TO HELP MEASURE PERFORMANCE. AS A RESULT, THE SUBSCRIBER IS NOT RESPONSIBLE FOR PAYMENT.	OA	204		CO	97	N365
N190	BASED ON THE MEDICAL INFORMATION SUBMITTED, WE CANNOT PAY FOR THIS SURGERY BECAUSE THE BENEFIT IS INCLUDED IN THE TOTAL MAJOR SURGERY FEE. (N190)	OA	204		CO	59	
N191	THE CARRIER FOR THIS PATIENT'S MENTAL HEALTH AND SUBSTANCE ABUSE SERVICE IS TPA CIGNA BEHAVIORAL HEALTH. FOR MORE INFORMATION, CALL 1-800-554-6931. (N191)	OA	204		PI	109	
N192	ITEM REPORTED NOT A CONTRACT HEARING PROGRAM BENEFIT	OA	204		PR	204	
N193	NOT A BENEFIT	OA	204		PR	204	
N195	THIS SERVICE IS NOT A COVERED BENEFIT. (N195)	OA	204		PR	204	
N196	OUR RECORDS INDICATE THAT THE PATIENT HAS PRIMARY COVERAGE WITH ANOTHER INSURANCE COMPANY. PLEASE RESUBMIT A CLAIM AFTER THE PRIMARY CARRIER HAS MADE A DETERMINATION OR A PAYMENT. (N196)	OA	204		PI	109	
N197	OUR RECORDS INDICATE THAT 30 DAYS HAVE NOT ELAPSED SINCE THE LAST HOSPITAL ADMISSION. THEREFORE, ACCORDING TO YOUR GROUP HEALTH PLAN, THIS ADMISSION IS NOT COVERED. (N197)	OA	204		PR	A6	
N202	REQUESTED INFORMATION REGARDING OTHER INSURANCE COVERAGE WAS NOT RETURNED BY THE SUBSCRIBER. WE WILL REPROCESS THE CLAIM WHEN THE INFORMATION IS SUBMITTED. (N202)	PR	17	MA92, N179	PR	227	N179
N203	REQUESTED INFORMATION REGARDING OTHER INSURANCE COVERAGE WAS NOT RETURNED BY THE SUBSCRIBER. WE WILL REPROCESS THE CLAIM WHEN THE INFORMATION IS SUBMITTED (N203).	PR	17	MA92, N179	PR	227	N179
N204	OUR POLICY DOES NOT ALLOW A SEPARATE PAYMENT FOR THIS PROCEDURE CODE; IT HELPS TO DOCUMENT YOUR PATIENT'S CONDITION OR CARE. WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. -N204	CO	97		CO	96	N365
N205	BECAUSE MODIFIER 47 IS VALID ONLY WITH A SURGERY SERVICE AND THAT'S NOT WHAT YOU REPORTED, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. IF YOU'RE THE SURGEON, OUR PAYMENT FOR THE SURGERY ALSO INCLUDES AN ALLOWANCE FOR THE ANESTHESIA SERVICE.(N205)	OA	204		CO	59	N20
N211	WHEN WE CONSIDERED THIS CLAIM FOR PAYMENT, YOUR PATIENT HAD NO ACTIVE COVERAGE WITH US. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (N211)	PR	32		PR	27	
N212	WHEN WE CONSIDERED THIS CLAIM FOR PAYMENT, YOUR PATIENT HAD NO ACTIVE COVERAGE FOR THE REPORTED SERVICE DATE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (N212)	PR	31		PR	27	
N213	WHEN WE CONSIDERED THIS CLAIM FOR PAYMENT, THE SUBSCRIBER'S COVERAGE WAS INACTIVE ON THE REPORTED SERVICE DATE. THE SUBSCRIBER IS LIABLE FOR YOUR CHARGE. (N213)	PR	27		PR	27	
N766	PAYMENT FOR THIS PROCEDURE IS INCLUDED IN A RELATED PROCEDURE PERFORMED ON THE SAME DAY, OR DURING THE SAME ADMISSION. (N766)	OA	204		CO	97	M86
N775	VALUE OPTIONS IS THE CARRIER FOR YOUR SUBSTANCE ABUSE SERVICES. FOR MORE INFORMATION, CALL 1-800-934-3735	OA	204		PI	109	
P003	'ZERO PRICING/PROFILE UNAVAILABLE FOR PRICING OR IC/NOC PROCEDURE NEEDS MANUAL REVIEW/PRICING.'	OA	204		PI	16	M20, N29

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
P005	THE MAXIMUM COVERED BENEFIT HAS BEEN ALLOWED FOR THIS SERVICE BASED ON THE REPORTED INFORMATION. (P005)	OA	204		PR	119	
P007	THIS CLAIM HAS BEEN MANUALLY PRICED.	OA	204		PR	204	
P009	INVALID TYPE OF SERVICE.	OA	204		PI	16	M20, M77
P010	THE MAXIMUM COVERED BENEFIT HAS BEEN ALLOWED FOR THIS SERVICE. (P010)	OA	204		PR	119	
P033	DISPENSING FEE SUBMITTED ON THE CLAIM.	OA	204		PR	204	
P052	NO REIMBURSEMENT FACTOR FOR THE REIMBURSEMENT TYPE.	OA	204		PR	204	
P061	MAXIMUM ALLOWABLE RATE HAS BEEN MET. (P061)	PR	119		CO	45	
P062	THE MAXIMUM COVERED BENEFIT HAS BEEN ALLOWED FOR THIS SERVICE BASED ON THE REPORTED INFORMATION. (P062)	OA	104		PR	119	
P063	PROCEDURE CODE NOT CLASSIFIED.	OA	204		PI	16	M20, N29
P072	BINAURAL HEARING AIDS ARE REIMBURSED ONLY TO THE UCR LEVEL OF ONE MONAURAL HEARING AID. THE DIFFERENCE IS THE SUBSCRIBERS RESPONSIBILITY. (P072)	OA	204		PR	169	N156
P096	NOT OTHERWISE CLASSIFIED (NOC) PROCEDURE CODE BILLED WITH ADDITIONAL INFORMATION (ATTACHMENT FIELD IS "Y")	OA	204		PI	16	M20, N29
P099	INDIVIDUAL CONSIDERATION OR NOT OTHERWISE CLASSIFIED PROCEDURE CODE BILLED WITHOUT ADDITIONAL INFORMATION. (P099)	PI	16	N350	PI	16	M20, N29
P112	PLEASE SEND US A NEW CLAIM WITH REVENUE AND PROCEDURE CODES IN EFFECT ON THIS SERVICE DATE. UNTIL WE GET THIS INFORMATION, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI FACILITY 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT THESE CODES ON AN ELECTRON	PR	16	M51, M84	PI	16	M50, M51, M84
P122	NO REIMBURSEMENT TYPE CORRESPONDING TO PLACE OF SERVICE, PROVIDER TYPE AND SPECIALTY.	OA	204		PR	204	
P123	NO REIMBURSEMENT TYPE FOR SERVICE DATE, OR REIMBURSEMENT TYPE NOT ON PROVIDER FILE.	OA	204		PR	204	
P127	ENSURE DIAGNOSIS AND PROCEDURE CODE ARE VALID/COMPATIBLE FOR THE DRG GROUPER VERSION IN EFFECT AT TIME OF ADMISSION. (P127)	CO	A8		PI	11	
P156	AFTER REVIEWING THIS SECONDARY BALANCE CLAIM, OUR LIABILITY UNDER THIS CONTRACT IS ZERO. (P156)	OA	204		OA	23	N219
P157	BECAUSE WE DON'T HAVE A NEGOTIATED RATE FOR THIS PRIMARY REVENUE CODE WITH THE CONDITION CODE YOU REPORTED, NOPAYMENT IS DUE FROM US OR THE SUBSCRIBER.(P157)	OA	204		CO	147	
P297	PAYMENT WAS INCLUDED IN THE GLOBAL/ALL INCLUSIVE REIMBURSEMENT. THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT OF THIS SERVICE. (P297)	CO	97		CO	59	
P414	PRICING FILE SEGMENT IS BLANK.	OA	204		PI	16	M20, N29
P420	PAYMENT WAS INCLUDED IN THE GLOBAL PAYMENT. THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT OF THIS SERVICE. (P420)	PI	B13		CO	59	
P429	WE CANNOT PROCESS THE CLAIM FOR THIS SERVICE BECAUSE THE REPORTED PROCEDURE CODE IS INVALID, MISSING, OR INACTIVE. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT PROCEDURE CODE. (P429)	PI	16	M51	PI	16	M51
P430	BASED ON THE PATIENT'S AGE, THE PROCEDURE CODE SUBMITTED IS NOT VALID. PLEASE RESUBMIT THE CORRECT AGE APPROPRIATE PROCEDURE CODE FOR THIS PATIENT. (P430)	PI	6		PI	6	
P431	SERVICES WERE REDUCED OR CONSIDERED INCLUSIVE BASED ON YOUR PROVIDER AGREEMENT. (P431)	CO	97		CO	97	
P464	WE DEFINE THIS SERVICE AS REDUNDANT TO OR A DUPLICATE OF ANOTHER PROCEDURE THAT YOU PERFORMED ON THE SAME DATE. WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. (P464)	CO	97	N19	CO	96	M86

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
P510	THIS SERVICE IS NOT COVERED IN THE PROVIDER'S CONTRACT. (P510)	CO	96	N381	CO	96	M51
P516	THE PROVIDER'S CONTRACT WAS NOT IN EFFECT ON THE DATE OF SERVICE. (P516)	PR	B7		PR	B7	
P517	THE PROVIDER'S CONTRACT WAS NOT IN EFFECT ON THE DATE OF SERVICE. (P517)	PR	B7		PR	B7	
P999	LINES NOT REQUIRING PROCESSING ON ADJ. CLAIMS. TOTAL CLAIM DISPOSITION ON ORIGINAL CLAIM. (P999)	OA	204		PI	193	
R157	THIS IS A MEDICAL MUTUAL OF OHIO MEMBER. CLAIM MUST BE SUBMITTED TO MEDICAL MUTUAL OF OHIO, P.O. BOX 6018, CLEVELAND, OHIO 44101-1018. (R157)	PI	109		PI	109	
R257	THIS CODE APPLIES TO ALL LINES OF BUSINESS AND INDICATES THAT THE TOTAL CHARGE ENTERED ON THE CLAIM IS NOT EQUAL TO THE CHARGES ON THE DETAIL.	OA	204		PI	16	M54
R269	MEDICARE PAID AND THE MEDICARE ALLOWED AMOUNTS ARE '0'.	OA	204		PI	129	
R279	THE CONDITION DATE REPORTED IS INCONSISTENT WITH THE DATE OF SERVICE. PLEASE RESUBMIT THE CLAIM WITH THE CORRECT DATES. (R279)	PI	125	M52	PI	16	M44, M52, M59
R297	DATES OF SERVICE ON THIS CLAIM ARE AFTER RECEIPT DATE.	OA	204		PR	16	M52, M59
R301	MEDICARE HAS DENIED THIS SERVICE; THEREFORE, WE ARE UNABLE TO PROVIDE BENEFITS FOR THIS CHARGE. (R301)	OA	204		OA	23	N219
R316	THE REVENUE CODE FOR ROOM AND BOARD IS MISSING ON AN INPATIENT CLAIM. PLEASE CORRECT AND RESUBMIT THE CLAIM. (R316)	PI	16	M50	PI	16	M50
R322	FOR ITS CLAIM, SOURCE OF INPUT IN OR IP: NO MATCH AGAINST PLAN PROFILE FOR THAT PREFIX.	OA	204		PR	31	
R398	ADMISSION DATE IS PRIOR TO PATIENT'S DATE OF BIRTH.	OA	204		PI	16	MA38, MA40
R421	MEDICARE, THE PATIENT'S PRIMARY COVERAGE, HAS ALREADY PAID THE TOTAL AMOUNT APPROVED FOR THIS SERVICE. NO ADDITIONAL PAYMENT IS DUE UNDER THE PATIENT'S BCBSM SUPPLEMENTAL COVERAGE. THE PATIENT IS NOT RESPONSIBLE FOR PAYING ANY BALANCE BETWEEN MEDICARE'S	OA	23	N82	OA	23	N219
R469	HEADER PROVIDER NUMBER IS MISSING.	OA	204		PI	16	N257
R699	A TOOTH NUMBER IS REQUIRED FOR THE PROCEDURE CODE REPORTED.	OA	204		PI	16	N37
R801	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R801)	OA	204		PI	208	
R802	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R802)	OA	204		PI	208	
R803	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R803)	OA	204		PI	208	
R804	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R804)	OA	204		PI	208	
R805	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R805)	OA	204		PI	208	
R806	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R806)	OA	204		PI	208	
R807	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R807)	OA	204		PI	208	
R809	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R809)	OA	204		PI	208	
R810	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R810)	OA	204		PI	208	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
R811	WE HAVE BEEN UNABLE TO VALIDATE YOUR NATIONAL PROVIDER IDENTIFIER. PLEASE CALL US AT THE TELEPHONE NUMBER LISTED ON THIS VOUCHER. (R811)	OA	204		PI	208	
R888	SERVICE LINE WAS REJECTED BECAUSE THE PROVIDER'S CHARGE WAS NOT SUBMITTED.	PI	16	M79	PI	16	M79
T024	PROVIDER NOT A PHYSICIAN/NON-COVERED PROVIDERS	OA	204		PR	170	
T039	CHARGES PAID IN FULL BY AUTOMOBILE INSURANCE - NO LIABILITY	OA	204		OA	23	
T063	OUT OF NETWORK PROVIDER RENDERING SERVICES TO BASIC OPTION MEMBER	OA	204		PR	38	
T067	NON-COVERED CHIROPRACTIC SERVICES - BASIC OPTION	OA	204		PR	204	
T114	NOT MEDICALLY NECESSARY INPATIENT CARE - PROVIDER RESPONSIBLE	OA	204		CO	50	
T115	WEEKEND ADMISSION NOT MEDICALLY NECESSARY - PROVIDER RESPONSIBLE	OA	204		CO	50	
T165	SERVICES AND SUPPLIES NOT LISTED AS COVERED IN BROCHURE-MEMBER RESPONSIBLE FOR CHARGES	OA	204		PR	204	
T219	NON-COVERED DENTAL SERVICES-BASIC AND STANDARD OPTIONS	OA	204		PR	204	
T519	ITEMIZED BILLS FOR INJECTIONS REQUIRED	OA	204		PI	16	N26
T584	EOB OR OTHER CARRIER STATEMENT REQUIRED FOR REVIEW - CLAIM PROCESSED	OA	204		PI	16	N4
U006	THE REIMBURSEMENT FOR THIS PROCEDURE WAS INCLUDED IN A CLAIM PAYMENT FOR A RELATED SERVICE, THOUGH NOT NECESSARILY PERFORMED ON THE SAME DATE OR BY THE SAME PROVIDER. YOU SHOULD NOT BILL THE MEMBER FOR THIS RELATED PROCEDURE. (U006)	PI	B13	M86	PI	B13	M86
U008	ANOTHER PROVIDER HAS BEEN PAID FOR THIS NEWBORN CONSULTATION. (U008)	OA	204		CO	96	M86, N472
U011	PAYMENT FOR THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID DURING THE SAME ELAPSED TIME. (U011)	OA	204		CO	97	M86
U012	THIS PROLONGED ATTENDANCE SERVICE IS NOT A COVERED BENEFIT BECAUSE A CLAIM HAS BEEN PROCESSED FOR A RELATED SERVICE PERFORMED BY ANOTHER PROVIDER FOR THE SAME DATE OF SERVICE. (U012)	OA	204		CO	97	M86
U013	PAYMENT FOR THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID DURING THE SAME ELAPSED TIME. (U011)	OA	204		CO	97	M86
U014	AN IDENTICAL PROCEDURE BILLED ON THE SAME DATE HAS ALREADY BEEN PAID. (U014)	PI	B13	M86	PI	18	
U015	PAYMENT FOR THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID DURING THE SAME ELAPSED TIME. (U015)	OA	204		CO	97	M86
U018	THIS SERVICE IS NOT A COVERED BENEFIT BECAUSE IT IS RELATED TO A SERVICE PERFORMED BY THE SAME DOCTOR ON THE SAME DATE. (U018)	OA	204		CO	97	N20
U022	THIS ANESTHESIA, PROLONGED ATTENDANCE, CONVALESCENT CARE, PSYCHIATRIC CARE OR MONITORING WAS BILLED FOR THE SAME DATE OF SURGERY PERFORMED BY THE SAME PROVIDER. ONLY THE SURGERY IS PAYABLE. (U022)	OA	204		CO	59	
U025	MANUAL REVIEW REQUIRED TO DETERMINE IF SERVICE WAS PERFORMED ON THE SAME OR DIFFERENT EXTREMITIES/SITES.	OA	204		PI	16	M29
U026	THE BENEFIT FOR THIS MEDICAL EMERGENCY OR FIRST AID WAS INCLUDED IN THE PAYMENT FOR SURGICAL SERVICES PERFORMED FOR THE SAME DIAGNOSIS, ON THE SAME DAY, BY THE SAME PROVIDER. (U026)	OA	204		CO	59	
U027	POSSIBLE EXACT DUPLICATE.	OA	204		PI	18	
U028	THIS PATHOLOGY PROCEDURE IS NOT A COVERED BENEFIT BECAUSE A CLAIM HAS BEEN PROCESSED FOR A RELATED PATHOLOGY PROCEDURE PERFORMED ON THE SAME DATE OF SERVICE BY THE SAME PROVIDER. (U028)	OA	204		CO	204	N20
U030	THIS MEDICAL EMERGENCY SERVICE IS NOT A COVERED BENEFIT WHEN BILLED WITH A SURGICAL PROCEDURE ON THE SAME DATE OF SERVICE FOR THE SAME DIAGNOSIS. (U030)	OA	204		CO	204	N20
U031	PAYMENT FOR THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID DURING THE SAME ELAPSED TIME. (U031)	OA	204		CO	97	M86

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
U032	THIS ANESTHESIA SERVICE IS NOT A COVERED BENEFIT BECAUSE ONLY THE GREATER SERVICE IS A COVERED BENEFIT WHEN MULTIPLE ANESTHESIA SERVICES ARE BILLED ON THE SAME DATE OF SERVICE BY THE SAME PROVIDER. (U032)	OA	204		CO	59	
U034	THE SAME PROVIDER BILLED AN OFFICE VISIT, MONITORING OR RELATED SERVICE ON THE SAME DATE AS SURGERY, ONLY THE GREATER IS PAYABLE. (U034)	OA	204		CO	59	
U036	THIS SURGICAL PROCEDURE IS NOT A COVERED BENEFIT BECAUSE ONLY THE GREATER CHARGE FOR SURGERY IS A COVERED BENEFIT WHEN A RELATED SURGERY IS PERFORMED ON THE SAME DATE OF SERVICE. (U036)	OA	204		CO	59	
U042	ONLY ONE X-RAY THERAPY PROCEDURE IS A COVERED BENEFIT WHEN BILLED WITH OTHER RELATED X-RAY THERAPY PROCEDURES. (U042)	OA	204		CO	97	
U044	FIRST AID AND GASTRIC LAVAGE WERE BILLED ON THE SAME DATE OF SERVICE. ONLY THE "GREATER" SERVICE IS A COVERED BENEFIT. (U044)	OA	204		CO	59	
U045	THIS PROCEDURE REQUIRES MANUAL REVIEW.	OA	204		PI	16	N29
U046	THIS EYE SERVICE WAS INCLUDED WITH ANOTHER EYE SERVICE PERFORMED BY THE SAME PROVIDER ON THE SAME DATE OF SERVICE. THE CLAIM FOR THE RELATED SERVICE HAS BEEN PROCESSED. (U046)	OA	204		CO	97	N20
U053	SAME OR RELATED PROCEDURE PAID IN PREVIOUS 12 MONTHS.	OA	204		CO	96	M86, M90
U055	A COMPONENT OF THIS COMBINATION PROCEDURE CODE WAS PREVIOUSLY PAID. PLEASE REPORT INDIVIDUAL PROCEDURE CODES FOR THE SERVICES PROVIDED. (U055)	PI	16	M20, M86	PI	16	M86, N63
U056	IN-PATIENT PSYCHIATRIC SERVICES WERE BILLED WITH A MEDICAL CONSULTATION OR REGULAR MEDICAL CARE ON THE SAME DATE BY THE SAME PROVIDER. ONLY THE "GREATER" SERVICE IS A COVERED BENEFIT. (U056)	OA	204		CO	59	
U059	WHEN THIS PROCEDURE IS BILLED MORE THAN TWICE IN 12 MONTHS, YOU MUST REQUEST INDIVIDUAL CONSIDERATION. PLEASE PROVIDE CLINICAL RECORDS AND RESUBMIT THE CLAIM. (U059)	OA	204		PI	16	M127
U062	THIS INITIAL DAY OF MEDICAL CARE WAS BILLED WITH RELATED SERVICES ON THE SAME DATE. ONLY THE "GREATER" SERVICE IS A COVERED BENEFIT. (U062)	OA	204		CO	59	
U066	THIS INITIAL DAY OF PSYCHIATRIC MEDICAL CARE WAS BILLED WITH PSYCHIATRIC SESSIONS ON THE SAME DATE BY THE SAME PROVIDER. ONLY THE 'GREATER' SERVICE IS A COVERED BENEFIT. (U066)	OA	204		CO	59	
U068	THIS CONSULTATION SERVICE IS NOT A COVERED BENEFIT WHEN BILLED AFTER HEMODIALYSIS DURING THE SAME ADMISSION. ONLY THE HEMODIALYSIS SERVICE IS A COVERED BENEFIT. (U068)	OA	204		PR	96	M80
U070	THIS IS A DUPLICATE OF A PREVIOUSLY PAID OR REJECTED CLAIM. PLEASE CHECK YOUR RECORDS TO POST PAYMENT. (U070)	OA	204		PI	18	
U072	PAYMENT FOR THIS X-RAY PROCEDURE IS INCLUDED IN THE BENEFIT FOR ANOTHER X-RAY PROCEDURE PERFORMED ON THE SAME DAY. (U072)	CO	97		CO	97	N20
U073	SAME OR RELATED PROCEDURE PAID IN PREVIOUS 36 MONTHS. (U073)	OA	204		PR	96	M86
U074	PAYMENT FOR THIS EGG/EKG PROCEDURE IS INCLUDED IN THE BENEFIT FOR ANOTHER ECG/EKG PROCEDURE PERFORMED ON THE SAME DAY. (U074)	OA	204		CO	97	N20
U076	THIS PATHOLOGY SERVICE IS INCLUDED IN AND PAID UNDER ANOTHER CODE. (U076)	OA	204		CO	97	M15
U078	THIS ISOTOPE WAS INCLUDED WITH ANOTHER ISOTOPE PROCEDURE PERFORMED ON THE SAME DATE BY THE SAME PROVIDER. THE CLAIM FOR THE OTHER PROCEDURE HAS BEEN PROCESSED. (U078)	OA	204		CO	97	N20
U080	THIS PULMONARY STUDY WAS INCLUDED WITH ANOTHER STUDY PERFORMED ON THE SAME DATE. THE OTHER 'GREATER' SERVICE IS A COVERED BENEFIT. (U080)	OA	204		CO	97	N20

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
U082	WE HAVE REVIEWED YOUR CLAIM. THE BENEFIT FOR THIS PROCEDURE IS INCLUDED IN A PREVIOUSLY PAID CLAIM. NO ADDITIONAL BENEFIT CAN BE SENT TO YOU. (U082)	OA	204		CO	97	M86
U088	THIS EMG WAS INCLUDED IN THE PAYMENT FOR ANOTHER EMG PROCEDURE ON THE SAME DATE. (U088)	OA	204		CO	97	N20
U090	THIS CLAIM HAS ALREADY BEEN PROCESSED. (U090)	OA	204		PI	18	
U092	THIS CLAIM HAS BEEN REVIEWED - NO ADDITIONAL BENEFITS CAN BE PROCESSED SINCE THE COVERED BENEFITS FOR THIS PROCEDURE WERE INCLUDED IN A PREVIOUSLY PROCESSED CLAIM. (U092)	OA	204		CO	97	M86, N10
U096	PROLONGED ATTENTION WAS BILLED WITH ANESTHESIA ON THE SAME DATE BY THE SAME PROVIDER - ONLY ONE SERVICE IS A COVERED BENEFIT. (U096)	OA	204		CO	59	
U113	CONFORMITY EXAMS ARE LIMITED TO ONE EVERY 36 MONTHS. (U113)	OA	204		PI	119	
U225	DRUG CLAIM ALLOWED AMOUNT GREATER THAN \$999.99.	OA	204		PI	16	M79
U301	THIS SERVICE IS A DUPLICATE OF ANOTHER ONE PERFORMED ON THE SAME DAY AND BILLED ON A DIFFERENT CLAIM. PLEASE LOOK FOR THIS SERVICE ON A PREVIOUS VOUCHER TO KNOW IF THE SUBSCRIBER OWES ANY PART OF YOUR CHARGE. (U301)	PI	18		PI	18	
U302	THIS CLAIM LINE IS A POSSIBLE DUPLICATE OF ANOTHER LINE.	PI	18		PI	18	
U305	THIS SERVICE IS A DUPLICATE OF ANOTHER ONE PERFORMED ON THE SAME DAY AND BILLED ON THIS SAME CLAIM. PLEASE LOOK FOR THE SAME SERVICE ON THIS VOUCHER TO KNOW IF THE SUBSCRIBER OWES ANY PART OF YOUR CHARGE. (U305)	PI	18		PI	18	N20
U307	THIS CLAIM LINE IS AN EXACT DUPLICATE OF ANOTHER DRUG CLAIM LINE. (U307)	OA	204		PI	18	
U308	THIS CLAIM LINE IS AN EXACT DUPLICATE OF ANOTHER DRUG CLAIM LINE. (U308)	OA	204		PI	18	
U310	PAY PROVIDER MEDICARE ADJUSTMENT - REVIEW FOR POSSIBLE ADDITIONAL PAYMENT OR REVIEW FOR POSSIBLE SOFT CODED DUPLICATE IF ORIGINAL CLAIM INPUT SOURCE IS NOT EQUAL TO 'M' OR 'CS' (MEDICARE TAPE TO TAPE ENTRY).	OA	204		PI	193	
U312	THIS CLAIM LINE IS A PROBABLE DUPLICATE OF ANOTHER LINE.	OA	204		PI	18	
U349	THE DURATION OF NEED IS EXHAUSTED AND NO RECERTIFICATION IS ON FILE. (U349)	OA	204		PR	198	N370
U360	LENGTH OF STAY - HIGH NUMBER OF DAYS FOR DIAGNOSIS LENGTH OF STAY.	OA	204		PR	96	M53
U400	ANESTHESIA AND TSA OR SURGERY WERE PERFORMED ON THE SAME DATE. ONLY THE TSA OR SURGERY IS A COVERED BENEFIT. (U400)	OA	204		CO	59	
U401	RELATED SERVICES PAYMENT REDUCED BY 50%. (U401)	CO	59		CO	97	
U402	THIS CLAIM HAS BEEN REVIEWED - NO ADDITIONAL BENEFITS CAN BE PROCESSED SINCE THE COVERED BENEFITS FOR THIS PROCEDURE WERE INCLUDED IN A PREVIOUSLY PROCESSED CLAIM. (U402)	OA	204		PI	193	N10
U404	PROLONGED ATTENDANCE WAS BILLED WITH MAJOR SURGERY OR TSA BY THE SAME PROVIDER. THE PAYMENT FOR THE PROLONGED ATTENDANCE WAS INCLUDED IN THE PAYMENT FOR SURGERY/TSA. (U404)	OA	204		CO	59	
U406	MONITORING OF ECG/EKG IS NOT A COVERED BENEFIT WHEN BILLED WITH MAJOR SURGERY ON THE SAME DATE BY THE SAME PROVIDER. (U406)	OA	204		CO	59	
U407	TOOTH PREVIOUSLY EXTRACTED. (U407)	PI	16	N384	CO	96	N384
U416	DUPLICATE TSA SERVICE WAS BILLED - ONLY ONE TSA SERVICE IS A COVERED BENEFIT FOR THE SAME DATE OF SERVICE BY THE SAME PROVIDER. (U416)	OA	204		PI	18	N20
U418	ANESTHESIA AND TSA WERE BILLED ON THE SAME DATE BY THE SAME PROVIDER. THE ANESTHESIA SERVICE IS NOT A COVERED BENEFIT. (U418)	OA	204		CO	59	
U420	EKG IS NOT A COVERED BENEFIT FOR SCREENING, OBESITY OR RESEARCH STUDIES. (U420)	OA	204		PR	49	
U422	THIS PROLONGED ATTENTION OR MONITORING WAS BILLED WITH ANESTHESIA. ONLY THE ANESTHESIA SERVICE IS A COVERED BENEFIT. (U422)	OA	204		CO	59	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
U423	RENTAL PAYMENTS FOR DURABLE MEDICAL EQUIPMENT CANNOT EXCEED THE APPROVED PURCHASE PRICE. NO PAYMENT IS DUE FROM BCBSM OR THE SUBSCRIBER.(U423)	OA	204		CO	108	M7
U424	IDENTICAL CHEMOTHERAPY SUPERVISION SERVICES WERE BILLED ON THE SAME DATE. ONLY ONE SERVICE IS A COVERED BENEFIT. (U424)	OA	204		CO	96	N20
U428	DUPLICATE ANESTHESIA SERVICES WERE REPORTED FOR THE SAME DATE OF SERVICE. ONLY ONE SERVICE IS A COVERED BENEFIT. (U428)	OA	204		CO	96	N20
U429	THIS RENTAL/PURCHASE IS NOT PAYABLE DUE TO A PREVIOUSLY PAID PURCHASE. (U429)	OA	204		CO	108	
U431	PONTIC REPORTED WITHIN FIVE YEARS OF A PARTIAL DENTURE OR BRIDGE ABUTMENT.	OA	204		CO	96	N357
U432	THIS IS A DUPLICATE OF ANOTHER PROCEDURE THAT WAS BILLED BY YOU OR ANOTHER PROVIDER. (U432)	PI	18		PI	18	
U434	AN OFFICE VISIT BILLED WITH MAJOR SURGERY ON THE SAME DATE AT THE SAME LOCATION BY THE SAME PROVIDER IS NOT A COVERED BENEFIT. (U434)	OA	204		CO	59	N20
U435	THE MAXIMUM HAS BEEN MET FOR THE SERVICE REPORTED.(U435)	OA	204		CO	119	
U436	AN OFFICE VISIT BILLED WITH MINOR OR DIAGNOSTIC SURGERY OR INJECTION PROCEDURE IS NOT A BENEFIT. (U436)	OA	204		CO	59	
U450	PROLONGED ATTENDANCE WAS BILLED WITH MINOR SURGERY ON THE SAME DATE BY THE SAME PROVIDER. ONLY THE GREATER IS A PAYABLE BENEFIT. (U450)	OA	204		CO	59	N20
U456	THIS SERVICE IS A COVERED BENEFIT ONLY ONCE EVERY 30 DAYS. OUR RECORDS INDICATE THE PATIENT HAD THIS SERVICE WITHIN THE PAST 30 DAYS. (U456)	OA	204		PR	119	
U460	THIS IS THE SECOND OF RELATED SURGERIES BILLED WITHIN ONE MONTH. ONLY THE FIRST SERVICE IS A COVERED BENEFIT. (U460)	OA	204		CO	59	M86
U462	THIS CLAIM HAS BEEN REVIEWED. NO ADDITIONAL BENEFITS CAN BE PROCESSED SINCE THE COVERED BENEFITS FOR THIS PROCEDURE WERE INCLUDED IN A PREVIOUSLY PROCESSED CLAIM. (U462)	OA	204		CO	97	M86, N10
U466	MULTIPLE MEDICAL SERVICES CLASSIFIED AS 'MISCELLANEOUS' WERE PERFORMED ON THE SAME DATE, AT THE SAME LOCATION AND BILLED BY THE SAME PROVIDER; ONLY ONE IS PAYABLE. (U466)	OA	204		CO	97	N20
U470	WHEN MEDICAL VISITS ARE BILLED ON THE SAME DATE AT THE SAME LOCATION BY THE SAME PROVIDER FOR DIALYSIS SERVICES, ONLY THE 'GREATER' SERVICE IS A COVERED BENEFIT. (U470)	OA	204		CO	97	N20
U485	SERVICES OF THIS TYPE ARE PAYABLE ONLY ONCE WITHIN A 24-MONTH PERIOD. (U485)	OA	204		PR	119	
U486	THE MAXIMUM HAS BEEN MET FOR THE SERVICE REPORTED. (U486)	OA	204		PR	119	
U487	A SEPARATE BENEFIT IS NOT AVAILABLE FOR THE REPORTED SERVICE. (U487)	OA	204		CO	97	
U490	THE MAXIMUM DOLLAR AMOUNT FOR THIS SERVICE HAS BEEN MET FOR THIS BENEFIT PERIOD. (U490)	OA	204		PR	119	
U492	THIS SERVICE MUST BE BILLED IN CONJUNCTION WITH ANOTHER SURGICAL PROCEDURE, BUT THE OTHER SURGERY HAS NOT BEEN BILLED. IF BILLED ALONE, THIS SERVICE IS NOT PAYABLE. (U492)	OA	204		CO	107	N390
U494	THIS PROCEDURE IS NOT A BENEFIT UNLESS BILLED IN CONJUNCTION WITH THE BASE PROCEDURE. (U494)	PI	107		CO	107	N390
U498	THE DATE OF SERVICE BILLED IS GREATER THAN 6 MONTHS FROM THE MEDICAL EXAM DATE. (U498)	OA	204		PR	96	N357
U501	PAYMENT FOR THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID DURING THE SAME ELAPSED TIME. (U501)	OA	204		CO	97	M86
U503	PAYMENT FOR THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID DURING THE SAME ELAPSED TIME. (U503)	OA	204		CO	97	M86

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
U505	PAYMENT FOR THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID DURING THE SAME ELAPSED TIME. (U505)	CO	97		CO	97	M86
U507	PAYMENT FOR THIS SERVICE HAS BEEN REDUCED BECAUSE A RELATED SERVICE HAS BEEN PREVIOUSLY PAID DURING THE SAME ELAPSED TIME. (U507)	OA	204		CO	97	M86
U515	DME - CHARGED AMOUNT HAS EXCEEDED PURCHASE PRICE AND CUTBACK WAS MADE.	OA	204		CO	108	M7
U518	THIS LABORATORY PROCEDURE MUST BE BILLED WITH THE BASE PROCEDURE. (U518)	OA	204		CO	107	N390
U523	OUR RENTAL PAYMENTS FOR DURABLE MEDICAL EQUIPMENT CANNOT EXCEED THE APPROVED PURCHASE PRICE OF THE EQUIPMENT. (U523)	OA	204		CO	108	M7
U524	THIS RENTAL/PURCHASE IS NOT PAYABLE DUE TO A PREVIOUSLY PAID PURCHASE. (U524)	OA	204		CO	108	
U525	THE MAXIMUM HAS BEEN MET FOR THE SERVICE REPORTED. (U525)	OA	204		PR	119	
U526	THE PROCEDURE IS NOT PAYABLE WHEN IT IS PERFORMED ALONG WITH ANY OF THE FOLLOWING PROCEDURES: 09110 (PALLIATIVE), 09310 (CONSULTATIONS) OR 09410-09440 (VISITS). (U526)	OA	204		CO	96	N20
U527	BECAUSE YOUR PATIENT HAS MET THE LIFETIME MAXIMUM NUMBER OF SERVICES ALLOWED BY HIS OR HER CONTRACT, WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR THIS CHARGE. (U527)	OA	204		PR	35	
U528	THE SPACE MAINTAINER IS NOT PAYABLE BECAUSE IT REPLACED THE TOOTH ON WHICH A RESTORATIVE PROCEDURE WAS PERFORMED ON THE SAME DATE. (U528)	OA	204		PR	96	N20
U529	THE PROCEDURE IS NOT PAYABLE BECAUSE WE HAVE ALREADY PAID FOR A FOIL, INLAY, ONLAY, VENEER, CROWN OR SUBSTRUCTURE PROCEDURE WITHIN THE PAST 12 MONTHS. (U529)	OA	204		PR	119	M86, M90
U530	THE PROCEDURE IS NOT PAYABLE BECAUSE WE HAVE ALREADY PAID FOR THE SAME PROCEDURE OR A SIMILAR ONE WITHIN THE PAST 12 MONTHS. (U530)	PR	96	M86, M90	PR	97	M86, M90
U531	A LABIAL VENEER IS NOT PAYABLE FOLLOWING A RESTORATIVE CROWN, FOIL, INLAY, ONLAY, SUBSTRUCTURE OR BRIDGE RETAINER. (U531)	OA	204		PR	204	
U532	THE SUBSTRUCTURE PROCEDURE IS NOT PAYABLE BECAUSE IT WAS PERFORMED ON THE SAME DAY AS A FOIL, INLAY, ONLAY OR VENEER. (U532)	OA	204		PR	96	N20
U533	THE PROCEDURE IS NOT PAYABLE AFTER ENDODONTIC TREATMENT HAS BEEN PERFORMED. (U533)	OA	204		PR	204	
U535	THE PROCEDURE IS NOT PAYABLE BECAUSE THE PATIENT'S CONTRACT SPECIFIES THAT IT IS COVERED ONLY ONCE EVERY FIVE YEARS. (U535)	OA	204		PR	119	
U536	BECAUSE THIS SERVICE EXCEEDS YOUR PATIENT'S DEFINED BENEFIT LIMITATIONS, WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR THIS CHARGE. (U536)	OA	204		PR	119	
U537	THE EXTRACTION PROCEDURE IS NOT PAYABLE BECAUSE IT WAS REPORTED ON THE SAME TOOTH AND ON THE SAME DATE AS A RESTORATION OR ENDODONTIC TREATMENT. (U537)	OA	204		CO	97	N20
U538	WE HAVE ALREADY PAID FOR A SIMILAR ORTHODONTIC PROCEDURE ON THIS DATE OF SERVICE. (U538)	OA	204		PR	97	N20
U539	THE PROCEDURE IS NOT PAYABLE BECAUSE IT EXCEEDS THE MAXIMUM NUMBER OF TIMES THAT WE WILL COVER IT IN THE PATIENT'S LIFETIME. (U539)	OA	204		PR	149	
U540	ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION IS NOT PAYABLE FOLLOWING ORTHODONTIC TREATMENT OF THE TRANSITIONAL, ADOLESCENT, OR ADULT DENTITION. (U540)	OA	204		PR	204	
U541	THE PROCEDURE IS NOT PAYABLE ON THE SAME DATE OF SERVICE AS THE INITIAL BANDING. (U541)	OA	204		CO	96	N20
U543	ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION IS NOT PAYABLE FOLLOWING ORTHODONTIC TREATMENT OF THE ADULT DENTITION. (U543)	OA	204		PR	204	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
U544	WE CANNOT REVIEW THIS SERVICE FOR PAYMENT BECAUSE THE CLAIM INDICATES THIS CASE REQUIRES SPECIAL CONSIDERATION, BUT NO ADDITIONAL INFORMATION WAS PROVIDED. PAYMENT WILL BE CONSIDERED IF YOU SEND ANOTHER CLAIM WITH A DETAILED EXPLANATION OF THE SERVICE PROVIDED. (U544)	OA	204		PI	16	M127
U545	WE HAVE INCLUDED PAYMENT FOR THIS PROCEDURE IN OUR PAYMENT FOR THE FIXED OR REMOVABLE PROSTHESIS. (U545)	OA	204		CO	97	
U546	THE PROCEDURE IS NOT SEPARATELY PAYABLE BECAUSE ADJUSTMENTS PERFORMED ON THE SAME DAY AS DENTURE DELIVERY, REBASE, RELINE, REPAIRS OR TISSUE CONDITIONING ARE INCLUDED IN THE PAYMENT FOR THE COMPLETED PROCEDURE. (U546)	OA	204		CO	97	N20
U547	THE PROCEDURE IS NOT PAYABLE WHEN IT FOLLOWS PAYMENT FOR A COMPLETE DENTURE. (U547)	OA	204		PR	204	
U548	THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT BECAUSE WE ALREADY PAID FOR THE SAME SERVICE IN THE LAST THREE YEARS, WHICH IS THE PATIENT'S CONTRACT LIMIT FOR DENTAL SERVICES OF THIS TYPE.(U548)	OA	204		PR	119	M86
U549	BECAUSE THIS SERVICE WAS PERFORMED ON THE SAME DATE AS THE PERIODONTAL SURGERY, PERIODONTAL SCALING AND ROOT PLANNING OR CURETTAGE, DISTAL WEDGE OR CROWN LENGTHENING, WE CAN'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR YOUR CHARGE. (U549)	OA	204		PR	96	N20
U550	THE CROWN LENGTHENING PROCEDURE IS NOT SEPARATELY PAYABLE WHEN IT IS PERFORMED IN THE SAME AREA AND ON THE SAME DATE AS PERIODONTAL SURGERY. PAYMENT FOR THIS PROCEDURE IS INCLUDED IN THE PAYMENT FOR SURGERY. (U550)	OA	204		PR	96	N20
U601	THIS SERVICE BILLED IS NOT PAYABLE WHEN IT IS PERFORMED MORE THAN ONCE A DAY ON THE SAME PATIENT. WE ALREADY PAID A CLAIM FOR THE SAME SERVICE ON THE SAME DAY. (U601)	CO	B14		PR	119	N20
U602	BECAUSE OUR RECORDS SHOW THIS PATIENT ALREADY HAS A COMPLETE DENTURE, AN IMMEDIATE DENTURE ISN'T ELIGIBLE FOR PAYMENT. AS A RESULT, THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT. (U602)	OA	204		PR	96	M86
U606	WE PAID FOR THIS PROCEDURE AS PART OF OUR PAYMENT FOR A RELATED SERVICE. BECAUSE THAT AMOUNT IS OUR FULL ALLOWANCE FOR BOTH PROCEDURE CODES, THE SUBSCRIBER ISN'T RESPONSIBLE FOR PAYMENT. (U606)	OA	204		CO	97	M86
U609	A BONE GRAFT IS PAYABLE ONLY WHEN IT'S PART OF PERIODONTAL GINGIVAL FLAP OR OSSEOUS SURGERY. THIS PROCEDURE WAS PERFORMED WITH A RESTORATIVE OR ENDODONTIC SERVICE, AND EXTRACTION OR IMPLANT, SO THE MEMBER IS RESPONSIBLE FOR PAYMENT. (U609)	OA	204		PR	B15	
U611	THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT BECAUSE WE ALREADY PAID FOR THE SAME SERVICE IN THE LAST 24 MONTHS, WHICH IS THE PATIENT'S CONTRACT LIMIT FOR DENTAL SERVICES OF THIS TYPE.(U611)	OA	204		PR	119	M86
U614	PLEASE SEND US A NEW CLAIM FOR THIS SERVICE, CHANGING EITHER THE PROCEDURE CODE OR TOOTH NUMBER SO BOTH ARE FOR THE SAME PROCEDURE. WE CAN'T DEFINE THE SUBSCRIBER'S RESPONSIBILITY UNTIL WE GET ANOTHER CLAIM. (U614)	OA	204		PI	16	N39
U621	THE SUBSCRIBER IS RESPONSIBLE FOR PAYMENT BECAUSE THIS SERVICE EXCEEDS THE BENEFIT PERIOD LIMIT IN THE PATIENT'S CONTRACT, WHICH LIMITS HOW OFTEN THIS TYPE OF SERVICE IS ELIGIBLE FOR PAYMENT. (U621)	OA	204		PR	119	
U706	CLAIMCHECK HAS IDENTIFIED THAT A RELATED PROCEDURE IN HISTORY IS A DUPLICATE TO ANOTHER PROCEDURE PERFORMED BY THE PROVIDER ON THE CURRENT CLAIM FOR THE SAME DATES OF SERVICE. (U706)	OA	204		PI	18	M86

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
U707	THIS PROCEDURE CODE IS A DUPLICATE OF ONE WE ALREADY PROCESSED FOR THIS PIN AND DATE OF SERVICE, SO THE MEMBER ISN'T RESPONSIBLE FOR PAYMENT. IF YOU NEED TO REPORT MODIFIERS OR OTHER QUALIFIERS, PLEASE SEND US A NEW CLAIM SO WE CAN RECONSIDER THIS SERVICE FOR PAYMENT. (U707)	OA	204		PI	18	
U708	THE PAYMENT FOR THIS SERVICE HAS BEEN CORRECTED BECAUSE A RELATED PROCEDURE WAS PREVIOUSLY PAID. THE CORRECTED PAYMENT COMBINED WITH THE PAYMENT MADE FOR THE RELATED PROCEDURE REPRESENTS FULL REIMBURSEMENT AND THE ENROLLEE IS NOT RESPONSIBLE FOR THIS EXPENSE. (U708)	OA	204		CO	97	MA67
U709	BECAUSE ANOTHER SURGERY YOU PERFORMED ON THIS DAY IS CONSIDERED PRIMARY TO THIS SURGERY, WE HAVE REDUCED OUR ALLOWANCE FOR THIS SECONDARY SURGERY BY HALF. THE MEMBER ISN'T RESPONSIBLE FOR PAYING ANY PORTION OF THIS CHARGE BECAUSE OUR COMBINED ALLOWANCES REPRESENT FULL PAYMENT FOR ALL SURGERIES YOU PERFORMED ON THIS DATE.(U709)	OA	204		CO	59	M80
U712	CLAIMCHECK HAS IDENTIFIED THAT A RELATED PROCEDURE IN HISTORY SHOULD BE REPLACED WITH ANOTHER PROCEDURE BECAUSE OF SEX CONFLICTS.	OA	204		PI	7	
U714	THE PAYMENT FOR THIS SERVICE HAS BEEN CORRECTED BECAUSE A RELATED PROCEDURE WAS PREVIOUSLY PAID. THIS CORRECTED PAYMENT COMBINED WITH THE PAYMENT MADE FOR THE RELATED PROCEDURE REPRESENTS FULL REIMBURSEMENT AND THE ENROLLEE IS NOT RESPONSIBLE FOR THIS EXPENSE. (U714)	OA	204		CO	97	MA67
U715	OUR POLICY DOES NOT ALLOW A SEPARATE PAYMENT FOR THIS PROCEDURE CODE. IT IS INCIDENTAL TO ANOTHER ONE PERFORMED ON THE SAME DAY, SO WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. IF YOU HAVE ACCESS TO OUR SECURED PROVIDER PORTAL, YOU CAN SEE COMBINATION RULES AND CLINICAL RATIONALE AT CLEARCLAIM CONNECTION. -U715	CO	97	N19	CO	97	N19
U716	THE PAYMENT FOR THIS SERVICE HAS BEEN CORRECTED BECAUSE A RELATED PROCEDURE WAS PREVIOUSLY PAID. THIS CORRECTED PAYMENT COMBINED WITH THE PAYMENT MADE FOR THE RELATED PROCEDURE REPRESENTS FULL REIMBURSEMENT AND THE ENROLLEE IS NOT RESPONSIBLE FOR THIS EXPENSE. (U716)	OA	204		CO	97	MA67
U717	OUR POLICY DOES NOT ALLOW A SEPARATE PAYMENT FOR THIS PROCEDURE CODE. IT IS MUTUALLY EXCLUSIVE TO ANOTHER ONE PERFORMED ON THE SAME DAY, SO WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. IF YOU HAVE ACCESS TO OUR SECURED PROVIDER PORTAL, YOU CAN SEE THE COMBINATION RULES AND CLINICAL RATIONALE AT CLEAR CLAIM CONNECTION. -U717	CO	97	N19	CO	97	N20
U718	CLAIMCHECK HAS IDENTIFIED THAT A RELATED PROCEDURE IN HISTORY WAS A MEDICAL VISIT MADE BY THE SAME PROVIDER WHO PERFORMED THE SURGERY FOR THE SAME DATES OF SERVICE. (U718)	OA	204		CO	59	M80
U719	OUR APPROVED AMOUNT FOR THE PRIMARY PROCEDURE YOU PERFORMED ON THE SAME DATE INCLUDES PAYMENT FOR THIS EVALUATION AND MANAGEMENT SERVICE. THE MEMBER ISN'T RESPONSIBLE FOR PAYMENT BECAUSE WE DON'T ALLOW A SEPARATE PAYMENT FOR THIS SECONDARY PROCEDURE CODE.(U719)	CO	97	N19	CO	97	N19
U722	THE PAYMENT FOR THIS SERVICE HAS BEEN CORRECTED BECAUSE A RELATED PROCEDURE WAS PREVIOUSLY PAID. THIS CORRECTED PAYMENT COMBINED WITH THE PAYMENT MADE FOR THE RELATED PROCEDURE REPRESENTS FULL REIMBURSEMENT AND THE ENROLLEE IS NOT RESPONSIBLE FOR THIS EXPENSE. (U722)	OA	204		CO	97	MA67

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
U723	BECAUSE PAYMENT ISN'T ALLOWED FOR THIS PROCEDURE CODE WHEN PERFORMED ON THE SAME DATE AS A MORE COMPREHENSIVE PROCEDURE, THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT. OUR APPROVED AMOUNT FOR THE PRIMARY SERVICE, REPORTED BY YOU OR AUTOMATICALLY ADDED TO THIS CLAIM, APPEARS EITHER ON THIS VOUCHER OR A PREVIOUS ONE. (U723)	CO	97	N19	CO	97	N20
U724	OUR APPROVED AMOUNT FOR THIS PROCEDURE CODE, WHICH IS DEFINED AS THE MORE COMPREHENSIVE SERVICE, INCLUDES PAYMENT FOR ALL RELATED SERVICES YOU PERFORMED ON THE SAME DATE. THE RELATED SERVICES APPEAR WITH EDIT CODE U723 ON THIS VOUCHER. (U724)	OA	204		CO	59	N19
U725	OUR APPROVED AMOUNT FOR THIS SERVICE, WHICH WAS AUTOMATICALLY ADDED TO THE CLAIM AS THE MORE COMPREHENSIVE PROCEDURE CODE, INCLUDES PAYMENT FOR RELATED SERVICES PERFORMED ON THE SAME DATE. THE RELATED SERVICES APPEAR WITH EDIT CODE U723 ON THIS VOUCHER. (U725)	OA	204		CO	59	N19
U726	OUR APPROVED AMOUNT FOR THIS PROCEDURE CODE, WHICH IS DEFINED AS THE PRIMARY SERVICE, INCLUDES PAYMENT FOR ALL RELATED SERVICES YOU PERFORMED ON THE SAME DATE. THE INCIDENTAL SERVICES APPEAR WITH EDIT CODE U715 ON THIS VOUCHER. (U726)	OA	204		CO	59	N19
U727	OUR APPROVED AMOUNT FOR THIS SERVICE, WHICH IS DEFINED AS PRIMARY TO ANOTHER PROCEDURE CODE YOU REPORTED, INCLUDES PAYMENT FOR MUTUALLY EXCLUSIVE SERVICES PERFORMED ON THE SAME DATE. THE RELATED SERVICES APPEAR WITH EDIT CODE U717 ON THIS VOUCHER. (U727)	OA	204		CO	59	N19
U731	BECAUSE WE CAN PAY ONLY THE SURGEON FOR THIS PROCEDURE, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER FOR YOUR SERVICES. (U731)	CO	54		CO	97	
U741	CLAIMCHECK HAS IDENTIFIED A RELATED PROCEDURE IN HISTORY AS PRE-OPERATIVE CARE INCLUDED IN ALLOWANCE FOR SURGERY.	OA	204		CO	59	
U742	WHEN WE PAID FOR THE RELATED SURGERY YOU PERFORMED, WE INCLUDED AN AMOUNT FOR THIS COVERED PRE-OPERATIVE VISIT. BECAUSE OUR PAYMENT FOR THE RELATED SURGERY IS CONSIDERED THE FULL ALLOWANCE FOR BOTH SERVICES, THE SUBSCRIBER ISN'T RESPONSIBLE FOR THIS CHARG	OA	204		CO	59	
U743	CLAIMCHECK HAS IDENTIFIED A RELATED PROCEDURE IN HISTORY AS POST-OPERATIVE CARE INCLUDED IN THE ALLOWANCE FOR SURGERY.	OA	204		CO	59	
U744	WHEN WE PAID FOR THE RELATED SURGERY YOU PERFORMED, WE INCLUDED AN AMOUNT FOR THIS COVERED POST-OPERATIVE VISIT. BECAUSE OUR PAYMENT FOR THE RELATED SURGERY IS CONSIDERED THE FULL ALLOWANCE FOR BOTH SERVICES, THE SUBSCRIBER ISN'T RESPONSIBLE FOR THIS CHARGE.	CO	97	M144	CO	59	
U749	OUR APPROVED AMOUNT FOR THE PRIMARY SERVICE YOU PERFORMED INCLUDES PAYMENT FOR ALL INCIDENTAL SERVICES PERFORMED ON THE SAME DATE. THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT BECAUSE THIS SERVICE IS DEFINED AS CLINICALLY INTEGRAL TO THE PRIMARY SERVICE. (U749)	CO	97	N19	CO	97	N19
U755	THE CHARGE FOR THIS SERVICE HAS BEEN COMBINED WITH THE CHARGE FOR OTHER RELATED SERVICES BILLED BY THE SAME PROVIDER. (U755).	OA	204		CO	97	
U761	THE PRIMARY PROCEDURE WAS PAID IN FULL. (U761)	CO	97	N19	CO	97	N19
U764	THIS SERVICE IS A COMPONENT OF A PRIMARY PROCEDURE. PAYMENT OF THE PRIMARY PROCEDURE INCLUDES REIMBURSEMENT FOR THE RELATED PROCEDURE. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS RELATED PROCEDURE. (U764)	OA	204		CO	97	N19

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
U765	RELATED SERVICES WERE PERFORMED ON THE SAME DAY. THIS SERVICE WAS COMBINED AND PAID UNDER ANOTHER PROCEDURE. THE PAYMENT OF THE ALL INCLUSIVE PROCEDURE REPRESENTS FULL REIMBURSEMENT AND THE ENROLLEE IS NOT RESPONSIBLE FOR THIS EXPENSE (U765)	OA	204		CO	97	M15
U769	THIS PROCEDURE WAS ADDED TO THE CLAIM BECAUSE OF A COMBINE OR REPLACE SITUATION (U769)	OA	204		CO	97	N22
U781	BECAUSE WE CAN PAY ONLY THE SURGEON FOR THIS PROCEDURE, NO PAYMENT IS DUE FROM EITHER US OR THE SUBSCRIBER FOR YOUR SERVICES. (U781)	CO	54		CO	97	
U795	BECAUSE THIS SERVICE IS CONSIDERED MUTUALLY EXCLUSIVE TO ANOTHER PROCEDURE YOU PERFORMED ON THE SAME DATE, THE MEMBER IS NOT RESPONSIBLE FOR PAYMENT. OUR APPROVED AMOUNT FOR THE PRIMARY SERVICE APPEARS EITHER ON THIS VOUCHER OR A PREVIOUS ONE. (U795)	CO	97	N19	CO	97	N19
X001	WE CANNOT PAY THIS CLAIM UNTIL YOU RESUBMIT IT TO US (AT THE USUAL ADDRESS) WITH YOUR MICHIGAN PROVIDER IDENTIFICATION NUMBER. TO AVOID THIS REJECTION IN THE FUTURE, PLEASE ALSO MAIL BOTH YOUR NATIONAL MEDICARE AND MICHIGAN PROVIDER IDENTIFICATION NUMBERS TO BCBSM, PROVIDER REGISTRATION--MAIL CODE B443, 600 LAFAYETTE EAST, DETROIT MI 48226-2998. (X001)	OA	204		PI	16	N257
X002	THE CLAIM WE RECEIVED WAS NOT COMPLETE AND CANNOT BE PROCESSED AS SUBMITTED. (X002)	OA	204		PI	125	N34
X003	WE CAN'T FINISH OUR REVIEW OF THIS CLAIM BECAUSE NEITHER YOUR TAX ID NOR LICENSE NUMBER WERE REPORTED OR DIDN'T MATCH OUR FILE. PLEASE VERIFY YOUR TAX ID AND LICENSE NUMBER AND EITHER SEND US A CORRECTED CLAIM OR CONTACT YOUR PROVIDER INQUIRY AREA IF OUR RECORDS NEED TO BE CORRECTED. (X003)	OA	204		PI	16	N257
X004	BASED ON OUR RECORDS, WE DO NOT FIND PATIENT ELIGIBLE FOR I/P CO-INSURANCE DOLLARS. IF YOU HAVE DOCUMENTATION TO SUBSTANTIATE PAYMENT, PLEASE SUBMIT TO BCBSM. (X004)	OA	204		PR	204	
X005	NO ACCOMODATIONS WERE BILLED ON THIS INPATIENT CLAIM. (X005)	OA	204		PI	16	M50
X006	THE CLAIM WAS SUBMITTED TO MEDICAL MUTUAL OF OHIO IN ERROR. MEDICARE HAS THE PRIMARY RESPONSIBILITY FOR PAYING IT. PLEASE RESUBMIT THE CLAIM TO MEDICARE. (X006)	OA	204		PI	109	
X008	THIS CLAIM WAS SUBMITTED WITH NO CHARGE. (X008)	OA	204		PI	16	M79
X009	THE CLAIM WE RECEIVED WAS NOT COMPLETE AND CANNOT BE PROCESSED AS SUBMITTED. (X009)	OA	204		PI	125	N34
X010	THIS CLAIM WAS SUBMITTED WITHOUT A PROVIDER'S SIGNATURE. (X010)	PI	16	MA81	PI	16	MA81
X011	THIS SERVICE IS NOT A COVERED BENEFIT BECAUSE THE DATE OF SERVICE IS AFTER THE CURRENT DATE. (X011)	OA	204		PI	110	
X012	THIS SERVICE WAS DENIED BY MEDICARE, THEREFORE, IT IS NOT COVERED UNDER YOUR PATIENT'S BLUE SHIELD BENEFIT PLAN. (X012)	OA	204		OA	23	N219
X013	OUR RECORDS INDICATE THAT YOU ARE NOT REGISTERED WITH BLUE CROSS AND BLUE SHIELD OF MICHIGAN. PLEASE SUBMIT AN APPLICATION FOR A BCBSM PROVIDER IDENTIFICATION NUMBER. (X013)	PR	B7		CO	B7	
X014	MEDICARE HAS DENIED THIS CLAIM AS A DUPLICATE. SINCE BCBSM BASES ITS BENEFIT DETERMINATION ON MEDICARE'S DECISION TO APPROVE OR DENY, WE CANNOT APPROVE PAYMENT FOR THIS CLAIM. (X014)	OA	204		PI	18	
X015	MEDICAL REVIEW REQUIRED FOR PAYMENT, CONTACT 1-800-851-8313. (X015)	OA	204		PI	133	
X016	AFTER INVESTIGATION, IT WAS DETERMINED THAT THIS SERVICE IS NOT COVERED. (X016)	OA	204		PR	96	N10

NASCO non-payment code to standard code mapping

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X017	THESE CHARGES SHOULD BE SUBMITTED TO YOUR PATIENT'S HOME PLAN FOR PROCESSING. (X017)	OA	204		PI	109	
X018	WE HAVE REVIEWED THIS CLAIM, AND DETERMINED THAT THE PATIENT IS A DEPENDENT AND MARITAL STATUS IS MARRIED. (X018)	OA	204		PR	32	N30
X020	MAXIMUM BENEFIT RELATED TO AN AUTO ACCIDENT HAS BEEN REACHED.(X020)	OA	204		PR	119	
X021	SERVICE SUBMITTED WITH AN INVALID OR UNSPECIFIED DIAGNOSIS OR PROCEDURE CODE: RESUBMIT WITH SPECIFIC DIAGNOSIS CODE. (X021)	PI	16	M81	PI	16	M51, M76, M81
X022	THE PERFORMING PROVIDER NUMBER AND/OR TAX I-D IS REQUIRED IN ORDER TO PROCESS THIS CLAIM. (X022)	OA	204		PI	16	N290
X023	IN ORDER TO ASSURE PROPER REIMBURSEMENT FOR THESE SERVICES, PLEASE RESUBMIT AS SEPARATE LINE ITEMS. (X023)	PI	16	N63	PI	16	N63
X024	IN ORDER FOR US TO PROCESS YOUR CLAIM AND ASSURE CORRECT REIMBURSEMENT FOR YOUR SERVICE, PLEASE RESUBMIT USING THE CLAIM FORM AND THE APPROPRIATE PLACE OF SERVICE AND TYPE OF SERVICE VALUE. (X024)	PI	5		PI	125	N34, M77
X025	THE ORIGINAL CLAIM WAS PAID INCORRECTLY. (X025)	CO	129		PI	129	
X026	PROCEDURE CODE DID NOT HAVE A BID LEVEL AT THE TIME OF SERVICE TO APPROVE FOR PAYMENT. (X026)	OA	204		CO	147	
X027	CONCURRENT COVERAGE. THIS SERVICE WAS ALREADY PROCESSED UNDER YOUR PRIMARY COVERAGE. THEREFORE IT HAS REJECTED UNDER YOUR SECONDARY COVERAGE.	OA	204		PI	B13	N131
X028	OUR INVESTIGATION OF YOUR CLAIM HAS BEEN COMPLETED. IN ACCORDANCE WITH THE TERMS OF YOUR PATIENT'S CONTRACT, NO FURTHER PAYMENT WILL BE MADE. (X028)	OA	204		PI	193	N10
X030	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED INFORMATION. (X030)	OA	204		PR	204	
X031	THE AMOUNT PREVIOUSLY PAID HAS BEEN RECOVERED AND REPRESENTS POST-PAYMENT UTILIZATION REVIEW SAVINGS. (X031)	OA	204		CO	96	MA67, N35
X032	THE REVIEW OF YOUR CLAIM HAS BEEN COMPLETED. CHARGES FOR THESE SERVICES ARE NOT A COVERED BENEFIT. (X032)	PR	204	N109	PR	204	N10
X033	AS OF 8-1-99, INTEGRA PROCESSED MENTAL HEALTH/SUSTANCE ABUSE, CLAIMS FOR SATURN TEAM MEMBER. SEND THIS CLAIM TO INTEGRA, SATURN CLAIMS UNIT, P.O. BOX 62367 KING OF PRUSSIA, PA 19406-2367 OR CALL 1-888-883-1999. (X033)	PI	109		PI	109	
X034	ALL MEDICAL DOCUMENTATION PREVIOUSLY REQUESTED HAS NOT BEEN RECEIVED. REVIEW OF THIS CLAIM WILL CONTINUE WHEN ALL DOCUMENTATION HAS BEEN RECEIVED. (X034)	OA	204		PI	226	M127
X035	THIS IS AN INTERIM PAYMENT. FINAL DETERMINATION RELATIVE TO ANY UNPAID BALANCE WILL BE MADE AFTER FURTHER EVALUATION. (X035)	OA	204		PI	133	
X036	THE PAYMENT INDICATED REPRESENTS THE MAXIMUM PAYMENT LEVEL ALLOWABLE FOR THE SERVICES REPORTED. (X036)	OA	204		PR	45	
X038	THE CHARGES ON THE ITEMIZED BILLS SUBMITTED WITH THIS CLAIM DO NOT EQUAL THE CHARGES LISTED ON THE CLAIM FORM. (X038)	OA	204		PI	16	M79
X040	REPLACEMENT WITHIN FIVE YEARS OF INITIAL INSTALLATION. (X040)	OA	204		PR	204	N357
X041	THIS SERVICE WAS PREVIOUSLY PAID ON THIS SERVICE DATE. (X041)	PI	B13	M86	PI	18	
X042	MEDICARE HAS DENIED THIS SERVICE AS A DUPLICATE. IF WE HAVE NOT PREVIOUSLY PROCESSED THIS CLAIM, WE WILL NEED A COPY OF MEDICARE'S ORIGINAL EXPLANATION OF BENEFITS FOR CONSIDERATION. (X042)	OA	204		PI	16	N4
X043	OUR RECORDS INDICATE THAT MEDICARE IS THE PRIMARY CARRIER; HOWEVER, MEDICARE HAS DENIED THIS SERVICE STATING THE PATIENT IS NOT ENROLLED IN MEDICARE PART B. THE ENROLLEE SHOULD CONTACT THEIR EMPLOYER TO RESOLVE THIS DISCREPANCY. (X043)	OA	204		PR	96	N12

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X044	OUR RECORDS INDICATE THAT MEDICARE IS THE PATIENT'S PRIMARY CARRIER; HOWEVER, MEDICARE HAS DENIED THIS SERVICE STATING THAT THEY ARE SECONDARY. THE ENROLLEE SHOULD CONTACT THE PLANT PERSONNEL OFFICE TO RESOLVE THIS DISCREPANCY. (X044)	OA	204		PR	96	N12
X045	WE CANNOT APPROVE PAYMENT FOR THIS RADIOLOGY SERVICE BECAUSE IT WAS EITHER NOT PRECERTIFIED OR WAS DENIED DURING THE PRECERTIFICATION PROCESS. IF YOU DID NOT OBTAIN PRE-CERTIFICATION, YOU CAN FAX A WRITTEN REQUEST FOR A RETROSPECTIVE REVIEW TO AIM, OUR PROGRAM MANAGER, AT THE NUMBER BELOW. IF PRECERTIFICATION WAS DENIED, IT WAS BECAUSE WE DO NOT CONSIDER THE SERVICE TO HAVE BEEN MEDICALLY NECESSARY (FOR PAYMENT PURPOSES) BASED ON STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS. YOU CAN FAX A WRITTEN REQUEST FOR AN APPEAL TO AIM AT 1-800- 798-2068. ACCORDING TO THE TERMS OF THE RADIOLOGY MANAGED CARE PROGRAM FOR BLUE PREFERRED AND BLUE PREFERRED PLUS PPO MEMBERS, THE SUBSCRIBER IS NOT RESPONSIBLE FOR THESE CHARGES (X045).	OA	204		CO	197	
X046	WE CANNOT APPROVE PAYMENT FOR THIS RADIOLOGY SERVICE BECAUSE IT WAS NOT CONSIDERED MEDICALLY NECESSARY AND WAS DENIED BY UTILIMED, OUR PROGRAM MANAGER. IN THE PRECERTIFICATION PROCESS. FOR PAYMENT PURPOSES, OUR DETERMINATIONS OF MEDICAL NECESSITY ARE BASED ON STANDARDS AND GUIDELINES DEVELOPED BY PHYSICIANS. YOU MAY REQUEST AN APPEAL, IN WRITING, AND FAX IT TO UTILIMED AT (847) 559-6850. ACCORDING TO THE TERMS OF THE RADIOLOGY MANAGED CARE PROGRAM FOR BLUE PREFERRED AND BLUE PREFERRED PLUS PPO MEMBERS, THE SUBSCRIBER IS NOT RESPONSIBLE FOR THESE CHARGES. (X046)	OA	204		CO	39	
X047	THESE OUTPATIENT SERVICES ARE NOT PAYABLE BECAUSE WE DID NOT RECEIVE A REQUEST FOR PREAUTHORIZATION. (X047)	OA	204		CO	197	
X048	THE CLAIM SUBMITTED DOES NOT HAVE THE REQUIRED AUTHORIZATION NUMBER. PLEASE RESUBMIT THE CLAIM WITH THE REQUIRED INFORMATION. (X048)	PI	15		PI	15	
X049	THIS CLAIM HAS BEEN REVIEWED AND IT HAS BEEN DETERMINED THAT NO PAYMENT IS DUE. THE ALLOWED AMOUNT HAS BEEN APPLIED TO THE DEDUCTIBLE/SANCTION FOR NO PREDETERMINATION. (X049)	OA	204		CO	197	N10
X050	THE PAR HOSPITAL AGREEMENT 12 MONTH FILING LIMITATION HAS BEEN EXCEEDED. YOU MAY RESUBMIT THE CLAIM WITH AN EXPLANATION FOR THE LATE SUBMISSION. (X050)	CO	29	N1	CO	29	N210
X051	THE PAR HOSPITAL AGREEMENT 12 MONTH FILING LIMITATION HAS BEEN EXCEEDED. CLAIM REVIEWED BY FILING LIMITATION APPEALS COMMITTEE; APPEAL DENIED. (X051)	OA	204		PI	193	
X052	CLAIM REJECTED BECAUSE A MEDICARE DEDUCTIBLE WAS PAID PREVIOUSLY WITHIN 60 DAYS OF THIS ADMISSION. (X052)	OA	204		PR	23	
X053	SERVICES PERFORMED BY A FAMILY MEMBER ARE NOT PAYABLE PER PATIENT'S CONTRACT. (X053)	OA	204		PR	53	
X055	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT COVERS IT ONLY WHEN THE TREATMENT FOR OVARIAN CANCER IS PREAPPROVED AND PERFORMED IN A NATIONAL CANCER INSTITUTE DESIGNATED CANCER CENTER OR ONE OF ITS AFFILIATE CENTERS. (X055)	PR	58		PR	38	N428
X056	THIS SERVICE ISN'T PAYABLE BECAUSE THE PATIENT'S CONTRACT COVERS IT ONLY WHEN THE TREATMENT FOR STAGES II OR III BREAST CANCER IS PREAPPROVED AND PERFORMED IN A NATIONAL CANCER INSTITUTE DESIGNATED CANCER CENTER OR ONE OF ITS AFFILIATE CENTERS. (X056)	OA	204		PR	38	N428
X057	CLAIM SUBMITTED WITHOUT MEDIAL CLEARANCE FOR HEARING AID. (X057)	OA	204		CO	B15	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X058	THIS CLAIM HAS BEEN REVIEWED. THE BENEFIT FOR THIS PROCEDURE WAS INCLUDED IN ANOTHER PROCEDURE WHICH HAS ALREADY BEEN PAID. THE PATIENT SHOULD NOT BE BILLED FOR THE BALANCE (X058).	OA	204		CO	97	
X060	THIS FOOT SERVICE IS NOT THE RESULT OF AN ACCIDENTAL INJURY. PLEASE SUBMIT THE BILL TO THE NATIONAL FOOT CARE PROGRAM. (X060)	OA	204		PI	109	
X061	ACCORDING TO THE DOCUMENTATION RECEIVED, THE OCCUPATIONAL THERAPY SERVICE PROVIDED DID NOT MEET OUR MEDICAL CRITERIA. (X061)	OA	204		CO	50	N10
X062	THIS AMBULANCE SERVICE IS NOT PAYABLE WHEN THE PATIENT IS TRANSPORTED FROM THE LOCATION REPORTED. (X062)	OA	204		PR	204	N157
X063	THIS DURABLE MEDICAL EQUIPMENT IS NOT PAYABLE BECAUSE THE PATIENT'S CONDITION DOES NOT MEET THE MEDICAL CRITERIA TO RECEIVE THE EQUIPMENT. (X063)	OA	204		PR	50	
X064	ACCORDING TO THE DOCUMENTATION WE RECEIVED, THIS HOSPITAL ADMISSION WAS DIAGNOSTIC IN NATURE. THEREFORE, THE SERVICE IS NOT PAYABLE. (X064)	OA	204		PR	204	
X065	THIS SERVICE WAS BILLED WITHOUT THE MODIFIER NEEDED TO PROCESS THE CLAIM. PLEASE REPORT THE MODIFIER IN FIELD 24D OF THE HCFA 1500 CLAIM FORM AND RESUBMIT THE CLAIM. (X065)	PI	4		PI	4	
X067	THIS SERVICE IS NOT PAYABLE BECAUSE THE SUBMITTED DOCUMENTATION DOES NOT MEET BCBSM BENEFIT GUIDELINES FOR THE REPORTED TREATMENT. A BCBSM DENTIST APPROVED AN ALTERNATIVE TREATMENT. BECAUSE YOU DID NOT PREDETERMINE THE SERVICE, YOU MAY NOT BILL THE PATIENT FOR ANY BALANCE BEYOND THE APPLICABLE COPAYMENT FOR THE APPROVED TREATMENT. (X067)	OA	204		CO	169	N10
X068	LENGTH OF STAY ON AUTHORIZATION FILE DOES NOT MATCH THE NUMBER OF DAYS BILLED.(1200)	OA	204		CO	198	N54
X069	BASED ON THE NARRATIVE DESCRIPTION OF THE MEDICAL DOCUMENTATION SUBMITTED, THERE IS A SPECIFIC PROCEDURE CODE FOR THIS SERVICE. (1200)	OA	204		PI	16	M81
X070	PLEASE RESUBMIT THIS CLAIM WITH A LEGIBLE INVOICE. (1200)	OA	204		PI	16	N205
X071	THIS SERVICE MUST BE PRESCRIBED BY A PHYSICIAN. (1200)	OA	204		PR	173	
X073	THE PROCEDURE IS NOT PAYABLE BECAUSE WE HAVE ALREADY PAID FOR ADJUSTMENTS, REBASES, RELINES, AND REPAIRS DONE IN THIS ARCH ON THIS DATE. WHEN THESE SERVICES ARE PERFORMED ON THE SAME DAY, WE PAY UP TO 50 PERCENT OF OUR FEE FOR A NEW COMPLETE OR NEW PARTIAL DENTURE. (X073)	OA	204		CO	96	M80
X074	THIS SERVICE WAS PERFORMED PRIOR TO THE EFFECTIVE DATE OR AFTER THE CANCELLATION DATE OF YOUR PARTICIPATING STATUS. (X074)	PR	B7		CO	B7	
X078	THE AMOUNT ALLOWED FOR THIS PRESCRIPTION WAS REDUCED BECAUSE THE SUPPLY PURCHASED EXCEEDED YOUR DRUG BENEFIT'S SUPPLY DOSAGE LIMITATION. (X078)	OA	204		PR	119	
X079	THE AMOUNT ALLOWED FOR THIS PRESCRIPTION WAS REDUCED TO THE NETWORK PRICE. (X079)	OA	204		CO	45	
X080	DME/P+O CLAIMS MUST HAVE A PHYSICIAN PRESCRIPTION, LETTER OF MEDICAL NECESSITY AND DETAILED DESCRIPTION OF ITEM IN ORDER TO BE ELIGIBLE FOR PAYMENT. (1200)	OA	204		CO	173	
X081	WE CAN'T DECIDE PAYMENT FOR THIS SERVICE UNTIL YOU SEND US THE SUPPORTING DOCUMENTATION AS DEFINED IN YOUR GUIDE FOR DENTAL CARE PROVIDERS. WE CAN NOW ACCEPT X-RAYS, WRITTEN RECORDS AND OTHER INSURER INFORMATION FOR YOUR ELECTRONIC CLAIMS THROUGH NATIONAL ELECTRONIC ATTACHMENT. PLEASE CALL 1-800-782-5150 TO ENROLL WITH NEA. OTHERWISE, YOU MUST MAIL US A CLAIM AND THE REQUIRED DOCUMENTATION. (X081)	OA	204		PI	16	N463

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X082	WE CAN'T ACCEPT THIS ELECTRONIC CLAIM BECAUSE SOME REQUIRED INFORMATION WAS MISSING OR INCORRECT. PLEASE VERIFY THE TOOTH NUMBER, TOOTH SURFACE(S), QUADRANT, ARCH AND PROCEDURE CODE AND RESUBMIT THIS CLAIM ELECTRONICALLY. (X082)	OA	204		PI	16	M20, N37, N75
X083	WE CAN'T DECIDE PAYMENT FOR THIS ORTHODONTIC SERVICE UNTIL YOU SEND US THE SUPPORTING DOCUMENTATION AS DEFINED IN YOUR GUIDE FOR DENTAL CARE PROVIDERS. WE CAN NOW ACCEPT X-RAYS, WRITTEN RECORDS AND OTHER INSURER INFORMATION FOR YOUR ELECTRONIC CLAIMS THROUGH NATIONAL ELECTRONIC ATTACHMENT. PLEASE CALL 1-800-782-5150 TO ENROLL WITH NEA. OTHERWISE, YOU MUST MAIL US A CLAIM AND THE REQUIRED DOCUMENTATION. (X083)	OA	204		PI	16	M127, MA04, N40
X084	WE CAN'T DECIDE PAYMENT FOR THIS ORTHODONTIC SERVICE UNTIL YOU SEND US THE SUPPORTING DOCUMENTATION AS DEFINED IN YOUR GUIDE FOR DENTAL CARE PROVIDERS. WE CAN NOW ACCEPT X-RAYS, WRITTEN RECORDS AND OTHER INSURER INFORMATION FOR YOUR ELECTRONIC CLAIMS THROUGH NATIONAL ELECTRONIC ATTACHMENT. PLEASE CALL 1-800-782-5150 TO ENROLL WITH NEA. OTHERWISE, YOU MUST MAIL US A CLAIM AND THE REQUIRED DOCUMENTATION. (X084)	OA	204		PI	16	M127, MA04, N40
X085	OBSERVATION ROOM CRITERIA NOT MET. (1200)	OA	204		PR	50	
X086	THIS PROCEDURE IS MUTUALLY EXCLUSIVE TO ANOTHER PROCEDURE PERFORMED THE SAME DAY. (1200)	OA	204		CO	97	
X087	CHARGES WERE PREVIOUSLY PAID TO THE SUBSCRIBER. (X087)	OA	204		PR	100	
X088	WE NEED MORE INFORMATION TO PROCESS THIS CLAIM. PLEASE SUBMIT PHYSICIAN'S NOTES SHOWING MEDICAL NECESSITY AND THE AMBULANCE RUN SHEET POINT OF ORIGIN AND DESTINATION. (X088)	OA	204		PI	16	N463
X089	IN ACCORDANCE WITH THE MEDICARE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM, THE CHARGED COLUMN AMOUNT SHOWS THE COINSURANCE AMOUNT APPLIED BY MEDICARE. (X089)	OA	204		OA	23	
X090	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE RELEVANT MEDICAL RECORDS OR OTHER REQUIRED DOCUMENTATION WAS NOT RECEIVED. FOR RECONSIDERATION, PLEASE SEND ANOTHER HCFA 1500 CLAIM WITH APPROPRIATE DOCUMENTATION TO BCBSM, PPUR--CLAIMS UNIT, 600 EAST LAFAYETTE, DETROIT, MI 48226, P.O. BOX 311120 MAIL CODE 1123.	OA	204		CO	226	N463
X091	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE BASED ON A REVIEW BY OUR MEDICAL CONSULTING STAFF. PLEASE REFER TO OUR DOCUMENTED MEDICAL NECESSITY GUIDELINES. THE RECORDS YOU SUBMITTED DO NOT SUBSTANTIATE THE MEDICAL NECESSITY FOR THE SERVICES PROVIDED. (X091)	OA	204		PR	50	N10
X092	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THE DOCUMENTATION PROVIDED WAS NOT LEGIBLE. (X092) PPUR CLAIMS UNIT, 600 EAST LAFAYETTE, DETROIT, MI. 48226, P.O. BOX 311120 - MAIL CODE 1123.	OA	204		PI	16	N205
X093	WE CAN'T APPROVE PAYMENT FOR THIS SERVICE BECAUSE THE DOCUMENTATION OR MEDICAL RECORDS DID NOT SUPPORT THE CODE YOU REPORTED. WE'LL REVIEW THIS SERVICE AGAIN IF YOU REPORT A CODE THAT'S RELATED TO THE MEDICAL RECORDS. SEND THIS INFORMATION TO BCBSM.	OA	204		PI	150	N10
X095	AFTER SPECIAL REVIEW IT HAS BEEN DETERMINED THIS SERVICE CANNOT BE APPROVED FOR PAYMENT BASED ON THE REPORTED INFORMATION. (X095)	OA	204		PR	204	N10
X096	SUBSCRIBERS CONTRACT DOES NOT COVER FOOT SERVICES. THE SERVICE IS THE RESPONSIBILITY OF THE PATIENTS OTHER FOOT CARRIER. (X096)	OA	204		PI	109	
X097	THE PATIENT IS RESPONSIBLE FOR THE CHARGE BECAUSE THIS AMBULANCE SERVICE DOESN'T MEET THE CONTRACT'S CRITERIA FOR EMERGENCY AMBULANCE TRANSPORTATION.	OA	204		PR	204	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X098	UNDER THE SUBSCRIBER'S CONTRACT, THIS FOOT OR ANKLE SERVICE IS NOT A COVERED BENEFIT. FOOT AND ANKLE BENEFITS INCLUDE AMPUTATIONS AND CARE OF ACCIDENTAL INJURIES. REFER CLAIMS TO NATIONAL FOOT CARE PROGRAM, P.O. BOX 760547, LATHRUP VILLAGE, MI 48076.	OA	204		PI	109	
X099	SINCE THIS HOSPITAL DOES NOT PARTICIPATE WITH US, WE HAVE SENT OUR PAYMENT TO YOU. YOU ARE RESPONSIBLE FOR PAYING THE HOSPITAL FOR THESE SERVICES. (X099)	OA	204		PR	100	
X100	AN ACCIDENT WAS INDICATED ON CLAIM SUBMITTED BUT DATE OF ACCIDENT MISSING OR INVALID.	OA	204		PI	16	N305
X101	THIS CLAIM COULD NOT BE PROCESSED BECAUSE ITEMIZATION OF DATES, PROCEDURES AND CHARGES WERE NOT SUBMITTED. (X101)	PI	16	N26	PI	16	N26
X102	THIS CLAIM COULD NOT BE PROCESSED BECAUSE BREAKDOWN OF DATES, TYPES OF SERVICE, PROCEDURES AND CHARGES FOR SERVICES PROVIDED WERE NOT SUBMITTED. (X102)	OA	204		PI	16	N463
X103	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE PRESCRIPTION NUMBER, DRUG NAME, DOSAGE, STRENGTH AND DISPENSING DATE WERE NOT SUBMITTED. (X103)	OA	204		CO	175	
X104	WE CANNOT PAY THIS CLAIM BECAUSE IT SHOULD BE REVIEWED BY YOUR LOCAL BLUE CROSS BLUE SHIELD PLAN. PLEASE SUBMIT THE CLAIM TO YOUR LOCAL PLAN. (X104)	OA	204		PI	109	
X105	BEFORE WE CONSIDER THIS CLAIM FOR BENEFITS, YOU MUST REFUND MEDICARE'S PAYMENT BECAUSE OUR RECORDS SHOW THAT THE PATIENT WAS COVERED UNDER A WORKING PERSON'S POLICY FOR THIS DATE OF SERVICE. THE PATIENT'S OTHER GROUP HEALTH PLAN SHOULD BE BILLED AS THE PRIMARY CARRIER AND MEDICARE AS SECONDARY. BLUE CROSS BLUE SHIELD WILL CONSIDER THIS CLAIM ONLY AS THE THIRD PAYER. (X105)	PI	129		PI	129	
X106	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE PATIENT'S NAME, DATE OF BIRTH, SEX AND RELATIONSHIP TO THE SUBSCRIBER WERE NOT SUBMITTED. (X106)	PI	16	MA36, MA39, MA60, N329	PI	16	MA36, MA38, MA39, MA60
X107	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE PATIENT'S RELATIONSHIP TO THE SUBSCRIBER WAS NOT SUBMITTED OR IS INVALID. (X107)	OA	204		PI	16	MA60
X108	THE CLAIM SUBMITTED DOES NOT IDENTIFY IF THE CHARGE IS THE TOTAL CHARGE OR THE CHARGE IS ONLY FOR THE PROFESSIONAL COMPONENT. (X108)	OA	204		PI	16	M54
X109	CLAIM WAS SUBMITTED WITH INVALID MEDICARE AMOUNTS. PLEASE RESUBMIT WITH CORRECT MEDICARE AMOUNTS. (X109)	PI	16	N4	PI	16	MA04
X110	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE AMBULANCE POINT OF ORIGIN AND ITS DESTINATION WERE NOT SUBMITTED. (X110)	OA	204		PI	16	N463
X112	THE CLAIM WE RECEIVED DOES NOT IDENTIFY THE RELATED ILLNESS OR SYMPTOM. (X112)	OA	204		PI	16	M76
X113	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE ITEMIZED BILLS FOR THE SERVICES PROCESSED ON THE MEDICARE EXPLANATION OF BENEFITS. (X113)	OA	204		PI	16	N26
X114	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE DATES OF ADMISSION AND DISCHARGE. (X114)	OA	204		PI	16	MA40, N318
X115	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE CORRECT DATE OF INJURY AND DATE OF SERVICE WERE NOT SUBMITTED. (X115)	OA	204		PI	16	M52, N305
X116	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE CORRECT DATE OF THE MEDICAL EMERGENCY. (X116)	OA	204		CO	40	
X117	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE PATIENT'S COMPLETE DATE OF BIRTH. (X117)	OA	204		PI	16	N329

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X118	BECAUSE WE CAN'T FIND COVERAGE FOR THE CONTRACT NUMBER PROVIDED FOR THIS SERVICE, WE CAN'T PROCESS THIS CLAIM. PLEASE VERIFY THE PATIENT'S CONTRACT NUMBER AND RESUBMIT THE CLAIM. THE SUBSCRIBER WILL BE RESPONSIBLE FOR THE CHARGE IF THE CONTRACT NUMBER IS CORRECT. (X118)	PR	31		PR	31	
X119	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE CORRECT IDENTIFICATION NUMBER AND THE NAME OF THE MEMBER'S EMPLOYER. (X119)	OA	204		CO	31	N382
X120	THIS IS A DUPLICATE OF A CLAIM THAT IS CURRENTLY BEING PROCESSED. (X120)	OA	204		PI	18	
X121	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE PLACE/LOCATION OF SERVICE. (X121)	OA	204		PI	16	M77
X122	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE PATIENT'S COMPLETE NAME WAS NOT SUBMITTED. (X122)	OA	204		PI	16	MA36
X123	THIS CLAIM DOES NOT IDENTIFY THE PROVIDER'S NAME AND ADDRESS, OR THE PROVIDER'S TAX I.D. NUMBER OR LICENSE NUMBER. (X123)	OA	204		PI	16	N257
X124	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE PATIENT'S RELATIONSHIP TO THE SUBSCRIBER. (X124)	OA	204		PI	16	MA60
X125	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE MEMBER'S COMPLETE HOME ADDRESS WAS NOT SUBMITTED. (X125)	OA	204		PI	16	MA37
X126	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE PATIENT'S SEX. (X126)	OA	204		PI	16	MA39
X127	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE CHARGE FOR SERVICES PROVIDED. (X127)	OA	204		PI	16	M79
X128	THE MAXIMUM ALLOWED AMOUNT FOR THIS SERVICE HAS BEEN APPROVED FOR PAYMENT UNDER BASIC COVERAGE; THEREFORE, IT CANNOT BE CONSIDERED FOR PAYMENT UNDER MAJOR MEDICAL. (X128)	OA	204		PR	45	
X129	THIS CLAIM SHOULD BE SUBMITTED TO THE BASIC CARRIER FOR CONSIDERATION BEFORE MAJOR MEDICAL REVIEWS IT FOR PAYMENT. (X129)	OA	204		PI	109	
X130	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE CORRECT NUMBER OF SUPPLY DAYS FOR THIS MEDICATION WAS NOT SUBMITTED. (X130)	OA	204		PI	16	N378
X131	THE DISPENSING DATE FOR PRESCRIPTION MEDICATIONS WAS NOT SUBMITTED. (X131)	OA	204		PI	16	N304
X132	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE INDIVIDUAL DATES FOR EACH SERVICE RENDERED. (X132)	OA	204		PI	16	M52
X133	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE LAST DATE OF SERVICE. (X133)	OA	204		PI	16	M59
X134	CLAIM FORWARDED TO LOCAL SYSTEM. (X134)	OA	204		PI	B11	
X135	CLAIM FORWARDED TO LOCAL SYSTEM. (X135)	OA	204		PI	B11	
X136	THE NATIONAL DRUG CODE AND DRUG NAME WERE NOT SUBMITTED/ARE INVALID FOR THIS CLAIM. (X136)	OA	204		PI	16	M119, M123
X137	THE CLAIM WE RECEIVED DOES NOT IDENTIFY THE PROCEDURE CODE. (X137)	OA	204		PI	16	M51
X138	ITEMIZED CHARGES WERE NOT SUBMITTED FOR EACH X-RAY/LAB PROCEDURE. (X138)	OA	204		PI	16	N26
X139	THE DESCRIPTION AND PURPOSE FOR SERVICE OR SUPPLY WAS NOT SUBMITTED. (X139)	OA	204		PI	16	N463
X141	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. YOUR INSURANCE PROGRAM REQUIRES THE PROVIDER OF SERVICE TO OBTAIN PRECERTIFICATION, RECERTIFICATION AND/OR DISCHARGE NOTIFICATION AND CONFIRMATION OF DATES OF SERVICE PRIOR TO CLAIM SUBMISSION FOR SERVICES. OUR RECORDS INDICATE ALL OR PART OF THIS PROCEDURE WAS NOT FOLLOWED. FURTHER PROCESSING OF THIS CLAIM WILL TAKE PLACE WHEN THE INFORMATION IS RECEIVED FROM THE PROVIDER. (X141)	OA	204		CO	197	
X142	YOU MAY BE RESPONSIBLE FOR THIS CHARGE. THE PROVIDER OF SERVICE HAS NOT SUPPLIED US WITH THE COMPLETE MEDICAL DOCUMENTATION THAT IS NEEDED TO COMPLETE PROCESSING. THE PROVIDER HAS BEEN NOTIFIED OF THIS SITUATION. WHEN WE RECEIVE THAT COMPLETE INFORMATION,	OA	204		PI	226	M127

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X144	PAYMENT FOR THIS SERVICE IS INCLUDED IN THE PHARMACY CHARGE. (X144)	OA	204		CO	97	
X145	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE NUMBER/UNITS OF SERVICE PERFORMED. (X145)	OA	204		PI	16	M53
X146	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE LENGTH OF TIME ANESTHESIA WAS ADMINISTERED. (X146)	OA	204		PI	16	N203
X147	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE LENGTH OF TIME EACH SERVICE WAS PROVIDED (X147)	OA	204		PI	16	N443
X148	THE CLAIM SUBMITTED DOES NOT SPECIFY THE QUANTITY OF THE DRUG DISPENSED. (X148)	OA	204		PI	16	M123
X150	THE CLAIM SUBMITTED DOES NOT IDENTIFY THE NUMBER OF NURSING VISITS AND THE NUMBER OF HOURS FOR EACH VISIT. (X150)	OA	204		PI	16	M53, N443
X151	ANOTHER PROVIDER HAS BILLED FOR THE SERVICES DESCRIBED IN THIS CLAIM. PAYMENT OF THIS SERVICE, THEREFORE, WOULD RESULT IN A DUPLICATE PAYMENT ACCORDING TO THE ADMINISTRATION PROVISIONS OF THE SUBSCRIBERS CONTRACT. (X151)	PI	18		PI	18	N472
X152	YOUR CLAIM HAS BEEN REVIEWED. THE COVERED BENEFIT FOR THIS PROCEDURE WAS INCLUDED IN A PREVIOUSLY PAID CLAIM, THEREFORE, NO ADDITIONAL BENEFIT CAN BE PROCESSED. (X152)	PI	B13		CO	97	M86, N10
X153	WE HAVE REVIEWED YOUR CLAIM. AN ADDITIONAL BENEFIT WAS PREVIOUSLY APPROVED AND PAID TO YOU. PLEASE REFERENCE YOUR CHECK VOUCHER FOR THIS PAYMENT. (X153)	OA	204		PI	B13	N10
X154	WE HAVE REVIEWED YOUR CLAIM. AN ADDITIONAL BENEFIT WAS PREVIOUSLY APPROVED AND PAID TO THE SUBSCRIBER. (X154)	OA	204		PR	100	N10
X155	YOUR CLAIM HAS BEEN REVIEWED. THE MAXIMUM PAYMENT LEVEL WAS PAID FOR THE SERVICES PERFORMED. THEREFORE NO ADDITIONAL BENEFITS CAN BE APPROVED. (X155)	CO	45		PI	193	N10
X156	YOUR STATUS INQUIRY HAS BEEN REVIEWED. PAYMENT WAS PROCESSED ACCORDING TO YOUR PROFILE OF CUSTOMARY CHARGES AS SHOWN IN THE PAYMENT FILE IN EFFECT AT THE TIME OF PAYMENT ON THE ORIGINAL CLAIM, THEREFORE, NO ADDITIONAL BENEFITS CAN BE APPROVED. IF YOU HAVE ANY QUESTIONS REGARDING YOUR PROFILE OF CUSTOMARY CHARGES, PLEASE CONTACT YOUR PROFESSIONAL RELATIONS REPRESENTATIVE. (X156)	OA	204		PI	193	N10
X157	YOUR STATUS INQUIRY HAS BEEN REVIEWED. THE ORIGINAL PAYMENT WAS CORRECTLY REDUCED ACCORDING TO THE SUBSCRIBER'S LIABILITY. (X157)	OA	204		PI	193	N10
X158	YOUR CLAIM HAS BEEN REVIEWED. THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE SERVICE DESCRIBED IN YOUR REPORT. (X158)	PR	204		PR	204	N10
X159	WE HAVE REVIEWED YOUR CLAIM. THIS SERVICE WAS PREVIOUSLY REJECTED AND REPORTED TO YOU AS A NON-PAYMENT CODE. PLEASE REFERENCE YOUR CHECK VOUCHER FOR THIS REJECTION (X159)	OA	204		PI	193	N10
X160	YOUR CLAIM HAS BEEN REVIEWED. UNDER THE TERMS OF THE SUBSCRIBERS CONTRACT, THERE IS A MAXIMUM FOR THIS TYPE OF SERVICE BASED ON A (12 MONTH/CALENDAR YEAR) RENEWAL. THE MAXIMUM HAS BEEN MET, THEREFORE, NO ADDITIONAL BENEFITS ARE AVAILABLE. ANY ADDITIONAL CHARGES FOR THIS TYPE OF SERVICE DURING THIS PERIOD WILL BE THE SUBSCRIBERS RESPONSIBILITY. (X160)	OA	204		PR	119	M90, N10
X161	YOUR CLAIM HAS BEEN REVIEWED. THE MAXIMUM COVERED BENEFIT WAS APPROVED ACCORDING TO THE DESCRIPTION REPORTED AND THE PAYMENT LEVELS IN EFFECT AT THE TIME OF PAYMENT ON THE ORIGINAL CLAIM. (X161)	OA	204		PI	193	N10
X162	YOUR CLAIM HAS BEEN REVIEWED. WHEN MEDICAL CARE AND SURGERY ARE PERFORMED DURING THE SAME ADMISSION WITH RELATED DIAGNOSES, THE MEDICAL CARE IS INCLUDED IN THE TOTAL SURGICAL PAYMENT. (X162)	OA	204		CO	59	N10

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X163	OUR MEDICAL STAFF HAS REVIEWED YOUR INQUIRY AND DETERMINED THAT THE ORIGINAL PAYMENT WAS CORRECT BASED ON THE DESCRIPTION OF THE SERVICE RENDERED. (X163)	OA	204		PI	193	N10
X164	OUR MEDICAL STAFF HAS REVIEWED YOUR INQUIRY AND DETERMINED THAT THE ORIGINAL REJECTION WAS CORRECT BASED ON THE DESCRIPTION OF THE SERVICE RENDERED. (X164)	PI	93	MA46	PI	193	N10
X165	THIS SERVICE/ADMISSION IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (X165)	PR	167		PR	167	
X166	YOUR CLAIM HAS BEEN REVIEWED. TECHNICAL SURGICAL ASSISTANCE IS NOT A COVERED BENEFIT WHEN THE SURGICAL PROCEDURE PERFORMED DOES NOT REQUIRE THE ACTIVE ASSISTANCE OF ANOTHER PHYSICIAN. (X166)	OA	204		CO	54	N10
X167	YOUR CLAIM HAS BEEN REVIEWED. THE TECHNICAL SURGICAL ASSISTANCE BENEFIT IS BASED ON 20% OF THE FEE FOR THE SURGICAL PROCEDURE, THEREFORE, YOUR PAYMENT FOR TECHNICAL SURGICAL ASSISTANCE IS THE MAXIMUM COVERED BENEFIT ALLOWED. (X167)	OA	204		CO	59	N10
X168	WE HAVE REVIEWED YOUR CLAIM. WHEN MULTIPLE SURGERIES ARE PERFORMED ON THE SAME DAY THROUGH SEPARATE INCISIONS, BY THE SAME DOCTOR, FULL PAYMENT IS ALLOWED ON THE PROCEDURE WITH THE HIGHEST BENEFIT AND ONE-HALF BENEFIT ON THE LESSER PROCEDURE(S) IF THIS LESSER PROCEDURE IS PERFORMED IN ANOTHER AREA OF THE BODY. (X168)	OA	204		CO	59	N10
X169	YOUR CLAIM HAS BEEN REVIEWED. WHEN MULTIPLE SURGICAL PROCEDURES ARE PERFORMED ON THE SAME DAY, BY THE SAME DOCTOR, THROUGH THE SAME INCISION, COVERED BENEFITS ARE ALLOWED ONLY FOR THE MAJOR PROCEDURE. PLEASE REFER TO THE SURGICAL SECTION OF THE PHYSICIANS MANUAL. (X169)	OA	204		CO	59	N10
X171	YOUR CLAIM HAS BEEN REVIEWED. HANDLING CHARGES ARE A COVERED BENEFIT FOR BLOOD SPECIMENS ONLY. THIS BENEFIT IS LIMITED TO ONE PER DAY. (X171)	OA	204		PR	119	N10
X172	YOUR CLAIM HAS BEEN REVIEWED. ONLY ONE PORTABLE X-RAY PER DAY IS A COVERED BENEFIT UNLESS THE EQUIPMENT IS TRANSPORTED TO THE PATIENT'S BEDSIDE MORE THAN ONCE. (X172)	OA	204		PR	119	N10
X173	WE HAVE REVIEWED YOUR CLAIM. THE PAYMENT MADE IS CORRECT AND IS BASED ON THE SUBSCRIBER'S CONTRACT, WHICH INCLUDES A MEMBER'S LIABILITY ON OUTPATIENT PSYCHIATRIC CARE BENEFITS. THE MEMBER'S LIABILITY IS THE RESPONSIBILITY OF THE SUBSCRIBER. (X173)	OA	204		PI	193	N10
X174	YOUR CLAIM HAS BEEN REVIEWED. THIS SERVICE IS A COVERED BENEFIT ONLY WHEN PERFORMED BY AN MD OR DO. (X174)	OA	204		PR	170	
X175	YOUR CLAIM HAS BEEN REVIEWED. AN EXPLANATION WILL BE FORTHCOMING REGARDING THE RESOLUTION OF THE CLAIM. (X175)	OA	204		PI	133	N10, N202
X176	WE HAVE REVIEWED YOUR CLAIM. WHEN MEDICAL CARE AND SURGERY ARE PERFORMED DURING THE SAME ADMISSION WITH RELATED DIAGNOSIS, BY DIFFERENT PROVIDERS, THE MEDICAL CARE BENEFIT IS INCLUDED IN THE TOTAL SURGICAL FEE. (X176)	CO	59		CO	59	N10
X177	YOUR CLAIM HAS BEEN REVIEWED. IT HAS BEEN DETERMINED THAT THE ORIGINAL PAYMENT OR REJECTION IS CORRECT BASED ON THE TOTAL NUMBER OF DAYS FOR THIS ADMISSION. THE MAXIMUM NUMBER OF DAYS ELIGIBLE FOR PAYMENT WAS PREVIOUSLY PAID TO THE SAME OR DIFFERENT PROVIDERS FOR THE SAME OR RELATED DIAGNOSES. (X177)	OA	204		PI	193	N10
X179	THIS SERVICE WAS PAID AT 80%. THE SURGICAL PROCEDURE REQUIRES A SECOND OPINION CONSULTATION TO BE PAID IN FULL. (X179)	OA	204		CO	61	
X180	YOUR CLAIM HAS BEEN REVIEWED. THE FIXED FEE LEVEL FOR SERVICES RENDERED WERE CORRECTLY PAID BASED ON THE COVERED BENEFITS. (X180)	OA	204		PI	193	N10

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X181	YOUR CLAIM HAS BEEN REVIEWED. THIS PROCEDURE WAS COMBINED AND PAID UNDER ANOTHER PROCEDURE. (X181)	OA	204		CO	97	M15, N10
X182	BASED ON REVIEW OF THE MEDICAL DOCUMENTATION PROVIDED, THE NUMBER OF SURGERY DATES AUTHORIZED FOR THE PAYMENT IS DIFFERENT THAN PROPOSED. BENEFITS ARE PAYABLE ON THAT BASIS. (X182)	OA	204		CO	198	N10, N54
X183	AN INVALID PROVIDER CODE/QUALIFIER WAS SUBMITTED ON THE 837 ANSI CLAIM. PLEASE RESUBMIT A CLAIM WITH THE CORRECT PROVIDER CODE/QUALIFIER. (X183)	OA	204		PI	16	N257
X185	OUR CONSULTANTS HAVE REVIEWED THE MEDICAL DOCUMENTATION AND DETERMINED THAT THE ORIGINAL PAYMENT IS CORRECT. (X185)	OA	204		PI	193	N10
X186	UPON REVIEW OF THE MEDICAL DOCUMENTATION BY OUR CONSULTANTS, IT HAS BEEN DETERMINED THAT THE ORIGINAL PAYMENT IS CORRECT. (X186)	OA	204		PI	193	N10
X187	PAYMENT FOR THIS SURGERY HAS BEEN DENIED. THIS SERVICE WAS REVIEWED PREVIOUSLY AND YOU WERE ADVISED THIS IS NOT A COVERED SURGERY. (X187)	OA	204		PI	193	N10
X188	THIS FOOT AND ANKLE PROCEDURE IS COVERED ONLY WHEN PERFORMED WITHIN A SPECIFIED TIME AFTER THE DATE OF INJURY. THE DATE OF INJURY MUST BE SHOWN IN FIELD #24 OF THE MICHIGAN HEALTH BENEFITS CLAIM (HCFA-1500) FORM. PLEASE INDICATE THE DATE OF INJURY AND RESUBMIT THE CLAIM. (X188)	OA	204		PI	16	N305
X189	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME; THE MEDICAL DOCUMENTATION SUBMITTED DOES NOT ADEQUATELY DEPICT THE CLINICAL CONDITION AND/OR THE TREATMENT RENDERED. PLEASE SUBMIT A PHOTOCOPY OF THE PATIENT'S HISTORY AND PROGRESS NOTES TO ASSIST	OA	204		PI	16	N393, N464
X190	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME BECAUSE THE LESIONS MUST BE CLEARLY VISIBLE ON THE PHOTO AND MAY NOT BE OBSCURED BY MACERATION SECONDARY TO ACID THERAPY OR BY AN ESCHAR OR STAIN BY CHEMICAL AGENTS. PLEASE RETAKE A PHOTOGRAPH WHICH CLEARLY SHOWS THE PATHOLOGY PRESENT. (X190)	OA	204		PI	16	N464
X193	PAYMENT FOR THIS SERVICE CANNOT BE APPROVED AT THIS TIME BECAUSE THE X-RAYS SUBMITTED AS MEDICAL DOCUMENTATION DO NOT ADEQUATELY DEPICT THE CONDITION BILLED OR REQUESTED. PLEASE SUBMIT AN X-RAY THAT CLEARLY SHOWS THE CONDITION. (X193)	OA	204		PI	16	N242
X195	BECAUSE THE DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE NUMBER OF WARTS REQUESTED FOR TREATMENT, PAYMENT WILL BE MADE ONLY FOR THE QUANTITY INDICATED. (X195)	OA	204		CO	151	N206
X196	BECAUSE THE DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE NUMBER OF TREATMENT DAYS REQUESTED, PAYMENT WILL BE MADE ONLY FOR THE NUMBER OF DAYS INDICATED. IF ADDITIONAL TREATMENTS ARE REQUIRED, PLEASE SUBMIT A CURRENT PHOTOGRAPH WITH SUPPORTING DOCUMENTATION. (X196)	OA	204		CO	151	N464
X197	THIS CLAIM CANNOT BE PAID BECAUSE THE DATE(S) OF SERVICE IS BEYOND THE 45-DAY AUTHORIZATION PERIOD FOR FOOT SURGERY SERVICES. (X197)	OA	204		CO	198	N54
X198	THIS SERVICE FOR YOUR PROVIDER TYPE WAS PERFORMED PRIOR TO YOUR EFFECTIVE DATE OR AFTER YOUR CANCELLATION DATE. (X198)	PR	B7		CO	B7	
X200	THIS PROCEDURE CODE OR REVENUE CODE CANNOT BE BILLED ALONE OR WITH THE TYPE OF SERVICE SUBMITTED. (X200)	PI	16	M50, M51	PI	16	M50, M51
X201	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON YOUR PROVIDER TYPE/SPECIALITY. (X201)	PR	204		PR	170	
X202	THIS PROCEDURE IS NOT COMPATIBLE WITH THE SEX OF THE PATIENT. (X202)	PI	7		PI	7	
X203	THIS SERVICE EXCEEDS THE MAXIMUM NUMBER ALLOWABLE PER PROCEDURE. (X203)	PR	119		PI	119	N362
X204	THIS SERVICE CANNOT BE PERFORMED ON A PATIENT OF THIS AGE. (X204)	PI	6		PR	96	N129

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X205	THE REFERRING PROVIDER FOR THIS SERVICE IS NOT ON OUR RECORDS. (X205)	OA	204		PI	16	N286
X206	ADDITIONAL INFORMATION IS NEEDED TO ALLOW PAYMENT FOR THIS MEDICAL EMERGENCY PROCEDURE. (X206)	OA	204		PI	16	N391
X207	THE NUMBER OF PERSONS IN THE SESSION IS INVALID/MISSING. (X207)	OA	204		PI	16	M51
X208	CHEMOTHERAPY FOLLOW-UP CARE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (X208)	OA	204		PR	167	
X209	THIS SERVICE IS NOT A COVERED BENEFIT BECAUSE THERE HAS NOT BEEN AN AUDIOMETRIC EXAMINATION PERFORMED. (X209)	OA	204		PR	B15	
X210	WE CAN'T MAKE A PAYMENT DECISION AT THIS TIME BECAUSE WE NEED TO CONFIRM THAT THE PATIENT HAD A MEDICAL EVALUATION BEFORE RECEIVING THIS HEARING AID. PLEASE SEND A CLAIM WITH THE MEDICAL EVALUATION DATE AND THE NAME AND LICENSE NUMBER OF THE PHYSICIAN WHO PERFORMED THAT EXAM (FIELDS 14 AND 17 ON A CMS-1500 CLAIM). OUR SUBSCRIBER SHOULDN'T BE BILLED UNTIL YOU RECEIVE OUR PAYMENT DECISION.	OA	204		PI	16	M136
X211	A HEARING AID IS LIMITED TO ONE EVERY 36 MONTHS. OUR RECORDS INDICATE A HEARING AID HAS BEEN PAID FOR WITHIN THIS TIME LIMITATION. (X211)	OA	204		PR	119	
X212	THE MAXIMUM DAYS ALLOWED HAS BEEN EXCEEDED. (X212)	PR	116		PR	119	
X213	THE SERVICE PROVIDED CROSSES OVER A CONTRACT BENEFIT PERIOD. (X213)	OA	204		PR	141	
X214	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DOCUMENTATION. (X214)	OA	204		PR	204	N464
X217	THIS MEMBER IS INELIGIBLE FOR THE TYPE OF COVERAGE INDICATED ON THE CLAIM. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (X217)	OA	204		PR	204	N216
X218	BECAUSE BCBSM PROVIDES SECONDARY COVERAGE FOR THIS PATIENT, WE CAN'T GIVE AUTHORIZATION FOR THIS SERVICE. PLEASE SEND US A NEW CLAIM AND A COPY OF THE PRIMARY INSURER'S DECISION AFTER THIS SERVICE IS PERFORMED AND WE'LL REVIEW IT FOR PAYMENT. UBS ARE NOT ACCEPTED FROM FACILITY PROVIDERS. ONLY REQUESTED DOCUMENTATION IS ACCEPTED. (X218)	OA	204		PI	16	MA04
X219	CLAIM WAS SUBMITTED BEYOND TIMELY FILING PERIOD. (X219)	OA	204		CO	29	
X221	AN AUDIOMETRIC PROCEDURE BILLED IN CONJUNCTION WITH A MEDICAL/SURGICAL SERVICE IS NOT A COVERED BENEFIT. (X221)	OA	204		CO	204	
X223	CHEMOTHERAPY FOLLOW-UP CARE IS A COVERED BENEFIT ONLY WHEN PERFORMED WITHIN 21 DAYS OF THE INITIAL CHEMOTHERAPY TREATMENT. (X223)	OA	204		PR	204	N357
X224	THE MAXIMUM VISITS ALLOWABLE FOR CHEMOTHERAPY FOLLOW-UP CARE HAVE BEEN MET. (X224)	OA	204		PR	119	
X225	THIS IS A DUPLICATE OF ANOTHER PROCEDURE THAT WAS BILLED BY YOU OR ANOTHER PROVIDER. (X225)	PI	18	M86	PI	18	
X226	SURGERY AND TSA WERE REPORTED FOR THE SAME PROCEDURE ON THE SAME DAY, BY THE SAME PROVIDER. THE TSA IS NOT PAYABLE. (X226)	OA	204		CO	59	
X228	THE MAXIMUM NUMBER OF DIALYSIS TRAINING SESSIONS HAS BEEN MET. (X228)	OA	204		PR	119	
X230	THIS PROCEDURE IS NOT A COVERED BENEFIT UNLESS BILLED IN CONJUNCTION WITH THE BASE PROCEDURE. (X230)	OA	204		CO	107	N390
X231	ADMISSIONS PRIMARILY FOR PHYSICAL THERAPY ARE NOT A COVERED BENEFIT. (X231)	OA	204		PR	204	
X232	THE REPORTED DIAGNOSIS IS NOT PAYABLE FOR THE AGE/SEX OF THE PATIENT.	OA	204		PR	167	
X233	THE PATIENT HAS USED THE MAXIMUM COVERED BENEFIT ALLOWED FOR THIS SERVICE. (X233)	OA	204		PR	119	
X234	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE TYPE OF TREATMENT REPORTED. (X234)	OA	204		PR	204	
X236	PATIENT CONVENIENCE ITEMS ARE NOT A COVERED BENEFIT. (X236)	OA	204		PR	202	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X238	NUCLEAR MEDICINE IS NOT A BENEFIT WHEN BILLED WITH THE DIAGNOSIS REPORTED. PLEASE SUBMIT MEDICAL RECORDS. (X238)	OA	204		PI	11	M127
X239	WHOLE BLOOD IS NOT A COVERED BENEFIT. (X239)	OA	204		PR	204	
X240	FREE-STANDING AMBULATORY SURGICAL FACILITIES ARE NOT A BENEFIT. (X240)	OA	204		PR	204	N428
X242	CARE FOR SUBSTANCE ABUSE IS NOT A BENEFIT COVERED BY BCBS. SUBMIT BILL TO CONNECTICUT GENERAL. (X242)	OA	204		PI	109	
X243	WELL BABY CARE IS NOT A COVERED BENEFIT. (X243)	OA	204		PR	204	
X244	PRIVATE ROOM AND BOARD IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (X244)	OA	204		PR	167	
X246	CLINIC SERVICES ARE NOT A COVERED BENEFIT. (X246)	OA	204		PR	204	
X248	CONVENIENCE ITEMS ARE NOT A COVERED BENEFIT. (X248)	OA	204		PR	202	
X249	PRIVATE DUTY NURSING IS NOT A COVERED BENEFIT. (X249)	OA	204		PR	204	
X250	THE DIAGNOSTIC SERVICE REPORTED IS NOT A COVERED BENEFIT. (X250)	OA	204		PR	204	
X251	THE THERAPEUTIC SERVICE REPORTED IS NOT A COVERED BENEFIT. (X251)	OA	204		PR	204	
X252	PROFESSIONAL SERVICES RENDERED IN A CLINIC ARE NOT A COVERED BENEFIT. (X252)	OA	204		PR	204	N428
X253	ANOTHER CARRIER PAID AS THE PRIMARY INSURER IN ERROR. HOWEVER, FEP SHOULD BE THE PRIMARY INSURER. PLEASE RESUBMIT A CLAIM TO FEP ONCE A REFUND IS MADE TO THE OTHER INSURANCE CARRIER.	OA	204		PI	129	
X254	A COMPLETE EMERGENCY ROOM RECORD IS NEEDED TO REVIEW THIS MEDICAL EMERGENCY CLAIM. PLEASE SEND A STATUS CLAIM, WITH THE EMERGENCY ROOM RECORD. UBS ARE NOT ACCEPTED FROM FACILITY PROVIDERS. ONLY REQUESTED DOCUMENTATION IS ACCEPTED. (X254)	OA	204		PI	16	N392
X255	WE CANNOT PROCESS THIS CLAIM BECAUSE OUR RECORDS SHOW THAT THIS PATIENT HAS MEDICARE COVERAGE AND WE DID NOT RECEIVE MEDICARE'S BENEFIT DETERMINATION. IF MEDICARE APPROVED THIS SERVICE, PLEASE RE-SUBMIT ELECTRONICALLY, OR SUBMIT A HCFA 1500 CLAIM WITH THE MEDICARE EOMB.	OA	204		PI	16	N4
X256	YOU MUST FIRST SUBMIT A CLAIM FOR THIS CHARGE TO THE PATIENT'S OTHER INSURANCE CARRIER AND MEDICARE. WE WILL PROCESS YOUR CLAIM WHEN WE RECEIVE THE MEDICARE SUMMARY NOTICE AND EXPLANATION OF BENEFIT PAYMENTS FROM THE OTHER CARRIER. (X256)	OA	204		PI	109	N4
X257	THE MAXIMUM COVERED BENEFIT FOR THIS SERVICE HAS BEEN MET. (X257)	PR	119		PI	119	
X258	THIS SERVICE WAS PAID AT 80% OF THE MAXIMUM PAYMENT LEVEL. THE SURGICAL PROCEDURE REQUIRES A SECOND OPINION THROUGH THE REFERRAL CENTER. WE HAVE REVIEWED THE DOCUMENTATION FOR THIS PATIENT'S CASE AND DETERMINED THE ORIGINAL DECISION IS CORRECT. (X258)	OA	204		CO	61	
X259	MEDICAL CARE PSYCH + PSYCHIATRIC SESSIONS BILLED EXCEED THE TOTAL ADMISSION DAYS. (X259)	OA	204		PI	16	M53
X260	NO MORE THAN 6 UNNA BOOTS ARE PAYABLE FOR THE SAME DIAGNOSIS, UNLESS THERE HAS BEEN A LAPSE OF 30 DAYS. (X260)	OA	204		PI	119	N357
X261	THE FIRST DATE OF SERVICE ON THIS CLAIM IS PRIOR TO THE ADMISSION DATE. REBILLING IS REQUIRED. (X261)	OA	204		PI	16	M52
X262	THE LAST DATE OF SERVICE ON THIS CLAIM IS AFTER THE DISCHARGE DATE. REBILLING IS REQUIRED. (X262)	OA	204		PI	16	M59
X263	THIS CLAIM COULD NOT BE PROCESSED AS BILLED BECAUSE THE ORIGINAL CLAIM CONTAINED SERVICES FOR DIFFERENT CALENDAR YEARS. PLEASE RESUBMIT THE SERVICES FOR EACH CALENDAR YEAR BILLED ON SEPARATE CLAIMS. (X263)	OA	204		PI	16	N61

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X264	WE CANNOT PROCESS THIS CLAIM AS THE PRIMARY PAYER INFORMATION IS MISSING OR INVALID PLEASE RESUBMIT WITH COMPLETE PRIMARY PAYER INFORMATION ON A STANDARD RESUBMISSION HIPAA CLAIM FORM. DO NOT BILL THE MEMBER UNTIL WE HAVE RECEIVED REQUESTED INFORMATION.	OA	204		PI	16	MA04
X265	WE CAN'T MAKE A PAYMENT DECISION UNTIL WE GET A CLAIM WITH BOTH COMPONENTS OF THIS PROCEDURE. PLEASE SEND US A CLAIM WITH THIS CODE AND THE RELATED ONE AS DEFINED IN THE ADA'S DENTAL TERMINOLOGY MANUAL. _(X265)	OA	204		PI	107	M390
X266	THE CLAIM IS NOT PAYABLE AS BILLED. (X266)	PI	16	MA130	PR	204	
X267	YOUR BENEFIT FOR THIS SERVICE HAS BEEN INCLUDED IN THE PAYMENT FOR ANOTHER SERVICE. (X267)	OA	204		CO	97	
X268	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. YOUR BENEFIT FOR THIS SERVICE HAS BEEN INCLUDED IN THE PAYMENT FOR ANOTHER SERVICE. THE SERVICE WAS PROVIDED BY A MULTIPLAN INC. PARTICIPATING PROVIDER WHO HAS AGREED TO ACCEPT OUR DECISION. IF THE PROVIDER BILLS YOU FOR THIS SERVICE, CALL THE CUSTOMER SERVICE PHONE NUMBER ON THIS STATEMENT. (X268)	OA	204		CO	97	
X269	WE BELIEVE THAT THE SERVICE RENDERED WAS NOT MEDICALLY NECESSARY. THEREFORE PAYMENT CANNOT BE MADE FOR THIS SERVICE. (X269)	OA	204		PR	50	
X272	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. WE HAVE ALREADY PROVIDED BENEFITS FOR AN INPATIENT VISIT AND THE AVAILABLE MEDICAL DOCUMENTATION DOES NOT INDICATE THE NEED FOR CONCURRENT CARE. THE SERVICE WAS PROVIDED BY A MULTIPLAN INC. PARTICIPATING PROVIDER WHO HAS AGREED TO ACCEPT OUR DECISION. IF THE PROVIDER BILLS FOR THIS CHARGE, CONTACT CUSTOMER SERVICE AT THE NUMBER ON THIS STATEMENT. (X272)	OA	204		CO	54	M86
X273	THE SERVICE THAT WAS RENDERED IS NOT MEDICALLY ALLOWED FOR THE DIAGNOSIS LISTED ON THIS CLAIM. THEREFORE, PAYMENT CANNOT BE MADE FOR THIS SERVICE. (X273)	OA	204		CO	167	
X274	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. THE SERVICE THAT WAS RENDERED IS NOT MEDICALLY ALLOWED FOR THE DIAGNOSIS LISTED ON THE CLAIM. THE SERVICE WAS PROVIDED BY A MULTIPLAN INC. PARTICIPATING PROVIDER WHO HAS AGREED TO ACCEPT OUR DECISION. IF THE PROVIDER BILLS FOR THIS CHARGE, CONTACT CUSTOMER SERVICE AT THE NUMBER ON THIS STATEMENT. (X274)	OA	204		CO	167	
X275	PAYMENT IS NOT AVAILABLE FOR THIS SERVICE WHEN RENDERED BY THIS PROVIDER SPECIALTY.	OA	204		PR	172	
X277	THE PLACE OR TYPE OF SERVICE FOR THIS PROCEDURE IS NOT ELIGIBLE FOR COVERAGE. THEREFORE, PAYMENT CANNOT BE MADE FOR THIS SERVICE. (X277)	OA	204		CO	96	N428
X278	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. THE PLACE OF SERVICE FOR THIS PROCEDURE IS NOT ELIGIBLE FOR COVERAGE. THE SERVICE WAS PROVIDED BY A MULTIPLAN INC PARTICIPATING PROVIDER WHO HAS AGREED TO ACCEPT OUR DECISION. IF THE PROVIDER BILLS FOR THIS CHARGE, CONTACT CUSTOMER SERVICE AT THE NUMBER ON THIS STATEMENT. (X278)	OA	204		CO	96	N428
X279	PAYMENT IS NOT AVAILABLE FOR THE INTERPRETATION OF THIS CLINICAL PATHOLOGY SERVICE.	OA	204		PR	204	
X280	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. PAYMENT IS NOT AVAILABLE FOR THIS CHARGE. PAYMENT IS NOT AVAILABLE FOR THE INTERPRETATION OF THIS CLINICAL PATHOLOGY SERVICE. THE SERVICE WAS PROVIDED BY A MULTIPLAN INC. PARTICIPATING PROVIDER WHO HAS AGREED TO ACCEPT OUR DECISION. IF THE PROVIDER BILLS FOR THIS CHARGE, CONTACT CUSTOMER SERVICE AT THE NUMBER ON THIS STATEMENT.	OA	204		CO	204	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X281	CLAIM CANNOT BE PROCESSED THROUGH THE BLUECARD OUT-OF-AREA PROGRAM. MICHIGAN WILL PROCESS CLAIM FROM SF RECEIVED OUTSIDE OF BLUECARD.(EOB IS SUPPRESSED)	OA	204		PI	109	
X283	YOUR CONTRACT REQUIRES APPROPRIATENESS REVIEW FOR THIS PROCEDURE. SINCE THE PROCEDURE HAS NOT BEEN DEEMED APPROPRIATE, A PAYMENT CANNOT BE CONSIDERED. (X283)	OA	204		PR	204	N10
X285	REIMBURSEMENT FOR THIS SERVICE IS INCLUDED IN THE ALLOWANCE FOR THE OFFICE SERVICE RENDERED ON THE SAME DATE. THEREFORE, WE ARE UNABLE TO PROVIDE ADDITIONAL BENEFITS FOR THIS CHARGE.	OA	204		CO	97	N20
X286	REIMBURSEMENT FOR THIS SERVICE IS INCLUDED IN THE ALLOWANCE FOR THE OFFICE SERVICE RENDERED ON THE SAME DATE. THEREFORE, WE ARE UNABLE TO PROVIDE ADDITIONAL BENEFITS FOR THIS CHARGE. THIS MULTIPLAN INC. PARTICIPATING PROVIDER HAS AGREED TO ACCEPT THE ALLOWED AMOUNT FOR THE OFFICE SERVICE AS PAYMENT IN FULL. (X286)	OA	204		CO	97	N20
X287	WE NEED THE FOLLOWING INFORMATION FROM THE ORDERING PROVIDER SO THAT WE MAY PROCESS YOUR CLAIMS: MD OFFICE NOTES AND EXAM FINDINGS, DIAGNOSTIC TESTING RESULTS AND PREVIOUSLY TRIED TREATMENTS AND MEDICATIONS. PLEASE HAVE THE ORDERING PHYSICIAN EITHER CALL THE RADIOLOGY PRECERT NUMBER, 888-730-2817, FAX THE ABOVE INFORMATION TO 888-730-2831 OR SEND THE ABOVE INFORMATION TO ANTHEM UM SERVICES, INC. 4361 IRWIN SIMPSON ROAD, ATTN: MAILPOINT OH0203-A650 MASON, OH 45040	OA	204		PR	148	
X289	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. YOUR BENEFIT FOR THIS SERVICE HAS BEEN INCLUDED IN THE PAYMENT FOR ANOTHER SERVICE. THE SERVICE WAS PROVIDED BY A PREFERRED PLAN NETWORK PARTICIPATING PROVIDER WHO HAS AGREED TO ACCEPT OUR DECISION. IF THE PROVIDER BILLS YOU FOR THIS CHARGE, CALL THE CUSTOMER SERVICE PHONE NUMBER ON THIS STATEMENT. (X289)	OA	204		CO	97	M86
X290	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. WE BELIEVE THAT THE SERVICE RENDERED WAS NOT MEDICALLY NECESSARY. THE SERVICE WAS BILLED BY A PREFERRED PLAN NETWORK PARTICIPATING PROVIDER WHO HAS AGREED TO ACCEPT OUR DECISION. IF THE PROVIDER BILLS YOU FOR THIS CHARGE, CALL THE CUSTOMER SERVICE PHONE NUMBER ON THIS STATEMENT. (X290)	OA	204		CO	50	
X291	YOU ARE NOT RESPONSIBLE FOR THIS CHARGE. WE HAVE ALREADY PROVIDED BENEFITS FOR AN INPATIENT VISIT AND THE AVAILABLE MEDICAL DOCUMENTATION DOES NOT INDICATE THE NEED FOR CONCURRENT CARE. THE SERVICE WAS PROVIDED BY A PREFERRED PLAN NETWORK PARTICIPATING PROVIDER WHO HAS AGREED TO ACCEPT OUR DECISION. IF THE PROVIDER BILLS FOR THIS CHARGE, CONTACT CUSTOMER SERVICE AT THE PHONE NUMBER ON THIS STATEMENT. (X291)	OA	204		CO	54	M86, N10
X298	REIMBURSEMENT FOR THIS SERVICE IS INCLUDED IN THE ALLOWANCE FOR THE OFFICE SERVICE RENDERED ON THE SAME DATE. THEREFORE, WE ARE UNABLE TO PROVIDE ADDITIONAL BENEFITS FOR THIS CHARGE. THIS PREFERRED PLAN NETWORK PARTICIPATING PROVIDER HAS AGREED TO ACCEPT THE ALLOWED AMOUNT FOR THE OFFICE SERVICE AS PAYMENT IN FULL. (X298)	OA	204		CO	97	N20
X300	PAYMENT HAS BEEN RETURNED BY THE PROVIDER. FULL OR PARTIAL RETURN. ADJ. TYPE 52.	OA	204		PI	129	
X301	PAYMENT HAS BEEN RETURNED BY THE SUBSCRIBER. FULL OR PARTIAL RETURN. ADJ. TYPE 52.	OA	204		PI	129	
X302	PAYMENT RECEIVED FROM ANOTHER INSURANCE, FULL OR PARTIAL RETURN. ADJ. TYPE 52.	OA	204		PI	129	
X303	THIS SERVICE WAS WORKER'S COMPENSATION RELATED.	OA	204		PR	19	
X304	THIS CLAIM PAYMENT HAS BEEN REDUCED DUE TO A PARTIAL/FULL PAYMENT BY ANOTHER INSURANCE CARRIER. (X304)	OA	204		OA	23	N219
X305	THIS SERVICE IS COB RELATED -- LOCAL BCBS IS THE PRIMARY CARRIER.	PI	109		PI	B11	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X306	POTA - STATUS INQUIRY ADJUSTMENT AGAINST ORIGINAL CLAIM. (X306)	OA	204		PI	193	
X308	THE SERVICE REPORTED IS A MEDICARE BENEFIT. PLEASE SUBMIT THE CLAIM TO THE MEDICARE CARRIER IN THE STATE WHERE THE SERVICE WAS RENDERED. (X308)	OA	204		PI	109	
X309	THIS CLAIM CANNOT BE PROCESSED BECAUSE THE PATIENT IS NOT ELIGIBLE FOR MEDICARE PART B BENEFITS FOR THE DATES OF SERVICE ENTERED ON THE CLAIM. (X309)	OA	204		PR	177	
X311	THE ENROLLEE IS NOT ELIGIBLE FOR COVERAGE THROUGH THIS PLAN. (X311)	OA	204		PI	109	
X312	CONVERTED ADVANCE PAY CLAIM IS BEING ADJUSTED DUE TO INCORRECT ENTRY. INTERNAL USE ONLY - ADJ. TYPE 51 - ALL FORMS SUPPRESSED.	OA	204		PI	129	
X313	THE PROVIDER CODE REPORTED INDICATES A MULTIPLE PROVIDER FACILITY. PLEASE INDICATE PHYSICIAN'S LICENSE NUMBER. (X313)	OA	204		PI	16	N290
X314	THE ADDITIONAL INFORMATION ATTACHED TO THE CLAIM FORM DOES NOT MATCH THE REPORTED SERVICES. (X314)	OA	204		PI	125	N206
X315	ONLY THE GREATER BENEFIT IS PAYABLE FOR A CONSULTATION/MEDICAL VISIT WHEN BILLED ON THE SAME DAY, SAME LOCATION AND BY THE SAME PROVIDER. (X315)	OA	204		CO	59	
X317	SUBSEQUENT MEDICAL CARE WAS BILLED WITH CHEMOTHERAPY SUPERVISION ON THE SAME DATE BY THE SAME PROVIDER. ONLY THE GREATER SERVICE IS PAYABLE. (X317)	OA	204		CO	97	M86
X319	THE INFORMATION SUBMITTED INDICATES THIS DURABLE MEDICAL EQUIPMENT WAS PRESCRIBED PRIMARILY FOR COMFORT/ CONVENIENCE AND IS, THEREFORE, NOT A COVERED BENEFIT. (X319)	OA	204		PR	202	
X320	SALES TAX CANNOT BE APPLIED TO THE REPORTED ITEM. (X320)	OA	204		CO	125	M79
X321	THIS CAT SCAN PROCEDURE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (X321)	OA	204		PR	167	
X322	AFTER INVESTIGATION, IT WAS DETERMINED THAT THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS "TUBERCULOSIS". (X322)	OA	204		PR	167	N10
X324	BASED ON REVIEW OF MEDICAL DOCUMENTATION, EQUIPMENT OF THIS TYPE MUST BE PURCHASED. REQUESTS FOR RENTAL ARE NOT ELIGIBLE FOR PAYMENT. (X324)	OA	204		PR	108	N10
X325	BASED ON REVIEW OF MEDICAL DOCUMENTATION, EQUIPMENT OF THIS TYPE MUST BE RENTED. REQUESTS FOR PURCHASE ARE NOT ELIGIBLE FOR PAYMENT. (X325)	OA	204		CO	108	N10
X326	YOUR CLAIM HAS BEEN REVIEWED. THIS INSTALLATION, LABOR OR REPAIR CHARGE REQUIRES ADDITIONAL INFORMATION TO PROCESS THE CLAIM. (X326)	PI	16	MA69	PI	16	N10, N29
X328	THIS CAT SCAN PROCEDURE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (X328)	OA	204		PR	167	
X329	THIS ADMISSION/SERVICE IS NOT A COVERED BENEFIT BECAUSE PREDETERMINATION HAS NOT BEEN OBTAINED FOR THIS CLAIM. (X329)	OA	204		CO	197	
X330	THE NUMBER OF SERVICES FOR NUTRITIONAL COUNSELING ARE LIMITED TO A MAXIMUM OF 4 VISITS PER CALENDAR YEAR. THE MAXIMUM NUMBER OF VISITS HAS ALREADY BEEN PROVIDED. NO ADDITIONAL BENEFITS ARE AVAILABLE.	OA	204		PR	119	
X331	MEDICARE DENIED THIS SERVICE DUE TO INSUFFICIENT INFORMATION OR INAPPROPRIATE BILLING. WE WILL RECONSIDER PAYMENT UPON RECEIPT OF MEDICARE'S FINAL DETERMINATION. (X331)	OA	204		OA	136	
X334	THIS PROCEDURE IS NOT A COVERED BENEFIT UNLESS BILLED IN CONJUNCTION WITH THE BASE PROCEDURE. (X334)	OA	204		CO	107	N390
X335	YOUR CLAIM HAS BEEN REVIEWED. THIS SERVICE IS NOT A COVERED BENEFIT BECAUSE THE EQUIPMENT USED WAS NOT PRESCRIBED BY A PHYSICIAN. (X335)	OA	204		PR	173	
X336	ADDITIONAL INFORMATION IS REQUIRED TO PROCESS THIS DURABLE MEDICAL EQUIPMENT PROCEDURE CLAIM. (X336)	OA	204		PI	16	N463

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X337	DURABLE MEDICAL EQUIPMENT SUPPLIES ARE NOT A COVERED BENEFIT. (X337)	OA	204		PR	204	
X338	THIS DURABLE MEDICAL EQUIPMENT IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. (X338)	OA	204		PR	167	
X340	MAXIMUM BENEFIT FOR THE REPORTED EQUIPMENT HAS BEEN MET. (X340)	OA	204		PR	119	
X341	AFTER INVESTIGATION, IT WAS DETERMINED THAT THE REPORTED ITEM IS NOT A COVERED BENEFIT. (X341)	OA	204		PR	204	N10
X342	THIS CLAIM IS NOT A COVERED BENEFIT SINCE MEDICARE COMPLIMENTARY COVERAGE IS NOT A BENEFIT UNDER THE PPO OPTION. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER. (X342)	OA	204		PR	204	N197, N216
X343	PAYMENT FOR THIS X-RAY PROCEDURE IS INCLUDED IN THE BENEFIT FOR ANOTHER X-RAY PROCEDURE PERFORMED ON THE SAME DAY. (X343)	OA	204		CO	97	N20
X344	THIS NEWBORN SERVICE SHOULD BE BILLED ON THE MOTHER'S CLAIM. (X344)	OA	204		CO	128	
X345	THIS PAP SMEAR SHOULD BE SUBMITTED TO MEDICARE FIRST. (X345)	OA	204		PI	109	
X346	THE CRITERIA FOR PHYSICAL THERAPY HAS NOT BEEN MET FOR THIS CLAIM. (X346)	OA	204		CO	96	N180
X347	THIS PHYSICAL THERAPY TREATMENT IS NOT A COVERED BENEFIT BASED ON THE SUBMITTED PHYSICAL THERAPY EVALUATION REPORT. (X347)	OA	204		PR	204	N10
X348	TO ENSURE CORRECT REIMBURSEMENT, PLEASE SUBMIT USING THE APPROPRIATE PROCEDURE OF REVENUE CODE. THE ENROLLEE IS NOT RESPONSIBLE FOR THIS EXPENSE UNTIL WE RECEIVE AND REVIEW THE REQUESTED INFORMATION. (X348)	OA	204		PI	16	M20, M50
X349	INVALID/MISSING MODIFIER FOR THE PROCEDURE CODE REPORTED (DURATION OF NEED). (X349)	OA	204		PI	4	
X351	AFTER SPECIAL REVIEW, IT HAS BEEN DETERMINED THAT NO PAYMENT CAN BE ALLOWED FOR THIS SERVICE. SINCE YOU ARE A PARTICIPATING PROVIDER, THERE SHOULD BE NO BALANCE BILLED TO YOUR PATIENT. (X351)	OA	204		CO	204	N10
X352	AFTER SPECIAL REVIEW, IT HAS BEEN DETERMINED THAT NO PAYMENT CAN BE MADE FOR THIS SERVICE. (X352)	OA	204		PR	204	N10
X353	UNDER THE TERMS OF YOUR PATIENT'S CONTRACT, BENEFITS ARE NOT AVAILABLE FOR THIS SERVICE WHEN THE HOSPITAL EMPLOYS SURGICAL INTERNS, RESIDENTS OR HOUSE STAFF WHO ARE USED FOR SURGICAL ASSISTANCE. (X353)	OA	204		PR	54	
X354	THIS CLAIM CANNOT BE PROCESSED. THE COVERAGE INFORMATION FOR THIS PATIENT IS INCOMPLETE OR INVALID. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER AND HAVE THEIR RECORDS CORRECTED. (X354)	OA	204		PI	16	N197
X355	CHEMOTHERAPY FOLLOW-UP CARE IS NOT PAYABLE ON THE SAME DAY AS CHEMOTHERAPY SERVICE. (X355)	OA	204		PR	204	N20
X356	THE MEDICAL EXAM MUST BE PERFORMED ON THE SAME DATE OR WITHIN SIX MONTHS BEFORE THE AUDIOMETRIC EXAM. (X356)	OA	204		PR	96	N357
X357	HMO CONTRACT - CLAIM SHOULD BE SUBMITTED TO THE HMO CARRIER. (X357)	OA	204		PI	109	
X358	THE REPORTED PROCEDURE CODE DOES NOT HAVE A BID LEVEL TO APPROVE FOR PAYMENT. (X358)	OA	204		PI	147	
X359	THIS SERVICE IS WORKERS COMPENSATION RELATED. (X359)	OA	204		PI	19	
X360	NEEDLES/SYRINGES ARE NOT COVERED WHEN INSULIN IS NOT PRESCRIBED. (X360)	OA	204		PR	B15	
X361	THIS SERVICE IS NOT COVERED BECAUSE A HEARING AID WAS NOT DISPENSED. (X361)	OA	204		PR	B15	
X362	CREDIT ADJUSTMENT TYPE 51 - THIS CLAIM WAS PROCESSED INCORRECTLY BASED ON THE REPORTED INFORMATION. (MANUAL CREDIT ADJUSTMENT)	OA	204		PI	129	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X363	NOT OTHERWISE CLASSIFIED/INDIVIDUAL CONSIDERATION (NOC/IC) CLAIMS CANNOT BE PROCESSED VIA THE AUTOMATED BILLER. PLEASE RESUBMIT A NEW CLAIM AND ATTACH ALL OF THE PERTINENT INFORMATION NECESSARY TO ASSIST US IN DETERMINING THE COVERED BENEFIT LEVEL. UBS ARE NOT ACCEPTED FROM FACILITY PROVIDERS. ONLY REQUESTED DOCUMENTATION IS ACCEPTED. (X363)	PI	16	N350	PI	16	N29
X364	THIS SERVICE IS NOT A COVERED BENEFIT BECAUSE A HEARING AID WAS NOT DISPENSED. (X364)	OA	204		PR	B15	
X365	THIS PROCEDURE DID NOT MEET THE REQUIRED MEDICAL CRITERIA OR WAS RENDERED AT A NON-APPROVED FACILITY. (X365)	OA	204		PR	B7	N180
X366	THIS MEDICAL EMERGENCY ROOM SERVICE IS NOT A COVERED BENEFIT BASED ON THE REPORTED DIAGNOSIS. ADDITIONAL CHARGES SHOULD BE REBILLED TO THE MEDICAL/SURGICAL CARRIER. (X366)	OA	204		PR	167	
X367	SPECIAL MEDICAL CARE IS NOT A COVERED BENEFIT FOR THE REPORTED DIAGNOSIS. (X367)	OA	204		PR	167	
X368	WE NEED SUPPORTING DOCUMENTATION TO ENSURE CORRECT PROCESSING AND REIMBURSEMENT. PLEASE SEND US A STATUS CLAIM WITH SUPPORTING DOCUMENTATION, AND WE WILL REVIEW THE CLAIM. (X368)	PI	16	N29	PI	16	N463
X369	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE INFORMATION REPORTED. (X369)	OA	204		PR	204	
X370	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON THE INFORMATION REPORTED. (X370)	OA	204		PR	204	
X371	THE INFORMATION SUBMITTED DOES NOT SUPPORT THE PROCEDURE BILLED. PLEASE RESUBMIT. (X371)	CO	150		PI	150	
X372	YOUR STATUS INQUIRY HAS BEEN REVIEWED BY A SECOND MEDICAL CONSULTANT WHO HAS DETERMINED THAT THE ORIGINAL REJECTION WAS CORRECT. IF YOU REMAIN DISSATISFIED WITH THIS REJECTION, YOU MAY REQUEST AN APPEAL. (X372)	OA	204		PI	193	N10
X373	COMPARISON X-RAYS ARE NOT A COVERED BENEFIT. (X373)	OA	204		PR	204	
X374	THE SERVICE BILLED IS RELATED OR INCLUDED IN THE FEE FOR A MAJOR PROCEDURE ALREADY PAID TO THE SAME/ANOTHER PROVIDER FOR THE SAME OR DIFFERENT DAYS OF SERVICE. (X374)	OA	204		CO	59	
X375	THIS SERVICE IS NOT COVERED, BASED ON THE INFORMATION ON THIS CLAIM. WE WILL RECONSIDER THIS CLAIM FOR PAYMENT, IF WE RECEIVE THE NEEDED SUPPORTING DOCUMENTATION. PLEASE REFER TO YOUR PHYSICIAN'S MANUAL OR EXTERNAL CORRESPONDENCE FOR INFORMATION ABOUT THE ADDITIONAL DOCUMENTATION THAT MIGHT ASSIST US IN MAKING A FINAL DECISION. PLEASE SEND A STATUS CLAIM, WITH SUPPORTING DOCUMENTATION, TO: BCBSM P.O. BOX 2500 DETROIT, MI 48231 (X375)	PR	16	N29	PR	96	N463
X376	PLEASE SUBMIT THE CORRECT FACILITY CODE FOR THE TYPE OF SERVICE PERFORMED. (X376)	OA	204		PI	16	N293
X377	WHEN MULTIPLE SURGERIES ARE PERFORMED IN THE SAME INCISION, PAYMENT IS ALLOWED ONLY FOR THE MAJOR PROCEDURE. THE ALLOWED AMOUNT REPRESENTS PAYMENT IN FULL FOR COVERED SERVICES. (X377)	OA	204		CO	59	
X378	WHEN MULTIPLE SURGERIES ARE PERFORMED THROUGH SEPARATE INCISIONS, FULL BENEFIT IS ALLOWED ON THE MAJOR PROCEDURE AND ONE-HALF BENEFIT IS ALLOWED ON ANY OTHER PROCEDURES. THE ALLOWED AMOUNT REPRESENTS PAYMENT IN FULL FOR COVERED SERVICES. (X378)	OA	204		CO	59	
X379	WHEN MULTIPLE SURGERIES ARE PERFORMED IN THE SAME INCISION, PAYMENT IS ALLOWED ONLY FOR THE MAJOR PROCEDURE. THE ALLOWED AMOUNT REPRESENTS PAYMENT IN FULL FOR COVERED SERVICES. (X379)	OA	204		CO	59	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X380	WHEN MULTIPLE SURGERIES ARE PERFORMED THROUGH SEPARATE INCISIONS, FULL BENEFIT IS ALLOWED ON THE MAJOR PROCEDURE AND ONE-HALF BENEFIT IS ALLOWED ON ANY OTHER PROCEDURES. THE ALLOWED AMOUNT REPRESENTS PAYMENT IN FULL FOR COVERED SERVICES. (X380)	OA	204		CO	59	
X381	AUDIOMETRIC EXAMINATIONS ARE LIMITED TO ONE PER 36 MONTHS PERIOD. (X381)	OA	204		PR	119	
X382	HEARING EVALUATION TESTS ARE LIMITED TO ONE PER 36 MONTHS PERIOD. (X382)	OA	204		PR	119	
X383	CONFORMITY EXAMINATIONS ARE LIMITED TO ONE PER 36 MONTHS PERIOD. (X383)	OA	204		PR	119	
X384	HEARING AIDS ARE LIMITED TO ONE PER 36 MONTHS PERIOD. (X384)	OA	204		PR	119	
X385	CARDIAC REHABILITATION THERAPY NOT COVERED WHEN PERFORMED BY A NON APPROVED FACILITY. (X385)	OA	204		PR	B7	
X386	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED BY A NON-PARTICIPATING PROVIDER. (X386)	OA	204		PR	111	
X387	THIS SERVICE IS NOT COVERED UNDER THE SUBSCRIBER'S CONTRACT. (X387)	OA	204		PR	204	
X388	LENGTH OF STAY EXCEEDED AUTHORIZED DAYS. PAYMENT HAS BEEN MADE ONLY FOR THE DAYS AUTHORIZED. (X388)	OA	204		CO	198	N54
X389	PLEASE SUBMIT THE PATIENT'S MOST RECENT FULL-ARCH X-RAYS WITH THE DATE OF X-RAY INDICATED SO THAT THIS CLAIM CAN BE CONSIDERED FOR PAYMENT. (X389)	OA	204		PI	16	N40, N463
X390	THIS SERVICE IS NOT COVERED BY THE SUBSCRIBER'S MEDICAL PLAN; HOWEVER, IT MAY BE COVERED BY HIS OR HER DENTAL PLAN.(X390)	PI	109	N180	PI	109	
X391	BCBSM RECEIVED THIS ADJUSTMENT FROM MEDICARE THROUGH THE CLAIM CROSSOVER PROCESS. SHOULD YOU HAVE ANY QUESTIONS CONCERNING THIS ADJUSTMENT, PLEASE CONTACT MEDICARE. (X391)	OA	23		PI	129	
X392	THIS SERVICE IS NOT A COVERED BENEFIT FOR PROFESSIONAL SERVICES. PLEASE SUBMIT CLAIM THROUGH THE PRESCRIPTION DRUG PROGRAM. (X392)	OA	204		PI	109	
X393	THE SERVICES PROVIDED ARE A COVERED BENEFIT ONLY WHEN AUTHORIZED/REFERRED BY A PREFERRED PHYSICIAN. (X393)	OA	204		PR	38	
X394	BECAUSE YOU PARTICIPATE IN THE PREFERRED PROVIDER PROGRAM, PLEASE REFILE THIS CLAIM ON BEHALF OF THIS PATIENT. (X394)	OA	204		PI	125	N32
X395	NO RECORD OF ORIGINAL PAYMENT FOR THIS ADJUSTMENT. (X395)	OA	204		PI	125	N152
X396	THIS CLAIM WAS NOT SUBMITTED IN ACCORDANCE WITH THE "PMC" AGREEMENT. PROVIDER MUST RESUBMIT THE CLAIM. (X396)	OA	204		PI	B5	N32
X397	THIS PROCEDURE IS GENERALLY PERFORMED IN THE OFFICE OR OUTPATIENT FACILITY SETTING. PLEASE SUBMIT DOCUMENTATION FOR RECONSIDERATION IF AN ALTERNATIVE SETTING WAS REQUIRED. (X397)	OA	204		PR	96	N428, N463
X398	BENEFITS ARE NOT AVAILABLE SINCE PRE-CERTIFICATION WAS NOT OBTAINED. (X398)	OA	204		CO	197	
X400	PAYMENT CANNOT BE MADE FOR THIS ADMISSION BECAUSE THE REQUIRED CERTIFICATION WAS NOT OBTAINED. (X400)	OA	204		CO	197	
X401	ADDITIONAL INFORMATION HAS BEEN REQUESTED FROM THE HOSPITAL. THIS CLAIM WILL BE REVIEWED WHEN THE REQUIRED INFORMATION HAS BEEN RECEIVED. (X401)	OA	204		CO	226	N463
X402	THIS SERVICE IS NOT A COVERED BENEFIT WHEN PERFORMED IN A NON-APPROVED FACILITY. (X402)	OA	204		PR	B7	
X403	THE SERVICES REPORTED WERE RENDERED PRIOR TO THE DATE AUTHORIZED. PLEASE REBILL US FOR THE AUTHORIZED SERVICES. (X403)	OA	204		PI	210	
X404	THE SERVICES REPORTED WERE RENDERED AFTER THE DATE AUTHORIZED. PLEASE REBILL US FOR THE AUTHORIZED SERVICES. (X404)	OA	204		CO	198	N54

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X405	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. FOR TRADITIONAL MEMBERS, PLEASE CONTACT THE CENTRAL REVIEW ORGANIZATION AT KMART 1-800-231-3362, CHRYSLER 1-800-854-3555, OTHER GROUPS 1-800-448-8205 WITH THE REQUIRED INFORMATION. (X405)	OA	204		PI	197	
X406	SERVICE HAS BEEN DENIED BECAUSE PRE-AUTHORIZATION WAS NOT OBTAINED PRIOR TO THE ADMISSION DATE. (X406)	OA	204		CO	210	
X407	THIS SERVICE EXCEEDS THE APPROVED PREDETERMINATION. PLEASE OBTAIN RECERTIFICATION OR REBILL FOR THE APPROVED SERVICES. (X407)	OA	204		PI	198	N54
X408	WE CANNOT PROCESS THIS CLAIM BECAUSE OUR RECORDS SHOW THAT THIS PATIENT HAS MEDICARE COVERAGE AND WE DID NOT RECEIVE MEDICARE'S BENEFIT DETERMINATION. IF MEDICARE APPROVED THIS SERVICE, PLEASE RE-SUBMIT ELECTRONICALLY, OR SUBMIT A HCFA 1500 CLAIM WITH THE MEDICARE EOMB, TO: BCBSM, PO BOX 2500, DETROIT, MI 48231. (X408)	PI	16	N4	PI	16	N4
X409	THIS SERVICE CANNOT BE APPROVED FOR PAYMENT BASED ON THE REPORTED INFORMATION. PLEASE RESUBMIT THIS CLAIM INDICATING WHICH PROCEDURE WAS ACTUALLY USED TO DO THE CULTURE. (X409)	OA	204		PI	16	N29
X411	OUR RECORDS INDICATE THAT THE PATIENT HAS PRIMARY COVERAGE WITH ANOTHER INSURANCE CARRIER FOR THIS TYPE OF SERVICE. (X411)	OA	204		PI	109	
X412	THIS SERVICE IS NOT A MAJOR MEDICAL BENEFIT. PRIMARY RESPONSIBILITY FOR THIS CLAIM IS WITH ANOTHER CARRIER. (X412)	OA	204		PI	109	N7
X413	THIS NURSING SERVICE HAS BEEN REVIEWED, AND IT IS NOT A MAJOR MEDICAL BENEFIT. (X413)	OA	204		PR	204	N7
X414	THIS EQUIPMENT/SUPPLY IS NOT A MAJOR MEDICAL BENEFIT. (X414)	OA	204		PR	204	N7
X417	AN EXAM FOR THE FITTING OF A HEARING AID IS NOT A MAJOR MEDICAL BENEFIT. (X417)	OA	204		PR	204	N7
X418	THIS SERVICE HAS BEEN DETERMINED TO BE PRE-EXISTING. (X418)	OA	204		PR	51	
X419	WHEN MEDICARE IS THE PRIMARY INSURANCE PAYER, THIS MEMBER'S PLAN LIMITS PAYMENT TO AN AMOUNT THAT SUPPLEMENTS THE BENEFITS THAT WOULD BE PAYABLE BY MEDICARE, REGARDLESS OF WHETHER MEDICARE BENEFITS ARE PAID. BECAUSE YOU'VE OPTED OUT OF THE MEDICARE PROGRAM, YOU MAY NOT BILL MEDICARE FOR COVERED SERVICES. OUR RECORDS INDICATE YOUR PATIENT HAS ENTERED INTO AN AGREEMENT TO BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES FOR SERVICES RENDERED BY YOU. THEREFORE, THE MEMBER IS RESPONSIBLE FOR ANY BALANCES. (X419)	OA	204		PR	204	MA47
X421	AFTER REVIEW, IT WAS DETERMINED THAT PAYMENT FOR THIS SERVICE WAS INCLUDED IN THE TOTAL BENEFIT PAYMENT FOR THE COMPLETED PROCEDURE. (X421)	CO	97		CO	97	N10
X422	THIS PROCEDURE IS NOT A DENTAL BENEFIT; HOWEVER, IT MAY BE COVERED UNDER THE PATIENT'S MEDICAL BENEFITS. (X422)	OA	204		PI	109	
X423	BECAUSE THE DENTAL OR MEDICAL NECESSITY FOR GENERAL ANESTHESIA OR IV SEDATION DID NOT MEET THE CONDITIONS DEFINED IN THE SUBSCRIBER'S CONTRACT, WE CANNOT MAKE PAYMENT FOR THIS PATIENT'S SERVICE. HOWEVER, IF YOU DISAGREE WITH OUR DECISION, PLEASE SEND US A STATUS INQUIRY AND INCLUDE ADDITIONAL INFORMATION THAT SUPPORTS THE PROCEDURE. (X423)	OA	204		PR	204	N180
X424	THIS PROCEDURE IS NOT A COVERED BENEFIT FOR OTHER THAN ORTHODONTIC PURPOSES. (X424)	OA	204		PR	204	
X425	PAYMENT FOR THIS PROCEDURE WAS BASED ON AN ALTERNATE BENEFIT. (X425)	OA	204		CO	169	
X426	WE CANNOT PROCESS THIS CLAIM BECAUSE WE NEED ADDITIONAL INFORMATION ABOUT THIS SERVICE. PLEASE SUBMIT A NEW CLAIM, A COPY OF THE PRETREATMENT BITEWING X-RAYS AND A WRITTEN NARRATIVE TO SUPPORT THE NEED FOR THIS SERVICE TO: BLUE CROSS BLUE SHIELD OF MICHIGAN, P.O. BOX 1633, DETROIT, MI 48231-1633. (X426)	PI	16	N29	PI	16	N40, N463

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X427	WE NEED MORE INFORMATION TO CONSIDER THIS CLAIM FOR PAYMENT. PLEASE SUBMIT A NEW CLAIM, A COPY OF THE PRETREATMENT X-RAYS, A WRITTEN NARRATIVE AND A PHOTO, IF AVAILABLE, TO SUPPORT THE NEED FOR THIS SERVICE TO: BLUE CROSS BLUE SHIELD OF MICHIGAN, P.O. BOX 1633, DETROIT, MI 48231-1633. (X427)	PI	16	N29	PI	16	N40, N463
X428	THE AMOUNT PAID FOR THIS SERVICE BY THE OTHER INSURANCE CARRIER IS THE MAXIMUM ALLOWED UNDER THE PROGRAM. (X428)	OA	204		OA	23	N219
X429	OUR RECORDS INDICATE THAT THIS TOOTH WAS PREVIOUSLY EXTRACTED. (X429)	OA	204		PR	96	N384
X430	PAYMENT FOR THIS PROCEDURE WAS INCLUDED IN THE PAYMENT FOR DENTURE INSTALLATION. (X430)	OA	204		CO	97	
X431	PAYMENT FOR THIS SERVICE WAS INCLUDED IN THE PAYMENT FOR A RELATED PROCEDURE IN THE TREATMENT PLAN. (X431)	CO	97		CO	97	M86
X432	WE CAN'T REVIEW THIS CLAIM FOR PAYMENT BECAUSE IT WAS NOT SUBMITTED TO BCBSM AS REQUIRED FOR PPUR. FOR RECONSIDERATION, PLEASE SEND ANOTHER CLAIM WITH X-RAYS AND APPROPRIATE DOCUMENTATION TO BCBSM, PPUR--MAIL CODE B545, P.O. BOX 1633, DETROIT, MI 48231-1633 (X432)	OA	204		PI	B5	N40, N463
X433	COSMETIC DENTISTRY IS NOT A COVERED BENEFIT. (X433)	OA	204		PR	204	N383
X434	APPROPRIATE X-RAYS ARE NEEDED BEFORE BENEFIT DETERMINATION CAN BE MADE. (X434)	OA	204		PI	16	N40
X435	DENTAL BENEFITS ARE PAYABLE ONLY WHEN PERFORMED BY A LICENSED DENTIST OR LICENSED DENTAL HYGIENIST. (X435)	OA	204		CO	B7	
X436	WE CAN'T COORDINATE BENEFITS BETWEEN OUR MEDICARE SUPPLEMENTAL GROUP HEALTH CARE PLAN AND THE MEDICARE ADVANTAGE COVERAGE YOUR PATIENT PURCHASED SEPARATELY. AS A RESULT, WE OWE NO PAYMENT FOR THIS SERVICE. THE PATIENT IS LIABLE FOR ANY UNPAID AMOUNTS. (X436)	PR	22		PR	23	
X437	THIS MEMBER IS NOT LISTED ON THE SUBSCRIBER'S CONTRACT. (X437)	PR	32		PR	31	
X438	THIS MEMBER IS NOT LISTED ON THE SUBSCRIBER'S CONTRACT. (X438)	OA	204		PR	31	
X439	THIS ENROLLEE DOES NOT HAVE MAJOR MEDICAL COVERAGE. (X439)	OA	204		PR	204	N216
X440	THIS CLAIM SHOULD BE SUBMITTED TO BLUE CROSS BLUE SHIELD OF MICHIGAN FOR MAJOR MEDICAL BENEFITS. FOR CHRYSLER, SEND CLAIMS TO CHRYSLER ACCOUNT, P.O. BOX 458, DETROIT, MICHIGAN 48231. FOR UAW, SEND CLAIMS TO UAW ACCOUNT, P.O. BOX 3277, SOUTHFIELD, MICHIGAN 48037-3277. (X440)	OA	204		PI	109	
X441	THIS PROCEDURE IS NOT A COVERED BENEFIT WHEN PERFORMED BY THIS TYPE OF PROVIDER. (X441)	OA	204		PR	170	
X443	THERE HAS BEEN A LAPSE IN CARE FOR THIS CONDITION FOR SIX MONTHS OR LONGER. REIMBURSEMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE PATIENTS OTHER FOOT CARE CARRIER. (X443)	OA	204		PI	109	N357
X444	THIS INITIAL FOOT AND ANKLE TREATMENT WAS PERFORMED MORE THAN 72 HOURS AFTER THE TIME OF INJURY. (X444)	OA	204		PR	40	N409
X445	THIS CLAIM WAS SUBMITTED WITHOUT AN ACQUISITION COST. (X445)	OA	204		PI	16	M130
X446	A CONTACT LENS AND CONTACT LENS SUITABILITY EXAM WERE BILLED ON THE SAME CLAIM. THE CONTACT LENS SUITABILITY EXAM IS NOT A BENEFIT. (X446)	OA	204		PR	204	M86
X447	NON-REFERRAL VISION EXAMS MUST BE PERFORMED BY OPTOMETRISTS. (X447)	OA	204		PR	172	
X448	REFERRAL VISION EXAMS MUST BE PERFORMED BY AN OPHTHALMOLOGIST. (X448)	OA	204		PR	172	
X449	REFERRAL EXAMS MUST BE PERFORMED WITHIN 60 DAYS OF THE INITIAL (NON-REFERRAL) VISION EXAMS. (X449)	OA	204		PR	96	N357
X450	VISION PROCEDURES BILLED IN CONJUNCTION WITH MEDICAL/SURGICAL SERVICES ARE NOT BENEFITS. (X450)	OA	204		CO	59	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X455	CONTACT LENSES AND SPECTACLE LENSES WERE BILLED TOGETHER ON THE SAME CLAIM. ONLY ONE IS PAYABLE EVERY 24 MONTHS. (X455)	OA	204		PR	119	N20
X456	MYODSIC AND APHAKIC LENSES ARE PAYABLE BENEFITS ONLY WHEN THE DIAGNOSIS IS OTHER THAN APHAKIA. (X456)	OA	204		PR	167	
X458	OPTIONS ARE NOT A CONTRACT BENEFIT. (X458)	OA	204		PR	204	
X459	LIMIT OF ONE VISION EXAM PER 24 MONTHS. (X459)	OA	204		PR	119	
X460	LIMIT OF ONE LENS INSERTION FEE PER 24 MONTHS. (X460)	OA	204		PR	119	
X461	LIMIT OF ONE PAIR OF FRAMES PER 24 MONTHS. (X461)	OA	204		PR	119	
X462	LIMIT OF ONE PAIR OF SPECTACLE LENSES OR CONTACT LENSES PER 24 MONTHS. (X462)	OA	204		PR	119	
X463	LIMIT OF ONE PAIR OF TINTS PER 24 MONTHS. (X463)	OA	204		PR	119	
X465	PREDETERMINATION HAS NOT BEEN REQUESTED FOR THIS ADMISSION. PLEASE CONTACT THE HELP-LINE AT 1-800-346-7651 WITH THE REQUIRED INFORMATION. (X465)	OA	204		CO	197	
X466	THIS SERVICE EXCEEDS THE APPROVED PREDETERMINATION. PLEASE CONTACT THE HELP-LINE AT 1-800-346-7651 FOR RECERTIFICATION OF SERVICES, OR REBILL FOR THE APPROVED SERVICE. (X466)	PI	15		PI	198	N54
X467	THIS SERVICE WAS PERFORMED AFTER THE TERMINATION DATE OF THE PROVIDER'S LICENSE NUMBER. (X467)	OA	204		PR	96	N198
X468	THIS INQUIRY HAS BEEN REVIEWED, AND THE ORIGINAL PAYMENT WAS CORRECT. A COST SHARING DEDUCTIBLE WAS APPLIED TO THE ORIGINAL PAYMENT. (X468)	PR	B7		PI	193	N10
X469	THE ORIGINAL PAYMENT WAS CORRECT. COINSURANCE WAS REQUIRED FOR THIS SERVICE. (X469)	PI	193		PI	193	
X470	THE ORIGINAL PAYMENT WAS CORRECT. THE AMOUNT BCBSM PAID WAS REDUCED ACCORDING TO DEDUCTIBLE, COINSURANCE AND/OR COPAYMENT REQUIREMENTS. (X470)	PI	193		PI	193	
X471	WE OWE NO PAYMENT FOR THIS SERVICE BECAUSE THE SUBSCRIBER'S DEDUCTIBLE, COINSURANCE, AND/OR COPAYMENT REQUIREMENT IS GREATER THAN OR EQUAL TO THE ALLOWED AMOUNT. (X471)	PR	1		PR	1	
X472	THIS CLAIM CANNOT BE PROCESSED AS SUBMITTED. THE DATES OF SERVICE ARE AFTER THE RECEIPT DATE. (X472)	CO	110		PI	110	
X473	THIS SERVICE IS NOT COVERED BASED ON THE LIMITED INFORMATION REPORTED. A PHOTOCOPY OF THE PATIENT'S HISTORY AND PROGRESS NOTES ARE REQUIRED TO ASSIST IN REVIEWING THE SERVICE FOR FOLLOW-UP CARE. (X473)	OA	204		PI	16	M127, N393
X474	MEDICAL CONSULTANTS REVIEWED THE DOCUMENTATION SUPPLIED AND DETERMINED THIS SERVICE IS NOT A COVERED BENEFIT. (X474)	OA	204		PR	204	N10
X475	MEDICAL CONSULTANTS HAVE REVIEWED THE DOCUMENTATION AND DETERMINED THE ORIGINAL DECISION WAS CORRECT. (X475)	OA	204		PI	193	N10
X476	THIS CLAIM HAS BEEN INCORRECTLY SUBMITTED FOR COMPLEMENTARY COVERAGE. PATIENT IS NOT MEDICARE ELIGIBLE FOR THIS SERVICE; BCBS IS PRIMARY. PLEASE RESUBMIT CLAIM CORRECTLY. (X476)	PI	129		PI	32	
X477	LENS INSERTION IS PAYABLE ONLY WHEN REPORTED WITH A LENS ON THE SAME DATE OF SERVICE. (X477)	OA	204		PR	107	N390
X478	ENSURE DIAGNOSIS, PRESENT ON ADMISSION INDICATOR AND PROCEDURE CODE ARE VALID AND COMPATIBLE FOR THE DRG GROUPER VERSION IN EFFECT AT TIME OF ADMISSION. (X478)	CO	A8		PI	16	M51, M76, N434
X479	THIS HEARING SERVICE IS NOT PAYABLE UNLESS REFERRED BY AN OTOLOGIST, OTOLARYNOLOGIST OR OTHER QUALIFIED M.D. (X479)	OA	204		PR	183	
X480	PLEASE SEND US A NEW CLAIM WITH THE SPECIFIC ADA PROCEDURE CODE FOR THE SERVICE DESCRIBED IN THE DOCUMENTATION PROVIDED WITH THIS CLAIM. (1200)	OA	204		PI	16	M51, M81

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X481	BASED ON A REVIEW BY OUR DENTAL CONSULTANT, WE HAVE APPROVED PAYMENT FOR A COMPOSITE RESTORATION AS AN ALTERNATE TREATMENT TO A LABIAL VENEER. THE PAYMENT CAN BE APPLIED TO WHICHEVER TREATMENT THE PATIENT SELECTS.(X481)	OA	204		CO	169	N10
X482	THIS SERVICE ISN'T PAYABLE BASED ON THE INFORMATION PROVIDED WITH THE CLAIM. HOWEVER, A BCBSM DENTIST APPROVED PAYMENT FOR AN ALTERNATIVE TREATMENT ACCORDING TO ESTABLISHED DENTAL GUIDELINES. OUR PAYMENT AND THE BALANCE FOR THE ALTERNATIVE TREATMENT ARE SHOWN BELOW. (X482)	CO	B8		CO	169	N10
X483	BASED ON A REVIEW BY OUR DENTAL CONSULTANT, WE HAVE APPROVED PAYMENT FOR AN AMALGAM OR COMPOSITE RESTORATION AS AN ALTERNATE TREATMENT TO THE TREATMENT PROPOSED. THE PAYMENT CAN BE APPLIED TO WHICHEVER TREATMENT THE PATIENT SELECTS. (X483)	OA	204		CO	169	N10
X484	A BCBSM DENTIST REVIEWED THE INFORMATION SENT WITH YOUR INQUIRY. THE ADDITIONAL INFORMATION DOES NOT WARRANT A CHANGE FROM OUR INITIAL DECISION. PLEASE REFER TO THAT NOTICE FOR THE PATIENT'S LIABILITY FOR THIS SERVICE. (X484)	OA	204		PI	193	N10
X485	A DENTAL CONSULTANT HAS REVIEWED OUR PAYMENT AND DETERMINED THAT IT WAS APPROPRIATE, BASED ON THE INFORMATION PROVIDED IN THE CLAIM. THE PAYMENT CAN BE APPLIED TO WHICHEVER TREATMENT THE PATIENT SELECTS. (X485)	OA	204		PI	193	N10
X486	PROCEDURES TO CHANGE THE VERTICAL DIMENSION OR ALIGNMENT OF TEETH ARE NOT PAYABLE. (X486)	OA	204		PR	204	
X487	THE PROCEDURE IS NOT PAYABLE WHEN IT IS PERFORMED ON PRIMARY INCISORS OR PRIMARY FIRST MOLARS. (X487)	OA	204		PR	204	
X488	PROCEDURES TO RESTORE MISSING TOOTH STRUCTURE BECAUSE OF ATTRITION, EROSION OR ABRASION ARE NOT PAYABLE. (X488)	OA	204		PR	204	
X489	BASED ON THIS TOOTH'S HISTORY; THE DENTAL NECESSITY GUIDELINES IN THE SUBSCRIBER'S CONTRACT DON'T ALLOW PAYMENT FOR THIS PROCEDURE. THE SUBSCRIBER IS RESPONSIBLE FOR YOUR CHARGE. (X489)	OA	204		PR	B5	
X490	OVERDENTURE ROOT CANALS AND ASSOCIATED POST AND CORES, COPINGS, ATTACHMENTS OR RETAINER BARS ARE NOT PAYABLE. (X490)	OA	204		PR	204	
X491	IMPLANTS AND RELATED CONNECTING DEVICES, FIXED PROSTHETICS AND MAINTENANCE PROCEDURES ARE NOT PAYABLE. (X491)	OA	204		PR	204	
X492	OCCLUSAL GUARDS OR THEIR REPAIRS ARE NOT PAYABLE WHEN THE PATIENT IS BEING TREATED FOR TMJ OR RELATED SYMPTOMS. THESE PROCEDURES MAY BE A BENEFIT UNDER THE PATIENT'S MEDICAL COVERAGE. (X492)	OA	204		PI	109	
X494	COSMETIC DENTISTRY IS NOT PAYABLE. (X494)	OA	204		PR	204	N383
X496	WE CAN'T REVIEW THIS SERVICE AS THE SECONDARY INSURER BECAUSE WE NEED TO VERIFY THE PRIMARY INSURER'S PAYMENT DECISION. WE WILL CONSIDER THE SERVICE FOR PAYMENT WHEN YOU SEND US ANOTHER CLAIM WITH A COPY OF THE VOUCHER FROM THE PRIMARY INSURER. UBS ARE NOT ACCEPTED FROM FACILITY PROVIDERS. ONLY REQUESTED DOCUMENTATION IS ACCEPTED. (X496)	PI	16	N4	PI	16	N4
X498	MEDICARE SENT THIS CLAIM ELECTRONICALLY, AND WE CAN'T MATCH THE REPORTED MEDICARE IDENTIFICATION NUMBER TO YOUR PROVIDER IDENTIFICATION NUMBER. PLEASE CONTACT YOUR MEDICARE INTERMEDIARY TO HAVE YOUR MEDICARE PIN UPDATED. (X498)	OA	204		PI	16	N257
X499	THE PROVIDER ID NUMBER SUBMITTED ON THIS CLAIM IS NOT VALID. PLEASE RESUBMIT THE CLAIM WITH YOUR CURRENT PROVIDER NUMBER SO WE CAN COMPLETE PROCESSING YOUR CLAIM. (X499)	OA	204		PI	16	N257

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X500	WE HAVE REQUESTED ADDITIONAL INFORMATION REGARDING THIS CLAIM. ONCE THE ADDITIONAL INFORMATION IS PROVIDED, THE CLAIM WILL BE RECONSIDERED. THE PATIENT SHOULD NOT BE BILLED UNTIL THIS OCCURS. (X500)	OA	204		PI	16	N29
X501	WE CAN'T REVIEW THIS CLAIM BECAUSE YOU ARE NOT REGISTERED WITH BCBSM. YOU MAY GET AN APPLICATION FORM BY CALLING PROVIDER REGISTRATION AT 1-800-822-2761. ALLOW AT LEAST TWO WEEKS FOR US TO PROCESS YOUR APPLICATION BEFORE YOU RESUBMIT THIS CLAIM OR SUBMIT NEW CLAIMS. (X501)	OA	204		PR	B7	
X502	THIS SERVICE ISN'T PAYABLE BECAUSE THE DOCUMENTATION DID NOT SUPPORT THE NEED FOR REPLACEMENT OF THE CROWN OR BRIDGE RESTORATION. (X502)	OA	204		PR	150	N10
X503	THIS SERVICE ISN'T PAYABLE BASED ON THE INFORMATION PROVIDED WITH THE CLAIM. A BCBSM DENTIST DETERMINED THAT, ACCORDING TO BENEFIT GUIDELINES, THE PATIENT'S TOOTH STRUCTURE IS ADEQUATE FOR CROWN RETENTION WITHOUT A SUBSTRUCTURE. (X503)	OA	204		PR	150	N10
X504	WE CANNOT PAY THIS CLAIM AS IT HAS BEEN SUBMITTED WITH AN INCORRECT MEMBER PREFIX. PLEASE RESUBMIT THE CLAIM WITH THE ALPHA PREFIX THAT APPEARS ON THE PATIENT'S CURRENT IDENTIFICATION CARD. (X504)	OA	204		PI	16	MA61
X506	THIS SERVICE ISN'T PAYABLE BASED ON INFORMATION PROVIDED WITH THE CLAIM. A BCBSM DENTIST HAS DETERMINED THAT IT DOESN'T MEET BENEFIT GUIDELINES, AS DETAILED IN THE GUIDE FOR DENTAL CARE PROVIDERS. (X506)	OA	204		PR	B5	N10
X508	THIS SERVICE ISN'T PAYABLE BASED ON THE INFORMATION PROVIDED WITH THE CLAIM. A BCBSM DENTIST DETERMINED THAT, ACCORDING TO BENEFIT GUIDELINES, THE EXISTING SPACE IS INSUFFICIENT TO ACCOMODATE A PONTIC. (X508)	OA	204		PR	B5	N10
X509	WE CANNOT PROCESS THIS CLAIM BECAUSE WE NEED ADDITIONAL INFORMATION ABOUT THIS SERVICE BEFORE WE CAN CONSIDER IT FOR PAYMENT. PLEASE SUBMIT A NEW CLAIM, X-RAYS AND THE SUPPORTING CLINICAL DOCUMENTATION TO: BLUE CROSS BLUE SHIELD OF MICHIGAN, P.O. BOX 1633, DETROIT, MI 48231-1633. (X509)	PI	16	N29, N142, N242	PI	16	N40, N463
X510	THE SERVICE PROPOSED IS NOT APPROVED FOR PAYMENT BASED ON THE PATIENT'S XRAYs. A BCBSM DENTIST DETERMINED THAT, ACCORDING TO BENEFIT GUIDELINES, THE PERIODONTAL CONDITION OF THE TOOTH AND ITS OVERALL PROGNOSIS DO NOT SUPPORT THIS TREATMENT. (X510)	OA	204		PR	150	N10
X511	IN ACCORDANCE WITH OUR DENTAL APPEALS PROCESS, THE DOCUMENTATION SUBMITTED FOR THIS SERVICE HAS BEEN RECONSIDERED BY A REVIEW PANEL. THAT PANEL AGREED WITH OUR PREVIOUS DENIAL, SO NO PAYMENT WILL BE MADE FOR THIS SERVICE. (X511)	OA	204		PI	193	N10
X512	OUR PAYMENT FOR THIS SERVICE WAS BASED ON THE PREVAILING FEE AT THE TIME THE SERVICE WAS PROVIDED. WE CANNOT APPROVE AN ADDITIONAL PAYMENT. (X512)	OA	204		PI	193	
X513	PLEASE RESUBMIT THIS CLAIM WITH DOCUMENTATION OF THE PATIENT'S HISTORY, PHYSICAL AND DISCHARGE SUMMARY. WE'LL REVIEW THE CLAIM AGAIN ONCE WE RECEIVE IT. UBS ARE NOT ACCEPTED FROM FACILITY PROVIDERS. ONLY REQUESTED DOCUMENTATION IS ACCEPTED. (X513)	PI	16	N50, N222	PI	16	N50, N221
X515	THESE SERVICES ARE NOT PAYABLE WHEN PERFORMED IN THE LOCATION REPORTED. (X515)	OA	204		PR	204	N428
X516	THIS EVALUATION IS ONLY PAYABLE TO ESTABLISH A TREATMENT PLAN FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY. THE DOCUMENTATION SUBMITTED INDICATES THE EVALUATION WAS PERFORMED FOR ANOTHER REASON. (X516)	OA	204		CO	96	N206, N381
X517	ACCORDING TO THE DOCUMENTATION WE RECEIVED, THE SPEECH THERAPY PROVIDED DID NOT MEET OUR MEDICAL CRITERIA. (X517)	OA	204		PR	50	
X518	ORAL SURGERY IS ONLY PAYABLE IN THIS SETTING WHEN THE PATIENT HAS A CONCURRENT HAZARDOUS MEDICAL CONDITION. (X518)	OA	204		PR	167	N428

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X519	ACCORDING TO THE DOCUMENTATION WE RECEIVED, THIS SERVICE DOES NOT MEET OUR MEDICAL CRITERIA. WE WILL REVIEW THE CLAIM AGAIN ONCE ADDITIONAL INFORMATION IS SUBMITTED. (X519)	PR	50		PR	50	
X520	PLEASE SEND US A NEW CLAIM WITH ALL THE INFORMATION THAT'S REQUIRED WHEN REPORTING THIS SERVICE. UNTIL WE GET A COMPLETE CLAIM, NO PAYMENT IS DUE FROM US OR THE SUBSCRIBER. THE EDI FACILITY 837 COMPANION DOCUMENT WILL HELP YOU SUBMIT AN ELECTRONIC CLAIM.	OA	204		PI	16	N29, N400
X521	VOLUNTARY ABORTIONS ARE NOT A BENEFIT UNDER THIS CONTRACT. (X521)	OA	204		PR	204	
X522	THE DOCUMENTATION WE RECEIVED INDICATES THESE PHYSICAL OR OCCUPATIONAL THERAPY SERVICES WERE PROVIDED TO ESTABLISH AN EXERCISE PROGRAM. PHYSICAL AND OCCUPATIONAL THERAPY ARE NOT COVERED FOR THAT PURPOSE. (X522)	OA	204		PR	50	N180
X523	THE ESTIMATED DATE OF CONFINEMENT WAS NOT REPORTED ON THE CLAIM. PLEASE RESUBMIT THE CLAIM WITH THAT DATE. (X523)	OA	204		PI	16	N315, N316
X524	PLEASE RESUBMIT THIS CLAIM TO THE SUBSCRIBER'S HOME BLUE CROSS BLUE SHIELD PLAN. (X524)	OA	204		PI	109	
X525	PHYSICAL THERAPY AS WOUND CARE IS ONLY PAYABLE FOR THE TREATMENT OF THIRD-DEGREE BURNS WITH ESCHAR FORMATION. (X525)	OA	204		PR	204	
X526	WE HAVE ASKED THE SUBSCRIBER FOR INFORMATION ABOUT OTHER HEALTH COVERAGE. WE'LL PROCESS THIS CLAIM AS SOON AS WE RECEIVE IT. (X526)	PI	16	N179	PI	16	N179
X527	THESE SERVICES NEED TO BE SUBMITTED ON A FACILITY CLAIM FORM. THESE SERVICES ARE NOT REIMBURSABLE UNDER THE PROFESSIONAL BENEFITS. (X527)	OA	204		PI	125	N34
X528	WE CANNOT PAY FOR THIS SERVICE BECAUSE IT'S NOT A COVERED BENEFIT UNDER THIS PATIENT'S EXTENSION OF BENEFITS HEALTH CARE PLAN. THE SUBSCRIBER IS LIABLE FOR PAYMENT. -X528	PR	204		PR	204	
X548	BECAUSE THE INFORMATION ON THE PRIMARY VOUCHER DOES NOT MATCH THE CLAIM SUBMITTED FOR SECONDARY PAYMENT, WE REGRET THAT WE CANNOT DECIDE PAYMENT. FOR RECONSIDERATION, PLEASE SUBMIT THE CORRECT VOUCHER WITH THE INFORMATION THAT MATCHES THE CLAIM. (X548)	OA	204		PI	125	N206
X572	WE HAVE SUSPENDED PROCESSING OF YOUR CLAIM. THE ICD-9 OR CPT-4 CODE FOR THE PROCEDURE BILLED IS REQUIRED TO PROCESS OUTPATIENT FACILITY AND/OR OUTPATIENT SURGICAL FACILITY CLAIMS. PLEASE RESUBMIT THIS FORM WITH THE ICD-9 OR CPT-4 CODE TO THE ADDRESS BELOW. (X572)	OA	204		PI	16	M51
X599	UNABLE TO PROCESS ADDITIONAL CHARGES. ORIGINAL CLAIM WAS DENIED. (X599)	PI	193		PI	193	
X600	THE ADDITIONAL CHARGES SUBMITTED ON THIS CLAIM ARE BEING PROCESSED ON A PREVIOUSLY SUBMITTED CLAIM, WITH THE SAME DATES(S) OF SERVICE AND PROVIDER NUMBER. (X600)	CO	97	MA67	CO	129	MA67
X607	BASED ON A MEDICAL CONSULTANT'S REVIEW THIS PROCEDURE WAS NOT DESCRIBED IN THE DOCUMENTATION SUBMITTED. (X607)	OA	204		PI	16	N10, N206
X608	FIXED BRIDGES AND REMOVEABLE CAST PARTIAL BRIDGES ARE NOT CONTRACT BENEFITS FOR PATIENTS UNDER 16 YEARS OF AGE. (X608)	OA	204		PR	204	N129
X609	BENEFITS HAVE BEEN DETERMINED IN ACCORDANCE WITH A MEDICAL CONSULTANT'S RECOMMENDATION THAT THESE SERVICES ARE NOT PAYABLE FOR THE DIAGNOSIS BILLED ON DOCUMENTATION SUBMITTED. (X609)	OA	204		PR	167	N10
X611	THIS SERVICE IS NOT A BENEFIT OF THE SUBSCRIBER'S HEALTH PLAN: THIS DETERMINATION WAS MADE AFTER A MEDICAL CONSULTANT'S REVIEW OF THE DOCUMENTATION SUBMITTED. (X611)	OA	204		PR	204	N10

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X618	THIS SERVICE IS NOT IN ACCORD WITH UNIFORM MEDICAL POLICY. (X618)	OA	204		CO	B5	N10
X635	CLAIM SUBMITTED IN ERROR. (X635)	OA	204		PI	125	N418
X637	WE ARE IN THE PROCESS OF REVIEWING YOUR STATUS INQUIRY. AN EXPLANATION WILL BE FORTHCOMING REGARDING ITS RESOLUTION. (X637)	OA	204		PI	133	N202
X677	THIS SERVICE IS THE SAME AS THAT PREVIOUSLY PAID UNDER THE PATIENT'S MEDICARE OR COMPLEMENTARY COVERAGE. THEREFORE, IT CANNOT BE CONSIDERED FOR PAYMENT BY MAJOR MEDICAL. (X677)	OA	204		PR	B13	N7
X680	OCCLUSAL ADJUSTMENTS ARE NOT CONTRACT BENEFITS WHEN PROVIDED IN CONJUNCTION WITH RESTORATIONS OR PROSTHETICS. (X680)	OA	204		PR	204	
X681	A BONE GRAFT IS PAYABLE ONLY WHEN IT'S PART OF PERIODONTAL GINGIVAL FLAP OR OSSEOUS SURGERY. THIS PROCEDURE WAS PERFORMED WITH A RESTORATIVE OR ENDODONTIC SERVICE, AN EXTRACTION OR IMPLANT, SO THE MEMBER IS RESPONSIBLE FOR PAYMENT. (X681)	OA	204		PR	B15	
X682	DUE TO THE PLAN'S BENEFIT LIMITATION, THE REQUESTED SERVICE EXCEEDS THE GROUP'S DEFINED BENEFIT AND IS NOT PAYABLE. (X682)	OA	204		PR	119	
X696	WE HAVE REVIEWED YOUR CLAIM. PREDETERMINATION APPROVAL IS REQUIRED PRIOR TO ALL HOSPITAL ADMISSIONS OR WITHIN 24 HOURS AFTER EMERGENCY. SINCE THIS PROCEDURE WAS NOT FOLLOWED A \$100 DEDUCTIBLE WAS APPLIED TO YOUR PAYMENT. (X696)	OA	204		CO	197	N10
X697	WE HAVE REVIEWED YOUR CLAIM. PREDETERMINATION APPROVAL IS REQUIRED PRIOR TO ALL HOSPITAL ADMISSIONS OR WITHIN 24 HOURS AFTER EMERGENCY. SINCE THIS PROCEDURE WAS NOT FOLLOWED AN ADDITIONAL 20% SANCTION WAS APPLIED TO YOUR PAYMENT. (X697)	OA	204		CO	197	N10
X706	CHEMOTHERAPY FOLLOW-UP CARE IS A COVERED BENEFIT ONLY WHEN PERFORMED WITHIN 30 DAYS OF THE INITIAL CHEMOTHERAPY TREATMENT. (X706)	OA	204		PR	204	N357
X707	THE MAXIMUM VISITS ALLOWABLE FOR CHEMOTHERAPY FOLLOW-UP CARE HAVE BEEN MET. (X707)	OA	204		PR	119	
X708	MEDICARE HAS DETERMINED THAT THIS SERVICE IS A COMPONENT OF A PRIMARY PROCEDURE. PAYMENT OF THIS PRIMARY PROCEDURE INCLUDES REIMBURSEMENT FOR THIS RELATED PROCEDURE. THE ENROLLEE SHOULD NOT BE BILLED FOR THIS RELATED PROCEDURE. (X708)	OA	204		OA	23	N219
X710	THE UNITS OF SERVICE ARE ON A PER VIAL CALCULATION. PLEASE SEND SHIPPING VOUCHER. (X710)	OA	204		PI	16	M24
X711	THE CLAIM HAS BEEN FORWARDED TO THE BLUE CROSS BLUE SHIELD PLAN THAT PROCESSES CLAIMS FOR THE STATE WHERE SERVICES WERE RENDERED. (X711)	OA	204		PI	B11	
X712	CHEMOTHERAPY SERVICES AND OFFICE CALL PERFORMED ON THE SAME DAY, SAME PROVIDER. A PAYMENT IS ALLOWED FOR THE MAJOR PROCEDURE. (X712)	OA	204		CO	59	N19
X713	THE LAST DATE OF THE CHEMOTHERAPY TREATMENT IS MISSING. PLEASE RESUBMIT THIS SERVICE WITH THE LAST TREATMENT DATE. DO NOT BILL CHARGES FOR THIS SERVICE TO THE ENROLLEE UNTIL CLAIM HAS BEEN RESUBMITTED AND REVIEWED. (X713)	OA	204		PI	16	N318
X714	THIS SERVICE WAS NOT SUBMITTED BY THE PHYSICIAN OR OTHER PROVIDER WHO PERFORMED THE SERVICE. A SEPARATE CLAIM SHOULD BE SUBMITTED BY THE ACTUAL PROVIDER OF THE SERVICE. (X714)	OA	204		PI	125	N32
X727	BCBSM, AS SECONDARY PAYER, DOES NOT PAY PRIMARY CARRIER SANCTIONED AMOUNTS. (X727)	OA	204		OA	136	
X733	THE PATIENT'S MEDICAL PLAN COVERAGE REQUIRES AN AUTHORIZATION FOR THIS SERVICE. WE HAVE BEEN UNSUCCESSFUL IN OUR ATTEMPTS TO CONTACT YOUR OFFICE FOR INFORMATION. PLEASE PHONE US AT 1-800-231-3362 FOR KMART EMPLOYEES OR 1-800-854-3555 FOR CHRYSLER EMPLOYEES. (X733)	OA	204		CO	197	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X734	CLAIM COULD NOT BE PROCESSED BECAUSE NOTES WERE NOT SUBMITTED FOR THE DATES THE PATIENT WAS IN ICU/CCU AS REQUESTED. (X734)	OA	204		PI	16	N29
X735	THE INPATIENT DEDUCTIBLE HAS ALREADY BEEN PAID FOR THIS BENEFIT PERIOD. (X735)	OA	204		PR	119	
X736	A TECHNICAL COMPONENT IS NOT REIMBURSABLE FOR THIS PROCEDURE. THE ENROLLEE IS NOT LIABLE FOR THIS AMOUNT. (X736)	OA	204		CO	96	N20
X737	A PROFESSIONAL COMPONENT IS NOT REIMBURSABLE FOR THIS PROCEDURE. THE ENROLLEE IS NOT LIABLE FOR THIS AMOUNT. (X737)	OA	204		CO	96	N20
X738	BASED ON SUBMITTED INFORMATION, IT HAS BEEN DETERMINED THAT THE HUAM SERVICE IS NOT A COVERED BENEFIT. (X738)	OA	204		PR	204	N10
X740	CLAIM COULD NOT BE PROCESSED BECAUSE AN OPERATIVE REPORT WAS NOT SUBMITTED AS REQUESTED. (X740)	OA	204		PI	16	M29
X741	CLAIM SUBMITTED TO BCBSM IN ERROR. WE HAVE FORWARDED THE SUBMITTED INFORMATION TO PCS INC. FOR PROCESSING. (X741)	OA	204		PI	B11	
X742	THIS CLAIM SHOULD BE PROCESSED BY BLUE CROSS BLUE SHIELD OF MICHIGAN. BEFORE BILLING PLEASE CALL THE CHRYSLER HELP LINE AT 1-800-346-7651 FOR AUTHORIZATION AND FURTHER INSTRUCTIONS ON WHERE TO SUBMIT THIS CLAIM. (X742)	OA	204		PR	197	
X745	CLAIM REJECTED. BETASERON IS A PAY SUBSCRIBER BENEFIT ONLY. BILL TO PCS RECAP USING AVAILABLE CREDIT OPTION. (X745)	OA	204		PI	109	
X747	BEFORE WE CAN CONSIDER THIS SERVICE FOR PAYMENT, WE NEED TO KNOW WHICH EXISTING BCBSM PROVIDER ID SHOULD BE USED FOR YOUR NEW MEDICARE ID. PLEASE FAX THE REQUIRED INFORMATION TO 248-448-2265. UNTIL WE GET THE FAX AND UPDATE OUR FILE, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. -X747	PI	16	N77	PI	208	
X748	CLAIM WAS DENIED DUE TO THE ENROLLEE'S FAILURE TO COMPLY WITH THE PROVISIONS OF THE PATIENT'S PRIMARY INSURANCE CARRIER. (X748)	PR	136		OA	136	
X749	THIS SERVICE WAS PROVIDED PRIOR TO THE CMIC EFFECTIVE DATE. THE CLAIM WAS FORWARDED TO METROPOLITAN (1-800-241-9964). (X749)	OA	204		PI	B11	
X750	AFTER REVIEWING THIS SECONDARY BALANCE CLAIM, OUR LIABILITY UNDER THIS CONTRACT IS ZERO. (X750)	OA	204		OA	23	N219
X751	PATIENT DID NOT COMPLY WITH HMO GUIDELINES THROUGH PRIMARY CARRIER. SERVICES ARE NOT COVERED. (X751)	OA	204		OA	136	
X752	PRECERTIFICATION IS REQUIRED FOR THIS SERVICE. PLEASE CONTACT SHPS THROUGH 1-800-33KMART. (X752)	OA	204		CO	197	
X753	THIS SERVICE WAS NOT PAID BECAUSE THE PRECERTIFICATION FOR THE SERVICE WAS DENIED. (X753)	OA	204		CO	39	
X754	THIS AMBULANCE SERVICE IS NOT PAYABLE AS REPORTED. (X754)	OA	204		PR	204	
X755	THE DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE NUMBER OF WARTS FOR WHICH TREATMENT WAS REQUESTED. BASED ON THE INFORMATION PROVIDED, WE WILL ALLOW PAYMENT FOR THE QUANTITY INDICATED. (X755)	OA	204		CO	151	N206
X758	A BCBSM DENTIST REVIEWED INFORMATION ABOUT THIS CLAIM A SECOND TIME AND DETERMINED THIS SERVICE DID NOT MEET CRITERIA FOR DENTAL PAYMENT. THE SUBSCRIBER'S CONTRACT EXCLUDES PAYMENT WHEN THE SERVICE IS NOT NECESSARY BASED ON CRITERIA AND GUIDELINES DEVELOPED BY DENTISTS FOR BCBSM. WE WILL TELL YOU ABOUT FURTHER APPEAL RIGHTS IN A SEPARATE LETTER.(X758)	OA	204		PI	193	N10

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X760	THE PROCEDURE IS NOT PAYABLE BECAUSE WE HAVE ALREADY PAID FOR ADJUSTMENTS, REBASES, RELINES, AND REPAIRS DONE IN THIS ARCH ON THIS SAME DATE. WHEN THESE SERVICES ARE PERFORMED ON THE SAME DAY, WE PAY UP TO 50% OF OUR FEE FOR A NEW COMPLETE OR NEW PARTIAL DENTURE. (X760)	OA	204		CO	96	N20
X761	BECAUSE YOUR PATIENT HAS MET THE MAXIMUM ALLOWED SERVICES OF THIS TYPE WITHIN A 24 HOUR PERIOD, WE CANT'T MAKE A PAYMENT. THE SUBSCRIBER IS RESPONSIBLE FOR YOUR CHARGE. (X761)	OA	204		PR	119	N362
X763	THE MONTHLY VISIT IS NOT PAYABLE BECAUSE IT EXCEEDS THE MAXIMUM NUMBER OF VISITS THAT WE APPROVED IN THE ORIGINAL TREATMENT PLAN. TO REQUEST INDIVIDUAL CONSIDERATION, RESUBMIT THE CLAIM AND INCLUDE ALL PREVIOUS DOCUMENTATION, INCLUDING X-RAYS, AND ANY INDIVIDUAL INFORMATION THAT SUPPORTS THE PROCEDURE. (X763)	OA	204		CO	198	N351
X764	THIS SERVICE IS NOT PAYABLE BECAUSE IT IS A DUPLICATE OF A SERVICE THAT WAS REJECTED ON A PREVIOUS CLAIM. (X764)	OA	204		PI	18	
X765	WORK HARDENING/VOCATIONAL REHAB/FUNCTIONAL CAPACITY EVALUATIONS/DRIVER'S EDUCATION ARE NOT PAYABLE THERAPY SERVICES. (X765)	OA	204		PR	204	
X766	PLEASE SUBMIT THERAPY NOTES FOR EACH SERVICE ALONG WITH INITIAL EVALUATIONS FOR DATES OF SERVICE BEING BILLED. (X766)	OA	204		PI	16	N29
X767	THIS SERVICE IS NOT COVERED BECAUSE THE MEDICAL DOCUMENTATION SUBMITTED INDICATES THAT THIS IS PALLIATIVE MAINTENANCE THERAPY. THIS BENEFIT IS ONLY PROVIDED FOR RESTORATIVE TREATMENT. (X767)	OA	204		PR	204	N10
X768	THE LEVEL OF SERVICES FOR THIS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY CAN BE PERFORMED BY SOMEONE OTHER THAN A SKILLED THERAPIST AND DOES NOT QUALIFY FOR BCBSM BENEFITS. (X768)	OA	204		PR	170	
X769	THE DOCUMENTATION PROVIDED DOES NOT REVEAL ANY SIGNIFICANT LOSS OF FUNCTION. PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY IS ONLY PAYABLE TO IMPROVE A SIGNIFICANT FUNCTIONAL LOSS. (X769)	OA	204		CO	204	N10
X770	PLEASE SUBMIT THE INITIAL EVALUATION OF THE PATIENT'S CONDITION PRIOR TO PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY, AND INCLUDE THE DATE OF ONSET, INJURY, OR SURGERY. (X770)	OA	204		PI	16	N29
X771	THE DOCUMENTATION PROVIDED WITH THIS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY CLAIM DID NOT REVEAL ANY CHANGES OR PROGRESS IN THE PATIENT'S CONDITION. (X771)	OA	204		PR	204	N10
X772	THIS IS A CHRONIC LONG-TERM CONDITION AND DOES NOT QUALIFY FOR PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY BENEFITS. THERE IS NO EVIDENCE IN THE MEDICAL RECORD OF RECENT AGGRAVATION, INJURY, OR SURGERY. (X772)	OA	204		PR	204	N10
X773	THE MEDICAL RECORDS SUBMITTED WITH THIS CLAIM FOR PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY DO NOT INCLUDE ALL THE SERVICES BEING BILLED. (X773)	OA	204		CO	96	N206
X774	PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY IS PAYABLE ONLY FOR ACUTE CONDITIONS. THE CONDITION REPORTED IS NOT ACUTE. (X774)	OA	204		PR	150	
X775	PLEASE SUBMIT THE INITIAL PHYSICAL THERAPY EVALUATION. (X775)	OA	204		PI	16	N29
X776	PLEASE SUBMIT THE INITIAL OCCUPATIONAL THERAPY EVALUATION. (X776)	OA	204		PI	16	N29
X777	PLEASE SUBMIT THE OCCUPATIONAL THERAPY PROGRESS NOTES, INITIAL EVALUATION, AND DISCHARGE SUMMARY. (X777)	PI	16	N29	PI	16	M127, N393, N460

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X778	THIS SERVICE IS NOT COVERED, BASED ON THE INFORMATION REPORTED ON THIS CLAIM. IF YOU WOULD LIKE US TO RECONSIDER THIS CLAIM FOR PAYMENT, WE NEED SUPPORTING DOCUMENTATION. PLEASE SEND A STATUS CLAIM WITH THE PHYSICAL THERAPY INITIAL EVALUATION, PROGRESS NOTES AND DISCHARGE SUMMARY TO: BCBSM, P.O. BOX 166, DETROIT, MI 48231 (X778)	PI	16	N29	PR	204	N393, N460, N463
X779	PLEASE SUBMIT ALL PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH AND LANGUAGE PATHOLOGY INITIAL EVALUATIONS, PROGRESS RECORDS PRESCRIPTIONS AND DISCHARGE SUMMARIES. (X779)	PI	16	N29, 250	PI	16	M127, N393, N460
X780	THE MEDICAL DOCUMENTATION SUBMITTED WITH THIS PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY CLAIM INDICATES THAT THE PATIENT'S CONDITION HAS REACHED A PLATEAU, AND THE CLAIM IS NOT PAYABLE. (X780)	OA	204		PR	96	N10
X781	COMMUNITY REINTEGRATION, RECREATIONAL THERAPIES, AND DIVERSIONAL THERAPIES ARE NOT PAYABLE. (X781)	OA	204		PR	204	
X782	COGNITIVE TRAINING IS NOT A BENEFIT. (X782)	OA	204		PR	204	
X783	THE PATIENT'S CONDITION HAS STABILIZED AND IS NO LONGER ACUTE SO THE INTENSIVE (FREQUENT) SKILLED CARE IS NOT PAYABLE. (X783)	OA	204		PR	150	
X784	THIS SERVICE IS NOT PAYABLE BECAUSE THE LEVEL OF SKILLED SERVICES PERFORMED DOES NOT MEET THE CRITERIA FOR PAYMENT UNDER THE HOME CARE PROGRAM. (X784)	OA	204		PR	B5	
X787	HOME HEALTH SERVICES/SKILLED NURSING FACILITIES FOR CONVALESCENT OR CUSTODIAL CARE ARE NOT CONSIDERED SKILLED AND ARE NOT PAYABLE. (X787)	OA	204		PR	150	
X788	PLEASE SUBMIT THE PLAN OF TREATMENT AND RECORDS OF ALL SKILLED VISITS SO WE CAN PROCESS THE CLAIM. (X788)	OA	204		PI	16	M135
X789	THIS SERVICE IS NOT PAYABLE BECAUSE AMBULANCE CRITERIA WAS NOT MET. (X789)	OA	204		PR	B5	
X790	THIS SERVICE IS NOT COVERED, BASED ON THE INFORMATION ON THIS CLAIM. WE WILL RECONSIDER THIS CLAIM FOR PAYMENT IF WE RECEIVE SUPPORTING DOCUMENTATION. PLEASE SEND A STATUS CLAIM WITH THE OPERATIVE AND PATHOLOGY REPORTS TO: BCBSM, P.O. BOX 2500 DETROIT, MI 48231. (X790)	PI	16	M30, N29	PR	204	M29, M30
X791	THE MRI/MRA PERFORMED FOR THIS DIAGNOSIS IS NOT PAYABLE. (X791)	OA	204		PR	167	
X792	THIS SERVICE/PROCEDURE IS CONSIDERED EXPERIMENTAL/INVESTIGATIONAL AND IS NOT PAYABLE. (X792)	OA	204		PR	55	
X793	THIS PROCEDURE IS NOT ELIGIBLE FOR CO-SURGERY REIMBURSEMENT. (X793)	OA	204		CO	54	
X794	THIS ANESTHESIA IS NOT PAYABLE FOR THE SERVICE REPORTED. (X794)	OA	204		PR	204	
X795	BCBSM DOES NOT PAY FOR THESE SERVICES WHEN BILLED BY A PHYSICIAN'S ASSISTANT. (X795)	PR	204		PR	170	
X796	MEMBER'S CONTRACT DOES NOT COVER COSMETIC SURGERY. (X796)	PR	204	N383	PR	204	N383
X797	THIS DENTAL CARE SERVICE IS NOT A COVERED BENEFIT. (X797)	OA	204		PR	204	
X798	PLEASE SUBMIT THE MANUFACTURER'S DESCRIPTION, MAKE, AND MODEL NUMBER FOR THE ITEMS BEING BILLED. (X798)	OA	204		PI	16	N29, N150
X799	SHOES OR ORTHOTICS ARE NOT PAYABLE UNLESS THEY ARE ATTACHED TO A COVERED LEG BRACE. (X799)	OA	204		PR	204	
X800	THE PATIENTS COVERAGE WAS NOT IN EFFECT FOR THE DATE OF SERVICE REPORTED. THE SUBSCRIBER HAS BEEN ADVISED TO CONTACT THEIR EMPLOYER.	OA	204		PR	27	
X801	OUR RENTAL PAYMENTS FOR DURABLE MEDICAL EQUIPMENT CANNOT EXCEED THE APPROVED PURCHASE PRICE OF THE EQUIPMENT. (X801)	OA	204		PR	108	M7
X802	MEDICARE DENIED THIS SERVICE AS A COMPONENT OF ANOTHER PROCEDURE. THE ENROLLEE SHOULD NOT BE BILLED FOR IT. (X802)	CO	97		OA	23	

NASCO non-payment code to standard code mapping

NASCO CODE	NASCO CODE DESCRIPTION	OLD GROUP CODE	OLD REASON CODE	OLD REMARK CODES	NEW GROUP CODE	NEW REASON CODE	NEW REMARK CODES
X803	MEDICAL SUPPLIES AND PHARMACEUTICALS MUST BE PROVIDED WITH A COORDINATED HOME HEALTH CARE PLAN. NO HOME HEALTH SKILLED SERVICES ARE BEING PERFORMED, SO THESE SERVICES ARE NOT PAYABLE. (X803)	OA	204		PR	B15	
X804	THE PROCEDURE BILLED IS NOT A COVERED BENEFIT, AND IS NOT PAYABLE. (X804)	OA	204		PR	204	
X805	FOR BCBSM TO REVIEW THIS CLAIM APPROPRIATELY, PLEASE SUBMIT A COMPLETE LEGIBLE OR TYPED REPORT. (X805)	OA	204		PI	16	N205
X806	WE NEED A COMPLETE EMERGENCY ROOM RECORD TO REVIEW THIS MEDICAL EMERGENCY CLAIM. PLEASE SEND A STATUS CLAIM WITH THE EMERGENCY ROOM RECORD TO: BCBSM P.O. BOX 166 DETROIT, MI 48231. (806)	PI	16	M127, N237	PI	16	N391
X807	THIS CONDITION IS NOT EMERGENT OR LIFE THREATENING AND IS NOT PAYABLE. (X807)	PR	40		PR	40	
X808	FOLLOW-UP CARE IS NOT EMERGENT OR LIFE THREATENING AND THEREFORE IS NOT PAYABLE. (X808)	PR	40		PR	40	
X809	THIS CONTRACT DOES NOT COVER THERAPY FOR WOUND CARE. (X809)	OA	204		PR	204	
X810	ALTHOUGH THE SUBSCRIBER'S POLICY COVERS THIS BENEFIT CATEGORY, THE SERVICE REPORTED IS NOT A COVERED BENEFIT. (X810)	OA	204		PR	204	
X811	THIS SERVICE HAS BEEN REJECTED BY THE MEDICAL CONSULTANT. (X811)	OA	204		PR	204	N10
X812	THE REJECTION HAS BEEN MAINTAINED BY THE MEDICAL CONSULTANT. (X812)	OA	204		PI	193	N10
X818	PLEASE RESUBMIT THE CLAIM WITH THE SPEECH EVALUATION AND PROGRESS NOTES FOR THIS PATIENT. UBS ARE NOT ACCEPTED FROM FACILITY PROVIDERS. ONLY REQUESTED DOCUMENTATION IS ACCEPTED. (X818)	PI	16	N29	PI	16	M127, N393
X819	THIS CARDIAC REHAB CLAIM DOES NOT MEET THE CRITERIA FOR PAYMENT BECAUSE NO QUALIFYING EVENT WAS FOUND WITHIN 12 MONTHS OF THE DATE OF THE CURRENT CLAIM. IF AN EVENT TOOK PLACE WITHIN 12 MONTHS, PLEASE RESUBMIT THE CLAIM WITH SUPPORTING DOCUMENTATION. (X819)	OA	204		CO	B15	N357
X820	THE PATIENT HAS REACHED THE 12-WEEK MAXIMUM FOR THE CARDIAC REHAB PROGRAM. IN ORDER TO ALLOW FURTHER SERVICES, PLEASE RESUBMIT THE CLAIM WITH SUPPORTING DOCUMENTATION OUTLINING THE PATIENT'S NEED FOR A PROGRAM EXTENSION. (X820)	PR	119		PR	119	N463
X821	OUR PAYMENT OF RENTAL CHARGES FOR THIS DME INCLUDES PAYMENT FOR ALL NECESSARY SUPPLIES AND COMPONENTS. (X821)	OA	204		CO	97	N19
X832	BEFORE WE CAN CONSIDER THIS SERVICE FOR PAYMENT, WE NEED A CLAIM WITH THE REVENUE CODE THAT DESCRIBES THE APPROVED LEVEL OF CARE. UNTIL WE GET A CORRECTED CLAIM, WE OWE NO PAYMENT FOR THIS SERVICE. NOR DOES THE SUBSCRIBER. -X832	PI	16	N54	PI	16	M50, N54
X833	OUR POLICY DOES NOT ALLOW PAYMENT FOR THIS SERVICE. EITHER APPROVAL WASN'T OBTAINED BEFORE YOU TREATED THIS PATIENT OR THE SERVICE WAS PERFORMED ON AN OUTPATIENT BASIS. IF AN ERROR WAS MADE, PLEASE SEND US A NEW CLAIM WITH THE CORRECT INFORMATION. IF NOT, WE OWE NO PAYMENT FOR THIS SERVICE, NOR DOES THE SUBSCRIBER. - X833	CO	197		CO	197	
X850	BECAUSE THE APPROPRIATE PROCEDURE CODE MODIFIER WAS NOT SUBMITTED, WE COULD NOT DETERMINE IF THIS SERVICE WAS FOR A RENTAL OR A PURCHASE. WE ARE PROCESSING THIS SERVICE AS A RENTAL SERVICE.	OA	204		CO	169	
X900	THE PATIENT'S COVERAGE WAS NOT IN EFFECT FOR THE DATE OF SERVICE. IF YOU DISAGREE WITH THIS DETERMINATION PLEASE CONTACT YOUR EMPLOYER.	OA	204		PR	27	
X924	ZERO PRICING/PROFILE UNAVAILABLE FOR PRICING OR IC/NOC PROCEDURE. PLEASE RESUBMIT WITH VALID CPT4 CODE OR DETAILED DESCRIPTION. (X924)	OA	204		PI	16	N350
X925	ALL LAB STUDIES MUST BE SENT TO THE CONTRACTED BCBS LAB FOR PROCESSING. (X925)	OA	204		PI	109	

NASCO non-payment code to standard code mapping

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X929	THIS CLAIM IS A DUPLICATE OF A CLAIM/SERVICE THAT HAS ALREADY BEEN PROCESSED AND PAID DIRECTLY TO THE PROVIDER.	OA	204		PI	18	
X933	THIS SERVICE IS NOT A COVERED BENEFIT BASED ON YOUR PROVIDER TYPE/SPECIALTY. (X933)	OA	204		PR	170	
X950	PRICE AMOUNT REFLECTS MULTIPLE SURGERY CUTBACK ALREADY TAKEN. (X950)	OA	204		CO	59	
X951	REIMBURSEMENT FOR THIS SERVICE IS CONSIDERED TO BE A PORTION OF ANOTHER SERVICE WHICH HAS BEEN ALLOWED. (X951)	OA	204		CO	97	